



In-Home Services Roadmap

Supporting Individuals, Families & Care Partners



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Welcome

The Washington State Department of Health (DOH) understands how challenging it can be to enter and navigate long-term care. The DOH oversees licensing for home care, home health and hospice providers in Washington state.

Funding for this publication was made available by the Washington State Legislature to help individuals assess their current and future needs for in-home services and support and find licensed providers in their community who can meet those needs.

In the following sections, you will find information and resources for home care, home health and hospice services. We hope you find this guide helpful as you research and make decisions about in-home services and supports.

Home Care

Home Health

Hospice

Key Terms

Activities of Daily Living (ADLs): Refers to basic self-care tasks individuals perform daily to maintain independence. These tasks are essential for personal hygiene, mobility and bodily functions. Medical conditions affecting the mind or body can limit a person's ability to perform ADLs. Health care providers measure how well someone can perform ADLs to determine the level of support needed. ADLs indicate a person's ability to care for themselves without assistance.

Home Care Agencies: Delivers in-home personal care services to support an individual's safety, health and independence, assist with activities of daily living, and help individuals remain in their homes.

Home Health Agencies: Organizations that provide intermittent skilled nursing, social work and therapy-related services to people who are homebound, assisting them with recovery, rehabilitation and maintaining their highest possible level of health and independence.

Hospice Agency: Delivers compassionate end-of-life care through comprehensive, interdisciplinary

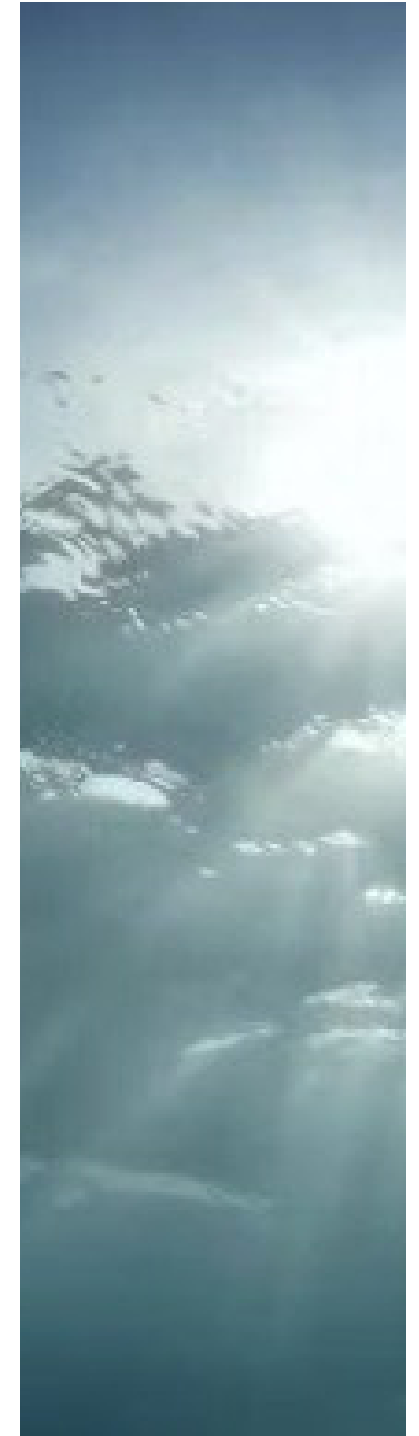
approaches. Providers offer medical, emotional and spiritual support, ensuring comfort, dignity and quality of life for individuals and their families.

Medicare: A federal health insurance program primarily for individuals 65 and older, as well as certain younger people with disabilities or specific medical conditions. It provides essential health care services, though coverage varies based on a person's plan.

Medicaid: A joint federal and state program that provides health coverage, including a wide range of health care services, to eligible low-income individuals.

Post-Acute Incident Care: Refers to the care and services a person receives after an acute incident (a sudden health care emergency resulting in emergency medical treatment or hospitalization) to recover and regain independence.

Respite Care Services: Provides short-term relief for family caregivers, allowing them to take a break from their usual caregiving duties.



Home Care

Home care is a range of services and supports that help people remain in their homes. Home care services are primarily nonmedical and can include personal care assistance with activities of daily living (ADLs), housekeeping, transportation and respite care, among others. Home care is typically provided to individuals who are older, disabled, recovering, chronically ill or terminally ill. It is appropriate when a person prefers to stay at home but needs ongoing care. Home care services are not covered by Medicare, though some Medicare Advantage plans may offer limited coverage. Individuals who do not qualify for Medicaid should be prepared to pay out of pocket or determine whether they qualify for the WA Cares Fund, which becomes available in July 2026 (see page 51).

This publication focuses on home care services provided through licensed home care agencies. Home care agencies are licensed by the Washington State Department of Health (DOH). State licensure means agencies have demonstrated compliance with health, safety and quality

requirements. The department regularly inspects agencies to ensure continued compliance, reviews public complaints, investigates concerns and takes enforcement action when necessary. Home care agencies hire credentialed caregivers, such as certified home care aides and certified nursing assistants, require criminal background checks and provide additional training to support quality care.

As you consider hiring a paid caregiver, it is normal to feel some hesitation about inviting someone new into your home. Because licensed home care agencies meet rigorous standards, you can feel confident they will provide safe, professional, high-quality care.



What home care can include:

- Assistance with activities of daily living (ADLs)
- Limited personal care
- Significant personal care
- Post-acute incident care (after a hospital discharge)
- Housework
- Meal preparation
- Transportation to shopping and medical appointments
- Family caregiver support
- Respite care
- Hiring a caregiver



Also in this section:

- Paying for Care: Financial Assistance, Programs and Resources

Limited Personal Care

Asking for help with personal care can be difficult, but planning ahead can help you stay safer and healthier in the long run.

Assistance with limited personal care may include support with the following activities of daily living (ADLs): grooming or personal hygiene, toileting, bathing, dressing, assistance with walking and transfers, taking medications and other tasks.

Notes



You may be wondering:

- When should I talk with my doctor about the things I need help with?
- At what point should I talk with a loved one about accepting help with personal care?
- How do I come to terms with the fact that my needs are changing?
- Where can I turn for help?

Ask yourself ...

Check any boxes that feel relevant

- Do I need help with grooming or personal hygiene?** Is shaving or doing my hair harder than it used to be?
Do I go to bed without brushing my teeth?
- Is getting dressed or putting on shoes safely more difficult than it used to be?**
- Do I need help bathing?** Have I started bathing less frequently, or is it harder to wash my hair or other parts of my body?
- Do I struggle with transfers?** This could include getting in and out of bed, a chair, a vehicle, or on and off the toilet.
- Have I started having incontinence issues, or do I struggle to clean myself properly after using the restroom?** Is this due to mobility challenges or other changes in my body?
- Could I use help with taking my medications?** Do I often forget to take them, forget if I took them, or get confused about what to take and when?

Where to turn for help:

Speak with your doctor and your support network if you are having a hard time managing your personal care needs. Then make a plan for the next steps to take.

2-1-1 For general questions about resources in your area, you can call the Washington state information helpline at **2-1-1** or visit wa211.org/

Area Agency on Aging If you are an older adult or an adult with a disability, you can contact your local Area Agency on Aging (AAA) for help. There are 13 AAAs across Washington, including two tribal AAAs. They can connect you to local programs and services that support independent living. To find your local AAA, visit washingtoncommunitylivingconnections.org/consite/connect/

Washington State Community Living Connections wacalc.org
You might also consider hiring a caregiver through a licensed home care agency. To find licensed home care agencies in your area, visit fortress.wa.gov/doh/facilitysearch/.

You can also explore hiring a caregiver and paying privately—see page 19 for more information.

Significant Personal Care

The need for significant assistance with personal care tasks or ADLs may arise due to injury, illness or aging, resulting in temporary or permanent physical, cognitive or medical limitations. Significant personal care means a person may require substantial help with most or all ADLs, including grooming and personal hygiene, toileting, bathing, dressing, assistance with walking and transfers, wound care, taking medications and other related tasks. General housekeeping and transportation services are also often needed.

People with increasing care needs may find they are no longer able to safely remain in their home. If in-home care is no longer meeting a person's needs, it may be time to consider transitioning to a more specialized care center.



You may be wondering:

- **I had a stroke and I can no longer safely manage my daily needs.** Where do I start in finding a caregiver?
- **At what point should I consider hiring a caregiver or arranging for respite services?**
- **I have been providing more and more informal assistance for my loved one as their needs have increased.** How can I share with them the stress that I am feeling and discuss other caregiving options?

Ask yourself ...

Check any boxes that feel relevant

- Do I need hands-on assistance with bathing because I feel unsafe bathing by myself?
- Do I need significant assistance with transfers, such as moving from a bed to a wheelchair?
- Do I need help managing complex medical needs, such as catheter care or wound care?
- Do my mental health challenges require regular medication assistance and supervision?

Taking my personal care needs into consideration, where do I want my care to be provided?

- Do I want to receive care in my own home? If so, do I prefer to be assigned a caregiver through a licensed agency, or would I rather interview and hire a caregiver of my choice?
- Or do I want to move to a skilled care setting? If so, consider:
 - **Long-Term Residential Care:** Continuing Care Retirement Communities offer a range of housing and care services that can adapt as needs change.
 - **Adult Family Homes (AFHs):** These are smaller community-based licensed homes with 24-hour care and services.
 - **Assisted Living Facilities (ALFs):** These are larger facilities that offer a range of services to support residents' independence, including personal care.

Where to turn for help:

If you have significant personal care needs, you are likely already working with your medical team to address your health concerns. But what about at home? Coordinating care can be a daunting and exhausting task.

If you are eligible for Medicaid and have not already done so, you can apply for services and be assigned a case manager who can help coordinate your care at [washingtonconnection.org/home/](https://www.washingtonconnection.org/home/).

If you are not eligible for Medicaid and do not have people in your life to help coordinate your care, a great place to start is by calling **2-1-1** or visiting [wa211.org/](https://www.wa211.org/).

If you are an older adult or an adult with a disability, you can contact your local Area Agency on Aging for help by visiting [washingtoncommunitylivingconnections.org/consite/connect/](https://www.washingtoncommunitylivingconnections.org/consite/connect/).

To find licensed home care agencies in your area, visit the Department of Health website at fortress.wa.gov/doh/facilitysearch/.

To research local licensed AFHs, ALFs or skilled nursing facilities (SNFs), visit:

- **AFH locator:** fortress.wa.gov/dshs/adsaapps/lookup/AFHAdvLookup.aspx
- **ALF locator:** dshs.wa.gov/altsa/residential-care-services/about-assisted-living-facilities
- **SNF locator:** fortress.wa.gov/dshs/adsaapps/lookup/NHPubLookup.aspx

Discharging From the Hospital: Post-Acute Incident Care

Acute care incidents are sudden health emergencies — such as injuries or illnesses — that create an immediate, short-term need for medical, nursing and personal care assistance. People recovering from an acute injury or illness will likely need in-home nursing and extensive personal care support services until they recover. Post-acute incident care aims to facilitate recovery and manage ongoing health care needs. This care can happen in a variety of settings: at home, in a rehabilitation facility or in a skilled nursing facility.

If you or the person you are caring for is being discharged home, it is important to have a plan in place. Work with your hospital social worker to develop that plan and begin arranging help and support services several days before leaving the hospital.



Before discharging, consider the following:

- If you believe you are being asked to leave a hospital or other health care setting (discharged) too soon, you can ask for a “fast appeal.”
- If you are on Medicare, your provider must give you a “Notice of Medicare Non-Coverage” before your services end. This notice explains how to request a fast appeal. Read this notice carefully. If you do not receive it, ask for it.
- If your physician and hospital care team recommend discharging to an interim care facility, it is important to take their advice seriously. Your health and safety come first. More than 20 percent of patients who are discharged too early return to the hospital within three days. Hospital readmissions are a serious risk if you go home before you are ready.

Ask Yourself: **Ask**

Check off the ones that you feel apply to you:

- How have my needs changed?*
- How am I going to get home?*

- Am I physically able to get into my home when I arrive?*
- Who will help me get my home ready and get me settled when I arrive?*
- How will I get my prescriptions in a timely manner?*
- Who will prepare my meals?*
- Who is going to help me get to or use the bathroom?*
- What other tasks will I need help with each day?*

- If I will be alone for long periods, do I have a plan in place if I need to call someone for help?*
- Who is going to help me manage my medications?*
- Who can I call if I have questions?*

What you can do:

- Ask where you will receive care after you are discharged. Do you have options, such as home health care? Consider your options and tell the discharge planner what you prefer.
- Ask whether you will need medical equipment (such as a walker), whether it is covered by your insurance, and who will arrange for delivery.
- Ask whether you are ready to do the activities below. Check the ones you need help with and discuss your concerns with the discharge planner:
 - Bathing, dressing, using the bathroom and climbing stairs
 - Getting in and out of bed or chairs safely
 - Taking medications or changing dressings
 - Cooking, grocery shopping, house cleaning and paying bills
 - Driving to medical appointments or picking up prescriptions
- Ask the discharge planner to show you and your family caregiver (if you have one) how to perform tasks that require special skills, such as changing a bandage or giving a shot. Then demonstrate that you can do those tasks yourself.
- Talk to a social worker if you are concerned about how you or your family are coping with your illness. Write down information about support groups and other resources.
- Talk to a social worker or your health plan if you have questions about what your insurance will cover and how much you will have to pay. Ask about possible ways to get help with costs.
- Ask for written discharge instructions that you can read and understand, along with a summary of your current health status. Bring this information—and your completed “My Drug List”—to your follow-up appointments.

If caring for someone who has experienced an acute-care incident, you may be wondering:

- Am I going to be able to get this person home safely?
- Do I have the skills needed to take care of them? ¹¹
- Can I temporarily take care of this person, or does a caregiver need to be hired?
- Where can I find a caregiver we can trust?
- How much does it cost to hire someone?
- Who is going to help me when I need a break?
- Where are we going to get the medical equipment we need?
- Who can we call to install grab bars or other necessary equipment in the home?
- Write down any other questions you have below:
 - _____
 - _____
 - _____
 - _____

If you are supporting someone being discharged home:

Ask yourself:

- Am I able to give the patient the help they need?
- What tasks will they need help with?
- Do I need any education about their condition or specialized training for their care?

Also:

- Write down any questions you have about the items on this checklist or the discharge instructions, and ask to discuss them with the facility's discharge planner.
- Talk to the discharge planner about getting the help you need before discharge.
- Write down the name and phone number of a person you can call if you have questions.
- Get prescriptions, medical equipment or dietary instructions early so you do not have to make extra trips after discharge.

Action Steps

What to do before discharge

- ❑ Have a meeting with your care team before you are discharged to discuss what is happening and make sure everyone understands the next steps and their role in the plan.
- ❑ Make a backup plan in case something unexpected happens.
- ❑ If you feel you are being discharged too soon, ask for a “fast appeal.” Your hospital social worker can help you with the appeal process.
- ❑ Read your discharge paperwork thoroughly and make sure you understand your aftercare instructions.
- ❑ Make arrangements for transportation home and for someone to pick up any medications or other supplies prescribed by your discharging physician.
- ❑ If applicable, be prepared to track — or have help tracking — when you take prescribed medications, as well as other relevant information requested by your physician. This can be harder to do alone than you may realize.
- ❑ Write down other things you want to remember:
 - ❑ _____
 - ❑ _____

Where to turn for help:

If you have not done so already, speak with the hospital case manager. Have a list of your questions and concerns ready. Their job is to help you access resources so that discharge home or to an interim facility goes as smoothly as possible.

The Centers for Disease Control and Prevention (CDC) created a helpful discharge planning checklist that you can download for free at [medicare.gov/publications/11376-your-discharge-planning-checklist.pdf](https://www.medicare.gov/publications/11376-your-discharge-planning-checklist.pdf).

You can also contact your local **Community Living Connections** office to learn more about support and services available in your area at washing-toncommunitylivingconnections.org/consite/connect/.

The Department of Health offers a **Hospital at Home** program that you may qualify for. Learn more at doh.wa.gov/licenses-permits-and-certificates/facilities-z/hospitals/hospital-home.

To see if you are eligible for the **Care Transitions** program, which helps people transition home successfully after a hospital stay, contact your local Area Agency on Aging at washingtoncommunitylivingconnections.org/consite/connect/.

Other Support Services

Help with housework, errands and home maintenance

While support services are not considered personal care tasks, they are essential for older adults and people with disabilities to safely maintain independence and dignity at home.

Housework may include cooking, cleaning and laundry. Support can come from a cleaning service, home-delivered meals or a paid caregiver.

Errands may include help getting to and from medical or other important appointments. This might involve using a transportation service — either regularly or occasionally — or getting assistance from a caregiver who drives.

Home maintenance is also important for ensuring a safe living environment. If you own your home, you may need help with repairs, modifications, yardwork, utility assistance or other related tasks.



What you might notice:

- It is taking me longer to complete household tasks.
- Some tasks are manageable, but others — like doing the dishes, taking out the trash or keeping up with laundry — are becoming difficult.
- There is less food in the house than I would like, or I am struggling to cook for myself or others.

What you might ask:

- Is there someone I can ask for help?
- What services are available in my area, and how do I find them?
- Can I afford the help I need?

Ask Yourself ...

Check any boxes that feel relevant

If possible, have a meeting with your family or those close to you to discuss what is happening, how your needs have changed, and to find out what help may be available within your support network.

Then make a plan for next steps.

Housework — I could use help with:

- Cooking
- Cleaning
- Laundry

Errands — I could use help with:

- Transportation
- Essential shopping (groceries, prescriptions)
- Getting to and from medical appointments

Home maintenance — I could use help with:

- Home repairs or home modifications
- Yardwork or snow removal
- Pest control
- Energy or utility assistance

Where to turn for help:

2-1-1

2-1-1 connects you to community resources across Washington. For general questions about services in your area, call the information helpline at **2-1-1** or visit wa211.org.

Community Action Council

Community Action Agencies (CAAs) are local, private and public nonprofit organizations that carry out the Community Action Program (CAP). They offer more than 120 programs and services to clients across Washington. Visit wapartnership.org.

Area Agency on Aging

If you are an older adult or an adult with a disability, you can contact your local **Area Agency on Aging (AAA)** for help. There are 13 AAAs across Washington, including two tribal agencies. They can connect you to local programs and services that support independent living. To find your local AAA, visit washingtoncommunitylivingconnections.org/consite/connect.

Also, ask around! Find out which providers your friends and neighbors recommend. You might be surprised what you learn once you start the conversation. This may also be a good time to start talking with your doctor about your changing circumstances.

Family Caregivers

A family caregiver is an unpaid relative, friend or neighbor who helps an adult with a chronic health condition, disability or functional limitation live more independently at home.



“There are only four kinds of people in the world: those who have been caregivers, those who are currently caregivers, those who will be caregivers and those who will need caregivers.”

—Rosalynn Carter, former first lady of the United States

Helpful Resources:

Community Living Connections

Find the Area Agency on Aging in your community to get information about and referrals to programs and services available to you, a family member or friend. [washingtoncommunitylivingconnections.org/consite/connect](https://www.washingtoncommunitylivingconnections.org/consite/connect).

Washington Family Caregiver Learning Portal

Offers information, skills training, chat rooms and support groups. Visit lifespanrespitewa.org/trualta-wacaregivingjourney-com.

Alzheimer’s Association

Offers information and advice for family caregivers who care for someone with Alzheimer’s disease or dementia. Visit [alz.org](https://www.alz.org) for resources or call the 24/7 helpline 800-272-3900.

AARP for family caregivers who work outside the home

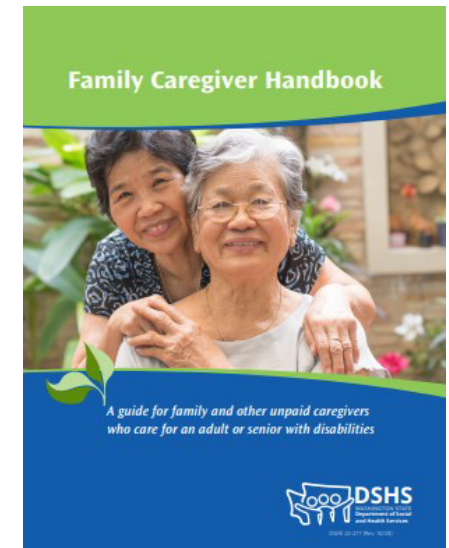
Offers caregiving resources and workplace support information at [aarp.org/work/caregiving-resources](https://www.aarp.org/work/caregiving-resources).

State and national programs for unpaid family caregivers

Visit [dshs.wa.gov/altsa/home-and-community-services/caregiver-resources](https://www.dshs.wa.gov/altsa/home-and-community-services/caregiver-resources).

Family Caregiver Handbook

[dshs.wa.gov/sites/default/files/publications/documents/22-277.pdf](https://www.dshs.wa.gov/sites/default/files/publications/documents/22-277.pdf)



Ask Yourself
Check any boxes that you feel apply to you:

Recognizing and Addressing Caregiver Burnout

Family caregivers often face significant emotional, physical and mental challenges while providing care to loved ones, which can lead to burnout over time. Here are some key indicators that a family caregiver may be experiencing burnout:

Possible physical signs of caregiver burnout — check any that apply:

- Chronic fatigue
- Frequent illnesses
- Sleep disturbances
- Neglecting physical health
- Headaches
- High blood pressure
- Chest pains

Possible mental and cognitive effects of caregiver burnout — check any that apply:

- Difficulty concentrating
- Forgetfulness
- Loss of motivation; feeling stuck
- Feeling overwhelmed
- Feelings of resentment or guilt
- Neglecting self-care
- Irritability; mood swings
- Decreased quality of care
- Reduced patience
- Hopelessness or helplessness

When you realize your role as a family caregiver is affecting your quality of life, it is important to recognize that you need help. Asking for help is not a sign of weakness, inadequacy or an indicator of how much you care. Finding the courage to ask for help means understanding that the quality of care you provide for someone else is affected by the care you provide for yourself.

Addressing caregiver burnout:

- Ask for help
- Take breaks
- Set boundaries
- Prioritize self-care
- Consider respite services (*see next page*)

Respite Services for Family Caregivers

Respite services provide short-term relief for primary caregivers, allowing them to take a break from their usual caregiving duties. These services can last from a few hours to several weeks and can take place at home, in a health care facility or at an adult day care center. Respite services are typically provided by trained professionals who take on caregiving duties for the amount of time needed.

When family members, friends or neighbors offer to help, have specific tasks in mind and say something like, “Could you take care of Dad on Tuesday so I can go to a medical appointment?” You can also consider hiring a licensed home care agency or a private direct care worker, or asking family members or friends to provide respite services on a regular basis (for example, twice a week for four to six hours). This can allow you, as a family caregiver, time away from your usual duties and time to take care of your own needs.

If you identify with any of the signs of burnout on the previous page, or if you want to be proactive about your own health as a family caregiver, respite care may be a good fit for you. Contact your local Family Caregiver Support Program for more details. Visit waclc.org/consite/index.php.



Notes

Family Caregiver Support Program

The Family Caregiver Support Program (FCSP) is a service available to unpaid caregivers of adults needing care who live in Washington state. There are local FCSP offices throughout the state staffed with caring, knowledgeable people who can help you:

- Find local resources and services
- Connect with caregiver support groups and counseling
- Get training on specific caregiving topics
- Access respite care if you need a break
- Talk through challenges and receive practical information and care-giving suggestions

Generally, these services are offered free or at low cost. Eligibility requirements may apply, and availability varies by community.

Why would you contact them?

Providing unpaid care to a family member or friend can be emotionally and physically draining and may feel isolating. Staff with the FCSP can provide information, support and services that can help maintain your mental and physical health.

Find your local Family Caregiver Support Program office

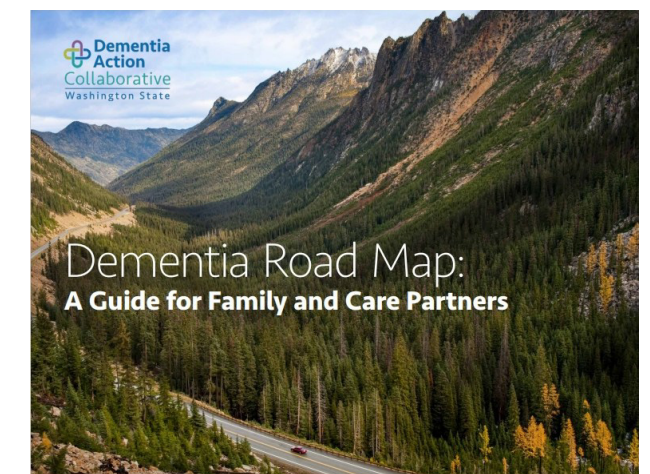
FCSPs are offered by your local **Area Agency on Aging**. Find contact information at washingtoncommunitylivingconnections.org/consite/connect.

If you are caring for a family member with dementia

The **Dementia Action Collaborative** also produced the **Dementia Legal Planning Toolkit** to raise consumer awareness of the importance of early legal and advance care planning, enhance attorney knowledge through legal education programs and provide pro bono legal services that support people with dementia and their families.

You might find the **Dementia Action Collaborative's** publication **Dementia Road Map** to be a helpful tool on your journey.

For both resources, visit dshs.wa.gov/altsa/dac/individualsandfamilies.



Hiring a Caregiver: Private Pay

If you choose to hire a private caregiver, the following steps will guide you through the process. If possible, ask a friend or family member to assist you.

When hiring privately, you will need to recruit someone to be your caregiver. Where can you find them? Many people rely on word of mouth or search for professional caregivers on the following websites:

- ZipRecruiter (ziprecruiter.com) ¹⁹
- Indeed (indeed.com)
- Care.com (care.com)
- LinkedIn (linkedin.com > Jobs > Home health jobs)
- MyCNAjobs (mycnajobs.com)

Keep in mind that if you hire your own caregiver or aide, you become the employer and are responsible for ensuring the person you hire is safe and competent. Once you have selected an individual, you must:

- Check references
- Run a criminal background check through the Washington State Patrol. You can obtain a free criminal background check by visiting the Washington State Patrol Criminal History Records Section.
- Establish a care plan that identifies specific areas of assistance
- Negotiate an agreement with the caregiver
- Make sure all formal paperwork is completed and in place, including Form I-9 indicating the caregiver can legally work in the U.S. (keep a copy for your records)
- Obtain a federal employer identification number (EIN) from the IRS
- Set up a payment system and remember to withhold all required taxes
- Ensure the caregiver is consistently providing all the services you need
- Provide a timesheet for the caregiver to use, submit for your approval and sign; both parties should keep copies for their records (typically six years)
- Start working together and schedule regular check-ins — perhaps monthly — to ensure both parties continue to share the same understanding of expectations and make adjustments as needed

Ask Yourself
Check my boxes that you feel apply to you:

Hiring a Caregiver: Medicaid

If you are eligible for Medicaid in-home care services, the process of finding and hiring a caregiver is different than if you are paying privately for care.

In this situation, you have the option to use a licensed home care agency that assigns a caregiver, or you can hire an individual provider (IP), a trained and licensed professional who provides the care outlined in your care plan. Your Medicaid case manager can help you understand and explore these options:

- consumerdirectwa.com/client-resources/
- dshs.wa.gov/sites/default/files/publications/documents/22-1332.pdf

For information on how to apply for Medicaid, see the next section.

Use your WA Cares Benefit to Hire a Family Member

Under Washington's WA Cares Fund long-term care benefits program, you can hire a caregiver, including a family member or spouse or domestic partner, to provide your care.

To learn more, see WA Cares Fund on page 51.

Notes

Paying for Home Care

Financial Assistance, Programs and Resources

Whether your care needs are new or have increased over time, figuring out how to pay for care and services can be stressful. The next two pages provide an overview of your options for paying for home care services.

Private Pay

This option is for people who have income or savings to pay for their care needs.

Private Insurance

Insurance coverage provided by an employer or purchased privately through the Washington Health Benefit Exchange (Washington's insurance marketplace) may cover some or all of your home care needs. Visit wahbexchange.org.

Contact your insurance carrier to discuss your coverage options.

Long-Term Care Insurance

Some people have a long-term care insurance policy. If you do, contact your insurance carrier to discuss your benefits and potential home care coverage.

WA Cares Fund Benefit

If you are a working Washingtonian who has been paying into the WA Cares Fund, you may be eligible to use your benefit to pay for care. To check your status, contact:

wacaresfund.wa.gov

1-844-CARE4WA (1-844-227-3492)

See page 51 for more information.

Medicaid

Low-income individuals may qualify for long-term care services through Medicaid. Visit [washingtonconnection.org/home/](https://www.washingtonconnection.org/home/).

Medicare

If you have Medicare coverage, you may be eligible for additional long-term care benefits. Contact Medicare directly or reach out to your local Statewide Health Insurance Benefits Advisors (SHIBA) office to learn more:

Medicare: [medicare.gov](https://www.medicare.gov) or 1-800-633-4227

SHIBA: To find your local SHIBA office, visit insurance.wa.gov/insurance-resources/get-help-medicare/get-free-medicare-help-shiba/find-local-shiba-office or call 1-800-562-6900 (8:30 a.m. to 4:30 p.m., Monday–Friday).

Find resources where you live:

2-1-1

2-1-1 helps connect you to community resources throughout Washington. Call **2-1-1** or visit [wa211.org/](https://www.wa211.org/).

Community Action Council

Community Action Agencies (CAAs) are local private and public nonprofit organizations that carry out the **Community Action Program (CAP)**, offering more than 120 programs and services in every county. Visit [wapartnership.org/](https://www.wapartnership.org/).

Area Agency on Aging

If you are an older adult or an adult with a disability, you can contact your local **Area Agency on Aging (AAA)** for help. There are 13 AAAs across Washington, including two tribal AAAs. They can connect you to local programs and services that support independent living. Find your local AAA at [washingtoncommunitylivingconnections.org/consite/connect/](https://www.washingtoncommunitylivingconnections.org/consite/connect/).

Home Health Care

Home health care is a range of skilled nursing and therapy services provided on an intermittent basis to help people remain at home. Home health care is usually ordered by a physician or an authorized practitioner (for example, a nurse practitioner, doctor of osteopathic medicine, physician assistant or advanced registered nurse practitioner) at the time of discharge from a hospital or skilled nursing facility. You, your family or a nurse may also request physician orders for home health care if there is a change in your health condition. Signed medical orders are required to begin care. This benefit, often covered 100% by Medicare or private insurance, is frequently underused.

Once you are referred to home health services, the home health agency will schedule an appointment and visit your home to assess your needs and ask questions about your health. Home health agencies provide skilled nursing, social work and therapy-related services to people who are homebound, helping them recover from an illness or recent surgery, rehabilitate, or maintain their highest possible level of health and independence. Some home health agencies also provide palliative care services.

This publication focuses on home health care services delivered by licensed home health agencies. These agencies are licensed by the Washington State Department of Health (DOH). State licensure means home health agencies have demonstrated compliance with health, safety and quality requirements. DOH regularly inspects agencies to ensure they continue to follow licensure requirements, reviews complaints from the public, conducts investigations, and takes enforcement actions when necessary. Home health agencies hire credentialed professionals, conduct criminal background checks, and provide ongoing training to ensure staff have the skills needed to deliver quality care.

As you explore the possibility of requesting home health care, it is normal to feel hesitant about allowing strangers into your home. Because licensed home health agencies meet rigorous standards, you can feel confident they will provide safe, professional, quality care.

Home health care can include:

- Post-acute incident care
- Administering medications
- Managing wound care
- Providing IV therapy
- Monitoring vital signs
- Offering patient education
- Delivering physical, occupational, and speech therapy
- Helping manage a serious or chronic illness
- Providing private duty nursing
- Coordinating care among providers

Also in this section:

Paying for Care: Financial Assistance, Programs and Resources



How can home health benefit me?

Home health care can offer several advantages:

- **Comfort and convenience:** Receive care in the familiar surroundings of your home, which can improve comfort and reduce stress. 25
- **Personalized skilled care:** Tailored care plans that address your specific needs and preferences.
- **Improved outcomes:** Studies show patients who receive home health care often have better health outcomes and lower hospital readmission rates.
- **Cost-effective:** Home health care is often more affordable than hospital or nursing home care, helping reduce overall health care costs.
- **Family involvement:** Encourages family members to participate in your care, providing additional support and continuity.
- **Independence:** Helps you maintain independence and continue daily activities as much as possible.

Work with a home health provider to set goals specific to your situation:

- Tailor care plans to meet your unique needs and preferences.
- Support your independence at home for as long as possible.
- Delay or prevent the need for a nursing home or other facility.
- Maintain your highest possible level of health and ability while managing a chronic illness.
- Teach you and your caregiver how to manage your health at home.
- Help prevent unnecessary and potentially costly hospital trips.

Action steps

Important steps to take at this point:

- Contact your provider to discuss whether home health care is right for you.
- Ask your provider to submit an order for home health services.
- Visit the CMS Compare website to find a home health agency in your area at [medicare.gov/care-compare/](https://www.medicare.gov/care-compare/).
- Write down any additional notes or questions you want to remember:
 - _____
—
 - _____
—

 - _____

 - _____

Where to turn for help?

Services that help adults remain at home

dshs.wa.gov/altsa/home-and-community-services/services-help-adult-remain-home

Washington State Community Living Connections

[waclc.org/](https://www.waclc.org/)

Find and compare Medicare providers near you

[medicare.gov/care-compare/](https://www.medicare.gov/care-compare/)

Licensed home health agencies in your area

fortress.wa.gov/doh/facilitysearch/

Discharging From the Hospital or Facility: Home Health Services

Home health care provides medical services in the comfort of your home. It includes skilled nursing care, physical therapy, occupational therapy, speech therapy and medical social services. The goal is to help you recover, manage your condition and maintain your independence.

Who qualifies for home health?

- Individuals under the care of an approved provider type (MD, DO, NP, CNS or PA) who creates and regularly reviews your care plan.
- Those who require skilled nursing care on an intermittent basis, physical therapy, speech-language pathology services or a continued need for occupational therapy.
- Patients who are homebound, meaning it is difficult to leave home without assistance.
- Most insurance plans cover home health benefits.



To determine if home health care is right for you, consider asking ...

- ❑ What services will I receive through home health care
- ❑ How often will the provider visit me?
- ❑ What qualifications and experience does the care team have?
- ❑ How will the care team develop my care plan, and who will be involved?
- ❑ What costs will I have, and what will my insurance cover?
- ❑ How will the care team manage my medications?
- ❑ What should I do if my condition changes or I have concerns?
- ❑ How will the care team communicate with my primary care physician and other providers?
- ❑ How can I make my home safe and accessible for care
- ❑ When will home health care end, and what follow-up care will I receive?

Common misconceptions about home health care:

- **Myth:** Home health care is too expensive.
Fact: Medicare, Medicaid and most private insurance plans cover home health if you meet eligibility requirements.
- **Myth:** Home health care is lower quality than care provided in hospitals or facilities. **Fact:** Home health care is just as effective as care provided in hospitals or skilled nursing facilities. Home health agencies employ licensed, skilled professionals.
- **Myth:** Getting home health care means losing my independence. **Fact:** Home health care helps preserve independence and supports safe living at home for as long as possible.
- **Myth:** I already receive personal care or home care, so I do not need home health care.
Fact: Home health services differ from home care and include skilled care from licensed professionals, such as registered nurses and therapists.

Private Duty Nursing

Private duty nursing (PDN) provides essential home care services for some of Washington's most vulnerable patients, including medically fragile children, individuals with permanent disabilities and people who require round-the-clock care. These patients often depend on life-sustaining equipment such as ventilators, tracheostomies, feeding tubes and oxygen. PDN ensures they receive the specialized, continuous care they need in the comfort of their homes.

Key benefits of PDN services:

- **Patient-centered, one-on-one care**

PDN allows patients to receive personalized care from skilled nurses in a familiar, supportive home environment. This individualized approach improves care quality and helps nurses meet medical needs promptly and accurately, reducing the risk of complications.

- **Alternative to institutional care**

Without PDN services, many patients would need care in hospitals, subacute facilities or long-term care institutions.

- **Better health outcomes and quality of life**

Receiving care at home reduces the risk of hospital-acquired infections and helps patients recover or maintain health in a familiar environment. This approach often leads to better outcomes than extended hospital stays or institutional care. Being at home also supports emotional well-being by keeping patients close to loved ones and support networks.

- **Supporting families and communities**

PDN services help keep families together and allow patients to remain active in their communities. They also reduce strain on families who might otherwise face institutional care, long travel times and high health care costs.

- **Direct access to one-on-one care coordination and care management**

PDN provides support to navigate and coordinate care with suppliers, providers and community resources.

- **School support**

PDN can help children attend school when they would otherwise be homebound.

Access to PDN Services

Home health agencies provide PDN services under an in-home services agency license issued by the Washington State Department of Health (DOH). DOH regulates these agencies to ensure high standards of care.

PDN improves quality of life for vulnerable patients. By ensuring access to these critical services, PDN supports families and helps reduce strain on hospitals and institutional care settings.

The Washington State Health Care Authority (HCA), which oversees Medicaid and other health services, plays a key role in ensuring PDN services for patients ages 0–18 meet state and federal requirements.

- PDN services are a federally protected health care benefit for pediatric patients under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) provisions of Medicaid. EPSDT requires states to provide medically necessary services to Medicaid-eligible children, including those who need complex medical care at home.
- The Washington State [Department of Social and Health Services \(DSHS\)](#), Aging and Long-Term Support Administration (ALISA), oversees PDN services for individuals ages 18 or older.

Palliative Care Services

Palliative care is specialized medical care that improves quality of life by managing symptoms and pain for people of any age with a serious or chronic illness. A specially trained team of doctors, nurses, social workers, chaplains and other specialists provides this care, working alongside a patient's other doctors to offer an extra layer of support.

Palliative care focuses on a patient's needs, not prognosis. It is appropriate at any age and at any stage of serious illness and can be provided alongside curative treatment.

Palliative care and hospice care are similar because both focus on symptom management and quality of life. The key difference is that palliative care can begin much earlier, including for patients who are not terminally ill. Hospice care generally serves patients with a life expectancy of six months or less.



Who qualifies for palliative care?

Anyone who:

- Has a diagnosed serious or chronic illness
- Has difficulty understanding their illness
- Experiences pain or other symptoms that affect quality of life or are difficult to manage
- Struggles emotionally to cope with their illness

What to consider:

- Do you have a serious illness, such as heart failure, chronic obstructive pulmonary disease, cancer, dementia or Parkinson's disease?
- Do you have frequent emergency department or hospital visits related to your illness?
- Do you experience pain, shortness of breath, nausea, anxiety, depression or fatigue?
- Do you want emotional or spiritual support while coping with your illness?
- Do you want support from a team of professionals to help you live with and manage your illness?

What you can do:

- Talk with your health care provider about a palliative care referral and how it can help you and your family.
- Check whether your health plan includes palliative care benefits.
- Make decisions about your advance directives and health care treatment options.

Managing Serious or Chronic Illness: Home Health Services

Managing a serious or chronic illness can add new layers of stress to an already difficult situation. You may need help with personal care, and this shift can bring a complex form of grief, including the loss of health, independence and future plans.

As your health changes, you may also have practical needs, such as help with housekeeping, shopping, meal preparation and transportation to appointments. Addressing emotional needs and asking for help can also help you cope and maintain resilience.



You may be wondering:

- How long will my illness last?
- What life changes should I address first?
- How can I maintain my quality of life as my health needs change?
- How will my illness affect my personal relationships?
- What planning will I need to do for the future?

What to consider:

You may struggle to accept that you are no longer as independent as you once were and now need care from others. You may also not fully understand what your condition means.

People living with chronic illnesses often experience a range of emotions, including sadness, anger, denial and depression. You may grieve the loss of your former self, identity and the activities you once enjoyed.

If you are an adult caring for a parent, you may experience a role reversal in which you become the caregiver. This shift can bring unexpected changes to your relationship, especially if it was already strained.

You may:

- Feel conflicted about your new reality and complex emotions, including relief at diagnosis, sadness, anger, denial and depression.
- Feel the physical and emotional toll of illness.
- Grieve losses related to identity, independence, activities or future plans.
- Wonder what will happen next.

What you can do:

- Advocate for the right diagnosis and the best care. If you are not satisfied with your care, find a health care professional who will work with you.
- Gather information and ask questions. You may also want to seek a second opinion.
- Embrace the good days and prepare for the hard ones. Keep up with your own health and wellness appointments.
- Make time for rest when you can. If you struggle to sleep, talk with your doctor.

Finding meaning through change:

- **Revisit what quality of life means** to you as your condition changes.
- **Seek support.** Connect with support groups, therapists or health care professionals, and others in similar situations.
- **Learn coping strategies.** A licensed professional can help you adapt.
- **Practice self-care.** Choose activities that support well-being, such as exercise, mindfulness or time in nature.
- **Communicate openly.** Share your feelings and needs with those close to you and your health care providers.
- **Focus on strengths.** Recognize your resilience and ability to adapt.

Paying for Home Health

Financial Assistance, Programs and Resources

Whether your care needs are new or have increased over time, figuring out how to pay for care and services can be stressful. The next two pages provide an overview of your options for paying for home health care.

Private Insurance

Insurance coverage provided by an employer or purchased privately through the Washington Health Benefit Exchange (Washington's insurance marketplace) may cover some or all of your home care needs. Visit wahbexchange.org.

Contact your insurance carrier to discuss your coverage options.

Medicaid

Low-income individuals may qualify for long-term care services through Medicaid. Visit washingtonconnection.org/home/.

Medicare

If you have Medicare coverage, you may be eligible for additional long-term care benefits. Contact Medicare directly or reach out to your local Statewide Health Insurance Benefits Advisors (SHIBA) office to learn more:

Medicare: medicare.gov or 1-800-633-4227

SHIBA: To find your local SHIBA office, visit insurance wa.gov/insurance-resources/get-help-medicare/get-free-medicare or call 1-800-562-6900 (8:30 a.m. to 4:30 p.m., Monday–Friday).

Long Term Care Insurance

Some people have a long-term care insurance policy. If you do, contact your insurance carrier to discuss your benefits and potential home care coverage.

WA Cares Fund Benefit

If you are a working Washingtonian who has been paying into the WA Cares Fund, you may be eligible to use your benefit to pay for care. To check your status, contact:

wacaresfund.wa.gov
844-CARE4WA (844-227-3492)

Washington State Labor & Industries (L&I)

If you have been injured on the job, L&I may pay for your home health services. (360-902-5800)

Find resources where you live:

2-1-1

2-1-1 helps connect you to community resources throughout Washington. Call **2-1-1** or visit wa211.org/.

Community Action Council

Community Action Agencies (CAAs) are local private and public nonprofit organizations that carry out the **Community Action Program (CAP)**, offering more than 120 programs and services in every county. Visit wapartnership.org/.

Area Agency on Aging

If you are an older adult or an adult with a disability, you can contact your local **Area Agency on Aging (AAA)** for help. There are 13 AAAs across Washington, including two tribal AAAs. They can connect you to local programs and services that support independent living. Find your local AAA at washingtoncommunitylivingconnections.org/consite/connect/.

Hospice Care

Hospice is an approach to care, not a specific place. It is often called end-of-life care. Hospice usually takes place in the home but can also be provided in nursing homes, adult family homes, assisted living and other supportive residences. Some hospice agencies also operate inpatient hospice facilities, or hospice care centers, that provide 24-hour care for patients who prefer facility-based care.

Hospice care focuses on comfort and quality of life for people nearing the end of life. When it is no longer possible to cure a serious illness, or when a person chooses not to pursue treatments intended to prolong life, hospice care may be appropriate. A doctor typically recommends hospice when the person has a life expectancy of six months or less if the illness runs its natural course. Like palliative care, hospice provides comfort care and family support. Unlike palliative care, hospice does not attempt to cure the illness.

Most hospice care is covered by Medicare, Medicaid and private health insurance. In most cases, the person or their representative must sign a statement choosing hospice care instead of other covered treatments for the illness.

This section focuses on end-of-life services provided by licensed hospice agencies.

The Department of Health (DOH) licenses hospice agencies, and Medicare certifies them. State licensure and Medicare certification mean agencies meet state and federal health, safety and quality requirements. State and federal health authorities regularly inspect agencies, review public complaints, conduct investigations and take enforcement action when needed. Hospice agencies employ credentialed professionals, verify criminal background checks and provide training to ensure staff are qualified to provide care.

As you consider hospice services, it is normal to feel hesitant about allowing strangers into your home. Because licensed hospice agencies meet rigorous standards, you can feel confident they will provide safe, professional care.



Hospice care can include:

- Comfort and convenience
- Individualized medical, psychosocial and spiritual care plans
- Care goals that prioritize quality of life for patients and their families
- Expert treatment for pain and symptom management
- Bereavement support

Also in this section:

Paying for Care: Financial Assistance, Programs and Resources

End-of-Life Care (Hospice Services)

Hospice care focuses on comfort and quality of life for people with serious illness who are nearing the end of life.

Over time, medications and procedures may no longer provide benefit. Some people may already receive palliative care to maximize comfort. When a doctor determines that a person is terminally ill, they may choose to transition to hospice services.

An interdisciplinary team provides hospice care and may include a physician, advanced practice registered nurse, registered nurse, licensed practical nurse, physical, occupational or speech therapists, a social worker, a pastoral or other counselor, a hospice aide and a volunteer.

The goal of hospice care is to provide comprehensive comfort care and support for the family.



Who qualifies for hospice?

- Anyone with a serious illness whose doctor believes they have a limited time to live, typically six months or less, may qualify for hospice care.
- For Medicare to cover hospice care, patients must stop treatments intended to cure or manage the illness.
- It is important to talk with your doctor about your illness, or your loved one's illness, and how it is progressing.
- Starting hospice care early may provide months of meaningful support and quality time with loved ones.

To determine if hospice is right for you, consider asking ...

- What services will I receive through hospice care?
- What additional equipment might I need, such as a hospital bed or oxygen?
- How often will hospice staff visit?
- What qualifications and experience does the hospice care team have?
- How will the care team develop my care plan, and who will be involved?
- Who do I contact if I have a question at night or on a weekend?
- What costs will I have, and what will my insurance cover?
- How will the hospice care team manage and monitor my medications?
- What should I do if my condition changes or I have concerns about my care?
- How will the hospice care team communicate with my primary care physician and other health care providers?
- What steps can I take to make my home safe and accessible for care?
- What happens if my caregiver can no longer manage my care at home or I need a higher level of support?
- What criteria determine when hospice care ends, and what follow-up services will I receive?

For suggested questions to ask when choosing a hospice, see [medicare.gov/care-compare/en/assets/resources/hospice/HospiceChecklist-Final-Clean.pdf](https://www.medicare.gov/care-compare/en/assets/resources/hospice/HospiceChecklist-Final-Clean.pdf).

Palliative Care and Hospice Care

Hospice is a form of palliative care provided at the end of life for people with a terminal illness who have stopped curative treatment and are expected to live six months or less. Although similar, hospice and palliative care differ in timing, setting, treatment options and care coordination. Both focus on comfort and use a team-based approach.

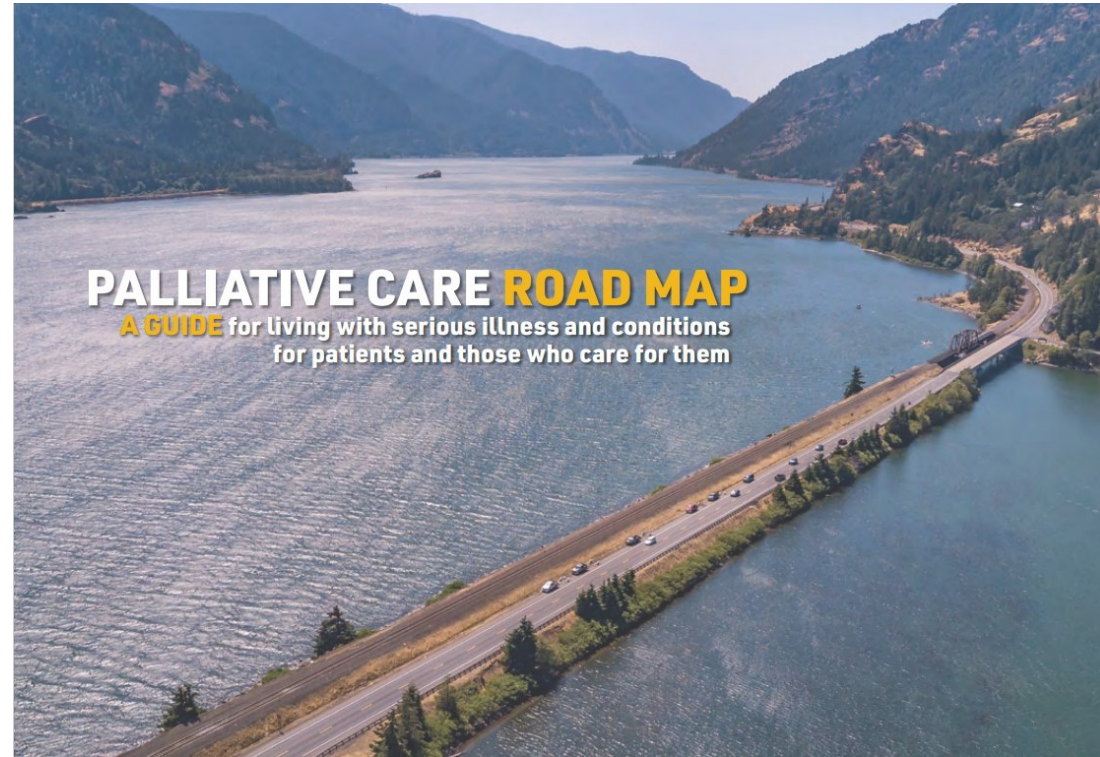


Notes

The **Palliative Care Road Map** helps people with serious illness or health conditions, and their loved ones, navigate the experience with less confusion and greater awareness of available support.

Serious conditions can cause difficult symptoms, challenging treatments and caregiver stress. Fragmented care, frequent transitions between care settings, unmet needs and added responsibilities can place strain on patients, family members and other caregivers.

To help reduce that burden, the road map offers guidance to make the experience more predictable and manageable and to explain what palliative care can offer.



Read more about the **Palliative Care Road Map** at doh.wa.gov/sites/default/files/legacy/Documents/Pubs/609013.pdf.

Notes

Paying for Hospice

Financial Assistance, Programs and Resources

Whether your care needs are new or have increased over time, figuring out how to pay for care and services can be stressful. The next two pages provide an overview of your options for paying for hospice care.

Medicare

If you have Medicare coverage, you may be eligible for additional long-term care benefits. Contact Medicare directly or reach out to your local Statewide Health Insurance Benefits Advisors (SHIBA) office to learn more:

Medicare: [medicare.gov](https://www.medicare.gov) or 1-800-633-4227

SHIBA: To find your local SHIBA office, visit insurance.wa.gov/insurance-resources/get-help-medicare/get-free-medicare-help-shiba/find-local-shiba-office or call 1-800-562-6900 (8:30 a.m. to 4:30 p.m., Monday–Friday).

Medicaid

Low-income individuals may qualify for long-term care services, including hospice, through Medicaid. Visit [washingtonconnection.org/home/](https://www.washingtonconnection.org/home/).

Private Insurance

Insurance coverage provided by an employer or purchased privately through the Washington Health Benefit Exchange (Washington’s insurance marketplace) may cover some or all of your hospice needs. Visit [wahbexchange.org](https://www.wahbexchange.org) and contact your insurance carrier to discuss your coverage options.

Long-Term Care Insurance

Some people have a long-term care insurance policy. If you do, contact your insurance carrier to discuss your benefits and potential hospice coverage.

Palliative care, hospice care and end-of-life decisions

For more information about palliative care, hospice care and end-of-life decisions, visit nia.nih.gov/health/hospice-and-palliative-care/what-are-palliative-care-and-hospice-care or call the NIA Information Center at 1-800-222-2225.

You can also contact the **Alliance for Care at Home** at caringinfo.org or 1-800-658-8898.

Notes

Find resources where you live:

2-1-1

2-1-1 helps connect you to community resources throughout Washington. Call **2-1-1** or visit wa211.org/.

Community Action Council

Community Action Agencies (CAAs) are local private and public nonprofit organizations that carry out the **Community Action Program (CAP)**, offering more than 120 programs and services in every county. Visit wapartnership.org/.

Area Agency on Aging

If you are an older adult or an adult with a disability, you can contact your local **Area Agency on Aging (AAA)** for help. There are 13 AAAs across Washington, including two tribal AAAs. They can connect you to local programs and services that support independent living. Find your local AAA at washingtoncommunitylivingconnections.org/consite/connect/.



Resources

The following pages include resources related to the support services described in the previous sections.

Long-Term Care Financial Planning

There are many ways to pay for long-term care, whether at home or in a residential care facility. Creating a financial plan now can help protect your savings and peace of mind. Long-term care is often paid for using a combination of funds:

- Through insurance programs
- Privately, out of pocket, using savings plans, annuities, certain life insurance policies or reverse mortgages

How to take the next step

Learn more about financial planning and find a qualified financial planner. The national organizations below offer directories of financial planners by ZIP code or city. Visit their websites or call to find a planner near you:

National Association of Personal Financial Planners

[1-800-366-2732](tel:1-800-366-2732)

Financial Planning Association

[1-800-322-4237](tel:1-800-322-4237)

American Institute of CPAs

[1-888-999-9256](tel:1-888-999-9256)

Make sure the person is properly licensed and has no complaints or disciplinary actions filed against them or their firm. Visit the **National Association of Securities Dealers (NASD)** website or call the BrokerCheck hotline for more information.

[sec.gov/taxonomy/term/193016](https://www.sec.gov/taxonomy/term/193016)
[1-800-289-9999](tel:1-800-289-9999)

Questions to ask when choosing a financial planner

- What experience do you have?
- What qualifications do you have?
- What services do you offer?
- Will you have a fiduciary duty to me?

Long-Term Care Financial Planning

Additional Resources

AARP offers information on investing and retirement planning.

aarp.org

A Simple Guide to What Everyone Needs to Know About Money and Retirement

wiserwomen.org/wp-content/uploads/2018/01/simple-guide-money-retirement-english-2014.pdf

BenefitsCheckUp (BCU) screens federal, state and some local public and private benefits available to adults 55 and older. It can connect you to programs that help pay for prescription drugs, health care, utilities and other needs.

benefitscheckup.org

Long-term care financial planning resources from the Washington State Department of Social and Health Services
dshs.wa.gov/altsa/home-and-community-services/long-term-care-financial-planning

Paid Family and Medical Leave

paidleave.wa.gov

Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs)

Community-Based Care Management Programs

Care coordination programs and case management services help support people with chronic health conditions and other challenges, especially those who do not qualify for skilled therapy or nursing services. These programs connect people to health care and community resources so they can live safely at home while receiving the support needed to maintain independence.

Care Transitions

Care Transitions is a free, short-term program that helps adults return home safely after a hospital stay. A Care Transitions coach helps develop a personalized transition plan, reviews discharge instructions and medications and identifies additional needs and services. The program aims to support a safe return home and reduce hospital readmissions.

If you have concerns about returning home safely, ask a hospital social worker about the Care Transitions or contact your local **Area Agency on Aging** for more information. Visit AAA's website at [washingtoncommunitylivingconnections.org/onsite/connect/](https://www.washingtoncommunitylivingconnections.org/onsite/connect/).

CommunityBased Care Management Programs

Health Home

The **Health Home** program provides free, long-term coordination of medical and social services for individuals and families eligible for Medicaid. The program focuses on managing chronic conditions by developing a person-centered health action plan, offering community support and making social service referrals. Health Home care coordinators reduce gaps in services by coordinating medical and behavioral health care, long-term services and supports and other community resources. The goal is to help people manage their health and well-being.

Participation is voluntary and does not duplicate, change or replace services a person already receives. It is an added benefit.

To find out if you or a patient qualifies, contact your local Area Agency on Aging at washingtoncommunitylivingconnections.org/consite/connect/.

Medicaid in-home care and case management

One of the most common questions people ask when navigating in-home services is, “How do I get a caregiver?” Low-income older adults and adults with disabilities may qualify for a caregiver through the **Community Options Program Entry System (COPES)**. COPES is a Washington State Medicaid (Apple Health) waiver program that connects eligible individuals with services, supports and resources to help them live safely and independently at home. These services may include a caregiver paid by Medicaid to assist with daily living activities.

To find out if you qualify or to apply for this or other Medicaid services, visit washingtonconnection.org/home/.

Veterans Resources

If you are a veteran, you may qualify for federal resources through the U.S. Department of Veterans Affairs (VA).

[va.gov/geriatrics/pages/paying_for_long_term_care.asp](https://www.va.gov/geriatrics/pages/paying_for_long_term_care.asp)

Services at Home and in the Community is part of the VA medical benefits package. All enrolled veterans are eligible for these services. To receive them, you must have a clinical need, and the service must be available in your area. VA standard benefits include:

- Geriatric evaluation to assess care needs and develop a care plan
- Adult day health care
- Homemaker and home health aide care
- Respite care for family caregivers skilled home health care

[va.gov/geriatrics/pages/
Home_and_Community_Based_Services.asp](https://www.va.gov/geriatrics/pages/Home_and_Community_Based_Services.asp)

Things to consider:

- Veterans must be enrolled in VA health care before applying for VA long-term care services. This means you have applied for VA health care benefits and regularly receive care through a VA facility.
- Receiving financial compensation for a VA disability does not automatically enroll you in VA health care.
- You may be eligible for VA health care services, known as the Standard Medical Benefits Package, if you served in the military and were discharged under conditions other than dishonorable.
- Detailed eligibility information is available at [va.gov/health-care/eligibility/](https://www.va.gov/health-care/eligibility/).
- If you need in-person assistance, find your local VA office at [va.gov/find-locations/](https://www.va.gov/find-locations/).

WA Cares Fund: Long-Term Services and Support

WA Cares ensures all working Washingtonians can earn access to long-term care when they need it

Working Washingtonians must meet payroll contribution requirements and complete a care needs assessment to determine eligibility. Once approved, you will have lifetime access to a total benefit of up to \$36,500, adjusted annually for inflation, to help pay for long-term care. You may use the benefit when and how you choose, without paying upfront or filing a claim.

To learn more about how to use the benefit, see wacaresfund.wa.gov/benefits.

Benefits are available starting July 1, 2026.

For general questions, call [1-844-CARE4WA](tel:1-844-CARE4WA) (1-844-227-3492).

Services and support include:

- Assistive technology
- Home-delivered meals
- Home modifications
- Home safety evaluations
- Housework and errands
- In-home personal care
- Nursing facilities
- Nursing services
- Residential care
- Respite for family caregivers
- Transportation

Websites

General information and care coordination

- **2-1-1** helps connect you to community resources statewide. Call 2-1-1 or visit wa211.org/.
- **Aging Life Care**™ and advocate for families caring for older relatives or adults with disabilities. Visit aginglifecare.org.
- **Carina.org** helps people who need in-home care, including Medicaid and private pay, hire independent contractor home care aides and home care agencies. See carina.org/.
- **Durable Medical Equipment** offers a locator for free or low-cost medical equipment. Visit gotdme.org/.
- **Get Palliative Care** provides information about palliative care and helps locate services by ZIP code. See getpalliativecare.org/.

Condition-specific organizations

- **Alzheimer's Association** | dementiasociety.org
- **The ALS Association** | als.org
- **American Cancer Society** | cancer.org
- **American Diabetes Association** | diabetes.org
- **American Heart Association** | heart.org
- **Lung Association** | lung.org
- **Parkinson's Association** | parkinsons.org

End-of-life and hospice resources

- **End of Life Washington** provides resources and support for terminally ill patients considering the Washington Death with Dignity Act. Visit endoflifewa.org.
- **Washington State Hospice & Palliative Organization** wshpco.org

Home care and provider directories

- **Home Care Association of America** identifies private pay home care and Medicaid-contracted home care agencies. hcaoa.org/washington.html
- **Home Care Association of Washington** identifies home care and home health agencies statewide. Visit hcaw.org.

Washington state resources

- **Dementia Action Collaborative** is a public-private partnership preparing for the growing number of people living with dementia in Washington state. See dshs.wa.gov/altsa/dementia-action-collaborative.

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DOH 346-199 January 2026

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