



WA CARES WEBINARS  
Caregiver  
Mental Health

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November 17, 2022



# What we'll cover

## Host

### **Kristen Maki**

Community Relations & Outreach  
Program Manager, WA Cares Fund

## Agenda

- Introductions
- Why this issue matters
- Panelist remarks
- Discussion and audience Q&A
- Closing

## Panel

### **Daryn Nelsen-Soza**

Board Member, NAMI Washington

### **Dana Allard-Webb**

Family Caregiver Support Program  
Manager, DSHS

### **Adrienne Cotton**

Medicaid Alternative Care and  
Tailored Supports for Older Adults  
Program Manager, DSHS

### **Lynne Korte**

Dementia Care Program Policy  
Manager/Analyst, DSHS

# Defining long-term care and caregiving

Help with activities of daily living like bathing, eating, dressing & taking medication



paid care from a  
**professional**



help from a  
**family member**  
or friend, generally unpaid

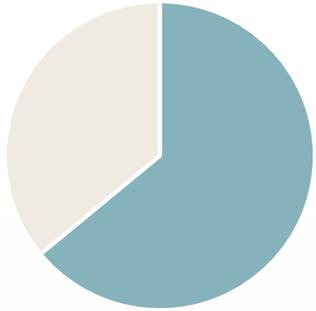


in your own  
**home**



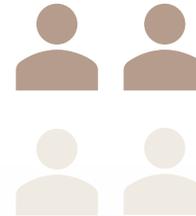
**at a facility**  
like a nursing home

# Stress and family caregiving



**64%**

say their situation is moderately or highly stressful

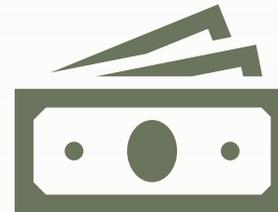


**Almost half** report a care-related financial setback



**23%**

report their health has worsened since taking on the role



**25%**

of their own income spent on care-related expenses



**nami**

**National Alliance on Mental Illness**

## Circle of Care

Care Giving and Taking Care of Yourself

Daryn Nelsen-Soza, LICSW, LCSW

Senior Manager -NAMI Provider

## Numbers:

83%

- ❖ help provided to older adults in the United States comes from family, friends or other unpaid caregivers.

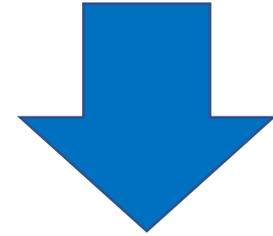
50%

- of all caregivers who provide help to older adults do so for someone living with Alzheimer's or another dementia.

66%

- ❖ 30% of caregivers are age 65 or older.
- ❖ 2/3rd of caregivers are women; more specifically, over 1/3 of dementia caregivers are daughters.
- ❖ Most caregivers live with the person with dementia in the community.

ALZHEIMER'S  ASSOCIATION®

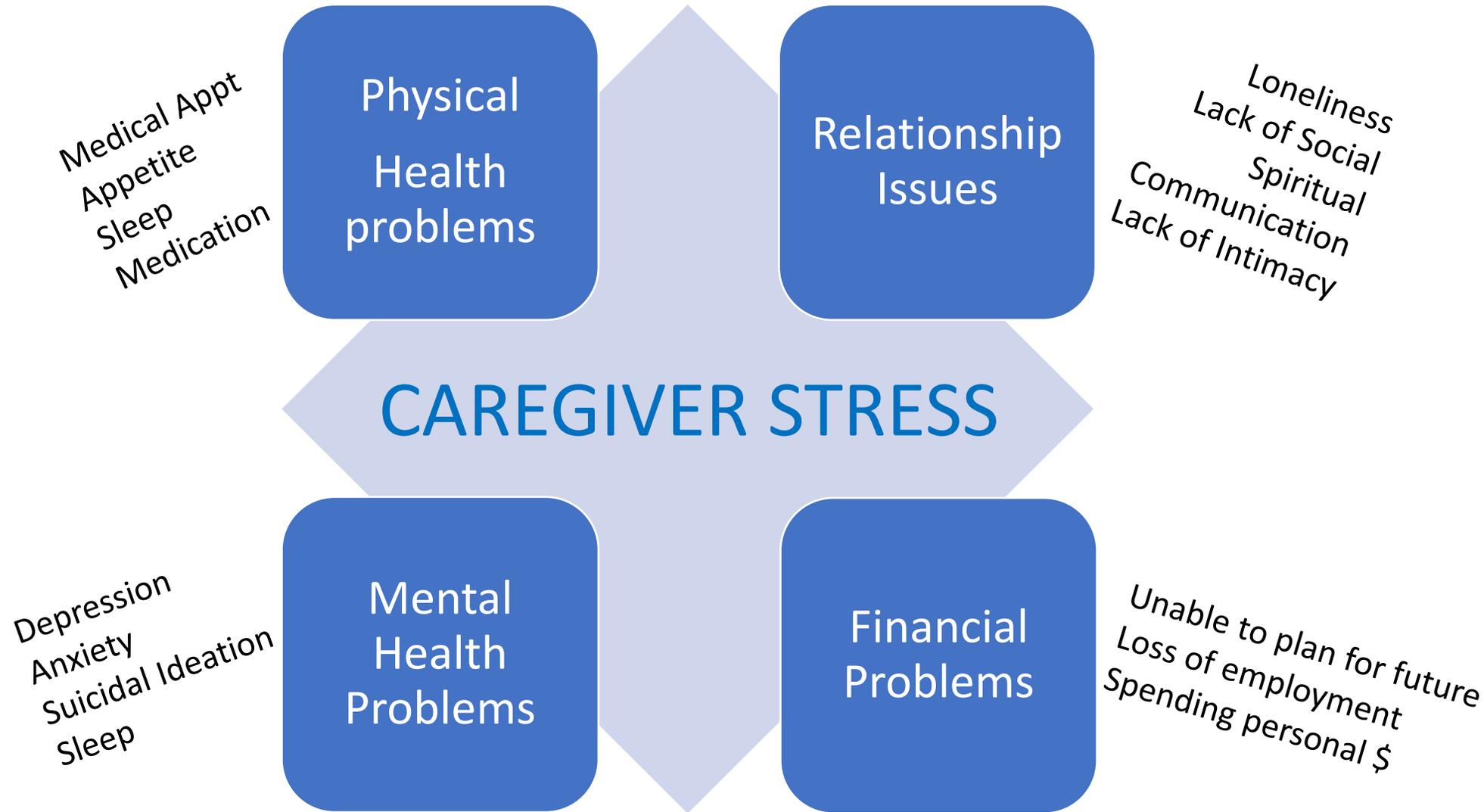


### Among all unpaid caregivers,

- 70% are experiencing a mental health issue right now.
- 33% have seriously considered suicide in the previous 30 days.

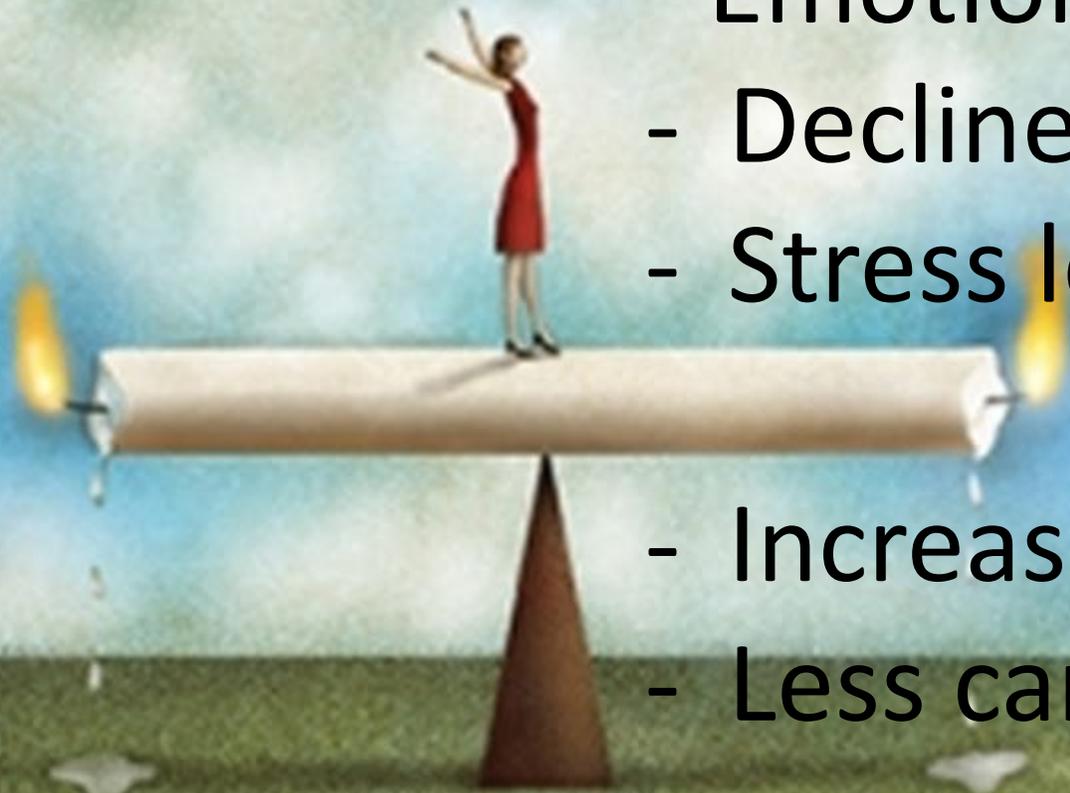


# CHALLENGES FOR CAREGIVERS



# BURN OUT

- Emotional and Physical exhaustion
- Decline in quality of support/care
- Stress levels high
- Isolation - Loneliness
- Increased escape behaviors
- Less care for self



# TYPES OF SELF-CARE



**PHYSICAL**

- Sleep
- Stretching
- Walking
- Physical release
- Healthy food
- Yoga
- Rest



**EMOTIONAL**

- Stress management
- Emotional maturity
- Forgiveness
- Compassion
- Kindness



**SOCIAL**

- Boundaries
- Support systems
- Positive social media
- Communication
- Time together
- Ask for help



**SPIRITUAL**

- Time alone
- Meditation
- Yoga
- Connection
- Nature
- Journaling
- Sacred space

Hearts + Minds  
<https://heartsandminds.nami.org/>

Front Line Wellness  
<https://www.nami.org/Your-Journey/Frontline-Professionals>

Circle of Care Guidebook  
<https://www.nami.org/Support-Education/Publications-Reports/Guides/Circle-of-Care-Guidebook>

For more information :  
[WWW.NAMIWA.ORG](http://WWW.NAMIWA.ORG)

# Washington Family Caregiver Programs

***“There are four kinds of people in the world:  
Those who have been caregivers;  
Those who currently are caregivers;  
Those who will be caregivers; and  
Those who will need caregivers.”***

**—Former First Lady Rosalynn Carter**

**~16% of Americans are family caregivers to an older adult**





COMMUNITY LIVING  
**CONNECTIONS**  
— LINKING YOU TO —  
Personalized Care & Support Options

Call Toll-Free  
**1-855-567-0252**

Q Sit

For information regarding Coronavirus (COVID-19), please visit the Washington State Department of Health Information page at <https://www.doh.wa.gov/Emergencies/Coronavirus>. Or contact your local health department.



**Explore** your options



Learn about services and support options in your home and community, including for older adults, persons with disabilities, caregivers, and persons with Alzheimer's or dementia.



**Search** for resources



County/Village

Keyword

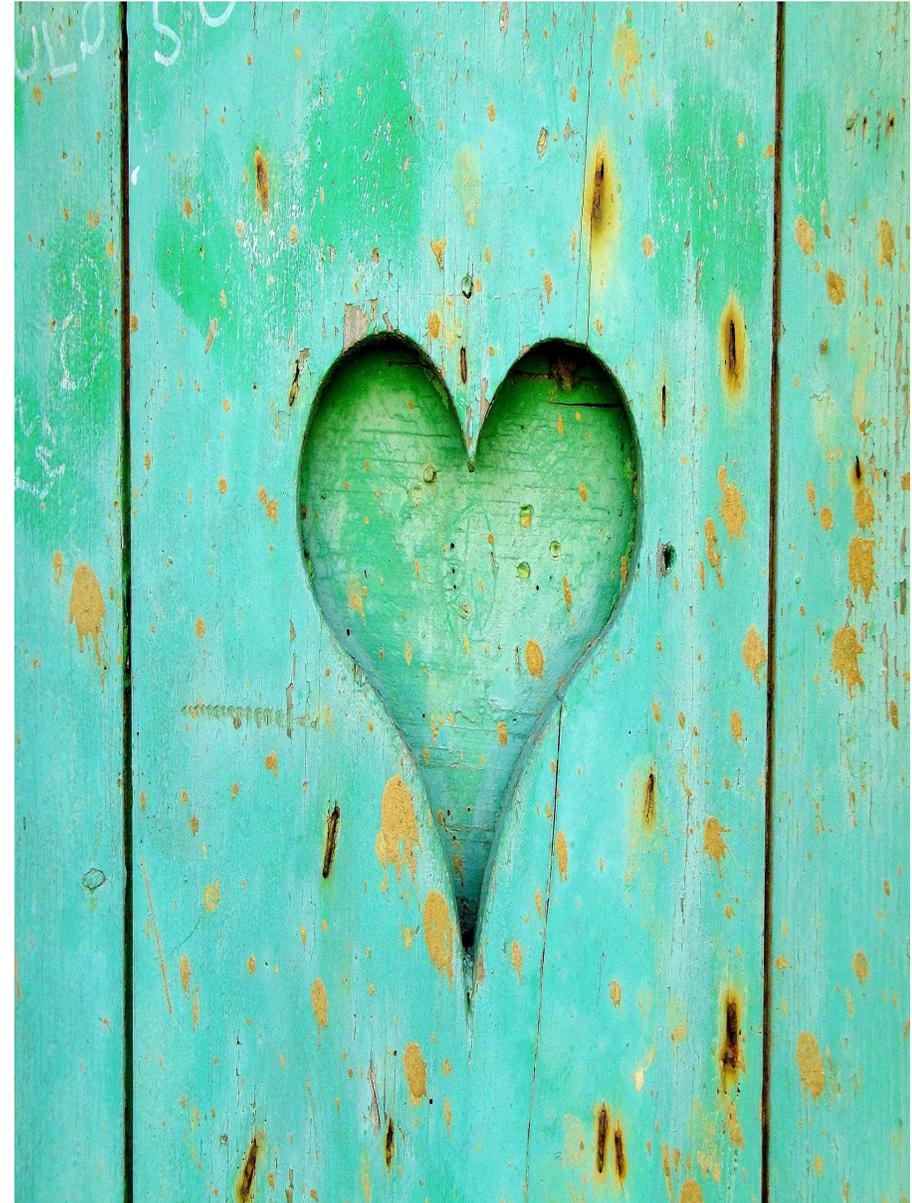
GO

Find in-home and community services as well as community engagement opportunities. To find a service: start typing a word; then choose from one of the categories provided.

## Family Caregiver Support Program Eligibility

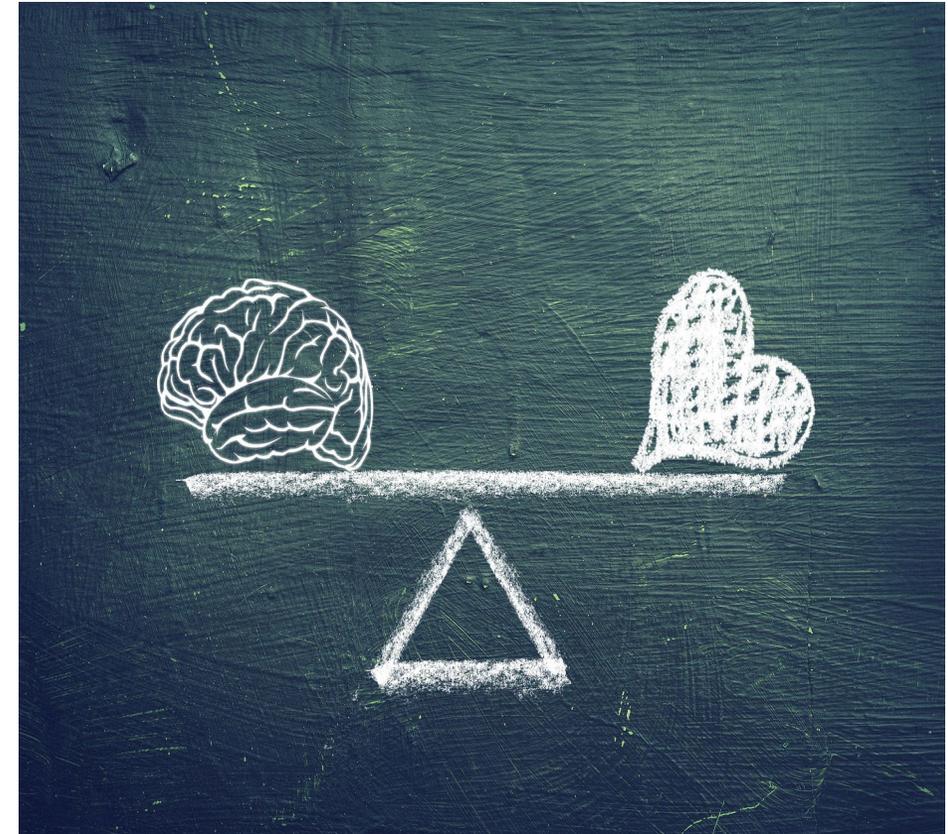
- Caregiver and Care Receivers 18 years old or older
- Family caregiver can be a family member or friend of the care receiver
- Caregivers living out of state, care receivers must live in WA.
- No income eligibility for program
  - Sliding scale for respite services cost
- Family Caregiver score determines access to funding level for services.

- 36% of caregivers said they suffer from depression/anxiety, a figure that is 114% higher than reported by non-caregivers.
- 60% of caregivers said they are anxious at least once a week, compared to only 39% of non-caregivers.
- Caregivers are 90% more likely than non-caregivers to experience anxiety daily.
- Family caregivers develop chronic diseases at a higher rate than non-caregivers.



# Caregiver Self-Care Strategies to Minimize Damage to Mental and Physical Health

- Amplify your self-care regimen
- Talk it out
- Write down your thoughts
- Remember what you love and try to keep doing it
- Prioritize (and minimize) to-do
- Focus on personal strengths
- Identify and reframe stressors
- Find support groups
- Feel your feelings
- Learn your limits
- Ask for and accept help



# Family Caregiver Support Programs Improve Outcomes for Family Caregivers

**Majority of caregivers (84%) show significant improvements on key outcomes**



When caregivers access support earlier in their caregiver journey, before they are experiencing the highest levels of stress and burden:

- Significant delay in the use of Medicaid long term services and supports (LTSS) for the care receiver
- The caregiver's health and well-being is improved
- The likelihood of the caregiver needing Medicaid LTSS is reduced

# Lifespan Respite WA Voucher Program



- For unpaid family caregivers caring for someone with a disability of any age – not enrolled in any other formal program
- Many types of respite care providers
- Annual vouchers up to \$1000 worth of respite services

<https://www.lifespanrespitewa.org/>

253-442-3214





COMMUNITY LIVING  
CONNECTIONS

LINKING YOU TO  
Personalized Care & Support Options

**Washington Caregivers Learning Portal**

Powered by Trualta

## HOW DO I PROVIDE THE BEST CARE?

You're tired of general information. Washington's Caregivers Learning Portal addresses real issues, showing you how with in-depth lessons, practical steps, and guided support from a care manager.

- Explore options for challenging behaviors
- Discover ways to connect with your loved one
- Share and learn with fellow caregivers

**FREE CAREGIVER TRAINING, PROVIDED  
BY THE STATE OF WASHINGTON**

“

**And that fact that you  
can do a module in five  
minutes is great!**

- JERRY, 65,  
CARING FOR HIS WIFE WITH  
ALZHEIMER'S

**Sign up for free!**

[wacaregivingjourney.com](http://wacaregivingjourney.com)

**Free  
caregiver  
program!**

# How to Identify a Caregiver

- Many caregivers do not identify as caregivers, or as someone who could access services and supports.
- Helping people identify as caregivers is a first step in helping the more than 850,000 unpaid family caregivers in Washington.



**YOU CALL IT**  
“helping my dad pay  
his bills.”

**WE CALL IT**  
**caregiving.**

 Washington State  
Department of Social  
& Health Services  
Transforming lives

1-855-567-0252  
[www.waclc.org](http://www.waclc.org)

 WILLIS  
TOWERS  
WATSON  
Member firm  
of the  
PricewaterhouseCoopers  
network

# Intake & Case Management



Intakes occur at either the local Area Agency on Aging (AAA) or Home & Community Services(HCS) door.

AAA MTD staff complete:

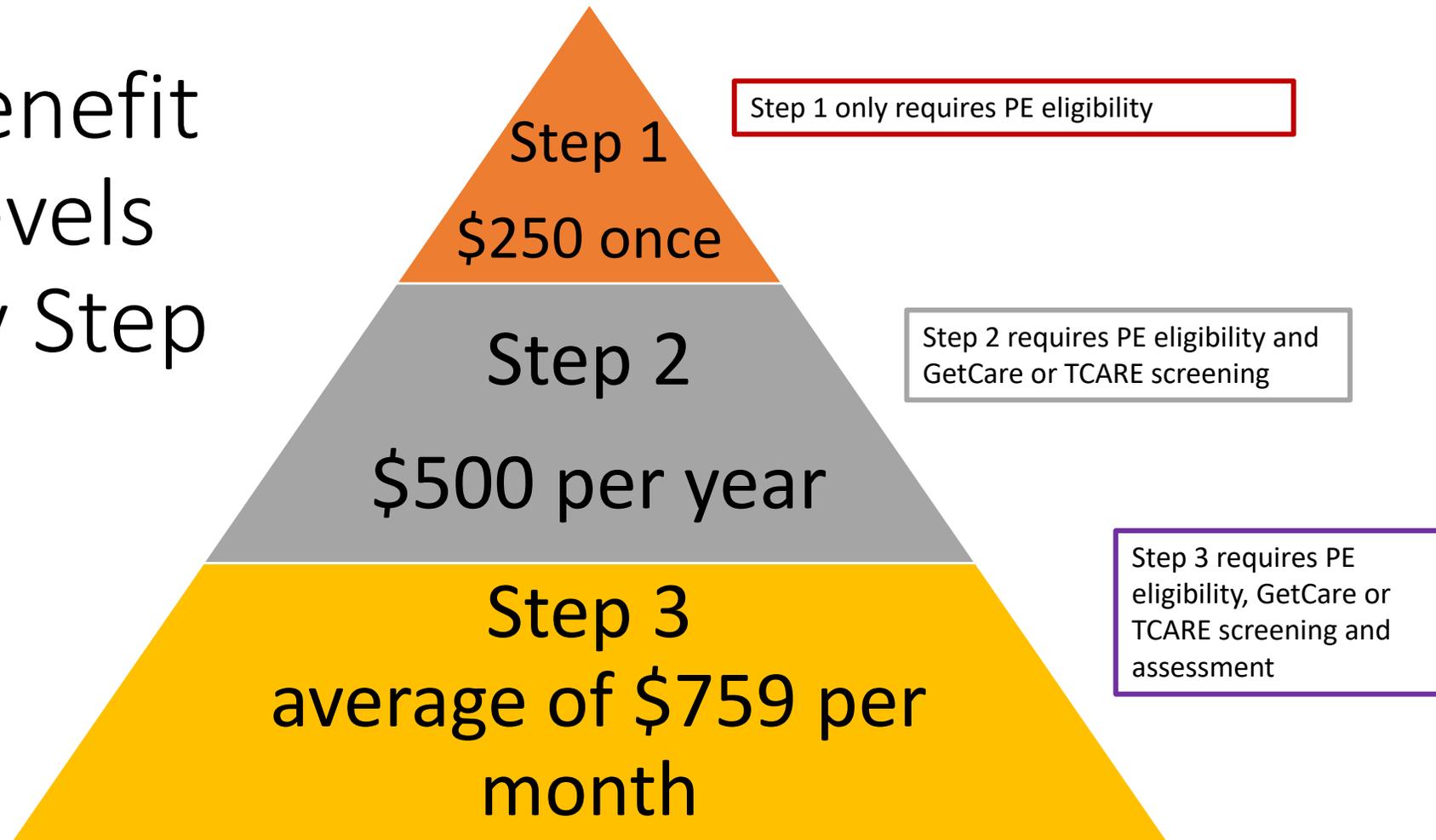
- Assessments
- Care plans
- Service authorizations

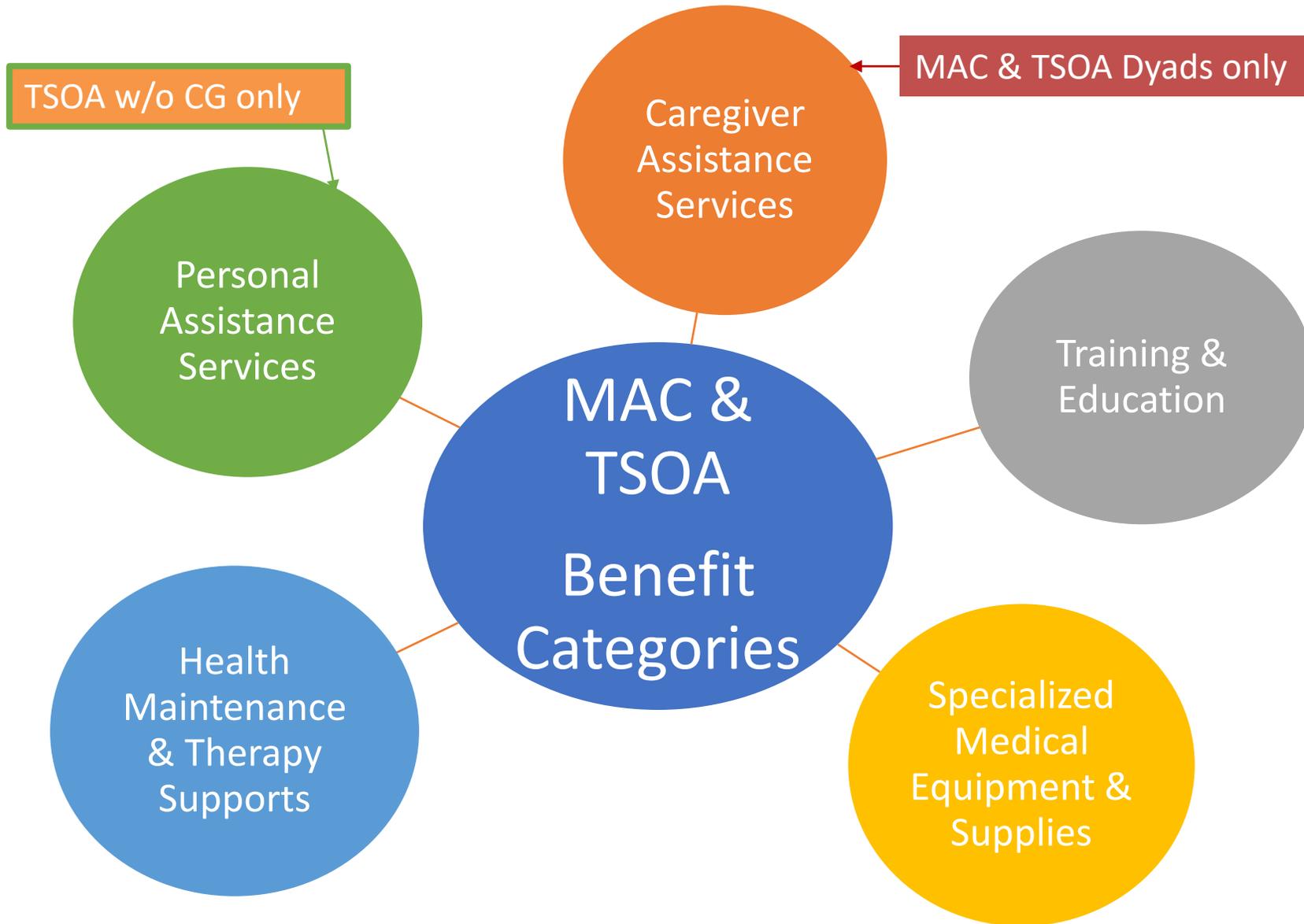


# Care Receiver Eligibility

MAC	TSOA
Age 55+	Age 55+
Be enrolled in Apple Health (Medicaid) CN or ABP coverage group	Monthly income less than \$2,523 Resources (single) less than \$53,100 Resources (married) less than \$112,990
Meet Nursing Facility Level of Care (NFLOC)	Meet Nursing Facility Level of Care (NFLOC)
Supports dyads	Supports dyads or individuals w/o unpaid caregivers
	Submit TSOA financial application
Presumptive Eligibility allowed	Presumptive Eligibility allowed
<p>Note: Participation and Estate Recovery do not apply to either program</p>	

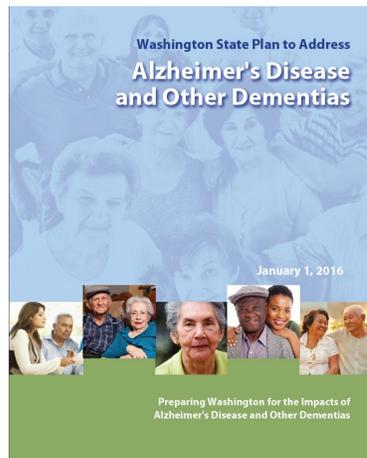
# Benefit Levels by Step







**Dementia  
Action**  
Collaborative  
Washington State



# DEMENTIA-SPECIFIC RESOURCES



# DEMENTIA ROAD MAP: A GUIDE FOR FAMILY AND CARE PARTNERS

- Comprehensive
- Easy-to-digest
- Action oriented
- Empowers family and care partners



**Available in English and Spanish - online or in print:** <https://www.dshs.wa.gov/altsa/dementia-action-collaborative>

Helpful at any stage of the dementia journey....helps to prepare for the road ahead

## Dementia Road Map: A Guide for Family and Care Partners

### CONTENTS

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### DEMENTIA ROAD MAP OVERVIEW

#### Wondering & Worried



- Is everything OK?
- Should my loved one be checked by a health care professional?
- What if my loved one won't go to a health care professional?

#### Mild Cognitive Impairment (MCI)



- Where do we go to get memory loss checked out?
- How can I help my loved one with their memory and thinking?
- What can we do to promote our loved one's well-being?



#### Early-Stage Dementia



- Are there any medication, treatments or lifestyle changes that could help my loved one's memory and thinking?
- How can we help our loved one stay active and connected?
- Should my loved one still be driving?
- Is our legal paperwork in order?

#### Mid-Stage Dementia



- What can I do to make the home safer?
- What do we do if our loved one won't stop driving?
- Where do we get help in coping with behaviors?
- What services might help and where do I find them?

#### Late-Stage Dementia



- What can we do to promote quality of life?
- What kind of care is best for my loved one?
- What do we want in terms of medical care at the end of our loved one's life?



## Focuses on empowerment – what to expect and what you CAN do!



### Wondering & Worried

*“My husband has always been a forgetful kind of guy—it was when he started making up details about his own past because he could no longer remember them, that’s when I started worrying. That’s when we went to see the doctor.”*

– Debbie H., family caregiver from Yakima

You may be wondering

- **Is everything OK?**
- **Should my loved one be checked by a health care professional?**
- **What if my loved one won’t go to a health care professional?**

What should you expect in this stage?

You notice changes in your loved one’s memory, and thinking, but they may or may not affect daily life activities. For example, you may notice that they:

- Have difficulty performing more than one task at a time.
- Have difficulty solving complex problems or making decisions.
- Forget recent events or conversations.
- Take longer to perform more difficult mental activities such as using the computer.

Your loved one is likely concerned but may not discuss it. Other friends and family may or may not see or notice any changes.

What you can do:

- Learn about normal changes with aging and those that indicate a need to get a check up. See the **“10 Warning Signs”** on page 21.
- Keep track of changes you notice. If your loved one doesn’t bring it up, find the right time and a sensitive way to discuss these changes with them—get it out in the open.
- Ask your loved one to have a complete medical check-up. It’s important to know if memory and thinking changes may be caused by something that could be treated or reversed. Even if not, it’s best to know what you’re dealing with.
- If your loved one is resistant to a medical check-up, enlist the help of trusted family or friends who may be able to encourage this.
- Call and ask your loved one’s health care professional for the Medicare Annual Wellness exam (if they are on Medicare) that includes detection of cognitive impairment along with other screenings. Feel free to share with the professional what you’ve noticed either in person or in a letter.
- If you don’t feel comfortable with your loved one’s current health care professional, try to find a new one. Most primary care professionals can diagnose dementia. But if you’re looking for a specialist, contact the Alzheimer’s Association to help identify providers in your area.
- If you know or suspect your loved one has hearing loss, get it checked and addressed—hearing loss makes it harder for a person with memory loss or confusion to communicate. This can lead to misunderstandings and social isolation.
- Make sure both you and your loved one are making healthy lifestyle choices:
  - Stay active and engaged in social groups, arts, and other activities of interest.
  - Eat fresh fruits and vegetables.
  - Be physically active.
- Make it a priority to begin and/or complete legal, financial and advance care planning, including essential planning documents. While all adults should have a plan in place in the event of one’s disability or death, such planning is even more important for anyone beginning to experience changes in memory or thinking abilities. While such changes may or may not end up being dementia, it is critical to complete this planning while your loved one has the ability to do so.

### Action Steps

The following steps are important at this point:

- ❑ **Obtain a medical assessment** to find out what may be causing the problems.
- ❑ **Complete health care planning documents. Your loved one should have:**
  - A Health Care Directive (also called a “living will” or “advance directive” regarding treatment preferences); and
  - A Durable Power of Attorney for Health Care, appointing a health care “agent.”
- ❑ **Complete a General Durable Power of Attorney document.** In this document, your loved one appoints an “agent” to assist with financial and related matters.
- ❑ **Complete an estate plan.** Your loved one’s estate plan may include legal documents such as a will or a trust that direct the disposition of their estate upon death.
- ❑ **Have a family meeting** to discuss what’s happening, and necessary next steps.



Mid-Stage Dementia

*“When we arrived at mid-stage, we arranged for an agency to help my dad with mom’s care. One of their care workers would come twice a week to help with cleaning or just sit with mom to do puzzles while my dad went to appointments and met with friends. Mom loved the care worker and my dad had time away to see friends and run errands.”*

– Teri R., family caregiver from Vancouver

You may be wondering

- What can I do to make the home safer?
- What do we do if our loved one won’t stop driving?
- Where do we get help in coping with behaviors?
- What services might help and where do I find them?
- How can I make my loved one’s life more enjoyable?

What you can do:

- At this stage, you will need the following kinds of support:
  - Daily relief from care tasks (sometimes known as Respite Care)
  - A network of caring friends and family
  - Time to manage your own self care
- Establish or maintain routines for you and your loved one.
- Try not to mistake loved one’s moodiness for rudeness.
- Practice not taking behaviors personally—it’s the disease.
- Ask for help with taking care of the home or providing care: housekeeping, errands, yard care, handy person, or in-home assistance for your loved one.
- If you get unwanted opinions or criticisms, take a step back and recognize that others may be trying to help—see if you can work out a plan for them to assist in some way. Recognize that you are doing the best you can.
- Attend a support group.
- Vent as needed with trusted friends or other caregivers.
- Take safety precautions related to falls, wandering, medication use, harmful cleaning products, guns, power tools, etc.
- If your loved one is still driving, enlist the help of their health care provider to get them to stop. Call the Alzheimer’s Association for additional ideas.
- Look into support and service options to help maintain current living arrangement, such as in-home care or adult day services.
- Investigate residential care options in your area in the event they are needed in the future. These might include adult family homes, assisted living, and/or nursing homes. Look into their costs and take tours so you’ll be prepared if you need to make a decision quickly.

To help your loved one:

- Encourage family and close friends to learn communication tips and techniques—and to help provide activities your loved one still enjoys. Refer them to the Alzheimer’s Association website or 24/7 toll-free Helpline: 800-272-3900.
- Try to provide kindness, understanding, and acceptance.
- Channel their energy—go for regular walks together, encourage them to help with chores like vacuuming, sweeping, folding laundry, gardening.
- Simplify tasks and activities, break into smaller steps—allow more time for your loved one to accomplish them.
- Reminisce—look at old photo albums, a memory book or old videos.
- Make sure your loved one gets ongoing medical care.
- If you notice any SUDDEN changes in behavior, call your loved one’s physician—this can be a sign of an infection or other medical issue.
- Talk to their doctor about completing a Physician Orders for Life-Sustaining Treatment (POLST) form, and ask for a referral to a Physical or Occupational Therapist for a home safety evaluation.
- Go to the Alzheimer’s Association’s online “Caregiver Center” to find helpful tips on daily care such as activities, providing personal care and managing incontinence. Visit [www.alz.org/help-support/caregiving](http://www.alz.org/help-support/caregiving) to learn more.

Services to consider:

- Education workshops or conferences for caregivers.
- Technology to assist with a variety of tasks—reminders, cameras, chimes to alert if an exterior door opens, etc.
- Adult day services offer your loved one activity, exercise and socialization and provides you with some time for yourself.

Suggests helpful services and Action Steps at each stage

- In-home care to assist with bathing, dressing, getting ready in the morning or evening, other personal care tasks/routines.
- Counseling to handle your own grief, depression and anger, and get emotional support.
- If you haven’t looked into or used yet:
  - Powerful Tools for Caregivers
  - Support Group
  - Respite Care (in or out of the home)
  - Consultants who specialize in caregiving issues and can assist with behaviors
  - MedicAlert+Safe Return or GPS locator program
  - Behavior education and consultation, such as STAR-C

Contact your local Family Caregiver Support Program to inquire about local education and support services mentioned above. Find your local number here: [www.waclc.org/connect](http://www.waclc.org/connect).

Action Steps

See Action Steps on pages 7, 9, and 13 and do the following:

- ❑ **Request** a home safety evaluation with a Physical or Occupational Therapist to make the home safer and home care tasks easier.
- ❑ **Update** your back-up plan to be used if something happens to you.
- ❑ **Have** a family meeting to discuss what’s happening now and ways to support your loved one and you, and any next steps as care needs increase.
- ❑ **If help with financing care is needed**, contact your local Community Living Connections or Home and Community Services office. Find these at [www.waclc.org/connect](http://www.waclc.org/connect)
- ❑ **Complete end-of-life planning**. Discuss and document how your loved one wants to live at the end of their life, including medical care wanted or not wanted, comfort measures, and palliative and hospice care.

Want to learn more about residential care options?

In addition to services that can help a person with dementia to stay at home, there are many different types of homes or facilities that provide long-term care. Residential care options in Washington state include adult family homes, assisted living facilities and nursing homes.

- Find out more, and what’s available in your area: [www.dshs.wa.gov/altsa](http://www.dshs.wa.gov/altsa)

You may be thinking, “I need assistance, I can’t do this anymore”

Find out more about the services above, and what may be available at no cost or low cost in your area. Start here:

- **Community Living Connections** (Area Agency on Aging) for your area may be found at 855-567-0252 or [www.waclc.org/connect](http://www.waclc.org/connect)
- **Alzheimer’s Association** at 800-272-3900 or [www.alzwa.org](http://www.alzwa.org)
- **Dementia Support Northwest**, serving Whatcom County 800-493-3959 or [www.alzociety.org](http://www.alzociety.org)

Explains WHERE to call for help

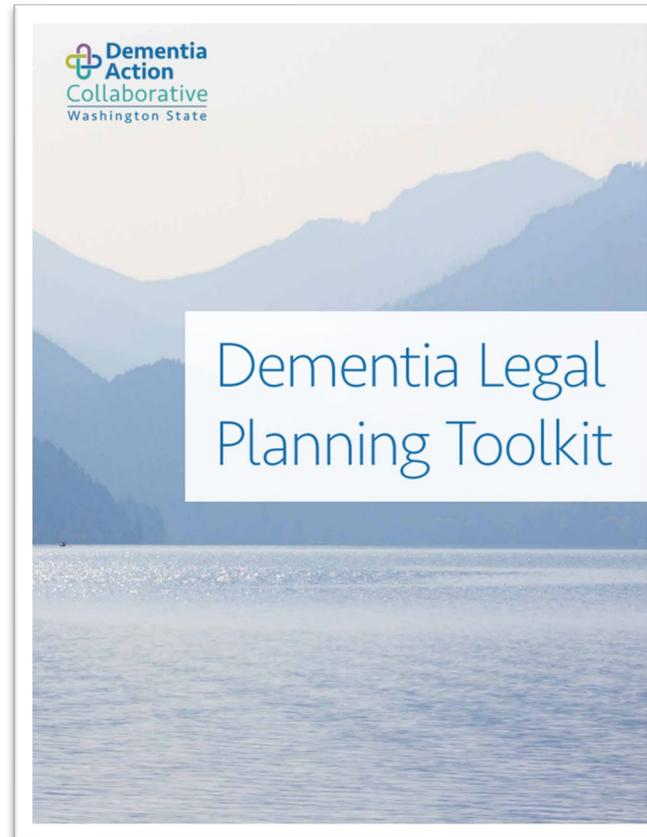
# ALZHEIMER'S ASSOCIATION

- Latest Alzheimer's/Dementia-specific information....
  - Brain health
  - Available medications
  - Support groups/trainings
  - Care consultation
- Online education opportunities
  - Webinars and e-learning
- **24/7 Helpline** – translation service available

- [www.alzwa.org](http://www.alzwa.org)
- Call 800-272-3900

# DEMENTIA LEGAL AND ADVANCE CARE PLANNING

- TOOLKIT FOLDER OFFERS INFORMATION, GUIDANCE RESOURCES AND FORMS
- DEMENTIA LEGAL PLANNING PROJECT OFFERS PRO BONO ASSISTANCE IN COMPLETING FORMS



**DEMENTIA LEGAL PLANNING PROJECT**

Unsure about how to navigate legal planning if you or someone you love has dementia?

Get free legal help with the following:

- Powers of Attorney for Finances and Health Care
- Health Care Directives
- Dementia Directives

Who is Eligible?

- People 60 years and older
- People with dementia of any age

FOR MORE INFORMATION:

☎ 425-780-5589

🌟 [www.dementialegalplanning.org](http://www.dementialegalplanning.org)

This program is funded, on behalf of the Dementia Action Collaborative, by the Aging and Long-Term Support Administration/DSHS.

# OTHER RESOURCES

- HOW TO PARTNER WITH YOUR HEALTH CARE PROVIDER FOR BETTER CARE
- DEMENTIA SAFETY INFO-KIT

## PARTNERING WITH YOUR HEALTHCARE PROVIDER

A Resource for People Living with Memory Problems and Their Care Partners

### WHO WE ARE

The [Dementia Action Collaborative \(DAC\)](#), the [Dementia and Palliative Education Network \(DPEN\)](#), in partnership with the [Alzheimer's Association](#) and the [University of Washington School of Nursing](#)

### WHAT'S THE PURPOSE?

- Understand how to form a working partnership with healthcare providers
- Organize, streamline tasks, and communicate about the care needs of the person living with dementia
- Reduce chances of avoidable care transitions

### WHAT'S INCLUDED

- Easy-to-navigate narrated presentation
- Video scenario demonstrations
- Care, medication, and appointment log sheets



### LEARN MORE



### SHARE

with family care partners!

[DPEN.NURSING.UW.EDU/RESOURCES/PARTNERING-WITH-YOUR-HEALTHCARE-PROVIDER/](https://dpn.nursing.uw.edu/resources/partnering-with-your-healthcare-provider/)



## Info Kit

### Safety Concerns for People with Dementia

Not all memory loss is due to dementia. Memory loss and/or confusion may be a result of many conditions, some of which are reversible. If you or someone you know has memory loss or confusion that's getting worse, it's important to talk with a health care professional about it. If it does turn out to be dementia, there are steps you can take to live well, and plan for a future with it.

Dementia affects each person differently, but symptoms typically include increasing memory loss, confusion, and disorientation. Changes in the brain can also impact how individuals interpret what they see, hear, feel, taste or smell, and their sense of time, place and judgment – each of which can impact safety.

The best environment for a person with memory loss or dementia is one that helps them feel as independent and supported as possible. For people with dementia wanting to stay at home, it's key to find the right balance between independence and safety - and to anticipate changes. With creativity and flexibility, it's possible to make adaptations that make the home safer and less stressful for all.

This "info kit" is a resource for family members and caregivers to assist in evaluating the home and taking steps to promote safety over the course of dementia. Materials highlight information and tips related to the following:

1. Home Safety
2. Falls Prevention
3. Driving
4. Wandering
5. Emergency Preparedness
6. Elder Abuse & Financial Exploitation



You may click on the links provided below each resource to view or print the information yourself. When a computer icon appears, the information is intended to be viewed online, and not in a printable format.

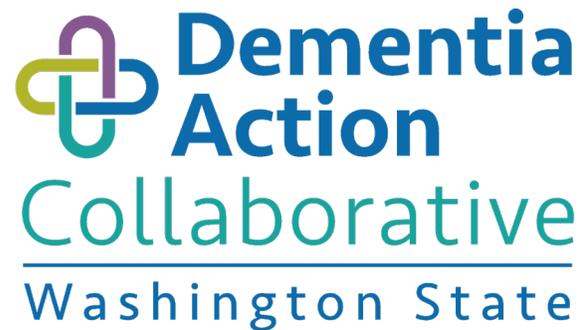
IT'S HELPFUL TO PLAN AHEAD, AND PUT SAFETY MEASURES IN PLACE BEFORE

THEY'RE REALLY NEEDED

# TO FIND RESOURCES OR FOR MORE INFORMATION ON THE DEMENTIA ACTION COLLABORATIVE

**Find links to these resources at:**

<https://www.dshs.wa.gov/altsa/dementia-action-collaborative>



**See our:**

- [Washington State Alzheimer's Plan](#)

**For more information contact:**

- Lynne Korte, MPH
  - Dementia Care Program/Policy Analyst & DAC Program Manager | Aging and Long-Term Support Administration
  - [Lynne.Korte@dshs.wa.gov](mailto:Lynne.Korte@dshs.wa.gov)

# WA Cares Fund can help

- Universal long-term care program in Washington state
- Earned benefit – only those who contribute are eligible
- Self-funded from worker contributions
- Only contribute while you're working
- Everyone covered at same rate regardless of pre-existing conditions
- No copays, no deductibles, and you never have to file a claim

## Contributions

**0.58%**

Amount workers contribute from wages



Contributions begin

## Benefits

**\$36,500**

Lifetime maximum benefit  
(adjusted annually up to inflation)



Benefits available

# Contributing to WA Cares Fund

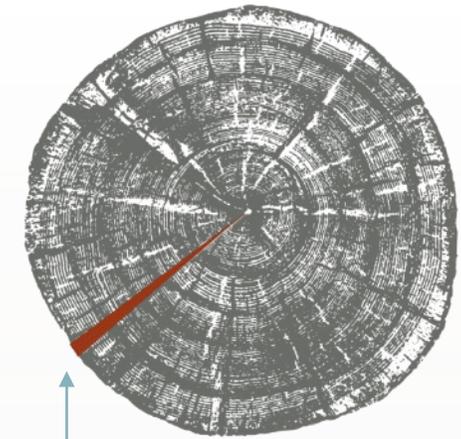
## Employees contribute 0.58% of wages

- Premiums go into dedicated trust fund used only for this program
- Federal employees excluded
- Employees of tribes included if tribe opts in
- Self-employed individuals can opt in

## Certain workers can apply for an exemption

- Workers who live out of state
- Temporary workers with non-immigrant visa
- Spouses of active-duty military
- Veterans with service-connected disability rating of 70% or greater
- Workers who had private long-term care insurance before Nov. 2021

**Typical Income: \$50,091**  
**Typical Contribution: \$291/year**



**0.58% of each paycheck**

# Affordable contributions across your career

<b>\$35,000</b> annual salary	
<b>Each year</b>	\$203
<b>Over 10 years</b>	\$2,030
<b>Over 20 years</b>	\$4,060
<b>Over 30 years</b>	\$6,090

<b>\$50,000</b> annual salary	
<b>Each year</b>	\$290
<b>Over 10 years</b>	\$2,900
<b>Over 20 years</b>	\$5,800
<b>Over 30 years</b>	\$8,700

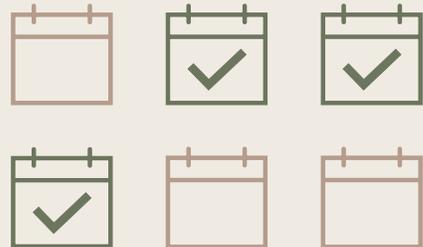
<b>\$75,000</b> annual salary	
<b>Each year</b>	\$435
<b>Over 10 years</b>	\$4,350
<b>Over 20 years</b>	\$8,700
<b>Over 30 years</b>	\$13,050

**\$36,500** benefit amount will be adjusted annually up to inflation.

# Qualifying for coverage

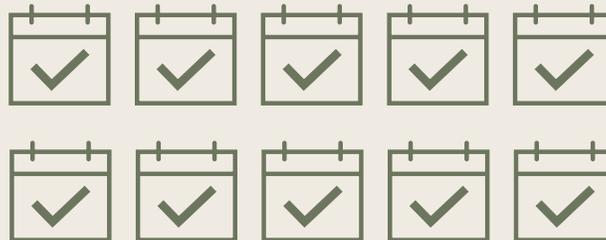
## Early access to full benefit

Contributed at least **3 of the last 6 years** at the time you apply for benefits



## Lifetime access to full benefit

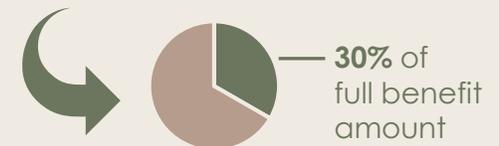
Contributed for a **total of 10 years** without a break of 5+ consecutive years



NEW FOR NEAR-RETIRES

## Lifetime access to partial benefit

People born before 1968 earn **10% of benefit amount** for each year worked



To earn benefits, must work at least 500 hours per year (about 10 hours per week)

# The benefit is flexible

Up to **\$36,500** for any combination of services and supports, including:



Professional care at home or in a facility



Adaptive equipment & technology like hearing or medication reminder devices



Training & paying family member or friend to be your caregiver



Home-delivered meals



Home safety evaluations & environmental modifications like wheelchair ramps



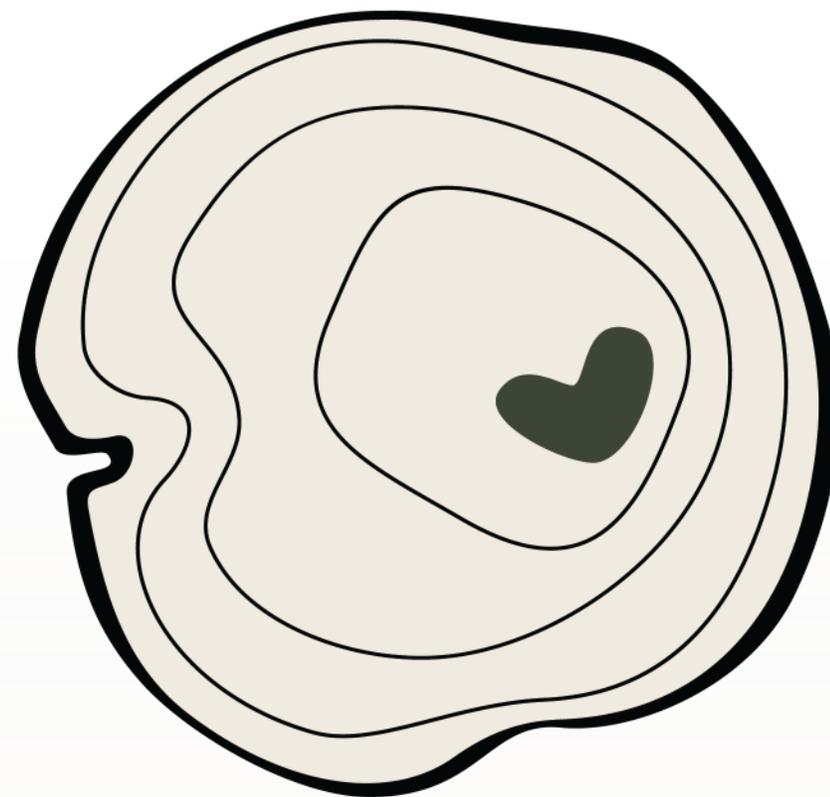
Support & respite for family caregivers



Transportation

Must need help with **3 activities of daily living** like bathing, dressing, eating, medication management

# Audience Q&A





# Thank you

For a recording of this webinar and other resources, visit [wacaresfund.wa.gov/learn-more](https://wacaresfund.wa.gov/learn-more)

Join us next month for a conversation about **income inequality and caregiving.**

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## Contact

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