



3.2.a Increase the percentage of long-term service and support clients served in home and community-based settings from 83.9% to 85% by June 2017



#### SUPPORTED PEOPLE

3.2.A: INCREASE THE PERCENTAGE OF LONG-TERM SERVICE AND SUPPORT CLIENTS SERVED IN HOME AND COMMUNITY-BASED SETTINGS FROM 83.9% TO 85% BY JUNE 2017

**Department of Social and Health Services  
(DSHS)**

**Aging and Long-Term Support  
Administration (AL TSA)**

**Bea Rector, Director**

**Home and Community Services**

**July 18, 2016**



# DSHS Aging and Long-Term Support Administration (AL TSA)

## Vision

*Seniors and people with disabilities living in good health, independence, dignity, and control over decisions that affect their lives*

## Mission

*To **Transform Lives** by promoting choice, independence and safety through innovative services*

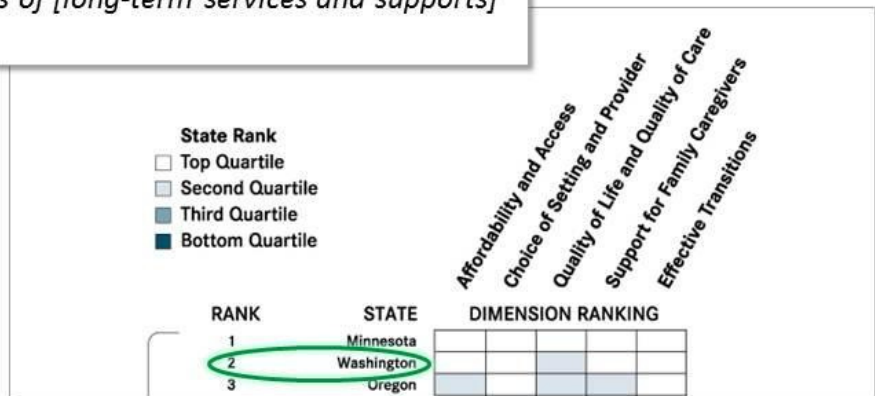
## We Value

*The Pursuit of Excellence, Collaboration, Honesty, Respect, Open Communication, Diversity, Accountability, and Compassion*

## Washington State: one of the two best in the nation for long-term services and supports, especially in home and community



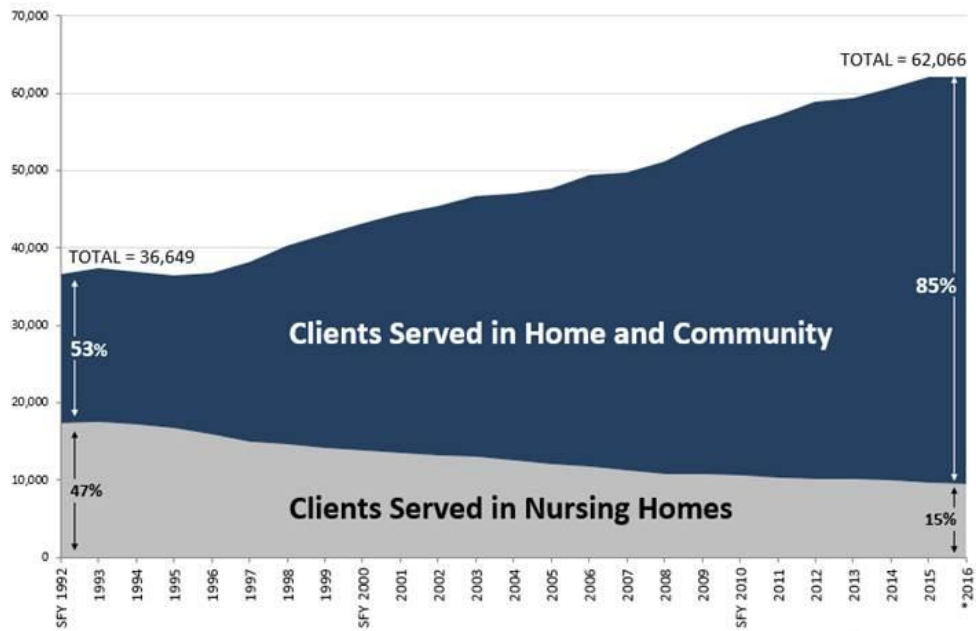
*“Minnesota, **Washington**, Oregon, Colorado, Alaska, Hawaii, Vermont, and Wisconsin, in this order, ranked the highest across all five dimensions of [long-term services and supports] system performance.*



Source: Raising Expectations, 2014: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers by AARP, the Commonwealth Fund, and The SCAN Foundation. See [Long-Term Care Scorecard 2014: Overview](#)

# Washington State has worked hard to “rebalance” and serve Medicaid clients where they want to be served

## Results WA Metric – View since 1992



Source: DSHS AL TSA Core Metrics and EMIS.

\*As of December 2015

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***We all want choice, control, and autonomy***  
*in how and where we receive long-term services and supports*

[To view video, click here](#)

Customer video:  
Date, an AL TSA client who relocated from a nursing home to his own home



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# Customer satisfaction is high

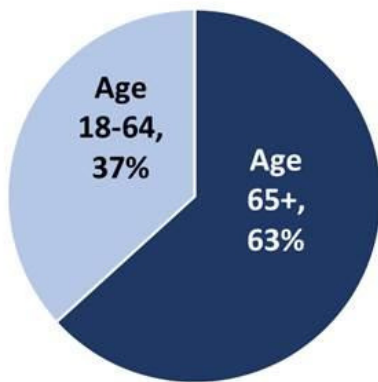
with Medicaid home and community-based services in Washington State



Source: DSHS AL TSA Home & Community Services Quality Assurance Final Report for 2015 (client survey data)

## AL TSA Client Demographics - 2015

**Age:** Most clients are “seniors”, but over one third are working age



Source: CARE and MDS data, October 2015.

Age	Clients	%
18-64	23,800	37%
65-84	28,000	43%
85+	13,000	20%

Gender	Clients	%
Female	43,300	67%
Male	21,900	34%

Race	Clients	%
American Indian or Alaska Native	1,500	2%
Asian	7,300	11%
Black or African American	4,200	6%
Native Hawaiian or Pacific Islander	800	1%
White	46,300	71%
Unknown/Unreported	4,800	7%

Ethnicity*	Clients	%
Hispanic	3,500	7%
Non-Hispanic	48,000	90%
Unknown	1,900	4%

Totals of each subsection may not be equivalent due to rounding.

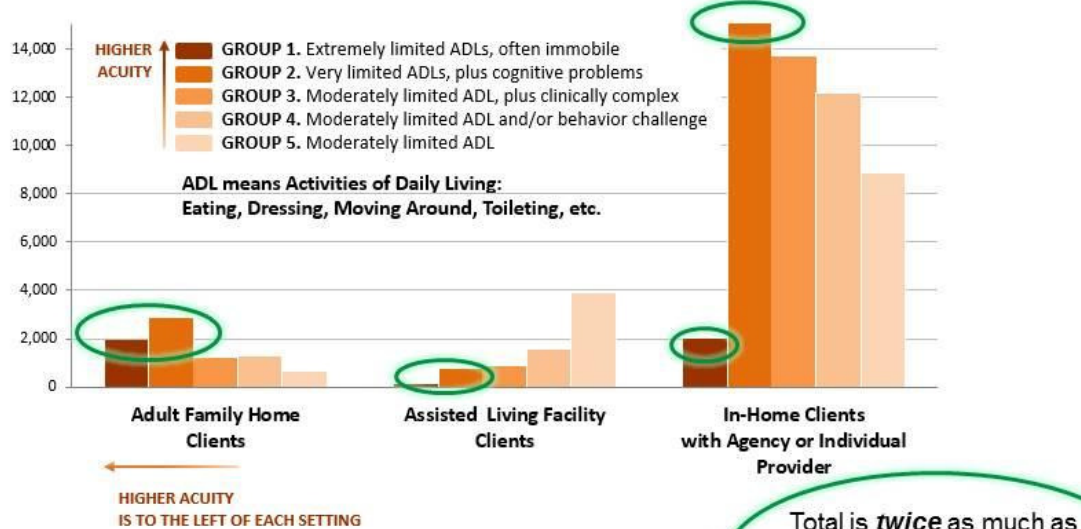
\*Ethnicity is shown only for home and community clients;

327 nursing home clients indicated Hispanic for “race”, nursing home race and ethnicity not identified separately.



## All need levels, including high level are served in home or community-based settings

**Number of Home and Community Clients by CARE Acuity Grouping**  
Aging and Long-Term Supports and Developmental Disabilities Administration



Source: CARE data as of June 30, 2015 snapshot, combined clients of ALISA and DDA.

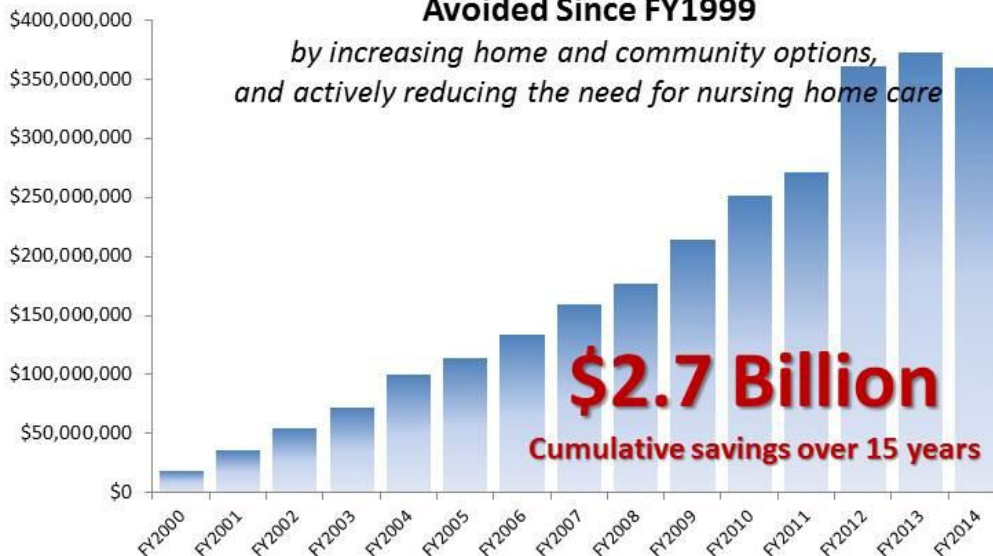
Total is *twice* as much as the entire nursing home caseload for all acuity levels.

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## Expanding home and community-based services resulted in taxpayer savings

### State and Federal Costs Avoided Since FY1999

*by increasing home and community options, and actively reducing the need for nursing home care*



Source: David Mancuso, PhD, DSHS Research and Data Analysis, December 2014

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## Keys to our success



*"...state leadership and vision make a difference. Willingness to experiment, innovate, and challenge the status quo are hallmarks of successful states."*

- 1) **Sustained effort**
- 2) **Maximize federal funding**
- 3) **Resource development**
- 4) **Innovative thinking about our clients/customers**

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## What are our new and continuing problems/opportunities?

- 1) **Growing caseload, limited budget**
- 2) **Decline in providers, workforce concerns could limit access to home and community services**
- 3) **Health & safety of people with complex needs**

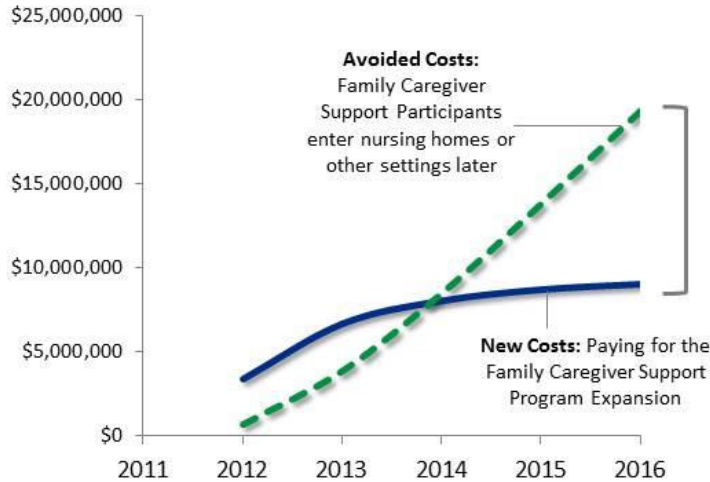


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**Problem/Opportunity:** Growing caseload, limited budget

**Strategy:** Leverage federal funds, serve more unpaid family caregivers

**Family Caregiver Support Program – Taxpayer Costs vs. Savings**  
*State and Federal Funds*



**Net Fiscal Impact**  
**Year 5:**  
**Savings of \$10**  
**Million per year**

**828,000**  
**unpaid family**  
**caregivers**  
*in WA State*

*The state assists*  
*fewer than*  
**1 in 10**

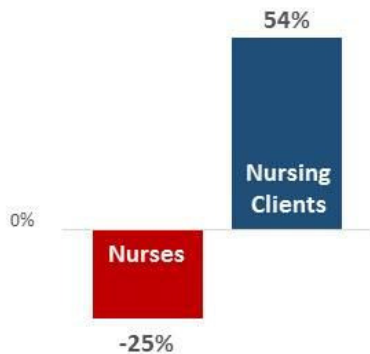
**Strategy:**  
**Federal 1115**  
**Waiver (pending)**

Source: David Mancuso, PhD; DSHS Research and Data Analysis, November 2014. Costs and cost avoidance shown are for the SFY2012 cohort of the expansion of the Family Caregiver Support Program.

**Problem/Opportunity:** Decline in providers, workforce concerns

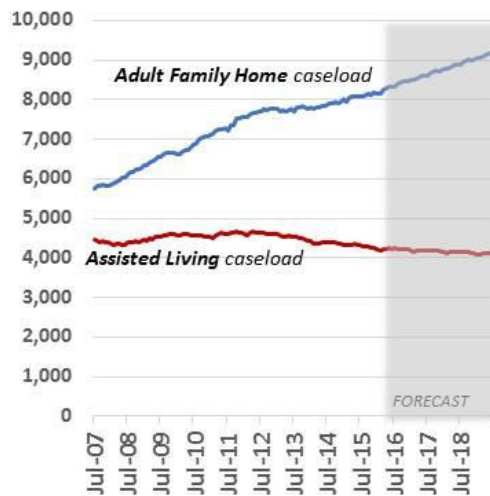
**Strategy Needed:** Provider Medicaid rates need to keep pace

**Nurse Delegates:**  
 supply down, demand up



**No increase in nursing rates since 2005**

**Assisted Living:**  
 the only declining caseload  
 (in home and community)

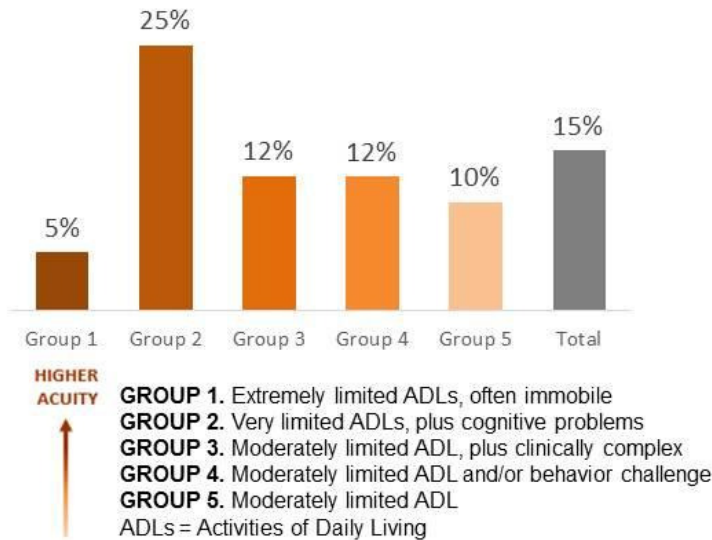


**0.5% rate increase/year for Assisted Living**  
**Since 2007 (annual average, net of**  
**increases and reductions)**



## ***Problem/Opportunity: In-home client health and safety*** ***Strategy Needed: Improve in-home case management***

**Growth in Acuity: In-Home Clients  
 FY2016 vs. FY2013**



Source: CARE data, July 2016 and October 2015, J. Ihl.

- Current caseload ratios are higher for case managers than 10 years ago
- Client complexity is increasing: 25% more clients at home with cognitive issues and a high need for assistance vs. 3 years ago
- Improved case management ratios needed to:
  - ✓ Ensure home visits
  - ✓ Address complex clinical needs

## ***Problem/Opportunity: Health and safety of facility residents*** ***Strategy Needed: Quality assurance and investigations staffing***

### **Challenges**

- 47% increase in facility investigations since FY2011
- Federal funding expiring for quality assurance
- Outdated funding models
- Many complex residents

### **What is Quality Assurance?**

***Monitoring our own performance in our oversight role:***

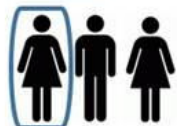
***Are we keeping residents safe?***

***Do we meet federal and state standards?***

### **Facility clients with Alzheimer's/Dementia**



More than 2 out of 5  
 in Adult Family Homes



More than 1 in 3  
 in Assisted Living



## Assistance Needed

### From Governor - Sustaining Success and Prepare for the Future

- Continue the spotlight on aging
- Investments
  - Rate increases for key providers, including nurses and assisted living
  - Health and safety of vulnerable populations at home and in facilities

### From other Agencies/Goal Council

- Embrace community health beyond “health care”
- Plan for an aging population and people with disabilities
- Consider public transportation, urban planning, veterans’ services, low-income housing (not just “affordable” housing)

### From the Public

- Report suspected abuse and neglect.



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## Views from our stakeholders: Jerry Reilly, Elder Care Alliance

### Elder Care Alliance - Planning Together



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More views from our customers/clients

Customer video:

Roads to Community Living clients who have relocated from nursing homes



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**Our entire organization focuses on this Results WA goal**



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## Action Plan\*

Task	Task Lead	Partners	Expected Outcome	Status	Due Date
<b>Develop and increase community resources:</b> Increase community beds/contracts – AFH administrator trainings, target areas where residential housing options are inadequate	Traci Adair	<ul style="list-style-type: none"> <li>• Dept of Commerce</li> <li>• Local Hospitals</li> <li>• AFH Association</li> <li>• Assisted living Associations</li> </ul>	More clients in nursing homes able to move to the community with their needs met	In progress	12/31/2016
<b>Hospital partnerships:</b> Contract with community hospitals for office space and funding for staff	Regional Administrators	Hospitals	More hospital patients able to move to community settings	Completed (additional contracts will still be sought)	6/30/2016
<b>Leadership training and staff engagement:</b> Transforming Performance training for managers	Kristin Byrne		Reduce staff turnover	In progress	12/31/2016

*\*This Results WA goal is supported by other Action Plans for related Strategic Objectives in Residential Care Services, Management Services, and Office of Deaf and Hard of Hearing that impact safety, services, quality, and accountability.*

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Reported by: Department of Social and Health Services

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