



3.2 Quality of Life - supplemental information

Aging and Long-Term Support Administration



Aging and Long-Term Support:

GREEN

YARDSTICK

Be the national leader in: Providing a safe home, community and nursing facility array of long-term supports.

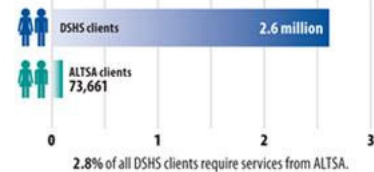
Measuring up Washington
2012 2013

Provide a safe,	RED	↑	Adult protective services laws are strong but referrals, caseloads, backlogs and information technology needs are at critical levels.
home and community, and	★	★	
nursing facility array of long-term supports	GREEN	GREEN	

The summary evaluations are denoted by color as follows: green equates to strong performance and service in the area, yellow to areas of concern or unmet need, or both, and red to serious concern or serious unmet need, or both. Where there is a positive movement it is denoted by an upward arrow and where we have achieved national leadership it is indicated by our coveted gold star.

DSHS Client Services | July 2011 – June 2012

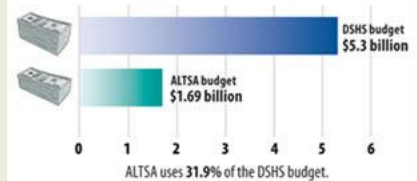
CLIENTS SERVED



NUMBER OF EMPLOYEES




EXPENDITURES



Aging and Long-Term Support Administration

Provide a safe

	2012	2013	
Timely response to all abuse and neglect allegations	RED	RED ↑	Lean exercises are underway. A new electronic case management system is under construction. Staff funding lags.
Abuse and neglect timely case close-outs	RED	RED ↑	Lean exercises are underway. A new electronic case management system is under construction. Staff funding lags. 

And nursing facility array of supports

	2012	2013	
Timely licensing of Adult Family Homes, Assisted Living and Nursing Facilities	GREEN	GREEN	
Providing timely eligibility approval	YELLOW	YELLOW	

Home and community

	2012	2013	
Providing home and community-based services	★ GREEN	★ GREEN	Washington is a national leader in providing community and in-home supports. 
Voluntary relocation of clients from nursing homes to home and community-based services	GREEN	GREEN	
Providing family caregiver support	YELLOW	YELLOW	
Long-term care for children	GREEN	GREEN	

Strategic Plans can be found at: <http://www.dshs.wa.gov/ppa/strategic.shtml>

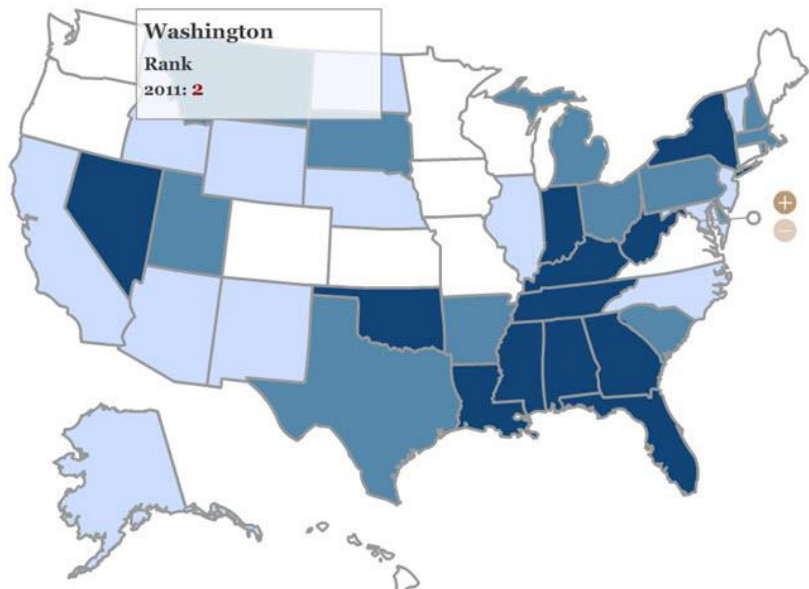
Washington's long-term service and support system is rated 2nd in the nation by AARP

Indicators of system strengths:

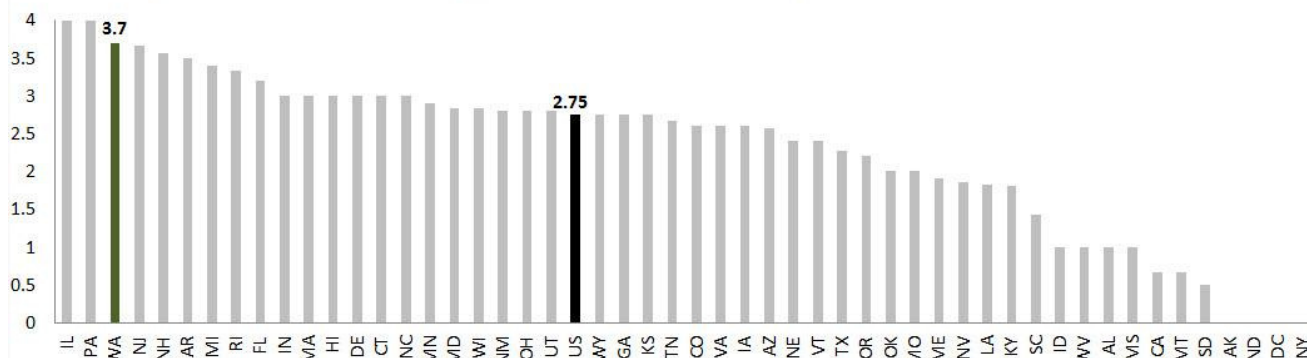
- Choice of setting and providers
- Support of family caregivers
- Percent of Medicaid and state-funded LTSS spending on home and community-based services
- Percent of nursing home residents with low care needs
- Clients with complex care needs served in community settings
- Multiple options for meeting skilled nursing needs in the community (nurse delegation, self-directed care, home health, contracted RNs, adult day health)

Overall Rank: 2011

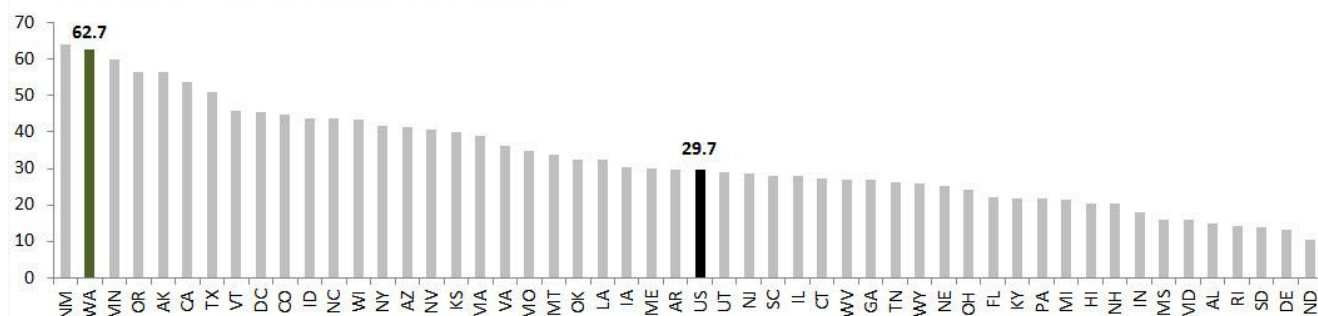
□ Top Quartile □ Second Quartile □ Third Quartile ■ Bottom Quartile



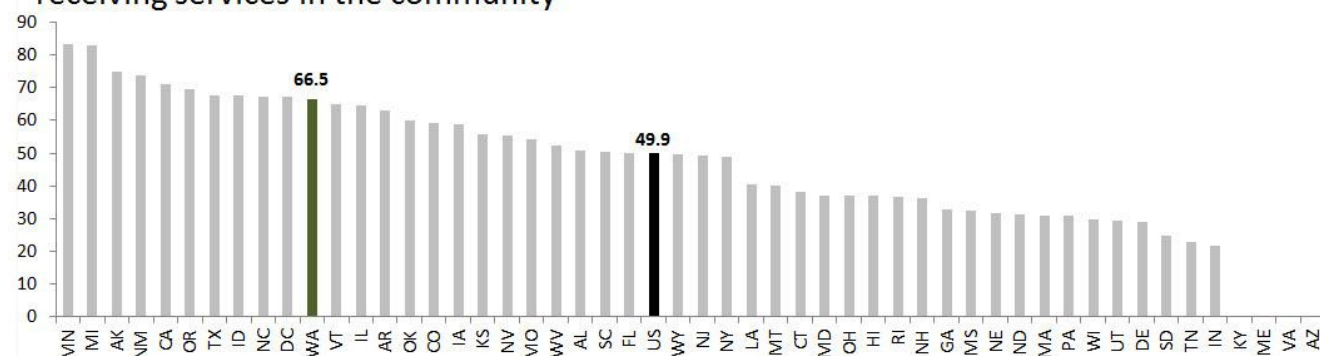
Washington is 3rd in facilitating consumer choice (composite indicator, rated on 0-4 scale)



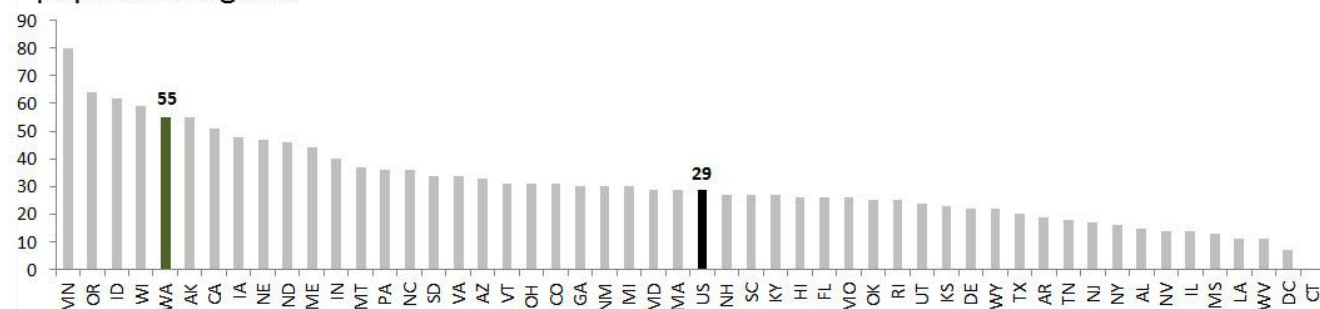
Washington is 2nd in percent of spending on long-term service and support going to home and community-based services



Washington is 11th in percent of new Medicaid long-term service and support users first receiving services in the community



Washington is 5th in the number of assisted living and residential care units per 1,000 population age 65



DATA SOURCE: *Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers, 2011* – AARP, The Commonwealth Fund, The SCAN Foundation (www.longtermscorecard.org). Data from Category “Choice of Setting & Provider”.

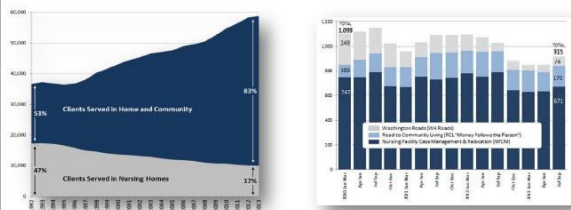
A3 Problem Solving | Increase % of Long-Term Service and Supports Clients Served in Home and Community Based Settings

Clarify the Problem

- The number of people age 65 and older will double in Washington over the next twenty years.
- Many of these seniors will need long-term care, such as assistance with (and paying for) dressing, bathing, shopping, cooking, toileting and getting around.
- Most people want to stay at home or live in a home-like, community-based setting, rather than be in a nursing facility. Home and community-based services (HCBS) is also the most cost-effective way to serve seniors and individuals with disabilities.
- By responding to client preferences, we can meet their needs and sustain our ability to provide long-term support. All units within ALTA contribute toward the goal of a responsive, high quality, and safe HCBS system.

Breakdown the Problem

- As of September 2013 82.9% of ALTA clients were served in community-based settings compared to 53% in 1992.
- In 2013 HCS staff relocated an average of 300 Medical clients per month from nursing facilities to community based settings.
- 1/3 of clients residing in nursing homes are considered low acuity and many could be served in HCBS.
- Legislation changed training requirements for Individual Providers (IPs) from 35 hours to 72 hours and now requires testing and certification from DOH. The complicated process has resulted in a reduction of available, qualified providers.



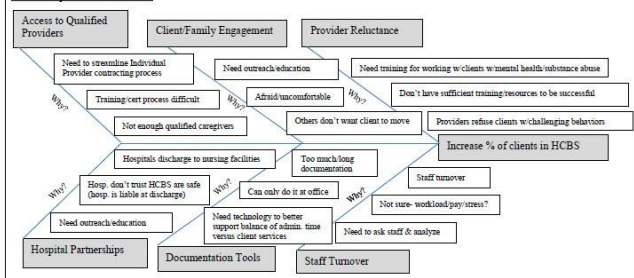
March Update:

- VSM to look at IP Onboarding process will be in May 2014
- Meeting with IT to investigate options for "off-site" documentation will be in April 2014
- Nurses are creating plans for hospital engagement
- Review of DSHS employee survey will occur once released

Target Condition

Increase % of long-term service and supports clients served in HCBS from 82.9% to 83.7% by 06/30/2015

Identify Root Cause



Identify Countermeasures

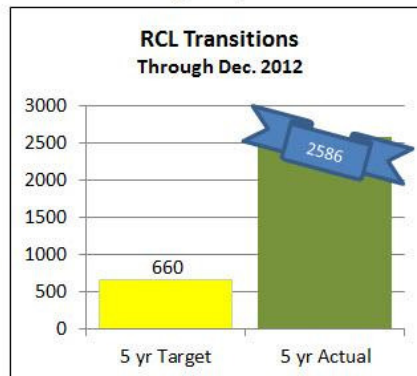
Root Cause	Proposed Countermeasure	Feasibility	Cost	Risk	Impact
Access to qualified providers	Conduct Lean VSM to simplify /make it easier for providers to navigate application, training and certification process	Easy	Neutral	Low	High
Client/Family Engagement	Develop strategies to give information to clients/families earlier	Easy	Neutral	Low	High
Provider Reluctance	Develop resources for serving clients with challenging behavioral needs	Challenging	Neutral	Low	High
Hospital Partnerships	Focus on developing partnerships with hospitals at local level	Challenging	Neutral	Low	High
Documentation Tools	Investigate current technology vs. staff need	Easy	Neutral	Low	High
Staff Turnover	Investigate why staff leave	Easy	Neutral	Low	High

Action Plan

ID#	Problem to be solved	Action Item	Lead	Due	Status
1	Access to qualified providers	Schedule VSM for Provider Onboarding (apply, train, certify, contract)	Amy/Bill	60 days	On track
2	Documentation Tools	Meet with IT to discuss options for off-site documentation in current system	Shreya/Bill	60 days	On track
3	Hospital Partnerships	Meet with HCS nurses statewide to develop engagement plan with hospitals	Christine	60 days	On track
4	Staff Turnover	Evaluate survey. Coordinate with DSD to better utilize current exit interview tool and gather report to be analyzed	Kristin/Amy	60 days	On track

- Expanded Federal Roads to Community Living** - Maximizing enrollment in the Roads to Community Living (RCL) program, thereby maximizing federal resources available to support people moving to the community and those who are already in the community.

Exceeding Expectations



Top 5 Performers

State	Total Nursing Home (NH) Beds	Total Number through 2011	Ratio of NH Residents Transitioned
Washington	20,133	1748	8.7%
Texas	100,207	5300	5.3%
Maryland	26,595	1167	4.4%
Michigan	41,654	1056	2.5%
Ohio	91,488	1533	1.7%

- **Increased Community Mental Health Long-term Support Options** – Develop new home and community-based services for people who’ve been supported in state hospitals beyond medical necessity due to lack of placement options that support both behavioral and personal care needs (i.e., Enhanced Service Facilities, Expanded Community Services).
- **Home Care Supports** – Enhancing or expanding Family Caregiver Support, Information and Assistance and additional supportive services (e.g., home-delivered meals, assisted technology, adult day health). These services are typically offered through Area Agencies on Aging and are designed to support people in their own homes.
- **Housing Resources** – Developing resources and services to help stabilize clients at risk of losing their community living option.
- **Community First Choice** – Designing community options that will expand choices for clients and community-based service and generate significantly increased federal contributions.
- **Specialty Training** – Supporting specialty trainings to ensure curriculum meets the needs of community providers and specialty needs of clients served in home or community (e.g., dementia services, developmental disabilities services).
- **Individualized Training** – Providing training opportunities to community providers, conducting outreach to community partners, and expanding independent living options, including Community Choice Guides with specialties that match various demographic needs, and Behavior Support and other training contractors to provide consultation to residential providers and direct support to ALTSA clients.

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