

# **Aging and Long-Term Support Administration**



**Department of Social and Health  
Services**

## **Strategic Plan Metrics**



# Aging and Long-Term Support Administration

## Strategic Objective & Results WA #

### Provide access to home and community-based services

AAH.14	Number of clients served in the Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA)		<a href="#">SO 1.1</a>
AAH.13	Number of individuals transitioning from state psychiatric hospitals into community settings		<a href="#">SO 1.2</a>
AAH.1	Percent of long-term services and support clients served in home and community-based settings		<a href="#">SO 1.3; RW 3.2.a</a>
<a href="#">AAH.1</a>	Percent of long-term services and support clients served in home and community-based settings - Historical progress		
AAH.2	Number of people assisted to transition to home and community-based settings from nursing homes		<a href="#">SO 1.4</a>
AAH.7	Percent of timely financial eligibility determinations (completed in 45 days)		<a href="#">SO 1.5a</a>
AAH.5	Timely initial assessments and access to services		<a href="#">SO 1.5b</a>
AAH.12	Timely determination of functional re-assessments		<a href="#">SO 1.5c</a>
DH1.7	Number of DSHS and contractor sites with Assistive Listening Systems services		<a href="#">SO 1.6</a>
DH2.1	Number of clients served by the Regional Services Centers of the Deaf, Deaf-Blind, and Hard of Hearing		<a href="#">SO 1.7</a>
DH1.8	Number of DSHS and service provider sites where education and training is provided in communication access modalities for the Deaf or Hard of Hearing		<a href="#">SO 1.8</a>

### Provide a safe environment for adults who are vulnerable

AAC.2	Vulnerable adult abuse and neglect investigations resolved within 90 days		<a href="#">SO 2.1; RW 3.2.c</a>
AAP.1	Timely initial response based on APS intake priority		<a href="#">SO 2.2</a>
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### Improve quality in nursing facilities and other settings

AAR.1	Timely licensing re-inspections of adult family homes, assisted living, and nursing homes		<a href="#">SO 3.1a</a>
AAR.2	Timely quality assurance for Intermediate Care Facilities and Supported Living		<a href="#">SO 3.1b</a>
AAH.9	Timely quality assurance of home and community services		<a href="#">SO 3.2a</a>
AAH.10	Timely quality assurance monitoring for Area Agencies on Aging (AAAs)		<a href="#">SO 3.2b</a>
AAR.6	Timely quality assurance for nursing homes: audited Statements of Deficiency		<a href="#">SO 3.2c</a>

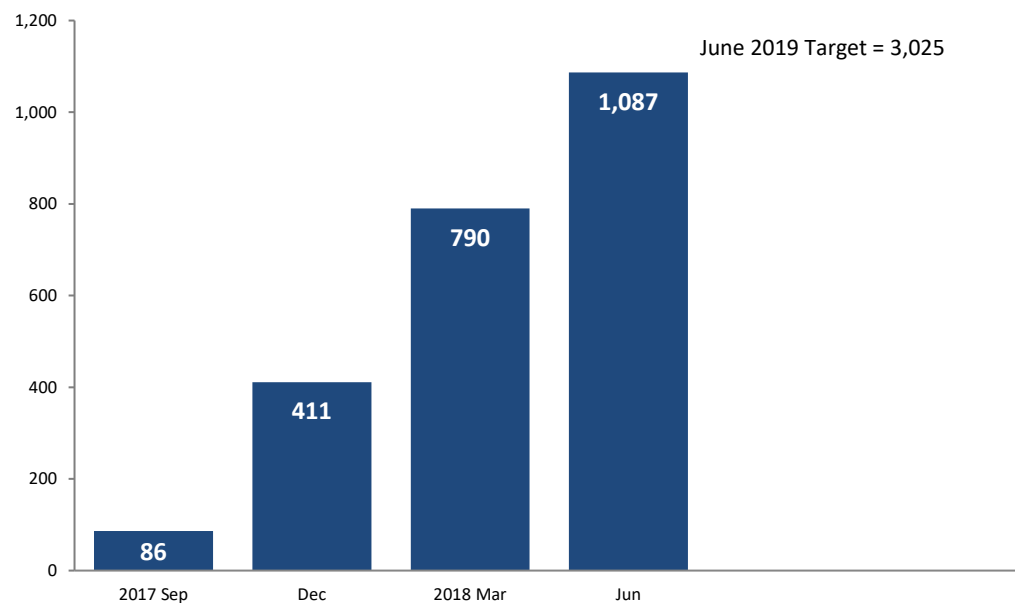
# Aging and Long-Term Support Administration



**Goal 4: Quality of Life - Each Individual in Need will be Supported to Attain the Highest Possible Quality of Life**

## Number of clients served in the Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA)

Statewide - Caseload of enrolled individuals



### SUMMARY

- This measure supports **AL TSA Strategic Objective 1.1: Develop and expand approaches to serve adults who are older, Medicaid recipients or at risk of spending down to Medicaid, and their caregivers.**
- **Background:** Both MAC and TSOA are innovative approaches under the Medicaid Transformation Demonstration (MTD), a five-year project with the federal centers for Medicare and Medicaid Services approved in January 2017 (actual implementation began September 2017). MTD provides the state of Washington with new investments to test innovative, sustainable and systematic low cost services that delay or divert use of traditional Medicaid long-term supports and services (LTSS).
- **Importance:** MAC and TSOA provide support to Medicaid eligible or low income adults who meet Nursing Facility Level of Care (NFLOC) to avoid, delay or lower use of traditional Medicaid Services.
- **Success Measure:** Implement MAC and TSOA and attain an enrollment target of 3,025 individuals by June of 2019.
- **Action Plan:** The updated action plan for this measure is located in the AL TSA Strategic Plan.

**DATA SOURCE:** ADSA Report 0002; supplied by Barb Pruett, MSD.

**MEASURE DEFINITION:** Count of actively enrolled individuals reported in the last month of each quarter.

**DATA NOTES:** **1** Target is set through project modeling by DSHS Research and Development Division staff; it is the cumulative count for enrollments in all 4 quarters. **2** Enrollment counts are for active clients in both MAC and TSOA with or without a paid service. **3** Counts are for the last month of each fiscal year quarter.

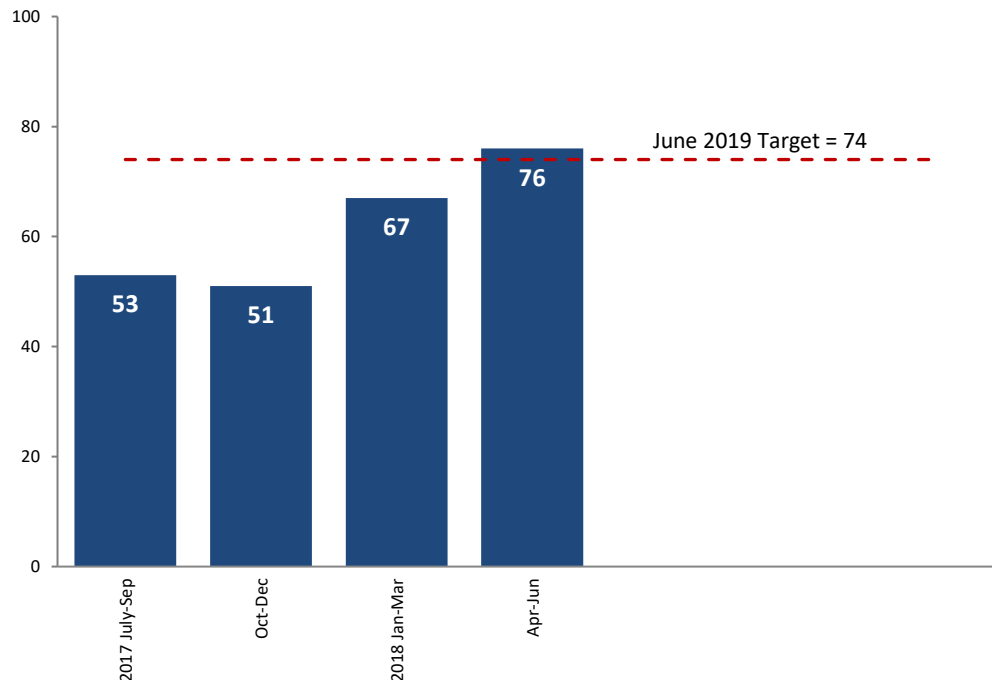
TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.14.xlsx>

# Aging and Long-Term Support Administration

## Goal 4: Quality of Life - Each Individual in Need will be Supported to Attain the Highest Possible Quality of Life

### Number of individuals transitioning from state psychiatric hospitals into community settings

Statewide- Average per quarter



**DATA SOURCE:** ADSA Reporting-State Hospital Report; supplied by Jacqueline Cobbs.

**MEASURE DEFINITION:** The count of clients who are actively assisted by DSHS Home and Community Service Division to transition from state psychiatric hospitals to community settings. This effort falls under the Mental Health Initiative under the State Hospital Discharge and Diversion or SHDD program.

**DATA NOTES:** **1** Automated report for state hospital transition **2** Quarterly report combines baseline and any new client transitions above baseline. **3** Each quarter reports number of new transitions in that quarter reported on the 10th of the month following the end of the quarter. **4** Annual data is an average of the quarterly data for the four quarters in that fiscal year.

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.13.xlsx>

#### SUMMARY

- This measure supports **AL TSA Strategic Objective 1.2: Provide new long-term services and supports for individuals transitioning from state psychiatric hospitals.**
- **Background:** Washington has an identified gap in community options for individuals with behavioral challenges and personal care needs, particularly those ready for discharge from the state psychiatric hospitals. In response, both state law enacted in 2016 and the Governor's-directed Mental Health Transformation empower AL TSA and other pertinent state agencies to work collaboratively with shared responsibility.
- **Importance:** This effort ensures the development of specialized community options with an array of services to meet the needs of individuals with behavioral health challenges who are ready for discharge and have long-term care needs.
- **Success Measure:** Consistently achieve a quarterly average of 74 clients transitioning from state psychiatric hospitals into community settings by June 2019.
- **Action Plan:** The updated action plan for this measure is located in the AL TSA Strategic Plan.

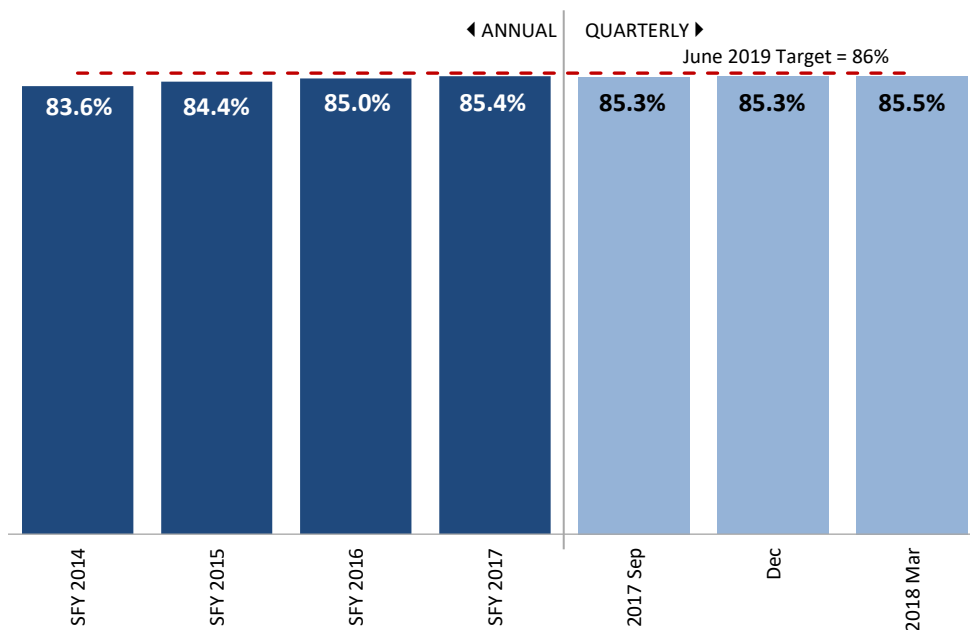
# Aging and Long-Term Support Administration



## Goal 4: Quality of Life - Each Individual in Need will be Supported to Attain the Highest Possible Quality of Life

### Percent of long-term services and support clients served in home and community-based settings

Statewide



#### SUMMARY

- This measure supports **AL TSA Strategic Objective 1.3: serve individuals in their homes or in community-based services.**
- **Background:** In 2017, Washington State's long-term services and supports were ranked first in the nation by the AARP Long-Term Care Scorecard.
- **Importance:** Developing home and community-based services has meant Washingtonians have a choice regarding where they receive care, and has produced a more cost effective method of delivering services.
- **Success Measure 1.3:** Increase the percentage of clients served in home and community-based settings from 85.6% in July 2017 to 86% by July 2019.
- **Action Plan:** The updated action plan for this measure is located in the AL TSA Strategic Plan.

**DATA SOURCE:** EMIS reports using SSPS and ProviderOne; supplied by Rina Wikandari, Management Services Division.

**MEASURE DEFINITION:** Statewide percentage of AL TSA long-term care clients living in home and community settings, as defined by the average monthly caseload of clients living in home and community settings divided by the sum of the same and the average monthly caseload of clients living in nursing facilities.

**DATA NOTES:** **1** Nursing Home clients are counted using full-time bed occupation method: count of bed days divided by the number of days in a month instead of the old method of adjusting head count. **2** The count of clients living in nursing facilities includes State-only clients and clients in State Veteran's Homes. *Click below for additional data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.1.xlsx>

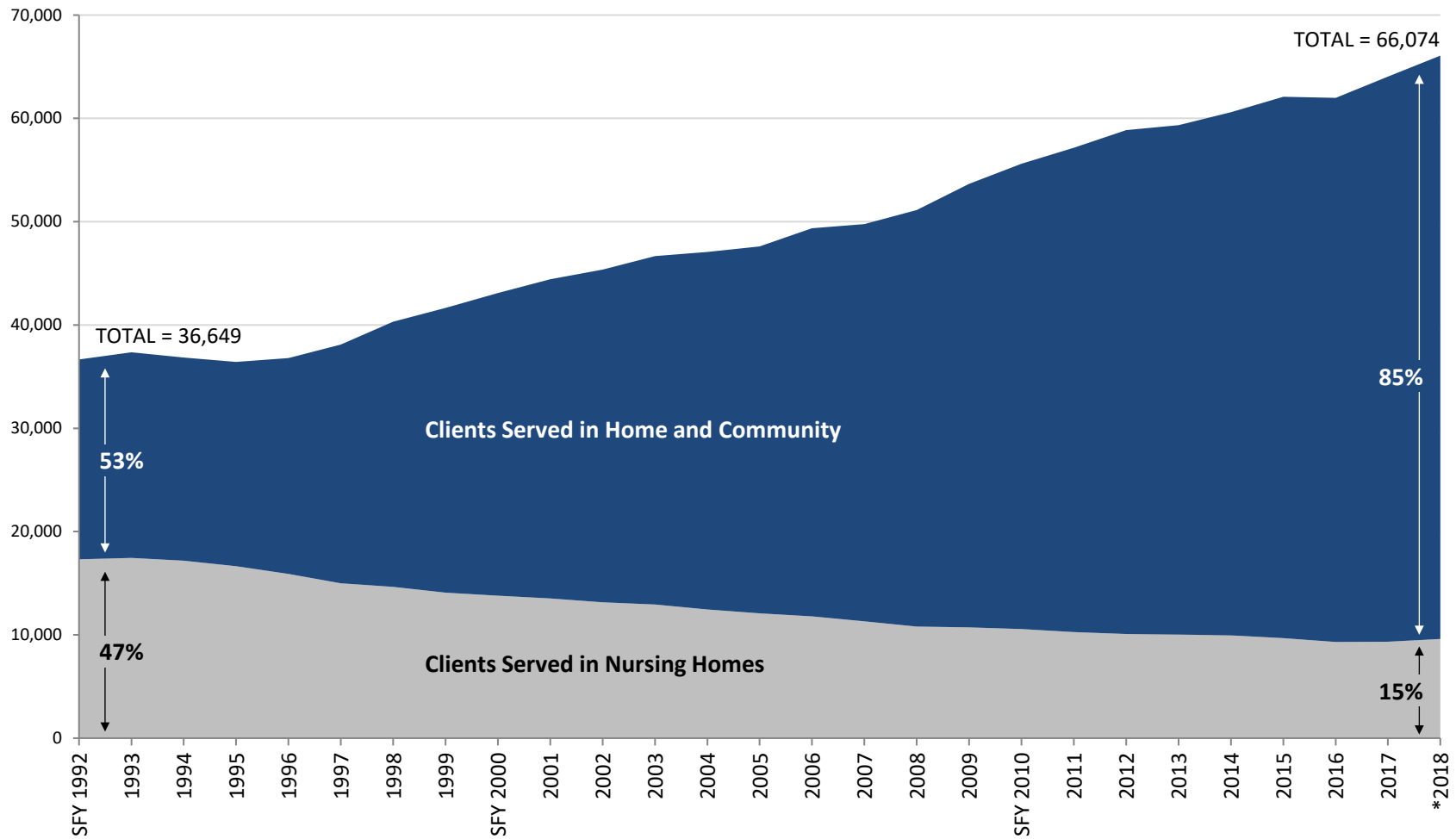
# Aging and Long-Term Support Administration



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Accountable Government  
Jay Inslee, Governor

Goal 4: Quality of Life - Each Individual in Need will be Supported to Attain the Highest Possible Quality of Life

## Percent of long-term services and support clients served in home and community-based settings



\*As of March 2018

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.1.xlsx>

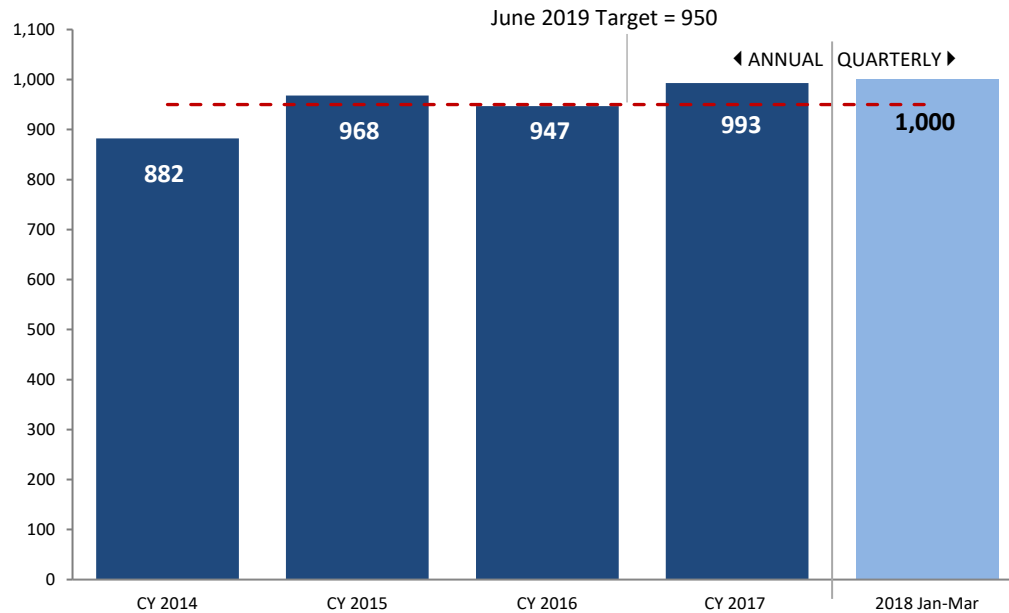
# Aging and Long-Term Support Administration



## Goal 4: Quality of Life - Each Individual in Need will be Supported to Attain the Highest Possible Quality of Life

### Number of people assisted to transition to home and community-based settings from nursing homes

Statewide - Average per Quarter



#### SUMMARY

- This measure supports **AL TSA Strategic Objective 1.4: Support people to transition from nursing homes to care in their homes or communities.**
- **Background:** Federal match is maximized by utilizing the federal Money Follows the Person/Roads to Community Living (RCL) program to help people who choose to relocate. RCL participants report greater satisfaction with life after transition. Lack of affordable housing and complex medical or behavioral health needs can be barriers to relocation.
- **Importance:** The majority of individuals who require support choose to receive help in their home or a community-based setting.
- **Success Measure:** Consistently achieve a quarterly average of 950 nursing facility-to-community setting transitions by July 2019.
- **Action Plan:** The updated action plan for this measure is located in the AL TSA Strategic Plan.

**DATA SOURCE:** RCL SharePoint site, supplied by Julie Cope, HCS.

**MEASURE DEFINITION:** The count of clients who are actively assisted to relocate by DSHS staff from Nursing Facilities to home and community-based services. Programs are Nursing Facility Case Management & Relocation (NFCM) and Roads to Community Living (RCL, also called Money Follows the Person).

**DATA NOTES:** 1 SharePoint data entry is performed manually and is subject to periodic revising. 2 Prior to Jan 2014 WA Roads was tracked as a separate program. Effective Jan 2014 WA Roads are included in the NFCM. 3 Annual data is an average of the quarterly data for the four quarters in that calendar year.

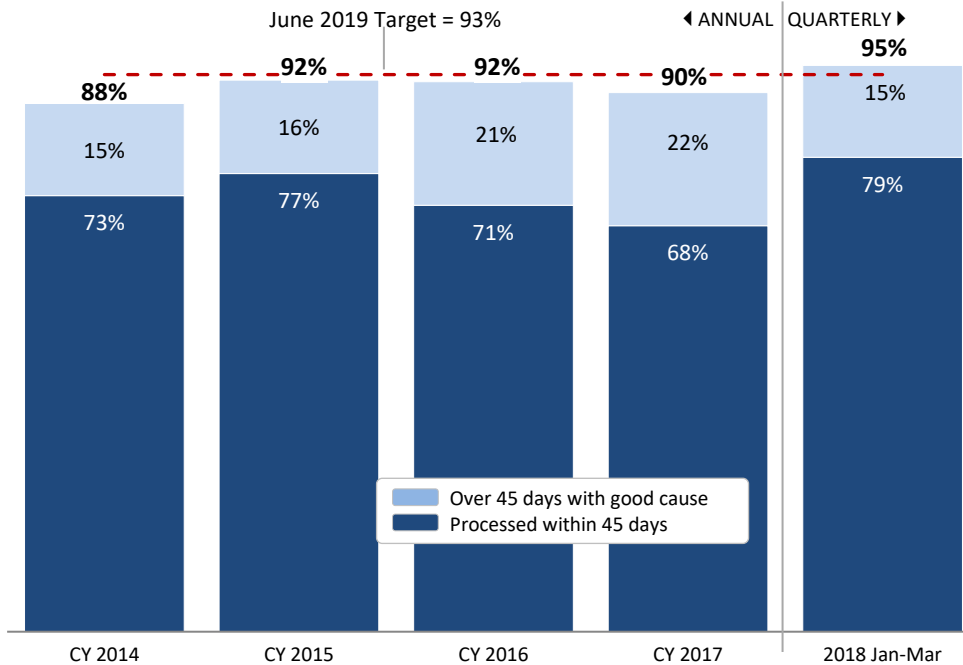
TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.2.xlsx>

# Aging and Long-Term Support Administration

## Goal 4: Quality of Life - Each Individual in Need will be Supported to Attain the Highest Possible Quality of Life

### Percent of financial eligibility determinations completed in 45 days

Percent processed timely (within 45 days) or late with good cause



#### SUMMARY

- This measure supports **AL TSA Strategic Objective 1.5: Assess and develop service plans for those who apply for services in a timely way so that individuals can be supported in the setting of their choice.**
- **Importance:** Providing services in a timely manner avoids problems such as loss of mobility, poor nourishment, medication errors, and other problems that can produce poor health outcomes.
- **Success Measure 1.5a:** Increase the percentage of timely financial eligibility determinations from 88% in June 2017 to 93% by July 2019, including good cause.
- **Action Plan:** The action plan for this measure is located in the AL TSA Strategic Plan.

**DATA SOURCE:** ACES data for medical application timeliness, SSRS report 01265; supplied by Tracey Hoy, MSD.

**MEASURE DEFINITION:** Percent of financial eligibility determinations completed in 45 days or fewer.

**DATA NOTES:** **1** "Good cause" includes cases where the burden of proving eligibility remains with the client, such as when client has requested extension to verify eligibility, property appraisals pending, and similar causes. **2** Quarterly data is an average of the monthly data for the three months in that quarter. **3** Beginning October 2015, an improved methodology has been used to calculate "good cause" determinations back to July 2013. **4** Annual data is an average of the monthly data for the 12 months in the year.

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.7.xlsx>



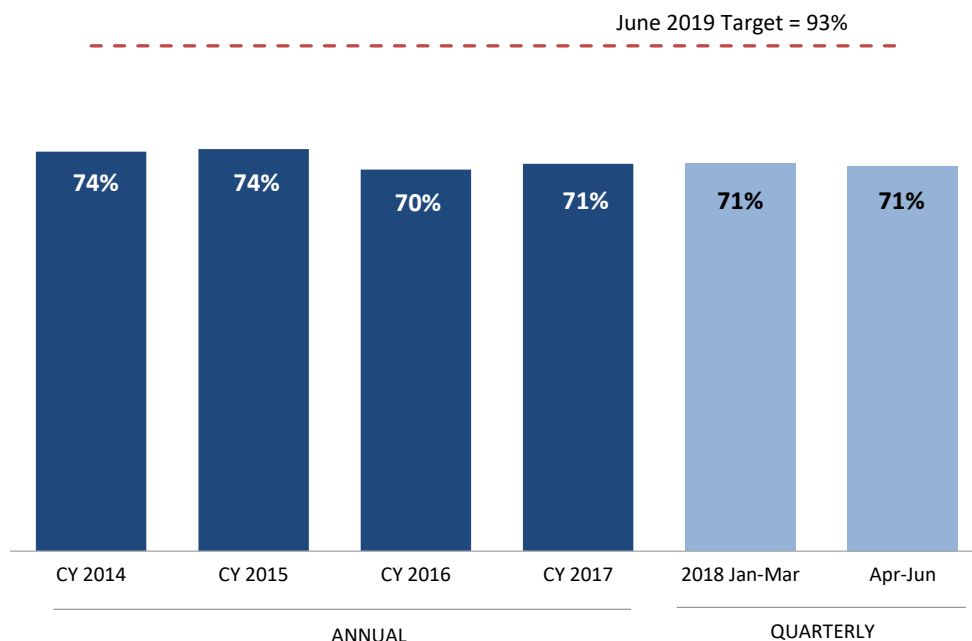
# Aging and Long-Term Support Administration



## Goal 4: Quality of Life - Each Individual in Need will be Supported to Attain the Highest Possible Quality of Life

### Timely initial assessments and access to services

Percent of Initial assessment and service planning completed within 30 days



#### SUMMARY

- This measure supports **AL TSA Strategic Objective 1.5: Assess and develop service plans for those who apply for services in a timely way so that individuals can be supported in the setting of their choice.**
- **AL TSA policy requires that initial assessments be completed within 30 days of when they are begun. (Policy also requires an initial assessment to be fully completed within 45 days of intake; data for this latter item is currently under development.)**
- **Importance: Providing services in a timely manner avoids problems such as loss of mobility, poor nourishment, medication errors, and other problems that can produce poor health outcomes.**
- **Success Measure 1.5b: Increase the percentage of initial functional assessments completed within 30 days of creation from 72% in June 2017 to 93% in June 2019.**
- **Action Plan: The updated action plan for this measure is located in the AL TSA Strategic Plan.**

**DATA SOURCE:** CARE data, SSRS CARE01124 report, supplied by Kristi Knudsen, AL TSA OAS.

**MEASURE DEFINITION:** Percentage of timeliness of initial assessments and service planning (completed in 30 days from date assessment created).

**DATA NOTES:** **1** Quarterly data is an average of the monthly data for the three months in that quarter. **2** Annual data is an average of the quarterly numbers in that calendar year.

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.5.xlsx>

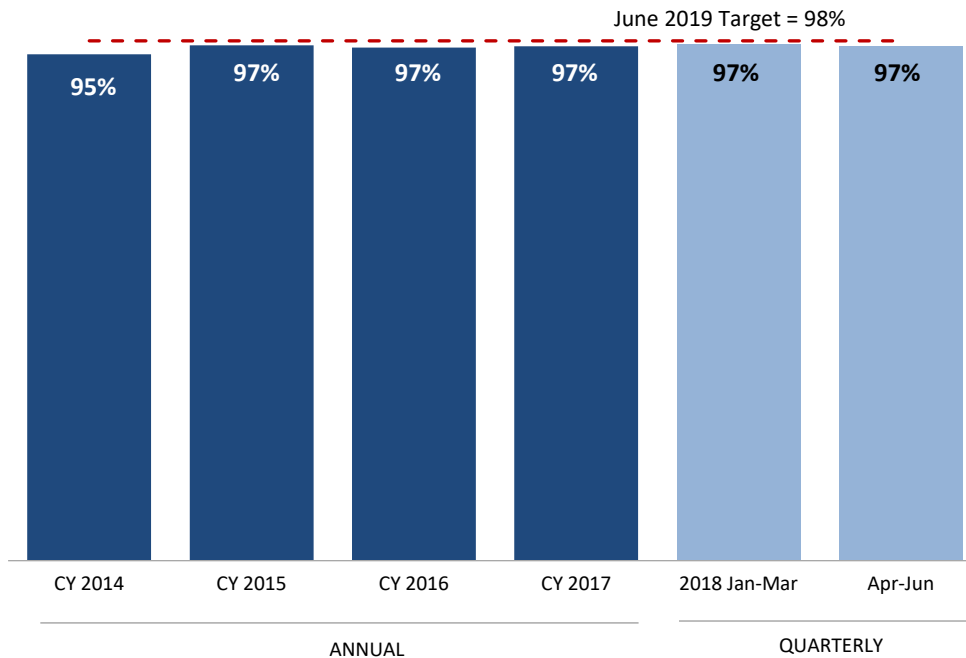
# Aging and Long-Term Support Administration



## Goal 4: Quality of Life - Each Individual in Need will be Supported to Attain the Highest Possible Quality of Life

### Timely determination of functional re-assessments

Percent of timely annual functional re-assessment



#### SUMMARY

- This measure supports AL TSA Strategic Objective 1.5: Assess and develop service plans for those who apply for services in a timely way so that individuals can be supported in the setting of their choice.
- Importance: Providing services in a timely manner avoids problems such as loss of mobility, poor nourishment, medication errors, and other problems that can produce poor health outcomes. Once approved for services, re-assessment occurs on an annual basis or when client needs change.
- Success Measure 1.5c: Increase the percentage of timely functional re-assessments from 96.7 percent in June 2017 to 98 percent by June 2019. (A functional re-assessment is conducted timely when the case manager completes the annual re-assessment within one year of the last assessment.)
- Action Plan: The updated action plan for this measure is located in the AL TSA Strategic Plan.

**DATA SOURCE:** CARE data, CARE01128 report; supplied by Kristi Knudsen, AL TSA OAS.

**MEASURE DEFINITION:** Percentage of timeliness of functional re-assessment (annual).

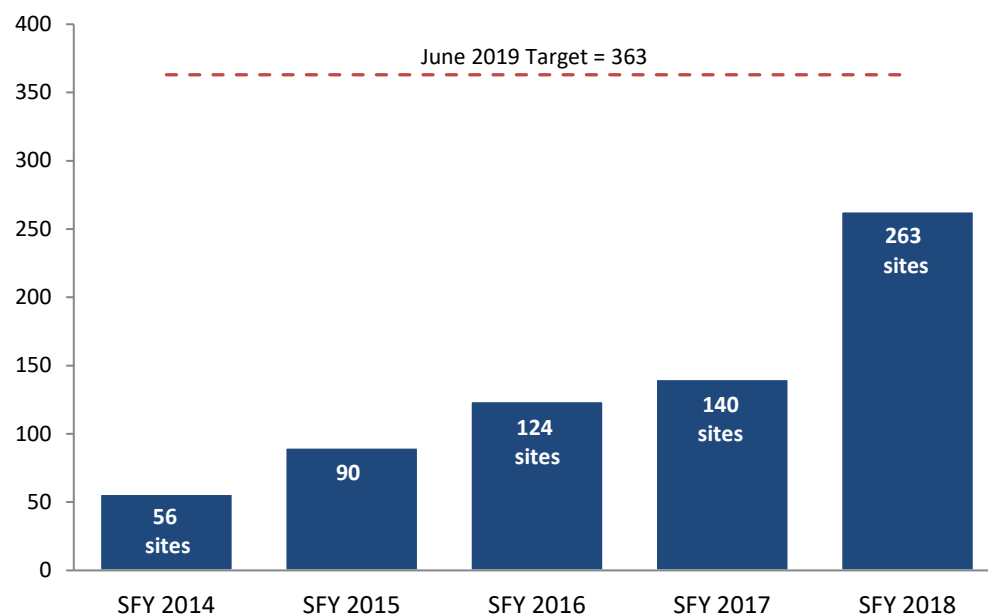
**DATA NOTES:** **1** Timeliness definition of functional re-assessment needs to be done within a year since last assessment. **2** Calendar Month definition is based on the date when assessments are moved to current assessment status, counting back to when cases were assigned. **3** Functional re-assessment calendar year definition is based on when the re-assessment is due. **4** Quarterly data is an average of the monthly data for the three months in that quarter. **5** Annual data is an average of the quarterly numbers in that calendar year.

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.12.xlsx>

## Provide Equal Access Opportunities to DSHS Services

### Number of DSHS and contractor sites with Assistive Listening Systems services

Number of Sites served - Cumulative Totals



#### SUMMARY

- This measure supports ALTSA Strategic Objective 1.6: Provide assistive communication technology (Office of Deaf and Hard of Hearing).
- Many individuals with hearing loss depend on auditory supports and do not use sign language. Assistive communication technology, such as listening systems, aid in ensuring that effective communication occurs between people with hearing loss and employees or contractors providing DSHS services during in-person office visits. These assistive listening systems help clients to access DSHS programs and services and include tools such as hearing induction loops and pocket talkers.
- Success Measure 1.6: Increase the number of locations that serve the public and clients with assistive listening systems services from 140 in July 2017 to 363 by June 30, 2019.
- Action Plan: The updated action plan for this measure is located in the ALTSA Strategic Plan.

**DATA SOURCE:** ODHH; supplied by Deborah O'Willow, ODHH.

**MEASURE DEFINITION:** Number of sites with assistive listening technology services.

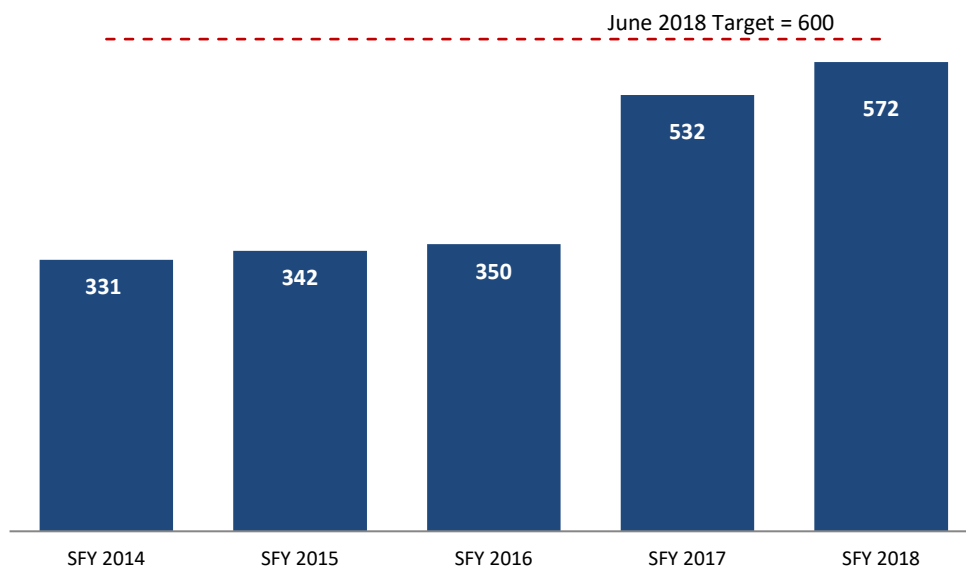
**DATA NOTES:** **1** A site is a location that uses equipment inventory codes per asset management. **2** A single site may have more than one service offered including installation, consultation, and training. **3** A single office may have two or more sites due to collocated buildings. **4** The count of sites served is a cumulative number reported for each quarter beginning in SFY 2018.

TO DATA: <https://www.dshs.wa.gov/data/metrics/DH1.7.xlsx>

## Case Management Services

### Number of clients served by the Regional Services Centers of the Deaf, Deaf-Blind, and Hard of Hearing

Statewide Total



**DATA SOURCE:** ODHH; supplied by Deborah O'Willow, ODHH.

**MEASURE DEFINITION:** The total number of deaf, hard of hearing or deaf-blind persons or family members who received services through the Regional Service Centers for each Fiscal Year.

**DATA NOTES:** **1** To be included a client must receive at least one case management service of a minimum of 15 minutes. **2** Services can include walk-in service, telephone calls, or information and referral, but they must meet the case management criteria stated in the contract. **3** For contractors to be reimbursed they must provide ODHH with a DSHS Privacy Practices and Client Information form, a Service Delivery Plan form, as well as a monthly case management report. **4** The fiscal year number of clients served is the cumulative count of clients in each quarter beginning in SFY 2018.

TO DATA: <https://www.dshs.wa.gov/data/metrics/DH2.1.xlsx>

#### SUMMARY

- This measure supports ALTSA Strategic Objective 1.7: Expand case management services (Office of Deaf and Hard of Hearing).

- Importance: Individuals who are Deaf, Deaf-Blind, Deaf Plus, Hard of Hearing, Late Deafened, or who have speech disabilities, especially adults who are older, the underemployed and those with multiple disabilities, face barriers to various service delivery systems. These barriers affect access to communication, education, health care, employment, legal, housing, transportation, insurance, public assistance and other benefits. Case managers are available to assist these individuals in obtaining needed services by coordinating services, translating documents, advocating on their behalf and/or teaching new abilities and skills.

- Success Measure 1.7: Expand case management services (Office of the Deaf and Hard of Hearing).

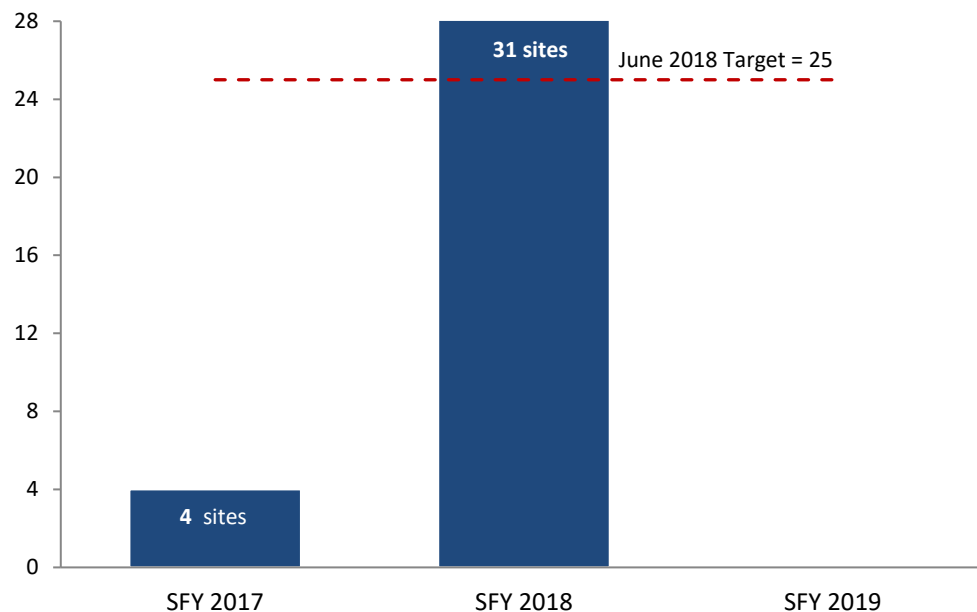
- Background: Services are provided by 6 non-profit Regional Service Centers offices throughout Washington State. Each Center has a Board of Directors which includes representation of Deaf, Hard of Hearing, and Deaf-Blind people.

- The updated action plan for this measure is located in the ALTSA Strategic Plan.

## Provide Equal Access Opportunities to DSHS Services

### Number of DSHS and service provider sites where education and training is provided in communication access modalities for the Deaf or Hard of Hearing

Cumulative count of sites



**DATA SOURCE:** ODHH; supplied by Kristi Knudsen.

**MEASURE DEFINITION:** Number of DSHS and service provider sites where education and training is provided in communication access modalities for the Deaf or Hard of Hearing.

**DATA NOTES:**

#### SUMMARY

- This measure supports ALTSA Strategic Objective 1.8: Provide education and training to DSHS staff and providers to better serve residents and clients (Office of the Deaf and Hard of Hearing).
- Importance: Providing training and education to service providers and DSHS staff on various communication modalities ensures that access points to critical services are well-equipped for effective communication. This is paramount in meeting the needs of individuals who are Deaf, Deafblind, Deaf Plus, Hard of Hearing, Late Deafened, or who have speech disabilities to support equal access to the benefits afforded to the rest of the community.
- Success Measure 1.8: Increase the number of DSHS and service-provider sites where education and training in communication access modalities for people who are Deaf and Hard of Hearing is provided from four in fiscal year 2017 to 25 by June 2018.
- Action Plan: The updated action plan for this measure is located in the ALTSA Strategic Plan.

TO DATA: <https://www.dshs.wa.gov/data/metrics/DH1.8.xlsx>

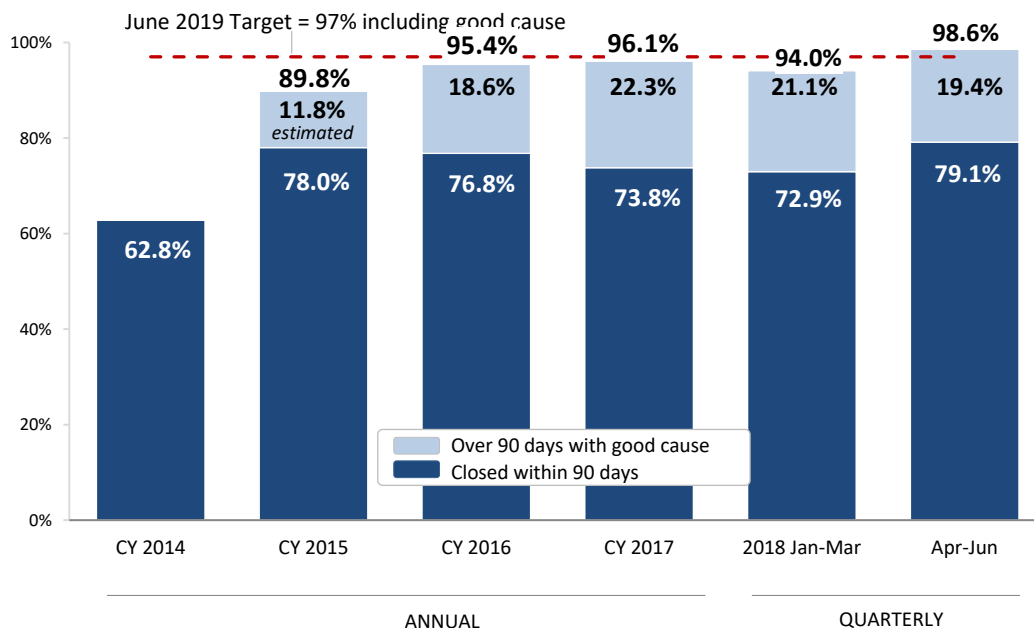
# Aging and Long-Term Support Administration



## DSHS Goal 3: Protection - Each Individual who is vulnerable will be protected

### Vulnerable adult abuse and neglect investigations completed within 90 days

Statewide - Percent completed within 90 Days or late with good cause



#### SUMMARY

- This measure supports AL TSA Strategic Objective 2.1: Abuse and neglect – complete investigations timely and thoroughly.
- Importance: Protection of adults who are vulnerable requires adequate staffing to conduct thorough screening and consistent investigations, and provide protective services and referrals. When this does not occur, these adults are put at greater risk of harm and experience untimely access to critical resources such as guardianship.
- Background: Sometimes the welfare of the victim is best served by keeping the investigation open for a longer period of time, but most investigations should be completed within 90 days. "Good cause" reasons for investigations to be open longer than 90 days include requests from law enforcement, pending guardianships or protective services, or unusual difficulty accessing evidence or witnesses.
- Success Measure 2.1: Increase the percentage of adult abuse and neglect investigations completed within 90 days (or remaining open for "good cause") from 95.4 percent in calendar year 2016 to 97 percent by June 2019.

• Action Plan: The updated action plan for this measure is located in the AL TSA Strategic Plan.

**DATA SOURCE:** Tracking Incidents of Vulnerable Adults (TIVA), 1051 and 1061 reports; supplied by Tracey Hoy, MSD. (Data prior to mid-May 2014 is from APSAS for APS and from Loida Baniqued, Residential Care Services, for RCPP.)

**MEASURE DEFINITION:** The percent of all investigations that are open 90 days or less divided by all investigations open on that snapshot date. This includes history and current data for investigations in APS and those formerly conducted by Residential Care Services (RCPP). "Good cause" excludes investigations remaining open longer than 90 days due to no reason entered, "no good cause," "vacant FTE slots," and "extended review process."

**DATA NOTES:** 1 Count is a snapshot taken on the 15th or closest business day each month. TIVA is a live system, and data run on different snapshot days will differ. *Click below for additional data notes.*

TO DATA <https://www.dshs.wa.gov/data/metrics/AAC.2.xlsx>

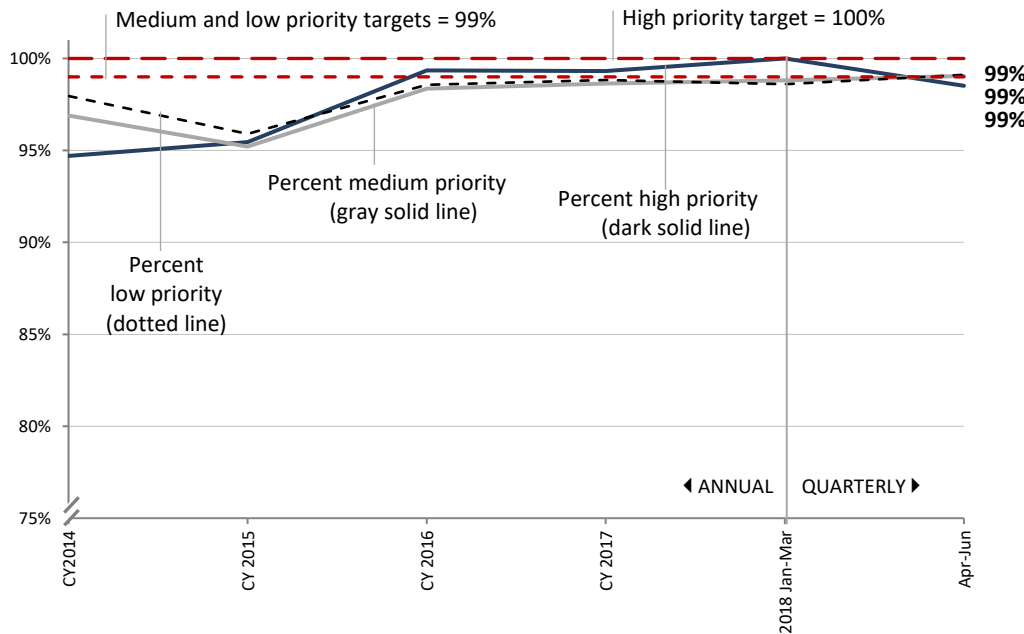
# Aging and Long-Term Support Administration



## DSHS Goal 3: Protection - Each Individual who is vulnerable will be protected

### Timely initial response based on APS intake priority

Percent timely APS initial contact based on intake priority - Statewide



#### SUMMARY

- This measure supports **AL TSA Strategic Objective 2.2: Abuse and neglect – respond on-time and appropriately.**
- **Importance:** Timely response is essential if services are needed to protect the vulnerable adult, to preserve evidence when necessary, and protect vulnerable adults from perpetrators.
- **Success Measure 2.2.** Increase timely initial response to investigations based on priority to 100 percent for high-priority investigations and maintain at 99 percent for medium and low-priority investigations by June 2019.
- **Action Plan:** The updated action plan for this measure is located in the AL TSA Strategic Plan.

**DATA SOURCE:** Pre-May 2014: APSAS. May 2014 forward, TIVA 1056 report; supplied by Kristi Knudsen.

**MEASURE DEFINITION:** Percentage of timely initial contact for investigations based on APS intake priority.

**DATA NOTES:** 1 Calendar Month reflects date of initial intake. 2 Measure of timeliness:

\* Percentage of high priority intakes with 24 hour response time met.

\* Percentage of medium priority intakes with the 5 working day response time met.

\* Percentage of low priority intakes with the 10 working day response time met.

3 Annual data is an average of the quarterly numbers in that calendar year. 4 Quarterly data is an average of the monthly data for the three months in that quarter. *Click below for additional data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAP.1.xlsx>

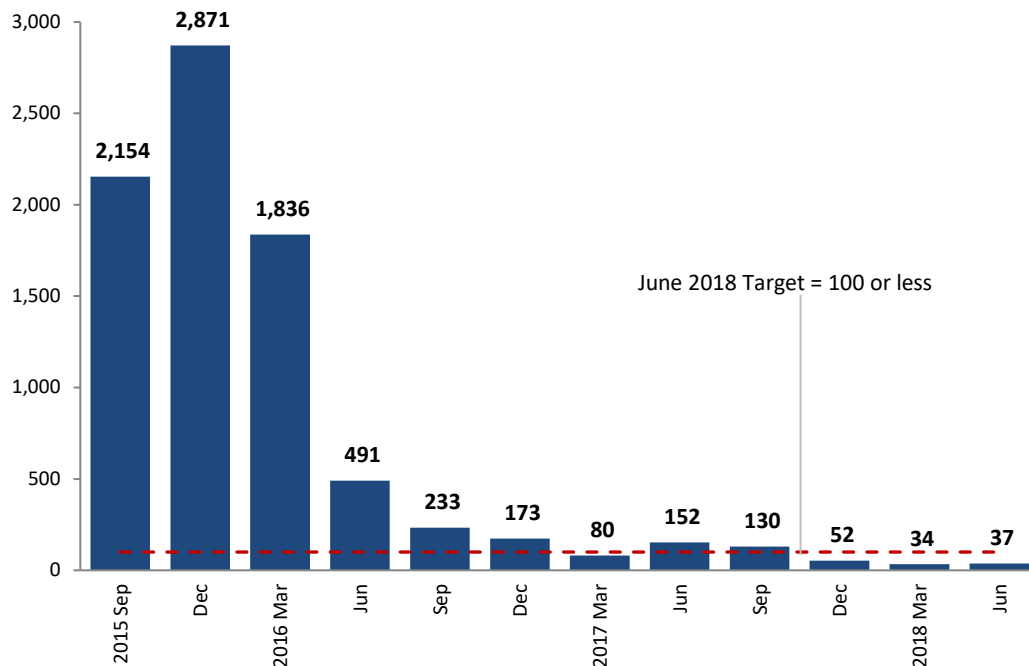
# Aging and Long-Term Support Administration



## DSHS Goal 2: Safety - Each individual and each community will be safe

### Timely initiation of facility complaint investigations

Number of complaint investigations overdue to begin (backlog)



**DATA SOURCE:** TIVA 2101 report and additional information; supplied by Jered Gunn, RCS.

**MEASURE DEFINITION:** Number of complaints assigned for investigation that have not begun and are overdue to begin.

**DATA NOTES:** 1 Sep 2015 figure adjusted through a one-time manual desk review; prior to adjustment the figure was 2,683. Each quarter reflects snapshot data for the last month of the quarter, except December 2015 reflects data from 11/23/2015. 3 Snapshot data can differ depending on the run date and time of the report, because the TIVA system is live and is continually assigning new investigations and noting whether items are becoming overdue. Due to this, history is not refreshed. *Click below for additional data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAR.7.xlsx>

### SUMMARY

- This measure supports **AL TSA Strategic Objective 2.3: Facility health and safety - investigate complaints in a timely manner.**
- **Importance:** Protect residents from abuse, neglect and exploitation; ensure services provided meet the health and safety needs of residents; evaluate whether provider practice meets regulatory requirements; and to make quality referrals to entities that help protect victims.
- **Success Measure 2.3:** Reduce the long-term care facility complaint investigation backlog of non-immediate jeopardy complaints from 152 in June 2017 to consistently 100 or fewer by June 2019.
- Prior to 2016, it was difficult to meet response times especially for medium and low priority complaints, due to the high volume of complaint investigation cases coupled with limited investigative staff.
- The backlog has nearly been eliminated due to hiring of additional investigators (supported by the Governor and Legislature), regions sharing staff with each other, and Lean and other process improvements.
- **Action Plan:** The updated action plan for this measure is located in a link in the **AL TSA Strategic Plan for Strategic Objective 2.3.**



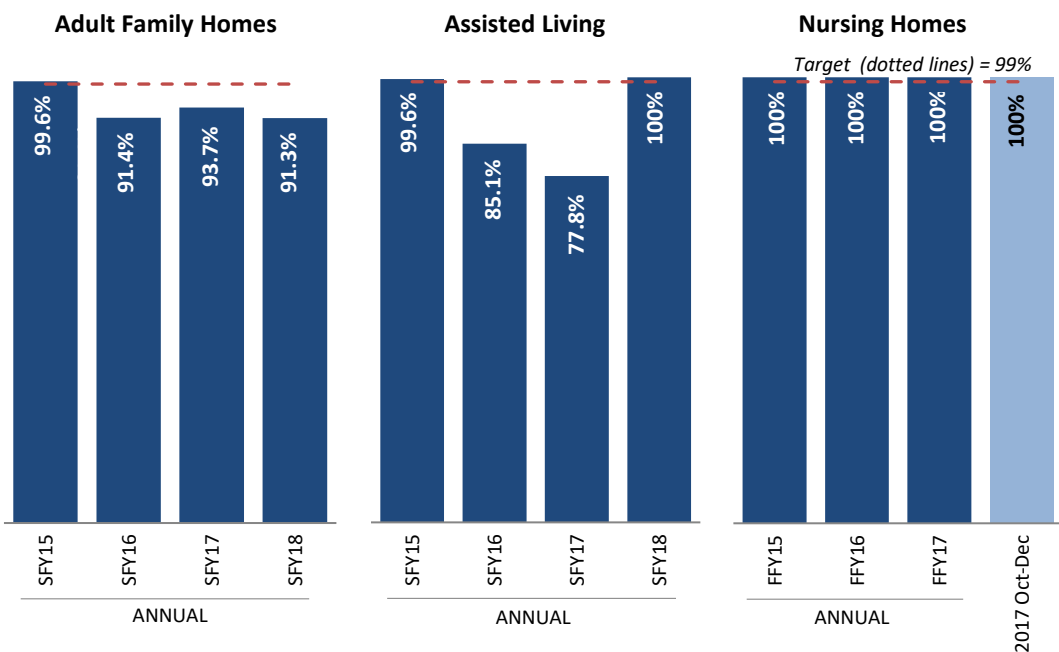
# Aging and Long-Term Support Administration



## DSHS Goal 2: Safety - Each individual and each community will be safe

### Timely licensing re-inspections of adult family homes, assisted living, and nursing homes

Statewide Average



#### SUMMARY

- This measure supports AL TSA Strategic Objective 3.1: Conduct timely oversight and quality assurance of facilities and agencies providing residential care and supports.
- Importance: Licensing re-inspections are a valuable tool to ensure the quality of care. They are unannounced, and occur periodically within statutory and federal requirements; once every 15 months for nursing homes and once every 18 months for adult family homes and assisted living facilities.
- Success measure 3.1a: Maintain the percentage of timely re-inspection at 99 percent or higher for nursing homes, and increase the percentage of timely re-inspection to 99 percent for assisted living facilities and adult family homes by June 2019.
- Action Plan: The updated action plan for this measure is located in the AL TSA Strategic Plan.

**DATA SOURCE:** Adult Family Homes and Assisted Living Facilities: Facility Management System, SSRS Report FAC1050; supplied by Kristi Knudsen, AL TSA OAS. Nursing Homes, CASPER Report 0316D Standard Survey Interval; supplied by Shelly O'Hare.

**MEASURE DEFINITION:** Statewide percentage of timely licensing re-inspections in adult family homes, assisted living, and nursing homes.

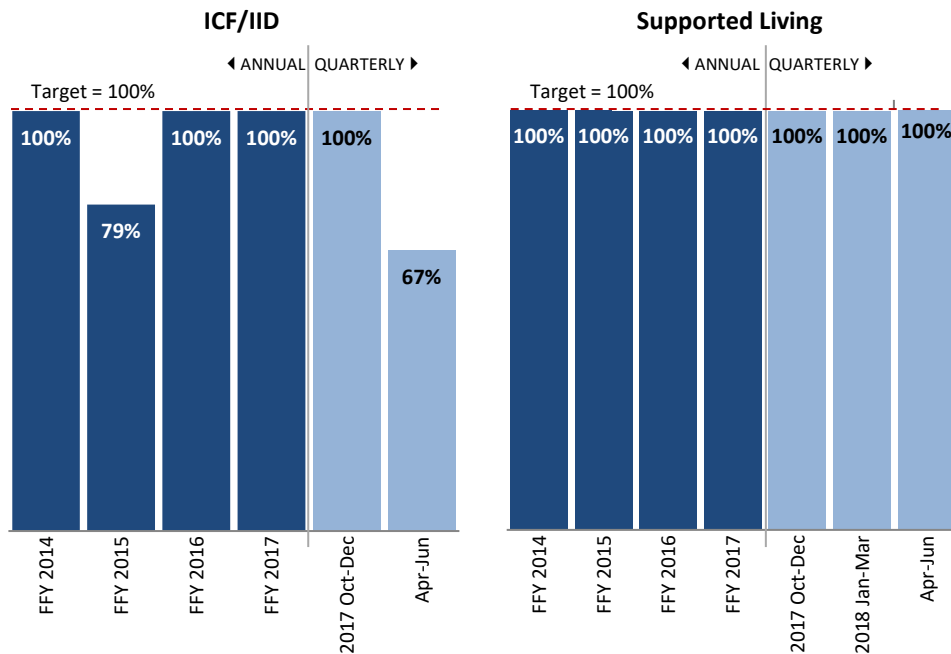
**DATA NOTES:** 1 Percentage is calculated by the number of timely re-inspections divided by total re-inspections conducted. 2 If a reinspection is not timely, it is counted in the quarter in which the re-inspection occurred, per federal report methodology. 3 Beginning in January 2017, timeliness for adult family homes and assisted living facilities is measured in the same way as the federal report methodology for nursing homes. Historical data back to SFY 2011 was redone using this method.

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAR.1.xlsx>

# Aging and Long-Term Support Administration

**DSHS Goal 2: Safety - Each individual and each community will be safe**

## Timely quality assurance for Intermediate Care Facilities and Supported Living



### SUMMARY

- This measure supports AL TSA Strategic Objective 3.1: Conduct timely oversight and quality assurance of facilities and agencies providing residential care and supports.
- Importance: This measure ensures quality assurance activities are completed timely to help promote quality of care and protect vulnerable adults from abuse and neglect.
- Success measure 3.1b: Maintain timely quality assurance activities at 100 percent for services provided to people with developmental and intellectual disabilities.
- Background: Certification for Supported Living requires on-site visits and inspections of providers, not each client's individual home.
- Action Plan: The updated action plan for this measure is located in the AL TSA Strategic Plan.

**DATA SOURCE:** RCS records; supplied by Melissa Davis and Nicole Vreeland, RCS.

**MEASURE DEFINITION:** Percent of ICF/IID and Supported Living that are re-certified within timeframes under state and federal regulations. ICF/IID: federal regulation requires certification at least every fifteen months with a statewide average of twelve months. Certified Supported Living: state law requires providers to be certified every 24 months.

**DATA NOTES:** 1 There are 11 ICF/IID facilities and 13 certifications (Rainier RHC has three separate certifications). 2 For the quarter ending March 2015, the survey for Lakeland Village ICF/IID was delayed by one quarter at the request of the federal Centers for Medicare and Medicaid Services, in favor of doing a survey of both the ICF/IID and Skilled Nursing Facility portions of that facility in the same period. 3 ICF/IID had no planned recertification surveys from January through March 2018.

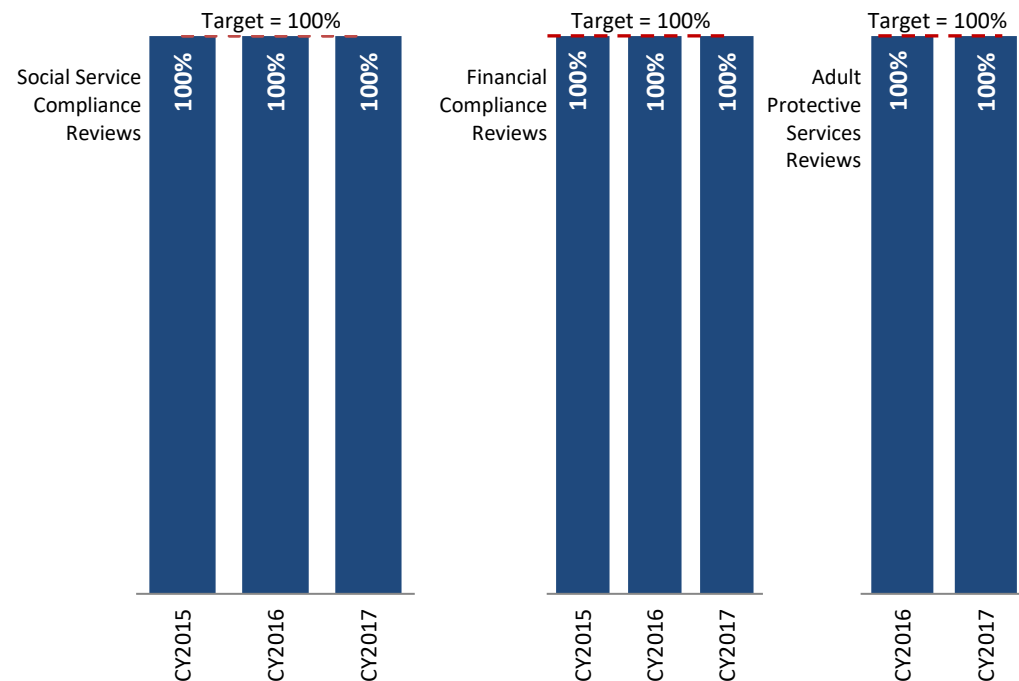
TO DATA: <https://www.dshs.wa.gov/data/metrics/AAR.2.xlsx>

# Aging and Long-Term Support Administration

## Goal 4: Quality of Life - Each Individual in Need will be Supported to Attain the Highest Possible Quality of Life

### Timely quality assurance of home and community services

Percent of Record Reviews Conducted Timely



#### SUMMARY

- This measure supports AL TSA Strategic Objective 3.2: Conduct quality assurance (QA) activities and comply with federal, state, and program requirements.
- Importance: Timely completion of quality assurance activities helps protect the health and safety of clients, secures and maintains federal funding, and provides oversight of local operations.
- Success measure 3.2a: Maintain 100% timely completion of Home and Community Services Division case management, adult protective services, and financial eligibility record reviews each calendar year.
- Background: Activities include auditing documents for compliance, publishing policy revisions, and offering training and technical assistance to AL TSA field offices. Identified deficiencies are corrected and corrective action /performance improvement plans are developed and monitored to ensure continuous quality improvement.
- Action Plan: The updated action plan for this measure is located in the AL TSA Strategic Plan.

**DATA SOURCE:** Compliance monitoring, provided by Bill McBride, AL TSA Home and Community Services (HCS) Division.  
**MEASURE DEFINITION:** Maintain 100% timely completion of Home and Community Services Division case management and financial eligibility compliance record reviews each calendar year. This is calculated by two items, a) the number of HCS Regions and Area Agencies on Aging (AAAs) receiving annual social services compliance reviews timely divided by number requiring them, and b) the number of Regions and DDA LTC Specialty Units that had annual financial compliance reviews divided by the number requiring them. New in 2017 is an additional metric that looks at timely completion of Adult Protective Services quality assurance reviews, the number completed timely divided by the number required.

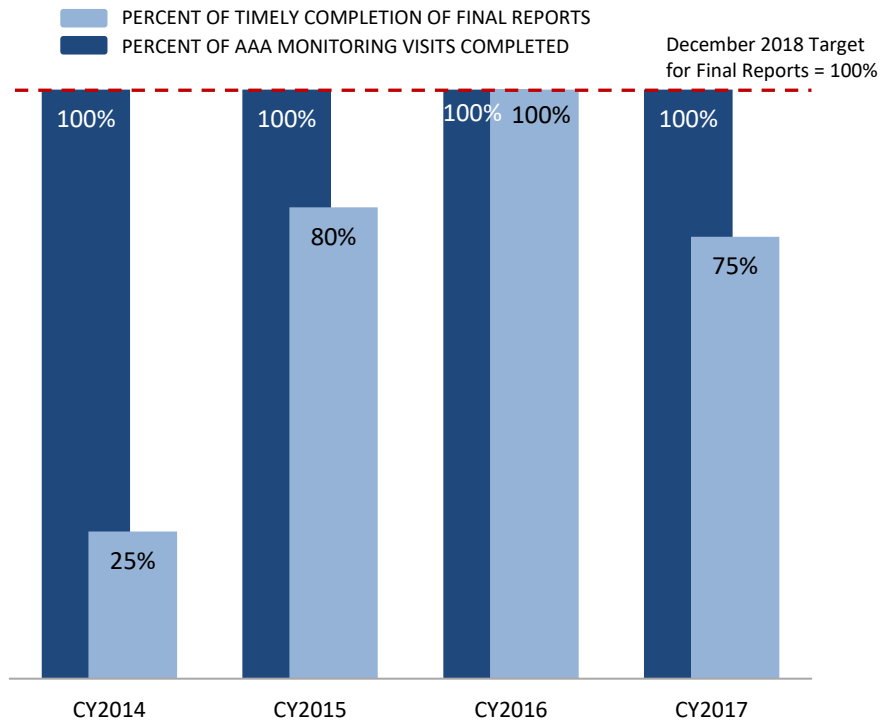
**DATA NOTES:**

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.9.xlsx>

# Aging and Long-Term Support Administration

## Goal 4: Quality of Life - Each Individual in Need will be Supported to Attain the Highest Possible Quality of Life

### Timely quality assurance monitoring for Area Agencies on Aging (AAAs)



#### SUMMARY

- This measure supports AL TSA Strategic Objective 3.2: Conduct quality assurance (QA) activities and comply with federal, state, and program requirements.
- Importance: Timely completion of quality assurance activities helps protect the health and safety of clients, secures and maintains federal funding, and provides oversight of local operations.
- Success measure 3.2b: Achieve 100 percent completion, within 90 days of the monitoring exit interview, of all final reports for the Area Agencies on Aging (AAAs) during each calendar year by December 2018.
- Action Plan: The updated action plan for this strategic objective is located in the AL TSA Strategic Plan.
- For CY2017, temporary staffing challenges in the AAA finance unit have slowed completion of financial reviews; staffing changes should correct this issue.

**DATA SOURCE:** Dana Allard-Webb, AL TSA Home and Community Services.

**MEASURE DEFINITION:** 100% timely completion of the 3-year monitoring cycle for Area Agency on Aging operations as evidenced by a timely monitoring visit and a final report issued to each monitored AAA within 90 days of the monitoring exit interview. Measure is done annually.

**DATA NOTES:** 1 The amount of time to issue a final report depends not only on DSHS action but on the responsiveness of the AAA to the draft report.

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.10.xlsx>

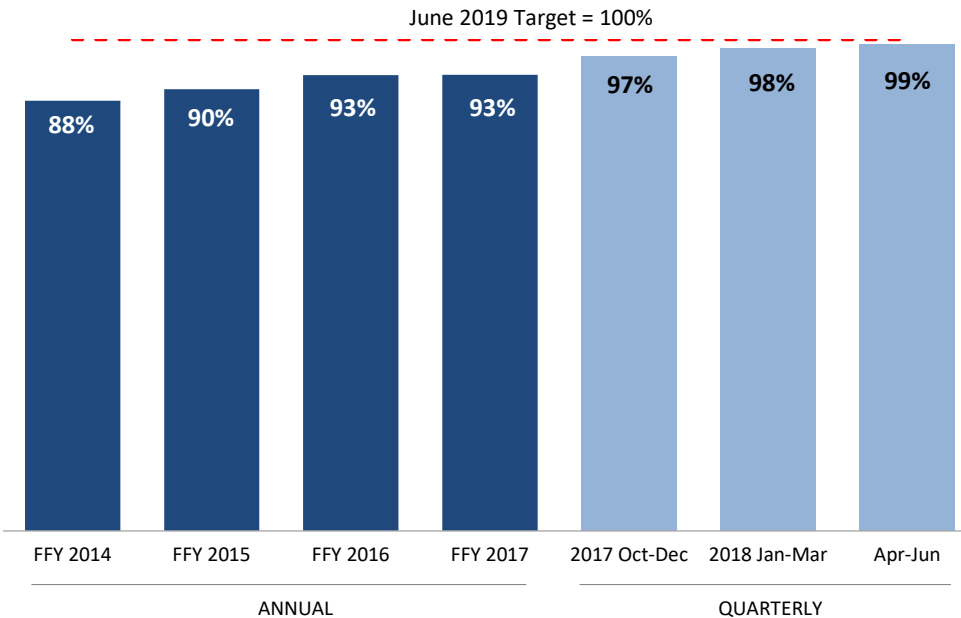
# Aging and Long-Term Support Administration



## Goal 4: Quality of Life - Each Individual in Need will be Supported to Attain the Highest Possible Quality of Life

### Timely quality assurance for nursing homes: audited Statements of Deficiency

Statewide



#### SUMMARY

- This measure supports ALTSA Strategic Objective 3.2: Conduct quality assurance (QA) activities and comply with federal, state, and program requirements.
- Importance: Timely completion of quality assurance activities helps protect the health and safety of clients, secures and maintains federal funding, and provides oversight of local operations.
- Success Measure 3.2c: Increase the percentage of audited Nursing Home Statements of Deficiency (SODs) sent to the facility within the federal regulatory standard to 100 percent by June 2019.
- Action Plan: The updated action plan for this strategic objective is located in the ALTSA Strategic Plan.

**DATA SOURCE:** Residential Care Services, ASPEN data; supplied by Shelly O'Hare.

**MEASURE DEFINITION:** Total for each quarter, the percent of audited Nursing Home Statement of Deficiencies (SODs) that are sent to the facility within the federal regulatory standard of 10 working days after the end of the on-site visit for complaint investigations or surveys.

**DATA NOTES:**

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAR.6.xlsx>