Aging and Long-Term Support Administration

Department of Social and Health Services

Strategic Plan Metrics
# Aging and Long-Term Support Administration

## Provide access to home and community-based services

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Results WA #</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAH.1</td>
<td>Percent of long-term services and support clients served in home and community-based settings</td>
<td>SO 1.3; RW 3.2.a</td>
</tr>
<tr>
<td>AAH.2</td>
<td>Number of people assisted to transition to home and community-based settings from nursing homes</td>
<td>SO 1.4</td>
</tr>
<tr>
<td>AAH.7</td>
<td>Percent of timely financial eligibility determinations (completed in 45 days)</td>
<td>SO 1.5a</td>
</tr>
<tr>
<td>AAH.5</td>
<td>Timely initial assessments and access to services</td>
<td>SO 1.5b</td>
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<tr>
<td>AAH.12</td>
<td>Timely determination of functional eligibility and access to services</td>
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</tr>
<tr>
<td>DH1.7</td>
<td>Number of DSHS and contractor sites with Assistive Listening Systems installed</td>
<td>SO 1.6</td>
</tr>
<tr>
<td>DH2.1</td>
<td>Number of clients served by the Regional Services Centers of the Deaf, Deaf-Blind, and Hard of Hearing</td>
<td>SO 1.7</td>
</tr>
<tr>
<td>DH1.8</td>
<td>Number of DSHS and service provider sites where education and training is provided in communication access modalities for the deaf or hard of hearing</td>
<td>SO 1.8</td>
</tr>
</tbody>
</table>

## Provide a safe environment for adults who are vulnerable

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Results WA #</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAC.2</td>
<td>Vulnerable adult abuse and neglect investigations resolved within 90 days</td>
<td>SO 2.1; RW 3.2.c</td>
</tr>
<tr>
<td>AAP.1</td>
<td>Timely initial response based on APS intake priority</td>
<td>SO 2.2</td>
</tr>
<tr>
<td>AAR.7</td>
<td>Timely initiation of facility complaint investigations</td>
<td>SO 2.3; RW 3.2.d</td>
</tr>
</tbody>
</table>

## Improve quality in nursing facilities and other settings

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Results WA #</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAR.1</td>
<td>Timely licensing re-inspections of adult family homes, assisted living, and nursing homes</td>
<td>SO 3.1</td>
</tr>
<tr>
<td>AAR.2</td>
<td>Timely quality assurance for Intermediate Care Facilities and Supported Living</td>
<td>SO 3.1</td>
</tr>
<tr>
<td>AAH.9</td>
<td>Maintain timely quality assurance of home and community services case management and adult protective services</td>
<td>SO 3.2a</td>
</tr>
<tr>
<td>AAH.10</td>
<td>Timely completion of quality assurance monitoring for Area Agencies on Aging (AAAs)</td>
<td>SO 3.2b</td>
</tr>
<tr>
<td>AAR.6</td>
<td>Percent of nursing home deficiencies sent to the facility within 10 working days</td>
<td>SO 3.2c</td>
</tr>
</tbody>
</table>
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

• Update: this measure has reached its target early and discussions about next steps (new target, etc.) are ongoing.

• This measure supports ALTSA Strategic Objective 1.3: Ensure seniors and individuals with a disability who are in need of long-term services and supports (LTSS) are supported in their community.

• Background: Washington State is a leader in maintaining LTSS clients in the home and community. We top the nation in measures that look at the proportion of expenses spent on home and community care.

• 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: Increase the percentage of clients served in home and community-based settings to 86% by July 2019.

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

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

MEASURE DEFINITION: Statewide percentage of ALTSA 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. This measure focuses on clients of ALTSA and in most cases does not include the caseload residing at the nursing homes operated by the Washington State Department of Veteran’s Affairs

DATA NOTES: 1 The count of clients living in nursing facilities excludes clients at the State Veteran’s Homes at Retsil, Orting, and Walla Walla, facilities run by the Washington State Department of Veteran’s Affairs. Approximately 50 clients living at the Spokane Veteran’s Home may be included.

TO DATA: https://www.dshs.wa.gov/data/metrics-AAH.1.xlsx
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 June 2017
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

SUMMARY

- This measure supports ALTSA Strategic Objective 1.4: Increase the number of individuals ALTSA is able to assist in transitioning to their homes or the community from nursing homes.

- 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 ALTSA Strategic Plan.

DATA SOURCE: RCL SharePoint site, supplied by Debbie Blackner.

MEASURE DEFINITION: The count of clients who are actively assisted to relocate by DSHS staff from Nursing Facilities to Home and Community Based Settings. Programs are: NFCM: Nursing Facility Case Management & Relocation (NFCM); Road to Community Living (RCL; also called Money Follows the Person); Washington Roads (WA Roads).

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.
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

June 2019 Target = 93%

SUMMARY

• This measure supports ALTSA Strategic Objective 1.5: Ensure individuals who apply for services receive them timely so they are 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: Increase the percentage of timely financial eligibility determinations to 93% by July 2019, including good cause.

• Action Plan: The action plan for this measure is under development.

DATA SOURCE: ACES data for medical application timeliness, SSRS report 01265, Chelsea Buchanan.

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

June 2019 Target = 93%

<table>
<thead>
<tr>
<th>CY 2014</th>
<th>CY 2015</th>
<th>CY 2016</th>
<th>2017 Jan-Mar</th>
<th>Apr-Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>73.5%</td>
<td>74.0%</td>
<td>70.2%</td>
<td>71.5%</td>
<td>72.0%</td>
</tr>
</tbody>
</table>

SUMMARY

• This measure supports ALTSA Strategic Objective 1.5: Ensure individuals who apply for services receive them timely so they are supported in the setting of their choice.

• This metric will be revised in CY2017 to reflect a 45 day timeliness threshold, per new policy that aligns functional assessment timeliness with that of financial eligibility determination.

• 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: Increase the percentage of timely approvals for initial assessment from 73% in March 2015 to 93% by July 2019.

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

DATA SOURCE: CARE data, SSRS CARE01124 report, supplied by Chelsea Buchanan.
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.
Goal 4: Quality of Life - Each Individual in Need will be Supported to Attain the Highest Possible Quality of Life

Timely determination of functional eligibility and access to services

Percent of timely annual Functional Re-assessment

<table>
<thead>
<tr>
<th>CY 2014</th>
<th>CY 2015</th>
<th>CY 2016</th>
<th>2017 Jan-Mar</th>
<th>Apr-Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>95.4%</td>
<td>97.2%</td>
<td>96.7%</td>
<td>97.0%</td>
<td>96.7%</td>
</tr>
</tbody>
</table>

June 2019 Target = 98%

SUMMARY

• This measure supports ALTSA Strategic Objective 1.5: Ensure individuals who apply for services receive them timely so they are 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: increase the percentage of timely functional re-assessments to 98% by July 2019. ("Timely" means completion of the re-assessment within one year of the last assessment.)

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

DATA SOURCE: CARE data, CARE01128 report; supplied by Chelsea Buchanan.

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 installed

<table>
<thead>
<tr>
<th>Year</th>
<th>Sites Installed</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY 2014</td>
<td>56 sites</td>
</tr>
<tr>
<td>SFY 2015</td>
<td>90 sites</td>
</tr>
<tr>
<td>SFY 2016</td>
<td>124 sites</td>
</tr>
<tr>
<td>SFY 2017</td>
<td>140 sites</td>
</tr>
</tbody>
</table>

June 2018 Target = 200

**SUMMARY**

- DSHS and contractors offering essential client services are not accessible to hard of hearing clients. Increasing the number of DSHS and contractor sites with assistive listening systems will better serve the hard of hearing clients receiving services.

- One type of Assistive Listening System is an induction loop. The induction loop is a wire connected to an electronic sound source, which transmits that sound to a telecoil in a hearing aid or cochlear implant. The telecoil or T-coil receives the signal from the loop, and turns it back into sound in the hearing aid or cochlear implant, eliminating any background noise.

- Induction loops have been distributed or installed at 54 Community Service Offices and 21 Division of Vocational Rehabilitation Offices since March 2014.

**ACTION PLAN**

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

**DATA SOURCE:** Hearing Loop NW; supplied by Tabitha Jacques, ACT Program Manager, ODHH.

**MEASURE DEFINITION:** Number of sites with Induction Loops installed.

**DATA NOTES:**
1. A site is a location that uses equipment inventory codes per asset management.
2. A single site may have one or two different types of Induction Loops installed.
3. A single office may have two or more sites due to collocated buildings.
4. Sites completed is a cumulative measurement beginning in SFY12.

**TO DATA:** [https://www.dshs.wa.gov/data/metrics/DH1.7.xlsx](https://www.dshs.wa.gov/data/metrics/DH1.7.xlsx)
ALTSA | Office of the Deaf and Hard of Hearing

Case Management Services

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

Statewide Total

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY 2014</td>
<td>331</td>
</tr>
<tr>
<td>SFY 2015</td>
<td>342</td>
</tr>
<tr>
<td>SFY 2016</td>
<td>350</td>
</tr>
<tr>
<td>SFY 2017</td>
<td>532</td>
</tr>
</tbody>
</table>

June 2018 Target = 600

SUMMARY

• ODHH serves persons who are deaf, hard of hearing or deaf-blind and/or their legal guardian who experienced at least one barrier or situation leading them to request case management services. These persons should have access to advocacy, training, communication assistance, service delivery coordination, provision of resources and support, and emergency or crisis intervention.

• There are 5 nonprofit Regional Service Centers with 7 offices throughout Washington State. Each Center has a Board of Directors which includes representation of deaf, hard of hearing, and deaf-blind people.

• A new provider was added in FY12 which shows an increase. High case manager turn-over resulted in a decline in FY14. This FY15, the Center in Pasco serving Central Washington region has no case manager.

ACTION PLAN

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

DATA SOURCE: ODHH; supplied by the Social and Human Services (SHS) Program, Claudia Foy.

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.

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.

TO DATA: https://www.dshs.wa.gov/data/metrics/DH2.1.xlsx
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: Deborah O'Willow, Director, ODHH.
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: 1

SUMMARY

- The updated action plan for this measure is located in the ALTSA Strategic Plan.
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 ALTSA Strategic Objective 2.2: Protect vulnerable adults living in their homes through timely response to abuse and neglect.

- 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: By July 2019, increase timely initial response to investigations based on case priority to 100% for high priority, and 99% for medium and low-priority.

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

Data Source: Pre-May 2014: APSAS. May 2014 forward, TIVA, Chelsea Buchanan.

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.

Quarterly data is an average of the monthly data for the three months in that quarter. Click below for additional data notes.

DATA SOURCE: Pre-May 2014: APSAS. May 2014 forward, TIVA, Chelsea Buchanan.
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.
4 Quarterly data is an average of the monthly data for the three months in that quarter. Click below for additional data notes.
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

June 2019 Target = 97% including good cause

<table>
<thead>
<tr>
<th>CY 2014</th>
<th>CY 2015</th>
<th>CY 2016</th>
<th>2017 Jan-Mar</th>
<th>Apr-Jun</th>
<th>Jul-Sep</th>
</tr>
</thead>
<tbody>
<tr>
<td>62.8%</td>
<td>78.0%</td>
<td>76.8%</td>
<td>75.4%</td>
<td>77.4%</td>
<td>72.4%</td>
</tr>
</tbody>
</table>

DATA SOURCE: Tracking Incidents of Vulnerable Adults (TIVA), 1051 and 1061 reports; supplied by Chelsea Buchanan. (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.

SUMMARY

• This measure supports ALTSA Strategic Objective 2.1: Ensure investigations are thorough, documented properly, and completed timely.

• 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: Increase the percentage of investigations completed within 90 days from 74% in March 2015 without good cause to 97% with good cause by July 2019. This measure is attainable assuming adequate staffing levels are reached and process improvements continue.

• 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/AAC.2.xlsx

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
We transform lives
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)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>2,154</td>
<td>2,871</td>
<td>1,836</td>
<td>491</td>
<td>233</td>
<td>173</td>
<td>80</td>
<td>152</td>
</tr>
</tbody>
</table>

June 2018 Target = 100 or less

SUMMARY

- Update: this measure has reached its initial target of lowering the backlog to 500 nearly a year early. As of July 2017, the new target is 100 or fewer by July 2018.

- This measure supports ALTSA Strategic Objective 2.3, Affirm residents' and clients' safety through timely initiation of complaint investigations in long-term care facilities.

- Importance: Investigations of complaints in long-term care facilities should accomplish the following: 1) protect residents from abuse, neglect and exploitation; 2) make quality referrals to entities that help protect victims; and 3) prevent the occurrence of abuse, neglect and exploitation.

- Success Measure: Reduce the facility complaint investigation backlog from over 2,100 in September 2015 to 100 by July 2018 (a reduction of 95%).

- 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 ALTSA Strategic Plan for Strategic Objective 2.3.


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.
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 ALTSA Strategic Objective 3.1: Affirm adult family homes, assisted living facilities, and nursing homes are providing quality care and residents are safe through timely re-inspections.

- 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: Maintain the percentage of timely re-inspections at 99% for all settings.

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


**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 re-inspection 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.

**Data Notes:**
- Percentage is calculated by the number of timely re-inspections divided by total re-inspections conducted.
- If a re-inspection is not timely, it is counted in the quarter in which the re-inspection occurred, per federal report methodology.
- 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.

**Data Notes:**
- Percentage is calculated by the number of timely re-inspections divided by total re-inspections conducted.
- If a re-inspection is not timely, it is counted in the quarter in which the re-inspection occurred, per federal report methodology.
- 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.

**Data Notes:**
- Percentage is calculated by the number of timely re-inspections divided by total re-inspections conducted.
- If a re-inspection is not timely, it is counted in the quarter in which the re-inspection occurred, per federal report methodology.
- 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.

**Data Notes:**
- Percentage is calculated by the number of timely re-inspections divided by total re-inspections conducted.
- If a re-inspection is not timely, it is counted in the quarter in which the re-inspection occurred, per federal report methodology.
- 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.
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 ALTSA Strategic Objective 3.2: Affirm Residential Habilitation Centers (RHCs) and other ICF/IIDs and certified Supported Living are providing quality care and residents are safe through timely quality assurance activities.

- 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: Maintain timely quality assurance activities at 100%.

- 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 ALTSA Strategic Plan.

**DATA SOURCE:** RCS records; supplied by Loida Baniqued.

**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.

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

Maintain timely quality assurance of home and community services case management and adult protective services

Percent of Record Reviews Conducted Timely

<table>
<thead>
<tr>
<th>Social Service Compliance Reviews</th>
<th>Financial Compliance Reviews</th>
<th>Adult Protective Services Reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY2014 100%</td>
<td>CY2015 100%</td>
<td>CY2016 100%</td>
</tr>
<tr>
<td>CY2015 100%</td>
<td>CY2016 100%</td>
<td></td>
</tr>
<tr>
<td>CY2016 100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUMMARY

- This measure supports ALTSA Strategic Objective 3.2: timely quality assurance and oversight activities to ensure evidence of compliance with federal, state, and program requirements.

- Importance: Timely completion of quality assurance activities helps protect the health and safety of clients, secure and maintain federal funding, and provides oversight of local operations.

- Success measure: 100% timely completion of Home and Community Services Division case management and financial eligibility compliance reviews each calendar year.

- Background: Activities include auditing documents for compliance, publishing policy revisions, and offering training and technical assistance to ALTSA 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 ALTSA Strategic Plan.

DATA SOURCE: Compliance monitoring, provided by Bill McBride, ALTSA 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
Goal 4: Quality of Life - Each Individual in Need will be Supported to Attain the Highest Possible Quality of Life

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

<table>
<thead>
<tr>
<th>YEAR</th>
<th>PERCENT OF TIMELY COMPLETION OF FINAL REPORTS</th>
<th>PERCENT OF AAA MONITORING VISITS COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY2014</td>
<td>100%</td>
<td>25%</td>
</tr>
<tr>
<td>CY2015</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>CY2016</td>
<td>100%</td>
<td>75%</td>
</tr>
</tbody>
</table>

December 2018 Target for Final Reports = 100%

SUMMARY

- This measure supports ALTSA Strategic Objective 3.2: timely quality assurance and oversight activities to ensure evidence of compliance with federal, state, and program requirements.

- Importance: Timely completion of quality assurance activities helps protect the health and safety of clients, secure and maintain federal funding, and provides oversight of local operations.

- Success measure: 100% timely completion of the three-year monitoring cycle for Area Agencies on Aging (AAA) operations, evidenced by a final report issued to each monitored AAA within 90 days of the exit interview.

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

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

Percent of nursing home deficiencies sent to the facility within 10 working days

Statewide

<table>
<thead>
<tr>
<th>ANNUAL</th>
<th>QUARTERLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2014: 88%</td>
<td>2016 Oct-Dec: 94%</td>
</tr>
<tr>
<td>FY 2015: 90%</td>
<td>2017 Jan-Mar: 89%</td>
</tr>
<tr>
<td>FY 2016: 93%</td>
<td>Apr-Jun: 92%</td>
</tr>
</tbody>
</table>

June 2019 Target = 95%

SUMMARY

- This measure supports ALTSA Strategic Objective 3.2: Timely quality assurance and oversight activities to ensure evidence of compliance with federal, state and program requirements.

- Success Measure: As of July 2019, 95% of audited Nursing Home Statements of Deficiency (SODs) are sent to the facility within the federal regulatory standard of 10 working days after onsite visit exit for complaint investigations or surveys.

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