

2012 Washington State Enhanced ADRC Options Counseling Project

Project Narrative

A. Summary/Abstract

The Washington State Department of Social and Health Services (DSHS) Aging and Disability Services Administration (ADSA) will, in partnership with the state's Area Agencies on Aging (AAAs) and partner agencies, enhance and expand its ADRC Network to include ADRC Options Counseling statewide to serve older adults and persons with disabilities throughout the lifespan. The **goal** of this project is to achieve statewide implementation of an Options Counseling Training and Certification program to facilitate statewide ADRC expansion. **Objectives** of the project are to: (1) develop and implement a standards-based curriculum and training process to increase capacity of ADRCs and partners to deliver a quality Options Counseling program statewide; (2) develop and implement a standards-based Options Counseling Certification program; (3) expand the Washington State Veterans' Directed Home Services Program; (4) continue to support the delivery of the Care Transition Program developed by Dr. Eric Coleman throughout the state; (5) develop and apply Continuous Quality Improvement principles and an evaluation plan that demonstrates results of the project; (6) develop a financially sustainable ADRC model that includes revenue from multiple sources. **Key products** that will be developed and disseminated include: (1) a standards-based ADRC Counseling Program curriculum and collateral tools; (2) a Train-the-Trainer curriculum that prepares local agencies for diffusion of knowledge and skills; (3) a preparatory training curriculum and collateral tools for an ADRC Options Counseling Certification; (4) a financial sustainability plan that draws on diverse funding sources.

B. Approach (65 points)

1. General ADRC Options Counseling Program Structure (No Wrong Door Model) (25 pts)

ADRC Options Counseling Program Project Management (15 points)

Roles and responsibilities of project staff, consultants and partner organizations

Washington State's approach to implementing the ADRC Options Counseling Program statewide is a highly collaborative one. Leadership and coordination will be provided by the State Unit on Aging in the Department of Social and Health Services' Aging and Disability Services Administration (ADSA) for training, certification and implementation of Options Counseling programs through Area Agencies on Aging (AAAs), Centers for Independent Living (CILs), and statewide organizations serving persons with disabilities across the lifespan and/or older adults. Working with a broad set of partners, the state ADRC program will implement a person-centered, No Wrong Door (NWD) model to assist individuals of all ages and economic circumstances to learn about their options, and to help all individuals and families weigh their options for services and supports through a facilitated decision support process.

State project staff with the State Unit on Aging will be responsible for developing Options Counseling training that is aligned with national ADRC Options Counseling standards, deploying that training rapidly and consistently in on-site, face to face formats throughout the state; developing a train-the-trainer model for greater penetration of training with partner organizations statewide; developing preparatory training for Options Counseling Certification in line with national standards; working with VA Medical Centers to expand services to veterans; and working with Qualis Health to develop and implement a statewide evaluation, and with BERK, Inc. to develop a financial sustainability business model for statewide maintenance of ADRC Options Counseling services in the long term.

Community-based organizations will be integrally involved in both planning and implementation of the ADRC Options Counseling program. Through the ADRC Planning and Policy Committee developed over the past three years, representation of a wide range of stakeholders and community representatives has been convened to shape the implementation of ADRC Options Counseling statewide. Committee members include individual ADRC target population constituents and family caregivers, representatives

of disability advocacy and service organizations and representatives of Alzheimer's' associations in both western and eastern Washington, as well as community-based AAAs across the state. In addition to shaping the project, community-based organizations will be the focus in implementing ADRC Options Counseling services, through training both directly provided by ADSA, and in a second wave of training, by trainers in a train-the-trainer model to make ADRC Options Counseling training widely available throughout the state.

Management and leadership of the project, including monitoring, reports and communication.

The Washington State Enhanced ADRC Options Counseling Project will be managed by the State Unit on Aging's (SUA's) current ADRC Program Manager, Susan Shepherd, and supervised by the SUA Office Chief, Susan Engels. The Program Manager has a long history working with ADRCs and I&As, as well as advisory committees and coalitions on the national and state level. In addition to her duties as an Area Agency on Aging (AAA) liaison, over the past three years, she has been responsible for the ADRC Expansion Project in which ADRC pilot sites have been established in four AAAs across the state, and in which a statewide ADRC planning and policy committee has been convened. Susan has provided guidance, consultation and policy leadership to ADRC expansion efforts, including the development of the five-year ADRC Expansion Plan. She has also been responsible for the 2010 Affordable Care Act Option D, Evidence-based Care Transitions Project and is project director for the ADRC Statewide Information System project. She will be responsible for the day-to-day management and oversight of key tasks, such as assessing readiness of, and providing technical assistance to, the newly emerging ADRC catchment areas, monitoring the project's ongoing progress, preparation of reports, and communications with partner agencies, key stakeholders and the Administration on Community Living (ACL). The Program Manager will be supported by the SUA Office Chief and other ADSA leadership team members.

ADRC Capacity to use NWD approach to serve all populations (5pts)

Current status and readiness of ADRC Options Counseling Program to serve all LTSS populations

The established ADRCs serve older adults and persons of all ages with disabilities regardless of economic circumstances, as well as their caregivers. The proposed new ADRCs, which are Senior

Information & Assistance (I&A) programs in non-ADRC catchment areas, all serve older adults, caregivers of adults 18 years and older as well as those 18+ care recipients, and relative caregivers of children and youth with developmental disabilities. In addition, the AAAs' Medicaid Case Management and Nursing Services serve adults 18+ with functional disabilities, including some with developmental disabilities who meet nursing home level of care. In Washington, strong partnerships have been developed between the AAAs and Centers for Independent Living, developmental disability organizations, and other programs supporting parents of children with chronic conditions and developmental disabilities. These partnerships continue to expand the statewide and local reach and expertise of the ADRC Network. In this application, ADSA is seeking resources to bring all AAA ADRCs and interested ADRC state and local partners up to the National Options Counseling standards as adopted and incorporated in the state's ADRC Program Standards; and position them to be ongoing Options Counseling organizations.

This effort will build on existing readiness in the ADRC Network. Each of the four pilot ADRCs – and the Senior I&As - have been providing a level of options counseling to individuals regardless of economic circumstances, for well over thirty years under the I&A program's "Assistance" component. The CILs report the same. Over 50% of all Senior I&A and ADRC staff are certified through the Alliance of Information and Referral Systems (AIRS), and have established processes in compliance with the current Washington State Senior I&A Program Standards. Additionally, the state monitors these programs with high expectations for professional service delivery. At this point, ADRC Options Counseling is not in place as a formal statewide program; however, the current draft National ADRC Options Counseling Standards have been incorporated into the state's current draft of the ADRC program standards, and are now under review by the ADRCs and I&As as well as the ADRC Planning and Policy Committee Standards Topical Workgroup. Once the National ADRC Options Counseling Standards are finalized, they will be adopted by the state, incorporated fully into the state's ADRC program standards and referenced in all AAA contracts for statewide service delivery.

Strategy to achieve a NWD approach to serve all populations within 30 months

Through statewide deployment of training, using a curriculum that fully incorporates the national standards for ADRC Options Counseling, ADRCs, AAAs and partner agencies serving people with disabilities of all ages, including individuals with physical, behavioral, intellectual and developmental disabilities, older adults, and family caregivers will provide a No Wrong Door approach to serve Washington residents where they seek and want services within the 30 month grant period, as identified in the workplan. Training will begin by Month 9 of the grant period, and extend throughout the grant period, with service providers in all areas of the state having completed training by Month 30. In addition to the initial training provided in a face-to-face format by ADSA's trainer, a train-the-trainer process will equip local trainers to spread training resources to interested parties and organizations more broadly, and to provide training updates as they are developed.

Achieving ADRC Options Counseling Program Statewide Coverage (5 pts)

Status and readiness of ADRC Options Counseling Program statewide

As demonstrated by letters of commitment from community partners, Washington State's LTSS system, including both state agencies and community-based organizations, has a high commitment and enthusiasm for implementing the ADRC Options Counseling program statewide in a wide variety of settings in order to ensure open, no-wrong-door access to person-centered and person-directed decision making for persons with disabilities and for elders. In the proposed plan, ADSA will develop curriculum and training materials as soon as the national options counseling standards are finalized, and anticipates being able to begin delivering face-to-face training with partners by or before grant Month 9. Training will initially be delivered by ADSA through face-to-face training sessions that include the geographic areas served by current pilot ADRCs and partner agencies in those areas. A second initial training, delivered by ADSA, will reach the balance of geographic areas in the state. At the same time, ADSA will work with statewide organizations serving populations with distinct needs to develop online training about their populations' needs and the resources available through those partnering agencies. Anticipated partners in this effort will include among others the Association of Centers for Independent Living in Washington, Brain Injury Association of Washington, Disability Rights of Washington, PAVE/Family to

Family, Alzheimer's Association of Western Washington, Alzheimer's Association Inland Empire, Mental Health Action, SHIBA (Statewide Health Insurance Benefits Advisors Program), ADSA Divisions of Developmental Disabilities and Behavioral Health and Recovery, ADSA Home & Community Services regional offices, private-pay service and support options, and other developmental disability organizations and mental health providers at the local and regional levels.

Beginning in Year 2, subsequent training and updates will be delivered by a cadre of trainers who have received Train the Trainer training in Options Counseling through the project. This will increase dissemination of Options Counseling training statewide. Trainers will be identified at the local level by AAAs and ADRC Options Counseling Organizations, who will commit at least one person to participate in Train the Trainer sessions and be responsible for providing training and updates to Options Counseling staff and to ADRC Access Points on an ongoing basis.

Current percentage of population and/or counties served and timeframes for reaching statewide coverage

One AAA began serving as an ADRC pilot site under a 2005 AoA ADRC grant and three others under a 2009 AoA ADRC Expansion grant. These four AAAs, which serve 16 (41%) of the state's 39 counties and 2.3M (34.5%) of the state's 6.7M population, have developed high quality, comprehensive ADRC services and are ready to ensure availability of ADRC Options Counseling using state standards aligned with national standards. These AAAs will receive ADRC Options Counseling in Year 1 of the grant. In Year two, AAAs serving the balance of the state's counties, including major population centers in King County and Snohomish County around the Seattle Metro area, and the Washington suburbs of Portland, Oregon, will receive Options Counseling training. In Year 3, the Colville and Yakama Nations will receive training, reaching approximately 45,505 residents in the Colville and Yakama Nations service areas. By Month 30 of the grant, Washington will achieve statewide coverage and availability of ADRC Options Counseling to 100% of the population.

Local stakeholder engagement and partnership development strategies and funding

In its ADRC expansion project, ADSA has worked extensively with AAAs and other stakeholders statewide to increase partnership development and stakeholder engagement in providing person-centered,

person-directed services. These efforts build on several years of collaboration in expanding ADRC services, and involving stakeholders in shaping the statewide system of LTSS support. Current partners include organizations serving persons with Alzheimer's, brain injuries, developmental disabilities, behavioral health issues, functional disabilities and chronic diseases; as well as family caregivers and parents/caregivers of children with disabilities. At a local level, AAAs and statewide organizations serving persons with disabilities work extensively with affiliates to offer streamlined access to public programs, person-centered transition support, and ADRC Access Points to expand accessibility of ADRC services, including Options Counseling, to Washington residents in all its communities.

The model that Washington State is proposing will widely deploy training on Options Counseling to community-based gateways in the Information and Referral/Assistance programs administered by AAAs and serving every community in Washington. In addition, training will be made available to partner agencies as diverse as Kinship Caregiver Navigator and Family-to-Family providers (serving relative caregivers and families of children with medical needs), Alzheimer's Association affiliates, and Centers for Independent Living in multiple communities. Starting with face-to-face on-site training delivered to AAAs and their network partners by ADSA staff, to ensure penetration of training to every community in the state, a train-the-trainer model will provide the second wave of training to make ADRC Options Counseling widely available and to fully ensure a No Wrong Door experience for consumers seeking help from diverse community based organizations serving older adults, people with disabilities at all life stages, including physical, behavioral, intellectual and developmental disabilities, and family caregivers in the general population and in ethnic and cultural minority populations.

In this project, ADSA is allocating a proposed \$1,404,362 or 61% of budgeted funds over three years to support participation of AAAs and partner agencies in Options Counseling training. This funding will support organizations' participation in the ADRC Options Counseling network at two levels.

ADRC Options Counseling Organizations, including all AAAs in the state, and additional organizations procured through a Request for Proposal to serve unique populations and/or needs, will be funded by ADSA to develop local ADRC Options Counseling services. In exchange for this support, they

will also: (1) adopt the ACL National ADRC Options Counseling standards; (2) designate a lead ADRC liaison or program manager; (3) support one or more options counseling personnel to complete the statewide ADRC Options Counseling training and certification process; (4) commit to at least one certified Options Counselor successfully completing the Options Counseling train-the-trainer program; (5) commit to ongoing deployment of Options Counseling training and updates for ADRC staff and partners; and (6) participate in data collection, evaluation and quality improvement efforts.

ADRC Access Points, which provide individuals and their caregivers access to community services and supports, and may also directly provide some services, will participate in ADRC Options Counseling training in order to increase understanding and access to ADRC Options Counseling and other services through referral and linkages for the populations they serve . Mini grants will defray staffing time, transportation and other costs for ADRC Access Points to: attend free Options Counseling training; provide information to the ADRC network about their programs, service eligibility and cross-referral protocols; conduct data collection on the number of individuals referred to ADRCs, and participate in Quality Improvement processes to help the ADRC Network learn about stakeholders' experiences.

2. ADRC Options Counseling Program Core Functions (15 points)

Nature and scope of challenges the state must address to fully implement ADRC Options Program

Although the AAAs and current and proposed ADRC sites have all agreed to participate fully in the ADRC Options Counseling program, inclusive of the national standards, and the state is well underway in including stakeholders in incorporating the national Options Counseling standards into the statewide ADRC program standards, partners have expressed concern that required educational staff qualifications may be too restrictive, even with a waiver request process, for some staff who have been providing similar services for many years successfully outside the Senior I&A and ADRC network. For example, Centers for Independent Living employ persons with disabilities, who may well have been providing services for 10 years or more, but who may not meet proposed higher education standards. Programs that use peer support often have the same issue.

Potential non-AAA Options Counseling organizations have also expressed concern with the level of

required data collection. An information system is currently being procured by ADSA with an anticipated statewide implementation in the fall of 2013. The concept is that ADRC partners may participate with AAAs as sub-contracted entities, addressing some of the cost burden involved in the data collection. ADSA is also currently determining how statewide partner organizations could participate in the statewide information system directly.

Finally, in the face of the state transitioning the State Medicaid Agency designation from DSHS to the Health Care Authority, and federal health care reform initiatives resulting in changes to the long term service and support system, there are policy and procedural challenges to be considered. For example, ADSA currently has data sharing agreements with all AAAs to participate in state systems that contain Medicaid data and will be reviewing what changes might be required in the evolving managed care LTSS system.

How ADRC staffing to perform the work outlined was determined (5 points)

Because of the anticipated increase in the number of individuals served through ADRCs, Washington State is in the process of determining the best methodology for obtaining increased resources to meet those needs, while at the same time decreasing costs in other areas, specifically publicly funded LTSS. The ADRC Planning and Policy Committee will continue facilitating, with support from BERK, Inc. consultants, the work of the ADRC Sustainability Topical Work Group. The work group, which includes ADSA, Budget and Forecasting staff, ADRC Planning and Policy Committee members, is charged with reviewing data and forecasting options to support development of funding options. Washington State DSHS Research and Data Analysis (RDA) is providing data we anticipate will show decreases in public LTSS expenditures in ADRC catchment areas. ADSA will work with AAAs to consider anticipated numbers of individuals served, staffing profiles, time spent in different ADRC functional areas, and resultant costs. Through this process, ADSA will present funding proposals for the state budgeting process as appropriate over the grant period.

Progress in implementing comprehensive, person-centered Options Counseling that allows self-direction

Washington State has invested in developing ADRC services since 2005, when it was awarded its

initial Administration on Aging (AoA) and Centers for Medicare and Medicaid Services (CMS) funded ADRC grant. Since that time, and using a subsequent ADRC Expansion Grant awarded in 2009, the state has developed four pilot ADRCs serving over 40 percent of the state's population. In addition, ADSA has, through an AoA ADRC Evidence-Based Care Transitions grant, implemented its Care Transitions Program, in collaboration with Dr. Eric Coleman. By the end of September 2012, more than 80 Care Transitions Coaches will be trained and prepared to deliver care transition services statewide.

The ADRC Expansion and Care Transitions work undertaken by ADSA and its partners in the AAAs has received substantial guidance and support from stakeholders through the ADRC Planning and Policy Committee and through topical Work Groups including: (1) Partnerships, (2) Standards, (3) Marketing; and (4) Funding/Sustainability. A fifth group, on Information Technology (IT) Infrastructure, will begin work in 2013, and will support development of tools and data systems to ensure capacity to collect data for CQI processes and evaluation, as well as to support person-centered and person-directed systems for facilitated decision making about individual LTSS choices.

Through these efforts, ADSA and the ADRC Network have established a track record of incorporating dissemination and adoption of evidence-based practices. To date, ADSA has supported ADRCs and Senior I&As in attending Options Counseling training, including the 2010 Northwest Alliance of Information and Referral Systems (NW-AIRS) Conference and will do so again through sponsored scholarships at the October 2012 conference. Pilot ADRC site staff who have attended national trainings have also received Options Counseling training in those venues. In addition, iterations of the national ADRC Options Counseling standards have been disseminated statewide to increase awareness and understanding of their contents. The Washington State ADRC Standards continue to be updated through two workgroups working in tandem: one made up of ADRC/I&A representatives working through the draft document, and one through the ADRC Planning and Policy Committee Standards Topical Work Group. Two ADRC staff attend both work groups providing a bridge between them. Finally, one ADRC has developed its own Options Counseling curriculum that has been shared with other ADRCs demonstrating a clear sign that our partners are ready to move to the next step. This curriculum

will be reviewed to consider if components can be incorporated into the statewide curriculum.

In this application, ADSA is proposing development of a comprehensive training curriculum that fully incorporates the national standards and certification for ADRC Options Counseling. Staff of ADRCs and Senior I&As are comfortable with adoption of standards based approaches. Many are certified through AIRS, in many cases as a requirement of agency employment, with AIRS membership encouraged at both the state and local level. This context will be helpful in building acceptance of the new ADRC Options Counseling training and certification process.

Approach incorporating a comprehensive centered approach that allows self- direction

Throughout Washington providers' adoption of Options Counseling approaches, self-direction is exercised by consumers seeking services. The person seeking services directs the conversation, identifies their own goals and priorities, desires and preferences. Staff providing Options Counseling support the individual in making those decisions, and is trained to provide unbiased, complete information about the resources and options available, their costs and their features. The individual seeking service provides the leadership to determine the appropriate mix of services to complement their own strengths and meet their own needs. These principles and approaches are in the draft standards language which have been widely disseminated and adopted by the ADRC Network agencies.

3. Core Standardized Assessment (CSA) (5 points)

ADRC Options Counseling Program delivering a CSA consistent with the Balancing Incentive Program.

Washington State currently uses the Comprehensive Assessment and Reporting Evaluation (CARE) system to provide a standardized approach in evaluating a persons' strengths and needs in order to identify services and supports for both long-term care and DDD paid services. The CARE system includes two assessment tools: (1) the LTC Assessment used by Home and Community Services (HCS), AAAs and the Children's Administration, which includes personal care assessment and development of service plans; and (2) the DDD Assessment, used by the Division of Developmental Disabilities. The CARE system includes tools that have been proven to have validity in measuring care needs, including: the Minimum Data Set (MDS), the Mini-Mental Status Exam, the PHQ-9 Depression Scale, the Cognitive

Performance Scale, the Zarit Burden Scale, the CAGE Alcohol/Substance Abuse screening tool, and the Supports Intensity Scale (SIS).

In addition, the Targeted Caregiver Assessment and Referral (TCARE[®]) process is used to provide assessment and referral for supports and services needed by caregivers of adults. TCARE[®] is a theory-driven protocol designed to identify measures of caregiver burden and stress and produce recommended services and supports to address those stressors. The goals, strategies and services are determined based on the results of a screening and assessment using multidimensional measures of caregiver burdens and uplifts, depression scores, identity discrepancy as well as care receiver Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) scores. This protocol identifies and prioritizes services using a consultative planning process targeted to support the caregiver's abilities to provide care for the care receiver as well as better care for themselves. The TCARE[®] process is available to all caregivers, and encourages family caregivers to seek local, informal and other funding sources (e.g. private-pay, Medicare, Medicaid, health and long-term care insurance, Veterans' benefits) to supplement state and federal Family Caregiver Support Program (FCSP) funding and to build the services and supports they need in caregiving. Data from the TCARE[®] assessment is entered in the electronic statewide TCARE[®] system, which runs an algorithm of suggested goals and strategies for consultation.

The CARE System is primarily used for individuals who are receiving publicly supported DD and LTSS; and the TCARE[®] assessment is for family caregivers. Washington State is seeking to develop a statewide AAA Statewide Information System that will incorporate a Core Data System element set consistent with CARE and TCARE[®]. The system will support federal and state reporting for the pre and non-Medicaid individuals served by the ADRCs and the AAAs. The system will include capacity for (1) client management for ADRC Information/Awareness, Options Counseling/Assistance, Care Transitions, and other AAA non-Medicaid services and supports; (2) public self-service self-screening and self-education about services and access assistance; (3) a statewide resource directory of public and private LTSS for persons of all ages and disabilities; and (4) capacity for ADSA to access data needed for

national and state reporting of key data points. The system will be configured starting in December 2012, piloted in four areas, with a projected statewide “go live” date in the fall of 2013.

4. Sustainability (20 points)

Applicants approach to secure resources to continue some or all ADRC activities after grant ends.

ADSA will work with both the topical Funding/Sustainability Work Group representing stakeholders through the ADRC Planning and Policy Committee, and with consultants from BERK, Inc., a consulting firm with expertise in strategy, planning, policy development, financial and economic analysis, to develop a sound and viable business plan for statewide support of ADRCs and Options Counseling programs beyond the period of grant support.

The ADRC Network is currently supported through a patchwork of funding. Eight of 13 AAAs currently use TXIX Federal Financial Participation funds for their I&As/ADRCs. Older American Act (OAA) Title IIIB funds also support ADRCs through the state’s AAA funding formula, supplemented by Title IIIB Administrative funds. OAA Title IIID Health Promotion/Disease Prevention funds can be used to support the evidence-based Care Transition Program®, and OAA Title IIIE Family Caregiver Support Program funds support specialized I&A for Family Caregivers. Additionally CMS Community Care Transitions Program partnership funds (ACA Section 3026) are supporting 3 ADRCs in Washington. At the state level, General Fund allocations for Senior Citizens Services Act (SCSA), Senior Drug Education Program, and State Family Caregiver Support Program (SFCSP) all currently support the ADRCs. Finally, AAAs and other agencies all attempt to capture support for their programs from local jurisdiction and non-public funds, including in one case support from a hospital district for the Care Transitions Program®.

While funding is diversified, a number of grant sources and other funding sources are due to expire, or are otherwise at risk. Specifically, Medicare Improvements for Patients and Providers Act (MIPPA) Benefits Outreach and Enrollment support will end 9/28/2012, and grant funds scheduled to expire at the same time include ADSA’s AoA 2010 Evidence-Based Care Transitions grant and ADSA’s AoA 2009 ADRC Expansion Funds award, although ADSA will be requesting an extension for this grant.

The Funding and Sustainability Work Group has been established and began meeting in July 2012. The charge to the group is to develop detailed strategies that “helps position Washington State for: (1) additional federal funding (grant or other) through disability and aging partnerships and other strategic partnerships (e.g. VA-VDHCBS, CCTP, and FFP); (2) prioritization of state dedicated (Medicaid) and General Fund funding for ADRCs; and (3) private, fee for service payments or sponsorships that would support state and local ADRC efforts.” Future opportunities that may be under consideration include among others:

- (1) Analyze and pursue options for ADRCs to participate in ACA related functions;
- (2) Applying for administrative funds that would be supplemental to the current CMS Money Follows the Person grant to support a variety of functions, including:
 - Supplementing state staff as Local Contact Agencies for MDS 3.0 Section Q Nursing Facility Transitions, specifically for pre-Medicaid residents;
 - Other care transitions;
 - Providing a toll-free statewide ADRC number and telephony to support direct local ADRC connection and warm transfers;
 - Supporting an ADRC Statewide information System Project Manager to ensure successful project outcomes, as well as a system administrator and statewide resource specialist to support consistent local processes statewide;
- (3) Requesting legislation to create an ADRC-specific State funding stream;
- (4) Creating public-private partnerships; and
- (5) Creating subscription or fee-based access to the information system.

Agreement with State Medicaid agency in place to support ADRC Options Counseling Program

The Washington State Health Care Authority (HCA) and the Department of Social and Health Services (DSHS), of which ADSA is an administration, have an agreement in place that governs administration, data sharing and collaboration between the two agencies. As identified in the HCA’s letter

of support for this application, “DSHS uses Medicaid Federal Financial Participation Funds in its Information and Assistance Program to support Medicaid Program outreach, Medicaid eligibility pre-screening, facilitating Medicaid applications, assisting eligible individuals to utilize Medicaid services, and interagency coordination for Medicaid services. We (HCA) support continuing this practice as the ADRC program expands statewide by evolving all Information and Assistance sites to ADRC sites and incorporating the ADRC Options Counseling function”. The letter goes on to specifically state HCA’s commitment to continuing support of a “facilitated decision-support process to assist individuals and families weigh their options for services and supports” (i.e. Options Counseling), as well as “co-location of functional and financial eligibility determination staff where feasible”, “evidence-based and person-centered Care Transitions support”, and “quality assurance development to provide a person-centered system.”

Approach to achieve goals within the project period

As noted above, the Funding and Sustainability Work Group began meeting in July, 2012, and its charge describes a timeline for completing its work and identifying an array of potential stable funding sources by October 2012. On a continuing basis, BERK, Inc. will then work with the ADRC Planning and Policy Council and ADSA to develop a fully sustainable ADRC business model, and to facilitate meetings and strategies that create an ACL-approved sustainable business model by month 24 of the grant period. As appropriate, ADSA will advance proposals for state funding that integrates ADRC funding in the state budgeting process.

Active relationship with VAMC through a formal Provider Agreement and program expansion

ADSA currently has a formal Provider Agreement with the VA Puget Sound Health Care System (serving the Seattle and American Lake VA facilities) for Veterans Directed Home Services Options Counseling. In a separate application submitted by ADSA in response to the VHA: Special Opportunity to Expand the VDHCB Program, ADSA and the VA PSHCS have expressed mutual commitment to sustaining and adding more individuals to the current program in the VA PSHCS service area. This effort will include reviewing the current contract with the VA Puget Sound Health Care System, Seattle

Division, for potential expansion of the Veteran Directed HCBS program.

In addition, the Spokane VAMC, in their attached letter of support, has demonstrated their interest in expanding the creation of ADRC services to strengthen and expand person-centered access services to support veterans and their families/caregivers, in collaboration with ADSA and with the Aging and Long Term Care of Eastern Washington ADRC.

C. Ongoing Evaluation and Continuous Quality Improvement (10 points)

State's current approach to evaluating outcomes of its current ADRC program.

The current approach to evaluation of Washington's ADRC Program, working with DSHS's Research and Data Analysis unit and their comprehensive access to state data sets, compares outcome trends in AAA catchment areas that include ADRC sites to trends in similar AAA catchment areas that do not include ADRC services. The measures focus on readily available client-level administrative data, including (1) Medicaid enrollment; (2) Utilization of Medicaid-funded long-term care services, including in-home services, community residential services and skilled nursing facility services; and (3) Number of initial assessments for Medicaid-funded long-term care services. Measures are derived from Medicaid eligibility files and long-term care service payment records. This evaluation is still in process with an interim report for the project period of 9/29/2010 – 9/28/2012 due in October 2012.

Level of readiness to strengthen its approach to achieve a CQI process.

The Washington State Enhanced Options Counseling Program Continuous Quality Improvement (CQI) approach will build upon the foundation designed and implemented as part of the ADRC Expansion Plan. Additionally, ADSA will contract with Qualis Health, the QIO organization for Washington and Idaho, to develop and implement an evaluation plan that will meet the required use of a CQI approach and will conform to the National Evaluation Framework for defining, measuring, tracking and reporting progress in achieving the outcomes and performance measures established by ACL. Qualis Health currently provides technical assistance and evaluation for Washington's ADRC Evidence-Based Care Transition Program. ADSA and Qualis Health will continue to receive support from RDA in

developing this evaluation plan, and in accessing Washington State data resources.

Organization and management of the enhanced CQI program and linkage to proposed national evaluation

Thoughtful participation in the collaborative process to finalize the performance standards and outcomes will drive the Washington State CQI program implementation. Standards will be operationalized with an adherence to the standardized indicators and metrics in the National Evaluation Framework within the timelines established by ACL. ADSA will submit a final CQI plan which will include the specific data collection and reporting methods elected under the National Evaluation Framework, including specific data collection and reporting and methods, within 6 months of receipt of funds. Within 12, 18, 24 and 36 month funding time periods ADSA will have built or improved systems and processes to report System Outcomes 1&2 and Performance Standards 1 &2, 3 &4, and 5&6 as required by ACL. A CQI methodology based on the National Framework and utilizing tools from the Model for Improvement, Reliability Theory and LEAN will be used to define, measure, track and report progress towards achieving program outcomes. In addition, Options Counseling Organizations will be trained by Qualis in using root-cause-analysis methods for ongoing CQI at the local level.

Data collection to determine customer service will include formal processes for getting input and feedback from consumers and partners. Obtaining quantifiable results data will include linkages with electronic data information systems and processes in place and accessible to ADSA.

Outcomes, performance data and stakeholder feedback used to promote CQI during grant and beyond.

The four ADRC pilots have been regularly inputting their outcomes into the ADRC Semi-Annual Report tool (SART). The Pierce County ADRC began data entry in 2006 and three additional ADRC have been entering data in SART since 2010, starting initially with baseline data. As additional ADRCs come on board, ADSA will work with them to collect and report baseline data about numbers served, demographics, activities provided, and outcomes into the SART. In addition, RDA will establish baseline data of Medicaid LTSS enrollees.

ADSA is currently conducting a second procurement for the ADRC Statewide Information System (ASIS), due to a decision to terminate the contract within the first procurement's implementation phase.

This has caused an unavoidable delay in ADSA's timeline for implementation. As a result, configuration, piloting and the statewide launch will take place in the first and second year of the grant period. In the meantime, ADRCs will use current local and statewide methodologies for data collection. One advantage arising from this delay is that data collection processes will likely be more solidified before introducing the electronic client management functionality of the system. A comprehensive set of data elements needed for ADRC, local, state and federal reporting was constructed as part of the ASIS Business Requirements Document (BRD) and included in the RFP. A second challenge is ensuring buy-in from ADRCs and partner agencies, by showing them how their participation in the evaluation and CQI process will lead to a sustainable statewide ADRC program and support their daily work and stability of their programs. The delay in implementation finally provides additional opportunity for ADSA and the ADRC network to ensure that CQI activities are easily accomplished, relatable and fully incorporated into data collection and other work processes through positive reinforcement and celebratory opportunities.

D. Coordination with other ACA Initiatives (15 points)

The Balancing Incentive Program: Washington State is not eligible for the Balancing Incentive Program, because its LTSS system exceeds the program requirements. The state is currently serving approximately 75% of Medicaid LTSS and DD clients in their homes and communities. This was achieved beginning in 1994 with a No Wrong Door–Single Entry Point system (NWD/SEP) with respect to DSHS-ADSA Home and Community Services regional offices and conflict-free case management services; and in 2003, with the establishment of CARE, an electronic core standardized assessment instrument. ADRCs coordinate with HCS and the case management services to help facilitate streamlined access to Medicaid LTSS, from the consumers' perspective.

Community-Based Care Transitions Program (CCTP): With support from the Community-Based Care Transitions Program, Dr. Eric Coleman's Care Transitions Intervention is being implemented in Washington. By September 2012, over 80 Care Transitions coaches will be in place statewide. Inherent in this opportunity is inclusion of continued technical assistance support for Care Transitions coaches and capacity building to secure local funding to expand Care Transitions implementation. Two ADRCs are

receiving CCTP funding directly, and one is participating in CCTP as part of a collaborative. Others are preparing to apply if funding remains available.

Money Follows the Person Rebalancing Demonstration (MFP): ADSA is considering a supplemental application to the state's current Money Follows the Person grant to expand the ADRC staffing and technology infrastructure, including a 1-800 statewide number, and staffing support for the Statewide ADRC Information System. The proposed application will also seek to pay for assisting pre-Medicaid residents in institutional settings, to return to their home or community settings. This proposal will build on ADSA's success in its MFP Roads to Community Living and its Washington Roads programs, which have helped people with complex long-term care needs move out of institutions and back into the community through planning and access to support and services. Both the ADRC and Money Follows the Person grants are administered within DSHS ADSA's Home and Community Services Division which translates into coordinated services at the local level: individuals transitioned to in-home settings by ADSA regional HCS staff are passed to the AAA case management teams, often sharing staff with the ADRCs or otherwise working hand in hand. The local HCS offices are the Local Contact Agencies (LCAs) for the MFP-related MDS 3.0 Section Q transition assistance; however, they cannot respond to the large number of pre-Medicaid residents requesting assistance. Our goal is to employ ADRCs as additional LCAs to meet this need.

Managed Long-Term Services and Supports: The HCA recently procured five Medicaid managed care entities to provide statewide Medicaid funded health services. In the next two years, beginning in January 2013, the DSHS and the HCA will expand upon this base to provide a managed care health home for high risk/high cost individuals and a managed care fee for service program for dually eligible residents that will include long term services and supports, mental health services and a variety of community based services for persons with developmental disabilities. In regards to this, stakeholders have prioritized Options Counseling as a means to help people understand and consider how they want to receive services.

Other ACA Initiatives with which ADSA and ADRCs will coordinate

(1) The Community Options Program Entry System (COPES) program, funded through federal Title XIX 1915 (c) HCBS waiver and state general funds, provides a broad array of person-centered personal care services in one's own home, boarding home or adult family home. Once initial eligibility is established by state ADSA regional staff (HCS), they transfer those requesting in-home services to the AAA Case Management/Nursing Services (CM/NS team). HCS retains financial eligibility determination functions, while the AAA provides in-home administrative case management and ongoing functional eligibility determinations. Often, ADRC staff are part of the AAA's CM/NS team or vice-versa.

(2) Medicaid Expansion and the State Health Information Exchange: Effective 2014, Medicaid will be expanded to include individuals aged 19 up to age 65 in specific populations with incomes up to 133% FPL. ADRCs will assist the expanded group with access to the State Health Information Exchange (SHIE), for eligibility determinations. In addition, hospitals and other healthcare providers will have access to the (SHIE) for patient payer information, which will facilitate appropriate referrals to ADRCs for care transition coaching. Note: the SHIE will not include Medicaid LTSS.

(3) Over the last year, significant DSHS/HCA collaboration led to submission of the *HealthPathWashington* proposal, under the Dual-Eligible Initiative, to coordinate care for individuals covered by both Medicare and Medicaid. The proposal includes both a health home model for high risk/high cost individuals and a comprehensive managed care health plan option including community based services associated with waiver services. Stakeholders' input has been robust, with a clear message that prioritizes Options Counseling to help people understand and consider how they want to receive services.

(5) Several ADRCs are also sponsors for the Washington State Office of the Insurance Commissioner's (OIC's) Statewide Health Insurance Benefits Advisors (SHIBA or State SHIP) program. SHIBA has expertise in private health insurance coverage options and we anticipate expanding expertise to Medicaid managed care organizations. SHIBA staff and volunteers will participate in the statewide Options Counseling training process; and ADSA and SHIBA will continue to work cooperatively in cross-referring for person-centered added value in Options Counseling and Assistance services.