

**Aging and  
Long-Term  
Support  
Administration**

Bill Moss, *Assistant Secretary*

2013-2015

# Strategic Plan



**VISION**

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

**MISSION**

To transform lives by promoting choice, independence and safety through innovative services

**VALUES**

Collaboration  
Respect  
Accountability  
Compassion

## Introduction

The Department of Social and Health Services Aging and Long-Term Support Administration (AL TSA) offers services that empower senior citizens and people with disabilities to remain independent and be supported in the setting of their choice. This is accomplished through person-centered case management that works with the individual to build a care plan that reflects the individual's choices and preferences.

AL TSA offers a variety of services that support people in the community that include:

- 1) support for family and kinship caregivers,
- 2) personal care and supportive services in the individual's home, adult family home and assisted living settings,
- 3) available nursing services in all settings,
- 4) assistance with movement from nursing homes to independent living,
- 5) information and assistance regarding home, adult family homes, assisted living and nursing home services, and options counseling,
- 6) a variety of locally-designed programs that are focused on the needs of senior citizens, and
- 7) care coordination for foster children to support improved outcomes for the child and their families.

AL TSA is also responsible for protecting the safety, rights, security, and well-being of people in licensed or certified care settings and for the protection of vulnerable adults from abuse, neglect, abandonment, and exploitation. AL TSA conducted more than 16,000 abuse investigations last year. In addition to investigating abuse, AL TSA offers protective services when the situation requires action in order to ensure that vulnerable adults are safe.

### **AL TSA Core Principles:**

AL TSA's strategies are driven by several bedrock principles.

#### **We believe the people we support:**

- Have the central role in making decisions about their daily lives.
- Will choose supports that promote health, independence, community integration, and self-determination.
- Succeed best when support is person-centered and recognizes that their needs are interrelated.

#### **We believe families and friends of the people we support:**

- Are an essential reason many people can live successfully in their own homes and communities.
- Can realize a positive difference in their lives and the lives of their loved one with even a small investment in support.
- Act as advocates for quality support and services in the best interest of their family member or friend.

#### **We believe the system of services AL TSA sponsors must:**

- Be accountable for outcomes and costs.
- Be informed by evidence of effectiveness.
- Be responsive to changing needs.
- Be sustainable over time within realistic resource estimates.
- Collaborate and listen to service recipients, families, communities, local service providers, partners, and other stakeholders.
- Keep people free from abuse and neglect, and support shared responsibility with individuals, families, providers, advocates and communities to prevent or respond to abuse and abusers.

## **DSHS Goals**

### **Goal 1**

**HEALTH** – Each individual and each community will be healthy.

### **Goal 2**

**SAFETY** – Each individual and each community will be safe.

### **Goal 3**

**PROTECTION** – Each individual who is vulnerable will be protected.

### **Goal 4**

**QUALITY OF LIFE** – Each individual in need will be supported to attain the highest possible quality of life.

### **Goal 5**

**PUBLIC TRUST** – Strong management practices will ensure quality and efficiency.

### Governor Jay Inslee's Results Washington Goals

AL TSA is a partner in Governor Jay Inslee's **Results Washington**, a focused effort to create effective, efficient, accountable government.

**Results Washington** Goal Area number 4 is Healthy and Safe Communities. Under this goal area AL TSA has lead responsibility for two success metrics and shares lead responsibility with the Developmental Disabilities Administration for a third success metric (3.3) under the **Supported People** success indicator. The AL TSA **Results Washington** success metrics are:

- Increase the percent of supported seniors and individuals with a disability served in home and community-based settings from 86.6 percent to 87.2 percent by 6/30/2015.\*
- Increase the percent of aging and long-term care clients served in home and community-based settings from 82.9 percent to 83.7 percent by 6/30/2015.
- Decrease the number of vulnerable adult abuse and neglect investigations open longer than 90 days from 21.77 percent to 12.05 percent by 6/30/2015.

\* (Note: This success metric is shared with the Developmental Disabilities Administration.)

### Department of Social and Health Services (DSHS) Goals

As a member of the DSHS team, AL TSA also has lead responsibility for performance metrics that fit within DSHS' departmental goals. DSHS has the following five broad goals:

- **Health** – Each individual and each community will be healthy.
- **Safety** – Each individual and each community will be safe.
- **Protection** – Each individual who is vulnerable will be protected.
- **Quality of Life** – Each individual in need will be supported to obtain the highest possible quality of life.
- **Public Trust** – Strong management practices will be used to ensure quality and efficiency.

**AL TSA has the following success metrics in support of the DSHS Goals listed below:**

#### Health:

- Increase the number of individuals with high medical risks receiving health home services.
- Increase the number of individuals receiving coordinated services through Medicare and Medicaid.
- Provide timely and effective care coordination services to allow optimal health and well-being of children in foster care.

#### Safety:

- Timely licensing re-inspections of adult family homes, assisted living and nursing homes.
- Timely quality assurance for intermediate care facilities and supported living.

## Protection:

- Timely response to abuse and neglect allegations for vulnerable adults living at home.
- Decrease the number of open cases per investigative staff (caseload).
- Decrease percentage of abuse investigations open longer than 90 days.
- Improve our response time to abuse and neglect allegations in long-term care facilities.

## Quality of Life:

- Increase the percentage of long-term services and support clients receiving services in home and community-based settings.
- Increase the number of AL TSA clients who actively relocate from nursing facilities to home and community-based settings.
- Increase the percentage of AL TSA clients that are supported through the family caregiver and support program for 90 days or longer.
- Increase the number of applications approved within required time frames. Improve the determination of functional eligibility and access to services.
- Increase the number of applications approved within required time frames. Improve the determination of financial eligibility.

## Strategic Plan

Below are the details of our Strategic Plan to meet our Strategic Objectives. Each Strategic Objective is discussed under its larger DSHS goal area. Each Strategic Objective includes a statement of its importance, a quantified success measure, a timeline and most importantly, an Action Plan.

AL TSA Strategic Objectives are monitored and reported quarterly at <http://ppa.dshs.wa.lcl/CoreMetrics/Pages/ExcelNEW.aspx>. Each AL TSA Action Plan is also updated quarterly.

## Strategic Objectives, Importance, Success Measures and Action Plans

### DSHS Goal 1: Health - Each individual and each community will be healthy.

**Strategic Objective 1:** Improve health outcomes for individuals with high medical risk factors.

**Importance:** Individuals with high medical risk factors continue to experience poor health outcomes, in many cases because of low engagement in managing their health needs, resulting in poor outcomes for the individual and higher costs for the state. Assisting individuals to self-manage their chronic conditions through the provision of health homes can empower and assist individuals in taking charge of their health care.

**Success Measure:** Increase the number of individuals with high medical risks receiving DSHS chronic care management to 18,000 by the end of 2015.

**Action Plan:** Chronic Care Management is transitioning to health homes. This measure will be replaced as soon as health home data is available. This measure is a shared measure with the Health Care Authority and other DSHS Administrations. Health Home Services include the coordination of primary care, acute care, behavioral health, and long-term services and supports.

**Strategic Objective 2:** Improve health outcomes, coordination of care and the individuals experience in receiving care through the implementation of HealthPath Washington Strategy 2.

**Importance:** Washington is partnering with the Centers for Medicare and Medicaid Services to improve care to individuals receiving services through both Medicare and Medicaid. This is a joint project between DSHS and the Health Care Authority. Strategy 2 will test a financial model that integrates and purchases medical, behavioral health and long term services and supports through a single health plan. The state is working with King and Snohomish Counties to design, implement and monitor this effort. Individuals will be able to choose between health plans and there will be an evaluation of health and cost outcomes.

**Success Measure:** Increase the number of individuals receiving coordinated services through Medicare and Medicaid to 12,000 by the end of 2015.

**Action Plan:** Continue implementation planning with the Health Care Authority, local county governments and stakeholder advisory team. Work with the Centers for Medicare and Medicaid services to gain final approval of implementation. Actively monitor implementation, problem solve identified issues and measure outcomes.

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**Strategic Objective 3:** Improve health outcomes for children in foster care through delivery of care coordination services.

**Importance:** The Fostering Well Being Care Coordination Unit (FWBCCU) supports the health and well being of children in foster care by providing an overview of the health care needs of the child, supporting access to health care providers, navigating systems of care as needed, and providing medical, nursing and benefit expertise to social workers and families.

**Success Measure:** Provide timely and effective care coordination services to allow optimal health and well-being of children in our care and custody.

**Action Plan:** Efforts will continue to maintain staffing levels necessary to sustain this measure. An evaluation of the impact on health care utilization and costs of children referred to the FWBCCU is underway and will be used to inform interventions and practices provided by the unit.

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

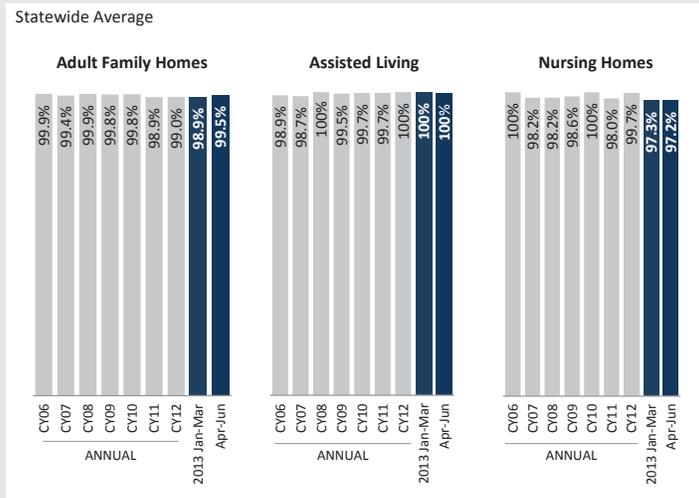
**Strategic Objective 1:** Affirm that adult family homes, assisted living and nursing homes are providing quality care and that residents are safe through timely licensing re-inspections.

**Importance:** This measure will ensure that licensing re-inspections are completed timely and provider practice is consistent with quality care and protecting adults who are vulnerable adults from abuse. Licensing re-inspections are a valuable tool in ensuring the quality of care in the facilities mentioned above.

**Success Measure:** Maintain the percentage of timely re-inspection at 99 percent.

**Action Plan:** Efforts will continue to maintain staffing levels necessary to sustain this measure. An additional performance measure is under development that will measure the average inspection interval statewide for each setting. This will further our efforts to conduct unscheduled re-inspection visits.

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



**Strategic Objective 2:** Affirm that intermediate care facilities and supported living are providing quality care and that residents are safe through timely quality assurance activities.

**Importance:** This measure ensures that quality assurance activities are completed timely; these activities help ensure the quality of care in intermediate care facilities (ICF) and supported living settings and help ensure vulnerable adults are protected from abuse and neglect.

**Success Measure:** Maintain timely quality assurance activities at 100 percent.

**Action Plan:** As of July 1, 2013, we are inspecting ICFs more frequently; reviews take place on a 12-month average, and no more than 15 months. Use Lean management principles and staff performance evaluations to improve quality and efficiency to ensure maximum coverage with the staff available. Continue to work on obtaining adequate staffing to complete the work required.

**DSHS Goal 3: Protection - Each individual who is vulnerable will be protected.**

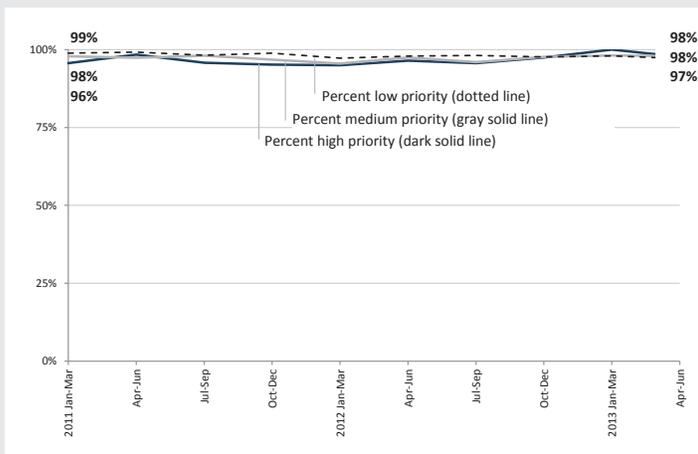
**Strategic Objective 1:** Protect vulnerable individuals living in their homes from abuse and neglect through timely responses to allegations of abuse and neglect.

**Importance:** Adult Protective Services has two primary duties, ensure that vulnerable adults are protected and investigate allegations to determine if abuse occurred. Timely response is essential if services are needed to protect the vulnerable adult, to preserve evidence when necessary and to protect vulnerable adults from perpetrators with final findings.

**Success Measure:** Maintain timely response to high priority investigations at 99 percent, increase percentage for medium priority investigations to 98 percent and increase percentage for low priority investigations to 97 percent by the end of 2014.

**Action Plan:** Recent steps to assist in meeting this measure: 1) Fifteen temporary staff were hired to reduce the number of active investigations managed by each investigator and to improve response times for the first face-to-face visit. 2) A request for additional investigative staff was included in the Governor’s budget for the 2013-15 biennium to ensure the staffing necessary to respond to new reports and complete investigations in a timely manner. This request was not included in the 2013-15 Biennial budget. AL TSA is preparing a new request, with additional data to support this request for the supplemental budget process for fiscal year 2014. AL TSA is also evaluating processes for opportunities to streamline using Lean processes.

**Timely initial response based on APS case priority**



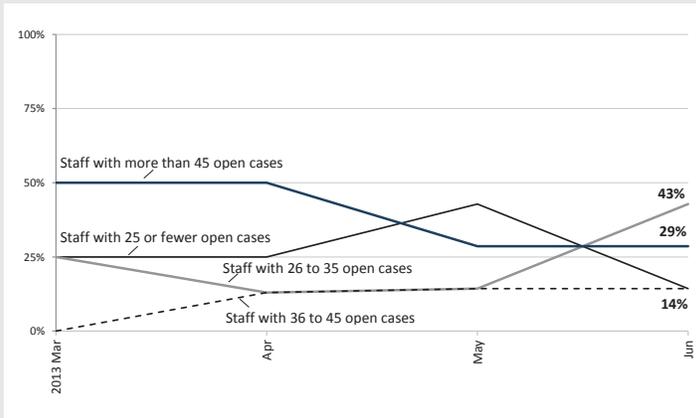
**Strategic Objective 2:** Obtain adequate Adult Protective Services staff in order to ensure the quality of investigations and timely provision of protective services.

**Importance:** Current caseloads are too high, they are creating backlogs in the number of cases open, as well as making it difficult for staff to meet response times, especially for medium and lower priority cases. The current caseload ratio is approximately 27:1; the appropriate caseload ratio is 22:1.

**Success Measure:** Reduce abuse and neglect caseloads from 27:1 to 22:1 by the end of 2014.

**Action Plan:** Monitor open cases on a monthly basis. Expedite the hiring process of additional staff from the staffing model. A request for additional investigative staff was included in the Governor’s budget for the 2013-15 biennium to ensure the staffing necessary to respond to new reports and complete investigations in a timely manner. This request was not included in the 2013-15 Biennial budget. AL TSA is preparing a new request, with additional data to support this request for the supplemental budget process for fiscal year 2014. Use Lean management principles and staff performance evaluations to improve quality and efficiency.

**Caseloads of Staff (investigating perpetrators of abuse and neglect in licensed or certified facilities)**



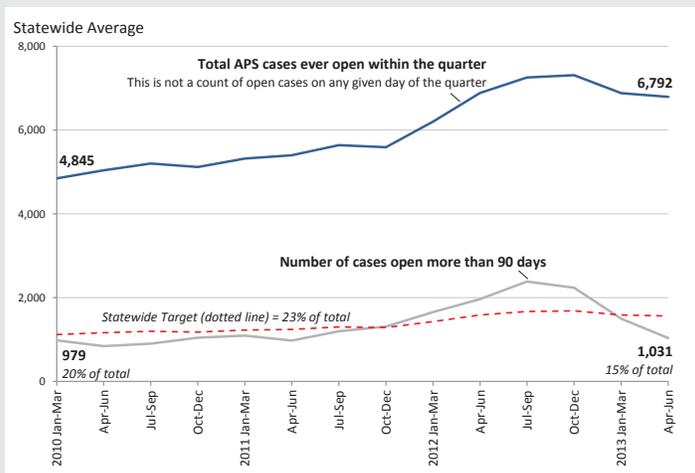
**Strategic Objective 3:** Ensure investigations are thorough, documented properly and completed timely in order to maintain an efficient work flow and eliminate re-work caused by investigations which remain open much longer than necessary.

**Importance:** The lack of adequate staffing has produced a backlog in the number of cases remaining open longer than 90 days, this causes re-work for staff and a delayed result regarding whether there is a finding against the alleged perpetrator. These delays expand the time it takes to place a perpetrator on the abuse registry. Reducing this backlog will ensure a faster result regarding findings of abuse and improve workflow and efficiency.

**Success Measure:** Decrease the number of vulnerable adult abuse and neglect investigations open longer than 90 days from 21.77 percent to 12.05 percent by 6/30/2015.

**Action Plan:** Monitor investigations open beyond 90 days and track data for use in staffing request and streamlining opportunities. Expedite the hiring process of the staff from the staffing model. A request for additional investigative staff was included in the Governor’s budget for the 2013-15 biennium to ensure the staffing necessary to respond to new reports and complete investigations in a timely manner. This request was not included in the 2013-15 biennial budget. ALTSA is preparing a new request, with additional data to support this request for the supplemental budget process for fiscal year 2014. Use Lean management principles and staff performance evaluations to improve quality and efficiency.

**Percent of Adult Protective Services investigations open longer than 90 days**



**DSHS Goal 4: Quality of Life - Each individual in need will be supported to attain the highest possible quality of life.**

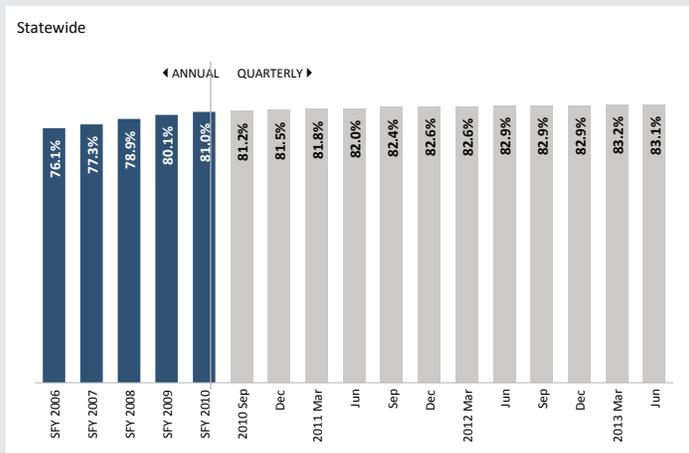
**Strategic Objective 1:** Ensure that seniors and individuals with a disability who are in need of long-term services and supports are supported in their community.

**Importance:** The hallmark of Washington’s long-term services and supports system is that, whenever possible, individuals are given the opportunity to live and receive services in their own home or a community setting. Developing home and community-based services (HCBS) has meant that Washingtonians have a choice regarding where they receive care, and has produced a more cost effective method of delivering services. The development of HCBS resources continues to evolve as individual’s support needs change.

**Success Measure:** Increase the percentage of supported seniors and individuals with a disability served in home and community-based settings from 86.6 percent to 87.2 percent by 6/30/2015. Increase percentage of aging long-term services and supports clients served in home and community-based settings from 82.9 percent to 83.7 percent by 6/30/2015.

**Action Plan:** Continue to work with individuals in person-centered service planning to develop service plans that reflect individual needs and preferences. Continue the development of HCBS resources to ensure that individual needs can be met in the least restrictive setting. Develop additional resources to support families and informal caregivers.

**Percent of long-term care clients served in home and community-based settings**



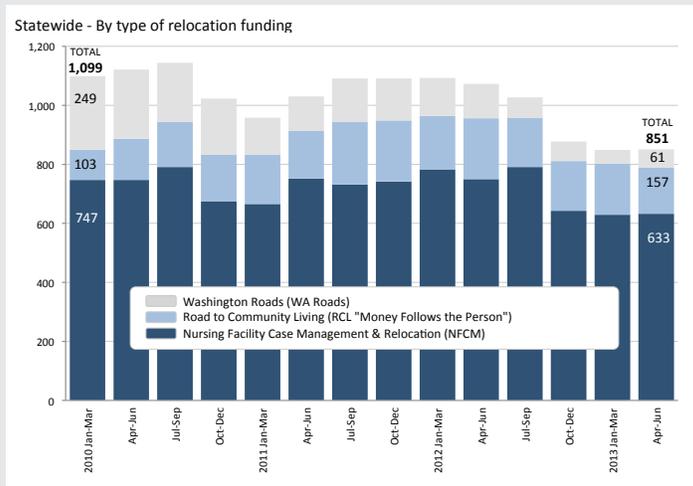
**Strategic Objective 2:** Increase the number of individuals that ALISA is able to assist to relocate to their homes or the community from nursing facilities.

**Importance:** The majority of individuals who require support choose to receive that support in their home or a community based setting. Facilitating that choice has allowed the State of Washington to develop a system that is cost effective and offers individuals a choice regarding how and where they will be supported. We believe there is still some room to grow the percentage of individuals being supported in the community. By doing so, we facilitate choice, increase quality of life and contribute to the financial health of Washington.

**Success Measure:** Increase the average number of individuals relocated from nursing facilities quarterly to 950 by the end of 2015.

**Action Plan:** Work with individuals to develop service plans that address barriers to living in the community, and provide necessary supports to individuals and their providers to increase the likelihood of successful community living. Build on the resource development in the community through the Money Follows the Person federal funding and continue to look for new and innovative ways to provide support to individuals in their homes and the community.

**AL TSA clients who actively relocated from Nursing Facilities to Home and Community-Based settings**



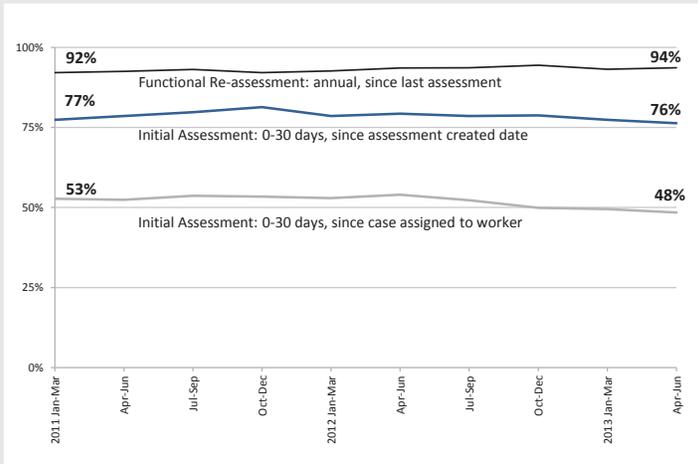
**Strategic Objective 3:** Ensure that individuals who apply for services receive them as soon as possible so that they are supported in the setting of their choice.

**Importance:** This objective has two success measures as both are related. In order to receive support an individual must be both functionally eligible (meaning they require assistance with activities of daily living) and they must be financially eligible (meaning their assets and income must be within limits). When this has been established, support services may be provided. It is very important to provide support service in a timely manner to avoid problems that may occur absent the support services, such as loss of mobility, poor nourishment, medication errors and other problems that can produce poor health outcomes for individuals needing support services.

**Success Measure:** Increase the percentage of timely approvals for applications from 79 percent to 90 percent by the end of 2014.

**Action Plan:** AL TSA has prioritized recruitment efforts and will continue to develop strategies to recruit and retain quality staff. Continue to audit a statistically significant sample of client files to measure compliance. Continue to require supervisors to audit files and monitor compliance with policy and timelines. Provide training and emphasize the Federal requirement for financial eligibility of processing cases within the 45-day timeframe. Use Lean management principles and staff performance evaluations to improve quality and efficiency.

**Timely determination of functional eligibility and access to services**



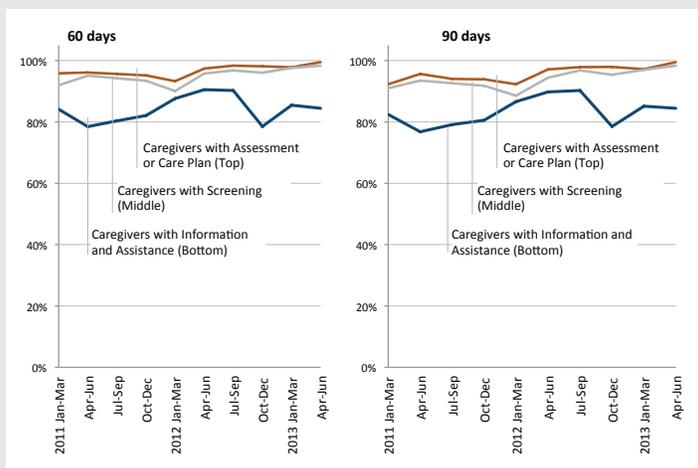
**Strategic Objective 4:** Support families and informal caregivers that provide unpaid support to those in need.

**Importance:** Families and other informal support providers are integral to Washington’s long-term services and supports system. Supporting informal caregivers ensures that Washington remains one of the best in the nation and that access to long-term services and supports will continue without waitlists in the future.

**Success Measure:** Increase the percentage of care receivers supported as an alternative to Medicaid through information and assistance for 90 days or longer to 95 percent.

**Action Plan:** Continue to train and certify TCARE users. Work with partners and consultants to translate TCARE tools into three additional languages. Continue to trend outcomes of TCARE and Family Caregiver Support Program. Explore opportunities for Federal matching funds. Continue to develop additional services and supports at local community levels.

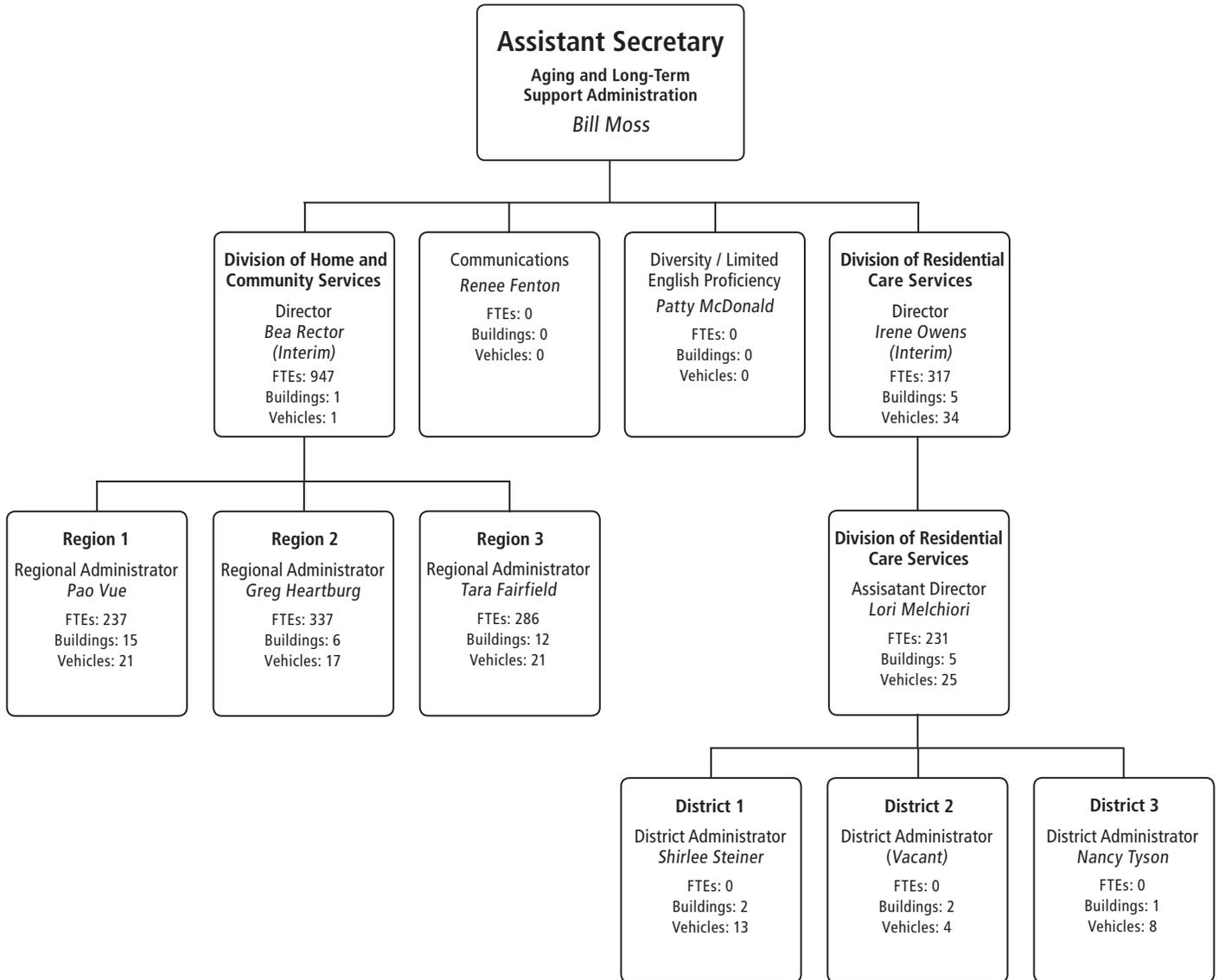
**Percent of caregivers whose care receiver remained without paid LTC Medicaid services (60 and 90 days)**



### Other important work in ALTSA

- Build a sustainable future through development and implementation of innovative services designed to leverage federal funding and assist individuals and their caregivers to manage their own care when possible.
- Working with our Aging and Disability Services (ADS) Partners and the Health Care Authority to implement the HealthPath Washington plan to improve services for individuals eligible for both Medicare and Medicaid.
- Work with our ADS partners and stakeholders to develop performance measures required under House Bill 1519.
- Increase availability and engagement in evidence-based chronic disease self-management training.
- Improve capacity to support individuals with dementia and traumatic brain injury in community-based settings.
- Support the work of the joint legislative/executive committee on planning for aging and disability issues.
- Modify the five-year plan for sustainability of the Aging and Disability Resource Centers (ADRCs) and continue to expand ADRCs to reach the statewide coverage goal for a diverse population.
- Continue to develop specialized information, supports, and support groups for people with traumatic brain injury.
- In partnership with the Division of Vocational Rehabilitation, create a work plan outlining key employment support strategies and milestones designed for people with physical disabilities.
- Develop Enhanced Services Facilities to provide community-based long-term care services and supports for people who are currently without a community-based option.
- Create a consumer-orientated ALTSA website that provides timely enforcement and regulatory information to the public.
- Implement recommendations of the Adult Family Home Quality Assurance Panel enacted by the Legislature in Substitute Senate Bill 5630.
- Continue to work with the training partnership, community trainers and providers to ensure the quality of curriculum and instruction of mandatory training for long term care workers.
- Continue to work with Department of Health, providers and advocates to increase the number of long term care workers who are able to complete training and certification requirements.
- Continue to work with Area Agencies on Aging to develop, implement and monitor high quality services under the federal Older Americans Act.
- Successfully implement Phase II of ProviderOne a new payment system that will be used to reimburse ALTSA's Medicaid providers, increase payment integrity efforts and achieve a single payment system across Medicaid.
- Work with Housing and Urban Development, Department of Commerce, local housing authorities and landlords to develop affordable and accessible housing options for individuals served by ALTSA.

# Department of Social and Health Services Aging and Long-Term Support Administration



Sept. 24, 2013