


Washington State Department of Social and Health Services

Transforming Lives

Washington State LTSS System, History and Vision

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Aging and Long Term Support Administration
Washington State Department of Social and Health Services
For Northwest Portland Area Indian Health Board

Quarterly Meeting
January 18, 2017



PO Box 45050, Olympia, WA 98504 | www.dshs.wa.gov

Washington State Department of Social and Health Services

DSHS Aging and Long-Term Support Administration (ALTSa)

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

Mission
To Transform Lives by promoting choice, independence and safety through innovative services

We Value
The Pursuit of Excellence, Collaboration, Honesty, Respect, Open Communication, Diversity, Accountability, and Compassion

- ALTSa Serves approximately 74,000 individuals per year

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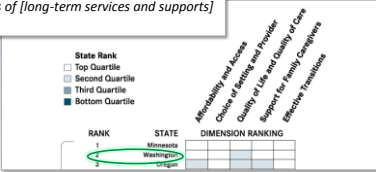
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Washington State: Rated second in the nation for long-term services and supports, especially in home and community

AARP Real Possibilities | The COMMONWEALTH FUND | SCAN FOUNDATION

"Minnesota, Washington, Oregon, Colorado, Alaska, Hawaii, Vermont, and Wisconsin, in this order, ranked the highest across all five dimensions of [long-term services and supports] system performance."

Yet ranked 34th in spending for LTSS



State Rank
☐ Top Quartile
☐ Second Quartile
☐ Third Quartile
☒ Bottom Quartile

RANK
1 Minnesota
2 Washington
3 Oregon

STATE
MINNESOTA
WASHINGTON
OREGON

DIMENSION RANKING
 Affordability and Access
 Choice of services and providers
 Quality of Life and Quality of Care
 Support for Family Caregivers
 Effective Transitions

Source: Raising Expectations, 2014: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers by AARP, the Commonwealth Fund, and the SCAN Foundation. See Long-Term-Care-Scorecard-2014-Overview

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Focus of Home and Community Services

- Financial eligibility for Medicaid LTSS programs, also determines state/federal programs such as cash and food benefits for LTSS recipients
- Initial assessment for LTSS functional eligibility, service planning and service authorization for new clients, including those choosing in-home services
- Case management for Medicaid clients in licensed residential care settings
- APS investigation of abuse, abandonment, neglect, and self-neglect of vulnerable adults in the community, and the provision of protective services
- Assist individuals to relocate from institutional to community based settings
- Develop housing, resources and system capacity to serve clients in community settings
- Develop local partnerships and work directly with local agencies to improve service delivery to clients, including 7.01 planning with tribes and tribal organizations

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Focus on Adult Protective Services

- **Investigates** and prioritizes allegations of abuse, abandonment, neglect, self-neglect or financial exploitation of vulnerable adults in their own homes.
- **Offers** protective services to alleged victims in situations where allegations were substantiated.
- **Educates**, networks and coordinates with other community entities to serve vulnerable adults

Authority: RCW 74.34

Focus of Area Agencies on Aging (AAA)

- Specialized Senior Information & Assistance/Community Living Connections
- Local contracting and quality assurance oversight of community service providers
- Case management and nursing services for in-home clients
- Family Caregiver Support and Kinship Caregiver Services
- Other community services (senior nutrition, transportation, legal services, etc.)
- Advocacy and work at local level to develop programs and coordinate services, including coordinating service delivery with tribes and tribal organizations within their service area through 7.01 planning

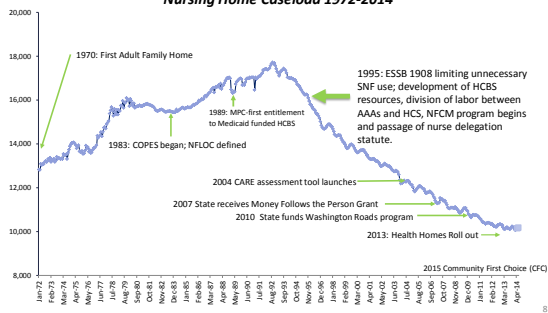
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Focus on Money Follows the Person Tribal Initiative

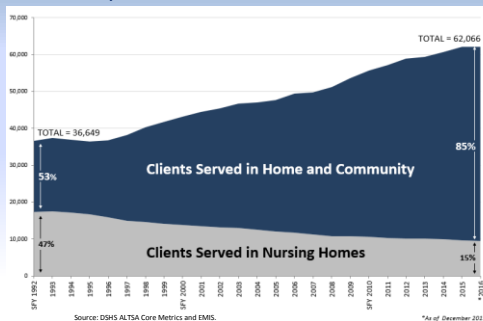
Create sustainable, culturally competent mechanisms to support American Indians/Alaska Natives (AI/ANs) currently residing in institutions and at risk of institutional placement to either return home or avoid placement through access to the most culturally relevant living environments, as identified by the individual.

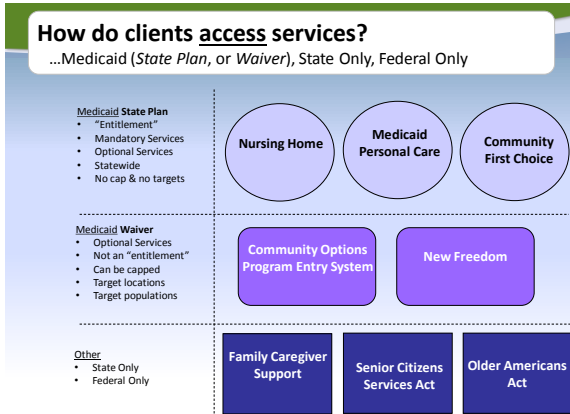
- Increased accessibility to Medicaid LTSS to eligible individual tribal members who need them;
- Identification of tribal infrastructure needs to enable T/TOs to provide services directly and/or contract to provide services;
- Development of accessible reimbursement mechanisms for service delivery;
- Identification of opportunities to obtain higher federal medical assistance percentages (FMAP) and/or encounter rates as defined in the federal register.

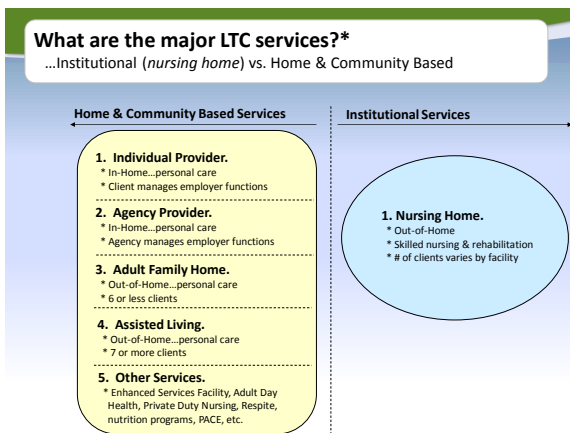
Rebalancing Washington State Nursing Home Caseload 1972-2014



Washington State has worked hard to “rebalance” and serve Medicaid clients where they want to be served

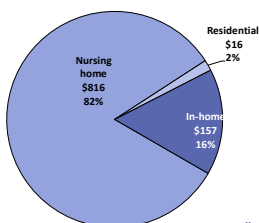




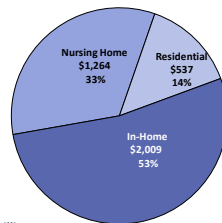


Rebalancing in Washington State: *Funding*

1991-1993 Biennium



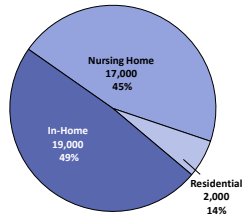
2015-2017 Biennium



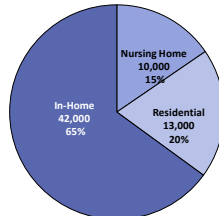
Dollars in Millions

Rebalancing in Washington State: *Caseload*

1991-1993 Biennium



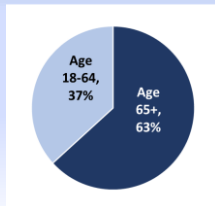
2015-2017 Biennium



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ALISA Client Demographics - 2015

Age: Most clients are "seniors", but over one third are working age



Source: CARE and MOS data, October 2015.

Age	Clients	%
18-64	23,800	37%
65-84	28,000	43%
85+	13,000	20%

Gender	Clients	%
Female	43,300	67%
Male	21,900	34%

Race	Clients	%
American Indian or Alaska Native	1,500	2%
Asian	7,300	11%
Black or African American	4,200	6%
Native Hawaiian or Pacific Islander	800	1%
White	46,300	71%
Unknown/Unreported	4,800	7%

Ethnicity*	Clients	%
Hispanic	3,500	7%
Non-Hispanic	48,000	90%
Unknown	1,900	4%

Totals of each subsection may not be equivalent due to rounding.
 *Ethnicity is shown only for home and community clients;
 327 nursing home clients indicated Hispanic for "race",
 nursing home race and ethnicity not identified separately.

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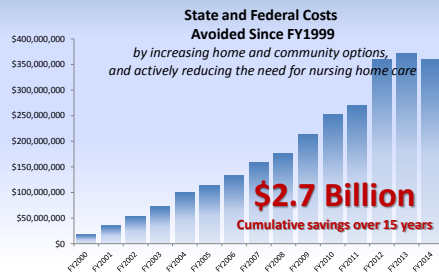
Community and Nursing Home Utilization By American Indians/Alaska Natives in Washington

Community Services		Nursing Home Utilization	
Community First Choice (CFC)	367	Gender: Female	104
CFC & COPEs	803	: Male	88
Medicaid Personal Care	16	Total :	192
New Freedom	7	Age : 20-30	6
PACE	6	: 31-40	7
Residential Support Waiver	5	: 41-50	9
Roads to Community Living	27	: 51-60	32
Total	1,231	: 61-70	42
		: 71-80	47
		: 81-90	35
		: 91-100	13
		: 100+	1

Customer satisfaction is high*with Medicaid home and community-based services in Washington State*

Source: DSHS ALISA Home & Community Services Quality Assurance Final Report for 2015 (client survey data)

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Expanding home and community-based services resulted in taxpayer savings

Source: David Mancuso, PhD, DSHS Research and Data Analysis, December 2014

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Other Keys to our success

- 1) Sustained effort
- 2) Maximize federal funding
- 3) Resource development
- 4) Innovative thinking about our clients/customers

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Targeting Services Can Address Diverse Needs and Keep Services Affordable for Taxpayers

"The Right Support at the Right Time"

- Long-term care is now six percent of Washington State's operating budget
- Long-term care spending increases an average of 12% every biennium
- The state's aging population will nearly double between 2015-2035

Continued success is contingent on continued innovation

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HCBS: Improving Outcomes *and* Controlling Costs

- Provide wellness education and training through existing 1915(c) waiver
- Offer skills acquisition training and assistive devices to clients through new state plan option (1915 (k) Community First Choice)
- Improve worker skills and interventions for clients who are high-risk
- Engage in Health Homes to improve outcomes for high risk individuals and share in Medicare savings
- Provide supports and services to unpaid caregivers to reduce stress and delay need for Medicaid



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Transforming Lives

AL TSA Residential Care Services



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Aging and Long-Term Support Administration Residential Care Services (RCS)

Mission: To protect the **rights, security, and well-being** of individuals living in licensed or certified residential settings.

- RCS is responsible for the licensing/certifying and oversight of:
 - Adult Family Homes
 - Assisted Living Facilities
 - Nursing Homes
 - Intermediate Care Facilities for Individuals with Intellectual Disabilities
 - Supported Living
 - Enhanced Services Facilities.



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The Continuum of Care

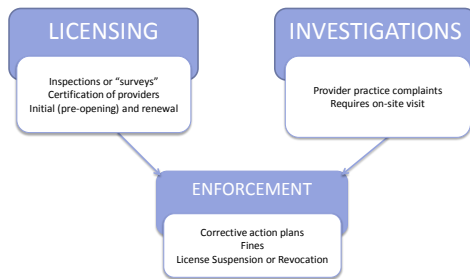
Leadership and partnership:
RCS and residential providers and caregivers are working to improve the quality of life and quality of care for our residents through respectful communications and professional relationships.

The development and delivery of strategic services and innovative funding:
New Home and Community-Based Service rules and requirements with a focus on person-centered planning and providing full access to the benefits of community living.

Making the connections and understanding the transformation of services
We are all working together to ensure quality options for our residents, their families and friends, and our communities.

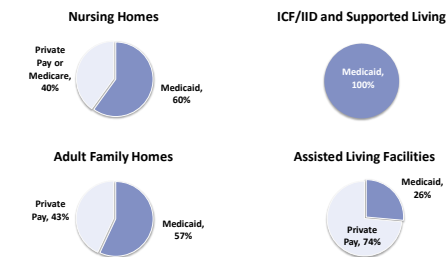
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Residential Care Services: Current Key Elements



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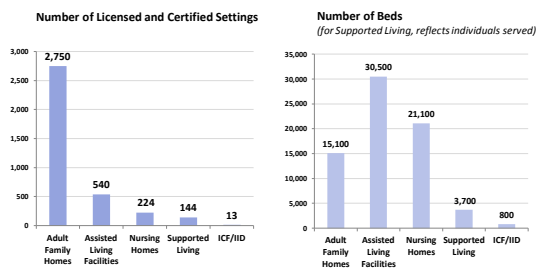
Who is the "market" for the settings we license?



Source: FY 2015, ALISA Office of Rates Management.

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How many settings do we license or certify?



Source: FY 2015 average, ALISA Office of Rates Management.

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Licensed and Certified Settings by Size and Type of Oversight

Setting	Size (number of residents)	Statutory Oversight	Frequency of Inspection/Certification
Skilled Nursing Facilities ("Nursing Homes")	90 average	Federal and state	Every 15 months (12 month average)
Assisted Living Facilities	60 average	State	Every 18 months (15 month average)
ICF/IID (Intermediate Care Facilities for Individuals with Intellectual Disabilities)	16 maximum	Federal and state	Every 15 months (12 month average)
Adult Family Homes	6 maximum	State	Every 18 months (15 month average)
Supported Living	2-3 typical	State	At least every 24 months

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Tribal Owned or Operated Facilities

Tulalip Tribes Boarding Home – Assisted Living Facility
Colville Tribal Convalescent Center – Nursing Home



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Everyone has a role in the safety of residents



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Investigations are targeted to two kinds of safety issues

Abuse and Neglect

Adult Protective Services

Example 1:

An elderly neighbor with dementia appears neglected, and you also worry his "friend" is defrauding him.

Example 2:

A woman living in facility is being mentally and physically abused by a specific staff member.

Provider Practice Complaints

Residential Care Services

Example 1:

A resident has an unexplained 40 lb. weight loss over the past 3 months. The facility is not doing anything about the weight loss.

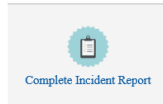
Example 2:

Residents are being put to bed at 6:30 pm each day, not by choice.

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Provider Online Complaint Reporting

Owners, caregivers, social workers, nurses, physicians and other employees of RCS-licensed and/or certified facilities or agencies are mandated reporters and must report if they have reasonable cause to believe **abandonment, abuse, financial exploitation, or neglect** has occurred to a vulnerable adult.



www.dshs.wa.gov/altsa/residential-care-services/residential-care-services-online-incident-reporting

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Report Concerns Involving Vulnerable Adults

All reports will be screened by Adult Protective Services and/or Residential Care Services. ***If the person is in immediate danger, call 911.*** You do not need proof to report suspected abuse and you do not need to give your name.

<https://www.dshs.wa.gov/altsa/home-and-community-services/report-concerns-involving-vulnerable-adults>



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Action Plan for RCS Continuous Quality Improvement

1. New performance metrics with improved data and reporting.
2. Continued Lean practices to promote process improvements.
3. Pilot mobile technology for field staff to speed up workflow and timeliness.
4. Focused recruitment and retention of qualified nurses and other staff.
5. Partner with providers to think creatively about quality and service delivery.

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