

Table of Contents ¹

¹ Table of contents introduced for ease of navigation on the web.

Section 1: Organization Chart

Section 2: Budget Recommendation Summary

Section 3: Maintenance Level

Recommendation Summary

Decision Packages

M1-0U	Forecast Cost/Utilization
M1-93	Mandatory Caseload Adjustments
M1-94	Mandatory Workload Adjustments
M2-3A	ProviderOne
M2-45	Implement Community First Choice
M2-50	State Hospital Discharge
M2-51	IT Security Requirements
M2-52	RCS Investigations & Licensing
M2-55	AAA Case Management
M2-58	Complaint Resolution Unit
M2-5B	Nursing Home Investigations
M2-5Z	Deaf-Blind Equipment Distribution
M2-7R	Technical Corrections
M2-7S	One-Time Relocation
M2-8L	Lease Rate Adjustments
M2-8M	Mileage Rate Adjustments
M2-8P	Postage Rate Adjustments
M2-9G	Workers Comp Base Correction
M2-9T	Transfers

Section 4: Policy Level

Recommendation Summary

Decision Packages

PL-I0	Increase AFH License Fee
PL-I1	Delay Nursing Home Rebase
PL-V0	Pre-Medicaid Services
PL-V1	Adult Protective Services
PL-V2	Assisted Living Rate Increase
PL-V3	Restore Agency Provider Rate Cut
PL-V4	Skilled Nursing Comparability
PL-V5	Long-Term Supports Insurance Study
PL-V6	AFH Technical Assistance

- PL-V7 HealthPath Washington Managed Care
- PL-V8 Delay Nursing Home Rebase
- PL-V9 Increase AFH License Fee

Section 5: Special Reports

- Activity Inventory Report
- Performance Measures
- Strategic Plan
- Indirect Cost Allocation
- B9 Revenue
- B9-1 Working Capital Reserve
- Federal Funding Estimate
- Proposed Fee Changes

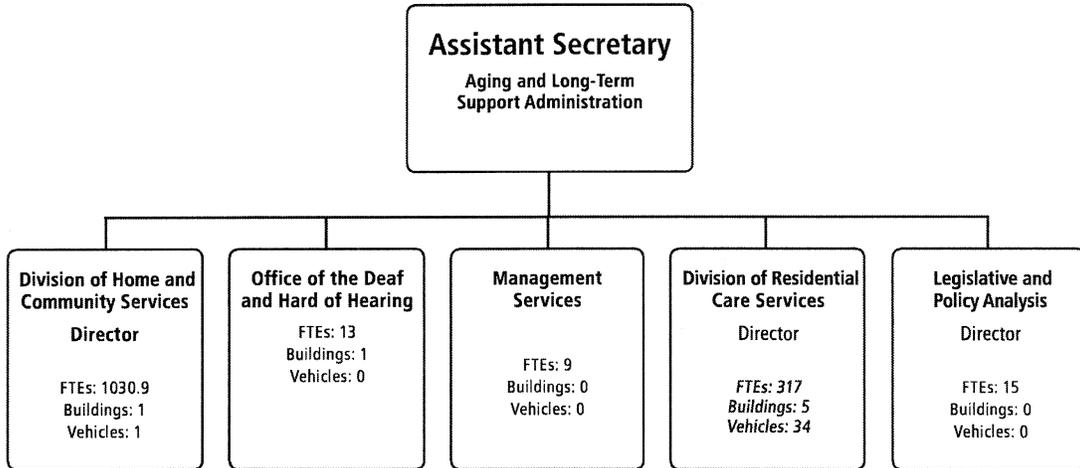
**Aging & Long-Term
Support**

Administration

Program 050

**050 – Section 1
Organization Chart**

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



Recommendation Summary

Version: E1 - 050 2015-17 Final 2-YR LEG Budget

Budget Period:2015-17
 Budget Level Criteria: ALL

Dollars in Thousands		Agency Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
CB - Current Biennium						
00	Current Biennium Base	0	1,478.0	1,774,182	2,045,945	3,820,127
SubTotal CB			1,478.0	1,774,182	2,045,945	3,820,127
Cumulative Total Thru CB			1,478.0	1,774,182	2,045,945	3,820,127
CL - Carry Forward Level						
02	Carry Forward Adjustments	0	7.8	84,668	61,248	145,916
SubTotal CL			7.8	84,668	61,248	145,916
Cumulative Total Thru CL			1,485.8	1,858,850	2,107,193	3,966,043
M1 - Mandatory Caseload and Enrollment Changes						
0U	Forecast Cost/Utilization	0	0.0	(13,617)	(16,592)	(30,209)
90	Maintenance Level Revenue	0	0.0	0	0	0
93	Mandatory Caseload Adjustments	0	0.0	44,531	45,351	89,882
94	Mandatory Workload Adjustments	0	65.3	7,334	5,603	12,937
SubTotal M1			65.3	38,248	34,362	72,610
Cumulative Total Thru M1			1,551.1	1,897,098	2,141,555	4,038,653
M2 - Inflation and Other Rate Changes						
3A	ProviderOne	0	20.5	2,235	2,235	4,470
45	Implement Community First Choice	0	15.1	(61,644)	179,357	117,713
50	State Hospital Discharge	0	4.0	6,109	5,871	11,980
51	IT Security Requirements	0	2.0	242	242	484
52	RCS Investigations & Licensing	0	0.0	1,062	1,060	2,122
55	AAA Case Management	0	0.0	14,120	14,118	28,238
58	Complaint Resolution Unit	0	7.7	739	739	1,478
5B	Nursing Home Investigations	0	15.4	0	14,192	14,192
5Z	Deaf-Blind Equipment Distribution	0	0.0	0	400	400
7R	Technical Corrections	0	1.0	0	0	0
7S	One-Time Relocation	0	0.0	207	190	397
8L	Lease Rate Adjustments	0	0.0	56	(127)	(71)
8M	Mileage Rate Adjustments	0	0.0	38	32	70
8P	Postage Rate Adjustments	0	0.0	22	12	34
9G	Workers Comp Base Correction	0	0.0	75	69	144
9T	Transfers	0	(2.0)	(72)	(552)	(624)
SubTotal M2			63.7	(36,811)	217,838	181,027
Cumulative Total Thru M2			1,614.8	1,860,287	2,359,393	4,219,680
PL - Performance Level						
I0	Increase AFH License Fee	0	0.0	(1,358)	4,625	3,267
I1	Delay Nursing Home Rebase	0	0.0	(58,778)	(58,825)	(117,603)
V0	Pre-Medicaid Services	0	3.0	19,174	0	19,174
V1	Adult Protective Services	0	9.0	1,552	274	1,826
V2	Assisted Living Rate Increase	0	0.0	8,207	8,210	16,417
V3	Restore Agency Provider Rate Cut	0	0.0	1,583	1,582	3,165
V4	Skilled Nursing Comparability	0	0.0	336	336	672
V5	Long-Term Supports Insurance Study	0	0.0	100	300	400
V6	AFH Technical Assistance	0	7.0	683	681	1,364
V7	HealthPath Washington Managed Care	0	10.1	190	1,122	1,312

Recommendation Summary

Budget Period:2015-17
 Budget Level Criteria: ALL

Version: E1 - 050 2015-17 Final 2-YR LEG Budget

Dollars in Thousands	Agency Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
PL - Performance Level					
V8	Delay Nursing Home Rebase	0	58,778	58,825	117,603
V9	Increase AFH License Fee	0	1,358	(4,625)	(3,267)
	SubTotal PL	29.1	31,825	12,505	44,330
	Cumulative Total Thru PL	1,643.9	1,892,112	2,371,898	4,264,010
Total Proposed Budget		1,643.9	1,892,112	2,371,898	4,264,010

Recommendation Summary

Budget Period:2015-17

Version: E1 - 050 2015-17 Final 2-YR LEG Budget

Budget Level Criteria: M1+M2

Dollars in Thousands		Agency Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
M1 - Mandatory Caseload and Enrollment Changes						
0U	Forecast Cost/Utilization	0	0.0	(13,617)	(16,592)	(30,209)
90	Maintenance Level Revenue	0	0.0	0	0	0
93	Mandatory Caseload Adjustments	0	0.0	44,531	45,351	89,882
94	Mandatory Workload Adjustments	0	65.3	7,334	5,603	12,937
SubTotal M1			65.3	38,248	34,362	72,610
M2 - Inflation and Other Rate Changes						
3A	ProviderOne	0	20.5	2,235	2,235	4,470
45	Implement Community First Choice	0	15.1	(61,644)	179,357	117,713
50	State Hospital Discharge	0	4.0	6,109	5,871	11,980
51	IT Security Requirements	0	2.0	242	242	484
52	RCS Investigations & Licensing	0	0.0	1,062	1,060	2,122
55	AAA Case Management	0	0.0	14,120	14,118	28,238
58	Complaint Resolution Unit	0	7.7	739	739	1,478
5B	Nursing Home Investigations	0	15.4	0	14,192	14,192
5Z	Deaf-Blind Equipment Distribution	0	0.0	0	400	400
7R	Technical Corrections	0	1.0	0	0	0
7S	One-Time Relocation	0	0.0	207	190	397
8L	Lease Rate Adjustments	0	0.0	56	(127)	(71)
8M	Mileage Rate Adjustments	0	0.0	38	32	70
8P	Postage Rate Adjustments	0	0.0	22	12	34
9G	Workers Comp Base Correction	0	0.0	75	69	144
9T	Transfers	0	(2.0)	(72)	(552)	(624)
SubTotal M2			63.7	(36,811)	217,838	181,027
Total Proposed M1+M2 Budget			129.0	1,437	252,200	253,637

Department of Social and Health Services

DP Code/Title: M1-0U Forecast Cost/Utilization
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

Aging and Long-Term Support Administration (AL TSA) requests (\$30,209,000) Total Funds, (\$13,617,000) GF-State to reflect utilization changes related to Long Term Services and Supports (LTSS) that were identified through the June 2014 caseload forecast process.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	(9,978,000)	(3,639,000)	(13,617,000)
001-C General Fund - Basic Account-Medicaid Federal	(11,260,000)	(5,332,000)	(16,592,000)
Total Cost	<u>(21,238,000)</u>	<u>(8,971,000)</u>	<u>(30,209,000)</u>

Staffing

Package Description:

The Department of Social and Health Services (DSHS) Aging and Long-Term Support Administration (AL TSA) requests (\$30,209,000) Total Funds, (\$13,617,000) GF-State to reflect changes in the utilization of LTSS that were identified in the June 2014 caseload forecasting process developed by AL TSA. Examples of these services and supports include but are not limited to nursing homes, Area Agency on Aging (AAA) services, nursing facility discharge payments, estate recoveries, and Home and Community Based Services (HCBS). The primary driver for this funding request decrease was due to per capita changes for nursing home and in-home services.

Agency Contact: Bryan Way (360) 902-7769
Program Contact: Eric Mandt (360) 725-2579

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

The agency expects to have sufficient funding to cover per capita cost adjustments related to the AL TSA caseload.

Performance Measure Detail

Agency Level

Activity: E049 Adult Day Health Community Services No measures linked to package	Incremental Changes <u>FY 1</u> <u>FY 2</u> 0.00 0.00
Activity: E050 Adult Family Home Community Services No measures linked to package	Incremental Changes <u>FY 1</u> <u>FY 2</u> 0.00 0.00
Activity: E053 In-Home Services No measures linked to package	Incremental Changes <u>FY 1</u> <u>FY 2</u> 0.00 0.00
Activity: E064 Nursing Home Services No measures linked to package	Incremental Changes <u>FY 1</u> <u>FY 2</u> 0.00 0.00
Activity: E077 Managed Care Services	Incremental Changes <u>FY 1</u> <u>FY 2</u>

Department of Social and Health Services

DP Code/Title: M1-0U Forecast Cost/Utilization
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

No measures linked to package 0.00 0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goal:

- 1: Health - Each individual and each community will be healthy
- 2: Safety - Each individual and each community will be safe
- 4: Quality of Life - Each individual in need will be supported to attain the highest possible quality of life

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

Goal 5: Effective, Efficient and Accountable Government - Fostering a Lean culture that drive accountability and results for the people of Washington. and

--Help the most vulnerable people become independent and self-sufficient.

What are the other important connections or impacts related to this proposal?

Funding this decision package will ensure that providers of services will see little change in their method of conducting business.

What alternatives were explored by the agency, and why was this alternative chosen?

This request cannot be absorbed within existing resources since funding levels are driven entirely by forecast changes.

What are the consequences of adopting or not adopting this package?

The consequence of adopting this package is that sufficient funding will be available to cover projected costs of LTSS services provided to vulnerable individuals.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: AL TSA Forecast Cost-Utilization.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward into future biennia.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
N Grants, Benefits & Client Services	(21,238,000)	(8,971,000)	(30,209,000)

State of Washington
Decision Package
 Department of Social and Health Services

DP Code/Title: M1-0U Forecast Cost/Utilization
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

DSHS Source Code Detail

Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources</u> <u>Title</u>			
0011 General Fund State	(9,978,000)	(3,639,000)	(13,617,000)
<i>Total for Fund 001-1</i>	<u>(9,978,000)</u>	<u>(3,639,000)</u>	<u>(13,617,000)</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources</u> <u>Title</u>			
19TA Title XIX Assistance (FMAP)	(11,260,000)	(5,332,000)	(16,592,000)
<i>Total for Fund 001-C</i>	<u>(11,260,000)</u>	<u>(5,332,000)</u>	<u>(16,592,000)</u>
Total Overall Funding	<u>(21,238,000)</u>	<u>(8,971,000)</u>	<u>(30,209,000)</u>

2015-17 Biennial Budget Forecast Cost / Utilization

		Due to Cost/Utilization Changes		
		<u>Total</u>	<u>State</u>	<u>Federal</u>
FY16 - June 2014 Update				
X01	Nursing Facilities	\$ (17,837,000)	\$ (9,906,000)	\$ (7,931,000)
X40	Adult Day Health	\$ 9,000	\$ 1,000	\$ 8,000
X43	NF Discharge	\$ (22,000)	\$ (22,000)	\$ -
X48	Private Duty Nurse	\$ (207,000)	\$ (107,000)	\$ (100,000)
X49	Recoveries	\$ -	\$ 4,000	\$ (4,000)
X61	In-Home	\$ (10,184,000)	\$ (3,208,000)	\$ (6,976,000)
J85	Caregiver Training	\$ 3,416,000	\$ 1,728,000	\$ 1,688,000
J86	Agency Health Insurance	\$ 25,000	\$ 25,000	\$ -
E8947	Background Check	\$ 240,000	\$ 120,000	\$ 120,000
X62	Adult Family Homes	\$ 3,154,000	\$ 1,385,000	\$ 1,769,000
X63	Adult Residential Centers	\$ (47,000)	\$ (87,000)	\$ 40,000
X64	Assisted Living	\$ 229,000	\$ (111,000)	\$ 340,000
X65	Managed Care	\$ 8,000	\$ 2,000	\$ 6,000
FY15 Subtotal		\$ (21,216,000)	\$ (10,176,000)	\$ (11,040,000)

FY17 - June 2014 Update

X01	Nursing Facilities	\$ (14,835,000)	\$ (8,383,000)	\$ (6,452,000)
X40	Adult Day Health	\$ 113,000	\$ 53,000	\$ 60,000
X43	NF Discharge	\$ (17,000)	\$ (17,000)	\$ -
X48	Private Duty Nurse	\$ (210,000)	\$ (108,000)	\$ (102,000)
X49	Recoveries	\$ -	\$ 4,000	\$ (4,000)
X61	In-Home	\$ (5,711,000)	\$ (798,000)	\$ (4,913,000)
J85	Caregiver Training	\$ 4,989,000	\$ 2,525,000	\$ 2,464,000
J86	Agency Health Insurance	\$ 25,000	\$ 25,000	\$ -
E8947	Background Check	\$ 240,000	\$ 120,000	\$ 120,000
X62	Adult Family Homes	\$ 5,877,000	\$ 2,772,000	\$ 3,105,000
X63	Adult Residential Centers	\$ 36,000	\$ (42,000)	\$ 78,000
X64	Assisted Living	\$ 366,000	\$ (41,000)	\$ 407,000
X65	Managed Care	\$ 142,000	\$ 70,000	\$ 72,000
FY15 Subtotal		\$ (8,985,000)	\$ (3,820,000)	\$ (5,165,000)

Additional Adjustments outside forecast

FY16 - June 2014 Update

J82	AAA Case Management and N	\$ (22,000)	\$ 198,000	\$ (220,000)
-----	---------------------------	-------------	------------	--------------

FY17 - June 2014 Update

J82	AAA Case Management and N	\$ 14,000	\$ 181,000	\$ (167,000)
-----	---------------------------	-----------	------------	--------------

Budget Steps:

TOTAL FY16		\$ (21,238,000)	\$ (9,978,000)	\$ (11,260,000)
TOTAL FY17		\$ (8,971,000)	\$ (3,639,000)	\$ (5,332,000)

Department of Social and Health Services

DP Code/Title: M1-93 Mandatory Caseload Adjustments
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Aging and Long-Term Support Administration (AL TSA) requests \$89,882,000 Total Funds, \$44,531,000 GF-State for changes in the number of clients receiving Long-Term Services and Supports (LTSS) that were identified through the June 2014 caseload forecasting process.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	12,147,000	32,384,000	44,531,000
001-C General Fund - Basic Account-Medicaid Federal	12,519,000	32,832,000	45,351,000
Total Cost	24,666,000	65,216,000	89,882,000

Staffing

Package Description:

The Department of Social and Health Services (DSHS) AL TSA requests \$89,882,000 Total Funds, \$44,531,000 GF-State for changes in the number of clients receiving various LTSS. These changes were identified through the June 2014 caseload forecast process that includes forecast components developed by the Caseload Forecast Council (CFC) and AL TSA. Examples of these services and supports include but are not limited to nursing homes, Area Agency on Aging (AAA) services, nursing facility discharge payments, estate recoveries, and Home and Community Based Services (HCBS). Caseload changes for in-home personal care are the primary driver for this funding increase request.

Agency Contact: Bryan Way (360) 902-7769
 Program Contact: Eric Mandt (360) 725-2579

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

The agency expects to have sufficient funding to cover caseload cost adjustments related to the AL TSA caseload.

Performance Measure Detail

Agency Level

Activity: E049 Adult Day Health Community Services No measures linked to package	Incremental Changes <u>FY 1</u> <u>FY 2</u> 0.00 0.00
Activity: E050 Adult Family Home Community Services No measures linked to package	Incremental Changes <u>FY 1</u> <u>FY 2</u> 0.00 0.00
Activity: E053 In-Home Services No measures linked to package	Incremental Changes <u>FY 1</u> <u>FY 2</u> 0.00 0.00
Activity: E055 Residential Community Services No measures linked to package	Incremental Changes <u>FY 1</u> <u>FY 2</u> 0.00 0.00
Activity: E064 Nursing Home Services	Incremental Changes <u>FY 1</u> <u>FY 2</u>

Department of Social and Health Services

DP Code/Title: M1-93 Mandatory Caseload Adjustments
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

No measures linked to package

0.00 0.00

Activity: E077 Managed Care Services

Incremental Changes

No measures linked to package

FY 1

FY 2

0.00

0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goal:

- 1: Health - Each individual and each community will be healthy
- 2: Safety - Each individual and each community will be safe
- 3: Protection - Each individual who is vulnerable will be protected
- 4: Quality of Life - Each individual in need will be supported to attain the highest possible quality of life

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This decision package supports the Results Washington goals to:

Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

Goal 5: Effective, Efficient and Accountable Government - Fostering a Lean culture that drive accountability and results for the people of Washington. and

--Help the most vulnerable people become independent and self-sufficient.

What are the other important connections or impacts related to this proposal?

Clients will continue to receive benefits and assistance.

What alternatives were explored by the agency, and why was this alternative chosen?

The request cannot be absorbed within existing resources because this request addresses the forecasted growth of Medicaid and state only clients receiving LTSS in AL TSA. Increased costs for these clients must be recognized. It is possible that reductions in non-mandatory activities may become necessary to cover the cost of growth within mandatory activities.

What are the consequences of adopting or not adopting this package?

The consequence of adopting this decision package is that sufficient funding will be available to provide LTSS services to vulnerable individuals.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: AL TSA Mandatory Caseload.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

State of Washington
Decision Package
Department of Social and Health Services

DP Code/Title: M1-93 Mandatory Caseload Adjustments
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

All costs are ongoing and will be carried forward into future biennia based on future caseload forecasts.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
N Grants, Benefits & Client Services	24,666,000	65,216,000	89,882,000

DSHS Source Code Detail

Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources</u> <u>Title</u>			
0011 General Fund State	12,147,000	32,384,000	44,531,000
<i>Total for Fund 001-1</i>	<u>12,147,000</u>	<u>32,384,000</u>	<u>44,531,000</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources</u> <u>Title</u>			
19TA Title XIX Assistance (FMAP)	12,519,000	32,832,000	45,351,000
<i>Total for Fund 001-C</i>	<u>12,519,000</u>	<u>32,832,000</u>	<u>45,351,000</u>
Total Overall Funding	<u>24,666,000</u>	<u>65,216,000</u>	<u>89,882,000</u>

2015-17 Biennial Budget Mandatory Caseload Adjustments

		Expenditures		
		Due to Caseload		
		<u>Total</u>	<u>State</u>	<u>Federal</u>
FY16 - June 2014 Update				
X01	Nursing Facilities	\$ 917,000	\$ 460,000	\$ 457,000
X40	Adult Day Health	\$ (488,000)	\$ (244,000)	\$ (244,000)
X43	NF Discharge	\$ 14,000	\$ 14,000	\$ -
X48	Private Duty Nurse	\$ (957,000)	\$ (480,000)	\$ (477,000)
X49	Recoveries	\$ -	\$ -	\$ -
X61	In-Home	\$ 22,816,000	\$ 11,274,000	\$ 11,542,000
J85	Caregiver Training	\$ -	\$ -	\$ -
J86	Agency Health Insurance	\$ -	\$ -	\$ -
E8947	Background Check	\$ -	\$ -	\$ -
X62	Adult Family Homes	\$ (737,000)	\$ (396,000)	\$ (341,000)
X63	Adult Residential Centers	\$ 1,117,000	\$ 607,000	\$ 510,000
X64	Assisted Living	\$ (1,649,000)	\$ (886,000)	\$ (763,000)
X65	Managed Care	\$ 1,169,000	\$ 589,000	\$ 580,000
FY15 Subtotal		\$ 22,202,000	\$ 10,938,000	\$ 11,264,000

FY17 - June 2014 Update

X01	Nursing Facilities	\$ 3,770,000	\$ 1,891,000	\$ 1,879,000
X40	Adult Day Health	\$ (488,000)	\$ (244,000)	\$ (244,000)
X43	NF Discharge	\$ 23,000	\$ 23,000	\$ -
X48	Private Duty Nurse	\$ (698,000)	\$ (350,000)	\$ (348,000)
X49	Recoveries	\$ -	\$ -	\$ -
X61	In-Home	\$ 53,737,000	\$ 26,553,000	\$ 27,184,000
J85	Caregiver Training	\$ -	\$ -	\$ -
J86	Agency Health Insurance	\$ -	\$ -	\$ -
E8947	Background Check	\$ -	\$ -	\$ -
X62	Adult Family Homes	\$ 1,981,000	\$ 1,064,000	\$ 917,000
X63	Adult Residential Centers	\$ 1,877,000	\$ 1,019,000	\$ 858,000
X64	Assisted Living	\$ (1,104,000)	\$ (593,000)	\$ (511,000)
X65	Managed Care	\$ 1,471,000	\$ 741,000	\$ 730,000
FY15 Subtotal		\$ 60,569,000	\$ 30,104,000	\$ 30,465,000

Additional Adjustments outside forecast

FY16 - June 2014 Update

J82	AAA Case Management and N	\$ 2,464,000	\$ 1,209,000	\$ 1,255,000
-----	---------------------------	--------------	--------------	--------------

FY17 - June 2014 Update

J82	AAA Case Management and N	\$ 4,647,000	\$ 2,280,000	\$ 2,367,000
-----	---------------------------	--------------	--------------	--------------

Budget Steps:

TOTAL FY16	\$ 24,666,000	\$ 12,147,000	\$ 12,519,000
TOTAL FY17	\$ 65,216,000	\$ 32,384,000	\$ 32,832,000

Department of Social and Health Services

DP Code/Title: M1-94 Mandatory Workload Adjustments
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Aging and Long-Term Support Administration (ALTSA) requests \$12,937,000 Total Funds, \$7,334,000 GF-State, and 65.3 FTEs for mandatory workload adjustments associated with June 2014 caseload forecasts.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	2,285,000	5,049,000	7,334,000
001-C General Fund - Basic Account-Medicaid Federal	1,744,000	3,859,000	5,603,000
Total Cost	4,029,000	8,908,000	12,937,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	39.9	90.7	65.3

Package Description:

ALTSA requests \$12,937,000 Total Funds, \$7,334,000 GF-State, and 65.3 FTEs for mandatory workload adjustments associated with caseload changes identified through the June 2014 caseload forecast process. Home and Community Services (HCS) and Residential Care Services (RCS) use the outcome of the caseload forecast in conjunction with a system of established workload standards to project future staffing needs. The workload standards take into account different staffing needs based on setting and position type. Financial, supervisory, clerical, and managerial staffing needs are also factored into the staffing request based upon established ratios of these positions to social service staff.

Agency Contact: Bryan Way (360) 902-7769
Program Contact: Eric Mandt (360) 725-2579

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Adjusting staffing levels based on a caseload forecast increases allows ALTSA to maintain current performance.

Performance Measure Detail

Agency Level

Activity: E051 Program Support for Long Term Care	Incremental Changes	
No measures linked to package	<u>FY 1</u>	<u>FY 2</u>
	0.00	0.00
Activity: E052 Eligibility/Case Management Services	Incremental Changes	
No measures linked to package	<u>FY 1</u>	<u>FY 2</u>
	0.00	0.00
Activity: E054 Investigations/Quality Assurance for Vulnerable Adults	Incremental Changes	
No measures linked to package	<u>FY 1</u>	<u>FY 2</u>
	0.00	0.00
Activity: E055 Residential Community Services	Incremental Changes	
No measures linked to package	<u>FY 1</u>	<u>FY 2</u>
	0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

Department of Social and Health Services

DP Code/Title: M1-94 Mandatory Workload Adjustments

Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

The budget request supports DSHS Goal:

- 1: Health - Each individual and each community will be healthy
- 2: Safety - Each individual and each community will be safe
- 3: Protection - Each individual who is vulnerable will be protected
- 4: Quality of Life - Each individual in need will be supported to attain the highest possible quality of life

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This decision package supports the Results Washington goals to:

Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

Goal 5: Effective, Efficient and Accountable Government - Fostering a Lean culture that drive accountability and results for the people of Washington. and

--Help the most vulnerable people become independent and self-sufficient.

What are the other important connections or impacts related to this proposal?

Not applicable

What alternatives were explored by the agency, and why was this alternative chosen?

Due to the specific nature of this request, no alternatives were explored by the agency.

What are the consequences of adopting or not adopting this package?

The consequence of adopting this package includes having enough staff to support the projected caseload.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: ALTSA Mandatory Workload.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

All costs are ongoing and will carry forward into future biennia.

Department of Social and Health Services

DP Code/Title: M1-94 Mandatory Workload Adjustments

Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	2,246,000	5,102,000	7,348,000
B Employee Benefits	797,000	1,813,000	2,610,000
E Goods\Other Services	536,000	1,220,000	1,756,000
G Travel	155,000	319,000	474,000
J Capital Outlays	235,000	318,000	553,000
T Intra-Agency Reimbursements	60,000	136,000	196,000
Total Objects	4,029,000	8,908,000	12,937,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources</u> <u>Title</u>			
0011 General Fund State	2,285,000	5,049,000	7,334,000
<i>Total for Fund 001-1</i>	2,285,000	5,049,000	7,334,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources</u> <u>Title</u>			
19UL Title XIX Admin (50%)	1,744,000	3,859,000	5,603,000
<i>Total for Fund 001-C</i>	1,744,000	3,859,000	5,603,000
Total Overall Funding	4,029,000	8,908,000	12,937,000

2015-17 Biennial Budget Mandatory Workload Adjustments

Revised with June 2014 CFC Forecast

Home and Community Services (HCS)

	FTE'S		TOTAL		GF-State		GF-Federal
FY16	38.4	\$	3,839,000	\$	2,188,000	\$	1,651,000
FY17	86.5	\$	8,436,000	\$	4,809,000	\$	3,627,000
15-17 Biennium	62.5	\$	12,275,000	\$	6,997,000	\$	5,278,000

Residential Care Services (RCS)

	FTE'S		TOTAL		GF-State		GF-Federal
FY16	1.5	\$	190,000	\$	97,000	\$	93,000
FY17	4.2	\$	472,000	\$	240,000	\$	232,000
15-17 Biennium	2.9	\$	662,000	\$	337,000	\$	325,000

TOTAL

	FTE'S		TOTAL		GF-State		GF-Federal
FY16	39.9	\$	4,029,000	\$	2,285,000	\$	1,744,000
FY17	90.7	\$	8,908,000	\$	5,049,000	\$	3,859,000
15-17 Biennium	65.3	\$	12,937,000	\$	7,334,000	\$	5,603,000

Department of Social and Health Services

DP Code/Title: M2-3A ProviderOne

Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Aging and Long-Term Support Administration (ALTSA) requests resources to ensure timely implementation of the ProviderOne Phase 2 project. This implementation will increase payment integrity and timeliness of payments affecting about 70,000 Medicaid providers that serve ALTSA and Developmental Disabilities Administration (DDA) clients. The new staff will assist providers with submitting their claims for payment, facilitating timely payments, and resolve the Information Technology (IT) system and accounting issues associated with an IT project of this magnitude. Providers play an integral role in our success and ability to serve our clients and it is important that providers receive timely and accurate payments.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	1,119,000	1,116,000	2,235,000
001-C General Fund - Basic Account-Medicaid Federal	1,119,000	1,116,000	2,235,000
Total Cost	2,238,000	2,232,000	4,470,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	20.5	20.5	20.5

Package Description:

Problem Statement:

Additional resources are needed to assist 70,000 providers transitioning to ProviderOne Phase 2 with claim submittal and ensure that the system is operational and making timely and accurate payments. Many providers, particularly Adult Family Homes, will not continue to be viable if payments are delayed. This could result in clients being transferred on short notice, most likely to more expensive nursing homes given the average high acuity of Adult Family Home clients.

A significant increase in provider calls is expected due to the large number of providers shifting to ProviderOne Phase 2. These providers are accustomed to using a phone-in and paper claiming system, and English is a second language for many. This provider population will need more intensive support than the Phase 1 medical providers. The Health Care Authority (HCA) requested funding for Phase 2 operations and maintenance in the 2014 session, but it was not funded. We propose that ALTSA be responsible for resolving customer issues for Adult Family Homes, Assisted Living Facilities, DDA Community Residential, skilled nursing services, Adult Day Health, and homecare agency and Individual Providers (IPs). Based on our experience with Phase 1, which only had 235 nursing home providers, many providers will need ongoing assistance with their claims and payments under the new payment system.

Due to the size and complexity of these new payment systems, additional ALTSA IT staff are needed to monitor system integrity reports; address Provider Compensation SubSystem (PCSS) vendor issues; resolve application interface problems that result in a provider not getting paid; process change requests for PCSS potentially involving more than 50 interfaces; resolve the Department of Social and Health Services (DSHS) Contracts Database changes that affect PCSS processes; address situations when the PCSS vendor does not meet their contractually required deliverables; provide quality control and vendor oversight to ensure deliverables address changes due to legislation, labor negotiations, and interface with providers; and support a large number of complex interfaces with state systems to ensure that the PCSS system functions properly.

There are new fiscal and contracting tasks as well, including oversight to ensure paid services do not exceed authorizations; design complex account coding logic; ensure all payments for services and benefits comply with state and federal regulations; capture payment, career hours and paid time off for over 35,000 Individual Providers (IP); track additional processing of employee/employer taxes, training and health costs for IPs; develop processes to pay the PCSS vendor rapidly upon receipt of

Department of Social and Health Services

DP Code/Title: M2-3A ProviderOne

Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

completed AFRS-ready files to make payroll and tax/benefits payments timely; and manually bill managed care organizations for IP paid personal care hours.

Proposed Solution:

ALTSA requests 14.0 FTE beginning September 1, 2014 for the direct provider assistance in order to be in place in time for the October 2014, 1099 provider (residential facilities, skilled nursing services, administrative disqualification hearings, and home care agencies) go-live date. It is most efficient to assign payment support staff exclusively to assist ALTSA and DDA clients and providers. DSHS will hire, train, and manage these staff in order to be more responsive to client and provider needs, and coordinate with the DSHS fiscal and IT staff that will also be coordinating the operations of the PCSS payroll system for the W-2 providers (IPs).

Beginning July 2015, 1.5 FTE are requested for IT operations and reporting. Knowledgeable oversight is necessary to protect state resources by ensuring that the vendor fulfills their responsibilities and managing the impacts of technical changes resulting from PCSS system changes or upgrades, DSHS system changes or upgrades, tracking down the sources of errors to make sure they are addressed so that IPs are paid accurately and on time, and supporting mobile implementation for providers to report hours with smartphones or other mobile devices. There is also a need to design and update batch reporting for the Internal Revenue Service (IRS) requirement to match IP tax identification numbers with names in IRS and Social Security databases, taking over for the decommissioned Social Services Payment System.

Fiscal operations and contracts request 5.0 FTE, three beginning January 1, 2015 to manage the initial design, complex rules development for coding, and data conversion, adding two more in Fiscal Year 2015 after the system is fully implemented to develop internal controls to ensure payment integrity for the 35,000 IPs, ensure payments are coded correctly to the multiple federal funding sources and spread correctly between DDA and ALTSA, correct errors, manually bill back the managed care organizations, check name and TIN matches for IRS requirements, and research problems.

CTS Consultation

Consults were completed with CTS for hosting services. The results of these consults were used in the requested amounts where needed.

Agency Contact: Bryan Way (360) 902-7769
Program Contact: Bill Moss (360) 725-2311

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

This implementation will increase payment integrity and timeliness of payments affecting about 70,000 Medicaid providers that serve ALTSA and Developmental Disabilities Administration (DDA) clients

Performance Measure Detail

Agency Level

Activity: E051 Program Support for Long Term Care

No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goal 5: Public Trust - Strong management practices will be used to ensure quality and efficiency. The decision package is essential to implementing the ALTSA Strategic Objective 5.1: Implement an electronic

Department of Social and Health Services

DP Code/Title: M2-3A ProviderOne

Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

payment system (known as ProviderOne Phase 2) that will significantly increase overall payment integrity for social services organizations and IPs that contract with DSHS to provide long-term services and supports to DSHS clients.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This decision package supports the Results Washington Goal 5: Effective, Efficient and Accountable Government - Fostering a Lean culture that drives accountability and results for the people of Washington.

What are the other important connections or impacts related to this proposal?

Implementing ProviderOne Phase 2 with full operational support is a priority for CMS and the various 1099 providers, and other representative groups, including the Washington State Residential Care Council. SEIU 775NW has made a new payment system a subject of collective bargaining for many years, and an independent arbitrator has ruled that the state must supply a new payment system with the features to be included in the new PCSS.

What alternatives were explored by the agency, and why was this alternative chosen?

The Department evaluated different alternatives for this decision package. One option includes creating a unit at the DSHS to assist nearly 70,000 providers with submitting their claims for payment and facilitating timely payment. The other alternative is for this unit to be placed at the HCA. Providers play an integral role in our success and ability to serve our clients and it is important that providers receive timely and accurate payments.

What are the consequences of adopting or not adopting this package?

The consequences of not adopting this decision package include increased ProviderOne Phase 2 implementation risk. This package creates valuable infrastructure to provide quality services and support to about 70,000 individual providers. Additional IT and accounting FTE are needed to ensure that the system is functioning properly and address any change requests or issues to ensure that our providers receive accurate and timely payment.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: AL TSA ProviderOne.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward into future biennia.

Department of Social and Health Services

DP Code/Title: M2-3A ProviderOne

Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	1,418,000	1,418,000	2,836,000
B Employee Benefits	485,000	485,000	970,000
E Goods\Other Services	285,000	285,000	570,000
G Travel	7,000	7,000	14,000
J Capital Outlays	6,000	0	6,000
P Debt Service	6,000	6,000	12,000
T Intra-Agency Reimbursements	31,000	31,000	62,000
Total Objects	2,238,000	2,232,000	4,470,000

DSHS Source Code Detail

Overall Funding		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u>	<u>Title</u>			
0011	General Fund State	1,119,000	1,116,000	2,235,000
<i>Total for Fund 001-1</i>		1,119,000	1,116,000	2,235,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources</u>	<u>Title</u>			
19UL	Title XIX Admin (50%)	1,119,000	1,116,000	2,235,000
<i>Total for Fund 001-C</i>		1,119,000	1,116,000	2,235,000
Total Overall Funding		2,238,000	2,232,000	4,470,000

2015-17 Biennial Budget

ProviderOne

DSHS Staffing and Fiscal Note Model

(last update April 2014)

Link other working spreadsheets to this page for additional information / costs.

Fiscal Year	FTE	Object A	Object B	Object C	Object E	Object ED	Object G	Object J	Object P	Object TZ	Total
FY16	20.5	1,418,000	485,000		156,000	129,000	7,000	6,000	6,000	31,000	2,238,000
FY17	20.5	1,418,000	485,000		156,000	129,000	7,000	0	6,000	31,000	2,232,000
Biennial Total	20.5	2,836,000	970,000	0	312,000	258,000	14,000	6,000	12,000	62,000	4,470,000

Source of Funds						
Fund	EA Type	Source	% of Total	Fiscal Year 1	Fiscal Year 2	
001	1	State	50.00%	1,119,000	1,116,000	
001	2	Federal	50.00%	1,119,000	1,116,000	
001	7	Local	0.00%	0	0	
Total each Fiscal Year				2,238,000	2,232,000	
Biennial Total					4,470,000	
Link to OFM Fund Reference Manual: http://www.ofm.wa.gov/fund/default.asp						
Federal Detail						
Fund	Federal Type	Source	% of Total	Fiscal Year 1	Fiscal Year 2	
001	0	SSBG	0.00%	0	0	
001	A	Fam	0.00%	0	0	
001	C	Med	50.00%	1,119,000	1,116,000	
001	D	TANF	0.00%	0	0	
001	2	Other	0.00%	0	0	

Federal Detail percentages are defaulting to the 2013-15 Compensation Impact Model (CIM) Percentages.

**2015-17 Biennial Budget
Department of Social and Health Services**

Information Technology Addendum

Recsum Code and Title **M2-3A ProviderOne**

Brief Description: The Aging and Long-Term Support Administration (AL TSA) requests resources to ensure timely implementation of the ProviderOne Phase 2 project. This implementation will increase payment integrity and timeliness of payments affecting about 70,000 Medicaid providers that serve AL TSA and Developmental Disabilities Administration (DDA) clients. The new staff will resolve the IT system issues associated with an IT project of this magnitude. Providers play an integral role in our success and ability to serve our clients and it is important that providers receive timely and accurate payments.

If this investment includes the use of servers, do you plan to use the state data center?

Yes No, waiver received No, waiver not received Does not apply

Security

Security: How does this investment affect the state's security posture? Have the proper security considerations been made? Does the investment itself actually improve infrastructure security? What, if any, security concerns are there?

This investment improves the state's security posture. It allows the AL TSA to hire staff to address ongoing operational IT oversight issues, including error codes generated by the system and its interfaces with other state systems. These resources ensure that error codes can be addressed rapidly and that the security of client information and state technology investments has not been compromised. The investment also transfers use of the pre-existing Provider One Help Desk Software solution.

Feasibility/Risk

Cultural readiness/organizational capacity: Does this investment require significant institutional change within the agency, and is the agency prepared for that change? Is there committed and proven leadership? Is there a record of successful projects? Does the agency foster a culture of creative problem solving?

The AL TSA Assistant Secretary is the chief sponsor of this project. AL TSA IT staff have been involved as active participants in the Provider One project for more than a decade. AL STA has a solid record of accomplishment of successful projects. This investment presents a creative governance approach to solve transition of the project from the developing agency (HCA) to the Operations agency (DSHS). AL TSA has a history of successful projects including TIVA, CARE, T-CARE, and other systems delivered on time, on budget and within scope.

Technical complexity: Can the investment realistically be completed within the proposed framework of time, budget and resources?

This investment can be realistically completed within the proposed framework of time, budget, and resources.

2015-17 Biennial Budget

Department of Social and Health Services

Urgency: Is the investment urgent or can wait until a future funding cycle? Must the investment be completed all at once, or can we break it into incremental pieces?

The investment is urgent and must be completed all at once. We need these IT resources to ensure that that the system can support its users, make timely payment, provide vendor oversight, technical changes, support mobile implementation, and match IP tax identification numbers with names in IRS and Social Security databases.

Impact of not doing: What are the potential impacts to the state, agency, or the public if this investment is not completed?

There are potential impacts to the state, agency, or public if this investment is not completed. The substantial investments of past legislative sessions would be lost or at risk. The state could have to return to a failing antiquated payment technology and we would be non-compliant with federal Medicaid payment standards.

Technology Strategy Alignment

Agile value: Is the investment broken into incremental steps that provide customer-facing value and allow periodic assessment of progress?

This investment is not broken into incremental steps but does provide significant customer-facing value. IT staff will be supporting mobile implementation for individual providers to report their hours using mobile devices, corrects system errors to ensure that providers are paid correctly and timely, and ensures that tax information is matches between databases.

Modernization of state government: Will the investment result in replacing legacy systems that are no longer solving business problems with modern, appropriate technology solutions?

This investment is for 1.5 IT FTE to support the new modernized MMIS system that solves business problems with modern, appropriate technology solutions.

Mobility: Does the investment help state employees conduct business “any time, anywhere”? Does it improve mobile access to services for customers?

This investment does not help state employees conduct business “anytime, anywhere” but does allow individual providers to report their hours “anytime, anywhere” using their smartphones and other mobile devices.

Transparency: Does it increase public visibility of services provided with public funds? Does this investment increase public access to searchable public data and information?

This investment increases public visibility of services provided with public funds. It ensures that providers are paid correctly and timely by resolving system errors and supports mobile implementation for providers to report their hours using their smartphones and other mobile devices.

Accountability: Are the investment’s goals well articulated? How will “success” be determined or measured?

Success will be measured by the timely resolutions of application error codes in the Provider Payment Sub System.

2015-17 Biennial Budget

Department of Social and Health Services

Financial

Financial risk of not doing: Are there potential financial consequences for not completing this investment, such as fines for noncompliance with legal requirements or a loss of federal funding?

There are potential financial consequences for not completing this investment, including previous investments made by the state on the new MMIS system will not be able to be supported and maintained.

Cost Reduction: Does this investment prevent or reduce expenses, such as the cost of maintaining labor-intensive systems that could be automated, repairs or maintenance to obsolete or outdated infrastructure, or specialty expertise required for legacy technologies?

This investment does not prevent or reduce expenses.

Revenue Generation: Does this investment generate new revenue, or capture additional revenue left “on the table” by current solutions?

This investment does not generate revenue or capture additional revenue left “on the table” by current solutions.

Business Case/Agency Mission Priority

Mission priority: Does this investment help the agency better deliver its mission?

The Aging and Long-Term Support Administration (AL TSA) requests resources to ensure timely implementation of the ProviderOne Phase 2 project. This implementation will increase payment integrity and timeliness of payments affecting about 70,000 Medicaid providers that serve AL TSA and Developmental Disabilities Administration (DDA) clients. The new staff will resolve the IT problems associated with a project of this magnitude. These staff will also help support mobile implementation for providers to report their hours with smartphones and other mobile devices. Providers play an integral role in our success and ability to serve our clients and it is important that providers receive timely and accurate payments.

Business case: Is there a clear problem with the status quo, and does this investment clearly solve that business problem?

There is a clear problem with the status quo and this investment clearly solves that business problem. Currently, no assistance is available for independent providers or when the new Provider One, Phase 2 system goes live. When the Provider Payment Subsystem for W2 providers goes live, AL TSA will not have technical staff available to troubleshoot interface, error code or vendor timeliness issues.

Department of Social and Health Services

**DP Code/Title: M2-45 Implement Community First Choice
 Program Level - 050 Aging and Long-Term Support Admin**

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Aging and Long-Term Support Administration (ALTSA) and the Developmental Disabilities Administration (DDA) request the implementation of the Community First Choice (CFC) Option, as directed by the 2014 Legislature. By using the CFC, ALTSA and DDA will improve their current community-based entitlement programs in support of their strategic objectives to serve a higher percentage of clients in home and community-based settings, and to improve client choice and quality of life. The CFC draws in approximately 56 percent in federal match, rather than the current 50 percent, so state expenditures will be lowered, although total expenditures will increase.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	(30,945,000)	(30,699,000)	(61,644,000)
001-C General Fund - Basic Account-Medicaid Federal	89,555,000	89,802,000	179,357,000
Total Cost	58,610,000	59,103,000	117,713,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	12.1	18.0	15.1

Package Description:

Problem Statement:

The federal Affordable Care Act established the CFC option as a way for states to expand their home and community-based services in long-term care. As an incentive for expansion, an additional six percentage points are offered in federal match. For Washington State, this would mean approximately 56 percent match rather than the current 50 percent, creating significant GF-State savings compared to the maintenance level.

The CFC entitlement program is similar to Washington State's current home and community-based entitlement (Medicaid Personal Care), but also requires some additional services beyond what our state currently provides, and also allows some optional services. The CFC option offers an opportunity to restructure our current entitlement to better meet the needs of our aging population, and by providing additional federal match it reduces the fiscal impact to the state while making overall services more responsive, person-centered, and driven by client choice.

The department had been investigating the possibility of changing its current community-based entitlement program for several years. After the much delayed release of the final CFC rules, and some clarifications about concerns, the 2014 Legislature required the Department to "refinance" its current personal care program under the CFC, and provided certain parameters (HB 2746).

The design of the CFC is subject to federal requirement to work with stakeholders. A stakeholder workgroup is currently meeting and will have recommendations by the fall. Therefore, the final design of the CFC is pending and will be under development over the next nine months, plus additional implementation time. The fact that the system design, which ultimately must be approved by the federal Centers for Medicare and Medicaid Services (CMS), is still not complete, is one of the risks that may affect being able to implement CFC on the projected schedule. Another is negotiating the interactions among various information technology systems, such as ProviderOne Phase 2, ACES, and the CARE assessment tool. Also, CFC has a Maintenance of Effort (MOE) requirement. If the department has to cut current services by more than five percent, then implementation would need to be delayed by a year to meet the MOE.

This decision package includes the best estimated impact of the CFC as of June 2016, prior to the recommendations of the workgroup. Due to the complexity of the process, the size of the dollars, and the need for transparency for this item with

Department of Social and Health Services

**DP Code/Title: M2-45 Implement Community First Choice
 Program Level - 050 Aging and Long-Term Support Admin**

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

stakeholders, this adjustment for the CFC is being requested as a decision package rather than as part of carry forward level or as part of a caseload or utilization adjustment.

Proposed Solution:

This decision package assumes funding changes similar to those estimated in the fiscal note to HB 2746, with some updates. It may change again after decisions of the workgroup. Assumptions include:

- 97 percent of the current personal care and certain waiver costs can receive the 56 percent federal match.
- The new benefits under CFCO will not exceed three percent more than current per capita costs for personal care and certain waiver services.
- Caseloads will grow only slightly more than they otherwise would have without the change - two percent more.
- No loss or gain in client participation toward the cost of services.
- Grandfathering approximately 700 long-term care clients on MPC who will not meet the new CFCO criteria with state only funds (this is updated from a previous estimate of 1,500; we now know that clients with a developmental disability will be eligible for CFC through a different avenue of eligibility).
- \$10 average cost per person/month for a new monthly waiver benefit so that certain CFC clients retain their Medicaid medical eligibility.
- Unknown costs to be determined: potential cost for changes to ProviderOne, ACES, and other systems.

Agency Contact: Bryan Way (360) 902-7769
 Program Contact: Bea Rector (360) 725-2272

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

The CFC option offers an opportunity to restructure the current entitlement programs to better meet the needs of the aging population and provide additional federal match to reduce the fiscal impact to the state while overall services become more responsive, person-centered, and driven by client choice.

Performance Measure Detail

Agency Level

Activity: E052 Eligibility/Case Management Services	Incremental Changes
No measures linked to package	<u>FY 1</u> <u>FY 2</u>
	0.00 0.00
Activity: E053 In-Home Services	Incremental Changes
No measures linked to package	<u>FY 1</u> <u>FY 2</u>
	0.00 0.00
Activity: E054 Investigations/Quality Assurance for Vulnerable Adults	Incremental Changes
No measures linked to package	<u>FY 1</u> <u>FY 2</u>
	0.00 0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goal 4: Quality of Life - Each individual in need will be supported to attain the highest possible quality of life and DSHS Goal 5: Public Trust - Strong management practices will be used to ensure quality and efficiency. This decision package is essential to implementing the AL TSA and DDA Strategic Objective 4.1: Improve the percentage of clients served in home and community based settings and Strategic Objective 4.7: Design and implement a Medicaid Community First Choice Option (CFCO-State Plan) program in a manner consistent with legislative direction.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

Department of Social and Health Services

DP Code/Title: M2-45 Implement Community First Choice
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

This decision package supports the Results Washington Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future. Help the most vulnerable people become independent and self-sufficient and:

--Increase the percent of long-term care clients served in home and community-based settings.

What are the other important connections or impacts related to this proposal?

Stakeholders, including the ARC of Washington, the Developmental Disabilities Council, the AARP, and SEIU 775NW, will support this proposal as they supported HB 2746 last session. They will want to be sure the legislation is successfully implemented and have a say in how the savings are invested.

What alternatives were explored by the agency, and why was this alternative chosen?

Due to the nature of this decision package, the agency explored no other alternatives. It is assumed that this decision package will result in significant savings of GF-State dollars.

What are the consequences of adopting or not adopting this package?

The consequences of adopting this package include the implementation of the CFC. AL TSA and DDA will improve their current community-based entitlement programs in support of their strategic objectives to serve a higher percentage of clients in home and community-based settings and improve client choice and quality of life.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: AL TSA Implement Community First Choice.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward into future biennia.

Department of Social and Health Services

**DP Code/Title: M2-45 Implement Community First Choice
 Program Level - 050 Aging and Long-Term Support Admin**

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	664,000	993,000	1,657,000
B Employee Benefits	235,000	351,000	586,000
E Goods\Other Services	167,000	248,000	415,000
G Travel	4,000	6,000	10,000
J Capital Outlays	73,000	35,000	108,000
N Grants, Benefits & Client Services	57,445,000	57,438,000	114,883,000
P Debt Service	4,000	5,000	9,000
T Intra-Agency Reimbursements	18,000	27,000	45,000
Total Objects	58,610,000	59,103,000	117,713,000

DSHS Source Code Detail

Overall Funding		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u>	<u>Title</u>			
0011	General Fund State	(30,945,000)	(30,699,000)	(61,644,000)
<i>Total for Fund 001-1</i>		(30,945,000)	(30,699,000)	(61,644,000)
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources</u>	<u>Title</u>			
19TA	Title XIX Assistance (FMAP)	88,972,000	88,969,000	177,941,000
19UL	Title XIX Admin (50%)	583,000	833,000	1,416,000
<i>Total for Fund 001-C</i>		89,555,000	89,802,000	179,357,000
Total Overall Funding		58,610,000	59,103,000	117,713,000

2015-17 Biennial Budget Implement Community First Choice

AL TSA

Roll-Up

Category	FY16			
	FTE	State	Federal	Total
Basic Plus	-	-	-	-
IFS	-	-	-	-
CFCO	17.1	(30,667,000)	89,833,000	59,166,000
Financial Eligibility	-	-	-	-
Total	17.1	(30,667,000)	89,833,000	59,166,000

check pt

Remove Already in CFL

Category	FY16			
	FTE	State	Federal	Total
Basic Plus	-	-	-	-
IFS	-	-	-	-
CFCO	5.0	278,000	278,000	556,000
Financial Eligibility	-	-	-	-
Total	5.0	278,000	278,000	556,000

Maintenance Level

Category	FY16			
	FTE	State	Federal	Total
Basic Plus	-	-	-	-
IFS	-	-	-	-
CFCO	12.1	(30,945,000)	89,555,000	58,610,000
Financial Eligibility	-	-	-	-
Total	12.1	(30,945,000)	89,555,000	58,610,000

Category	FY17			
	FTE	State	Federal	Total
Basic Plus	-	-	-	-
IFS	-	-	-	-
CFCO	23.0	(30,421,000)	90,080,000	59,659,000
Financial Eligibility	-	-	-	-
Total	23.0	(30,421,000)	90,080,000	59,659,000

Category	FY17			
	FTE	State	Federal	Total
Basic Plus	-	-	-	-
IFS	-	-	-	-
CFCO	5.0	278,000	278,000	556,000
Financial Eligibility	-	-	-	-
Total	5.0	278,000	278,000	556,000

Category	FY17			
	FTE	State	Federal	Total
Basic Plus	-	-	-	-
IFS	-	-	-	-
CFCO	18.0	(30,699,000)	89,802,000	59,103,000
Financial Eligibility	-	-	-	-
Total	18.0	(30,699,000)	89,802,000	59,103,000

Category	2015-17 Biennial Budget			
	FTE	State	Federal	Total
Basic Plus	-	-	-	-
IFS	-	-	-	-
CFCO	20.1	(61,088,000)	179,913,000	118,825,000
Financial Eligibility	-	-	-	-
Total	20.1	(61,088,000)	179,913,000	118,825,000

Category	2015-17 Biennial Budget			
	FTE	State	Federal	Total
Basic Plus	-	-	-	-
IFS	-	-	-	-
CFCO	5.0	556,000	556,000	1,112,000
Financial Eligibility	-	-	-	-
Total	5.0	556,000	556,000	1,112,000

Category	2015-17 Biennial Budget			
	FTE	State	Federal	Total
Basic Plus	-	-	-	-
IFS	-	-	-	-
CFCO	15.1	(61,644,000)	179,357,000	117,713,000
Financial Eligibility	-	-	-	-
Total	15.1	(61,644,000)	179,357,000	117,713,000

Department of Social and Health Services

DP Code/Title: M2-50 State Hospital Discharge
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Aging and Long Term Support Administration (AL TSA) requests funding for a long-term solution to serve people with both personal care and complicated cognitive or behavioral support needs who no longer respond to active treatment in a psychiatric setting. Funding would allow AL TSA to help 60 people move from institutional care at Western State Hospital (WSH) and divert more than 30 potential admissions per year.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	2,874,000	3,235,000	6,109,000
001-C General Fund - Basic Account-Medicaid Federal	2,762,000	3,109,000	5,871,000
Total Cost	5,636,000	6,344,000	11,980,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	4.0	4.0	4.0

Package Description:

Problem Statement:

More than 60 people with personal care and complicated cognitive or behavioral support needs currently reside at WSH. Due to their cognitive conditions, active inpatient psychiatric treatment will not meet their needs even though they have a mental health diagnosis. For example, this could include adults of various ages with dementia or traumatic brain injury, as well as bipolar disorder. The federal Centers for Medicaid and Medicare Services (CMS) does not allow federal match for people not receiving active treatment. Services could be provided in less restrictive community settings, improving liberty and quality of life. DSHS proposes to relocate these residents to better serve their needs and earn more federal match.

Further, there are on average three similar people per month statewide who, with proper supports, can be diverted from inpatient psychiatric care. However, there is currently no local, dedicated expert in long-term care and mental health to make referrals and arrange placements and a lack of appropriate community settings to serve them, so these individuals often end up being unnecessarily committed to the state hospitals. DSHS projects that 131 individuals (total relocations and diversions) will need a long-term care placement in the 2015-17 biennium, in order to provide a lasting alternative to caring for these individuals at the state hospitals. However, individual history and behaviors makes finding community options difficult. Enhanced levels of service beyond what AL TSA currently funds are necessary in most cases. AL TSA currently uses Expanded Community Services (ECS), which pays an enhanced rate and provides behavior support and training to residential providers. However, ECS does not provide the level of service needed by most of the 131 people on an ongoing basis, so other service models are needed.

Proposed Solution:

With the support of the Legislature, AL TSA has been developing new service models for individuals with especially complicated behaviors and is ready to offer them pending final approval from CMS. The 2013 Legislature funded a new service, the Enhanced Services Facility (ESF) to support the most difficult to serve individuals who are not benefitting from active treatment in the state psychiatric hospitals. Adult Family Home (AFH) Specialty Care was also funded, which allows enhanced rates to be paid to AFHs for clients transitioning from psychiatric hospitals to support higher staffing levels and professional support. Key to the success of these programs is that the RSNs collaborate with HCS in developing strong care planning and support for transitions, including providing mental health treatment when needed and 24/7 response to client and provider at times of behavior escalation.

For both diversions and relocations, AL TSA will first use the current ECS program whenever possible, but the service needs of

Department of Social and Health Services

DP Code/Title: M2-50 State Hospital Discharge
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

most are expected to be greater. The majority of people will be served by AFH Specialty Care. The ESFs will handle the remainder of the WSH relocations, accepting their first residents in February 2015 and meeting their full capacity (42 beds) by mid-FY16. When necessary, exceptional rates for nursing homes will also be used.

Diversion is critical to ensure that this is not a one-time approach. To do referral and planning for diversions, ALTSA needs 3.0 new FTE social workers, located in each region of the state and 1.0 FTE program manager at headquarters. Without diversions, there would be new admissions to the state hospitals that would eventually require more wards.

Funding for all of the ESF beds is already contained in the ALTSA budget, as well as some funding for AFH Specialty Care. This brings down the total amount of the funding request, particularly for FY15 while the services phase in.

Agency Contact: Bryan Way (360) 902-7769
 Program Contact: Bea Rector (360) 902-2272

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

The agency expects that it will be able to serve more than 60 people with personal care and complicated cognitive or behavioral support needs currently residing at WSH in a community setting.

Performance Measure Detail

Agency Level

Activity: E050 Adult Family Home Community Services

No measures linked to package

Incremental Changes

<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Activity: E052 Eligibility/Case Management Services

No measures linked to package

Incremental Changes

<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Activity: E055 Residential Community Services

No measures linked to package

Incremental Changes

<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Activity: E064 Nursing Home Services

No measures linked to package

Incremental Changes

<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goal 4: Quality of Life - Each individual in need will be supported to attain the highest quality of life and DSHS Goal 5: Public Trust - Strong management practices will be used to ensure quality and efficiency. The decision package is essential to implementing the ALTSA's Strategic Objective 4.1: Ensure seniors and individuals with a disability who are in need of long-term services and supports are supported in their community.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This decision package supports the Results Washington Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future. Help the most vulnerable people become independent and self-sufficient and:

- Increase the percent of long-term care clients served in home and community-based settings.
- Increase the percent of clients with a developmental disability served in home and community-based settings.

Department of Social and Health Services

DP Code/Title: M2-50 State Hospital Discharge
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

What are the other important connections or impacts related to this proposal?

The transition of such residents out of the state hospitals will be supported by mental health advocates, the Traumatic Brain Injury Council, Disability Rights Washington and the Senior Lobby. This policy is also in line with CMS directives to not rely on hospitals for people who are not in active treatment and who can be served in the community.

What alternatives were explored by the agency, and why was this alternative chosen?

Due to the nature of this decision package, no other alternatives were explored. The request cannot be absorbed within existing resources.

What are the consequences of adopting or not adopting this package?

The consequences of adopting this package include relocating these residents to better serve their needs and earn more federal match.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: ALTSA State Hospital Discharge.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward into future biennia.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	249,000	249,000	498,000
B Employee Benefits	94,000	94,000	188,000
E Goods\Other Services	57,000	57,000	114,000
G Travel	1,000	1,000	2,000
N Grants, Benefits & Client Services	5,228,000	5,936,000	11,164,000
P Debt Service	1,000	1,000	2,000
T Intra-Agency Reimbursements	6,000	6,000	12,000
Total Objects	5,636,000	6,344,000	11,980,000

State of Washington
Decision Package
Department of Social and Health Services

DP Code/Title: M2-50 State Hospital Discharge
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

DSHS Source Code Detail

Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources</u> <u>Title</u>			
0011 General Fund State	2,874,000	3,235,000	6,109,000
<i>Total for Fund 001-1</i>	2,874,000	3,235,000	6,109,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources</u> <u>Title</u>			
19TA Title XIX Assistance (FMAP)	2,556,000	2,903,000	5,459,000
19UL Title XIX Admin (50%)	206,000	206,000	412,000
<i>Total for Fund 001-C</i>	2,762,000	3,109,000	5,871,000
Total Overall Funding	5,636,000	6,344,000	11,980,000

**2015-17 Biennial Budget
State Hospital Discharge
Summary - Estimated Funding Request**

**Providing ALTSA services to clients transitioned/diverted from State Hospitals (two wards)
6/17/2014**

1. What is the cost of serving clients with ALTSA Services (for 60 beds plus 35/year diversion)?

<u>Services</u>	<u>FY2015</u>	<u>2015-17 Biennium</u>
ECS-Residential	\$ 315,000	\$ 1,260,000
ECS-Nursing Home	\$ 511,000	\$ 2,044,000
AFH Specialty	\$ 2,188,000	\$ 10,225,000
<u>Enhanced Services Facility (ESF)</u>	<u>\$ 655,800</u>	<u>\$ 7,886,400</u>
Total Funds	\$ 3,669,800	\$ 21,415,400
<i>GF-S</i>	<i>\$ 1,894,800</i>	<i>\$ 10,952,400</i>
<i>GF-Fed</i>	<i>\$ 1,775,000</i>	<i>\$ 10,463,000</i>

Staffing - 4.0 FTEs (1 in each region, 1 at HQ)

Total Funds	\$ 408,000	\$ 816,000
<i>GF-S</i>	<i>\$ 204,000</i>	<i>\$ 408,000</i>
<i>GF-Fed</i>	<i>\$ 204,000</i>	<i>\$ 408,000</i>

Services + Staffing

Total Funds	\$ 4,078,000	\$ 22,231,000
<i>GF-S</i>	<i>\$ 2,098,800</i>	<i>\$ 11,360,400</i>
<i>GF-Fed</i>	<i>\$ 1,979,000</i>	<i>\$ 10,871,000</i>

2. What funding is needed, given that we already have some appropriations we can use?

	<u>FY2015</u>	<u>2015-17 Biennium</u>
Services + Staffing (above)	\$ 4,078,000	\$ 22,231,000
less some AFH Specialty	\$ (795,700)	\$ (1,591,400)
<u>less ESF appropriation</u>	<u>\$ (2,101,000)</u>	<u>\$ (8,660,000)</u>
Total Funds	\$ 1,181,000	\$ 11,980,000
<i>GF-S</i>	<i>\$ 602,000</i>	<i>\$ 6,110,000</i>
<i>GF-Fed</i>	<i>\$ 579,000</i>	<i>\$ 5,870,000</i>

Department of Social and Health Services

DP Code/Title: M2-51 IT Security Requirements
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Aging and Long Term Support Administration (AL TSA) requests funding for two Business Analyst/Security Experts to comply with the new, stricter Information Technology (IT) security requirements for state agencies. AL TSA's Management Services Division (MSD), which also provides IT support for the Developmental Disabilities Administration (DDA), will improve its security efforts to enhance the safety of client identities and diagnoses.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	121,000	121,000	242,000
001-C General Fund - Basic Account-Medicaid Federal	121,000	121,000	242,000
Total Cost	242,000	242,000	484,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	2.0	2.0	2.0

Package Description:

Problem Statement:

Recent state cybersecurity initiatives require increased server and application scanning, findings, gap analyses and mitigation plans to secure IT resources and client data. To effectively and proactively address security issues in applications and infrastructure, we are requesting 2.0 IT security FTE to ensure data security for AL TSA and DDA. These two administrations contain extremely sensitive data and need adequate resources to ensure the security and privacy of this data.

Proposed Solution:

With two additional Business Analyst/Security Experts (IT Specialist 5), AL TSA will be able to meet the new standards by focusing on application and network database security in the following ways:

- Timely design reviews and modifications as needed
- Timely mitigation plans for server security problems
- Timely mitigation plans for application security problems
- Security application review during development to avoid security problems
- Ongoing server security review to avoid problems

The primary customers, or beneficiaries, of the increased security are individuals with developmental disabilities or long term care needs. These resources will help safeguard client identities and diagnoses.

CTS Consultation:

Consults were completed with CTS for hosting services. The results of these consults were used in the requested amounts where needed.

Agency Contact: Bryan Way (360) 902-7769
 Program Contact: Daniel Knutson-Bradec (360) 725-2436

Department of Social and Health Services

DP Code/Title: M2-51 IT Security Requirements
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

By funding this request, the agency expects that security issues in applications and infrastructure will be effectively and proactively addressed.

Performance Measure Detail

Agency Level

Activity: E051 Program Support for Long Term Care

No measures linked to package

Incremental Changes

FY 1	FY 2
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goal 5: Public Trust - Strong management practices will be used to ensure quality and efficiency. The decision package is essential to implementing the AL TSA Strategic Objective 4.1: Ensure seniors and individuals with a disability who are in need of long-term services and supports are supported in their community.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This decision package supports the Results Washington Goal 5: Effective, Efficient and Accountable Government - Fostering a Lean culture that drives accountability and results for the people of Washington. Help the most vulnerable people become independent and self-sufficient and:

--Increase the percent of long-term care clients served in home and community-based settings.

What are the other important connections or impacts related to this proposal?

Washington's Chief Information Officer, advocates for seniors, the disabled and mental health communities, including the senior lobby, Association of Retarded Citizens (ARC) of Washington, and Disability Rights Washington will all support the protection of confidential client data.

What alternatives were explored by the agency, and why was this alternative chosen?

Due to the nature of this decision package, the agency explored no other alternatives. The request cannot be absorbed within existing resources.

What are the consequences of adopting or not adopting this package?

The consequences of adopting this package include having enough staff in place to meet the new cybersecurity initiatives and proactively addressing security issues in applications and infrastructure.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

Department of Social and Health Services

DP Code/Title: M2-51 IT Security Requirements
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

See attachment: AL TSA IT Security Requirements.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward into future biennia.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	159,000	159,000	318,000
B Employee Benefits	50,000	50,000	100,000
E Goods\Other Services	28,000	28,000	56,000
G Travel	1,000	1,000	2,000
P Debt Service	1,000	1,000	2,000
T Intra-Agency Reimbursements	3,000	3,000	6,000
Total Objects	242,000	242,000	484,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	121,000	121,000	242,000
<i>Total for Fund 001-1</i>	121,000	121,000	242,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	121,000	121,000	242,000
<i>Total for Fund 001-C</i>	121,000	121,000	242,000
Total Overall Funding	242,000	242,000	484,000

2015-17 Biennial Budget IT Security Requirements

Link other working spreadsheets to this page for additional information / costs.

Fiscal Year	FTE	Object A	Object B	Object C	Object E	Object ED	Object G	Object J	Object P	Object TZ	Total
FY 2016	2.0	158,000	50,000		15,000	13,000	1,000	0	1,000	3,000	241,000
FY 2017	2.0	158,000	50,000		15,000	13,000	1,000	0	1,000	3,000	241,000
Biennial Total	2.0	316,000	100,000	0	30,000	26,000	2,000	0	2,000	6,000	482,000

Source of Funds						
Fund	EA Type	Source	% of Total	Fiscal Year 1	Fiscal Year 2	
001	1	State	50.00%	121,000	121,000	
001	2	Federal	50.00%	121,000	121,000	
001	7	Local	0.00%	0	0	
Total each Fiscal Year				242,000	242,000	
Biennial Total					484,000	
Link to OFM Fund Reference Manual: http://www.ofm.wa.gov/fund/default.asp						
Federal Detail						
Fund	Federal Type	Source	% of Total	Fiscal Year 1	Fiscal Year 2	
001	0	SSBG	0.00%	0	0	
001	A	Fam	0.00%	0	0	
001	C	Med	50.00%	121,000	121,000	
001	D	TANF	0.00%	0	0	
001	2	Other	0.00%	0	0	

**2015-17 Biennial Budget
Department of Social and Health Services**

Information Technology Addendum

Recsum Code and Title **M2-51 IT Security Requirements**

Brief Description:

The Aging and Long Term Support Administration (AL TSA) requests funding for two Business Analyst/Security Experts to comply with the state's new, stricter information technology (IT) security requirements for state agencies. AL TSA's Management Services Division (MSD), which also provides IT support for the Developmental Disabilities Administration (DDA) and Behavioral Health and Service Integration Administration (BHSIA), has been warned that its current security standards are not meeting Washington State government regulations, and must be improved immediately to ensure the safety of client identities and diagnoses.

If this investment includes the use of servers, do you plan to use the state data center?

- Yes No, waiver received No, waiver not received Does not apply

Security

Security: How does this investment affect the state's security posture? Have the proper security considerations been made? Does the investment itself actually improve infrastructure security? What, if any, security concerns are there?

Recent state cybersecurity initiatives require increased server and application scanning, findings, gap analyses and mitigation plans to secure IT resources and client data. This crucial work has been added to the workload of an under-resourced AL TSA network and application team. To effectively and proactively address security issues in applications and infrastructure, two security staff are needed to ensure data security for AL TSA, DDA, and BHSIA. These three administrations contain some of the most sensitive data in state government and need adequate resources to ensure data security and privacy.

Feasibility/Risk

Cultural readiness/organizational capacity: Does this investment require significant institutional change within the agency, and is the agency prepared for that change? Is there committed and proven leadership? Is there a record of successful projects? Does the agency foster a culture of creative problem solving?

This proposal does not require any significant institutional change within the agency. Committed and proven leadership with a record of successful projects is already in place in the AL TSA Management Services Division IT team. The administration does foster a culture of creative problem solving, as evidenced by significant large scale projects, contract management and resolution of emergency fixes resulting from legal and programmatic changes. However, while accomplishing this during times of administrative reductions, there is no existing capacity to absorb further ongoing requirements.

2015-17 Biennial Budget Department of Social and Health Services

Technical complexity: Can the investment realistically be completed within the proposed framework of time, budget and resources?

Yes, the staff positions can be hired and begin working within the proposed framework of time, budget, and resources.

Urgency: Is the investment urgent or can wait until a future funding cycle? Must the investment be completed all at once, or can we break it into incremental pieces?

This investment must be completed all at once and cannot be postponed. Compliance with cybersecurity initiatives is important to the administration.

Impact of not doing: What are the potential impacts to the state, agency, or the public if this investment is not completed?

Failure to implement the new security requirements poses a significant liability to the agency and public stakeholders. We must protect sensitive information from malicious attacks and other threats.

Technology Strategy Alignment

Agile value: Is the investment broken into incremental steps that provide customer-facing value and allow periodic assessment of progress?

This investment is not broken into incremental steps that provide customer-facing value and allow periodic assessment of progress.

Modernization of state government: Will the investment result in replacing legacy systems that are no longer solving business problems with modern, appropriate technology solutions?

This investment will not replace legacy systems. It will ensure that the data on legacy systems is protected according to current federal privacy (e.g. Health Information Portability and Accountability Act) and Washington State IT policy standards.

Mobility: Does the investment help state employees conduct business “any time, anywhere”? Does it improve mobile access to services for customers?

No, this investment does not help state employees conduct business “anytime, anywhere” or improve mobile access to services for customers.

Transparency: Does it increase public visibility of services provided with public funds? Does this investment increase public access to searchable public data and information?

This investment does not increase public visibility of services provided with public funds or public access to searchable public data and information.

2015-17 Biennial Budget Department of Social and Health Services

Accountability: Are the investment's goals well articulated? How will "success" be determined or measured?

The standards to measure success are as follow:

- Timely design reviews and modifications as needed
- Timely mitigation plans for server security problems
- Timely mitigation plans for application security problems
- Security application review during development to avoid security problems
- Ongoing server security review to avoid problems

Financial

Financial risk of not doing: Are there potential financial consequences for not completing this investment, such as fines for noncompliance with legal requirements or a loss of federal funding?

Yes, there are financial implications, including the risk of possible fines and penalties. For example, the State of Alaska recently received an \$8 million penalty from the federal Office of the Inspector General for incompliance with HIPAA regulations.

Cost Reduction: Does this investment prevent or reduce expenses, such as the cost of maintaining labor-intensive systems that could be automated, repairs or maintenance to obsolete or outdated infrastructure, or specialty expertise required for legacy technologies?

No, this investment does not prevent or reduce expenses.

Revenue Generation: Does this investment generate new revenue, or capture additional revenue left "on the table" by current solutions?

No, this investment does not generate new revenue or capture additional revenue left "on the table" by current solutions.

2015-17 Biennial Budget Department of Social and Health Services

Business Case/Agency Mission Priority

Mission priority: Does this investment help the agency better deliver its mission?

The budget request supports DSHS Goal 5: Public Trust – Strong management practices will be used to ensure quality and efficiency. This request supports the Results Washington goal 5: Effective, efficient and accountable government. By ensuring the integrity of the state's data, much of which involves sensitive individual and provider personal and financial data, meeting the new security standards will benefit DSHS, clients served by the agency, and others.

Business case: Is there a clear problem with the status quo, and does this investment clearly solve that business problem?

Yes, this investment solves a clear problem with the status quo. The federal Office of the Inspector General recently audited the DSHS IT system and found that the agency is not currently in compliance with HIPAA regulations about ensuring that client health information remains confidential.

Department of Social and Health Services

DP Code/Title: M2-52 RCS Investigations & Licensing
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Residential Care Services (RCS) program in the Aging and Long Term Support Administration (ALTSA) requests funding to pay for the actual cost of staff positions already appropriated in the budget for residential long term care facility investigations and facility licensing functions. By funding this request, RCS will be able to cover the cost of hiring the full number of positions the legislature has already appropriated to perform the necessary oversight of nursing homes, adult family homes, assisted living facilities and certified community residential services and supports.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	531,000	531,000	1,062,000
001-C General Fund - Basic Account-Medicaid Federal	530,000	530,000	1,060,000
Total Cost	1,061,000	1,061,000	2,122,000

Staffing

Package Description:

Problem Statement:

In the past, the RCS division has managed the overall budget by compensating with ongoing staff vacancies. Current funding is not sufficient to sustain the allocated staffing level now that the RCS has prioritized hiring to full capacity in order to make the maximum effort to achieve their core mission of protecting vulnerable adults in residential settings and reach their performance measures for resolving investigations within 90 days.

Proposed Solution:

This request is to fully fund the existing budgeted staffing level without changing the established workload metric. With RCS at full staffing, the gap is approximately \$2.1 million total funds for the 2015-17 Biennium to fund all of the existing allotted positions.

Agency Contact: Bryan Way (360) 902-7769
 Program Contact: Carl Walters II (360) 725-2401

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

By funding this request, the agency expects that sufficient funds will be available to support the existing staffing level to protect vulnerable adults and perform the necessary oversight of nursing homes, adult family homes, assisted living facilities and certified community residential services and supports.

Performance Measure Detail

Agency Level

Activity: **E055 Residential Community Services**
 No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

Department of Social and Health Services

DP Code/Title: M2-52 RCS Investigations & Licensing
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

This budget request supports DSHS Goal 2: Safety - Each individual and each community will be safe and DSHS Goal 3: Protection - Each individual who is vulnerable will be protected. The decision package is essential to implementing the ALTSA Strategic Objective 2.1: Affirm Adult Family Homes, Assisted Living Facilities and Nursing Homes are providing quality care and residents are safe through timely licensing re-inspections and ALTSA Strategic Objective 3.3: Ensure investigations are thorough, documented properly, and completed timely to maintain an efficient work flow that eliminates re-work caused by investigations which remain open longer than necessary.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This decision package supports the Results Washington Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future. Help the most vulnerable people become independent and self-sufficient and:

--Decrease the number of vulnerable adult abuse and neglect investigations open longer than 90 days.

What are the other important connections or impacts related to this proposal?

Advocates for seniors and the disabled, including the AARP, the Senior Lobby, and Disability Rights Washington will all strongly support fully funding the existing investigation and licensing functions of the RCS program.

What alternatives were explored by the agency, and why was this alternative chosen?

The request cannot be absorbed within existing resources because additional resources are needed to pay for the actual cost of staff positions already appropriated in the budget for residential long term care facility investigations and facility licensing functions.

What are the consequences of adopting or not adopting this package?

The consequences of adopting this package includes having the resources to pay the actual costs of staff positions that are already appropriated in the budget for residential long-term care facility investigations and facility licensing functions.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: ALTSA RCS Investigations & Licensing.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward into future biennia.

Department of Social and Health Services

DP Code/Title: M2-52 RCS Investigations & Licensing
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	645,000	645,000	1,290,000
B Employee Benefits	192,000	192,000	384,000
E Goods\Other Services	75,000	75,000	150,000
G Travel	31,000	31,000	62,000
J Capital Outlays	11,000	11,000	22,000
P Debt Service	2,000	2,000	4,000
T Intra-Agency Reimbursements	105,000	105,000	210,000
Total Objects	1,061,000	1,061,000	2,122,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	531,000	531,000	1,062,000
<i>Total for Fund 001-1</i>	531,000	531,000	1,062,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	530,000	530,000	1,060,000
<i>Total for Fund 001-C</i>	530,000	530,000	1,060,000
Total Overall Funding	1,061,000	1,061,000	2,122,000

2015-17 Biennial Budget RCS Investigations and Licensing

	Current FY15 Budget	Revised FY15 Budget	Budget Request
FTE	307.50	307.50	-
Total Expenditures	33,053,000	34,114,000	1,061,000
Cost per FTE	107,489	110,939	3,450
		2015-17 Per Year	Biennium
State	531,000	1,062,000	
Federal	530,000	1,060,000	
Total	1,061,000	2,122,000	

Department of Social and Health Services

DP Code/Title: M2-55 AAA Case Management

Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Aging and Long Term Support Administration (AL TSA) requests funding to reach caseload ratios and staffing levels for initial and ongoing Medicaid client case management. By funding this request, the Area Agencies on Aging (AAAs) will be able to meet new and existing federal requirements for client assessments, care planning and case management that fully addresses the complexity of need presented by individuals served by the department. Lack of adequate funding creates risk to federal funding, poor client outcomes and failure to fully address clinical needs of clients and the ability to fully comply with new federal rules that went into effect March 2014.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	6,899,000	7,221,000	14,120,000
001-C General Fund - Basic Account-Medicaid Federal	6,898,000	7,220,000	14,118,000
Total Cost	13,797,000	14,441,000	28,238,000

Staffing

Package Description:

Problem Statement:

Currently the work contracted to the AAAs requires a case manager to client caseload ratio of 1:62. However, since funding has not kept up with modest increases in operating and staff costs per year, this standard has not been met since Fiscal Year 2005. To keep cost increases to a minimum, AAAs have increased supervisory ratios, hired lower cost case aides and caseload ratios have risen by 26 percent to 1:78. These changes have resulted in an average of six to seven hours less case management time per case and a reduction in the clinical level of staff available to address complex medical, cognitive and behavioral needs that impact health and jeopardize quality of care. Because the time per case has decreased so dramatically, staff need to take shortcuts and there are delays in responding to changes in client needs, coordinating with medical providers to get needed equipment and referrals for follow-up on health and social services to address things such as depression, fall risk, skin breakdown and housing stability. Meeting the basic administrative requirements required to determine eligibility and authorize personal care under the federal rules, by necessity, has been prioritized over clinical case management that assures quality, improves outcomes and maintains health and safety. For example, a client assessment may indicate significant problems with pain, depression or fall risk and the case manager does not have the time to make or follow-up on referrals for care in a timely manner. While the medical and behavioral complexity of people who need and prefer community based care has increased, as the system has been rebalanced from its reliance on nursing home care, the time available by skilled clinical workers to address those complexities has decreased.

In addition, the new Centers for Medicaid and Medicare regulations around person-centered care for people served by Medicaid long term services and supports programs mean that AAAs must reinstate practices that have dropped away as funding for salaries and benefits has not kept pace with caseload increases. The new regulations include provisions that can be met with the appropriate caseload ratios; however, compliance is at risk if current caseload ratios remain.

HB 1519 requires the department to incorporate performance measures into contracts with care coordination entities that include AAAs. Performance measures include: improvements in client health status and wellness, increases in client participation in meaningful activities, reductions in avoidable hospital costs, increases in stable housing in the community, and improvements in client satisfaction with quality of life. Given the current caseload ratios, the state cannot add additional expectations without providing additional case management resources.

Proposed Solution:

Department of Social and Health Services

DP Code/Title: M2-55 AAA Case Management

Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

This request is to fully fund the existing workload model formula. AAAs will resume the full person-centered case management described above to fully comply with federal and state mandates. The funding will allow hiring of the case managers and nurses at the 1:62 ratio assumed in the workload model that is based on the Caseload Forecast Council in-home caseload forecast.

Agency Contact: Bryan Way (360) 902-7769
Program Contact: Bea Rector (360) 725-2272

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

AAAs will be able to meet new and existing federal requirements for client assessments, care planning and case management in a way that fully addresses the complexity of need presented by individuals served by the department. Lack of adequate funding creates risk to federal funding, poor client outcomes and failure to fully address clinical needs of clients and the ability to fully comply with new federal rules that went into effect March 2014.

Performance Measure Detail

Agency Level

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goal 2: Safety - Each individual and each community will be safe and DSHS Goal 4: Quality of Life - Each individual in need will be supported to attain the highest possible quality of life. The decision package is essential to implementing the AL TSA Strategic Objective 4.1: Ensure seniors and individuals with a disability who are in need of long-term services and supports are supported in their community.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This decision package supports the Results Washington Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future. Help the most vulnerable people become independent and self-sufficient and:

--Increase the percent of long-term care clients served in home and community-based settings.

What are the other important connections or impacts related to this proposal?

The counties, AAAs, and senior advocates such as the American Association of Retired Persons (AARP) and the Senior Lobby will all strongly support fully funding the contracted AAA case management ratios to allow the necessary number of case managers for timely and appropriate care level assessments, care planning and proactive case management of seniors and people with disabilities.

What alternatives were explored by the agency, and why was this alternative chosen?

Due to the nature of this decision package, the agency explored no other alternatives. The request cannot be absorbed within existing resources.

What are the consequences of adopting or not adopting this package?

The consequences of adopting this package include the AAAs having the resources needed to meet new and existing federal requirements for client assessments, care planning and case management that fully addresses the complexity of need

Department of Social and Health Services

DP Code/Title: M2-55 AAA Case Management
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

presented by individuals served by the department.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: ALTSA AAA Case Management.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward into future biennia.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
N Grants, Benefits & Client Services	13,797,000	14,441,000	28,238,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	6,899,000	7,221,000	14,120,000
<i>Total for Fund 001-1</i>	6,899,000	7,221,000	14,120,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19JL Title XIX Admin (50%)	6,898,000	7,220,000	14,118,000
<i>Total for Fund 001-C</i>	6,898,000	7,220,000	14,118,000
Total Overall Funding	13,797,000	14,441,000	28,238,000

**2015-17 Biennial Budget
AAA Case Management**

* Uses current model and restores the 3% reduction and adjusts the funded cost per FTE - see columns K-M

Adjust AAA Staffing (Determine Total)	FY16	FY17
Feb 2014 Forecast In-Home Caseload	37,093	38,796
Feb 2014 Forecast ADH, No other Program	23% 247	247
Feb 2014 Forecast, Total In-Home	37,339	39,043
AAA Ratio	0.97	0.97
Total AAA Caseload	36,219	37,872
Average <i>funded</i> hours per case	28.75	28.75
Hours per FTE	1,755	1,755
TOTAL FTEs needed (caseload * hrs per case /hrs per fte)	593.3	620.4

Funding Request	FY16	FY17
FTE	0.0	0.0
Restore 3%	1,513,000	1,592,000
Funded Cost per FTE	12,284,000	12,849,000
Total	13,797,000	14,441,000

	Base		
Adjust AAA Case Management Staff	100%		
Case Management = 85% of Total Above	85%	504.3	527.3
Funded Cost per FTE (Salaries and Benes)	\$ 86,885	\$ 100,930	\$ 100,930
Total AAA Case Managers Needed		50,899,000	53,220,000

	FY14	FY15
In-Home Budget (X61)	733,328,000	820,549,000
Proposed Budget	70,506,000	74,056,000
Percent of In-Home	9.6%	9.0%

Adjust AAA Nursing Staff			
Nurses = 15% of Total Above	15%	89.0	93.1
<i>Funded</i> Cost per FTE (Salaries and Benes)	\$ 87,361	\$ 145,827	\$ 145,827
Total AAA Nurses Needed		12,979,000	13,577,000
Cost per Client for Case Mgmt	\$	1,764	\$ 1,764

Adjust AAA Contract Management	100%		
Agency In-Home Caseload		14,194.5	14,706.4
Total Agency In-Home	2.5%	\$ 265,121,682	\$ 290,344,285
AAA Admin @ 2.5% - Total		6,628,000	7,259,000

Total Case Management staff	593.3	620.4
Case Management Funding	63,878,000	66,797,000
Contract Management Funding	6,628,000	7,259,000
Grand Total	70,506,000	74,056,000

Department of Social and Health Services

DP Code/Title: M2-58 Complaint Resolution Unit
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Aging and Long Term Support Administration (AL TSA) requests funding for additional staffing in the Complaint Resolution Unit (CRU). The CRU receives and prioritizes complaints related to provider practice. It does not have adequate staffing, resulting in delays in processing abuse and neglect complaints regarding long term care residential providers that need to be investigated.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	381,000	358,000	739,000
001-C General Fund - Basic Account-Medicaid Federal	381,000	358,000	739,000
Total Cost	762,000	716,000	1,478,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	7.7	7.7	7.7

Package Description:

Problem Statement:

The law requires AL TSA's Residential Care Services (RCS) division to investigate reports of abuse, abandonment, neglect, and misappropriation of resident funds. The Complaint Resolution Unit hotline accepts calls about nursing homes, assisted living facilities, adult family homes, institutions for persons with intellectual disabilities, and certified supported living settings. The CRU has the capability of referring calls about other settings to the appropriate agencies. Depending on the nature and severity of reported issues, calls may also be referred to local law enforcement, licensing boards, Medicaid fraud, county prosecutors, and sheriffs.

There are currently 15.0 FTE assigned to the CRU. This level of staffing has not increased in years, but the volume of complaints continues to increase with time. There is no metric in the budget workload calculation that affects CRU staffing levels. The result is backlogs of complaints that are addressed with periodic use of overtime to catch up. In the meantime, investigations may not be initiated in a timely manner, putting vulnerable adults at continued risk.

Proposed Solution:

The assumption for the CRU is that each intake can be completely processed in 56 minutes. Using that assumption, the true staffing need is 22.7 FTE. From the existing base of 15.0 FTE, the unit needs 7.7 FTE to meet the ongoing demand of the complaint volume.

Agency Contact: Bryan Way (360) 902-7769
 Program Contact: Carl Walters II (360) 725-2401

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

The agency expects that it will have enough staffing to keep up with the call volume and initiate investigations in a timely manner to keep vulnerable adults safe.

Department of Social and Health Services

DP Code/Title: M2-58 Complaint Resolution Unit
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Performance Measure Detail

Agency Level

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goal 2: Safety - Each individual and each community will be safe. The decision package is essential to implementing AL TSA Strategic Objective 2.1: Affirm Adult Family Homes, Assisted Living Facilities and Nursing Homes are providing quality care and residents are safe through timely licensing re-inspections.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This decision package supports the Results Washington Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future. Help the most vulnerable people become independent and self-sufficient and:

--Decrease the number of vulnerable adult abuse and neglect investigations open longer than 90 days.

What are the other important connections or impacts related to this proposal?

This topic of residential client safety has been a priority for the Joint Executive and Legislative Task Force on Aging and Disabilities and will be supported by a number of the members. The Governor has included increased RCS funding to protect vulnerable adults in his two previous budget proposals. Advocates such as the Senior Lobby, Disability Rights Washington and AARP will also likely show strong support.

What alternatives were explored by the agency, and why was this alternative chosen?

Due to the nature of this decision package, the agency explored no other alternatives. The request cannot be absorbed within existing resources.

What are the consequences of adopting or not adopting this package?

The consequences of adopting this package include having sufficient staffing levels to handle the increased call volume of reports of abuse, abandonment, neglect, and misappropriation of resident funds.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: AL TSA Complaint Resolution Unit.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward into future biennia.

Department of Social and Health Services

DP Code/Title: M2-58 Complaint Resolution Unit
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	435,000	435,000	870,000
B Employee Benefits	157,000	157,000	314,000
E Goods\Other Services	108,000	108,000	216,000
G Travel	3,000	3,000	6,000
J Capital Outlays	45,000	0	45,000
P Debt Service	2,000	2,000	4,000
T Intra-Agency Reimbursements	12,000	11,000	23,000
Total Objects	762,000	716,000	1,478,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	381,000	358,000	739,000
<i>Total for Fund 001-1</i>	381,000	358,000	739,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	381,000	358,000	739,000
<i>Total for Fund 001-C</i>	381,000	358,000	739,000
Total Overall Funding	762,000	716,000	1,478,000

2015-17 Biennial Budget Complaint Resolution Unit

Complaint Resolution Unit			
Metrics	Calls - No		Total
	Intakes	Intake	
Minutes	56.00	20.00	
# per Month	2,850	1,721	
Total Hours	2,660	574	
FTE Needed	18.7	4.0	22.7
Existing Base			15.0
FTE Request			7.7

	FY16	FY17	Total
State	381,000	358,000	739,000
Federal	381,000	358,000	739,000
Total Cost	762,000	716,000	1,478,000

Cost per FTE	FY16	FY17
Program Spec 3	99,000	93,000

Department of Social and Health Services

DP Code/Title: M2-5B Nursing Home Investigations
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Aging and Long Term Support Administration (ALTSA) requests an increased Nursing Home license fee to fund additional staffing for Nursing Facility provider practice investigations. The Nursing Facility unit conducts investigations into complaints that a provider is not providing appropriate care or following state or federal regulations. The unit has not been meeting the federal deadlines for prompt responses to complaints. This will be funded by increasing the Nursing Home annual renewal license fee from the current \$359 per bed to \$575 per bed in Fiscal Year 2016 and \$578 per bed per year in Fiscal Year 2017.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-7 General Fund - Basic Account-Private/Local	3,520,000	3,576,000	7,096,000
001-C General Fund - Basic Account-Medicaid Federal	3,520,000	3,576,000	7,096,000
Total Cost	7,040,000	7,152,000	14,192,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	15.4	15.4	15.4

Package Description:

Problem Statement:

A nursing facility, or nursing home, provides 24-hour supervised nursing care, personal care, therapy, nutrition management, organized activities, social services, room, board, and laundry. The majority are privately owned businesses. All nursing home staff are required by law (Chapter 74.34 RCW) to report suspected abuse or neglect of a resident. Specially trained Residential Care Services (RCS) employees investigate complaints. If a report is substantiated, DSHS may take enforcement action, ranging from imposing a civil fine to revocation of the license to referral for investigation of criminal charges.

The license fee established in the budget bill currently covers the costs of all annual licensing and oversight activities (including provider practice investigations). The fee also must cover the department's cost of paying providers for the amount of the license fee attributed to Medicaid clients. The fee applied to non-Medicaid contracted beds is not refunded to the providers.

There are currently 12.0 FTE assigned to nursing home provider practice investigations, and they are not able to keep pace with the 4,660 complaints received per year.

Proposed Solution:

An average nursing home provider practice investigation takes an average of 10 hours to investigate (compared to the assumption of 14.3 hours used for Adult Protective Services investigations). Using that assumption, the unit needs 27.4 FTE to meet its obligation for timely and through investigations, resulting in a request for 15.4 FTE.

Agency Contact: Bryan Way (360) 902-7769
 Program Contact: Carl Walters II (360) 725-2401

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Department of Social and Health Services

DP Code/Title: M2-5B Nursing Home Investigations
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

The agency expects that it will have enough staff for Nursing Facility provider practice investigations.

Performance Measure Detail

Agency Level

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goal 3: Protection - Each individual who is vulnerable will be protected. The decision package is essential to implementing the AL TSA Strategic Objective 3.3: Ensure investigations are thorough, documented properly, and completed timely to maintain an efficient work flow that eliminates re-work caused by investigations which remain open longer than necessary.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This decision package supports the Results Washington Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future. Help the most vulnerable people become independent and self-sufficient and:

--Decrease the number of vulnerable adult abuse and neglect investigations open longer than 90 days.

What are the other important connections or impacts related to this proposal?

This topic of residential client safety has been a priority for the Joint Executive and Legislative Task Force on Aging and Disabilities and will be supported by a number of the members. The Governor has included increased RCS funding to protect vulnerable adults in his two previous budget proposals. Advocates such as the Senior Lobby, Disability Rights Washington and American Association of Retired Persons (AARP) will also likely show strong support.

What alternatives were explored by the agency, and why was this alternative chosen?

Due to the nature of this decision package, no other alternatives were explored. The request cannot be absorbed within existing resources.

What are the consequences of adopting or not adopting this package?

The consequences of adopting this package includes having sufficient staff to conduct investigations into complaints that a provider is not providing appropriate care or following state or federal regulations.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: AL TSA Nursing Home Investigations.xlsx.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward into future biennia.

Department of Social and Health Services

DP Code/Title: M2-5B Nursing Home Investigations
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	1,577,000	1,785,000	3,362,000
B Employee Benefits	555,000	577,000	1,132,000
E Goods\Other Services	374,000	419,000	793,000
G Travel	10,000	11,000	21,000
J Capital Outlays	162,000	0	162,000
N Grants, Benefits & Client Services	4,331,000	4,328,000	8,659,000
P Debt Service	8,000	9,000	17,000
T Intra-Agency Reimbursements	23,000	23,000	46,000
Total Objects	7,040,000	7,152,000	14,192,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-7, General Fund - Basic Account-Private/Local			
<u>Sources Title</u>			
5417 Contributions & Grants	3,520,000	3,576,000	7,096,000
<i>Total for Fund 001-7</i>	3,520,000	3,576,000	7,096,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	3,520,000	3,576,000	7,096,000
<i>Total for Fund 001-C</i>	3,520,000	3,576,000	7,096,000
Total Overall Funding	7,040,000	7,152,000	14,192,000

**2015-17 Biennial Budget
Nursing Home Investigations**

Rate Impact

LTC	<u>FY16 Estimate</u>	<u>FY17 Estimate</u>
TOTAL	\$ 4,331,000	\$ 4,328,000
GF-State		
Federal	\$ 2,166,000	\$ 2,164,000
LOCAL	\$ 2,165,000	\$ 2,164,000

DDD	<u>FY16 Estimate</u>	<u>FY17 Estimate</u>
TOTAL	\$ -	\$ -
GF-State		
Federal	\$ -	\$ -
LOCAL	\$ -	\$ -

Cost of Oversight Impact

LTC	<u>FY16 Estimate</u>	<u>FY17 Estimate</u>
TOTAL	\$ 2,709,000	\$ 2,824,000
GF-State	\$ -	\$ -
Federal	\$ 1,354,000	\$ 1,412,000
LOCAL	\$ 1,355,000	\$ 1,412,000

TOTAL of Budget Steps

DD	<u>FY16 Estimate</u>	<u>FY17 Estimate</u>
TOTAL	\$ -	\$ -
GF-State	\$ -	\$ -
Federal	\$ -	\$ -
LOCAL	\$ -	\$ -

LTC	<u>FY16 Estimate</u>	<u>FY17 Estimate</u>
TOTAL	\$ 7,040,000	\$ 7,152,000
GF-State	\$ -	\$ -
Federal	\$ 3,520,000	\$ 3,576,000
LOCAL	\$ 3,520,000	\$ 3,576,000

**2015-17 Biennial Budget
Nursing Home Investigations**

Nursing Home Fee Model

Projected Beds/Clients	FY16 Estimate	FY17 Estimate
Total Beds	21,927	21,890
Medicaid Beds	20,298	20,169
New Homes	-	-

Projected Fee	FY16 Estimate	FY17 Estimate
Current/Proposed Fee *	\$ 575	\$ 578
Revenue Projection	\$ 12,601,000	\$ 12,657,000
Incremental Increase	\$ 216	\$ 4

Growth Factor	1.00%	1.00%
Expenditures	FY16 Estimate	FY17 Estimate
Expended/Estimated	\$ 20,871,000	\$ 20,986,000
FY16 Rate Increase	4,331,000	4,331,000
FY17 Rate Increase		(3,000)
Total Expenditures	\$ 25,202,000	\$ 25,314,000

Split Total Cost in Available Funds	FY16 Estimate	FY17 Estimate
Revenue Projection	\$ 12,601,000	\$ 12,657,000
Federal (Match to Revenue Projection)	\$ 12,601,000	\$ 12,657,000
Subtotal of Available Funds	\$ 25,202,000	\$ 25,314,000
Balance - State/Federal Still Required	\$ -	\$ -
State	-	-
Federal	-	-

How much GFS Available	FY16 Estimate	FY17 Estimate
Expended	\$ -	\$ -
GF-S Savings	\$ -	\$ -

Current Level Expenditure Split	FY16 Estimate	FY17 Estimate
Local	\$ 7,463,000	\$ 7,463,000
Federal	\$ 10,699,000	\$ 10,699,000
GF-S	213,000	213,000
Total	18,375,000	18,375,000

Winsum:	FY16 Estimate	FY17 Estimate
Local	\$ 3,520,000	\$ 3,576,000
Federal	\$ 3,520,000	\$ 3,576,000
GF-S	\$ -	\$ -
Total	7,040,000	7,152,000

**2015-17 Biennial Budget
Request for Fees or Taxes**

	Code	Title
AGENCY	300	Dept of Social & Health Services

Agy #	Agency Name	Fee Code	Name of Fee or Tax	Is a bill required?	Z-Draft # (or Pending)	New, Increased, Continued?	Incremental Revenue Dollars in Thousands				Tied to Expenditure Change?	Fee Payer Position	Explanation of Change See Instructions
							GF-S		Other Funds				
							FY 2016	FY 2017	FY 2016	FY 2017			
300	Dept of Social & Health Services	E001	Nursing Home License Fee	Budget	N/A	Increased	-	-	7,040,000	7,152,000	Yes, fee revenues will be used to cover the cost of 15.4 FTE additional nursing home licensors. Please see the ALTSA Nursing Home Investigations decision package for more information.	Fee payers did not request this change. Fee payers will likely oppose this fee increase.	The ALTSA proposes to increase the current fee from \$359 to \$575/bed per year in Fiscal Year 2016 and \$578/bed per year in Fiscal Year 2017.
300	Dept of Social & Health Services	E003	Adult Family Home Licensing Fee	Budget	N/A	Increased	(791,000)	(567,000)	1,759,000	1,969,000	No, fee revenues will be used to cover the existing costs of RCS investigations for Adult Family Homes. See budget request ALTSA Increase Adult Family Home Licensing Fee for more information.	Fee payers did not request this change. Fee payers will likely oppose this fee increase.	The ALTSA proposes to increase the current fee from \$225 to \$325/bed per year.

Additional Comments
 The Adult Family Home licensing fee (E003) includes receipts for both the Aging and Long-Term Support Administration (AL TSA) and Developmental Disabilities Administration (DDA). The breakout by programs is as follows:
 *AL TSA: \$1,521,000 Total Funds (-\$791,000 GF-State) in Fiscal Year 2016 and \$1,746,000 Total Funds (-\$567,000 GF-State) in Fiscal Year 2017
 *DDA: \$238,000 Total Funds (\$0 GF-State) in Fiscal Year 2016 and \$223,000 Total Funds (\$0 GF-State) in Fiscal Year 2017

Department of Social and Health Services

DP Code/Title: M2-5Z Deaf-Blind Equipment Distribution
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Aging and Long Term Support Administration (AL TSA), Office of Deaf and Hard of Hearing (ODHH) requests federal funds authority to participate in the National Deaf-Blind Equipment Distribution Program (NDBEDP) for Washington. ODHH will distribute specialized customer premises equipment (CPE) to low-income individuals who are deaf-blind. These individuals need specialized CPE to effectively access telecommunications service, internet access service, and advanced communications.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-2 General Fund - Basic Account-Federal	200,000	200,000	400,000
Total Cost	200,000	200,000	400,000

Staffing

Package Description:

Problem Statement:

AL TSA, ODHH requests federal funds authority for participation in the National Deaf-Blind Equipment Distribution Program (NDBEDP) for Washington. ODHH will distribute specialized customer premises equipment (CPE) to low-income individuals who are deaf-blind. These individuals need specialized CPE to effectively access telecommunications service, internet access service, and advanced communications. The Twenty-First Century Communications and Video Accessibility Act of 2010 requires the Federal Communications Commission to take certain steps to ensure that individuals with disabilities have access to emerging communications technologies in the 21st century. Most communications-related statutes and regulations have not specifically addressed the communications needs of the deaf-blind population.

Proposed Solution:

ODHH needs federal funds authority of \$200,000 beginning in Fiscal Year 2015 and each year thereafter to claim federal reimbursement for expenditures associated with this pilot program. No additional GF-State funding is requested to execute the requirements of this pilot.

Agency Contact: Bryan Way (360) 902-7769

Program Contact: Eric Raff (360) 915-5835

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

The agency expects to distribute specialized CPE to low-income individuals who are deaf-blind.

Performance Measure Detail

Agency Level

Activity: D065 Office of Deaf and Hard of Hearing

No measures linked to package

Incremental Changes

<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

Department of Social and Health Services

DP Code/Title: M2-5Z Deaf-Blind Equipment Distribution
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

The budget request supports DSHS Goal 4: Quality of Life - Each individual in need will be supported to attain the highest possible quality of life. The decision package is essential to implementing ALISA Strategic Objective 4.5: Remove barriers to telecommunications by providing current and emerging telecommunication services for people who are deaf, hard of hearing or deaf-blind.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This package supports Results Washington Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

What are the other important connections or impacts related to this proposal?

This budget request would be supported by all stakeholders, including deaf-blind individuals, Washington State Deaf-Blind Citizens (WSDBC), Deaf-Blind Service Center (DBSC), Northwest Helen Keller National Center (NW HKNC), Seattle Lighthouse for the Blind, and the Federal Communications Commission.

What alternatives were explored by the agency, and why was this alternative chosen?

The request cannot be absorbed within existing resources because the program does not currently have the federal funds authority that this decision package requests.

What are the consequences of adopting or not adopting this package?

The consequences of adopting this package include the ODHH distributing specialized customer premises equipment (CPE) to low-income individuals who are deaf-blind.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

ODHH requests \$200,000 GF-Federal authority beginning in Fiscal Year 2015 and each year thereafter to distribute specialized CPE to low-income individuals who are deaf-blind as approved under the NDBEDP for the State of Washington. There are is no GF-State funding requested as part of this decision package.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward into future biennia.

Object Detail	FY 1	FY 2	Total
Overall Funding			
E Goods\Other Services	200,000	200,000	400,000

Department of Social and Health Services

DP Code/Title: M2-5Z Deaf-Blind Equipment Distribution
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

DSHS Source Code Detail

Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-2, General Fund - Basic Account-Federal			
<u>Sources</u> <u>Title</u>			
Q2FA Telecom Relay (100% Federal)	200,000	200,000	400,000
<i>Total for Fund 001-2</i>	200,000	200,000	400,000
Total Overall Funding	200,000	200,000	400,000

Department of Social and Health Services

DP Code/Title: M2-7R Technical Corrections
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Department of Social and Health (DSHS) requests technical corrections in the 2015-17 Biennium Budget to the Children's Administration (CA), Aging and Long Term Support Administration (AL TSA), and the Economic Services Administration (ESA).

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			

Program Cost

Total Cost

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	1.0	1.0	1.0

Package Description:

CA requests the transfer of \$1,698,000 GF State and \$1,947,000 GF Federal Title 4E from Fiscal Year 2016 to Fiscal Year 2017. The CA GF State appropriation is approximately \$3.4 million less in the second year at the 2015-17 Biennium carry forward level. The GF Federal Title 4E funding authority is also less in the second year, approximately \$3.9 million. This problem has developed over the last several biennia. This request would even out the budget appropriations between fiscal years and better reflect CA's spending plan.

AL TSA requests 1.0 FTE in order to provide additional staff resources to the Washington State Traumatic Brain Injury Council (TBIC). By funding this request, AL TSA will be able to provide the support needed by the TBIC to implement the TBI Comprehensive Statewide Plan. The FTE will be funded within the Council's existing funds with no need for additional GF State. The Council recently voted to add the position as part of the TBIC staffing plan for the 2015-17 Biennium.

The 2012 Supplemental Enacted Budget reduced the FTE Authority for ESA by 267 FTEs each year in step PL-R9. ESA was impacted heavily by the Hiring Freeze at that time and the estimate provided to support the FTE reduction was not accurate. ESA requests an increase of 249 FTE Authority per year for the 2015-17 Biennium.

Agency Contact: Bill Jordan (360) 902 8183

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

CA's budget authority would better reflect its spending plan.

The TBIC program manager will be able to support the TBI Comprehensive Statewide plan rather than spending time on administrative and logistical functions.

ESA will meet FTE Authority requirements.

Performance Measure Detail

Agency Level

Department of Social and Health Services

DP Code/Title: M2-7R Technical Corrections
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Activity: **E051 Program Support for Long Term Care**
No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goal 5: Public Trust - Strong management practices will be used to ensure quality and efficiency.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This decision package supports the Results Washington goals to:

Help keep people safe in their homes, on their jobs, and in their communities and:

- Decrease the rate of children with founded allegations of child abuse and/or neglect.
- Decrease the percent of children in out of home placement five years or more.
- Increase the percent of child victims in Child Protective Service intakes seen by a social worker within 24 hours of the intake.

Help the most vulnerable people become independent and self sufficient and:

- Increase the percent of individuals who leave public assistance (TANF) due to increased income.
- Increase the percent of long term care clients served in home and community based settings.

What are the other important connections or impacts related to this proposal?

Stakeholders would prefer that the CA have a more even split of their funding authority between fiscal years to carry out their mission.

The ALTSA FTE proposal was initiated and unanimously adopted by the Washington State TBI Council.

ESA FTE reduction in the 2012 Supplemental budget was not accurate.

What alternatives were explored by the agency, and why was this alternative chosen?

The request will help to equalize CA's existing resources between fiscal years and would help to alleviate an overspend issue that could occur in the second fiscal year.

The TBI Council has funding and this request is for the FTE authority.

What are the consequences of adopting or not adopting this package?

Adopting this package would allow the CA's budget to reflect its spending plan.

The TBI Council would have support staff to assist the program manager, which is its only paid staff.

Without the additional FTE's ESA would over spend their FTE authority each fiscal year.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

Department of Social and Health Services

DP Code/Title: M2-7R Technical Corrections
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: Technical Corrections.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

The CA cost requires this initial adjustment and will be on going into future biennia. There is no need for a carry forward level adjustment in the 2017 19 Biennium. The AL TSA and ESA FTEs are on going and will carry forward into future biennia.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
Program Totals			

DSHS Source Code Detail

Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund ,			
<u>Sources Title</u>			

Total for Fund

Total Overall Funding

Totals for all funds

2015-17 Biennial Budget Technical Corrections

CA Technical Correction - Fund Adjustment b/w Fiscal Year

2015-17 CFL		
Fund	FY 2016	FY 2017
001-1 State	303,866,000	300,470,000
001-A Federal Title 4E	153,557,000	149,663,000

Adjustment		
Fund	FY 2016	FY 2017
001-1 GF-State	(1,698,000)	1,698,000
001-A Federal Title 4E	(1,947,000)	1,947,000

Budget adjustment to line with estimated expenditure.

After Adjustment		
Fund	FY 2016	FY 2017
001-1 GF-State	302,168,000	302,168,000
001-A Federal Title 4E	151,610,000	151,610,000

AL TSA Technical Correction - FTE Authority Need

	FY 2016	FY 2017
FTE	1.0	1.0

AL TSA requests 1.0 FTE per year for the Washington State Traumatic Brain Injury Council

ESA Technical Correction - FTE Authority Need

2012 Supplemental Budget - Unfunded FTE Reduction Step PL-R9

	SFY 12	SFY 13
Economic Services Admin	(267)	(267)

ESA requests the reinstatement of 249 FTEs per year.

Department of Social and Health Services

DP Code/Title: M2-7S One-Time Relocation
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests one-time funding for relocation and project costs to support DSHS' Leased Facilities Strategic Plan.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	44,000	163,000	207,000
001-C General Fund - Basic Account-Medicaid Federal	40,000	150,000	190,000
Total Cost	84,000	313,000	397,000

Staffing

Package Description:

The DSHS Leased Facilities Strategic Plan was developed in Spring 2014 for inclusion in the Office of Financial Management's (OFM) 2015-21 Six-Year Facilities Plan as defined by RCW 43.82.055, which is due to the Legislature January 1, 2015. DSHS' long-range strategies increase the agency's current leasehold footprint by approximately 100,000 square feet in order to accommodate increasing space needs for the Aging and Long Term Support Administration, Developmental Disabilities Administration, Economic Services Administration, Administrative Services, Vocational Rehabilitation, and Childrens Administration.

Agency Contact: Charles Wang (360) 902-8154

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

DSHS is legally obligated to provide services to its estimated 2.5 million clients across the state. To accomplish this mission DSHS must have accessible American Disability Act (ADA) Compliant office locations across the state, which allow staff to meet with clients and provide them services.

Performance Measure Detail

Agency Level

Activity: E052 Eligibility/Case Management Services
 No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Activity: E054 Investigations/Quality Assurance for Vulnerable Adults
 No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goal identified in the DSHS 2013-2015 Strategic Plan:

Public Trust - Strong management practices will be used to ensure quality and efficiency.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

Department of Social and Health Services

DP Code/Title: M2-7S One-Time Relocation
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

This package supports Governor Inslee's Goals:

Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

Goal 5: Effective, Efficient and Accountable Government - Fostering a Lean culture that drives accountability and results for the people of Washington.

What are the other important connections or impacts related to this proposal?

None

What alternatives were explored by the agency, and why was this alternative chosen?

The request cannot be absorbed within existing resources. Not funding this request will decrease the agency's ability to serve our clients' needs. Funding will need to be diverted from other client services in order to support this expenditure.

What are the consequences of adopting or not adopting this package?

Funding this request will prevent a negative impact on client services.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: AW One-Time Relocation.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are one-time and will not carry forward.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
J Capital Outlays	84,000	313,000	397,000

Department of Social and Health Services

DP Code/Title: M2-7S One-Time Relocation

Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

DSHS Source Code Detail

Overall Funding		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u> <u>Title</u>				
0011	General Fund State	44,000	163,000	207,000
<i>Total for Fund 001-1</i>		44,000	163,000	207,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources</u> <u>Title</u>				
19UL	Title XIX Admin (50%)	40,000	150,000	190,000
<i>Total for Fund 001-C</i>		40,000	150,000	190,000
Total Overall Funding		84,000	313,000	397,000

**2015-17 Biennial Budget
One-Time Relocation**

Department of Social & Health Services									
Program	State			Other			Total		
	2016	2017	Total	2016	2017	Total	2016	2017	Total
010	\$ 2,210,000	\$ 813,000	\$ 3,023,000	\$ 232,000	\$ 85,000	\$ 317,000	\$ 2,442,000	\$ 898,000	\$ 3,340,000
020	\$ 2,000	\$ 185,000	\$ 187,000	\$ -	\$ -	\$ -	\$ 2,000	\$ 185,000	\$ 187,000
040	\$ 330,000	\$ 533,000	\$ 863,000	\$ 229,000	\$ 370,000	\$ 599,000	\$ 559,000	\$ 903,000	\$ 1,462,000
050	\$ 44,000	\$ 163,000	\$ 207,000	\$ 40,000	\$ 150,000	\$ 190,000	\$ 84,000	\$ 313,000	\$ 397,000
060	\$ 786,000	\$ 761,000	\$ 1,547,000	\$ 275,000	\$ 266,000	\$ 541,000	\$ 1,061,000	\$ 1,027,000	\$ 2,088,000
100	\$ 127,000	\$ 155,000	\$ 282,000	\$ -	\$ -	\$ -	\$ 127,000	\$ 155,000	\$ 282,000
110	\$ 35,000	\$ 24,000	\$ 59,000	\$ 8,000	\$ 5,000	\$ 13,000	\$ 43,000	\$ 29,000	\$ 72,000
Total	\$ 3,534,000	\$ 2,634,000	\$ 6,168,000	\$ 784,000	\$ 876,000	\$ 1,660,000	\$ 4,318,000	\$ 3,510,000	\$ 7,828,000

Department of Social and Health Services

DP Code/Title: M2-8L Lease Rate Adjustments
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests funding for the incremental cost of lease changes for offices and client service centers statewide.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	76,000	(20,000)	56,000
001-C General Fund - Basic Account-Medicaid Federal	(20,000)	(107,000)	(127,000)
Total Cost	56,000	(127,000)	(71,000)

Staffing

Package Description:

DSHS requests to fund the rate change associated with a total of 176 leases and sub-leases. These facilities house over 11,000 staff and community partners who provide mission-critical services and administrative support to an estimated 2.5 million DSHS clients annually. Currently, DSHS leases over 3.1 million square feet of space in 135 facilities statewide.

Agency Contact: Charles Wang (360) 902-8154

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

DSHS is legally obligated to provide services to its estimated 2.5 million clients across the state. To accomplish this mission, DSHS must have accessible American Disability Act (ADA) Compliant office locations across the state, which allow staff to meet with clients and provide them services.

Performance Measure Detail

Agency Level

Activity: D065 Office of Deaf and Hard of Hearing
 No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Activity: E051 Program Support for Long Term Care
 No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goal:

5: Public Trust - Strong management practices will be used to ensure quality and efficiency

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This package supports the Results Washington goals to:

Department of Social and Health Services

DP Code/Title: M2-8L Lease Rate Adjustments
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

Goal 5: Effective, Efficient and Accountable Government - Fostering a Lean culture that drives accountability and results for the people of Washington.

What are the other important connections or impacts related to this proposal?

None

What alternatives were explored by the agency, and why was this alternative chosen?

The request cannot be absorbed within existing resources. DSHS has no alternative but to pay its legally binding lease obligations, which may range from five-year to 15-year terms. Not funding this request will decrease the agency's ability to serve our clients' needs. Funding will need to be diverted from other client services in order to support this expenditure.

What are the consequences of adopting or not adopting this package?

Funding this request will prevent negative impacts on client services.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: AW Lease Rate Adjustments.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward into future biennia.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
E Goods\Other Services	(22,000)	(205,000)	(227,000)
P Debt Service	78,000	78,000	156,000
Total Objects	56,000	(127,000)	(71,000)

Department of Social and Health Services

DP Code/Title: M2-8L Lease Rate Adjustments
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

DSHS Source Code Detail

Overall Funding		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources Title</u>				
0011	General Fund State	76,000	(20,000)	56,000
<i>Total for Fund 001-1</i>		<u>76,000</u>	<u>(20,000)</u>	<u>56,000</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources Title</u>				
19UL	Title XIX Admin (50%)	(20,000)	(107,000)	(127,000)
<i>Total for Fund 001-C</i>		<u>(20,000)</u>	<u>(107,000)</u>	<u>(127,000)</u>
Total Overall Funding		<u>56,000</u>	<u>(127,000)</u>	<u>(71,000)</u>

**2015-17 Biennial Budget
Lease Rate Adjustments**

Department of Social & Health Services

Program	State			Other			Total		
	2016	2017	Total	2016	2017	Total	2016	2017	Total
010 - CA	\$340,000	\$830,000	\$1,170,000	\$36,000	\$87,000	\$123,000	\$376,000	\$917,000	\$1,293,000
020 - JRA	(\$36,000)	\$219,000	\$183,000	\$0	\$0	\$0	(\$36,000)	\$219,000	\$183,000
030 - MHD	(\$37,000)	(\$33,000)	(\$70,000)	(\$3,000)	(\$2,000)	(\$5,000)	(\$40,000)	(\$35,000)	(\$75,000)
040 - DDD	\$346,000	\$703,000	\$1,049,000	\$241,000	\$488,000	\$729,000	\$587,000	\$1,191,000	\$1,778,000
050 - LTC	\$76,000	(\$20,000)	\$56,000	(\$20,000)	(\$107,000)	(\$127,000)	\$56,000	(\$127,000)	(\$71,000)
060 - ESA	(\$174,000)	\$288,000	\$114,000	(\$104,000)	\$173,000	\$69,000	(\$278,000)	\$461,000	\$183,000
070 - ASA	(\$58,000)	(\$51,000)	(\$109,000)	(\$13,000)	(\$12,000)	(\$25,000)	(\$71,000)	(\$63,000)	(\$134,000)
100 - DVR	\$299,000	\$309,000	\$608,000	\$0	\$0	\$0	\$299,000	\$309,000	\$608,000
110 - ADMIN	\$114,000	\$210,000	\$324,000	\$25,000	\$46,000	\$71,000	\$139,000	\$256,000	\$395,000
135 - SCC	(\$25,000)	(\$24,000)	(\$49,000)	\$0	\$0	\$0	(\$25,000)	(\$24,000)	(\$49,000)
Total	\$845,000	\$2,431,000	\$3,276,000	\$162,000	\$673,000	\$835,000	\$1,007,000	\$3,104,000	\$4,111,000

Program	Total Request			Lease Matrix			On-Going Leases Only		
	2015-17 Biennium Request (Incremental)			2015-17 Biennium Need			2015-17 Total Carry Forward Level		
	FY 2016	FY 2017	Total	FY 2016	FY 2017	Total	FY 2016	FY 2017	Total
010 - CA	376,000	917,000	1,293,000	16,901,000	17,559,000	34,460,000	16,525,000	16,642,000	33,167,000
020 - JRA	(36,000)	219,000	183,000	805,000	1,037,000	1,842,000	841,000	818,000	1,659,000
030 - MHD	(40,000)	(35,000)	(75,000)	380,000	385,000	765,000	420,000	420,000	840,000
040 - DDD	587,000	1,191,000	1,778,000	4,062,000	4,787,000	8,849,000	3,475,000	3,596,000	7,071,000
050 - LTC	56,000	(127,000)	(71,000)	8,053,000	8,432,000	16,485,000	7,997,000	8,559,000	16,556,000
060 - ESA	(278,000)	461,000	183,000	27,648,000	28,424,000	56,072,000	27,926,000	27,963,000	55,889,000
070 - ASA	(71,000)	(63,000)	(134,000)	290,000	290,000	580,000	361,000	353,000	714,000
100 - DVR	299,000	309,000	608,000	2,670,000	2,680,000	5,350,000	2,371,000	2,371,000	4,742,000
110 - ADMIN	139,000	256,000	395,000	441,000	554,000	995,000	302,000	298,000	600,000
135 - SCC	(25,000)	(24,000)	(49,000)	305,000	306,000	611,000	330,000	330,000	660,000
Total	1,007,000	3,104,000	4,111,000	61,555,000	64,454,000	126,009,000	60,548,000	61,350,000	121,898,000

Department of Social and Health Services

DP Code/Title: M2-8M Mileage Rate Adjustments
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests increased funding necessary to reimburse staff and volunteers for private automobile mileage. By funding this request, DSHS will be able to meet its base cost requirements. The number of total miles driven by agency employees and volunteers while conducting official state business has increased steadily since 2012.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	19,000	19,000	38,000
001-C General Fund - Basic Account-Medicaid Federal	16,000	16,000	32,000
Total Cost	35,000	35,000	70,000

Staffing

Package Description:

Current state travel regulations allow a reimbursement rate for the use of privately owned vehicles when traveling on official state businesses (In-Take Referrals for Child Abuse Investigations, Foster Home Visits, Domestic Violence Prevention, and New Employee Trainings, etc). While the reimbursement rate of \$0.560 per mile remained relatively flat compared to previous biennia, the number of total miles driven by agency employees and volunteers while conducting official state business has increased steadily since 2012.

Agency Contact: Charles Wang (360) 902-8154

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Funding this request will strengthen the foundation for the current continuum of care and access to client services across the department.

Performance Measure Detail

Agency Level

Activity: E051 Program Support for Long Term Care

No measures linked to package

Incremental Changes

<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Activity: E054 Investigations/Quality Assurance for Vulnerable Adults

No measures linked to package

Incremental Changes

<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports one of DSHS Goals:

Public Trust - Strong management practices will be used to ensure quality and efficiency

State of Washington
Decision Package
Department of Social and Health Services

DP Code/Title: M2-8M Mileage Rate Adjustments
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This package supports the Results Washington goals to:

Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

Goal 5: Effective, Efficient and Accountable Government - Fostering a Lean culture that drives accountability and results for the people of Washington.

What are the other important connections or impacts related to this proposal?

None

What alternatives were explored by the agency, and why was this alternative chosen?

The request cannot be absorbed within existing resources. Not funding this request will decrease the agency's ability to meet our clients' needs. Funding will need to be diverted from other client services in order to support this expenditure.

What are the consequences of adopting or not adopting this package?

Funding this request will prevent any negative impact on client services.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: AW Mileage Rate Adjustments.xlsb

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward into future biennia.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
G Travel	34,000	34,000	68,000
T Intra-Agency Reimbursements	1,000	1,000	2,000
Total Objects	35,000	35,000	70,000

Department of Social and Health Services

DP Code/Title: M2-8M Mileage Rate Adjustments
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

DSHS Source Code Detail

Overall Funding		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u>	<u>Title</u>			
0011	General Fund State	19,000	19,000	38,000
<i>Total for Fund 001-1</i>		19,000	19,000	38,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources</u>	<u>Title</u>			
19UL	Title XIX Admin (50%)	16,000	16,000	32,000
<i>Total for Fund 001-C</i>		16,000	16,000	32,000
Total Overall Funding		35,000	35,000	70,000

2015-17 Biennial Budget Mileage Rate Adjustments

Department of Social & Health Services

Program	Year			ISSD - TZ			Total		
	2016	2017	Total	2016	2017	Total	2016	2017	Total
010	255,000	255,000	510,000	2,000	2,000	4,000	257,000	257,000	514,000
020	4,000	4,000	8,000	1,000	1,000	2,000	5,000	5,000	10,000
030	3,000	3,000	6,000	1,000	1,000	2,000	4,000	4,000	8,000
040	42,000	42,000	84,000	1,000	1,000	2,000	43,000	43,000	86,000
050	34,000	34,000	68,000	1,000	1,000	2,000	35,000	35,000	70,000
060	42,000	42,000	84,000	5,000	5,000	10,000	47,000	47,000	94,000
150	11,000	11,000	22,000	(11,000)	(11,000)	(22,000)	0	0	0
Total	391,000	391,000	782,000	0	0	0	391,000	391,000	782,000

State/Other Split

Program	State			Federal			Total		
	2016	2017	Total	2016	2017	Total	2016	2017	Total
010	233,000	233,000	466,000	24,000	24,000	48,000	257,000	257,000	514,000
020	5,000	5,000	10,000	0	0	0	5,000	5,000	10,000
030	4,000	4,000	8,000	0	0	0	4,000	4,000	8,000
040	26,000	26,000	52,000	17,000	17,000	34,000	43,000	43,000	86,000
050	19,000	19,000	38,000	16,000	16,000	32,000	35,000	35,000	70,000
060	31,000	31,000	62,000	16,000	16,000	32,000	47,000	47,000	94,000
150	0	0	0	0	0	0	0	0	0
Total	318,000	318,000	636,000	73,000	73,000	146,000	391,000	391,000	782,000

Department of Social and Health Services

DP Code/Title: M2-8P Postage Rate Adjustments
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Department of Social Health and Services (DSHS) requests funding for the 6.52 percent postage rate increase which went into effect January 27, 2014. By funding this request, DSHS is expected to meet its postal obligations to customers, clients, and constituents.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	11,000	11,000	22,000
001-C General Fund - Basic Account-Medicaid Federal	6,000	6,000	12,000
Total Cost	17,000	17,000	34,000

Staffing

Package Description:

Problem Statement:

The United States Postal Services (USPS) increased its postal rate for first-class mail from \$0.46 to \$0.49 (6.52 percent increase) on January 27, 2014. The USPS increase impacts all DSHS programs.

Communication between clients and programs are a routine and essential part of doing business. Clients expect written responses to their inquiries and concerns. Other areas impacted by this postage rate increase are payments to clients and notices to clients required by law.

The USPS mail services are considered accessible to all clients and it is an efficient means of communication. Other forms of communication or remittance of payments such as electronic banking and e-mail are not accessible to the majority of the department's clients or may require revisions to state laws.

Proposed Solution:

DSHS requests \$1,106,000 (\$744,000 GF-State) for a postal rate adjustment so that all the DSHS programs can meet its current postal obligations.

Agency Contact: Don Petrich (360) 902-7831

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

By funding this decision package, DSHS will continue meeting its obligations and statutory requirements to ensure all clients receive their proper information in a timely manner without negative impacts to other client services.

Performance Measure Detail

Agency Level

Activity: E052 Eligibility/Case Management Services

Incremental Changes
FY 1 FY 2

Department of Social and Health Services

DP Code/Title: M2-8P Postage Rate Adjustments
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

No measures linked to package

0.00 0.00

Activity: E054 Investigations/Quality Assurance for Vulnerable Adults

Incremental Changes

No measures linked to package

FY 1

FY 2

0.00

0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goal:

5: Public Trust - Strong management practices will be used to ensure quality and efficiency.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This decision package supports the Results Washington Goal:

5: Effective, Efficient and Accountable Government - Fostering a Lean culture that drives accountability and results for the people of Washington.

Ensure efficiency and performance to the public by providing transparency and accountability in state agency operations and:

--Increase Washington State government's transparency.

--Increase customer satisfaction.

--Increase on-time delivery for state services.

What are the other important connections or impacts related to this proposal?

None

What alternatives were explored by the agency, and why was this alternative chosen?

The request cannot be absorbed within existing resources. Funds supporting other client services would need to be diverted if funding for this USPS rate increase is not provided.

What are the consequences of adopting or not adopting this package?

Not funding this request will have a negative impact to the agency's ability to communicate with clients and hamper its ability to remain responsive to constituent needs. If not approved, funds will have to be diverted from other program activities and/or services to cover the cost increase.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: AW Postage Rate Adjustments.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

Department of Social and Health Services

DP Code/Title: M2-8P Postage Rate Adjustments
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

These costs are ongoing and will carry forward into future biennia.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
E Goods\Other Services	13,000	13,000	26,000
T Intra-Agency Reimbursements	4,000	4,000	8,000
Total Objects	17,000	17,000	34,000

DSHS Source Code Detail

Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	11,000	11,000	22,000
<i>Total for Fund 001-1</i>	11,000	11,000	22,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	6,000	6,000	12,000
<i>Total for Fund 001-C</i>	6,000	6,000	12,000
Total Overall Funding	17,000	17,000	34,000

**2015-17 Biennial Budget
Postage Rate Adjustments**

Department of Social and Health Services

Rounded =Round(link,-3)

Program	Year			ISSD - TZ			Total		
	2016	2017	Total	2016	2017	Total	2016	2017	Total
010	19,000	19,000	38,000	6,000	6,000	12,000	25,000	25,000	50,000
020	2,000	2,000	4,000	1,000	1,000	2,000	3,000	3,000	6,000
030	5,000	5,000	10,000	3,000	3,000	6,000	8,000	8,000	16,000
040	9,000	9,000	18,000	4,000	4,000	8,000	13,000	13,000	26,000
050	13,000	13,000	26,000	4,000	4,000	8,000	17,000	17,000	34,000
060	445,000	445,000	890,000	15,000	15,000	30,000	460,000	460,000	920,000
070	0	0	0	0	0	0	0	0	0
100	4,000	4,000	8,000	1,000	1,000	2,000	5,000	5,000	10,000
110	10,000	10,000	20,000	10,000	10,000	20,000	20,000	20,000	40,000
135	1,000	1,000	2,000	1,000	1,000	2,000	2,000	2,000	4,000
145	0	0	0	0	0	0	0	0	0
150	45,000	45,000	90,000	(45,000)	(45,000)	(90,000)	0	0	0
Total	553,000	553,000	1,106,000	0	0	0	553,000	553,000	1,106,000

State/Other Split

Program	State			Other			Total		
	2016	2017	Total	2016	2017	Total	2016	2017	Total
010	23,000	23,000	46,000	2,000	2,000	4,000	25,000	25,000	50,000
020	3,000	3,000	6,000	0	0	0	3,000	3,000	6,000
030	8,000	8,000	16,000	0	0	0	8,000	8,000	16,000
040	9,000	9,000	18,000	4,000	4,000	8,000	13,000	13,000	26,000
050	11,000	11,000	22,000	6,000	6,000	12,000	17,000	17,000	34,000
060	293,000	293,000	586,000	167,000	167,000	334,000	460,000	460,000	920,000
070	0	0	0	0	0	0	0	0	0
100	5,000	5,000	10,000	0	0	0	5,000	5,000	10,000
110	18,000	18,000	36,000	2,000	2,000	4,000	20,000	20,000	40,000
135	2,000	2,000	4,000	0	0	0	2,000	2,000	4,000
145	0	0	0	0	0	0	0	0	0
150	0	0	0	0	0	0	0	0	0
Total	372,000	372,000	744,000	181,000	181,000	362,000	553,000	553,000	1,106,000

Department of Social and Health Services

DP Code/Title: M2-9G Workers Comp Base Correction
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests funding to correct the base funding level of premiums paid to Labor and Industries (L&I) for worker's compensation. By funding this request, DSHS will not have to divert funding from services to clients in order to cover the cost of this mandatory premium.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	39,000	36,000	75,000
001-C General Fund - Basic Account-Medicaid Federal	35,000	34,000	69,000
Total Cost	74,000	70,000	144,000

Staffing

Package Description:

A review of the funding for worker's compensation found two steps in previous biennial budgets that resulted in an inadequate amount of funding being provided for the premiums that are paid to L&I.

The first adjustment that needs to be made is in the calculation of the Worker's Compensation Changes for the 2011-13 Biennial Budget. The information provided for the calculation showed an Estimated Premium Paid of \$25.2 million for the first year and \$28.5 million for the second year. Using these amounts against the proposed estimated premium of \$31.9 million per fiscal year resulted in an increase in funding of \$6.7 million in the first year and \$3.4 million in the second. The actual cost for the second year for the department was \$24.7 million, instead of the \$28.5 million above, a difference of \$3.8 million for the increased cost in the second year.

The second adjustment is for the Carry Forward Level (CFL) adjustment in the 2013-15 Biennial Budget. The 2011-13 funding was placed into DSHS program Payments to Other Agencies (PTOA or Program 145). As part of the 2012 Supplemental Budget, the funding was transferred out of PTOA to the appropriate DSHS programs. When CFL was completed, Step G01 Transfers contained a reduction of \$3.4 million for the 2011-13 Worker's Compensation Step. This step brought the first year funding to the second year level for the workers compensation portion of the transfer step. There should not have been a CFL adjustment for the Worker's Compensation Step, because the original step was done to bring the funding up to \$31.9 million per Fiscal Year as estimated by L&I.

By funding this request the programs budgets will receive the funding necessary to cover the amounts that are being paid to L&I each quarter.

Agency contact: Bill Jordan (360) 902-8183.

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

By funding this mandatory payment requirement, DSHS will not have to divert other funds that currently support client services.

Department of Social and Health Services

DP Code/Title: M2-9G Workers Comp Base Correction
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Performance Measure Detail

Agency Level

Activity: D065 Office of Deaf and Hard of Hearing
No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Activity: E051 Program Support for Long Term Care
No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Activity: E052 Eligibility/Case Management Services
No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Activity: E054 Investigations/Quality Assurance for Vulnerable Adults
No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goals:

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

5: Public Trust - Strong management policies will be used to ensure quality and efficiency. This request will limit risk to the department by establishing mechanisms for appropriate charges incurred by DSHS programs.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This package supports Governor Inslee's Goal:

5: Effective, Efficient and Accountable Government - Fostering a Lean culture that drives accountability and results for the people of Washington.

What are the other important connections or impacts related to this proposal?

None

What alternatives were explored by the agency, and why was this alternative chosen?

The request cannot be absorbed with existing resources without reducing the funding for services to clients.

What are the consequences of adopting or not adopting this package?

Funding this request will prevent any negative impact on client services.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

Department of Social and Health Services

**DP Code/Title: M2-9G Workers Comp Base Correction
 Program Level - 050 Aging and Long-Term Support Admin**

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

See attachment: AW Workers Comp Base Correction.xlsx.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

L&I's cost for worker's compensation is an ongoing cost to the department.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
B Employee Benefits	74,000	70,000	144,000
<u>DSHS Source Code Detail</u>			
Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources</u> <u>Title</u>			
0011 General Fund State	39,000	36,000	75,000
<i>Total for Fund 001-1</i>	<u>39,000</u>	<u>36,000</u>	<u>75,000</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources</u> <u>Title</u>			
19UL Title XIX Admin (50%)	35,000	34,000	69,000
<i>Total for Fund 001-C</i>	<u>35,000</u>	<u>34,000</u>	<u>69,000</u>
Total Overall Funding	<u>74,000</u>	<u>70,000</u>	<u>144,000</u>

**2015-17 Biennial Budget
Workers Comp Base Correction**

Department of Social and Health Services

Program	FY 16	FY 17	FY 16 FUNDING			FY 17 FUNDING		
	B	B	State	Other	Total	State	Other	Total
010 Children's Administration	149,000	137,000	135,000	14,000	149,000	124,000	13,000	137,000
020 Juvenile Rehabilitation Admin	203,000	231,000	203,000	-	203,000	231,000	-	231,000
030 Mental Heath Division	1,257,000	1,296,000	1,171,000	86,000	1,257,000	1,207,000	89,000	1,296,000
040 Developmental Disabilites Admin	1,363,000	1,698,000	804,000	559,000	1,363,000	1,002,000	696,000	1,698,000
050 Aging & Long-Term Support	74,000	70,000	39,000	35,000	74,000	36,000	34,000	70,000
060 Economic Services Admin	236,000	231,000	148,000	88,000	236,000	144,000	87,000	231,000
070 Alcohol & Substance Abuse	4,000	4,000	3,000	1,000	4,000	3,000	1,000	4,000
100 Division of Vocational Rehab	18,000	16,000	18,000	-	18,000	16,000	-	16,000
110 Administration	26,000	25,000	21,000	5,000	26,000	21,000	4,000	25,000
135 Special Commitment Center	93,000	116,000	93,000	-	93,000	116,000	-	116,000
TOTAL	3,423,000	3,824,000	2,635,000	788,000	3,423,000	2,900,000	924,000	3,824,000

Department of Social and Health Services

DP Code/Title: M2-9T Transfers

Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests the shift of FTEs and funding among programs in the 2015-17 Biennial Budget. This transfer will align FTEs and funds with the programs where the costs are incurred. The net impact is zero.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	(27,000)	(45,000)	(72,000)
001-C General Fund - Basic Account-Medicaid Federal	(276,000)	(276,000)	(552,000)
Total Cost	(303,000)	(321,000)	(624,000)

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	(2.0)	(2.0)	(2.0)

Package Description:

DSHS requests internal transfers among several program budgets resulting in a net zero funding change for the department. This aligns program appropriations with planned expenditures. DSHS requests the following adjustments for the 2015-17 Biennial Budget:

Information System Services Division (ISSD) Compensation Adjustment-
 (Program 110 to Programs 010, 020, 030, 040, 050, 060, 100, 135):

Program 110 - Administration and Supporting Services (Administration) will transfer compensation adjustments for staff in the Information Systems Services Division (Program 150) to other DSHS programs. ISSD is a chargeback program where the funding resides in program's Sub-Object TZ budget. Administration will transfer (\$214,000) GF-State to the other programs. The transfer will realign the funding with the correct DSHS programs to be charged by ISSD.

Consolidated Field Services (CFS) Compensation Adjustment -
 (Program 110 to Programs 010, 020, 030, 040, 050, 060, 135):

Program 110 - Administration and Supporting Services (Administration) will transfer compensation adjustments for staff in Consolidated Field Services (Program 160) to other DSHS programs. CFS is a chargeback program where the funding resides in program's budget. Administration will transfer (\$216,000) GF-State to the other programs. The transfer will realign the funding with the correct DSHS programs to be charged by CFS.

ISSD Chargeback Reallocation -

(Programs 010, 020, 030, 040, 050, 060, 070, 100, 110, 135):

The Financial Services Administration (FSA), in conjunction with program areas and ISSD, updated the chargeback methodology for services that are being provided. The methodology simplifies the categories of service, as well as the metrics used to fairly and efficiently distribute charges for services utilized. As a result of the methodology updates, the allocation of funding to the program area needs to be re-distributed to reflect the changes. This re-allocation will in essence hold harmless the program areas, so that all programs will be sufficiently funded for currently identified ISSD service needs.

Information Technology Savings (ITS) Adjustment-

(Program 145 to Programs 010, 020, 030, 040, 050, 060, 070, 100, 110):

Program 145 - Payments to Other Agencies (PTOA) will transfer the ITS reduction to other DSHS programs. The ITS step was placed into PTOA as part of the 2014 Supplemental budget. The PTOA will transfer (\$676,000) GF-State to the other programs. The transfer will realign the reduction with the DSHS programs that incur the charges.

Department of Social and Health Services

DP Code/Title: **M2-9T Transfers**

Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Office of Deaf and Hard of Hearing (ODHH) Compensation Adjustment-
(Program 100 to Program 050):

Program 100 - Division of Vocational Rehabilitation (DVR) will transfer compensation adjustments for ODHH staff to Program 050 - Aging and Long-Term Support Administration (ALTSA). ODHH was transferred from DVR to ALTSA in the 2014 Supplemental budget. This transfer is for the ODHH portion of the employee benefit steps that remains in program 050. DVR will transfer (\$6,000) in FY 16 and \$12,000 in FY 17 to ALTSA. The transfer will realign the funding for the ODHH staff into the correct program.

Aging and Long-Term Support Administration to Developmental Disability Administration Transfer-
(Program 050 to Program 040):

Transfer of 3 FTEs and the funding for the staff that are working on the Roads to Community Living project.

Children's Administration to Aging and Long-Term Support Administration Transfer-
(Program 010 to Program 050):

Transfer of .5 FTE and the funding for the staff that are working on the Foster Well Being project.

Economic Services Administration to Aging and Long-Term Support Administration Transfer-
(Program 060 to Program 050):

Transfer of .5 FTE and the funding for the long term care workload related to Western State Hospital.

These transfers will realign the funding with the DSHS programs to be charged.

Agency contact: Bill Jordan 360-902-8183.

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

DSHS accounts for the wise use of public dollars by maximizing federal funding sources.

Performance Measure Detail

Agency Level

Activity: **D065 Office of Deaf and Hard of Hearing**

No measures linked to package

Incremental Changes

FY 1

FY 2

0.00

0.00

Activity: **E051 Program Support for Long Term Care**

No measures linked to package

Incremental Changes

FY 1

FY 2

0.00

0.00

Activity: **E052 Eligibility/Case Management Services**

No measures linked to package

Incremental Changes

FY 1

FY 2

0.00

0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goal 1: Health - Each individual and each community will be healthy and Goal 5: Public Trust - Strong management policies will be used to ensure quality and efficiency. This request will limit risk to the department by establishing mechanisms for appropriate charges incurred by DSHS programs.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This package supports Governor Inslee's Goal 5: Effective, Efficient and Accountable Government - Fostering a Lean culture

Department of Social and Health Services

DP Code/Title: M2-9T Transfers
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

that drives accountability and results for the people of Washington.

What are the other important connections or impacts related to this proposal?

None

What alternatives were explored by the agency, and why was this alternative chosen?

The request transfers funding between programs so that the needs can be met within existing resources.

What are the consequences of adopting or not adopting this package?

These transfers will realign the funding with the DSHS programs that are charged for the services.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: AW Transfers.xlsx.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

The transfer is one-time then all costs associated with it will be ongoing and will carry-forward into future biennia.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	(155,000)	(155,000)	(310,000)
B Employee Benefits	(35,000)	(53,000)	(88,000)
E Goods\Other Services	(101,000)	(101,000)	(202,000)
G Travel	(1,000)	(1,000)	(2,000)
P Debt Service	(1,000)	(1,000)	(2,000)
T Intra-Agency Reimbursements	(10,000)	(10,000)	(20,000)
Total Objects	(303,000)	(321,000)	(624,000)

State of Washington
Decision Package
 Department of Social and Health Services

DP Code/Title: M2-9T Transfers
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

DSHS Source Code Detail

Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources</u> <u>Title</u>			
0011 General Fund State	(27,000)	(45,000)	(72,000)
<i>Total for Fund 001-1</i>	(27,000)	(45,000)	(72,000)
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources</u> <u>Title</u>			
19UL Title XIX Admin (50%)	(276,000)	(276,000)	(552,000)
<i>Total for Fund 001-C</i>	(276,000)	(276,000)	(552,000)
Total Overall Funding	(303,000)	(321,000)	(624,000)

**2015-17 Biennial Budget
Transfers**

Program	FTEs			FY 2016			FY 2017			2015-17 Biennium		
	FY16	FY17	Total	001-1	Other	Total	001-1	Other	Total	001-1	Other	Total
010 Children's Administration												
1. ISSD Compensation Adjustments			0.0	(18,000)		(18,000)	(18,000)		(18,000)	(36,000)	0	(36,000)
2. CFS Compensation Adjustments			0.0	(6,000)		(6,000)	(6,000)		(6,000)	(12,000)	0	(12,000)
3. ISSD Chargeback Reallocation			0.0	(501,000)	(24,000)	(525,000)	(501,000)	(24,000)	(525,000)	(1,002,000)	(48,000)	(1,050,000)
4. ITS Adjustment			0.0	(73,000)		(73,000)	(73,000)		(73,000)	(146,000)	0	(146,000)
7. CA to ALTSA Transfer	(0.5)	(0.5)	(0.5)	(29,000)	(28,000)	(57,000)	(29,000)	(28,000)	(57,000)	(58,000)	(56,000)	(114,000)
			0.0			0			0	0	0	0
010 Total	(0.5)	(0.5)	(0.5)	(627,000)	(52,000)	(679,000)	(627,000)	(52,000)	(679,000)	(1,254,000)	(104,000)	(1,358,000)
020 Juvenile Rehabilitation												
1. ISSD Compensation Adjustments			0.0	(3,000)		(3,000)	(3,000)		(3,000)	(6,000)	0	(6,000)
2. CFS Compensation Adjustments			0.0	(14,000)		(14,000)	(14,000)		(14,000)	(28,000)	0	(28,000)
3. ISSD Chargeback Reallocation			0.0	140,000		140,000	140,000		140,000	280,000	0	280,000
4. ITS Adjustment			0.0	(14,000)		(14,000)	(14,000)		(14,000)	(28,000)	0	(28,000)
			0.0			0			0	0	0	0
020 Total	0.0	0.0	0.0	109,000	0	109,000	109,000	0	109,000	218,000	0	218,000
030 Mental Health												
1. ISSD Compensation Adjustments			0.0	(10,000)		(10,000)	(10,000)		(10,000)	(20,000)	0	(20,000)
2. CFS Compensation Adjustments			0.0	(34,000)		(34,000)	(34,000)		(34,000)	(68,000)	0	(68,000)
3. ISSD Chargeback Reallocation			0.0	532,000	39,000	571,000	532,000	39,000	571,000	1,064,000	78,000	1,142,000
4. ITS Adjustment			0.0	(20,000)		(20,000)	(20,000)		(20,000)	(40,000)	0	(40,000)
			0.0			0			0	0	0	0
030 Total	0.0	0.0	0.0	468,000	39,000	507,000	468,000	39,000	507,000	936,000	78,000	1,014,000
040 Developmental Disabilities Administration												
1. ISSD Compensation Adjustments			0.0	(12,000)		(12,000)	(12,000)		(12,000)	(24,000)	0	(24,000)
2. CFS Compensation Adjustments			0.0	(35,000)		(35,000)	(35,000)		(35,000)	(70,000)	0	(70,000)
3. ISSD Chargeback Reallocation			0.0	511,000	355,000	866,000	511,000	355,000	866,000	1,022,000	710,000	1,732,000
4. ITS Adjustment			0.0	(40,000)		(40,000)	(40,000)		(40,000)	(80,000)	0	(80,000)
6. ALTSA to DDA Transfer	3.0	3.0	3.0		339,000	339,000		339,000	339,000	0	678,000	678,000
			0.0			0			0	0	0	0
040 Total	3.0	3.0	3.0	424,000	694,000	1,118,000	424,000	694,000	1,118,000	848,000	1,388,000	2,236,000
050 Aging & Long-Term Support Admin												
1. ISSD Compensation Adjustments			0.0	(13,000)		(13,000)	(13,000)		(13,000)	(26,000)	0	(26,000)
2. CFS Compensation Adjustments			0.0	(2,000)		(2,000)	(2,000)		(2,000)	(4,000)	0	(4,000)
3. ISSD Chargeback Reallocation			0.0	12,000	12,000	24,000	12,000	12,000	24,000	24,000	24,000	48,000
4. ITS Adjustment			0.0	(83,000)		(83,000)	(83,000)		(83,000)	(166,000)	0	(166,000)
5. ODHH Compensation Adjustment			0.0	6,000		6,000	(12,000)		(12,000)	(6,000)	0	(6,000)
6. ALTSA to DDA Transfer	(3.0)	(3.0)	(3.0)	0	(339,000)	(339,000)	0	(339,000)	(339,000)	0	(678,000)	(678,000)
7. CA to ALTSA Transfer	0.5	0.5	0.5	29,000	28,000	57,000	29,000	28,000	57,000	58,000	56,000	114,000
8. ESA to ALTSA Transfer	0.5	0.5	0.5	24,000	23,000	47,000	24,000	23,000	47,000	48,000	46,000	94,000
			0.0			0			0	0	0	0
050 Total	(2.0)	(2.0)	(2.0)	(27,000)	(276,000)	(303,000)	(45,000)	(276,000)	(321,000)	(72,000)	(552,000)	(624,000)
060 Economic Services Administration												
1. ISSD Compensation Adjustments			0.0	(47,000)		(47,000)	(47,000)		(47,000)	(94,000)	0	(94,000)
2. CFS Compensation Adjustments			0.0	(7,000)		(7,000)	(7,000)		(7,000)	(14,000)	0	(14,000)
3. ISSD Chargeback Reallocation			0.0	(1,023,000)	(463,000)	(1,486,000)	(1,023,000)	(463,000)	(1,486,000)	(2,046,000)	(926,000)	(2,972,000)
4. ITS Adjustment			0.0	(411,000)		(411,000)	(411,000)		(411,000)	(822,000)	0	(822,000)
8. ESA to ALTSA Transfer	(0.5)	(0.5)	(0.5)	(24,000)	(23,000)	(47,000)	(24,000)	(23,000)	(47,000)	(48,000)	(46,000)	(94,000)
			0.0			0			0	0	0	0
060 Total	(0.5)	(0.5)	(0.5)	(1,512,000)	(486,000)	(1,998,000)	(1,512,000)	(486,000)	(1,998,000)	(3,024,000)	(972,000)	(3,996,000)
070 Alcohol and Substance Abuse												
3. ISSD Chargeback Reallocation			0.0	2,000	1,000	3,000	2,000	1,000	3,000	4,000	2,000	6,000
4. ITS Adjustment			0.0	(6,000)		(6,000)	(6,000)		(6,000)	(12,000)	0	(12,000)
			0.0			0			0	0	0	0
070 Total	0.0	0.0	0.0	(4,000)	1,000	(3,000)	(4,000)	1,000	(3,000)	(8,000)	2,000	(6,000)
100 Division of Voc. Rehabilitation												
1. ISSD Compensation Adjustments			0.0	(2,000)		(2,000)	(2,000)		(2,000)	(4,000)	0	(4,000)
2. CFS Compensation Adjustments			0.0			0			0	0	0	0
3. ISSD Chargeback Reallocation			0.0	(35,000)		(35,000)	(35,000)		(35,000)	(70,000)	0	(70,000)
4. ITS Adjustment			0.0	(15,000)		(15,000)	(15,000)		(15,000)	(30,000)	0	(30,000)
5. ODHH Compensation Adjustment			0.0	(6,000)		(6,000)	12,000		12,000	6,000	0	6,000
			0.0			0			0	0	0	0
100 Total	0.0	0.0	0.0	(58,000)	0	(58,000)	(40,000)	0	(40,000)	(98,000)	0	(98,000)
110 Administration & Supporting Services												
1. ISSD Compensation Adjustments			0.0	107,000		107,000	107,000		107,000	214,000	0	214,000
2. CFS Compensation Adjustments			0.0	108,000		108,000	108,000		108,000	216,000	0	216,000
3. ISSD Chargeback Reallocation			0.0	219,000	80,000	299,000	219,000	80,000	299,000	438,000	160,000	598,000
4. ITS Adjustment			0.0	(10,000)		(10,000)	(10,000)		(10,000)	(20,000)	0	(20,000)
			0.0			0			0	0	0	0
110 Total	0.0	0.0	0.0	424,000	80,000	504,000	424,000	80,000	504,000	848,000	160,000	1,008,000

**2015-17 Biennial Budget
Transfers**

Program	FTEs			FY 2016			FY 2017			2015-17 Biennium		
	FY16	FY17	Total	001-1	Other	Total	001-1	Other	Total	001-1	Other	Total
135 Special Commitment Center												
1. ISSD Compensation Adjustments			0.0	(2,000)		(2,000)	(2,000)		(2,000)	(4,000)	0	(4,000)
2. CFS Compensation Adjustments			0.0	(10,000)		(10,000)	(10,000)		(10,000)	(20,000)	0	(20,000)
3. ISSD Chargeback Reallocation			0.0	143,000		143,000	143,000		143,000	286,000	0	286,000
4. ITS Adjustment			0.0	(4,000)		(4,000)	(4,000)		(4,000)	(8,000)	0	(8,000)
			0.0			0			0	0	0	0
135 Total	0.0	0.0	0.0	127,000	0	127,000	127,000	0	127,000	254,000	0	254,000
145 Payments to Other Agencies												
4. ITS Adjustment			0.0	676,000		676,000	676,000		676,000	1,352,000	0	1,352,000
			0.0			0			0	0	0	0
145 Total	0.0	0.0	0.0	676,000	0	676,000	676,000	0	676,000	1,352,000	0	1,352,000
150 Information System Services Division												
4. ITS Adjustment			0.0			0			0	0	0	0
			0.0			0			0	0	0	0
150 Total	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0
160 Consolidated Field Services												
			0.0			0			0	0	0	0
160 Total	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0
Agency-Wide Total:	0	0	0.0	0	0	0	0	0	0	0	0	0

NOTES:

1. Information System Services Division (ISSD) compensation adjustments from Administration & Supporting Services (Admin). Item adjusts object TZ costs. No Carry Forward Level adjustment needed for the 2017-19 Biennium.
2. Consolidated Field Services (CFS) compensation adjustments from Administration & Supporting Services (Admin). Item adjusts object B. No Carry Forward Level adjustment needed for the 2017-19 Biennium.
3. Information System Services Division (ISSD) reallocation of chargeback funding. Item adjusts object TZ costs. No Carry Forward Level adjustment needed for the 2017-19 Biennium.
4. Information Technology Savings from Payments to Other Agencies. Item adjust object E and TZ. No Carry Forward Level adjustment needed for the 2017-19 Biennium.
5. Office of Deaf and Hard of Hearing compensation adjustment from Division of Vocational Rehabilitation. Item adjusts object B. No Carry Forward Level adjustment needed for the 2017-19 Biennium.
6. ATSA to DDA Transfer - alignment of the budget for the staff are working on Roads to Community Living.
7. CA to ALTSA Transfer - alignment of the budget for the staff that are working on Foster Well Being.
8. ESA to ALTSA Transfer - alignment of the budget for the long term care workload related to Western State Hospital.

Recommendation Summary

Budget Period: 2015-17

Version: E1 - 050 2015-17 Final 2-YR LEG Budget

Budget Level Criteria: PL Only

Dollars in Thousands	Agency Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
PL - Performance Level					
I0	Increase AFH License Fee	0	(1,358)	4,625	3,267
I1	Delay Nursing Home Rebase	0	(58,778)	(58,825)	(117,603)
V0	Pre-Medicaid Services	3.0	19,174	0	19,174
V1	Adult Protective Services	9.0	1,552	274	1,826
V2	Assisted Living Rate Increase	0.0	8,207	8,210	16,417
V3	Restore Agency Provider Rate Cut	0.0	1,583	1,582	3,165
V4	Skilled Nursing Comparability	0.0	336	336	672
V5	Long-Term Supports Insurance Study	0.0	100	300	400
V6	AFH Technical Assistance	7.0	683	681	1,364
V7	HealthPath Washington Managed Care	10.1	190	1,122	1,312
V8	Delay Nursing Home Rebase	0.0	58,778	58,825	117,603
V9	Increase AFH License Fee	0.0	1,358	(4,625)	(3,267)
SubTotal PL		29.1	31,825	12,505	44,330
Total Proposed PL Only Budget		29.1	31,825	12,505	44,330

Department of Social and Health Services

DP Code/Title: PL-I0 Increase AFH License Fee
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

As required by 2015-17 Biennial Budget Instructions, the Aging and Long Term Support Administration (AL TSA) and the Developmental Disabilities Administration (DDA) is submitting the following reduction option that would increase the annual license fee per bed for Adult Family Homes (AFH) from \$225 to \$325 in Fiscal Years 2016 and 2017. By implementing this reduction, AL TSA expects that these fee amounts will provide enough revenue to cover the full cost of Residential Care Services (RCS) oversight. Fee revenue increases would reduce the amount of GF-State used to pay for the licensing and provider practice investigations.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	(791,000)	(567,000)	(1,358,000)
001-7 General Fund - Basic Account-Private/Local	972,000	861,000	1,833,000
001-C General Fund - Basic Account-Medicaid Federal	1,340,000	1,452,000	2,792,000
Total Cost	1,521,000	1,746,000	3,267,000

Staffing

Package Description:

Adult Family Homes are a type of residential care setting licensed by AL TSA to provide services to six or fewer residents. In Fiscal Year 2014, about 7,085 AL TSA clients received services in an AFH but these homes also have some private pay individuals as well. The homes are private businesses that provide residents with a room, meals, laundry, supervision, and personal care and assume responsibility for the general safety and well-being of the resident. Some homes provide nursing or other special care services as well.

Assisted Living Facility (ALF) and Nursing Home (NH) providers currently pay an annual license fee that covers the entire cost of RCS oversight as required by statute for each setting. Adult Family Homes also pay an annual license fee per bed and a one-time initial processing fee. However, the revenue generated from AFH providers does not cover this setting's licensing and provider investigations costs. (For all three facility types, the laws governing licensing fees are the same. The fees "may not exceed the department's annual licensing and oversight activity costs . . .")

To resolve this problem, the annual AFH license fee per bed would need to increase from \$225 to \$325 in Fiscal Years 2016 and 2017, assuming that the current one-time initial processing fee remains at \$2,750. All fee revenues would offset GF-State funding and are eligible for federal Medicaid matching dollars. Providers would receive reimbursement for the full fee amount for Medicaid clients through their daily rate. However, the fees paid for beds occupied by private pay individuals would not be reimbursable by Medicaid.

Agency Contact: Bryan Way (360) 902-7769

Program Contact: Bill Moss (360) 725-2311

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Please see the description above.

Department of Social and Health Services

DP Code/Title: PL-I0 Increase AFH License Fee
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Performance Measure Detail

Agency Level

Activity: E050 Adult Family Home Community Services
No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Activity: E054 Investigations/Quality Assurance for Vulnerable Adults
No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

N/A

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

N/A

What are the other important connections or impacts related to this proposal?

The Washington State Residential Care Council, the organization that collectively bargains AFH rates with the Governor, would likely oppose the fee increase. Although AFHs would be refunded for the portion that applies to Medicaid clients in their daily Medicaid rate, they would not be reimbursed for the portion of the fee that covers private pay clients or unoccupied beds, which together are approximately 40 percent of the total licensed beds.

What alternatives were explored by the agency, and why was this alternative chosen?

The Department of Social and Health Services invited feedback from stakeholders and staff on the prioritization of our budget (For further detail visit: <http://www.dshs.wa.gov/budget/2015-17prioritization.shtml>) The feedback was considered when choosing this reduction option.

What are the consequences of adopting or not adopting this package?

Please see the description above.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

The budget bill will need to be amended to identify this fee amount.

Expenditure and revenue calculations and assumptions

See attachment: ALTSA Increase AFH License Fee.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

The savings are ongoing and will carry forward into future biennia.

Department of Social and Health Services

DP Code/Title: PL-I0 Increase AFH License Fee
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	300,000	456,000	756,000
B Employee Benefits	113,000	170,000	283,000
E Goods\Other Services	76,000	115,000	191,000
G Travel	2,000	3,000	5,000
N Grants, Benefits & Client Services	1,020,000	987,000	2,007,000
P Debt Service	2,000	3,000	5,000
T Intra-Agency Reimbursements	8,000	12,000	20,000
Total Objects	1,521,000	1,746,000	3,267,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	(791,000)	(567,000)	(1,358,000)
<i>Total for Fund 001-1</i>	(791,000)	(567,000)	(1,358,000)
Fund 001-7, General Fund - Basic Account-Private/Local			
<u>Sources Title</u>			
5417 Contributions & Grants	972,000	861,000	1,833,000
<i>Total for Fund 001-7</i>	972,000	861,000	1,833,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19TA Title XIX Assistance (FMAP)	510,000	494,000	1,004,000
19UL Title XIX Admin (50%)	830,000	958,000	1,788,000
<i>Total for Fund 001-C</i>	1,340,000	1,452,000	2,792,000
Total Overall Funding	1,521,000	1,746,000	3,267,000

**2015-17 Biennial Budget
Increase AFH License Fee**

Rate Impact

LTC			
	<u>FY16 Estimate</u>	<u>FY17 Estimate</u>	
TOTAL	\$ 1,020,000	\$ 987,000	
GF-State			
Federal	\$ 510,000	\$ 494,000	
LOCAL	\$ 510,000	\$ 493,000	

DDD			
	<u>FY16 Estimate</u>	<u>FY17 Estimate</u>	
TOTAL	\$ 238,000	\$ 223,000	
GF-State			
Federal	\$ 119,000	\$ 112,000	
LOCAL	\$ 119,000	\$ 111,000	

Cost of Oversight Impact

LTC			
	<u>FY16 Estimate</u>	<u>FY17 Estimate</u>	
TOTAL	\$ 501,000	\$ 759,000	
GF-State	\$ (791,000)	\$ (567,000)	
Federal	\$ 830,000	\$ 958,000	
LOCAL	\$ 462,000	\$ 368,000	

TOTAL of Budget Steps

DD			
	<u>FY16 Estimate</u>	<u>FY17 Estimate</u>	
TOTAL	\$ 238,000	\$ 223,000	
GF-State	\$ -	\$ -	
Federal	\$ 119,000	\$ 112,000	
LOCAL	\$ 119,000	\$ 111,000	

LTC			
	<u>FY16 Estimate</u>	<u>FY17 Estimate</u>	
TOTAL	\$ 1,521,000	\$ 1,746,000	
GF-State	\$ (791,000)	\$ (567,000)	
Federal	\$ 1,340,000	\$ 1,452,000	
LOCAL	\$ 972,000	\$ 861,000	

**2015-17 Biennial Budget
Increase AFH License Fee**

Adult Family Home Fee Model

Projected Beds/Clients	FY16 Estimate	FY17 Estimate
Total Beds	14,782	14,551
Medicaid Beds	12,915	12,768
New Homes	177	161

Projected Fee	FY16 Estimate	FY17 Estimate
Current/Proposed Fee *	\$ 325	\$ 325
Revenue Projection	\$ 5,291,000	\$ 5,172,000
Incremental Increase	\$ 100	\$ -

Growth Factor	2.00%	2.00%
----------------------	-------	-------

Expenditures	FY16 Estimate	FY17 Estimate
Expended/Estimated	\$ 12,900,000	\$ 13,158,000
FY16 Rate Increase	1,258,000	1,258,000
FY17 Rate Increase		(48,000)
Total Expenditures	\$ 14,158,000	\$ 14,368,000

Split Total Cost in Available Funds	FY16 Estimate	FY17 Estimate
Revenue Projection	\$ 5,291,000	\$ 5,172,000
Federal (Match to Revenue Projection)	\$ 5,291,000	\$ 5,172,000
Subtotal of Available Funds	\$ 10,582,000	\$ 10,344,000
Balance - State/Federal Still Required	\$ 3,576,000	\$ 4,024,000
State	1,788,000	2,012,000
Federal	1,788,000	2,012,000

How much GFS Available	FY16 Estimate	FY17 Estimate
Expended	\$ 2,579,000	\$ 2,579,000
GF-S Savings	\$ 2,579,000	\$ 2,579,000

Current Level Expenditure Split	FY16 Estimate	FY17 Estimate
Local	\$ 4,200,000	\$ 4,200,000
Federal	\$ 5,620,000	\$ 5,620,000
GF-S	2,579,000	2,579,000
Total	12,399,000	12,399,000

Winsum:	FY16 Estimate	FY17 Estimate
Local	\$ 1,091,000	\$ 972,000
Federal	\$ 1,459,000	\$ 1,564,000
GF-S	(791,000)	(567,000)
Total	1,759,000	1,969,000

**2015-17 Biennial Budget
Request for Fees or Taxes**

	Code	Title
AGENCY	300	Dept of Social & Health Services

Agy #	Agency Name	Fee Code	Name of Fee or Tax	Is a bill required?	Z-Draft # (or Pending)	New, Increased, Continued?	Incremental Revenue Dollars in Thousands				Tied to Expenditure Change?	Fee Payer Position	Explanation of Change See Instructions
							GF-S		Other Funds				
							FY 2016	FY 2017	FY 2016	FY 2017			
300	Dept of Social & Health Services	E001	Nursing Home License Fee	Budget	N/A	Increased	-	-	7,040,000	7,152,000	Yes, fee revenues will be used to cover the cost of 15.4 FTE additional nursing home licensors. Please see the ALTSA Nursing Home Investigations decision package for more information.	Fee payers did not request this change. Fee payers will likely oppose this fee increase.	The ALTSA proposes to increase the current fee from \$359 to \$575/bed per year in Fiscal Year 2016 and \$578/bed per year in Fiscal Year 2017.
300	Dept of Social & Health Services	E003	Adult Family Home Licensing Fee	Budget	N/A	Increased	(791,000)	(567,000)	1,759,000	1,969,000	No, fee revenues will be used to cover the existing costs of RCS investigations for Adult Family Homes. See budget request ALTSA Increase Adult Family Home Licensing Fee for more information.	Fee payers did not request this change. Fee payers will likely oppose this fee increase.	The ALTSA proposes to increase the current fee from \$225 to \$325/bed per year.

Additional Comments

The Adult Family Home licensing fee (E003) includes receipts for both the Aging and Long-Term Support Administration (ALTSA) and Developmental Disabilities Administration (DDA). The breakout by programs is as follows:

*ALTSA: \$1,521,000 Total Funds (-\$791,000 GF-State) in Fiscal Year 2016 and \$1,746,000 Total Funds (-\$567,000 GF-State) in Fiscal Year 2017

*DDA: \$238,000 Total Funds (\$0 GF-State) in Fiscal Year 2016 and \$223,000 Total Funds (\$0 GF-State) in Fiscal Year 2017

Department of Social and Health Services

DP Code/Title: PL-I1 Delay Nursing Home Rebase
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

As required by 2015-17 Biennial Budget Instructions, the Aging and Long Term Support Administration (ALTSA) is submitting the following reduction option that would delay the nursing home Medicaid rate rebase required under RCW 74.46 from July 1, 2015 to July 1, 2017. This option would require statutory changes. By implementing this reduction, ALTSA would expect to save \$118 million Total Funds, \$59 million GF-State. It is assumed that delaying the rebase would have no impact on clients unless some nursing facilities would choose to close. If nursing homes closed, clients would continue to receive services but would have to relocate to a different facility.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	(29,305,000)	(29,473,000)	(58,778,000)
001-C General Fund - Basic Account-Medicaid Federal	(29,329,000)	(29,496,000)	(58,825,000)
Total Cost	(58,634,000)	(58,969,000)	(117,603,000)

Staffing

Package Description:

Skilled nursing facility services are a Medicaid entitlement for all individuals that meet the functional and financial eligibility standards. About 10,000 ALTSA clients currently receive skilled nursing facility services. Many others eligible for skilled nursing services choose to receive services in their home or a community based residential setting instead of a nursing home facility. For over 20 years, the nursing home caseload has steadily declined due to concerted efforts by the state of Washington to rebalance the Medicaid system and promote client choice with emphasis on home and community-based services. The recent forecast for the nursing home caseload is predicting a slight increase for the first time in many years. This is due to the dramatic increase in the aging population and is an unavoidable effect of the changing demographics in Washington and the nation overall.

Each nursing facility receives an individualized Medicaid daily rate for the services they provide ALTSA clients. Rates are based generally on a facility's costs, its occupancy level, and the level of care needed by its residents. Six "core" rate components have existed for years. The core rates are also called "operational components," which include direct care, operations, therapy care, and support services. The "property components" include the property and financing allowance. Other minor components and temporary rate add-ons bring the total number of components for the current Fiscal Year to 16.

Nursing homes are required to submit an annual Medicaid cost report. The report is due by March 31 of each year and covers the preceding calendar year. In calculating the current Medicaid rates for Fiscal Year 2015, the operational components are based on the 2007 cost reports while the property components are based on the 2013 cost reports. The statute currently provides that the operational components of the Fiscal Year 2016 rates will be "rebased" to the 2013 cost reports, while the property components will be "rebased" to the 2014 cost reports.

Nursing home Medicaid rates are said to be "based" on the calendar year cost report used to calculate them. "Rebasing" rates is the shift from using the cost report of one calendar year to using the cost report of another calendar year. Currently, the nursing home rate statute, Ch. 74.46 RCW, provides for the "rebasings" of the operational components of the rate from the 2007 to the 2013 calendar year cost reports effective in Fiscal Year 2016. Thus, this proposal would require one or more legislative amendments changing the rebase years. Traditionally, the property components of the rate have been "rebased" every year.

This scenario assumes that the comparison add-on (CA) and acuity add-on (AA) are not continued into the next biennium. Current law does not extend them beyond June 30, 2015, so no statutory change is necessary for those add-on components to end; see Sec. 206 (b) and (c) of the operating budget, and the footnote to RCW 74.46.431. The automatic case mix acuity increase of 0.5 percent

Department of Social and Health Services

DP Code/Title: PL-I1 Delay Nursing Home Rebase
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

each year also ends in Fiscal Year 2015; see RCW 74.46.501 (6)(a). The Safety Net Assessment (SNA) would continue in place at its current rates in Fiscal Years 2016 and 2017.

Agency Contact: Bryan Way (360) 902-7769
Program Contact: Bill Moss (360) 725-2311

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Please see the description above.

Performance Measure Detail

Agency Level

Activity: E064 Nursing Home Services
No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

N/A

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

N/A

What are the other important connections or impacts related to this proposal?

Washington Health Care Association and Leading Age Washington, the state's two largest nursing home associations, will be strongly opposed. SEIU 775NW represents workers at about 20 percent of the facilities and will likely oppose a delay in the rebase. However, the current methodology for calculating rates is complex and changes can affect different facilities in markedly different ways. It may seem counter-intuitive, but even a rebase for the operational components from one cost year to another, including the currently scheduled one from 2007 to 2013, can result in both rate increases and rate decreases among the facilities.

What alternatives were explored by the agency, and why was this alternative chosen?

The Department of Social and Health Services invited feedback from stakeholders and staff on the prioritization of our budget (For further detail visit: <http://www.dshs.wa.gov/budget/2015-17prioritization.shtml>) The feedback was considered when choosing this reduction option.

What are the consequences of adopting or not adopting this package?

Please see the description above.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request would need to be outlined in the budget bill.

Department of Social and Health Services

DP Code/Title: PL-I1 Delay Nursing Home Rebase
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Expenditure and revenue calculations and assumptions

See attachment: AL TSA Nursing Home Rebase.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

The savings are one-time and will not carry forward.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
N Grants, Benefits & Client Services	(58,634,000)	(58,969,000)	(117,603,000)

DSHS Source Code Detail

Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	(29,305,000)	(29,473,000)	(58,778,000)
<i>Total for Fund 001-1</i>	<u>(29,305,000)</u>	<u>(29,473,000)</u>	<u>(58,778,000)</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19TA Title XIX Assistance (FMAP)	(29,329,000)	(29,496,000)	(58,825,000)
<i>Total for Fund 001-C</i>	<u>(29,329,000)</u>	<u>(29,496,000)</u>	<u>(58,825,000)</u>
Total Overall Funding	<u>(58,634,000)</u>	<u>(58,969,000)</u>	<u>(117,603,000)</u>

Department of Social and Health Services

DP Code/Title: PL-V0 Pre-Medicaid Services
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Aging and Long-Term Support Administration (AL TSA) requests expansion of services and supports that will delay or divert individuals from entering the more expensive Medicaid Long Term Care (LTC) System. This further positions the state to address the needs of an aging population and better manage the financial pressures associated with increasing demands for individuals who need community based supports due to age, disability or dementia.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	8,846,000	10,328,000	19,174,000
Total Cost	8,846,000	10,328,000	19,174,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	3.0	3.0	3.0

Package Description:

Problem Statement:

Washington's age wave is here, as illustrated by a 25 percent increase in the number of Washingtonians identifying as caregivers in a recent two-year span. 854,000 caregivers provide services estimated at \$10.6 billion per year compared to Medicaid LTC services of \$1.5 billion per year. If current demand for Medicaid LTC services matches the demographic increase, the state budget will be significantly impacted. Current funding levels for Family Caregiver Support Program (FCSP) reach about 8,500 caregivers each year, about one percent of Washington's caregiver population.

A report issued by DSHS Research and Data Analysis in April 2014 found that post-expansion caregivers who had greater access to an evidence-based caregiver assessment (TCARE®) and FCSP services helped families delay entrance to Medicaid LTC services by 20 percent. In addition, TCARE® service data (2013) shows that caregivers with any level of TCARE® intervention cut their risk of entering Medicaid LTC to less than half of those who did not receive TCARE®. A TCARE® data evaluation report from University of Wisconsin concludes that some caregivers whose care receiver did enter Medicaid did so because help came too late. Supporting caregivers earlier before stress, depression and burnout take its toll, could give them the skills and support to continue caregiving in a longer, healthier way, with better outcomes for themselves and the people for whom they care. Some investment is needed to upgrade the TCARE® system, connecting it to the state's options counseling and client management system, thus allowing insights to effective interventions and outcomes.

Individuals who need supports and services, including the family members caring for them, need access to unbiased options counseling. Many individuals have the ability to pay privately for help, but don't know the best mix of personalized services and supports or how to access and pay for them. Lack of this information means they often spend more for services and supports than necessary and spend down to Medicaid earlier than they need to. Unbiased options counseling and assistance helps individuals understand their options and use their private resources most wisely to maintain independent living without resorting to Medicaid-funded LTC.

People with dementia and multiple chronic conditions often present significant challenges for both family and paid providers. Evidence-based or evidence-informed interventions, such as Memory Care and Wellness (MCWS), Chronic Disease Self Management, Enhance Mobility and STAR-C, are pilot programs that have a positive impact on the health of individuals served, can offer a break from caregiving and teach understanding and strategies to caregivers and clients. Current state funding for MCWS sustains small programs in two geographical areas. Federal grant funds for a third area have run out. Funding is needed to sustain and expand these programs to serve more families.

Department of Social and Health Services

DP Code/Title: PL-V0 Pre-Medicaid Services
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Proposed Solution:

The funding would expand FCSP services to 3,750 additional caregivers. In addition, options counseling and assistance would be available to more clients and caregivers to understand options, plan for outcomes and access available resources (private and public) to meet long term care needs. Evidence-based programs would be sustained and expanded, providing staff training, service dollars and a dedicated program manager. The TCARE® Information Technology (IT) update would make data upload between systems efficient and enhance usability and reporting.

Three program managers are necessary, two for expanding the personalized options counseling, and one for all of the other evidence-based programs, including Memory Care and Wellness, Chronic Disease Self Management, Enhance Mobility and STAR-C - keeping Washington at the cutting edge of evidence-based practices and implementation.

Agency Contact: Bryan Way (360) 902-7769
 Program Contact: Susan Engels (360) 725-2527

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

AL TSA is expected to support a rapidly growing population of in-home caregivers and reduce or delay the cost of people entering Medicaid LTC by providing FCSP.

Performance Measure Detail

Agency Level

Activity: E051 Program Support for Long Term Care
 No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Activity: E053 In-Home Services
 No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Activity: E055 Residential Community Services
 No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goal 4: Quality of Life - Each individual in need will be supported to attain the highest possible quality of life. The decision package is essential to implementing the AL TSA's Strategic Objective 4.4 - Support families and informal caregivers that provide unpaid support to those in need and Objective 4.1 Ensure seniors and individuals with a disability who are in need of long-term services and supports are supported in their community.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This decision package supports the Results Washington Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future. Help the most vulnerable people become independent and self-sufficient and:

--Increase the percent of long-term care clients served in home and community-based settings.

Department of Social and Health Services

DP Code/Title: PL-V0 Pre-Medicaid Services
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

What are the other important connections or impacts related to this proposal?

The counties, Area Agencies on Aging (AAAs), senior advocates such as AARP, Eldercare Alliance and Senior Lobby; and disability advocates such as Centers for Independent Living, the Traumatic Brain Injury (TBI) Resource Center, and Partnerships for Action Voices of Empowerment (PAVE) will strongly support fully funding the pre-Medicaid service package. There are no known opponents.

What alternatives were explored by the agency, and why was this alternative chosen?

Due to the nature of this decision package, no other alternatives were explored. The request cannot be absorbed within existing resources.

What are the consequences of adopting or not adopting this package?

The consequences of adopting this package includes expansion of services and supports to delay or divert individuals from entering the more expensive Medicaid Long-Term Care System.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: AL TSA Pre-Medicaid Services.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward into future biennia.

Object Detail	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	209,000	209,000	418,000
B Employee Benefits	70,000	70,000	140,000
E Goods\Other Services	42,000	42,000	84,000
G Travel	1,000	1,000	2,000
J Capital Outlays	18,000	0	18,000
N Grants, Benefits & Client Services	8,500,000	10,000,000	18,500,000
P Debt Service	1,000	1,000	2,000
T Intra-Agency Reimbursements	5,000	5,000	10,000
Total Objects	8,846,000	10,328,000	19,174,000

Department of Social and Health Services

DP Code/Title: **PL-V0 Pre-Medicaid Services**

Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

DSHS Source Code Detail

Overall Funding		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u>	<u>Title</u>			
0011	General Fund State	8,846,000	10,328,000	19,174,000
<i>Total for Fund 001-1</i>		8,846,000	10,328,000	19,174,000
Total Overall Funding		8,846,000	10,328,000	19,174,000

**2015-17 Biennial Budget
Pre-Medicaid Services**

Fiscal Impact of Pre-Medicaid Service Expansion

Program	FY16	FY17
Family Caregiver	3,000,000	4,500,000
Memory Care and Wellness	479,000	479,000
Star C	21,000	21,000
Options Counseling	5,000,000	5,000,000
Staffing (3 HCS program managers)	346,000	328,000
Fiscal Year Totals:	8,846,000	10,328,000
Biennium Total:		19,174,000

Department of Social and Health Services

DP Code/Title: PL-V1 Adult Protective Services
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Aging and Long-Term Support Administration (AL TSA) requests additional staff for Adult Protective Services (APS) to ensure in-home investigations to protect vulnerable adults in our communities are completed within 90 days. The complexity and time spent investigating each case has increased. Financial exploitation cases now represent nearly one third of all investigations and self-neglect cases account for another quarter of all investigations. APS requires 9.0 FTE dedicated to addressing the increasing demands of these complex financial exploitation and time intensive self-neglect cases in order to be able to close cases in a timely manner.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	776,000	776,000	1,552,000
001-C General Fund - Basic Account-Medicaid Federal	137,000	137,000	274,000
Total Cost	913,000	913,000	1,826,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	9.0	9.0	9.0

Package Description:

Problem Statement:

Currently one out of four investigations the department is mandated to complete under RCW 74.34 is not resolved in a timely manner resulting in increased risk to vulnerable adults. Due to increased complexity of the investigations and not enough specialized resources to effectively respond, investigations involving victims of financial exploitation and neglect/self-neglect take longer than 90 days to complete. Financial exploitation cases take longer to investigate, often involving multiple financial institutions and multiple family members. Specific financial expertise is required, which most case managers do not possess. Self-neglect cases often involve diminished decision making capacity. These cases are difficult to define and prove with documentation that the person has diminished capacity and needs to be treated as a vulnerable adult in need of protective services.

From 2008 to 2013, APS has experienced a 35 percent increase in cases reported, a 25 percent increase in cases assigned (investigations), and a 30 percent increase in allegations investigated (one case may contain multiple allegations). From 2008 to 2013, APS experienced a 39 percent increase in investigations of financial exploitation and a 71 percent increase in self-neglect cases. During this same period, staffing increases have averaged six percent. The 2015-17 budget assumes a nine percent increase in complaints each year. As of June 2014, cases open longer than 90 days remained at 23 percent.

Proposed Solution:

To ensure that AL TSA is able to meet its obligations under 74.34 RCW related to timely, accurate and thorough responses to allegations of abuse, neglect, abandonment and exploitation of vulnerable adults, this request is to fund nine specialized investigative staff: 6.0 FTE investigators, with two in each region focused on conducting the most complex and difficult financial exploitation investigations, managing sensitive and controversial cases, providing expert technical assistance to other staff in the region, working with financial institutions in obtaining financial documents, providing outreach and education, providing accounting assistance and expertise, and/or managing cases assigned for prosecution related to financial exploitation.

In addition, 3.0 FTE social service specialists with one in each region, will focus on the most complex neglect and self-neglect cases, assisting in those cases where a guardianship or protection order is necessary. This would allow APS in-home investigators to focus on the investigation by assisting in the completion of necessary but time-consuming paperwork, therefore reducing the time

Department of Social and Health Services

DP Code/Title: PL-V1 Adult Protective Services
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

it takes to complete thorough investigations.

With these new positions, APS will reduce the percentage of cases open longer than 90 days from the current 23 percent down to the target of 12 percent. 12 percent of cases are open longer than 90 days for reasons that are not in the control of APS.

Agency Contact: Bryan Way (360) 902-7769
Program Contact: Bea Rector (360) 725-2272

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

The agency expects that it will be able to reduce the percentage of cases open longer than 90 days from 23 percent down to the target of 12 percent.

Performance Measure Detail

Agency Level

Activity: E054 Investigations/Quality Assurance for Vulnerable Adults

No measures linked to package

Incremental Changes

FY 1

FY 2

0.00

0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goal 3: Protection - Each individual who is vulnerable will be protected. The decision package is essential to implementing AL TSA's Strategic Objective 3.1: Protect adults who are vulnerable who live in their own homes and in facilities through timely responses to allegations of abuse and neglect and Strategic Objective 3.2: Obtain adequate Adult Protective Services staff in order to ensure the quality of investigations and timely provision of protective services.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This decision package supports the Results Washington Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future. Help the most vulnerable people become independent and self-sufficient and:

--Decrease the number of vulnerable adult abuse and neglect investigations open longer than 90 days.

What are the other important connections or impacts related to this proposal?

Broad stakeholder support that met this proposal in Governor Inslee's 2013-15 biennial budget proposal is expected to continue from those participating in the APS Abuse Neglect Response sub-group, which include Disability Rights Washington, Long-Term Care Ombudsman, the Attorney General's Office, AARP, Community Residential Services Association, Developmental Disabilities Council, self-advocates and community members.

What alternatives were explored by the agency, and why was this alternative chosen?

Due to the nature of this decision package, the agency explored no other alternatives. The request cannot be absorbed within existing resources.

What are the consequences of adopting or not adopting this package?

The consequences of adopting this package include having enough staff for APS to ensure in-home investigations to protect vulnerable adults in our communities are completed within 90 days.

Department of Social and Health Services

DP Code/Title: PL-V1 Adult Protective Services
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: AL TSA Adult Protective Services.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward into future biennia.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	543,000	543,000	1,086,000
B Employee Benefits	196,000	196,000	392,000
E Goods\Other Services	125,000	125,000	250,000
G Travel	32,000	32,000	64,000
P Debt Service	3,000	3,000	6,000
T Intra-Agency Reimbursements	14,000	14,000	28,000
Total Objects	913,000	913,000	1,826,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	776,000	776,000	1,552,000
<i>Total for Fund 001-1</i>	776,000	776,000	1,552,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	137,000	137,000	274,000
<i>Total for Fund 001-C</i>	137,000	137,000	274,000
Total Overall Funding	913,000	913,000	1,826,000

2015-17 Biennial Budget

Adult Protective Services

DSHS Staffing and Fiscal Note Model

(last update April 2014) - Updated Health Insurance to \$880 per month

Link other working spreadsheets to this page for additional information / costs.

Fiscal Year	FTE	Object A	Object B	Object C	Object E	Object ED	Object G	Object J	Object P	Object TZ	Total
FY16	9.0	543,000	196,000		68,000	57,000	32,000	0	3,000	14,000	913,000
FY17	9.0	543,000	196,000		68,000	57,000	32,000	0	3,000	14,000	913,000
Biennial Total	9.0	1,086,000	392,000	0	136,000	114,000	64,000	0	6,000	28,000	1,826,000

Source of Funds					
Fund	EA Type	Source	% of Total	Fiscal Year 1	Fiscal Year 2
001	1	State	85.00%	776,000	776,000
001	2	Federal	15.00%	137,000	137,000
001	7	Local	0.00%	0	0
Total each Fiscal Year				913,000	913,000
Biennial Total				1,826,000	
Link to OFM Fund Reference Manual: http://www.ofm.wa.gov/fund/default.asp					

Federal Detail					
Fund	Federal Type	Source	% of Total	Fiscal Year 1	Fiscal Year 2
001	0	SSBG	0.00%	0	0
001	A	Fam	0.00%	0	0
001	C	Med	15.00%	136,950	136,950
001	D	TANF	0.00%	0	0
001	2	Other	0.00%	0	0

Federal Detail percentages are defaulting to the 2013-15 Compensation Impact Model (CIM) Percentages.

Department of Social and Health Services

DP Code/Title: PL-V2 Assisted Living Rate Increase
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Aging and Long Term Supports Administration (ALTSA) and Developmental Disabilities Administration (DDA) request funding to increase the rates for Assisted Living Facilities (ALF) residential services. Assisted Living (AL) is the only setting to receive two rate reductions in the last five years. Assisted Living Facilities include AL, Adult Residential Care (ARC) and Enhanced Adult Residential Care (EARC). This setting is a crucial component of the Medicaid service array that allows people in need of a residential placement to be served in the community rather than a nursing home.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	4,103,000	4,104,000	8,207,000
001-C General Fund - Basic Account-Medicaid Federal	4,106,000	4,104,000	8,210,000
Total Cost	8,209,000	8,208,000	16,417,000

Staffing

Package Description:

Problem Statement:

Assisted Living Facilities are a type of residential care setting licensed by the department to provide services for seven or more residents. ALFs providing services to Medicaid clients contract individually with the state. Medicaid rates are set based on the Comprehensive Assessment Reporting Evaluation (CARE) classification and geographic area. In Fiscal Year 2010, the Legislature reduced rates by four percent, and in Fiscal Year 2013, rates were reduced by another two percent. While the number of Medicaid clients served by ALTSA and DDA continues to increase, the number of Medicaid clients served in this setting has steadily declined from about 4,700 in April 2012 to below 4,400 in March 2014, which has put pressure on the nursing home census.

Proposed Solution:

A five percent rate increase will increase the ALF average daily Medicaid rate from \$71.10 per day to \$73.58 per day, making serving Medicaid clients a more viable option for ALF providers. The majority of the clients are served by ALTSA, so the funding increase for DDA clients living in ALFs accounts for \$250,000 of the total.

Agency Contact: Bryan Way (360) 902-7769
 Program Contact: Ken Callaghan (360) 725-2499

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

The agency expects that a sufficient number of Assisted Living providers will continue to offer services and supports to vulnerable adults funded by Medicaid in this setting.

Performance Measure Detail

Agency Level

Activity: E055 Residential Community Services

Incremental Changes
FY 1 FY 2

Department of Social and Health Services

DP Code/Title: PL-V2 Assisted Living Rate Increase
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

No measures linked to package

0.00

0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goal 4: Quality of Life - Each individual in need will be supported to attain the highest possible quality of life. The decision package is essential to implementing AL TSA Strategic Objective 4.1: Ensure seniors and individuals with a disability who are in need of long-term services and supports are supported in their community, and AL TSA Strategic Objective 4.2: Increase the number of individuals AL TSA is able to assist in transitioning to their homes or the community from nursing homes.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This decision package supports the Results Washington Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future. Help the most vulnerable people become independent and self-sufficient and:

--Increase the percent of long-term care clients served in home and community-based settings.

What are the other important connections or impacts related to this proposal?

The advocates for senior and disabled services support maintaining a range of community service options as an alternative to nursing home care. The industry associations, Washington Health Care Association and Leading Age, have been lobbying for Assisted Living Facility rate increases for years.

What alternatives were explored by the agency, and why was this alternative chosen?

The request cannot be absorbed within existing resources because the forecasting process doesn't fund rate increases. Any rate increases would occur outside of the forecast process as the forecast accounts for caseload and per capita cost adjustments only.

What are the consequences of adopting or not adopting this package?

The consequences of adopting this package include having sufficient funding to increase rates for Assisted Living Facilities over existing levels. Assisted Living Facilities, as well as other settings, play an integral role in our ability to provide clients with an array of quality services and supports.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: AL TSA Assisted Living Rates.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward into future biennia.

Department of Social and Health Services

DP Code/Title: PL-V2 Assisted Living Rate Increase
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
N Grants, Benefits & Client Services	8,209,000	8,208,000	16,417,000
<u>DSHS Source Code Detail</u>			
Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources</u> <u>Title</u>			
0011 General Fund State	4,103,000	4,104,000	8,207,000
<i>Total for Fund 001-1</i>	<u>4,103,000</u>	<u>4,104,000</u>	<u>8,207,000</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources</u> <u>Title</u>			
19TA Title XIX Assistance (FMAP)	4,106,000	4,104,000	8,210,000
<i>Total for Fund 001-C</i>	<u>4,106,000</u>	<u>4,104,000</u>	<u>8,210,000</u>
Total Overall Funding	<u>8,209,000</u>	<u>8,208,000</u>	<u>16,417,000</u>

**2015-17 Biennial Budget
Assisted Living Rate Increase**

AL/ARC/EARC 17 LEVEL PAYMENT SYSTEM					
LTC	FY 14	FY 15	FY 16	FY 17	2015-17 Biennium
100% Cost	\$161,888,818	\$161,699,277	\$164,169,783	\$164,169,783	\$328,339,567
Proposed Cost	\$161,888,818	\$161,699,277	\$172,378,273	\$172,378,273	\$344,756,545
Difference	\$0	\$0	\$8,208,489	\$8,208,489	\$16,416,978
GF-State	\$0	\$0	\$4,102,603	\$4,104,245	\$8,206,847
Federal	\$0	\$0	\$4,105,886	\$4,104,245	\$8,210,131

DDD	FY 14	FY 15	FY 16	FY 17	2015-17 Biennium
100% Cost	\$3,180,549	\$2,797,079	\$2,503,836	\$2,503,836	\$5,007,673
Proposed Cost	\$3,180,549	\$2,797,079	\$2,629,028	\$2,629,028	\$5,258,057
Difference	\$0	\$0	\$125,192	\$125,192	\$250,384
GF-State	\$0	\$0	\$62,571	\$62,596	\$125,167
Federal	\$0	\$0	\$62,621	\$62,596	\$125,217

LTC/DDD	FY 14	FY 15	FY 16	FY 17	2015-17 Biennium
100% Cost	\$165,069,368	\$164,496,355	\$166,673,620	\$166,673,620	\$333,347,240
Proposed Cost	\$165,069,368	\$164,496,355	\$175,007,301	\$175,007,301	\$350,014,602
Difference	\$0	\$0	\$8,333,681	\$8,333,681	\$16,667,362
GF-State	\$0	\$0	\$4,165,174	\$4,166,840	\$8,332,014
Federal	\$0	\$0	\$4,168,507	\$4,166,840	\$8,335,348

Department of Social and Health Services

DP Code/Title: PL-V3 Restore Agency Provider Rate Cut
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Aging and Long Term Support Administration (ALTSA) and Developmental Disabilities Administration (DDA) request funding to restore the \$0.13 administrative rate reduction for home care agencies that was enacted in 2010. This will allow home care agencies to maintain a sufficient workforce to meet growing caseload demands in the face of the rising demographic age wave population increase.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	777,000	806,000	1,583,000
001-C General Fund - Basic Account-Medicaid Federal	776,000	806,000	1,582,000
Total Cost	1,553,000	1,612,000	3,165,000

Staffing

Package Description:

Problem Statement:

The recent budget shortfalls in Washington State necessitated a variety of cost saving measures. While attempting to shield direct services as much as possible, many cuts were targeted at administrative components of provider rates. In the case of agency home care providers, this included a \$0.13 administrative rate reduction. In the years since, the caseload for agency in-home care has continued to increase at a faster rate than before, unlike the individual provider caseload which has increased at a slower rate than previous trends.

Proposed Solution:

In order to maintain a viable number of agency provider placements, restoring the administrative cut will allow the providers to continue to recruit, train and manage a growing workforce. Agency providers are a key partner in continuing Washington's progress in rebalancing the Medicaid service model, shifting away from institutional nursing home and Residential Habilitation Center care by allowing people to remain in their homes while receiving the necessary supports.

Agency Contact: Bryan Way (360) 902-7769
 Program Contact: Bea Rector (360) 725-2272

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

The agency expects that funding this decision package will allow home care agencies to maintain a sufficient workforce to meet growing caseload demands in the face of the rising demographic age wave population increase.

Performance Measure Detail

Agency Level

Activity: E053 In-Home Services

No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Department of Social and Health Services

DP Code/Title: PL-V3 Restore Agency Provider Rate Cut
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goal 4: Quality of Life - Each individual in need will be supported to obtain the highest possible quality of life. The decision package is essential to implementing the ALTSA Strategic Objective 4.1: Ensure seniors and individuals with a disability who are in need of long-term services and supports are supported in their community.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This decision package supports the Results Washington Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future. Help the most vulnerable people become independent and self-sufficient and:

--Increase the percent of long-term care clients served in home and community-based settings.

What are the other important connections or impacts related to this proposal?

Advocates for seniors and the disabled, including the AARP, the Senior Lobby, and SEIU775NW all strongly support maintaining a strong, viable in-home care network.

What alternatives were explored by the agency, and why was this alternative chosen?

Due to the nature of this decision package, no other alternatives were explored. The request cannot be absorbed within existing resources.

What are the consequences of adopting or not adopting this package?

The consequences of adopting this package include the restoration of the \$0.13 administrative rate reduction for home care agencies that was enacted in 2010. It is assumed that funding this decision package helps ensure that a sufficient workforce of agency providers is available to serve clients in their homes while receiving necessary supports.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: ALTSA Restore Agency Provider Rate Cut.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward into future biennia.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
N Grants, Benefits & Client Services	1,553,000	1,612,000	3,165,000

Department of Social and Health Services

**DP Code/Title: PL-V3 Restore Agency Provider Rate Cut
 Program Level - 050 Aging and Long-Term Support Admin**

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

DSHS Source Code Detail

Overall Funding		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u>	<u>Title</u>			
0011	General Fund State	777,000	806,000	1,583,000
<i>Total for Fund 001-1</i>		<u>777,000</u>	<u>806,000</u>	<u>1,583,000</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources</u>	<u>Title</u>			
19TA	Title XIX Assistance (FMAP)	776,000	806,000	1,582,000
<i>Total for Fund 001-C</i>		<u>776,000</u>	<u>806,000</u>	<u>1,582,000</u>
Total Overall Funding		<u>1,553,000</u>	<u>1,612,000</u>	<u>3,165,000</u>

2015-17 Biennial Budget

Restore Agency Provider Rate Cut

1. Enter the total number of AP personal care hours for each fiscal year (Hours AP tab).

FISCAL YEAR	DDA	AL TSA	TOTAL HOURS
2016	1,873,534	11,945,371	13,818,905
2017	1,928,416	12,401,800	14,330,215

2. Multiply total personal care hours (from #1) by \$0.13 per hour to reach total cost

FY 2016	DDA	AL TSA	TOTAL
GF-S	\$ 122,000	\$ 776,500	\$ 898,000
GF-F	\$ 122,000	\$ 776,500	\$ 898,000
Total	\$ 244,000	\$ 1,553,000	\$ 1,796,000

FY 2017	DDA	AL TSA	TOTAL
GF-S	\$ 126,000	\$ 806,000	\$ 932,000
GF-F	\$ 126,000	\$ 806,000	\$ 932,000
Total	\$ 251,000	\$ 1,612,000	\$ 1,863,000

Department of Social and Health Services

DP Code/Title: PL-V4 Skilled Nursing Comparability
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Aging and Long-Term Support Administration (AL TSA) requests a rate increase for skilled nursing services from the current standard rate of \$51 to \$87 per visit in order to maintain access to this service for Medicaid clients. These rates would match those currently paid by the Health Care Authority (HCA). AL TSA is losing provider capacity due to higher rates paid in the private sector or other state agencies, which currently pay between \$79 and \$90 per visit. By funding this request, AL TSA will be able to maintain the availability of home health skilled nursing services for Medicaid clients served by DSHS, meaning seniors and the disabled.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	168,000	168,000	336,000
001-C General Fund - Basic Account-Medicaid Federal	168,000	168,000	336,000
Total Cost	336,000	336,000	672,000

Staffing

Package Description:

Problem Statement:

The purpose of the Home Health program is to provide equally effective, less restrictive quality care to the client in their residence when the client is not able to access the medically necessary services in the community or in lieu of hospitalization. Home health skilled services are provided for acute, intermittent, short-term, and intensive courses of treatment.

However, there is currently a shortage of available providers, mostly due to the relatively low hourly rate paid by DSHS. The "per visit" rate includes travel time and costs, visit time, and all documentation or telephone follow-up required by the visit. On average, each visit equals 90 minutes. The expenditures for skilled nursing have declined from a monthly average of \$61,000 per month in Fiscal Year 2013 to \$53,000 per month in Fiscal Year 2014.

Proposed Solution:

AL TSA proposes a rate increase comparable to that paid by other state agencies. The proposed new rate of \$87 per 90 minute visit equates to a \$58 hourly rate.

Agency Contact: Bryan Way (360) 902-7769
 Program Contact: Bea Rector (360) 725-2272

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

The agency expects that a sufficient number of providers will be available to offer services if a higher rate was adopted.

Performance Measure Detail

Agency Level

Department of Social and Health Services

DP Code/Title: PL-V4 Skilled Nursing Comparability
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Activity: E064 Nursing Home Services
No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goal 4: Quality of Life - Each individual in need will be supported to attain the highest possible quality of life. The decision package is essential to implementing the AL TSA Strategic Objective 4.1: Ensure seniors and individuals with a disability who are in need of long-term services and supports are supported in their community.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This decision package supports the Results Washington Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future. Help the most vulnerable people become independent and self-sufficient and:

--Increase the percent of long-term care clients served in home and community-based settings.

What are the other important connections or impacts related to this proposal?

Advocates for senior and disability issues, including Home Care of Washington, Private Duty Homecare Association and the Washington State Home Care Coalition, will support AL TSA continuing to have a viable home health skilled nursing program to prevent people from entering or returning to a hospital or nursing home.

What alternatives were explored by the agency, and why was this alternative chosen?

Due to the nature of this decision package, no other alternatives were explored. The request cannot be absorbed within existing resources.

What are the consequences of adopting or not adopting this package?

The consequence of adopting this decision package includes an increased number of providers available to offer services because of the more competitive rate structure requested.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: AL TSA Skilled Nursing Comparability.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward into future biennia.

Department of Social and Health Services

DP Code/Title: PL-V4 Skilled Nursing Comparability
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
N Grants, Benefits & Client Services	336,000	336,000	672,000

DSHS Source Code Detail

Overall Funding		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u>	<u>Title</u>			
0011	General Fund State	168,000	168,000	336,000
<i>Total for Fund 001-1</i>		168,000	168,000	336,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources</u>	<u>Title</u>			
19TA	Title XIX Assistance (FMAP)	168,000	168,000	336,000
<i>Total for Fund 001-C</i>		168,000	168,000	336,000
Total Overall Funding		336,000	336,000	672,000

2015-17 Biennial Budget Skilled Nursing Rate Comparability

2015-17 Budget Request	FY16	FY17	Total
State	168,000	168,000	336,000
Federal	168,000	168,000	336,000
Total	336,000	336,000	672,000

	Actual		
	FY13	FY14	2 year Avg
Clients Served	2,943	2,515	2,729
# of Visits	13,663	11,723	12,693
Avg Rate per Visit	61.53	59.54	60.54
Total Cost	841,000	698,000	768,000

Proposed	
FY16	FY17
2,729	2,729
12,693	12,693
87.00	87.00
1,104,000	1,104,000

Department of Social and Health Services

DP Code/Title: PL-V5 Long-Term Supports Insurance Study
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Aging and Long Term Support Administration (AL TSA) requests funding to contract for an actuarial insurance industry study of options to finance long term care insurance for the citizens of Washington state, including public financing and public-private partnerships.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	100,000	0	100,000
001-7 General Fund - Basic Account-Private/Local	200,000	0	200,000
001-C General Fund - Basic Account-Medicaid Federal	100,000	0	100,000
Total Cost	400,000	0	400,000

Staffing

Package Description:

Problem Statement

Especially now that people are living longer, many people do not have adequate financial resources to last their entire lifetime. This is particularly true for people in need of long term services and supports. One way to prepare for that eventuality is to have a long term care insurance policy. However, like most states, Washington has very few long term care insurance policy options in the insurance industry marketplace.

Proposed Solution

AL TSA will contract with an individual or company that has some expertise and experience in the private long term care insurance industry marketplace. This study will examine the model of Hawaii's publicly financed long term care insurance program, and other public-private partnership options, and provide recommendations for Washington State. The study will be funded by a combination of GF-State, GF-Federal, and private party contributions.

Agency Contact: Bryan Way (360) 902-7769
 Program Contact: Karen Digre-Fitzharris (360) 725-2254

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

The agency expects that the insights gained from this study will be informative and assist with decision making statewide regarding this topic.

Performance Measure Detail

Agency Level

Activity: E051 Program Support for Long Term Care

No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

Department of Social and Health Services

DP Code/Title: PL-V5 Long-Term Supports Insurance Study
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

The budget request supports DSHS Goal 4: Quality of Life - Each individual in need will be supported to attain the highest possible quality of life. The decision package is essential to implementing the AL TSA's Strategic Objective 4.1: Ensure seniors and individuals with a disability who are in need of long-term services and supports are supported in their community.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This decision package supports the Results Washington Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future. Help the most vulnerable people become independent and self-sufficient and:

- Increase the percent of long-term care clients served in home and community-based settings.

What are the other important connections or impacts related to this proposal?

The Joint Executive and Legislative Task Force on Aging and Disabilities recommended that this study be commissioned. The Office of the Insurance Commissioner, which has sole responsibility for analyzing, regulating and monitoring the insurance market in Washington State, has testified at the Joint Executive and Legislative Task Force on Aging and Disabilities in support of further study of alternative long term care insurance options.

What alternatives were explored by the agency, and why was this alternative chosen?

Due to the nature of this decision package, no other alternatives were explored. The request cannot be absorbed within existing resources.

What are the consequences of adopting or not adopting this package?

The consequences of adopting this decision package include obtaining more research about the long-term supports insurance to inform future decision-making about the issue.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

The cost of this study is estimated to be \$400,000 Total Funds in Fiscal Year 2016. It is assumed that this total will comprise of \$100,000 GF-State, \$100,000 GF-Federal, and \$200,000 Local Funds. Any GF-State funding is expected to receive match at the standard Federal Medicaid Assistance Percentage (FMAP) rate.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are one-time and will not carry forward.

Object Detail	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
C Professional Svc Contracts	400,000	0	400,000

Department of Social and Health Services

**DP Code/Title: PL-V5 Long-Term Supports Insurance Study
 Program Level - 050 Aging and Long-Term Support Admin**

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

DSHS Source Code Detail

Overall Funding		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u> <u>Title</u>				
0011	General Fund State	100,000	0	100,000
<i>Total for Fund 001-1</i>		<u>100,000</u>	<u>0</u>	<u>100,000</u>
Fund 001-7, General Fund - Basic Account-Private/Local				
<u>Sources</u> <u>Title</u>				
5417	Contributions & Grants	200,000	0	200,000
<i>Total for Fund 001-7</i>		<u>200,000</u>	<u>0</u>	<u>200,000</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources</u> <u>Title</u>				
19TA	Title XIX Assistance (FMAP)	100,000	0	100,000
<i>Total for Fund 001-C</i>		<u>100,000</u>	<u>0</u>	<u>100,000</u>
Total Overall Funding		<u>400,000</u>	<u>0</u>	<u>400,000</u>

Department of Social and Health Services

DP Code/Title: PL-V6 AFH Technical Assistance
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Aging and Long Term Support Administration (AL TSA) requests additional staffing in Residential Care Services' (RCS) Adult Family Home (AFH) program in order to assist AFH providers to comply with facility statutory requirements through implementation of quality improvement principles. The primary function of these requested positions will be to provide AFH regulatory compliance technical assistance. By funding this request, RCS will be able to promote more positive resident and provider satisfaction with the AFH Program, enhance facility compliance, and improve resident quality of life, safety, and quality of care.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	352,000	331,000	683,000
001-C General Fund - Basic Account-Medicaid Federal	351,000	330,000	681,000
Total Cost	703,000	661,000	1,364,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	7.0	7.0	7.0

Package Description:

Problem Statement:

Adult Family Homes are providing care for an increasingly complex resident population. There currently is no AL TSA program or other resources to provide sorely needed AFH regulatory compliance technical assistance. RCW 70.128.005 mandates that AFHs are an important part of the state's long-term care system. It is critical that these homes operate in a consistent regulatory compliant manner. Additionally, pursuant to RCW 70.128.007, AL TSA desires to maintain AFHs that provide a safe, humane, and residential home environment for persons with functional limitations to a growing number of residents needing services.

Proposed Solution:

AL TSA is committed to empowering adults who are older and people with disabilities to remain independent and supported in the setting of their choice. These staffing resources play an important role in our ability to support AFHs and the clients they serve. By funding this decision package:

- Facilities will receive guidance for preparing for annual surveys and for identifying resident safety and abuse concerns;
- AFH quality programs will be strengthened and standardized;
- AL TSA and AFHs will partner to meet the regulatory intent of RCW 70.128.270 to improve care and services and reduce incidents of abuse and neglect; and,
- Compliance will be sustained when patterns of consistent non-compliance are identified.

Agency Contact: Bryan Way (360) 902-7769
 Program Contact: Carl Walters II (360) 725-2401

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

The agency expects that it will be able to provide sorely needed AFH regulatory compliance technical assistance.

Department of Social and Health Services

DP Code/Title: PL-V6 AFH Technical Assistance
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Performance Measure Detail

Agency Level

Activity: E052 Eligibility/Case Management Services

No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goal 2: Safety - Each individual and each community will be safe. The decision package is essential to implementing the AL TSA's Strategic Objective 2.1: Affirm Adult Family Homes, Assisted Living Facilities, and Nursing Homes are providing quality care and residents are safe through timely licensing re-inspections.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This request supports the Results Washington Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future. By preparing AFHs to better understand AFH licensing requirements, assisting them with pre-emptively identifying potential Resident abuse areas of concern and strengthening AFH Quality Assurance Programs, AL TSA can decrease the number of AFHs closed as a result of regulatory non-compliance, increase the percentage of supported seniors and individuals with a disability served in home and community-based settings, and decrease the percentage of vulnerable adult abuse and neglect investigations open longer than 90 days.

What are the other important connections or impacts related to this proposal?

AL TSA expects that Washington State Residential Care Counsel (WSRCC) and other stakeholders will strongly endorse this decision package.

What alternatives were explored by the agency, and why was this alternative chosen?

Due to the specific nature of this request, no other alternatives were explored by the agency.

What are the consequences of adopting or not adopting this package?

The consequence of adopting this decision package is that AL TSA and AFH providers will enhance our partnership to improve care and services and reduce incidents of abuse and neglect.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: AL TSA AFH Technical Assistance.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward into future biennia.

Department of Social and Health Services

DP Code/Title: PL-V6 AFH Technical Assistance
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	399,000	399,000	798,000
B Employee Benefits	149,000	149,000	298,000
E Goods\Other Services	97,000	97,000	194,000
G Travel	3,000	3,000	6,000
J Capital Outlays	42,000	0	42,000
P Debt Service	2,000	2,000	4,000
T Intra-Agency Reimbursements	11,000	11,000	22,000
Total Objects	703,000	661,000	1,364,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	352,000	331,000	683,000
<i>Total for Fund 001-1</i>	352,000	331,000	683,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	351,000	330,000	681,000
<i>Total for Fund 001-C</i>	351,000	330,000	681,000
Total Overall Funding	703,000	661,000	1,364,000

2015-17 Biennial Budget AFH Technical Assistance

DSHS Staffing and Fiscal Note Model

(last update June 2014)

Link other working spreadsheets to this page for additional information / costs.

Fiscal Year	FTE	Object A	Object B	Object C	Object E	Object ED	Object G	Object J	Object P	Object TZ	Total
Total Fiscal Year 1	7.0	399,000	149,000		53,000	44,000	3,000	42,000	2,000	11,000	703,000
Total Fiscal Year 2	7.0	399,000	149,000		53,000	44,000	3,000	0	2,000	11,000	661,000
Biennial Total	7.0	798,000	298,000	0	106,000	88,000	6,000	42,000	4,000	22,000	1,364,000

Source of Funds					
Fund	EA Type	Source	% of Total	Fiscal Year 1	Fiscal Year 2
001	1	State	50.00%	352,000	331,000
001	2	Federal	50.00%	351,000	330,000
001	7	Local	0.00%	0	0
Total each Fiscal Year				703,000	661,000
Biennial Total				1,364,000	
Link to OFM Fund Reference Manual: http://www.ofm.wa.gov/fund/default.asp					
Federal Detail					
Fund	Federal Type	Source	% of Total	Fiscal Year 1	Fiscal Year 2
001	0	SSBG	0.00%	0	0
001	A	Fam	0.00%	0	0
001	C	Med	50.00%	351,500	330,500
001	D	TANF	0.00%	0	0
001	2	Other	0.00%	0	0

Federal Detail percentages are defaulting to the 2015-17 Compensation Impact Model (CIM) Percentages.

Department of Social and Health Services

**DP Code/Title: PL-V7 HealthPath Washington Managed Care
 Program Level - 050 Aging and Long-Term Support Admin**

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Aging and Long-Term Support Administration (ALTSA) requests funding for staffing costs for the Centers for Medicare and Medicaid (CMS) Financial Alignment Integration Demonstrations. The goals are to improve care and reduce costs for dual eligibles - people who receive both Medicaid and Medicare services. HealthPath Washington (Managed Care), will contract with managed care organizations to deliver Medicare and Medicaid services, including long term services and supports and behavioral health services, in King and Snohomish counties to achieve better health outcomes at less cost than traditional fee for service delivery.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	370,000	(180,000)	190,000
001-C General Fund - Basic Account-Medicaid Federal	1,302,000	(180,000)	1,122,000
Total Cost	1,672,000	(360,000)	1,312,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	14.2	6.0	10.1

Package Description:

The Health Care Authority (HCA) and the Department of Social and Health Services (DSHS) have prepared a joint update to the February 2014 report on progress on implementing the Health Home and HealthPath Washington programs.

Background on the Health Home Model

Under Washington State's approach, the Health Home program is the bridge to integrate care within existing care systems. A Health Home is the central point for directing patient-centered care and is accountable for:

1. Reducing avoidable health care costs, specifically preventable hospital admissions/readmissions and avoidable emergency room visits
2. Providing timely post discharge follow-up
3. Improving patient outcomes by mobilizing and coordinating primary medical, specialist, behavioral health and long-term care services and supports.

Care coordinators must be embedded in community based settings to effectively manage the full breadth of beneficiary needs.

Washington has four high level goals for the health home program:

1. Improve the beneficiary's clinical outcomes and experience of care
2. Improve the beneficiary's self-management abilities
3. Improve health care quality and promote efficient and evidence-based health care service delivery
4. Reduce future cost trends or at the very least attain cost neutrality with improved outcomes.

The foundation of the state's Health Homes is the community network, which must be present in order to qualify as a Health Home. Partnerships across mental health and substance abuse providers, long-term services and supports providers and the medical community are developed to support care coordination and access through integrated health home services. The beneficiary is involved in their improving their health through the development their Health Action Plan. Beneficiaries may choose to include their families and caregivers as part of their Health Home team.

The Health Home program has been successful in achieving several milestones:

1. To date 3,450 beneficiaries have been engaged in health home activities. Evidence based screenings and interventions are being

Department of Social and Health Services

DP Code/Title: PL-V7 HealthPath Washington Managed Care

Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

implemented with beneficiaries receiving health home services. In part, this strategy was implemented to provide a model of care based on attaining core outcomes, but also to target improved beneficiary self-management and confidence in working with health and social service providers to improve health, reduce cost, and improve the quality of care.

2. Over 300 care coordinators have been trained to provide Health Home services to the highest risk Medicaid and dually eligible beneficiaries.
3. The establishment of a network of Health Home lead entities and care coordination organizations supports the broad goals established in the state Health Care Innovation Plan including Accountable Communities of Health, behavioral Health Organizations, and Fully Integrated physical health/behavioral health plans. Community based organizations have new skills in cross systems care coordination because of their involvement in the Health Home program.
4. Recruitment and retention of care coordination organizations and care coordinators is one of the key elements to providing community based care coordination services. All partners in this project are working collaboratively to establish relationships with non-traditional health and social service providers to deliver person centered care.
5. In keeping with the State Health Care Innovation Plan, which includes the prominent role for community health workers, affiliated staff working with care coordinators include community health workers (CHWs) and peer counselors.

As reported in February, the initial implementation experienced challenges relating to bringing up a new, complex program. At this point, the system issues and technical aspects of enrollment and reporting have largely been resolved. The remaining issues of client outreach and engagement are common to most efforts that involve high-risk low-income beneficiaries, due to the competing demands on their time to ensure that basic needs are met. An interim report, scheduled to be completed in October, will outline strategies to address those issues and improve the sustainability of the program.

Background on HealthPath Washington

The implementation of HealthPath Washington, the fully integrated model for those eligible for both Medicare and Medicaid, has been delayed until July 2015. Since April, when rates were presented to the two "apparently successful bidders," the state has been negotiating with the health plans to come to agreement on acceptable rates. CMS rules for rate setting have proven particularly onerous for HealthPath Washington. For example, the administrative overhead costs are limited to any administrative costs that would be avoided by enrolling in managed care (e.g., the two percent of the claims costs related to processing claims through the HCA, or the case management costs once initial assessment is completed by staff in Aging and Long-Term Support Administration. In addition, Medicare rates are based on current fee-for-service payments, as opposed to the way rates are set for Medicare Advantage Special Needs Plans. Finally, the final blended rates are discounted by a gradually increasing percentage for performance, and a savings adjustment that also increases over the three years of the demonstration. In Washington, the premium tax of two percent and the WSHIP assessment would discount the rates to an untenable level, which is why the HCA and the DSHS are requesting an exemption for those taxes.

Agreement has now been reached on the rates by United Healthcare and Community Health Plan of Washington that are now moving forward toward contracting. The compromise resulted in slightly lower savings returning to the State, as the savings percent is now one percent for the first period of demonstration (through 2016), and 1.5 percent for years two and three. The health plans have stated that they will withdraw from the demonstration if the exemption is not passed by the legislature.

Several steps remain prior to beginning enrollment: final contract approval by CMS; completing readiness review, which includes provider network analysis and a site visit by CMS contractors and state staff; finishing the ProviderOne system changes; educating providers and beneficiaries about the opportunity to enroll in the new program, etc. Because these have been put on hold during the rates negotiation, the start has been delayed to July 2015.

Agency Contact: Bryan Way (360) 902-7769
Program Contact: Karen Digre-Fitzharris (360) 725-2254

Narrative Justification and Impact Statement

Department of Social and Health Services

DP Code/Title: PL-V7 HealthPath Washington Managed Care
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

What specific performance outcomes does the agency expect?

The agency expects that it will be able to improve care and reduce costs for dual eligibles, individuals who receive both Medicaid and Medicare services.

Performance Measure Detail

Agency Level

Activity: E051 Program Support for Long Term Care
No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Activity: E077 Managed Care Services
No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The budget request supports DSHS Goal 1: Health - Each individual and each community will be healthy. The decision package is essential to implementing the ALISA's Strategic Objective 1.1: Improve health outcomes for individuals with high medical risk factors through implementation of the Medicaid Health Home services.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

This decision package supports the Results Washington Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future. Help the most vulnerable people become independent and self-sufficient and:

--Increase the percent of long-term care clients served in home and community-based settings.

What are the other important connections or impacts related to this proposal?

The Health Care Authority, DSHS' partner agency in this endeavor, and CMS are all committed to demonstrating that both better health outcomes and financial savings can be achieved by targeting the medically complex people who are both Medicare and Medicaid eligible with a coordinated care plan.

Both programs support legislative direction as expressed by bills passed in the 2014 session. For example:

*Under House Bill 2572, Sec. 1: "The legislature declares that collaboration among state purchased health care programs, private health carriers, third-party purchasers, and health care providers to identify appropriate strategies that will increase the quality and effectiveness of health care delivered in Washington state is in the best interest of the public." In Sec. 2: "The state health care innovation plan establishes the following primary drivers of health transformation, each with individual key actions that are necessary to achieve the objective: (b) Improve chronic illness care through better integration and strengthening of linkages between the health care delivery system and community, particularly for individuals with physical and behavioral comorbidities."

"In SSB 6312, "contracts issued or renewed on or after January 1, 2015, including: (H) Established consistent processes to incentivize integration of behavioral health services in the primary care setting, promoting care that is integrated, collaborative, co-located, and preventive."

What alternatives were explored by the agency, and why was this alternative chosen?

Due to the nature of this decision package, the agency explored no other alternatives. The request cannot be absorbed within existing resources.

Department of Social and Health Services

**DP Code/Title: PL-V7 HealthPath Washington Managed Care
 Program Level - 050 Aging and Long-Term Support Admin**

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

What are the consequences of adopting or not adopting this package?

The consequences of adopting this package include the implementation of a program designed to achieve better health outcomes at less cost than traditional fee for service delivery.

What is the relationship, if any, to the state's capital budget?

This request has no impact on the capital budget.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This request has no impact to existing statutes, rules or contracts.

Expenditure and revenue calculations and assumptions

See attachment: AL TSA HealthPath Washington Managed Care.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward into future biennia.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	919,000	454,000	1,373,000
B Employee Benefits	281,000	147,000	428,000
C Professional Svc Contracts	518,000	175,000	693,000
E Goods\Other Services	161,000	84,000	245,000
G Travel	36,000	19,000	55,000
J Capital Outlays	282,000	0	282,000
N Grants, Benefits & Client Services	(550,000)	(1,250,000)	(1,800,000)
P Debt Service	4,000	2,000	6,000
T Intra-Agency Reimbursements	21,000	9,000	30,000
Total Objects	1,672,000	(360,000)	1,312,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	370,000	(180,000)	190,000
<i>Total for Fund 001-1</i>	370,000	(180,000)	190,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19TA Title XIX Assistance (FMAP)	(275,000)	(625,000)	(900,000)
19UL Title XIX Admin (50%)	1,577,000	445,000	2,022,000
<i>Total for Fund 001-C</i>	1,302,000	(180,000)	1,122,000
Total Overall Funding	1,672,000	(360,000)	1,312,000

2015-17 Biennial Budget

HealthPath Washington Managed Care

DSHS - 2015-17 Biennium

Strategy 1 & 2 Costs	FY16	FY17	Biennium
FTE	14.2	6.0	10.1
State	645,000	445,000	1,090,000
Federal	1,577,000	445,000	2,022,000
Total	2,222,000	890,000	3,112,000

Strategy 2 Savings	FY16	FY17	Biennium
FTE	-	-	-
State	(275,000)	(625,000)	(900,000)
Federal	(275,000)	(625,000)	(900,000)
Total	(550,000)	(1,250,000)	(1,800,000)

TOTAL	FY16	FY17	Biennium
FTE	14.2	6.0	10.1
State	370,000	(180,000)	190,000
Federal	1,302,000	(180,000)	1,122,000
Total	1,672,000	(360,000)	1,312,000

Comments:

*Savings are based upon assumption that the hold harmless projected costs are taken off the top of any savings projection and the remaining savings is split between DSHS and HCA.

*DSHS is requesting the state and federal funds needed to pay for HCA staff in Strategy 1 through July 31, 2015. After that date HCA will need to pay for their staffing costs within their existing resources.

*DSHS is requesting the state and federal funds needed to pay for HCA staff in Strategy 2 through June 30, 2016. After that date HCA will need to pay for their staffing costs within their existing resources.

*HCA has indicated after each grant expires they will have sufficient resources within their existing budget to pay for their staffing needed to continue the activities with Strategy 1 and 2.

*DSHS has been awarded an Ombudsman grant to support Strategy 1 and 2 and will be pursuing alternative funding after the grant expires which is anticipated in the 17-19 biennial budget.

Department of Social and Health Services

DP Code/Title: PL-V8 Delay Nursing Home Rebase
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Aging and Long-Term Support Administration (AL TSA) requests to restore the reduction option that would otherwise delay the nursing home rebase. By not implementing this reduction, AL TSA expects that nursing home rates will be rebased to 2013 cost reports.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	29,305,000	29,473,000	58,778,000
001-C General Fund - Basic Account-Medicaid Federal	29,329,000	29,496,000	58,825,000
Total Cost	58,634,000	58,969,000	117,603,000

Staffing

Package Description:

Please see "I-1 Delay Nursing Home Rebase"

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Performance Measure Detail

Agency Level

Activity: E064 Nursing Home Services

No measures linked to package

<u>Incremental Changes</u>	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

What are the other important connections or impacts related to this proposal?

What alternatives were explored by the agency, and why was this alternative chosen?

What are the consequences of adopting or not adopting this package?

What is the relationship, if any, to the state's capital budget?

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

Department of Social and Health Services

DP Code/Title: PL-V8 Delay Nursing Home Rebase
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Expenditure and revenue calculations and assumptions

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
N Grants, Benefits & Client Services	58,634,000	58,969,000	117,603,000
<u>DSHS Source Code Detail</u>			
Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	29,305,000	29,473,000	58,778,000
<i>Total for Fund 001-1</i>	<u>29,305,000</u>	<u>29,473,000</u>	<u>58,778,000</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19TA Title XIX Assistance (FMAP)	29,329,000	29,496,000	58,825,000
<i>Total for Fund 001-C</i>	<u>29,329,000</u>	<u>29,496,000</u>	<u>58,825,000</u>
Total Overall Funding	<u>58,634,000</u>	<u>58,969,000</u>	<u>117,603,000</u>

Department of Social and Health Services

DP Code/Title: PL-V9 Increase AFH License Fee
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Aging and Long-Term Support Administration (AL TSA) requests to restore the reduction option that would otherwise increase the Adult Family Home License Fee. By not implementing this reduction, AL TSA expects that the Adult Family Home License Fee will not be increased.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	791,000	567,000	1,358,000
001-7 General Fund - Basic Account-Private/Local	(972,000)	(861,000)	(1,833,000)
001-C General Fund - Basic Account-Medicaid Federal	(1,340,000)	(1,452,000)	(2,792,000)
Total Cost	(1,521,000)	(1,746,000)	(3,267,000)

Staffing

Package Description:

Please see "I0 - Increase AFH License Fee"

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Performance Measure Detail

Agency Level

Activity: E050 Adult Family Home Community Services

No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Activity: E054 Investigations/Quality Assurance for Vulnerable Adults

No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?

What are the other important connections or impacts related to this proposal?

What alternatives were explored by the agency, and why was this alternative chosen?

What are the consequences of adopting or not adopting this package?

Department of Social and Health Services

DP Code/Title: PL-V9 Increase AFH License Fee
Program Level - 050 Aging and Long-Term Support Admin

Budget Period: 2015-17 Version: E1 050 2015-17 Final 2-YR LEG Budget

What is the relationship, if any, to the state's capital budget?

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

Expenditure and revenue calculations and assumptions

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	(300,000)	(456,000)	(756,000)
B Employee Benefits	(113,000)	(170,000)	(283,000)
E Goods\Other Services	(76,000)	(115,000)	(191,000)
G Travel	(2,000)	(3,000)	(5,000)
N Grants, Benefits & Client Services	(1,020,000)	(987,000)	(2,007,000)
P Debt Service	(2,000)	(3,000)	(5,000)
T Intra-Agency Reimbursements	(8,000)	(12,000)	(20,000)
Total Objects	(1,521,000)	(1,746,000)	(3,267,000)

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	791,000	567,000	1,358,000
<i>Total for Fund 001-1</i>	791,000	567,000	1,358,000
Fund 001-7, General Fund - Basic Account-Private/Local			
<u>Sources Title</u>			
5417 Contributions & Grants	(972,000)	(861,000)	(1,833,000)
<i>Total for Fund 001-7</i>	(972,000)	(861,000)	(1,833,000)
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19TA Title XIX Assistance (FMAP)	(510,000)	(494,000)	(1,004,000)
19UL Title XIX Admin (50%)	(830,000)	(958,000)	(1,788,000)
<i>Total for Fund 001-C</i>	(1,340,000)	(1,452,000)	(2,792,000)
Total Overall Funding	(1,521,000)	(1,746,000)	(3,267,000)

Special Reports

Activity Inventory Report

DSHS Budget Division

300 - Dept of Social and Health Services

D065 Office of Deaf and Hard of Hearing

The Office of the Deaf and Hard of Hearing contracts with Regional Service Centers of the Deaf and Hard of Hearing to provide client services to the Deaf, Hard of Hearing, and Deaf-Blind individuals and their families. Client services include case management, education, training, outreach, information, and referral. A similar contract with Deaf-Blind Service Center provides an additional service; support services provider (SSP) for the Deaf-Blind to live independently.

Program 050 - Long Term Care

Account	FY 2016	FY 2017	Biennial Total
FTE			
996-Z Other	17.8	17.8	17.8
001 General Fund			
001-1 State	\$5,286,000	\$5,180,000	\$10,466,000
001-2 Federal	\$200,000	\$200,000	\$400,000
001 Account Total	\$5,486,000	\$5,380,000	\$10,866,000

Statewide Result Area: Healthy and Safe Communities

Statewide Strategy: Provide support services to children and families

Expected Results

Clients and families needing advocacy, signing, counseling, outreach, and information, receive quality, timely service.

E049 Adult Day Health Community Services

Adult Day Health Community Services (ADH) is a supervised daytime program providing nursing and rehabilitative therapy services to adults with medical or disabling conditions. Services are provided in centers and clients typically attend an average of 2 to 3 days per week. Clients attending ADH also receive other services such as home care or residential services. Clients must be functionally and financially eligible for Medicaid, be enrolled on the Community Options Program Entry System (COPES) waiver, and have a skilled nursing or rehabilitation need, as determined by a doctor. Case managers review eligibility and ongoing need for services. ADH services are provided under contract, and centers are monitored by the Area Agencies on Aging (AAAs).

ACT001 - Agency Activity Inventory by Agency

Dept of Social and Health Services

BDS Activity - Version 11 - 050

Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

Program 050 - Long Term Care

Account	FY 2016	FY 2017	Biennial Total
001 General Fund			
001-1 State	\$4,796,000	\$4,848,000	\$9,644,000
001-C Medicaid Federal	\$4,802,000	\$4,854,000	\$9,656,000
001 Account Total	\$9,598,000	\$9,702,000	\$19,300,000

Statewide Result Area: Healthy and Safe Communities

Statewide Strategy: Provide community-based residential and in-home services

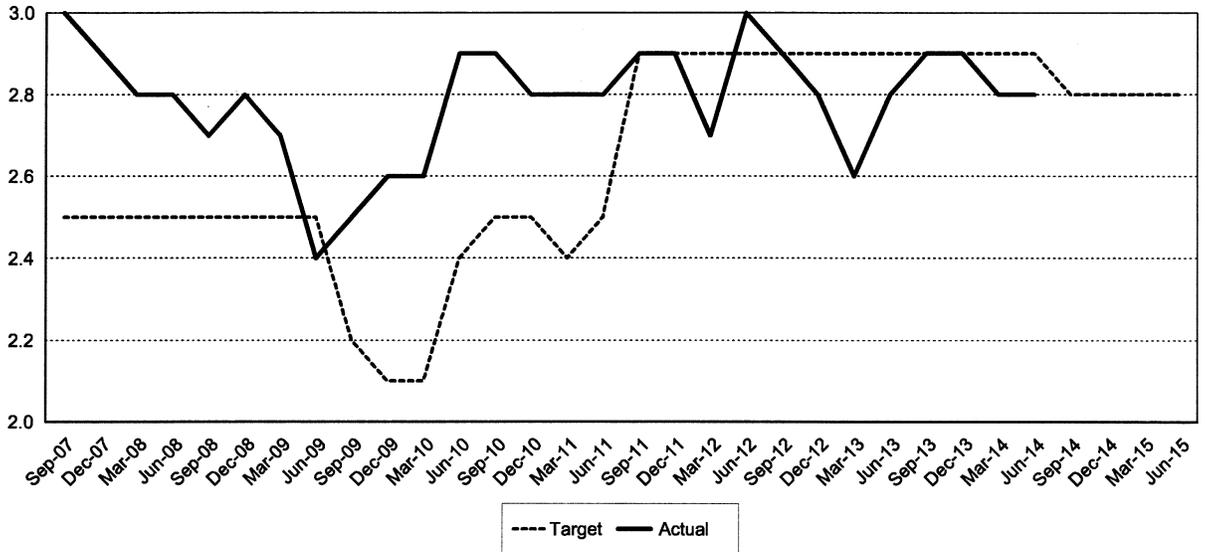
Expected Results

ADH services supplement other services in order to delay or eliminate the need for hospital or nursing facility services.

001937 Clients who can be served in the Community for the cost of one Nursing Home Client.				
Biennium	Period	Actual	Target	
2013-15	Q8		2.8	
	Q7		2.8	
	Q6		2.8	
	Q5		2.8	
	Q4	2.8	2.9	
	Q3	2.8	2.9	
	Q2	2.9	2.9	
	Q1	2.9	2.9	
2011-13	Q8	2.8	2.9	
	Q7	2.6	2.9	
	Q6	2.8	2.9	
	Q5	2.9	2.9	
	Q4	3	2.9	
	Q3	2.7	2.9	
	Q2	2.9	2.9	
	Q1	2.9	2.9	
Performance Measure Status: Approved				

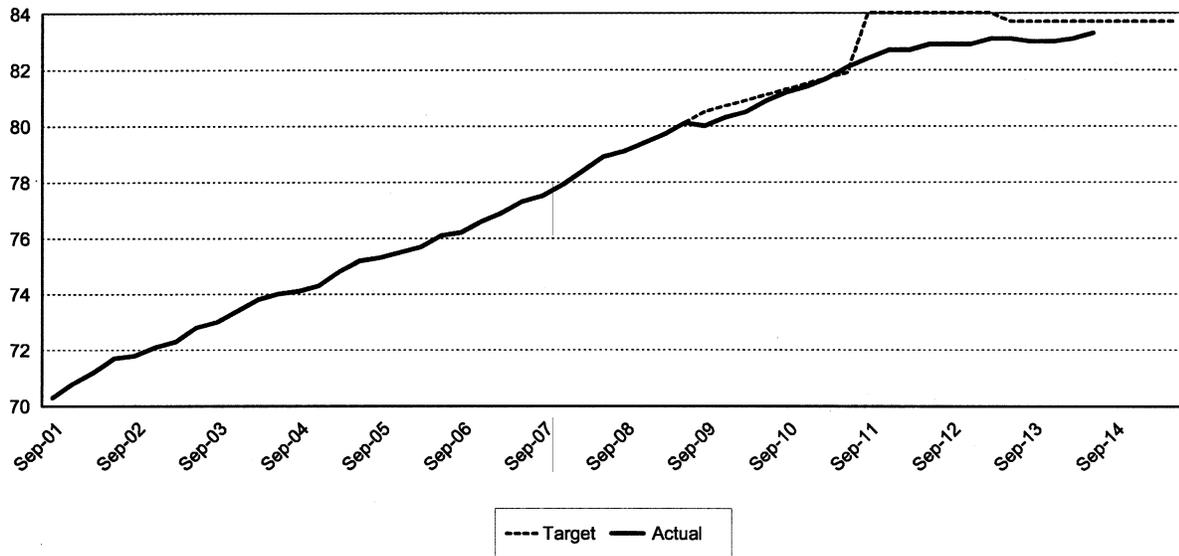
Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

Number 001937 - Clients who can be Served in the Community for Cost of One Nursing Home Client



001345 Percent of long-term care clients living in in-home or residential community settings.				
Biennium	Period	Actual	Target	
2013-15	Q8		83.7%	
	Q7		83.7%	
	Q6		83.7%	
	Q5		83.7%	
	Q4	83.3%	83.7%	
	Q3	83.1%	83.7%	
	Q2	83%	83.7%	
	Q1	83%	83.7%	
2011-13	Q8	83.1%	83.7%	
	Q7	83.1%	84%	
	Q6	82.9%	84%	
	Q5	82.9%	84%	
	Q4	82.9%	84%	
	Q3	82.7%	84%	
	Q2	82.7%	84%	
	Q1	82.4%	84%	
Performance Measure Status: Approved				

Percent 001345 - Monthly percentage of LTC client caseload living in the community.



E050 Adult Family Home Community Services

Adult Family Homes (AFHs) are contracted, private homes that serve between two and six residents. Clients receive room, board, laundry, necessary supervision, and assistance with activities of daily living, personal care, and social services. Some AFHs specialize in serving individuals with dementia, developmental disabilities, or mental illnesses. AFHs whose provider is a professional nurse will frequently provide limited nursing care for individuals with more complex nursing and medical needs. Clients residing in adult family homes meet the financial and functional eligibility criteria for either the Medicaid Personal Care (MPC) program or the Community Options Program Entry System (COPES) Medicaid waiver, or are vulnerable adults under Chapter 74.34 RCW, receiving state-funded adult protective services.

Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

Program 050 - Long Term Care

Account	FY 2016	FY 2017	Biennial Total
001 General Fund			
001-1 State	\$76,210,000	\$78,998,000	\$155,208,000
001-7 Private/Local	\$989,000	\$989,000	\$1,978,000
001-C Medicaid Federal	\$67,371,000	\$69,908,000	\$137,279,000
001 Account Total	\$144,570,000	\$149,895,000	\$294,465,000

Statewide Result Area: Healthy and Safe Communities

Statewide Strategy: Provide community-based residential and in-home services

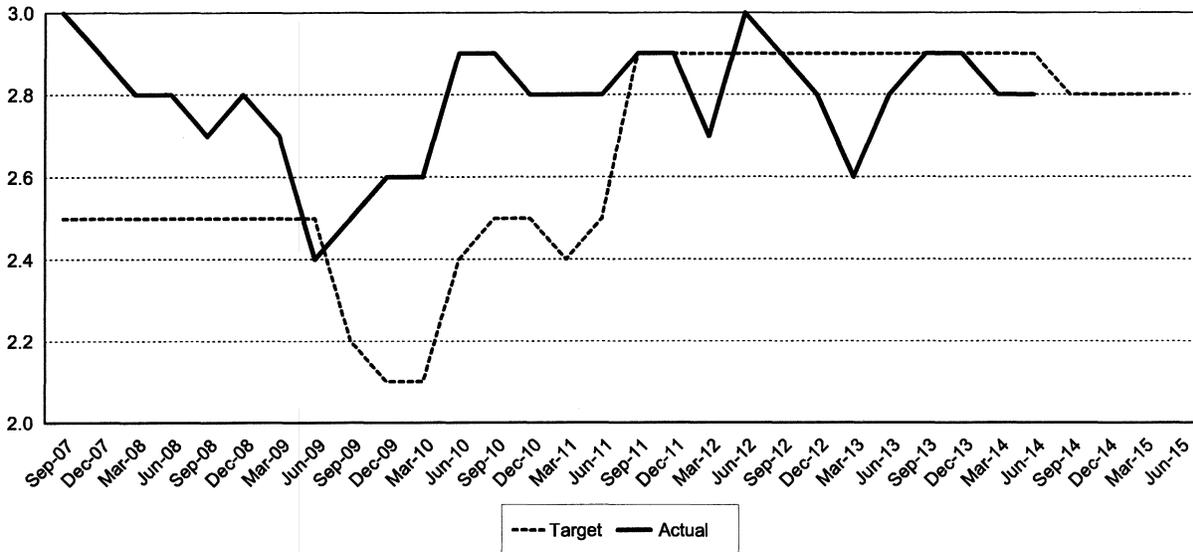
Expected Results

AFHs provide a non-institutional, home-like setting, which delays or prevents a move to a more costly nursing home setting.

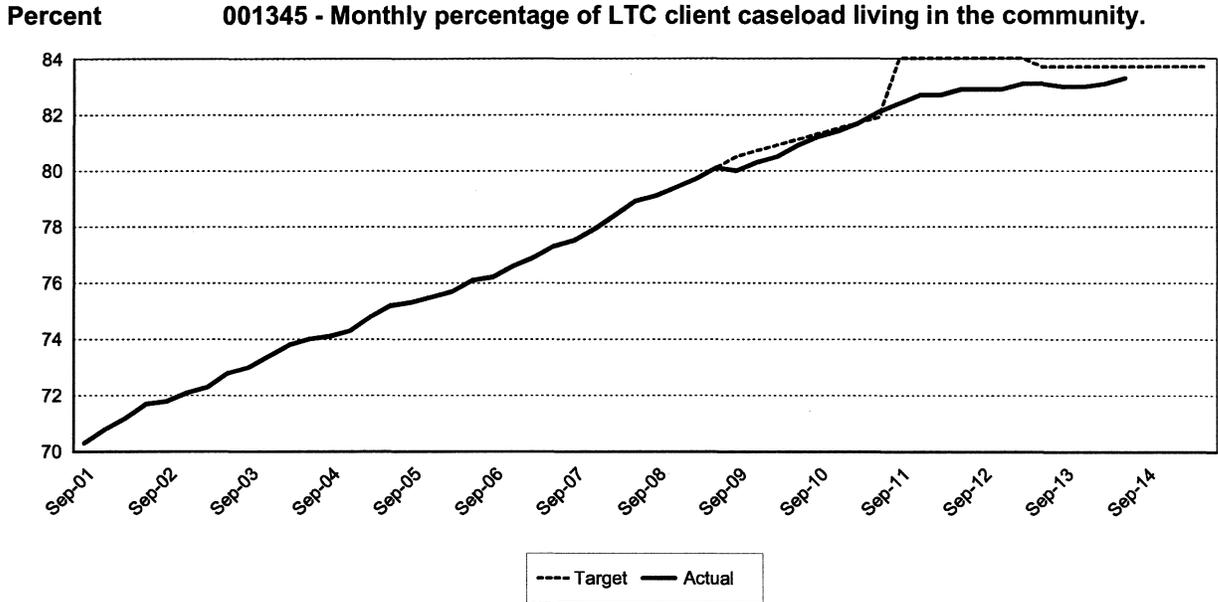
001937 Clients who can be served in the Community for the cost of one Nursing Home Client.			
Biennium	Period	Actual	Target
2013-15	Q8		2.8
	Q7		2.8
	Q6		2.8
	Q5		2.8
	Q4	2.8	2.9
	Q3	2.8	2.9
	Q2	2.9	2.9
	Q1	2.9	2.9
2011-13	Q8	2.8	2.9
	Q7	2.6	2.9
	Q6	2.8	2.9
	Q5	2.9	2.9
	Q4	3	2.9
	Q3	2.7	2.9
	Q2	2.9	2.9
	Q1	2.9	2.9
Performance Measure Status: Approved			

Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

Number 001937 - Clients who can be Served in the Community for Cost of One Nursing Home Client



001345 Percent of long-term care clients living in in-home or residential community settings.			
Biennium	Period	Actual	Target
2013-15	Q8		83.7%
	Q7		83.7%
	Q6		83.7%
	Q5		83.7%
	Q4	83.3%	83.7%
	Q3	83.1%	83.7%
	Q2	83%	83.7%
	Q1	83%	83.7%
2011-13	Q8	83.1%	83.7%
	Q7	83.1%	84%
	Q6	82.9%	84%
	Q5	82.9%	84%
	Q4	82.9%	84%
	Q3	82.7%	84%
	Q2	82.7%	84%
	Q1	82.4%	84%
Performance Measure Status: Approved			



E051 Program Support for Long Term Care

Program Support for Aging and Long Term Care Support Administration (ALTSA) includes program support for ALTSA and management services support for both ALTSA and Developmental Disabilities. ALTSA program support staff ensure compliance with federal regulations, and develop specific services and agency policy for both Area Agencies on Aging (AAAs) and ALTSA field staff. Management services perform accounting and budget, contract management, forecasting caseloads and expenditures, data analysis, performance management, and information technology support for both ALTSA and Developmental Disabilities.

ACT001 - Agency Activity Inventory by Agency

Dept of Social and Health Services

BDS Activity - Version 11 - 050

Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

Program 050 - Long Term Care

Account	FY 2016	FY 2017	Biennial Total
FTE			
996-Z Other	218.7	183.4	201.1
001 General Fund			
001-1 State	\$27,584,000	\$27,989,000	\$55,573,000
001-2 Federal	\$22,000	\$22,000	\$44,000
001-7 Private/Local	\$2,266,000	\$2,181,000	\$4,447,000
001-C Medicaid Federal	\$39,547,000	\$39,437,000	\$78,984,000
001 Account Total	\$69,419,000	\$69,629,000	\$139,048,000

Statewide Result Area: Healthy and Safe Communities

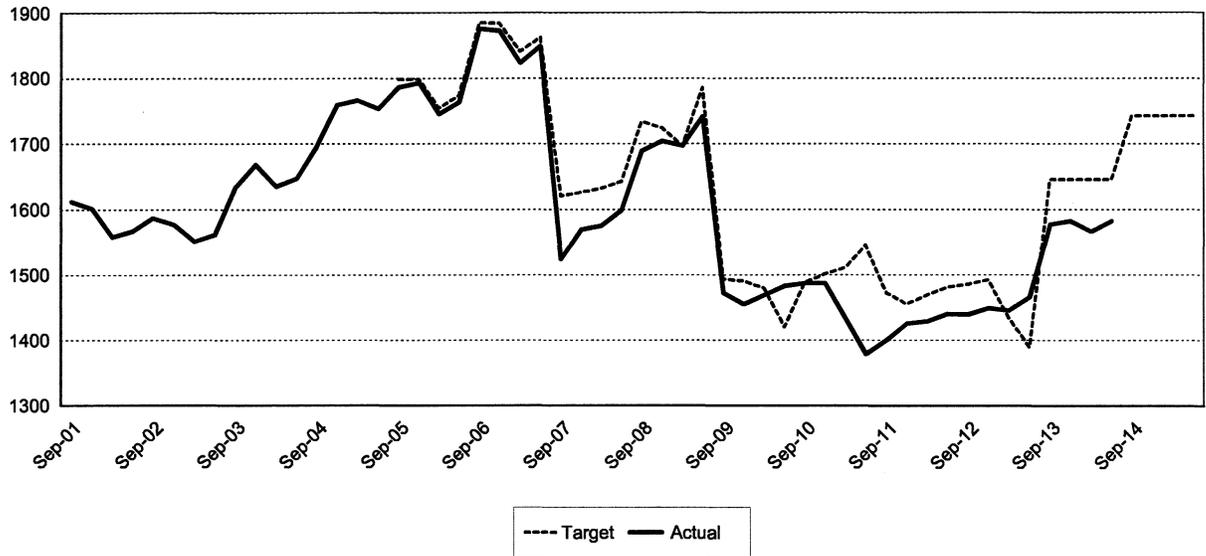
Statewide Strategy: Provide community-based residential and in-home services

Expected Results

Program support and management services insure compliance with state and federal regulations on programmatic and payment issues that allow Washington state to continue to participate in the federal Medicaid program. The administrative function provides for the infrastructure necessary to facilitate direct client services. Accurate accounting, data analysis, forecasting, rate structures, and budgeting improve efficiency, and insure transparency for external stakeholders.

001344 Monthly average cost per long-term care client living in the community.			
Biennium	Period	Actual	Target
2013-15	Q8		\$1,742
	Q7		\$1,742
	Q6		\$1,742
	Q5		\$1,742
	Q4	\$1,582	\$1,645
	Q3	\$1,566	\$1,645
	Q2	\$1,582	\$1,645
	Q1	\$1,577	\$1,645
2011-13	Q8	\$1,465	\$1,389
	Q7	\$1,445	\$1,434
	Q6	\$1,449	\$1,492
	Q5	\$1,439	\$1,485
	Q4	\$1,440	\$1,481
	Q3	\$1,429	\$1,469
	Q2	\$1,425	\$1,455
	Q1	\$1,400	\$1,472
Performance Measure Status: Approved			

Dollars 001344 - Monthly average cost per long-term care client living in the community.



ACT001 - Agency Activity Inventory by Agency

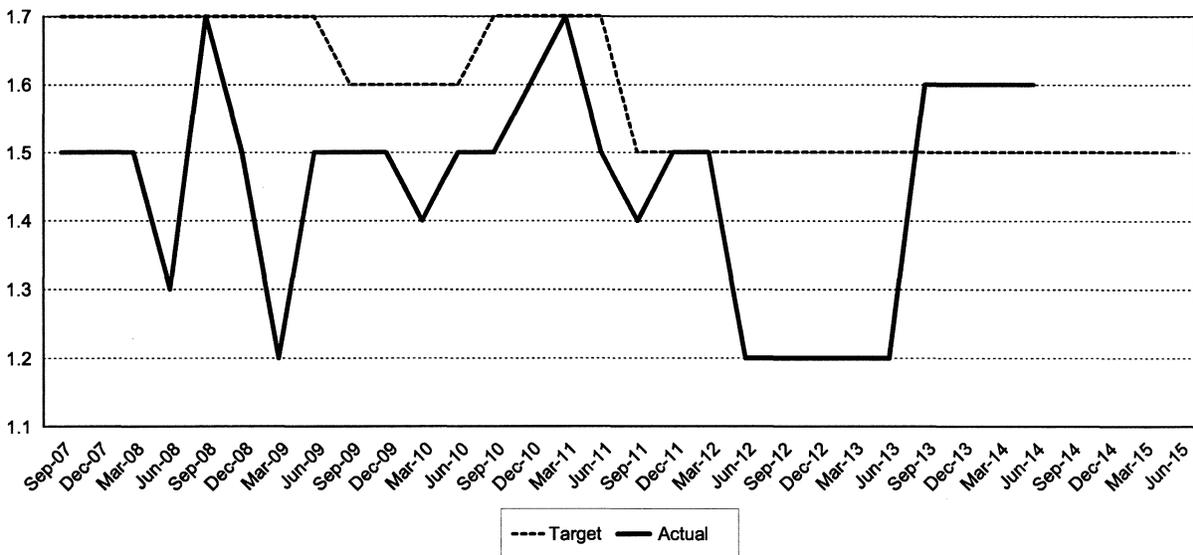
Dept of Social and Health Services

BDS Activity - Version 11 - 050

Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

001938 Percent of LTC total budget devoted to Program Support			
Biennium	Period	Actual	Target
2013-15	Q8		1.5%
	Q7		1.5%
	Q6		1.5%
	Q5		1.5%
	Q4	1.6%	1.5%
	Q3	1.6%	1.5%
	Q2	1.6%	1.5%
	Q1	1.6%	1.5%
2011-13	Q8	1.2%	1.5%
	Q7	1.2%	1.5%
	Q6	1.2%	1.5%
	Q5	1.2%	1.5%
	Q4	1.2%	1.5%
	Q3	1.5%	1.5%
	Q2	1.5%	1.5%
	Q1	1.4%	1.5%
Performance Measure Status: Approved			

Percent 001938 - Percent of Total Budget Devoted to Program Support



E052 Eligibility/Case Management Services

Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

Eligibility/Case Management Services includes determining eligibility to receive Aging and Long Term Support Administration (ALTSA) services, information and referral, and case management services for clients, either via state staff or via contractor (Area Agencies on Aging for ongoing in-home clients only). Financial eligibility staff determine if clients qualify for ALTSA Medicaid or other services. Case management consists of assessing and reassessing functional eligibility (level of disability), updating and monitoring a plan of care, finding a placement or provider, coordinating non-department services in response to a client’s need, responding to emergencies and status changes, and providing any additional assistance a client may need to maintain their placement or in some cases move to a new setting.

Program 050 - Long Term Care

Account	FY 2016	FY 2017	Biennial Total
FTE			
996-Z Other	944.8	1,024.7	984.8
12T Traumatic Brain Injury Account			
12T-1 State	\$1,696,000	\$1,696,000	\$3,392,000
001 General Fund			
001-1 State	\$68,793,000	\$71,869,000	\$140,662,000
001-7 Private/Local	\$743,000	\$685,000	\$1,428,000
001-C Medicaid Federal	\$66,332,000	\$68,694,000	\$135,026,000
001 Account Total	\$135,868,000	\$141,248,000	\$277,116,000

Statewide Result Area: Healthy and Safe Communities

Statewide Strategy: Provide community-based residential and in-home services

Expected Results

Staff ensure that individuals receive needed services for which they are eligible, ensure compliance with federal and state regulations, and monitor clients over time. The security and self-sufficiency of Washington's vulnerable adults are improved by the increased number of adults who live in their own homes or in community settings.

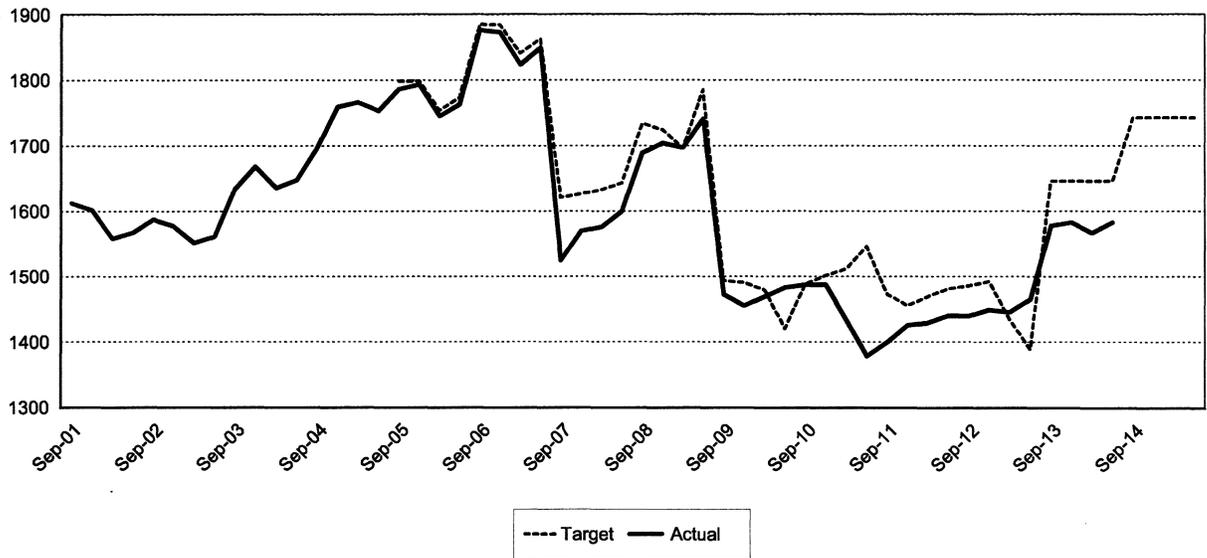
ACT001 - Agency Activity Inventory by Agency**Dept of Social and Health Services**

BDS Activity - Version 11 - 050

Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

001344 Monthly average cost per long-term care client living in the community.			
Biennium	Period	Actual	Target
2013-15	Q8		\$1,742
	Q7		\$1,742
	Q6		\$1,742
	Q5		\$1,742
	Q4	\$1,582	\$1,645
	Q3	\$1,566	\$1,645
	Q2	\$1,582	\$1,645
	Q1	\$1,577	\$1,645
2011-13	Q8	\$1,465	\$1,389
	Q7	\$1,445	\$1,434
	Q6	\$1,449	\$1,492
	Q5	\$1,439	\$1,485
	Q4	\$1,440	\$1,481
	Q3	\$1,429	\$1,469
	Q2	\$1,425	\$1,455
	Q1	\$1,400	\$1,472
Performance Measure Status: Approved			

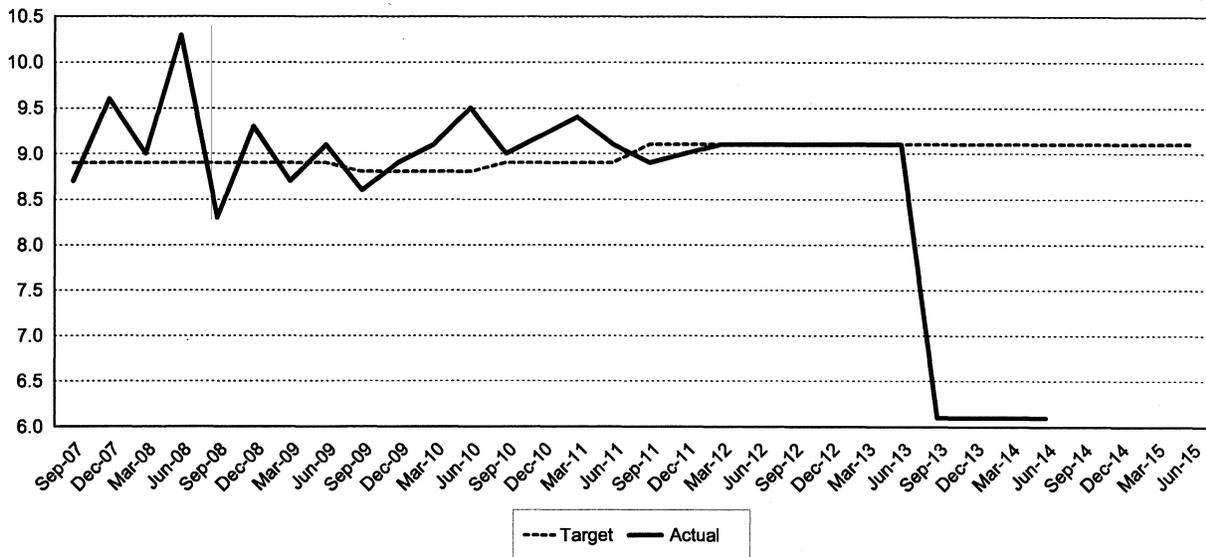
Dollars 001344 - Monthly average cost per long-term care client living in the community.



001939 Percent of total LTC budget devoted to Field Support (Case Management/Eligibility)			
Biennium	Period	Actual	Target
2013-15	Q8		9.1%
	Q7		9.1%
	Q6		9.1%
	Q5		9.1%
	Q4	6.1%	9.1%
	Q3	6.1%	9.1%
	Q2	6.1%	9.1%
	Q1	6.1%	9.1%
2011-13	Q8	9.1%	9.1%
	Q7	9.1%	9.1%
	Q6	9.1%	9.1%
	Q5	9.1%	9.1%
	Q4	9.1%	9.1%
	Q3	9.1%	9.1%
	Q2	9%	9.1%
	Q1	8.9%	9.1%

Performance Measure Status: Approved

Percent 001939 - Percent of Total Budget Devoted to Field Support



Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

Clients receiving in-home services have a range of acuity, and continue to live at home while receiving assistance with activities of daily living such as personal hygiene, toileting, bathing, dressing, cooking, assistance with medication, and eating. Clients may receive assistance with shopping, laundry, housework, or transportation to medical appointments. Contracted providers include home care agency providers (APs) or individual providers (IPs). Additional In-Home Services may include home-delivered meals, nutrition programs, adult day care, environmental modifications, special medical equipment, and skilled nursing care. Clients receiving In-Home Services meet the financial and functional eligibility criteria for either the Medicaid Personal Care (MPC) program or the Community Options Program Entry System (COPES) Medicaid waiver.

Program 050 - Long Term Care

Account	FY 2016	FY 2017	Biennial Total
FTE			
996-Z Other	1.8	0.2	1.0
001 General Fund			
001-1 State	\$429,119,000	\$449,272,000	\$878,391,000
001-2 Federal	\$22,813,000	\$22,389,000	\$45,202,000
001-7 Private/Local	\$194,000	\$194,000	\$388,000
001-C Medicaid Federal	\$525,887,000	\$549,118,000	\$1,075,005,000
001 Account Total	\$978,013,000	\$1,020,973,000	\$1,998,986,000

Statewide Result Area: Healthy and Safe Communities

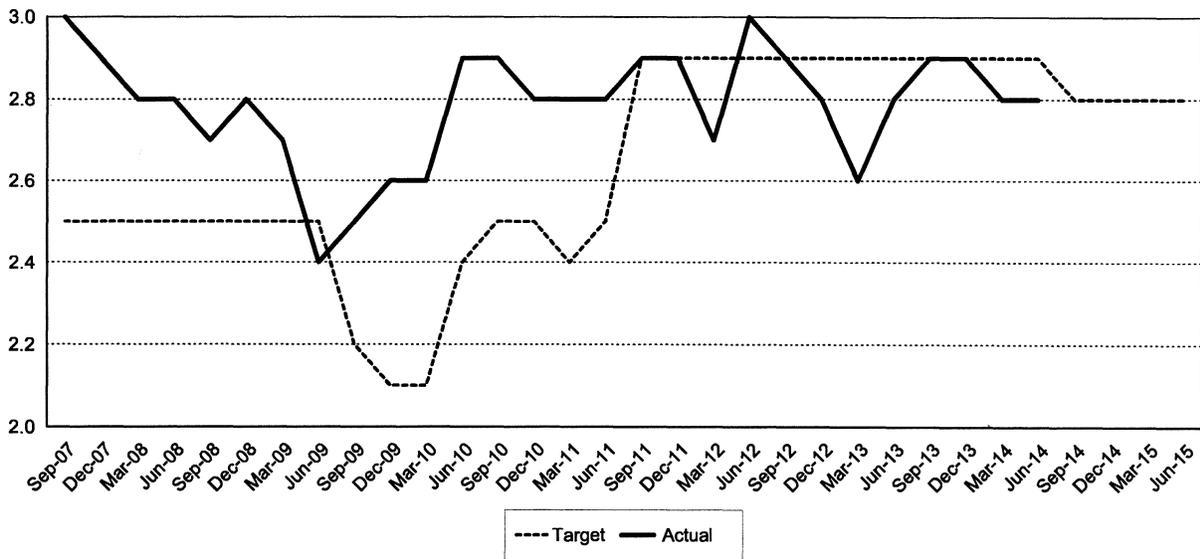
Statewide Strategy: Provide community-based residential and in-home services

Expected Results

Personal care services enable clients to remain in their own home or a relative's home, preventing or delaying a move to more costly out-of-home care.

001937 Clients who can be served in the Community for the cost of one Nursing Home Client.			
Biennium	Period	Actual	Target
2013-15	Q8		2.8
	Q7		2.8
	Q6		2.8
	Q5		2.8
	Q4	2.8	2.9
	Q3	2.8	2.9
	Q2	2.9	2.9
	Q1	2.9	2.9
2011-13	Q8	2.8	2.9
	Q7	2.6	2.9
	Q6	2.8	2.9
	Q5	2.9	2.9
	Q4	3	2.9
	Q3	2.7	2.9
	Q2	2.9	2.9
	Q1	2.9	2.9
Performance Measure Status: Approved			

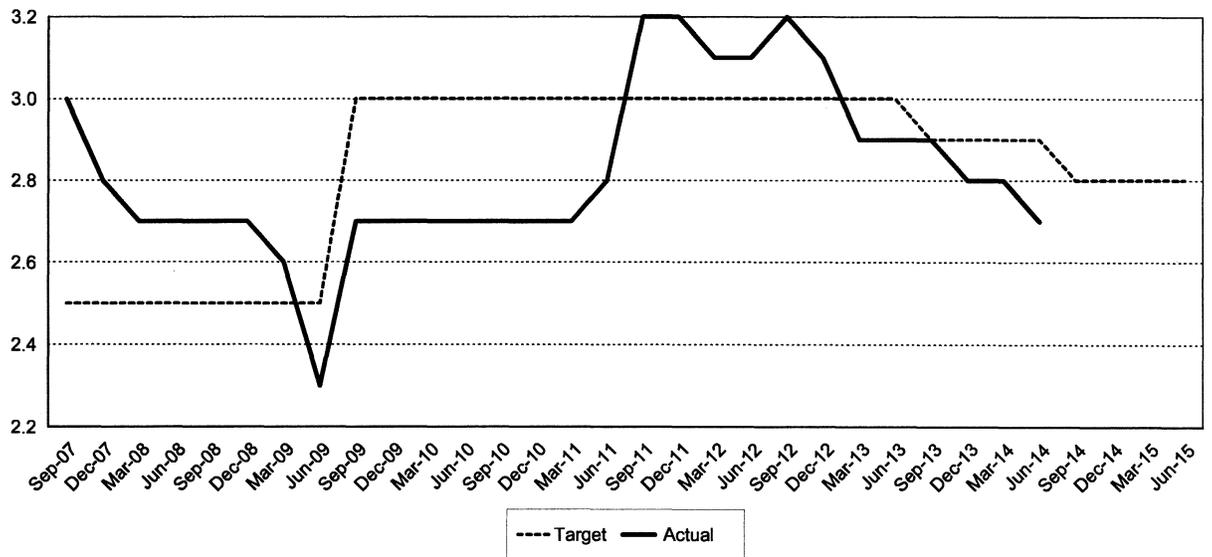
Number 001937 - Clients who can be Served in the Community for Cost of One Nursing Home Client



Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

001936 Clients who can be served In-Home for the cost of One Nursing Home Client				
Biennium	Period	Actual	Target	
2013-15	Q8		2.8	
	Q7		2.8	
	Q6		2.8	
	Q5		2.8	
	Q4	2.7	2.9	
	Q3	2.8	2.9	
	Q2	2.8	2.9	
	Q1	2.9	2.9	
2011-13	Q8	2.9	3	
	Q7	2.9	3	
	Q6	3.1	3	
	Q5	3.2	3	
	Q4	3.1	3	
	Q3	3.1	3	
	Q2	3.2	3	
	Q1	3.2	3	
Performance Measure Status: Approved				

Number 001936 - Clients Who can be Served In-Home for the Cost of One Nursing Home Client



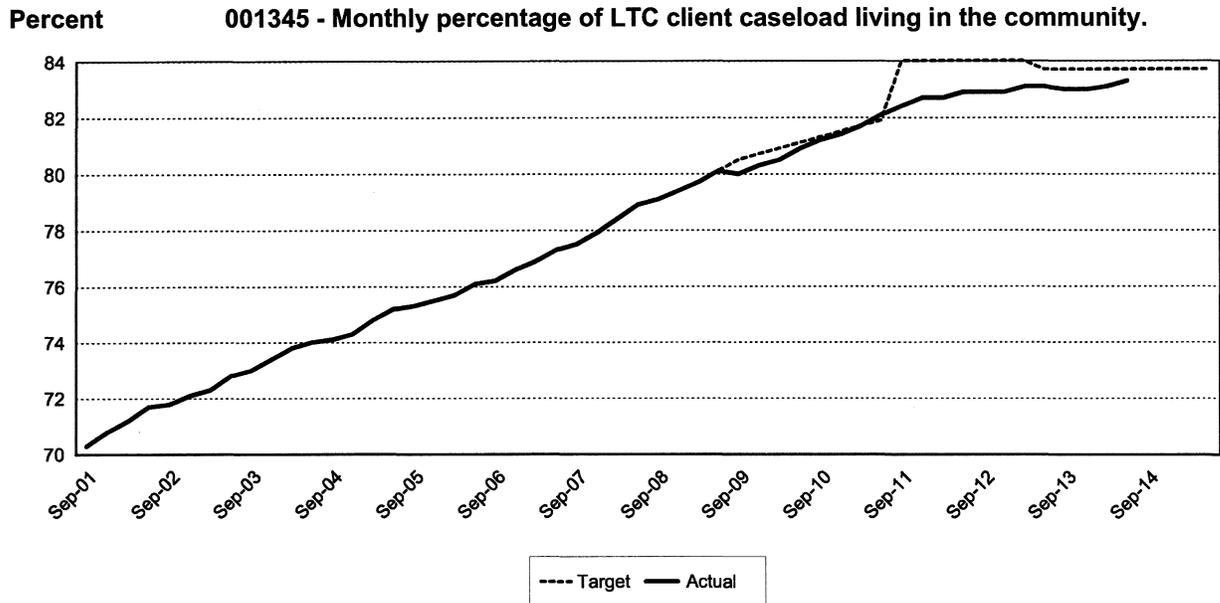
ACT001 - Agency Activity Inventory by Agency

Dept of Social and Health Services

BDS Activity - Version 11 - 050

Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

001345 Percent of long-term care clients living in in-home or residential community settings.			
Biennium	Period	Actual	Target
2013-15	Q8		83.7%
	Q7		83.7%
	Q6		83.7%
	Q5		83.7%
	Q4	83.3%	83.7%
	Q3	83.1%	83.7%
	Q2	83%	83.7%
	Q1	83%	83.7%
2011-13	Q8	83.1%	83.7%
	Q7	83.1%	84%
	Q6	82.9%	84%
	Q5	82.9%	84%
	Q4	82.9%	84%
	Q3	82.7%	84%
	Q2	82.7%	84%
	Q1	82.4%	84%
Performance Measure Status: Approved			



E054 Investigations/Quality Assurance for Vulnerable Adults

Adult Protective Services (APS) investigates reports of suspected abuse, abandonment, neglect, self-neglect, and financial exploitation of vulnerable adults living in their own homes. For facilities, Residential Care Services verifies that the facility itself and its staff who come in contact with vulnerable adults are providing appropriate services and quality care. This includes periodic surveying, inspecting, and certification/licensing of nursing homes, adult family homes and assisted living facilities, and monitoring the quality of service, including investigating complaints of abuse and neglect or perpetrators, and related enforcement actions. Quality Assurance includes the review of case management work, and the examination of payment authorizations to ensure compliance with federal and state laws, such as correct client eligibility determination and payment. Oversight and monitoring of home care agencies and certification of Supported Living providers are done under contract, otherwise services are state-staffed.

ACT001 - Agency Activity Inventory by Agency

Dept of Social and Health Services

BDS Activity - Version 11 - 050

Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

Program 050 - Long Term Care

Account	FY 2016	FY 2017	Biennial Total
FTE			
996-Z Other	437.6	440.9	439.3
12T Traumatic Brain Injury Account			
12T-1 State	\$1,000	\$3,000	\$4,000
001 General Fund			
001-1 State	\$10,667,000	\$11,162,000	\$21,829,000
001-2 Federal	\$6,066,000	\$5,707,000	\$11,773,000
001-7 Private/Local	\$13,980,000	\$13,740,000	\$27,720,000
001-C Medicaid Federal	\$20,504,000	\$21,121,000	\$41,625,000
001 Account Total	\$51,217,000	\$51,730,000	\$102,947,000

Statewide Result Area: Healthy and Safe Communities

Statewide Strategy: Respond to abuse/neglect allegations

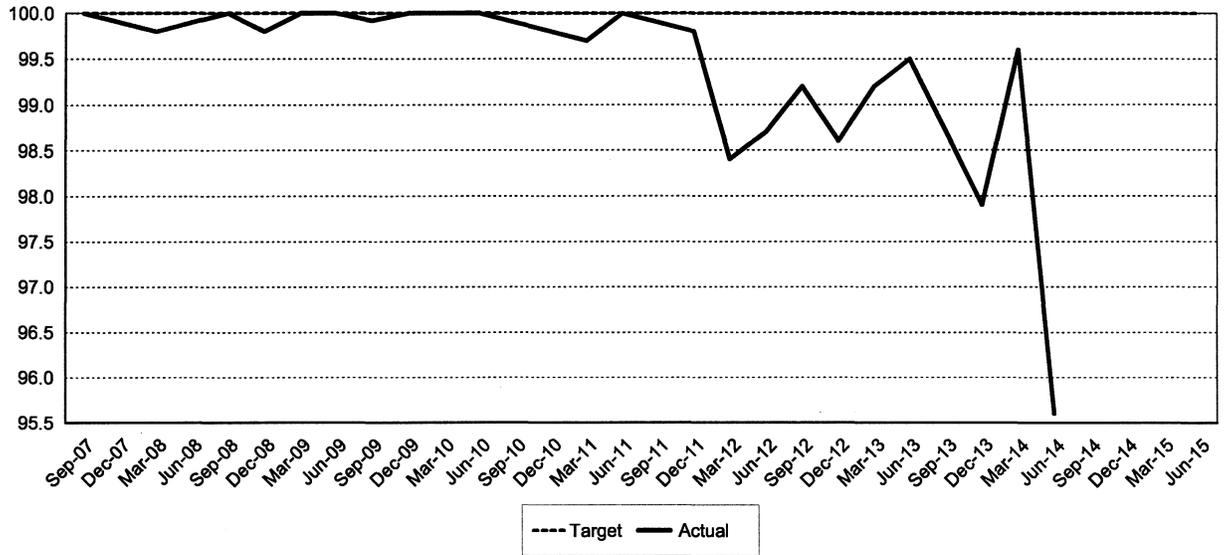
Expected Results

Staff surveys and investigations contribute to the health, safety, and well being of clients served in nursing facilities and residential settings. APS investigations contribute to the health and safety of vulnerable adults. Quality assurance activities enable ADSA to use limited resources efficiently.

001604 Percentage of timely RCS complaint investigations.			
Biennium	Period	Actual	Target
2013-15	Q8		100%
	Q7		100%
	Q6		100%
	Q5		100%
	Q4	95.6%	100%
	Q3	99.6%	100%
	Q2	97.9%	100%
	Q1	98.7%	100%
2011-13	Q8	99.5%	100%
	Q7	99.2%	100%
	Q6	98.6%	100%
	Q5	99.2%	100%
	Q4	98.7%	100%
	Q3	98.4%	100%
	Q2	99.8%	100%
	Q1	99.9%	100%
Performance Measure Status: Approved			

Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

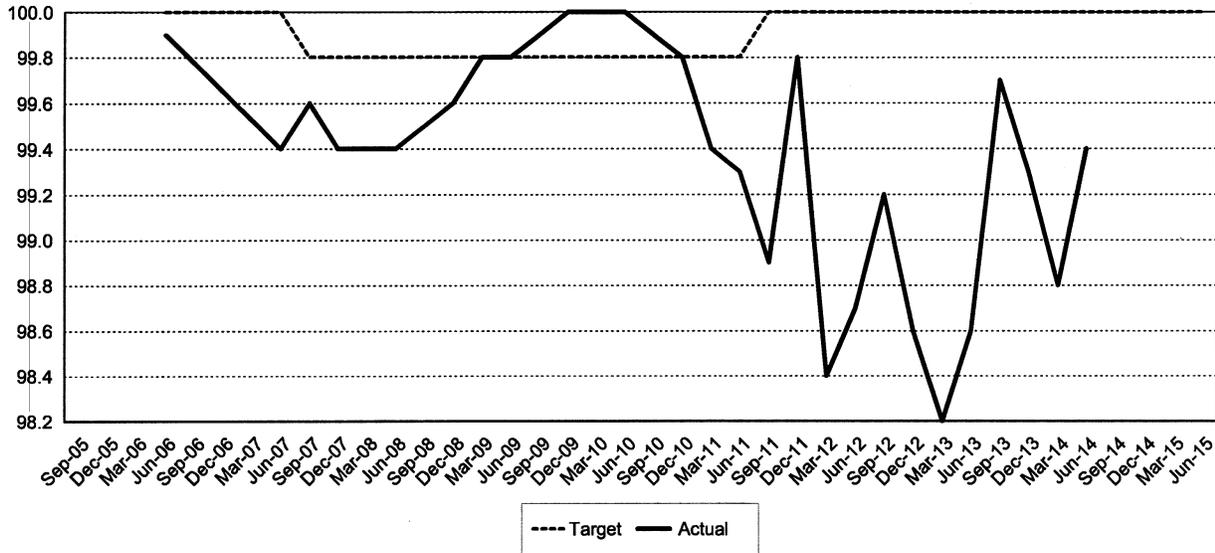
Percent 001604 - Monthly Percentage of Timely Responses to RCS Complaint Investigations.



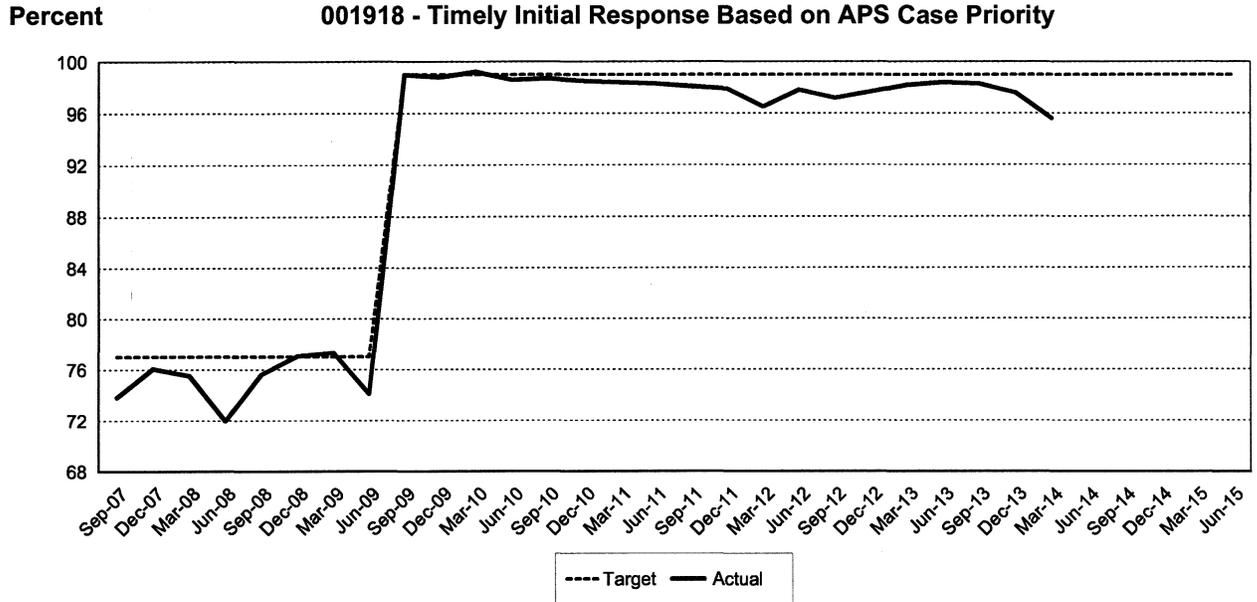
001610 Percent of Licensing Re-inspections Completed on Time.			
Biennium	Period	Actual	Target
2013-15	Q8		100%
	Q7		100%
	Q6		100%
	Q5		100%
	Q4	99.4%	100%
	Q3	98.8%	100%
	Q2	99.3%	100%
	Q1	99.7%	100%
2011-13	Q8	98.6%	100%
	Q7	98.2%	100%
	Q6	98.6%	100%
	Q5	99.2%	100%
	Q4	98.7%	100%
	Q3	98.4%	100%
	Q2	99.8%	100%
	Q1	98.9%	100%
Performance Measure Status: Approved			

Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

Percent 001610 - Percent Licensing Re-inspections Completed on Time



001918 The Percentage of Adult Protective Services (APS) complaint investigations completed within 90 days.			
Biennium	Period	Actual	Target
2013-15	Q8		99%
	Q7		99%
	Q6		99%
	Q5		99%
	Q4		99%
	Q3	95.6%	99%
	Q2	97.6%	99%
	Q1	98.3%	99%
2011-13	Q8	98.4%	99%
	Q7	98.2%	99%
	Q6	97.7%	99%
	Q5	97.2%	99%
	Q4	97.8%	99%
	Q3	96.5%	99%
	Q2	97.9%	99%
	Q1	98.1%	99%
Performance Measure Status: Approved			



E055 Residential Community Services

Assisted Living Facilities (ALF) are contracted facilities that may serve seven or more residents. Clients receive room and board, personal care, and assistance with medication. Some residents may receive limited nursing services, limited supervision, and specialized dementia care. ALFs include Adult Residential Care (ARC), Enhanced Adult Residential Care (EARC), and Assisted Living (AL). Clients residing in ALFs meet the financial and functional eligibility criteria for either the Medicaid Personal Care (MPC) program or the Community Options Program Entry System (COPES) Medicaid waiver, depending on the type of ALF in which they reside, or are vulnerable adults under Chapter 74.34 RCW, receiving state-funded Adult Protective Services.

Program 050 - Long Term Care

Account	FY 2016	FY 2017	Biennial Total
001 General Fund			
001-1 State	\$50,205,000	\$51,239,000	\$101,444,000
001-7 Private/Local	\$69,000	\$69,000	\$138,000
001-C Medicaid Federal	\$44,921,000	\$45,848,000	\$90,769,000
001 Account Total	\$95,195,000	\$97,156,000	\$192,351,000

Statewide Result Area: **Healthy and Safe Communities**

Statewide Strategy: **Provide community-based residential and in-home services**

Expected Results

Long-term care residential settings offer personal care services and supervision for clients who cannot live at home, while preventing or delaying admission to a more costly nursing home setting.

ACT001 - Agency Activity Inventory by Agency

Dept of Social and Health Services

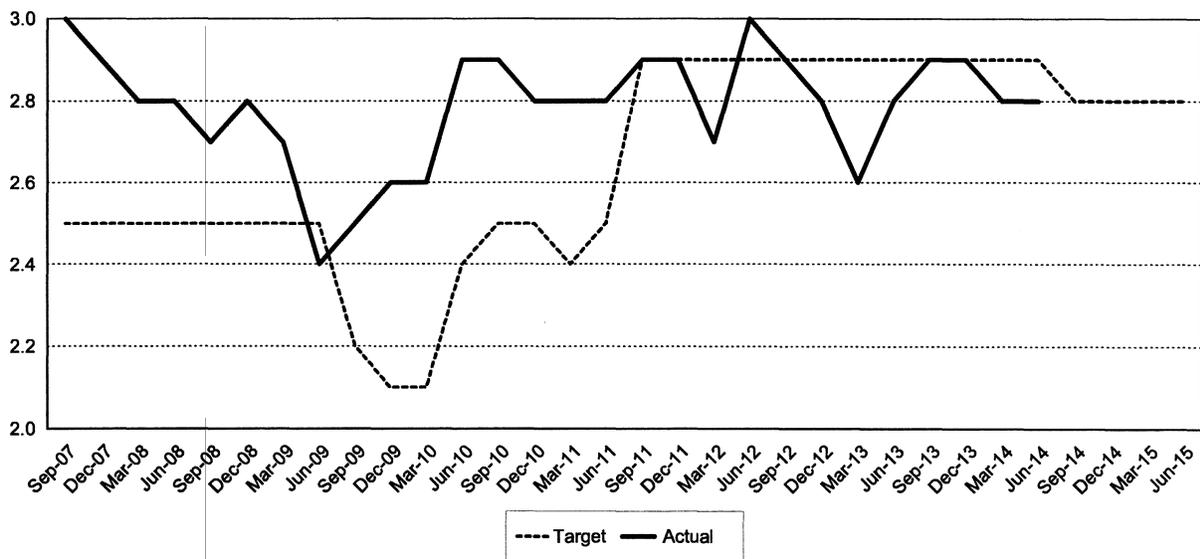
BDS Activity - Version 11 - 050

Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

001937 Clients who can be served in the Community for the cost of one Nursing Home Client.			
Biennium	Period	Actual	Target
2013-15	Q8		2.8
	Q7		2.8
	Q6		2.8
	Q5		2.8
	Q4	2.8	2.9
	Q3	2.8	2.9
	Q2	2.9	2.9
	Q1	2.9	2.9
2011-13	Q8	2.8	2.9
	Q7	2.6	2.9
	Q6	2.8	2.9
	Q5	2.9	2.9
	Q4	3	2.9
	Q3	2.7	2.9
	Q2	2.9	2.9
	Q1	2.9	2.9

Performance Measure Status: Approved

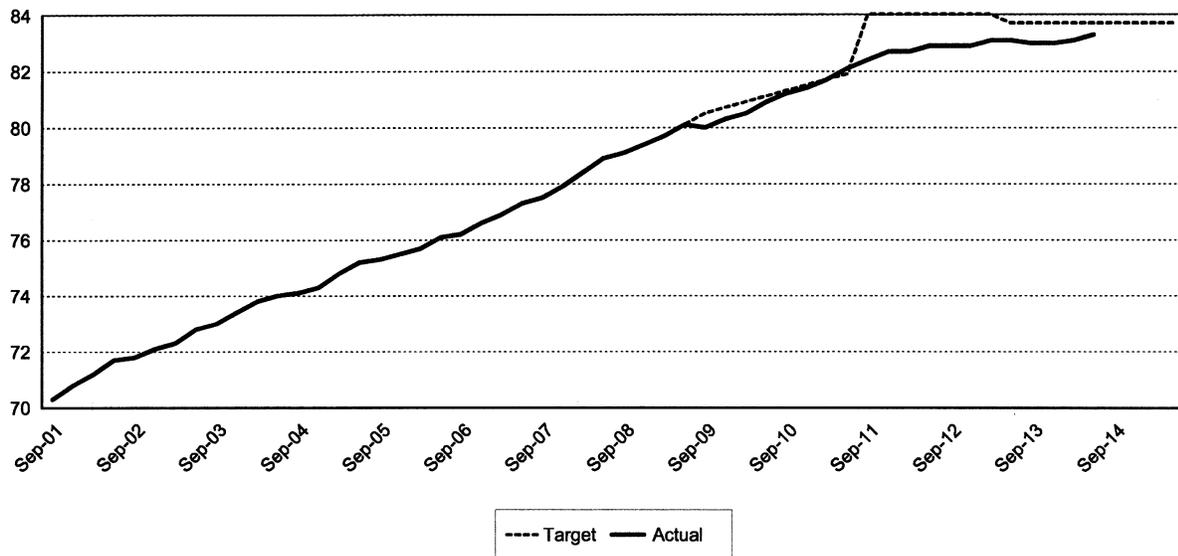
Number 001937 - Clients who can be Served in the Community for Cost of One Nursing Home Client



Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

001345 Percent of long-term care clients living in in-home or residential community settings.			
Biennium	Period	Actual	Target
2013-15	Q8		83.7%
	Q7		83.7%
	Q6		83.7%
	Q5		83.7%
	Q4	83.3%	83.7%
	Q3	83.1%	83.7%
	Q2	83%	83.7%
	Q1	83%	83.7%
2011-13	Q8	83.1%	83.7%
	Q7	83.1%	84%
	Q6	82.9%	84%
	Q5	82.9%	84%
	Q4	82.9%	84%
	Q3	82.7%	84%
	Q2	82.7%	84%
	Q1	82.4%	84%
Performance Measure Status: Approved			

Percent 001345 - Monthly percentage of LTC client caseload living in the community.



E064 Nursing Home Services

The Aging and Long Term Support Administration (AL TSA) contracts with licensed and certified Nursing Homes to serve Medicaid-eligible persons who need post-hospital recuperative care, require nursing services, or have chronic disabilities necessitating long-term medical services. Nursing Homes provide 24-hour supervised nursing care, personal care, therapy, and supervised nutrition. There is a small amount of funding for nurse-aide training, and cash assistance is provided for persons leaving Nursing Homes to help re-establish them in independent living or in lower-cost community settings.

Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

Program 050 - Long Term Care

Account	FY 2016	FY 2017	Biennial Total
001 General Fund			
001-1 State	\$251,602,000	\$254,786,000	\$506,388,000
001-7 Private/Local	\$2,527,000	\$2,526,000	\$5,053,000
001-C Medicaid Federal	\$299,097,000	\$302,177,000	\$601,274,000
001 Account Total	\$553,226,000	\$559,489,000	\$1,112,715,000
562 Skilled Nursing Facility Net Trust Fund			
562-1 State	\$44,000,000	\$44,000,000	\$88,000,000

Statewide Result Area: Healthy and Safe Communities

Statewide Strategy: Provide institutional-based services

Expected Results

Nursing homes provide temporary services to clients who are recovering from acute illnesses, in need of post-hospital recuperative care, or requiring licensed nursing services, enabling many of them to safely return home or to less restrictive residential settings. Nursing homes also provide care for some terminally ill clients who cannot be cared for elsewhere.

001937 Clients who can be served in the Community for the cost of one Nursing Home Client.			
Biennium	Period	Actual	Target
2013-15	Q8		2.8
	Q7		2.8
	Q6		2.8
	Q5		2.8
	Q4	2.8	2.9
	Q3	2.8	2.9
	Q2	2.9	2.9
	Q1	2.9	2.9
2011-13	Q8	2.8	2.9
	Q7	2.6	2.9
	Q6	2.8	2.9
	Q5	2.9	2.9
	Q4	3	2.9
	Q3	2.7	2.9
	Q2	2.9	2.9
	Q1	2.9	2.9
Performance Measure Status: Approved			

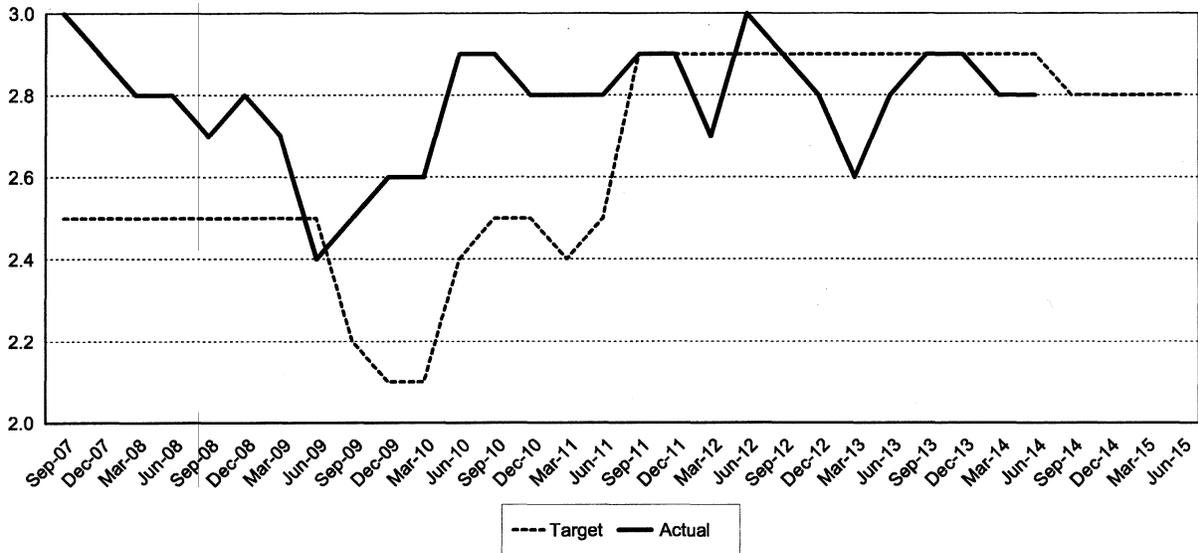
ACT001 - Agency Activity Inventory by Agency

Dept of Social and Health Services

BDS Activity - Version 11 - 050

Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

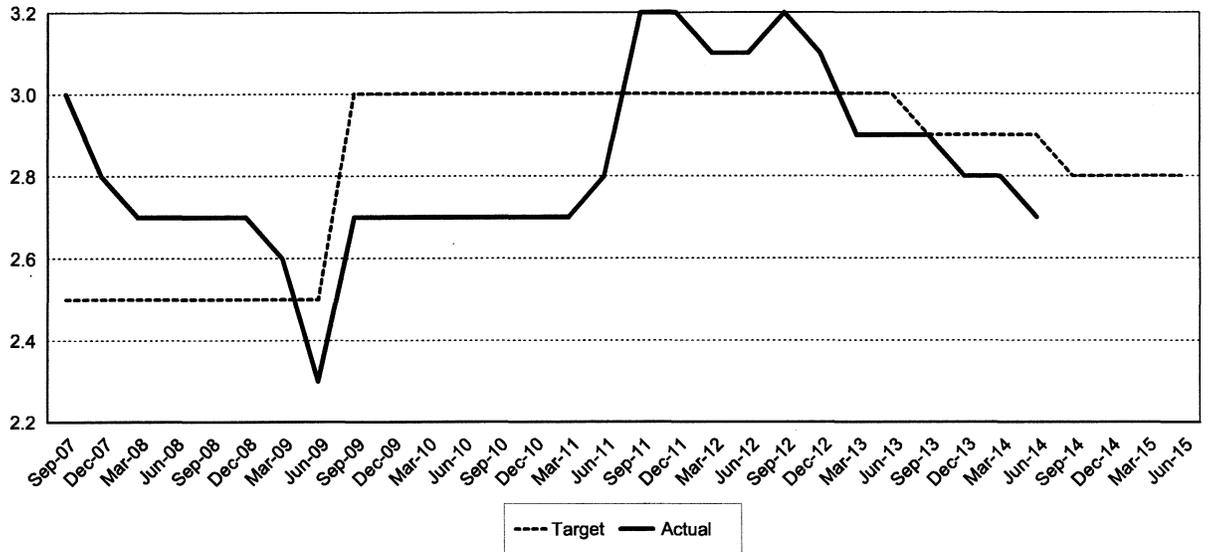
Number 001937 - Clients who can be Served in the Community for Cost of One Nursing Home Client



001936 Clients who can be served In-Home for the cost of One Nursing Home Client			
Biennium	Period	Actual	Target
2013-15	Q8		2.8
	Q7		2.8
	Q6		2.8
	Q5		2.8
	Q4	2.7	2.9
	Q3	2.8	2.9
	Q2	2.8	2.9
	Q1	2.9	2.9
2011-13	Q8	2.9	3
	Q7	2.9	3
	Q6	3.1	3
	Q5	3.2	3
	Q4	3.1	3
	Q3	3.1	3
	Q2	3.2	3
	Q1	3.2	3
Performance Measure Status: Approved			

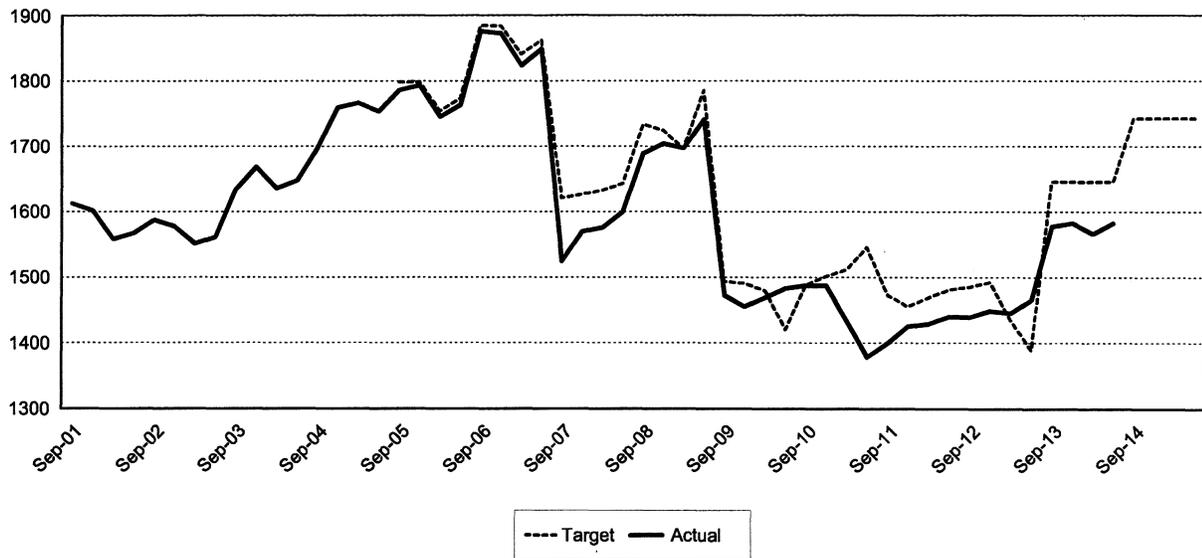
Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

Number 001936 - Clients Who can be Served In-Home for the Cost of One Nursing Home Client



001344 Monthly average cost per long-term care client living in the community.			
Biennium	Period	Actual	Target
2013-15	Q8		\$1,742
	Q7		\$1,742
	Q6		\$1,742
	Q5		\$1,742
	Q4	\$1,582	\$1,645
	Q3	\$1,566	\$1,645
	Q2	\$1,582	\$1,645
	Q1	\$1,577	\$1,645
2011-13	Q8	\$1,465	\$1,389
	Q7	\$1,445	\$1,434
	Q6	\$1,449	\$1,492
	Q5	\$1,439	\$1,485
	Q4	\$1,440	\$1,481
	Q3	\$1,429	\$1,469
	Q2	\$1,425	\$1,455
	Q1	\$1,400	\$1,472
Performance Measure Status: Approved			

Dollars 001344 - Monthly average cost per long-term care client living in the community.

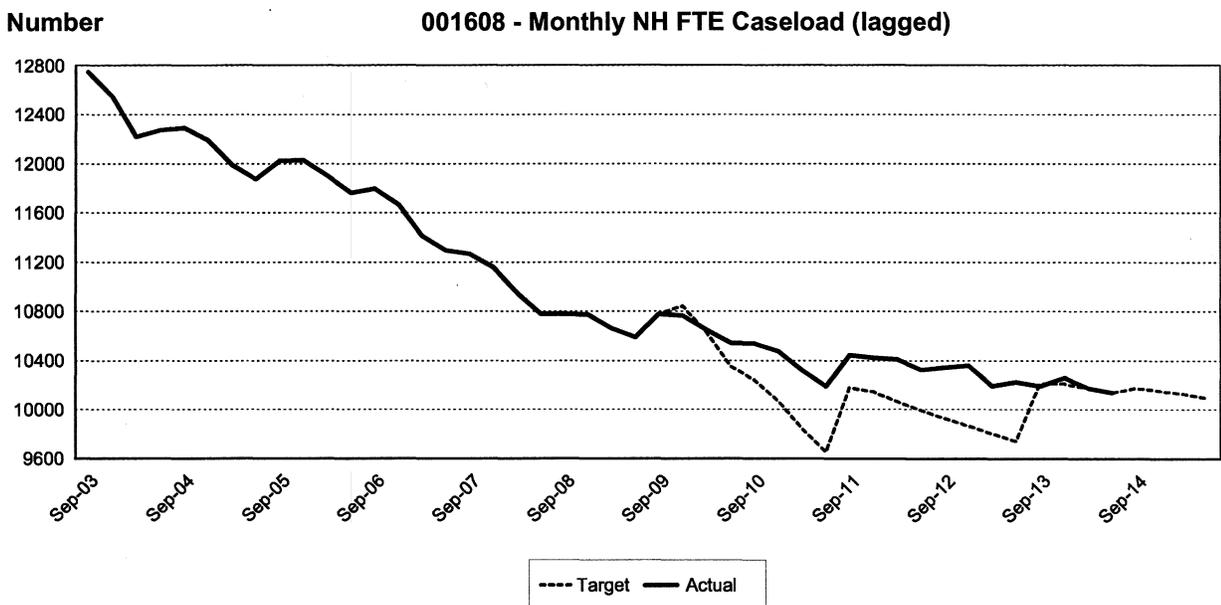


ACT001 - Agency Activity Inventory by Agency**Dept of Social and Health Services**

BDS Activity - Version 11 - 050

Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

001608 This measure is the Monthly NH FTE Caseload with a built in lag factor			
Biennium	Period	Actual	Target
2013-15	Q8		10,089
	Q7		10,123
	Q6		10,149
	Q5		10,171
	Q4	10,136	10,134
	Q3	10,173	10,172
	Q2	10,259	10,206
	Q1	10,189	10,208
2011-13	Q8	10,223	9,740
	Q7	10,190	9,802
	Q6	10,358	9,863
	Q5	10,342	9,926
	Q4	10,322	9,990
	Q3	10,410	10,062
	Q2	10,422	10,142
	Q1	10,443	10,176
Performance Measure Status: Approved			



E077 Managed Care Services

Aging and Disability Services Administration (ADSA) contracts with a vendor to provide managed care services that include medical care, Long-Term Care services, substance abuse treatment and mental health treatment under one service package and capitated payment per member per month. These programs help clients remain in the community for as long as possible by providing comprehensive health and social services to meet the unique needs of each client. Current contracts are for the Program of All-Inclusive Care for the Elderly (PACE) and the Washington Medicaid Integration Partnership (WMIP). The vendors assume all financial responsibility for medical expenses associated with meeting a client's needs for as long as the client remains enrolled in the program.

Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

Program 050 - Long Term Care

Account	FY 2016	FY 2017	Biennial Total
001 General Fund			
001-1 State	\$6,319,000	\$6,188,000	\$12,507,000
001-C Medicaid Federal	\$6,223,000	\$6,090,000	\$12,313,000
001 Account Total	\$12,542,000	\$12,278,000	\$24,820,000

Statewide Result Area: Healthy and Safe Communities

Statewide Strategy: Provide community-based residential and in-home services

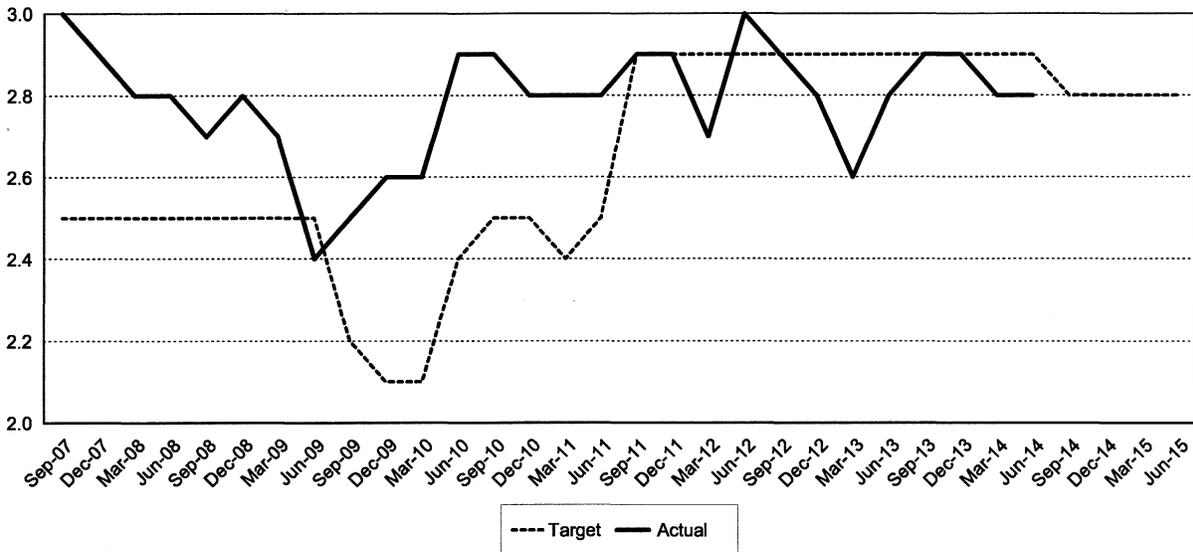
Expected Results

Managed care services allow clients to remain in the community and receive health and long-term care services, while preventing or delaying admission to a more costly nursing home setting.

001937 Clients who can be served in the Community for the cost of one Nursing Home Client.				
Biennium	Period	Actual	Target	
2013-15	Q8		2.8	
	Q7		2.8	
	Q6		2.8	
	Q5		2.8	
	Q4	2.8	2.9	
	Q3	2.8	2.9	
	Q2	2.9	2.9	
	Q1	2.9	2.9	
2011-13	Q8	2.8	2.9	
	Q7	2.6	2.9	
	Q6	2.8	2.9	
	Q5	2.9	2.9	
	Q4	3	2.9	
	Q3	2.7	2.9	
	Q2	2.9	2.9	
	Q1	2.9	2.9	
Performance Measure Status: Approved				

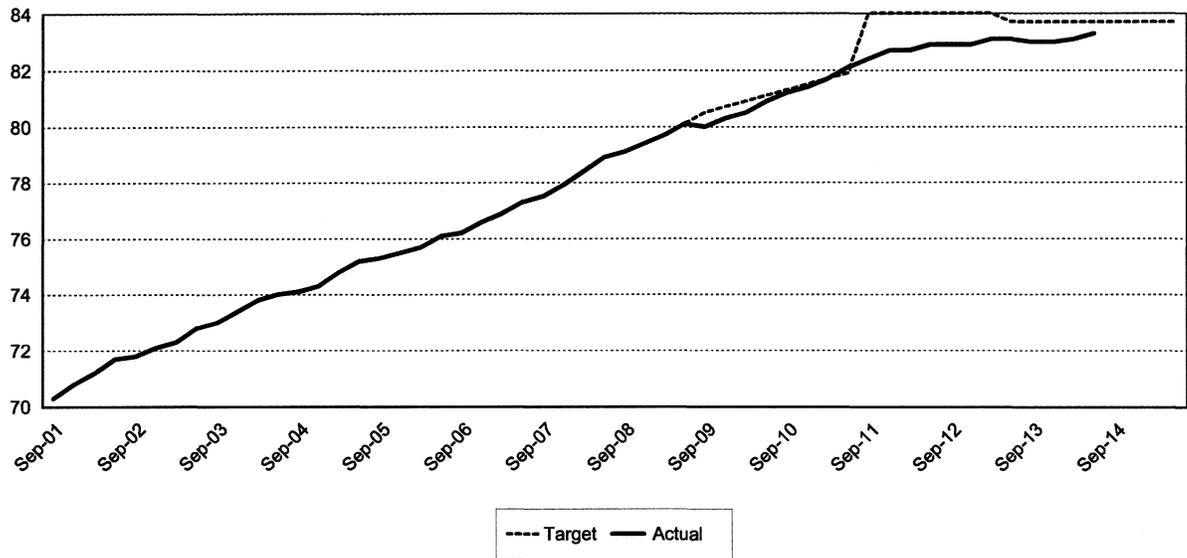
Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:050 Sort By: Activity

Number 001937 - Clients who can be Served in the Community for Cost of One Nursing Home Client



001345 Percent of long-term care clients living in in-home or residential community settings.			
Biennium	Period	Actual	Target
2013-15	Q8		83.7%
	Q7		83.7%
	Q6		83.7%
	Q5		83.7%
	Q4	83.3%	83.7%
	Q3	83.1%	83.7%
	Q2	83%	83.7%
	Q1	83%	83.7%
2011-13	Q8	83.1%	83.7%
	Q7	83.1%	84%
	Q6	82.9%	84%
	Q5	82.9%	84%
	Q4	82.9%	84%
	Q3	82.7%	84%
	Q2	82.7%	84%
	Q1	82.4%	84%
Performance Measure Status: Approved			

Percent 001345 - Monthly percentage of LTC client caseload living in the community.



Grand Total

	FY 2016	FY 2017	Biennial Total
FTE's	1,620.7	1,667.0	1,643.9
GFS	\$930,581,000	\$961,531,000	\$1,892,112,000
Other	\$1,170,250,000	\$1,201,648,000	\$2,371,898,000
Total	\$2,100,831,000	\$2,163,179,000	\$4,264,010,000

Special Reports

Performance Measure Incremental Estimates Report

DSHS Budget Division

**Agency Performance Measure
Incremental Estimates for the Biennial Budget**

Agency: 300 Dept of Social and Health Services

Budget Period: 2015-17

Activity: D065 Office of Deaf and Hard of Hearing

050	M2	5D	Deaf-Blind Equipment Distribution	No measures linked to decision package
050	M2	8L	Lease Rate Adjustments	No measures linked to decision package
050	M2	9G	Workers Comp Base Correction	No measures linked to decision package
050	M2	9T	Transfers	No measures linked to decision package

Activity: E049 Adult Day Health Community Services

050	M1	0U	Forecast Cost/Utilization	No measures linked to decision package
050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package

Activity: E050 Adult Family Home Community Services

050	M1	0U	Forecast Cost/Utilization	No measures linked to decision package
050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package
050	M2	50	State Hospital Discharge	No measures linked to decision package
050	PL	I0	Increase AFH License Fee	No measures linked to decision package
050	PL	V9	Increase AFH License Fee	No measures linked to decision package

Activity: E051 Program Support for Long Term Care

050	M1	94	Mandatory Workload Adjustments	No measures linked to decision package
050	M2	3A	ProviderOne	No measures linked to decision package
050	M2	51	IT Security Requirements	No measures linked to decision package
050	M2	7R	Technical Corrections	No measures linked to decision package
050	M2	8L	Lease Rate Adjustments	No measures linked to decision package
050	M2	8M	Mileage Rate Adjustments	No measures linked to decision package
050	M2	9G	Workers Comp Base Correction	No measures linked to decision package
050	M2	9T	Transfers	No measures linked to decision package
050	PL	V0	Pre-Medicaid Services	No measures linked to decision package
050	PL	V5	Long-Term Supports Insurance Study	No measures linked to decision package
050	PL	V7	HealthPath Washington Managed Care	No measures linked to decision package

**Agency Performance Measure
Incremental Estimates for the Biennial Budget**

Agency: 300 Dept of Social and Health Services Budget Period: 2015-17

Activity: E052 Eligibility/Case Management Services

050	M1	94	Mandatory Workload Adjustments	No measures linked to decision package
050	M2	45	Implement Community First Choice	No measures linked to decision package
050	M2	50	State Hospital Discharge	No measures linked to decision package
050	M2	7S	One-Time Relocation	No measures linked to decision package
050	M2	8P	Postage Rate Adjustments	No measures linked to decision package
050	M2	9G	Workers Comp Base Correction	No measures linked to decision package
050	M2	9T	Transfers	No measures linked to decision package
050	PL	V6	AFH Technical Assistance	No measures linked to decision package

Activity: E053 In-Home Services

050	M1	0U	Forecast Cost/Utilization	No measures linked to decision package
050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package
050	M2	45	Implement Community First Choice	No measures linked to decision package
050	PL	V0	Pre-Medicaid Services	No measures linked to decision package
050	PL	V3	Restore Agency Provider Rate Cut	No measures linked to decision package

Activity: E054 Investigations/Quality Assurance for Vulnerable Adults

050	M1	94	Mandatory Workload Adjustments	No measures linked to decision package
050	M2	45	Implement Community First Choice	No measures linked to decision package
050	M2	7S	One-Time Relocation	No measures linked to decision package
050	M2	8M	Mileage Rate Adjustments	No measures linked to decision package
050	M2	8P	Postage Rate Adjustments	No measures linked to decision package
050	M2	9G	Workers Comp Base Correction	No measures linked to decision package
050	PL	I0	Increase AFH License Fee	No measures linked to decision package
050	PL	V1	Adult Protective Services	No measures linked to decision package
050	PL	V9	Increase AFH License Fee	No measures linked to decision package

Activity: E055 Residential Community Services

050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package
050	M1	94	Mandatory Workload Adjustments	No measures linked to decision package
050	M2	50	State Hospital Discharge	No measures linked to decision package
050	M2	52	RCS Investigations & Licensing	No measures linked to decision package
050	PL	V0	Pre-Medicaid Services	No measures linked to decision package
050	PL	V2	Assisted Living Rate Increase	No measures linked to decision package

State of Washington
**Agency Performance Measure
Incremental Estimates for the Biennial Budget**

Agency: 300 Dept of Social and Health Services Budget Period: 2015-17

Activity: E064 Nursing Home Services

050	M1	0U	Forecast Cost/Utilization	No measures linked to decision package
050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package
050	M2	50	State Hospital Discharge	No measures linked to decision package
050	PL	I1	Delay Nursing Home Rebase	No measures linked to decision package
050	PL	V4	Skilled Nursing Comparability	No measures linked to decision package
050	PL	V8	Delay Nursing Home Rebase	No measures linked to decision package

Activity: E077 Managed Care Services

050	M1	0U	Forecast Cost/Utilization	No measures linked to decision package
050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package
050	PL	V7	HealthPath Washington Managed Care	No measures linked to decision package

Special Reports

Agency Strategic Plan

DSHS Budget Division

**Aging and
Long-Term
Support
Administration**

Bill Moss, Assistant Secretary

2013-2015

Strategic Plan

June 2014



VISION

Seniors and people with disabilities living with 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

VALUES

Collaboration
Respect
Accountability
Compassion
Honesty and Integrity
Pursuit of Excellence
Open Communication
Diversity and Inclusion
Commitment to Service

Introduction

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

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

- Determining Medicaid eligibility for services provided in home and community-based settings and nursing facilities.
- Support services and resources for family and kinship caregivers.
- Personal care and supportive services for individuals living in their own homes, adult family homes and assisted living settings.
- Available nursing services in all settings.
- Assistance with movement from nursing homes to independent living.
- Information and assistance regarding services available in-home, and in adult family homes, assisted living facilities, and nursing homes, including options counseling.
- Locally-designed programs focused on the needs of adults who are older.
- The Stanford University Chronic Disease Self-Management Education Programs and other evidence-based health promotion programs.
- Care coordination for foster children to support improved outcomes for the children 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 adults who are vulnerable 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 adults who are vulnerable are safe.

AL TSA Core Principles

AL TSA's strategies are driven by several bedrock principles. Staff are essential in carrying out these core principles and are one of the primary reasons the state's long-term care system is ranked as one of the best in the nation.

We believe the people we support:

- Should 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** administered by ALTSA must be:

- Accountable for outcomes and costs.
- Informed by evidence of effectiveness.
- Responsive to changing needs.
- Sustainable over time and within realistic resource estimates.
- Collaborative with service recipients, families, communities, providers, partners, and other stakeholders.
- Accessible to individuals who are Limited English Proficient or have a communication barrier due to a disability.
- Able to 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.

Goals

Governor Jay Inslee's Results Washington Goals

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

Results Washington Goal Area number 4 is Healthy and Safe Communities. Under this goal area, ALTSA has lead responsibility for two success metrics under the Supported People: Quality of Life success indicator.

The ALTSA **Results Washington** success metrics are:

- 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 the percentage of aging and long-term service and support clients served in home and community-based settings from 82.9 percent to 83.7 percent by 6/30/2015.
- Decrease the percentage of vulnerable adult abuse and neglect investigations open longer than 90 days from 23.2 percent to 12.05 percent by 6/30/2015.



Department of Social and Health Services (DSHS) Goals

As a member of the DSHS team, ALTA 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.

ALTA Success Metrics Supporting the DSHS Goals

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.
- Increase the number of contacts and care recommendations for children referred to the Fostering Well-Being Care Coordination Unit as well as increasing discharges from the unit once services are no longer needed.

Safety:

- Timely licensing re-inspections of Adult Family Homes, Assisted Living Facilities and Nursing Homes.
- Timely quality assurance for Residential Habilitation Centers and Supported Living Facilities.

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 the percentage of abuse investigations open longer than 90 days.
- Improve the 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 clients who relocate from nursing homes to home and community-based settings.
- Increase the percentage of caregivers supported in the Family Caregiver Support Program, as an alternative for care recipients who remained without Medicaid long-term care services for 90 days or longer.
- Increase the number of applications approved within required timeframes. Improve the determination of functional eligibility and access to services.
- Increase the number of completed captioned relay calls to better serve people who are deaf, hard of hearing or deaf-blind from 248,181 to 276,210 by July 2015.
- Increase number of sites with assistive listening systems to better serve people who are deaf, hard of hearing or deaf-blind from 4 to 40 by December 2015.
- Successfully meet benchmarks to develop and fully implement the Medicaid Community First Choice Option not later than August 30, 2015.



- Successfully meet benchmarks outlined in Substitute Senate Bill 6124 to develop a state Alzheimer’s plan and submit findings with recommendations including draft legislation to the Governor and both health care committees of the Legislature by January 1, 2016.
- Implement an employment pilot project for working age individuals receiving long-term care services and supports by July 2014.
- By Spring of 2015, complete Phase I of the Money Follows the Person Tribal Initiative demonstration project with approval from the Centers for Medicare and Medicaid Services to move to Phase II of the project.

Public Trust:

- Implement Track 1 of an electronic payment system that will significantly increase overall payment integrity for social services organizations (known as 1099 providers) that contract with DSHS to provide long-term services and supports to DSHS clients by the end of 2014.
- Implement Track 2 of an electronic payment system and subsystem that will significantly increase overall payment integrity for Individual Providers that contract with DSHS to provide personal care services to DSHS clients by May 1, 2015.
- Train all new staff in their core work functions and provide ongoing skills development to existing staff throughout 2014.

Strategic Plan



Below are the details of AL TSA’s Strategic Plan to meet each Strategic Objective. Strategic Objectives are discussed under the respective DSHS goal area. Strategic Objectives include a statement of importance, a quantified success measure, a timeline and, most importantly, an Action Plan. Strategic Objectives are monitored and reported quarterly at: <http://www.dshs.wa.gov/ppa/strategic.shtml>. Action Plans are updated quarterly (where applicable).

The AL TSA Management Team is responsible for monitoring each objective to ensure progress is made towards meeting success measures.

Strategic Objectives, Importance, Success Measures and Action Plans

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

Strategic Objective 1.1: Improve health outcomes for individuals with high medical risk factors through implementation of the Medicaid Health Home services.

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. This results 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 them to take charge of their health care.

Success Measure: Increase the number of individuals who are engaged in Health Home services to 28% through the establishment of a Health Action Plan. Reporting requirements and benchmarks for performance measures are currently being finalized.

Action Plan: Implementation of Health Home services went into effect in July and October of 2013. The state will begin reporting on the final outcome measures in June 2015. Collaborate with the Health Care Authority and Behavioral Health and Service Integration Administration/DSHS to address implementation issues related to consumer enrollment and engagement in Health Home services. Provide subject matter expertise for care coordination training and the delivery of long-term care services and supports through Health Home services. Train care coordinators in Motivational Interviewing to support clients in changing behaviors to achieve their health goals. Participate in regional meetings to promote ongoing communication and coordination between Health Home coordinators and the broader long-term care system to make appropriate client referrals for Health Home services.

Strategic Objective 1.2: Improve health outcomes, coordination of care and the individual's experience of care through implementation of the HealthPath Washington Integration demonstration project in Snohomish and King Counties.

Importance: Washington is partnering with the federal Centers for Medicare and Medicaid Services to improve care for individuals receiving both Medicare and Medicaid services. HealthPath Washington is a joint demonstration project between DSHS and the Health Care Authority (HCA). The project will test a managed care financial model that integrates the purchase and delivery of Medicare and Medicaid medical care, behavioral health and long-term services and supports through a single health plan. Enrollment will be voluntary and participants will be able to choose between health plans. Both counties have provided valuable input into the design and will continue with implementation efforts, monitoring and evaluation. The target date for implementation is October of 2014.

Success Measure: Increase the number of individuals receiving coordinated services through Medicare and Medicaid.

Action Plan: Collaborate and partner with other DSHS administrations to provide input and guidance toward implementation of the fully-capitated model. Determine policy, coordination, waiver authorities and communication strategies on how to incorporate long-term services and supports in the managed care model. Continue to work with King and Snohomish County Area Agencies on Aging and AL TSA field offices regarding implementation planning. Develop and execute a 3-way contract between the Centers for Medicare and Medicaid Services, the state and the health plans. DSHS and HCA will provide ongoing beneficiary, stakeholder and staff outreach and training prior to implementation.

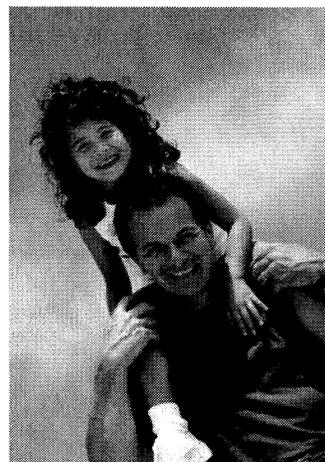


Strategic Objective 1.3: Improve health outcomes for children in foster care through delivery of care coordination services.

Importance: The Fostering Well-Being Care Coordination Unit 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. On average, children served by the Fostering Well-Being program have substantially greater health needs than other children receiving Medicaid services in Washington State, including hospitalization¹. These children experience a dramatic reduction in medical utilization in the 12 months after program entry².

Success Measure: Increase the number of contacts and care recommendations for children referred to the Fostering Well-Being Care Coordination Unit as well as increasing discharges from the unit once services are no longer needed.

Action Plan: Efforts will continue to maintain staffing levels necessary to sustain this measure. Results of the March 2014 Lean Value Stream Map will be used to implement improvements to unit workflow, products, and communication. A plan will be developed **with the Children's Administration and the Health Care Authority**, outlining changes to unit functions and responsibilities when children begin receiving health care through managed care organizations.



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

Strategic Objective 2.1: Affirm Adult Family Homes, Assisted Living Facilities and Nursing Homes are providing quality care and residents are safe through timely licensing re-inspections.

Importance: This measure ensures licensing re-inspections are completed timely, provider practice is consistent with quality care and that adults who are vulnerable are protected from abuse. Licensing re-inspections are a valuable tool to ensure the quality of care.

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

Action Plan: At the end of 2013 and early in 2014, Washington had several late nursing home surveys. Changes to the scheduling process to better anticipate and respond to workload; recruitment and retention to reduce vacancies in nursing home surveyor positions; and on-going enhancements to the

¹ <http://www.dshs.wa.gov/pdf/ms/rda/research/9/105.pdf>.

² <http://www.dshs.wa.gov/pdf/ms/rda/research/9/105.pdf>.



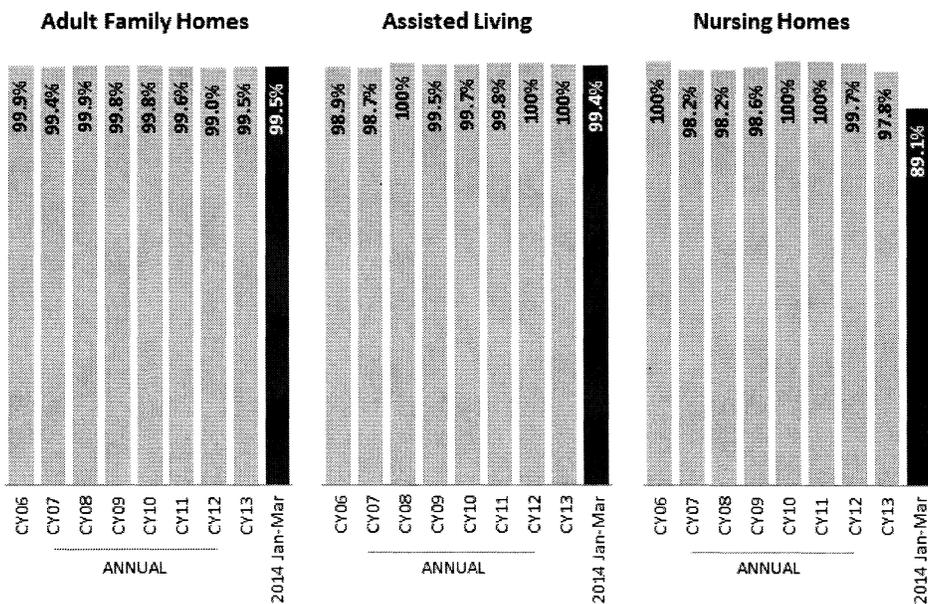
Complaint Resolution Unit designed to eliminate backlogs are currently in place to put performance back on track with timely re-inspections of at least every 15.9 months in each facility. AL TSA began collecting corresponding data to track this progress in April of 2014 and will report progress in future plan releases.

AL TSA will continue to pursue re-inspection of these facilities within the required statutory timeframe and assess the provider's ability to ensure residents' quality of life, care, and safety needs. AL TSA will seek additional staffing to enhance our capacity to conduct unscheduled inspection visits, which ensure that the Department is getting an accurate picture of the quality of care provided in each facility. Implement quality improvement initiatives identified in the March 2014 A3 problem solving process. See corresponding chart, below.

See analysis and plan at: [AL TSA Action Plan 2.1 – Affirm Adult Family Homes, Assisted Living Facilities and Nursing Homes are Providing Quality and Safe Care](#)

CHART 2.1 Timely Licensing Re-inspections of Adult Family Homes, Assisted Living Facilities, and Nursing Homes

Statewide Average



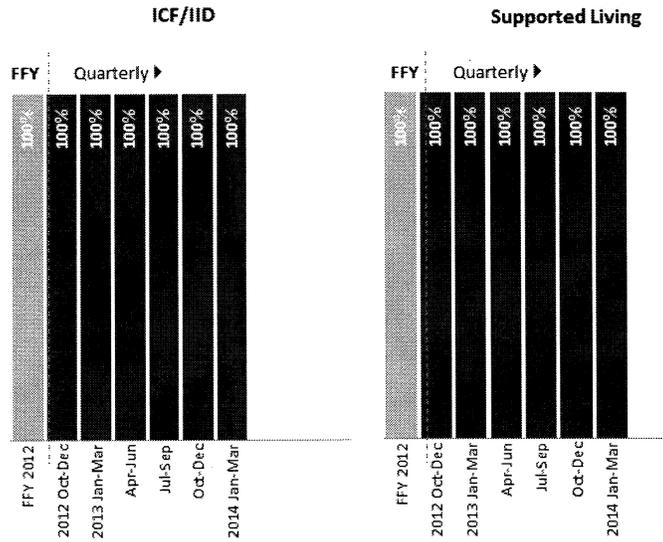
Strategic Objective 2.2: Affirm Residential Habilitation Centers and Supported Living Facilities are providing quality care and residents are safe through timely quality assurance activities.

Importance: This measure ensures quality assurance activities are completed timely to help promote the quality of care and protect adults who are vulnerable from abuse and neglect.

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

Action Plan: Conduct quality assurance activities in Residential Habilitation Centers and Supported Living Facilities within the required statutory timeframes and assess the provider’s ability to ensure residents’ quality of life, care, and safety needs.

CHART 2.2 Timely Quality Assurance for Residential Habilitation Centers and Support Living Facilities



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

Strategic Objective 3.1: Protect adults who are vulnerable who live in their own homes and in facilities through timely responses to allegations of abuse and neglect.

Importance: Adult Protective Services has two primary duties: **1)** ensure adults who are vulnerable are protected and **2)** investigate allegations to determine if abuse occurred. Timely response is essential in order to provide protective services to individuals who are aged and disabled.

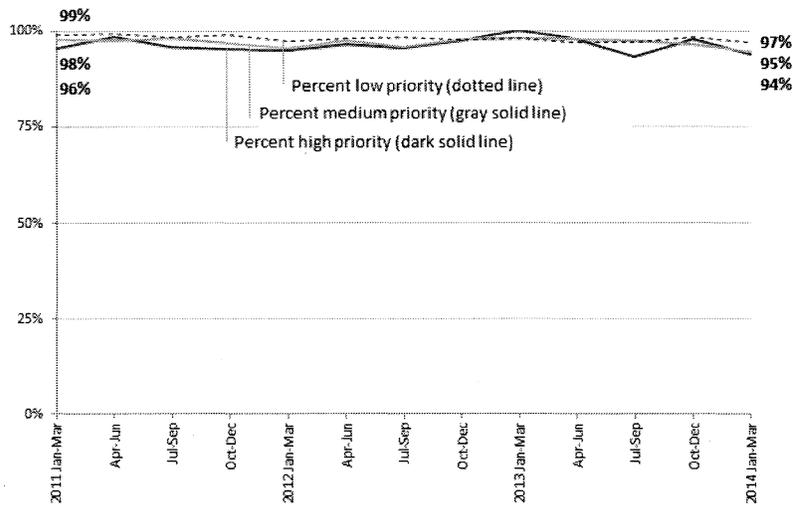
Success Measure: Maintain timely response to high-priority investigations at 99 percent, increase percentage for medium-priority investigations to 98 percent and increase percentage for low-priority investigations to 97 percent by the end of 2014. While a rapid response to individuals at risk of abuse is very critical, it comes at the expense of completing investigations timely. As a result, the backlog of open cases and the quality and comprehensiveness of investigations is impacted when resources are targeted to meet initial response times.

Action Plan: The Department has leveraged maintenance level funding to secure additional staff to meet response times. The state’s consolidated automated system; Tracking Incidents of Vulnerable Adults (TIVA) went live on May 12, 2014 and is expected to significantly improve incident tracking of individuals who are aged and disabled. The first three months of the roll-out may impact response times while staff learns this new system. Finally, the Department is also in the process of implementing improvements resulting from several quality initiatives conducted using Lean techniques. Examples of

improvements identified include efficiencies resulting in reductions in time spent on intakes and referrals as well as in time spent from assignment to investigation.

CHART 3.1 Timely Initial Response Based on Adult Protective Service Case Priority

Percent timely APS initial contact based on case priority - Statewide



Strategic Objective 3.2: Obtain an adequate number of Adult Protective Services staff in order to ensure the quality of investigations and timely provision of protective services.

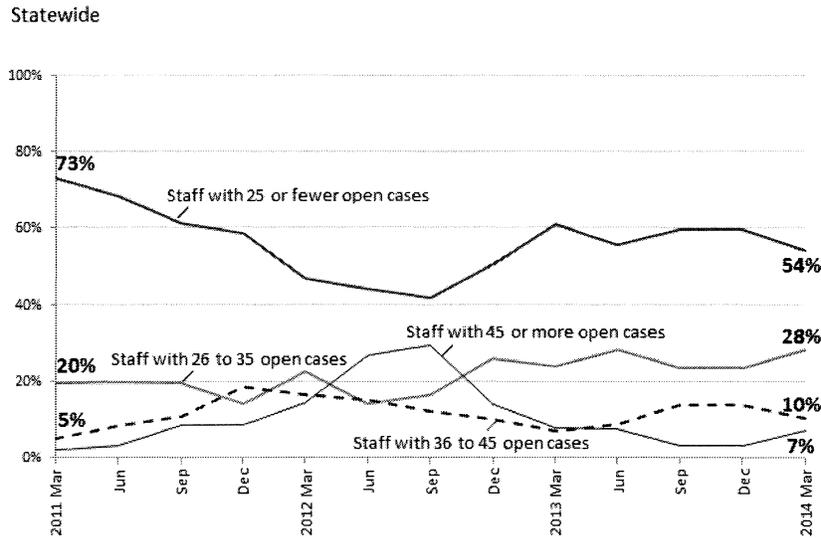
Importance: Current Adult Protective caseloads are too high. This creates a backlog in the number of cases open and makes it difficult for staff to meet response times, especially for medium and low priority cases. The current caseload ratio is projected to be 22:1 by July 1, 2014. However the increase in intakes coupled with continued staff turnover in some areas of the state make it difficult to consistently maintain the targeted ratio statewide.

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. In order to mitigate the lack of staff resources, the Department has leveraged maintenance-level funding to hire additional staff. A 2013 Lean A-3 Problem Solving Strategy is being used to identify opportunities to improve effectiveness, create efficiencies and reduce turnover. Additional activities are outlined in a related March 2014 A3 update under strategic goal 3.3, below.



CHART 3.2 Adult Protective Service Workers by Workload of Open Cases



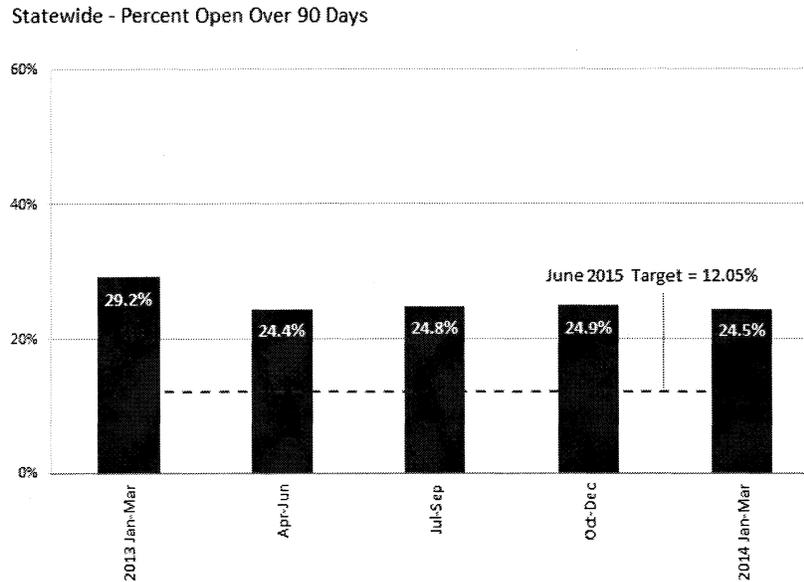
Strategic Objective 3.3: Ensure investigations are thorough, documented properly, and completed timely to maintain an efficient work flow that eliminates re-work caused by investigations which remain open longer than necessary.

Importance: Protection of adults who are vulnerable requires adequate staffing to conduct thorough screening and consistent investigations, and provide protective services and referrals. When this does not occur, these adults are put at greater risk of harm and experience untimely access to critical resources such as guardianship for those who lack decision-making capacity. The lack of adequate staffing has produced a backlog in the number of cases remaining open longer than 90 days. This creates re-work for staff and a delayed results or findings against the alleged perpetrator. These delays expand the time it takes to place a perpetrator on the Aging and Disability Services Registry. Reducing this backlog will ensure faster results regarding findings of abuse and improve workflow and efficiency.

Success Measure: Decrease the percentage of vulnerable adult abuse and neglect investigations open longer than 90 days from 23.2 percent to 12.05 percent by 6/30/2015. This measure is only attainable if additional resources are appropriated to achieve adequate staffing levels.

Action Plan: The Department leveraged maintenance level funding to hire additional staff; this in combination with Lean activities described below will ensure the success measure is met by the projected date. Staff will monitor investigations open beyond 90 days and track data for use in staffing projections and streamlining opportunities. A Value Stream Mapping (VSM) activity was conducted in April 2014 to examine the intake process which identified efficiencies in the process that will lessen the “touch time” (time it takes to process each referral) allowing staff to work toward elimination of the backlog. Washington is participating in the development of a decision-making screening tool to ensure consistent screening and referral for capacity assessments. Additional activities are outlined in a related

CHART 3.3 Percent of Vulnerable Adult Abuse and Neglect 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 4.1: Ensure seniors and individuals with a disability who are in need of long-term services and supports are supported in their community.

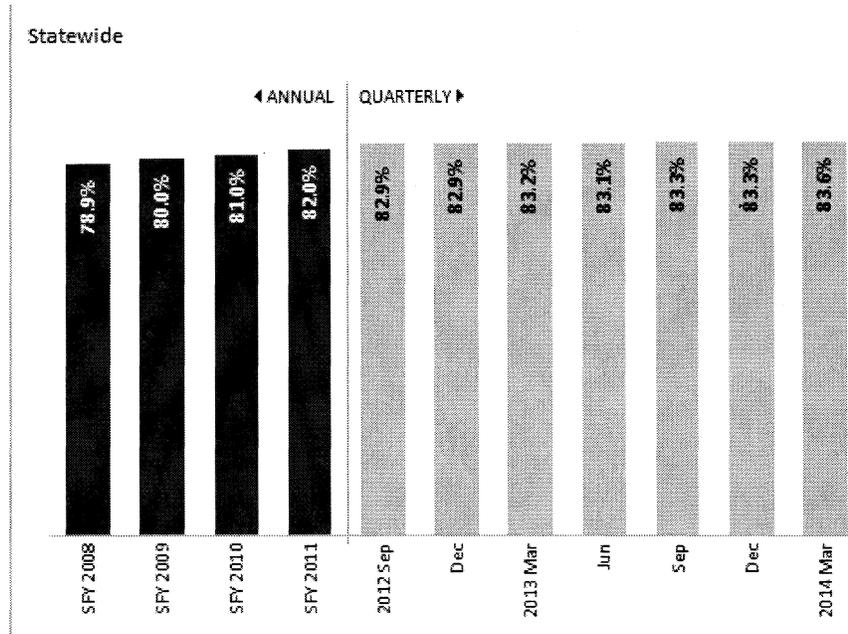
Importance: The hallmark of Washington’s long-term services and supports system is that, whenever possible, individuals are given the opportunity to live and receive services in their own home or a community setting. Developing home and community-based services has meant Washingtonians have a choice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

Success Measure: Increase the percentage of 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. Develop more strategies that utilize available services to support individuals with complex physical and behavioral support needs. Work both at the statewide and local, regional levels to continue the development of home and community-based resources to ensure individual needs can be met in the least restrictive setting, including services for specialized populations. Evaluate current specialty training to identify recommended improvements. Create consumer-friendly, web-based information to assist individuals in locating and choosing

appropriate facilities. Develop additional resources to support families and informal caregivers. Additional activities are outlined in a related March 2014 A3 update, below.

CHART 4.1 Percent of Long-Term Services and Supports Clients Served in Home and Community-based Settings



Strategic Objective 4.2: Increase the number of individuals ALTA is able to assist in transitioning to their homes or the community from nursing homes.

Importance: The majority of individuals who require support choose to receive help in their home or a community-based setting. Washington State has developed a system that is cost effective and offers individuals choices regarding how and where they will be supported. We believe there is opportunity to increase the number 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. Washington is recognized as a national leader in this area.

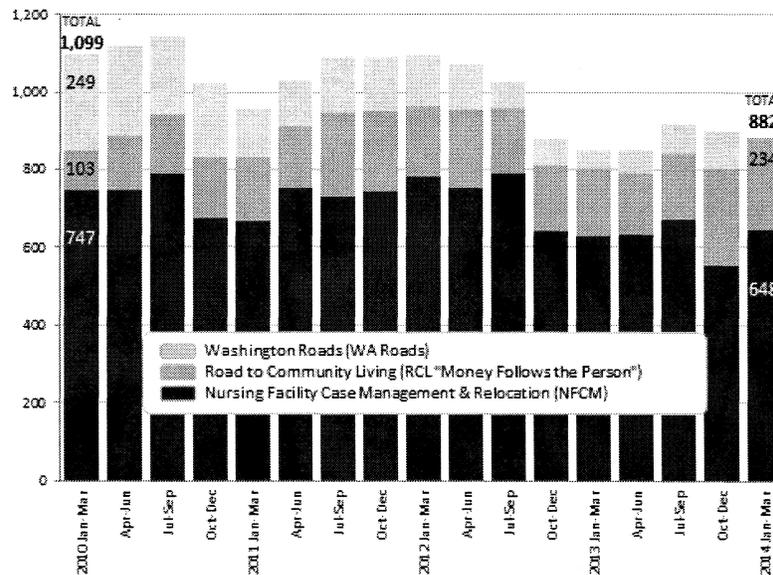
Success Measure: Increase the average number of individuals relocated from nursing homes quarterly to 950 by the end of 2015.

Action Plan: Continue the emphasis on assisting individuals who elect to relocate or divert from nursing homes to community settings. Work with individuals and available resources to develop service plans that address barriers to living in the community. Leverage the federal “Money Follows the Person” funding to enroll eligible clients into the program. Provide motivational interviewing training to nursing facility case management staff to improve nursing facility case management practice and to build the skill set required to help people live successfully in the community setting of their choice. Develop

strategies to actively engage hospitals and their discharge personnel. Emphasize the availability of the “Washington Roads” program to meet client needs when federal funding is not available. Continue to work both at the state and local, regional levels to develop specialized community resources such as Enhanced Service Facilities, to serve individuals with complex needs in their homes and community. Refine the data gathered to identify the most efficient and effective relocation practices and improve reporting consistency. Standardize how relocations are counted statewide beginning June 2014; this enhancement will be reflected in the December 2014 Strategic Plan update.

Additional activities are outlined in a related March 2014 A3 update: [AL TSA A3 Action Plan 4.2 – Relocated from Nursing Homes](#)

CHART 4.2 AL TSA Clients Who Actively Relocate from Nursing Homes to Home and Community-based Settings Statewide - By type of funding



Strategic Objective 4.3: Ensure individuals who apply for services receive them timely so they are supported in the setting of their choice.

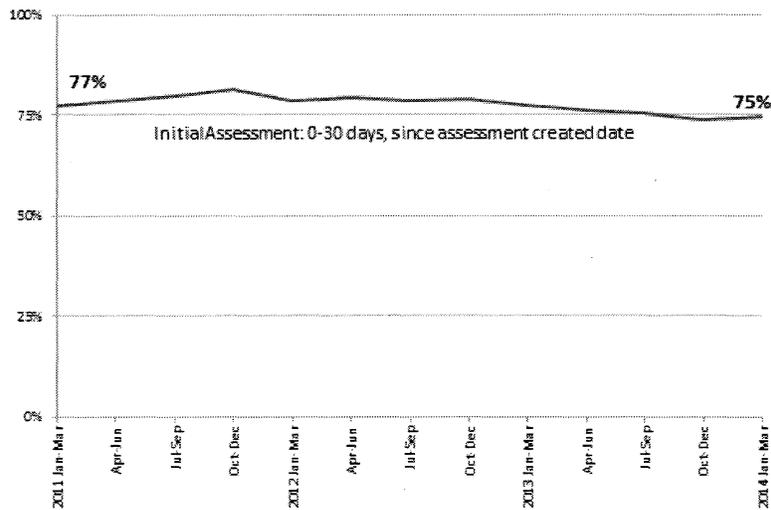
Importance: This objective has two success measures as both are related. In order to receive support, an individual must be both functionally eligible (meaning they require assistance with activities of daily living) and they must be financially eligible (meaning their assets and income must be within limits). When this has been established, support services may be provided. It is very important to provide support services 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.

Success Measure: Increase the percentage of timely approvals for application 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. AL TSA will also continue to audit a statistically significant sample of client files to measure compliance; continue to require supervisors to audit files and monitor compliance with policies and timelines; and provide training and emphasize the federal requirement for financial eligibility of processing cases within the 45-day timeframe. AL TSA will implement policy, automation and practice changes in early summer 2014 to streamline and eliminate duplicative work processes experienced by financial staff. In 2014, complete a Lean A-3 Problem Solving Evaluation and staff performance evaluations to improve effectiveness and efficiency.

CHART 4.3 Timely Determination of Functional Eligibility and Access to Services



Strategic Objective 4.4: Support families and informal caregivers who 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. An investment to support informal caregivers ensures that Washington continues to be a national leader in providing critical family and caregiver services and resources. Data indicates that the higher the level of engagement with proven interventions, the greater the level of avoidance to access Medicaid long-term services and supports. A recent Research and Data Analysis report has been completed showing updated Family Caregiver Support Program expansion data³ (see footer).

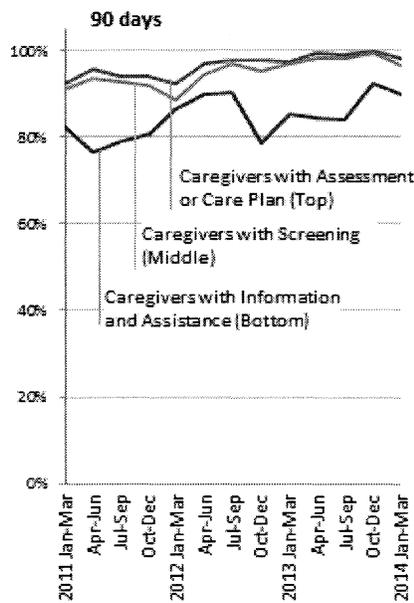
Success Measure: Increase the percentage of caregivers supported in the Family Caregiver Support Program as an alternative for care recipients who remain without Medicaid long-term care services for 90 days or longer.

Action Plan: Continue to train and certify TCARE® assessors and screenors. Work with partners and

³ <http://publication.rda.dshs.wa.gov/1502/>.

consultants to translate TCARE® tools into three additional languages. Continue to trend caregiver and care receiver outcomes of TCARE® and the Family Caregiver Support Program. Explore opportunities for federal matching funds. Identify strengths and opportunities for improvements to the Family Caregiver Support Program. Continue to develop helpful caregiver services and resources (including evidence-based practices) at the local, community levels. Conduct a multi-faceted program evaluation to learn more about the needs of individuals who are: (1) family caregivers currently active in the program, (2) family caregivers no longer active in the program, and (3) potential future users; in order to inform planning and program effectiveness.

CHART 4.4 Percentage of Caregivers whose Care Receiver Remained Without Paid Long-term Care Medical Services for 90 Days



Strategic Objective 4.5: Remove barriers to telecommunications by providing current and emerging telecommunication services for people who are deaf, hard of hearing or deaf-blind.

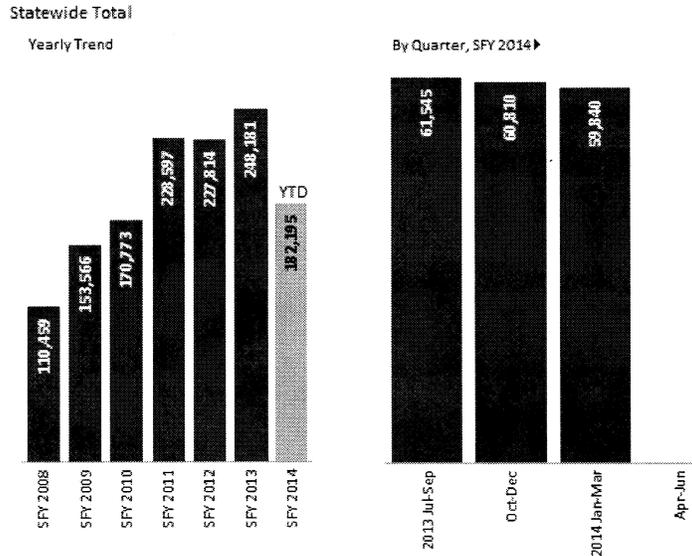
Importance: The rise in the prevalence of hearing loss in the general population, especially among returning veterans, youth and senior citizens, will affect many who experience increasingly limited access to telecommunications. Captioned Telephone Service (CTS) will enable affected persons to make telephone calls with ease.

Success Measure: Increase the number of completed captioned relay calls from 248,181 to 276,210 by July 2015.

Action Plan: AL TSA is currently executing an outreach plan to bring public awareness of CTS and the availability of CTS equipment from the Telecommunications Equipment Distribution (TED) program. July 2013 - June 2014 activities include presentations, booth exhibits and publications. From January - June 2014, AL TSA is advertising CTS services in the Hearing Loss Association quarterly newsletter and

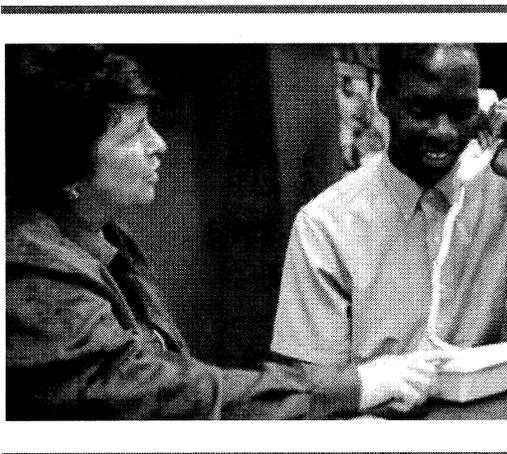
promoting CTS services through radio and television public service announcements.

Chart 4.5 Number of Completed Captioned Telephone Service (CTS) Relay Calls



* Note: SFY 2014 numbers, above, are Year-To-Date.

Strategic Objective 4.6: Provide equal access opportunities to DSHS services for people who are deaf, hard of hearing or deaf-blind.



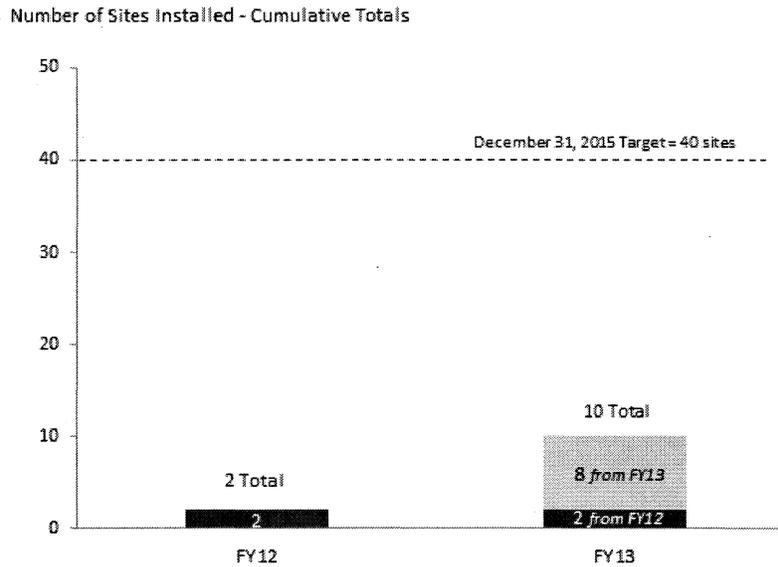
Importance: Many individuals with hearing loss do not use sign language. Assistive listening systems aid in ensuring that effective communication occurs between people with hearing loss and employees or contractors providing DSHS services during in-person office visits. These assistive listening systems help clients to access DSHS programs and services.

Success Measure: Increase the number of sites with assistive listening systems from 4 to 40 by December 2015.

Action Plan: AL TSA initiated a Request for Qualifications and Quotations (RFQQ) release by December 31, 2013 and will execute a purchase service contract in the spring of 2014. Ongoing, AL TSA is partnering with the Economic Services Administration (ESA) and the Division of Vocational Rehabilitation (DVR) to identify offices that need access, schedule a contractor to install induction loops and train DSHS employees on how to use the systems. Cumulative

site totals for FY 2014 will be updated in late August.

Chart 4.6 Increase in the Number of DSHS and Contractor Sites with Assistive Listening Systems Installed



Strategic Objective 4.7: Design and implement a Medicaid Community First Choice Option (CFCO-State Plan) program in a manner consistent with legislative direction.

Importance: The Community First Choice Option is a new Medicaid entitlement state plan option established by the Affordable Care Act (ACA). Through CFCO, Washington State has the opportunity to leverage 6% in additional federal funding for the majority of home and community-based services, potentially freeing up state funds for long-term services and support reinvestments. Some of the enhanced match is necessary to meet maintenance of effort requirements, costs of new, required services and program staff necessary for design and implementation. A planning and implementation council made up of clients and their representatives must be involved in planning and implementation of the program.

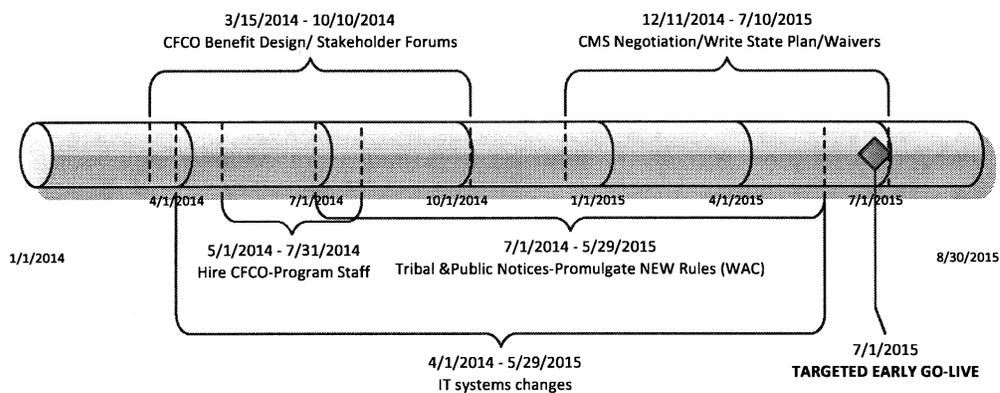
Success Measure: Successfully meet benchmarks to develop and fully implement the Medicaid Community First Choice Option not later than August 30, 2015.

Action Plan: Major milestones include:

- Evaluate changes to current state plan and waivers and conduct CFCO benefit design forums through a federally-required development and implementation stakeholder process.
- Hire program staff to ensure adequate planning, development and implementation.
- Evaluate and implement necessary IT systems' changes for client CARE assessment, financial eligibility determination and provider payment.
- Issue public and Tribal notices and promulgate new rules.

- Develop new payment codes, policies, manuals and training materials.
- Negotiate to gain final federal approval and submit final state plan and waiver amendments.
- Implement the Community First Choice Option and establish ongoing program support.

**COMMUNITY FIRST CHOICE OPTION TIMELINE FOR JULY 2015
IMPLEMENTATION**



Strategic Objective 4.8: Develop a Washington State Alzheimer’s Plan, in response to SSB 6124.

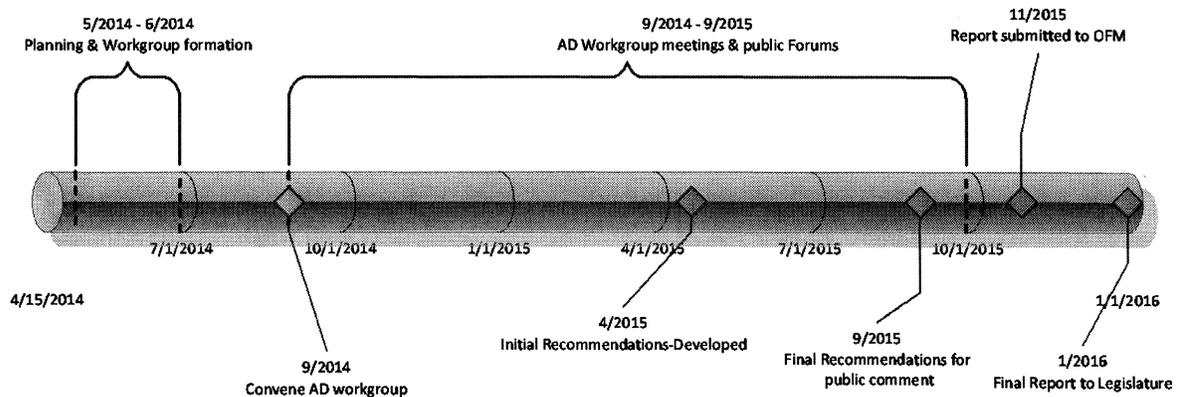
Importance: The prevalence of dementia is projected to significantly increase as the number of individuals over age 60 is anticipated to double in the next 20 years.

Success Measure: Successfully meet benchmarks outlined in SSB 6124 and submit findings and recommendations including draft legislation to the Governor and both health care committees of the Legislature by January 1, 2016.

Action Plan: Major milestones include:

- Planning, research and workgroup formation.
- Convene the Alzheimer’s disease workgroup and public forums.
- Alzheimer’s disease workgroup approves and finalizes recommendations.
- The Department will submit the final report to the Office of Financial Management (OFM) by November 2015.

Timeline for Developing the Washington State Alzheimer’s Plan



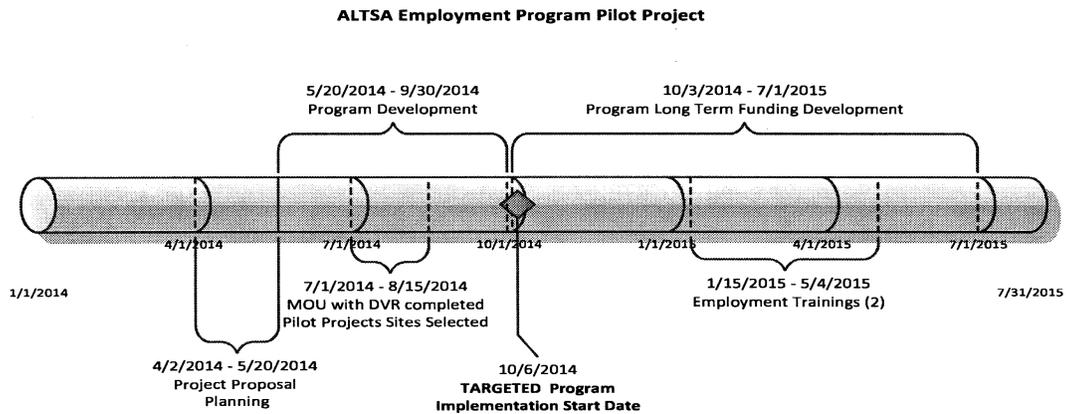
Strategic Objective 4.9: Design and implement a pilot project to provide employment services to individuals with disabilities.

Importance: Employment is a critical component of community integration for individuals with disabilities who are working age and receive long-term care services and supports. This project will involve the Area Agencies on Aging, the Community Living Connections and the Division of Vocational Rehabilitation (DVR), working collaboratively to determine project sites and implementation strategies.

Success Measure: Implement an employment pilot project for working age individuals receiving long-term care services and supports by July 2014.

Action Plan: Major milestones include:

- Pilot project planning.
- Establish MOU with Washington State Division of Vocational Rehabilitation.
- Develop project policies, procedures and administration protocol.
- Implement pilot project.
- Evaluate long-term funding for employment services.



Strategic Objective 4.10: Support Tribes in the design and implementation of sustainable community-based long term services and supports infrastructure within Tribal communities through the Washington Money Follows the Person Rebalancing Demonstration Grant: Tribal Initiative.

Importance: This initiative provides an opportunity to expand formal relationships with key partners to focus on planning and developing community-based services that will support the return of Tribal members from institutions to their communities of choice with the necessary supports.

The multi-year initiative which includes four distinct phases will promote Tribal leadership in:

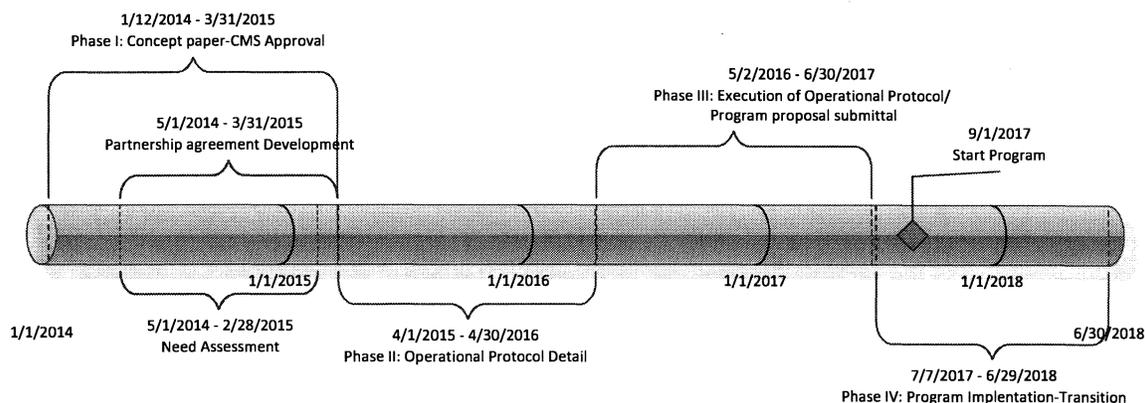
- 1) Designing an effective and culturally sensitive package of Medicaid, community-based, long-term services and supports;
- 2) The operation of delegated administrative responsibilities on behalf of state Medicaid agencies;
- 3) The elimination of barriers that prevent the use of Medicaid funds to support Tribal members with long-term services and supports needs; and
- 4) Strengthening the ability of state Medicaid programs to respond to the unique needs of Tribal communities.

Success Measure: By Spring of 2015, complete Phase I of the demonstration project with approval from the Centers for Medicare and Medicaid Services to move to Phase II.

Action Plan: Major milestones include:

- Phase I: Completion and Centers for Medicare and Medicaid Services approval of the concept paper.
- Phase II: Development of a detailed operational protocol with timelines and activities.
- Phase III: Execution of the operational protocol and program proposal submittal to the Centers for Medicare and Medicaid Services.
- Phase IV: Program implementation.

WASHINGTON MONEY FOLLOWS A PERSON REBALANCING DEMONSTRATION GRANT: TRIBAL INITIATIVE
Contingent on successful completion of prior phase with CMS Approval



DSHS Goal 5: Public Trust – Strong management practices will be used to ensure quality and efficiency.

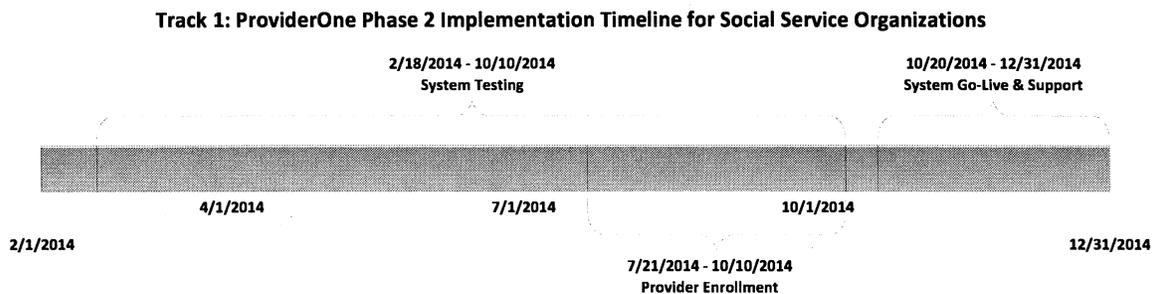
Strategic Object 5.1: Implement an electronic payment system (known as ProviderOne Phase 2) that will significantly increase overall payment integrity for social service organizations and Individual Providers that contract with DSHS to provide long-term services and supports to DSHS clients.

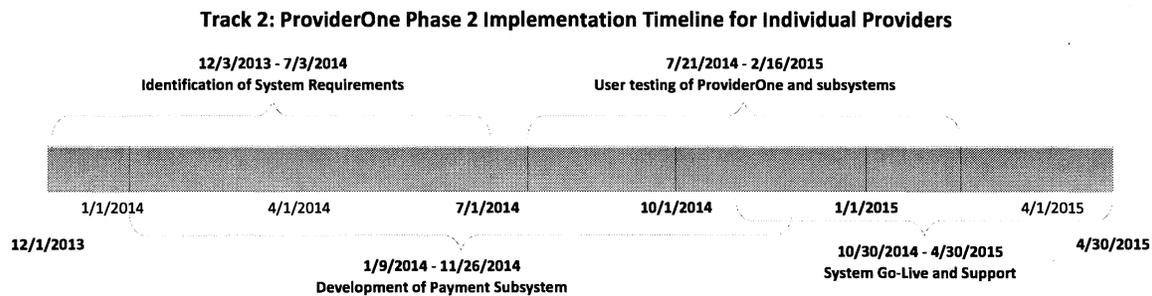
Importance: Washington State is engaged in the second phase of consolidating long-term care services and supports' payments into a single, federally-certified payment system (also referred to as ProviderOne Phase 2). This new payment system will significantly increase overall payment integrity impacting 75% of all social service Medicaid and state long-term care payments issued. Track 1 of this project pertains to payments made to 1099 social service providers while Track 2 implements a subsystem design for payment of Individual Providers who provide personal care services to DSHS clients. Every payment will be verified and accounted for by automatically checking client and provider eligibility, and other audit requirements, bringing the state into compliance with federal requirements. With these changes, Washington State will continue to be a model for other states to follow.

Success Measure: Meet identified benchmarks to successfully implement the payment system for social services organizations and Individual Providers that contract with DSHS to provide long-term services and supports to DSHS clients.

Action Plan: Key Milestones with timeline still subject to change:

1. Identification of system requirements
2. User testing of ProviderOne
3. Provider enrollment implementation
4. System Go-Live and support





Strategic objective 5.2: Increase staff training and skills development to effectively support LTC clients in obtaining their optimum level of functioning.

Importance: Staff are essential in carrying out these core principles and are one of the primary reasons the state’s long-term care system is ranked as one of the best in the nation. AL TSA is continuing to serve an increasing number of clients with very challenging needs with the goal of assisting them to successfully reside in community-based settings. Building staff capacity and competency in evidence-based practices and other forms of training is a crucial in accomplishing both AL TSA’s and DSHS’ agency-wide strategic goals.

Success Measure: Train all new staff in their core work functions and provide ongoing skills development to existing staff throughout 2014.

Action Plan: Staff are participating in the following activities:

- **Leadership events:** staff have identified areas where they would like to see improvements and are actively involved in workgroups and activities related to process and practice improvements.
- **Motivational Interviewing—MI:** an evidence-based practice communication skill initially targeted to AL TSA managers, field supervisors and social workers. Some staff are also training as trainers and coders for staff sustainability.
- **Case Management and Program Training:** a five-day training provided to new staff throughout the year.
- **Adult Protective Services Academy:** a four-day intensive training to new APS staff. Training is offered at least three times a year.
- **Basic Training for Financial Workers:** training is scheduled on a quarterly basis for new financial eligibility determination staff.
- **The University of Washington Core 3&4:** an online course on psychological and physical conditions of the aging population and disease management. It will be offered to social workers, case managers and nurses on a regular basis as soon as they start to work for Home and Community Services or the Area Agencies on Aging.
- **Safety Training:** will be enhanced for all staff that go into clients’ homes or licensed settings to help them respond effectively in the event of safety concerns.
- **Lean Training:** staff go through the Developmental Job Assignment DSHS Lean Certification Program and other DSHS training sessions.

Other important work in ALTSA

- Streamline the Area Agency on Aging contracting process to simplify Tribal government involvement and allocation of resources to serve Tribal people.
- 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.
- During 2014, integrate the in-home and residential vulnerable adult abuse response system policy to ensure response times and reporting data is standardized across all settings.
- Develop and adapt performance measures for inclusion in Area Agency on Aging contracts by July 1, 2015, as required under House Bill 1519, related to: improvements in client health status and wellness; reductions in avoidable high-cost services; increases in stable housing in the community; and improvements in client satisfaction with quality of life.
- 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 and continue expansion to reach statewide coverage for a diverse population. Build efficacy by rolling out the new Community Living Connections (CLCs) information system.
- Increase the reach and effectiveness of falls risk and falls prevention programs in collaboration with the Department of Health.
- Continue to develop specialized information, supports, and support groups for people with traumatic brain injury in community-based settings.
- Continue to provide critical services and supports for relatives raising children who have many unmet needs and are not involved with the DSHS child welfare system.
- Support a statewide lifespan respite voucher system to serve unpaid family caregivers who are not served though, or do not qualify for, other existing formal respite services.
- Update the Cultural Competence Action Plan to address: cultural competence accountability measures; building community partnerships and ensuring language access. Strive for ALTSA staffing to better reflect the population served.
- Develop Enhanced Services Facilities to provide community-based long-term services and supports for people who are currently without a community-based option.
- Implement recommendations of the Adult Family Home Quality Assurance Panel enacted by the Legislature in Substitute Senate Bill 5630, which includes: completing the development of a care and service disclosure form for Adult Family Homes; developing a separate disclosure form for the financial cost of Adult Family Home care and services; creating a customer-oriented website; and reviewing specialty training to determine need for revision.
- Continue to ensure access to, and the availability of, a well-trained and qualified provider



workforce statewide. Continue to work with service providers, training programs, the Department of Health, and disability advocates addressing barriers to a stable home and community-based workforce.

- Expand home and community-based services available to veterans by signing agreements with three additional Veterans Integrated Services Network (VISNs) to offer **Veteran's Directed Home Services** in all counties by the end of State Fiscal Year 2015.
- Continue to work with Area Agencies on Aging to deliver quality services pursuant to the federal Older Americans Act. This includes providing technical support and monitoring to ensure value-based service delivery according to local Area Plans.
- Work with the federal Housing and Urban Development, the State Department of Commerce, local housing authorities, and landlords to develop affordable and accessible housing options for individuals served by AL TSA.



Special Reports

Indirect Cost Allocation to Activities Description

DSHS Budget Division

**Activity Inventory (AI) Indirect Cost Allocation Approach
Department of Social and Health Services**

**Aging and Long-Term Support Administration - Program 050
2015-17 POLICY LEVEL
BDS Version A1**

AI Code	AI Title	FY 16				FY 17				2015-17 Total Allocated
		FTE	Funding	Percent Allocation Received	Indirect Allocated	FTE	Funding	Percent Allocation Received	Indirect Allocated	
D065	Office of Deaf & Hard of Hearing	17.8	5,486,000	1.72%	9,890	17.8	5,380,000	1.72%	9,890	19,780
E049	Adult Day Health Community Services		9,598,000				9,702,000			
E050	Adult Family Home Community Services		144,570,000				149,895,000			
E051	Program Support for Long Term Care	218.7	69,419,000	18.55%	106,663	183.4	69,629,000	18.55%	106,663	213,326
E052	Eligibility/Case Management Services	944.8	137,564,000	47.87%	275,252	1,024.7	142,944,000	47.87%	275,252	550,504
E053	In-Home Services	1.8	978,013,000			0.2	1,020,973,000			
E054	Investigations/Quality Assurance for Vulnerable Adults	437.6	51,218,000	31.86%	183,195	440.9	51,733,000	31.86%	183,195	366,390
E055	Residential Community Services		95,195,000				97,156,000			
E064	Nursing Home Services		597,226,000				603,489,000			
E077	Managed Care Services		12,542,000				12,278,000			
TOTAL		1,620.7	2,100,831,000	100.00%	575,000	1,667.0	2,163,179,000	100.00%	575,000	1,150,000
Indirect Costs to be prorated across Activities					575,000					1,150,000

Allocation Method Description:

Total indirect costs were allocated to activities based on the total dollars budgeted for each activity.

Description of how the Indirect Amount was determined:

Indirect was determined by using the following program indexes: employee recognition, HRMS, terminal leave and budgeted and executive projections.

Special Reports

B9 Revenue Estimate System

DSHS Budget Division

Budget Period: 2015-17

Version: E1 050 2015-17 Final 2-YR LEG Budget

State of Washington

Department of Social and Health Services

Agency Revenue Details

Hide DP Detail

Agency Level

Supporting and Non Supporting Revenue

CODES			CURRENT BIENNIUM		ENSUING BIENNIUM			
FUND	SOURCE	SOURCE TITLE			MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL	
			FY 2014	FY 2015	FY 2016	FY 2017	FY 2016	FY 2017
001								
001-2	0317	Department of Labor						
001-2	235	OAA Title V(502)-Sr Com Svc Empl (A,B)(100%) - 235B	1,306,000	1,306,000	1,306,000	1,306,000	1,306,000	1,306,000
001-2	0355	Federal Revenue - Non Assistance						
001-2	Q2FA	Telecom Relay (100% Federal) - Q2FA			200,000	200,000	200,000	200,000
Subtotal Source 0355					200,000	200,000	200,000	200,000
001-2	0393	Depart of Health & Human Serv						
001-2	041	OAA Title VII(3) - Elder Abuse Prevention (100%) - 041B	86,000	86,000	86,000	86,000	86,000	86,000
001-2	042	OAA Title VII(2) - Ombudsman (100%) - 042B	232,000	232,000	232,000	232,000	232,000	232,000
001-2	043	OAA Title III(F) - Preventative Health Svcs (100%) - 043B	405,000	405,000	405,000	405,000	405,000	405,000
001-2	044	OAA Title III(B) - Sppt Svcs & Senior Cntrs (100%) - 044B	4,748,000	4,748,000	4,748,000	4,748,000	4,748,000	4,748,000
001-2	045	OAA Title III(C) - Nutrition Services (100%) - 045B	11,152,000	11,019,000	11,152,000	11,019,000	11,152,000	11,019,000
001-2	052	OAA Ttl III(E)-Nat Fam Caregiver Supp Prg (75%) - 052G	2,239,000	2,239,000	2,239,000	2,239,000	2,239,000	2,239,000
001-2	053	OAA Title III(A)-Nutrition Svc Incent (100%) - 053B	1,962,000	1,962,000	1,962,000	1,962,000	1,962,000	1,962,000
001-2	234	Alzheimer - 234B	88,000		88,000		88,000	
001-2	576	Senior Farmers Market Nutrition Program - 576A	272,000	272,000	272,000	272,000	272,000	272,000
001-2	777	TXVIII & TXIX Survey & Certification (100%) - 777B	2,920,000	2,920,000	2,920,000	2,920,000	2,920,000	2,920,000

Agency Revenue Details

Budget Period: 2015-17

Version: E1 050 2015-17 Final 2-YR LEG Budget

Hide DP Detail

Agency Level

Supporting and Non Supporting Revenue

CODES			CURRENT BIENNIUM		ENSUING BIENNIUM			
FUND	SOURCE	SOURCE TITLE			MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL	
			FY 2014	FY 2015	FY 2016	FY 2017	FY 2016	FY 2017
001-2	777	TXVIII & TXIX Survey & Certification (75%) - 777G	3,146,000	2,787,000	3,146,000	2,787,000	3,146,000	2,787,000
Subtotal Subsource 777			6,066,000	5,707,000	6,066,000	5,707,000	6,066,000	5,707,000
001-2	779	Aging and Disability Resource Center(100%) - J79B	142,000	142,000	142,000	142,000	142,000	142,000
001-C	778	Title XIX Assistance (FMAP) - 19TA	776,358,000	851,007,000	940,038,000	966,653,000	944,913,000	971,106,000
001-C	778	Title XIX Admin (75%) - 19UG	1,397,000	1,397,000	1,397,000	1,397,000	1,397,000	1,397,000
001-C	778	Title XIX Admin (50%) - 19UL	94,079,000	108,990,000	126,309,000	133,832,000	128,374,000	134,744,000
Subtotal Subsource 778			871,834,000	961,394,000	1,067,744,000	1,101,882,000	1,074,684,000	1,107,247,000
Subtotal Source 0393			899,226,000	988,206,000	1,095,136,000	1,128,694,000	1,102,076,000	1,134,059,000
001	0405	Fines, Forfeits and Seizures						
001	0405	State & Misc Revenue			52,000	52,000	52,000	52,000
Subtotal Source 0405					52,000	52,000	52,000	52,000
001	0409	Interest Income						
001	0409	State & Misc Revenue			81,000	81,000	81,000	81,000
Subtotal Source 0409					81,000	81,000	81,000	81,000
001	0421	Publications and Documents						
001	0421	State & Misc Revenue			2,000	2,000	2,000	2,000

Agency Revenue Details

Budget Period: 2015-17

Version: E1 050 2015-17 Final 2-YR LEG Budget

Hide DP Detail

Agency Level

Supporting and Non Supporting Revenue

CODES			CURRENT BIENNIUM		ENSUING BIENNIUM			
FUND	SOURCE	SOURCE TITLE			MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL	
			FY 2014	FY 2015	FY 2016	FY 2017	FY 2016	FY 2017
Subtotal Source 0421					2,000	2,000	2,000	2,000
001	0486	Recov of Prior Exp Authority Exp						
001	0486	State & Misc Revenue			239,000	239,000	239,000	239,000
Subtotal Source 0486					239,000	239,000	239,000	239,000
001-7	0541	Contributions and Grants						
001-7	000	Contributions & Grants - 5417	16,663,000	16,808,000	20,568,000	20,384,000	20,768,000	20,384,000
Subtotal Source 0541			16,663,000	16,808,000	20,568,000	20,384,000	20,768,000	20,384,000
Total Fund 001			917,195,000	1,006,320,000	1,117,584,000	1,150,958,000	1,124,724,000	1,156,323,000
12E								
12E	0405	Fines, Forfeits and Seizures						
12E	0405	State & Misc Revenue			107,000	107,000	107,000	107,000
Subtotal Source 0405					107,000	107,000	107,000	107,000
Total Fund 12E					107,000	107,000	107,000	107,000
274								
274	0405	Fines, Forfeits and Seizures						
274	0405	State & Misc Revenue			275,000	275,000	275,000	275,000

Budget Period: 2015-17

Version: E1 050 2015-17 Final 2-YR LEG Budget

Agency Level

Department of Social and Health Services

Agency Revenue Details

Hide DP Detail

Supporting and Non Supporting Revenue

CODES			CURRENT BIENNIUM		ENSUING BIENNIUM			
FUND	SOURCE	SOURCE TITLE			MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL	
			FY 2014	FY 2015	FY 2016	FY 2017	FY 2016	FY 2017
Subtotal Source 0405					275,000	275,000	275,000	275,000
Total Fund 274					275,000	275,000	275,000	275,000
GRAND TOTAL			917,195,000	1,006,320,000	1,117,966,000	1,151,340,000	1,125,106,000	1,156,705,000

Special Reports

B9-1 Working Capital Reserve

DSHS Budget Division

Working Capital Reserve

Budget Period: 2015-17
 Agency: 300 Dept of Social and Health Services
 Version: E1 050 2015-17 Final 2-YR LEG Budget
 Program: 050 Aging and Long-Term

09/12/2014
 9:40:43AM
 Page: 1

		FUND ADMINISTRATOR AGENCY ONLY	FUND ADMINISTRATOR AGENCY ONLY
		RECOMMENDED ENDING FUND BALANCE	RECOMMENDED ENDING FUND BALANCE
FUND	FUND TITLE	Current Biennium	Ensuing Biennium
12T	Traumatic Brain Injury Account	283,000	283,000
562	Skilled Nursing Facility Net Trust	9,223,000	7,333,000

Special Reports

Federal Funding Estimates

DSHS Budget Division

	Code	Title
AGENCY	300-050	DSHS Aging and Long-Term Support Administratio

2015-17 Federal Funding Estimates Summary

CFDA NO.*	Agency	Federal Fiscal Year	State Fiscal Year	State Match Amounts	State Match Source
	Aging and Long-Term Support Administration				
		922,777,000	900,532,000	839,570,643	
		1,018,029,500	989,512,000	925,825,656	
		1,111,577,750	1,103,582,000	1,029,454,383	
		1,135,565,000	1,135,565,000	1,056,930,026	
	Dept of Labor				
17.235	T5-Snr Cm Svs (100%)				
		1,306,000	1,306,000	-	
		1,306,000	1,306,000	-	
		1,306,000	1,306,000	-	
		1,306,000	1,306,000	-	
	Fed Rev Non-Assist				
55.Q2F	Telecom Relay Svcs				
		-	-	-	
		50,000	-	-	
		200,000	200,000	-	
		200,000	200,000	-	
	Health & Human Svc				
93.041	T7 - Eldr Abu (100%)				
		86,000	86,000	-	
		86,000	86,000	-	
		86,000	86,000	-	
		86,000	86,000	-	
	T7-Ombdsm (100%)				
93.042		232,000	232,000	-	
		232,000	232,000	-	
		232,000	232,000	-	
		232,000	232,000	-	
	T3F-Hlth Prm (100%)				
93.043		405,000	405,000	-	
		405,000	405,000	-	
		405,000	405,000	-	
		405,000	405,000	-	
	T3B-Sp Sv/Sn (100%)				
93.044		4,748,000	4,748,000	-	
		4,748,000	4,748,000	-	
		4,748,000	4,748,000	-	
		4,748,000	4,748,000	-	
	T3C-Nut Scs (100%)				
93.045		11,118,750	11,152,000	-	
		11,052,250	11,019,000	-	
		11,118,750	11,152,000	-	
		11,019,000	11,019,000	-	

	Code	Title
AGENCY	300-050	DSHS Aging and Long-Term Support Administratio

2015-17 Federal Funding Estimates Summary

CFDA NO.*	Agency	Federal Fiscal Year	State Fiscal Year	State Match Amounts	State Match Source
93.052	Health & Human Svc				
	T3E-Nt Fm Crg (75%)				
	FY 2014	2,239,000	2,239,000	746,333	001-1
	FY 2015	2,239,000	2,239,000	746,333	001-1
	FY 2016	2,239,000	2,239,000	746,333	001-1
	FY 2017	2,239,000	2,239,000	746,333	001-1
93.053	T3A- Nut Svc (100%)				
	FY 2014	1,962,000	1,962,000	-	
	FY 2015	1,962,000	1,962,000	-	
	FY 2016	1,962,000	1,962,000	-	
	FY 2017	1,962,000	1,962,000	-	
93.234	Alzheimer				
	FY 2014	66,000	88,000	-	
	FY 2015	22,000	-	-	
	FY 2016	66,000	88,000	-	
	FY 2017	-	-	-	
93.576	Senior Farmers Mkt				
	FY 2014	272,000	272,000	-	
	FY 2015	272,000	272,000	-	
	FY 2016	272,000	272,000	-	
	FY 2017	272,000	272,000	-	
93.777	Hlth Provider (100%)				
	FY 2014	2,920,000	2,920,000	-	
	FY 2015	2,920,000	2,920,000	-	
	FY 2016	2,920,000	2,920,000	-	
	FY 2017	2,920,000	2,920,000	-	
93.777	Hlth Provider (75%)				
	FY 2014	3,056,250	3,146,000	1,048,667	001-1
	FY 2015	2,876,750	2,787,000	929,000	001-1
	FY 2016	3,056,250	3,146,000	1,048,667	001-1
	FY 2017	2,787,000	2,787,000	929,000	001-1
93.778	T19 Assist (FMAP)				
	FY 2014	795,020,250	776,358,000	743,230,976	001-1
	FY 2015	874,483,500	851,007,000	814,694,656	001-1
	FY 2016	951,461,250	944,913,000	898,819,717	001-1
	FY 2017	971,106,000	971,106,000	920,045,026	001-1
93.778	T19 Admin (75%)				
	FY 2014	1,397,000	1,397,000	465,667	001-1
	FY 2015	1,397,000	1,397,000	465,667	001-1
	FY 2016	1,397,000	1,397,000	465,667	001-1
	FY 2017	1,397,000	1,397,000	465,667	001-1

	Code	Title
AGENCY	300-050	DSHS Aging and Long-Term Support Administratio

2015-17 Federal Funding Estimates Summary

CFDA NO.*	Agency	Federal Fiscal Year	State Fiscal Year	State Match Amounts	State Match Source
93.778	Health & Human Svc				
	T19 Admin (50%)				
	FY 2014	97,806,750	94,079,000	94,079,000	001-1
	FY 2015	113,836,000	108,990,000	108,990,000	001-1
	FY 2016	129,966,500	128,374,000	128,374,000	001-1
	FY 2017	134,744,000	134,744,000	134,744,000	001-1
93.779	Agng&Disb Ctr (100%)				
	FY 2014	142,000	142,000	-	
	FY 2015	142,000	142,000	-	
	FY 2016	142,000	142,000	-	
	FY 2017	142,000	142,000	-	

* Catalog of Federal Domestic Assistance

Revised: June 2014

(Chapter 32, Laws of 2013) requires that designated agencies submit additional information related to receipt of federal funds. These requirements include:

- a) Report the aggregate value of federal receipts the agency estimated for the ensuing biennium,
- b) Develop plans for operating the designated state agency if there is a reduction of:
 - i. Five percent or more in the federal receipts that the agency receives; and
 - ii. Twenty-five percent or more in the federal receipts that the designated state agency receives.

Instructions for Item F

Provide the probability that the grant will be subject to a reduction.

From 1: Not likely; Congress has authorized the act that provides for the funding for the 2015-17 biennium

To 5: All indications are the grant will be reduced, eliminated, or terminated

Instructions for Item G:

Provide the following actions agencies will take if grant is reduced during the 2015-17 biennium

- 1. Reduce administrative expenditures
- 2. Reduce pass-through funding to grant recipients
- 3. Lay off state employees
- 4. Reduce program, client services and/or eligibility
- 5. End the program

Agencies subject to this requirement:

- Department of Social and Health Services
- Department of Health
- The Health Care Authority
- Department of Commerce
- Department of Ecology
- Department of Fish and Wildlife
- Department of Early Learning
- Office of Superintendent of Public Instruction
- ✓ For each school district within the state.

220

A	B	C	D	E	F	G	H	I	J	
									Page	
			Code	Title						
AGENCY										

PROPOSED 2015-17 Federal Funding Estimates Summary for SSB 5804

CFDA NO.*	Agency	A) Federal Fiscal Year	B) State Fiscal Year	C) Federal Funds % of Agency Budget for State FY	D) Federal Grant Projections Under a 6% Reduction from FY 2015	E) Federal Grant Projections Under a 25% Reduction from FY 2015	F) Probability Grant Will be Subject to Reduction (1 to 5)	G) Agency Plans to Implement Reduction (Categories 1 to 5)	Comments
Agency Total									
	FY 2014	0	0	0	0	0	0		
	FY 2015	0	0	0	0	0	0		
	FY 2016	0	0	0	0	0	0		
	FY 2017	0	0	0	0	0	0		
Federal Agency Name									
#####	FY 2014								
	FY 2015								

Comment:

	Code	Title
AGENCY	300-050	DSHS Aging and Long-Term Support Administration

PROPOSED 2015-17 Federal Funding Estimates Summary for SSB 5804

CFDA NO.*	Agency	A) Federal Fiscal Year	B) State Fiscal Year	C) Federal Funds % of Agency Budget for State FY	D) Federal Grant Projections Under a 5% Reduction from FY 2015	E) Federal Grant Projections Under a 25% Reduction from FY 2015	F) Probability Grant Will be Subject to Reduction (1 to 5)	G) Agency Plans to Implement Reduction (Categories 1 to 5)	Comments
Aging and Long-Term Support Administration Total									
	FY 2014	922,777,000	900,532,000	51.75%	21,281,900	16,801,500			
	FY 2015	1,018,029,500	989,512,000	51.66%	21,155,550	16,701,750			
	FY 2016	1,111,577,750	1,103,582,000	51.74%	21,281,900	16,801,500			
	FY 2017	1,135,565,000	1,135,565,000	51.79%	21,155,550	16,701,750			
17.235	Dept of Labor T5-Snr Cm Svs								
	FY 2014	1,306,000	1,306,000	100.00%	1,240,700	979,500	3	4	Comment:
	FY 2015	1,306,000	1,306,000	100.00%	1,240,700	979,500	3	4	
	FY 2016	1,306,000	1,306,000	100.00%	1,240,700	979,500	3	4	
	FY 2017	1,306,000	1,306,000	100.00%	1,240,700	979,500	3	4	
55.Q2F	Fed Rev Non-Assist Telecom Relay Svcs								
	FY 2014	-	-	0.00%	-	-	1		Comment:
	FY 2015	50,000	-	0.00%	-	-	1		
	FY 2016	200,000	200,000	100.00%	-	-	1		
	FY 2017	200,000	200,000	100.00%	-	-	1		
93.041	Health & Human Svc T7 - Eldr Abu								
	FY 2014	86,000	86,000	100.00%	81,700	64,500	3	1	Comment:
	FY 2015	86,000	86,000	100.00%	81,700	64,500	3	1	
	FY 2016	86,000	86,000	100.00%	81,700	64,500	3	1	
	FY 2017	86,000	86,000	100.00%	81,700	64,500	3	1	
93.042	T7-Ombdsm								
	FY 2014	232,000	232,000	100.00%	220,400	174,000	3	4	Comment:
	FY 2015	232,000	232,000	100.00%	220,400	174,000	3	4	
	FY 2016	232,000	232,000	100.00%	220,400	174,000	3	4	
	FY 2017	232,000	232,000	100.00%	220,400	174,000	3	4	
93.043	T3F-Hlth Prm								
	FY 2014	405,000	405,000	100.00%	384,750	303,750	3	4	Comment:
	FY 2015	405,000	405,000	100.00%	384,750	303,750	3	4	
	FY 2016	405,000	405,000	100.00%	384,750	303,750	3	4	
	FY 2017	405,000	405,000	100.00%	384,750	303,750	3	4	
93.044	T3B-Sp Sv/Sn								
	FY 2014	4,748,000	4,748,000	100.00%	4,510,600	3,561,000	3	4	Comment:
	FY 2015	4,748,000	4,748,000	100.00%	4,510,600	3,561,000	3	4	
	FY 2016	4,748,000	4,748,000	100.00%	4,510,600	3,561,000	3	4	
	FY 2017	4,748,000	4,748,000	100.00%	4,510,600	3,561,000	3	4	

	Code	Title
AGENCY	300-050	DSHS Aging and Long-Term Support Administration

PROPOSED 2015-17 Federal Funding Estimates Summary for SSB 5804

CFDA NO.*	Agency	A) Federal Fiscal Year	B) State Fiscal Year	C) Federal Funds % of Agency Budget for State FY	D) Federal Grant Projections Under a 5% Reduction from FY 2015	E) Federal Grant Projections Under a 25% Reduction from FY 2015	F) Probability Grant Will be Subject to Reduction (1 to 5)	G) Agency Plans to Implement Reduction (Categories 1 to 5)	Comments
93.045	T3C-Nut Scs								Comment:
	FY 2014	11,118,750	11,152,000	100.00%	10,594,400	8,364,000	3	4	
	FY 2015	11,052,250	11,019,000	100.00%	10,468,050	8,264,250	3	4	
	FY 2016	11,118,750	11,152,000	100.00%	10,594,400	8,364,000	3	4	
	FY 2017	11,019,000	11,019,000	100.00%	10,468,050	8,264,250	3	4	
93.052	Health & Human Svc T3E-Nt Fm Crg								Comment:
	FY 2014	2,239,000	2,239,000	75.00%	2,127,050	1,679,250	3	4	
	FY 2015	2,239,000	2,239,000	75.00%	2,127,050	1,679,250	3	4	
	FY 2016	2,239,000	2,239,000	75.00%	2,127,050	1,679,250	3	4	
	FY 2017	2,239,000	2,239,000	75.00%	2,127,050	1,679,250	3	4	
93.053	T3A- Nut Svc								Comment:
	FY 2014	1,962,000	1,962,000	100.00%	1,863,900	1,471,500	3	4	
	FY 2015	1,962,000	1,962,000	100.00%	1,863,900	1,471,500	3	4	
	FY 2016	1,962,000	1,962,000	100.00%	1,863,900	1,471,500	3	4	
	FY 2017	1,962,000	1,962,000	100.00%	1,863,900	1,471,500	3	4	
93.234	Alzheimer								Comment:
	FY 2014	66,000	88,000	100.00%	-	-	1		
	FY 2015	22,000	-	0.00%	-	-	1		
	FY 2016	66,000	88,000	100.00%	-	-	1		
	FY 2017	-	-	0.00%	-	-	1		
93.576	Senior Farmers Mkt								Comment:
	FY 2014	272,000	272,000	100.00%	258,400	204,000	3	4	
	FY 2015	272,000	272,000	100.00%	258,400	204,000	3	4	
	FY 2016	272,000	272,000	100.00%	258,400	204,000	3	4	
	FY 2017	272,000	272,000	100.00%	258,400	204,000	3	4	
93.777	Health & Human Svc Hlth Provider								Comment:
	FY 2014	5,976,250	6,066,000	85.26%	-	-	1		
	FY 2015	5,796,750	5,707,000	86.00%	-	-	1		
	FY 2016	5,976,250	6,066,000	85.26%	-	-	1		
	FY 2017	5,707,000	5,707,000	86.00%	-	-	1		
93.778	Health & Human Svc T19 Assist								Comment:
	FY 2014	894,224,000	871,834,000	51.00%	-	-	1		
	FY 2015	989,716,500	961,394,000	50.99%	-	-	1		
	FY 2016	1,082,824,750	1,074,684,000	51.12%	-	-	1		
	FY 2017	1,107,247,000	1,107,247,000	51.20%	-	-	1		
93.779	HCFA Rsrch								Comment:
	FY 2014	142,000	142,000	100.00%	-	-	1		
	FY 2015	142,000	142,000	100.00%	-	-	1		
	FY 2016	142,000	142,000	100.00%	-	-	1		
	FY 2017	142,000	142,000	100.00%	-	-	1		

222

Special Reports

Proposed Fee Changes

DSHS Budget Division

**2015-17 Biennial Budget
Request for Fees or Taxes**

	Code	Title
AGENCY	300	Dept of Social & Health Services

Agy #	Agency Name	Fee Code	Name of Fee or Tax	Is a bill required?	Z-Draft # (or Pending)	New, Increased, Continued?	Incremental Revenue Dollars in Thousands				Tied to Expenditure Change?	Fee Payer Position	Explanation of Change See Instructions
							GF-S		Other Funds				
							FY 2016	FY 2017	FY 2016	FY 2017			
300	Dept of Social & Health Services	E001	Nursing Home License Fee	Budget	N/A	Increased	-	-	7,040,000	7,152,000	Yes, fee revenues will be used to cover the cost of 15.4 FTE additional nursing home licensors. Please see the ALTSA Nursing Home Investigations decision package for more information.	Fee payers did not request this change. Fee payers will likely oppose this fee increase.	The ALTSA proposes to increase the current fee from \$359 to \$575/bed per year in Fiscal Year 2016 and \$578/bed per year in Fiscal Year 2017.
300	Dept of Social & Health Services	E003	Adult Family Home Licensing Fee	Budget	N/A	Increased	(791,000)	(567,000)	1,759,000	1,969,000	No, fee revenues will be used to cover the existing costs of RCS investigations for Adult Family Homes. See budget request ALTSA Increase Adult Family Home Licensing Fee for more information.	Fee payers did not request this change. Fee payers will likely oppose this fee increase.	The ALTSA proposes to increase the current fee from \$225 to \$325/bed per year.
Additional Comments The Adult Family Home licensing fee (E003) includes receipts for both the Aging and Long-Term Support Administration (ALTSA) and Developmental Disabilities Administration (DDA). The breakout by programs is as follows: *ALTSA: \$1,521,000 Total Funds (-\$791,000 GF-State) in Fiscal Year 2016 and \$1,746,000 Total Funds (-\$567,000 GF-State) in Fiscal Year 2017 *DDA: \$238,000 Total Funds (\$0 GF-State) in Fiscal Year 2016 and \$223,000 Total Funds (\$0 GF-State) in Fiscal Year 2017													

223

This page intentionally left blank