

Department of Social and Health Services

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Aging & Disability Services Admin

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Developmental Disabilities Division

Home & Community Services

Management Services

Residential Care Services

Consortia

Impacts

- **Liability risk is a major concern**
- In recent years both ADSA and our partners the Area Agencies on Aging have faced lawsuits regarding the state's perceived responsibility to ensure individual safety. Lawsuits challenge activities in our licensure programs, case management functions, and complaint investigation programs. One of the challenges that ADSA will face in years to come will be to make clear that our programs are intended to support individual choice but can never guarantee that the choices individuals make will never lead them to harm. We must focus energies on educating individuals, families, and communities on their shared responsibilities in monitoring care and avoiding potential negative outcomes.
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- **Accountability**
- The Division of Developmental Disabilities has recently been reviewed by a variety of oversight agencies with concerns raised about program accountability. In 2002 CMS raised concerns over management of the CAP waiver. In 2002, and 2003, reports by the state's Joint Legislative Audit and Review Committee raised concerns over accountability in DD assessment and case management processes, and management controls. DSHS responded to the concerns by merging DDD with the Aging and Adult Services Administration into the new Aging and Disability Services Administration. The reorganization included mandates from the Secretary for organizational, management, and service delivery reforms to improve the accountability of DD programs.
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- As of early 2004, the new organization has been in existence for less than two years. Improvements have been made in processes for accounting and budgeting; data support; assessment and case management; waiver management; and provider monitoring. DDD has established a team of Quality Compliance Coordinators to facilitate the creation and application of consistent policy and procedures and support a reliable DDD service system.
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- **Measures**
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- Percent of inspection/complaint visits in NH/BH/AFH timely completed
- APS complaint visits timely completed
- Turnover in numbers of DDD residential providers
- Average cost/case of services
- Percent of caseload served in home and community settings
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- Please check all [Balanced Scorecard](#) themes that apply:
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- Themes: Public Customer Financial Internal Learning & Growth
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- Much work remains to be done to further unify the two organizations into one entity, focused on improving the lives of our mutual clients.
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Succession Plan ADSAs Mgt.

- **SUCCESSION OR WORKFORCE DEVELOPMENT PLAN**

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- By the end of 2005, two-thirds of ADSA's managers will be eligible for retirement. The potential loss of the management expertise and program experience could hit hardest in the Executive Management team where five of the seven managers reporting directly to the Assistant Secretary will be eligible for retirement, and in the Division of Developmental Disabilities where almost three-quarters of managers will be eligible for retirement within the next two years. In both DDD and the Home and Community Services Division, the field could be hit hardest with the loss of managerial expertise through retirement.
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- ADSA has developed strategies to mitigate the losses that will occur with retirements. They include:
 - Encouraging staff to complete "Basics of Supervision" and "Management Orientation" courses;
 - Increasing attendance of staff at the DDD leadership training courses;
 - Implementing informal mentoring programs in each division;
 - Encouraging temporary rotations, acting appointments, and job shadowing;
 - Doing more targeted recruitment in professional areas where retirements will cause the loss of skills such as recruiting at nursing schools, advertising in professional and trade journals, attending university job fairs, and using college career recruitment options.

The caseload of individuals needing long term care and supportive services requires a complementary set of medical, prescription drug, personal care, and supportive services. ADSA is working with DSHS partners to coordinate services through the Medicaid Integration Project (MIP). We anticipate that the outcome will be better coordination of care, better client outcomes, and cost-effectiveness. Additionally, ADSA has developed the CARE assessment instrument to better meet the need for holistic care planning. Chronic care coordination will link the health care & long term care systems Beyond the Medicaid population, ADSA provides quality assurance for all community-residential and nursing facilities, regardless of the resident's payment source. This broader constituency includes individuals with increasing levels of acuity (health, mental health and functional needs). Larger numbers of individuals with a wide range of disabilities will impact the caseload and capacity of the Adult Protective Services and Residential Complaint Investigation programs. Additionally, increases in the ethnic and linguistic characteristics of the population and increasing numbers of people with medical, psychiatric, and behavioral challenges will make program development and implementation more challenging.

Olmstead Decision

The U.S. Supreme Court has ruled that people with disabilities have a civil right to medically appropriate home and community-based services under the Americans with Disabilities Act. For more than a decade, Washington State has demonstrated a commitment to providing services to individuals in the least restrictive setting possible and expanding community-based services

- **Self-determination trends**
- Nationwide, people with developmental disabilities and younger adults with disabilities are calling for self-determination and choice, and an affirmation of the philosophy that people should be able to find the supports they need in their own communities in typical settings. This trend towards more individualized services is reflected in the fact that more and more families and individuals are directing their own early childhood programs, family support budgets, employment programs, and long-term care choices. Even in the most structured settings in the community, which are 24-hour living arrangements, choice and self-direction of services is evaluated based on the individual's service plan.
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- For several years Washington has had programs and projects to help individuals and their families have more choices of supports and services. People who need Medicaid Personal Care providers, respite, or alternative living services have the opportunity to choose and employ their own provider. State Supplementary Payments (SSP) are cash grants that allow some flexibility in the choice and control of dollars. Opportunities for participation in self-directed services for employment or day programs are also growing.

- The public demonstrated its support for services in clients' own homes with the 2001 creation of the Home Care Quality Authority (HCQA). Negotiations between HCQA and the Service Employees International Union resulted in a 2003 proposal for wage increases for home care workers of \$2.00 per hour. The Legislature and the Governor ultimately approved a wage increase of \$.75 per hour effective October 2003. In 2004, the Legislature approved an additional \$.50 per hour wage increase for home care workers on October 1, 2004 and legislative budgets fund health care benefits and worker's compensation coverage for Individual Providers.
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- Balancing its expanded funding for in-home wages, the Legislature applied new limits on caseload growth in home and community programs serving the elderly and persons with disabilities. The 2003 Legislature tightened Medicaid Personal Care eligibility and placed an enrollment growth cap on the long-term care program's home and community based waiver. The Legislature considered a cost-containment initiative for the DD program but did not ultimately apply that mandate. As will be discussed, ADSA chose to develop its own cost containment project in the Division of Developmental Disabilities.