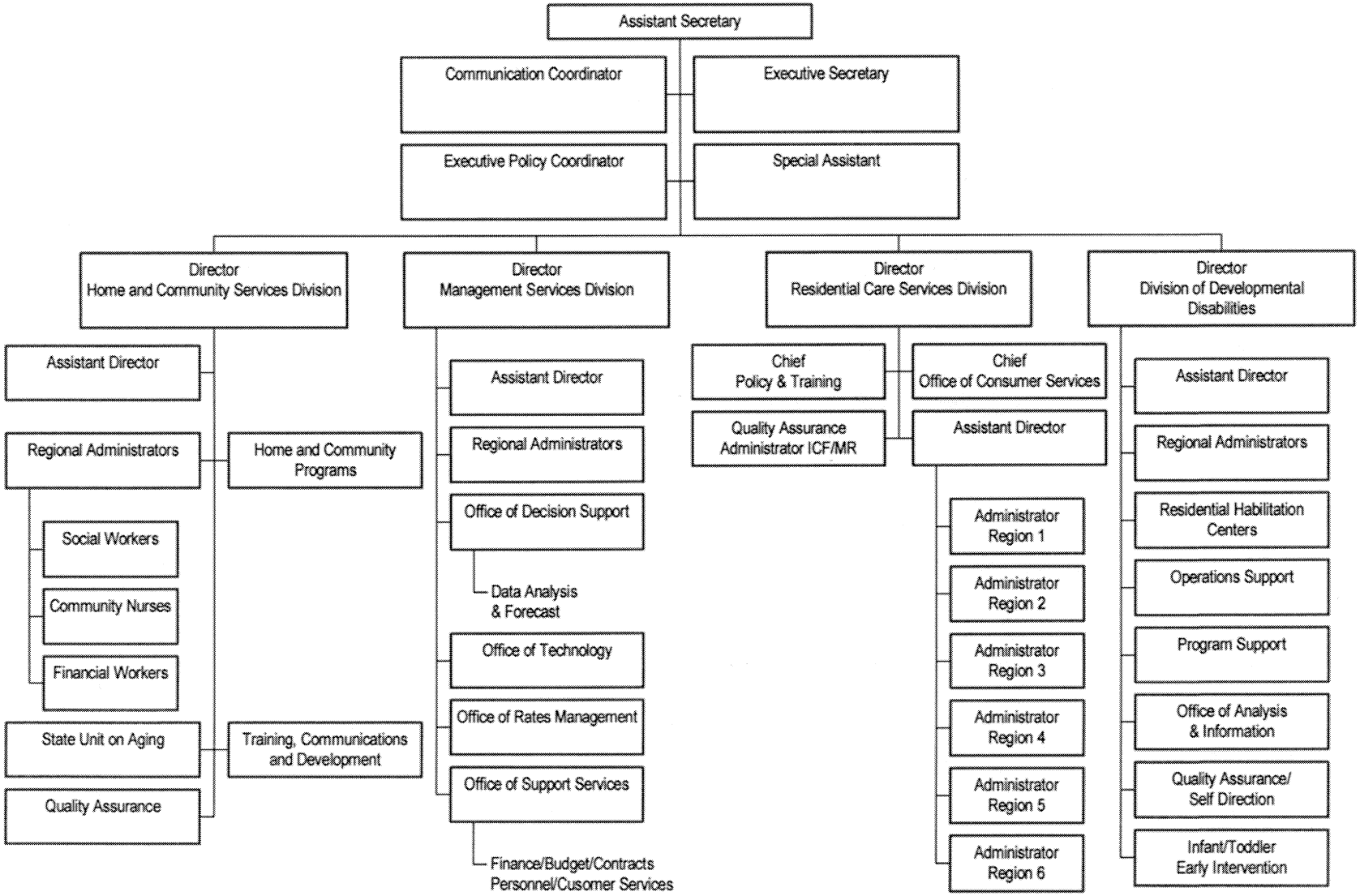
Section 1
Organization Chart

	Code	Title
AGENCY	300	Department of Social and Health Services
PROGRAM	050	Aging & Disabilities Services Administration
SUBPROGRAM		

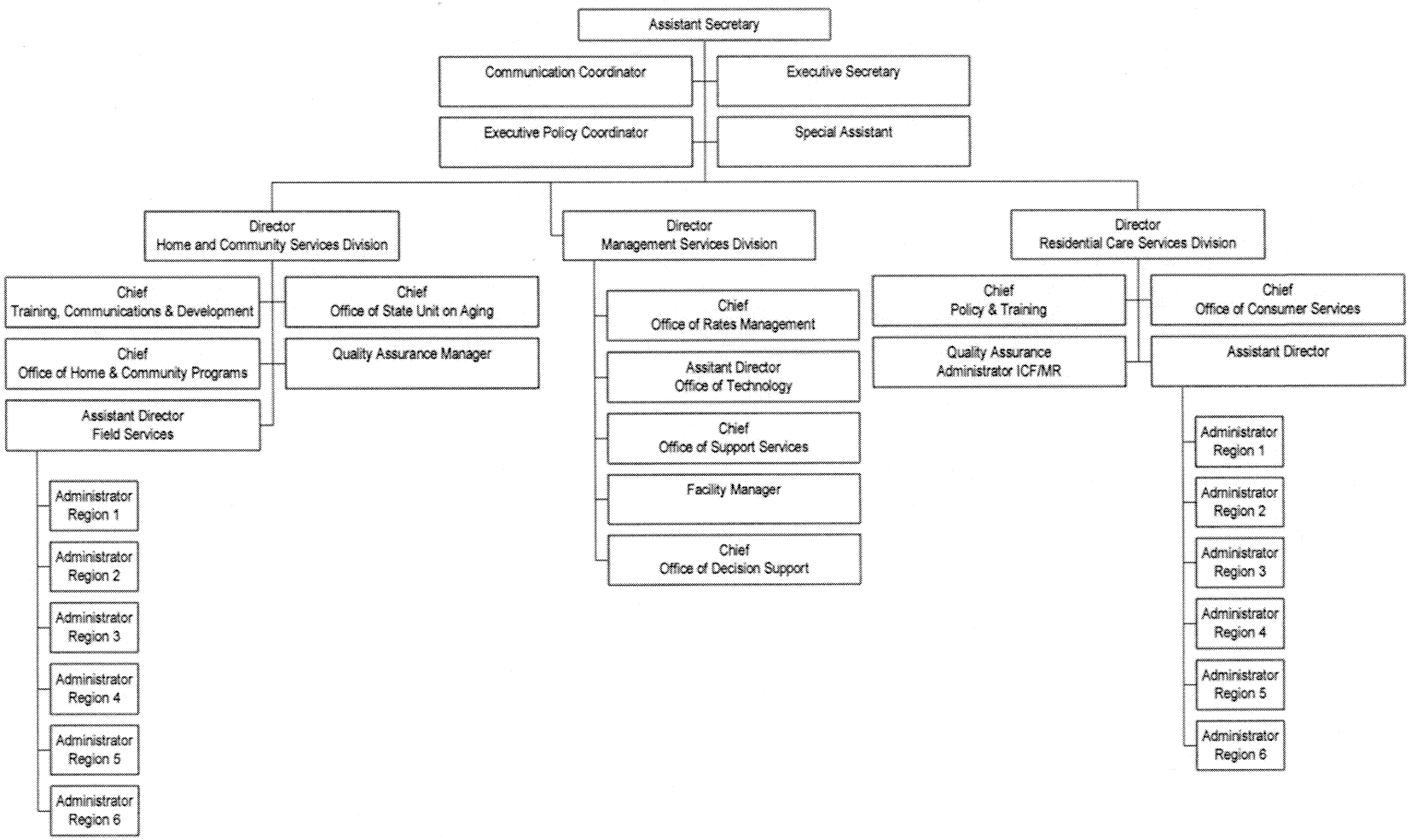
AGING & DISABILITY SERVICES ADMINISTRATION



B 1
State of Washington
BIENNIAL BUDGET ESTIMATES

	Code	Title
AGENCY	300	Department of Social and Health Services
PROGRAM	050	Long-Term Care Services
SUBPROGRAM		

LONG-TERM CARE SERVICES



Section 2
Activity Inventory Report

Fund and FTE Detail by Fiscal Year

Budget Period: 2005-07
Agency: Dept of Social and Health Services
Version: 11
Budget Level: PL
Sorted by: Decision Package Code
Show Locked Only: No
Include RecSum Text: No

Element	Selection	Grp
Agy-Activity:	(All)	2
Program:	050	1
Sub-Program	(None)	
Activity:	(None)	
Sub-Activity:	(None)	
Task:	(None)	

Element	Selection	Grp
Division:	(None)	
Branch:	(None)	
Section:	(None)	
Unit:	(None)	
Cost Center:	(None)	

Element	Selection	Grp
Project:	(None)	
Sub-Project:	(None)	
Phase:	(None)	
Budget Unit:	(None)	

Program - 050 - Long Term Care Services

Agency Activity - E049 - LTC Adult Day Health Community Services

Pgm:050

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Total Current Biennium					**12,621,000**	**13,889,000**	**26,510,000**	
Current Biennium Fund Totals								
001-1	General Fund-State				6,259,000	7,225,000	13,484,000	50.86%
001-C	General Fund-DSHS Medicaid Federa				6,362,000	6,664,000	13,026,000	49.14%
00	**Carry Forward Adjustments**				**1,268,000**		**1,268,000**	
001-1	General Fund-State				966,000		966,000	76.18%
001-C	General Fund-DSHS Medicaid Federa				302,000		302,000	23.82%
Total Carry Forward Level					**13,889,000**	**13,889,000**	**27,778,000**	
% Change from Current Biennium					10.0%		4.8%	
Total Carry Forward Level Fund Totals								
001-1	General Fund-State				7,225,000	7,225,000	14,450,000	52.02%
001-C	General Fund-DSHS Medicaid Federa				6,664,000	6,664,000	13,328,000	47.98%
93	**Mandatory Caseload Adjustments**				**211,000**	**886,000**	**1,097,000**	
001-1	General Fund-State				110,000	461,000	571,000	52.05%
001-C	General Fund-DSHS Medicaid Federa				101,000	425,000	526,000	47.95%
Carry Forward Plus Workload Changes					**14,100,000**	**14,775,000**	**28,875,000**	
% Change from Current Biennium					11.7%	6.4%	8.9%	
Carry Forward Plus Workload Changes Fund Totals								
001-1	General Fund-State				7,406,000	7,964,000	15,370,000	51.89%
001-C	General Fund-DSHS Medicaid Federa				6,846,000	7,403,000	14,249,000	48.11%
ED	**Forecast Cost/Utilization**				**152,000**	**592,000**	**744,000**	
001-1	General Fund-State				71,000	278,000	349,000	46.91%
001-C	General Fund-DSHS Medicaid Federa				81,000	314,000	395,000	53.09%
Total Maintenance Level					**14,252,000**	**15,367,000**	**29,619,000**	

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
% Change from Current Biennium					12.9%	10.6%	11.7%	
Total Maintenance Level Fund Totals								
001-1	General Fund-State				7,406,000	7,964,000	15,370,000	51.89%
001-C	General Fund-DSHS Medicaid Federa				6,846,000	7,403,000	14,249,000	48.11%
EM	**Adult Day Services**				**2,134,000**	**2,349,000**	**4,483,000**	
001-1	General Fund-State				1,067,000	1,175,000	2,242,000	50.01%
001-C	General Fund-DSHS Medicaid Federa				1,067,000	1,174,000	2,241,000	49.99%
2005-07 Total Proposed Budget					**16,386,000**	**17,716,000**	**34,102,000**	
% Change from Current Biennium					29.8%	27.6%	28.6%	
2005-07 Budget Fund Summary Totals								
001-1	General Fund-State				8,473,000	9,139,000	17,612,000	51.65%
001-C	General Fund-DSHS Medicaid Federa				7,913,000	8,577,000	16,490,000	48.35%

Total Agency Activity - E049

Pgm:050

2003-05 Current Biennium					**12,621,000**	**13,889,000**	**26,510,000**	
Total Carry Forward Level					**13,889,000**	**13,889,000**	**27,778,000**	
% Change from Current Biennium					10.0%		4.8%	
Carry Forward Plus Workload Changes					**14,100,000**	**14,775,000**	**28,875,000**	
% Change from Current Biennium					11.7%	6.4%	8.9%	
Total Maintenance Level					**14,252,000**	**15,367,000**	**29,619,000**	
% Change from Current Biennium					12.9%	10.6%	11.7%	
2005-07 Total Proposed Budget					**16,386,000**	**17,716,000**	**34,102,000**	
% Change from Current Biennium					29.8%	27.6%	28.6%	

Agency Activity - E050 - LTC Adult Family Home Community Services

Pgm:050

Total Current Biennium					**47,429,000**	**49,931,000**	**97,360,000**	
Current Biennium Fund Totals								
001-1	General Fund-State				23,162,000	25,777,000	48,939,000	50.27%
001-C	General Fund-DSHS Medicaid Federa				24,267,000	24,154,000	48,421,000	49.73%
00	**Carry Forward Adjustments**				**2,502,000**		**2,502,000**	
001-1	General Fund-State				2,615,000		2,615,000	104.52%
001-C	General Fund-DSHS Medicaid Federa				(113,000)		(113,000)	(4.52)%
Total Carry Forward Level					**49,931,000**	**49,931,000**	**99,862,000**	
% Change from Current Biennium					5.3%		2.6%	

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Total Carry Forward Level Fund Totals								
001-1	General Fund-State				25,777,000	25,777,000	51,554,000	51.63%
001-C	General Fund-DSHS Medicaid Federa				24,154,000	24,154,000	48,308,000	48.37%
93	**Mandatory Caseload Adjustments**				**2,545,000**	**3,797,000**	**6,342,000**	
001-1	General Fund-State				1,314,000	1,960,000	3,274,000	51.62%
001-C	General Fund-DSHS Medicaid Federa				1,231,000	1,837,000	3,068,000	48.38%
Carry Forward Plus Workload Changes					**52,476,000**	**53,728,000**	**106,204,000**	
% Change from Current Biennium					10.6%	7.6%	9.1%	
Carry Forward Plus Workload Changes Fund Totals								
001-1	General Fund-State				26,079,000	26,641,000	52,720,000	50.44%
001-C	General Fund-DSHS Medicaid Federa				25,622,000	26,183,000	51,805,000	49.56%
ED	**Forecast Cost/Utilization**				**(775,000)**	**(904,000)**	**(1,679,000)**	
001-1	General Fund-State				(1,012,000)	(1,096,000)	(2,108,000)	125.55%
001-C	General Fund-DSHS Medicaid Federa				237,000	192,000	429,000	(25.55)%
Total Maintenance Level					**51,701,000**	**52,824,000**	**104,525,000**	
% Change from Current Biennium					9.0%	5.8%	7.4%	
Total Maintenance Level Fund Totals								
001-1	General Fund-State				26,079,000	26,641,000	52,720,000	50.44%
001-C	General Fund-DSHS Medicaid Federa				25,622,000	26,183,000	51,805,000	49.56%
DT	**RSI - Fircrest School**				**170,000**	**1,078,000**	**1,248,000**	
001-1	General Fund-State				85,000	539,000	624,000	5.05%
001-C	General Fund-DSHS Medicaid Federa				85,000	539,000	624,000	5.05%
EJ	**Community Rates Adjustment**				**5,473,000**	**5,473,000**	**10,946,000**	
001-1	General Fund-State				2,737,000	2,737,000	5,474,000	44.30%
001-C	General Fund-DSHS Medicaid Federa				2,736,000	2,736,000	5,472,000	44.28%
EP	**Residential Rates MSA/Non MSA**				**82,000**	**82,000**	**164,000**	
001-1	General Fund-State				41,000	41,000	82,000	0.66%
001-C	General Fund-DSHS Medicaid Federa				41,000	41,000	82,000	0.66%
2005-07 Total Proposed Budget					**57,426,000**	**59,457,000**	**116,883,000**	
% Change from Current Biennium					21.1%	19.1%	20.1%	
2005-07 Budget Fund Summary Totals								
001-1	General Fund-State				28,942,000	29,958,000	58,900,000	50.39%
001-C	General Fund-DSHS Medicaid Federa				28,484,000	29,499,000	57,983,000	49.61%

Total Agency Activity - E050

Pgm:050

2003-05 Current Biennium					**47,429,000**	**49,931,000**	**97,360,000**	
Total Carry Forward Level					**49,931,000**	**49,931,000**	**99,862,000**	
% Change from Current Biennium					5.3%		2.6%	

Fund and FTE Detail by Fiscal Year

	Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Carry Forward Plus Workload Changes				**52,476,000**	**53,728,000**	**106,204,000**	
% Change from Current Biennium				10.6%	7.6%	9.1%	
Total Maintenance Level				**51,701,000**	**52,824,000**	**104,525,000**	
% Change from Current Biennium				9.0%	5.8%	7.4%	
2005-07 Total Proposed Budget				**57,426,000**	**59,457,000**	**116,883,000**	
% Change from Current Biennium				21.1%	19.1%	20.1%	

Agency Activity - E051 - LTC Care Administration

Pgm:050

Total Current Biennium		**116.6**	**116.6**	**116.6**	**13,750,000**	**14,104,000**	**27,854,000**	
Current Biennium Fund Totals								
001-1	General Fund-State				6,992,000	7,183,000	14,175,000	50.89%
001-7	General Fund-Private/Local				19,000	19,000	38,000	0.14%
001-C	General Fund-DSHS Medicaid Federa				6,739,000	6,902,000	13,641,000	48.97%
996-Z	Estimated All Other-Other	116.6	116.6	116.6				
00	**Carry Forward Adjustments**	**(1.9)**	**(1.9)**	**(1.9)**	**187,000**	**(166,000)**	**21,000**	
001-1	General Fund-State				106,000	(83,000)	23,000	109.52%
001-C	General Fund-DSHS Medicaid Federa				81,000	(83,000)	(2,000)	(9.52)%
996-Z	Estimated All Other-Other	(1.9)	(1.9)	(1.9)				
Total Carry Forward Level		**114.7**	**114.7**	**114.7**	**13,937,000**	**13,938,000**	**27,875,000**	
% Change from Current Biennium		(1.6)%	(1.6)%	(1.6)%	1.4%	(1.2)%	0.1%	
Total Carry Forward Level Fund Totals								
001-1	General Fund-State				7,098,000	7,100,000	14,198,000	50.93%
001-7	General Fund-Private/Local				19,000	19,000	38,000	0.14%
001-C	General Fund-DSHS Medicaid Federa				6,820,000	6,819,000	13,639,000	48.93%
996-Z	Estimated All Other-Other	114.7	114.7	114.7				
93	**Mandatory Caseload Adjustments**				**89,000**	**176,000**	**265,000**	
001-1	General Fund-State				45,000	87,000	132,000	19.13%
001-C	General Fund-DSHS Medicaid Federa				44,000	89,000	133,000	19.28%
94	**Mandatory Workload Adjustments**	**2.1**	**3.3**	2.7	**171,000**	**254,000**	**425,000**	
001-1	General Fund-State				86,000	127,000	213,000	30.87%
001-C	General Fund-DSHS Medicaid Federa				85,000	127,000	212,000	30.72%
996-Z	Estimated All Other-Other	2.1	3.3	2.7				
Carry Forward Plus Workload Changes		**116.8**	**118.0**	**117.4**	**14,197,000**	**14,368,000**	**28,565,000**	
% Change from Current Biennium		0.2%	1.2%	0.7%	3.3%	1.9%	2.6%	

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Carry Forward Plus Workload Changes Fund Totals								
001-1	General Fund-State				8,662,000	8,617,000	17,279,000	50.77%
001-7	General Fund-Private/Local				19,000	19,000	38,000	0.11%
001-C	General Fund-DSHS Medicaid Federa				8,379,000	8,335,000	16,714,000	49.11%
996-Z	Estimated All Other-Other	147.8	148.0	147.9				
9T	**Transfers**	**24.5**	**24.5**	24.5	**1,922,000**	**1,922,000**	**3,844,000**	
001-1	General Fund-State				961,000	961,000	1,922,000	35.16%
001-C	General Fund-DSHS Medicaid Federa				961,000	961,000	1,922,000	35.16%
996-Z	Estimated All Other-Other	24.5	24.5	24.5				
EE	**APS Registry**	**2.5**	**1.5**	2.0	**233,000**	**128,000**	**361,000**	
001-1	General Fund-State				117,000	64,000	181,000	3.31%
001-C	General Fund-DSHS Medicaid Federa				116,000	64,000	180,000	3.29%
996-Z	Estimated All Other-Other	2.5	1.5	2.0				
EG	**Quality Assurance Policy and IT Sup**	**2.5**	**2.5**	2.5	**253,000**	**228,000**	**481,000**	
001-1	General Fund-State				126,000	114,000	240,000	4.39%
001-C	General Fund-DSHS Medicaid Federa				127,000	114,000	241,000	4.41%
996-Z	Estimated All Other-Other	2.5	2.5	2.5				
FD	**Wide Area Network (WAN) Usage**				**322,000**	**209,000**	**531,000**	
001-1	General Fund-State				163,000	106,000	269,000	4.92%
001-C	General Fund-DSHS Medicaid Federa				159,000	103,000	262,000	4.79%
RB	**Public Disclosure Charges**	**1.5**	**1.5**	1.5	**133,000**	**116,000**	**249,000**	
001-1	General Fund-State				66,000	58,000	124,000	2.27%
001-C	General Fund-DSHS Medicaid Federa				67,000	58,000	125,000	2.29%
996-Z	Estimated All Other-Other	1.5	1.5	1.5				
Total Maintenance Level		**147.8**	**148.0**	**147.9**	**17,060,000**	**16,971,000**	**34,031,000**	
% Change from Current Biennium		26.8%	26.9%	26.8%	24.1%	20.3%	22.2%	
Total Maintenance Level Fund Totals								
001-1	General Fund-State				8,662,000	8,617,000	17,279,000	50.77%
001-7	General Fund-Private/Local				19,000	19,000	38,000	0.11%
001-C	General Fund-DSHS Medicaid Federa				8,379,000	8,335,000	16,714,000	49.11%
996-Z	Estimated All Other-Other	147.8	148.0	147.9				
9G	**FTE Staff Adjustment**	**(5.5)**	**(5.5)**	(5.5)				
996-Z	Estimated All Other-Other	(5.5)	(5.5)	(5.5)				
9T	**Transfers**	**(0.8)**	**(0.8)**	(0.8)	**(97,000)**	**(89,000)**	**(186,000)**	
001-1	General Fund-State				(47,000)	(43,000)	(90,000)	(6.81)%
001-C	General Fund-DSHS Medicaid Federa				(50,000)	(46,000)	(96,000)	(7.27)%
996-Z	Estimated All Other-Other	(0.8)	(0.8)	(0.8)				
ES	**Quality Assurance in APS**	**1.5**	**1.5**	1.5	**155,000**	**138,000**	**293,000**	
001-1	General Fund-State				78,000	69,000	147,000	11.13%

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
001-C	General Fund-DSHS Medicaid Federa				77,000	69,000	146,000	11.05%
996-Z	Estimated All Other-Other	1.5	1.5	1.5				
ET	**Mobility Project**	**0.5**	**0.5**	0.5	**51,000**	**42,000**	**93,000**	
001-1	General Fund-State				26,000	21,000	47,000	3.56%
001-C	General Fund-DSHS Medicaid Federa				25,000	21,000	46,000	3.48%
996-Z	Estimated All Other-Other	0.5	0.5	0.5				
EU	**Specialized Dementia Care Program**	**2.0**	**2.0**	2.0	**245,000**	**239,000**	**484,000**	
001-1	General Fund-State				122,000	120,000	242,000	18.32%
001-C	General Fund-DSHS Medicaid Federa				123,000	119,000	242,000	18.32%
996-Z	Estimated All Other-Other	2.0	2.0	2.0				
EX	**CSCI-Increase Expanded Community S**	**2.3**	**2.0**	2.2				
996-Z	Estimated All Other-Other	2.3	2.0	2.2				
LC	**Part D Administration Costs**	**2.6**	**3.9**	3.3	**207,000**	**284,000**	**491,000**	
001-1	General Fund-State				104,000	142,000	246,000	18.62%
001-C	General Fund-DSHS Medicaid Federa				103,000	142,000	245,000	18.55%
996-Z	Estimated All Other-Other	2.6	3.9	3.3				
PA	**Electronic Intrusion Prevention**				**130,000**	**16,000**	**146,000**	
001-1	General Fund-State				66,000	8,000	74,000	5.60%
001-C	General Fund-DSHS Medicaid Federa				64,000	8,000	72,000	5.45%
2005-07 Total Proposed Budget		**150.4**	**151.6**	**151.0**	**17,751,000**	**17,601,000**	**35,352,000**	
% Change from Current Biennium		29.0%	30.0%	29.5%	29.1%	24.8%	26.9%	
2005-07 Budget Fund Summary Totals								
001-1	General Fund-State				9,011,000	8,934,000	17,945,000	50.76%
001-7	General Fund-Private/Local				19,000	19,000	38,000	0.11%
001-C	General Fund-DSHS Medicaid Federa				8,721,000	8,648,000	17,369,000	49.13%
996-Z	Estimated All Other-Other	150.4	151.6	151.0				

Total Agency Activity - E051

Pgm:050

2003-05 Current Biennium	**116.6**	**116.6**	**116.6**	**13,750,000**	**14,104,000**	**27,854,000**
Total Carry Forward Level	**114.7**	**114.7**	**114.7**	**13,937,000**	**13,938,000**	**27,875,000**
% Change from Current Biennium	(1.6)%	(1.6)%	(1.6)%	1.4%	(1.2)%	0.1%
Carry Forward Plus Workload Changes	**116.8**	**118.0**	**117.4**	**14,197,000**	**14,368,000**	**28,565,000**
% Change from Current Biennium	0.2%	1.2%	0.7%	3.3%	1.9%	2.6%
Total Maintenance Level	**147.8**	**148.0**	**147.9**	**17,060,000**	**16,971,000**	**34,031,000**
% Change from Current Biennium	26.8%	26.9%	26.8%	24.1%	20.3%	22.2%
2005-07 Total Proposed Budget	**150.4**	**151.6**	**151.0**	**17,751,000**	**17,601,000**	**35,352,000**
% Change from Current Biennium	29.0%	30.0%	29.5%	29.1%	24.8%	26.9%

Fund and FTE Detail by Fiscal Year

Agency Activity - E052 - LTC Eligibility/Case Management Services

Pgm:050

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Total Current Biennium		**645.0**	**656.1**	**650.6**	**68,365,000**	**73,911,000**	**142,276,000**	
Current Biennium Fund Totals								
001-1	General Fund-State				34,036,000	37,005,000	71,041,000	49.93%
001-C	General Fund-DSHS Medicaid Federa				34,329,000	36,906,000	71,235,000	50.07%
996-Z	Estimated All Other-Other	645.0	656.1	650.6				
00	**Carry Forward Adjustments**	**11.1**		**5.6**	**5,094,000**	**(455,000)**	**4,639,000**	
001-1	General Fund-State				2,756,000	(216,000)	2,540,000	54.75%
001-C	General Fund-DSHS Medicaid Federa				2,338,000	(239,000)	2,099,000	45.25%
996-Z	Estimated All Other-Other	11.1		5.6				
Total Carry Forward Level		**656.1**	**656.1**	**656.1**	**73,459,000**	**73,456,000**	**146,915,000**	
% Change from Current Biennium		1.7%		0.9%	7.5%	(0.6)%	3.3%	
Total Carry Forward Level Fund Totals								
001-1	General Fund-State				36,792,000	36,789,000	73,581,000	50.08%
001-C	General Fund-DSHS Medicaid Federa				36,667,000	36,667,000	73,334,000	49.92%
996-Z	Estimated All Other-Other	656.1	656.1	656.1				
93	**Mandatory Caseload Adjustments**				**670,000**	**1,604,000**	**2,274,000**	
001-1	General Fund-State				335,000	802,000	1,137,000	7.64%
001-C	General Fund-DSHS Medicaid Federa				335,000	802,000	1,137,000	7.64%
94	**Mandatory Workload Adjustments**	**34.3**	**52.1**	43.2	**5,359,000**	**7,250,000**	**12,609,000**	
001-1	General Fund-State				2,680,000	3,626,000	6,306,000	42.37%
001-C	General Fund-DSHS Medicaid Federa				2,679,000	3,624,000	6,303,000	42.35%
996-Z	Estimated All Other-Other	34.3	52.1	43.2				
Carry Forward Plus Workload Changes		**690.4**	**708.2**	**699.3**	**79,488,000**	**82,310,000**	**161,798,000**	
% Change from Current Biennium		7.0%	7.9%	7.5%	16.3%	11.4%	13.7%	
Carry Forward Plus Workload Changes Fund Totals								
001-1	General Fund-State				39,807,000	41,217,000	81,024,000	50.08%
001-C	General Fund-DSHS Medicaid Federa				39,681,000	41,093,000	80,774,000	49.92%
996-Z	Estimated All Other-Other	690.4	708.2	699.3				
8L	**Lease Rate Adjustments**					**5,000**	**5,000**	
001-1	General Fund-State					3,000	3,000	0.03%
001-C	General Fund-DSHS Medicaid Federa					2,000	2,000	0.02%
9T	**Transfers**	**(0.9)**	**(0.9)**	(0.9)	**(42,000)**	**(42,000)**	**(84,000)**	
001-1	General Fund-State				(21,000)	(21,000)	(42,000)	(0.39)%
001-C	General Fund-DSHS Medicaid Federa				(21,000)	(21,000)	(42,000)	(0.39)%
996-Z	Estimated All Other-Other	(0.9)	(0.9)	(0.9)				
DT	**RSI - Fircrest School**	**2.0**	**2.0**	2.0	**195,000**	**195,000**	**390,000**	

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
001-1	General Fund-State				98,000	98,000	196,000	1.81%
001-C	General Fund-DSHS Medicaid Federa				97,000	97,000	194,000	1.79%
996-Z	Estimated All Other-Other	2.0	2.0	2.0				
EB	**Full Funding AAA Workload Standard**				**1,310,000**	**1,351,000**	**2,661,000**	
001-1	General Fund-State				655,000	675,000	1,330,000	12.28%
001-C	General Fund-DSHS Medicaid Federa				655,000	676,000	1,331,000	12.29%
EQ	**CSCI - Crisis Response Project**	**2.3**	**2.6**	2.5	**193,000**	**189,000**	**382,000**	
001-1	General Fund-State				97,000	95,000	192,000	1.77%
001-C	General Fund-DSHS Medicaid Federa				96,000	94,000	190,000	1.75%
996-Z	Estimated All Other-Other	2.3	2.6	2.5				
ET	**Mobility Project**				**165,000**	**165,000**	**330,000**	
001-1	General Fund-State				82,000	83,000	165,000	1.52%
001-C	General Fund-DSHS Medicaid Federa				83,000	82,000	165,000	1.52%
EX	**CSCI-Increase Expanded Community S**	**2.0**	**2.0**	2.0				
996-Z	Estimated All Other-Other	2.0	2.0	2.0				
LC	**Part D Administration Costs**	**48.8**	**72.2**	60.5	**3,041,000**	**4,103,000**	**7,144,000**	
001-1	General Fund-State				1,521,000	2,052,000	3,573,000	33.00%
001-C	General Fund-DSHS Medicaid Federa				1,520,000	2,051,000	3,571,000	32.98%
996-Z	Estimated All Other-Other	48.8	72.2	60.5				
2005-07 Total Proposed Budget		**744.6**	**786.1**	**765.4**	**84,350,000**	**88,276,000**	**172,626,000**	
% Change from Current Biennium		15.4%	19.8%	17.6%	23.4%	19.4%	21.3%	
2005-07 Budget Fund Summary Totals								
001-1	General Fund-State				42,239,000	44,202,000	86,441,000	50.07%
001-C	General Fund-DSHS Medicaid Federa				42,111,000	44,074,000	86,185,000	49.93%
996-Z	Estimated All Other-Other	744.6	786.1	765.4				

Total Agency Activity - E052

Pgm:050

2003-05 Current Biennium	**645.0**	**656.1**	**650.6**	**68,365,000**	**73,911,000**	**142,276,000**
Total Carry Forward Level	**656.1**	**656.1**	**656.1**	**73,459,000**	**73,456,000**	**146,915,000**
% Change from Current Biennium	1.7%		0.9%	7.5%	(0.6)%	3.3%
Carry Forward Plus Workload Changes	**690.4**	**708.2**	**699.3**	**79,488,000**	**82,310,000**	**161,798,000**
% Change from Current Biennium	7.0%	7.9%	7.5%	16.3%	11.4%	13.7%
Total Maintenance Level	**690.4**	**708.2**	**699.3**	**79,488,000**	**82,310,000**	**161,798,000**
% Change from Current Biennium	7.0%	7.9%	7.5%	16.3%	11.4%	13.7%
2005-07 Total Proposed Budget	**744.6**	**786.1**	**765.4**	**84,350,000**	**88,276,000**	**172,626,000**
% Change from Current Biennium	15.4%	19.8%	17.6%	23.4%	19.4%	21.3%

Agency Activity - E053 - LTC In-Home Services

Pgm:050

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Total Current Biennium					**361,063,000**	**411,133,000**	**772,196,000**	
Current Biennium Fund Totals								
001-1	General Fund-State				163,945,000	197,858,000	361,803,000	46.85%
001-2	General Fund-Federal				22,670,000	22,670,000	45,340,000	5.87%
001-C	General Fund-DSHS Medicaid Federa				172,004,000	188,161,000	360,165,000	46.64%
760-1	Health Srvices Trust-State				2,444,000	2,444,000	4,888,000	0.63%
00	**Carry Forward Adjustments**				**65,091,000**	**19,815,000**	**84,906,000**	
001-1	General Fund-State				42,994,000	9,081,000	52,075,000	61.33%
001-2	General Fund-Federal				(562,000)	(562,000)	(1,124,000)	(1.32)%
001-C	General Fund-DSHS Medicaid Federa				22,659,000	11,296,000	33,955,000	39.99%
Total Carry Forward Level					**426,154,000**	**430,948,000**	**857,102,000**	
% Change from Current Biennium					18.0%	4.8%	11.0%	
Total Carry Forward Level Fund Totals								
001-1	General Fund-State				206,939,000	206,939,000	413,878,000	48.29%
001-2	General Fund-Federal				22,108,000	22,108,000	44,216,000	5.16%
001-C	General Fund-DSHS Medicaid Federa				194,663,000	199,457,000	394,120,000	45.98%
760-1	Health Srvices Trust-State				2,444,000	2,444,000	4,888,000	0.57%
93	**Mandatory Caseload Adjustments**				**11,162,000**	**23,826,000**	**34,988,000**	
001-1	General Fund-State				5,599,000	11,938,000	17,537,000	48.76%
001-C	General Fund-DSHS Medicaid Federa				5,563,000	11,888,000	17,451,000	48.52%
94	**Mandatory Workload Adjustments**				**408,000**	**567,000**	**975,000**	
001-1	General Fund-State				143,000	198,000	341,000	0.95%
001-C	General Fund-DSHS Medicaid Federa				265,000	369,000	634,000	1.76%
Carry Forward Plus Workload Changes					**437,724,000**	**455,341,000**	**893,065,000**	
% Change from Current Biennium					21.2%	10.8%	15.7%	
Carry Forward Plus Workload Changes Fund Totals								
001-1	General Fund-State				214,620,000	223,673,000	438,293,000	47.93%
001-2	General Fund-Federal				22,108,000	22,108,000	44,216,000	4.84%
001-C	General Fund-DSHS Medicaid Federa				206,479,000	220,566,000	427,045,000	46.70%
760-1	Health Srvices Trust-State				2,444,000	2,444,000	4,888,000	0.53%
9T	**Transfers**				**1,485,000**	**1,485,000**	**2,970,000**	
001-C	General Fund-DSHS Medicaid Federa				1,485,000	1,485,000	2,970,000	13.89%
ED	**Forecast Cost/Utilization**				**6,442,000**	**11,965,000**	**18,407,000**	
001-1	General Fund-State				1,939,000	4,598,000	6,537,000	30.58%
001-C	General Fund-DSHS Medicaid Federa				4,503,000	7,367,000	11,870,000	55.53%
Total Maintenance Level					**445,651,000**	**468,791,000**	**914,442,000**	
% Change from Current Biennium					23.4%	14.0%	18.4%	

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Total Maintenance Level Fund Totals								
001-1	General Fund-State				214,620,000	223,673,000	438,293,000	47.93%
001-2	General Fund-Federal				22,108,000	22,108,000	44,216,000	4.84%
001-C	General Fund-DSHS Medicaid Federa				206,479,000	220,566,000	427,045,000	46.70%
760-1	Health Srvices Trust-State				2,444,000	2,444,000	4,888,000	0.53%
EB	**Full Funding AAA Workload Standard**				**247,000**	**257,000**	**504,000**	
001-1	General Fund-State				88,000	92,000	180,000	2.35%
001-C	General Fund-DSHS Medicaid Federa				159,000	165,000	324,000	4.23%
EJ	**Community Rates Adjustment**				**3,350,000**	**3,350,000**	**6,700,000**	
001-1	General Fund-State				1,675,000	1,675,000	3,350,000	43.78%
001-C	General Fund-DSHS Medicaid Federa				1,675,000	1,675,000	3,350,000	43.78%
EM	**Adult Day Services**				**46,000**	**50,000**	**96,000**	
001-1	General Fund-State				23,000	25,000	48,000	0.63%
001-C	General Fund-DSHS Medicaid Federa				23,000	25,000	48,000	0.63%
EN	**Respite Compensation Increase**				**176,000**	**176,000**	**352,000**	
001-1	General Fund-State				176,000	176,000	352,000	4.60%
2005-07 Total Proposed Budget					**449,470,000**	**472,624,000**	**922,094,000**	
% Change from Current Biennium					24.5%	15.0%	19.4%	
2005-07 Budget Fund Summary Totals								
001-1	General Fund-State				216,582,000	225,641,000	442,223,000	47.96%
001-2	General Fund-Federal				22,108,000	22,108,000	44,216,000	4.80%
001-C	General Fund-DSHS Medicaid Federa				208,336,000	222,431,000	430,767,000	46.72%
760-1	Health Srvices Trust-State				2,444,000	2,444,000	4,888,000	0.53%

Total Agency Activity - E053

Pgm:050

2003-05 Current Biennium					**361,063,000**	**411,133,000**	**772,196,000**	
Total Carry Forward Level					**426,154,000**	**430,948,000**	**857,102,000**	
% Change from Current Biennium					18.0%	4.8%	11.0%	
Carry Forward Plus Workload Changes					**437,724,000**	**455,341,000**	**893,065,000**	
% Change from Current Biennium					21.2%	10.8%	15.7%	
Total Maintenance Level					**445,651,000**	**468,791,000**	**914,442,000**	
% Change from Current Biennium					23.4%	14.0%	18.4%	
2005-07 Total Proposed Budget					**449,470,000**	**472,624,000**	**922,094,000**	
% Change from Current Biennium					24.5%	15.0%	19.4%	

Agency Activity - E054 - LTC Investigations/Quality Assurance

Pgm:050

Total Current Biennium		**355.8**	**356.8**	**356.3**	**30,972,000**	**31,810,000**	**62,782,000**	

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Current Biennium Fund Totals								
001-1	General Fund-State				6,427,000	6,886,000	13,313,000	21.21%
001-2	General Fund-Federal				6,186,000	6,186,000	12,372,000	19.71%
001-7	General Fund-Private/Local				9,094,000	9,162,000	18,256,000	29.08%
001-C	General Fund-DSHS Medicaid Federa				9,265,000	9,576,000	18,841,000	30.01%
996-Z	Estimated All Other-Other	355.8	356.8	356.3				
00	**Carry Forward Adjustments**	**2.9**	**1.9**	**2.4**	**913,000**	**77,000**	**990,000**	
001-1	General Fund-State				475,000	17,000	492,000	49.70%
001-2	General Fund-Federal				20,000	20,000	40,000	4.04%
001-7	General Fund-Private/Local				62,000	(6,000)	56,000	5.66%
001-C	General Fund-DSHS Medicaid Federa				356,000	46,000	402,000	40.61%
996-Z	Estimated All Other-Other	2.9	1.9	2.4				
Total Carry Forward Level		**358.7**	**358.7**	**358.7**	**31,885,000**	**31,887,000**	**63,772,000**	
% Change from Current Biennium		0.8%	0.5%	0.7%	2.9%	0.2%	1.6%	
Total Carry Forward Level Fund Totals								
001-1	General Fund-State				6,902,000	6,903,000	13,805,000	21.65%
001-2	General Fund-Federal				6,206,000	6,206,000	12,412,000	19.46%
001-7	General Fund-Private/Local				9,156,000	9,156,000	18,312,000	28.71%
001-C	General Fund-DSHS Medicaid Federa				9,621,000	9,622,000	19,243,000	30.17%
996-Z	Estimated All Other-Other	358.7	358.7	358.7				
93	**Mandatory Caseload Adjustments**				**668,000**	**1,003,000**	**1,671,000**	
001-1	General Fund-State				351,000	528,000	879,000	26.60%
001-C	General Fund-DSHS Medicaid Federa				317,000	475,000	792,000	23.97%
94	**Mandatory Workload Adjustments**	**6.5**	**11.5**	9.0	**698,000**	**935,000**	**1,633,000**	
001-1	General Fund-State				347,000	468,000	815,000	24.67%
001-C	General Fund-DSHS Medicaid Federa				351,000	467,000	818,000	24.76%
996-Z	Estimated All Other-Other	6.5	11.5	9.0				
Carry Forward Plus Workload Changes		**365.2**	**370.2**	**367.7**	**33,251,000**	**33,825,000**	**67,076,000**	
% Change from Current Biennium		2.6%	3.8%	3.2%	7.4%	6.3%	6.8%	
Carry Forward Plus Workload Changes Fund Totals								
001-1	General Fund-State				8,344,000	8,602,000	16,946,000	24.22%
001-2	General Fund-Federal				6,206,000	6,206,000	12,412,000	17.74%
001-7	General Fund-Private/Local				9,156,000	9,156,000	18,312,000	26.18%
001-C	General Fund-DSHS Medicaid Federa				11,026,000	11,261,000	22,287,000	31.86%
996-Z	Estimated All Other-Other	379.7	384.7	382.2				
8L	**Lease Rate Adjustments**				**91,000**	**126,000**	**217,000**	
001-1	General Fund-State				47,000	64,000	111,000	3.85%
001-C	General Fund-DSHS Medicaid Federa				44,000	62,000	106,000	3.68%
9T	**Transfers**	**2.0**	**2.0**	2.0	**167,000**	**167,000**	**334,000**	

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
001-1	General Fund-State				84,000	84,000	168,000	5.83%
001-C	General Fund-DSHS Medicaid Federa				83,000	83,000	166,000	5.76%
996-Z	Estimated All Other-Other	2.0	2.0	2.0				
EA	**Supported Living**	**6.5**	**6.5**	6.5	**661,000**	**603,000**	**1,264,000**	
001-1	General Fund-State				331,000	302,000	633,000	21.97%
001-C	General Fund-DSHS Medicaid Federa				330,000	301,000	631,000	21.90%
996-Z	Estimated All Other-Other	6.5	6.5	6.5				
EC	**RPP & Civil Fine Case Attorneys**	**2.5**	**2.5**	2.5	**244,000**	**219,000**	**463,000**	
001-1	General Fund-State				122,000	110,000	232,000	8.05%
001-C	General Fund-DSHS Medicaid Federa				122,000	109,000	231,000	8.02%
996-Z	Estimated All Other-Other	2.5	2.5	2.5				
EG	**Quality Assurance Policy and IT Sup**	**1.0**	**1.0**	1.0	**97,000**	**89,000**	**186,000**	
001-1	General Fund-State				49,000	45,000	94,000	3.26%
001-C	General Fund-DSHS Medicaid Federa				48,000	44,000	92,000	3.19%
996-Z	Estimated All Other-Other	1.0	1.0	1.0				
RB	**Public Disclosure Charges**	**2.5**	**2.5**	2.5	**221,000**	**196,000**	**417,000**	
001-1	General Fund-State				111,000	98,000	209,000	7.25%
001-C	General Fund-DSHS Medicaid Federa				110,000	98,000	208,000	7.22%
996-Z	Estimated All Other-Other	2.5	2.5	2.5				
Total Maintenance Level		**379.7**	**384.7**	**382.2**	**34,732,000**	**35,225,000**	**69,957,000**	
% Change from Current Biennium		6.7%	7.8%	7.3%	12.1%	10.7%	11.4%	
Total Maintenance Level Fund Totals								
001-1	General Fund-State				8,344,000	8,602,000	16,946,000	24.22%
001-2	General Fund-Federal				6,206,000	6,206,000	12,412,000	17.74%
001-7	General Fund-Private/Local				9,156,000	9,156,000	18,312,000	26.18%
001-C	General Fund-DSHS Medicaid Federa				11,026,000	11,261,000	22,287,000	31.86%
996-Z	Estimated All Other-Other	379.7	384.7	382.2				
8L	**Lease Rate Adjustments**					**150,000**	**150,000**	
001-1	General Fund-State					75,000	75,000	2.87%
001-C	General Fund-DSHS Medicaid Federa					75,000	75,000	2.87%
EK	**Community Res Provider Consultati**	**3.9**	**3.8**	3.9	**431,000**	**391,000**	**822,000**	
001-1	General Fund-State				216,000	196,000	412,000	15.76%
001-C	General Fund-DSHS Medicaid Federa				215,000	195,000	410,000	15.68%
996-Z	Estimated All Other-Other	3.9	3.8	3.9				
EQ	**CSCI - Crisis Response Project**	**2.0**	**2.0**	2.0	**245,000**	**229,000**	**474,000**	
001-1	General Fund-State				123,000	115,000	238,000	9.10%
001-C	General Fund-DSHS Medicaid Federa				122,000	114,000	236,000	9.03%
996-Z	Estimated All Other-Other	2.0	2.0	2.0				
ER	**WMIP Quality Assurance Activites**	**1.0**	**1.0**	1.0	**87,000**	**79,000**	**166,000**	

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
001-1	General Fund-State				44,000	40,000	84,000	3.21%
001-C	General Fund-DSHS Medicaid Federa				43,000	39,000	82,000	3.14%
996-Z	Estimated All Other-Other	1.0	1.0	1.0				
ES	**Quality Assurance in APS**	**5.0**	**5.0**	5.0	**434,000**	**388,000**	**822,000**	
001-1	General Fund-State				217,000	194,000	411,000	15.72%
001-C	General Fund-DSHS Medicaid Federa				217,000	194,000	411,000	15.72%
996-Z	Estimated All Other-Other	5.0	5.0	5.0				
EU	**Specialized Dementia Care Program**	**1.0**	**1.0**	1.0	**94,000**	**86,000**	**180,000**	
001-1	General Fund-State				47,000	43,000	90,000	3.44%
001-C	General Fund-DSHS Medicaid Federa				47,000	43,000	90,000	3.44%
996-Z	Estimated All Other-Other	1.0	1.0	1.0				
2005-07 Total Proposed Budget		**392.6**	**397.5**	**395.1**	**36,023,000**	**36,548,000**	**72,571,000**	
% Change from Current Biennium		10.3%	11.4%	10.9%	16.3%	14.9%	15.6%	
2005-07 Budget Fund Summary Totals								
001-1	General Fund-State				8,991,000	9,265,000	18,256,000	25.16%
001-2	General Fund-Federal				6,206,000	6,206,000	12,412,000	17.10%
001-7	General Fund-Private/Local				9,156,000	9,156,000	18,312,000	25.23%
001-C	General Fund-DSHS Medicaid Federa				11,670,000	11,921,000	23,591,000	32.51%
996-Z	Estimated All Other-Other	392.6	397.5	395.1				

Total Agency Activity - E054

Pgm:050

2003-05 Current Biennium	**355.8**	**356.8**	**356.3**	**30,972,000**	**31,810,000**	**62,782,000**
Total Carry Forward Level	**358.7**	**358.7**	**358.7**	**31,885,000**	**31,887,000**	**63,772,000**
% Change from Current Biennium	0.8%	0.5%	0.7%	2.9%	0.2%	1.6%
Carry Forward Plus Workload Changes	**365.2**	**370.2**	**367.7**	**33,251,000**	**33,825,000**	**67,076,000**
% Change from Current Biennium	2.6%	3.8%	3.2%	7.4%	6.3%	6.8%
Total Maintenance Level	**379.7**	**384.7**	**382.2**	**34,732,000**	**35,225,000**	**69,957,000**
% Change from Current Biennium	6.7%	7.8%	7.3%	12.1%	10.7%	11.4%
2005-07 Total Proposed Budget	**392.6**	**397.5**	**395.1**	**36,023,000**	**36,548,000**	**72,571,000**
% Change from Current Biennium	10.3%	11.4%	10.9%	16.3%	14.9%	15.6%

Agency Activity - E055 - LTC Residential Community Services

Pgm:050

Total Current Biennium				**69,144,000**	**77,396,000**	**146,540,000**
Current Biennium Fund Totals						
001-1	General Fund-State			33,517,000	39,788,000	73,305,000	50.02%
001-7	General Fund-Private/Local			175,000	175,000	350,000	0.24%
001-C	General Fund-DSHS Medicaid Federa			35,452,000	37,433,000	72,885,000	49.74%

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
00	**Carry Forward Adjustments**				**8,252,000**	**1,000**	**8,253,000**	
001-1	General Fund-State				6,270,000	1,000	6,271,000	75.98%
001-C	General Fund-DSHS Medicaid Federa				1,982,000		1,982,000	24.02%
Total Carry Forward Level					**77,396,000**	**77,397,000**	**154,793,000**	
% Change from Current Biennium					11.9%	0.0%	5.6%	
Total Carry Forward Level Fund Totals								
001-1	General Fund-State				39,787,000	39,789,000	79,576,000	51.41%
001-7	General Fund-Private/Local				175,000	175,000	350,000	0.23%
001-C	General Fund-DSHS Medicaid Federa				37,434,000	37,433,000	74,867,000	48.37%
93	**Mandatory Caseload Adjustments**				**6,793,000**	**13,258,000**	**20,051,000**	
001-1	General Fund-State				3,486,000	6,805,000	10,291,000	51.32%
001-C	General Fund-DSHS Medicaid Federa				3,307,000	6,453,000	9,760,000	48.68%
Carry Forward Plus Workload Changes					**84,189,000**	**90,655,000**	**174,844,000**	
% Change from Current Biennium					21.8%	17.1%	19.3%	
Carry Forward Plus Workload Changes Fund Totals								
001-1	General Fund-State				40,167,000	42,211,000	82,378,000	50.61%
001-7	General Fund-Private/Local				175,000	175,000	350,000	0.22%
001-C	General Fund-DSHS Medicaid Federa				39,044,000	41,011,000	80,055,000	49.18%
ED	**Forecast Cost/Utilization**				**(4,803,000)**	**(7,258,000)**	**(12,061,000)**	
001-1	General Fund-State				(3,106,000)	(4,383,000)	(7,489,000)	62.09%
001-C	General Fund-DSHS Medicaid Federa				(1,697,000)	(2,875,000)	(4,572,000)	37.91%
Total Maintenance Level					**79,386,000**	**83,397,000**	**162,783,000**	
% Change from Current Biennium					14.8%	7.8%	11.1%	
Total Maintenance Level Fund Totals								
001-1	General Fund-State				40,167,000	42,211,000	82,378,000	50.61%
001-7	General Fund-Private/Local				175,000	175,000	350,000	0.22%
001-C	General Fund-DSHS Medicaid Federa				39,044,000	41,011,000	80,055,000	49.18%
EJ	**Community Rates Adjustment**				**10,192,000**	**10,828,000**	**21,020,000**	
001-1	General Fund-State				5,097,000	5,415,000	10,512,000	24.39%
001-C	General Fund-DSHS Medicaid Federa				5,095,000	5,413,000	10,508,000	24.38%
EP	**Residential Rates MSA/Non MSA**				**156,000**	**156,000**	**312,000**	
001-1	General Fund-State				79,000	79,000	158,000	0.37%
001-C	General Fund-DSHS Medicaid Federa				77,000	77,000	154,000	0.36%
EQ	**CSCI - Crisis Response Project**				**8,227,000**	**9,390,000**	**17,617,000**	
001-1	General Fund-State				4,114,000	4,695,000	8,809,000	20.44%
001-C	General Fund-DSHS Medicaid Federa				4,113,000	4,695,000	8,808,000	20.44%
EU	**Specialized Dementia Care Program**				**1,382,000**	**2,765,000**	**4,147,000**	
001-1	General Fund-State				691,000	1,382,000	2,073,000	4.81%
001-C	General Fund-DSHS Medicaid Federa				691,000	1,383,000	2,074,000	4.81%

Fund and FTE Detail by Fiscal Year

	Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
2005-07 Total Proposed Budget				**99,343,000**	**106,536,000**	**205,879,000**	
% Change from Current Biennium				43.7%	37.7%	40.5%	
2005-07 Budget Fund Summary Totals							
001-1 General Fund-State				50,148,000	53,782,000	103,930,000	50.48%
001-7 General Fund-Private/Local				175,000	175,000	350,000	0.17%
001-C General Fund-DSHS Medicaid Federa				49,020,000	52,579,000	101,599,000	49.35%

Total Agency Activity - E055

Pgm:050

2003-05 Current Biennium				**69,144,000**	**77,396,000**	**146,540,000**	
Total Carry Forward Level				**77,396,000**	**77,397,000**	**154,793,000**	
% Change from Current Biennium				11.9%	0.0%	5.6%	
Carry Forward Plus Workload Changes				**84,189,000**	**90,655,000**	**174,844,000**	
% Change from Current Biennium				21.8%	17.1%	19.3%	
Total Maintenance Level				**79,386,000**	**83,397,000**	**162,783,000**	
% Change from Current Biennium				14.8%	7.8%	11.1%	
2005-07 Total Proposed Budget				**99,343,000**	**106,536,000**	**205,879,000**	
% Change from Current Biennium				43.7%	37.7%	40.5%	

Agency Activity - E064 - Nursing Home Services

Pgm:050

Total Current Biennium				**520,698,000**	**534,707,000**	**1,055,405,000**	
Current Biennium Fund Totals							
001-1 General Fund-State				246,898,000	268,739,000	515,637,000	48.86%
001-C General Fund-DSHS Medicaid Federa				273,800,000	265,968,000	539,768,000	51.14%
00 Carry Forward Adjustments				**14,009,000**	**(1,000)**	**14,008,000**	
001-1 General Fund-State				21,842,000	(1,000)	21,841,000	155.92%
001-C General Fund-DSHS Medicaid Federa				(7,833,000)		(7,833,000)	(55.92)%
Total Carry Forward Level				**534,707,000**	**534,706,000**	**1,069,413,000**	
% Change from Current Biennium				2.7%	0.0%	1.3%	
Total Carry Forward Level Fund Totals							
001-1 General Fund-State				268,740,000	268,738,000	537,478,000	50.26%
001-C General Fund-DSHS Medicaid Federa				265,967,000	265,968,000	531,935,000	49.74%
93 Mandatory Caseload Adjustments				**(10,271,000)**	**(17,809,000)**	**(28,080,000)**	
001-1 General Fund-State				(5,156,000)	(8,939,000)	(14,095,000)	50.20%
001-C General Fund-DSHS Medicaid Federa				(5,115,000)	(8,870,000)	(13,985,000)	49.80%
Carry Forward Plus Workload Changes				**524,436,000**	**516,897,000**	**1,041,333,000**	
% Change from Current Biennium				0.7%	(3.3)%	(1.3)%	

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Carry Forward Plus Workload Changes Fund Totals								
001-1	General Fund-State				258,347,000	258,531,000	516,878,000	50.27%
001-C	General Fund-DSHS Medicaid Federa				255,561,000	255,723,000	511,284,000	49.73%
ED	**Forecast Cost/Utilization**				**(10,528,000)**	**(2,643,000)**	**(13,171,000)**	
001-1	General Fund-State				(5,237,000)	(1,268,000)	(6,505,000)	49.39%
001-C	General Fund-DSHS Medicaid Federa				(5,291,000)	(1,375,000)	(6,666,000)	50.61%
Total Maintenance Level					**513,908,000**	**514,254,000**	**1,028,162,000**	
% Change from Current Biennium					(1.3)%	(3.8)%	(2.6)%	
Total Maintenance Level Fund Totals								
001-1	General Fund-State				258,347,000	258,531,000	516,878,000	50.27%
001-C	General Fund-DSHS Medicaid Federa				255,561,000	255,723,000	511,284,000	49.73%
DT	**RSI - Fircrest School**				**676,000**	**4,310,000**	**4,986,000**	
001-1	General Fund-State				338,000	2,155,000	2,493,000	27.95%
001-C	General Fund-DSHS Medicaid Federa				338,000	2,155,000	2,493,000	27.95%
EW	**Nursing Home Rate Adjustments**				**2,503,000**	**1,430,000**	**3,933,000**	
001-1	General Fund-State				1,252,000	715,000	1,967,000	22.05%
001-C	General Fund-DSHS Medicaid Federa				1,251,000	715,000	1,966,000	22.04%
2005-07 Total Proposed Budget					**517,087,000**	**519,994,000**	**1,037,081,000**	
% Change from Current Biennium					(0.7)%	(2.8)%	(1.7)%	
2005-07 Budget Fund Summary Totals								
001-1	General Fund-State				259,937,000	261,401,000	521,338,000	50.27%
001-C	General Fund-DSHS Medicaid Federa				257,150,000	258,593,000	515,743,000	49.73%

Total Agency Activity - E064

Pgm:050

2003-05 Current Biennium					**520,698,000**	**534,707,000**	**1,055,405,000**	
Total Carry Forward Level					**534,707,000**	**534,706,000**	**1,069,413,000**	
% Change from Current Biennium					2.7%	0.0%	1.3%	
Carry Forward Plus Workload Changes					**524,436,000**	**516,897,000**	**1,041,333,000**	
% Change from Current Biennium					0.7%	(3.3)%	(1.3)%	
Total Maintenance Level					**513,908,000**	**514,254,000**	**1,028,162,000**	
% Change from Current Biennium					(1.3)%	(3.8)%	(2.6)%	
2005-07 Total Proposed Budget					**517,087,000**	**519,994,000**	**1,037,081,000**	
% Change from Current Biennium					(0.7)%	(2.8)%	(1.7)%	

Agency Activity - E077 - Program For All-Inclusive Care for the E

Pgm:050

Total Current Biennium					**6,098,000**	**6,191,000**	**12,289,000**	

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Current Biennium Fund Totals								
001-1	General Fund-State				2,880,000	3,096,000	5,976,000	48.63%
001-C	General Fund-DSHS Medicaid Federa				3,218,000	3,095,000	6,313,000	51.37%
00	**Carry Forward Adjustments**				**93,000**		**93,000**	
001-1	General Fund-State				216,000		216,000	232.26%
001-C	General Fund-DSHS Medicaid Federa				(123,000)		(123,000)	(132.26)%
Total Carry Forward Level					**6,191,000**	**6,191,000**	**12,382,000**	
% Change from Current Biennium					1.5%		0.8%	
Total Carry Forward Level Fund Totals								
001-1	General Fund-State				3,096,000	3,096,000	6,192,000	50.01%
001-C	General Fund-DSHS Medicaid Federa				3,095,000	3,095,000	6,190,000	49.99%
ED	**Forecast Cost/Utilization**				**(932,000)**	**(932,000)**	**(1,864,000)**	
001-1	General Fund-State				(466,000)	(466,000)	(932,000)	50.00%
001-C	General Fund-DSHS Medicaid Federa				(466,000)	(466,000)	(932,000)	50.00%
Total Maintenance Level					**5,259,000**	**5,259,000**	**10,518,000**	
% Change from Current Biennium					(13.8)%	(15.1)%	(14.4)%	
Total Maintenance Level Fund Totals								
001-1	General Fund-State				2,630,000	2,630,000	5,260,000	50.01%
001-C	General Fund-DSHS Medicaid Federa				2,629,000	2,629,000	5,258,000	49.99%
Total Agency Activity - E077								
Pgm:050								
2003-05 Current Biennium					**6,098,000**	**6,191,000**	**12,289,000**	
Total Carry Forward Level					**6,191,000**	**6,191,000**	**12,382,000**	
% Change from Current Biennium					1.5%		0.8%	
Carry Forward Plus Workload Changes					**6,191,000**	**6,191,000**	**12,382,000**	
% Change from Current Biennium					1.5%		0.8%	
Total Maintenance Level					**5,259,000**	**5,259,000**	**10,518,000**	
% Change from Current Biennium					(13.8)%	(15.1)%	(14.4)%	
2005-07 Total Proposed Budget					**5,259,000**	**5,259,000**	**10,518,000**	
% Change from Current Biennium					(13.8)%	(15.1)%	(14.4)%	
Total Program - 050								
2003-05 Current Biennium		**1,117.4**	**1,129.5**	**1,123.5**	**1,130,140,000**	**1,213,072,000**	**2,343,212,000**	
Total Carry Forward Level		**1,129.5**	**1,129.5**	**1,129.5**	**1,227,549,000**	**1,232,343,000**	**2,459,892,000**	
% Change from Current Biennium		1.1%		0.5%	8.6%	1.6%	5.0%	
Carry Forward Plus Workload Changes		**1,172.4**	**1,196.4**	**1,184.4**	**1,246,052,000**	**1,268,090,000**	**2,514,142,000**	
% Change from Current Biennium		4.9%	5.9%	5.4%	10.3%	4.5%	5.4%	

Fund and FTE Detail by Fiscal Year

	Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Total Maintenance Level	**1,217.9**	**1,240.9**	**1,229.4**	**1,241,437,000**	**1,274,398,000**	**2,515,835,000**	
% Change from Current Biennium	9.0%	9.9%	9.4%	9.8%	5.1%	7.4%	
2005-07 Total Proposed Budget	**1,287.6**	**1,335.2**	**1,311.4**	**1,283,095,000**	**1,324,011,000**	**2,607,106,000**	
% Change from Current Biennium	15.2%	18.2%	16.7%	13.5%	9.1%	11.3%	

Section 3
Performance Measures

State of Washington

Agency Performance Measure
Incremental Estimates for the Biennial Budget

Agency: 300 Dept of Social and Health Services — Budget Period: 2005-07

Activity: E049 LTC Adult Day Health Community Services

050	M1	93	Mandatory Caseload Adjustments	No measures linked to activity
050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package
050	M2	ED	Forecast Cost/Utilization	No measures linked to activity
050	M2	ED	Forecast Cost/Utilization	No measures linked to decision package
050	PL	EM	Adult Day Services	No measures linked to activity
050	PL	EM	Adult Day Services	No measures linked to decision package

Activity: E050 LTC Adult Family Home Community Services

050	M1	93	Mandatory Caseload Adjustments	No measures linked to activity
050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package
050	M2	ED	Forecast Cost/Utilization	No measures linked to activity
050	M2	ED	Forecast Cost/Utilization	No measures linked to decision package
050	PL	DT	RSI - Fircrest School	No measures linked to activity
050	PL	DT	RSI - Fircrest School	No measures linked to decision package
050	PL	EJ	Community Rates Adjustment	No measures linked to activity
050	PL	EJ	Community Rates Adjustment	No measures linked to decision package
050	PL	EP	Residential Rates MSA/Non MSA	No measures linked to activity
050	PL	EP	Residential Rates MSA/Non MSA	No measures linked to decision package
050	PL	EX	CSCI-Increase Expanded Community Sv	No measures linked to activity
050	PL	EX	CSCI-Increase Expanded Community Sv	No measures linked to decision package

Agency: 300 Dept of Social and Health Services **Budget Period: 2005-07**

Activity: E051 LTC Care Administration

050	M1	93	Mandatory Caseload Adjustments	No measures linked to activity
050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package
050	M1	94	Mandatory Workload Adjustments	No measures linked to activity
050	M1	94	Mandatory Workload Adjustments	No measures linked to decision package
050	M2	8L	Lease Rate Adjustments	No measures linked to activity
050	M2	8L	Lease Rate Adjustments	No measures linked to decision package
050	M2	9T	Transfers	No measures linked to activity
050	M2	9T	Transfers	No measures linked to decision package
050	M2	EE	APS Registry	No measures linked to activity
050	M2	EE	APS Registry	No measures linked to decision package
050	M2	EG	Quality Assurance Policy and IT Sup	No measures linked to activity
050	M2	EG	Quality Assurance Policy and IT Sup	No measures linked to decision package
050	M2	FD	Wide Area Network (WAN) Usage	No measures linked to activity
050	M2	FD	Wide Area Network (WAN) Usage	No measures linked to decision package
050	M2	RB	Public Disclosure Charges	No measures linked to activity
050	M2	RB	Public Disclosure Charges	No measures linked to decision package
050	PL	9G	FTE Staff Adjustment	No measures linked to activity
050	PL	9G	FTE Staff Adjustment	No measures linked to decision package
050	PL	9T	Transfers	No measures linked to activity
050	PL	9T	Transfers	No measures linked to decision package
050	PL	ES	Quality Assurance in APS	No measures linked to activity
050	PL	ES	Quality Assurance in APS	No measures linked to decision package
050	PL	ET	Mobility Project	No measures linked to activity
050	PL	ET	Mobility Project	No measures linked to decision package
050	PL	EU	Specialized Dementia Care Program	No measures linked to activity
050	PL	EU	Specialized Dementia Care Program	No measures linked to decision package
050	PL	EX	CSCI-Increase Expanded Community Sv	No measures linked to activity
050	PL	EX	CSCI-Increase Expanded Community Sv	No measures linked to decision package
050	PL	LC	Part D Administration Costs	No measures linked to activity
050	PL	LC	Part D Administration Costs	No measures linked to decision package
050	PL	PA	Electronic Intrusion Prevention	No measures linked to activity
050	PL	PA	Electronic Intrusion Prevention	No measures linked to decision package

Agency: 300 Dept of Social and Health Services — Budget Period: 2005-07

Activity: E052 LTC Eligibility/Case Management Services

050	M1	93	Mandatory Caseload Adjustments	No measures linked to activity
050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package
050	M1	94	Mandatory Workload Adjustments	No measures linked to activity
050	M1	94	Mandatory Workload Adjustments	No measures linked to decision package
050	M2	8L	Lease Rate Adjustments	No measures linked to activity
050	M2	8L	Lease Rate Adjustments	No measures linked to decision package
050	PL	8L	Lease Rate Adjustments	No measures linked to activity
050	PL	8L	Lease Rate Adjustments	No measures linked to decision package
050	PL	9T	Transfers	No measures linked to activity
050	PL	9T	Transfers	No measures linked to decision package
050	PL	DT	RSI - Fircrest School	No measures linked to activity
050	PL	DT	RSI - Fircrest School	No measures linked to decision package
050	PL	EB	Full Funding AAA Workload Standard	No measures linked to activity
050	PL	EB	Full Funding AAA Workload Standard	No measures linked to decision package
050	PL	EQ	CSCI - Crisis Response Project	No measures linked to activity
050	PL	EQ	CSCI - Crisis Response Project	No measures linked to decision package
050	PL	EX	CSCI-Increase Expanded Community Sv	No measures linked to activity
050	PL	EX	CSCI-Increase Expanded Community Sv	No measures linked to decision package
050	PL	LC	Part D Administration Costs	No measures linked to activity
050	PL	LC	Part D Administration Costs	No measures linked to decision package

Activity: E053 LTC In-Home Services

050	M1	93	Mandatory Caseload Adjustments	No measures linked to activity
050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package
050	M1	94	Mandatory Workload Adjustments	No measures linked to activity
050	M1	94	Mandatory Workload Adjustments	No measures linked to decision package
050	M2	9T	Transfers	No measures linked to activity
050	M2	9T	Transfers	No measures linked to decision package
050	M2	ED	Forecast Cost/Utilization	No measures linked to activity
050	M2	ED	Forecast Cost/Utilization	No measures linked to decision package
050	PL	EB	Full Funding AAA Workload Standard	No measures linked to activity
050	PL	EB	Full Funding AAA Workload Standard	No measures linked to decision package
050	PL	EJ	Community Rates Adjustment	No measures linked to activity
050	PL	EJ	Community Rates Adjustment	No measures linked to decision package
050	PL	EM	Adult Day Services	No measures linked to activity
050	PL	EM	Adult Day Services	No measures linked to decision package
050	PL	EN	Respite Compensation Increase	No measures linked to activity
050	PL	EN	Respite Compensation Increase	No measures linked to decision package
050	PL	ET	Mobility Project	No measures linked to activity
050	PL	ET	Mobility Project	No measures linked to decision package

Agency: 300 Dept of Social and Health Services Budget Period: 2005-07

Activity: E054 LTC Investigations/Quality Assurance

050	M1	94	Mandatory Workload Adjustments	No measures linked to activity
050	M1	94	Mandatory Workload Adjustments	No measures linked to decision package
050	M2	8L	Lease Rate Adjustments	No measures linked to activity
050	M2	8L	Lease Rate Adjustments	No measures linked to decision package
050	M2	9T	Transfers	No measures linked to activity
050	M2	9T	Transfers	No measures linked to decision package
050	M2	EA	Supported Living	No measures linked to activity
050	M2	EA	Supported Living	No measures linked to decision package
050	M2	EC	RPP & Civil Fine Case Attorneys	No measures linked to activity
050	M2	EC	RPP & Civil Fine Case Attorneys	No measures linked to decision package
050	M2	EG	Quality Assurance Policy and IT Sup	No measures linked to activity
050	M2	EG	Quality Assurance Policy and IT Sup	No measures linked to decision package
050	M2	RB	Public Disclosure Charges	No measures linked to activity
050	M2	RB	Public Disclosure Charges	No measures linked to decision package
050	PL	8L	Lease Rate Adjustments	No measures linked to activity
050	PL	8L	Lease Rate Adjustments	No measures linked to decision package
050	PL	EK	Community Res Provider Consultation	No measures linked to activity
050	PL	EK	Community Res Provider Consultation	No measures linked to decision package
050	PL	EQ	CSCI - Crisis Response Project	No measures linked to activity
050	PL	EQ	CSCI - Crisis Response Project	No measures linked to decision package
050	PL	ER	WMIP Quality Assurance Activites	No measures linked to activity
050	PL	ER	WMIP Quality Assurance Activites	No measures linked to decision package
050	PL	ES	Quality Assurance in APS	No measures linked to activity
050	PL	ES	Quality Assurance in APS	No measures linked to decision package
050	PL	EU	Specialized Dementia Care Program	No measures linked to activity
050	PL	EU	Specialized Dementia Care Program	No measures linked to decision package

Activity: E055 LTC Residential Community Services

050	M1	93	Mandatory Caseload Adjustments	No measures linked to activity
050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package
050	M2	ED	Forecast Cost/Utilization	No measures linked to activity
050	M2	ED	Forecast Cost/Utilization	No measures linked to decision package
050	PL	EJ	Community Rates Adjustment	No measures linked to activity
050	PL	EJ	Community Rates Adjustment	No measures linked to decision package
050	PL	EP	Residential Rates MSA/Non MSA	No measures linked to activity
050	PL	EP	Residential Rates MSA/Non MSA	No measures linked to decision package
050	PL	EQ	CSCI - Crisis Response Project	No measures linked to activity
050	PL	EQ	CSCI - Crisis Response Project	No measures linked to decision package
050	PL	EU	Specialized Dementia Care Program	No measures linked to activity
050	PL	EU	Specialized Dementia Care Program	No measures linked to decision package

Agency: 300 Dept of Social and Health Services Budget Period: 2005-07

Activity: E064 Nursing Home Services

050	M1	93	Mandatory Caseload Adjustments	No measures linked to activity
050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package
050	M2	ED	Forecast Cost/Utilization	No measures linked to activity
050	M2	ED	Forecast Cost/Utilization	No measures linked to decision package
050	PL	DT	RSI - Fircrest School	No measures linked to activity
050	PL	DT	RSI - Fircrest School	No measures linked to decision package
050	PL	EW	Nursing Home Rate Adjustments	No measures linked to activity
050	PL	EW	Nursing Home Rate Adjustments	No measures linked to decision package
050	PL	EX	CSCI-Increase Expanded Community Sv	No measures linked to activity
050	PL	EX	CSCI-Increase Expanded Community Sv	No measures linked to decision package

Activity: E077 Program For All-Inclusive Care for the Elderly

050	M1	93	Mandatory Caseload Adjustments	No measures linked to activity
050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package
050	M2	ED	Forecast Cost/Utilization	No measures linked to activity
050	M2	ED	Forecast Cost/Utilization	No measures linked to decision package

Section 4
Cost Allocation

Activity Inventory Narrative – 050		%
Long-Term Care Eligibility/Case Management Services		
J74	*Aging Field Services (except for APS unit)*	88.7%
J82	*AAA Case Management (less Admin portion)*	94.2%
Long-Term Care Investigations/Quality Assurance		
J70	*AASA Administration- QA unit only*	7.3%
J73	*Quality Assurance (RCS survey, licensing, investigation)*	100%
J74	*APS unit only*	11.3% (state share is 83% of APS total)
J81	*Background Checks, Ombudsman, APS Training Academy, Employee Background Check*	PI 8952, 8955
J83	*AAA Administration – contract monitoring portion*	94.2%
Long-Term Care Nursing Home Services		
X01	*Nursing Facilities*	100%
X43	*Nursing Facility Discharge Payments*	100%
X49	*Portion of Estate Recovery attributable to nh residents*	PI 51**, 53**, and 69% of 55**
Long-Term Care Adult Day Health Community Services		
X40	*Adult Day Health*	100%
Long-Term Care Adult Family Home Community Services		
X62	*Adult Family Homes*	100%
Long-Term Care Residential Community Services		
X49	*portion of Estate Recovery related to AL and ARC*	PI 52**, 31% of 55**, 56**
X63	*Adult Residential Care Services*	100%
X64	*Assisted Living*	100%
J81	*Coming Home Project*	PI 8944, 8972
Program for All-Inclusive Care for the Elderly		
X65	*PACE*	100%
Long-Term Care In-Home Services		
X48	*Private Duty Nursing*	100%
X61	*In-Home Services*	100%
J71	*Federal Older Americans Act – Title 3*	100%
J72	*Senior Citizens Services Act*	100%
J75	*Senior Companion*	100%
J76	*Community Service Empl. Older Amer.*	100%
J77	*Respite Care*	100%
J78	*Federal USDA*	100%
J79	*Foster Grandparent*	100%
J81	*Basic Health Plan, Assistive Technology, PARR Grant, Sealttle Housing, Information and Assistance, Senior Farmer's Market*	PI 8942, 8943, 8947, 8954, 8956, 8965 8967, 8969, 8974
J84	*AAA Nursing Services*	94.2%
J85	*Caregiver training related to in-home providers*	100%
J86	*Basic Health Plan*	100%
Long-Term Care Administration		
J70	*AASA Administration without QA unit*	92.7%
J81	*Terminal Leave, HIPAA, MMIP*	PI 8661, 8671, 8941, 8973
J82	*AAA Case Management (portion attributable to admin only)*	5.8%
J83	*AAA Admin. (portion attributable to admin. only)*	5.8%
J84	*AAA Nursing Services (portion attributable to admin. Only)*	5.8%

Budget units that need to be apportioned between activities:

J70 *Between Administration and QA unit*
J74 *Between Eligibility/Case Management and Investigation/QA*
X49 *Between NHs and Residential Community*
J82 *Between Administration, Eligibility/Case Management*
J84 *Between Administration, In-Home*
J83 *Between Administration, Quality Assurance*
J81 *Between In-Home, Administration, QA, Residential Community*

Expenditure Detail By Program

Budget Recommendation Summary

DSHS Budget Division

State of Washington
Department of Social and Health Services

Recommendation Summary

Budget Period:2005-07
Version: 11 - 2005-07 Agency Request Budget
Budget Level Criteria: ALL

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 050 - Long Term Care Services					
CB - Current Biennium					
ZA Current Biennium Base	0	1,123.5	1,117,673	1,225,539	2,343,212
SubTotal CB		**1,123.5**	**1,117,673**	**1,225,539**	**2,343,212**
Cumulative Total Thru CB		**1,123.5**	**1,117,673**	**1,225,539**	**2,343,212**
CL - Carry Forward Level					
00 Carry Forward Adjustments	0	6.1	87,039	29,641	116,680
SubTotal CL		**6.1**	**87,039**	**29,641**	**116,680**
Cumulative Total Thru CL		**1,129.5**	**1,204,712**	**1,255,180**	**2,459,892**
M1 - Mandatory Caseload and Enrollment Changes					
93 Mandatory Caseload Adjustments	0	0.0	19,726	18,882	38,608
94 Mandatory Workload Adjustments	0	54.9	7,675	7,967	15,642
SubTotal M1		**54.9**	**27,401**	**26,849**	**54,250**
Cumulative Total Thru M1		**1,184.4**	**1,232,113**	**1,282,029**	**2,514,142**
M2 - Inflation and Other Rate Changes					
8L Lease Rate Adjustments	0	0.0	111	106	217
9T Transfers	0	26.5	2,090	5,058	7,148
EA Supported Living	0	6.5	633	631	1,264
EC RPP & Civil Fine Case Attorneys	0	2.5	232	231	463
ED Forecast Cost/Utilization	0	0.0	(10,148)	524	(9,624)
EE APS Registry	0	2.0	181	180	361
EG Quality Assurance Policy and IT Sup	0	3.5	334	333	667
FD Wide Area Network (WAN) Usage	0	0.0	269	262	531
RB Public Disclosure Charges	0	4.0	333	333	666
SubTotal M2		**45.0**	**(5,965)**	**7,658**	**1,693**
Cumulative Total Thru M2		**1,229.4**	**1,226,148**	**1,289,687**	**2,515,835**
PL - Performance Level					
8L Lease Rate Adjustments	0	0.0	78	77	155
9G FTE Staff Adjustment	0	(5.5)	0	0	0
9T Transfers	0	(1.7)	(132)	(138)	(270)
DT RSI - Fircrest School	0	2.0	3,313	3,311	6,624
EB Full Funding AAA Workload Standard	0	0.0	1,510	1,655	3,165
EJ Community Rates Adjustment	0	0.0	19,336	19,330	38,666
EK Community Res Provider Consultation	0	3.9	412	410	822
EM Adult Day Services	0	0.0	2,290	2,289	4,579
EN Respite Compensation Increase	0	0.0	352	0	352
EP Residential Rates MSA/Non MSA	0	0.0	240	236	476
EQ CSCI - Crisis Response Project	0	4.5	9,239	9,234	18,473
ER WMIP Quality Assurance Activites	0	1.0	84	82	166
ES Quality Assurance in APS	0	6.5	558	557	1,115
ET Mobility Project	0	0.5	212	211	423
EU Specialized Dementia Care Program	0	3.0	2,405	2,406	4,811
EW Nursing Home Rate Adjustments	0	0.0	1,967	1,966	3,933
EX CSCI-Increase Expanded Community Sv	0	4.2	0	0	0
LC Part D Administration Costs	0	63.8	3,819	3,816	7,635

State of Washington
Department of Social and Health Services

Recommendation Summary

Budget Period:2005-07
Version: 11 - 2005-07 Agency Request Budget
Budget Level Criteria: ALL

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 050 - Long Term Care Services					
PL - Performance Level					
PA Electronic Intrusion Prevention	0	0.0	74	72	146
SubTotal PL		**82.0**	**45,757**	**45,514**	**91,271**
Cumulative Total Thru PL		**1,311.4**	**1,271,905**	**1,335,201**	**2,607,106**
Total Proposed Budget for Program 050 - Long Term Care Services		**1,311.4**	**1,271,905**	**1,335,201**	**2,607,106**

Recommendation Summary Text

8L - Lease Rate Adjustments

(M2) Funding is requested for the incremental cost of lease renewals on site in the Department of Social and Health Services (DSHS) offices and client service centers statewide.

(PL) The Department of Social and Health Services (DSHS) is completing regional strategic plans for the usage of leased facilities. This effort has five goals. These goals include: using the DSHS lease budget efficiently, using space leased on behalf of DSHS efficiently; supporting integration of DSHS Services; maximizing collocation opportunities; and supporting a productive workforce.

Through this recent effort the regional DSHS workgroups have identified two site relocations in support of these goals. These sites are located in Moses Lake and Spokane. DSHS is requesting $294,700 in support of this effort in the 2005-07 Biennium.

93 - Mandatory Caseload Adjustments

(M1) This decision package reflects the costs and savings associated with caseload changes in the June 2004 Forecast from the Caseload Forecast Council (CFC). These caseloads are the basis for the July 2004 Long-Term Care (LTC) forecast produced by the Department of Social and Health Services' (DSHS), the Budget Office.

94 - Mandatory Workload Adjustments

(M1) This decision package would fund costs associated with the professional staff necessary to verify Medicaid eligibility, assess functional disability, ensure quality assurance and coordinate the delivery of appropriate and cost-effective services for the anticipated caseloads in all long-term care settings. The workload standards used by the Long Term Care (LTC) in previous biennia is replaced with workload standards data from the Sterling model.

9G - FTE Staff Adjustment

(PL) This decision package centralizes the Department of Social and Health Services (DSHS) background check Full-Time Equivalents (FTEs) in the Background Checks Central Unit (BCCU).

9T - Transfers

(PL) This decision package transfers funding and Full-Time Equivalents (FTEs) to centralize the funding for certain functions currently split among the Department of Social and Health Services (DSHS) Administrations.

(M2) This item transfers funding and FTEs from Program 040 - DDD) to Program 050 - LTC for staff who are currently funded in

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds

9T - Transfers

DDD, but report to Management Services Division in LTC.

Additionally, this item would transfer the federal funding for HCQA from the MAA to LTC.

DT - RSI - Fircrest School

(PL) The department proposes 6 decision packages which comprise the Residential Service Initiative (RSI) to obtain for eligible clients the most effective community placement. This item reflects the Long-Term Care impact of this decision package, which would primarily impact the Division of Development Disabilities. This plan provides one of two alternatives for gubernatorial consideration about the future of Fircrest School, a Residential Habilitation Center (RHC) serving people with developmental disabilities. The first alternative is a safe, orderly closure during the 2005-07 Biennium. The second alternative, to continue operating Fircrest School at the current residential population, is reflected as a request in the capital budget to accomplish needed facility renovations essential to continue operation. This plan for closure is consistent with the active downsizing of Fircrest School by the Legislature and the direction in the transition plan developed at legislative direction in this biennium's budget. Closure under the plan requires approximately 106 community placements and an additional 98 beds in other RHCs. Also included are resources necessary to assist in the transition of residents from Fircrest School to their new placement, a transition plan to enhance staff retention and assist staff at Fircrest to identify opportunities for alternative employment, and a proposal to retain some licensed professional services at Fircrest to enhance community based services.

EA - Supported Living

(M2) To maintain a competent quality assurance system, Residential Care Services Division (RCS) needs field staff to observe and confirm the proper implementation of provider systems to protect health, safety, choice and quality of life for the 3,900 waiver clients with developmental disabilities served by the 145 certified residential programs. Besides ensuring basic compliance with federal waivers, state law and administrative code (Revised Code of Washington (RCW) & Washington Administrative Codes (WAC), and contract requirements in these certified programs, oversight of the certification system gives the Department of Social and Health Services (DSHS) the opportunity to intervene in situations before they become serious safety, legal and financial liability concerns, by ensuring that substandard care is corrected.

EB - Full Funding AAA Workload Standard

(PL) This decision package requests full funding of workload requirements for Case Management and Nursing Services provided by the Area Agencies on Aging (AAAs) for in-home long-term care clients.

EC - RPP & Civil Fine Case Attorneys

(M2) This decision package requests funding for two in-house attorneys and part-time clerical support to represent the Residential Care Services Division (RCS) of Aging and Disability Services Administration (ADSA) in administrative hearings for the Resident Protection Program (RPP) and civil fine appeals in the Adult Family Home and Boarding Home programs. RCS is required to represent the Department of Social and Health Services in these matters. Litigation volume is increasing, is increasingly more complex, and requires legal expertise and clerical support to produce the required documents. RCS does not have staff able to produce this type of work at the level of expertise that is required and the Office of the Attorney General (OAG) is unable to provide the necessary level of support.

ED - Forecast Cost/Utilization

(M2) This item reflects the costs and savings associated with cost and utilization changes in the July 2004 Forecast from the Department of Social and Health Services (DSHS) Budget Office. This forecast is based on the Caseload Forecast Council June 2004 Forecast.

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds

EE - APS Registry

(M2) Funding is requested to purchase database software and user licenses and hire staff to modify and maintain the Adult Protective Services Automated System (APSAS) and develop an interface between the DSHS Background Checks Central Unit (BCCU) database and the APSAS. The automated interface will enhance the thoroughness and accuracy of DSHS background checks by providing direct access to information about perpetrators with Adult Protective Services (APS) substantiated findings of abuse, abandonment, neglect or financial exploitation of a vulnerable adult.

EG - Quality Assurance Policy and IT Sup

(M2) This proposal funds the staff needed to meet the Centers for Medicare and Medicaid Services (CMS) requirements for quality assurance activities in Level of Care Determinations, Plans of Care, Choice, Qualified Providers, Health and Welfare, Administrative Authority, and Financial Accountability outlined in the CMS Protocols. These protocols, instituted in 2004, require Aging and Disability Services Administration (ADSA) to ensure quality assurance and improvement by developing self-monitoring activities. Providing CMS with detailed evidence of ADSA quality assurance (QA) activities replaces the CMS focus of conducting on-site quality reviews.

EJ - Community Rates Adjustment

(PL) Based on the Departments cost models, current payment rates for boarding homes; adult family homes and agency in-home providers are failing to keep up with the increased costs of providing care. Providers state that it is increasingly difficult to provide services on the agency's rates ultimately impacting the quality of care they are able to provide to Medicaid clients. In the future they may have to limit or refuse to serve Medicaid clients. This decision package, to be effective July 1, 2005, would recognize the increased costs of providing care. The result would be to assure stability and continuity of care across the continuum of long-term care services available to Medicaid clients in Washington State. It would improve the ability of the provider network to serve the increasingly complex medical needs of our clients. Technical changes to the case mix calculation will allow for a higher level of correlation between increasing care needs and payment rates in residential settings. If this funding is approved, it would also allow the Department the opportunity to study the feasibility of converting from the current six-level payment system to a 12 level system for residential services. Conversion to a 12 level system would result in finer distinctions between rate groupings. This, in turn, would provide an increased incentive to serve higher needs clients. The conversion, if determined to be feasible, could then be implemented concurrently with the rate increase funded by this decision package. A concurrent implementation would minimize, if not eliminate, the possibility of a rate reduction for individual clients. While the net result of a conversion would not be an across the board, consistent rate increase for all residential clients, the cumulative effect would be a rate increase consistent with the Consumer Price Index (CMI) changes for the same period.

EK - Community Res Provider Consultation

(PL) This decision package funds costs associated with the implementation of 90-day visits for newly licensed Adult Family Homes (AFH). This funding enables Residential Care Services (RCS) staff to conduct on-site consultation visits for the purposes of providing support to new providers and to prevent substandard care to vulnerable residents. The result of funding this item is the increased capability to identify potential problems and improve compliance with regulatory requirements. This early intervention will improve resident health, safety and quality of life.

EM - Adult Day Services

(PL) Adult Day Services are an important community-based component of the Long-term Care System. Based on study of the cost of compliance with current regulations, a rate increase is necessary to better compensate providers for the costs of Adult Day Services provision. The study was recently completed by the Aging and Disability Services Administration (ADSA) Office of Rates Management.

EN - Respite Compensation Increase

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds

EN - Respite Compensation Increase

(PL) This package proposes an adjustment to Respite Care Services (RCS) Program funding to correct the failure to increase funding proportionate to two years of increases to home care agency rates. This adjustment treats RCS the same as other affected programs where additional funding was provided to offset rate increases.

EP - Residential Rates MSA/Non MSA

(PL) Federally designated metropolitan and non-metropolitan statistical areas (MSA & NMSA) are used by many governmental agencies as criterion for organizing statistical data. As population centers and economic practices change, the designations also change. Many of these changes occur after analysis of the federal census data every ten years. Aging and Disability Services Administration (ADSA) has in the past used these designations to set long-term care (LTC) payment rates for boarding homes, adult family homes and Certified Residential Services for people with developmental disabilities. New data from the census completed in calendar year 2000, has resulted in seven counties in Washington now being redesignated from NMSA to MSA status. The purpose of the decision package is recognize this status in our payment rates.

EQ - CSCI - Crisis Response Project

(PL) Currently, the Long-Term Care (LTC) system does not have facilities available to house and properly care for individuals whose medical/ mental health /behaviors exceed current facility licensure regulations, but who can be stabilized for long-term or short-term emergency care in an intensive crisis management setting, thus diverting costly hospitalization. This decision package requests the creation of community based diversion beds and intensive case management for stabilization and diversion from institutionalization or readmission to correctional facilities.

ER - WMIP Quality Assurance Activites

(PL) This proposal requests funding for one FTE to perform quality assurance and monitoring activities surrounding the implementation and continuation of the Washington Medicaid Integration Partnership (WMIP) project and the Medicaid/Medicare Integration Project (MMIP). The goals of these projects are to delay the progression of chronic illness and disability and to achieve savings in the fast-growing Medicaid budget.

ES - Quality Assurance in APS

(PL) This proposal funds the additional staff needed to meet Centers for Medicare and Medicaid (CMS) requirements for the state to develop self-monitoring activities as outlined in the CMS Protocols. Specified in the protocols is the state's assurance to identify, address, and seek the prevention of abuse, neglect or financial exploitation of Medicaid Home and Community based waiver recipients and others who meet the definition of vulnerable adult (RCW 74.34.020 and 74.34.021). Aging and Disability Services Administration (ADSA) does not currently have standardized Quality Assurance (QA) to monitor the Adult Protective Services (APS) program for the consistent application of program policies, procedures, and compliance to statute. This proposal also supports information technology staff to code the additions to the quality assurance tool and provide project management support for business requirements.

ET - Mobility Project

(PL) Additional funding is requested to expand the Home and Community Services Division's (HCS) Mobility Project. Currently, the Mobility Project is under way in Pierce County and South East Washington and provides Enhanced Nurse-Case Management Services to clients with complex medical needs related to diagnoses affecting mobility. Combined medical and long-term data indicate that clients in this population are in the top ten percent utilization category, with avoidable hospitalization costs representing a significant area of that utilization.

The expansion of the Mobility Project to other areas of the state will be targeted according to availability of nursing resources and the size of this specific client population with diagnoses affecting mobility. Funding of this proposal has significant

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds

ET - Mobility Project

potential to reduce Medicaid costs, by at least 10 percent per year, for these specific clients.

EU - Specialized Dementia Care Program

(PL) This proposal funds the phase-in of 200 additional specialized dementia beds in boarding homes, 100 beds by March 2006 and another 100 beds by March 2007. Additionally, it funds the formation of a Dementia Care Program Support Services component to provide technical assistance, training, and consultation for facilities participating in the Specialized Dementia Care Program in boarding homes. Staff are needed to determine if the boarding homes initially meet the specialized dementia care contract requirements and adequately provide the specialized services procured through the contract. It is anticipated that with an increase of specialized dementia beds in boarding homes there will be a corresponding increase in complaints and reports of resident-to-resident abuse and other related issues. Additional staff time will be required to investigate those issues.

EW - Nursing Home Rate Adjustments

(PL) The direct care rate component makes up approximately 55 percent of the total Medicaid nursing home payment rate and pays for the direct care of Aging and Disability Services Administration (ADSA) nursing home clients. The main purpose of this decision package is to enhance direct care rates to reflect more recent costs and to provide incentives for caring for clients with higher care needs. Most of the enhancements would be done through shifting expenditures from other rate components and/or elements of the Medicaid nursing home payment system into the direct care component.

Additionally, the Medicaid nursing home rates program uses the federally designated metropolitan and non-metropolitan statistical areas (MSA & NMSA) as cap setting criteria within its payment system. As population centers and economic practices change, the designations also change. Many of these changes occur after analysis of the federal census data every ten years. New data from the census completed in calendar year 2000, has resulted in seven counties in Washington now being redesignated from NMSA to MSA status. This decision package will recognize the new status in the payment rates.

EX - CSCI-Increase Expanded Community Sv

(PL) This package will increase capacity of the geriatric Expanded Community Services (ECS) program which was created to develop enhanced community resources and ongoing enhanced community support for long term state hospital patients, many who are former patients from the geriatric wards with severe dementias. The Aging, Disability Services Administration (ADSA) will add approximately 120 beds to the geriatric ECS program, resulting in a capacity to serve individuals who will be transitioned from Western State Hospital (WSH) as well as others who are at risk of hospitalization. Funding will come from the closure of 60 WSH beds and transfer of these resources from the Mental Health Division (MHD) to Home and Community Services (HCS), as well as through the Community Options Program Entry Services (COPES) program. Increasing capacity of the ECS program for dementia patients is required as part of a long-term strategy to maintain federal funding at WSH. Also requested are 4 FTEs for program management, planning, assessment, relocation and ongoing case management of clients with both complex behavioral and medical conditions.

FD - Wide Area Network (WAN) Usage

(M2) The Department of Social and Health Services (DSHS) is requesting funding to upgrade the Wide Area Network (WAN) infrastructure.

LC - Part D Administration Costs

(PL) Beginning January 2006, Medicare beneficiaries will be able to obtain prescription drug coverage through the Medicare program. Low-income beneficiaries will be able to obtain subsidized coverage. The Department of Social and Health Services (DSHS) and local Social Security Administration (SSA) offices will be required to determine eligibility for the low-income assistance. DSHS will need additional resources to provide this service.

State of Washington
Department of Social and Health Services

Recommendation Summary

Budget Period:2005-07
Version: 11 - 2005-07 Agency Request Budget
Budget Level Criteria: ALL

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds

LC - Part D Administration Costs

PA - Electronic Intrusion Prevention

(PL) Secure the Department of Social and Health Services (DSHS) networked environment against intrusion. This solution is designed to protect against zero-day or minimum-day exploits, aid in securing the remote access environment, as well as a large variety of known and unknown attacks. This significantly enhances protection of confidential client information, as well as state resources, both equipment and staff time.

RB - Public Disclosure Charges

(M2) This proposal provides funding for Residential Care Services (RCS) and Home and Community Services (HCS) Divisions of Aging and Disability Services Administration (ADSA) to hire additional staff for public disclosure activities. This staffing level increase is to fully accommodate required public disclosure activities.

Expenditure Detail By Program

Agency Budget Levels Summary

DSHS Budget Division

State of Washington
Department of Social and Health Services

2005-07 Agency Budget Levels by Program (DSHS B5)

With Objects - All

All Fund/Approp Types

Version: 11

2005-07 Agency Request Budget

Program: 050 - Long Term Care Services

	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
FTEs								
996-Z FTEs (EAOF-Other)	1,117.4	1,129.5	1,129.5	1,129.5	1,217.9	1,240.9	1,287.6	1,335.2
996-Z FTEs - Annual Average		1,123.5		1,129.5		1,229.4		1,311.4
Objects of Expenditure								
A Salaries And Wages	54,395,000	54,977,000	54,978,000	54,977,000	60,158,000	61,083,000	63,477,000	65,345,000
B Employee Benefits	12,171,000	13,478,000	13,454,000	13,455,000	14,627,000	14,851,000	15,431,000	15,880,000
C Personal Serv Contr	118,000	118,000	118,000	118,000	118,000	118,000	143,000	138,000
E Goods And Services	6,486,767	6,547,668	6,463,668	6,463,668	7,037,668	7,227,668	7,311,668	7,742,668
ED Rentals and Leases	5,810,000	5,912,000	5,912,000	5,912,000	5,944,000	5,940,000	6,029,000	6,026,000
EL Data Processing Serv	360,000	360,000	360,000	360,000	360,000	360,000	360,000	360,000
ER Other Contract Svcs	0	0	0	0	0	0	84,000	84,000
Subtotal for Object E	**12,656,767**	**12,819,668**	**12,735,668**	**12,735,668**	**13,341,668**	**13,527,668**	**13,784,668**	**14,212,668**
G Travel	1,793,188	1,812,188	1,812,188	1,812,188	1,942,188	1,964,188	2,076,188	2,118,188
J Capital Outlays	2,790,000	2,534,000	2,097,000	2,097,000	2,799,000	2,497,000	3,560,000	2,899,000
N Grants, Benfts Servs	1,045,064,000	1,126,147,000	1,141,168,000	1,145,962,000	1,146,800,000	1,178,785,000	1,184,955,000	1,227,552,000
T Intra-Agency Reimbur	0	0	0	0	0	0	(2,234,000)	(5,883,000)
TZ Unidentified	1,152,045	1,186,144	1,186,144	1,186,144	1,651,144	1,572,144	1,902,144	1,749,144
Subtotal for Object T	**1,152,045**	**1,186,144**	**1,186,144**	**1,186,144**	**1,651,144**	**1,572,144**	**(331,856)**	**(4,133,856)**
Total Objects of Expenditure	**1,130,140,000**	**1,213,072,000**	**1,227,549,000**	**1,232,343,000**	**1,241,437,000**	**1,274,398,000**	**1,283,095,000**	**1,324,011,000**
Source of Funds								
DSHS Sources for 001-1								
001-1 0011 GF- State	524,116,000	593,557,000	602,356,000	602,356,000	606,062,000	620,086,000	626,953,000	644,952,000
Total for: 001-1, Gnrl Fnd-State	**524,116,000**	**593,557,000**	**602,356,000**	**602,356,000**	**606,062,000**	**620,086,000**	**626,953,000**	**644,952,000**
DSHS Sources for 001-2								
001-2 011B Foster GP (100%)	421,000	421,000	0	0	0	0	0	0
001-2 016B Senior Comp (100%)	141,000	141,000	0	0	0	0	0	0
001-2 041B T7 Eldr Abu (100%)	86,000	86,000	86,000	86,000	86,000	86,000	86,000	86,000
001-2 042B T7 Ombdsm (100%)	232,000	232,000	232,000	232,000	232,000	232,000	232,000	232,000
001-2 043B T3F Hlth Prm (100%)	2,644,000	2,644,000	2,644,000	2,644,000	2,644,000	2,644,000	2,644,000	2,644,000
001-2 044B T3B (100%)	4,748,000	4,748,000	4,748,000	4,748,000	4,748,000	4,748,000	4,748,000	4,748,000
001-2 045B T3C Meals (100%)	11,152,000	11,152,000	11,152,000	11,152,000	11,152,000	11,152,000	11,152,000	11,152,000
001-2 235B Sen Empl (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
001-2 570B Eldrly Nutr (100%)	1,962,000	1,962,000	1,962,000	1,962,000	1,962,000	1,962,000	1,962,000	1,962,000
001-2 777B Hlth Provider (100%)	2,900,000	2,900,000	2,920,000	2,920,000	2,920,000	2,920,000	2,920,000	2,920,000
001-2 777G Hlth Provider (75%)	3,264,000	3,264,000	3,264,000	3,264,000	3,264,000	3,264,000	3,264,000	3,264,000
Total for: 001-2, Gnrl Fnd-Federal	**28,856,000**	**28,856,000**	**28,314,000**	**28,314,000**	**28,314,000**	**28,314,000**	**28,314,000**	**28,314,000**

DSHS BDS Reporting
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State of Washington
Department of Social and Health Services

2005-07 Agency Budget Levels by Program (DSHS B5)

With Objects - All

All Fund/Approp Types

Version: 11

2005-07 Agency Request Budget	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
Program: 050 - Long Term Care Services								
Source of Funds								
DSHS Sources for 001-7								
001-7 5417 Contr & Grnt	9,288,000	9,356,000	9,350,000	9,350,000	9,350,000	9,350,000	9,350,000	9,350,000
Total for: 001-7, Gnrl Fnd-Priv-Loc	9,288,000	9,356,000	9,350,000	9,350,000	9,350,000	9,350,000	9,350,000	9,350,000
DSHS Sources for 001-C								
001-C 19TA T19 Assist (FMAP)	513,261,000	523,174,000	529,676,000	534,470,000	532,072,000	549,188,000	532,495,000	551,882,000
001-C 19UL T19 Admin (50%)	52,175,000	55,685,000	55,409,000	55,409,000	63,195,000	65,016,000	83,539,000	87,069,000
Total for: 001-C, Gnrl Fnd-DSHS Med	565,436,000	578,859,000	585,085,000	589,879,000	595,267,000	614,204,000	616,034,000	638,951,000
DSHS Sources for 760-1								
760-1 7601 HSA	2,444,000	2,444,000	2,444,000	2,444,000	2,444,000	2,444,000	2,444,000	2,444,000
Total for: 760-1, Hlth Srv-State	2,444,000	2,444,000	2,444,000	2,444,000	2,444,000	2,444,000	2,444,000	2,444,000
Total Source of Funds	1,130,140,000	1,213,072,000	1,227,549,000	1,232,343,000	1,241,437,000	1,274,398,000	1,283,095,000	1,324,011,000
Total Objects - Program: 050	1,130,140,000	1,213,072,000	1,227,549,000	1,232,343,000	1,241,437,000	1,274,398,000	1,283,095,000	1,324,011,000
Biennial Total Objects - Program: 050		2,343,212,000		2,459,892,000		2,515,835,000		2,607,106,000
Total Funds - Program: 050	1,130,140,000	1,213,072,000	1,227,549,000	1,232,343,000	1,241,437,000	1,274,398,000	1,283,095,000	1,324,011,000
Biennial Total Funds - Program: 050		2,343,212,000		2,459,892,000		2,515,835,000		2,607,106,000

DSHS BDS Reporting
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State of Washington
Department of Social and Health Services

2005-07 Agency Budget Levels by Program (DSHS B5)

With Objects - All

All Fund/Approp Types

Version: 11

2005-07 Agency Request Budget	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
Overall Total Objects	1,130,140,000	1,213,072,000	1,227,549,000	1,232,343,000	1,241,437,000	1,274,398,000	1,283,095,000	1,324,011,000
Biennial Overall Total Objects		2,343,212,000		2,459,892,000		2,515,835,000		2,607,106,000
Overall Total Funds	1,130,140,000	1,213,072,000	1,227,549,000	1,232,343,000	1,241,437,000	1,274,398,000	1,283,095,000	1,324,011,000
Biennial Overall Total Funds		2,343,212,000		2,459,892,000		2,515,835,000		2,607,106,000

Section 6
Maintenance Level

State of Washington
Department of Social and Health Services

Recommendation Summary

Budget Period:2005-07
Budget Level Criteria: M1+M2

Version: 11 - 2005-07 Agency Request Budget

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 050 - Long Term Care Services					
M1 - Mandatory Caseload and Enrollment Changes					
93 Mandatory Caseload Adjustments	0	0.0	19,726	18,882	38,608
94 Mandatory Workload Adjustments	0	54.9	7,675	7,967	15,642
	SubTotal M1	**54.9**	**27,401**	**26,849**	**54,250**
M2 - Inflation and Other Rate Changes					
8L Lease Rate Adjustments	0	0.0	111	106	217
9T Transfers	0	26.5	2,090	5,058	7,148
EA Supported Living	0	6.5	633	631	1,264
EC RPP & Civil Fine Case Attorneys	0	2.5	232	231	463
ED Forecast Cost/Utilization	0	0.0	(10,148)	524	(9,624)
EE APS Registry	0	2.0	181	180	361
EG Quality Assurance Policy and IT Sup	0	3.5	334	333	667
FD Wide Area Network (WAN) Usage	0	0.0	269	262	531
RB Public Disclosure Charges	0	4.0	333	333	666
	SubTotal M2	**45.0**	**(5,965)**	**7,658**	**1,693**
Total Proposed M1+M2 Budget for Program 050 - Long Term Care Services		**99.9**	**21,436**	**34,507**	**55,943**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M1-93 Mandatory Caseload Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package reflects the costs and savings associated with caseload changes in the June 2004 Forecast from the Caseload Forecast Council (CFC). These caseloads are the basis for the July 2004 Long-Term Care (LTC) forecast produced by the Department of Social and Health Services' (DSHS), the Budget Office.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	6,084,000	13,642,000	19,726,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	5,783,000	13,099,000	18,882,000
Total Cost	**11,867,000**	**26,741,000**	**38,608,000**

Staffing

Package Description:

This decision package reflects the costs and savings associated with changes in the number of clients who are expected to utilize the major services provided by Washington State's LTC programs. It is based on the June 2004 CFC Caseload Forecasts for Nursing Homes and Home and Community Services programs.

	FY06	FY07
Nursing Facilities	12,145	11,974
In-Home Services	26,830	27,701
Adult Family Homes	3,649	3,736
Adult Residential Care	1,642	1,708
Assisted Living	5,271	5,704

Also included are caseload changes for Adult Day Health and Private Duty Nursing using forecasts developed by DSHS, the Budget Office.

This item affects the Statewide Result area of improving the security of vulnerable children and adults.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Caseload changes reflect the administration's goals to "Provide Public Value" by strengthening LTC information and assistance efforts, "Address Client and Family Needs" by facilitating upgrades to Community-Residential Care models to enhance quality and accountability and strengthening the Home Care program, including strategies to improve the LTC Home Care workforce. Caseload changes also reflect the administration's goal of "Budget Performance and Economic Value" by managing access to Medicaid LTC benefits and reducing unnecessary Nursing Facility capacity and Medicaid Nursing Facility caseload.

The forecasted caseload changes indicates a decrease in nursing home beds. This and other forecast driven caseload changes reflect the agency balanced scorecard goals of ensuring a safety net is in place for people of need, clients maintain maximum independence, services are of high quality, people participate in choices about their services and clients experience stability.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M1-93 Mandatory Caseload Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

The Governor's goals to achieve high performance government, improve quality and customer service and to increase the safety and security of Washington State residents are also supported.

Performance Measure Detail

Program: 050

	Incremental Changes FY 1	Incremental Changes FY 2
Activity: E049 LTC Adult Day Health Community Services		
No measures linked to package	0.00	0.00
Activity: E050 LTC Adult Family Home Community Services		
No measures linked to package	0.00	0.00
Activity: E051 LTC Care Administration		
No measures linked to package	0.00	0.00
Activity: E052 LTC Eligibility/Case Management Services		
No measures linked to package	0.00	0.00
Activity: E053 LTC In-Home Services		
No measures linked to package	0.00	0.00
Activity: E055 LTC Residential Community Services		
No measures linked to package	0.00	0.00
Activity: E064 Nursing Home Services		
No measures linked to package	0.00	0.00
Activity: E077 Program For All-Inclusive Care for the Elderly		
No measures linked to package	0.00	0.00

Reason for change:

The expenditures presented in this decision package reflect the most current caseload forecasts for LTC programs.

Impact on clients and services:

This step reflects the costs associated with providing services to the number of clients eligible under current law for LTC programs.

Impact on other state programs:

None

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

No revisions needed if funding is approved.

Alternatives explored by agency:

DP Code/Title: M1-93 Mandatory Caseload Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Alternatives have been explored in the past and the caseload driven forecast method has been determined as the most appropriate for providing the balance of service and funding requirements.

Budget impacts in future biennia:

Future biennia budget impacts will be driven by caseload trends. Caseload levels experienced in Fiscal Year 2007 can be expected to carry forward into future biennia.

Distinction between one-time and ongoing costs:

Costs in this package are ongoing.

Effects of non-funding:

Changes in eligibility would be required if funding is not available for increased caseload census.

These changes would mean that clients currently receiving services and those who might need services in the future may not have access to those services.

It is likely that numerous Revised Code of Washington, Washington Administrative Code, and state plan revisions would be required if funding is not approved.

Expenditure Calculations and Assumptions:

See attachment - LTC M1-93 Mandatory Caseload Adjustments.xls

Object Detail	FY 1	FY 2	Total
Program 050 Objects			
N Grants, Benefits & Client Services	11,867,000	26,741,000	38,608,000

DSHS Source Code Detail	FY 1	FY 2	Total
Program 050			
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	6,084,000	13,642,000	19,726,000
Total for Fund 001-1	**6,084,000**	**13,642,000**	**19,726,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19TA Title XIX Assistance (FMAP)	5,029,000	11,561,000	16,590,000
19UL Title XIX Admin (50%)	754,000	1,538,000	2,292,000
Total for Fund 001-C	**5,783,000**	**13,099,000**	**18,882,000**
Total Program 050	**11,867,000**	**26,741,000**	**38,608,000**

2005-07 Biennium
M1-93 Mandatory Caseload Adjustments

2005-07 Biennium DSHS/Long-Term Care Budget
Impact of Forecast Caseload Changes

	Caseload	Expenditure Impact		
FY06	Change	Total	State	Federal
Forecasted Programs				
X01	(233)	(10,271,000)	(5,156,000)	(5,115,000)
X40	30	211,000	110,000	101,000
X43	-	-	-	-
X48	4	512,000	256,000	256,000
X49	-	-	-	-
X61	808	10,452,000	5,256,000	5,196,000
X62	177	2,545,000	1,314,000	1,231,000
X63	66	780,000	408,000	372,000
X64	458	6,013,000	3,078,000	2,935,000
X65	-	-	-	-
Forecast Sub-Total		10,242,000	5,266,000	4,976,000
Area Agencies on Aging (AAA)				
J82		712,000	356,000	356,000
J83		709,000	373,000	336,000
J84		97,000	35,000	62,000
In-Home Individual Provider Health Insurance				
J86		107,000	54,000	53,000
FY 06 TOTAL		**11,867,000**	**6,084,000**	**5,783,000**
FY07				
Forecasted Programs				
X01	(404)	(17,809,000)	(8,939,000)	(8,870,000)
X40	126	886,000	461,000	425,000
X43	-	-	-	-
X48	9	1,151,000	576,000	575,000
X49	-	-	-	-
X61	1,679	21,719,000	10,921,000	10,798,000
X62	264	3,797,000	1,960,000	1,837,000
X63	132	1,560,000	817,000	743,000
X64	891	11,698,000	5,988,000	5,710,000
X65	-	-	-	-
Forecast Sub-Total		23,002,000	11,784,000	11,218,000
Area Agencies on Aging (AAA)				
J82		1,702,000	851,000	851,000
J83		1,064,000	560,000	504,000
J84		285,000	102,000	183,000
In-Home Individual Provider Health Insurance				
J86		688,000	345,000	343,000
FY 07 TOTAL		**26,741,000**	**13,642,000**	**13,099,000**

2005-07 Biennium
M1-93 Mandatory Caseload Adjustments

Assumptions From 2004 Supplemental Budget (Based on file titled: "CBA Integrated Model - Sen Bdgt1.xls")		FY05	2005-07 CFL
Estimated LTC Providers		15,391	
In-Home Individual Provider Caseload		15,947	
Calculate: Providers / Case		0.97	
Individual Provider Health Insurance Premiums			
	Total	12,928,000	25,856,000
	GF-S	6,489,000	12,978,000
	GF-F	6,440,000	12,880,000

2005-07 Biennium		**FY06**	**FY07**
In-Home Individual Provider Caseload		16,012	16,370
In-Home LTC Individual Providers		15,454	15,799
Health Insurance Premiums			
% of Providers Participating		35%	35%
Number of Providers Participating		5,409	5,530
Premium Cost / Month		$ 400.00	$ 400.00
Total Premium Cost		25,963,000	26,544,000
	GF-S	13,032,000	13,323,000
	GF-F	12,931,000	13,221,000
ML Adjustment			
	Total	**107,000**	**688,000**
	GF-S	**54,000**	**345,000**
	GF-F	**51,000**	**341,000**

2005-07 Biennium
M1-93 Mandatory Caseload Adjustments

2005-07 ML Workload Step-AAA portion

Part 1: Adjust AAA Case Mgrs. To Reflect July 2004 Forecast
Part 2: Adjust AAA Nurses To Reflect July 2004 Forecast

		FY 06	FY 07
July 2004 Forecast In-Home Caseload		26,830	27,701
July 2004 Forecast ADH, No other Program	23%	428	454
July 2004 Forecast, Total In-Home		27,258	28,155
AAA Ratio		0.97	0.97
Total AAA Caseload		26,440	27,310
Average hours per case		28.75	28.75
Hours per FTE		1,755	1,755
TOTAL FTEs needed (caseload * hrs per case /hrs per fte)		**433.1**	**447.4**

Part 1: Adjust AAA Case Mgrs. To Reflect July 2004 Forecast

Case Mgrs = 85% of Total		368.2	380.3
Funded Cost per FTE		$ 81,865	$ 81,865
Total AAA Case Managers		$30,143,000	$31,133,000
	GF-S @ 50%	$15,072,000	$15,567,000
	GF-F @ 50%	$15,071,000	$15,566,000
Carry Forward Level, Budget Unit J82		29,431,000	29,431,000
	GF-S	14,716,000	14,716,000
	GF-F	14,715,000	14,715,000
2005-07 ML Adjustment		712,000	1,702,000
	GF-S	356,000	851,000
	GF-F	356,000	851,000

Part 2: Adjust AAA Nurses To Reflect Forecast

		FY 06	FY 07
Nurses = 15% of Total		64.9	67.1
Funded Cost per FTE		87,360	87,360
Total AAA Nurses		5,673,000	5,861,000
	GF-S @ CFL %	2,025,000	2,092,000
	GF-F @ CFL %	3,648,000	3,769,000
Carry Forward Level, Budget Unit J84		5,576,000	5,576,000
	GF-S	1,990,000	1,990,000
	GF-F	3,586,000	3,586,000
2005-07 ML Adjustment		97,000	285,000
	GF-S	35,000	102,000
	GF-F	62,000	183,000

Part 3: AAA Contract Management

		FY 06	FY 07
Agency In-Home Caseload		10,818	11,331
Agency In-Home Per Cap		$ 1,098.33	$ 1,153.18
Total Agency In-Home		142,580,807	156,800,191
AAA Admin @ 2.5%		3,565,000	3,920,000
	GF-S @ CFL %	1,846,000	2,030,000
	GF-F @ CFL %	1,719,000	1,890,000
Carry Forward Level, Budget Unit J83		2,856,000	2,856,000
	GF-S	1,479,000	1,479,000
	GF-F	1,377,000	1,377,000
Adjustment		709,000	1,064,000
	GF-S	373,000	560,000
	GF-F	336,000	504,000

2005-07 Biennium
M1-93 Mandatory Caseload Adjustments

AAA Workload Assumptions Based On:

AAA Nursing/Case Mgmt Services Adjustment
2004 Supplemental (Conference Budget Worksheet)

Based on the time study conducted by Sterling and Associates in July 2002:

AAA Number of clients served (7/02)	23,866
Number of FTE needed (Case Mgrs, Nurses & Case Aides)	410.41
Hours per FTE	1,755
Number of hours needed	720,270
Average hours per case	30

Calculations for Decision Package: UU	FY 04	FY 05	2003-05
In-Home Caseload (Feb Forecast + ADH No Other Program)	25,830	26,476	52,306
AAA Ratio	0.97	0.97	
Total AAA Caseload	25,055	25,682	
Average hours per case	28.75	28.75	
Hours per FTE	1,755	1,755	
FTEs needed (caseload * hrs per case /hrs per fte)	410.4	420.7	
AAA Case Managers at 85/1 ratio	303.9	311.5	
AAA Nursing at 650/1 ratio	53.7	55.5	
FY04 AAA FTEs -- 04 Supp'l ML	357.6	367.0	
Additional FTEs needed	53	54	
% increase from contracted FTEs	**15.00%**	**15.00%**	

AAA Staffing Distribution Percentage	FY 04	FY 05
AAA Case Managers at 85/1 ratio	85%	85%
AAA Nursing at 650/1 ratio	15%	15%

Available allotment			
Case Management Funding - 04 Supp'l ML	24,879,000	25,501,000	
Nursing Services Funding - 04 Supp'l ML	$ 4,691,000	$ 4,848,000	
Total Allotment for AAAs	29,570,000	30,349,000	59,919,000

Conf Option - Provide 15% Increase per House Budget, July 1

Cost for proportional increase in staff	$ 4,436,000	$ 4,552,000	$ 8,988,000
Adjustment for start date of July 2004	($4,436,000)		
Adjusted Cost Estimate for 2003-05 Biennium	**$ -**	**$ 4,552,000**	**4,552,000**

GF - State	$ -	$ 2,205,000	$ 2,205,000
GF - Fed	$ -	$ 2,347,000	$ 2,347,000
Total	$ -	$ 4,552,000	$ 4,552,000

AAA-Case Management (J82)			
Total	$ -	$ 3,824,000	3,824,000
GF-State	$ -	$ 1,912,000	
GF-Federal	$ -	$ 1,912,000	
AAA-Nursing Services (J84)			
Total	$ -	$ 728,000	728,000
GF-State	$ -	$ 255,000	
GF-Federal	$ -	$ 473,000	

2005-07 Biennium
M1-93 Mandatory Caseload Adjustments

		Caseload	Expenditures Total	Expenditures State		Per Capitas Total	Per Capitas State
FY05 - 2004 Supplemental							
X01	Nursing Facilities	12,378	542,325,730	272,149,875	50.18%	3,651.14	1,832.21
X40	Adult Day Health	1,976	13,888,895	7,224,524	52.02%	585.73	304.68
X43	NF Discharge	-	501,756	501,756	100.00%		
X48	Private Duty Nurse	77	9,847,993	4,923,999	50.00%	10,658.00	5,329.00
X49	Recoveries	-	(15,698,336)	(7,760,688)	49.44%		
X61	In-Home	26,022	312,480,654	155,903,641	49.89%	1,000.69	499.27
X62	Adult Family Homes	3,472	48,115,823	24,847,338	51.64%	1,154.85	596.37
X63	Adult Residential Centers	1,576	17,969,810	9,407,858	52.35%	950.18	497.45
X64	Assisted Living	4,813	60,666,965	31,055,686	51.19%	1,050.40	537.70
X65	PACE	200	6,191,137	3,095,572	50.00%	2,579.64	1,289.82
		50,514	**996,290,427**	**501,349,561**	50.32%	**1,643.59**	**827.08**
2005-07 CFL							
X01	Nursing Facilities	12,378	545,635,000	273,890,000	50.20%	3,673.42	1,843.93
X40	Adult Day Health	1,976	13,889,000	7,225,000	52.02%	585.74	304.70
X43	NF Discharge	-	502,000	502,000	100.00%		
X48	Private Duty Nurse	77	9,848,000	4,924,000	50.00%	10,658.01	5,329.00
X49	Recoveries	-	(16,098,000)	(7,961,000)	49.45%		
X61	In-Home	26,022	336,607,000	169,266,000	50.29%	1,077.96	542.06
X62	Adult Family Homes	3,472	49,931,000	25,777,000	51.63%	1,198.42	618.69
X63	Adult Residential Centers	1,576	18,630,000	9,749,000	52.33%	985.09	515.49
X64	Assisted Living	4,813	63,191,000	32,347,000	51.19%	1,094.10	560.06
X65	PACE	200	6,191,000	3,096,000	50.01%	2,579.58	1,290.00
		50,514	**1,028,326,000**	**518,815,000**	50.45%	**1,696.44**	**855.89**

2005-07 Biennium
M1-93 Mandatory Caseload Adjustments

		Caseload	Expenditures Total	Expenditures State		Per Capitas Total	Per Capitas State
FY06 - Joly 2004							
X01	Nursing Facilities	12,145	526,814,513	264,353,416	50.18%	3,614.76	1,813.87
X40	Adult Day Health	2,006	14,251,515	7,405,834	51.97%	592.04	307.65
X43	NF Discharge	-	551,424	551,424	100.00%		
X48	Private Duty Nurse	81	10,564,724	5,282,366	50.00%	10,869.06	5,434.53
X49	Recoveries	-	(19,037,268)	(9,272,496)	48.71%		
X61	In-Home	26,830	353,295,999	176,358,816	49.92%	1,097.33	547.77
X62	Adult Family Homes	3,649	51,700,766	26,078,575	50.44%	1,180.71	595.56
X63	Adult Residential Centers	1,642	20,320,618	10,271,928	50.55%	1,031.29	521.31
X64	Assisted Living	5,271	64,401,285	32,609,532	50.63%	1,018.17	515.55
X65	PACE	200	5,259,381	2,629,694	50.00%	2,191.41	1,095.71
		51,824	**1,028,122,957**	**516,269,089**	50.21%	**1,653.23**	**830.16**
		49,737					
FY07 - July 2004							
X01	Nursing Facilities	11,974	527,579,277	264,737,176	50.18%	3,671.70	1,842.44
X40	Adult Day Health	2,102	15,367,068	7,963,610	51.82%	609.22	315.72
X43	NF Discharge	-	551,424	551,424	100.00%		
X48	Private Duty Nurse	86	10,912,628	5,456,319	50.00%	10,574.25	5,287.13
X49	Recoveries	-	(19,641,684)	(9,559,716)	48.67%		
X61	In-Home	27,701	370,377,333	184,829,082	49.90%	1,114.21	556.02
X62	Adult Family Homes	3,736	52,823,715	26,641,161	50.43%	1,178.26	594.24
X63	Adult Residential Centers	1,708	20,669,199	10,448,608	50.55%	1,008.45	509.79
X64	Assisted Living	5,704	68,251,096	34,565,326	50.64%	997.12	504.99
X65	PACE	200	5,259,381	2,629,694	50.00%	2,191.41	1,095.71
		53,211	**1,052,149,437**	**528,262,684**	50.21%	**1,647.76**	**827.31**
		51,023					

2005-07 Biennium
M1-93 Mandatory Caseload Adjustments

		Change in:	Expenditures					
			Due to Caseload			Due to Cost/Utilization Changes		
		Caseload	Total	State	Federal	Total	State	Federal
FY06 - July 2004								
X01	Nursing Facilities	(233)	(10,271,000)	(5,156,000)	(5,115,000)	(8,549,000)	(4,381,000)	(4,168,000)
X40	Adult Day Health	30	211,000	110,000	101,000	152,000	71,000	81,000
X43	NF Discharge	-	-	-	-	49,000	49,000	-
X48	Private Duty Nurse	4	512,000	256,000	256,000	205,000	102,000	103,000
X49	Recoveries	-	-	-	-	(2,939,000)	(1,311,000)	(1,628,000)
X61	In-Home	808	10,452,000	5,256,000	5,196,000	6,237,000	1,837,000	4,400,000
X62	Adult Family Homes	177	2,545,000	1,314,000	1,231,000	(775,000)	(1,012,000)	237,000
X63	Adult Residential Centers	66	780,000	408,000	372,000	911,000	115,000	796,000
X64	Assisted Living	458	6,013,000	3,078,000	2,935,000	(4,803,000)	(2,815,000)	(1,988,000)
X65	PACE	-	-	-	-	(932,000)	(466,000)	(466,000)
			10,242,000	**5,266,000**	**4,976,000**	**(10,444,000)**	**(7,811,000)**	**(2,633,000)**
FY07 - July 2004								
X01	Nursing Facilities	(404)	(17,809,000)	(8,939,000)	(8,870,000)	(247,000)	(214,000)	(33,000)
X40	Adult Day Health	126	886,000	461,000	425,000	592,000	278,000	314,000
X43	NF Discharge	-	-	-	-	49,000	49,000	-
X48	Private Duty Nurse	9	1,151,000	576,000	575,000	(86,000)	(44,000)	(42,000)
X49	Recoveries	-	-	-	-	(3,544,000)	(1,599,000)	(1,945,000)
X61	In-Home	1,679	21,719,000	10,921,000	10,798,000	12,051,000	4,642,000	7,409,000
X62	Adult Family Homes	264	3,797,000	1,960,000	1,837,000	(904,000)	(1,096,000)	192,000
X63	Adult Residential Centers	132	1,560,000	817,000	743,000	479,000	(117,000)	596,000
X64	Assisted Living	891	11,698,000	5,988,000	5,710,000	(6,638,000)	(3,770,000)	(2,868,000)
X65	PACE	-	-	-	-	(932,000)	(466,000)	(466,000)
			23,002,000	**11,784,000**	**11,218,000**	**820,000**	**(2,337,000)**	**3,157,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M1-94 Mandatory Workload Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package would fund costs associated with the professional staff necessary to verify Medicaid eligibility, assess functional disability, ensure quality assurance and coordinate the delivery of appropriate and cost-effective services for the anticipated caseloads in all long-term care settings. The workload standards used by the Long Term Care (LTC) in previous biennia is replaced with workload standards data from the Sterling model.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	3,256,000	4,419,000	7,675,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	3,380,000	4,587,000	7,967,000
Total Cost	**6,636,000**	**9,006,000**	**15,642,000**

Staffing	FY 1	FY 2	Annual Avg
Program 050 FTEs	**42.9**	**66.9**	**54.9**

Package Description:

Aging and Disability Services Administration (ADSA) hired Sterling Associates in April 2002 to conduct a Workload Standard Study for Home and Community Services (HCS) Case Management, Financial Services and Adult Protective Services (APS), Area Agencies on Aging (AAAs) and Residential Care Services. The workload standards model is designed to estimate staffing levels based on activities performed at the field level.

This decision package reflects the costs associated with the professional staff necessary to verify Medicaid eligibility, assess functional disability, and coordinate the delivery of appropriate and cost-effective services for the anticipated caseloads in all long-term care settings. The number of staff required for these activities is driven by the number of clients receiving services provided through the programs managed by ADSA.

The ADSA workload model provides an estimate of needed staffing based on the number of hours required to manage a specific case and the number of clients in the caseload. Caseload estimates used for these calculations are from the Caseload Forecast Councils' June 2004 Forecast.

	FY2006	FY2005
Nursing Facilities	11,964	11,757
Adult Family Homes	3,569	3,656
Adult Residential Care	1,638	1,704
Assisted Living	5,255	5,688

This item affects the LTC Eligibility/Case Management Services, Investigations/Quality Assurance, and LTC Administration Activity Inventory categories and the Statewide Result area of improving the security of vulnerable children and adults.

Narrative Justification and Impact Statement

How contributes to strategic plan:

The decision package supports the ADSA goals of: Providing Public Value, Addressing Client and Family Needs.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M1-94 Mandatory Workload Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

The decision package supports the agency balanced scorecard goals pertaining to client health and safety. The staff are needed to ensure people are safe from abuse/neglect, to ensure clients maintain or improve their health, and to ensure clients maintain maximum independence.

Performance Measure Detail

Program: 050

	Incremental Changes FY 1	Incremental Changes FY 2
Activity: E051 LTC Care Administration		
No measures linked to package	0.00	0.00
Activity: E052 LTC Eligibility/Case Management Services		
No measures linked to package	0.00	0.00
Activity: E053 LTC In-Home Services		
No measures linked to package	0.00	0.00
Activity: E054 LTC Investigations/Quality Assurance		
No measures linked to package	0.00	0.00

Reason for change:

This proposal is necessary to meet forecasted population requirements.

Impact on clients and services:

Funding the workload change will provide sufficient staffing to continue services at the current level.

Impact on other state programs:

None

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

This funding request meets existing and ongoing requirements.

Budget impacts in future biennia:

This request is caseload driven. The number of case managers, financial workers, and APS staff required in the future will be based on increased or decreased numbers of clients receiving services, as determined by future caseload forecasts.

Distinction between one-time and ongoing costs:

Costs are to meet ongoing workload requirements.

Effects of non-funding:

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M1-94 Mandatory Workload Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

A direct relationship exists between the number of financial eligibility workers and case managers compared to the number of clients who can be managed in AASA's programs. Without appropriate numbers of case managers, there is a risk that clients will not receive appropriate or cost effective services, and the safety of clients may be at risk. The use of the computer-based Comprehensive Assessment form has proven extremely valuable in measuring and monitoring the needs of the state's LTC population. These Comprehensive Assessments cannot be kept up-to-date without adequate case managers.

Expenditure Calculations and Assumptions:

See attachment - LTC M1-94 Mandatory Workload Adjustments.xls

Object Detail

		FY 1	FY 2	Total
Program 050 Objects				
A	Salaries And Wages	2,461,000	3,441,000	5,902,000
B	Employee Benefits	589,000	825,000	1,414,000
E	Goods And Services	304,000	462,000	766,000
G	Travel	52,000	76,000	128,000
J	Capital Outlays	438,000	321,000	759,000
N	Grants, Benefits & Client Services	2,724,000	3,777,000	6,501,000
T	Intra-Agency Reimbursements	68,000	104,000	172,000
	Total Objects	**6,636,000**	**9,006,000**	**15,642,000**

DSHS Source Code Detail

Program 050		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	Title			
0011	General Fund State	3,256,000	4,419,000	7,675,000
	Total for Fund 001-1	**3,256,000**	**4,419,000**	**7,675,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	Title			
19UL	Title XIX Admin (50%)	3,380,000	4,587,000	7,967,000
	Total for Fund 001-C	**3,380,000**	**4,587,000**	**7,967,000**
	Total Program 050	**6,636,000**	**9,006,000**	**15,642,000**

2005-07 Biennium
M1-94 Mandatory Workload Adjustments

Total Workload Impact

	FY06	FY07
Ftes	42.9	66.9
A	2,461,000	3,441,000
B	589,000	825,000
E	304,000	462,000
J	438,000	321,000
G	52,000	76,000
N	2,724,000	3,777,000
TZ	68,000	104,000
Total	6,636,000	9,006,000
GF-State	3,256,000	4,419,000
GF-Federal	3,380,000	4,587,000

AAAs

	AAA Total FY06	AAA Total FY07	AAA - J82 FY06	AAA - J82 FY07
Total	2,724,000	3,777,000	2,144,000	2,981,000
GF-State	1,297,000	1,804,000	1,072,000	1,491,000
GF-Federal	1,427,000	1,973,000	1,072,000	1,490,000

	AAA - J83 FY06	AAA - J83 FY07	AAA- J84 FY06	AAA- J84 FY07
Total	$172,000	$229,000	408,000	567,000
GF-State	$82,000	$115,000	143,000	198,000
GF-Federal	$90,000	$114,000	265,000	369,000

LTC Staffing

	LTC Staffing Total FY 06	LTC Staffing Total FY 07	RCS - J73 - E054 FY 06	RCS - J73 - E054 FY 07	HCS - J74 - Total FY 06	HCS - J74 - Total FY 07	MSD - J70 - E051 FY 06	MSD - J70 - E051 FY 07
Ftes	42.9	66.9	2.2	2.8	38.6	60.9	2.1	3.3
A	2,461,000	3,441,000	128,000	65,000	2,228,000	3,211,000	105,000	165,000
B	589,000	825,000	30,000	16,000	534,000	769,000	25,000	40,000
E	304,000	462,000	14,000	8,000	275,000	430,000	15,000	24,000
J	438,000	321,000	23,000	1,000	394,000	304,000	21,000	16,000
G	52,000	76,000	8,000	5,000	42,000	67,000	2,000	4,000
TZ	68,000	104,000	3,000	2,000	62,000	97,000	3,000	5,000
Total	3,912,000	5,229,000	206,000	97,000	3,535,000	4,878,000	171,000	254,000
GF-State	1,959,000	2,615,000	105,000	49,000	1,768,000	2,439,000	86,000	127,000
GF-Federal	1,953,000	2,614,000	101,000	48,000	1,767,000	2,439,000	85,000	127,000

	HCS - J74 - Total FY 06	HCS - J74 - Total FY 07	HCS - J74 - E052 FY 06	HCS - J74 - E052 FY 07	HCS - J74 - E054 FY 06	HCS - J74 - E054 FY 07
Ftes	38.6	60.9	34.3	52.1	4.3	8.7
A	2,228,000	3,211,000	2,039,000	2,831,000	189,000	380,000
B	534,000	769,000	489,000	678,000	45,000	91,000
E	275,000	430,000	245,000	369,000	30,000	61,000
J	394,000	304,000	350,000	251,000	44,000	53,000
G	42,000	67,000	37,000	57,000	5,000	10,000
TZ	62,000	97,000	55,000	83,000	7,000	14,000
Total	3,535,000	4,878,000	3,215,000	4,269,000	320,000	609,000
GF-State	1,768,000	2,439,000	1,608,000	2,135,000	160,000	304,000
GF-Federal	1,767,000	2,439,000	1,607,000	2,134,000	160,000	305,000

2005-07 Biennium
M1-94 Mandatory Workload Adjustments

2005-07 DSHS/Long-Term Care Budget
Workload changes due to caseload - RCS

Boarding Homes	FTE'S	TOTAL	GF-State	GF-Federal
FY 06	0.8	$ 76,000	$ 39,000	$ 37,000
FY 07	(0.1)	$ (8,000)	$ (4,000)	$ (4,000)
Adult Family Homes	**FTE'S**	**TOTAL**	**GF-State**	**GF-Federal**
FY 06	1.5	$ 33,000	$ 66,000	$ 60,000
FY 07	2.9	$ 105,000	$ 53,000	$ 52,000
Total RCS		**Total**	**GF-State**	**GF-Federal**
FY 06	**2.2**	**$ 109,000**	**$ 105,000**	**$ 97,000**
FY 07	**2.8**	**$ 97,000**	**$ 49,000**	**$ 48,000**
BN	**2.5**	**$ 206,000**	**$ 154,000**	**$ 145,000**

BH	FY 06	FY 07
Ftes	0.8	(0.1)
A	48,000	(6,000)
B	11,000	(1,000)
E	2,000	-
ED	3,000	-
EQ	8,000	(1,000)
G	3,000	-
TZ	1,000	-
Total	76,000	(8,000)

GF-State	39,000	(4,000)
GF-Federal	37,000	(4,000)

AFH	FY 06	FY 07
Ftes	1.5	2.9
A	80,000	71,000
B	19,000	17,000
E	4,000	3,000
ED	5,000	5,000
EQ	15,000	2,000
G	5,000	5,000
TZ	2,000	2,000
Total	130,000	105,000

GF-State	66,000	53,000
GF-Federal	64,000	52,000

RCS - Total

J73	FY 06	FY 07
Ftes	2.2	2.8
A	128,000	65,000
B	30,000	16,000
E	6,000	3,000
ED	8,000	5,000
JA	23,000	1,000
G	8,000	5,000
TZ	3,000	2,000
Total	206,000	97,000
GF-State	105,000	49,000
GF-Federal	101,000	48,000

2005-07 Biennium
M1-94 Mandatory Workload Adjustments

AAA Nursing/Case Mgmt Services Adjustment

	FY 06	FY 07	
FTEs needed (caseload * hrs per case /hrs per fte)	456	470	
FY05 AAA FTEs -- 04 Supp'l ML	421	421	
Additional FTEs needed	35	49	
% increase from contracted FTEs	**8.41%**	**11.69%**	
Available allotment			
Case Management Funding - 04 Supp'l ML	$ 25,501,000	$ 25,501,000	
Nursing Services Funding - 04 Supp'l ML	$ 4,848,000	$ 4,848,000	
Total Allotment for AAAs	$ 30,349,000	$ 30,349,000	
Cost for proportional increase in staff	$ 2,552,000	$ 3,548,000	$ 6,100,000
Adjusted Cost Estimate for 2003-05 Biennium	**$ 2,552,000**	**$ 3,548,000**	**6,100,000**
GF - State	$ 1,215,000	$ 1,727,000	$ 2,942,000
GF - Fed	$ 1,337,000	$ 1,821,000	$ 3,158,000
Total	$ 2,552,000	$ 3,548,000	$ 6,100,000

AAA-Case Management (J82)			
Total	$ 2,144,000	$ 2,981,000	5,125,000
GF-State	$ 1,072,000	$ 1,491,000	
GF-Federal	$ 1,072,000	$ 1,490,000	
AAA-Nursing Services (J84)			
Total	$ 408,000	$ 567,000	975,000
GF-State	$ 143,000	$ 198,000	
GF-Federal	$ 265,000	$ 369,000	

AAA Admin (J83)	FY 06	FY 07
Agency In-Home Csld (Feb 04)	9,914	10,183
Agency In-Home Per Cap (Feb 04)	$ 860.51	$ 950.31
Total Agency In-Home	$102,372,934	$116,123,782
AAA Admin @ 2.5%	$2,559,323	$2,903,095
CFL	$2,387,000	$2,674,000
Adjustment	$172,000	$229,000
GF-S @ allotted %	$82,000	$115,000
GF-F @ allotted %	$90,000	$114,000

2005-07 Biennium
M1-94 Mandatory Workload Adjustments

Supervisor Ratio (Includes CM, NCC, and Financial)

	CM-FIN			*Supervisor*	*WMS*	*Clerical*	*IT*	*Admin*	*Total Staff*
	HCS	APS	Sub-Total	1 to 7.45	1 to 10.25	1 to 5.13	1 to 35.29	1 to 27.33	New Ratio
Statewide Total	480.63	77.86	558.48	81.40	54.49	69.81	12.26	15.82	792.26

New Model Ratios		CM	Fin		
Supervisor	1 to 6.86 & 1 to 1	0.1457	0.0988		
WMS	1 to 10.25	0.0976			
Clerical	1 to 8	0.1250	0.125		466.2111
IT	1 to 35.29	0.0283			
Admin	1 to 27.33	0.0366			
NCC	1 to 10.76	0.0929			

Old Model Ratio		1 to 2.79	1 to 3.32			1 to 7.45	1 to 7.45	1 to 10.25	1 to 10.25	1 to 5.13	1 to 5.13	1 to 10.76	1 to 35.29	1 to 27.33
New Model Ratio		1 to 2.81	1 to 4.23			1 to 7.45	1 to 7.45	1 to 10.25	1 to 10.25	1 to 8	1 to 8	1 to 10.76	1 to 35.29	1 to 27.33
	CM	Financial	APS	CM-Fin	Sub-Total	CM Sup	Fin Sup	CM WMS	Fin WMS	CM Cler	Fin Cler	CM NCC	IT	Admin
Statewide Total	354.6	126.0	77.9	480.6	558.5	63.0	12.4	40.2	14.3	51.5	18.3	40.2	12.3	15.8
Allocation														

Projected Staff New Model-HCS

Position	Base	04 Supp FY05	FY06	FY07	Incr 06	Incr 07
Social Workers (Includes APS)	247.00	351.4	380.6	392.3	29.2	40.8
Social Work Management	36.00	56.0	61.2	63.0	5.2	7.1
FSS 3	81.00	109.4	123.0	126.0	13.6	16.6
FSS 5	8.00	10.4	12.2	12.4	1.8	2.1
WMS Workers	27.00	48.5	52.9	54.5	4.5	6.0
NCC's	21.00	32.7	39.0	40.2	6.3	7.5
Clerical Support	33.00	91.5	67.9	69.8	(23.6)	(21.7)
Computer Support	7.00	10.9	11.9	12.3	1.0	1.4
Administration	12.00	14.8	15.4	15.8	0.6	1.0
Total	362.00	**725.5**	**764.1**	**786.3**	**38.6**	**60.9**
MSD Staff	19.55	39.18	41.26	42.46	2.08	3.29

Projected Staff New Model-HCS

Position	Model	
Social Workers (Includes APS)	392.26	CM+APS(CM)-NCC
Social Work Management	63.03	CM Sup
FSS 3	126.04	
FSS 5	12.45	FS sup
WMS Workers	54.49	
NCC's	40.18	
Clerical Support	69.81	
Computer Support	12.26	
Administration	15.82	
Total	**786.33**	
MSD Staff	42.46	5.40%

Model Driven

CLASS TITLE FTEs	FY05	FTEs FY06	FTEs FY07	$/mo Step G	Salary	FY06 Salary	FY06 Benefits 24%	FY07 Salary	FY07 Benefits
Social Worker 3 (R 51)	351.4	29.2	40.8	3,637	43,644	1,276,000	306,000	1,783,000	428,000
Social Worker 4 (R 56)	56.0	5.2	7.1	4,115	49,380	256,000	61,000	348,000	84,000
Financial Services Spec. 3 (R45)	109.4	13.6	16.6	3,134	37,608	513,000	123,000	626,000	150,000
Financial Services Spec. 5 (R 50)	10.4	1.8	2.1	3,549	42,588	76,000	18,000	88,000	21,000
WMS (All)	48.5	4.5	6.0	4,570	54,840	246,000	59,000	330,000	79,000
Nurse Care Consultants (51 N -S)	32.7	6.3	7.5	5,408	64,896	411,000	99,000	489,000	117,000
Off Ast Sr (R31)	91.5	(23.6)	(21.7)	2,249	26,988	(637,000)	(153,000)	(586,000)	(141,000)
ITSS4 (R58)	10.9	1.0	1.4	4,698	56,376	57,000	14,000	77,000	18,000
Administrator	14.8	0.6	1.0	4,570	54,840	30,000	7,000	56,000	13,000
Sub Total	725.5	38.6	60.9			2,228,000	534,000	3,211,000	769,000

2005-07 Biennium
M1-94 Mandatory Workload Adjustments

MSD										
		39.2	2.1	3.3	4,182	50,189	105,000	25,000	165,000	40,000

			HCS Total		MSD	
			FY06	FY07	FY06	FY07
FTEs			38.6	60.9	2.1	3.3
Salaries (A)			2,228,000	3,211,000	105,000	165,000
Benefits (B)			534,000	769,000	25,000	40,000
Personnel cost (EN) 7% of A		0.007	16,000	22,000	1,000	1,000
Goods/Serv (E)		3,200	124,000	195,000	7,000	11,000
Lease (ED)		3,500	135,000	213,000	7,000	12,000
	Total E		275,000	430,000	15,000	24,000
Equip (JA)		10,200	394,000	304,000	21,000	16,000
Travel (G)		1,100	42,000	67,000	2,000	4,000
ISSD (TZ)		1,600	62,000	97,000	3,000	5,000
Total			**3,535,000**	**4,878,000**	**171,000**	**254,000**
GF-State		**50%**	**1,768,000**	**2,439,000**	**86,000**	**127,000**
GF-Fed		**50%**	**1,767,000**	**2,439,000**	**85,000**	**127,000**

APS from HCS total		HCS-non APS	
FY06	FY07	FY06	FY07
4.3	8.7	34.3	52.1
189,000	380,000	2,039,000	2,831,000
45,000	91,000	489,000	678,000
1,000	3,000	15,000	19,000
14,000	28,000	110,000	167,000
15,000	30,000	120,000	183,000
30,000	61,000	245,000	369,000
44,000	53,000	350,000	251,000
5,000	10,000	37,000	57,000
7,000	14,000	55,000	83,000
320,000	**609,000**	**3,215,000**	**4,269,000**
160,000	**305,000**	**1,608,000**	**2,135,000**
160,000	**304,000**	**1,607,000**	**2,134,000**

RCS	Acute Health Care Facility	Adult Family Home	In Home	Boarding Home	Nursing Home	Total	New Model	Old Model
CM	3.70	2.57	0.65	1.74	0.92	**9.57**	73.78%	75.87%
Financial	2.25	0.61	0.29	0.03	0.64	**3.83**	26.22%	24.13%
	12.43%	16.16%	13.77%	19.65%	11.77%	**13.40**	100.00%	100.00%
	7.57%	3.84%	6.23%	0.35%	8.23%			

	Adult Family Home Complaint Investigator	Adult Family Home Licensor	Boarding Home Complaint Investigator	Boarding Home Licensor	Nursing Home Complaint Investigator	Total
Region 1	1.20	2.31	3.01	3.50	2.27	12.30
Region 2	1.51	1.28	4.16	2.95	1.65	11.55
Region 3	2.84	1.82	2.44	2.44	1.33	10.87
Region 4	2.74	3.97	2.25	6.91	3.97	19.83
Region 5	2.07	3.76	5.07	4.37	1.82	17.09
Region 6	3.04	3.85	3.67	4.79	2.10	17.45
Statewide	13.40	17.00	20.60	24.96	13.13	**89.09**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-8L Lease Rate Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Funding is requested for the incremental cost of lease renewals on site in the Department of Social and Health Services (DSHS) offices and client service centers statewide.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	47,000	64,000	111,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	44,000	62,000	106,000
Total Cost	**91,000**	**126,000**	**217,000**

Staffing

Package Description:

Most DSHS staff work in facilities leased from public or private entities. Many of these facilities house field service staff, which provide services to over 1.3 million persons each year. To accommodate clients and provide ready access to services, the department currently leases over 3.5 million square feet of office space at over 200 locations throughout the state. To the greatest extent possible, the department requires the various programs to co-locate their offices.

Leases typically run five-years or longer, and are generally renewed unless space or physical conditions require relocation. Most leases increase at the time of renewal. This request for additional funds results from mandatory lease renewals anticipated during the 2005-07 Biennium.

The Department of General Administration (GA) has indicated an across the board use of an average rate of 3 percent per-year for five-years (15 percent) to calculate for leases anticipated to expire during the 2005-07 Biennium.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Funding is requested for the incremental cost of lease renewals on site in DSHS offices and client service centers statewide.

Performance Measure Detail

Program: 050

	Incremental Changes FY 1	Incremental Changes FY 2
Activity: E051 LTC Care Administration		
No measures linked to package	0.00	0.00
Activity: E052 LTC Eligibility/Case Management Services		
No measures linked to package	0.00	0.00
Activity: E054 LTC Investigations/Quality Assurance		
No measures linked to package	0.00	0.00

Reason for change:

Approximately 60 leases will expire during the 2005-07 Biennium. With the assistance of GA, the department negotiates the

most cost-effective lease rates possible for the necessary space needed. In addition, the department is occasionally required to relocate by the landlord or from other circumstances, such as the closure of a building. In general, landlords increase lease rates at the time of renewal. The estimated percent of increases for leases that are expected to expire in the 2005-07 Biennium is 15 percent.

Impact on clients and services:

To meet the needs of the clients served by DSHS, offices are placed in locations that are safe and convenient to access. In addition, field staff who meet and visit clients in locations other than their office are located in buildings that are close to the clients they serve in order to save travel and employee time costs. Funding the lease costs will allow this practice to continue at the current level of service.

Impact on other state programs:

All programs within DSHS are affected. Because some DSHS offices are co-located with other state agencies, the lease expiration and renewal may effect other state programs.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

In order to take advantage of lease rates that are significantly below market, DSHS signs contracts with building owners, which obligate DSHS to pay agreed-upon, and legally binding rates for specific periods. The department has no alternative to payment of lease obligations.

Budget impacts in future biennia:

Lease costs will continue into future biennia. A bow wave step will be necessary to carry forward funding at the Fiscal Year 2007 level. The DSHS bow wave will be approximately $1,305,000 GF-S in Fiscal Year 2008 and $463,000 in Fiscal Year 2009.

Distinction between one-time and ongoing costs:

This increase is an ongoing cost.

Effects of non-funding:

Leased facilities are necessary to house field staff in client-convenient locations to provide the required assistance. The department has a legal obligation to pay lease expenses. Non-funding of lease adjustments would require the department to cut other vital services to clients.

Expenditure Calculations and Assumptions:

DSHS has an updated lease base to reflect the monthly lease expenditures in 2003-07 and includes the leases that expire in the 2005-07 Biennium. The ML step consists of working from the Fiscal Year 2005 base and increasing the lease costs by 15 percent beginning on the lease expiration date for each individual lease that expires in Fiscal Year 2006 and Fiscal Year 2007, with the assumption for ML purposes that all leases will be renewed on site. Any exceptions made are noted.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-8L Lease Rate Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

See attachment - AW M2-8L Attachment 1.xls

Object Detail

	FY 1	FY 2	Total
Program 050 Objects			
E Goods And Services	91,000	126,000	217,000

DSHS Source Code Detail

Program 050	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	47,000	64,000	111,000
Total for Fund 001-1	**47,000**	**64,000**	**111,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19UL Title XIX Admin (50%)	44,000	62,000	106,000
Total for Fund 001-C	**44,000**	**62,000**	**106,000**
Total Program 050	**91,000**	**126,000**	**217,000**

2005-07 Biennium
M2-8L Lease Rate Adjustments

AW M2-8L Lease Rate Adjustments

Prog	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total		2006 Total		2007 Total		Comments on Any Changes
010														
	Aberdeen	514	01/01/98	03/31/03	14.01	10,326	144,640	144,636	(4)	144,636	0	144,636	0	
	Arlington	728	05/01/01	04/30/11	20.38	17,581	358,258	358,260	2	358,972	712	362,532	4,272	Lease Step 5/1/06
	Bellevue	632	03/01/96	02/28/06	21.70	19,506	423,245	423,240	(5)	444,404	21,164	486,732	63,492	
	Bellingham	565	10/10/99	09/30/04	15.50	15,840	245,520	273,141	27,621	282,348	9,207	282,348	9,207	
	Centralia	800	04/01/01	03/31/11	19.36	19,292	373,405	383,581	10,176	414,111	30,531	414,111	30,531	Lease Step 4/1/05
	Clarkston	575	02/01/00	01/31/05	15.21	3,878	58,986	62,677	3,691	67,836	5,159	67,836	5,159	
	Colfax	618	11/01/96	10/31/06	14.78	3,321	49,091	49,092	1	49,092	0	54,004	4,912	
	Colfax Addl Request				14.78	3,898	57,612	57,612	0	57,612	0	63,372	5,760	
	Colville	119	02/01/00	01/31/05	15.19	5,315	80,737	85,781	5,044	92,844	7,063	92,844	7,063	
	Ellensburg	122	05/01/01	04/30/06	17.84	3,960	70,637	70,632	(5)	72,398	1,766	81,228	10,596	
	Everett	127	07/01/02	06/30/10	21.00	29,023	609,506	609,504	(2)	676,809	67,305	676,809	67,305	Lease Step 7/1/05
	Forks	135	01/01/97	05/31/04	12.98	2,278	29,573	34,008	4,435	34,008	0	34,008	0	
	Friday Harbor	398	03/01/01	02/28/06	22.84	1,230	28,099	28,104	5	29,508	1,404	32,316	4,212	
	Goldendale	454	12/01/01	11/30/06	15.45	1,998	30,866	30,864	(2)	30,864	0	33,566	2,702	
	Kelso	563	11/01/00	12/31/15	14.93	14,188	211,796	216,850	5,054	221,900	5,050	221,900	5,050	Lease Step 1/1/05
	Kent	450	12/01/01	11/30/06	20.05	35,379	709,343	709,344	1	709,344	0	771,413	62,069	
	Lacey - Martin Way	Unkn	09/01/04	unkn	15.58	15,087	235,016	235,020	4	235,020	0	235,020	0	ONE TIME START UP COSTS $239,750
	Long Beach	854	12/31/00	11/30/10	18.96	3,824	72,520	72,516	(4)	72,516	0	72,516	0	
	Lynnwood	643	07/01/99	06/30/09	20.73	14,637	303,408	303,408	0	303,408	0	303,408	0	
	Monroe	861	05/01/03	04/30/13	24.77	9,566	236,910	236,916	6	236,916	0	236,916	0	
	Moses Lake	154	08/01/95	07/31/05	13.80	7,466	103,043	103,044	1	117,212	14,168	118,500	15,456	
	Mount Vernon	655	01/01/98	11/30/07	15.69	15,041	235,987	235,992	5	235,992	0	235,992	0	
	Newport	603	09/01/95	08/31/05	16.76	2,093	35,086	35,088	2	39,478	4,390	40,356	5,268	
	Newport Addl Request				16.76	2,812	47,129	47,124	(5)	53,014	5,890	54,192	7,068	
	Oak Harbor	487	05/01/93	04/30/08	17.93	6,105	109,489	109,488	(1)	109,488	0	109,488	0	
	Omak	385	05/01/01	04/30/06	16.76	4,879	81,750	81,756	6	83,800	2,044	94,020	12,264	
	Port Angeles	693	09/01/99	08/31/04	20.56	12,837	263,962	296,964	33,002	303,564	6,600	303,564	6,600	
	Port Townsend	181	10/01/98	03/31/04	17.19	2,592	44,556	44,556	(0)	44,556	0	44,556	0	Changed to reflect lease value
	Republic	642	08/01/03	07/31/08	16.33	484	7,904	7,908	4	7,908	0	7,908	0	
	Richland	729	12/01/98	11/30/08	15.48	15,938	246,720	246,720	0	246,720	0	246,720	0	
	Seattle	403	03/01/02	02/28/07	19.05	15,496	295,197	295,200	3	295,200	0	309,960	14,760	
	Seattle	610	06/01/98	09/30/05	18.18	3,750	68,192	68,196	4	75,864	7,668	78,420	10,224	
	Seattle	610	06/01/98	09/30/05	18.18	9,277	168,685	168,684	(1)	187,665	18,981	193,992	25,308	
	Seattle Space Addit	610	08/01/04	09/30/05	20.00	20,949	418,979	418,979	0	508,485	89,506	525,624	106,645	
	Seattle	201	03/03/03	06/30/04				0	0	0	0	0	0	This lease has expired.
	Graham St Lease		07/01/04	06/30/14	20.00	41,320	826,407	826,404	(3)	826,404	0	826,404	0	Replaces Lane Bldg Lease
	Seattle	918	07/01/03	06/30/13	26.71	44,310	1,183,369	1,183,368	(1)	1,183,368	0	1,183,368	0	
	Shelton	637	09/01/97	09/30/07	17.82	9,138	162,857	162,852	(5)	162,852	0	162,852	0	
	South Bend	666	11/01/99	10/31/09	17.14	4,316	73,975	76,998	3,023	78,506	1,509	78,506	1,509	Lease Step 11/1/04
	Spokane	654	10/01/03	09/30/08	18.53	59,121	1,095,587	1,095,588	1	1,095,588	0	1,095,588	0	
	Stevenson	617	05/01/97	04/30/12	16.16	3,035	49,045	49,044	(1)	49,044	0	49,044	0	
	Sunnyside	616	08/01/02	07/31/07	13.98	5,581	78,021	78,024	3	78,024	0	78,024	0	
	Tacoma	233	02/01/87	01/31/13	20.61	58,877	1,213,239	1,249,632	36,393	1,287,120	37,488	1,287,120	37,488	Lease Step 7/1/04 & 7/1/05
	Tacoma	532	06/01/93	05/31/13	27.48	7,963	218,787	218,784	(3)	218,784	0	218,784	0	
	Tacoma	912	09/01/02	08/31/07	6.80	4,320	29,358	29,364	6	29,364	0	29,364	0	
	Toppenish	798	01/01/00	12/31/09	17.10	10,164	173,818	173,820	2	173,820	0	173,820	0	
	Tumwater	851	01/01/02	12/31/11	20.13	37,758	760,002	760,008	6	760,008	0	785,587	25,579	Lease Step 1/1/07
	Vancouver	260	08/01/03	07/31/13	18.69	33,034	617,412	617,412	0	617,412	0	617,412	0	
	Walla Walla	274	01/01/04	12/31/08	14.58	10,702	156,048	156,048	(0)	156,048	0	156,048	0	Changed to reflect lease value

2005-07 Biennium
M2-8L Lease Rate Adjustments

AW M2-8L Lease Rate Adjustments

Prog	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total		2006 Total		2007 Total		Comments on Any Changes
	Wenatchee	277	11/01/03	10/31/08	17.19	9,934	170,766	170,772	6	170,772	0	170,772	0	Changed to reflect lease value
	White Salmon	278	01/01/03	12/31/08	14.03	1,291	18,109	18,108	(1)	18,108	0	18,108	0	
	Yakima	282	05/27/99	06/30/19	13.99	25,461	356,100	366,780	10,680	377,784	11,004	389,112	22,332	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	731	01/01/04	12/31/08	16.19	7,959	128,856	128,856	(0)	128,856	0	128,856	0	Changed to reflect lease value
	Month Total				19.01	724,130	13,767,605	13,906,747	139,141	14,255,355	348,609	14,479,578	572,831	
	Increase/Annual Total					Fastrack:	13,182,395			Rounded:	349,000	Rounded:	573,000	
020														
	Bremerton	765	03/01/04	02/28/09	16.01	2,300	36,814	36,816	2	36,816	0	36,816	0	
	Everett	132	05/01/99	06/30/04	16.39	18,000	294,944	339,192	44,248	339,192	0	339,192	0	
	Kelso	563	11/01/00	12/31/15	14.93	2,240	33,441	34,240	799	35,037	796	35,037	796	Lease Step 1/1/05
	Mount Vernon	655	01/01/98	11/30/07	15.69	1,724	27,056	27,060	4	27,060	0	27,060	0	
	Olympia	622	01/01/04	12/31/08	18.72	7,614	142,562	142,560	(2)	142,560	0	142,560	0	Combined OJJ and Region 6
	Seattle	505	11/01/02	10/31/12	25.04	22,213	556,119	556,116	(3)	556,116	0	556,116	0	
	Spokane	801	09/01/00	08/30/10	16.74	6,226	104,219	104,218	(1)	113,705	9,487	115,602	11,385	Lease Step 9/1/05
	Tacoma	532	06/01/93	05/31/13	27.48	9,088	249,703	249,708	5	249,708	0	249,708	0	
	Vancouver	775	09/01/00	08/31/05	19.86	2,854	56,685	56,688	3	63,778	7,090	65,196	8,508	
	Wenatchee	277	11/01/03	10/31/08	17.18	284	4,879	4,884	5	4,884	0	4,884	0	Changed to reflect lease value
	Yakima	283	11/01/03	10/31/04	11.29	14,280	161,221	177,340	16,119	185,400	8,060	185,400	8,060	Changed to reflect lease value
	Month Total				19.21	86,823	1,667,643	1,728,822	61,179	1,754,256	25,434	1,757,571	28,749	
	Increase/Annual Total					Fastrack:	1,671,517			Rounded:	25,000	Rounded:	29,000	
030														
	Seattle (SCTF)	929	11/01/03	10/31/13	12.18	14,960	182,162	149,400	(32,762)	149,400	0	149,400	0	
	Steilacoom	890	09/01/03	08/31/05	18.54	4,000	74,160	74,160	0	83,430	9,270	85,284	11,124	
	Total					18,960	256,322	223,560	(32,762)	232,830	9,270	234,684	11,124	
	Increase/Annual Total					Fastrack:	189,286			Rounded:	9,000	Rounded:	11,000	
040	From 040 Tab													
	Total				16.91	143,888	2,432,780	2,492,844	60,064	2,553,397	60,552	2,623,639	130,795	
	Increase/Annual Total					Fastrack:	2,274,901			Rounded:	61,000	Rounded:	131,000	
050														
	Aberdeen	680	12/01/02	11/30/07	13.81	5,121	70,721	70,716	(5)	70,716	0	70,716	0	
	Arlington	728	05/01/01	04/30/11	20.38	6,907	140,744	140,748	4	141,027	279	142,423	1,675	Lease Step 5/1/06
	Arlington	728	05/01/01	04/30/11	20.38	6,279	127,949	127,944	(5)	128,199	255	129,476	1,532	Lease Step 5/1/06
	Bellingham	723	03/01/03	02/29/08	16.95	6,778	114,887	114,888	1	114,888	0	114,888	0	
	Bremerton	430	06/01/91	05/31/09	18.86	5,791	109,221	109,224	3	109,224	0	109,224	0	
	Chehalis	799	11/01/03	10/31/05	11.50	3,602	41,424	41,424	0	45,568	4,144	47,640	6,216	
	Clarkston	575	02/01/00	01/31/05	15.21	1,406	21,388	22,719	1,331	24,588	1,869	24,588	1,869	
	Colfax	618	11/01/96	10/31/06	14.79	578	8,548	8,544	(4)	8,544	0	9,400	856	
	Colville	119	02/01/00	01/31/05	15.19	2,372	36,034	38,286	2,252	41,436	3,150	41,436	3,150	
	Ellensburg	122	05/01/01	04/30/06	17.84	602	10,737	10,740	3	11,008	268	12,348	1,608	
	Everett	127	07/01/02	06/30/10	21.00	6,521	136,946	136,944	(2)	152,068	15,124	152,068	15,124	Lease Step 7/1/05
	Friday Harbor	398	03/01/01	02/28/06	22.83	362	8,264	8,268	4	8,680	412	9,504	1,236	

2005-07 Biennium
M2-8L Lease Rate Adjustments

AW M2-8L Lease Rate Adjustments

Prog	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total		2006 Total		2007 Total		Comments on Any Changes
	Goldendale	454	12/01/01	11/30/06	15.49	123	1,905	1,908	3	1,908	0	2,076	168	
	Grandview (West)	627	07/01/97	06/30/07	16.22	506	8,208	8,208	0	8,208	0	8,208	0	
	Kelso	563	11/01/00	12/31/15	14.93	560	8,360	8,562	202	8,759	198	8,759	198	Lease Step 1/1/05
	Kelso	563	11/01/00	12/31/15	14.92	2,194	32,745	33,527	782	34,307	779	34,307	779	Lease Step 1/1/05
	Lacey-hqt	651	05/01/00	04/01/10	16.92	57,059	965,549	965,544	(5)	968,291	2,747	968,291	2,747	Lease Step 7/1/05
	Lacey-hqt	651	05/01/00	04/01/10	16.92	4,032	68,229	68,232	3	68,423	191	68,423	191	Lease Step 7/1/05
	Long Beach	854	12/31/00	11/30/10	18.99	267	5,069	5,064	(5)	5,064	0	5,064	0	
	Lynnwood	485	12/01/02	11/30/07	19.08	3,824	72,956	72,960	4	72,960	0	72,960	0	
	Lynnwood	485	12/01/02	11/30/07	19.08	3,129	59,692	59,688	(4)	59,688	0	59,688	0	
	Monroe	516	07/01/98	06/30/08	21.01	984	20,677	20,676	(1)	20,676	0	20,676	0	
	Moses Lake	154	08/01/95	07/31/05	13.79	785	10,828	10,824	(4)	12,309	1,485	12,444	1,620	
	Mount Vernon	655	01/01/98	11/30/07	15.69	5,461	85,677	85,680	3	85,680	0	85,680	0	
	Newport	603	09/01/95	08/31/05	16.77	310	5,198	5,196	(2)	5,846	650	5,976	780	
	Oak Harbor	566	08/01/01	07/31/06	16.36	722	11,811	11,808	(3)	11,808	0	13,436	1,628	
	Omak	385	05/01/01	04/30/06	16.75	1,361	22,799	22,800	1	23,370	570	26,220	3,420	
	Pasco	175	10/01/98	11/30/04	14.15	174	2,462	2,677	215	2,832	155	2,832	155	
	Pasco	175	10/01/98	11/30/04	14.14	2,613	36,936	40,170	3,234	42,480	2,310	42,480	2,310	
	Port Angeles	613	06/01/96	05/31/05	19.62	211	4,140	4,192	52	4,764	572	4,764	572	
	Port Angeles	613	06/01/96	05/31/05	19.62	5,065	99,357	100,602	1,245	114,264	13,662	114,264	13,662	
	Port Townsend	181	10/01/98	03/31/04	17.19	80	1,375	1,584	209	1,584	0	1,584	0	Changed to reflect lease value
	Port Townsend	864	08/01/02	05/31/06	14.67	592	8,684	8,688	4	8,797	109	9,996	1,308	
	Republic	642	08/01/03	07/31/08	14.95	484	7,234	7,236	2	7,236	0	7,236	0	
	Seattle	348	08/01/99	07/31/09	17.79	12,725	226,411	242,537	16,126	244,003	1,466	244,003	1,466	Lease Step 8/1/04
	Seattle	348	08/01/99	07/31/09	17.79	39,281	698,921	748,700	49,779	753,226	4,526	753,226	4,526	Lease Step 8/1/04
	Shelton	637	09/01/97	09/30/07	17.82	391	6,969	6,972	3	6,972	0	6,972	0	
	South Bend	666	11/01/99	10/31/09	17.13	703	12,042	12,536	494	12,780	244	12,780	244	Lease Step 11/1/04
	Spokane	290	04/01/04	03/31/09	16.00	17,874	285,984	285,984	0	285,984	0	285,984	0	
	Spokane	387	09/01/00	08/31/05	16.50	8,538	140,877	140,880	3	140,880	0	158,490	17,610	
	Stevenson	617	05/01/97	04/30/12	16.15	253	4,087	4,092	5	4,092	0	4,092	0	
	Sunnyside	688	05/01/98	04/30/08	12.69	1,554	19,717	19,716	(1)	19,716	0	19,716	0	
	Tacoma	233	02/01/87	01/31/13	20.60	306	6,303	6,492	189	6,684	192	6,684	192	Lease Step 7/1/04 & 7/1/05
	Tacoma	233	02/01/87	01/31/13	20.61	3,670	75,631	77,904	2,273	80,244	2,340	80,244	2,340	Lease Step 7/1/04 & 7/1/05
	Tacoma	233	02/01/87	01/31/13	20.61	19,116	393,909	405,732	11,823	417,900	12,168	417,900	12,168	Lease Step 7/1/04 & 7/1/05
	Tacoma	752	02/01/00	01/31/05	18.72	7,374	138,075	146,702	8,627	158,784	12,082	158,784	12,082	
	Tumwater-hqt	701	03/01/99	02/28/09	18.54	12,496	231,676	231,672	(4)	231,672	0	231,672	0	
	Vancouver	696	07/01/03	06/30/08	15.30	3,609	55,216	55,212	(4)	55,212	0	55,212	0	
	Vancouver	696	07/01/03	06/30/08	15.30	8,341	127,619	127,620	1	127,620	0	127,620	0	
	Walla Walla	274	01/01/04	12/31/08	7.25	3,018	21,887	21,888	1	21,888	0	21,888	0	
	Wapato	523	09/01/03	08/31/08	12.41	2,392	29,680	29,676	(4)	29,676	0	29,676	0	
	Wenatchee	913	07/01/03	06/30/08	15.56	378	5,880	5,880	0	5,880	0	5,880	0	
	Wenatchee	913	07/01/03	06/30/08	15.56	3,402	52,920	52,920	0	52,920	0	52,920	0	
	White Salmon	278	01/01/03	12/31/08	14.02	525	7,359	7,356	(3)	7,356	0	7,356	0	
	Yakima	282	05/27/99	06/30/19	13.54	99	1,340	1,380	40	1,416	36	1,464	84	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	282	05/27/99	06/30/19	13.54	7,920	107,217	110,436	3,219	113,748	3,312	117,156	6,720	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	835	01/01/00	12/31/04	15.94	4,973	79,273	85,218	5,945	91,164	5,946	91,164	5,946	
	Total				17.23	295,793	5,095,747	5,203,776	108,029	5,295,017	91,241	5,329,958	126,182	
	Increase/Annual Total					Fastrack:	5,098,636			Rounded:	91,000	Rounded:	126,000	

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Prog	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total		2006 Total		2007 Total		Comments on Any Changes
	Aberdeen	101	01/01/98	03/31/03	14.01	15,510	217,249	217,248	(1)	217,248	0	217,248	0	Add
	Aberdeen	514	01/01/98	03/31/03	14.01	4,643	65,040	65,040	0	65,040	0	65,040	0	Add
	Arlington	495	02/01/03	01/31/08	18.68	18,836	351,856	351,852	(4)	351,852	0	351,852	0	
	Arlington	728	05/01/01	04/30/11	20.37	314	6,397	6,396	(1)	6,409	13	6,474	78	Lease Step 5/1/06
	Arlington	728	05/01/01	04/30/11	20.37	314	6,397	6,396	(1)	6,409	13	6,474	78	Lease Step 5/1/06
	Arlington	848	08/01/00	07/31/10	20.99	12,102	254,029	254,028	(1)	267,890	13,862	269,150	15,122	Lease Step 8/1/05
	Bellevue	632	03/01/96	02/28/06	21.70	26,885	583,362	583,368	6	612,536	29,168	670,872	87,504	
	Bellevue	632	03/01/96	02/28/06	21.70	2,270	49,267	49,272	5	51,736	2,464	56,664	7,392	
	Bellingham	106	07/01/03	06/30/13	18.81	1,293	24,324	24,324	0	24,324	0	24,324	0	
	Bellingham	106	07/01/03	06/30/13	18.81	22,923	431,201	431,196	(5)	431,196	0	431,196	0	
	Bellingham	106	07/01/03	06/30/13	18.81	1,411	26,535	26,532	(3)	26,532	0	26,532	0	
	Bremerton	430	06/01/91	05/31/09	18.87	606	11,437	11,436	(1)	11,436	0	11,436	0	
	Bremerton	430	06/01/91	05/31/09	18.86	23,922	451,178	451,176	(2)	451,176	0	451,176	0	
	Burien	111	11/01/93	07/01/04	15.58	30,255	471,348	536,160	64,812	542,052	5,892	542,052	5,892	
	Chehalis	921	07/01/98	12/31/04	28.00	12,650	354,200	277,276	(76,924)	200,349	(76,928)	200,349	(76,928)	Due to Leaseholdover Landlord is Charging Double Rent. Lease rate is expected to decrease in Jan 05
	Clarkston	575	02/01/00	01/31/05	15.21	8,066	122,700	130,370	7,670	141,108	10,738	141,108	10,738	
	Colfax	618	11/01/96	10/31/06	14.78	4,164	61,547	61,548	1	61,548	0	67,700	6,152	
	Colville	119	02/01/00	01/31/05	15.19	9,560	145,218	154,299	9,081	167,004	12,705	167,004	12,705	
	Davenport	120	12/01/99	11/30/04	10.82	2,919	31,574	34,337	2,763	36,312	1,975	36,312	1,975	
	Ellensburg	122	05/01/01	04/30/06	17.84	4,995	89,097	89,100	3	89,100	0	102,468	13,368	
	Everett	127	07/01/02	06/30/10	21.00	4,317	90,654	90,660	6	100,665	10,005	100,665	10,005	Lease Step 7/1/05
	Everett	127	07/01/02	06/30/10	21.00	31,227	655,798	655,800	2	728,213	72,413	728,213	72,413	Lease Step 7/1/05
	Everett	127	07/01/02	06/30/10	21.00	3,123	65,580	65,580	0	72,821	7,241	72,821	7,241	Lease Step 7/1/05
	Everett	449	11/01/01	11/30/06	18.20	47,662	867,462	867,468	6	867,468	0	943,369	75,901	
	Federal Way	756	10/01/00	09/30/10	23.92	22,590	540,377	540,372	(5)	540,372	0	540,372	0	
	Fife	884	10/01/01	09/30/11	22.47	27,856	625,996	625,992	(4)	625,992	0	631,579	5,587	Lease Step 10/1/06
	Forks	135	01/01/97	05/31/04	13.04	5,048	65,838	75,720	9,882	75,720	0	75,720	0	
	Friday Harbor	398	03/01/01	02/28/06	22.83	364	8,309	8,304	(5)	8,720	416	9,552	1,248	
	Goldendale	454	12/01/01	11/30/06	15.45	4,045	62,494	62,496	2	62,496	0	67,963	5,467	
	Grandview (West)	627	07/01/97	06/30/07	16.22	1,090	17,678	17,676	(2)	17,676	0	17,676	0	
	Grandview (West)	627	07/01/97	06/30/07	16.22	11,278	182,888	182,892	4	182,892	0	182,892	0	
	Kelso	563	11/01/00	12/31/15	14.93	25,249	376,913	385,901	8,988	394,895	8,993	394,895	8,993	Lease Step 1/1/05
	Kelso	563	11/01/00	12/31/15	14.93	560	8,360	8,562	202	8,759	198	8,759	198	Lease Step 1/1/05
	Kennewick	548	12/01/03	11/30/08	15.19	392	5,956	5,952	(4)	5,952	0	5,952	0	Changed to reflect lease value
	Kennewick	548	12/01/03	11/30/08	15.19	21,060	319,904	319,908	4	319,908	0	319,908	0	Changed to reflect lease value
	Kennewick	548	12/01/03	11/30/08	15.19	1,407	21,374	21,372	(2)	21,372	0	21,372	0	Changed to reflect lease value
	Kennewick	764	10/01/99	09/30/04	15.61	15,606	243,627	271,029	27,402	280,164	9,135	280,164	9,135	
	Kent	148	12/01/00	11/30/04	27.86	25,200	701,953	763,370	61,417	807,240	43,870	807,240	43,870	
	Kent	450	12/01/01	11/30/06	20.05	1,628	32,648	32,652	4	32,652	0	35,508	2,856	
	Lacey-hqt	455	03/01/02	01/01/07	17.52	46,455	813,969	813,972	3	813,972	0	864,847	50,875	
	Lacey-hqt	455	03/01/02	01/01/07	17.52	6,210	108,808	108,804	(4)	108,804	0	115,604	6,800	
	Lacey-hqt	455	03/01/02	01/01/07	17.52	6,508	114,039	114,036	(3)	114,036	0	121,161	7,125	
	Long Beach	854	12/31/00	11/30/10	18.96	6,004	113,848	113,844	(4)	113,844	0	113,844	0	
	Lynnwood	643	07/01/99	06/30/09	20.72	610	12,642	12,648	6	12,648	0	12,648	0	
	Lynnwood	643	07/01/99	06/30/09	20.73	28,148	583,477	583,476	(1)	583,476	0	583,476	0	
	Lynnwood	814	02/01/00	01/31/05	22.42	12,867	288,421	306,445	18,024	331,680	25,235	331,680	25,235	
	Marysville	891	08/01/01	07/31/06	12.20	3,016	36,797	36,792	(5)	36,792	0	41,852	5,060	
	Mattawa	853	03/01/02	02/28/07	15.44	1,268	19,577	19,572	(5)	19,572	0	20,552	980	

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Prog	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total		2006 Total		2007 Total		Comments on Any Changes
	Monroe	516	07/01/98	06/30/08	21.02	16,871	354,629	354,624	(5)	354,624	0	354,624	0	
	Moses Lake	154	08/01/95	07/31/05	13.80	15,184	209,579	209,580	1	238,400	28,820	241,020	31,440	
	Moses Lake	154	08/01/95	07/31/05	13.83	202	2,794	2,796	2	3,181	385	3,216	420	
	Mount Vernon	655	01/01/98	11/30/07	15.69	19,064	299,117	299,112	(5)	299,112	0	299,112	0	
	Mount Vernon	655	01/01/98	11/30/07	15.69	1,581	24,801	24,804	3	24,804	0	24,804	0	
	Newport	603	09/01/95	08/31/05	16.76	5,194	87,066	87,072	6	97,952	10,880	100,128	13,056	
	Oak Harbor	566	08/01/01	07/31/06	16.35	7,571	123,775	123,780	5	123,780	0	140,797	17,017	
	Olympia	470	05/01/02	04/30/07	15.61	27,000	421,440	421,440	0	421,440	0	431,976	10,536	
	Olympia-hqt	294	06/01/99	05/31/09	18.22	70,000	1,275,252	1,275,252	0	1,275,252	0	1,275,252	0	
	Olympia-hqt	602	07/01/00	06/30/05	19.00	27,297	518,751	518,748	(3)	518,748	0	596,556	77,808	
	Omak	385	05/01/01	04/30/06	16.75	12,422	208,120	208,116	(4)	213,318	5,202	239,328	31,212	
	Omak	385	05/01/01	04/30/06	16.79	194	3,257	3,252	(5)	3,334	82	3,744	492	
	Othello	558	05/01/01	04/30/06	14.18	3,645	51,688	51,684	(4)	52,976	1,292	59,436	7,752	
	Pasco	175	10/01/98	11/30/04	14.14	17,050	241,004	262,099	21,095	277,164	15,065	277,164	15,065	
	Pasco	175	10/01/98	11/30/04	14.14	1,807	25,547	27,781	2,234	29,376	1,595	29,376	1,595	
	Port Angeles	693	09/01/99	08/31/04	20.56	14,567	299,540	336,984	37,444	344,472	7,488	344,472	7,488	
	Port Angeles	693	09/01/99	08/31/04	20.58	502	10,329	11,622	1,293	11,880	258	11,880	258	
	Port Townsend	181	10/01/98	03/31/04	17.19	5,248	90,213	103,752	13,539	103,752	0	103,752	0	Changed to reflect lease value
	Port Townsend	864	08/01/02	05/31/06	14.67	6,505	95,398	95,400	2	96,593	1,193	109,716	14,316	
	Puyallup	183	01/01/98	03/31/05	19.19	18,750	359,790	373,287	13,497	413,760	40,473	413,760	40,473	
	Renton	722	06/01/99	05/31/09	23.23	18,431	428,152	428,148	(4)	428,148	0	428,148	0	
	Republic	642	08/01/03	07/31/08	16.31	1,935	31,564	31,560	(4)	31,560	0	31,560	0	
	Seattle	192	10/01/03	09/30/06	20.23	18,750	379,313	379,308	(5)	379,308	0	421,977	42,669	
	Seattle	194	05/01/97	04/30/07	18.36	40,530	744,242	744,240	(2)	744,240	0	762,846	18,606	
	Seattle	195	03/01/03	02/29/08	25.40	16,955	430,657	430,656	(1)	430,656	0	430,656	0	
	Seattle	201	03/03/03	06/30/04	14.19	2,498	35,440	40,752	5,312	40,752	0	40,752	0	
	Seattle	202	12/01/98	04/30/14	19.20	2,941	56,459	56,460	1	56,460	0	56,460	0	
	Seattle	202	12/01/98	04/30/14	19.21	610	11,718	11,724	6	11,724	0	11,724	0	
	Seattle	202	12/01/98	04/30/14	19.20	17,646	338,753	338,748	(5)	338,748	0	338,748	0	
	Seattle	202	12/01/98	04/30/14	19.20	1,498	28,762	28,764	2	28,764	0	28,764	0	
	Seattle	348	08/01/99	07/31/09	17.79	3,320	59,064	63,270	4,206	63,653	382	63,653	382	Lease Step 8/1/04
	Seattle	394	12/01/00	11/30/05	26.76	13,672	365,800	365,796	(4)	397,800	32,004	420,660	54,864	
	Seattle	402	02/01/04	08/31/04	25.06	24,925	624,639	702,716	78,077	718,332	15,616	718,332	15,616	Changed to reflect lease value
	Seattle	403	03/01/02	02/28/07	19.05	66,061	1,258,471	1,258,476	5	1,258,476	0	1,321,400	62,924	
	Seattle	610	06/01/98	09/30/05	18.18	26,448	480,933	480,936	3	535,044	54,108	553,080	72,144	
	Shelton	637	09/01/97	09/30/07	17.82	9,920	176,795	176,796	1	176,796	0	176,796	0	
	South Bend	666	11/01/99	10/31/09	17.14	4,015	68,814	71,626	2,812	73,029	1,403	73,029	1,403	Lease Step 11/1/04
	Spokane	326	08/01/99	07/31/04	13.95	31,069	433,413	493,014	59,601	498,432	5,418	498,432	5,418	
	Spokane	379	07/01/00	06/30/05	14.25	1,468	20,917	20,916	(1)	20,916	0	24,048	3,132	
	Spokane	443	10/01/01	09/30/06	16.88	35,000	590,697	590,700	3	590,700	0	657,156	66,456	
	Spokane	468	05/01/03	04/30/08	16.10	28,209	454,165	454,164	(1)	454,164	0	454,164	0	
	Spokane	654	10/01/03	09/30/08	18.50	3,917	72,463	72,468	5	72,468	0	72,468	0	Changed to reflect lease value
	Spokane	801	09/01/00	08/30/10	16.74	7,965	133,339	133,344	5	145,477	12,133	147,903	14,559	Lease Step 9/1/05
	Spokane	801	09/01/00	08/30/10	16.74	31,586	528,758	528,756	(2)	576,886	48,130	586,512	57,756	Lease Step 9/1/05
	Spokane	978	10/01/03	09/30/08	8.14	4,365	35,510	35,508	(2)	35,508	0	35,508	0	Changed to reflect lease value
	Stevenson	617	05/01/97	04/30/12	16.16	2,782	44,958	44,964	6	44,964	0	44,964	0	
	Sunnyside	688	05/01/98	04/30/08	12.69	17,071	216,637	216,636	(1)	216,636	0	216,636	0	
	Sunnyside	688	05/01/98	04/30/08	12.69	1,195	15,167	15,168	1	15,168	0	15,168	0	
	Tacoma	233	02/01/87	01/31/13	20.61	27,985	576,683	593,988	17,305	611,808	17,820	611,808	17,820	Lease Step 7/1/04 & 7/1/05
	Tacoma	233	02/01/87	01/31/13	20.61	31,197	642,859	662,148	19,289	682,008	19,860	682,008	19,860	Lease Step 7/1/04 & 7/1/05

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Prog	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total		2006 Total		2007 Total		Comments on Any Changes
	Tacoma	233	02/01/87	01/31/13	20.61	3,517	72,479	74,652	2,173	76,896	2,244	76,896	2,244	Lease Step 7/1/04 & 7/1/05
	Tacoma	532	06/01/93	05/31/13	27.48	44,227	1,215,219	1,215,216	(3)	1,215,216	0	1,215,216	0	
	Tacoma	532	06/01/93	05/31/13	27.48	2,856	78,478	78,480	2	78,480	0	78,480	0	
	Tacoma	532	06/01/93	05/31/13	27.48	19,647	539,833	539,832	(1)	539,832	0	539,832	0	
	Tacoma	562	08/01/02	07/30/12	18.69	30,000	560,700	628,200	67,500	650,700	22,500	650,700	22,500	Lease Step 10/1/04
	Tumwater	851	01/01/02	12/31/11	20.13	30,109	606,024	606,024	0	606,024	0	626,423	20,399	Lease Step 1/1/07
	Tumwater	851	01/01/02	12/31/11	20.13	1,123	22,602	22,608	6	22,608	0	23,366	758	Lease Step 1/1/07
	Tumwater	851	01/01/02	12/31/11	20.13	1,193	24,015	24,012	(3)	24,012	0	24,822	810	Lease Step 1/1/07
	Vancouver	260	08/01/03	07/31/13	18.69	1,739	32,495	32,496	1	32,496	0	32,496	0	Changed to reflect lease value
	Vancouver	570	08/01/01	07/31/11	16.98	33,983	577,031	577,032	1	577,032	0	608,183	31,151	Lease Step 8/1/06
	Vancouver	889	04/01/02	04/30/12	20.94	34,688	726,528	726,528	0	726,528	0	723,910	(2,618)	Lease Adjustment 5/1/07
	Walla Walla	486	04/01/04	03/31/09	14.59	15,070	219,817	219,816	(1)	219,816	0	219,816	0	Changed to reflect lease value
	Wapato	523	09/01/03	08/31/08	14.94	16,105	240,605	240,600	(5)	240,600	0	240,600	0	Changed to reflect lease value
	Wenatchee	277	11/01/03	10/31/08	17.19	15,611	268,347	268,344	(3)	268,344	0	268,344	0	
	Wenatchee	277	11/01/03	10/31/08	17.19	1,703	29,274	29,280	6	29,280	0	29,280	0	Changed to reflect lease value
	Wenatchee	615	09/01/96	08/31/06	16.12	12,870	207,464	207,468	4	207,468	0	233,398	25,930	
	White Salmon	278	01/01/03	12/31/08	14.03	2,550	35,770	35,772	2	35,772	0	35,772	0	
	Yakima	282	05/27/99	06/30/19	13.54	15,246	206,392	212,580	6,188	218,952	6,372	225,516	12,936	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	282	05/27/99	06/30/19	13.54	1,782	24,124	24,840	716	25,584	744	26,352	1,512	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	282	05/27/99	06/30/19	13.54	8,712	117,938	121,476	3,538	125,124	3,648	128,880	7,404	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	282	05/27/99	06/30/19	13.54	1,980	26,804	27,612	808	28,440	828	29,292	1,680	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	282	05/27/99	06/30/19	13.54	13,860	187,629	193,260	5,631	199,056	5,796	205,032	11,772	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	282	05/27/99	06/30/19	13.54	19,998	270,722	278,844	8,122	287,208	8,364	295,824	16,980	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	282	05/27/99	06/30/19	13.54	891	12,062	12,420	358	12,792	372	13,176	756	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Total				18.71	1,658,504	31,028,927	31,532,977	504,050	32,080,860	547,883	32,832,793	1,299,817	
	Increase/Annual Total					Fastrack:	32,097,784			Rounded:	548,000	Rounded:	1,300,000	
070														
	Arlington	848	08/01/00	07/31/10	21.00	896	18,817	18,816	(1)	19,844	1,028	19,937	1,121	Lease Step 8/1/05
	Lacey-hqt	460	03/01/02	02/28/07	16.19	23,926	387,356	387,360	4	387,360	0	406,728	19,368	
	Spokane	839	04/01/00	03/31/05	14.36	773	11,100	11,517	417	12,768	1,251	12,768	1,251	
	Tacoma	532	06/01/93	05/31/13	27.44	260	7,134	7,140	6	7,140	0	7,140	0	
	Yakima	282	05/27/99	06/30/19	13.54	396	5,361	5,520	159	5,688	168	5,856	336	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Total				16.37	26,251	429,768	430,353	585	432,800	2,447	452,429	22,076	
	Increase/Annual Total					Fastrack:	335,762			Rounded:	2,000	Rounded:	22,000	
080														
	Lacey-hqt	892	09/01/01	08/31/06	16.84	20,644	347,583	347,580	(3)	347,580	0	391,030	43,450	
	Monroe	516	07/01/98	06/30/08	21.03	705	14,825	14,820	(5)	14,820	0	14,820	0	
	Mount Vernon	655	01/01/98	11/30/07	15.69	1,437	22,547	22,548	1	22,548	0	22,548	0	
	Olympia-hqt	164	01/01/96	12/31/05	14.51	80,100	1,162,209	1,162,212	3	1,249,380	87,168	1,336,548	174,336	
	Olympia-hqt	515	07/01/02	06/30/07	17.09	25,304	432,445	432,444	(1)	432,444	0	432,444	0	
	Olympia-hqt	600	04/01/02	03/31/07	16.01	33,688	539,345	539,340	(5)	539,340	0	559,566	20,226	
	Olympia-hqt	682	04/01/02	03/31/07	16.01	9,403	150,542	150,540	(2)	150,540	0	156,186	5,646	
	Seattle	904	12/01/01	06/30/11	29.58	17,972	531,612	531,612	0	531,612	0	601,343	69,731	Lease Step 7/1/06
	Spokane	726	10/01/02	09/30/07	18.50	15,962	295,297	295,296	(1)	295,296	0	295,296	0	
	Tacoma	532	06/01/93	05/31/13	27.49	173	4,756	4,752	(4)	4,752	0	4,752	0	
	Tumwater-hqt	701	03/01/99	02/28/09	14.95	37,488	560,446	612,924	52,478	612,924	0	612,924	0	

2005-07 Biennium
M2-8L Lease Rate Adjustments

AW M2-8L Lease Rate Adjustments

Prog	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total		2006 Total		2007 Total		Comments on Any Changes
	Yakima	282	05/27/99	06/30/19	13.54	198	2,680	2,760	80	2,844	84	2,928	168	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Total				16.72	243,074	4,064,287	4,116,828	52,541	4,204,080	87,252	4,430,385	313,557	
	Increase/Annual Total					Fastrack:	4,615,765			Rounded:	87,000	Rounded:	314,000	
100														
	Aberdeen	514	01/01/98	03/31/03	14.01	1,126	15,775	15,780	5	15,780	0	15,780	0	
	Arlington	848	08/01/00	07/31/10	20.99	1,942	40,770	40,776	6	42,995	2,219	43,197	2,421	Lease Step 8/1/05
	Bellevue	632	03/01/96	02/28/06	21.70	2,941	63,823	63,828	5	67,020	3,192	73,404	9,576	
	Bellingham	106	07/01/03	06/30/13	18.81	3,527	66,339	66,336	(3)	66,336	0	66,336	0	
	Bremerton	678	09/01/99	08/31/04	15.25	6,500	99,125	111,510	12,385	113,988	2,478	113,988	2,478	
	Centralia	689	06/01/03	05/31/08	15.00	2,377	35,651	35,652	1	35,652	0	35,652	0	
	Clarkston	575	02/01/00	01/31/05	15.20	459	6,979	7,419	440	8,028	609	8,028	609	
	Colville	685	04/01/03	03/31/08	15.83	1,339	21,196	21,192	(4)	21,192	0	21,192	0	
	Ellensburg	122	05/01/01	04/30/06	17.85	401	7,158	7,164	6	7,344	180	8,244	1,080	
	Everett	127	07/01/02	06/30/10	21.00	6,888	144,661	144,660	(1)	160,635	15,975	160,635	15,975	Lease Step 7/1/05
	Grandview (West)	627	07/01/97	06/30/07	16.19	104	1,684	1,680	(4)	1,680	0	1,680	0	
	Kelso	563	11/01/00	12/31/15	14.93	840	12,541	12,839	298	13,139	299	13,139	299	Lease Step 1/1/05
	Kennewick	724	10/01/99	09/30/04	14.64	4,437	64,958	72,264	7,306	74,700	2,436	74,700	2,436	
	Kent	831	06/01/00	05/31/05	30.86	4,676	144,306	146,116	1,810	165,960	19,844	165,960	19,844	
	Lacey	509	10/01/02	09/30/07	16.19	7,070	114,463	114,468	5	114,468	0	114,468	0	
	Lacey-hqt	455	03/01/02	01/01/07	17.51	239	4,185	4,188	3	4,188	0	4,448	260	
	Lacey-hqt	455	03/01/02	01/01/07	17.49	299	5,231	5,232	1	5,232	0	5,557	325	
	Lacey-hqt	460	03/01/02	02/28/07	16.19	9,524	154,190	154,188	(2)	154,188	0	161,896	7,708	
	Long Beach	854	12/31/00	11/30/10	18.87	93	1,755	1,752	(3)	1,752	0	1,752	0	
	Lynnwood	643	07/01/99	06/30/09	20.73	3,519	72,935	72,936	1	72,936	0	72,936	0	
	Moses Lake	154	08/01/95	07/31/05	13.80	1,038	14,321	14,316	(5)	16,285	1,969	16,464	2,148	
	Mount Vernon	687	03/01/03	01/31/05	18.72	2,660	49,795	52,915	3,120	57,276	4,361	57,276	4,361	
	Newport	603	09/01/95	08/31/05	16.65	78	1,299	1,296	(3)	1,456	160	1,488	192	
	Oak Harbor	566	08/01/01	07/31/06	16.35	472	7,716	7,716	0	7,716	0	8,772	1,056	
	Port Angeles	838	05/01/00	04/30/05	14.79	1,411	20,869	21,390	521	24,000	2,610	24,000	2,610	
	Port Townsend	181	10/01/98	03/31/04	17.19	80	1,375	1,584	209	1,584	0	1,584	0	
	Port Townsend	864	08/01/02	05/31/06	14.66	887	13,005	13,008	3	13,171	163	14,964	1,956	
	Pullman	870	07/01/02	06/30/07	15.54	1,521	23,636	23,640	4	23,640	0	23,640	0	
	Puyallup	554	12/01/99	11/30/04	17.99	3,768	67,794	73,736	5,942	77,976	4,240	77,976	4,240	
	Republic	642	08/01/03	07/31/08	14.89	123	1,832	1,836	4	1,836	0	1,836	0	
	Seatac	857	04/01/00	03/31/05	0.43	4,622	2,002	2,079	77	2,304	225	2,304	225	
	Seattle	202	12/01/98	04/30/14	19.20	4,439	85,221	85,224	3	85,224	0	85,224	0	
	Seattle	482	06/01/00	05/31/05	23.22	5,348	124,200	125,753	1,553	142,836	17,083	142,836	17,083	
	Seattle	763	09/01/98	08/31/03	18.24	6,891	125,683	125,688	5	125,688	0	125,688	0	
	Seattle	763	09/01/98	08/31/03	18.25	235	4,289	4,284	(5)	4,284	0	4,284	0	
	Seattle	915	07/01/03	06/30/08	23.48	919	21,578	21,576	(2)	21,576	0	21,576	0	
	Seattle	916	07/01/03	06/30/08	22.19	4,168	92,480	92,484	4	92,484	0	92,484	0	
	Shelton	637	09/01/97	09/30/07	17.83	535	9,537	9,540	3	9,540	0	9,540	0	
	Shelton	914	12/01/02	11/30/07	17.19	2,263	38,901	38,904	3	38,904	0	38,904	0	
	South Bend	666	11/01/99	10/31/09	17.15	301	5,161	5,371	210	5,477	106	5,477	106	Lease Step 11/1/04
	Spokane	790	04/01/04	03/31/09	18.40	10,240	188,416	188,412	(4)	188,412	0	188,412	0	Changed to reflect lease value
	Tacoma	187	07/01/00	06/30/05	18.54	2,697	50,002	50,004	2	57,504	7,500	57,504	7,500	
	Tacoma	233	02/01/87	01/31/13	20.61	8,258	170,169	175,272	5,103	180,528	5,256	180,528	5,256	Lease Step 7/1/04 & 7/1/05
	Vancouver	734	08/01/03	07/31/13	18.19	6,486	117,980	117,984	4	117,984	0	117,984	0	

2005-07 Biennium
M2-8L Lease Rate Adjustments

AW M2-8L Lease Rate Adjustments

Prog	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total		2006 Total		2007 Total		Comments on Any Changes
	Walla Walla	486	04/01/04	03/31/09	14.59	2,989	43,595	43,596	1	43,596	0	43,596	0	Changed to reflect lease value
	Wapato	523	09/01/03	08/31/08	14.94	2,027	30,288	30,288	(0)	30,288	0	30,288	0	Changed to reflect lease value
	Wenatchee	473	04/01/02	03/31/07	16.64	2,358	39,243	39,240	(3)	39,240	0	40,713	1,473	
	Yakima	282	05/27/99	06/30/19	13.54	4,554	61,650	63,504	1,854	65,412	1,908	67,380	3,876	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Total				17.83	139,669	2,489,762	2,530,621	40,859	2,623,434	92,814	2,645,714	115,093	
	Increase/Annual Total					Fastrack:	2,571,278			Rounded:	93,000	Rounded:	115,000	
110														
	Bellingham	106	07/01/03	06/30/13	18.82	235	4,423	4,428	5	4,428	0	4,428	0	
	Everett	127	07/01/02	06/30/10	21.01	1,561	32,790	32,796	6	36,411	3,615	36,411	3,615	Lease Step 7/1/05
	Kelso	563	11/01/00	12/31/15	14.93	280	4,180	4,278	98	4,380	102	4,380	102	Lease Step 1/1/05
	Kennewick	548	12/01/03	11/30/08	8.82	208	1,835	1,836	1	1,836	0	1,836	0	
	Lacey-hqt	460	03/01/02	02/28/07	16.19	6,338	102,615	102,612	(3)	102,612	0	107,744	5,132	
	Lacey-hqt	460	03/01/02	02/28/07	16.21	232	3,761	3,756	(5)	3,756	0	3,944	188	
	Lacey-hqt	759	04/01/99	03/31/09	18.24	54,788	999,333	999,336	3	999,336	0	999,336	0	
	Lacey-hqt	760	05/01/99	04/30/09	18.24	27,394	499,667	499,668	1	499,668	0	499,668	0	
	Lacey-hqt	760	05/01/99	04/30/09	18.24	27,394	499,667	499,668	1	499,668	0	499,668	0	
	Lakewood	852	08/01/00	07/31/05	16.19	3,863	62,542	62,544	2	71,146	8,602	71,928	9,384	
	Mount Vernon	655	01/01/98	11/30/07	15.66	144	2,255	2,256	1	2,256	0	2,256	0	
	Olympia-hqt	459	01/01/01	12/31/05	14.86	4,192	62,293	62,292	(1)	66,966	4,674	71,640	9,348	
	Omak	385	05/01/01	04/30/06	16.79	194	3,257	3,252	(5)	3,334	82	3,744	492	
	Pasco	175	10/01/98	11/30/04	14.10	131	1,847	2,009	162	2,124	115	2,124	115	
	Seattle	202	12/01/98	04/30/14	19.19	666	12,783	12,780	(3)	12,780	0	12,780	0	
	Seattle	409	12/01/03	11/30/06	17.53	2,400	42,080	42,084	4	42,084	0	45,766	3,682	
	Shelton	637	09/01/97	09/30/07	17.83	144	2,568	2,568	0	2,568	0	2,568	0	
	Spokane	379	07/01/00	06/30/05	14.25	2,678	38,160	38,160	0	43,884	5,724	43,884	5,724	
	Spokane	833	02/01/00	01/31/05	16.50	680	11,220	11,920	700	12,900	980	12,900	980	
	Spokane	887	05/01/01	04/30/06	16.00	2,510	40,160	40,164	4	41,168	1,004	46,188	6,024	
	Sunnyside	688	05/01/98	04/30/08	12.64	100	1,264	1,260	(4)	1,260	0	1,260	0	
	Tacoma	228	10/01/00	09/30/05	12.24	12,760	156,182	156,180	(2)	173,748	17,568	179,604	23,424	
	Tacoma	532	06/01/93	05/31/13	27.46	433	11,891	11,892	1	11,892	0	11,892	0	
	Tacoma	532	06/01/93	05/31/13	27.48	1,731	47,562	47,568	6	47,568	0	47,568	0	
	Tumwater	347	06/01/03	05/31/08	5.03	60,000	301,608	301,608	0	301,608	0	301,608	0	
	Wapato	523	09/01/03	08/31/08	14.94	205	3,063	3,060	(3)	3,060	0	3,060	0	
	Wapato	523	09/01/03	08/31/08	12.39	114	1,413	1,416	3	1,416	0	1,416	0	
	Yakima	282	05/27/99	06/30/19	13.54	594	8,041	8,280	239	8,532	252	8,784	504	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	816	07/01/00	06/30/05	18.69	2,050	38,315	38,316	1	44,064	5,748	44,064	5,748	
	Total				14.00	214,019	2,996,775	2,997,987	1,212	3,046,452	48,465	3,072,448	74,461	
	Increase/Annual Total					Fastrack	2,997,014			Rounded:	49,000	Rounded:	74,000	
	DSHS Total			345.00	18.09	3,551,112	64,229,617	65,164,515	934,897	66,478,482	1,313,967	67,859,200	2,694,685	
	Increase/Annual Total			349.96	18.35	3,551,112	65,164,515			Rounded:	1,314,000	Rounded:	2,695,000	
				0.00	-	3,551,112	0							
				#DIV/0!	-	3,551,112	0			68,618,301		68,618,301		
						Fastrack:	65,034,338			Bow Wave @ 61% State		Bow Wave @ 61% State		

AW M2-8L Lease Rate Adjustments.xls

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-9T Transfers
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This item transfers funding and FTEs from Program 040 - DDD) to Program 050 - LTC for staff who are currently funded in DDD, but report to Management Services Division in LTC.

Additionally, this item would transfer the federal funding for HCQA from the MAA to LTC.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	1,045,000	1,045,000	2,090,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	2,529,000	2,529,000	5,058,000
Total Cost	**3,574,000**	**3,574,000**	**7,148,000**

Staffing	FY 1	FY 2	Annual Avg
Program 050 FTEs	**26.5**	**26.5**	**26.5**

Package Description:

In October 2002 the former Aging and Adult Services Administration (AASA) and the DDD were merged to form the Aging and Disability Services Administration (ADSA). This merger is a result of several legislative, federal and state audits of DDD and the need to improve financial and caseload accounting and other management processes within the division. One of Secretary Braddock's key goals in creating a new administration is to strengthen processes that will improve credibility and accountability. A major component of this goal is to improve accounting and reporting functions.

As such, many core support functions have been integrated into the Management Services Division of the new administration. Changes include integrating budget and accounting functions for ADSA, and ongoing review and revision of cost allocation of federal and state funding to ensure maximum allowable federal funds are earned. The integration of key functions includes a focus on adherence to state and federal regulations and policies, accuracy in contract and vendor payments, and monitoring and consistent applications of accounting policies. All information technology functions have been merged, and an Office of Decision Support has been created to maximize and enhance ADSA's data collection and analysis efforts. All rate setting functions have been merged to ensure consistency in standards and methodologies. This item transfers staff and funds from the DDD budget to the Long-term Care (LTC) budget.

Additionally, this transfer DP includes moving the federal funding for HCQA from the Department of Social and Health Services (DSHS) Medical Assistance Administration (MAA), Program 080, to LTC budget for reasons of accountability, program continuity and efficiency. The HCQA activities for which federal funding is available impact services provided primarily to LTC and DDD clients, whose accounting staff are merged in LTC's Management Services Division. LTC staff currently provide support to HCQA, provide the means for claiming HCQA's federal matching funds and monitor federal earnings. LTC has an approved cost allocation plan to earn federal funds for HCQA. MAA does not provide services impacted by HCQA activity, does not have staff assigned to support HCQA, and does not have an approved cost allocation plan for this funding.

This item affects the LTC Investigations/Quality Assurance, LTC Administration, and LTC In-Home Services Activity Inventory categories and the statewide result area of improving the security of vulnerable children and adults.

Narrative Justification and Impact Statement

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-9T Transfers
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

How contributes to strategic plan:

One major goal of Aging and Disability Services Administration's (ADSA) strategic plan is to operate as one coordinated administration for the benefit of clients. The support functions found in the Management Services Division contribute to this goal by providing consistency in reporting, accounting, budgeting, information technology, and rate setting functions.

The following objectives and strategies identified in ADSA's strategic plan provide examples of how the merger of functions within the Management Services Division contributed to the program strategic plan and its activities:

· Integrate information systems across the entire Medicare/Medicaid Health/Long-Term Care enterprise - a coordinated, merged information technology structure is key to this objective.

· Update ADSA's automated assessment tool for use with individuals with developmental disabilities - this strategy will draw on the strength of the merged office of technology with experience in the creation of the assessment tool for long term care clients.
· Identify and implement methods for standard data reporting and standard client identifiers for the agency's primary business functions, eliminating redundancy and conflicts - the Office of Decision Support was created to enhance consistency and reliability in data reporting for ADSA.
· Link Medicaid Management Information System , Social Service Payment System , Minimum Data Set, Comprehensive Assessment Reporting Evaluation Tool, Adult Protective Services Automated System, Common Client Data Base, Automated Client Eligibility System, and related databases and systems to provide vital information for strategic planning, quality services, risk management and cost containment. The merged Office of Technology will provide a consistent approach to linking these data bases which cross administration and department lines.
· Develop cost-effective and efficient payment models for all settings. The Office of Rates Management has been merged to provide consistency and standardization of payment models.

Additionally, this contribution comes from being more efficient with state resources.

Performance Measure Detail

Program: 050

	Incremental Changes FY 1	Incremental Changes FY 2
Activity: E051 LTC Care Administration		
No measures linked to package	0.00	0.00
Activity: E053 LTC In-Home Services		
No measures linked to package	0.00	0.00
Activity: E054 LTC Investigations/Quality Assurance		
No measures linked to package	0.00	0.00

Reason for change:

This change will ensure consistency in capturing the administration's support services costs in one area and ensure that cost allocation for receipt of federal funds is accurate. It will assist the Management Services Division in managing its FTE and staff budget allotments. It will more appropriately allocate costs attributable to each division.

Additionally, this transfer is for efficiency and to ensure compliance with federal requirements.

Impact on clients and services:

This change does not impact clients and services. It provides consistency of the reporting of costs attributable to each division of the administration.

DP Code/Title: M2-9T Transfers
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Impact on other state programs:

The first part of the transfer is within ADSA from Program 040 (DDD) to Program 050 (LTC). The second part of the transfer is within DSHS from Program 080 (MAA) to Program 050 (LTC).

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

Not applicable

Alternatives explored by agency:

The option of doing a complete budget restructure within ADSA to combine Programs 040 and 050 into one budget program was explored. It was determined that there are other issues that need to be resolved before implementing such a change. This proposal is an interim step to assist in consistency of cost reporting.

Additionally, leaving the federal funds in MAA would require assigning staff to monitor the HCQA federal earnings and submitting a new MAA federal cost allocation plan. ADSA's LTC program currently meets both of these requirements, and for reasons of efficiency, this alternative was not considered viable.

Budget impacts in future biennia:

Once approved this transfer will be part of carry forward level and will have no bow wave.

Distinction between one-time and ongoing costs:

There is no one-time funding. The overall affect of this transfer is budget neutral. It is a transfer of existing funding from one program to another.

Effects of non-funding:

Inconsistency of cost reporting related to DDD and the Management Services Division can create the potential for error in allocation of costs.

Additionally, MAA would need funding for staff to monitor the HCQA and write a Cost Allocation plan.

Expenditure Calculations and Assumptions:

See attachment - LTC M2-9T Transfers.xls

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-9T Transfers
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Object Detail

		FY 1	FY 2	Total
Program 050 Objects				
A	Salaries And Wages	1,585,000	1,585,000	3,170,000
B	Employee Benefits	311,000	311,000	622,000
E	Goods And Services	80,000	80,000	160,000
G	Travel	27,000	27,000	54,000
J	Capital Outlays	43,000	43,000	86,000
N	Grants, Benefits & Client Services	1,485,000	1,485,000	2,970,000
T	Intra-Agency Reimbursements	43,000	43,000	86,000
	Total Objects	**3,574,000**	**3,574,000**	**7,148,000**

DSHS Source Code Detail

		FY 1	FY 2	Total
Program 050				
Fund 001-1, General Fund - Basic Account-State				
Sources	**Title**			
0011	General Fund State	1,045,000	1,045,000	2,090,000
	Total for Fund 001-1	**1,045,000**	**1,045,000**	**2,090,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	**Title**			
19UL	Title XIX Admin (50%)	2,529,000	2,529,000	5,058,000
	Total for Fund 001-C	**2,529,000**	**2,529,000**	**5,058,000**
	Total Program 050	**3,574,000**	**3,574,000**	**7,148,000**

2005-07 Biennium
M2-9T Transfers

Management Services Division
050 9000 J70 E051

	Annual	Salaries	Benefits	Goods/Serv	Equip	Travel	N	ISSD	Annual Total	GF-S	Federal
transfer to J70 (MSD)	23.5	1,396,000	275,000	71,000	38,000	24,000		38,000	1,842,000	921,000	921,000
transfer to J70 (HCS HDQ)	1.0	60,000	12,000	3,000	2,000	1,000		2,000	80,000	40,000	40,000
	24.5	1,456,000	287,000	74,000	40,000	25,000		40,000	1,922,000	961,000	961,000

Residential Care Services Division
050 3000 J73 E054

	Annual	Salaries	Benefits	Goods/Serv	Equip	Travel	N	ISSD	Annual Total	GF-S	Federal
transfer to J73	2.0	129,000	24,000	6,000	3,000	2,000		3,000	167,000	84,000	83,000

Total Transfer from DDD	Annual	Salaries	Benefits	Goods/Serv	Equip	Travel	N	ISSD	Annual Total	GF-S	Federal
	26.5	1,585,000	311,000	80,000	43,000	27,000		43,000	**2,089,000**	**1,045,000**	**1,044,000**

Transfer from MAA	N	Annual Total	GF-S	Federal
HCQA	1,485,000	**1,485,000**	**0**	**1,485,000**

TOTAL TRANSFER											
Fiscal Year 2006	26.5	1,585,000	311,000	80,000	43,000	27,000	1,485,000	43,000	3,574,000	1,045,000	2,529,000
Fiscal Year 2007	26.5	1,585,000	311,000	80,000	43,000	27,000	1,485,000	43,000	3,574,000	1,045,000	2,529,000
Biennial Total	26.5	3,170,000	622,000	160,000	86,000	54,000	2,970,000	86,000	7,148,000	2,090,000	5,058,000

2005-07 Biennial Budget
M2-9T Transfers

9T - Transfers (Transfer staff from 040 to 050)

Management Services Division

Position #:		FTE	Salaries	Benefits
Support Services				
RW86	Office Chief	1.0	5,933	1,055
RJ50	WMS2	1.0	5,394	1,015
RN01	FA4	1.0	4,179	905
FZ97	WMS2	1.0	4,720	953
FD89	FA4	1.0	4,306	917
NL69	WMS2	1.0	5,074	955
GN83	WMS2	0.5	2,360	477
Rates				
HW79	WMS3	1.0	5,519	1,015
RF14	WMS 2	1.0	5,030	984
CT41	WMS2	1.0	4,905	971
HV49	WMS2	1.0	4,930	975
IT				
NW72	ITSS5	1.0	5,266	1,008
RM96	WMS2	1.0	5,229	1,007
TB48	WMS2	1.0	4,540	937
KC22	ITAS 4	1.0	5,223	1,007
KT97	ITS/AS6	1.0	5,813	1,049
GM40	ITSS2	1.0	3,818	873
TJ39	ITSS4	1.0	4,771	955
RA09	ITAS3	1.0	4,354	921
NG95	ITAS4	1.0	4,966	973
BB49	ITAS4	1.0	4,771	962
RM97	WMS2	1.0	5,962	1,069
ST12	ITAS3	1.0	4,322	919
RM97	WMS2	1.0	4,976	977

Management Services Division (MSD)

per FTE cost					3,000	1,600	1,000	1,600	
		Annual	Salaries	Benefits	Goods & Services	Equipment	Travel	ISSD	Total
transfer to J70 (MSD)	FY06	23.5	1,396,000	275,000	71,000	38,000	24,000	38,000	1,842,000
transfer from H10	FY07	23.5	1,396,000	275,000	71,000	38,000	24,000	38,000	1,842,000

HCS Headquarter

F783	WMS2	1.0	5,000	975					
		Annual	Salaries	Benefits	Goods & Services	Equipment	Travel	ISSD	Total
transfer to J70 (HCS)	FY06	1.0	60,000	12,000	3,000	2,000	1,000	2,000	80,000
transfer from H10	FY07	1.0	60,000	12,000	3,000	2,000	1,000	2,000	80,000

RCS (Residential evaluators)

2 positions (using RJ50	WMS2	1.0	5,394	1,015					
as a proxy)	WMS2	1.0	5,394	1,015					
		Annual	Salaries	Benefits	Goods & Services	Equipment	Travel	ISSD	Total
transfer to J73	FY06	2.0	129,000	24,000	6,000	3,000	2,000	3,000	167,000
transfer from H57	FY07	2.0	129,000	24,000	6,000	3,000	2,000	3,000	167,000

											50%	50%
Grand Total			FTEs	Salaries	Benefits	Goods & Services	Equipment	Travel	ISSD	Total	GF-State	GF-Federal
		FY06	26.5	1,585,000	311,000	80,000	43,000	27,000	43,000	2,089,000	$ 1,045,000	$ 1,044,000
		FY07	26.5	1,585,000	311,000	80,000	43,000	27,000	43,000	2,089,000	$ 1,045,000	$ 1,044,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-EA Supported Living
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

To maintain a competent quality assurance system, Residential Care Services Division (RCS) needs field staff to observe and confirm the proper implementation of provider systems to protect health, safety, choice and quality of life for the 3,900 waiver clients with developmental disabilities served by the 145 certified residential programs. Besides ensuring basic compliance with federal waivers, state law and administrative code (Revised Code of Washington (RCW) & Washington Administrative Codes (WAC), and contract requirements in these certified programs, oversight of the certification system gives the Department of Social and Health Services (DSHS) the opportunity to intervene in situations before they become serious safety, legal and financial liability concerns, by ensuring that substandard care is corrected.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	331,000	302,000	633,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	330,000	301,000	631,000
Total Cost	**661,000**	**603,000**	**1,264,000**

Staffing	FY 1	FY 2	Annual Avg
Program 050 FTEs	**6.5**	**6.5**	**6.5**

Package Description:

As part of the reorganization of Aging and Disability Services Administration (ADSA), responsibility for certification of residential programs for people with developmental disabilities was transferred from Division of Developmental Disabilities (DDD) to RCS. Statewide, 145 certified programs provide residential services for over 3,900 total clients of DDD in Certified Group Homes and Supported Living programs (where support services are provided in the clients' own homes in the community). All of these individuals receive Home and Community Based Federal Waiver services. According to the Washington Joint Legislative Audit and Review Committee's (JLARC) DDD Interim Performance Audit (December 2002), DDD spends over half of its $300 million community residential support dollars in certified settings. Besides supporting basic compliance with waiver, RCW, WAC and contract requirements in these certified programs the certification system gives the DSHS the opportunity to intervene in situations before they become serious safety, legal, and financial liability concerns.

Previously, DDD implemented the certification process using contracted evaluators to perform on-site program evaluations of provider performance. RCS now manages the same contracted evaluators. To execute the other parts of the certification process as it existed prior to February 2, 2004, DDD employed two central office program managers, one clerical person at headquarters, and utilized staff in every region around the state to assist in supporting the certification process. That support included some on-site verification of the completion of corrective action plans. Presently RCS is funded for 2.0 full-time headquarters staff to carry out residential program certification functions, with no staff in the field. It is imperative that RCS have staff designated to perform on-site visits to ensure that a vendor corrects substandard care.

RCS is not currently able to ensure that the corrective actions were completed and problems cited by the evaluators were corrected. A DDD waiver review by the Center for Medicare and Medicaid Services (CMS) in 2002, noted a lack of statewide consistency in quality assurance activities and a lack of proper follow-up on corrective actions in the DDD residential program certification. CMS cited the reason as a breakdown in DDD's quality assurance system. RCS has already made some changes in the process that work toward centralization of the evaluation system and increasing the level of accountability of certified residential vendors. There is, however, no staff to do on-site confirmations of the successful completion and execution of the corrective action plans. Six staff (one Surveyor for each region) are needed to conduct

on-site follow-up to ensure the system changes required by the corrective actions have taken place. The FTEs for these six surveyors would be used to carry out activities that CMS requires to be performed.

The previous structure used by DDD necessitated a minimum of four-hours of clerical time daily and often more. An increase in expectations for accountability has meant an increase in the number of documents RCS headquarters has to process and review during the certification process. It should also be noted that DDD is contracting with new residential programs that will require certification. Because of the increase in workload, just prior to RCS assuming responsibility for the process, the number of contracted evaluators was increased by 37 percent, increasing the day-to-day management responsibility and clerical support tasks for the program. Based on the increase in workload, an additional .5 clerical FTE is needed.

This item affects the LTC Investigations/Quality Assurance activity inventory category and the statewide result area of improving the security of vulnerable children and adults.

Narrative Justification and Impact Statement

How contributes to strategic plan:

The 2005-07 ADSA Strategic Plan says that liability risk is a major concern. Lawsuits challenge activities related to residential service provision and its efficacy. These FTEs requested to maintain certification will support the accountability of providers, and help buttress compliance with standards that emphasize client health, safety, choice and quality of life. The system will more closely mirror a RCS quality assurance system that already works successfully in licensed facilities.

The ADSA Strategic Plan also lists accountability as a goal. The plan specifically references issues brought forward by CMS in their 2002 DDD Waiver Review, and JLARC in their audits of management practices. The FTEs requested here to maintain the DDD residential program certification system directly address specific criticisms written in the CMS report, and general accountability issues as brought forward by JLARC.

When writing about DDD programs, JLARC has consistently cited the need for strengthening processes that will improve credibility and accountability, and assuring the consistency in the statewide implementation of policy. CMS in their waiver review cited the lack of centralized mechanisms for supporting quality programs, and specifically cited repeat findings in certified programs that CMS attributed to lack of follow-up by responsible DDD staff. Evaluation certification and corrective actions related to those certification reviews are being centralized by RCS. The implementation of an effective system for ensuring the proper completion of the corrective actions must include the on-site examination of the execution of those corrections.

Performance Measure Detail

Program: 050

	Incremental Changes	
	FY 1	FY 2
Activity: E054 LTC Investigations/Quality Assurance		
No measures linked to package	0.00	0.00

Reason for change:

Even at the staffing levels used by DDD, the certification system was inconsistently implemented, as verified by the 2002 CMS Waiver Review. DDD's approach was to make the system accountable regionally. Consistent implementation and interpretation of standards were not occurring, partly due to this regionalization of the process. In addition, when deficient practices were identified, including those affecting basic client health, and safety, CMS found that DDD did not follow-up consistently on the prescribed corrections, and that documented problems went uncorrected. CMS also found that systems monitoring corrective action completion at DDD headquarters were not consistently utilized. Besides the possibility of jeopardizing client health and safety, this lack of follow-through in correcting identified problems in certified programs could endanger waiver funding.

DP Code/Title: M2-EA Supported Living
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

The entire certification process is in the process of being transformed to better support client health, safety, choice and quality of life, thereby better meeting CMS expectations and protocols. Evaluators are now using federal sample size guidelines and are using observational techniques recommended by CMS. Staff to perform on-site confirmations of implementation of corrective actions would enable RCS to meet another CMS expectation.

Impact on clients and services:

The certification process, as presently implemented, uses 2.0 FTEs (2.0 RCS headquarters program managers) and 11.0 contractors. The 6.5 FTEs requested (1.0 staff per region, totaling 6.0 surveyors, to do required follow-up to ensure compliance issues have been corrected, and 0.5 clerical FTE to support the increase in documentation required by closing holes in the certification system) will enable ADSA to better promote client health, safety, choice and quality of life, as well as limiting liability through the implementation of a comprehensive system for supporting residential program compliance.

Contracted vendors, clients and their representatives will all benefit from the expectation of the consistent application of rule. By tightening the certification system with better follow-through, repeat findings in programs (some of a serious nature) will be reduced and care and services for people with developmental disabilities will be better served. These requested FTEs to maintain the residential certification system would positively impact the over 3,900 people served by these certified programs, their families, and those who advocate for them, as well as positively influencing the 145 programs that provide these Supported Living and Certified Group Home services, and the vendor organizations that represent them.

Impact on other state programs:

Moving certification responsibility to RCS from DDD has allowed DDD to focus on resource development and case management. In the recently implemented DDD community based federal waivers, the certification system plays a prominent role in the quality assurance framework for both the Core Waiver and the Community Protection Waiver. The FTEs requested would allow RCS to do the level of quality assurance review that is required in the DDD waivers.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

The WAC (388-820) is being revised to reflect the change in responsibility for the certification process. These are minor changes in language not policy. The language revisions will reflect the changes in practice. Changes in the 11.0 evaluator contracts have already been made and new contracts have been executed.

Alternatives explored by agency:

Other options are limited. No other division has the regulatory experience to execute these certifications and review corrective actions for proper implementation. JLARC welcomed the change, citing RCS strengths in related work.

Budget impacts in future biennia:

The costs associated with the new staff would carry forward into future biennia at $603,000 per fiscal year, which is a small decrease compared to Fiscal Year 2006 estimates, due to the one-time equipment costs for new staff.

Distinction between one-time and ongoing costs:

One-time start-up equipment costs for new staff include computers, software and other equipment expenditures totaling $58,000. Ongoing costs total $603,000 each fiscal year.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-EA Supported Living
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Effects of non-funding:

Standards for the certified residential programs contracted by DDD are written to support client health, safety, choice, and quality of life. The certification evaluation system is dedicated to preserving and safe guarding the health of all of the clients served in certified residential settings. By not performing on-site examinations to ensure the correction of services and systems that were cited as substandard, clients and the state will be subjected to increased risks. The DDD Core and Community Protection Waivers Quality Assurance plans commit to a system of certification as described by this level of funding. Without executing certifications and the resulting corrective action reviews in the manner described, it would be difficult to be able to meet the expectations of CMS for basic client health and safety.

Expenditure Calculations and Assumptions:

See attachment - LTC M2-EA Supported Living.xls

Object Detail

		FY 1	FY 2	Total
Program 050 Objects				
A	Salaries And Wages	411,000	411,000	822,000
B	Employee Benefits	99,000	99,000	198,000
E	Goods And Services	44,000	44,000	88,000
G	Travel	26,000	26,000	52,000
J	Capital Outlays	71,000	13,000	84,000
T	Intra-Agency Reimbursements	10,000	10,000	20,000
	Total Objects	**661,000**	**603,000**	**1,264,000**

DSHS Source Code Detail

Program 050		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	**Title**			
0011	General Fund State	331,000	302,000	633,000
	Total for Fund 001-1	**331,000**	**302,000**	**633,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	**Title**			
19UL	Title XIX Admin (50%)	330,000	301,000	631,000
	Total for Fund 001-C	**330,000**	**301,000**	**631,000**
	Total Program 050	**661,000**	**603,000**	**1,264,000**

2005-07 Biennium
M2-EA Supported Living

2005-07 Biennium: Supported Living

	FY06		FY07		05-07 BN	
	GF-S	Total	GF-S	Total	GF-S	Total
6.5 FTEs	331,000	661,000	302,000	603,000	633,000	1,264,000
Total	331,000	661,000	302,000	603,000	633,000	1,264,000

				0.24	3200	3500	4000	10200 2000	1560	
FY06	**FTEs**	**Monthly**	**Salaries**	**Benefits**	**Goods/services**	**Lease/Energy**	**Travel**	**Equip**	**ISSD**	**Total**
			A	B	E	ED	G	J	T	
Surveyor	6.0	5,500	396,000	95,000	19,000	21,000	24,000	61,000	9,000	625,000
Clerical Support (CM)	0.5	2,468	15,000	4,000	2,000	2,000	2,000	10,000	1,000	36,000
Total	6.5		411,000	99,000	21,000	23,000	26,000	71,000	10,000	661,000
							2000			
FY07			A	B	E	ED	G	J	T	
Surveyor	6.0	5,500	396,000	95,000	19,000	21,000	24,000	12,000	9,000	576,000
Clerical Support (CM)	0.5	2,468	15,000	4,000	2,000	2,000	2,000	1,000	1,000	27,000
Total	6.5		411,000	99,000	21,000	23,000	26,000	13,000	10,000	603,000

$58,000 One-time costs associated with new staff start-up equipment costs. 58,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-EC RPP & Civil Fine Case Attorneys
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package requests funding for two in-house attorneys and part-time clerical support to represent the Residential Care Services Division (RCS) of Aging and Disability Services Administration (ADSA) in administrative hearings for the Resident Protection Program (RPP) and civil fine appeals in the Adult Family Home and Boarding Home programs. RCS is required to represent the Department of Social and Health Services in these matters. Litigation volume is increasing, is increasingly more complex, and requires legal expertise and clerical support to produce the required documents. RCS does not have staff able to produce this type of work at the level of expertise that is required and the Office of the Attorney General (OAG) is unable to provide the necessary level of support.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	122,000	110,000	232,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	122,000	109,000	231,000
Total Cost	**244,000**	**219,000**	**463,000**

Staffing	FY 1	FY 2	Annual Avg
Program 050 FTEs	**2.5**	**2.5**	**2.5**

Package Description:

Nursing Homes:
RCS Division licenses and regulates nursing homes. The RPP is part of RCS and of the ADSA. The RPP is federally mandated to conduct investigations in nursing homes to determine whether individuals working in those facilities, alleged to have committed abuse, neglect or misappropriation of the funds of vulnerable adults, should have a finding of such made against them. A finding of such behavior would permanently disqualify an individual from working in nursing homes, or other long-term care settings, thus protecting vulnerable residents.

The individual against whom a finding is made has a right to an administrative hearing. Approximately one-third of the RPP findings are appealed each year. These cases are presented to an Administrative Law Judge in the Office of Administrative Hearings (OAH), and are complex in nature and require legal expertise in their preparation and presentation. Federal law mandates that the hearing process be completed within 120-days of the hearing request date by the individual.

Because of the 120-day deadline, current staff must quickly respond to this urgent activity. RCS' staff, program manager/legal representative and assistant program manager, handle approximately 70 percent of the litigation in the RPP, because Assistant Attorney General (AAG) resources are frequently unavailable when requested. This has resulted in a reduction of the number of staff available to handle RPP investigation work. It is not uncommon for an investigation to be delayed by several months due to lack of program resources.

Adult Family Homes and Boarding Homes:
RCS also licenses and regulates Boarding Homes and Adult Family Homes. This activity includes the imposition of enforcement actions when the licensee is found to be out of compliance with program requirements. Civil fines, specific amounts established in statute, are mandatory enforcement actions for certain deficiencies. Licensees are increasing the number of requests to appeal department enforcement actions, because of the impact to their business records and the increased cost of their liability insurance.

Due to internal revisions, the OAG made the decision to only represent RCS/ADSA for Adult Family Home and Boarding

DP Code/Title: M2-EC RPP & Civil Fine Case Attorneys
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Home cases for appeals from civil fines of $1,000 or more, but to stop providing representation for appeals from civil fines below $1,000. Appellants, who are claiming impact on their businesses and insurance coverage, are more frequently and vigorously fighting citations and are hiring legal counsel to represent them. These cases often involve several issues, become heavily fact specific and take an extraordinary amount of time to prepare for, try, and complete. These cases are also heard by an OAH Administrative Law Judge and require legal expertise to present. The time frames for the civil fine cases are set by the OAH and in statute.

This item affects the LTC Investigations/Quality Assurance activity inventory category and the statewide result area of improving the security of vulnerable children and adults.

Narrative Justification and Impact Statement

How contributes to strategic plan:

ADSA goal to ensure quality improvement in long-term care services is supported by ensuring legal representation to remove abusive caregivers from nursing homes, and by defending the department enforcement actions involving civil fines under $1,000 in Boarding Homes and Adult Family Homes. This activity ensures the safety, and the physical and mental health of the long-term care residents. By permanently disqualifying a caregiver who has been found to have abused, neglected or exploited residents from employment in long-term care, harm to vulnerable adults is being prevented. By holding Boarding Homes and Adult Family Homes accountable for deficiencies at all levels, the overall protection of long-term care residents is enhanced.

Measurements of success in the nursing home program include an increase in the number of RPP cases that are investigated. In some cases, these investigations result in disqualification of abusive caregivers. Representation in civil fine cases by dedicated legal staff will result in more efficient and effective handling of cases.

Performance Measure Detail

Program: 050

	Incremental Changes	
Activity: E054 LTC Investigations/Quality Assurance	**FY 1**	**FY 2**
No measures linked to package	0.00	0.00

Reason for change:

Legal representation is not available due to the OAG withdrawal from representation of RCS in specific cases and the restrictive workload issues of certain AAGs. Dedicated in-house legal representation is required for RPP, and the Boarding and Adult Family Home programs.

This decision package will provide the necessary legal representation to ensure the ongoing protection of health, safety, and welfare of the vulnerable adults in long-term care settings. The legal representation needs are currently not met at the level necessary to accomplish the mandated goals of the programs.

Impact on clients and services:

Allocation of the new staff will allow RCS to adequately represent the department in hearings that will disqualify abusive caregivers from employment in long-term care settings and to perform timely investigations of all cases of alleged abuse, neglect or financial exploitation of vulnerable adults living in nursing homes. It will also allow RCS to adequately represent the department in civil fine enforcement cases related to boarding and adult family homes.

Support:
Long-Term Care Ombudsman Program

DP Code/Title: M2-EC RPP & Civil Fine Case Attorneys
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Resident Councils of Washington

Oppose:
Possibly the adult family home providers

Impact on other state programs:

None

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

In order to meet the demands of the administrative hearing process, and to protect in the most egregious cases, RCS has temporarily moved a staff person out of investigation into representation and reduced the number and type of cases that are investigated in a timely manner. This has resulted in cases of alleged abuse and neglect not receiving a timely investigation. The lack of timeliness reduces the department's ability to adequately investigate as evidence is lost, or destroyed. This results in increased risk to the vulnerable residents.

The only alternative to representation would be to abdicate that duty, lose at hearings, and not pursue alleged perpetrators.

Budget impacts in future biennia:

The new staff will be hired in July of 2005. The ongoing cost is $216,000 per fiscal year and will carry forward into the 2007-09 Biennium.

Distinction between one-time and ongoing costs:

$25,000 is one-time funding in Fiscal Year 2006 for the start-up equipment costs for new staff.

Effects of non-funding:

Vulnerable adults will not receive protection from a caregiver who has been found to have abused, neglected, misappropriated, or exploited a nursing home resident. Individuals responsible for committing such acts would have the opportunity to repeat these acts. Quality assurance in licensed settings includes interim sanctions, such as civil fines, in order to assist in holding licensees accountable for substandard care that affects residents. The deficiencies resulting in civil fines often represent significant failed practice with potential for serious harm to residents. Failure to support an enforcement sanction weakens the opportunities for the department to compel improved services before a larger problem develops and causes harm to more residents.

Expenditure Calculations and Assumptions:

See attachment - LTC M2-EC RPP & Civil Fine Case Attorneys.xls

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-EC RPP & Civil Fine Case Attorneys
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Object Detail

		FY 1	FY 2	Total
Program 050 Objects				
A	Salaries And Wages	152,000	152,000	304,000
B	Employee Benefits	36,000	36,000	72,000
E	Goods And Services	17,000	17,000	34,000
G	Travel	5,000	5,000	10,000
J	Capital Outlays	30,000	5,000	35,000
T	Intra-Agency Reimbursements	4,000	4,000	8,000
	Total Objects	**244,000**	**219,000**	**463,000**

DSHS Source Code Detail

Program 050		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	Title			
0011	General Fund State	122,000	110,000	232,000
	Total for Fund 001-1	**122,000**	**110,000**	**232,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	Title			
19UL	Title XIX Admin (50%)	122,000	109,000	231,000
	Total for Fund 001-C	**122,000**	**109,000**	**231,000**
	Total Program 050	**244,000**	**219,000**	**463,000**

2005-07 Biennium
M2-EC RPP Civil Fine Case Attorneys

2005-07 Biennium: Civil Fines & RPP
RCS Division

	FY06		FY07		05-07 BN	
	GF-S	Total	GF-S	Total	GF-S	Total
2.5 FTEs	122,000	244,000	110,000	219,000	232,000	463,000
Total	122,000	244,000	110,000	219,000	232,000	463,000

FY06	**FTEs**	**Monthly**	**Salaries**	**Benefits**	**Goods/services**	**Lease/Energy**	**Travel**	**Equip**	**ISSD**	**Total**
			A	B	E	ED	G	J	T	
WMS Band 2 - Attorney	2.0	5,600	134,000	32,000	6,000	7,000	4,000	20,000	3,000	206,000
Secretary Administrative	0.5	2,984	18,000	4,000	2,000	2,000	1,000	10,000	1,000	38,000
Total	2.5		152,000	36,000	8,000	9,000	5,000	30,000	4,000	244,000
							2000			
FY07			A	B	E	ED	G	J	T	
WMS Band 2 - Attorney	2.0	5,600	134,000	32,000	6,000	7,000	4,000	4,000	3,000	190,000
Secretary Administrative	0.5	2,984	18,000	4,000	2,000	2,000	1,000	1,000	1,000	29,000
Total	2.5		152,000	36,000	8,000	9,000	5,000	5,000	4,000	219,000

$25,000 one-time costs associated with new staff start-up equipment costs. 25,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-ED Forecast Cost/Utilization
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This item reflects the costs and savings associated with cost and utilization changes in the July 2004 Forecast from the Department of Social and Health Services (DSHS) Budget Office. This forecast is based on the Caseload Forecast Council June 2004 Forecast.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	(7,811,000)	(2,337,000)	(10,148,000)
001-C General Fund - Basic Account-DSHS Medicaid Federa	(2,633,000)	3,157,000	524,000
Total Cost	**(10,444,000)**	**820,000**	**(9,624,000)**

Staffing

Package Description:

This decision package reflects the costs and savings associated with changes in forecasted service costs and utilization. DSHS Budget Office develops revised per capita cost estimates for Home and Community Based services and expenditure estimates for such things as Nursing Facility Discharge Payments and Estate Recoveries. These anticipated preliminary cost changes are reflected in the decision package.

These cost estimates include allowances for in-home worker wage increases and known rate changes for Nursing Homes and community residential programs. Required program changes are also reflected. Changes in utilization and client mix are also captured through changes in trends.

This item affects the statewide result area of improving the security of vulnerable children and adults.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Funding the cost of providing current services through recognition of utilization and cost changes supports the administration's goals to "Provide Public Value" by strengthening Long-Term Care (LTC) Information and Assistance efforts; "Address Client and Family Needs" by facilitating upgrade to community-residential care models to enhance quality and accountability; and "Strengthening the Home Care Program," including strategies to improve the LTC home care work force. Recognition of caseload and associated cost changes also reflects the administration's goal of "Budget Performance and Economic Value" by managing access to Medicaid long-term care benefits and reducing unnecessary nursing facility capacity and Medicaid nursing facility caseload.

Recognition of the costs of caseload changes reflects the agency balanced scorecard goals of insuring a safety net is in place for people of need, clients maintain maximum independence, services are of high quality, people participate in choices about their services, and clients experience stability.

The Governor's goals to achieve high performance government, improve quality and customer service, and to increase the safety and security of Washington State residents are also supported.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-ED Forecast Cost/Utilization
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Performance Measure Detail

Program: 050

	Incremental Changes FY 1	Incremental Changes FY 2
Activity: E049 LTC Adult Day Health Community Services		
No measures linked to package	0.00	0.00
Activity: E050 LTC Adult Family Home Community Services		
No measures linked to package	0.00	0.00
Activity: E053 LTC In-Home Services		
No measures linked to package	0.00	0.00
Activity: E055 LTC Residential Community Services		
No measures linked to package	0.00	0.00
Activity: E064 Nursing Home Services		
No measures linked to package	0.00	0.00
Activity: E077 Program For All-Inclusive Care for the Elderly		
No measures linked to package	0.00	0.00

Reason for change:

The expenditures presented in this decision package reflect the most current forecasts of per capita and expenditures for LTC programs.

Impact on clients and services:

This step reflects the costs associated with providing services to clients eligible, under current law, for LTC programs.

Impact on other state programs:

None

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

Not applicable

Alternatives explored by agency:

Alternatives have been explored in the past with the caseload driven forecast determined as the most appropriate alternative to provide the balance of service and funding requirements.

Budget impacts in future biennia:

Cost and utilization trends, as well as anticipated changes to the current program, can be anticipated to continue into future biennia.

Distinction between one-time and ongoing costs:

DP Code/Title: M2-ED Forecast Cost/Utilization
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Cost and utilization changes are ongoing.

Effects of non-funding:

With the exception of a very small portion of state-only costs, the expenditures reflected in this forecast are for Medicaid entitlement programs, and must be funded.

Expenditure Calculations and Assumptions:

See attachment LTC M2-ED Forecast Cost-Utilization.xls

Object Detail	FY 1	FY 2	Total
Program 050 Objects			
N Grants, Benefits & Client Services	(10,444,000)	820,000	(9,624,000)

DSHS Source Code Detail	FY 1	FY 2	Total
Program 050			
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	(7,811,000)	(2,337,000)	(10,148,000)
Total for Fund 001-1	**(7,811,000)**	**(2,337,000)**	**(10,148,000)**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19TA Title XIX Assistance (FMAP)	(2,633,000)	3,157,000	524,000
Total for Fund 001-C	**(2,633,000)**	**3,157,000**	**524,000**
Total Program 050	**(10,444,000)**	**820,000**	**(9,624,000)**

2005-07 Biennium
M2-ED Forecast Cost/Utilization

		Caseload	Expenditures Total	Expenditures State		Per Capitas Total	Per Capitas State
FY05 - 2004 Supplemental							
X01	Nursing Facilities	12,378	542,325,730	272,149,875	50.18%	3,651.14	1,832.21
X40	Adult Day Health	1,976	13,888,895	7,224,524	52.02%	585.73	304.68
X43	NF Discharge	-	501,756	501,756	100.00%		
X48	Private Duty Nurse	77	9,847,993	4,923,999	50.00%	10,658.00	5,329.00
X49	Recoveries	-	(15,698,336)	(7,760,688)	49.44%		
X61	In-Home	26,022	312,480,654	155,903,641	49.89%	1,000.69	499.27
X62	Adult Family Homes	3,472	48,115,823	24,847,338	51.64%	1,154.85	596.37
X63	Adult Residential Centers	1,576	17,969,810	9,407,858	52.35%	950.18	497.45
X64	Assisted Living	4,813	60,666,965	31,055,686	51.19%	1,050.40	537.70
X65	PACE	200	6,191,137	3,095,572	50.00%	2,579.64	1,289.82
		50,514	**996,290,427**	**501,349,561**	50.32%	**1,643.59**	**827.08**
2005-07 CFL							
X01	Nursing Facilities	12,378	545,635,000	273,890,000	50.20%	3,673.42	1,843.93
X40	Adult Day Health	1,976	13,889,000	7,225,000	52.02%	585.74	304.70
X43	NF Discharge	-	502,000	502,000	100.00%		
X48	Private Duty Nurse	77	9,848,000	4,924,000	50.00%	10,658.01	5,329.00
X49	Recoveries	-	(16,098,000)	(7,961,000)	49.45%		
X61	In-Home	26,022	336,607,000	169,266,000	50.29%	1,077.96	542.06
X62	Adult Family Homes	3,472	49,931,000	25,777,000	51.63%	1,198.42	618.69
X63	Adult Residential Centers	1,576	18,630,000	9,749,000	52.33%	985.09	515.49
X64	Assisted Living	4,813	63,191,000	32,347,000	51.19%	1,094.10	560.06
X65	PACE	200	6,191,000	3,096,000	50.01%	2,579.58	1,290.00
		50,514	**1,028,326,000**	**518,815,000**	50.45%	**1,696.44**	**855.89**

2005-07 Biennium
M2-ED Forecast Cost/Utilization

	Caseload	Expenditures Total	Expenditures State		Per Capitas Total	Per Capitas State
FY06 - July 2004						
X01	12,145	526,814,513	264,353,416	50.18%	3,614.76	1,813.87
X40	2,006	14,251,515	7,405,834	51.97%	592.04	307.65
X43	-	551,424	551,424	100.00%		
X48	81	10,564,724	5,282,366	50.00%	10,869.06	5,434.53
X49	-	(19,037,268)	(9,272,496)	48.71%		
X61	26,830	353,295,999	176,358,816	49.92%	1,097.33	547.77
X62	3,649	51,700,766	26,078,575	50.44%	1,180.71	595.56
X63	1,642	20,320,618	10,271,928	50.55%	1,031.29	521.31
X64	5,271	64,401,285	32,609,532	50.63%	1,018.17	515.55
X65	200	5,259,381	2,629,694	50.00%	2,191.41	1,095.71
	51,824	**1,028,122,957**	**516,269,089**	50.21%	**1,653.23**	**830.16**
	49,737					
FY07 - July 2004						
X01	11,974	527,579,277	264,737,176	50.18%	3,671.70	1,842.44
X40	2,102	15,367,068	7,963,610	51.82%	609.22	315.72
X43	-	551,424	551,424	100.00%		
X48	86	10,912,628	5,456,319	50.00%	10,574.25	5,287.13
X49	-	(19,641,684)	(9,559,716)	48.67%		
X61	27,701	370,377,333	184,829,082	49.90%	1,114.21	556.02
X62	3,736	52,823,715	26,641,161	50.43%	1,178.26	594.24
X63	1,708	20,669,199	10,448,608	50.55%	1,008.45	509.79
X64	5,704	68,251,096	34,565,326	50.64%	997.12	504.99
X65	200	5,259,381	2,629,694	50.00%	2,191.41	1,095.71
	53,211	**1,052,149,437**	**528,262,684**	50.21%	**1,647.76**	**827.31**
	51,023					

2005-07 Biennium
M2-ED Forecast Cost/Utilization

	Change in:	Expenditures					
		Due to Caseload			Due to Cost/Utilization Changes		
	Caseload	Total	State	Federal	Total	State	Federal
FY06 - July 2004							
X01	(233)	(10,271,000)	(5,156,000)	(5,115,000)	(8,549,000)	(4,381,000)	(4,168,000)
X40	30	211,000	110,000	101,000	152,000	71,000	81,000
X43	-	-	-	-	49,000	49,000	-
X48	4	512,000	256,000	256,000	205,000	102,000	103,000
X49	-	-	-	-	(2,939,000)	(1,311,000)	(1,628,000)
X61	808	10,452,000	5,256,000	5,196,000	6,237,000	1,837,000	4,400,000
X62	177	2,545,000	1,314,000	1,231,000	(775,000)	(1,012,000)	237,000
X63	66	780,000	408,000	372,000	911,000	115,000	796,000
X64	458	6,013,000	3,078,000	2,935,000	(4,803,000)	(2,815,000)	(1,988,000)
X65	-	-	-	-	(932,000)	(466,000)	(466,000)
		10,242,000	**5,266,000**	**4,976,000**	**(10,444,000)**	**(7,811,000)**	**(2,633,000)**
FY07 - July 2004							
X01	(404)	(17,809,000)	(8,939,000)	(8,870,000)	(247,000)	(214,000)	(33,000)
X40	126	886,000	461,000	425,000	592,000	278,000	314,000
X43	-	-	-	-	49,000	49,000	-
X48	9	1,151,000	576,000	575,000	(86,000)	(44,000)	(42,000)
X49	-	-	-	-	(3,544,000)	(1,599,000)	(1,945,000)
X61	1,679	21,719,000	10,921,000	10,798,000	12,051,000	4,642,000	7,409,000
X62	264	3,797,000	1,960,000	1,837,000	(904,000)	(1,096,000)	192,000
X63	132	1,560,000	817,000	743,000	479,000	(117,000)	596,000
X64	891	11,698,000	5,988,000	5,710,000	(6,638,000)	(3,770,000)	(2,868,000)
X65	-	-	-	-	(932,000)	(466,000)	(466,000)
		23,002,000	**11,784,000**	**11,218,000**	**820,000**	**(2,337,000)**	**3,157,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-EE APS Registry
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Funding is requested to purchase database software and user licenses and hire staff to modify and maintain the Adult Protective Services Automated System (APSAS) and develop an interface between the DSHS Background Checks Central Unit (BCCU) database and the APSAS. The automated interface will enhance the thoroughness and accuracy of DSHS background checks by providing direct access to information about perpetrators with Adult Protective Services (APS) substantiated findings of abuse, abandonment, neglect or financial exploitation of a vulnerable adult.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	117,000	64,000	181,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	116,000	64,000	180,000
Total Cost	**233,000**	**128,000**	**361,000**

Staffing	FY 1	FY 2	Annual Avg
Program 050 FTEs	**2.5**	**1.5**	**2.0**

Package Description:

This decision package requests funding for modifications to the APSAS for development and maintenance of an interface between the APSAS database and the BCCU database. This interface will be used to support the implementation of the registry of perpetrators by updating the BCCU database with substantiated APS findings. Individuals who have had an APS finding of abuse, abandonment, neglect or financial exploitation are not eligible to provide care to vulnerable adults and children. This interface is necessary to comply with Chapters 74.39 RCW and 74.34 RCW regarding the quality of services provided and the protection of vulnerable adults.

In October 2003, APS began offering alleged perpetrators the right to request an administrative hearing to challenge an APS substantiated finding of abuse, abandonment, neglect or financial exploitation of a vulnerable adult. The 2004 Supplemental Budget provided some funding to initiate due process.

Funds are now requested for further administrative hearing-related modifications to the APSAS database and to develop and maintain an interface between the APSAS and BCCU databases. An overview:

APS to BCCU Interface: Create automated interface for transmitting data from APSAS to the BCCU database. Assumptions: Daily batch or real time updates, secure / encrypted.

Substantiated Perpetrator Hearing Data Elements: Add data elements to APSAS to document the hearing process and outcome for each case. Probably as an additional tab within the APSAS application.

Services Victim Receives During APS Investigation Data Elements: Add data elements to track the services provided to victims during APS investigations. This information is needed for monthly Centers for Medicare & Medicaid Services (CMS) cost allocation reports.

Notification Letter: Generation, tracking, and saving the legal notification letters to alleged perpetrators.

Reports: Create on-line hearing-related quality assurance reports to provide information regarding: 1) Number of hearings and their outcomes and status; 2) The substantiated perpetrators referred to BCCU; and 3) Services APS clients involved in

DP Code/Title: M2-EE APS Registry
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

hearings receive during APS investigation.

This item affects the Long Term Care (LTC) Administration's activity inventory category and the statewide result area of improving the security of vulnerable children and adults.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This funding directly supports the ADSA Mission as identified in the 2003-2005 Strategic Plan that stated: "To achieve this purpose, we... protect adults from abuse, neglect, abandonment and exploitation."

This funding directly supports these DSHS/ADSA goals identified for Fiscal Years 2006 and 2007 (taken from the ADSA 2006-2011 Strategic Plan): A. Improve Client Health and Safety - Public Value. Goal 1: Appropriate quality services are available in the least restrictive, most cost effective setting appropriate to clients' needs.

Performance Measure Detail

Program: 050

	Incremental Changes	
Activity: E051 LTC Care Administration	**FY 1**	**FY 2**
No measures linked to package	0.00	0.00

Reason for change:

All alleged perpetrators with an APS substantiated finding of abuse, abandonment, neglect or financial exploitation now have the right to request an administrative hearing to challenge the finding. When the APS substantiated finding is upheld through due process, or the alleged perpetrator declines to request a hearing, the finding becomes final. APS must communicate the final finding to BCCU for inclusion in DSHS background check results. The BCCU screens individuals who seek to work with vulnerable adults or children, or become licensed, certified or contracted with the department to serve vulnerable adults or children. Additionally, under RCW 74.39A.260, DSHS will conduct background checks and provide the Home Care Quality Authority with access to abuse and neglect information. APS final findings must be communicated to BCCU to be accessible to the HCQA for use with the Caregiver Referral Registry currently under development.

Automation is necessary to ensure that the BCCU receives accurate and timely information about substantiated APS final findings. The automation will reduce the exposure to liability associated with the significant risk of errors, omissions and breaches of confidentiality of sensitive information (e.g., perpetrator name, social security number and birth date) that occur without a direct database to database interface.

The addition of substantiated perpetrator/hearing-related data elements to APSAS will also increase accountability, and improve program management and oversight of hearing-related activities related to the APS program.

Impact on clients and services:

The successful completion of this interface between the APSAS and BCCU systems will protect vulnerable adults and improve the quality of services provided to vulnerable adults by: 1) Enabling the BCCU to access and integrate APS information and ensure comprehensive background check results; 2) Supporting informed consumer choice by providing accurate, timely and comprehensive information about the backgrounds of possible individual providers, which reduces the risk of uninformed hiring decisions; and 3) Reducing the risk to the department in contracting with individual providers who are no longer qualified to provide personal care services under Medicaid programs, or in licensing, certifying or contracting with providers to serve vulnerable adults or children with a prior identified history of abuse, abandonment, neglect or financial exploitation of a vulnerable adult.

DP Code/Title: M2-EE APS Registry
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Impact on other state programs:

The APSAS modifications funded by this request will affect the quality of information in the DSHS BCCU database.

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

Not applicable

Alternatives explored by agency:

After completing a detailed evaluation of the DSHS Economic Services Administration (ESA) Fair Hearing Control System, it was determined that modification of the APSAS database was a more cost effective and feasible solution than seeking the significant changes that would be required to make the ESA Fair Hearing Control System functional for APS.

Budget impacts in future biennia:

One FTE has been requested, on an ongoing basis, to maintain the APSAS system and to support the APSAS interface with BCCU. Annual costs of $80,000 will be carried forward into future biennia.

Distinction between one-time and ongoing costs:

$27,000 is one-time funding in Fiscal Year 2006 for start-up equipment costs for new staff.

One-time funding: Systems Analyst position is in Fiscal Year 2006 only. Information Technology Project Manager position for Fiscal Years 2006 and 2007 only.

One FTE and related expenditures will be on-going and will carry forward into the 2007-09 Biennium at $80,000 per fiscal year.

Effects of non-funding:

Failure to automate the transmission of information between APSAS and BCCU places DSHS at risk of liability for inaccurate background checks resulting from lost, incomplete or inaccurate information about individuals with substantiated APS findings of abuse, abandonment, neglect or financial exploitation. The consumers of BCCU background check information include clients, providers, agencies, and the applicants about whom the background check is being run. Inaccurate or incomplete information resulting in the hiring of an unqualified caregiver could jeopardize federal funding for failure to ensure client health and safety.

Failure to modify APSAS to gather appropriate hearing-related data used to generate monthly cost-allocation reports places DSHS at risk of inaccurate reporting to CMS, which could negatively impact federal funding.

Failure to gather and document appropriate hearing-related information precludes quality assurance monitoring of APS hearing-related activity.

Expenditure Calculations and Assumptions:

One FTE position (Systems Analyst) is required for 12 months. The IT Project Manager position is required for 24 months. The Programmer position is required on-going to maintain the APSAS system.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-EE APS Registry
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

See attachment - LTC M2-EE APS Registry.xls

Object Detail

		FY 1	FY 2	Total
Program 050 Objects				
A	Salaries And Wages	141,000	87,000	228,000
B	Employee Benefits	34,000	21,000	55,000
E	Goods And Services	18,000	11,000	29,000
G	Travel	5,000	3,000	8,000
J	Capital Outlays	30,000	3,000	33,000
T	Intra-Agency Reimbursements	5,000	3,000	8,000
	Total Objects	**233,000**	**128,000**	**361,000**

DSHS Source Code Detail

Program 050		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	**Title**			
0011	General Fund State	117,000	64,000	181,000
	Total for Fund 001-1	**117,000**	**64,000**	**181,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	**Title**			
19UL	Title XIX Admin (50%)	116,000	64,000	180,000
	Total for Fund 001-C	**116,000**	**64,000**	**180,000**
	Total Program 050	**233,000**	**128,000**	**361,000**

2005-07 Biennium
M2-EE APS Registry

2005-07 Biennium: APS Registry Interface
HCS Division

	FY06		FY07		05-07 BN	
	GF-S	Total	GF-S	Total	GF-S	Total
2.5 FTEs (1 FTE on-going)	117,000	233,000	64,000	128,000	181,000	361,000
Total	117,000	233,000	64,000	128,000	181,000	361,000

FY06	**FTEs**	**Monthly**	**Salaries**	**Benefits**	**Goods/services**	**Lease/Energy**	**Travel**	**Equip**	**ISSD**	**Total**
			A	B	E	ED	G	J	T	
Systems Analyst	1.0	4,540	54,000	13,000	3,000	4,000	2,000	10,000	2,000	88,000
Programmer	1.0	4,540	54,000	13,000	3,000	4,000	2,000	10,000	2,000	88,000
IT Project Mgr WMS Band 2	0.5	5,500	33,000	8,000	2,000	2,000	1,000	10,000	1,000	57,000
Total	2.5		141,000	34,000	8,000	10,000	5,000	30,000	5,000	233,000
FY07			A	B	E	ED	G	J	T	
Programmer	1.0	4,540	54,000	13,000	3,000	4,000	2,000	2,000	2,000	80,000
IT Project Mgr WMS Band 2	0.5	5,500	33,000	8,000	2,000	2,000	1,000	1,000	1,000	48,000
Total	1.5		87,000	21,000	5,000	6,000	3,000	3,000	3,000	128,000

One-time funding: Systems Analyst position is FY 2006 only. IT Project Manager position for FY 2006 & FY 2007 only. 361,000
$27,000 one-time start-up equipment costs are associated with new staff. 27,000
On-going funding: Programmer to maintain the APSAS system.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-EG Quality Assurance Policy and IT Sup
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This proposal funds the staff needed to meet the Centers for Medicare and Medicaid Services (CMS) requirements for quality assurance activities in Level of Care Determinations, Plans of Care, Choice, Qualified Providers, Health and Welfare, Administrative Authority, and Financial Accountability outlined in the CMS Protocols. These protocols, instituted in 2004, require Aging and Disability Services Administration (ADSA) to ensure quality assurance and improvement by developing self-monitoring activities. Providing CMS with detailed evidence of ADSA quality assurance (QA) activities replaces the CMS focus of conducting on-site quality reviews.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	175,000	159,000	334,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	175,000	158,000	333,000
Total Cost	**350,000**	**317,000**	**667,000**

Staffing	FY 1	FY 2	Annual Avg
Program 050 FTEs	**3.5**	**3.5**	**3.5**

Package Description:

To ensure continued federal Centers for Medicare and Medicaid Services (CMS) funding for long-term care programs, 3.5 staff are needed to continue developing and implementing Quality Assurance (QA) policy and monitoring efforts and the supporting QA software application. The software application consists of an intricate combination of modules used to assure the quality, consistency, and completeness of functional eligibility assessments and care plans for individuals on, or applying for long-term care services.

Funding for these positions was previously provided by the Real Choices Grant, which has now expired, and is not included in the current budgeted level. CMS requires that ADSA have a process to analyze and act on QA findings. ADSA requests funding for these 3.5 FTEs in order to: 1) Comply with CMS protocols; 2) Implement the next phase of QA activities, such as Adult Protective Services (APS), Washington Management Integration Project (WMIP), High Risk Indicators, Client/provider feedback/survey and Developmental Disabilities modules; and 3) Maintain the quality assurance program. Policy and application development will begin July 1, 2005.

This item affects the Long Term Care (LTC) Administration and LTC Investigations/Quality Assurance activity inventory categories and the statewide result area of improving the security of vulnerable children and adults.

Narrative Justification and Impact Statement

How contributes to strategic plan:

ADSA's strategic plan specifically requires that ADSA "fully implement quality assurance protocols for Home and Community Services (HCS), Area Agencies on Aging (AAA) & Division of Developmental Disabilities (DDD) for client eligibility, assessment, care planning and case management, including QA links to the Comprehensive Assessment Reporting Evaluation (CARE) tool, development of triggers in CARE phase 2 to determine if interventions in service plans are working, and adjustments to interventions as necessary."

The strategic plan supports the CMS Protocol requirements of monitoring to ensure the health and safety of our clients.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-EG Quality Assurance Policy and IT Sup
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Funding for these positions is necessary to support and achieve the quality assurance activities, which are an intrinsic part of the Strategic Plan. The Strategic Plan requires a continuity of investment in quality assurance, including fully implemented quality assurance protocols relating to health and safety and case management. Measures that indicate success include: HCS/AAA QA compliance levels, APS complaint visits are timely and correctly completed, and the number of clients enrolled in the WMIP project.

Performance Measure Detail

Program: 050

	Incremental Changes FY 1	FY 2
Activity: E051 LTC Care Administration		
No measures linked to package	0.00	0.00
	Incremental Changes FY 1	**FY 2**
Activity: E054 LTC Investigations/Quality Assurance		
No measures linked to package	0.00	0.00

Reason for change:

These positions are critical in meeting the requirements outlined in the CMS protocols. Failure to meet these requirements could result in loss of funding for our waiver programs. For federal funding to continue, ADSA must provide evidence that a monitoring process is in place. This process must ensure that: 1) The six "assurances" A) Monitoring Level of Care, B) Monitoring Plans of Care, C) Monitoring Providers D) Monitoring Participant Health and Welfare, E) Monitoring Administrative (when operating agency differs from Medicaid agency) and F) Monitoring Financial Accountability outlined in the Protocol are met; and 2) ADSA has the ability to act on individual findings and also to analyze overall findings to determine whether there are patterns, or trends that require a change in rules, policies, program design, training, or other systemic level intervention.

Impact on clients and services:

These positions will enhance services to clients by ensuring that services are accurately authorized and plans meet the needs of the clients. Previous grant funding has been terminated, thereby eliminating policy and technical development and support for this project. This impedes the timely review of files, necessary changes to policy, and the automated process of collecting and analyzing data. As a result, improvements to services for our clients are slower to occur.

Impact on other state programs:

This decision package does not alter the costs, workload, operations, or revenues in another agency, program or unit of local or federal government.

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

Not applicable

Alternatives explored by agency:

More cost-effective alternative quality assurance activities do not exist that will provide the required level of data and inter-rater reliability. This approach was chosen because accomplishing these necessary activities can only be achieved through paid staff.

Budget impacts in future biennia:

DP Code/Title: M2-EG Quality Assurance Policy and IT Sup
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

With the exception of one programmer position, FTEs and related expenditures ($227,000 per year) are expected to continue into future biennia.

Distinction between one-time and ongoing costs:

One-time start-up equipment costs for four new staff in Fiscal Year 2006 only. One programmer is needed only through June 30, 2007. All other FTEs and expenditures will be ongoing.

Effects of non-funding:

Currently, funding is not available to continue policy development/implementation and technical maintenance/development of the quality assurance program. Without adequate staff to continue policy and procedure development, offer technical expertise, and support and implement quality assurance activities, we are not able to ensure compliance with CMS protocol and waiver requirements, which could result in loss of funding for our long-term care programs. This could affect over 30,000 clients statewide.

Expenditure Calculations and Assumptions:

See attachement - LTC M2-EG Quality Assurance Policy & IT Support.xls

Object Detail		FY 1	FY 2	Total
Program 050 Objects				
A	Salaries And Wages	220,000	220,000	440,000
B	Employee Benefits	53,000	53,000	106,000
E	Goods And Services	24,000	24,000	48,000
G	Travel	7,000	7,000	14,000
J	Capital Outlays	40,000	7,000	47,000
T	Intra-Agency Reimbursements	6,000	6,000	12,000
	Total Objects	**350,000**	**317,000**	**667,000**

DSHS Source Code Detail		FY 1	FY 2	Total
Program 050				
Fund 001-1, General Fund - Basic Account-State				
Sources	**Title**			
0011	General Fund State	175,000	159,000	334,000
	Total for Fund 001-1	**175,000**	**159,000**	**334,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	**Title**			
19UL	Title XIX Admin (50%)	175,000	158,000	333,000
	Total for Fund 001-C	**175,000**	**158,000**	**333,000**
	Total Program 050	**350,000**	**317,000**	**667,000**

2005-07 Biennium
M2-EG Quality Assurance Policy and IT Support

2005-07 Biennium: LTC Quality Assurance Policy and IT Support

	FY06		FY07		05-07 BN	
	GF-S	Total	GF-S	Total	GF-S	Total
3.5 FTEs	175,000	350,000	159,000	317,000	334,000	667,000
Total	175,000	350,000	159,000	317,000	334,000	667,000

FY06	FTEs	Monthly	Salaries	Benefits	Goods/services	Lease/Energy	Travel	Equip	ISSD	Total
			A	B	E	ED	G	J	T	
QA Policy Manager WMS Band 2	1.0	5,108	61,000	15,000	3,000	4,000	2,000	10,000	2,000	97,000
Programmer	2.0	5,266	126,000	30,000	6,000	7,000	4,000	20,000	3,000	196,000
IT Project Mgr WMS Band 2	0.5	5,500	33,000	8,000	2,000	2,000	1,000	10,000	1,000	57,000
Total	3.5		220,000	53,000	11,000	13,000	7,000	40,000	6,000	350,000
							2000			
FY07			A	B	E	ED	G	J	T	
QA Policy Manager WMS Band 2	1.0	5,108	61,000	15,000	3,000	4,000	2,000	2,000	2,000	89,000
Programmer	2.0	5,266	126,000	30,000	6,000	7,000	4,000	4,000	3,000	180,000
IT Project Mgr WMS Band 2	0.5	5,500	33,000	8,000	2,000	2,000	1,000	1,000	1,000	48,000
Total	3.5		220,000	53,000	11,000	13,000	7,000	7,000	6,000	317,000

$33, 000 one-time costs for new staff equipment set-up. 33,000

Maintain and enhance the current system. One Programmer will be required to maintain the system on-going.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-FD Wide Area Network (WAN) Usage
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) is requesting funding to upgrade the Wide Area Network (WAN) infrastructure.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	163,000	106,000	269,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	159,000	103,000	262,000
Total Cost	**322,000**	**209,000**	**531,000**

Staffing

Package Description:

DSHS is requesting upgrades to the WAN core infrastructure to accommodate increased growth of network traffic. This increase in traffic is being created by additional applications using the WAN to provide direct client services.

Many of these heavy network demands are related to the availability and distribution of new Web centric technology. As these new or updated applications are implemented, available bandwidth on the network has become saturated and performance has degraded. Delays and bottlenecks occur, resulting in increased processing time for client services and longer outages. This item replaces equipment and bandwidth that was designed and/or implemented approximately nine years ago. Most of the affected equipment has a projected industry life cycle of three years.

The network structure originating from 250 DSHS offices to the core shared bandwidth is currently oversubscribed by an average ratio of 6:1. This oversubscription is causing major delays, hours of troubleshooting and lost productivity. Newer high speed bandwidth options will help reduce the oversubscription more efficiently than using a "band aid" approach with older technology.

This upgrade will give DSHS the capability to serve clients and constituents in a more efficient manner. Replacing this equipment now will avoid outages and costly repairs due to outdated equipment. Additionally, from a resource perspective, it will become more cumbersome and expensive to add to our outdated network as compared to available newer offerings.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Agency Strategic Plan Goal C: Improve accessibility and service integration.

Agency Strategic Plan Goal D: Improve customer services.

This infrastructure upgrade will allow DSHS to cost effectively implement the required core shared infrastructure and bandwidth to support the direction from both the Governor's Office to streamline government through the use of technology and the Washington State Digital plan.

This infrastructure upgrade supports the DSHS program areas and allows the Information System Services Division (ISSD) to meet the core values of its strategic plan as follows:

DP Code/Title: M2-FD Wide Area Network (WAN) Usage
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

- Ensures ISSD information technology direction is aligned with the department's overall plan,
- Allows delivery of efficient and cost effective information technology solutions that will allow DSHS staff to effectively deliver services to clients,
- Improves network capacity while ensuring accurate communications of information, and
- Upgrades the network infrastructure to keep pace with new and rapidly changing applications.

Performance Measure Detail

Program: 050

	Incremental Changes	
Activity: E051 LTC Care Administration	**FY 1**	**FY 2**
No measures linked to package	0.00	0.00

Reason for change:

Technology has changed and the demand for more networking capacity has increased as DSHS program areas are using new tools to improve and deliver client services more efficiently. The infrastructure currently in place has been used for at least nine years and is not current with newer technology capabilities requirements. There is a high risk of increased and longer duration outages.

Upgrading the infrastructure will allow DSHS to cost effectively increase WAN capacity to meet the emerging business requirements of the agency. More importantly, this upgrade will give DSHS the flexibility and growth driven by new technology and business requirements to meet the agency's business goals.

This infrastructure upgrade also allows DSHS program areas to implement new applications and upgrade older Legacy systems such as but not limited to:

- Customer call centers for faster and more efficient customer service,
- Interactive Voice Response systems so clients can get their client and eligibility information 24-hours a day using their telephone,
- Interactive and static Internet Web pages that provide 24-hour service and save clients from traveling to a Community Service Office (CSO),
- Video services for client interviews at DSHS CSO outstations that do not have the staff to perform these functions at their small facilities,
- Digital sharing and storing of documents, reducing time and costs associated with paper documents, and
- Upgrade legacy batch and mainframe screen systems to Web centric solutions.

Impact on clients and services:

Upgrading the WAN infrastructure will allow all program areas within DSHS to implement applications that improve service delivery to clients. All program areas within DSHS are currently either working on initiatives and/or plans that will improve service delivery to customers that use newer technology. Examples of these initiatives within DSHS that demand additional WAN capacity are:

Economic Service Administration (ESA)
Customer Call Centers that will use the DSHS WAN for both voice and video to allow clients access to their information and a caseworker from their telephone and to receive services without traveling to a DSHS office.

ESA, Division of Child Support (DCS), Social Services Payment System (SSPS)
Interactive Voice Response systems (IVR) that connect the client to their information using their telephone without staff intervention. This allows 24-hour access to client information.

DP Code/Title: M2-FD Wide Area Network (WAN) Usage
Program Level - 050 Long Term Care Services

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Children's Administration, Division of Developmental Disabilities, ESA/DCS, Financial Services Administration
Interactive and static Web pages that allow clients and providers to conduct business with DSHS and receive information on services available and how to receive those services.

Office of Deaf & Hard of Hearing, ESA/DCS
Implement video conferencing to deliver client services, reduces the need for translators in the field for clients and reduces the need to staff small outstations with additional staff.

Impact on other state programs:

Upgrading the WAN infrastructure will allow all program areas within DSHS to implement applications that improve service delivery to clients. All program areas within DSHS are currently either working on initiatives and/or plans that will improve service delivery to customers that use newer technology. Examples of these initiatives within DSHS that demand additional WAN capacity are:

Economic Service Administration (ESA)
Customer Call Centers that will use the DSHS WAN for both voice and video to allow clients access to their information and a caseworker from their telephone and to receive services without traveling to a DSHS office.

ESA, Division of Child Support (DCS), Social Services Payment System (SSPS)
Interactive Voice Response systems (IVR) that connect the client to their information using their telephone without staff intervention. This allows 24-hour access to client information.

Children's Administration, Division of Developmental Disabilities, ESA/DCS, Financial Services Administration
Interactive and static Web pages that allow clients and providers to conduct business with DSHS and receive information on services available and how to receive those services.

Office of Deaf & Hard of Hearing, ESA/DCS
Implement video conferencing to deliver client services, reduces the need for translators in the field for clients and reduces the need to staff small outstations with additional staff.

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

The two available options are: 1) To continue with the current infrastructure, and 2) Implement the upgrade. If DSHS continues with the current infrastructure, it will be unable to meet the agency's business requirements as more demands and requirements are expected of the network.

If the network infrastructure is upgraded, the current network platform would be combined with newer technology provided through the Department of Information Services (DIS). This would leverage current investment and allow use of an installed Frame Relay network consolidating the network hubs together with network offerings including fiber optics, Asyncronous Transfer Mode (ATM), and Digital Subscriber Lines (DSL). In this manner, our shared bandwidth would be consolidated into a more cost effective, expandable resource for all program areas statewide within DSHS. This option allows DSHS to scale the network to fit current demands and allows for cost effective growth as required.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-FD Wide Area Network (WAN) Usage
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Budget impacts in future biennia:

Increased costs for WAN will continue into future biennia.

Distinction between one-time and ongoing costs:

This request is for one-time costs of $2,155, 000 and ongoing costs of $2,135,000 for implementing new equipment, circuits, and high speed network offerings. The result of installing this upgrade will allow DSHS to manage and maintain a robust network that can support varied and complex applications instead of the current aging infrastructure

Effects of non-funding:

The effects of non-funding will affect all program areas and their clients within DSHS and the state of Washington. Many new applications are being implemented that degrade the existing infrastructure. Increased use of staff resources for trouble shooting, slow response times and application timeouts are common due to the non-performance of the current network platform.

Additionally, client services and staff support will be negatively impacted if the upgrade is not deployed. Activities such as determining a client's eligibility, insuring the safety of a child, collecting child support and making timely payments to DSHS contracted providers could be delayed or not successfully completed as required by law, resulting in possible litigation and/or loss of funding.

Expenditure Calculations and Assumptions:

See attachment - AW M2-FD Wide Area Network (WAN) Usage.xls

Object Detail	FY 1	FY 2	Total
Program 050 Objects			
T Intra-Agency Reimbursements	322,000	209,000	531,000

DSHS Source Code Detail	FY 1	FY 2	Total
Program 050			
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	163,000	106,000	269,000
Total for Fund 001-1	**163,000**	**106,000**	**269,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19UL Title XIX Admin (50%)	159,000	103,000	262,000
Total for Fund 001-C	**159,000**	**103,000**	**262,000**
Total Program 050	**322,000**	**209,000**	**531,000**

2005-07 Biennium
ML-FD Wide Area Network (WAN) Usage

	Device Count	Percent	Distribution	Rounded (to $1000)
Fiscal Year 2006				
010 Children and Family Services	3,697	16.02%	$ 527,113	$ 527,000
020 Juvenile Rehabilitation	798	3.46%	113,778	114,000
030 Mental Health	1,174	5.09%	167,387	167,000
030 MHD SCC	289	1.25%	41,205	41,000
040 Developmental Disabilities	1,705	7.39%	243,096	243,000
050 Aging and Adult Services	2,255	9.77%	321,515	322,000
060 Economic Services	10,184	44.13%	1,452,020	1,453,000
070 Alcohol and Substance Abuse	114	0.49%	16,254	16,000
080 Medical Assistance	1,005	4.36%	143,291	143,000
100 Vocational Rehabilitation	858	3.72%	122,332	122,000
110 Administration and Supporting Services	996	4.32%	142,008	142,000
Total	23,075	100.00%	$ 3,290,000	$ 3,290,000
Fiscal Year 2007				
010 Children and Family Services	3697	16.02%	$ 342,063	$ 342,000
020 Juvenile Rehabilitation	798	3.46%	$ 73,834	74,000
030 Mental Health	1174	5.09%	$ 108,624	109,000
030 MHD SCC	289	1.25%	$ 26,740	27,000
040 Developmental Disabilities	1705	7.39%	$ 157,754	158,000
050 Aging and Adult Services	2255	9.77%	$ 208,642	209,000
060 Economic Services	10184	44.13%	$ 942,268	941,000
070 Alcohol and Substance Abuse	114	0.49%	$ 10,548	11,000
080 Medical Assistance	1005	4.36%	$ 92,987	93,000
100 Vocational Rehabilitation	858	3.72%	$ 79,386	79,000
110 Administration and Supporting Services	996	4.32%	$ 92,154	92,000
Total	23075	100.00%	$ 2,135,000	$ 2,135,000

AW M2-FD Wide Area Network (WAN) Usage

2005-07 Biennium
M2-FD Wide Area Network (WAN) Usage

	One Time Costs	Recurring Year 1	Recurring Year 2	Recurring/ On going
Wide Area Network Equipment (WAN)				
Routers (approximately 80)	$700,000	$10,000	$10,000	$10,000
Switches (approsimately 50)	$300,000	$10,000	$10,000	$10,000
WAN Circuit upgrades				
Additional circuits (Permanent Virtual Circuits)	$125,000	$75,000	$75,000	$75,000
Increased network capacity	$400,000	$1,000,000	$2,000,000	$2,000,000
Core Equipment upgrade & management tools				
Routers, Switches, Uninterrupted Power Supplies, misc. items as needed	$450,000	$10,000	$10,000	$10,000
Metropolitan Area Network (MAN)				
Upgrade & expand high speed services	$180,000	$30,000	$30,000	$30,000
Totals:	**$2,155,000**	**$1,135,000**	**$2,135,000**	**$2,135,000**

$2.155 million ~ One Time Costs
$1.135 million ~ Recurring Costs ~ Year 1
$2.135 million ~ Recurring Costs ~ Year 2

WAN: References remote sites within DSHS ie: Spokane CSO, Everett DCFS, etc.

MAN: References Lacey, Olympia, Tumwater Headquarters ie: Lacey Government Center, MAA, etc.

Core: References OB2 network equipment providing WAN & MAN termination points

Circuits/Bandwidth: Provided by DIS, Qwest, Comcast, & 3rd party vendors which allows data communication statewide.

AW M2-FD Wide Area Network (WAN) Usage

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M2-RB Public Disclosure Charges
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This proposal provides funding for Residential Care Services (RCS) and Home and Community Services (HCS) Divisions of Aging and Disability Services Administration (ADSA) to hire additional staff for public disclosure activities. This staffing level increase is to fully accommodate required public disclosure activities.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	177,000	156,000	333,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	177,000	156,000	333,000
Total Cost	**354,000**	**312,000**	**666,000**

Staffing	FY 1	FY 2	Annual Avg
Program 050 FTEs	**4.0**	**4.0**	**4.0**

Package Description:

The Public Records Disclosure Act in Chapter 42.17 Revised Codes of Washington (RCW) provides that the public has the right to see records held or used by DSHS to conduct business, unless those records are exempt from disclosure by law. RCW 42.17.290 also requires that the department adopt and enforce reasonable rules and procedures, which provide for the fullest assistance to inquirers, and the timeliest possible action on requests for information. Consonant with the intent of public disclosure statutes, public disclosure activities are to provide full public access to public records, protect public records from damage or disorganization, and prevent excessive interference with other essential functions of the agency.

For RCS and HCS, public disclosure activities have largely been an unfunded mandate. In addition the Health Insurance Portability and Accountability Act (HIPAA) requirements and HIPAA's impact on disclosure has had a significant impact on required protections of HCS client file information and review of these files for redaction purposes consistent with HIPAA. The HCS program has over 25,000 client records, which are subject to HIPAA provisions. This proposal would increase RCS and HCS staffing levels in order to more fully accommodate required public disclosure activities and the influences of HIPAA in HCS. From May 2002 through May 2003, the Aging and Disability Services Administration conducted 5,939 hours of public disclosure activity. RCS conducted 5,044 of these total hours. HCS conducted approximately 895 hours. The hours reported for RCS and HCS in 2003-2004 do not include the HIPAA impact for HCS, nor the training activities for public disclosure, procedure development, or reflect any other tasks not directly related to fulfillment of a specific public disclosure request.

Due to an increasingly litigious environment in the regulation of long-term care licensed settings (Nursing Homes, Boarding Homes, and Adult Family Homes), RCS does not anticipate curtailment of public disclosure requests in the future, and in fact, expects continued growth of high profile public disclosure activity. In addition, HCS continues to implement and refine assessment tools and continues to implement new policy and programs, which increase the likelihood of disclosure activity. Because HIPAA training occurred in the spring of 2003, time to review field compliance and continued training regarding HIPAA is expected to increase. Pro-active management of records retention and required records destruction will reduce records disclosure when records have not been destroyed, consistent with the records destruction schedules. Inadequate staff time is available for this important administrative issue.

This item affects the Long-Term Care (LTC) Investigations/Quality Assurance and LTC Administration activity inventory categories and the statewide result area of improving the security of vulnerable children and adults.

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Department of Social and Health Services

FINAL

DP Code/Title: M2-RB Public Disclosure Charges
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Narrative Justification and Impact Statement

How contributes to strategic plan:

This decision package contributes to the ADSA Strategic planning goal "Customers are satisfied with service, quality, responsiveness and value." The goal will be measured by the reduction in time needed to process public disclosure requests, and a decrease in the amount of time that field staff are required to engage in public disclosure activities..

Performance Measure Detail

Program: 050

	Incremental Changes FY 1	Incremental Changes FY 2
Activity: E051 LTC Care Administration		
No measures linked to package	0.00	0.00
Activity: E054 LTC Investigations/Quality Assurance		
No measures linked to package	0.00	0.00

Reason for change:

This staffing level increase is to fully accommodate required public disclosure activity.

Impact on clients and services:

This budget package will increase RCS and HCS efficiency in processing public disclosure requests, assist with reduction of the backlog of public disclosure requests, increase HCS compliance and increased work related to HIPAA, and begin to fund public disclosure work that interferes with other essential and core functions of RCS and HCS.

Impact on other state programs:

None

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

Fulfillment of RCS and HCS public disclosure requests are accomplished at both the headquarters and regional level. In several complex lawsuits where significant public disclosure requests were received during the last year, RCS has had to set anticipated response times of one-two years. Of the 2,022 disclosure requests received at headquarters, approximately 50 percent, or more were not fulfilled for 45-days or more. Of the 3,022 disclosure requests received in the field, other core work is routinely set aside in order to fulfill the requests. This means that there is ultimately an impact on RCS ability to meet federal performance measures for timeliness of data entry, and limited ability for staff to meet internal performance expectations for monitoring of program effectiveness.

HCS continues to rely on diverted staff resources to absorb increasing public disclosure volumes without adequate funding. Continuation will increase likelihood of delays in responses and the development of backlogs at the headquarters level. Ongoing training on HIPAA has been delayed and reliance on the Department of Social and Health Services Public

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DP Code/Title: M2-RB Public Disclosure Charges
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Disclosure Manager for additional PDC training is increasing.

Budget impacts in future biennia:

Funding levels are ongoing into the next biennium, with a small amount of one-time funding being eliminated. Fiscal Year 2006 cost is estimated at $354,000 and Fiscal Year 2007 cost is estimated at $312,000. The 4.0 staff are ongoing for both fiscal years.

Distinction between one-time and ongoing costs:

$42,000 is a one-time funding necessary in Fiscal Year 2006 for equipment costs.

Effects of non-funding:

Without new full-time equivalent resources, public disclosure activities will have to continue to be implemented using diverted staff resources. This means that there will be a negative impact on field operations and in important core activities like the availability of staff to conduct complaint investigations and annual inspections. In addition public disclosure fines for actions taken not consistent with HIPAA limitations are significant.

Expenditure Calculations and Assumptions:

See attachment - LTC M2-RB Public Disclosure Charges.xls

Object Detail

		FY 1	FY 2	Total
Program 050 Objects				
A	Salaries And Wages	210,000	210,000	420,000
B	Employee Benefits	51,000	51,000	102,000
E	Goods And Services	28,000	28,000	56,000
G	Travel	8,000	8,000	16,000
J	Capital Outlays	50,000	8,000	58,000
T	Intra-Agency Reimbursements	7,000	7,000	14,000
	Total Objects	**354,000**	**312,000**	**666,000**

DSHS Source Code Detail

Program 050		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	**Title**			
0011	General Fund State	177,000	156,000	333,000
	Total for Fund 001-1	**177,000**	**156,000**	**333,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	**Title**			
19UL	Title XIX Admin (50%)	177,000	156,000	333,000
	Total for Fund 001-C	**177,000**	**156,000**	**333,000**
	Total Program 050	**354,000**	**312,000**	**666,000**

2005-07 Biennium
M2-RB Public Disclosure Charges

2005-07 Biennium: Public Disclosure Staff
RCS and HCS Divisions

	FY06		FY07		05-07 BN	
	GF-S	Total	GF-S	Total	GF-S	Total
4 FTEs	177,000	354,000	156,000	312,000	333,000	666,000
Total	177,000	354,000	156,000	312,000	333,000	666,000

FY06	**FTEs**	**Monthly**	**Salaries**	**Benefits**	**Goods/services**	**Lease/Energy**	**Travel**	**Equip**	**ISSD**	**Total**
			A	B	E	ED	G	J	T	
RCS Program Manager (WMS 1)	2.0	4,725	113,000	27,000	6,000	7,000	4,000	20,000	3,000	180,000
RCS Administrative Assistant 5	0.5	3,405	20,000	5,000	2,000	2,000	1,000	10,000	1,000	41,000
HCS Program Manager (WMS 1)	1.0	4,725	57,000	14,000	3,000	4,000	2,000	10,000	2,000	92,000
HCS Administrative Assistant 5	0.5	3,405	20,000	5,000	2,000	2,000	1,000	10,000	1,000	41,000
Total	4.0		210,000	51,000	13,000	15,000	8,000	50,000	7,000	354,000
							2000			
FY07			A	B	E	ED	G	J	T	
RCS Program Manager (WMS 1)	2.0	4,725	113,000	27,000	6,000	7,000	4,000	4,000	3,000	164,000
RCS Administrative Assistant 5	0.5	3,405	20,000	5,000	2,000	2,000	1,000	1,000	1,000	32,000
HCS Program Manager (WMS 1)	1.0	4,725	57,000	14,000	3,000	4,000	2,000	2,000	2,000	84,000
HCS Administrative Assistant 5	0.5	3,405	20,000	5,000	2,000	2,000	1,000	1,000	1,000	32,000
Total	4.0		210,000	51,000	13,000	15,000	8,000	8,000	7,000	312,000

One-time funds of $42,000 for new staff equipment costs. 42,000

Section 7
Policy Level

State of Washington
Department of Social and Health Services

Recommendation Summary

Budget Period:2005-07

Version: 11 - 2005-07 Agency Request Budget

Budget Level Criteria: PL Only

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 050 - Long Term Care Services					
PL - Performance Level					
8L Lease Rate Adjustments	0	0.0	78	77	155
9G FTE Staff Adjustment	0	(5.5)	0	0	0
9T Transfers	0	(1.7)	(132)	(138)	(270)
DT RSI - Fircrest School	0	2.0	3,313	3,311	6,624
EB Full Funding AAA Workload Standard	0	0.0	1,510	1,655	3,165
EJ Community Rates Adjustment	0	0.0	19,336	19,330	38,666
EK Community Res Provider Consultation	0	3.9	412	410	822
EM Adult Day Services	0	0.0	2,290	2,289	4,579
EN Respite Compensation Increase	0	0.0	352	0	352
EP Residential Rates MSA/Non MSA	0	0.0	240	236	476
EQ CSCI - Crisis Response Project	0	4.5	9,239	9,234	18,473
ER WMIP Quality Assurance Activites	0	1.0	84	82	166
ES Quality Assurance in APS	0	6.5	558	557	1,115
ET Mobility Project	0	0.5	212	211	423
EU Specialized Dementia Care Program	0	3.0	2,405	2,406	4,811
EW Nursing Home Rate Adjustments	0	0.0	1,967	1,966	3,933
EX CSCI-Increase Expanded Community Sv	0	4.2	0	0	0
LC Part D Administration Costs	0	63.8	3,819	3,816	7,635
PA Electronic Intrusion Prevention	0	0.0	74	72	146
	SubTotal PL	**82.0**	**45,757**	**45,514**	**91,271**
Total Proposed PL Only Budget for Program 050 - Long Term Care Services		**82.0**	**45,757**	**45,514**	**91,271**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-8L Lease Rate Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) is completing regional strategic plans for the usage of leased facilities. This effort has five goals. These goals include: using the DSHS lease budget efficiently, using space leased on behalf of DSHS efficiently; supporting integration of DSHS Services; maximizing collocation opportunities; and supporting a productive workforce.

Through this recent effort the regional DSHS workgroups have identified two site relocations in support of these goals. These sites are located in Moses Lake and Spokane. DSHS is requesting $294,700 in support of this effort in the 2005-07 Biennium.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	0	78,000	78,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	0	77,000	77,000
Total Cost	**0**	**155,000**	**155,000**

Staffing

Package Description:

The current Moses Lake site is approximately 25,000 square feet and houses the Community Services Division, Division of Children and Family Services, Home and Community Services, Developmental Disability Services, and Division of Vocational Rehabilitation for an annual cost of $350,000. The lease for this building expires in July of 2005 after a 10-year term. After lease renewal the cost for remaining at this site is expected to increase to $402,000. The current site has not been well maintained by the landlord and is in need of significant maintenance. This includes poor Heating, Ventilation, & Air Conditioning (HVAC), bathroom tiles that are falling off the wall because of rotting walls behind them, and damaged carpet which is loose and could be a trip hazard. In addition, the site is not of adequate size to support anticipated future staffing growth and caseload growth in the Division of Children and Family Services and Aging and Adult Services.

The proposed relocation would expand the Moses Lake site to approximately 26,600 square feet. Relocation will remedy both of the issues identified above to support a productive workforce. This relocation will also support service integration and collocation of DSHS programs. The lease costs for a new site are approximately $491,000 annually. This represents an increased lease cost of $89,000 for DSHS annually. Anticipated relocation of this site would be in January 2007, following a short-term extension of the existing lease. The DSHS request at this time would be for $44,600 for Fiscal Year 2007.

The Aging and Disabilities Services Administration Divisions of Home and Community Services and Developmental Disabilities in Spokane are currently located at two separate sites and total approximately 33,600 square feet for an annual cost of $510,000. The leases for these buildings will soon have terms negotiated, which will allow the sites to be vacated any time after July of 2006. In Fiscal Year 2007 the cost for remaining at this site is expected to be $543,000. The current Home and Community site is not suitable for long-term occupancy because of overcrowding and poor site maintenance. The carpet, tile and vinyl need replacement, walls need paint, overhead lighting needs to be upgraded, ting, Ventilation, & Air Conditioning system needs major repair, exhaust systems do not function well and pedestrian access to the site is poor due to damaged sidewalks. The current Division of Developmental Disabilities site does not support collocation or service integration of the Aging and Disabilities Service Administration.

The proposed relocation would create a collocated Aging and Disabilities Service Administration office in Spokane of approximately 39,800 square feet. Relocation will remedy the issues identified above to support a productive workforce. This relocation will also support increased service integration within DSHS. The lease costs for a new site are approximately

DP Code/Title: PL-8L Lease Rate Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

$815,900 annually. This represents an increased lease cost of $272,800 for DSHS annually. Anticipated relocation of this site would be in August of 2006. The DSHS request at this time would be for $250,100 for Fiscal Year 2007.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This proposal meets the agency strategic planning goal of improved accessibility and service integration by creating improved collocations and opportunities for service integration in both Moses Lake and Spokane.

This strategic planning goal contributes to the following Priorities of Government (POG) results:
· Improve the health of Washington citizens,
· Improve the security of Washington's vulnerable children and adults, and
· Improve the safety of people and property.

This proposal supports Priorities of Government results:
#2 - Improve the quality and productivity of the workforce, and
#11 - Improve the ability of state government to achieve its results efficiently and effectively.

By applying the Leased Facilities Strategic planning goals of supporting a productive workforce, and using the DSHS budget and leased space as efficiently as possible, the POG results listed above are supported by the relocations of the Moses Lake and Spokane sites.

Performance Measure Detail

Program: 050

	Incremental Changes FY 1	FY 2
Activity: E052 LTC Eligibility/Case Management Services		
No measures linked to package	0.00	0.00
Activity: E054 LTC Investigations/Quality Assurance		
No measures linked to package	0.00	0.00

Reason for change:

Replacement sites in both Moses Lake and Spokane are expected to remedy the poor site conditions identified above. By resolving the site issues, staff productivity is expected to increase.

In addition to supporting a productive workforce, this relocation meets the four other DSHS goals of leased facilities strategic planning effort listed above. This relocation is expected to improve the square footage per person ratio to use DSHS leased facilities effectively. This proposal supports service integration and improves collocation. Finally, this option uses the DSHS Budget as efficiently as possible while remedying the remaining goals.

Impact on clients and services:

This change will improve office operations and workforce productivity by providing adequate work space for DSHS staff. Improved collocations in Moses Lake and Spokane are expected to improve services to clients through service integration. This proposal has positive impacts for clients, however, the current leased facilities landlords may oppose this proposal.

Impact on other state programs:

By relocating in Moses Lake to a site near the SkillSource, as is being requested, it is expected that client services will be improved for shared clients of DVR and SkillSource, as well as other shared clients between DSHS and the Skillsource.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-8L Lease Rate Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

In Moses Lake and in Spokane remaining at the current sites was considered. This would not have remedied the poor site conditions listed above nor does it support anticipated staffing growth. The proposed option remedies both issues and improves workforce productivity.

In both areas, no increase in lease costs beyond maintenance levels would be needed to renew the site as-is, however, to remedy any of the site issues additional dollars would be needed, even in the current site.

Budget impacts in future biennia:

Budget impact is expected to be the ongoing lease costs for the Moses Lake site of $89,000 for DSHS annually.
Budget impact is expected to be the ongoing lease costs for the Spokane site of $272,800 for DSHS annually.

The total impact in future biennia is anticipated to be $724,000 a biennium.

Distinction between one-time and ongoing costs:

There are no one-time costs identified.

Effects of non-funding:

If funding is not approved staff will be required to remain in their current location.

The Moses Lake and Spokane HCS sites are not suitable for long-term occupancy and the results could range from employee safety risks to significant staff overcrowding, which could cause air quality issues, and require the use of conference and training rooms to house staff.

Expenditure Calculations and Assumptions:

See attachment - AW PL-8L Lease Adjustments.xls

Object Detail	FY 1	FY 2	Total
Program 050 Objects			
E Goods And Services	0	155,000	155,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-8L Lease Rate Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Program 050		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	Title			
0011	General Fund State	0	78,000	78,000
	Total for Fund 001-1	**0**	**78,000**	**78,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	Title			
19UL	Title XIX Admin (50%)	0	77,000	77,000
	Total for Fund 001-C	**0**	**77,000**	**77,000**
	Total Program 050	**0**	**155,000**	**155,000**

2005-07 Biennium
PL-8L Lease Rate Adjustments

Moses Lake

New Space Allocations

					Fiscal Year 2007	
Program	**Site**	**Division**	**Sq. Ft.**	**% Share**	**PL Request**	**Rounded**
010	Moses Lake	DCFS	8,400	31.6%	$14,071.23	14,000
040	Moses Lake	DDD	1,260	4.7%	$2,110.68	2,000
050	Moses Lake	AAS	3,150	11.8%	$5,276.71	5,000
060	Moses Lake	CSO	12,610	47.4%	$21,123.60	21,000
060	Moses Lake	CCEL	200	0.8%	$335.03	1,000
100	Moses Lake	DVR	1,000	3.8%	$1,675.15	2,000
TOTAL			**26,620**	**100.0%**	**$44,592.40**	**45,000**

Spokane

New Space Allocations

					Fiscal Year 2007	
Program	**Site**	**Division**	**Sq. Ft.**	**% Share**	**PL Request**	**Rounded**
040	Spokane	DDD	16,000	40.2%	$100,526.37	100,000
050	Spokane	AAS	23,800	59.8%	$149,532.97	150,000
TOTAL			**39,800**	**100.0%**	**$250,059.34**	**250,000**

2005-07 Biennium
PL-8L Lease Rate Adjustments

Moses Lake			*Spokane ADSA*		
Lease Cost	$	14.25	Full Service Lease Cost	$	18.50
Tenant Improvements	$	2.00	Tenant Improvements	$	2.00
Operating Expenses	$	2.19	Operating Expenses	$	-
New Site Expenses	$	18.44	New Site Expenses	$	20.50
New Site Projected Sq Ft		26,620	New Site Projected Sq Ft		39,800
Total New Annual Site Cost	$	490,872.80	Total New Annual Site Cost	$	815,900.00
FY07 Maintenance Level	$	401,688.00	FY07 Maintenance Level	$	543,108.00
Annual Increase-rounded	$	89,184.80	Annual Increase	$	272,792.00
DSHS Total Request	$	44,600.00	DSHS Total Request	$	250,100.00

Lease costs are based on current market rates. Tenant improvements are based on other DSHS leased facilities projects. Projected square footage is based on 200 square feet per staff person.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-9G FTE Staff Adjustment
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package centralizes the Department of Social and Health Services (DSHS) background check Full-Time Equivalents (FTEs) in the Background Checks Central Unit (BCCU).

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program Cost			
Total Cost			

Staffing	FY 1	FY 2	Annual Avg
Program 050 FTEs	(5.5)	(5.5)	(5.5)

Package Description:

The BCCU staff (15.6 FTEs) are funded by three different administrations and report to the Human Resources Division. Centralization of the FTEs will ensure maximum efficiency and consistency of services provided. With this centralization, the BCCU will also move to a chargeback methodology, based on the number of background checks conducted for each administration in DSHS. This methodology will avoid difficulties associated with the current method of a combination of direct charges and an outdated formula for determining amounts of time and effort associated with each program.

The total number of background checks performed each quarter will be divided by the total costs. Charges to each administration will be based on the actual number of background checks performed for that administration as a percentage of the total background checks performed for the agency.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Centralizing FTEs fosters the agency's goal to integrate and centralize services to maximize efficiencies throughout the department.

Performance Measure Detail

Program: 050

Activity: E051 LTC Care Administration	Incremental Changes FY 1	FY 2
No measures linked to package	0.00	0.00

Reason for change:

Centralizing FTEs ensures consistency of services across the department. It eliminates the unnecessary step of transferring funding and provides an accounting for each program's background check usage, including the appropriate state/federal funding split.

Impact on clients and services:

DP Code/Title: PL-9G FTE Staff Adjustment
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

The improved consistency of background checks will enable providers to be placed in service more efficiently, resulting in a positive benefit for the agency's vulnerable clients.

Impact on other state programs:

The programs depending on background check information for contracting with providers and hiring staff will benefit in more efficient background check turnaround.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

An option to centralizing the FTEs is to leave them spread out throughout the agency, based on the initial evaluation of the program. This adds extra steps in the unnecessary transferring of funds, has provided inequable charges to some administrations and savings to others, has hampered/reduced the ability of BCCU to respond to the needs of the department, and limited the ability to provide a comprehensive plan.

Budget impacts in future biennia:

This is a no impact decision package. The FTEs and associated costs change will continue.

Distinction between one-time and ongoing costs:

This is a no impact decision package.

Effects of non-funding:

Non-centralizing the FTEs is to leave them spread out throughout the agency, based on the initial evaluation of the program. This adds extra steps in the unnecessary transferring of funds, has provided inequable charges to some administrations and savings to others, has hampered/reduced the ability of BCCU to respond to the needs of the department, and limited the ability to provide a comprehensive plan.

Expenditure Calculations and Assumptions:

See attachment - AW PL-9G FTE Staff Adjustment.xls

Object Detail	FY 1	FY 2	Total
Program Totals			

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-9G FTE Staff Adjustment
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Fund Sources	Title	FY 1	FY 2	Total
Total for Fund				
Total				
Totals for all funds				

2005-07 Biennium
PL-9G FTE Staff Adjustment

Background Checks Centralized Unit
Cost allocation to programs comparison

Basis for 15.6 FTE distribution coming from programs

April 2004 FTEs: **17.6**

Program	FTEs*	Cases	%	Dist
CA	3.50	3,957	20.37%	3.6
DDD	0.00	1,827	9.40%	1.7
LTC	2.12	7,819	40.25%	7.1
ESA	5.57	4,434	22.82%	4.0
Ex Mgt	0.00	0	0.00%	0.0
BCCU	1.50	0	0.00%	0.0
DVR	0.00	1,046	5.38%	0.9
MHD	0.00	134	0.69%	0.1
SCC	0.00	89	0.46%	0.1
JRA	0.00	46	0.24%	0.0
MAA	0.00	68	0.35%	0.1
HRD	0.00	7	0.04%	0.0
Total	12.69	19,427	100.00%	17.6

*Disbursements only

May 2004 FTEs: **17.6**

Program	FTEs*	Cases	%	Dist
CA	3.00	4,106	20.95%	3.7
DDD	0.00	1,820	9.28%	1.6
LTC	2.00	8,729	44.52%	7.9
ESA	6.14	4,645	23.70%	4.2
Ex Mgt	0.00	0	0.00%	0.0
BCCU	2.95	0	0.00%	0.0
DVR	0.00	6	0.03%	0.0
MHD	0.00	119	0.61%	0.1
SCC	0.00	46	0.23%	0.0
JRA	0.00	74	0.38%	0.1
MAA	0.00	49	0.25%	0.0
HRD	0.00	9	0.05%	0.0
Total	14.09	19,603	100.00%	17.6

*Disbursements only

June 2004 FTEs: **17.6**

Program	FTEs*	Cases	%	Dist
CA	3.50	4,567	20.01%	3.5
DDD	0.00	2,001	8.77%	1.5
LTC	2.12	9,314	40.81%	7.2
ESA	5.57	6,567	28.78%	5.1
Ex Mgt	0.00	0	0.00%	0.0
BCCU	1.50	0	0.00%	0.0
DVR	0.00	21	0.09%	0.0
MHD	0.00	146	0.64%	0.1
SCC	0.00	63	0.28%	0.1
JRA	0.00	55	0.24%	0.0
MAA	0.00	84	0.37%	0.1
HRD	0.00	3	0.01%	0.0
Total	12.69	22,821	100.00%	17.6

*Disbursements only

Average April-June 2004 FTEs and Cases

Program	FTEs	Cases**	%	**17.5** Total FTEs	**(2.0)** **From Programs**
CA*	3.33	4,210	20.78%	3.6	(3.0)
DDD	0.00	1,883	9.29%	1.6	(1.0)
LTC*	2.08	8,621	42.55%	7.3	(5.5)
ESA*	5.76	5,215	25.74%	4.5	(5.6)
Ex Mgt	0.00	0	0.00%	0.0	**0.0**
BCCU	1.98	0	0.00%	0.0	**0.0**
DVR**	0.00	**	**	**0.1**	(0.1)
MHD	0.00	133	0.66%	0.1	(0.1)
SCC	0.00	66	0.33%	0.1	(0.1)
JRA	0.00	58	0.29%	0.1	(0.1)
MAA	0.00	67	0.33%	0.1	(0.1)
HRD	0.00	6	0.03%	0.0	**0.0**
Total	13.15	20,259	100.00%	**17.5**	(15.6)

*Initial Allotments are: CA: 3.0 FTEs, LTC: 4.0 FTEs, ESA: 5.6 FTEs
**Cases total is without DVR; DVR set at 0.1 FTEs

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-9T Transfers
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package transfers funding and Full-Time Equivalents (FTEs) to centralize the funding for certain functions currently split among the Department of Social and Health Services (DSHS) Administrations.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	(68,000)	(64,000)	(132,000)
001-C General Fund - Basic Account-DSHS Medicaid Federa	(71,000)	(67,000)	(138,000)
Total Cost	**(139,000)**	**(131,000)**	**(270,000)**

Staffing	FY 1	FY 2	Annual Avg
Program 050 FTEs	**(1.7)**	**(1.7)**	**(1.7)**

Package Description:

This decision package transfers staff between various programs within DSHS and Program 110. These transfers are for the Social Services Payment System (SSPS) Improvement Project, staff for the Travel Voucher System (TVS) Centralization, Building and Mail Services from Woodland Square, and Background Check funding.

1. Social Service Payment System
This decision package will stabilize the funding for staff used to maintain and enhance SSPS by transferring the funding for the 9.0 positions needed to maintain Invoice Express, Direct Deposit, Computer Output to Laser Disk (COLD) (thousands of reports on the web instead of on paper) and subsequent enhancements.

These positions are currently maintaining the 1999 through year 2000 enhancements that saved over one million dollars in their first year of implementation, which continues to enable Aging and Disability Services Administration (ADSA), the Economic Services Administration (ESA), and Children's Administration (CA) to avoid payment of nearly two million dollars of additional processing cost each subsequent year.

Currently, the administrations are returning up to one-half of each year's savings to pay for the 9.0 FTEs. These costs are charged to the administrations after-the-fact and administrations are unable to plan for the expenditures.

2. Travel Voucher System
DSHS Cabinet approved the centralization of travel processing and the utilization of the Office of Financial Management's statewide TVS. A transfer of 3.0 FTEs from the DSHS programs to Financial Services Administration (FSA) is necessary to implement TVS for all DSHS programs.

FSA is considered the agency subject matter expert in the application of travel regulations and in the development of travel policy. During 2003 an analysis was conducted on existing travel processes and to determine how the department performed decentralized travel processing. The department performed a cost/benefit analysis that assumed: 1) Centralized travel processing within the FSA, and 2) Implementation of OFM's Statewide TVS. That analysis indicated the department could increase the efficiency and consistency of business service delivery and maintain or improve existing levels of accountability. Based on that analysis the DSHS Cabinet approved the centralization of travel processing transfer to FSA and the implementation of OFM's statewide TVS for all DSHS programs.

In Fiscal Year 2004, DSHS Cabinet approved the centralization of travel processing and the agencywide utilization of the

DP Code/Title: PL-9T Transfers
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OFMs statewide TVS. The goals are to 1) increase the efficiency and consistency of business service delivery, and 2) maintain or improve existing levels of accountability. To support centralized travel processing, a transfer of 3.0 FTEs from the DSHS programs to FSA is requested for one Financial Analyst 3 (Travel Administrator) and two Fiscal Technicians to process agency travel statewide.

The travel administrator will coordinate travel policy, provide ongoing travel training, and assume travel administrator responsibilities. The fiscal technicians will process agency travel, ensuring consistency in the application of travel regulations. Utilization of TVS will ensure more efficient and timely processing of travel payments.

The utilization of TVS will improve service delivery over the existing manual process as follows:

Average processing time (in minutes) with manual process: 28.0. Average processing time (in minutes) with TVS: 5.32. Time savings (in minutes): 22.68.

3. Building and Mail Management
Transferring the budget and FTEs will more efficiently and consistently fund the mail and facility management functions at Blake Office Park and Woodland Square. Funding is transferred from the benefitting programs to the Lands and Buildings Division (L&Bs) and the Management Services Fiscal Office (MSFO).

For a number of years, the L&B and the MSFO have provided building management and mail services to the tenants of the Blake Office Park and Woodland Square in Lacey. Each tenant division paid its share of the staff costs associated with providing these services. Occupancy of those facilities has been very stable during this time. However, certain factors are now poised to disrupt the smooth flow funding for these services.

A number of moves are scheduled, which will require new shares to be calculated and agreed to. More importantly, the department has recently implemented a policy, prompted by federal audit concerns, that requires staff funded by a number of other entities to complete time sheets each month. This process would then require cumbersome accounting corrections each month by journal voucher. To avoid these inefficiencies, the client divisions have agreed to transfer funding for these essential services to the Administration and Supporting Services program.

4. Transfer the M2-RA Criminal background checks funding from Program 110 to Long-Term Care (LTC). The approved methodology for accounting for background check costs requires the funding be attached to the programs requesting the background checks. The increase in background checks workload is primarily within LTC.

1-4. These transfers will rectify any possibility of a federal audit disallowance due to direct charging staff to programs without a proper cost allocation methodology.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This decision package contributes to the agency strategic plan by assisting FSA in improving processes that promote the efficient, effective, and prudent use of state resources.

1. The SSPS centralization contributes to the Statewide Results number 11 "improve the ability of state government to achieve its results efficiently and effectively."

2. The use of TVS is considered a statewide "best practice". Travel centralization supports the agency balanced scorecard by promoting integrated service delivery.

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3. One of the program's goals as stated in the strategic plan is to, "maintain collaborative relationships with our customers and partners based on service, mutual respect, open communications and accessibility." Another is to, "continuously enhance and improve business processes." Both of these have been honored in the collaborative process used to problem solve with the customer divisions.

4. The background checks accounting methodology contributes to the Statewide Results number 11 "improve the ability of state government to achieve its results efficiently and effectively."

Performance Measure Detail

Program: 050

	Incremental Changes FY 1	FY 2
Activity: E051 LTC Care Administration		
No measures linked to package	0.00	0.00
Activity: E052 LTC Eligibility/Case Management Services		
No measures linked to package	0.00	0.00

Reason for change:

1. Centralizing the functions will improve the efficiency of accounting and provide a single source contact in comparison to multiple sources of contact.

2. Service delivery for all DSHS employees, board/commission members, and volunteers will be improved by centralizing the travel process, particularly through use of TVS.

3. The purpose of this transfer is to ensure the uninterrupted flow of mail and building management services to customer divisions and the equally smooth flow of funding to support such services.

4. This transfer is the result of the decision to keep the background checks funding in the administrations.

Impact on clients and services:

This centralization is for efficiency and should not impact any services.

Impact on other state programs:

All DSHS Administrations are impacted only to the extent the funding is being transferred. The functions themselves should not be impacted.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

The alternative is to continue the current methodology of accounting for the functions. Centralizing improves efficiency and has no cost impact.

1. The positions are currently funded after-the-fact. This package will permanently transfer the dollars in order to stabilize

DP Code/Title: PL-9T Transfers
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the revenues and expenditures of the affected administrations.

2. Utilize TVS, but maintain decentralized fiscal processing offices. The infrastructure that has been developed for travel centralization has reduced the administrative burden created by the department's more restrictive travel policies. This will improve efficiency regardless of whether travel centralization occurs. However, travel processing errors will continue since adequate training, particularly on travel regulations, is not available. Inconsistency in the application of travel regulations, particularly when more restrictive travel rules are applied in a program, results in travelers being treated differently under like travel circumstances, which is prohibited by statewide travel regulations. The alternative is inconsistent with the integration of service delivery as defined by the Regional Business Services initiative, and has not been adopted by the DSHS Cabinet.

3. As tenants in the Lacey facilities change, new funding agreements would have to be negotiated and put in place. In addition, extremely inefficient time tracking, through the use of time sheets, would have to be instituted to satisfy potential federal audit challenges and to be in compliance with new departmental policy.

4. The alternative, leaving part of the funding in Program 110, does not match the agreed upon methodology of keeping the background check funding the administrations.

Budget impacts in future biennia:

This is a no cost decision package. The costs will be the same as in the current budget.

Distinction between one-time and ongoing costs:

This is a no cost decision package.

Effects of non-funding:

This decision package is not a request for funding. Not centralizing the functions will result in continued inefficiencies in accounting for the costs. The functions themselves will continue as currently maintained.

Expenditure Calculations and Assumptions:

See attachment - AW PL-9T Transfers.xls

Object Detail		FY 1	FY 2	Total
Program 050 Objects				
A	Salaries And Wages	(114,000)	(114,000)	(228,000)
B	Employee Benefits	(22,000)	(22,000)	(44,000)
E	Goods And Services	5,000	5,000	10,000
J	Capital Outlays	(8,000)	0	(8,000)
	Total Objects	**(139,000)**	**(131,000)**	**(270,000)**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-9T Transfers
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Program 050		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	Title			
0011	General Fund State	(68,000)	(64,000)	(132,000)
	Total for Fund 001-1	**(68,000)**	**(64,000)**	**(132,000)**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	Title			
19UL	Title XIX Admin (50%)	(71,000)	(67,000)	(138,000)
	Total for Fund 001-C	**(71,000)**	**(67,000)**	**(138,000)**
	Total Program 050	**(139,000)**	**(131,000)**	**(270,000)**

PL-9T Transfer Steps to Program 110 05/07 Budget

ASD- SSPS Improvement Project Program Transfer

		Program 110 5000-A50-K002			Program 010 9000-J50-A033			Program 010 9000-J50-A012			Program 010 9000-J50-A009			Program 040 1000-H57-D036			Program 050 9000-J70-E051			Program 060 9000-M01-F078		
		SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN
	FTEs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	A	529,000	529,000	1,058,000	(10,000)	(10,000)	(20,000)	(57,000)	(57,000)	(114,000)	(49,000)	(49,000)	(98,000)	(74,000)	(74,000)	(148,000)	(122,000)	(122,000)	(244,000)	(217,000)	(217,000)	(434,000)
	B	115,000	115,000	230,000	(2,000)	(2,000)	(4,000)	(12,000)	(12,000)	(24,000)	(11,000)	(11,000)	(22,000)	(16,000)	(16,000)	(32,000)	(26,000)	(26,000)	(52,000)	(48,000)	(48,000)	(96,000)
	E	0	0	0	(1,000)	(1,000)	(2,000)	(5,000)	(5,000)	(10,000)	(4,000)	(4,000)	(8,000)	(6,000)	(6,000)	(12,000)	(10,000)	(10,000)	(20,000)	(19,000)	(19,000)	(38,000)
	EA	41,000	41,000	82,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EN	4,000	4,000	8,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	5,000	5,000	10,000	(1,000)	(1,000)	(2,000)	0	0	0	0	0	0	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)
	J	27,000	0	27,000	0	0	0	0	0	0	0	0	0	(5,000)	0	(5,000)	(8,000)	0	(8,000)	(14,000)	0	(14,000)
	TZ	9,000	9,000	18,000	0	0	0	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)	(4,000)	(4,000)	(8,000)
	Total	730,000	703,000	1,433,000	(14,000)	(14,000)	(28,000)	(75,000)	(75,000)	(150,000)	(65,000)	(65,000)	(130,000)	(103,000)	(98,000)	(201,000)	(169,000)	(161,000)	(330,000)	(304,000)	(290,000)	(594,000)
001-1	0011	409,000	395,000	804,000	(10,000)	(10,000)	(20,000)	(53,000)	(53,000)	(106,000)	(45,000)	(45,000)	(90,000)	(51,000)	(49,000)	(100,000)	(84,000)	(80,000)	(164,000)	(166,000)	(158,000)	(324,000)
001-2	001B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	566B	2,000	2,000	4,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(2,000)	(2,000)	(4,000)
001-2	E61L	41,000	39,000	80,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(41,000)	(39,000)	(80,000)
001-A	563I	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	658L	35,000	35,000	70,000	(3,000)	(3,000)	(6,000)	(17,000)	(17,000)	(34,000)	(15,000)	(15,000)	(30,000)	0	0	0	0	0	0	0	0	0
001-A	659L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-C	19UL	194,000	186,000	380,000	(1,000)	(1,000)	(2,000)	(5,000)	(5,000)	(10,000)	(5,000)	(5,000)	(10,000)	(52,000)	(49,000)	(101,000)	(85,000)	(81,000)	(166,000)	(46,000)	(45,000)	(91,000)
001-D	558B	41,000	39,000	80,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(41,000)	(39,000)	(80,000)
001-E	596A	8,000	7,000	15,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(8,000)	(7,000)	(15,000)
	Total	730,000	703,000	1,433,000	(14,000)	(14,000)	(28,000)	(75,000)	(75,000)	(150,000)	(65,000)	(65,000)	(130,000)	(103,000)	(98,000)	(201,000)	(169,000)	(161,000)	(330,000)	(304,000)	(290,000)	(594,000)

2005-07 Biennium
PL-9T Transfers

FSA - TVS Centralization Transfer

		Program 110 4000-A42-K037			Program 010 9000-J50-A033			Program 010 9000-J50-A012			Program 010 9000-J50-A009			Program 020 1000-G30-B072			Program 020 9000-G10-B046			Program 030 9000-G70-C900		
		SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN
	FTEs	3.0	3.0	3.0	(0.1)	(0.1)	(0.1)	(0.6)	(0.6)	(0.6)	(0.5)	(0.5)	(0.5)	(0.1)	(0.1)	(0.1)	0.0	0.0	0.0	(0.1)	(0.1)	(0.1)
	A	105,000	105,000	210,000	(4,000)	(4,000)	(8,000)	(21,000)	(21,000)	(42,000)	(18,000)	(18,000)	(36,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(3,000)	(3,000)	(6,000)
	B	26,000	26,000	52,000	(1,000)	(1,000)	(2,000)	(5,000)	(5,000)	(10,000)	(5,000)	(5,000)	(10,000)	0	0	0	0	0	0	(1,000)	(1,000)	(2,000)
	E	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	J	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TZ	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	131,000	131,000	262,000	(5,000)	(5,000)	(10,000)	(26,000)	(26,000)	(52,000)	(23,000)	(23,000)	(46,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(4,000)	(4,000)	(8,000)
001-1	0011	81,000	82,000	163,000	(4,000)	(4,000)	(8,000)	(18,000)	(18,000)	(36,000)	(16,000)	(16,000)	(32,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)
001-2	001B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	566B	1,000	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	E61L	3,000	3,000	6,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	563I	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	658L	12,000	12,000	24,000	(1,000)	(1,000)	(2,000)	(6,000)	(6,000)	(12,000)	(5,000)	(5,000)	(10,000)	0	0	0	0	0	0	0	0	0
001-A	659L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-C	19UL	31,000	30,000	61,000	0	0	0	(2,000)	(2,000)	(4,000)	(2,000)	(2,000)	(4,000)	0	0	0	0	0	0	(2,000)	(2,000)	(4,000)
001-D	558B	3,000	3,000	6,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-E	596A	0	1,000	1,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	131,000	131,000	262,000	(5,000)	(5,000)	(10,000)	(26,000)	(26,000)	(52,000)	(23,000)	(23,000)	(46,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(4,000)	(4,000)	(8,000)

		Program 050 4000-J74-E052			Program 060 9000-M01-F078			Program 070 9000-J30-G022			Program 080 6000-V90-H001			Program 100 9000-T40-J103		
		SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN
	FTEs	(0.9)	(0.9)	(0.9)	(0.4)	(0.4)	(0.4)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)
	A	(33,000)	(33,000)	(66,000)	(17,000)	(17,000)	(34,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)	(4,000)	(4,000)	(8,000)
	B	(9,000)	(9,000)	(18,000)	(4,000)	(4,000)	(8,000)	0	0	0	0	0	0	(1,000)	(1,000)	(2,000)
	E	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	J	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TZ	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	(42,000)	(42,000)	(84,000)	(21,000)	(21,000)	(42,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)	(5,000)	(5,000)	(10,000)
001-1	0011	(21,000)	(21,000)	(42,000)	(11,000)	(12,000)	(23,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(5,000)	(5,000)	(10,000)
001-2	001B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	566B	0	0	0	(1,000)	0	(1,000)	0	0	0	0	0	0	0	0	0
001-2	E61L	0	0	0	(3,000)	(3,000)	(6,000)	0	0	0	0	0	0	0	0	0
001-A	563I	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	658L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	659L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-C	19UL	(21,000)	(21,000)	(42,000)	(3,000)	(2,000)	(5,000)	0	0	0	(1,000)	(1,000)	(2,000)	0	0	0
001-D	558B	0	0	0	(3,000)	(3,000)	(6,000)	0	0	0	0	0	0	0	0	0
001-E	596A	0	0	0	0	(1,000)	(1,000)	0	0	0	0	0	0	0	0	0
	Total	(42,000)	(42,000)	(84,000)	(21,000)	(21,000)	(42,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)	(5,000)	(5,000)	(10,000)

2005-07 Biennium
PL-9T Transfers

Building and Mail Svcs Program Transfer

		Program 110 A44 4000 K047			Program 110 A50 5000 K002			Program 110 A20 2000 K026			Program 050 9000 J70 E051			Program 070 9000-J30-G022			Program 100 9000-T40-J103		
		SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN
	FTEs	0.8	0.8	0.8	0.8	0.8	0.8	(0.2)	(0.2)	(0.2)	(0.8)	(0.8)	(0.8)	(0.4)	(0.4)	(0.4)	(0.2)	(0.2)	(0.2)
	A	30,000	30,000	60,000	20,000	20,000	40,000	(6,000)	(6,000)	(12,000)	(26,000)	(26,000)	(52,000)	(12,000)	(12,000)	(24,000)	(6,000)	(6,000)	(12,000)
	B	8,000	8,000	16,000	7,000	7,000	14,000	(2,000)	(2,000)	(4,000)	(8,000)	(8,000)	(16,000)	(3,000)	(3,000)	(6,000)	(2,000)	(2,000)	(4,000)
	E	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	J	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TZ	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	38,000	38,000	76,000	27,000	27,000	54,000	(8,000)	(8,000)	(16,000)	(34,000)	(34,000)	(68,000)	(15,000)	(15,000)	(30,000)	(8,000)	(8,000)	(16,000)
001-1	0011	25,000	25,000	50,000	17,000	17,000	34,000	(5,000)	(5,000)	(10,000)	(17,000)	(17,000)	(34,000)	(12,000)	(12,000)	(24,000)	(8,000)	(8,000)	(16,000)
001-2	001B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	566B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	E61L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	563I	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	658L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	659L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-C	19UL	13,000	13,000	26,000	10,000	10,000	20,000	(3,000)	(3,000)	(6,000)	(17,000)	(17,000)	(34,000)	(3,000)	(3,000)	(6,000)	0	0	0
001-D	558B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-E	596A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	38,000	38,000	76,000	27,000	27,000	54,000	(8,000)	(8,000)	(16,000)	(34,000)	(34,000)	(68,000)	(15,000)	(15,000)	(30,000)	(8,000)	(8,000)	(16,000)

BCCU transfer

		Program 110 A80 8000 K094			Program 050 9000 J81 E051		
		SFY06	SFY07	BIEN	SFY06	SFY07	BIEN
	FTEs	0.0	0.0	0.0	0.0	0.0	0.0
	A	(67,000)	(67,000)	(134,000)	67,000	67,000	134,000
	B	(21,000)	(21,000)	(42,000)	21,000	21,000	42,000
	E	0	0	0	15,000	15,000	30,000
	EA	(15,000)	(15,000)	(30,000)	0	0	0
	EN	0	0	0	0	0	0
	G	(1,000)	(1,000)	(2,000)	1,000	1,000	2,000
	J	0	0	0	0	0	0
	TZ	(2,000)	(2,000)	(4,000)	2,000	2,000	4,000
	Total	(106,000)	(106,000)	(212,000)	106,000	106,000	212,000
001-1	0011	(54,000)	(54,000)	(108,000)	54,000	54,000	108,000
001-2	001B	0	0	0	0	0	0
001-2	566B	0	0	0	0	0	0
001-2	E61L	0	0	0	0	0	0
001-A	563I	0	0	0	0	0	0
001-A	658L	0	0	0	0	0	0
001-A	659L	0	0	0	0	0	0
001-C	19UL	(52,000)	(52,000)	(104,000)	52,000	52,000	104,000
001-D	558B	0	0	0	0	0	0
001-E	596A	0	0	0	0	0	0
	Total	(106,000)	(106,000)	(212,000)	106,000	106,000	212,000

2005-07 Biennium
PL-9T Transfers

Summary

		Program 110 8000-A80-K094			Program 110 4000-A44-K047			Program 110 5000-A50-K002			Program 110 2000-A20-K026			Program 110 4000-A42-K037			Program 110 SUMMARY		
		SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN
	FTEs	0.0	0.0	0.0	0.8	0.8	0.8	0.8	0.8	0.8	(0.2)	(0.2)	(0.2)	3.0	3.0	3.0	4.4	4.4	4.4
	A	(67,000)	(67,000)	(134,000)	30,000	30,000	60,000	549,000	549,000	1,098,000	(6,000)	(6,000)	(12,000)	105,000	105,000	210,000	611,000	611,000	1,222,000
	B	(21,000)	(21,000)	(42,000)	8,000	8,000	16,000	122,000	122,000	244,000	(2,000)	(2,000)	(4,000)	26,000	26,000	52,000	133,000	133,000	266,000
	E	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EA	(15,000)	(15,000)	(30,000)	0	0	0	41,000	41,000	82,000	0	0	0	0	0	0	26,000	26,000	52,000
	EN	0	0	0	0	0	0	4,000	4,000	8,000	0	0	0	0	0	0	4,000	4,000	8,000
	G	(1,000)	(1,000)	(2,000)	0	0	0	5,000	5,000	10,000	0	0	0	0	0	0	4,000	4,000	8,000
	J	0	0	0	0	0	0	27,000	0	27,000	0	0	0	0	0	0	27,000	0	27,000
	TZ	(2,000)	(2,000)	(4,000)	0	0	0	9,000	9,000	18,000	0	0	0	0	0	0	7,000	7,000	14,000
	Total	(106,000)	(106,000)	(212,000)	38,000	38,000	76,000	757,000	730,000	1,487,000	(8,000)	(8,000)	(16,000)	131,000	131,000	262,000	812,000	785,000	1,597,000
001-1	0011	(54,000)	(54,000)	(108,000)	25,000	25,000	50,000	426,000	412,000	838,000	(5,000)	(5,000)	(10,000)	81,000	82,000	163,000	473,000	460,000	933,000
001-2	001B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	566B	0	0	0	0	0	0	2,000	2,000	4,000	0	0	0	1,000	0	1,000	3,000	2,000	5,000
001-2	E61L	0	0	0	0	0	0	41,000	39,000	80,000	0	0	0	3,000	3,000	6,000	44,000	42,000	86,000
001-A	563I	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	658L	0	0	0	0	0	0	35,000	35,000	70,000	0	0	0	12,000	12,000	24,000	47,000	47,000	94,000
001-A	659L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-C	19UL	(52,000)	(52,000)	(104,000)	13,000	13,000	26,000	204,000	196,000	400,000	(3,000)	(3,000)	(6,000)	31,000	30,000	61,000	193,000	184,000	377,000
001-D	558B	0	0	0	0	0	0	41,000	39,000	80,000	0	0	0	3,000	3,000	6,000	44,000	42,000	86,000
001-E	596A	0	0	0	0	0	0	8,000	7,000	15,000	0	0	0	0	1,000	1,000	8,000	8,000	16,000
	Total	(106,000)	(106,000)	(212,000)	38,000	38,000	76,000	757,000	730,000	1,487,000	(8,000)	(8,000)	(16,000)	131,000	131,000	262,000	812,000	785,000	1,597,000

		Program 010 9000-J50-A033			Program 010 9000-J50-A012			Program 010 9000-J50-A009			Program 010 SUMMARY			Program 020 1000-G30-B072			Program 020 9000-G10-B046			Program 020 SUMMARY		
		SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN
	FTEs	(0.1)	(0.1)	(0.1)	(0.6)	(0.6)	(0.6)	(0.5)	(0.5)	(0.5)	(1.2)	(1.2)	(1.2)	(0.1)	(0.1)	(0.1)	0.0	0.0	0.0	(0.1)	(0.1)	(0.1)
	A	(14,000)	(14,000)	(28,000)	(78,000)	(78,000)	(156,000)	(67,000)	(67,000)	(134,000)	(159,000)	(159,000)	(318,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)
	B	(3,000)	(3,000)	(6,000)	(17,000)	(17,000)	(34,000)	(16,000)	(16,000)	(32,000)	(36,000)	(36,000)	(72,000)	0	0	0	0	0	0	0	0	0
	E	(1,000)	(1,000)	(2,000)	(5,000)	(5,000)	(10,000)	(4,000)	(4,000)	(8,000)	(10,000)	(10,000)	(20,000)	0	0	0	0	0	0	0	0	0
	EA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	(1,000)	(1,000)	(2,000)	0	0	0	0	0	0	(1,000)	(1,000)	(2,000)	0	0	0	0	0	0	0	0	0
	J	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TZ	0	0	0	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)	0	0	0	0	0	0	0	0	0
	Total	(19,000)	(19,000)	(38,000)	(101,000)	(101,000)	(202,000)	(88,000)	(88,000)	(176,000)	(208,000)	(208,000)	(416,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)
001-1	0011	(14,000)	(14,000)	(28,000)	(71,000)	(71,000)	(142,000)	(61,000)	(61,000)	(122,000)	(146,000)	(146,000)	(292,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)
001-2	001B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	566B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	E61L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	563I	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	658L	(4,000)	(4,000)	(8,000)	(23,000)	(23,000)	(46,000)	(20,000)	(20,000)	(40,000)	(47,000)	(47,000)	(94,000)	0	0	0	0	0	0	0	0	0
001-A	659L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-C	19UL	(1,000)	(1,000)	(2,000)	(7,000)	(7,000)	(14,000)	(7,000)	(7,000)	(14,000)	(15,000)	(15,000)	(30,000)	0	0	0	0	0	0	0	0	0
001-D	558B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-E	596A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	(19,000)	(19,000)	(38,000)	(101,000)	(101,000)	(202,000)	(88,000)	(88,000)	(176,000)	(208,000)	(208,000)	(416,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	(4,000)

2005-07 Biennium
PL-9T Transfers

		Program 030 9000-G70-C900/SUMMARY			Program 040 1000-H57-D036/SUMMARY			Program 050 4000-J74-E052			Program 050 9000-J70-E051			Program 050 9000 J81 E051			Program 050 SUMMARY			Program 060 9000-M01-F078/SUMMARY		
		SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN
	FTEs	(0.1)	(0.1)	(0.1)	0.0	0.0	0.0	(0.9)	(0.9)	(0.9)	(0.8)	(0.8)	(0.8)	0.0	0.0	0.0	(1.7)	(1.7)	(1.7)	(0.4)	(0.4)	(0.4)
	A	(3,000)	(3,000)	(6,000)	(74,000)	(74,000)	(148,000)	(33,000)	(33,000)	(66,000)	(148,000)	(148,000)	(296,000)	67,000	67,000	134,000	(114,000)	(114,000)	(228,000)	(234,000)	(234,000)	(468,000)
	B	(1,000)	(1,000)	(2,000)	(16,000)	(16,000)	(32,000)	(9,000)	(9,000)	(18,000)	(34,000)	(34,000)	(68,000)	21,000	21,000	42,000	(22,000)	(22,000)	(44,000)	(52,000)	(52,000)	(104,000)
	E	0	0	0	(6,000)	(6,000)	(12,000)	0	0	0	(10,000)	(10,000)	(20,000)	15,000	15,000	30,000	5,000	5,000	10,000	(19,000)	(19,000)	(38,000)
	EA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	0	0	0	(1,000)	(1,000)	(2,000)	0	0	0	(1,000)	(1,000)	(2,000)	1,000	1,000	2,000	0	0	0	(2,000)	(2,000)	(4,000)
	J	0	0	0	(5,000)	0	(5,000)	0	0	0	(8,000)	0	(8,000)	0	0	0	(8,000)	0	(8,000)	(14,000)	0	(14,000)
	TZ	0	0	0	(1,000)	(1,000)	(2,000)	0	0	0	(2,000)	(2,000)	(4,000)	2,000	2,000	4,000	0	0	0	(4,000)	(4,000)	(8,000)
	Total	(4,000)	(4,000)	(8,000)	(103,000)	(98,000)	(201,000)	(42,000)	(42,000)	(84,000)	(203,000)	(195,000)	(398,000)	106,000	106,000	212,000	(139,000)	(131,000)	(270,000)	(325,000)	(311,000)	(636,000)
001-1	0011	(2,000)	(2,000)	(4,000)	(51,000)	(49,000)	(100,000)	(21,000)	(21,000)	(42,000)	(101,000)	(97,000)	(198,000)	54,000	54,000	108,000	(68,000)	(64,000)	(132,000)	(177,000)	(170,000)	(347,000)
001-2	001B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	566B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(3,000)	(2,000)	(5,000)
001-2	E61L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(44,000)	(42,000)	(86,000)
001-A	563I	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	658L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	659L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-C	19UL	(2,000)	(2,000)	(4,000)	(52,000)	(49,000)	(101,000)	(21,000)	(21,000)	(42,000)	(102,000)	(98,000)	(200,000)	52,000	52,000	104,000	(71,000)	(67,000)	(138,000)	(49,000)	(47,000)	(96,000)
001-D	558B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(44,000)	(42,000)	(86,000)
001-E	596A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(8,000)	(8,000)	(16,000)
	Total	(4,000)	(4,000)	(8,000)	(103,000)	(98,000)	(201,000)	(42,000)	(42,000)	(84,000)	(203,000)	(195,000)	(398,000)	106,000	106,000	212,000	(139,000)	(131,000)	(270,000)	(325,000)	(311,000)	(636,000)

		Program 070 9000-J30-G022/SUMMARY			Program 080 6000-V90-H001/SUMMARY			Program 100 9000-T40-J103/SUMMARY		
		SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN
	FTEs	(0.5)	(0.5)	(0.5)	(0.1)	(0.1)	(0.1)	(0.3)	(0.3)	(0.3)
	A	(13,000)	(13,000)	(26,000)	(2,000)	(2,000)	(4,000)	(10,000)	(10,000)	(20,000)
	B	(3,000)	(3,000)	(6,000)	0	0	0	(3,000)	(3,000)	(6,000)
	E	0	0	0	0	0	0	0	0	0
	EA	0	0	0	0	0	0	0	0	0
	EN	0	0	0	0	0	0	0	0	0
	G	0	0	0	0	0	0	0	0	0
	J	0	0	0	0	0	0	0	0	0
	TZ	0	0	0	0	0	0	0	0	0
	Total	(16,000)	(16,000)	(32,000)	(2,000)	(2,000)	(4,000)	(13,000)	(13,000)	(26,000)
001-1	0011	(13,000)	(13,000)	(26,000)	(1,000)	(1,000)	(2,000)	(13,000)	(13,000)	(26,000)
001-2	001B	0	0	0	0	0	0	0	0	0
001-2	566B	0	0	0	0	0	0	0	0	0
001-2	E61L	0	0	0	0	0	0	0	0	0
001-A	563I	0	0	0	0	0	0	0	0	0
001-A	658L	0	0	0	0	0	0	0	0	0
001-A	659L	0	0	0	0	0	0	0	0	0
001-C	19UL	(3,000)	(3,000)	(6,000)	(1,000)	(1,000)	(2,000)	0	0	0
001-D	558B	0	0	0	0	0	0	0	0	0
001-E	596A	0	0	0	0	0	0	0	0	0
	Total	(16,000)	(16,000)	(32,000)	(2,000)	(2,000)	(4,000)	(13,000)	(13,000)	(26,000)

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-DT RSI - Fircrest School
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

The department proposes 6 decision packages which comprise the Residential Service Initiative (RSI) to obtain for eligible clients the most effective community placement. This item reflects the Long-Term Care impact of this decision package, which would primarily impact the Division of Development Disabilities. This plan provides one of two alternatives for gubernatorial consideration about the future of Fircrest School, a Residential Habilitation Center (RHC) serving people with developmental disabilities. The first alternative is a safe, orderly closure during the 2005-07 Biennium. The second alternative, to continue operating Fircrest School at the current residential population, is reflected as a request in the capital budget to accomplish needed facility renovations essential to continue operation. This plan for closure is consistent with the active downsizing of Fircrest School by the Legislature and the direction in the transition plan developed at legislative direction in this biennium's budget. Closure under the plan requires approximately 106 community placements and an additional 98 beds in other RHCs. Also included are resources necessary to assist in the transition of residents from Fircrest School to their new placement, a transition plan to enhance staff retention and assist staff at Fircrest to identify opportunities for alternative employment, and a proposal to retain some licensed professional services at Fircrest to enhance community based services.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	521,000	2,792,000	3,313,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	520,000	2,791,000	3,311,000
Total Cost	**1,041,000**	**5,583,000**	**6,624,000**

Staffing	FY 1	FY 2	Annual Avg
Program 050 FTEs	**2.0**	**2.0**	**2.0**

Package Description:

This alternative is an outgrowth of both federal and state policy emphasizing the integration of individuals with developmental disabilities into the community.

In the last 30 years, the focus of services addressing the needs of individuals with developmental disabilities has shifted from institutional settings to community-based settings. The change in focus is reflected by the growth of the community segment of the program serving individuals with developmental disabilities from 1994 to 2003. In 1994 there were 18,834 people receiving some level of services in the community while in 2003 there were 31,354. This represents a growth of 66 percent or 12,520 individuals.

During the same time period, the census of RHCs has been in decline. Currently there are five RHCs in Washington State: Fircrest, Francis Haddon Morgan Center, Lakeland Village, Rainier, and Yakima Valley Schools. At the end of Fiscal Year 2003, these RHCs were collectively serving 1,006 individuals; a reduction of 323 individuals or 24.3 percent from the 1,329 served in Fiscal Year 1994. During this same time period, the census at Fircrest School decreased by 134 individuals or 34.4 percent going from a level of 390 individuals in Fiscal Year 1994 to 256 during Fiscal Year 2003. Due to the legislative downsizing initiatives included in the budget for the 2003-05 Biennium, Fircrest School is expected to reach a census of approximately 200 residents by the end of Fiscal Year 2005.

This decision package includes a plan to consolidate the existing RHCs into a more efficiently sized service delivery system. By moving residents from Fircrest to other RHCs and community settings, the operating costs of Fircrest that are not directly related to resident care are eliminated. The expected outcome is to create economies of scale by having more residents in each of the other RHCs, and eliminating the duplication of operating costs at Fircrest that do not directly contribute to

services being provided to individuals, such as administration (institution wide supervision, budget and accounting, personnel, purchasing and warehouse, and maintenance and operations.) In addition, the consolidation would achieve some additional economies of scale in providing support services such as medical, dental, and pharmaceutical service, recreation and training, and various therapies.

The individuals who are served within the RHC system are required to remain eligible under either federal Intermediate Care Facility/Mentally Retarded (ICF/MR) or Nursing guidelines. In addition to services targeted at addressing their physical or mental wellbeing, they receive training to either improve (ICF/MR) or maintain (Nursing) their independence in performing the seven activities of daily living (toileting, personal hygiene, feeding self, bathing, dressing, grooming, and communications). Each RHC provides services regulated by either ICF/MR or Nursing regulations or both. Fircrest School operates separate cottages that are certified under either ICF/MR or Nursing regulations as does Lakeland Village School; Rainier School and the Frances Haddon Morgan Center operate solely under ICF/MR rules, while Yakima Valley School operates under Nursing rules. Under the closure alternative, these services would be provided in either a community setting or at another RHC. This alternative maintains clients' health and safety while increasing their self-sufficiency by providing for an increase in the number of community placements for clients that are currently being served in the institutional setting. This will address an individual's health and safety needs while allowing the state to provide services as efficiently and cost effectively as possible.

The attached table "High-level Implementation Schedule" (attachment "the Long-Term Care (LTC) PL-DT RSI - Fircrest School.xls", Table 1) shows the implementation schedule for the closure of Fircrest School if the Legislature decides on closure. To maintain the health and safety of residents during the closure of a facility such as Fircrest School, it is essential to minimize staff disruptions and early turnover resulting in the need to employ temporary staff during the closure. Temporary staff will mean higher training costs, increased supervision, and possible exposure of residents to risk. The increased risk for residents could result in an increase in the number of citations by federal surveyors, which in turn would potentially put federal funding at risk. A targeted, focused program of supports to retain essential staff and assist staff to transition will be essential.

This closure alternative decision package contains an Employee Transition program with three strands: supports, retention, and separation. The support strand provides workshops in career transition and employee supports through a variety of state programs and services such as Employee Advisory Services and Rapid Response. The retention strand focuses on both targeted and general training to prepare staff for Alternative Employment and Retention Compensation plans. These Retention Compensation plans may include extension of medical and dental benefits during employee eligibility for unemployment, retention bonuses, and enhancements to existing retirement programs, including a limited early retirement plan. Finally, the separation strand targets separation training and reduction in force orientation. These strands are all targeted to minimize the need to employ temporary staff and control the rate at which employees are released from or transitioned to alternative state employment.

The final element of the closure alternative decision package is a plan to retain some of the professional licensed services currently being provided at Fircrest School for future use in the community. This plan proposes the development of a clinic to provide direct dental, behavioral, therapeutic, and medical services to those individuals who have either acute needs or present especially difficult issues. It builds on the provision of direct services with a strong component of consulting and outreach to build more of these services in the community. Further stages would deal with the need to provide mobile services to reach areas that could benefit from these services.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This closure alternative supports the Aging and Disabilities Services Administration's Strategic plan by: 1) Improving client health and safety by developing additional appropriate, quality community placements that support the goal of serving clients

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in the least restrictive, most cost-effective setting appropriate to the clients needs', 2) Improving client self-sufficiency through supporting and encouraging client self-sufficiency and self-direction, and, 3) Providing services that are cost-effective to the state of Washington. Specifically, this proposed closure alternative plan assists in achieving the goals of improving client health and safety while increasing their self-sufficiency by providing for an increase in the number of community placements for clients that are currently being served in the institutional setting. This would address an individual's health and safety needs while allowing the state to provide services as efficiently and cost effectively as possible. To support the achievement of this goal, the alternative includes staff support to strengthen quality assurance reviews of individual placements during and after the closure process. This closure alternative plan also supports the goal of achieving more cost-effective service delivery by reducing the administrative costs of the RHC system through consolidation of a smaller number of management units and increased use of the community as a means of providing services.

The performance measures for this project are in the table titled " Project Performance Measures" (attachment "LTC PL-DT RSI - Fircrest School.xls", Table 2).

Performance Measure Detail

Program: 050

	Incremental Changes FY 1	Incremental Changes FY 2
Activity: E050 LTC Adult Family Home Community Services		
No measures linked to package	0.00	0.00
Activity: E052 LTC Eligibility/Case Management Services		
No measures linked to package	0.00	0.00
Activity: E064 Nursing Home Services		
No measures linked to package	0.00	0.00

Reason for change:

The issues that this decision package addresses are the reduction in the number of RHCs and the size of the current system of residential institutions. As stated in previous sections, the trend in developmental disabilities programs is to emphasize community placements over institutional settings. Both environments have the same goal of providing specialized and generic training, treatment, health services and other related services that are directed toward: 1) the acquisition of behaviors necessary for the individual to function with as much self-determination and independence as possible, and, 2) prevention or deceleration of the regression of or loss of current function.

From 1994 to 2003, the number of individuals assessed as having a developmental disability, in both residential institutions and community settings, increased from 20,163 to 32,260, an increase of 12,097 or 60 percent. During that same time period, the number of individuals in the state's program of residential institutions (RHCs) declined from 1,329 to 1,006, a decrease of 323 or 24 percent. Fircrest School has aggressively pursued an outplacement program both before and after the 1999 U.S. Supreme Court decision known as Olmstead versus L.C. The trend since 1994 has resulted in a declining census at Fircrest School, from 390 residents in 1994 to 256 by 2003. This biennium, the Washington State Legislature directed Fircrest School to further downsize and for vacancies to be consolidated across all RHCs. As a result of the Legislature-directed downsizing and consolidation during this biennium, it is expected that the census at Fircrest School will dip below 200 residents and approach a census of around 190 residents by the end of the 2005 Biennium.

This leads to the discussion of whether it is necessary to continue operating a state system comprised of five RHCs. Currently, it is estimated that on an annual basis, the cost of operating Fircrest School, excluding those costs associated with operating cottages and other direct cottage support services, is $13.5 million per-year from all sources. In recognition of the need to develop a plan for an orderly, safe transition of residents from the current facility to new placements, the Legislature funded the development of a transition plan for closing Fircrest or other RHCs. A preliminary report of this plan, as required, was submitted to the Legislature in January 2004. The report addressed seven areas:

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1) Client selection: how to evaluate individuals for potential placement in alternative settings,
2) Resource development: how to develop resources for individuals who would move to community settings,
3) Capital and facilities: what are the processes, procedures, and needs for opening and closing cottages,
4) Client transition: the processes and procedures that are needed for a safe and orderly discharge and admission of individuals,
5) Quality assurance: how to follow-up on individual placements to determine if they are adequately addressing individual needs,
6) Employee transition: review employee issues associated with a closure and provide opportunities designed to assist them to transition to alternative employment while retaining them during the closure as needed, and
7) Retention of Licensed Professional Services: evaluate models that would allow the retention of some of the professional licensed services currently available at Fircrest School to provide additional services for clients in community based settings.

The work completed in these seven areas has been used to develop a model schedule for the closure of individual cottages should the Legislature choose this alternative (please see attachment "LTC PL-DT RSI - Fircrest School 2.pdf"). The model was developed in concert with the closure of the first two cottages at Fircrest School in March 2004, which were closed as part of the legislative downsizing plan. This same model is now being tested during the closure of the final two cottages scheduled to be closed in this biennium. The Cottage Closure plan will form the basis for developing a schedule for facility-wide closure. In addition to planning for individual cottage closures, this plan will also need to consider the closure of supporting programs such as the Recreational and Employment programs and other facility-wide issues related to the closure of Fircrest School. However, this plan does not address alternative uses of the property including its sale or lease. The plan will consider the resources and needs of maintaining the value of the land, so that regardless of its final disposition, it is not in a degraded or poor state.

This proposal is structured around the following major components:

1) A schedule for closure of cottages at Fircrest School, closure of the Fircrest School facility, and the opening of cottages, as required, at the other RHCs,
2) The schedule for identifying the number, and type of community placements to occur as the cottages are closed,
3) The cost of operating/opening/closing a cottage and providing support services,
4) The support staff required at each RHC and in the regional offices necessary to effect the closure of Fircrest School,
5) A schedule for the reduction of administrative costs and staff at Fircrest School resulting in closure by June 2007 and then providing for caretaking staff and costs thereafter until final disposition of the property,
6) The costs associated with the impact of the closure on employees and the program of transition services that is proposed to mitigate this impact, and
7) A proposal related to the retention of licensed professional services for community service.
Each one of these items in discussed in more detail below.

Cottage Closure Schedule

The experience from this biennium in closing cottages indicates that it takes approximately six months from the time it is determined that a particular cottage will be closed to the time when the first residents begin to move to alternative placements. These six months are required in order to ensure that the transfer occurs in an orderly manner, provides minimal risk to the individual, and provides that parents or guardians have an appropriate opportunity to provide input into the process. This time is used to: 1) Provide for personal transition and discharge planning, 2) Coordinate visits by the individual to alternative placements and visits by the staff at the alternative placements to the individual's current residence to promote an easier transition, and, 3) Develop community resources as appropriate. The details of these activities are contained in the attachment "LTC PL-DT RSI - Fircrest School 2.pdf". This alternative proposal assumes that the decision to close Fircrest School would be made no earlier than July 1, 2005. Once planning for the first cottage closure begins, the planning for subsequent cottages can overlap.

The schedule assumes that the first cottage to be closed will be a Nursing cottage and the second will be an ICF/MR cottage.

This sequence is then repeated throughout the schedule. The purposes of this sequence are to provide as much time as possible between the closures of the same type of cottages and to maximize the amount of time between arrivals at alternative placements. The rate at which residents will move is assumed to be approximately four residents per-week, which, based on experience, is the maximum number of residents Fircrest School can prepare for an orderly, safe move. It is also approximately the same rate at which the receiving RHC can admit new residents and maintain compliance with ICF/MR rules.

After three cottages close, there is a one month gap before the next cottage closes to allow Fircrest School staff to follow-up with the placements that have occurred, begin working on those placements that will occur in the next three cottages, and deal with the ongoing work that needs to be completed as part of a functioning RHC.

Community Placements

Under this alternative, community placements would occur throughout the closure process. The schedule of these placements will depend on the availability of community resources appropriate for the individual, parent and guardian decisions regarding the suitability of the available placements, and the cost of the placements. The plan does not contemplate amendment of Revised Code of Washington (RCW) 71A.10.050(2), which provides that residents can be transferred from an RHC to a community setting only "the specific placement decision is in the best interests of the resident." It is necessary to plan on a specific level of community placements in order to be able to set goals allowing for cottage closures. However, it is important to note that a significant number of the residents will be transferred to other RHCs, which should mitigate the impact of potential community placement delays.

The number of community and RHC placements are summarized in the attached table "Project Performance Measures" (attachment "LTC PL-DT RSI - Fircrest School.xls", Table 2).

Cost of Operating, Opening, and Closing Cottages

This closure alternative proposal assumes that both Lakeland Village and Rainier School will open additional cottages during the next biennium. A cottage-staffing model was developed to ensure that an appropriate level of resources was added to those RHCs opening cottages and that an appropriate amount of resources was subtracted from Fircrest School when a cottage was closed. The foundation of the model is the assumption that 24/7 coverage is required. In order to provide adequate resident supervision and backup, four attendant counselors are scheduled for the 16-hours covered by the day and evening shift, and two attendant counselors are provided for the shift when residents are sleeping. A minimum of two attendant counselors is necessary to provide coverage in the cottage if there is an emergency or some other duty that takes one attendant counselor out of the cottage. This requires a total of 18 attendant counselors in order to cover vacation and sick leave, as well as weekend and holiday schedules. For each cottage there is also an attendant care manager who has the responsibility of scheduling and supervising the attendant counselors, as well as some individual care planners who are assigned to the cottage.

There is also a complement of eight staff members who provide support to the cottage, but are not directly located at the cottage. They include nursing, adult training, and therapy. Generally, two cottages will share a Habilitation Plan Administrator, as well as another professional level staff. The Habilitation Plan Administrator is a key administrative and service delivery position. The Habilitation Plan Administrator conducts the Interdisciplinary team meetings, documents their findings, and interprets them into a habilitation plan for the individual. Finally, there are a number of ancillary staff that directly support the cottage, including a custodian, a laundry worker, and/or a general repairman.

The final level of staffing supports the operations of a number of cottages organized around a Program Area Team (PAT). They are responsible for the majority of the health care, training, and treatment planning for the individuals served by the PAT. For every three to four cottages, an additional nine staff members are required to either supplement existing PATs or to create a new PAT. These include administrative and supervisory staff, medical and therapeutic staff, and administrative support staff.

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Staff Supporting the Closure Effort

Under the closure alternative, in a 15-month period, an estimated 204 residents will be transferred from Fircrest School to a minimum of three other RHCs located in different parts of the state, or into community placement programs operated by two divisions of the ADSA. A network of staff is required for these transfers to occur in a timely manner with due consideration for the individual's safety and parent/guardian interests. This network will provide assistance not only in planning the discharge of the individual from Fircrest School, but also the admission to another RHC or placement in the community.

A critical success factor of this project will be effective and efficient communications across this network. Client transition coordinators at each RHC will be essential for this communication to occur. The client transition coordinators will be responsible for collecting and delivering individual-specific information that will allow either Community Resource Developers or RHC staff to begin planning for the integration of the individual into their new placement. They will also organize any visits by the individual or parent/guardian to other RHCs. They will coordinate visits to potential community placements through communications with the Community Resource Developer.

Each receiving RHC will have a team that will assist in the admission of the individual, providing assistance for developing the individual's health plan with the federal requirements and also assisting in the training of the cottage staff to meet the resident's needs. At Lakeland Village and Rainier School, a Community Placement Coordinator is included to increase the number of long-term community placements. Also, the Community Placement Coordinator identifies potential community placements, works with parents and guardians of those identified to educate them on community options, and then develops the community resources needed for the community placement. Ancillary staff members are also included to support the closure. These positions include Case Resource Managers in the regions to assist with case management of community placements, to develop community resources, and to perform Quality Assurance visits of individuals in their new placements.

A team of three Human Resource Consultants is provided to ensure that all RIFs are processed in a timely manner, minimizing unforeseen expenses due to miscommunication or employee appeals. Finally, a project management staff member is assigned to assist in specific areas of the project and to ensure that timelines are established and met.

Administrative Cost Reductions at Fircrest School

A schedule of how the administrative costs at Fircrest School would be eliminated is included in the budget model developed for this decision package. It identifies those positions that are not directly related to cottage operations and then reduces those positions in concert with cottage closures, starting in January 2006 from 558 staff to 59 in April 2007. From April to June 2007, these 59 staff members are involved in the closure of the Fircrest School. Once that is accomplished, these staff members are further reduced to 18 staff that then assumes the role of caretakers for the facility until its final disposition is decided.

Employee Impact and Transition

Under the closure alternative, there would be approximately 558 staff that will be affected by the closure of Fircrest School. In some cases employees may have job skills that are immediately transferable and in demand in the job market. Other employees may be close to being eligible to retire yet may not be able to access their pensions for some period of time. Yet other employees may not have any easily transferable skills. Regardless of the personal issues facing these employees, it is in the interest of the state to retain these staff members as long as there is a need for their continued employment at Fircrest. It should be expected that once the decision to close is made, Fircrest staff will start to seek employment elsewhere and begin to leave. Every staff person that leaves before they are no longer required will necessitate hiring another person who will need training and close supervision while they are learning their job. The hiring of new staff also represents an expense to the state in terms of time spent reviewing applications, interviewing, checking references, and processing paperwork. A significant effort should be made to retain as many of the current staff as possible, especially those in critical positions

providing direct services to residents. If critical staff members are not retained, possible outcomes could include an increased risk to the resident's health and safety and a potential loss of federal funding.

This closure alternative proposal covers more than just the costs the state is required to pay, such as unemployment insurance for those employees who are terminated, and relocation costs for those employees who are RIF'd and have an option within state service. It also covers the costs of retaining staff and providing them with meaningful opportunities to find alternative employment if Fircrest School were to close. Included in the costs is the establishment of a Career Transition Center. This center would act as a hub for job exploration, with a series of services to assist the employee with job search or acquiring training to become more marketable. The Career Transition Center offers career counseling, training in resume writing, interviewing techniques, and job search skill building. Many of these training programs are at little or no direct cost to the department, but require staff to coordinate and advertise them on campus. The center will also take on the responsibility of establishing relationships with other levels of government and state agencies to increase employee awareness of job openings in those agencies. This may be especially beneficial to some of the employees who are more difficult to place in state government positions, but have parallel job positions in local government. Finally, the center will also serve as a clearinghouse for a training program to provide staff with new skills for job enhancement and career development. This training will focus on new skills to more effectively compete for public and private sector jobs while decreasing unemployment rates and positively impacting staff retention during the transition period.

The Career Transition Center and the training it will sponsor will serve to both assist staff in transitioning to alternative employment and to assist in retaining staff during the closure process. The goal of the training program is to motivate an employee to remain at Fircrest School as long as the training they are receiving enhances their value to other potential employers. In this sense, it either minimizes the cost of separation by avoiding unemployment insurance or potentially reduces the impact of RIFs on other parts of state government by preparing the employee for employment outside of the state system or in other positions within state government.

The department is also in the process of reviewing the possibility of including three additional elements that are specifically targeted at employee retention. These include:

1) Providing employees who separate from the state and become unemployed with a continuation of medical and dental insurance during their eligibility for unemployment compensation,
2) Developing programs that either give selected employees the option to retire early, protect the purchasing power of the annuity that they have earned to date, or enhance the cash out of their retirement contributions, and
3) Retention bonuses to select essential staff.

The specifics of these elements are still under development. Cost estimates at this point are not available for the retirement related item, but should be available early in September of 2004.

Retention of Professional Licensed Services

The Legislature included language in the 2003-05 Biennial Operating Budget that directed the Department of Social and Health Services (DSHS), in developing a plan for possible closure of Fircrest, to "recommend ways to continue to provide some of the licensed professional services offered at Fircrest School to clients being served in community settings." This closure alternative decision package proposes the establishment of a clinic that will not only provide direct services to individuals, but will also have the charge to develop community resources to serve the needs of individuals with developmental disabilities. The professionals that are a part of this clinic will devote a significant amount of time to external consultation and out-reach. The goal of this component is to increase the level of services in high demand areas such as dental care, behavioral therapies, and wheel chair adaptation and repair, as well as all other professional licensed services. In addition, the direct care services would be targeted at those individuals with especially acute needs. The combination of direct care and outreach activities will serve to expand services beyond the levels currently available.

Impact on clients and services:

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Attached is a table , "Service Delivery Before and After Closure," (please see attachment "LTC PL-DT RSI - Fircrest School.xls", Table 4) comparing where individuals receive services before and after the closure of Fircrest School. Both prior to and after the change, the residents would receive the same level of services under the federal requirements, which regulate these program levels. The location of the services provided will be different in that it may be at another RHC or in a community program. In total, this proposal would decrease the cost of providing the same level of services by reducing administrative costs in the RHC system. This proposal does not expand eligibility or enhance services beyond that required under federal and state law.

Impact on other state programs:

This closure alternative proposal would directly impact the community services, RHCs, and field services components of the Developmental Disability program; the Home and Community Services Adult and Long-Term Care program, and the Administrative and Support Services program of DSHS. There could be some secondary impact on other programs within state government such as the Department of Community, Trade, and Economic Developments Housing Subsidy programs.

Relationship to capital budget:

This decision package is not dependent on any new projects in the capital budget. It is, however, dependent on the completion of a number of cottage renovations begun or planned for completion in the current biennium.

Required changes to existing RCW, WAC, contract, or plan:

Although the Legislature has authority to close state institutions identified in RCW 71A.20.020 without amending the statute, if the closure alternative is selected this section should be amended to remove Fircrest School from the list of permanently established RHCs in order to eliminate that issue from any potential legal challenge. In addition, legislation should be considered to formally establish the components of the proposal related to employee transition. Similarly, legislation should be considered for the modification of retirement programs, extension of state health and dental insurance for a period past separation from the state, and employee retention programs.

Alternatives explored by agency:

This decision package provides two alternatives: 1) The change in costs resulting from the closure of Fircrest School, which is the main topic of this decision package, and 2) The cost of continuing to operate Fircrest School at the census level projected for the end of this biennium. The costs associated with alternative two are contained in the current maintenance level budget for RHCs and the funding requested in the department's capital budget request for renovation of cottages, critical infrastructure, and other facility needs.

Factors that led to the alternative proposal to close Fircrest instead of another RHC are its size, location, and the capital cost of upgrading the facility, the potential for cost savings, and the value of the land on which it sits. It was also considered desirable to accomplish the closure within one biennium, which is possible at Fircrest.

The following factors were part of the decision process for selecting Fircrest School for closure:

1. The census at Fircrest will dip below 200 residents by the end of this biennium, which is a manageable number within the context of a closure within a biennium,
2. Geographically, it is located within a geographic region with two other RHCs, Francis Haddon Morgan Center and Rainier School,
3. The capital cost of renovating Fircrest School is estimated to exceed $11.5 million,
4. DSHS could accrue cost savings from the administration of Fircrest School of $13.5 million per-year, and finally,
5. The value of the land on which Fircrest is located is substantial in comparison to the value of the land devoted to other RHCs.

In contrast, when the other RHCs were evaluated using these factors, their closure was either logistically much more difficult (Rainier at over 375 residents), they were the only RHC in the region (Yakima and Lakeland Village), or the value of the land or the potential cost savings were not as significant (Francis Haddon Morgan Center).

Other alternative plans that were considered were to: 1) Close Fircrest in one-year, 2) Close Fircrest in three or more years, and 3) Close either the Nursing or ICF/MR programs at Fircrest.

1. Closing Fircrest in one-year, makes it more difficult to attend to resident health and safety concerns during the closure process. Not providing for adequate time to develop the community placements necessary and provide for reasonable periods of planning for client moves to their new placements could result in programs that are not as successful in addressing critical needs of residents as the phased transfers during this biennium have been. Other possible negatives could be: 1) an increase in the level of unemployment by displaced workers since there would be less time for employees to be prepared for the closure, and 2) slowing the renovations at other RHCs through early occupancy of vacant cottages that need renovation. The benefits from accelerated closure would be: 1) increased cost saving by reducing administrative cost in a more aggressive manner, and 2) reducing the risk of key staff leaving prematurely.

2. Closing Fircrest in three or more years would substantially increase the life-cycle costs of closure. The reductions in administrative and other program costs would be deferred for a much longer period of time. The potential income produced from alternative use of the land would be delayed. In addition, there would be the potential of increased employee turnover with the resulting increased risk to client safety and health and potential loss of federal certification. On the other hand, offsetting the impact of increased staff turnover would be lower unemployment costs because employees would have more time to seek alternative employment. The positive aspects of increasing the amount of time for closure would be an increased opportunity to develop alternative community placements for residents.

3. Closing only the Nursing or ICF/MR components of Fircrest School would not allow for the same level of reduction in administrative costs that would result from a complete closure. If the Nursing program were closed, the reduction in program costs would be less than if the ICF/MR program were closed.

Budget impacts in future biennia:

The attached table titled "Budget Impact in Future Biennia" (please see attachment "LTC PL-DT RSI - Fircrest School.xls", Table 5) displays the ongoing cost after full implementation of the closure alternative. Specifically, there would be a reduction in the costs and Full-Time Equivalents (FTEs) for the operating cottages and PATs throughout the RHC system, as well as a reduction in the indirect cost and staff of operating the RHC systems. There would be a minor continuing cost increase related to case management for increases in community placements within the LTC Supported Living programs. Finally, there would be increases in individual support payments in both the LTC Supported Living and Home and Community Services programs for an increased level of individual support. The costs displayed assume a 50:50 participation ratio between the state and federal governments.

Distinction between one-time and ongoing costs:

The attached tables titled " Ongoing Costs" and "One-time Costs" " (please see attachment "LTC PL-DT RSI - Fircrest School.xls", Tables 6 & 7) display the one-time and ongoing costs included in this closure alternative. It includes the cost and FTEs to provide support for resident transition support, development of community resources, administrative costs directly related to operating the project (RIF processing and Project Planning and Management), employee impact (unemployment insurance and relocation costs), and employee transition (training and retention programs). The costs displayed assume a 50:50 participation ratio between the state and federal governments.

Effects of non-funding:

The focus of this decision package is to provide a plan for the potential closure of Fircrest School minimizing the residents'

exposure to risk of harm. The resources requested in this package are strategically placed to facilitate adequate communication regarding the needs of residents, so that the transfer can occur with minimal exposure to risk, and that the placements provide the appropriate supports for the individual clients.

Expenditure Calculations and Assumptions:

The detailed calculations for this proposal are contained in an Excel file titled, 'FircrestModel_v00.0.xls'. Because of the size of this model, it could not be attached, but is available upon request. For an overall calculation summary, please see attachment "LTC PL-DT RSI - Fircrest School.xls", Summary. Explanations of some of the factors have already been discussed in prior sections. Those that require further detail are discussed below.

Cottage Closing/Opening Costs

The cost of operating a cottage does not start with the arrival of the first resident to occupy a newly remodeled cottage nor does it stop when the last resident leaves a cottage that is to be closed. In order to open a cottage, the cottage staff must first be trained and acquainted with the residents (entailing a trip or trips to the individual's current residence), residents' files need to be reviewed, special equipment must be installed, and the cottage needs to be equipped with consumables and the generic equipment necessary to operate. This closure alternative proposal provides for funding of the cottage one-month before the first resident arrives in order to defray these costs.

In the case of closing a cottage, especially in an environment where the facility is expected to close, these costs would be higher. The costs actually begin well in advance of the resident's transfer. Prior to the actual transfer of the individual, a number of visits to a variety of alternative placements are required to ensure that the individual and his/her parents/guardian are educated in the selection available. Staff must accompany individuals on these visits. Once the individual is actually placed, the preparation of the client transition and discharge plan must be completed, and, after the individual is transferred, staff must be available at the receiving placement to provide guidance and other assistance. In addition, further resources are needed to pay any accumulated staff leave and other costs associated with preparing the cottage and then mothballing it.

Community Rates

The requested rates for community placements were developed as follows:

Nursing Programs:

A focus group was held with a selection of vendors familiar with the individuals that are currently residing in the Nursing cottages at Fircrest School. These vendors were not asked what rate they wanted in order to serve the residents in their programs, but rather they were asked what types of services the residents would require if they were placed in the community. The service requirements that were a result of this focus group were analyzed along with the CARE assessment, the federal Minimum Data Set, and other assessments by the ADSA Rates Section to determine a supportable rate for community placements.

Supported Living Programs:

The rates for supportive living were determined by an individual review of the residents and based on whether they were judged to be high, medium, or low cost. Individual rates were identified for each of these categories and an average rate was calculated.

Two factors were key in determining these rates:
1) Those individuals that were judged to the highest costs are assumed to be retained within the RHC system (i.e. transferred to Lakeland Village, Rainier, or Yakima Valley Schools).
2) Twenty-three individuals currently residing in the Fircrest Nursing facility may be eligible for an ICF/MR level of services

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and were included in the calculation of the supportive living rate rather than the rate for Nursing placements.

Retention and Transition of Licensed Professional Services Costs

The budget proposed for the option presented for retention of professional licensed services assumes that the staff continues to function as state employees. In addition, state employees would perform the audiologist and physical therapist functions that are currently contracted out by Fircrest School. Additional positions will be required to ensure adequate billing of Medicaid, reception/scheduling, and additional therapy aides in selected areas. Support for space lease and maintenance, acquisition of software and equipment, and other costs are included. Finally a temporary Transition Manager is funded to assist in starting assisting in the start-up of the clinic.

Object Detail

		FY 1	FY 2	Total
Program 050 Objects				
A	Salaries And Wages	138,000	138,000	276,000
B	Employee Benefits	34,000	34,000	68,000
E	Goods And Services	18,000	18,000	36,000
G	Travel	5,000	5,000	10,000
N	Grants, Benefits & Client Services	846,000	5,388,000	6,234,000
	Total Objects	**1,041,000**	**5,583,000**	**6,624,000**

DSHS Source Code Detail

Program 050		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	Title			
0011	General Fund State	521,000	2,792,000	3,313,000
	Total for Fund 001-1	**521,000**	**2,792,000**	**3,313,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	Title			
19TA	Title XIX Assistance (FMAP)	423,000	2,694,000	3,117,000
19UL	Title XIX Admin (50%)	97,000	97,000	194,000
	Total for Fund 001-C	**520,000**	**2,791,000**	**3,311,000**
	Total Program 050	**1,041,000**	**5,583,000**	**6,624,000**

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High-level Implementation Schedule

Time Period	Activity
July 05 to December 05	Individual based planning, employee relations, individual resource development
January-06	Close the first nursing cottage and transfer the majority of individuals to Yakima School
February-06	Close the first ICF/MR cottage and transfer the majority of individuals to Rainier School
March-06	Close the second nursing cottage and transfer the majority of individuals to community placements
May-06	Close the second ICF/MR cottage and transfer the majority of individuals to Rainier School
June-06	Close the third nursing cottage and transfer the majority of individuals to community placements
July-06	Close the third ICF/MR cottage and transfer the majority of individuals to Rainier School
September-06	Close the fourth nursing cottage and transfer the majority of individuals to community placements
October-06	Close the fourth ICF/MR cottage and transfer the majority of individuals to Lakeland Village
November-06	Close the fifth nursing cottage and transfer the majority of individuals to Lakeland Village
January-07	Close the fifth ICF/MR cottage and transfer the majority of individuals to Lakeland Village
February-07	Close the sixth nursing cottage and transfer the majority of individuals to community placements
March-07	Close the fifth ICF/MR cottage and transfer the majority of individuals to community placements
April 2007 to June 2007	Institution based closure activities

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Project Performance Measures

	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11
Close Cottages	5	7				
Open Cottages	3	3				
Community Placements	42	64				
RHC Admits	44	54				
Reductions in Staff at Fircrest						
QA Reviews	172	322	118	49	49	49

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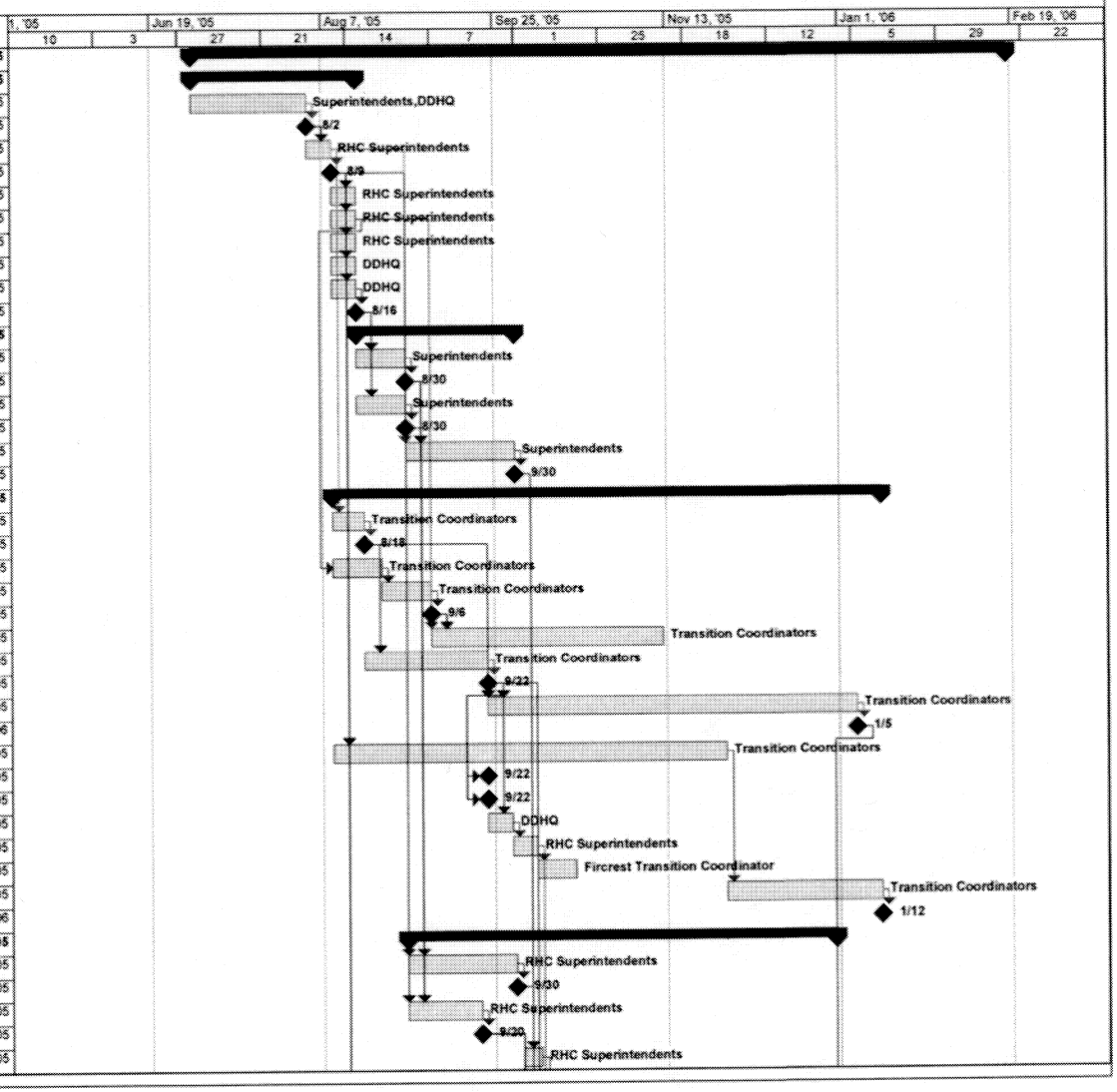
Generic Cottage Closure Plan

ID	Task Name	Resource Names	Duration	Start
1	**Closing a Cottage**		**166 days**	**7/1/05**
2	**Cottage/Client Selection**		**33 days**	**7/1/05**
3	Identify Statewide RHC Capacity	Superintendents,DDHQ	23 days	7/1/05
4	<<Statewide Capacity Available	DDHQ	0 days	8/2/05
5	Select Cottage for Closure/Cottage Opening	RHC Superintendents	5 days	8/3/05
6	<<Cottage Selected for Closure/Opening	RHC Superintendents	0 days	8/9/05
7	Notify Labor of Cottage Selection	RHC Superintendents	5 days	8/10/05
8	Notify Parents/Guardians of Selection	RHC Superintendents	5 days	8/10/05
9	Notify Employees Fircrest	RHC Superintendents	5 days	8/10/05
10	Notify Employees Other RHC	DDHQ	5 days	8/10/05
11	Notify Media and External Stakeholders	DDHQ	5 days	8/10/05
12	<<Stakeholders Notified of Cottage Selection	DDHQ	0 days	8/16/05
13	**Operational Planning (Sending and Receiving)**		**33 days**	**8/17/05**
14	Organizational Planning	Superintendents	10 days	8/17/05
15	<<Preliminary Organizational Plan Developed	Superintendents	0 days	8/30/05
16	Infrastructure Planning	Superintendents	10 days	8/17/05
17	<<Preliminary Infrastructure Plan Developed	Superintendents	0 days	8/30/05
18	Conduct Employee and Labor Relations for Cottage Closure	Superintendents	23 days	8/31/05
19	<<Employee and Labor Relations for Cottage Closure Complete	Superintendents	0 days	9/30/05
20	**Client Transition**		**112 days**	**8/10/05**
21	Begin Preparation of Referral Packets	Transition Coordinators	7 days	8/10/05
22	<<Referral Packets Complete	Transition Coordinators	0 days	8/18/05
23	Notify Parents/Guardians of Resources	Transition Coordinators	10 days	8/10/05
24	Identify Parent/Guardian Placement Options	Transition Coordinators	10 days	8/24/05
25	<<Parent/Guardian Placement Options Identified	Transition Coordinators	0 days	9/6/05
26	Send Referral Packets to Community	Transition Coordinators	48 days	9/7/05
27	Perform Transition Planning	Transition Coordinators	25 days	8/19/05
28	<<Transition Planning Complete	Transition Coordinators	0 days	9/22/05
29	Perform Discharge Planning	Transition Coordinators	75 days	9/23/05
30	<<Discharge Planning Complete	Transition Coordinators	0 days	1/5/06
31	Resource Development	Transition Coordinators	80 days	8/10/05
32	Equipment Ordering Deadline	Fircrest Transition Coordinat	0 days	9/22/05
33	Decision Deadline for Community Moves	Transition Coordinators	0 days	9/22/05
34	Update RHC Capacity	DDHQ	5 days	9/23/05
35	Client Selection for Administrative Moves	RHC Superintendents	5 days	9/30/05
36	Send Referral Packet to RHC's	Fircrest Transition Coordinat	7 days	10/7/05
37	Perform Community Moves	Transition Coordinators	32 days	11/30/05
38	<<Community Moves Completed	Transition Coordinators	0 days	1/12/06
39	**Employee and Labor Relations**		**88 days**	**8/31/05**
40	Conduct Employee and Labor Relations for Cottage Opening	RHC Superintendents	23 days	8/31/05
41	<<Employee/Labor Relations for Cottage Opening Complete	RHC Superintendents	0 days	9/30/05
42	Conduct Employee/Labor Relations for Receiving Facility	RHC Superintendents	15 days	8/31/05
43	<<Employee/Labor Relations for Receiving Facility Completed	RHC Superintendents	0 days	9/20/05
44	Notify Employees at Risk of RIF	RHC Superintendents	5 days	10/3/05



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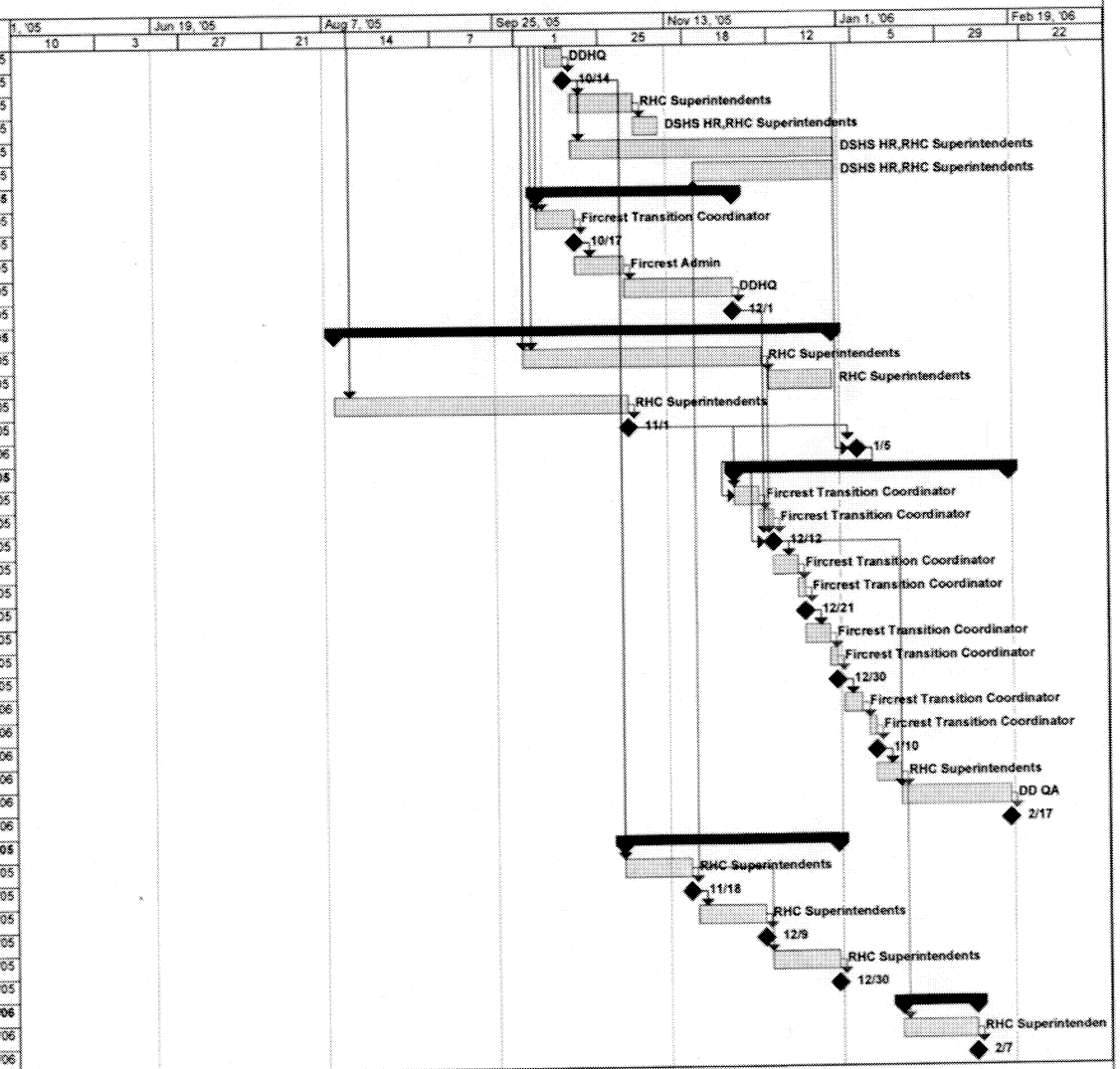
Generic Cottage Closure Plan

ID	Task Name	Resource Names	Duration	Start
45	Notify Department of Impacts	DDHQ	5 days	10/10/05
46	<<Employees Notified of RIF Impacts	RHC Superintendents	0 days	10/14/05
47	Conduct Employee Preference Poll	RHC Superintendents	14 days	10/17/05
48	Conduct RIF Orientation	DSHS HR,RHC Superintend	5 days	11/4/05
49	Develop Formal Options for Employees at Risk	DSHS HR,RHC Superintend	55 days	10/17/05
50	Develop Informal Options for Employees at Risk	DSHS HR,RHC Superintend	30 days	11/21/05
51	**Informal Reviews**		**40 days**	**10/7/05**
52	Notify Parents/Guardians of Client Move Dates	Fircrest Transition Coordinat	7 days	10/7/05
53	<<Parents/Guardians Notified of Client Move Dates	Fircrest Transition Coordinat	0 days	10/17/05
54	Schedule Informal Reviews	Fircrest Admin	10 days	10/18/05
55	Perform Informal Reviews	DDHQ	23 days	11/1/05
56	<<Informal Reviews Complete	DDHQ	0 days	12/1/05
57	**Hire and Train Start Up Employees**		**102 days**	**8/10/05**
58	Hire and Train 1st Half Opening Cottage	RHC Superintendents	50 days	10/3/05
59	Hire and Train 2nd Half Opening Cottage	RHC Superintendents	14 days	12/12/05
60	Prepare Cottage for Opening	RHC Superintendents	60 days	8/10/05
61	<<Receive Opening Cottage	RHC Superintendents	0 days	11/1/05
62	<<Discharge Plans Complete	Fircrest Transition Coordinat	0 days	1/5/06
63	**Client Moves**		**56 days**	**12/2/05**
64	Prepare Clients	Fircrest Transition Coordinat	5 days	12/2/05
65	Move Clients	Fircrest Transition Coordinat	2 days	12/9/05
66	<<4 Client Moves Complete	Fircrest Transition Coordinat	0 days	12/12/05
67	Prepare Clients	Fircrest Transition Coordinat	5 days	12/13/05
68	Move Clients	Fircrest Transition Coordinat	2 days	12/20/05
69	<<8 Client Moves Complete	Fircrest Transition Coordinat	0 days	12/21/05
70	Prepare Clients	Fircrest Transition Coordinat	5 days	12/22/05
71	Move Clients	Fircrest Transition Coordinat	2 days	12/29/05
72	<<12 Client Moves Complete	Fircrest Transition Coordinat	0 days	12/30/05
73	Prepare Clients	Fircrest Transition Coordinat	5 days	1/2/06
74	Move Clients	Fircrest Transition Coordinat	2 days	1/9/06
75	<<16 Client Moves Complete	Fircrest Transition Coordinat	0 days	1/10/06
76	Client/Employee Transition	RHC Superintendents	5 days	1/11/06
77	Perform Client Follow-ups	DD QA	23 days	1/18/06
78	<<Client Followups Complete	DD QA	0 days	2/17/06
79	**Employee Release**		**45 days**	**10/31/05**
80	Deliver RIF Letters	RHC Superintendents	15 days	10/31/05
81	<<RIF Letters Delivered	RHC Superintendents	0 days	11/18/05
82	1st RIF Waiting Period	RHC Superintendents	15 days	11/21/05
83	<<Release Employees for Half Closing Cottage	RHC Superintendents	0 days	12/9/05
84	2nd RIF Waiting Period	RHC Superintendents	15 days	12/12/05
85	<<Release Remaining Employees for Closing Cottage	RHC Superintendents	0 days	12/30/05
86	**Close Cottage**		**15 days**	**1/18/06**
87	Complete Mothballing of Closed Cottage	RHC Superintendents	15 days	1/18/06
88	<<Cottage Closure Complete	RHC Superintendents	0 days	2/7/06



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Service Delivery Before and After Closure

	Existing Fircrest Placement		
	ICF/MR	Nursing	Total
Anticipated New Placement:			
Lakeland Village	28	12	40
Rainier	42		42
Yakima Valley		16	16
Supported Living	28	21	49
Nursing Programs		57	57
TOTAL	98	106	204

The columns shown under Fircrest show how many clients from each type of cottage will be transferred to each of the potential placements. For instance, the 16 shown in the third row below the title Nursing indicates that 16 nursing clients would be transferred to Yakima Valley School. The rows show how many clients they will receive from either the ICF/MR or Nursing cottages or in total from Fircrest. As an example, Supported living programs would receive 28 clients from the ICF/MR cottages at Fircrest School.

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Budget Impact in Future Biennia

			05 - 07 Biennium				07 - 09 Biennium				09 - 11 Biennium			
			FY 06		FY 07		FY 08		FY 09		FY 10		FY 11	
UNIT	LEVEL	PURPOSE	FTE	$ in 000s	FTE	$ in 000s	FTE	$ in 000s	FTE	$ in 000s	FTE	$ in 000s	FTE	$ in 000s
Fircrest	Cottages	Closure	(6.8)	($363)	(182.4)	($9,801)	(324.0)	($17,424)	(324.0)	($17,424)	(324.0)	($17,424)	(324.0)	($17,424)
Fircrest	PAT	Closure			(3.8)	($605)	(18.0)	($1,320)	(18.0)	($1,320)	(18.0)	($1,320)	(18.0)	($1,320)
Fircrest	Transition	Support	6.5	$510	5.8	$453								
Fircrest	Overhead	Reduction	(10.6)	($571)	(96.8)	($5,637)	(198.3)	($13,501)	(198.3)	($13,476)	(198.3)	($13,476)	(198.3)	($13,476)
		FISCAL YEAR	(10.9)	($424)	(277.2)	($15,590)	(540.3)	($32,245)	(540.3)	($32,220)	(540.3)	($32,220)	(540.3)	($32,220)
		BIENNIUM			(144.1)	($16,014)			(540.3)	($64,465)			(540.3)	($64,440)
Lakeland	Cottages	Open			49.6	$2,662	81.0	$4,356	81.0	$4,356	81.0	$4,356	81.0	$4,356
Lakeland	PAT	Open			3.0	$484	9.0	$660	9.0	$660	9.0	$660	9.0	$660
Lakeland	Transition	Support	3.3	$225	5.1	$360								
		FISCAL YEAR	3.3	$225	57.7	$3,506	90.0	$5,016	90.0	$5,016	90.0	$5,016	90.0	$5,016
		BIENNIUM			30.5	$3,731			90.0	$10,032			90.0	$10,032
Rainier	Cottages	Open	22.6	$1,210	81.0	$4,356	81.0	$4,356	81.0	$4,356	81.0	$4,356	81.0	$4,356
Rainier	PAT	Open			9.0	$660	9.0	$660	9.0	$660	9.0	$660	9.0	$660
Rainier	Transition	Support	5.3	$383	3.1	$211								
		FISCAL YEAR	27.9	$1,593	93.1	$5,227	90.0	$5,016	90.0	$5,016	90.0	$5,016	90.0	$5,016
		BIENNIUM			60.5	$6,820			90.0	$10,032			90.0	$10,032
Yakima	Cottages	Open	15.8	$847	27.0	$1,452	27.0	$1,452	27.0	$1,452	27.0	$1,452	27.0	$1,452
Yakima	Transition	Support	1.7	$118										
		FISCAL YEAR	17.5	$965	27.0	$1,452	27.0	$1,452	27.0	$1,452	27.0	$1,452	27.0	$1,452
		BIENNIUM			22.3	$2,417			27.0	$2,904			27.0	$2,904
RHC		**FISCAL YEAR**	**37.8**	**$2,359**	(99.4)	($5,405)	(333.3)	($20,761)	(333.3)	($20,736)	(333.3)	($20,736)	(333.3)	($20,736)
		BIENNIUM			(30.8)	($3,046)			(333.3)	($41,497)			(333.3)	($41,472)
DD	Community	Regional Offices	4.0	$283	5.0	$354	4.0	$283	4.0	$283	4.0	$283	4.0	$283
DD	Community	Supported Living		$669		$4,518		$6,135		$6,135		$6,135		$6,135
		FISCAL YEAR	4.0	$952	5.0	$4,872	4.0	$6,418	4.0	$6,418	4.0	$6,418	4.0	$6,418
		BIENNIUM			4.5	$5,824			4.0	$12,835			4.0	$12,835

2005-07 Biennium
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Budget Impact in Future Biennia

			05 - 07 Biennium				07 - 09 Biennium				09 - 11 Biennium			
			FY 06		FY 07		FY 08		FY 09		FY 10		FY 11	
UNIT	LEVEL	PURPOSE	FTE	$ in 000s	FTE	$ in 000s	FTE	$ in 000s	FTE	$ in 000s	FTE	$ in 000s	FTE	$ in 000s
HCS	Community	Nursing Programs		$846		$5,388		$5,971		$5,971		$5,971		$5,971
HCS	Community	Regional Offices	2.0	$195	2.0	$195								
		FISCAL YEAR	2.0	$1,041	2.0	$5,583	0.0	$5,971	0.0	$5,971	0.0	$5,971	0.0	$5,971
		BIENNIUM			2.0	$6,624			0.0	$11,942			0.0	$11,942
Other	ADSA	Project Managemen	3.0	$531	2.5	$395								
Other	HRD	RIF	3.0	$179	3.0	$179								
Other	Retention	Licensed Profession	14.1	$1,240	28.2	$2,905	28.2	$2,262	28.2	$2,262	28.2	$2,262	28.2	$2,262
		FISCAL YEAR	20.1	$1,950	33.7	$3,479	28.2	$2,262	28.2	$2,262	28.2	$2,262	28.2	$2,262
		BIENNIUM			26.9	$5,429			28.2	$4,524			28.2	$4,524
Other	Employee	Impact		$316		$1,339		$96						
Other	Employee	Transition		$631		$1,918		$28						
		FISCAL YEAR	0.0	$947	0.0	$3,257	0.0	$124	0.0	$0	0.0	$0	0.0	$0
		BIENNIUM			0.0	$4,204			0.0	$124			0.0	$0
Other		**FISCAL YEAR**	**20.1**	**$2,897**	**33.7**	**$6,736**	**28.2**	**$2,386**	**28.2**	**$2,262**	**28.2**	**$2,262**	**28.2**	**$2,262**
		BIENNIUM			**26.9**	**$9,633**			**28.2**	**$4,648**			**28.2**	**$4,524**
TOTAL		**FISCAL YEAR**	**63.9**	**$7,249**	**(58.7)**	**$11,786**	**(301.1)**	**($5,987)**	**(301.1)**	**($6,086)**	**(301.1)**	**($6,086)**	**(301.1)**	**($6,086)**
		BIENNIUM			**2.6**	**$19,035**			**(301.1)**	**($12,072)**			**(301.1)**	**($12,171)**

2005-07 Biennium
PL-DT RSI - Fircrest School

Ongoing Costs

			05 - 07 Biennium				07 - 09 Biennium				09 - 11 Biennium			
			FY 06		FY 07		FY 08		FY 09		FY 10		FY 11	
UNIT	LEVEL	PURPOSE	FTE	$ in 000s	FTE	$ in 000s	FTE	$ in 000s	FTE	$ in 000s	FTE	$ in 000s	FTE	$ in 000s
Fircrest	Cottages	Closure	(6.8)	($363)	(182.4)	($9,801)	(324.0)	($17,424)	(324.0)	($17,424)	(324.0)	($17,424)	(324.0)	($17,424)
Fircrest	PAT	Closure			(3.8)	($605)	(18.0)	($1,320)	(18.0)	($1,320)	(18.0)	($1,320)	(18.0)	($1,320)
Fircrest	Overhead	Reduction	(10.6)	($571)	(96.8)	($5,637)	(198.3)	($13,501)	(198.3)	($13,476)	(198.3)	($13,476)	(198.3)	($13,476)
		FISCAL YEAR	(17.4)	($934)	(283.0)	($16,043)	(540.3)	($32,245)	(540.3)	($32,220)	(540.3)	($32,220)	(540.3)	($32,220)
		BIENNIUM			(150.2)	($16,977)			(540.3)	($64,465)			(540.3)	($64,440)
Lakeland	Cottages	Open			49.6	$2,662	81.0	$4,356	81.0	$4,356	81.0	$4,356	81.0	$4,356
Lakeland	PAT	Open			3.0	$484	9.0	$660	9.0	$660	9.0	$660	9.0	$660
		FISCAL YEAR	0.0	$0	52.6	$3,146	90.0	$5,016	90.0	$5,016	90.0	$5,016	90.0	$5,016
		BIENNIUM			26.3	$3,146			90.0	$10,032			90.0	$10,032
Rainier	Cottages	Open	22.6	$1,210	81.0	$4,356	81.0	$4,356	81.0	$4,356	81.0	$4,356	81.0	$4,356
Rainier	PAT	Open			9.0	$660	9.0	$660	9.0	$660	9.0	$660	9.0	$660
		FISCAL YEAR	22.6	$1,210	90.0	$5,016	90.0	$5,016	90.0	$5,016	90.0	$5,016	90.0	$5,016
		BIENNIUM			56.3	$6,226			90.0	$10,032			90.0	$10,032
Yakima	Cottages	Open	15.8	$847	27.0	$1,452	27.0	$1,452	27.0	$1,452	27.0	$1,452	27.0	$1,452
		FISCAL YEAR	15.8	$847	27.0	$1,452	27.0	$1,452	27.0	$1,452	27.0	$1,452	27.0	$1,452
		BIENNIUM			21.4	$2,299			27.0	$2,904			27.0	$2,904
RHC		**FISCAL YEAR**	**21.0**	**$1,123**	(113.4)	($6,429)	(333.3)	($20,761)	(333.3)	($20,736)	(333.3)	($20,736)	(333.3)	($20,736)
		BIENNIUM			(46.2)	($5,306)			(333.3)	($41,497)			(333.3)	($41,472)
DD	Community	Regional Offices	3.0	$212	4.0	$283	4.0	$283	4.0	$283	4.0	$283	4.0	$283
DD	Community	Supported Living		$669		$4,518		$6,135		$6,135		$6,135		$6,135
		FISCAL YEAR	3.0	$881	4.0	$4,801	4.0	$6,418	4.0	$6,418	4.0	$6,418	4.0	$6,418
		BIENNIUM			3.5	$5,682			4.0	$12,835			4.0	$12,835
HCS	Community	Nursing Programs		$846		$5,388		$5,971		$5,971		$5,971		$5,971
		FISCAL YEAR	0.0	$846	0.0	$5,388	0.0	$5,971	0.0	$5,971	0.0	$5,971	0.0	$5,971
		BIENNIUM			0.0	$6,234			0.0	$11,942			0.0	$11,942
Other	Retention	Licensed Professional Services	14.1	$1,240	28.2	$2,905	28.2	$2,262	28.2	$2,262	28.2	$2,262	28.2	$2,262
		FISCAL YEAR	14.1	$1,240	28.2	$2,905	28.2	$2,262	28.2	$2,262	28.2	$2,262	28.2	$2,262
		BIENNIUM			21.2	$4,145			28.2	$4,524			28.2	$4,524
TOTAL		**FISCAL YEAR**	**24.0**	**$2,850**	(109.4)	**$3,760**	(329.3)	($8,373)	(329.3)	($8,348)	(329.3)	($8,348)	(329.3)	($8,348)
		BIENNIUM			(42.7)	**$6,610**			(329.3)	($16,720)			(329.3)	($16,695)

2005-07 Biennium
PL-DT RSI - Fircrest School

One-Time Costs

			05 - 07 Biennium				07 - 09 Biennium				09 - 11 Biennium			
			FY 06		FY 07		FY 08		FY 09		FY 10		FY 11	
UNIT	LEVEL	PURPOSE	FTE	$ in 000s	FTE	$ in 000s	FTE	$ in 000s	FTE	$ in 000s	FTE	$ in 000s	FTE	$ in 000s
Fircrest	Transition	Support	6.5	$510	5.8	$453								
Lakeland	Transition	Support	3.3	$225	5.1	$360								
Rainier	Transition	Support	5.3	$383	3.1	$211								
Yakima	Transition	Support	1.7	$118										
		FISCAL YEAR	1.7	$118	0.0	$0	0.0	$0	0.0	$0	0.0	$0	0.0	$0
		BIENNIUM			0.9	$118			0.0	$0			0.0	$0
DD	Community	Regional Offices	1.0	$71	1.0	$71								
HCS	Community	Regional Offices	2.0	$195	2.0	$195								
		FISCAL YEAR	2.0	$195	2.0	$195	0.0	$0	0.0	$0	0.0	$0	0.0	$0
		BIENNIUM			2.0	$390			0.0	$0			0.0	$0
Other	ADSA	Project Management	3.0	$531	2.5	$395								
Other	HRD	RIF	3.0	$179	3.0	$179								
Other	Employee	Impact		$316		$1,339		$96						
Other	Employee	Transition		$631		$1,918		$28						
		FISCAL YEAR	6.0	$1,657	5.5	$3,831	0.0	$124	0.0	$0	0.0	$0	0.0	$0
		BIENNIUM			5.8	$5,488			0.0	$124			0.0	$0
TOTAL		**FISCAL YEAR**	**9.7**	**$1,970**	**7.5**	**$4,026**	**0.0**	**$124**	**0.0**	**$0**	**0.0**	**$0**	**0.0**	**$0**
		BIENNIUM			**8.6**	**$5,996**			**0.0**	**$124**			**0.0**	**$0**

2005-07 Biennium
PL-DT RSI - Fircrest School

SUMMARY

	TOTAL PACKAGE		Division of Developmental Disabilities Total		Long-Term Care Total	
	FTE	Dollars	FTE	Dollars	FTE	Dollars
FY 06	63.9	7,250	61.9	6,209	2.0	1,041
FY 07	(58.7)	11,786	(60.7)	6,203	2.0	5,583
05/07 BI	2.6	19,036	0.6	12,412	2.0	6,624
FY 08	(301.1)	(5,986)	(301.1)	(11,957)	0.0	5,971
FY 09	(301.1)	(6,085)	(301.1)	(12,056)	0.0	5,971
07/09 BI	(301.1)	(12,071)	(301.1)	(24,013)	0.0	11,942
FY 10	(301.1)	(6,085)	(301.1)	(12,056)	0.0	5,971
FY 11	(301.1)	(6,085)	(301.1)	(12,056)	0.0	5,971
09/11 BI	(301.1)	(12,170)	(301.1)	(24,112)	0.0	11,942

	FIRCREST SCHOOL		LAKELAND VALLEY		RAINIER SCHOOL		YAKIMA VALLEY		Residential Habililtation Centers Total		Supported Living		Community Nursing Facilities		Other Costs	
	FTE	Dollars	FTE	Dollars	FTE	Dollars	FTE	Dollars	FTE	Dollars	FTE	Dollars	FTE	Dollars	FTE	Dollars
FY 06	(10.9)	(424)	3.3	225	27.9	1,593	17.5	965	37.8	2,359	4.0	952	2.0	1,041	20.1	2,898
FY 07	(277.2)	(15,590)	57.7	3,506	93.1	5,227	27.0	1,452	(99.4)	(5,405)	5.0	4,872	2.0	5,583	33.7	6,736
05/07 BI	(144.1)	(16,014)	30.5	3,731	60.5	6,820	22.3	2,417	(30.8)	(3,046)	4.5	5,824	2.0	6,624	26.9	9,634
FY 08	(540.3)	(32,245)	90.0	5,016	90.0	5,016	27.0	1,452	(333.3)	(20,761)	4.0	6,418	0.0	5,971	28.2	2,386
FY 09	(540.3)	(32,220)	90.0	5,016	90.0	5,016	27.0	1,452	(333.3)	(20,736)	4.0	6,418	0.0	5,971	28.2	2,262
07/09 BI	(540.3)	(64,465)	90.0	10,032	90.0	10,032	27.0	2,904	(333.3)	(41,497)	4.0	12,835	0.0	11,942	28.2	4,648
FY 10	(540.3)	(32,220)	90.0	5,016	90.0	5,016	27.0	1,452	(333.3)	(20,736)	4.0	6,418	0.0	5,971	28.2	2,262
FY 11	(540.3)	(32,220)	90.0	5,016	90.0	5,016	27.0	1,452	(333.3)	(20,736)	4.0	6,418	0.0	5,971	28.2	2,262
09/11 BI	(540.3)	(64,440)	90.0	10,032	90.0	10,032	27.0	2,904	(333.3)	(41,472)	4.0	12,835	0.0	11,942	28.2	4,524

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EB Full Funding AAA Workload Standard
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package requests full funding of workload requirements for Case Management and Nursing Services provided by the Area Agencies on Aging (AAAs) for in-home long-term care clients.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	743,000	767,000	1,510,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	814,000	841,000	1,655,000
Total Cost	**1,557,000**	**1,608,000**	**3,165,000**

Staffing

Package Description:

This proposal will bring the funding and staff in line with the workload model recommendations developed from the July 2002, Sterling and Associates time study of Aging and Disability Services Administration (ADSA) and AAA staff.

In 1995, the passage of House Bill 1908 made AAAs the providers of ongoing case management for in-home long-term care clients under the Community Options Program Entry System (COPES), Medicaid Personal Care, and Chore programs. Current projections from the June 2004 Caseload Forecast Council indicate that in-home clients, under management by the AAAs, will increase to almost 28,000 clients during the 2005-07 biennium. After initial care authorization by the Department of Social and Health Services (DSHS) staff, the AAAs are responsible for managing all aspects of the case until the client no longer receives in-home services. That includes reassessment of eligibility, updating and monitoring the plan of care, coordinating local community services in response to the clients' need, responding to emergencies and status changes, and providing additional assistance that may help the client remain in their home.

Funds were provided for a 15 percent increase, in state funding, to the previously budgeted amounts in the 2004 Supplemental Operating Budget for Area Agency on Aging case management services and to support AAA's in meeting contracted requirements. Sterling and Associates conducted a time study of a representative sampling of both ADSA and AAA staff in July of 2002. The AAA portion of the study indicated that, on an average, it takes approximately 30 hours of case manager, case aide, and nursing time, per-year, to manage an in-home case in compliance with the relevant rules. While it accepted the results of the study, the 2004 Legislature chose to only fund an average of 28.75 hours, per case. This proposal will fully fund AAA staffing at the 30 hours, per case, level.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This change supports the scorecard goal of increasing the number of frail elderly and persons with disabilities who receive assistance in their homes. It also supports the ADSA strategic goal of strengthening case management services.

Performance Measure Detail

Program: 050

Activity: E052 LTC Eligibility/Case Management Services	Incremental Changes FY 1	FY 2
No measures linked to package	0.00	0.00

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EB Full Funding AAA Workload Standard
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

	Incremental Changes FY 1	FY 2
Activity: E053 LTC In-Home Services		
No measures linked to package	0.00	0.00

Reason for change:

As part of home and community-based long-term care (LTC) programs, ADSA is required, by statute and obligations to the federal government as a condition of federal revenues, to accomplish certain case management activities as described above. Most of those activities are necessary for frail program participants to be successfully cared for at home. Ongoing problems with achieving compliance with operational policies related to those requirements has long been perceived, in part, to be attributable to lack of staffing resources at AAAs. That perception is supported by the findings of the Sterling and Associates study.

Failure to fully fund staffing requirements could increase the likelihood of the loss of federal funding and negative client outcomes. If sufficient resources are not provided, existing policies and statutes would need to be amended to allow reduction in case management requirements, possibly reducing them to a level that is below what is appropriate for the LTC population.

This proposal adds case managers, nurses, and case aides to the AAA case management system to allow resources sufficient to achieve policy compliance. The action is necessary now, since ADSA is accumulating increased evidence that current expectations can't be met with current resources. In addition to compliance problems are client care issues, which present the potential for significant tort liability.

Impact on clients and services:

With these resources, case management programs will be better able to meet existing targets for assessment, service implementation/coordination and, in particular, monitoring of care.

Impact on other state programs:

Better long-term care management is associated with lower acute care costs, which will positively affect the DSHS Medical Assistance Administration's budget.

AAAs are affected by this proposal, as are advocacy groups associated with home care clients and service providers.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

As an alternative to increased funding, last session DSHS introduced legislation that would have allowed reduction in case management requirements in the event the workload standards were not fully funded. That legislation met with strong legislative opposition. The primary concern was that DSHS might reduce performance requirements to a level that is below what is appropriate for the LTC population.

More cost-effective alternative providers of case management do not exist. While further process improvements may be possible, they are not likely to yield sufficient efficiencies. ADSA has worked closely with AAAs on process improvements and cost-containment for several years. This approach was chosen because it is the only way of accomplishing the necessary

DP Code/Title: PL-EB Full Funding AAA Workload Standard
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

activities rather than the hiring of state staff.

Budget impacts in future biennia:

This is an ongoing expense that will fluctuate in future biennia based on an overall in-home caseload.

Distinction between one-time and ongoing costs:

This decision package only includes ongoing program costs.

Effects of non-funding:

Non-funding would require standards to be lowered, possibly below what is appropriate for adequate client care and below what will adequately protect the department and AAAs from potential misauthorization of resources and tort liability. Changes to RCW 74.39A.090 would need to be made to reduce workload expectations and monitoring requirements by case managers.

Expenditure Calculations and Assumptions:

See attachment - LTC PL-EB Full Funding AAA Workload Standard.xls.

Object Detail	FY 1	FY 2	Total
Program 050 Objects			
N Grants, Benefits & Client Services	1,557,000	1,608,000	3,165,000

DSHS Source Code Detail	FY 1	FY 2	Total
Program 050			
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	743,000	767,000	1,510,000
Total for Fund 001-1	**743,000**	**767,000**	**1,510,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19UL Title XIX Admin (50%)	814,000	841,000	1,655,000
Total for Fund 001-C	**814,000**	**841,000**	**1,655,000**
Total Program 050	**1,557,000**	**1,608,000**	**3,165,000**

2005-07 Biennium
PL-EB Full Funding AAA Workload Standard

			2005-07 Maintenance Level		Full Funding for AAA Workload Standard		Additional Funding Needed	
Part 1: Adjust AAA Case Mgrs. To Reflect July 2004 Forecast								
Part 2: Adjust AAA Nurses To Reflect Forecast								
			FY 06	FY 07	FY 06	FY 07	FY 06	FY 07
July 2004 Forecast In-Home Caseload			26,830	27,701	26,830	27,701		
July 2004 Forecast ADH, No other Program		23%	428	454	428	454		
July 2004 Forecast, Total In-Home			27,258	28,155	27,258	28,155		
AAA Ratio			0.97	0.97	0.97	0.97		
Total AAA Caseload			26,440	27,310	26,440	27,310		
Average hours per case ***1/			28.75	28.75	**30.00**	**30.00**		
Hours per FTE			1,755	1,755	1,755	1,755		
TOTAL FTEs needed (caseload * hrs per case /hrs per fte)			433.1	447.4	452.0	466.8		
Part 1: Adjust AAA Case Mgrs. To Reflect July 2004 Forecast								
Case Mgrs = 85% of Total			368.2	380.3	384.2	396.8		
Funded Cost per FTE			$ 81,865	$ 81,865	$ 81,865	$ 81,865		
Total AAA Case Managers			$30,143,000	$31,133,000	$31,453,000	$32,484,000	**1,310,000**	**1,351,000**
	GF-S	50.00%	$15,072,000	$15,567,000	$15,727,000	$16,242,000	**655,000**	**675,000**
	GF-F	50.00%	$15,071,000	$15,566,000	$15,726,000	$16,242,000	**655,000**	**676,000**
Part 2: Adjust AAA Nurses To Reflect Forecast			FY 06	FY 07	FY 06	FY 07		
Nurses = 15% of Total			64.9	67.1	67.8	70.0		
Funded Cost per FTE			87,360	87,360	87,360	87,360		
Total AAA Nurses, per Feb 04 Forecast			5,673,000	5,861,000	5,920,000	6,118,000	**247,000**	**257,000**
	GF-S	35.69%	2,025,000	2,092,000	2,113,000	2,184,000	**88,000**	**92,000**
	GF-F	64.31%	3,648,000	3,769,000	3,807,000	3,934,000	**159,000**	**165,000**

****** 1/ The 2004 Supplemental Budget did not fully fund the AAA Workload Standards Rather than allow for the called for 30 hours per case, only 28.75 were allowed for.**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EJ Community Rates Adjustment
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Based on the Departments cost models, current payment rates for boarding homes; adult family homes and agency in-home providers are failing to keep up with the increased costs of providing care. Providers state that it is increasingly difficult to provide services on the agency's rates ultimately impacting the quality of care they are able to provide to Medicaid clients. In the future they may have to limit or refuse to serve Medicaid clients. This decision package, to be effective July 1, 2005, would recognize the increased costs of providing care. The result would be to assure stability and continuity of care across the continuum of long-term care services available to Medicaid clients in Washington State. It would improve the ability of the provider network to serve the increasingly complex medical needs of our clients. Technical changes to the case mix calculation will allow for a higher level of correlation between increasing care needs and payment rates in residential settings. If this funding is approved, it would also allow the Department the opportunity to study the feasibility of converting from the current six-level payment system to a 12 level system for residential services. Conversion to a 12 level system would result in finer distinctions between rate groupings. This, in turn, would provide an increased incentive to serve higher needs clients. The conversion, if determined to be feasible, could then be implemented concurrently with the rate increase funded by this decision package. A concurrent implementation would minimize, if not eliminate, the possibility of a rate reduction for individual clients. While the net result of a conversion would not be an across the board, consistent rate increase for all residential clients, the cumulative effect would be a rate increase consistent with the Consumer Price Index (CMI) changes for the same period.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	9,509,000	9,827,000	19,336,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	9,506,000	9,824,000	19,330,000
Total Cost	**19,015,000**	**19,651,000**	**38,666,000**

Staffing

Package Description:

The Office of Rates Management within the Aging and Disability Services Administration (ADSA) of DSHS recommends adjustments to the community payment rates to address the following concerns.

The current payment rates for boarding homes and adult family homes are based on the estimated costs of operating hypothetical model facilities. Rates for the several cost centers within the models are associated with various external benchmarks, as providers do not submit cost reports upon which rates can be based. Rates paid by this system were first implemented with the phase-in of the CARE assessment process beginning in July 2003. Benchmarked costs were largely drawn from 2002 data and available resources were insufficient to fully fund the model. This decision package would allow the department to adjust rates based on changes in the federally calculated Consumer Price Index between July 2003 and July 2004, less the vendor rate increase (VRI) of 2.4 percent implemented on July 1, 2004. This adjustment would allow for comparable rate growth to that authorized for nursing homes during the same period, recognizing the increased costs of providing services in boarding homes and adult family homes. The adjustment also includes funding ($.75 million year for fiscal year 2006 and $1.39 million for fiscal year 2007) to address technical changes in the residential rate structure to better recognize increased care needs experienced by the client.

The rate for contracted agency in-home care for the last several years has been set directly by the legislature. All but one of the increases in the past eight years has been earmarked specifically for direct care workers compensation and the increases in taxes and other costs associated with those increases. The one increase related to general operating expenses was $.14 and represents a 1.1 percent increase over an eight year time period. At the same time mandates that increase costs as well as general operating expenses have far exceeded the 1.1 percent increase given. As such, the current vendor rate does not fully

DP Code/Title: PL-EJ Community Rates Adjustment
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

fund the agency's model. This decision package would recognize the increase in non-direct care costs consistent with the relief provided for the residential providers. The increase is not reduced by the 2.4 percent VRI as it was not applicable in the in-home setting.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Improved rates for boarding home, adult family home and agency in-home providers create improved access to home and community alternatives to nursing home placement. ADSAs strategic plan continues to include the goal of improving client health and safety by providing appropriate, quality services in the least restrictive, most cost-effective setting appropriate to client's needs.

Performance Measure Detail

Program: 050

	Incremental Changes FY 1	Incremental Changes FY 2
Activity: E050 LTC Adult Family Home Community Services		
No measures linked to package	0.00	0.00
Activity: E053 LTC In-Home Services		
No measures linked to package	0.00	0.00
Activity: E055 LTC Residential Community Services		
No measures linked to package	0.00	0.00

Reason for change:

This change will allow for recognition of the increasing costs of services. It will provide better access to home and community services. It should facilitate the agency's efforts to divert or transition clients from nursing homes to home and community residential settings, while supporting the provider's ability to continue to provide quality services. This will also signify the state's recognition of the need to increase home and community funding at rates of increase comparable to those provided for the nursing home industry.

Technical changes to the residential case mix methodology (individual rates set by classifying clients into one of several groupings based on the level of service needs) will eliminate the possibility of an individual rate reduction resulting when care needs increase. The system currently uses the widely accepted clinical hierarchy approach to assign individual residential rates (rate determined in accordance with the highest clinical grouping for which the client qualifies, not necessarily the highest payment grouping). Funding would allow for transition to payment maximization approach (rate determined based on highest payment group the client qualifies for, regardless of clinical diagnosis).

Impact on clients and services:

The same levels of service as currently provided will be available under the decision package. Data on the actual costs incurred by providers and staffing levels are not available to ADSA. Existing services will be enhanced, as providers will be better able to incur the necessary costs of providing quality care. Providers will be more receptive to accepting Medicaid clients. Payment rates will more closely follow increased care needs.

Stakeholders:
Northwest Assisted Living Facilities Association (NorALFA) will support proposed rate increase, but may have concerns about 12 level payments.

DP Code/Title: PL-EJ Community Rates Adjustment
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Washington Center for Assisted Living (WCAL) will support proposed rate increase, but may have concerns about 12 level payments.
Washington Association for Housing and Services for the Aging (WAHSA) will support proposed rate increase, but may have concerns about 12 level payments.
Long Term Care Ombudsman's Office will support this decision.
Washington Association of Home Care Agencies will support this decision.
Washington State Home Care Coalition will support this decision.
Adult Family Home Association of Washington will support proposed rate increase, but may have concerns about 12 level payments.
Washington State Residential Care Council will support proposed rate increase, but may have concerns about 12 level payments.

Impact on other state programs:

There is no discernable impact on other programs.

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

WAC 388-105 will need to be amended to include the new rates.

Alternatives explored by agency:

1) Continue current rates:
Pros: Continue at current budget levels.
No administrative changes required.

Cons: Increased challenges in accessing care.
Quality of care and access to care may suffer.

2) Provide a rate increase to recognize increased costs of providing services:
Pros: Improve access to care.
Support quality of care.
Enhance ability to avoid or transition clients from nursing home settings.

Cons: Requires additional funding.

Number 2 was chosen because it is consistent with the agency's goal to promote less costly home and community services when appropriate.

Budget impacts in future biennia:

There is a bow wave effect, as additional expenditures would continue into subsequent bienniums.

Distinction between one-time and ongoing costs:

No one-time costs.

Effects of non-funding:

State of Washington
Decision Package
Department of Social and Health Services

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DP Code/Title: PL-EJ Community Rates Adjustment
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Providers will continue to raise concerns over their ability to maintain quality care and continue to accept Medicaid clients at the current levels.

Expenditure Calculations and Assumptions:

See Attachment LTC PL - EJ Community Rates Adjustments.xls

Object Detail	FY 1	FY 2	Total
Program 050 Objects			
N Grants, Benefits & Client Services	19,015,000	19,651,000	38,666,000

DSHS Source Code Detail

Program 050	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	9,509,000	9,827,000	19,336,000
Total for Fund 001-1	**9,509,000**	**9,827,000**	**19,336,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19UL Title XIX Admin (50%)	9,506,000	9,824,000	19,330,000
Total for Fund 001-C	**9,506,000**	**9,824,000**	**19,330,000**
Total Program 050	**19,015,000**	**19,651,000**	**38,666,000**

2005-07 Biennium
PL-EJ Community Rates Adjustments

Home and Community Services Division, ADSA

	FY06			FY07			Biennium
	GF-S	GF-F	Total	GF-S	GF-F	Total	Total
Assisted Living	3,708,000	3,707,000	7,415,000	3,708,000	3,707,000	7,415,000	14,830,000
ARC/EARC	1,389,000	1,388,000	2,777,000	1,707,000	1,706,000	3,413,000	6,190,000
Adult Family Home	2,737,000	2,736,000	5,473,000	2,737,000	2,736,000	5,473,000	10,946,000
In Home Agency	1,675,000	1,675,000	3,350,000	1,675,000	1,675,000	3,350,000	6,700,000
Total DP request	9,509,000	9,506,000	19,015,000	9,827,000	9,824,000	19,651,000	38,666,000

Projected Rate Increase

	2005-07 Total
Proposed Rate Adjustment - 6.57% Increase	
Assisted Living	$ 14,830,000
ARC/EARC	$ 4,052,000
Adult Family Home	$ 10,946,000
In Home Agency	$ 6,700,000
Rate Structure Technical Change	$ 2,138,000
Total Estimated Increase for Community Rates	**$ 38,666,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EK Community Res Provider Consultation
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package funds costs associated with the implementation of 90-day visits for newly licensed Adult Family Homes (AFH). This funding enables Residential Care Services (RCS) staff to conduct on-site consultation visits for the purposes of providing support to new providers and to prevent substandard care to vulnerable residents. The result of funding this item is the increased capability to identify potential problems and improve compliance with regulatory requirements. This early intervention will improve resident health, safety and quality of life.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	216,000	196,000	412,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	215,000	195,000	410,000
Total Cost	**431,000**	**391,000**	**822,000**

Staffing	FY 1	FY 2	Annual Avg
Program 050 FTEs	**3.9**	**3.8**	**3.9**

Package Description:

The RCS of Aging and Disability Services Administration (ADSA) licenses and regulates approximately 2,200 AFH who provide approximately 12,000 beds for frail and elderly adults. While AFHs must meet uniform regulatory standards, each AFH setting is unique in terms of the physical layout, neighborhood and most importantly the occupants. Each month approximately 30 new AFHs homes are licensed by RCS. Current funding allows RCS to perform the licensing application process, which includes a visit to each new home before a license is granted and before residents occupy the home. RCS staff visits each licensed AFH at the time of the regularly scheduled inspection (up to 18 months after the license is granted), or upon the receipt of a formal complaint from the public, or incident report from the AFH.

The background and experience of AFH providers represents a broad spectrum. While some are licensed professionals with extensive experience, many have little formal training, or structured experience. New AFH providers must simultaneously manage the practical aspects of starting and operating a business as well as immediately meeting the personal care and special service needs of newly admitted vulnerable residents. There is significant risk for the provider and most importantly the resident during the startup period, yet there is limited ability for RCS to support the home in the critical early stages of operation.

To provide this support, RCS is proposing funding for licensors to visit and consult with each new AFH home after the homes have been licensed for 90 days. The 90-day visit will allow licensors to provide timely consultation after newly licensed AFHs have experienced a brief period of business operation and caring for residents. The purpose of the visit will be to assist and support providers in developing and maintaining compliance with program requirements. This early intervention consultation will significantly reduce, or eliminate harm to residents and improve the success of new AFH providers. Since these AFHs are licensed by RCS/DSHS and frequently serve Medicaid residents, earlier compliance also reduces potential liability for the state of Washington.

Narrative Justification and Impact Statement

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EK Community Res Provider Consultation
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

How contributes to strategic plan:

This decision package contributes to both the ADSA strategic plan and legislative intent as follows:

Improvement of client health and safety is a primary element of the ADSA strategic plan. The goal is to assure appropriate, quality services are available in the least restrictive, most cost-effective setting appropriate to clients' needs. ADSA objectives are to have processes in place to assess whether services are of good quality and are accountable and that quality residential services are expanded. One ADSA strategy for achieving these objectives is to strengthen expert consultation and training for all community-residential providers that will enhance provider capacity to meet the unique care challenges of individuals with dementia, developmental disabilities, and mental health service needs.

In RCW 70.128.005 the Legislature established that the development and operation of adult family homes should be encouraged. They further found that that the state of Washington has a compelling interest in protecting and promoting the health, welfare, and safety of vulnerable adults residing in adult family homes and that the quality, skills, and knowledge of caregivers are the key to good care.

This decision package request maps directly to the ADSA strategic plan and legislative intent by supporting improved care and safety to vulnerable residents.

Performance Measure Detail

Program: 050

	Incremental Changes FY 1	FY 2
Activity: E054 LTC Investigations/Quality Assurance		
No measures linked to package	0.00	0.00

Reason for change:

Current RCS staffing levels are insufficient to offer provider services beyond routine inspections, complaint investigations, and minimal annual training. This early intervention will improve service, benefit residents and better support residential providers. The change is recommended now as the number of Adult Family Homes and potential residents are increasing as consumers opt for this community-based model of care.

Impact on clients and services:

This decision package will increase the number of staff related to licensing inspections, enforcement, support, and program/field management by 5.2 FTEs. Currently, RCS licenses adult family homes with 29 FTEs who are responsible for licensing approximately 2,200 homes. There are approximately 360 new Adult Family Homes licensed each year. It is anticipated that an additional 130 follow-up visits will occur due to deficiencies found in these 90-day visits.

The ability to provide this service will increase resident health, welfare and safety. It encourages providers to develop patterns of early regulatory compliance. It is consistent with the ADSA strategic plan and the intent of the Legislature as expressed in RCW 70.128.005. Funding of this item will decrease the potential liability for the state of Washington.

Impact on other state programs:

Improvements in regulatory compliance should be reflected in reduced complaints to the RCS Complaint Resolution Unit (CRU) and perhaps the Long-term Care Ombudsman Program. Stakeholders affected by this decision package:

Long-term Care Ombudsman
Home and Community Services Division, ADSA
Division of Developmental Disabilities, ADSA

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EK Community Res Provider Consultation
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Resident Councils of Washington

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

Not applicable

Alternatives explored by agency:

RCS attempted to provide 90-day visits within the Division's current level of funding, but was unable to accomplish this service and meet timeframes for licensure visits and the investigation of abuse and neglect complaints. Under current funding, adult family homes receive an initial licensing visit during the application process before residents occupy the home. The second RCS visit occurs 12 to 18 months later unless formal complaints are made about the home. The (up to) eighteen-month gap between RCS visits poses risks to residents as providers have limited guidance to achieve early and stable success in providing care to vulnerable residents. The 90-day visits are the only processes that would allow for consistent early intervention to address resident health, safety and quality of care. Given the current level of funding, RCS has no other means to provide the early intervention service.

Budget impacts in future biennia:

The cost carries forward into the 2007-09 Biennium at the second year level (Fiscal Year 2009).

Distinction between one-time and ongoing costs:

This package contains one-time equipment costs and expenditures limited to the information technology staff requirements for making needed changes to the RCS AFH/Boarding Homes tracking system.

Effects of non-funding:

Non-funding of this proposal would leave vulnerable residents at risk of substandard care with no routine inspection for as long as 18 months after the home is initially licensed. If this service is not funded:

· Some AFH providers will fail to develop patterns of early regulatory compliance placing residents at risk.

· Resident health, welfare and safety are less than optimal in newly licensed Adult Family Homes.

· An opportunity is missed to meet the intent of the Legislature as expressed in RCW and the ADSA strategic plan.

· We fail to address an area of potential liability for the state of Washington.

Expenditure Calculations and Assumptions:

See Attachment - LTC PL-EK Community Residential Provider Consultation.xls

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EK Community Res Provider Consultation
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Object Detail

		FY 1	FY 2	Total
Program 050 Objects				
A	Salaries And Wages	247,000	239,000	486,000
B	Employee Benefits	59,000	57,000	116,000
C	Personal Service Contracts	5,000	0	5,000
E	Goods And Services	67,000	67,000	134,000
G	Travel	16,000	15,000	31,000
J	Capital Outlays	32,000	8,000	40,000
T	Intra-Agency Reimbursements	5,000	5,000	10,000
	Total Objects	**431,000**	**391,000**	**822,000**

DSHS Source Code Detail

Program 050		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	Title			
0011	General Fund State	216,000	196,000	412,000
	Total for Fund 001-1	**216,000**	**196,000**	**412,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	Title			
19UL	Title XIX Admin (50%)	215,000	195,000	410,000
	Total for Fund 001-C	**215,000**	**195,000**	**410,000**
	Total Program 050	**431,000**	**391,000**	**822,000**

2005-07 Biennium
PL-EK Community Res Provider Consultation

90-day visits to new AFH providers
Residential Care Services Division, ADSA

	FY06		FY07		05-07 BN	
	GF-S	Total	GF-S	Total	GF-S	Total
	216,000	431,000	196,000	391,000	412,000	822,000
Total	216,000	431,000	196,000	391,000	412,000	822,000

FY06	FTEs	Monthly	Salaries	0.24 Benefits	3200 Goods/serv	3500 Lease/Energy	4000 Travel	10200 2000 Equip	1560 ISSD	Atty General	P S Contracts	Total
			A	B	E	ED	G	J	TZ	ER	C	
Nursing Consultant (Institutional)	2.9	5,487	191,000	46,000	9,000	10,000	12,000	30,000	5,000	42,000	5,000	350,000
Enforcement Officer	0.1	5,517	6,000	1,000	-	-	-	-	-	-	-	7,000
IDR AFH Field Manager	0.2	5,762	13,000	3,000	1,000	1,000	1,000	-	-	-	-	19,000
Special Projects Manager	0.1	5,356	8,000	2,000	-	-	1,000	-	-	-	-	11,000
Assistant Director	0.0	6,741	2,000	-	-	-	-	-	-	-	-	2,000
Field Managers	0.3	5,762	19,000	5,000	1,000	1,000	1,000	1,000	-	-	-	28,000
Secretary / Admin Support HDQ	0.3	2,500	8,000	2,000	1,000	1,000	1,000	1,000	-	-	-	14,000
Total	3.9		247,000	59,000	12,000	13,000	16,000	32,000	5,000	42,000	5,000	431,000
							2000					
FY07			A	B	E	ED	G	J	TZ	ER	C	
Nursing Consultant (Institutional)	2.9	5,487	191,000	46,000	9,000	10,000	12,000	6,000	5,000	42,000	-	321,000
Enforcement Officer	0.1	5,517	6,000	1,000	-	-	-	-	-	-	-	7,000
IDR AFH Field Manager	0.2	5,762	13,000	3,000	1,000	1,000	1,000	-	-	-	-	19,000
Assistant Director	0.0	6,741	2,000	-	-	-	-	-	-	-	-	2,000
Field Managers	0.3	5,762	19,000	5,000	1,000	1,000	1,000	1,000	-	-	-	28,000
Secretary / Admin Support HDQ	0.3	2,500	8,000	2,000	1,000	1,000	1,000	1,000	-	-	-	14,000
Total	3.8		239,000	57,000	12,000	13,000	15,000	8,000	5,000	42,000	-	391,000
								24,000				40,000

Annual FTE Calculations

	New AFHs
Initial 90 day visit for newly licensed facilities	352
Follow-up visits (deficient practice findings)	130
Total number of visits per year	482

Additional Hours	Hrs per visit		
(visits + travel + report writing)	8.0	3,858	**2.9**
Admin Support	0.8	362	**0.3**
Enforcement Officer (enforcement actions)	1.0	130	**0.1**
Special Projects Manager	0.5	176	**0.1**
Asst Director	0.3	33	**0.02**
Field Managers	0.8	362	**0.3**
Informal Dispute Resolution AFHs	9	253	**0.2**
Total additional hours	**21.0**	**5,535**	
Total additional staff			**3.9**

One-time Costs:

1) Update AFH Tracking System $5,000
2) Special Projects Manager is in the first FY only, focused on development of the principles and procedures of new program. ($14K)
3) Equipment costs for new staff are $24,000.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EM Adult Day Services
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Adult Day Services are an important community-based component of the Long-term Care System. Based on study of the cost of compliance with current regulations, a rate increase is necessary to better compensate providers for the costs of Adult Day Services provision. The study was recently completed by the Aging and Disability Services Administration (ADSA) Office of Rates Management.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	1,090,000	1,200,000	2,290,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	1,090,000	1,199,000	2,289,000
Total Cost	**2,180,000**	**2,399,000**	**4,579,000**

Staffing

Package Description:

Adult Day Service providers currently provide community-based, long-term care services to vulnerable adults in Washington State. Adult Day Services include services provided by both the Adult Day Care (ADC) program and the Adult Day Health (ADH) program.

Both ADC and ADH must provide services in a group setting, under individualized plans of care that include: supervision, personal care services, social services, general therapeutic activities, a nutritious meal, general health education, routine health monitoring, assistance with transportation, and first aid/emergency response. In addition, ADH must provide skilled nursing and/or skilled rehabilitative therapy services to clients each day of attendance. The typical program participant is extremely frail and older than 75 years of age.

The current base rates for adult day services have not been adjusted for more than ten years. During that period, two major Washington Administrative Code (WAC) revisions have occurred that have influenced program structure. A rate study has recently been completed by the Office of Rates Management and results indicate that an increase to rates is necessary to reasonably reflect the costs of Adult Day Services provision in accordance with minimum WAC requirements.

The proposed rate adjustment is necessary to: 1) Ensure that the Department can continue to obtain quality services that meet minimum WAC requirements; 2) Decrease the potential for negative client outcomes related to deteriorating program quality; 3) Prevent a reduction in client access to community-based care services (related to possible Adult Day Services program closures as a result of financial non-viability); and 4) Decrease the likelihood of need for costly higher level residential placements to offset lack of Adult Day Services access.

Narrative Justification and Impact Statement

How contributes to strategic plan:

1) Providing appropriate, quality services in the least restrictive, most cost-effective setting appropriate to clients' needs. Because adult day services represent a community-based, cost-effective model of care, they are a viable option to further this goal. Also, because Adult Day Services can address the needs of clients who are medically complex, have behavioral issues, and/or who have dementia care needs, they link specifically with the identified strategies to meet this goal.

DP Code/Title: PL-EM Adult Day Services
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

2) Developing well-coordinated and funded early intervention and prevention programs that have a positive impact on the individuals' lives and that reduces the need for future services. The purpose and services of ADC centers further this goal and link specifically with identified strategies to meet this goal by providing day care, caregiver training, counseling and support to individuals with dementia care needs and their families.

Performance Measure Detail

Program: 050

	Incremental Changes FY 1	Incremental Changes FY 2
Activity: E049 LTC Adult Day Health Community Services		
No measures linked to package	0.00	0.00
Activity: E053 LTC In-Home Services		
No measures linked to package	0.00	0.00

Reason for change:

The current base rates for adult day services have not been adjusted for ten years and do not reflect the costs of service provision according to minimum WAC requirements. Without a rate adjustment, the ability of the Department to ensure quality service provision will be reduced; the potential for negative client outcomes related to deteriorating program quality will be increased; and access to community-based care services may be seriously reduced due to program closures related to financial non-viability.

Impact on clients and services:

A rate adjustment for Adult Day Services will bring rates to a reasonably current level and ensure that providers have the ability to maintain quality programs that meet minimum WAC requirements and, more critically, avoid negative client outcomes for the frail and/or disabled adults they serve.

Stakeholders affected by this proposal are clients and their families and Adult Day Service providers. Adequately funding Adult Day Services will ensure that clients and their families have continued access to a viable community-based care option. Adult Day Service providers are in support of this proposal and maintain that program closures are likely without this rate adjustment. There are no known stakeholders who oppose this proposal at this time.

Impact on other state programs:

None

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

This proposal does not require any changes to statute, rules, contracts or state plans.

Alternatives explored by agency:

Two alternative options exist, but are not being considered for the reasons listed:

(1) No rate adjustment: This option threatens the ability of programs to meet current requirements and, in turn, the needs of the vulnerable population they serve. This option also threatens the future viability/existence of these cost-effective, community-based programs within our state.

DP Code/Title: PL-EM Adult Day Services
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

(2) Reducing requirements for Adult Day Services provision: This option represents a threat to the health and safety of vulnerable adults accessing this form of community-based care; current program requirements cannot be safely reduced.

Budget impacts in future biennia:

Rate increases will carry into future biennia.

Distinction between one-time and ongoing costs:

This decision package only includes on-going program costs.

Effects of non-funding:

Non-funding of this package will: make it difficult for the Department to ensure quality service provision; create an increased potential for negative client outcomes as program quality deteriorates; increase the potential for reduced client access to community-based care services (related to Adult Day Services program closures as a result of financial non-viability); and increase the likelihood of need for costly higher level residential placements to offset lack of adult day services.

Expenditure Calculations and Assumptions:

See Attachment - LTC PL-EM Adult Day Services.xls

Object Detail	FY 1	FY 2	Total
Program 050 Objects			
N Grants, Benefits & Client Services	2,180,000	2,399,000	4,579,000

DSHS Source Code Detail	FY 1	FY 2	Total
Program 050			
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	1,090,000	1,200,000	2,290,000
Total for Fund 001-1	**1,090,000**	**1,200,000**	**2,290,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19UL Title XIX Admin (50%)	1,090,000	1,199,000	2,289,000
Total for Fund 001-C	**1,090,000**	**1,199,000**	**2,289,000**
Total Program 050	**2,180,000**	**2,399,000**	**4,579,000**

2005-07 Biennium
PL-EM Adult Day Services

FY06		FY07		2005-07 BN		
GF-S	GF-F	GF-S	GF-F	GF-S	GF-F	Total
$ 1,090,000	$ 1,090,000	$ 1,200,000	$ 1,199,000	2,290,000	2,289,000	4,579,000

Cost estimate for full implementation of funding model:

Current Adult Day Health Program Expenses				
FY04	$ 12,621,000			
FY05	$ 13,889,000			
Increase by model		GF-S	GF-F	Total
FY06	$ 2,134,000	$ 1,067,000	$ 1,067,000	$ 2,134,000
FY07	$ 2,349,000	$ 1,175,000	$ 1,174,000	$ 2,349,000
	$ 4,483,000			
		$ 2,242,000	$ 2,241,000	$ 4,483,000

Current Adult Day Care Program Expenses				
FY04	$ 297,000			
FY05	$ 327,000			
Increase by model		GF-S	GF-F	Total
FY06	$ 46,000	$ 23,000	$ 23,000	$ 46,000
FY07	$ 50,000	$ 25,000	$ 25,000	$ 50,000
	$ 96,000			
		$ 48,000	$ 48,000	$ 96,000

Fund Sources:

FY06		FY07		2005-07 BN	
GF-S	GF-F	GF-S	GF-F	GF-S	GF-F
$ 1,067,000	$ 1,067,000	$ 1,175,000	$ 1,174,000	$ 2,242,000	$ 2,241,000

FY06		FY07		2005-07 BN	
GF-S	GF-F	GF-S	GF-F	GF-S	GF-F
$ 23,000	$ 23,000	$ 25,000	$ 25,000	$ 48,000	$ 48,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EN Respite Compensation Increase
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This package proposes an adjustment to Respite Care Services (RCS) Program funding to correct the failure to increase funding proportionate to two years of increases to home care agency rates. This adjustment treats RCS the same as other affected programs where additional funding was provided to offset rate increases.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	176,000	176,000	352,000
Total Cost	**176,000**	**176,000**	**352,000**

Staffing

Package Description:

RCS provide relief to non-paid caregivers (including family members) of elders, or younger adults with functional disabilities. The services provide temporary care or supervision of these adults in substitution for the caregiver. RCS provide short-term relief, a "time out", which can sustain a family caregiver in order to ensure that the non-paid caregiving can continue, which prevents the state from paying for more costly services such as the Medicaid Personal Care (MPC), or Community Options Program Entry System (COPES).

Unlike other long-term care (LTC) services, the non-paid caregiver is considered the "client" who is receiving the RCS from the RCS Program and the Family Caregiver Support Program. Non-paid caregivers, like a spouse, relative, or friend, have primary daily responsibility for the care of a care recipient. Care recipients, or eligible participants, who qualify for RCS are adults who need substantially continuous care, or supervision and are also screened by Area Agencies on Aging (AAA) staff as requiring placement into a LTC, or more costly in-home care services, in the absence of non-paid caregivers.

Aging and Disability Services Administration (ADSA) contracts with the AAAs to administer RCS. They in turn contract with a variety of vendors, such as in-home homecare agencies and out-of-home service providers. The AAAs establish in-home respite care service rates based on state rates paid for similar services performed by the participating agency providers. Generally, these RCS rates will follow the current MPC and COPES rates for home care agency workers. Not all home care agencies are willing to provide RCS.

Approximately 2,000 non-paid caregivers participate in the RCS Program. As a result of an informal ADSA telephone and e-mail survey, conducted in July of 2004 with AAAs, it is estimated that 140,612 hours of in-home RCS were provided in Calendar Year 2003. For out-of-home RCS, there are approximately 61,256 hours provided in the same time period. Adult Day Health Centers provide day respite and other residential facilities, such as nursing and boarding homes provide overnight RCS.

ADSA is requesting increased funding for RCS to cover costs associated with two legislatively mandated agency home care rate changes. Over the two year time period, the agency rate was increased by 75 cents and then another 50 cents per hour. While compensatory adjustment was made to fund levels for other programs affected by the mandated rate change, and purchase of home care, RCS must also be at the higher rate, adjustment to the the overall RCS funding was inadvertently missed. In order to provide Respite Care In-home Services, the home care agencies require the AAAs to pay the higher compensation rate. Failure to include RCS was an oversight rather than a conscious policy choice. This proposal will bring funding in-line with the current compensation requirements for home care agencies and eliminate the need to fund the increase through service cuts.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EN Respite Compensation Increase
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Narrative Justification and Impact Statement

How contributes to strategic plan:

This decision package support's ADSA's goal of: providing appropriate, quality services in the least restrictive settings that are cost effective and appropriate to the clients' needs by supporting non-paid caregivers. This request also supports the Department of Social and Health Services' (DSHS) balanced scorecard goal pertaining to client health and safety and ensuring that clients are able to maintain their maximum independence.

Performance Measure Detail

Program: 050

	Incremental Changes FY 1	FY 2
Activity: E053 LTC In-Home Services		
No measures linked to package	0.00	0.00

Reason for change:

The problem being addressed by this decision package focuses on two home care agency compensation rate increases that were appropriated for home care agency providers without funding made available for respite services for similar services provided by, and in some cases, the exact same home care agencies.

During the last two legislative sessions, a 50 cent compensation increase was approved through the passage of the 2004 Supplemental Operating Budget (ESHB 2459) and a 75 cent compensation increase was approved through the 2003-2005 Biennium Budget (ESSB 5404). Services such as COPES, Personal Care and Chore received the increase in in-home services funding. Unfortunately, Respite Care Services was left out of the equation for increased compensation.

Because RCS was overlooked and did not get the previous increase in funding, this decision package is requesting an increase in funding for RCS. Additional delay will result in reducing the number of RCS hours available to give the "time out" needed by non-paid caregivers.

Impact on clients and services:

The additional funding will prevent the loss of an estimated 12,000 in-home respite hours. The non-paid caregivers, care recipients, the home care agencies who provide the Respite Care In-home Services and the AAAs who authorize those services will be positively impacted by this proposal.

Impact on other state programs:

None

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

Contracts with AAA will be amended to add the funding.

Alternatives explored by agency:

There is a direct relationship between overall funding, RCS provider rates, and service levels. The rates are set, which leaves service hour reductions as the only alternative to decreased overall funding.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EN Respite Compensation Increase
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

If the increase in agency compensation is not funded, then non-paid family caregivers will have less opportunity to take periodic breaks from their continuous caregiving, thus putting them at greater risk of burn-out. This burn-out factor could lead to premature placement of a care recipient in a nursing home, or in some other residential facility, or the need to hire more costly in-home services.

Budget impacts in future biennia:

The cost carries forward into future biennia. The level of expenditures in future biennia is approximately $176,000 per year.

Distinction between one-time and ongoing costs:

This decision package only includes on-going program costs.

Effects of non-funding:

The current system of non-paid caregiver support of adults with disabilities is put at risk when RCS are reduced. A reduction in service impacts non-paid caregivers who are burned out, or need a break to take care of themselves in order that they can continue in their non-paid caregiving role, thus helping to prevent premature and more costly residential or in-home service alternatives.

Non-funding, over a one year time period, would represent an equivalent loss of approximately 12,000 RCS hours for non-paid caregivers. The probable negative consequence includes fewer non-paid caregivers can be served adequately thus putting them at risk of turning the care over to more costly state paid in-home and residential services.

An estimated 23, 833 hours of in-home respite services over the biennium, or 11,916 hours of in-home services would be eliminated if the funding for the compensation rates were not made available.

Expenditure Calculations and Assumptions:

$1.25 (hourly compensation increase) x 140,612 annual in-home hours equals approximately $176,000 for one year's hourly compensation increase for in-home RCS, or $352,000 per biennium.

See Attachment - LTC PL-EN Respite Compensation Increase.xls

Object Detail	FY 1	FY 2	Total
Program 050 Objects			
N Grants, Benefits & Client Services	176,000	176,000	352,000

DSHS Source Code Detail	FY 1	FY 2	Total
Program 050			
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	176,000	176,000	352,000
Total for Fund 001-1	**176,000**	**176,000**	**352,000**
Total Program 050	**176,000**	**176,000**	**352,000**

2005-07 Biennium
PL-EN Respite Compensation Increase

Home and Community Services Division, ADSA

	FY06		FY07		05-07 BN	
	GF-S	Total	GF-S	Total	GF-S	Total
	176,000	176,000	176,000	176,000	352,000	352,000
Total	176,000	176,000	176,000	176,000	352,000	352,000

FY06	Increase per hour	Hours per year	Total
Respite Homecare Agency rate increase	$ 1.25	140,612	$ 175,765
Total			$ 176,000

FY07	Increase	Hours per year	
Respite Homecare Agency rate increase	$ 1.25	140,612	$ 175,765
Total			$ 176,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EP Residential Rates MSA/Non MSA
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Federally designated metropolitan and non-metropolitan statistical areas (MSA & NMSA) are used by many governmental agencies as criterion for organizing statistical data. As population centers and economic practices change, the designations also change. Many of these changes occur after analysis of the federal census data every ten years. Aging and Disability Services Administration (ADSA) has in the past used these designations to set long-term care (LTC) payment rates for boarding homes, adult family homes and Certified Residential Services for people with developmental disabilities. New data from the census completed in calendar year 2000, has resulted in seven counties in Washington now being redesignated from NMSA to MSA status. The purpose of the decision package is recognize this status in our payment rates.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	120,000	120,000	240,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	118,000	118,000	236,000
Total Cost	**238,000**	**238,000**	**476,000**

Staffing

Package Description:

Mason, Asotin, Skamania, Douglas, Chelan, Skagit and Cowlitz Counties have been redesignated as MSA counties. ADSA continues to pay boarding home and adult family home rates for these counties based on NMSA criteria. To substitute current MSA rates for NMSA rates would result in an approximate three percent increase in rates for providers in these counties.

ADSA relies on Employment Security Department (ESD) wage data to establish many rates. ESD will adopt the new MSA/NMSA designations within the wage data in the spring of 2005. Technically, a rebase of rates to conform to new MSA/NMSA designations would be cost neutral in the aggregate. However, this could not be accomplished until ESD data is available in the spring of Calendar Year 2005, and would result in a slight reduction in rates for the remaining 21 counties that are not involved in the designation change. To simply substitute current MSA rates for NMSA rates for the seven changing counties could be accomplished sooner and would not reduce rates for the remaining counties.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Improved rates for boarding home, adult family home and Certified Residential Services for people with developmental disabilities creates improved access to home and community alternatives, nursing home placements, and Residential Habilitation Centers (RHCs). ADSA's strategic plan continues to include transition of appropriate nursing home residents to home and community settings.

Performance Measure Detail

Program: 050

Activity: E050 LTC Adult Family Home Community Services	Incremental Changes FY 1	FY 2
No measures linked to package	0.00	0.00

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EP Residential Rates MSA/Non MSA
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

	Incremental Changes FY 1	FY 2
Activity: E055 LTC Residential Community Services		
No measures linked to package	0.00	0.00

Reason for change:

The higher costs associated with providing services in MSA counties will be recognized in the seven newly designated MSA counties. This change will result in better access to ADSA services in these counties and should result in a few additional diversions, or transitions from nursing home care and RHC placements to community based services. This will also signify the state's recognition of the need to increase home and community funding at rates of increase comparable to those provided for the nursing home industry.

Impact on clients and services:

The same levels of service as currently provided will be available under the decision package. Data on the costs incurred by providers and staffing levels are not available to ADSA. Existing services will be enhanced, as providers will be better able to incur the necessary costs of providing quality care in MSA counties.

Stakeholders:
Northwest Assisted Living Facilities Association (NorALFA) will support this decision.
Washington Health Care Association (WHCA) will support this decision.
Washington Association for Housing and Services for the Aged (WAHSA) will support this decision.
Long Term Care Ombudsman's Office will support this decision.
Community Residential Services Association (CRSA) will support this decision.

Impact on other state programs:

There is no discernable impact on other programs.

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

WAC 388-105 will have to be amended to include the new county designations.

Alternatives explored by agency:

1) Continue current NMSA rates for the newly designated MSA county providers:

Pros: Continue at current budget levels. No administrative changes required.
Cons: Newly designated MSA county providers will remain under funded to a greater degree than other providers will. Quality of care and access to care may suffer.

2) Rebase all rates based on new MSA/NMSA designations:

Pros: Continue at current budget levels. Newly designated MSA county providers receive rate increase.
Cons: Must wait for necessary ESD data. Providers in remaining 21 counties will experience a rate reduction.

3) Provide current MSA rates for newly designated MSA county providers:

Pros: No rate reductions for remaining 21 county providers.

DP Code/Title: PL-EP Residential Rates MSA/Non MSA
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Can be implemented at the conclusion of the legislative session.
Cons: Requires additional funding.

Number 3 was chosen because it is easier to implement and does not have a negative impact on any providers.

Budget impacts in future biennia:

Additional expenditures will continue into subsequent bienniums. However, if a rebase were to occur at the same time as a vendor rate increase (VRI), then the additional expenditures would cease at that point. Since the negative impact of the rebase would be very small for the 21 counties, it would be much more than offset by the VRI.

Distinction between one-time and ongoing costs:

No one-time costs.

Effects of non-funding:

Providers in the seven counties will potentially be upset that they do not receive rates comparable to their peers. This could possibly be the basis for legal action.

Expenditure Calculations and Assumptions:

See Attachment - LTC PL-EP Residential Rates MSA Non MSA.xls

Object Detail	FY 1	FY 2	Total
Program 050 Objects			
N Grants, Benefits & Client Services	238,000	238,000	476,000

DSHS Source Code Detail	FY 1	FY 2	Total
Program 050			
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	120,000	120,000	240,000
Total for Fund 001-1	**120,000**	**120,000**	**240,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19UL Title XIX Admin (50%)	118,000	118,000	236,000
Total for Fund 001-C	**118,000**	**118,000**	**236,000**
Total Program 050	**238,000**	**238,000**	**476,000**

2005-07 Biennium
PL-EP Residential Rates MSA - Non MSA

Home and Community Services, ADSA

Fiscal Impact of Moving Asotin, Mason, Cowlitz, Skagit, Skamania, Chelan, and Douglas Counties to Metropolitan County Rates
*Sample payment data used was month of November 2003

PROGRAM	*Using Current Data* Invoice Total	*Using MSC Rates* MSC Invoice Total	Monthly Increase	Annual Increase	VRI Increase	Annual Total	Biennium Total
CARE MPC AFH	8,016.00	8,180.15	164.15	2,000.00	48.00	2,048.00	4,096.00
CARE COPES AFH	44,240.16	45,378.03	1,137.87	13,700.00	328.80	14,028.80	28,057.60
Legacy MPC AFH	2,919.00	3,053.40	134.40	1,600.00	38.40	1,638.40	3,276.80
Legacy COPES AFH	105,341.46	110,601.74	5,260.28	63,100.00	1,514.40	64,614.40	129,228.80
	160,516.62	**167,213.32**	**6,696.70**	**80,400.00**	**1,929.60**	**82,000.00**	**164,000.00**
CARE MPC ARC	4,411.50	4,440.90	29.40	400.00	9.60	409.60	819.20
CARE COPES EARC	27,106.67	27,555.13	448.46	5,400.00	129.60	5,529.60	11,059.20
Legacy MPC ARC	77,886.10	81,365.01	3,478.91	41,700.00	1,000.80	42,700.80	85,401.60
	109,404.27	**113,361.04**	**3,956.77**	**47,500.00**	**1,140.00**	**49,000.00**	**98,000.00**
CARE COPES AL	29,567.43	29,798.97	231.54	2,800.00	67.20	2,867.20	5,734.40
CARE MN AL	3,355.08	3,355.08	0.00	0.00	80.52	80.52	161.04
Legacy COPES AL	332,022.55	340,470.76	8,448.21	101,400.00	2,433.60	103,833.60	207,667.20
	364,945.06	**373,624.81**	**8,679.75**	**104,200.00**	**2,500.80**	**107,000.00**	**214,000.00**
	634,865.95	**654,199.17**	**19,333.22**	**232,000.00**	**5,568.00**	**238,000.00**	**476,000.00**

Estimated annual increase	**$231,998.64**
2.4% Vendor Rate Increase (VRI) in 2004 Supplemental Budget	**$5,567.97**
Total	**$237,566.61**

Note:
1. Invoice Increases assumes that the client classification, client level, and client participation will remain the same.

2005-07 Biennium
PL-EP Residential Rates MSA - Non MSA

Home and Community Services, ADSA

Fiscal Impact of Moving Asotin, Mason, Cowlitz, Skagit, Skamania, Chelan, and Douglas Counties to Metropolitan County Rates
Sample payment data used was month of November 2003

	Using Current Data Invoice Total	*Using MSC Rates* Invoice Total	Increase
CARE MPC AFH	8,016.00	8,180.15	164.15
CARE COPES AFH	44,240.16	45,378.03	1,137.87
CARE COPES AL	29,567.43	29,798.97	231.54
CARE MN AL	3,355.08	3,355.08	0.00
CARE MPC ARC	4,411.50	4,440.90	29.40
CARE COPES EARC	27,106.67	27,555.13	448.46
Legacy MPC AFH	2,919.00	3,053.40	134.40
Legacy COPES AFH	105,341.46	110,601.74	5,260.28
Legacy COPES AL	332,022.55	340,470.76	8,448.21
Legacy MPC ARC	77,886.10	81,365.01	3,478.91
Monthly Total	634,865.95	654,199.17	**19,333.22**

Estimated annual increase	**$231,998.64**
2.4% VRI in 2004 Supplemental Budget	**$5,567.97**
Total	**$237,566.61**

Note:
1. Invoice Increases assumes that the client classification, client level, and client participation will remain the same.

2005-07 Biennium
PL-EQ CSCI - Crisis Response Project

Residential Care Services Division & Home and Community Services Division, ADSA

	FY06		FY07		05-07 BN	
	GF-S	Total	GF-S	Total	GF-S	Total
	4,334,000	8,665,000	4,905,000	9,808,000	9,239,000	18,473,000
Total	4,334,000	8,665,000	4,905,000	9,808,000	9,239,000	18,473,000

	FTEs	Monthly	Salaries	Benefits	Goods/serv	Lease/Energy	AG Cost	Travel	Equip	ISSD	Total
				0.24	3200	3500		2000	10200 2000	1560	
FY06			A	B	E	ED	ER	G	J	TZ	
Licenser	1.0	5,487	66,000	16,000	3,000	4,000		3,000	10,000	2,000	104,000
Program Manager	1.0	5,266	63,000	15,000	3,000	4,000		2,000	10,000	2,000	99,000
HCS Social Worker	2.3	4,013	111,000	27,000	7,000	8,000		5,000	31,000	4,000	193,000
Total	4.3		240,000	58,000	13,000	16,000	42,000	10,000	51,000	8,000	438,000
								2000			
FY07			A	B	E	ED		G	J	TZ	
Licenser	1.0	5,487	66,000	16,000	3,000	4,000		3,000	2,000	2,000	96,000
Program Manager	1.0	5,266	63,000	15,000	3,000	4,000		2,000	2,000	2,000	91,000
HCS Social Worker	2.6	4,013	127,000	30,000	8,000	9,000		5,000	6,000	4,000	189,000
Total	4.6		256,000	61,000	14,000	17,000	42,000	10,000	10,000	8,000	418,000
									41,000		

$41,000 one-time funding for first year equipment costs for new staff.

ADSA estimates that the Office of the Attorney General will need a 0.5 FTE ($42,000/year) support for this new facility.

	FY06	FY07
New beds needed due to diverting at-risk individuals from community, or existing licensed facilities.	66	77
DDD Clients	26	28
	92	105

Enhanced Services Facilities

Daily Rate for Providers	**Clients/beds**	**Daily cost per bed**	**Services from Mental Health**	**Days/year**	**Total Cost**
Fiscal Year 2006	92	$ 200	$ 45	365	$ 8,227,000
Fiscal Year 2007	105	$ 200	$ 45	365	$ 9,390,000
Total					$ 17,617,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EQ CSCI - Crisis Response Project
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Currently, the Long-Term Care (LTC) system does not have facilities available to house and properly care for individuals whose medical/ mental health /behaviors exceed current facility licensure regulations, but who can be stabilized for long-term or short-term emergency care in an intensive crisis management setting, thus diverting costly hospitalization. This decision package requests the creation of community based diversion beds and intensive case management for stabilization and diversion from institutionalization or readmission to correctional facilities.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	4,334,000	4,905,000	9,239,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	4,331,000	4,903,000	9,234,000
Total Cost	**8,665,000**	**9,808,000**	**18,473,000**

Staffing	FY 1	FY 2	Annual Avg
Program 050 FTEs	**4.3**	**4.6**	**4.5**

Package Description:

The Cross-System Crisis Initiative (CSCI) was formed to implement the recommendations from the Cross-System Crisis Response Project, a joint collaboration and partnership between DSHS and the Association of County Human Services (ACHS). The purpose of the Project was for a diverse group of stakeholders to study the current crisis system and make recommendations for an improved, integrated cross-system crisis response capability.

The public mental health system serves as the default crisis response and involuntary commitment system for people with a wide range of emotional and behavioral issues, including serious mental illness; developmental disabilities; organic mental disorders, such as dementia, and traumatic brain injury; and mental illness combined with drug and alcohol dependence (co-occurring). The Cross-System Crisis Initiative is seeking to create efficiencies for crisis responders, to develop targeted diversion and short-term detention options, and to develop appropriate resources to keep individuals from utilizing costly state hospital settings.

County Designated Mental Health Professionals (CDMPH) do not have community residential facilities in which to retain those individuals who are deemed gravely disabled or a danger to self/others. In a recent survey of referrals to CDMHPs by Home and Community Services (HCS) staff and the responses/outcomes, HCS staff experience a steady decline in CDMHP response to requests for investigations and actual detainment of individuals thought to be gravely disabled or a danger to self/others.

Because CDMHPs do not have secure treatment facilities in which to detain individuals who are deemed gravely disabled or a danger to self/others, clients are either left in their own homes at great risk or seeking treatment at local hospital ERs or placed in local correctional facilities. There are also individuals with medical/mental health and extremely challenging behaviors who have been or likely to be unsuccessful in our long-term care settings. This DP requests the establishment, licensing, inspection and enforcement of community based diversion beds for emergency and long-term placement in facilities for those individuals whose medical/mental health needs and/or behaviors exceed current facility licensing regulations, but can be diverted from institutionalization by stabilization and treatment in crisis diversion beds.

The purpose of crisis diversion beds is to: 1) Divert unnecessary institutionalization or readmission to correctional facilities at lower costs; 2) Ensure the appropriate medical treatment for the disorder, i.e., dementia and other organic disorders, with

DP Code/Title: PL-EQ CSCI - Crisis Response Project
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

coordinated mental health treatment; 3) Provide intensive case management to: a) Maintain current residence, coordinating with family members and/or AFH/BH/NF staff (potentially decreasing relocation activities); b) Provide reassessment and authorization/adjustment of services for placement stabilization; c) Liaison with mental health caseworker for appropriate mental health treatment and d) Coordinate community supports.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This decision package supports the strategic plan to provide appropriate, quality services in the most cost-effective setting appropriate to client's needs. Crisis diversion beds will avoid the unnecessary institutionalization of individuals that can be served in less-restrictive, cost effective, emergency and long-term care settings.

Performance Measure Detail

Program: 050

	Incremental Changes FY 1	Incremental Changes FY 2
Activity: E052 LTC Eligibility/Case Management Services		
No measures linked to package	0.00	0.00
Activity: E054 LTC Investigations/Quality Assurance		
No measures linked to package	0.00	0.00
Activity: E055 LTC Residential Community Services		
No measures linked to package	0.00	0.00

Reason for change:

The LTC system does not have facilities available to house and properly care for individuals whose medical/behaviors exceed current facility licensure regulations.

Impact on clients and services:

Crisis diversion beds, as described above, do not exist in the LTC system for people with dementia and other organic disorders. Creating such a service enhances the current LTC system by providing a community based, more effective, and less-restrictive alternative to institutionalization.

Impact on other state programs:

The creation of LTC crisis diversion beds will impact case management in the DSHS Mental Health Division.

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

New WACs will need to be written to govern this program. A new RCW chapter will be needed to distinguish this type of facility from other licensed long-term facilities. Facilities providing services specific to the crisis diversion program will need contracts written.

Alternatives explored by agency:

DP Code/Title: PL-EQ CSCI - Crisis Response Project
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Clients in this population are at greater risk of harm at home and tend to be high utilizers of hospital ERs and local correctional facilities. AFHs, BHs and NFs discharge clients with challenging behaviors because of risk to other clients.

Budget impacts in future biennia:

This proposal requires on-going funding, with increases or decreases consistent with population changes.

Staff costs are expected to decrease by 0.5 FTE in the 2007-09 Biennium.

Distinction between one-time and ongoing costs:

This package contains one-time equipment costs. The remaining costs are on-going, with a small FTE reduction of 0.5 FTE for the Home and Community Services Division Program Manager changing from full-time to part-time status.

Effects of non-funding:

Not funding this proposal will leave a population of clients whose needs cannot be met in other long-term care settings with no alternative for cost effective long-term care services except to reside in high cost psychiatric hospitals. This is likely to result in substantial increases in: 1) Increased risk of harm to individuals who remain at home; 2) Increased utilization of higher cost services such as hospital ERs, local correctional facilities and psychiatric hospitals; and 3) Increased referrals to Adult Protective Services, with more restrictive placement outcomes.

Expenditure Calculations and Assumptions:

See Attachment - LTC PL-EQ Crisis Response Project.xls

The staff cost for intensive case management is 2 FTEs in Fiscal Years 2006 and 2007. Staff costs for licensing and program development for the new program is 2.3 FTES in Fiscal Year 2006 and 2.6 FTEs in Fiscal Year 2007. This estimate includes an addititional $42,000 per year for the Office of the Attorney General support for the new program in Fiscal Years 2006 and 2007.

Object Detail		FY 1	FY 2	Total
Program 050 Objects				
A	Salaries And Wages	240,000	256,000	496,000
B	Employee Benefits	58,000	61,000	119,000
E	Goods And Services	71,000	73,000	144,000
G	Travel	10,000	10,000	20,000
J	Capital Outlays	51,000	10,000	61,000
N	Grants, Benefits & Client Services	8,227,000	9,390,000	17,617,000
T	Intra-Agency Reimbursements	8,000	8,000	16,000
	Total Objects	**8,665,000**	**9,808,000**	**18,473,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EQ CSCI - Crisis Response Project
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Program 050		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	**Title**			
0011	General Fund State	4,334,000	4,905,000	9,239,000
	Total for Fund 001-1	**4,334,000**	**4,905,000**	**9,239,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	**Title**			
19UL	Title XIX Admin (50%)	4,331,000	4,903,000	9,234,000
	Total for Fund 001-C	**4,331,000**	**4,903,000**	**9,234,000**
	Total Program 050	**8,665,000**	**9,808,000**	**18,473,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-ER WMIP Quality Assurance Activites
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This proposal requests funding for one FTE to perform quality assurance and monitoring activities surrounding the implementation and continuation of the Washington Medicaid Integration Partnership (WMIP) project and the Medicaid/Medicare Integration Project (MMIP). The goals of these projects are to delay the progression of chronic illness and disability and to achieve savings in the fast-growing Medicaid budget.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	44,000	40,000	84,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	43,000	39,000	82,000
Total Cost	**87,000**	**79,000**	**166,000**

Staffing	FY 1	FY 2	Annual Avg
Program 050 FTEs	**1.0**	**1.0**	**1.0**

Package Description:

The Home and Community Services (HCS) Division of the Aging and Disability Services Administration (ADSA) has a Quality Assurance (QA) unit that is responsible for ensuring that clients receive quality, well-planned, efficient and accountable home and community-based care. Currently there are 12 FTEs in the QA unit - an Office Chief, Administrative Assistant, and ten Quality Assurance Specialists (QAS). The QAS are responsible for monitoring to evaluate and ensure ongoing compliance with Federal Financial Participation ensuring federal match for ADSA programs, Centers for Medicare and Medicaid Services (CMS) Protocols, Home and Community-based service waiver requirements, state and federal law. The QA unit will soon have to add the WMIP project and the MMIP to its list of duties for monitoring and QA activities.

The WMIP will integrate a client's medical, mental health, chemical dependency and long-term care (LTC) services into one service package with one care coordinator assisting the client, as necessary, to access a large array of services. Similarly, the MMIP will integrate LTC and medical care services into one service package. Managed care programs, such as the WMIP and MMIP, close the gaps in the traditional "fee for service" service delivery systems and reduce the number of emergency room visits, as well as the overall number of prescription drugs utilized. These types of programs have greater flexibility for service delivery and can often accommodate requests outside the strict Medicaid parameters.

Within the WMIP and MMIP projects, each client will be placed in one of three rate cells depending on their level of services and where they reside. Once the LTC assessment is completed, HCS or Area Agencies on Aging (AAA) staff will hand off all case management and service duties to Molina Healthcare for the WMIP or Evercare, the contractor for the MMIP. These programs are being added to the ADSA QA unit duties, because LTC clients will enroll and receive LTC services under these plans. QA staff will ensure that the services received are appropriately administered.

Washington State does not currently have an integration program of this magnitude, so quality assurance and monitoring is key to both programs' success. The addition of this FTE will allow ADSA to continually monitor the programs and recognize areas that could use improvement. This type of quality assurance and monitoring is critical due to the new nature of this managed care program.

In July of 2005, the staff person hired to provide QA and monitoring for these programs will perform activities including, but not limited to:

DP Code/Title: PL-ER WMIP Quality Assurance Activites
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

1) Following quality assurance procedures that will enable ADSA to evaluate and ensure its ongoing compliance with Federal Financial Participation ensuring federal match for ADSA programs, as well as procedures to follow CMS Protocols, Home and Community-based service waiver requirements, and state and federal law;

2) Gathering a consistent broad range of information to identify trends;

3) Reviewing level of care determinations to assure that clients require the care and services for which they have been authorized;

4) Collecting client feedback to determine satisfaction with the services; and

5) Reviewing files to assure mandatory reporting requirements are followed.

This item affects the Long-term Care Investigations & Quality Assurance activity inventory category and the statewide result area of improving the security of vulnerable children and adults.

Narrative Justification and Impact Statement

How contributes to strategic plan:

As stated within the Strategic Plan, Secretary Braddock has charged the Assistant Secretaries of ADSA, Medical Assistance Administration (MAA), and Health and Rehabilitative Services Administration (HRSA) to collaborate on a major initiative to coordinate health and LTC services for high-risk Medicaid clients jointly served by their administrations. The goal is to prevent, or delay, the progression of chronic illness and disability and to achieve savings in the fast-growing Medicaid budget.

This additional staff person is needed to perform QA and monitoring activities for ADSA/WMIP clients and ADSA/MMIP clients enrolled in these two managed care programs. The existing staff cannot add the QA and monitoring activities for these new and innovative projects to their current workload.

Performance Measure Detail

Program: 050

	Incremental Changes	
Activity: E054 LTC Investigations/Quality Assurance	**FY 1**	**FY 2**
No measures linked to package	0.00	0.00

Reason for change:

The WMIP and MMIP projects are both part of a major initiative to coordinate health and LTC services for high-risk Medicaid clients. The goal is to prevent, or delay, the progression of chronic illness and disability by closing gaps that often exist in the traditional fee-for-service system. Along with delaying and preventing the progression of chronic illness and disability, these projects will achieve savings in the fast-growing Medicaid budget.

The addition of this staff person is needed to provide the necessary QA and monitoring for this project. DSHS and ADSA pride themselves on ensuring that services are provided appropriately and correctly for vulnerable populations. Providing QA services and monitoring those services is critical to the health and welfare of the clients served by the Home and Community Services Division of ADSA.

Impact on clients and services:

The QA unit will monitor how the services are provided as described in the contract, assure a smooth transition from

fee-for-service to WMIP, or MMIP and back, and ensure that clients receive the best possible quality services. This staff person will absorb the additional quality assurance workload brought by implementing these new projects.

Impact on other state programs:

None

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

This QA proposal does not require any changes to statute, rules, contracts, or state plans.

Alternatives explored by agency:

The QA unit currently audits five percent of the caseload for each LTC program each year. To complete an audit cycle, staff from the QA unit must begin with an entrance conference at the HCS or AAA office depending on the area of review. After the entrance conference, QA staff conducts a monitoring visit in which they review the selected sample of files. Files identified as having critical issues are returned for corrective action. Corrective action must occur within 30 days per DSHS policy. After 30 days, the QA staff review the most current assessment/documentation to verify that corrections have been made. A preliminary report is sent to the Regional Administrator (RA) for that particular HCS region, or if managed by an AAA, to the director of that particular AAA region.

The RA, or AAA Director have 30 days to review the preliminary report and comment. After the 30-day review period, the QA staff considers comments and a final report is created that indicates where corrective action is still necessary. Upon receipt of this final report, the RA or AAA Director must complete a corrective action plan that outlines how areas of non-compliance will be addressed and timeframes to ensure the plan is carried out.

In comparison, both the WMIP project and the MMIP, require that QA staff audit five percent of each project's caseload. These projects are new and will require different types of auditing questions and possibly a client survey component. Currently, ADSA does not have a program that is comparable to these new programs. This additional QA staff person is necessary because of the unique nature of these programs and the additional auditing activity the programs will generate.

Other, more cost-effective alternatives do not exist at this level of review. The QA unit continuously strives to make process improvements, however there is no way of accomplishing the necessary activities other than through the hiring of an additional staff person.

Budget impacts in future biennia:

Staff and funding will carry forward into future biennia.

Distinction between one-time and ongoing costs:

The funding for this FTE is an on-going cost. There is $8,000 one-time funding, in the first year, for equipment costs.

Effects of non-funding:

If this staff person is not funded, QA activities related to WMIP/MMIP will not occur. Without effective QA practices, these projects could fail, leaving clients with less service options and leaving the state with a failure in health and human services innovation. With new programs such as the WMIP and MMIP, QA and monitoring are critical to ensure each program runs smoothly, staff understand and complete their duties as assigned, and clients receive the best possible quality services to meet

DP Code/Title: PL-ER WMIP Quality Assurance Activites
Program Level - 050 Long Term Care Services

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their needs and preferences.

Expenditure Calculations and Assumptions:

See attachment - LTC PL-ER WMIP Quality Assurance Activities.xls

Object Detail

		FY 1	FY 2	Total
Program 050 Objects				
A	Salaries And Wages	53,000	53,000	106,000
B	Employee Benefits	13,000	13,000	26,000
E	Goods And Services	7,000	7,000	14,000
G	Travel	2,000	2,000	4,000
J	Capital Outlays	10,000	2,000	12,000
T	Intra-Agency Reimbursements	2,000	2,000	4,000
	Total Objects	**87,000**	**79,000**	**166,000**

DSHS Source Code Detail

Program 050		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	**Title**			
0011	General Fund State	44,000	40,000	84,000
	Total for Fund 001-1	**44,000**	**40,000**	**84,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	**Title**			
19UL	Title XIX Admin (50%)	43,000	39,000	82,000
	Total for Fund 001-C	**43,000**	**39,000**	**82,000**
	Total Program 050	**87,000**	**79,000**	**166,000**

2005-07 Biennium
PL-ER WMIP Quality Assurance Activities

Home and Community Services Division, ADSA

	FY06		FY07		05-07 BN	
	GF-S	Total	GF-S	Total	GF-S	Total
1.0	44,000	87,000	40,000	79,000	84,000	166,000
Total	44,000	87,000	40,000	79,000	84,000	166,000

FY06	**FTEs**	**Monthly**	**Salaries**	**Benefits**	**Goods/serv**	**Lease/Energy**	**Travel**	**Equip**	**ISSD**	**Total**
			A	B	E	ED	G	J	TZ	
Quality Assurance Specialist	1.0	4,382	53,000	13,000	3,000	4,000	2,000	10,000	2,000	87,000
Total	1.0		53,000	13,000	3,000	4,000	2,000	10,000	2,000	87,000
FY07			A	B	E	ED	G	EQ	T	
Quality Assurance Specialist	1.0	4,382	53,000	13,000	3,000	4,000	2,000	2,000	2,000	79,000
Total	1.0		53,000	13,000	3,000	4,000	2,000	2,000	2,000	79,000

$8,000 one-time funding for first year equipment costs for new staff.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-ES Quality Assurance in APS
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This proposal funds the additional staff needed to meet Centers for Medicare and Medicaid (CMS) requirements for the state to develop self-monitoring activities as outlined in the CMS Protocols. Specified in the protocols is the state's assurance to identify, address, and seek the prevention of abuse, neglect or financial exploitation of Medicaid Home and Community based waiver recipients and others who meet the definition of vulnerable adult (RCW 74.34.020 and 74.34.021). Aging and Disability Services Administration (ADSA) does not currently have standardized Quality Assurance (QA) to monitor the Adult Protective Services (APS) program for the consistent application of program policies, procedures, and compliance to statute. This proposal also supports information technology staff to code the additions to the quality assurance tool and provide project management support for business requirements.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	295,000	263,000	558,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	294,000	263,000	557,000
Total Cost	**589,000**	**526,000**	**1,115,000**

Staffing	FY 1	FY 2	Annual Avg
Program 050 FTEs	**6.5**	**6.5**	**6.5**

Package Description:

Aging and Disability Services Administration (ADSA) does not currently have standardized QA activities to monitor the Adult Protective Services (APS) program for the consistent application of program policies, procedures, and compliance to statute, nor does ADSA formally assess staff training needs. APS implemented a fair hearings process, in October 2003, for perpetrators who allegedly abused, neglected, or exploited vulnerable adults. Alleged perpetrators are provided the opportunity to contest a substantiated finding before an Administrative Law Judge. Staff compliance to APS policies and procedures becomes crucial as to whether DSHS prevails in these hearings.

This proposal funds the staff needed to assure the quality of APS investigations. This proposal will also satisfy CMS requirements for the State to develop self-monitoring activities as outlined in the CMS Protocols (30 percent of APS cases involve Medicaid recipients).

The QA Unit will need five (5) QA Specialist FTE positions and one and a half (1.5) information technology staff to build an APS module that connects to the current QA Monitoring tool used to monitor Home and Community Programs. The APS module will systematically analyze statewide APS cases for thoroughness, accuracy, and compliance to procedures, policy, and statue, which will include the following features:

- Screens used to answer quality assurance questions related to APS investigation, outcome determinations related to findings and case management activities;
- Meaningful reports at the state, region, and worker level that allow management to assess quality standards and trends in investigations;
- Screens to manage users, groups;
- A help system; and
- Screens with questions related to the supervisor accompanying the investigator on an initial visit.

The QA Unit currently has a staff of ten QA Specialists who audited 3 percent of the HCS core programs caseload [1118 file

reviews (111.8 per QAS) in one audit cycle (6 month period)]. An 'audit' for HCS core programs involves the following components:

- Entrance conference with the region;
- Inter-rater reliability assessments of clients;
- High risk indicator survey with clients;
- Initial file reviews;
- Exit conference;
- 30 day reviews for corrective actions;
- Follow up reviews;
- Identification of training needs;
- Final reports; and
- Approval of corrective action plans to address trends identified during the audit.

The APS QA Specialist workload impact is estimated at this point. The actual sample size may vary according to practical experience. It is estimated that the five QAS staff charged with monitoring APS will review 10 percent of the total APS investigations (Fiscal Year 2003 10,195 investigations; the number of investigations is increasing approximately 3 percent annually) for accountability and compliance to standards. Each QA Specialist staff will perform approximately 340 file reviews.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Strategic Plan 2006-2011: Improve Client Health and Safety (Public Value).
APS QA activities address the strategy of strengthening APS program to improve client health, safety, and assure informed choice on the part of individuals who are hiring individual providers to provide their personal care.

Performance Measure Detail

Program: 050

	Incremental Changes FY 1	FY 2
Activity: E051 LTC Care Administration		
No measures linked to package	0.00	0.00
Activity: E054 LTC Investigations/Quality Assurance		
No measures linked to package	0.00	0.00

Reason for change:

APS implemented a fair hearings process, in October 2003, for perpetrators who allegedly abused, neglected, or exploited vulnerable adults. Alleged perpetrators are provided the opportunity to contest a substantiated finding in an administrative hearing. Staff compliance to APS policies and procedures becomes crucial as to whether DSHS prevails in these hearings.

ADSA does not currently have standardized QA activities to monitor the APS program for the consistent application of program policies, procedures, and compliance to statute.

Impact on clients and services:

APS supervisors and program managers currently review substantiated cases; however, no consistent, standardized review process exists.

State of Washington
Decision Package
Department of Social and Health Services

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DP Code/Title: PL-ES Quality Assurance in APS
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Improving the quality of APS investigations, the appropriateness of protective services, and the consistent application of policies and procedures will further protect vulnerable adults from abuse, neglect, and financial exploitation. It will also increase the likelihood of DSHS prevailing in APS administrative hearings and minimize successful lawsuits against DSHS.

Impact on other state programs:

None

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

This proposal does not require any changes to statute, rules, contracts, or state plans.

Alternatives explored by agency:

An unsuccessful attempt was made to fund APS QA through the 2003 Real Choices Grant.

Budget impacts in future biennia:

The cost carries forward into the 2007-09 Biennium at the second year level (Fiscal Year 2007).

Distinction between one-time and ongoing costs:

This package contains one-time equipment costs. The remaining costs are on-going.

Effects of non-funding:

Without funding, the APS program will not be systematically monitored.

Expenditure Calculations and Assumptions:

See Attachment - LTC PL-ES Quality Assurance in APS.xls

Object Detail		FY 1	FY 2	Total
Program 050 Objects				
A	Salaries And Wages	358,000	358,000	716,000
B	Employee Benefits	86,000	86,000	172,000
E	Goods And Services	45,000	45,000	90,000
G	Travel	18,000	13,000	31,000
J	Capital Outlays	71,000	13,000	84,000
T	Intra-Agency Reimbursements	11,000	11,000	22,000
	Total Objects	**589,000**	**526,000**	**1,115,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-ES Quality Assurance in APS
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Program 050	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	295,000	263,000	558,000
Total for Fund 001-1	**295,000**	**263,000**	**558,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19UL Title XIX Admin (50%)	294,000	263,000	557,000
Total for Fund 001-C	**294,000**	**263,000**	**557,000**
Total Program 050	**589,000**	**526,000**	**1,115,000**

2005-07 Biennium
PL-ES Quality Assurance in APS

Home & Community Services Division & Management Services Division, ADSA

	FY06		FY07		05-07 BN	
	GF-S	Total	GF-S	Total	GF-S	Total
6.5	295,000	589,000	263,000	526,000	558,000	1,115,000
Total	295,000	589,000	263,000	526,000	558,000	1,115,000

							3000	10200		
				0.24	3200	3500	2000	2000	1560	
FY06	**FTEs**	**Monthly**	**Salaries**	**Benefits**	**Goods/serv**	**Lease/Energy**	**Travel**	**Equip**	**ISSD**	**Total**
			A	B	E	ED	G	J	TZ	
Technical Project Manager WMS 2	0.5	5,256	32,000	8,000	2,000	2,000	1,000	10,000	1,000	56,000
Programmer	1.0	5,266	63,000	15,000	3,000	4,000	2,000	10,000	2,000	99,000
Quality Assurance Specialists WMS 1	5.0	4,382	263,000	63,000	16,000	18,000	15,000	51,000	8,000	434,000
Total	6.5		358,000	86,000	21,000	24,000	18,000	71,000	11,000	589,000
							2000			
FY07			A	B	E	ED	G	J	TZ	
Technical Project Manager WMS 2	0.5	5,256	32,000	8,000	2,000	2,000	1,000	1,000	1,000	47,000
Programmer	1.0	5,266	63,000	15,000	3,000	4,000	2,000	2,000	2,000	91,000
Quality Assurance Specialists	5.0	4,382	263,000	63,000	16,000	18,000	10,000	10,000	8,000	388,000
Total	6.5		358,000	86,000	21,000	24,000	13,000	13,000	11,000	526,000

One-time funding of $63,000 for first year equipment costs for new staff. 63,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-ET Mobility Project
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Additional funding is requested to expand the Home and Community Services Division's (HCS) Mobility Project. Currently, the Mobility Project is under way in Pierce County and South East Washington and provides Enhanced Nurse-Case Management Services to clients with complex medical needs related to diagnoses affecting mobility. Combined medical and long-term data indicate that clients in this population are in the top ten percent utilization category, with avoidable hospitalization costs representing a significant area of that utilization.

The expansion of the Mobility Project to other areas of the state will be targeted according to availability of nursing resources and the size of this specific client population with diagnoses affecting mobility. Funding of this proposal has significant potential to reduce Medicaid costs, by at least 10 percent per year, for these specific clients.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	108,000	104,000	212,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	108,000	103,000	211,000
Total Cost	**216,000**	**207,000**	**423,000**

Staffing	FY 1	FY 2	Annual Avg
Program 050 FTEs	**0.5**	**0.5**	**0.5**

Package Description:

This proposal funds two additional pilot areas for the HCS' Enhanced Case Management for Clients with Limited Mobility Project. The project was implemented originally in two areas by the Pierce County Area Agency on Aging and Southeast Washington Aging and Long-Term Care. The project provides enhanced case management to clients who have special care needs related to diseases, or injury that limit mobility. Data indicates members of this population are among the most expensive to serve in Medicaid. With more timely and coordinated interventions, costs can be lowered and outcomes improved.

Eligible clients who are currently being served in the two participating Area Agencies on Aging (AAA) have any of the following diagnoses: Parkinson's, Amyotropic Lateral Sclerosis (ALS), Multiple Sclerosis (MS), Traumatic Brain Injury (TBI) with loss of consciousness, or decubitus ulcers. Participants must be eligible only for Medicaid (i.e., not Medicare), must be over 18 years of age, and have a history of high-costs to Medicaid.

The project is intended to improve care and achieve savings in Medicaid costs through better planning and coordination of care that integrates both long-term care and acute care services. The average annual Medicaid expenditure, per client, for clients with the targeted characteristics ranges from $35,000 to $50,000. Current projections are that there is a potential of 10 percent of those costs could be saved with better intervention. Preliminary results of the project have been promising and warrant expansion into additional areas.

This item affects the Long-term Care Eligibility/Case Management Services and Administration activity inventory categories and the statewide result area of improving the security of vulnerable children and adults.

Narrative Justification and Impact Statement

How contributes to strategic plan:

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-ET Mobility Project
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

This project is identified as a specific strategy under Goal 1 in the area of improving client safety and public value: "Appropriate, quality services are available in the least restrictive, most cost-effective setting appropriate to clients' needs."

Each project location will be evaluated in the following areas to measure impact on:

· Medicaid costs overall and by type of service;
· Avoidable hospitalizations for ambulatory care sensitive conditions;
· Emergency Department (ED) use;
· Length of hospital stays;
· Admissions to nursing homes;
· Length of nursing home stays;
· Receipt of mental health treatment; and
· Death.

The evaluation will estimate cost offsets and other enhanced case management effects using multiple regression and logistic regression techniques that control for the effects of demographic characteristics (age and gender) and differences in baseline medical conditions, as measured by Chronic Disease Payment System (CDPS) and Medicaid-Rx risk-adjustment scores.

Performance Measure Detail

Program: 050

	Incremental Changes FY 1	Incremental Changes FY 2
Activity: E051 LTC Care Administration		
No measures linked to package	0.00	0.00
Activity: E053 LTC In-Home Services		
No measures linked to package	0.00	0.00

Reason for change:

The problems to be addressed are the unintended effects on health and cost of care of poorly coordinated, or uncoordinated care for people with limited mobility. Results from the two existing locations are promising. Expansion at this time will enable the Department and clients in other geographic areas to reap larger benefits. The core of this project is to enhance existing casework functions with added time and information, establish performance expectations that cross the lines of traditional programmatic boundaries (long-term-care and acute care), and to make cost management an explicit expectation.

Impact on clients and services:

Community-based long-term care (LTC) and acute care services will be better integrated for high-cost clients with mobility issues. Currently, the care planning done by the case managers in the LTC system only includes cursory coordination of medical care, predominantly through referral. This project will provide more time for a nurse-case manager to address consumer needs in a more thorough way --- for example, both addressing the individual's need for supports for activities of daily living and assisting with management of underlying disease processes. In addition, the nurse-case manager will have access to Department-wide utilization data to assess cost effects across all Medicaid-funded services.

The primary stakeholders are clients, who should realize better care and more positive outcomes. Secondarily, other AAAs will have interest in expansion of more effective care management methods. Both groups will be supportive. There is no known opposition to this proposal.

Impact on other state programs:

The existing steering committee that includes representatives from Medical Assistance Administration (MAA), AAA's and

DP Code/Title: PL-ET Mobility Project
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Aging, and Disabilities Services Administration will need to expand coordination efforts to include other regions. MAA is expected to experience lower acute care costs for clients participating in this pilot project.

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

AAA case management contracts in the affected areas will need to be modified.

Alternatives explored by agency:

The alternative would be to wait until the existing pilots are completed and evaluated in 2005. Early results are positive enough that time, savings, and better opportunity for client outcomes in other areas would likely be lost. The addition of two sites would provide a more robust test in anticipation of statewide implementation.

The Department is experimenting with a variety of ways to coordinate care. The proposed approach offers an easily started model that can be implemented throughout the state as resources allow.

Budget impacts in future biennia:

The cost carries forward into the 2007-09 Biennium at the second year level (Fiscal Year 2008). Caseload changes will cause the funding to fluctuate.

Distinction between one-time and ongoing costs:

One-time funding is for new staff equipment costs.

Effects of non-funding:

Non-funding will continue to leave the coordination of LTC and acute care for this population as a less-intense effort. Related potential savings will not materialize.

Expenditure Calculations and Assumptions:

See Attachment - LTC PL-ET Mobility Project.xls

Object Detail		FY 1	FY 2	Total
Program 050 Objects				
A	Salaries And Wages	28,000	28,000	56,000
B	Employee Benefits	7,000	7,000	14,000
E	Goods And Services	4,000	4,000	8,000
G	Travel	1,000	1,000	2,000
J	Capital Outlays	10,000	1,000	11,000
N	Grants, Benefits & Client Services	165,000	165,000	330,000
T	Intra-Agency Reimbursements	1,000	1,000	2,000
	Total Objects	**216,000**	**207,000**	**423,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-ET Mobility Project
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Program 050		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	Title			
0011	General Fund State	108,000	104,000	212,000
	Total for Fund 001-1	**108,000**	**104,000**	**212,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	Title			
19UL	Title XIX Admin (50%)	108,000	103,000	211,000
	Total for Fund 001-C	**108,000**	**103,000**	**211,000**
	Total Program 050	**216,000**	**207,000**	**423,000**

2005-07 Biennium
PL-ET Mobility Project

Home and Community Services Division, ADSA

	FY06		FY07		05-07 BN	
	GF-S	Total	GF-S	Total	GF-S	Total
0.5	108,000	216,000	104,000	207,000	212,000	423,000
Total	108,000	216,000	104,000	207,000	212,000	423,000

FY06	FTEs	Monthly	Salaries	Benefits	Goods/serv	Lease/Energy	Travel	Equip	ISSD	Total
			A	B	E	ED	G	J	TZ	
Program Manager	0.5	4,618	28,000	7,000	2,000	2,000	1,000	10,000	1,000	51,000
Total	0.5		28,000	7,000	2,000	2,000	1,000	10,000	1,000	51,000
							2000			
FY07			A	B	E	ED	G	J	TZ	
Program Manager	0.5	4,618	28,000	7,000	2,000	2,000	1,000	1,000	1,000	42,000
Total	0.5		28,000	7,000	2,000	2,000	1,000	1,000	1,000	42,000

$9,000 one-time funding for first year equipment costs for new staff.

	FY06	**FY07**	**Total**
120 additional clients at $1,375 per year	$ 165,000	$ 165,000	$ 330,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EU Specialized Dementia Care Program
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This proposal funds the phase-in of 200 additional specialized dementia beds in boarding homes, 100 beds by March 2006 and another 100 beds by March 2007. Additionally, it funds the formation of a Dementia Care Program Support Services component to provide technical assistance, training, and consultation for facilities participating in the Specialized Dementia Care Program in boarding homes. Staff are needed to determine if the boarding homes initially meet the specialized dementia care contract requirements and adequately provide the specialized services procured through the contract. It is anticipated that with an increase of specialized dementia beds in boarding homes there will be a corresponding increase in complaints and reports of resident-to-resident abuse and other related issues. Additional staff time will be required to investigate those issues.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	860,000	1,545,000	2,405,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	861,000	1,545,000	2,406,000
Total Cost	**1,721,000**	**3,090,000**	**4,811,000**

Staffing	FY 1	FY 2	Annual Avg
Program 050 FTEs	**3.0**	**3.0**	**3.0**

Package Description:

In 1999, the Aging and Disability Services Administration (ADSA), working with stakeholders and providers, initiated the Dementia Care Pilot Project in boarding homes. The pilot project involved the development, implementation and evaluation of standards of care to be delivered in the licensed boarding home setting. The resident-centered approach is intended to promote optimum health and quality of life within an environment that accommodates cognitive deficits, maximizes functional abilities, and promotes aging in place. Findings from the independent pilot project evaluation indicate that SDCP homes are providing an alternative to nursing home placement for individuals with moderate to severe dementia. They admit and retain residents with greater cognitive and behavioral disturbances than residents in traditional care boarding homes. And, despite the higher level of impairment, residents in SDCP homes had 1/3 the risk of nursing home placement within the 18 months of the evaluation. The SDCP residents had a longer length of stay, as compared to residents in traditional care boarding homes, resulting in a delay of nursing home placement.

Currently, 360 specialized dementia care beds are available within contracted licensed boarding homes through the SDCP in boarding homes (formerly the Dementia Care pilot and Expansion Projects (DCPEP)). These beds are located in 37 contracted facilities that implement services through a standard set of expectations tied to an enhanced daily rate. While the SDCP beds are providing placements for many clients with dementia, the current number of beds is not sufficient to meet the needs of this population now, or in the near future. Case management staff, throughout the state, continue to struggle in finding appropriate and/or sufficient community resources and services for individuals with dementia.

The dementia disease process is long and debilitating and the state's population with this particular disease will continue to grow. Over the course of the disease, an individual's need for assistance will increase. The inevitability of serving the growing numbers of individuals with dementia requires that ADSA make available service models that respond appropriately and cost-effectively to these needs.

While this program pays a higher daily rate as compared to traditional boarding home care, the pilot project has shown that savings are achieved in the long run by promoting and utilizing the SDCP services, which cost less than the average nursing home cost. This savings and the quality of care itself is dependent upon the training, monitoring, and quality assurance

activities performed by ADSA staff in support of the facilities and the stability of the industry who provides this higher level of service.

New staff will begin to develop the dementia care program support services necessary to ensure that providers, caregivers, case managers, and family members who are providing or supporting quality care for these vulnerable elders with dementia are successful. Dementia care program support services will include three main components:

· Technical assistance- in defining and clarifying expectations of the specialized dementia care contracts and providing the information necessary to successfully implement the specified standards of care;

· Training- provides opportunities for the sharing of up-to-date information and enhancement of skills necessary to provide quality dementia care, including a focus on providing individualized care and programming specifically for the dementia population; and

· Consultation services- case managers will work with the provider to solve problems directly related to the care and challenges of specific dementia clients, with the goal of maintaining the client in his/her current setting if at all possible. Consultation would be made available through a pool of locally recruited, screened, and contracted professionals experienced in serving the target population.

Residential Care Services (RCS) Division staff will conduct utilization review activities to ensure that the providers are meeting contract requirements that lead to satisfactory resident outcomes, and efficiently and effectively utilizing federal and state funds. In addition these routine reviews and responsive complaint investigations may lead to the termination of a contract where significantly poor quality of care is provided. These activities will increase the Department of Social and Health Services (DSHS) capability to identify and intervene in issues related to resident health, safety and quality of life.

The SDCP in boarding homes has emerged and evolved in response to the needs of this population. The growth of the dementia population and the growing percentage of these individuals in residential care settings requires that ADSA continue to develop this program. The addition of beds alone will not meet the multiple, complex, and ever-changing needs of this population. The Dementia Care Program Support services component will enable ADSA to recognize the unique needs of dementia clients and refine the program to best respond to them.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This decision package supports ADSA's goal of providing appropriate, quality services in the least restrictive settings that are cost effective and appropriate to the clients' needs. This request also supports ADSA's balanced scorecard goal pertaining to "Improving Client Health and Safety".

The availability and appropriate utilization of specialized dementia care services will further the ability of DSHS to offer community-based options for the Medicaid population. Utilization review and quality assurance activities will promote positive outcomes for residents and accountability for contractors.

Performance Measure Detail

Program: 050

Activity: E051 LTC Care Administration	Incremental Changes FY 1	FY 2
No measures linked to package	0.00	0.00

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EU Specialized Dementia Care Program
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

	Incremental Changes FY 1	Incremental Changes FY 2
Activity: E054 LTC Investigations/Quality Assurance		
No measures linked to package	0.00	0.00
Activity: E055 LTC Residential Community Services		
No measures linked to package	0.00	0.00

Reason for change:

Specialized dementia care services for individuals with dementia are evolving in response to the need to develop alternative placements for Medicaid clients with dementia. Private pay citizens have long had the option to purchase such alternative care in boarding homes, often called Assisted Living. Despite the growing number of facilities providing specialized dementia care services, access to non-nursing home services remains limited for the Medicaid population. This proposal would increase the resource capacity of our long-term care system for the vulnerable elders with dementia who, without this option, would most likely be placed in a nursing home.

Findings from the Dementia Care Pilot Project in boarding homes demonstrate that contracted boarding homes that provide specialized dementia care are providing an alternative to nursing home placement for individuals with moderate to severe dementia. They retain residents with dementia for a longer time despite increasing cognitive and behavioral disturbance, and provide services that most family members rate as either good or excellent. Residents with dementia in traditional care facilities (those boarding homes with no special supports or specified service expectations related to dementia) were three times more likely than residents with dementia in SDCP sites to be placed in a nursing home during the first 12 months of their participation.

This has obvious financial implications. The DCPEP demonstrated positive outcomes for residents, and it did so at a savings when compared to nursing home care. In a December 2003 Report to the Legislature the total potential savings for all 134 residents in the University of Washington (UW) evaluation was $5,085,661. The UW's evaluation also revealed that the residents in the traditional boarding homes were three times more likely to be placed in a nursing home during their first 12 months than those in a SDCP boarding home. However, cost savings are not the primary measure of success. Implementation of this Project has also shown that specialized dementia care programs serve a vulnerable, frail population. ADSA recognizes that attention to the multiple and complex needs of these individuals, as well as the needs of the providers in serving this population effectively, are critical.

Successful implementation of this program relies not only on the higher rate paid to providers of the service needed to support the enhanced service expectations, but also on increased programmatic support from ADSA. In order to ensure accountability for use of Medicaid funds and to minimize risks inherent with this vulnerable population and to support quality care, this effort requires that ADSA promote: a clear understanding of program requirements/expectations, the ability and skills on behalf of providers and caregivers to deliver these services, the opportunity to obtain assistance/support with challenging clients, as well as enhanced monitoring capabilities.

Impact on clients and services:

This program will increase the number of specialized dementia care Medicaid beds in the state. ADSA clients with dementia will have increased options for long-term care settings within their community. Nursing home placements for individuals in specialized dementia care boarding homes will be delayed and may also result in a higher level of family satisfaction. The dementia care program support services system assists facilities in understanding these vulnerable and challenging individuals and quality assurance staff will monitor the care and services provided to residents to determine provider compliance with regulatory standards.

The focus of case managers will change from a crisis response mode of dealing with the repeating cycle of premature boarding home discharges and corresponding placements to on-going monitoring of the clients and their services in more stable residential settings.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EU Specialized Dementia Care Program
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

This program puts funding into a more cost-effective and preferred long-term care option, delaying or preventing the use of costly nursing home services. While it costs more at the outset, for example higher daily rate and program support/monitoring, it will save money in the long run. The sooner and more comprehensive the response to this issue of dementia care, the greater the cost savings and the likelihood that individuals with dementia will remain in a less costly care setting.

Stakeholders that will be affected by this proposal:

· Licensed boarding home providers have shown interest in this enhanced rate; however they do not like to be tied into specific requirements. In this program, they choose whether or not to participate.

· Alzheimer's advocates support specialized care for dementia in concept and would want increased resources. They will remain concerned with ensuring quality for this vulnerable group.

· Family members in the Dementia Care Pilot Project in boarding homes have shown appreciation for and satisfaction with this resource, and prefer this setting to a nursing home.

Impact on other state programs:

Fosters the continuing decline in the Medicaid Nursing Facility population.

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

Not applicable

Alternatives explored by agency:

One option is to do nothing to change the system. Dementia clients will continue to be moved to nursing homes, the more costly alternative, before they truly need this level of service. Another option would be to develop regulations that would apply equally to all private and public resident services that would increase the baseline requirements for all boarding home providers serving dementia residents. This would enable ADSA to ensure a higher level of quality for the Medicaid population statewide without the use of a contract. However, that process would not include an increased rate for the increased services. New boarding home regulation effective September 1st, 2004, were able to include some but not all of the special contract requirements. This option is not attainable at present.

The current proposal was chosen because it expands the SDCP in boarding homes by 200 beds and implements the dementia care program support services system.

Budget impacts in future biennia:

The cost carries forward into the 2007-09 Biennium at the second year level (Fiscal Year 2007).

Distinction between one-time and ongoing costs:

One-time funding is for new staff equipment costs.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EU Specialized Dementia Care Program
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Effects of non-funding:

Access to non-nursing home specialized dementia care services remains limited for the Medicaid population. Without funding, vulnerable elders with dementia will most likely be placed in a nursing home, the more costly alternative, before they truly need this level of service.

In addition, case management staff throughout the state will continue to struggle in finding appropriate and/or sufficient community resources and services for individuals with dementia.

Expenditure Calculations and Assumptions:

See Attachment - LTC PL-EU Specialized Dementia Care Program.xls

Object Detail

		FY 1	FY 2	Total
Program 050 Objects				
A	Salaries And Wages	168,000	168,000	336,000
B	Employee Benefits	40,000	40,000	80,000
C	Personal Service Contracts	20,000	20,000	40,000
E	Goods And Services	20,000	20,000	40,000
G	Travel	9,000	9,000	18,000
J	Capital Outlays	30,000	6,000	36,000
N	Grants, Benefits & Client Services	1,429,000	2,822,000	4,251,000
T	Intra-Agency Reimbursements	5,000	5,000	10,000
	Total Objects	**1,721,000**	**3,090,000**	**4,811,000**

DSHS Source Code Detail

Program 050		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	Title			
0011	General Fund State	860,000	1,545,000	2,405,000
	Total for Fund 001-1	**860,000**	**1,545,000**	**2,405,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	Title			
19UL	Title XIX Admin (50%)	861,000	1,545,000	2,406,000
	Total for Fund 001-C	**861,000**	**1,545,000**	**2,406,000**
	Total Program 050	**1,721,000**	**3,090,000**	**4,811,000**

2005-07 Biennium
PL-EU Specialized Dementia Care Program

HCS & RCS Divisions

	FY06		FY07		05-07 BN	
	GF-S	Total	GF-S	Total	GF-S	Total
3.0	860,500	1,721,000	1,545,000	3,090,000	2,405,500	4,811,000
Total	860,500	1,721,000	1,545,000	3,090,000	2,405,500	4,811,000

FY06	FTEs	Monthly	Salaries	Benefits	Goods/serv	Lease/Energy	Travel	Equip	ISSD	PS Contract	Client Services	Total
			A	B	E	ED	G	EQ	T	C	NB	
Program Manager	2.0	4,591	110,000	26,000	6,000	7,000	6,000	20,000	3,000	19600	47000	244,600
Nursing Consultant (Institutional)	1.0	4,849	58,000	14,000	3,000	4,000	3,000	10,000	2,000	-	-	94,000
Total	3.0		168,000	40,000	9,000	11,000	9,000	30,000	5,000	19,600	47,000	338,600
FY07			A	B	E	ED	G	EQ	T	C	NB	
Program Manager	2.0	4,591	110,000	26,000	6,000	7,000	6,000	4,000	3,000	19600	57000	238,600
Nursing Consultant (Institutional)	1.0	4,849	58,000	14,000	3,000	4,000	3,000	2,000	2,000	-	-	86,000
Total	3.0		168,000	40,000	9,000	11,000	9,000	6,000	5,000	19,600	57,000	324,600

One-time funding of $24,000 for first year equipment costs for new staff.

HCS	FY06	FY07
Increased number of dementia beds	100	200
Cost estimate per dementia bed	$ 38.40	$ 38.40
Days per year	365	365
Increased annual costs payments to BH providers for direct client services	$1,382,000	$2,765,000
Total increase for the BH client services for 2005-07 is		$4,147,000

Projected cost increase for additional SDCP in Boarding Homes

	Traditional Care BH Rates	SDCP in BH Rates	Difference
Non-MSA	53.44	$ 87.28	$ (33.84)
MSA	54.11	$ 92.51	$ (38.40)
King County	50.91	$ 102.40	$ (51.49)

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EW Nursing Home Rate Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

The direct care rate component makes up approximately 55 percent of the total Medicaid nursing home payment rate and pays for the direct care of Aging and Disability Services Administration (ADSA) nursing home clients. The main purpose of this decision package is to enhance direct care rates to reflect more recent costs and to provide incentives for caring for clients with higher care needs. Most of the enhancements would be done through shifting expenditures from other rate components and/or elements of the Medicaid nursing home payment system into the direct care component.

Additionally, the Medicaid nursing home rates program uses the federally designated metropolitan and non-metropolitan statistical areas (MSA & NMSA) as cap setting criteria within its payment system. As population centers and economic practices change, the designations also change. Many of these changes occur after analysis of the federal census data every ten years. New data from the census completed in calendar year 2000, has resulted in seven counties in Washington now being redesignated from NMSA to MSA status. This decision package will recognize the new status in the payment rates.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	1,252,000	715,000	1,967,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	1,251,000	715,000	1,966,000
Total Cost	**2,503,000**	**1,430,000**	**3,933,000**

Staffing

Package Description:

Washington State provides a system of long-term care that recognizes choice and meets individual needs. Nursing homes are an important resource for clients with a high level of care needs. By implementing changes in some areas of the nursing home payment system, as well as providing some increased funding, money is available to enhance the direct care component of the payment rate.

This package proposes to:

Reduce Medicaid nursing home census by permanently taking 100 beds off-line. The bed reduction will be accomplished by providing rate incentive to nursing home operators who agree to permanently take beds off-line. Savings will be shifted to the direct care rate component.

Eliminate the variable return rate component. This is the only component in the Medicaid nursing home rate not based on actual costs. Incentives in this component can actually cause providers to underspend in the costs of providing care. Saving will be shifted to the direct care rate component.

Retain audit and settlement recoveries. Currently these recoveries are dispensed back into the general fund. The recoveries would be redirected back into the Medicaid payment rate for which they were intended and receive an additional 50 percent federal match.

Eliminate the 1 percent retained savings piece of the settlement process. This is a cumbersome step in the settlement process with little or no financial impact. Any savings would be shifted into the rate to provide direct care for clients.

Change some factors influencing the direct care rate; including rebasing the component using 2003 audited cost report data. The current direct care rate component is based on 1999 cost report information. Rebasing would allow direct care rates to be

DP Code/Title: PL-EW Nursing Home Rate Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

based on more current cost. The ceiling/floor cap methodology would be changed to eliminate the floor. Providers above the ceiling would be brought down to the ceiling cap, and all other providers' rates would be based on actual cost experience. Finally, there would be direct care rate incentive to facilities for case mix scores above the nursing home population median.

Recognize the redesignation of Mason, Asotin, Skamania, Douglas, Chelan, Skagit and Cowlitz as MSA counties. ADSA continues to calculate nursing home rates for these counties based on NMSA criteria. The change would have minimal impact on the direct care; therapy, support services and operations rate components.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This decision package supports the following ADSA goals: 1) Appropriate, quality services are available in the least restrictive, most cost-effective setting appropriate to clients' needs; and 2) Services are cost-effective to the state of Washington.

Performance Measure Detail

Program: 050

	Incremental Changes FY 1	FY 2
Activity: E064 Nursing Home Services		
No measures linked to package	0.00	0.00

Reason for change:

Direct care rates are based on 1999 costs. This package will enable more recent costs associated with providing direct care to nursing home residents to be recognized. Nursing home providers caring for the most difficult high needs clients will receive added rate incentives for providing that service. The cost caps associated with MSA counties will be recognized in the seven newly designated MSA counties.

Impact on clients and services:

There will be added incentive for nursing homes to provide care to those with the highest level of need. Nursing home clients may receive enhanced direct care services. Additional resources (funding) will better recognize the current costs of providing services.

Stakeholders:
Providence Health System will support and oppose parts of this proposal.
Washington Health Care Association (WHCA) will support and oppose parts of this proposal.
Washington Association for Housing and Services for the Aging (WAHSA) will support and oppose parts of this proposal.
Long Term Care Ombudsman's Office will support and oppose parts of this proposal.

Impact on other state programs:

There is no discernable impact on other programs.

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

RCW 74.46 and WAC 388-96 will have to be amended for changes to the nursing home payment system.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EW Nursing Home Rate Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Alternatives explored by agency:

1) Continue current Medicaid reimbursement system:
Pros: Continue at current budget levels.
No administrative changes required.

Cons: Direct care rates would not be based on recent cost experience.
Quality of care and access to care may suffer.

2) Rebase direct care rates and new MSA/NMSA designations:
Pros: Nursing home providers receive rate increase.
Expenditures from other rate components would be shifted to direct care.
Negative rate impacts for new MSA/NMSA designations are minimal.
Rate incentives would be given for providing care to high need residents.

Cons: Current budget levels would need to be enhanced.
Administrative changes required.
Provider flexibility to shift funding between cost centers would be reduced.

Number 2 was chosen because it recognizes recent care costs for high needs residents with minimal budgetary impacts. Savings from the changes will be kept within the system, and used to increase reimbursement of patient care.

Budget impacts in future biennia:

Additional expenditures would continue into subsequent biennia.

Distinction between one-time and ongoing costs:

No one-time costs.

Effects of non-funding:

Higher need clients may experience access issues. The costs used to determine the direct care rate will be one more year removed from actual cost experience. The providers in the seven counties now designated as MSA will not receive cost caps comparable to their peers.

Expenditure Calculations and Assumptions:

See Attachment - LTC PL-EW Nursing Home Rate Adjustments.xls

Object Detail	FY 1	FY 2	Total
Program 050 Objects			
N Grants, Benefits & Client Services	2,503,000	1,430,000	3,933,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EW Nursing Home Rate Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Program 050	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	1,252,000	715,000	1,967,000
Total for Fund 001-1	**1,252,000**	**715,000**	**1,967,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19UL Title XIX Admin (50%)	1,251,000	715,000	1,966,000
Total for Fund 001-C	**1,251,000**	**715,000**	**1,966,000**
Total Program 050	**2,503,000**	**1,430,000**	**3,933,000**

2005-07 Biennium
PL-EW Nursing Home Rate Adjustments

	FY06		FY07		05-07 BN	
	GF-S	Total	GF-S	Total	GF-S	Total
	1,252,000	2,503,000	715,000	1,430,000	1,967,000	3,933,000
Total	1,252,000	2,503,000	715,000	1,430,000	1,967,000	3,933,000

	FY06				CLIENT BENEFITS (N)		Total
1)	Reduce Medicaid Census - 100 beds - Permanently Taking Beds off-line	-	-	-	($1,026,118)	-	(1,026,118)
2)	Eliminate Variable Return Component	-	-	-	($12,882,237)	-	(12,882,237)
3)	Retain Audit and Settlement Savings	-	-	-	($1,000,000)	-	(1,000,000)
4)	Redirect Savings into Direct Care using 2003 Cost Report - /No Floor/Ceiling 110%/Median above CMI = $1.50 add on, Median below CMI = no add-on	-	-	-	$17,511,109	-	17,511,109
5)	1% Retained Savings at Settlement	-	-	-	($100,000)	-	(100,000)
		-	-	-		-	-
	Total	-		-	$2,502,754	-	2,502,754

	FY07				(N)		
1)	Reduce Medicaid Census - 100 beds - Permanently Taking Beds off-line	-	-	-	($2,061,739)	-	(2,061,739)
2)	Eliminate Variable Return Component	-	-	-	($12,702,263)	-	(12,702,263)
3)	Retain Audit and Settlement Savings	-	-	-	($1,000,000)	-	(1,000,000)
4)	Redirect Savings into Direct Care using 2003 Cost Report - /No Floor/Ceiling 110%/Median above CMI = $1.50 add on, Median below CMI = no add-on	-	-	-	$17,293,959	-	17,293,959
5)	1% Retained Savings at Settlement	-	-	-	($100,000)	-	(100,000)
		-	-	-		-	-
	Total	-		-	$1,429,957	-	1,429,957

This budget decision package will propose a half-dozen or so changes to Ch. 74.46 RCW, the nursing facility Medicaid payment system. These changes will generally improve the efficiency of the system. Savings from the changes will be kept within the system, and used to increase reimbursement of patient care.

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-EX CSCI-Increase Expanded Community Sv
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This package will increase capacity of the geriatric Expanded Community Services (ECS) program which was created to develop enhanced community resources and ongoing enhanced community support for long term state hospital patients, many who are former patients from the geriatric wards with severe dementias. The Aging, Disability Services Administration (ADSA) will add approximately 120 beds to the geriatric ECS program, resulting in a capacity to serve individuals who will be transitioned from Western State Hospital (WSH) as well as others who are at risk of hospitalization. Funding will come from the closure of 60 WSH beds and transfer of these resources from the Mental Health Division (MHD) to Home and Community Services (HCS), as well as through the Community Options Program Entry Services (COPES) program. Increasing capacity of the ECS program for dementia patients is required as part of a long-term strategy to maintain federal funding at WSH. Also requested are 4 FTEs for program management, planning, assessment, relocation and ongoing case management of clients with both complex behavioral and medical conditions.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program Cost			
Total Cost			

Staffing	FY 1	FY 2	Annual Avg
Program 050 FTEs	4.3	4.0	4.2

Package Description:

The Cross-System Crisis Initiative (CSCI) was formed to implement the recommendations from the Cross-System Crisis Response Project (CSCRP), a joint collaboration and partnership between the Department of Social and Health Services (DSHS) and the Association of County Human Services (ACHS). The purpose of the Project was for a diverse group of stakeholders to study the current crisis system and make recommendations for an improved, integrated cross-system crisis response capability.

The public mental health system serves as the default crisis response and involuntary commitment system for people with a wide range of emotional and behavioral issues, including serious mental illness; developmental disabilities; organic mental disorders, such as dementia, and traumatic brain injury; and mental illness combined with drug and alcohol dependence (co-occurring). The CSCI is seeking to create efficiencies for crisis responders, to develop targeted diversion and short-term detention options, and to develop appropriate resources to keep individuals from utilizing costly state hospital settings.

The geriatric ECS program was created during the 2001-03 Biennium as a result of a partnership between HCS, ADSA and the MHD, Health and Rehabilitation Administration, DSHS. The intent of the program was to develop enhanced community resources and to provide enhanced support in community settings for long-term state hospital patients who have both medical and behavioral challenges. Approximately 88 patients, most with a diagnosis of severe dementia, moved from the geriatric wards of the state hospitals into community residential settings. The program has made certain the development of community residential and support services for individuals who would otherwise be served in the state psychiatric hospitals. In addition to the original 88 patients who left the hospitals as a result of the ward closures, HCS currently serves other former state hospital patients, bringing the total number of former state hospital patients to over 90 served through the ECS program. In addition, ECS serves individuals from the community with both behavioral and medical challenges who are at risk for hospitalization without the ECS program support. HCS currently contracts for community residential and support services with existing LTC residential providers. Each HCS regional ECS program serves clients in adult family homes, in boarding

homes, and in skilled nursing facilities. Funding for the services provided to the ECS clients is coordinated through a Memorandum of Understanding with the MHD that uses funds available from the original ward closures.

The MHD is proposing a decision package for the 2005-07 Biennium that proposes the closure of two geriatric wards in Fiscal Year 2006. They are requesting the authority to use the subsequent savings from closing those wards in order to increase the capacity of the geriatric ECS program. Savings from the closures will be provided to HCS through an amendment to the existing Memorandum Of Understanding. The MHD's decision package indicates closure of the Center for Geriatric Services (CGS) wards is planned in two phases. The closure of the first ward will be complete on September 1, 2005. The second ward will close on March 1, 2006. In order to accommodate the individuals who will be moving from WSH, HCS will begin activities related to the expansion of ECS in July 2005.

In addition to the funds provided by the MHD to serve these new ADSA clients, HCS will leverage additional funds through the COPES program in order to increase the total capacity of the ECS program by approximately 120 beds. This increased capacity will be used to serve the 60 patients who will be transferred from the CGS when the wards close, as well as future patients with severe dementia who require enhanced supports to live successfully in the community, or individuals from the community who are at risk for hospitalization.

Serving these DSHS clients in community settings complies with the Supreme Court's Olmstead decision that directs states to serve clients "in the most integrated setting appropriate to the needs of qualified individuals with disabilities." The geriatric ECS program also meets the intent of the Washington State Legislature that, whenever possible, care be provided in community settings (RCW 71.24.015).

Narrative Justification and Impact Statement

How contributes to strategic plan:

Increasing Expanded Community Services would help ADSA meet goals, objectives or strategies in the strategic plan for 2005-2007 Biennium in the following ways:

· Develop and implement service delivery options that provide individuals with maximum choice, address individual's health and safety needs, and allows the state to provide service as efficiently and cost effectively as possible. ECS offers a cost effective alternative to state hospital placement and provides an efficient option for addressing each participant's unique health and safety needs.

· Develop cost-effective nursing services and other enhancements to strengthen the capacity of boarding home/assisted living and adult family home models to support stable placement for clients with complex needs. ECS provides boarding homes and adult family homes with enhanced services so that clients with very complex medical and mental health needs can be served in the least restrictive setting possible.

· Identify and develop community resources to support increasing numbers of people with highly complex and challenging medical, psychiatric, and behavioral issues. ECS encourages the ongoing development of community residential options for people who would otherwise be at risk for long-term hospitalization.

· Continue coordination with the Regional Support Networks (RSNs) regarding crisis intervention and hospital diversion. ECS has been successful in increasing the collaborative relationships between ADSA regional programs and RSNs to divert community clients into ECS beds who would otherwise be hospitalized at the state hospitals. Increasing ECS capacity would increase the number of people with co-occurring medical and behavioral challenges who could be diverted from hospitalization.

· Continue coordination with other DSHS administrations and other state agencies on improving services to shared clients.

State of Washington
Decision Package
Department of Social and Health Services

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Increasing ECS capacity would allow for continuing the successful coordination of services for the most vulnerable clients of both the MHD and HCS systems.

Performance Measure Detail

Program: 050

	Incremental Changes FY 1	Incremental Changes FY 2
Activity: E050 LTC Adult Family Home Community Services	0.00	0.00
No measures linked to package		
Activity: E051 LTC Care Administration	0.00	0.00
No measures linked to package		
Activity: E052 LTC Eligibility/Case Management Services	0.00	0.00
No measures linked to package		
Activity: E064 Nursing Home Services	0.00	0.00
No measures linked to package		

Reason for change:

The closure of wards at WSH will require that HCS programs serve 60 additional individuals who have been long-term state hospital patients. These patients have faced barriers to discharge due to their higher level of needs for both behavioral and LTC supports. Those supports include higher staffing levels for the residential programs who admit this population, training for staff on behavioral health interventions in general and on an individual client's challenges specifically, close monitoring of psychotropic medications, as well as consultations with gero-psychiatrists and other geriatric mental health specialists. Simultaneously, as the service capacity for this particular type of individual at WSH decreases, the HCS community residential settings need to further increase capacity for serving individuals who are, or will be, at risk for hospitalization.

Through the geriatric ECS program, HCS has been able to serve more than 90 clients who had previously experienced barriers to discharge from the state hospitals. An additional 50 individuals in the community have been diverted from hospitalization using ECS supports. The geriatric ECS program has allowed community providers throughout the state to improve their success in serving individuals who have behavioral challenges and LTC needs. However the geriatric ECS program is currently near capacity. At the currently funded level, the program will be unable to serve the number of individuals who will be affected by WSH ward closures. Without the supports offered through ECS, finding viable placement options for these individuals will be very difficult and the individuals affected by the ward closures will be at risk for re-hospitalization.

Further development of the program will increase the potential for successfully transitioning the individuals on the geriatric wards to community settings and will substantially improve the chances that these same clients and others who are at risk for hospitalization will remain in the community. Increasing the geriatric ECS program will also help Washington State to maintain compliance with the Olmstead Decision.

Impact on clients and services:

Patients with severe dementia have historically remained at WSH, sometimes indefinitely, due to a lack of appropriate community resources. Through the geriatric ECS program, individuals who previously faced barriers to discharge from the state hospitals are successfully moving into and remaining in their own communities. Increasing the capacity of ECS would offer current WSH patients the same opportunity to receive services in the least restrictive setting possible.

If wards close at WSH, HCS regional programs will serve most, if not all, of the individuals who will be moved to the community. Because of their needs for both behavioral supports and personal care, these individuals require services that take extraordinary HCS staffing resources. HCS staff working with these individuals must coordinate with WSH prior to and

following discharge, maintain close contact with staff from the RSNs, and provide ongoing support to residential providers. The workload and required knowledge and skills set associated with serving this population would subsequently affect HCS regional programs.

Increasing the ECS program to include ongoing case management positions will enhance each HCS region's ability to successfully absorb the impact of the proposed ward closures.

Impact on other state programs:

The corresponding MHD Decision Package suggests the impact on other programs as follows: there is expected to be a one time minor increase in workload for the Economic Services Administration related to the coordination of benefits for the 60 patients who will be transitioned from the state hospital. In addition, there will be some ongoing impact on the Medical Assistance Administration as individuals formerly served in WSH receive their medications and medical care in the community.

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

DSHS is reviewing whether a new category of licensing will be required for some of the patients who will be transitioned through this plan.

Alternatives explored by agency:

HCS will be greatly impacted whatever occurs with WSH. If WSH closes two geriatric wards, increasing the geriatric ECS program represents the most viable option for successfully serving the individuals who will be served in HCS programs. The majority of patients on the geriatric wards require services that make them eligible to become HCS clients once they move into community settings. Therefore, if geriatric wards at WSH close, the majority of patients will most likely become HCS clients. Those WSH hospital patients who will be affected by the ward closures have faced barriers to discharge because of their needs for medical or personal care have been complicated by their behavioral challenges. Traditionally, the patients who have faced barriers to discharge have been among the most difficult to serve, and LTC providers have not always had the supports necessary to serve these clients successfully.

However, the geriatric ECS program has significantly improved the LTC community's ability to serve individuals with behavioral challenges. The program is now established in all regions of the state with services provided across the spectrum of LTC residential options. Stakeholders throughout the state, including staff from the RSNs, residential providers, HCS staff, and consumer/aging advocates, have pointed to ECS as a successful program that has improved the community options.

Budget impacts in future biennia:

The corresponding MHD decision package indicates that, on an annual basis, $2,146,200 of current WSH operating state funds will be available for transfer to the community. Under the existing Memorandum Of Understanding between HCS and MHD, MHD will continue to transfer these funds to HCS and increase the number of beds in the ECS program. It is expected that 100 percent of these state dollars will be matched through the Medicaid program. The transferred funds will be joined with current LTC funding to increase the level of care for individuals residing in ECS LTC beds. There will be four HCS FTEs associated with the program.

Distinction between one-time and ongoing costs:

The funding needs are ongoing and require ongoing transfer from MHD. HCS requires 4 FTEs for this project.

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In the first year, those FTEs will include one project manager to manage the statewide program, one resource developer to develop placement options for the 120 clients expected to be served through the increase in ECS, and two nurse care consultants to assess clients prior to acceptance into the program, assist with placement of clients into the community, and provide case management for clients in the community.

On-going costs include 4 FTEs as follows: on-going project manager, and three on-going nurse care consultant positions to provide case management for the clients served in ECS.

Effects of non-funding:

A decrease in capacity on the CGS wards affects ADSA programs in many ways. The patients who would likely be most affected by the closure of wards are those who require personal care and have experienced substantial barriers to community placement. If these individuals are no longer able to stay at the state hospital, they will require extensive HCS services. However, HCS will be unable to absorb the impact of transitioning the WSH patients into community settings without an increase in the ECS program. While the existing ECS program has been successful in transitioning long-term patients into less restrictive community settings in their home communities, the program will soon be at capacity. Without the supports offered through ECS, providers will be unlikely to admit the patients affected by the ward closures.

At the same time, the geriatric ECS program represents a viable alternative to hospital placement. Failure to increase the capacity of the program places Washington at risk of an Olmstead lawsuit related to this population, particularly now that the ECS program has demonstrated that we can successfully serve such patients in community settings.

Expenditure Calculations and Assumptions:

See Attachment - PL-EX CSCI Increase Expanded Community Services.xls

Object Detail

		FY 1	FY 2	Total
Program 050 Objects				
A	Salaries And Wages	261,000	261,000	522,000
B	Employee Benefits	63,000	63,000	126,000
E	Goods And Services	28,000	28,000	56,000
G	Travel	16,000	16,000	32,000
J	Capital Outlays	40,000	8,000	48,000
N	Grants, Benefits & Client Services	1,819,000	5,500,000	7,319,000
T	Intra-Agency Reimbursements	(2,227,000)	(5,876,000)	(8,103,000)
	Total Objects	**0**	**0**	**0**

DSHS Source Code Detail

Fund , Sources Title	FY 1	FY 2	Total
Total for Fund			
Total			
Totals for all funds			

2005-07 Biennium
PL- EX CSCI-Increase Expanded Community Services

Home and Community Services Division, ADSA

TOTALS FOR Decition Package All charges will be transferred to MHC	FY06			FY07			05-07 BN		
	GF-S	Federal	Total	GF-S	Federal	Total	GF-S	Federal	Total
4.0	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-

Funding Provided In MHD	FY06			FY07			05-07 BN		
	GF-S	Federal	Total	GF-S	Federal	Total	GF-S	Federal	Total
	1,117,000	1,117,000	2,234,000	2,942,000	2,941,000	5,883,000	4,059,000	4,058,000	8,117,000
	1,117,000	1,117,000	2,234,000	2,942,000	2,941,000	5,883,000	4,059,000	4,058,000	8,117,000

Total Expected Expenditures	FY06			FY07			05-07 BN		
	GF-S	Federal	Total	GF-S	Federal	Total	GF-S	Federal	Total
4.0	1,117,000	1,117,000	2,234,000	2,942,000	2,941,000	5,883,000	4,059,000	4,058,000	8,117,000
Total	1,117,000	1,117,000	2,234,000	2,942,000	2,941,000	5,883,000	4,059,000	4,058,000	8,117,000

FY06	FTEs	Monthly	Salaries A	Benefits B	Goods/serv E	Lease/Energy ED	Travel G	Equip EQ	ISSD T	Total
Program Manager	1.0	5,244	63,000	15,000	3,000	4,000	4,000	10,000	2,000	101,000
Resource Developer	1.0	4,808	58,000	14,000	3,000	4,000	4,000	10,000	2,000	95,000
Contract Asst	0.3	2,645	8,000	2,000	1,000			-	-	11,000
Nurse Care Consultant	2.0	5,487	132,000	32,000	6,000	7,000	8,000	20,000	3,000	208,000
Total	4.3		261,000	63,000	13,000	15,000	16,000	40,000	7,000	415,000
							2000			
FY07			A	B	E	ED	G	EQ	T	
Program Manager	1.0	5,244	63,000	15,000	3,000	4,000	4,000	2,000	2,000	93,000
Nurse Care Consultant	3.0	5,487	198,000	48,000	10,000	11,000	12,000	6,000	5,000	290,000
Total	4.0		261,000	63,000	13,000	15,000	16,000	8,000	7,000	383,000

One-time funding for first year equipment costs for new staff. 32,000

	Nursing Facility Beds	Daily Add-on Rate	Sub-Total	Adult Family Home or BHs Beds	Daily Add-on Rate	Sub-Total	Beds in Enhanced Facilities	Daily Rate	Sub-Total	Total Increase
Increased number of ECS beds	60	$ 39.24	$ 2,354	30	$ 43.79	$ 1,314	30	$ 200.00	$ 6,000	
Additional daily rate increase for regionally contracted mental health support		$ 45.00	$ 2,700		$ 45.00	$ 1,350		$ 45.00	$ 1,350	
			$ 5,054			$ 2,664			$ 7,350	$ 15,000
Annual increase (x 365 days)			**$ 1,844,856**			**$ 972,251**			**$ 2,682,750**	**$ 5,475,000**
With Phase in		**FY06**	**1,265,000**			**$ 288,000**			**$ 266,000**	**$ 1,819,000**
		FY07	**1,845,000**			**$ 972,000**			**$ 2,683,000**	**$ 5,500,000**

2005-07 Biennium
PL- EX CSCI-Increase Expanded Community Services

FY 06 Phase-In					FY 07 Phase-In				
NF Cost	# of beds	Days in the mo	Daily Rate $ 84.24	Total	NF Cost	# of beds	Days in the mo	Daily Rate $ 84.24	Total $ -
Jul-05	13	31	84.24	$ 33,949	Jul-06	60	31	84.24	$ 156,686
Aug-05	30	31	84.24	$ 78,343	Aug-06	60	31	84.24	$ 156,686
Sep-05	30	30	84.24	$ 75,816	Sep-06	60	30	84.24	$ 151,632
Oct-05	30	31	84.24	$ 78,343	Oct-06	60	31	84.24	$ 156,686
Nov-05	30	30	84.24	$ 75,816	Nov-06	60	30	84.24	$ 151,632
Dec-05	30	31	84.24	$ 78,343	Dec-06	60	31	84.24	$ 156,686
Jan-06	33	31	84.24	$ 86,178	Jan-07	60	31	84.24	$ 156,686
Feb-06	60	28	84.24	$ 141,523	Feb-07	60	28	84.24	$ 141,523
Mar-06	60	31	84.24	$ 156,686	Mar-07	60	31	84.24	$ 156,686
Apr-06	60	30	84.24	$ 151,632	Apr-07	60	30	84.24	$ 151,632
May-06	60	31	84.24	$ 156,686	May-07	60	31	84.24	$ 156,686
Jun-06	60	30	84.24	$ 151,632	Jun-07	60	30	84.24	$ 151,632
				$ 1,264,948					$ 1,844,856

AFH Cost	# of beds	Days in the mo	Daily Rate $ 88.79	Total		# of beds	Days in the mo	Daily Rate $ 88.79	Total
Jul-05	0	31	88.79	$ -	Jul-06	30	31	88.79	$ 82,575
Aug-05	0	31	88.79	$ -	Aug-06	30	31	88.79	$ 82,575
Sep-05	0	30	88.79	$ -	Sep-06	30	30	88.79	$ 79,911
Oct-05	0	31	88.79	$ -	Oct-06	30	31	88.79	$ 82,575
Nov-05	3	30	88.79	$ 7,991	Nov-06	30	30	88.79	$ 79,911
Dec-05	7	31	88.79	$ 19,267	Dec-06	30	31	88.79	$ 82,575
Jan-06	9	31	88.79	$ 24,772	Jan-07	30	31	88.79	$ 82,575
Feb-06	11	28	88.79	$ 27,347	Feb-07	30	28	88.79	$ 74,584
Mar-06	13	31	88.79	$ 35,782	Mar-07	30	31	88.79	$ 82,575
Apr-06	17	30	88.79	$ 45,283	Apr-07	30	30	88.79	$ 79,911
May-06	21	31	88.79	$ 57,802	May-07	30	31	88.79	$ 82,575
Jun-06	26	30	88.79	$ 69,256	Jun-07	30	30	88.79	$ 79,911
				$ 287,502					$ 972,251

Enhanced Facilities	# of beds	Days in the mo	Daily Rate $ 245.00	Total		# of beds	Days in the mo	Daily Rate $ 245.00	Total
Jul-05	0	31	245.00	$ -	Jul-06	30	31	245.00	$ 227,850
Aug-05	0	31	245.00	$ -	Aug-06	30	31	245.00	$ 227,850
Sep-05	0	30	245.00	$ -	Sep-06	30	30	245.00	$ 220,500
Oct-05	0	31	245.00	$ -	Oct-06	30	31	245.00	$ 227,850
Nov-05	0	30	245.00	$ -	Nov-06	30	30	245.00	$ 220,500
Dec-05	0	31	245.00	$ -	Dec-06	30	31	245.00	$ 227,850
Jan-06	0	31	245.00	$ -	Jan-07	30	31	245.00	$ 227,850
Feb-06	4	28	245.00	$ 27,440	Feb-07	30	28	245.00	$ 205,800
Mar-06	5	31	245.00	$ 37,975	Mar-07	30	31	245.00	$ 227,850
Apr-06	8	30	245.00	$ 58,800	Apr-07	30	30	245.00	$ 220,500
May-06	9	31	245.00	$ 68,355	May-07	30	31	245.00	$ 227,850
Jun-06	10	30	245.00	$ 73,500	Jun-07	30	30	245.00	$ 220,500
				$ 266,070					$ 2,682,750

Grand Total	Total		Total
Jul-05	$ 33,949	Jul-06	$ 467,111
Aug-05	$ 78,343	Aug-06	$ 467,111
Sep-05	$ 75,816	Sep-06	$ 452,043
Oct-05	$ 78,343	Oct-06	$ 467,111
Nov-05	$ 83,807	Nov-06	$ 452,043
Dec-05	$ 97,611	Dec-06	$ 467,111
Jan-06	$ 110,950	Jan-07	$ 467,111
Feb-06	$ 196,311	Feb-07	$ 421,907
Mar-06	$ 230,444	Mar-07	$ 467,111
Apr-06	$ 255,715	Apr-07	$ 452,043
May-06	$ 282,844	May-07	$ 467,111
Jun-06	$ 294,388	Jun-07	$ 452,043
TOTAL	$ 1,819,000		$ 5,500,000
GF-S	$ 910,000		$ 2,750,000
Federal	$ 909,000		$ 2,750,000

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-LC Part D Administration Costs
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Beginning January 2006, Medicare beneficiaries will be able to obtain prescription drug coverage through the Medicare program. Low-income beneficiaries will be able to obtain subsidized coverage. The Department of Social and Health Services (DSHS) and local Social Security Administration (SSA) offices will be required to determine eligibility for the low-income assistance. DSHS will need additional resources to provide this service.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	1,625,000	2,194,000	3,819,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	1,623,000	2,193,000	3,816,000
Total Cost	**3,248,000**	**4,387,000**	**7,635,000**

Staffing	FY 1	FY 2	Annual Avg
Program 050 FTEs	**51.4**	**76.1**	**63.8**

Package Description:

The Medicare Prescription Drug, Improvement, and Modernization Act 2003 (MMA) created a new drug benefit-Part D of Medicare. The drug benefit begins January 2006. Full dual eligibility Medicaid clients (Medicare beneficiaries who are eligible for wraparound Medicaid services) will be required to obtain their drug coverage through Part D. Federal Medicaid funds will no longer be available for full dual eligible drug coverage. Full dual eligibles and other low-income beneficiaries will receive subsidies to pay for their drug expenditures. Medicare will pay for outpatient prescription drugs through private plans. Beneficiaries will be able to remain in traditional fee-for-service (FFS) programs and enroll separately in private prescription drug plans (PDP). They also can enroll in integrated Medicare Advantage (MA) plans for all Medicare-covered benefits including drugs. If two or more risk-bearing plans are not available (including at least one PDP), Medicare will contract with a "fallback" plan to serve beneficiaries in that area.

PDPs and MAs will be required to provide drugs in each drug therapeutic class. However, they may have formularies and preferred drug lists (PDL). They also can have a preferred network of pharmacies and reduce beneficiaries cost-sharing for drugs dispensed by the preferred pharmacies. PDPs and MAs can offer alternative benefit designs provided the alternative plan is actuarially equivalent and does not increase the Part D deductible or out-of-pocket. Plans may also offer supplemental benefits for an additional premium.

Under the "standard benefit", there will be a complex set of deductible, co-insurance and gap coverage and premium requirements. Beneficiaries will be required to pay the first $250 of their drug costs (deductible). They will then be required to pay 25 percent of their total drug costs between $250 and $2,250. They will then pay 100 percent of their drug costs between $2,250 and $5,100. Thereafter, beneficiaries will pay the greater of $2 for generics, $5 brand drugs, or 5 percent coinsurance after reaching the $5,100 catastrophic threshold. Beneficiaries will pay an estimated $35 per month premium for the basic drug coverage. These cost-sharing requirements will be indexed over time.

Full dual eligible Medicaid clients (Medicare beneficiaries who are eligible for wraparound Medicaid services) will be required to obtain their drug coverage through Part D. Federal Medicaid funds will no longer be available for full dual eligible drug coverage. Full dual eligibles and other low-income beneficiaries will receive subsidies to pay for their drug expenditures.

Low-Income Assistance - Medicare will provide financial assistance to beneficiaries who qualify for low-income assistance.

The Central Budget Office (CBO) estimates that nationally about 14 million beneficiaries will be eligible for such coverage.

Full dual eligible beneficiaries will pay no premium or deductibles and no drug costs above the out-of-pocket threshold ($2,250 in 2006). They will have to pay small copayments. Dual eligibles in institutions (e.g., nursing homes) will have no copayments.

Other low-income beneficiaries with incomes below 135 percent of the federal poverty level (FPL) and assets under $6,000/single - $9,000/couple will receive a subsidy to cover average premiums for basic benefits. They will pay $2 to $5 copayments with no deductibles and no cost-sharing above the out-of-pocket threshold. CBO estimates that nationally about 6 million beneficiaries will be eligible for such coverage.

Low-income beneficiaries with incomes between 135 percent and 150 percent of FPL and assets under $10,000/single and $20,000/couple will receive premium subsidies on a sliding scale. They will have a $50 deductible, 15 percent coinsurance up to the out-of-pocket threshold, and $2 to $5 copayments above the threshold. CBO estimates that nationally about 2 million beneficiaries will be eligible for such coverage.

State Medicaid agencies will be required to make eligibility determinations for low-income subsidies (Section 1935(a) of the Social Security Act). The MMA law also requires that local SSA offices make eligibility determinations for low-income subsidies. It is not yet known whether local SSA offices will be required to refer persons applying for coverage to the state Medicaid agency if it appears that they would also qualify for Medicaid coverage.

DSHS will be required to determine if persons are eligible for subsidized assistance. The law also requires DSHS to screen for eligibility and enrollment in Medicaid for any Medicare cost-sharing (QMB, SLMB, ESLMB) coverage and Medicaid services offered under the Medicaid State Plan. The department will be required to conduct eligibility reviews after a period specified by the Secretary of Health and Human Services (HHS), but not more than one year. Redeterminations and appeals must be made in the same manner as such redeterminations and appeals are made to DSHS for Medicaid or SSA uses for the SSI program.

Based on available information, income determinations for the subsidy program are to be based on the same standards as the qualified Medicare beneficiary (QMB) program under Section 1905(p)(1)(B) of the Social Security Act. The resource standards are to be based on the requirements under Section 1613 for the Social Security Insurance (SSI) program, and do not exceed 3 times that maximum amount. The law also references an "alternative resource standard", which is not to exceed $10,000 (or $20,000 for a married couple). HHS also may permit states to use the same asset or resource methodologies used to determine eligibility for Medicaid for Medicare cost-sharing.

The Centers for Medicare and Medicaid Services (CMS) has not yet issued draft rules or policy directives on when states will be required to start conducting eligibility determinations. Based on available information, it is assumed that these activities will begin November 1, 2005.

Based on Washington State Population Survey (WSPS) data, there will be about 120,000 Washington State Medicare beneficiaries in 2006 with incomes below 150 percent of FPL and who are not dual eligibles. Most of these individuals will seek low-income assistance through either DSHS or their local SSA office.

[1] CBO referenced estimates on number of eligible low-income assistance beneficiaries are from the Kaiser Family Foundation documents, titled "Medicare - The Medicare Prescription Drug Law" (March 2004). The information on low-income assistance eligibility requirements is from the CCH document titled "Medicare Prescription Drug, Improvement, and Modernization Act of 2003 - Law and Explanation" (Second Edition, March 2004).

Narrative Justification and Impact Statement

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-LC Part D Administration Costs
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

How contributes to strategic plan:

Assisting low-income residents to have affordable prescription drug coverage contributes to the Priorities of Government (POG) goal to improve the health of Washington residents. It also supports DSHS Objective A.2 to improve the health of clients who need medical, mental or chemical dependency treatment services, Objective B.1 to provide services that reduce poverty and help people become self-sufficient, and Objective B.2 to provide support to encourage self-sufficiency.

While assisting low-income access drug coverage is consistent with POG and DSHS objectives, it is important to note that performing these eligibility determinations is a federal requirement for states to participate in the Medicaid program.

Performance Measure Detail

Program: 050

	Incremental Changes FY 1	FY 2
Activity: E051 LTC Care Administration		
No measures linked to package	0.00	0.00
	Incremental Changes FY 1	**FY 2**
Activity: E052 LTC Eligibility/Case Management Services		
No measures linked to package	0.00	0.00

Reason for change:

Conducting eligibility determinations for Medicare Part D low-income subsidies and screening for eligibility and enrollment in Medicaid for Medicare cost-sharing and Medicaid services is a new federal Medicaid program requirement (Section 1935(a) of the Social Security Act).

It also will help approximately 120,000 low-income Medicare beneficiaries have access to affordable prescription drug coverage.

Impact on clients and services:

Currently, DSHS is providing Medicaid drug coverage to over 90,000 dual eligible Medicare beneficiaries. The new Part D low-income subsidy program will expand affordable drug coverage to an additional 120,000 Medicare beneficiaries in 2006.

The advent of this subsidy program should reduce the number of persons enrolled in the Medicaid Medically Needy (MN) program. A primary reason for elderly and disabled persons in seeking MN coverage is to pay for their prescription drug expenditures. (NOTE: 93 percent of MN elderly persons are also Medicare beneficiaries and 75 percent of MN disabled persons are Medicare beneficiaries.) With the availability of affordable drug coverage, fewer Medicare beneficiaries will seek MN coverage and fewer will be eligible for MN due to spend-down.

The existance of the low-income program may result in currently unenrolled people applying for and being determined eligible for Medicare and Medicaid.

Impact on other state programs:

This decision package will likely reduce Medical Assistance Administration's (MAA) MN Aged, Blind and Disabled program expenditures and will increase CN Aged, Blind and Disabled program expenditures. These program costs will be addressed in the caseload forecast process, and will not be treated as a separate decision package.

Relationship to capital budget:

None

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-LC Part D Administration Costs
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Required changes to existing RCW, WAC, contract, or plan:

Chapter 388-500 WAC will need to be amended to implement eligibility requirements for the Medicare low-income assistance subsidy program. Washington's Medicaid State Plan also will need to be amended.

Alternatives explored by agency:

This is a federal (Section 1935(a) of the Social Security Act) requirement for states to participate in the federal Medicaid program.

Budget impacts in future biennia:

These costs will carry forward into future biennia.

Distinction between one-time and ongoing costs:

The 15 minutes phone calls to transition Medicaid/Medicare recipients into Part D is a one time cost. The rest are on-going.

Effects of non-funding:

This is a federal Medicaid program requirement. The only option for not conducting these eligibility activities would be for the state to discontinue participation in the Medicaid program.

Expenditure Calculations and Assumptions:

Cost to ADSA:

1) For ADSA the cost is for financial workers required to determine if these persons are eligible for subsidized assistance. ADSA share is 10 percent of the estimate 120,194 for Fiscal Year 2006 and 121,697 for Fiscal Year 2007.

2) DSHS also has 89,000 clients currently receiving Medicaid who are dual eligible. ADSA assumes that they will be getting some kind of mailer that tells them that they will no longer be getting their prescriptions covered through the Medicaid card (MAID) and they will have to sign up for the Part D Medicare benefit to receive their prescription benefits. This will generate phone calls to the local offices, ADSA is estimating each call will take 15 minutes. This is a one time cost.

3) According to the regulations we know that ADSA clients in nursing homes will have no copayments. We do not know if COPES clients will have the same benefit. If COPES clients have to pay copayments, there will be a significant workload in adjusting the client's participation each month. Of the total COPES caseload of 25,000, 88 percent have Medicare and 39 percent do not have copay. For the remaining 61 percent (25,000 x 88 percent x 61 percent = 13,420 cases), the estimate is 20 minutes per case per month.

See attachment LTC - PL-LC Part D Administration Costs.xls

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-LC Part D Administration Costs
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Object Detail

		FY 1	FY 2	Total
Program 050 Objects				
A	Salaries And Wages	1,940,000	2,875,000	4,815,000
B	Employee Benefits	466,000	690,000	1,156,000
E	Goods And Services	178,000	263,000	441,000
G	Travel	57,000	83,000	140,000
J	Capital Outlays	525,000	354,000	879,000
T	Intra-Agency Reimbursements	82,000	122,000	204,000
	Total Objects	**3,248,000**	**4,387,000**	**7,635,000**

DSHS Source Code Detail

Program 050		FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
Sources	Title			
0011	General Fund State	1,625,000	2,194,000	3,819,000
	Total for Fund 001-1	**1,625,000**	**2,194,000**	**3,819,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
Sources	Title			
19UL	Title XIX Admin (50%)	1,623,000	2,193,000	3,816,000
	Total for Fund 001-C	**1,623,000**	**2,193,000**	**3,816,000**
	Total Program 050	**3,248,000**	**4,387,000**	**7,635,000**

2005-07 Biennium
PL-LC Part D Administration Costs

Starting date for this drug benefit begins January 2006.

1) For the Aging and Disablity Administration (ADSA) the cost is for financial workers required to determine if these persons are are eligible for subsidized assistance. ADSA share is 10% of the estimate 120,194 for FY06 and 121,697 for FY07.

Estimate of Part D Low-Income Assistance Population	FY06	FY07
Total	120,194	121,697
ADSA 10%	12,019	12,170
Hrs per case	1.87	1.87
Total hours	22,476	22,758
Hrs per fte	1,332	1,332
Assume activities will begin Nov 05	8 months	12 months
Financial workers	11.2	17.1
Fin Supervisors (1 to 7.45)	1.5	2.3
Fin Clerical (1 to 8)	1.4	2.1
HCS ftes	14.1	21.5

2) DSHS also has 89,000 clients currently receiving Medicaid who are dual eligible. ADSA assumes that they will be getting some kind of of mailer that tells them that they will no longer be getting their prescriptions covered through the Medicaid card (MAID) and they will have to sign sign up for the Part D Medicare benefit to receive their prescription benefits. This will generate phone calls to the local offices, ADSA is estimating each call will take 15 minutes.

Assuming half of the 89,000 will call the local CSO/HSC offices, 10% of the workload will be at the HCS local offices.
89,000 x .5 x .1 = 4,450 at 15 minutes per phone call = 66,750 minutes / 60 minutes = 1,112.5 hours.

Hours to handle phone calls	1,112.5	-
Hrs per fte	1,332	1,332
Assume activities will begin Nov 05	8 months	12 months
Financial workers	0.6	-
Fin Supervisors (1 to 7.45)	0.1	-
Fin Clerical (1 to 8)	0.1	-
HCS ftes	0.8	-

3) According to the regulations we know that ADSA clients in nursing homes will have no copayments. We do not know if COPES clients will have the same benefit. If COPES clients have to pay copayments, there will be a significant workload in adjusting the client's participation each month. Of the total COPES caseload of 25,000, 88% have Medicare and 39% do not have copay. For the remaining 61% (25,000 x 88% x 61% = 13,420 cases), the estimate is 20 minutes per case per month.

# of COPES cases	25,000	25,000
88% have Medicare	22,000	22,000
Number of cases with copay: 61%	13,420	13,420
Hrs/per case/year @ 20 minutes/case/month	4	4
Annual hrs per year	53,680	53,680
Hrs per fte	1,332	1,332
Assume activities will begin Nov 05	8 months	12 months
Financial workers	26.9	40.3
Fin Supervisors (1 to 7.45)	3.6	5.4
Fin Clerical (1 to 8)	3.4	5.0
HCS ftes	33.9	50.7

CLASS TITLE FTEs	FTEs FY06	FTEs FY07	$/mo Step G	Salary	FY06 Salary	FY06 Benefits 24%	FY07 Salary	FY07 Benefits
Financial Services Spec. 3 (R45)	38.7	57.4	3,134	37,608	1,455,000	349,000	2,159,000	518,000
Financial Services Spec. 5 (R 50)	5.2	7.7	3,549	42,588	221,000	53,000	328,000	79,000
Off Ast Sr (R31)	4.9	7.1	2,249	26,988	132,000	32,000	192,000	46,000
Sub Total HCS	48.8	72.2			1,808,000	434,000	2,679,000	643,000
MSD	2.6	3.9	4,182	50,189	132,000	32,000	196,000	47,000

		HCS Total		MSD	
		FY06	FY07	FY06	FY07
FTEs		48.8	72.2	2.6	3.9
Salaries (A)		1,808,000	2,679,000	132,000	196,000
Benefits (B)		434,000	643,000	32,000	47,000
Personnel cost (EN) 7% of A	0.007	13,000	19,000	1,000	1,000
Goods/Serv (E)	3,200	156,000	231,000	8,000	12,000
Lease (ED)	3,500	-	-	-	-
Total E		169,000	250,000	9,000	13,000
Equip (JA)	10,200	498,000	336,000	27,000	18,000
Travel (G)	1,100	54,000	79,000	3,000	4,000
ISSD (TZ)	1,600	78,000	116,000	4,000	6,000
Total		**$ 3,041,000**	**$ 4,103,000**	**$ 207,000**	**$ 284,000**
GF-State	**50%**	**$ 1,521,000**	**$ 2,052,000**	**$ 104,000**	**$ 142,000**
GF-Fed	**50%**	**$ 1,520,000**	**$ 2,051,000**	**$ 103,000**	**$ 142,000**

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-PA Electronic Intrusion Prevention
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Secure the Department of Social and Health Services (DSHS) networked environment against intrusion. This solution is designed to protect against zero-day or minimum-day exploits, aid in securing the remote access environment, as well as a large variety of known and unknown attacks. This significantly enhances protection of confidential client information, as well as state resources, both equipment and staff time.

Fiscal Detail:

Operating Expenditures	FY 1	FY 2	Total
Program 050			
001-1 General Fund - Basic Account-State	66,000	8,000	74,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	64,000	8,000	72,000
Total Cost	**130,000**	**16,000**	**146,000**

Staffing

Package Description:

Under the current DSHS network design, client data and computer systems are protected by a combination information technology policy and standards, staff security awareness training, an agency firewall, agency required anti-virus protection, and program area patch management processes.

The patch management processes, following industry best practices, and agency policy are a combination of assessment, testing and implementation of any new software patches related to computer systems currently in use within DSHS. This process requires extensive time (a minimum of six business days) to implement correctly, so that the patching process does not compromise the security and functionality of critical Client Service systems. DSHS has a vast, complex computing environment of inter-dependent systems, this patching process cannot address attacks that would occur in less than the six business days from the patch release date (minimum-day attack.)

In addition, no patching process can address attacks that occur before the patch is released. These attacks that occur on the same day as identification of a vulnerability or before a patch is released are known as zero-day attacks. One attack has already been successfully implemented against a software package not used by DSHS. In this case, the attack deleted the contents of the hard drives of any computer running that particular application.

Another vulnerability this decision package addresses is remote access machines. With over 3,400 remote access users, including business partners, management of this security vulnerability is critical in maintaining the integrity of the DSHS network, and the associated State Government Network (SGN). This solution will provide DSHS a controlled method of mitigating the risk.

This solution is designed to block all attacks that would cause a computer to execute abnormal behaviors or commands. In doing so, it can successfully stop zero-day, and minimum-day attacks, even without agency knowledge of what the attack might be.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This solution would help the agency meet their strategic goals of improving accessibility and service integration, as well as

DP Code/Title: PL-PA Electronic Intrusion Prevention
Program Level - 050 Long Term Care Services

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improving customer service. DSHS client services are increasingly offered in the Internet venue, in response to the agency's desire to provide services to clients when and where clients want them. In addition, management of client case files is accomplished through computer systems utilized by staff. By implementing this proposal, the agency can reduce the interruption of services due to cyber attacks on critical agency infrastructure and systems, thus improving accessibility to online services and ready access to data for staff.

Performance Measure Detail

Program: 050

	Incremental Changes	
Activity: E051 LTC Care Administration	**FY 1**	**FY 2**
No measures linked to package	0.00	0.00

Reason for change:

DSHS does not currently have a solution that would address risks from zero-day or minimum-day type attacks. In addition, while there are policies and standards to address remote access vulnerabilites, application of the policies and standards by remote users is not consistent. The intent of this solution is to mitigate risks from these types of attack, to reduce the probability of interruptions in service, whether from staff lack of access to critical systems or client access to online services.

Impact on clients and services:

This proposal will reduce the department's vulnerability to various types of cyber attack and improve systems' up-time. This request is to fix a current vulnerability within the DSHS Information Technology infrastructure.

Impact on other state programs:

Virtually all state agencies are on the SGN. Vulnerabilities in one agency's network can impact other state agencies, whether the network is a source of infection, generating denial of service type traffic or interrupting and impairing the efficient and effective flow of traffic across the SGN.

DSHS intends to implement a self-contained solution, such that results are not dependent on services from other agencies. This includes the quarantine process for secluding un-patched or infected machines.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

This solution is intended to strengthen the department's ability to achieve its results efficiently and effectively. Effective security follows a layered approach. This means stacking/implementing multiple layers of security to gain the best protection. Layers already implemented include:

Agency IT Security Policies and Standards: This lays out how security will be implemented by both managers and individual staff. It details how data and systems are accessed, shared and managed.

Security Awareness Training: This supplements the policy and standards, providing an annual reminder of each individual's responsibility for maintaining the security of data and systems.

DP Code/Title: PL-PA Electronic Intrusion Prevention
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Agency Firewall: Designed to minimize external access into the protected network. This cannot protect against holes opened to allow for valid business applications.

Anti-virus Protection: This assesses valid traffic for malicious content. Anti-virus solutions require updating as new exploits are released.

Patch Management Process: This process is designed to apply software patches to computer applications when vulnerabilities are identified. As noted above, this process takes a minimum of six business days to safely apply appropriate patches.

Each of these layers addresses a different type of vulnerability. The ability to stop minimum-day or zero-day attacks is not addressed by the existing solutions. The currently available solutions for this problem are intrusion detection and intrusion prevention tools. The intrusion detection solutions require significantly greater staff support and has many false positives. These false positives can prevent valid applications/traffic from running.

Budget impacts in future biennia:

Expenditures are primarily up front. The only ongoing costs will be the annual software maintenance fee.

Distinction between one-time and ongoing costs:

One-time costs include initial purchase of the software and related hardware in addition to vendor support for implementation. Ongoing costs consist of an annual maintenance fee of approximately 15 percent of the software purchase price.

Effects of non-funding:

An attack is a discussion of when, not if. Non-funding continues to expose DSHS to cyber attack. There have been numerous attacks (Nimda, Code Red, Slammer, Blaster, etc.) with no negative payload other than generating a Denial of Service. It is just a matter of time before destructive attacks occur. There has already been one example which attacked software not used by DSHS. In that instance, any computer running the vulnerable software had the hard drive erased.

The net result could be unavailability of systems to both staff and to clients seeking to access DSHS online services.

Expenditure Calculations and Assumptions:

Operating Expenditures

Overall Funding	FY 1	FY 2	Total
Software	1,806,000	295,000	2,101,000
Hardware	43,000	0	43,000
Vendor Support	606,000	0	606,000
TOTAL	2,455,000	295,000	2,750,000

Staffing	FY 1	FY 2	Total
Agency FTEs	0.0	0.0	0.0

The cost of the Agency Electronic Intrusion Prevention Solution will be distributed across the agency.

See Attachment - AW PL-PA Electronic Intrusion Prevention.xls

State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: PL-PA Electronic Intrusion Prevention
Program Level - 050 Long Term Care Services

Budget Period: 2005-07 Version: E1 050 2005-07 Agency Req 2 YR

Object Detail

	FY 1	FY 2	Total
Program 050 Objects			
T Intra-Agency Reimbursements	130,000	16,000	146,000

DSHS Source Code Detail

Program 050	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	66,000	8,000	74,000
Total for Fund 001-1	**66,000**	**8,000**	**74,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
Sources Title			
19UL Title XIX Admin (50%)	64,000	8,000	72,000
Total for Fund 001-C	**64,000**	**8,000**	**72,000**
Total Program 050	**130,000**	**16,000**	**146,000**

2005-07 Biennium
PL-PA Electronic Intrusion Prevention

		PL-PA TZ Distribution		PL-PA TZ Distribution (Rounded)	
		FY06	FY07	FY06	FY07
010 Children and Family Services	**17.12%**	420,323	50,431	420,000	51,000
020 Juvenile Rehabilitation	**2.65%**	65,062	7,806	65,000	8,000
030 Mental Health	**2.20%**	54,014	6,481	54,000	6,000
040 Developmental Disabilities	**3.76%**	92,314	11,076	92,000	11,000
050 Aging and Adult Services	**5.30%**	130,123	15,612	130,000	16,000
060 Economic Services	**56.89%**	1,396,741	167,583	1,397,000	167,000
070 Alcohol and Substance Abuse	**0.37%**	9,084	1,090	9,000	1,000
080 Medical Assistance	**1.98%**	48,612	5,833	49,000	6,000
100 Vocational Rehabilitation	**2.09%**	51,313	6,157	51,000	6,000
110 Management Services	**7.64%**	187,574	22,506	188,000	23,000
	100.00%	2,455,160	294,575	2,455,000	295,000

Section 8
Special Report

Special Reports

B9 Revenue Estimate System

Aging & Adult Services

DSHS Budget Division

DSHS BDS Reporting Form B9 Detail

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State of Washington

Department of Social and Health Services

Agency Revenues - Details by Program

Budget Period: 2005-07

Version: 11 2005-07 Agency Request Budget

Program: 050 - Long Term Care Services

Show DP Detail

Supporting and Non Supporting Revenue

CODES			DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM			
						MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL	
FUND	SOURCE	SOURCE TITLE		FY 2004	FY 2005	FY 2006	FY 2007	FY 2006	FY 2007
001									
001-2	0310	Department of Agriculture							
001-2	570	Elderly Nutrition (100%) - 570B		1,962,000	1,962,000	1,962,000	1,962,000	1,962,000	1,962,000
001-2	0317	Department of Labor							
001-2	235	Senior Comm Svs Employ Prog (A,B) (100%) - 235B		1,306,000	1,306,000	1,306,000	1,306,000	1,306,000	1,306,000
001-2	0393	Depart of Health & Human Serv							
001-2	041	Title VII Chapter 3 - Elder Abuse Prev (100%) - 041B		86,000	86,000	86,000	86,000	86,000	86,000
001-2	042	Title VII Chapter 2 - Ombudsman (100%) - 042B		232,000	232,000	232,000	232,000	232,000	232,000
001-2	043	Title III, Part F - Prev Health Svcs (100%) - 043B		2,644,000	2,644,000	2,644,000	2,644,000	2,644,000	2,644,000
001-2	044	Title III-B - Supp Svs & Senior Cntrs(A) (100%) - 044B		4,748,000	4,748,000	4,748,000	4,748,000	4,748,000	4,748,000
001-2	045	Title III-C - Nutrition Services (A) (100%) - 045B		11,152,000	11,152,000	11,152,000	11,152,000	11,152,000	11,152,000
001-2	777	TXVIII & TXIX Survey & Certification (100%) - 777B		2,900,000	2,900,000	2,900,000	2,900,000	2,920,000	2,920,000
001-2	777	TXVIII & TXIX Survey & Certification (100%) - 777B	CL-00			20,000	20,000		
		Subtotal for DSHS Source 777B		**2,900,000**	**2,900,000**	**2,920,000**	**2,920,000**	**2,920,000**	**2,920,000**
001-2	777	TXVIII & TXIX Survey & Certification (75%) - 777G		3,264,000	3,264,000	3,264,000	3,264,000	3,264,000	3,264,000
	Subtotal Subsource 777			**6,164,000**	**6,164,000**	**6,184,000**	**6,184,000**	**6,184,000**	**6,184,000**
001-C	778	Title XIX Assistance (FMAP) - 19TA		513,261,000	523,174,000	513,261,000	523,174,000	532,072,000	549,188,000

State of Washington

Department of Social and Health Services

Agency Revenues - Details by Program

Budget Period: 2005-07

Version: 11 2005-07 Agency Request Budget

Program: 050 - Long Term Care Services

Show DP Detail

Supporting and Non Supporting Revenue

CODES			DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM			
						MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL	
FUND	SOURCE	SOURCE TITLE		FY 2004	FY 2005	FY 2006	FY 2007	FY 2006	FY 2007
001-C	778	Title XIX Assistance (FMAP) - 19TA	CL-00			16,415,000	11,296,000		
001-C	778	Title XIX Assistance (FMAP) - 19TA	M1-93			5,029,000	11,561,000		
001-C	778	Title XIX Assistance (FMAP) - 19TA	M2-ED			(2,633,000)	3,157,000		
001-C	778	Title XIX Assistance (FMAP) - 19TA	PL-DT					423,000	2,694,000
		Subtotal for DSHS Source 19TA		**513,261,000**	**523,174,000**	**532,072,000**	**549,188,000**	**532,495,000**	**551,882,000**
001-C	778	Title XIX Admin (50%) - 19UL		52,175,000	55,685,000	52,175,000	55,685,000	63,195,000	65,016,000
001-C	778	Title XIX Admin (50%) - 19UL	CL-00			3,234,000	(276,000)		
001-C	778	Title XIX Admin (50%) - 19UL	M1-93			754,000	1,538,000		
001-C	778	Title XIX Admin (50%) - 19UL	M1-94			3,380,000	4,587,000		
001-C	778	Title XIX Admin (50%) - 19UL	M2-8L			44,000	62,000		
001-C	778	Title XIX Admin (50%) - 19UL	M2-9T			2,529,000	2,529,000		
001-C	778	Title XIX Admin (50%) - 19UL	M2-EA			330,000	301,000		
001-C	778	Title XIX Admin (50%) - 19UL	M2-EC			122,000	109,000		
001-C	778	Title XIX Admin (50%) - 19UL	M2-EE			116,000	64,000		
001-C	778	Title XIX Admin (50%) - 19UL	M2-EG			175,000	158,000		
001-C	778	Title XIX Admin (50%) - 19UL	M2-FD			159,000	103,000		
001-C	778	Title XIX Admin (50%) - 19UL	M2-RB			177,000	156,000		

DSHS BDS Reporting Form B9 Detail

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State of Washington

Department of Social and Health Services

Agency Revenues - Details by Program

Budget Period: 2005-07

Version: 11 2005-07 Agency Request Budget

Program: 050 - Long Term Care Services

Show DP Detail

Supporting and Non Supporting Revenue

CODES			DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM			
						MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL	
FUND	SOURCE	SOURCE TITLE		FY 2004	FY 2005	FY 2006	FY 2007	FY 2006	FY 2007
001-C	778	Title XIX Admin (50%) - 19UL	PL-8L						77,000
001-C	778	Title XIX Admin (50%) - 19UL	PL-9T					(71,000)	(67,000)
001-C	778	Title XIX Admin (50%) - 19UL	PL-DT					97,000	97,000
001-C	778	Title XIX Admin (50%) - 19UL	PL-EB					814,000	841,000
001-C	778	Title XIX Admin (50%) - 19UL	PL-EJ					9,506,000	9,824,000
001-C	778	Title XIX Admin (50%) - 19UL	PL-EK					215,000	195,000
001-C	778	Title XIX Admin (50%) - 19UL	PL-EM					1,090,000	1,199,000
001-C	778	Title XIX Admin (50%) - 19UL	PL-EP					118,000	118,000
001-C	778	Title XIX Admin (50%) - 19UL	PL-EQ					4,331,000	4,903,000
001-C	778	Title XIX Admin (50%) - 19UL	PL-ER					43,000	39,000
001-C	778	Title XIX Admin (50%) - 19UL	PL-ES					294,000	263,000
001-C	778	Title XIX Admin (50%) - 19UL	PL-ET					108,000	103,000
001-C	778	Title XIX Admin (50%) - 19UL	PL-EU					861,000	1,545,000
001-C	778	Title XIX Admin (50%) - 19UL	PL-EW					1,251,000	715,000
001-C	778	Title XIX Admin (50%) - 19UL	PL-LC					1,623,000	2,193,000
001-C	778	Title XIX Admin (50%) - 19UL	PL-PA					64,000	8,000
		Subtotal for DSHS Source 19UL		**52,175,000**	**55,685,000**	**63,195,000**	**65,016,000**	**83,539,000**	**87,069,000**

State of Washington

Department of Social and Health Services

Agency Revenues - Details by Program

Budget Period: 2005-07

Version: 11 2005-07 Agency Request Budget

Program: 050 - Long Term Care Services

Show DP Detail

Supporting and Non Supporting Revenue

CODES			DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM			
						MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL	
FUND	SOURCE	SOURCE TITLE		FY 2004	FY 2005	FY 2006	FY 2007	FY 2006	FY 2007
	Subtotal Subsource 778			**565,436,000**	**578,859,000**	**595,267,000**	**614,204,000**	**616,034,000**	**638,951,000**
Subtotal Source 0393				**590,462,000**	**603,885,000**	**620,313,000**	**639,250,000**	**641,080,000**	**663,997,000**
001-2	0394	Corp for Natl & Community Service							
001-2	011	Foster Grandparents Program (100%) - 011B		421,000	421,000	421,000	421,000		
001-2	011	Foster Grandparents Program (100%) - 011B	CL-00			(421,000)	(421,000)		
		Subtotal for DSHS Source 011B		**421,000**	**421,000**				
	Subtotal Subsource 011			**421,000**	**421,000**				
001-2	016	Senior Companion Program - 016B		141,000	141,000	141,000	141,000		
001-2	016	Senior Companion Program - 016B	CL-00			(141,000)	(141,000)		
		Subtotal for DSHS Source 016B		**141,000**	**141,000**				
	Subtotal Subsource 016			**141,000**	**141,000**				
Subtotal Source 0394				**562,000**	**562,000**				
001	0405	Fines and Forfeits							
001	0405	State & Misc Revenue						60,499	60,499
001	0405	State & Misc Revenue	CL-YA			60,499	60,499		
		Subtotal for DSHS Source				**60,499**	**60,499**	**60,499**	**60,499**

DSHS BDS Reporting Form B9 Detail
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State of Washington
Department of Social and Health Services

Agency Revenues - Details by Program

Budget Period: 2005-07
Version: 11 2005-07 Agency Request Budget
Program: 050 - Long Term Care Services

Show DP Detail
Supporting and Non Supporting Revenue

CODES			DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM			
						MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL	
FUND	SOURCE	SOURCE TITLE		FY 2004	FY 2005	FY 2006	FY 2007	FY 2006	FY 2007
	Subtotal Subsource					**60,499**	**60,499**	**60,499**	**60,499**
Subtotal Source 0405						**60,499**	**60,499**	**60,499**	**60,499**
001	0409	Local Investment/Interest Income							
001	0409	State & Misc Revenue						188,268	188,268
001	0409	State & Misc Revenue	CL-YA			188,268	188,268		
		Subtotal for DSHS Source				**188,268**	**188,268**	**188,268**	**188,268**
	Subtotal Subsource					**188,268**	**188,268**	**188,268**	**188,268**
Subtotal Source 0409						**188,268**	**188,268**	**188,268**	**188,268**
001	0421	Publications and Documents							
001	0421	State & Misc Revenue						26,475	26,475
001	0421	State & Misc Revenue	CL-YA			26,475	26,475		
		Subtotal for DSHS Source				**26,475**	**26,475**	**26,475**	**26,475**
	Subtotal Subsource					**26,475**	**26,475**	**26,475**	**26,475**
Subtotal Source 0421						**26,475**	**26,475**	**26,475**	**26,475**
001	0486	Recov of Prior Appropriation Exp							
001	0486	State & Misc Revenue						1,373,600	1,373,600

DSHS BDS Reporting Form B9 Detail

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State of Washington

Department of Social and Health Services

Agency Revenues - Details by Program

Budget Period: 2005-07

Version: 11 2005-07 Agency Request Budget

Program: 050 - Long Term Care Services

Show DP Detail

Supporting and Non Supporting Revenue

CODES			DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM			
						MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL	
FUND	SOURCE	SOURCE TITLE		FY 2004	FY 2005	FY 2006	FY 2007	FY 2006	FY 2007
001	0486	State & Misc Revenue	CL-YA			1,373,600	1,373,600		
		Subtotal for DSHS Source				**1,373,600**	**1,373,600**	**1,373,600**	**1,373,600**
	Subtotal Subsource					**1,373,600**	**1,373,600**	**1,373,600**	**1,373,600**
Subtotal Source 0486						**1,373,600**	**1,373,600**	**1,373,600**	**1,373,600**
001-7	0541	Contributions and Grants							
001-7	000	Contributions & Grants - 5417		9,288,000	9,356,000	9,288,000	9,356,000	9,350,000	9,350,000
001-7	000	Contributions & Grants - 5417	CL-00			62,000	(6,000)		
		Subtotal for DSHS Source 5417		**9,288,000**	**9,356,000**	**9,350,000**	**9,350,000**	**9,350,000**	**9,350,000**
	Subtotal Subsource 000			**9,288,000**	**9,356,000**	**9,350,000**	**9,350,000**	**9,350,000**	**9,350,000**
Subtotal Source 0541				**9,288,000**	**9,356,000**	**9,350,000**	**9,350,000**	**9,350,000**	**9,350,000**
Total Fund 001				**603,580,000**	**617,071,000**	**634,579,842**	**653,516,842**	**655,346,842**	**678,263,842**

Special Reports

B9-1 Working Capital Reserve

Aging & Adult Services

DSHS Budget Division

BASS BDS

Form B9-1

State of Washington

Working Capital Reserve

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Page: 1

Budget Period: 2005-07
Agency: 300 Dept of Social and Health Services
Version: P1 150 2005-07 Agency Req 2 YR
Program: 050 Long Term Care Servi

		FUND ADMINISTRATOR AGENCY ONLY	FUND ADMINISTRATOR AGENCY ONLY
		RECOMMENDED ENDING FUND BALANCE	RECOMMENDED ENDING FUND BALANCE
FUND	FUND TITLE	Current Biennium	Ensuing Biennium
759	Miscellaneous Program Account	30,000	30,000

State of Washington

	Code	Title
AGENCY	300	Department of Social and Health Services
PROGRAM	050	Aging and Adult Services
SUBPROGRAM		

Working Capital Reserve - B9-1 Narrative - Fund 732 Nursing Home Civil Penalties

This special revenue fund is used to account for civil penalties collected from nursing homes.
The estimated balance is based on the average cash balance for FY 04.

Special Reports

Federal Funding Estimates

Aging & Adult Services

DSHS Budget Division

State of Washington
Department of Social and Health Services

Budget Period Selected:2005-07

Federal Funding Estimates Summary(Maintenance Level) by Program

Version: 11		Federal Fiscal Year (Federal $)	State Fiscal Year (Federal $)	State Fiscal Year (State Share $)
Program:	**050 Long Term Care Services**			
Dept of Agriculture				
10.570	Eldrly Nutr (100%)			
	FY 2004	$1,962,000	$1,962,000	$0
	FY 2005	$1,962,000	$1,962,000	$0
	FY 2006	$1,962,000	$1,962,000	$0
	FY 2007	$1,962,000	$1,962,000	$0
Dept of Labor				
17.235	Sen Empl (100%)			
	FY 2004	$1,306,000	$1,306,000	$0
	FY 2005	$1,306,000	$1,306,000	$0
	FY 2006	$1,306,000	$1,306,000	$0
	FY 2007	$1,306,000	$1,306,000	$0
Health & Human Svc				
93.041	T7 Eldr Abu (100%)			
	FY 2004	$86,000	$86,000	$0
	FY 2005	$86,000	$86,000	$0
	FY 2006	$86,000	$86,000	$0
	FY 2007	$86,000	$86,000	$0
93.042	T7 Ombdsm (100%)			
	FY 2004	$232,000	$232,000	$0
	FY 2005	$232,000	$232,000	$0
	FY 2006	$232,000	$232,000	$0
	FY 2007	$232,000	$232,000	$0
93.043	T3F Hlth Prm (100%)			
	FY 2004	$2,644,000	$2,644,000	$0
	FY 2005	$2,644,000	$2,644,000	$0
	FY 2006	$2,644,000	$2,644,000	$0
	FY 2007	$2,644,000	$2,644,000	$0
93.044	T3B (100%)			
	FY 2004	$4,748,000	$4,748,000	$0
	FY 2005	$4,748,000	$4,748,000	$0
	FY 2006	$4,748,000	$4,748,000	$0
	FY 2007	$4,748,000	$4,748,000	$0
93.045	T3C Meals (100%)			
	FY 2004	$11,152,000	$11,152,000	$0
	FY 2005	$11,152,000	$11,152,000	$0
	FY 2006	$11,152,000	$11,152,000	$0
	FY 2007	$11,152,000	$11,152,000	$0
93.777	Hlth Provider (100%)			
	FY 2004	$2,900,000	$2,900,000	$0
	FY 2005	$2,905,000	$2,900,000	$0
	FY 2006	$2,920,000	$2,920,000	$0
	FY 2007	$2,920,000	$2,920,000	$0
93.777	Hlth Provider (75%)			
	FY 2004	$3,264,000	$3,264,000	$1,088,000
	FY 2005	$3,264,000	$3,264,000	$1,088,000
	FY 2006	$3,264,000	$3,264,000	$1,088,000
	FY 2007	$3,264,000	$3,264,000	$1,088,000

State of Washington
Department of Social and Health Services

Budget Period Selected:2005-07

Federal Funding Estimates Summary(Maintenance Level) by Program

Version: 11		Federal Fiscal Year (Federal $)	State Fiscal Year (Federal $)	State Fiscal Year (State Share $)
Program:	**050 Long Term Care Services**			
Health & Human Svc				
93.778	T19 Assist (FMAP)			
	FY 2004	$515,739,250	$513,261,000	$504,104,768
	FY 2005	$525,398,500	$523,174,000	$521,294,016
	FY 2006	$536,351,000	$532,072,000	$532,071,992
	FY 2007	$549,188,000	$549,188,000	$549,188,016
93.778	T19 Admin (50%)			
	FY 2004	$53,052,500	$52,175,000	$52,175,000
	FY 2005	$57,562,500	$55,685,000	$55,685,000
	FY 2006	$63,650,250	$63,195,000	$63,195,000
	FY 2007	$65,016,000	$65,016,000	$65,016,000
Corp for Nat Comm Sv				
94.011	Foster GP (100%)			
	FY 2004	$421,000	$421,000	$0
	FY 2005	$315,750	$421,000	$0
	FY 2006	$0	$0	$0
	FY 2007	$0	$0	$0
94.016	Senior Comp (100%)			
	FY 2004	$141,000	$141,000	$0
	FY 2005	$105,750	$141,000	$0
	FY 2006	$0	$0	$0
	FY 2007	$0	$0	$0
Program 050 Totals:	**FY 2004**	**$597,647,750**	**$594,292,000**	**$557,367,768**
	FY 2005	**$611,681,500**	**$607,715,000**	**$578,067,016**
	FY 2006	**$628,315,250**	**$623,581,000**	**$596,354,992**
	FY 2007	**$642,518,000**	**$642,518,000**	**$615,292,016**