Executive Summary

August 2017

This Area Plan is a requirement of the State of Washington, Department of Social & Health Services – Aging & Long Term Services Administration (DSHS/ALTSA) as authorized by the Federal Older Americans Act (Public Law 114-144).
Community Opportunity

The goal of the Area Plan is to carry out a local planning process that engages and involves the community in identifying needs and concerns of older adults and persons with disabilities in Pierce County and to create a long range plan for addressing these issues. The 2016-2019 Area Plan was developed with consideration for the following impacting factors and assumptions:

- **Rapidly increasing aging population:** A 2% increase in the number of persons 60 years of age or older between 2010 and 2015, representing 18% of the total Pierce County population with projected 60+ population growing to nearly 21% by 2020

- **Federal sequester:** Federal cuts to non-defense, discretionary programs, including an 11.6% cut to Older Americans’ Act funded services for Washington State, were first implemented in 2013. Further reductions could occur each year through 2023 unless Congress moves to eliminate the sequester

- **Health system transformation:** The need to plan for new models of service and reimbursement as the result of Washington State’s health system transformation efforts, and the impact this may have on Area Agencies on Aging

- **Shift to evidence-based, person-centered models of services and supports:** An ongoing and more focused movement at both the national and state levels to provide long term services and supports that are proven to result in improved health, better care and lower costs

Pierce County Human Services - Aging & Disability Resources’ (ADR) planning process for the 2016-2019 Area Plan began in the winter of 2015 and involved a broad approach to gathering input from Pierce County residents, service providers, and other interested stakeholders. Input was collected through a series of community meetings, focus groups and review of other local social service plans and statistical data. The Area Plan also incorporated findings from a larger Human Services departmental community needs assessment initiated in December 2013 and completed in 2015. For the 2018-2019 update, ADR administered a survey to measure the opinions of community-based service providers regarding the needs and concerns of the targeted service population.

Information collected was used to develop and refine local priorities and to guide decisions about funding services. Community input also helped determine areas for focused coordination, advocacy and program development over the four year period.

Residents and community stakeholders consistently commented on:

- The desire for older adults and adults with disabilities to remain in their own homes as long as possible and to have supportive persons and/or services available to help when needed

- The impact of mobility and transportation issues on one’s ability to remain independent in the community

- The need for accessible and affordable housing options and housing-related assistance programs

- The importance of programs that promote and help educate residents about healthy living, including physical exercise, nutrition and self-management of chronic conditions
Plan Components

The Area Plan is built upon ADR’s mission to ensure Pierce County residents have available a range of community-based services that allow older adults and adults with disabilities to remain at home as long as possible, with the ultimate vision to create and sustain livable communities for people of all ages throughout Pierce County.

The Area Plan includes pertinent information about the local planning and priority setting process, targeted population data, and services currently available in the community. Goals and objectives focus on person- or family-centered approaches, evidence-based models of supports and services, and creative collaborations to address identified needs in five focused areas:

<table>
<thead>
<tr>
<th>2016-2019 Area Plan Issue Areas and Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long Term Services and Supports (LTSS)</strong> ♦</td>
</tr>
<tr>
<td>➢ Provide a network of effective person-centered care management and other community based services and supports that enable older adults and adults with disabilities to receive needed care in their own home</td>
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<tr>
<td></td>
</tr>
<tr>
<td><strong>Service Integration &amp; Systems Coordination</strong> ♦</td>
</tr>
<tr>
<td>➢ Improve health and reduce avoidable health care costs of older adults and adults with disabilities who face multiple chronic conditions and health challenges, by providing person-centered coordination of health and community supports</td>
</tr>
<tr>
<td><strong>A Livable Community for All Ages</strong> ♦</td>
</tr>
<tr>
<td>➢ Improve mobility for seniors and persons with disabilities in Pierce County</td>
</tr>
<tr>
<td>➢ Maintain or improve the physical and/or psycho-social well-being of older persons in Pierce County by providing or securing appropriate nutrition services</td>
</tr>
<tr>
<td>➢ Ensure older adults and persons with disabilities have access to available housing assistance programs</td>
</tr>
</tbody>
</table>

*Issue areas mandated by Washington State DSHS / ALTSA

• Issue area also addresses new Medicaid Transformation Project Demonstration (MTPD) activities
Key Intended Results

Over the four years of this Area Plan, ADR expects to accomplish several key outcomes critical to our mission and essential to the long range vision of a livable community for persons of all ages. ADR intends that:

- Residents of Pierce County will be empowered to plan for, find and access the long term services and supports they will need to remain as independent as possible for as long as possible

- Families will have expanded capacity to care for their loved ones at home as long as they choose, with less reliance on formal support systems

- The quality, responsiveness and availability of critical services, such as home care and other in-home supports, nutrition, transportation and health promotion programs will be improved

- Local health and social services systems will be well coordinated to ensure persons transitioning between care settings will have the tools, services and supports necessary to maintain their health and avoid costly re-hospitalizations

At the conclusion of this Area Plan period, ADR, along with Washington State will be actively involved in shaping the new healthcare landscape under statewide health system transformation efforts, including implementation of the new Medicaid Transformation Project Demonstration. As the target population grows, ADR will continue to face ongoing challenges in responding to local needs and priorities that will require us to be more creative and focused in how we develop and provide publicly funded long term services and supports.

ADR’s position as a trusted leader in the local aging and disability service network and the willingness of our many community partners and volunteers to work with ADR to maximize local resources, will improve program effectiveness and expand service access to those Pierce County residents requiring assistance to remain at home.
Area Plan Budget Summary

Fiscal Considerations

- Federal Sequester – Federal cuts to non-defense, discretionary programs, including the Older Americans’ Act were first implemented in 2013. Budget compromises suspended sequestration cuts in Federal Fiscal Years (FFY) 2014-2017, however unless another compromise is reached to again raise budget caps, Area Agencies on Aging face further reductions in FFY 2018.

- State Revenue Increases – Additional funds were approved in the 2017-2019 State biennium budget, providing a two-percent increase in State funds for AAA Case Management, Family Caregiver Support and Senior Citizens Services Act in State Fiscal Years 2018 and 2019, as well as supplemental funds for home delivered meals services.

- Health Home Care Coordination for dually-eligible Medicare / Medicaid beneficiaries – Additional revenue is anticipated due to additional State funding approved in the 2017-2019 biennium budget, as well as due to general caseload growth and initiation of new managed care contracts.

- Medicaid Caseload Growth – ADR projects increased funding to address anticipated growth in the Medicaid LTSS client caseload; future Medicaid revenue at risk under proposed per capita caps

- Medicaid Transformation Project Demonstration – The Centers for Medicare and Medicaid Services approved the State’s Section 1115 Global Medicaid Waiver proposal, which will allow the State to reinvest a portion of Medicaid savings into targeted services that are designed to delay or reduce the need for Medicaid LTSS, including additional supports for eligible family caregivers.

Major Revenue Sources

- Older Americans Act – Federal
- Senior Citizens Services Act – State
- Family Caregiver Support – State / Federal
- Medicaid – State / Federal

Discretionary versus Non-Discretionary Funding

Generally, revenue to Pierce County Human Services - Aging and Disability Resources comes from the State and Federal governments in two forms:

<table>
<thead>
<tr>
<th>Discretionary</th>
<th>Non-Discretionary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds that are provided with the flexibility to be spent on local needs, determined at the local level. Examples of discretionary funded services include Foot Care, Counseling Services, and Transportation.</td>
<td>Funds that are earmarked for a specific program or purpose. ADR does not have a choice on how to spend these funds. Examples include Family Caregiver Support and some nutrition program funds.</td>
</tr>
</tbody>
</table>
## PIERCE COUNTY AGING AND DISABILITY RESOURCES
### PROJECTED REVENUES 2018 – DRAFT

As presented Sept. 19, 2017

### Discretionary Revenues

<table>
<thead>
<tr>
<th>Discretionary Revenues</th>
<th>2017 Total Revenue (includes carry-over &amp; transfers)</th>
<th>2018 Projected Revenue</th>
<th>Net Change</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title III-B (Supportive Services)</td>
<td>$711,796</td>
<td>$715,822</td>
<td>$4,026</td>
<td></td>
</tr>
<tr>
<td>Title III-C1 (Nutrition – Senior Mealsites)</td>
<td>$824,353</td>
<td>$868,430</td>
<td>$44,077</td>
<td></td>
</tr>
<tr>
<td>Title III-C2 (Nutrition - Home Delivered)</td>
<td>$262,639</td>
<td>$263,298</td>
<td>$659</td>
<td>Under-expended in first 6 months of SFY</td>
</tr>
<tr>
<td>SCSA (Supportive Services)</td>
<td>$874,256</td>
<td>$814,199</td>
<td>($60,057)</td>
<td></td>
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</tbody>
</table>

**Subtotal of Discretionary** | $2,673,044 | $2,661,749 | ($11,295) | |

### Non-Discretionary Revenues

<table>
<thead>
<tr>
<th>Non-Discretionary Revenues</th>
<th>2017 Total Revenue (includes carry-over &amp; transfers)</th>
<th>2018 Projected Revenue</th>
<th>Net Change</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title III-D (Health Promotion)</td>
<td>$37,393</td>
<td>$36,370</td>
<td>($1,023)</td>
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<tr>
<td>Title III-E (Family Caregiver Support)</td>
<td>$269,470</td>
<td>$272,409</td>
<td>$2,939</td>
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<tr>
<td>Title VII-B (Elder Abuse)</td>
<td>$6,325</td>
<td>$6,325</td>
<td>$0</td>
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<tr>
<td>Caregiver Training Admin</td>
<td>$40,000</td>
<td>$40,000</td>
<td>$0</td>
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</tr>
<tr>
<td>Home Delivered Meals Expansion (State)</td>
<td>$0</td>
<td>$58,436</td>
<td>$58,436</td>
<td>New funds allocated during 2017 Legislative session</td>
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<tr>
<td>Madigan Foundation – Kirby Fund</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$0</td>
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<tr>
<td>Family Caregiver Support (State)</td>
<td>$1,300,960</td>
<td>$1,094,546</td>
<td>($206,414)</td>
<td>Under-expended in first 6 months of SFY</td>
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<tr>
<td>Title XIX-Contract Management</td>
<td>$670,138</td>
<td>$723,650</td>
<td>$53,513</td>
<td>Projected caseload growth</td>
</tr>
<tr>
<td>Title XIX-Case Mgmt &amp; Nursing</td>
<td>$8,673,314</td>
<td>$9,355,430</td>
<td>$682,117</td>
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<tr>
<td>Title XIX-Admin Claim</td>
<td>$100,575</td>
<td>$84,345</td>
<td>($16,230)</td>
<td>Under-expended in first 6 months of SFY</td>
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<tr>
<td>Senior Drug Education</td>
<td>$22,424</td>
<td>$17,560</td>
<td>($4,864)</td>
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<tr>
<td>Kinship Caregiver Support/Navigator (State)</td>
<td>$215,313</td>
<td>$230,066</td>
<td>$14,753</td>
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<tr>
<td>Pierce County General Fund</td>
<td>$192,500</td>
<td>$192,500</td>
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<td>MSC Long Term Care Ombudsman</td>
<td>$145,894</td>
<td>$148,995</td>
<td>$3,101</td>
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<tr>
<td>Senior Farmer’s Market (State)</td>
<td>$74,528</td>
<td>$62,579</td>
<td>($11,949)</td>
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<tr>
<td>Senior Farmer’s Market (Federal)</td>
<td>$20,189</td>
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<tr>
<td>Nutrition Services Incentive Program</td>
<td>$155,266</td>
<td>$158,966</td>
<td>$3,700</td>
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<tr>
<td>Medicare Improvements for Patients and Providers Act</td>
<td>$14,903</td>
<td>$14,900</td>
<td>($3)</td>
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<tr>
<td>Medicaid Transformation Project</td>
<td>$374,950</td>
<td>$374,950</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Non-Discretionary Revenues</td>
<td>2017 Total Revenue (includes carry-over &amp; transfers)</td>
<td>2018 Projected Revenue</td>
<td>Net Change</td>
<td>Comments</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>------------------------------------------------------</td>
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<td>------------------------</td>
</tr>
<tr>
<td>ADRC Enhanced Options Counseling grant</td>
<td>$1,500</td>
<td>$0</td>
<td>($1,500)</td>
<td>Grant ended</td>
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<tr>
<td>Health Home contracts</td>
<td>$869,010</td>
<td>$1,076,800</td>
<td>$207,790</td>
<td>Projected caseload growth</td>
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<tr>
<td>Veteran’s Project</td>
<td>$12,000</td>
<td>$12,000</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Caregiver Conference (Speaker fees)</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$0</td>
<td></td>
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<tr>
<td><strong>Subtotal of Non-Discretionary</strong></td>
<td><strong>$13,216,651</strong></td>
<td><strong>$14,001,016</strong></td>
<td><strong>$784,365</strong></td>
<td></td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>$15,889,695</strong></td>
<td><strong>$16,662,765</strong></td>
<td><strong>$773,070</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Direct Services: Proposed Distribution 2018**

- Family Caregiver Support: 10%
- Aging & Disability Resource Ctr: 4%
- Senior Nutrition: 4%
- Health Promotion: 10%
- Case Mgt/Nursing Services: 1%
- Kinship Services: 1%
- Other: 70%
For Questions Contact:
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