

FY 2022 PERFORMANCE PLAN

Adult Services		ADSD/ CSCB	Reggie Lawson x1708
Program Purpose	Facilitate independent living in the least restrictive setting possible for older adults and adults with disabilities, through ongoing case management, care plans, assessments and monitoring.		
Program Information	<ul style="list-style-type: none"> • The Adult Services (AS) Program is mandated by Virginia State Law and services are provided by local jurisdictions to help adults remain as independent as possible, preferably in their own home. The goal of AS is to strengthen appropriate family and social supports and reduce the need for institutional placement. • Eligible participants are people aged 60 years and older and 18 years and older with a permanent disability. Individual participation is voluntary. • Services include ongoing, often intensive case management, service planning, assessments, information and referrals to supportive services such as home-based care, transportation, adult day, nutrition, and other supportive services. • Intensive case management is often required for individuals with specialized, complex needs such as adults experiencing homelessness and housing instability, those at risk for evictions/foreclosures, and those who refuse mental health services. • AS staff receive referrals often from the Aging and Disability Resource Center (ADRC), Nursing Case Management (NCM), Developmental Disabilities (DD) and CSB programs, as well as from community partners like the hospitals, healthcare professionals, attorneys, family members, caregivers and others. • AS receives case transfers from Adult Protective Services (APS) to prevent ongoing or recurrent abuse, neglect, and exploitation. • The AS team often collaborates closely with key partners from housing (Permanent Supportive, Housing Grant, Housing Choice Voucher, shelter staff, property managers and landlords), Economic Independence Division (financial assistance, shelter, and benefits programs), Arlington County Fire Department (ACFD) and EMS, Police Department (ACPD), Code Enforcement, CSB programs (emergency mental health services, Senior Adult Mental Health, Substance Abuse, TOW and PACT), Arlington Thrive, hospitals, Legal Services and others. • In addition to case management services, AS staff screen individuals (pre-admission screenings) for placement in nursing homes and assisted living facilities (ALF) and determine eligibility for Commonwealth Coordinated Care Plus (CCC+) Waiver. The CCC+ Waiver (formerly ED/CD) exists as an alternative to nursing home placement to allow individuals to remain in their homes. Individuals who meet nursing home level of care receive home-based services and support with IADLs and ADLs. • In FY 2022, direct services were funded 51.3% locally and 48.7% State and Federal funds. • The AS program also provides oversight to the County’s Guardianship program. In 2021, Arlington was selected to participate in the Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS) committee. WINGS is a group of judges, attorneys, and other stakeholders, throughout Virginia, committed to the efficiency, equity, and efficacy of the Guardianship program and to ensure protection for the most vulnerable. In FY 2021, Arlington was tasked to 		

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	pilot an evaluation of the program’s strengths and challenges and provide recommendations for potential programmatic changes.
Service Delivery Model	<ul style="list-style-type: none"> • During the COVID-19 pandemic, staff used virtual or telephonic communication for monitoring and pre-admission screenings. Upon delivery of vaccines, and a decline in COVID levels, and in accordance with state mandates, staff returned to face-to-face engagement. • AS staff conduct at minimum, monthly, face-to-face contacts through home visits, community outreach and appointments. In accordance with state mandates, visits and screenings are conducted in person.

Staff

Staff	<p>Total 7.5 FTEs</p> <ul style="list-style-type: none"> • 0.5 FTE Program Manager • 6.0 FTE Human Service Clinicians II • 1.0 FTE Human Service Clinician III • 1.0 Human Service Specialist <p>In addition to the positions above, the team has a temporary 1.0 FTE Management Intern for Guardianship.</p>
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Customers and Service Data		FY 2019	FY 2020	FY 2021	FY 2022
	Total Adult Services Cases	509	394	417	337
	Adult Services	499	384	402	328
	ALF Reassessments	10	10	15	9
	Additional services provided:				
	Pre-Admission Screenings (Nursing home and CCC+ waiver)	233	193	211	273
	Guardian/Conservator Reports (court-appointed)	456	519	521	535

PM2: How well did we do it?

2.1	Timeliness of AS required contacts
2.2	Timeliness of Nursing Home Pre-Admission Screenings
2.3	Timeliness of Guardianship Reports

PM3: Is anyone better off?

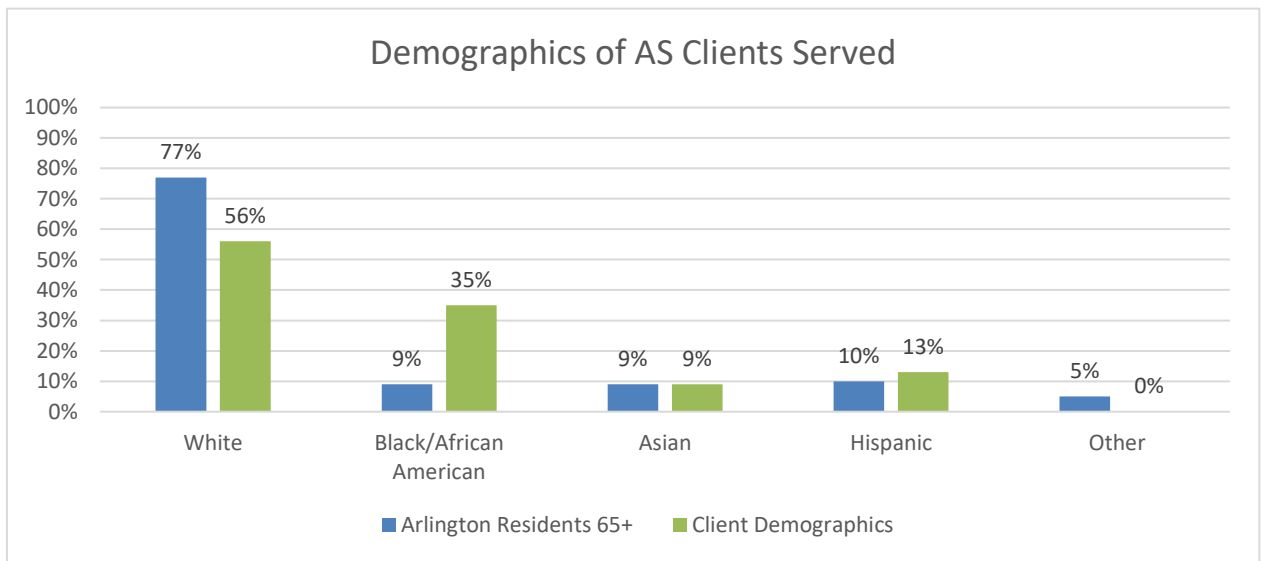
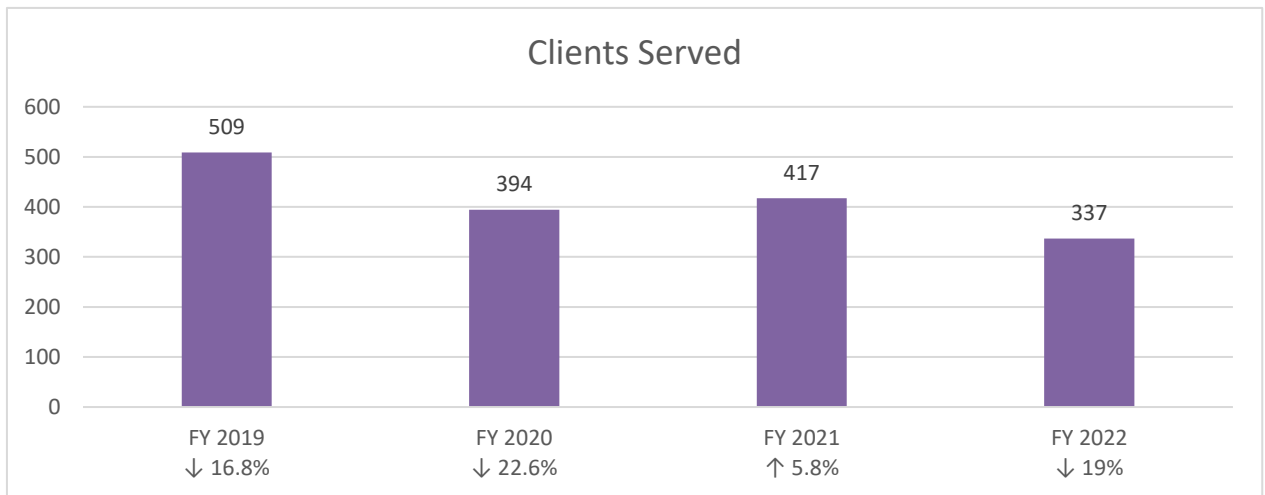
3.1	Clients live in the most independent/least restrictive setting
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Adult Services

Measure 1 Adult Services Clients Served

Data



Data Summary

- In FY 2022, the program served 337 clients; a 19% decrease from the previous year.
- Of the clients served by AS, a majority identify as White (56%). AS served a higher rate of individuals who identify as Black/African American, more than triple the proportion of adults 65+ in Arlington who identify as Black/African American.
- The remainder of the clients served are made up of 9% Asian, and 13% Hispanic/

What is the story behind the data?

- In FY 2022, clients served decreased 19%, as staffing shortages impacted the program’s ability to accept new referrals while maintaining clients with complex needs. Referrals were prioritized based on client acuity and need for intensive case management. All clients were connected to comparable service if not appropriate for Adult Services.

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- AS staff provided support to APS with coverage and investigations to address the increasing volume of clients experiencing or at high risk of abuse, neglect and exploitation.
- In FY 2022, 59% of clients served were female, and 41% male. 55% live alone. 87% were aged 60+ years, and 13% were aged 18-59 years.
- The data is retrieved from PeerPlace and not all information are mandated fields. Virginia DARS is in the process of hiring new staff to help upgrade data collection efforts and reporting for Adult Services in the PeerPlace system.
- Information not recorded may require additional training and strong quality assurance to ensure information is captured and reflected in PeerPlace.

Recommendations	Target Dates
<ul style="list-style-type: none"> • Offer training for new and existing staff on data entry and documentation to ensure continuity and consistency across programs. • Enhance quality assurance measures to ensure information is captured and reflected in Peer Place. • Continue monthly contacts to ensure continuity of care plan. • Utilize the Community Supports and Coordination Bureau tool to accept and track new referrals and provide training and outreach to County staff and community partners on appropriate referrals to AS. 	<ul style="list-style-type: none"> • FY 2023 Q3 • FY 2023 Q3 • Ongoing • FY 2023 Q3

Forecast

- In FY 2023, with the onboarding of new staff and a new program manager, AS anticipates an increase in the number of clients served to 420.

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Adult Services																	
Measure	2.1	Timeliness of AS required contacts															
Data	<div style="text-align: center;"> <p>Timeliness of Required Contacts</p> <table border="1"> <caption>Timeliness of Required Contacts Data</caption> <thead> <tr> <th>Fiscal Year</th> <th>Percentage</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>FY 2019</td> <td>95%</td> <td>115/121</td> </tr> <tr> <td>FY 2020</td> <td>98%</td> <td>79/81</td> </tr> <tr> <td>FY 2021</td> <td>92%</td> <td>110/120</td> </tr> <tr> <td>FY 2022</td> <td>86%</td> <td>103/120</td> </tr> </tbody> </table> </div>		Fiscal Year	Percentage	Count	FY 2019	95%	115/121	FY 2020	98%	79/81	FY 2021	92%	110/120	FY 2022	86%	103/120
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Data Summary	<ul style="list-style-type: none"> • Virginia Department for Aging Rehabilitative Services (DARS) requires at least one contact per quarter. Arlington AS requires monthly contacts with active clients. • Contacts are defined as face-to-face visits, home visits, office visits, and/or phone calls with the client, legal representative or designated primary caregiver. Preferences are face-to-face / home visits. • Program manager reviews a minimum of 2 charts per clinician per month. Staff requiring additional support may receive additional chart reviews. 																
What is the story behind the data?																	
<ul style="list-style-type: none"> • The percentage of contacts completed on time decreased slightly in FY 2022. Staffing challenges that contributed to a reduction in timeliness and compliance have been addressed and resolved. Timeliness was lowest earlier in the year Q1 (67%) and Q2 (78%), with significant improvement shown in Q3 (100%) and Q4 (100%) of the year. • AS continues to benefit from the program manager’s implementation of required monthly contacts, regardless of case type (except ALF reassessments and Guardianship cases). This best practice was implemented in FY 2016. • FY 2022 continues to benefit from a consistent internal documentation format of Purpose, Action, Assessment, Plan (PAAP), a best practice for standardized documentation formatting, which was implemented in FY 2016. • With the hiring of Team Leads and a new program manager, training, peer reviews and new measures to ensure quality assurance and compliance will focus on the following areas: service application, consents, UAI, service plan, and home-based care assessment. 																	
Recommendations		Target Dates															
<ul style="list-style-type: none"> • Team Leads will continue to provide training to new and existing staff on compliance with required contacts. • Peer reviews will be implemented to help ensure compliance. 		<ul style="list-style-type: none"> • Ongoing • FY 2023 Q3 															

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<ul style="list-style-type: none">• The manager will continue to provide substantial supervisory oversight to ensure the target is achieved.• The manager will continue to monitor monthly timeliness by running and tracking reports in PeerPlace and using individual and team supervision to ensure compliance with program and documentation standards.• The manager will implement a new documentation quality measure in FY 2023.	<ul style="list-style-type: none">• Ongoing• Ongoing• FY 2023 Q3
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Forecast

<ul style="list-style-type: none">• In FY 2023, expect to achieve 98% of cases meeting all requirements for AS cases.

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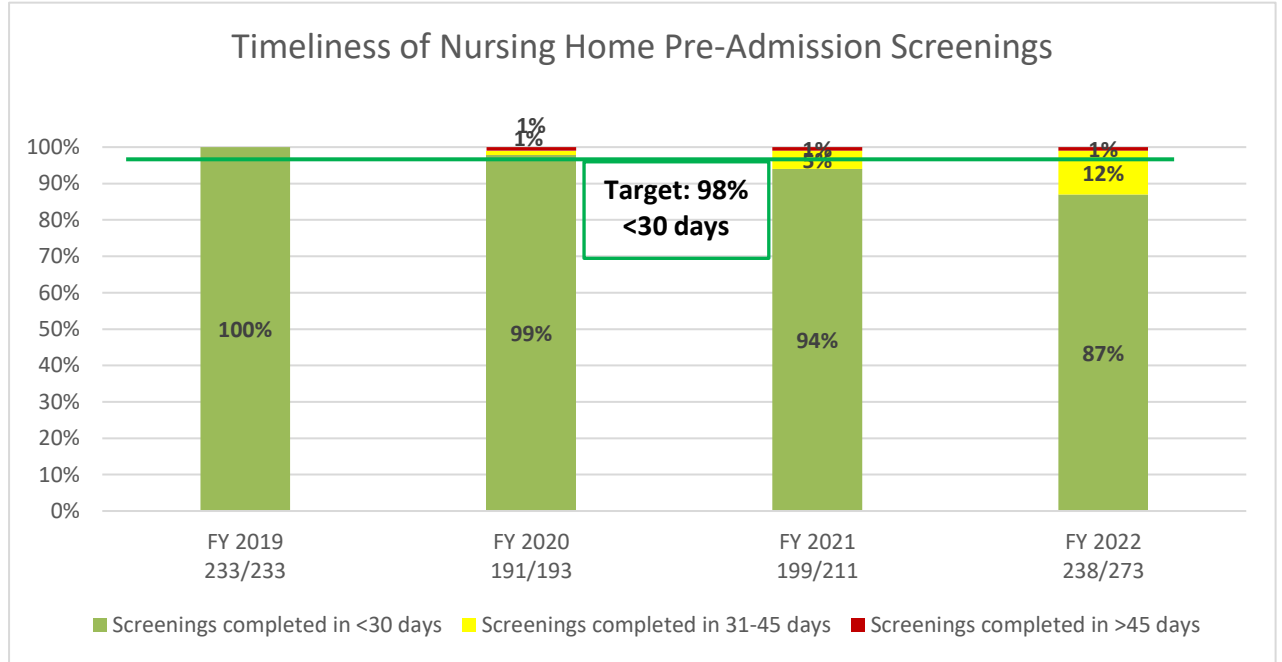
Adult Services

Measure

2.2

Timeliness of Nursing Home Pre-Admission Screenings

Data



Data Summary

- Pre-Admission Screenings are a mandated part of all Local Departments of Social Services (LDSS). A screening must be completed for an individual to receive Medicaid reimbursable services in a nursing home, assisted-living to receive Auxiliary Grant, or at home through the CCC+ waiver.
- The screening is designed to determine the functional level of the individual being assessed. A screening team consists of one clinician, a nurse and a physician to review the assessment.
- In FY 2022, 273 nursing home pre-admission screenings occurred and 87% were completed within 30 days. The state requires screenings to occur within 30 days of the receipt of the request.

What is the story behind the data?

- In FY 2022, AS maintains a dedicated, primary screener for PAS screenings, a Human Services Specialist. A high volume of monthly requests continues to be received; averaging 23 per month.
- Requests are received by the AS Duty worker and entered in to the PeerPlace screening log and clients are offered the next available appointment on a shared calendar. The social worker and a nurse from NCM or the Adult Day program then complete the screening and uploads the packet to the state system of record and referrals are submitted to the provider.
- In July 2022, the state system of record for PAS changed from ePAS to eMLS. The screening team and AS completed the state mandated training and certification in Q4 of FY 2022. The HSS offered peer-to-peer training internally to help orient staff to the new system.
- The average processing time per screening was 26 days in FY 2022, compared to 20 days in FY 2021, and 14 days in FY 2020. The increase in processing times occurred due to the increase volume, and delays in signing of forms for virtual and telephonic screenings.

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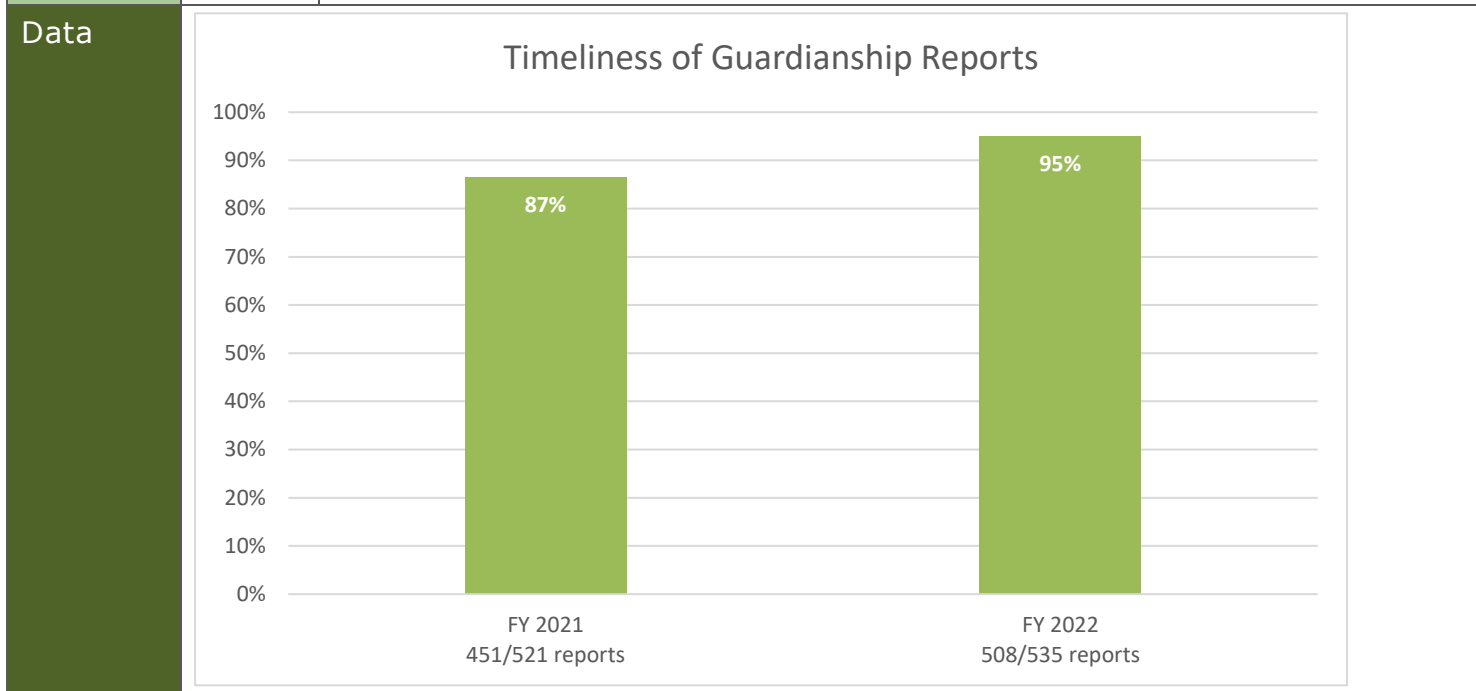
- During COVID, and under the Public Health Emergency, DMAS and DARS permitted screenings to be conducted through telehealth and other virtual options (in-person, virtual, and hybrid with the clinician present and the nurse virtual). In August 2021, DMAS mandated that all screenings be conducted in person.
- Staff continue to advocate for the care and needs of their clients to be safely met in the least restrictive environment. Managed Care Organizations (MCO) conduct evaluations of current waiver recipients and may reduce service hours. A reduction in hours results in increased caregiver burden and a need for supplemental services.

Recommendations	Target Dates
<ul style="list-style-type: none"> • Manager will update policies and procedures and goals to comply with State requirements. • Continue using the primary screener method and encourage AS staff to support monthly screenings to help with the growing demand and ensure familiarity with the system and processes. • The Human Services Specialist will continue to conduct outreach and advocacy in LTC settings about waiver services. • The Team Lead will provide support to the program manager and primary screener to ensure compliance with reporting and timeliness mandates. Monthly reports will be reviewed and shared, with time savings efficiencies implemented. • To improve timeliness and ensure compliance, add additional screening appointments and reevaluate current process for screening requests, appointments and assessments. 	<ul style="list-style-type: none"> • FY 2023 Q3 • Ongoing • Ongoing • Ongoing • FY 2023 Q2
Forecast	
<ul style="list-style-type: none"> • Anticipate completing 98% of screenings within 30 days in FY 2023. 	

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Adult Services

Measure	2.3	Timeliness of Guardianship Reports
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Data Summary	<ul style="list-style-type: none"> • The Volunteer Guardianship program recruits, trains and supports court-appointed volunteer guardians and conservators for individuals who can no longer make informed decisions for themselves. The volunteers become substitute decision makers. • Individuals in need of this service have been determined by the Circuit Court to be incapacitated and have no family or friends who are willing or able to be appointed guardian and or conservator. • A Volunteer Guardian is a court-appointed individual authorized to make personal and healthcare related decisions. • A Volunteer Conservator is also court-appointed and is responsible for managing the financial and property matters of the incapacitated individual. • Court-appointed Guardians are required to submit a report for each individual they serve annually. In FY 2022, 535 guardianship cases were monitored of which 27 (5%) were past due.
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What is the story behind the data?

- As part of their court-appointed duties, guardians are required to submit an annual report to the LDSS. Common reasons for late reporting were forgetting, address change, lack of awareness of reporting requirements, and language barriers. Guardians with limited English proficiency often have more difficulty adhering to compliance requirements because the information is not disseminated in their preferred language.
- Barriers for Guardians (impediments to their effectiveness) include lack of information; inadequate onboarding; and limited access to services, particularly for guardians with language barriers or Public Charge concerns.
- In 2021, Arlington ADSD was selected by the National Council on Aging (NCOA) to establish a pilot program, WINGS, to assess and evaluate the delinquency rates around annual

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- guardianship reporting; determine reasons for delinquency; and recommend corrective actions to include resources, collaborations, and interventions.
- Recommendations have been shared with the Northern Virginia Aging Network (NVAN) with hopes to require training for guardians as part of the 2023 General Assembly Legislative platform.
- As part of this pilot, Arlington performed case assessments and interviews with 41 family guardians whose annual reports were not submitted on time. The guardians were 39% White, 14% Black/African American, 7% Multi-racial, 4% Asian, 36% Other, and 39% Hispanic. 46% lived in Arlington. Among family guardians interviewed, 46% sought assistance in completing the annual report from staff or friends/family. 73% of Hispanic guardians reported seeking assistance.
- In FY 2022, Arlington ADSD developed a new online training resource for DHS volunteers and prospective family guardians where DHS are the petitioner.
- In addition to a regular caseload, an AS staff member helps to manage this program. A new Management Intern was hired in Spring 2022 to help with monitoring the program and to conduct outreach to guardians regarding reports and to serve as a resource.

Recommendations	Target Dates
<ul style="list-style-type: none"> • Continue to use and promote the online training resource to onboard new DHS volunteers and prospective family guardians where DHS is the petitioner. • Establish a process for Commissioner of Accounts to provide training for newly appointed Conservators. • Recruit new volunteers to serve as Volunteers and Conservators for DHS clients. Conduct outreach at 55+ centers, libraries, and other community events to grow the pool of volunteer guardians, and all new volunteer guardians will complete the new guardianship training. Contact law school alumni associations and other relevant program alumni groups to find volunteers with professional experience. • Explore options to hire a FTE to monitor the guardianship program and conduct outreach to guardians regarding reports and to serve as a resource to guardians. • Send out delinquent notices and reminder letters go out to guardians monthly rather than quarterly. • Create an outreach presentation about guardianship for the schools as a large number of guardians in Arlington (and nationwide) come from the school system. Develop handouts regarding informed decision making and other less restrictive choices. • Conduct virtual “town halls” presentation to the general public. Partner with an attorney to be present for any legal questions/to speak on the court proceedings. Create a booklet to help the guardians complete their reports and keep track of important information. • Offer recommendations and policy advocacy with stakeholders and constituents to: <ul style="list-style-type: none"> ➤ Mandate background checks for all guardians ➤ Mandate guardianship/conservatorship training for all guardians 	<ul style="list-style-type: none"> • Ongoing • FY 2023 Q4 • FY 2023 Q4 • FY 2024 • FY 2023 Q2 • FY 2023 Q2 • FY 2023 Q4 • Ongoing

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| <ul style="list-style-type: none">➤ Require translation Annual Report into 5 most popular languages (i.e., Spanish)➤ Explore accountability for Rep Payees if Conservatorship not required | |
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Forecast

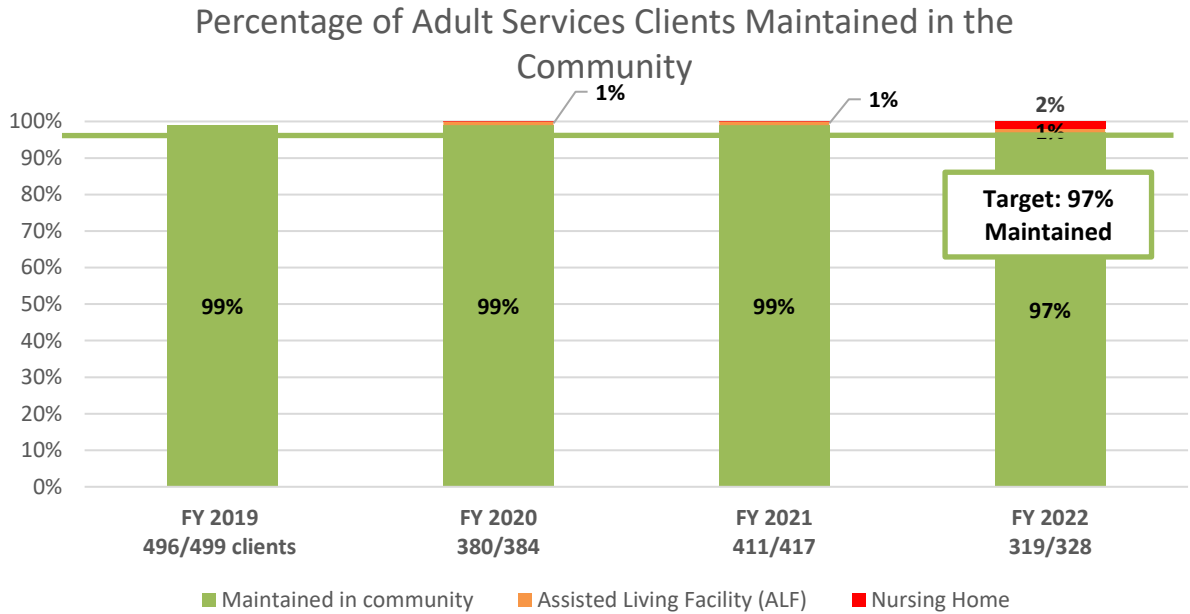
- In FY 2023, we anticipate 90% of reports will be submitted on a timely basis.

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Adult Services

Measure 3.1 Clients live in the most independent/least restrictive setting

Data



Data Summary

- In FY 2022, 97% (319 of 328) of clients were maintained in the least restrictive environment. Four clients were placed in a nursing facility (NH) and 5 clients were placed in an assisted living facility (ALF).

What is the story behind the data?

- Adult Services works to support individuals in remaining in the community using a combination of case management and community resources – including physical and behavioral health services, economic supports, housing services, police and fire departments, and code enforcement. Case managers use monthly contacts to assess individuals’ changing needs and provide holistic, person-centered services and support.
- Placement in an ALF or nursing home may be required if an individual has a decline in their functional ability to live independently, increased care needs, lack of or limited social supports and/or the environment does not support the individual’s ability to remain safe despite available resources.
- AS staff are familiar with screening criteria and eligibility and often discuss long-term and end of life care with clients and social support to help prepare individuals for accessing a higher level of care when needed.
- Staff attend monthly meetings with DARS staff and routinely consult with community partners (i.e., LTC facilities, home health agencies, hospitals) regarding screening criteria, policy changes, policy implementation, etc.

Recommendations

Target Dates

- Continue to discuss long-term services and supports as well as planning for long-term care with all clients who are potentially eligible, and ensure staff are familiar and confident in speaking

- Ongoing

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<p>about the wide range of LTSS that may help clients live safely and independently in the community of their choice.</p> <ul style="list-style-type: none">• Improve reporting methods by shifting to a Microsoft Forms report to capture monthly metrics and data from AS staff that include connections to CCC+ waiver, CLP/in-home services, connections to BHD services and the unmet needs. Capture data that includes active clients 1) maintained in the community, 2) with CCC+ waiver services, 3) connected to Community Living program (CLP), 4) connected to mental health services and 5) in need of mental health services but refusing.	<ul style="list-style-type: none">• FY 2023 Q2
Forecast	
<ul style="list-style-type: none">• Anticipate that in FY 2023, 97% of clients will be maintained in the community.	