



# **STRATEGIC PLAN**

**2009 – 2011**

**HOME CARE QUALITY AUTHORITY**  
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## **SECTION 1: INTRODUCTION**

### **Overview**

The Home Care Quality Authority (referred to as “HCQA” or “the Authority”) is an agency of Washington State government and is governed by a nine-member Board consisting primarily of former and/or current consumers of in-home care services and includes representatives from the Developmental Disabilities Council, the Governor’s Committee on Disability Issues and Employment, the State Council on Aging, and the Washington State Association of Area Agencies on Aging. The Authority currently employs a staff of five persons and its operations are managed by an Executive Director. A principal responsibility of the Authority is to match and refer potential in-home care workers with consumer/employers through a statewide Referral Registry. These services are mostly performed locally through various contractors around the state.

### **History**

HCQA was established by citizen initiative in November 2001 (RCW 74.39A.220 to 290) to improve the quality of in-home care services provided by home care workers (also referred to as individual providers or IPs) through better regulations, higher standards, increased accountability, and the enhanced ability of consumers to obtain services. In addition, the Authority was created to encourage stability in the in-home care work force through collective bargaining and by providing training opportunities. The unique relationship the Authority has with in-home care workers necessitates an on-going commitment to effectively work with consumers, legislators, other agencies of state government, and the home care workers’ authorized representative for collective bargaining.

In May 2002, the Governor appointed the nine-member Board and in June the Board held its first meeting. A permanent Executive Director was hired several months later in October.

In 2003, HCQA completed negotiations with the Service Employees International Union (SEIU Healthcare 775NW) over a collective bargaining agreement that would cover approximately 25,000 home care workers. After this first-ever agreement won legislative approval, HCQA began working on its successful implementation.

In 2004, the legislature made several significant changes to the statute under which the Authority was created. One of the principal changes provided that the Governor, rather than HCQA as authorized previously in the statute, would be the public employer of home care workers solely for the purpose of collective bargaining. This brought it more closely in line with other collective bargaining laws. The Authority’s continued role was to provide consultation during bargaining and to communicate issues relating to in-home care services received by consumers. HCQA also continued to be responsible for implementation of some provisions of the collective bargaining agreement; most notably

the new created IP Workers' Compensation Program and the creation of a Multi-Employer Trust to provide health care for eligible home care workers.

Also in 2004, the legislature provided funding for HCQA to develop and test an accessible Referral Registry database pursuant to RCW 74.39A.250. In addition, HCQA was awarded a \$1.4 million dollar Demonstration Grant from the Centers for Medicare and Medicaid Services (CMS) that would be used to implement four (4) pilot Home Care Referral Registry (HCRR) sites serving nine counties (Spokane, Whitman, Stevens, Pend Oreille, Ferry, Snohomish, Lewis, Thurston, and Mason) of the state and putting into operation the Referral Registry database. The success of the demonstration sites created a demand to provide these services statewide.

The Demonstration Grant also provided funds to develop individual provider and consumer training curriculums and products to be used by the HCRR sites. These training products have included manuals, DVDs and CDs delivered through manual self-study, classroom and on-line modalities. The Grant also funded a small peer-mentor program and a professional development program (through local community colleges and other training centers) for home care workers.

In 2005, the legislature amended RCW 74.39A.270 to provide that HCQA work to obtain informed input from consumers on their interests, including impacts on consumer choice, for all issues proposed for collective bargaining. The legislature also directed the expansion of Referral Registry services to cover the entire state.

In 2006, HCQA successfully completed its project to provide Referral Registry services throughout the state.

In 2007, the legislature directed HCQA to co-chair a Workgroup of the Washington State Long Term Care Task Force. This Workgroup was established to evaluate current training requirements for long-term care workers with respect to the quality of care provided to vulnerable people across all home and community-based long-term care settings. The Workgroup was directed to make recommendations relating to the appropriate number of basic training hours, the content of basic training curricula, and the development of criteria associated with certification of new long-term care workers. The Workgroup was also directed to examine cited deficiencies of care in various long-term care settings and to evaluate training needs based on medical versus social models. The Workgroup issued its report in December 2007.

### **The Present**

In 2008, the Authority's principal service program, the Home Care Referral Registry (HCRR) is operated in local offices around the state through fourteen separate contracts with organizations that include area agencies on aging, home care agencies, and a health service agency. The Authority continues to work to improve Registry systems, streamline processes to enhance services and monitor contract performance. Performance reviews of the HCRRs at this time indicate that they are meeting or exceeding expected performance benchmarks.

HCQA continues to be responsible for the IP Workers' Compensation Program and serves as the state's Public Liaison to the SEIU 775 Multi-Employer Health Care Trust which now provides health insurance for over 9,000 home care workers, individual providers and home care workers.

The Authority also continues to be heavily engaged in collective bargaining and related issues: serving on the negotiations committee; obtaining informed consent from consumers on bargaining related issues that may impact them; and providing consultation and assistance to other state agencies regarding worker-related issues and policies.

In addition, HCQA has also been active working with researchers at the Washington State University to conduct ongoing research and statewide surveys of home care workers and consumers of in-home care services that provide critical data to assist in policy development and understanding of workforce trends in Washington State. These surveys and associated research are nationally recognized and routinely cited by other researchers, policy makers and organizations interested in the long term care workforce.

The Authority's nine-member Board provides direction and guidance to staff as the role and duties of HCQA have continued to evolve. The Board has a steadfast commitment to improve the quality of in-home care services. They provide a bedrock of support for consumer rights and remain consistently united in their advocacy for consumer choice. Board members are also active in both their communities and organizations, educating the public and pursuing activities intended to support the Authority's Mission.

#### **HCQA MISSION:**

The mission of the Home Care Quality Authority is to improve the quality of, and access to, providers of in-home care services and to empower consumers that are eligible for Medicaid in-home care services by:

- Providing access to screened individual providers;
- Producing information on how consumer/employers can best manage their in-home care services; and
- Engaging in activities and partnerships to resolve workforce issues and promote training opportunities for in-home care providers and consumers of in-home care.

#### **HCQA VISION:**

The Authority will support individuals who require long-term, in-home care consistent with their needs, values, and preferences. To accomplish this, the Authority will:

- Educate consumers about the choices available for receiving in-home care services;

- Promote recruitment and retention of current and potential quality in-home care workers;
- Simplify the process of matching consumers with in-home care workers; and
- Provide assistance in locating in-home care workers through use of the Home Care Referral Registry (HCRR).

**CORE VALUES:****Leadership:**

The Authority, through its consumer Board, provides leadership by collaboratively setting standards and advocating for consumer choice and options in home care services.

**Diversity:**

The Authority will always embrace the diverse consumer populations we serve by understanding each population's uniqueness. The Authority will give equal attention to families of children with disabilities, aging adults and adults with disabilities who use and need individual caregivers for personal care and respite services.

**Advocacy:**

The Authority will work with its consumer Board and other consumer/employers and their families, advocates, providers, and funding sources to encourage improvements in quality and availability as well as acknowledging consumer preferences by working to improve how their home care services are provided.

**Accountability:**

Individual providers will be held accountable, in accordance with the Authority's standards, for the in-home care they provide. The Authority's standards will continually reflect the consumers' interests and needs.

**Quality:**

The Authority will ensure screened and qualified individual providers are available to support consumers in meeting their personal in-home care needs.

**Collaboration:**

The Authority will continue to establish and cultivate partnerships with all stakeholders in order to further the agency's mission of improving the quality of in-home care services in Washington State.

**Integrity:**

The Authority will conduct all business openly and honestly.

**Empowerment:**

The Authority will strive to educate, inform, and involve consumer/employers and their families as they seek to manage their personal in-home care needs and preferences.

**STATUTORY REFERENCES (REVISED CODE OF WASHINGTON):**

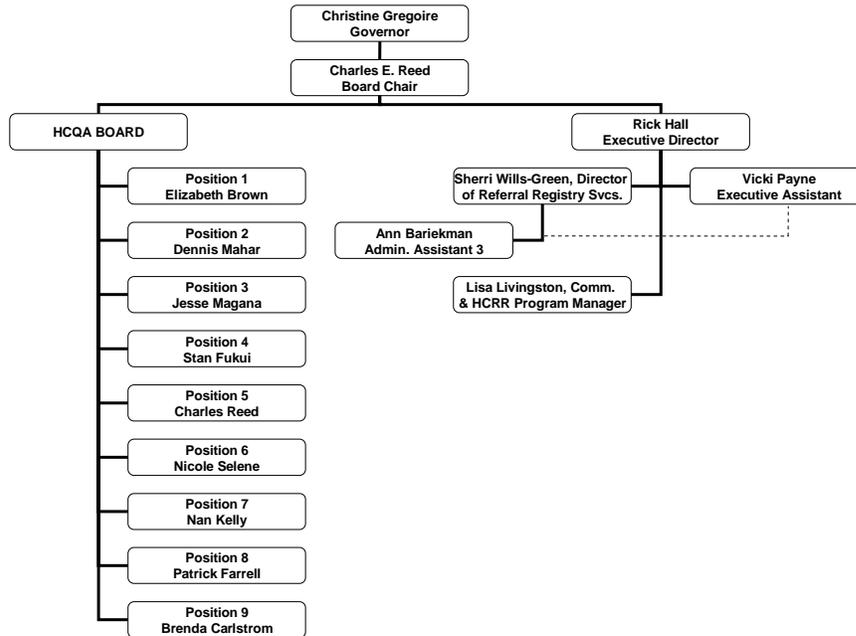
The enabling legislation for the Home Care Quality Authority is found in RCW 74.39A.220 to 74.39A.290.

**RULES (WASHINGTON ADMINISTRATIVE RULES):**

The Home Care Authority has rule-making authority and these rules are found in WAC 257-01 (HCQA Organization); WAC 257-05 (Safety); and WAC 257-10 (Referral Registry).

The Authority also offers administrative hearing opportunities for in-home care workers who are removed from the Referral Registry and these rights are covered under Chapter 34.05 RCW of the Washington Administrative Code.

**HCQA ORGANIZATION**



**PRIORITIES OF GOVERNMENT:**

The Home Care Quality Authority services contribute to the statewide Priorities of Government results by **improving the security** of Washington’s vulnerable citizens through in-home referral services provided by locally-contracted Home Care Referral Registries. These registries screen potential in-home care workers, follow-up on worker placements and provide extra training to both workers and consumers. In addition, these services provide access to the needed personal care services which allows people to remain in their own homes and communities, thereby **improving the health** of Washingtonians.

The Home Care Quality Authority **improves the safety** of in-home care workers through its workers compensation, safety training and claims programs.

**SECTION 2: GOALS, STRATEGIES AND OBJECTIVES**

**GOAL 1: Stabilize the Workforce and Improve the Accessibility of Home Care Services.**

**Objective 1:** Increase the number of active in-home care workers registered with Home Care Referral Registries in fiscal years 2010 and 2011.

- **Strategy 1:** Increase communications with Area Agency on Aging contract managers and Information and Assistance staff.

- **Strategy 2:** Increase communications with DSHS' Home and Community Services (HCS) and Division of Developmental Disabilities (DDD) regional staff.
- **Strategy 3:** Provide information about the HCRRs at continuing education and orientation classes for in-home care workers.
- **Strategy 4:** Develop local partnerships with agencies such as Employment Security and Community Colleges.
- **Strategy 5:** Sponsor at least an annual statewide conference for HCRR coordinators to share best practices in the area of in-home care worker recruitment.
- **Strategy 6:** Increase marketing activities by developing outreach and promotional materials targeted to prospective in-home care workers.

**Performance Measure:** The number of in-home care workers registered with the Home Care Referral Registries will increase by 10 percent in both fiscal years 2010 and 2011.

**Objective 2:** Increase the number of consumers using the Home Care Referral Registry in fiscal years 2010 and 2011.

- **Strategy 1:** Develop informational brochures about the Home Care Referral Registry services to be given to consumers of long-term care services by HCS, DDD and Area Agency on Aging case managers and social workers.
- **Strategy 2:** HCRR contractors will attend functions at local senior centers, senior lobby events, senior nutrition sites, ethnic community events, independent living centers, and consumer advocacy networks to promote the use of HCRR services to assist consumers who wish to exercise their right of choice of an in-home care worker.
- **Strategy 3:** Sponsor at least one annual statewide conference for HCRR coordinators to share best practices in the area of outreach to potential consumers of in-home care services.
- **Strategy 4:** HCQA to increase marketing activities by developing outreach and promotional materials targeted to consumers and potential consumers of in-home care services.

**Performance Measure:** The number of consumers using Home Care Referral Registry services will increase by 10 percent in fiscal years 2010 and 2011.

**Objective 3:** Increase the average number of in-home care workers employed through the Home Care Referral Registry in fiscal years 2010 and 2011.

- **Strategy 1:** Continue to improve and refine the provider search function for case managers using the Referral Registry Data Base.
- **Strategy 2:** HCRR contractors will consistently attend unit meetings and statewide meetings of case managers who authorize home care services, including case staffing as well as training on case management data base system.
- **Strategy 3:** Fully develop the temporary in-home care worker portion of the program as authorized in statute, including back-up worker services for consumers and their families that need them.
- **Strategy 4:** Work with DSHS policy staff for potential expansion of Home Care Referral Registry functions to make registered in-home care workers “labor-ready” in order to be authorized to provide Medicaid home care services.

**Performance Measure:** The average monthly number of in-home care workers finding employment through Home Care referral Registries will increase by 10 percent in both fiscal years 2010 and 2011.

**Objective 4:** HCQA will continue to explore providing registry services to private-pay consumers.

- **Strategy 1:** Identify a potential pilot site for private-pay consumer access to HCRR services.
- **Strategy 2:** Working from the feasibility study, identify options, obstacles, and opportunities to implement private pay access to the referral registry.
- **Strategy 3:** Develop the policies, accounting practices, and operational protocols for a potential private pay referral registry pilot site.

**Performance measure:** By the end of fiscal year 2010 HCQA will complete a comprehensive analysis clearly showing the pros and cons of private pay access to the referral registry.

## **GOAL 2: Improve the Quality of Home Care Services.**

**Objective 1:** Increase the percentage of consumers that are satisfied with Home Care referral Registry services.

- **Strategy 1:** Conduct at least one consumer survey by June 2011. Integrate findings from surveys into HCRR training, performance standards, and corrective action.
- **Strategy 2:** Mail questionnaires monthly to consumers who have requested a referral during that month.
- **Strategy 3:** Continue to refine and develop statewide performance standards and procedures for HCRRs.
- **Strategy 4:** Perform bi-annual performance measurements of HCRRs.
- **Strategy 5:** Produce and deliver at least two new products or programs for consumer education by June 2011.

**Performance Measure:** HCQA Consumer Satisfaction in fiscal years 2010 and 2011 will average at least 80 percent.

**Objective 2:** Performance scores of Referral Registry sites will increase from fiscal years 2010 through 2011.

- **Strategy 1:** HCQA will provide technical assistance to HCRRs to implement corrective action plans and to improve local registry operations.
- **Strategy 2:** Seek additional FTEs to fully conduct the contract monitoring and prioritize technical assistance to HCRRs.
- **Strategy 3:** Incorporate corrective action plans into contract deliverables.
- **Strategy 4:** Develop an internal focus on continuing quality improvement.
- **Strategy 5:** Update the Performance Monitoring tool to measure compliance with Referral Registry service delivery expectations
- **Strategy 6:** Provide technical assistance through best practice designs, monitoring, and HCRR annual conference.

**Performance Measure:** Average statewide performance scores of Referral Registry sites will increase by five percent from fiscal years 2010 through 2011.

**Objective 3:** HCQA staff will increasingly provide quality support to HCRR contractors.

- **Strategy 1:** Represent and support HCRR mission at DSHS policy and management level discussions.
- **Strategy 2:** Provide or arrange for timely technical and operational support.

- **Strategy 3:** Continue development of new marketing strategies for HCRR services.

**Performance Measure:** HCQA staff performance in this area will improve by five percent from July of 2009 to June of 2011 based on the HCQA Contract Management Service Delivery Summary.

**GOAL 3: Increase the cost-effectiveness and utilization of the Home Care Referral Registry Services.**

**Objective 1:** The average unit cost per in-home care worker employed through the HCRRs will decrease in fiscal years 2010 and 2011.

- **Strategy 1:** Expand the temporary worker program to all HCRRs to increase likelihood of consumers choosing HCRR services.
- **Strategy 2:** Expand HCRR functions to make registered in-home care workers “labor-ready” (screened, trained, and contracted) in order to be authorized to provide Medicaid in-home care services.
- **Strategy 3:** Analyze results of interagency agreement with Aging and Disability Services to fund a project FTE in King County to determine necessary service delivery adjustments in either ADSA or HCQA
- **Strategy 4:** Consider expansion of the King County project FTE model based on success and cost benefits achieved.

**Performance Measure:** The average unit cost for employed in-home care workers will decrease by five percent in the last quarter fiscal year 2010 compared to the last quarter of fiscal year 2009. The unit cost will decrease by an additional five percent in the last quarter of fiscal 2011 compared to the last quarter of fiscal year 2010.

**GOAL 4: HCQA will provide staff to take systematic actions necessary to satisfy the requirements for quality that will: enhance confidence in Referral Registry services, fully carry out the duty to monitor contracts, prioritize technical assistance, develop rules more efficiently, utilize best practices and focus on implementation of strategies and programs that keep pace with demands.**

**Objective 1:** HCQA will acquire funding for two additional program managers.

- **Strategy 1:** Write a decision package for the 2009-2011 budget that appropriately describes and supports the need to fund two WMS FTEs.
- **Strategy 2:** Appropriately seek support for HCQA decision package.

**Performance Measure:** HCQA will receive legislature approval to fund two additional WMS program managers by June 30, 2009.

**GOAL 5: Provide a mechanism for citizens to have input into long-term care policy.**

**Objective 1:** Consumers of Medicaid home care services will provide critical input into HCRR policy development.

- **Strategy 1:** Regular updates by HCQA Executive Director to obtain feedback from HCQA Board Members on home care issues and other developing policy scenarios.
- **Strategy 2:** Produce and distribute quarterly newsletters to stakeholders providing updates on matters of interest related to home care in Washington State.
- **Strategy 3:** Utilize input from HCQA's consumer survey and home care worker survey as it relates to necessary policy development.
- **Strategy 4:** Educate consumers regarding the Collective Bargaining Agreement through quarterly newsletters and public discussions.

**Performance Measure:** HCQA-sponsored public discussions related to collective bargaining with recognized consumer organizations will occur no less than three times in fiscal years 2010 and 2011.

**Objective 2:** HCQA Board members will serve as community liaisons, identifying issues and solutions related to long-term care.

- **Strategy 1:** Assist Board members to connect with advocacy groups and consumer organizations.
- **Strategy 2:** Provide information at Board meetings so that Board members can make informed policy decisions.
- **Strategy 3:** Represent consumer interests in collective bargaining.

**Performance Measure:** The Board will report at least 10 monthly contacts with community organizations.

### **SECTION 3: ASSESSMENT OF EXTERNAL CHALLENGES AND OPPORTUNITIES**

The **public expectations** of the agency revolve around Initiative I-775, which had significant approval from the citizens of Washington. In general, the initiative promoted higher standards and accountability of in-home care workers. Accessibility to workers was also a dominant theme of the initiative. All of these expectations are currently being implemented through the operations and implementation of the Home Care Referral Registries (HCRR) throughout the state. These Registries provide referral services, regular screening of the in-home care workers, additional orientation training for workers and consumer education.

The **external environment** that the Authority operates in is multifaceted. HCQA operates its necessary functions with direction from the Governor-appointed Board, and the State Legislature. The Federal Medicaid program (Title XIX) also directs the activities of the agency. The external environment also includes consumers of in-home services (both private and publicly funded), the Department of Social and Health Services (DSHS) and its Aging and Disability Services Administration (ADSA) which authorizes and provides funding for the vast majority of home care services in this state, Area Agencies on Aging, the Developmental Disabilities Council, the Governor's Committee on Disability Issues and Employment, the State Council on Aging, in-home care workers, SEIU Healthcare 775NW (the bargaining representative for individual providers), Disability Rights Washington, various consumer advocacy groups, the Office of Financial Management, the Washington State Long-Term Care Task Force, the Department of Labor and Industries (L&I), other DSHS Administrations, and the Office of the Governor.

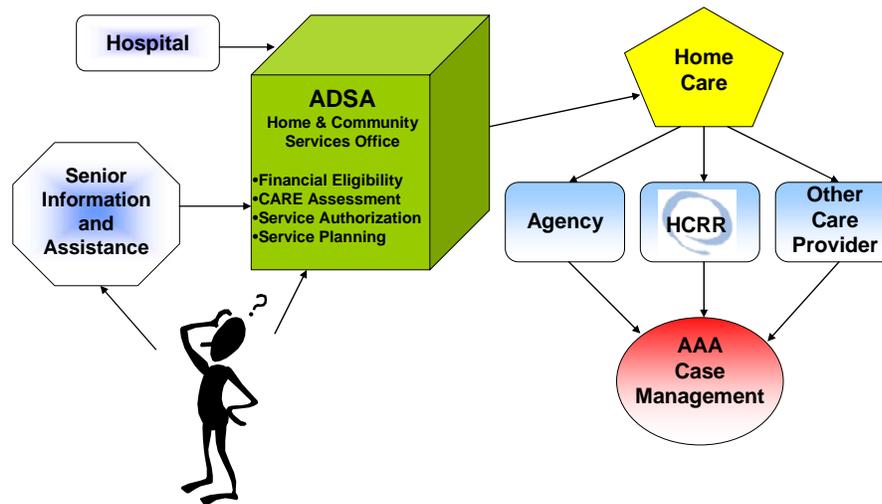
Many of the organizations, agencies or boards comprising the Home Care Quality Authority's external environment are either regulatory or provide input to the direction of the HCQA relating to topics ranging from collective bargaining to Home Care Referral Registry policies. These significant external forces include entities and processes that HCQA can and does influence in an effort to attain the agency's goals; ADSA, the Area Agencies on Aging, and SEIU Healthcare 775NW.

The primary external factor for the Authority is the consumer of in-home care services. HCQA has developed some basic marketing strategies for consumers (and workers) to encourage use of the Registry. According to Federal law, the choice of how or by whom in-home personal care services are delivered belongs to the consumer. In most circumstances, if a consumer selects a specific individual to provide his or her care, that individual is already known to the consumer, either as a relative or previous acquaintance. However, if a consumer has not already identified an individual to provide care, the consumer is typically referred to a home care agency for their in-home care services. If HCQA marketing strategies continue to be successful, many consumers who would otherwise be referred to an agency will choose to interview and hire their own individual provider from referrals made to them by the Referral Registry. By directly hiring their own providers, consumer choice is supported and, intentionally,

the quality of the employment match should be improved. In addition, services provided by individual providers cost approximately five dollars (\$5) per hour less than the same services provided by an agency home care worker.

The chart below is an illustration of how a consumer receives publicly funded in-home care:

## Long-Term Care Delivery Systems



The trend for delivery of long-term care services in a person's home will continue to increase as the number of persons with disabilities grows in both the young adult and older populations. According to the 2000 Census, Washington is home to over 125,000 individuals with two or more disabilities, one of which is a self-care disability. Many of these individuals currently receive some type of assistance with the activities of daily living or will need assistance in the future. The majority of persons will choose to receive those services in their own home versus care in another setting. In addition, the U.S. Supreme Court's Olmstead Decision has promoted the growth in the number of people who use Medicaid in-home services.

The use of individual providers in the delivery of in-home care services offers consumers a choice in delivery of services and has proven to be cost-effective. In fiscal year 2010 approximately 30,000 consumers in Washington State will receive publicly funded in-home care services from either an agency or an individual provider, or both. The average hours of in-home care provided to these consumers will be approximately 103 hours per month. Proper management and utilization of this workforce will increase the value of the individual provider program.

Individual providers contribute greatly to the Medicaid and in-home care services provided by the state. In a recent study by the Joint Legislative Audit and Review Committee (JLARC), consumers of in-home services identified that they preferred hiring

their own provider over obtaining the services of a home care agency. A major factor driving this preference was the ability to develop a consistent relationship with the same worker rather than having new and/or rotating agency workers in their home. Historically, however, home care agencies have been considerably more available in emergent staffing situations and the workload burden on DSHS and Area Agency on Aging case managers has been considerably greater when a consumer chooses an individual provider instead of an agency.

## **SECTION 4: ASSESSMENT OF INTERNAL CAPACITY AND FINANCIAL HEALTH**

The HCQA is still a relatively new state agency that employs a staff of five. Although small in size, the organization has strong staff members with various professional expertise that contribute positively to the overall operations of the agency. The staff members include:

- **Executive Director**—responsible for overall operations, management and administration of the agency and implementation of collective bargaining agreement.
- **Executive Assistant**—responsible for daily administrative functions.
- **Director of Referral Registry Services**—responsible for Referral Registry project administration and overall management of the HCRRs.
- **Communications & HCRR Program Manager**—responsible for agency communications, marketing and regional HCRR contract management.
- **Administrative Assistant**—responsible for direct administrative support for program managers, project coordination, office reception, and customer services.

### **Business Needs Assessment**

As the number of consumers, in-home care workers and case managers who utilize Home Care Referral Registry services increases, the pressure on the current infrastructure provided by HCQA continues to grow. As with any service, increased utilization brings increased liability, particularly when vulnerable adults and children are the primary customer. As more authorizing case managers and social workers use the Registry to assist their clients to find a home care worker, it becomes even more crucial that the HCRRs provide accurate information about the availability and suitability of prospective workers. Failure to do so would cause a lack of confidence by both, or worse, negative outcomes for consumers.

The Authority is experiencing an increase in the number of individual providers that are either removed or are denied placement on the Referral Registry for a variety reasons. Because of this, the staff time necessary to review these cases and/or situations will

continue to increase. In addition, there is a pressing need for speedier rule development surrounding use of, or placement on, the Registry. The need for administrative hearings and legal representation may likely increase also.

In the immediate future, HCQA will experience the need to provide increased oversight of the HCRRs by more fully carrying out its duty to monitor contracts, prioritize technical assistance, utilize best practices and provide some measure of quality assurance for HCRRs. Planning and implementation of additional duties for HCRRs are currently underway, including pre-contracting of prospective workers. There is also ongoing discussion of utilizing the HCRRs for some aspects of provider management. These factors, along with the upward trends in use of the Registry by workers and consumers, combined with the need for increased support of basic operations clearly advance the need for a minimum of two additional program managers.

Additional program staff will also provide the opportunity to focus on implementation of strategies and programs within the HCRRs to keep pace with demands. The Authority will also be better able to meet its statutory obligations through development of products and/or programs intended to help inform and train consumers. In addition, the Authority's ability to interact more fully with its external environment will certainly benefit.

Long term, HCQA anticipates growth of about one FTE per year, given trends and workload activities. While this growth seems relatively modest given the trends described, HCQA will use outsourcing wherever possible to manage this steadily increasing workload.

## **SECTION 5: CAPITAL AND INFORMATION TECHNOLOGY NEEDS**

The HCQA Information Technology Vision relates directly to the agency's mission to support accessibility, expansion and stabilization of the workforce while enhancing quality through training and accountability measures. With limited available staff, the HCQA IT vision must be efficient and cost-effective, continually working to improve the business of the HCQA. In the future, as the work of the HCQA continues to develop and change, a responsive Information Technology Vision is vital for support changes.

Currently and in the future, HCQA anticipates growth in the statewide Referral Registry operations, creating additional linkages to DSHS systems for sharing data and accessing contract and provider data bases, identifying and processing consumer complaints, and serving as a web-based information warehouse with educational opportunities for consumers and in-home care workers.

HCQA contracts with General Administration for Information Technology support and internet access. HCQA holds a contract with Brewer Consulting Services for development, refinement and support of the Home Care Referral Registry data base. HCQA leases server space for the Registry data base and HCQA website from the Department of Information Services shared server environment. HCQA maintains and regularly updates information on its website. At this time, the Information Technology

needs of the HCQA are adequately met. However, as we work with DSHS to enable the HCRRs to perform pre-contracting and other duties on behalf of prospective in-home care workers, other connectivity issues will arise.

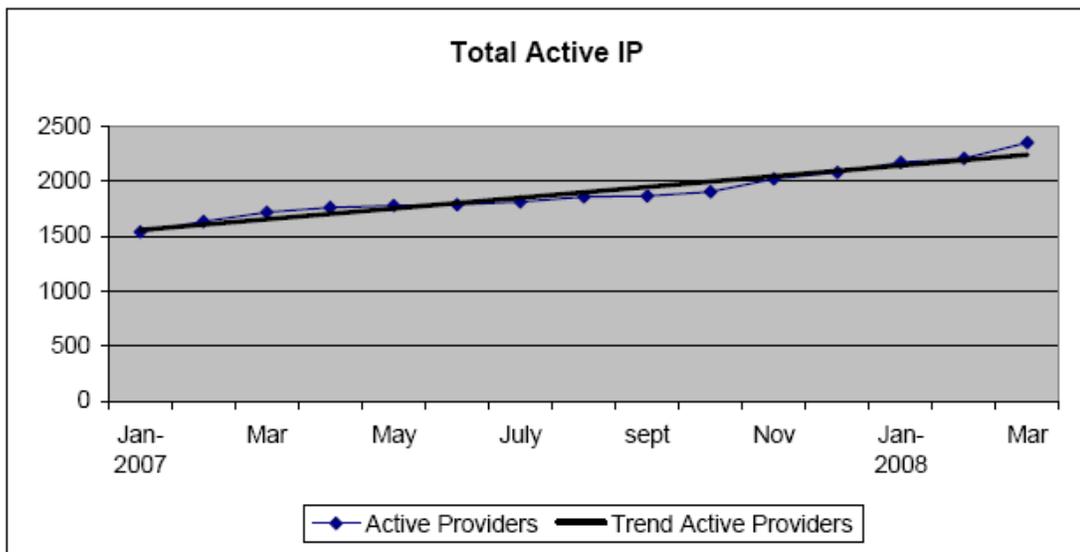
The Home Care Quality Authority is located at 4317 6<sup>th</sup> Avenue SE, Suite 101, Lacey, Washington, 98503.

## **SECTION 6: PERFORMANCE ASSESSMENT**

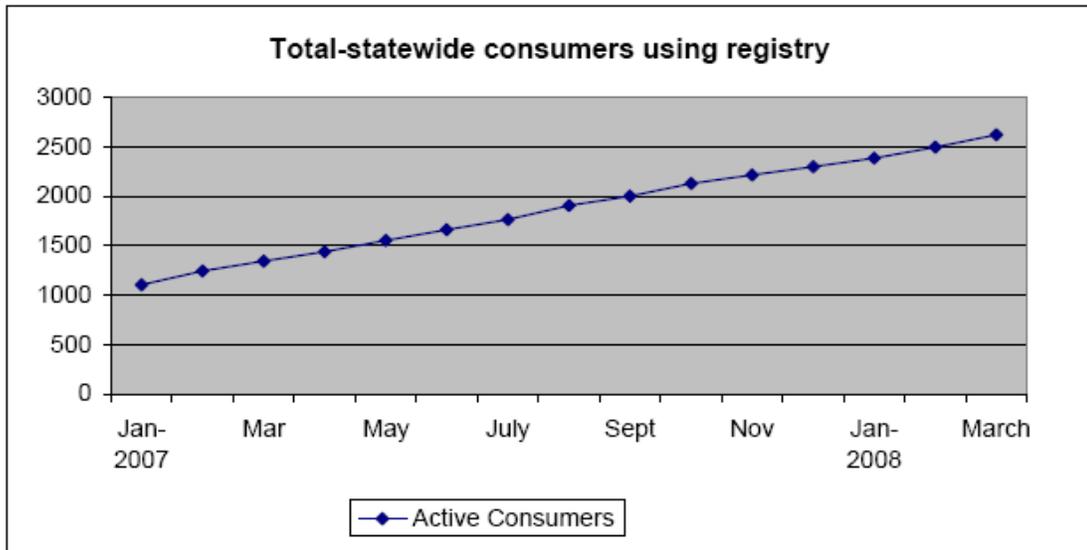
HCQA is a small, relatively new state agency. Since its inception in 2002, significant changes in leadership and direction have created new challenges and opportunities for HCQA. The Strategic plan reflects these changes in terms of goals, objectives and strategies. Some major accomplishments for the agency include:

- Major improvements to the HCQA data base were accomplished during calendar year 2007 and were available to all case management staff in February 2008.
- A peer mentoring services program became available statewide in 2008. This program draws on the expertise and professionalism of identified caregivers in each HCRR area to assist other caregivers to develop their skills as professional in-home care workers.
- The following training and caregiver information materials were produced by HCQA staff:
  - HCQA quarterly agency newsletter (2005 to present)
  - Press releases regarding Registry services to various local and state media outlets (2005 to present)
  - Quarterly safety newsletters (2005 to present)
  - Agency website redesign and deployment (2007 to present)
  - Continued upgrades to the HCRR data base (2007 to present)
  - Service delivery expectations for HCRR contracts were developed and site monitoring related to those expectations was initiated (2007)
  - The HCQA Support Survey Tool was developed to measure how well HCQA staff provide support for HCRR contractors (2007)
  - Consumer Satisfaction Surveys were developed and implemented (2007)

- Through contract with Washington State University, surveys were conducted of in-home care workers and consumer-employers. The surveys have been used and referenced by researchers across the country. (2007)
- An evaluation of interventions to improve recruitment and retention was also accomplished through contract with Washington State University. (2007)
- A first-ever statewide training for HCRR coordinators and staff was conducted. (2007)
- All HCRR contracts were renegotiated by the fiscal year deadline and within budget allotments. (2007)
- A study to determine the feasibility of allowing access to HCRR services by private-pay consumers was completed.
- Created efficiencies in administration of the Workers' Compensation program for in-home care workers that resulted in a savings of over two-hundred-sixty thousand dollars (\$260,000) per year which reduced costs by more than fifty-four percent (54%) from the previous year. (2007)
- From January 2007 to March 2008 the number of active in-home care workers registered with HCRRs increased by 53 percent (see chart below).



- From January 2007 to March 2008 the total number of consumers using the HCRRs has increased by about 108 per month (see chart below).



- From the first quarter of calendar year 2007 to the first quarter of calendar year 2008 the average number of in-home care workers employed through the HCRRs increased by 93 percent (see chart below).

