Issue Area: Healthy Aging	Office: _	SE WA ALTC COG	
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Goal: SE WA ALTC will continue to maintain and expand its involvement in local community effort to identify and increase free or no cost option for preventative care, exercise, early intervention, access to dental services for seniors, wellness and nutrition education, and team with hospitals for good client outcomes.

Measurable Objectives	Key Tasks	Lead Position &	(By Mon	or 2014-2015 th & Year)	Accomplishment or Update
Each ALTC office will participate in a minimum of 3 senior health fairs during the next 4 year cycle	Will contact health fair personnel to enroll & staff a health fair booth.	Entity LPC's & I&A/ADRC Staff	Start Date June 2014	End Date Nov 2015	ALTC staff participated in community health fairs throughout the AAA region: E'burg 2; Yakima 16; Tri-Cities 2; Walla Walla & Columbia 7; & Clarkston 11.
SE WA ALTC Advisory Board members will continue to advise allocation of the Health Promotion /Disease Prevention funds for use within their specific county.	Advisory Board will participate in advisory allocation meetings	ACM's, LPC's, & ALTC Admin	1/1/14	12/21/15	Advisory Board members participated on 8/18/14
SE WA ALTC, with Advisory Board input, will allocate funds to current CDSMP providers who have demonstrated quality of training as evidenced by evaluations from workshop attendees, timeliness of required billing, numbers and locations served.					
SE WA ALTC Advisory Board members will complete an Elder Friendly survey to assess/identify the senior exercise options available in their communities/county. Advisory Board members will share the information with their County Commissioners and work toward an evidence based exercise program such as SAIL to be incorporated into each county.					

Measurable Objectives	Key Tasks	Lead Position &	Timeframe for 2014-2015 (By Month & Year)		Accomplishment or Update
		Entity	Start Date	End Date	
Each ALTC office will have representation on various local health care promotion, coalition groups or networks to support unmet needs and health care access issues for seniors and disabled adults in their communities/county	Key ALTC Staff will accept invites and volunteer to participate at local community/coalition groups. Participates in Signal Health Care Coordination meetings.	LPC's & I&A/ADRC Staff			ALTC staff participated with a voice in health groups and/or networks throughout the AAA region: E'burg 8; Yakima 15; Tri-Cities 4; Walla Walla & Columbia 5; & Clarkston 5. Creation of the Community Health Plan in Benton & Franklin Counties for 2013 to 2017.
SE WA ALTC will continue to be a part of the Farmers Market program, as targeted funding allows or until program funds or terminated, throughout our eight county areas to provide Farmers Market vouchers to seniors and partner with other evidence based nutrition programs serving diverse age groups.	I&A staff work with local farmer's market program to obtain vouchers for clients and connect with seniors in the community.	LPC's & I&A/ADRC Staff	May 2014 May 2015	Oct 2014 Oct 2015	ALTC admin emails LPC's to make them aware of the start and end date of the Sr. Farmers Market Nutrition Program & referrals are made.
SE WA ALTC will print and distribute disease prevention brochures and other evidence based educational materials used by ALTC staff and other members of the aging network. (Examples include Dry Mouth brochures and other oral health brochures, nutritional guidelines, diabetic education information, tobacco free information and exercise resources in communities).	Distributed various amounts of health materials at the health fairs.	LPC's & I&A/ADRC Staff	Jan 2014	Nov 2015	Disease prevention brochures available in waiting area & via participation in health fairs. Staff does pull info from the internet as needed.

Measurable Objectives	Key Tasks	Lead Position &	Timeframe for 2014-2015 (By Month & Year)		Accomplishment or Update
	,	Entity	Start Date	End Date	
SE WA ALTC will continue to search for and fund an experienced licensed Mental Health medication manager or a Doctor of Pharmacy for high cost in-home COPES or Medicaid Personal Care clients; depression is an identified common issue among high cost clients.					
SE WA ALTC will continue to partner with other health care entities and participate in or offer Wellness conferences in each county. ALTC will promote evidence based programs such as Chronic Disease Self Management Programs or Tomando. Other evidence based programs such as Stay Active and Independent for Life (SAIL) programs will be encouraged as funding allows.	Will contact wellness conference personnel to enroll & promote evidence based programs.	RSVP, CHCW, ALTC staff	March 2014	August 2015	ALTC staff participated with wellness conferences throughout the AAA region: E'burg 1; Yakima 4; & Clarkston 3.
SE WA ALTC Registered Nurses will support Family Caregiver services with consultation, nursing assessment, instructions to families or clients, evaluation of health care needs and access to preventative health care resources throughout the eight county region.	FCSP clients as requested & appropriate regarding health care needs & preventative care throughout the AAA	LPC's & I&A/ADRC Staff	Jan 2014	Dec 2015	I&A and LPC made referrals to the RN's for CG training and education.

Measurable Objectives	Key Tasks	Lead Position &		or 2014-2015 th & Year)	Accomplishment or Update
SE WA ALTC will meet with local hospitals to support reduced repeat hospital readmits within 30 days of initial hospital discharge for like diagnosis.	MOU w/local hospital re: mutual referrals; work with Community Paramedicine program, HV's, & transition services. Local paramedics/fire dept. referrals, attend monthly ER meetings over utilization, CTI coach connects w/local hospital discharge planners regularly. Alliance, Consistent Care, Memorial Hospital & Heart Failure team. Attends Signal Health Care Coordination meeting which address readmits in Yakima County.	Entity LPC's & Program Mgr.	Jan 2014	Dec 2015	ALTC local offices meet with different committees at the hospital or other local medical organizations. Ellensburg: 3 Yakima: 3 Kennewick: 3 Clarkston: 1
SE WA ALTC will partner with local Doctors of Dental Science and Registered Dental Hygienists to improve both access to services, services and education to residents of Southeast Washington.	,	Case Aide, Delta Dental Dental Hygienist	Oct 2014 March 2015 July 2014		Dental Clinic Promotion Feb & March 2015 Presentation to ALTC staff by WA Dental Services Foundation to educate staff on how to discuss topic with clients.
SE WA ALTC will continue to incorporate Oral Health education and screening into many of the services offered by ALTC and develop protocols and referral practices for uninsured low income seniors or uninsured disabled adults	within each community.	LPC's & I&A/ADRC Staff	April, June, & July 2014	Feb, April, March, & Sept 2015	3/2015: Renewed agreement to be referral source for WOHF. Free dental clinic in E'burg, Selah, & Walla Walla. Staff refer to sliding-scale dental program @ CHCW & dental intern programs in Yakima & Seattle. Referrals to CHAS & LCSC dental clinics are made for Asotin. 6 ALTC staff attended a dental health training

Goal: SE WA ALTC will focus some Health Promotion Disease Prevention dollars to ensure access to information and resource supporting wellness and healthy aging for residents over the age of 60.

Measurable Objectives	Key Tasks	Lead Position & Entity		or 2014-2015 th & Year) End Date	Accomplishment or Update
SE WA ALTC will hire degreed staff to support Information and Assistance and ensure that seniors and disabled have access to information and resources.		LPC's	Jan 2014	Dec 2015	The staffing goal has been met in ADRC.
SE WA ALTC will encourage ADRC CMs to participate with local hospital Quality Improvement teams to improve client outcomes and reduce hospital readmissions.	Continuous participation in: GPS, CARE Transitions, Bridges w/Kadlec Regional Medical Center, Memorial Hospital Heart Failure Team, Alliance Consistent Care, & Tri-State Hospital	LPC's	January 2015	current	Met with focus groups at hospitals to advocate on behalf of seniors in the communities.
SE WA ALTC will develop resources packets appropriate for the major chronic illnesses reflected in each county to share at Wellness Conferences, Health Fairs or other health promotion activities.	Make chronic disease info available for health fairs	LPC's, Info Spec., & Case Aide	Jan 2014	Nov 2015	chronic diseases resource material is kept available for use at health fairs. Info is gathered from the "Age Page" website.
SE WA ALTC will continue to assist seniors in the annual review of Medicare Part D coverage through Information and Assistance. ALTC will encourage applicants to consider dental coverage as part of the Medicare suite of services	Stay informed about Med D & assist w/ Med D comparisons/enrollments	LPC's & I&A/ADRC Staff	Jan 2014	On-going	Darlene attends SHIBA mtg's & updates staff on latest info from CMS. Staff assist clients to compare/enroll in Med D plans & MAPs during openenrollment or for individuals who qualify for special enrollment.

Issue Area: Healthy Aging	Office:	SE WA ALTC COG	
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Goal: SE WA ALTC will participate in the expansion Chronic Care Management (CCM) of Medicaid clients to include the dual eligible, Medicaid/Medicare client, to reduce health care costs and promote client wellness.

Measurable Objectives			Lead Timeframe for 2014-2015 Position & (By Month & Year)		Accomplishment or Update
		Entity	Start Date	End Date	
SE WA ALTC will create Policies / Procedures and an orientation strand to support nurses providing Chronic Care Management to Medicaid clients identified in PRISM as eligible for CCM participation				6.30.13	CCM program ended with Health Homes programs starting 7.1.13
SE WA ALTC will identify continuing education opportunities that will benefit nurses and case managers understanding of evidence based practices that will meet criteria for CCM	Classes.	LPCs/CMs	June 2014	On-going	CM's & nursing staff have attended Motivational Interviewing training. ALTC has met this goal in 2014 & 2015. ALTC continues to look for educational opportunities that reflect evidence based practices.
SE WA ALTC will develop a quality assurance Policy and Procedure to ensure nurses are meeting the program requirements of CCM.					CCM program ended with Health Homes programs starting 7.1.13
SE WA ALTC will team with ALTSA and other partners to develop a new Health Action Plan that will incorporate all of the DSHS requested fields in an easy to use format.					

	Issue Area: Healthy Aging	Office:	SE WA AL	TC COG	 	
SE WA ALTC will dev	velop an intra-disciplinary					
team made up of LPC,	Administration staff, Lead					
Case Managers, Case	Managers and Nurses to					
define roles, develop	communication flow and					
coordination of services	5					
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Measurable Objectives	Key Tasks	Lead Position &		or 2014-2015 th & Year)	Accomplishment or Update
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SE/ALTC will participate in the Health Home implementation for Medicaid clients and Medicaid/Medicare (Duals) clients to reduce health care costs and promote client wellness.	ALTC will contract with organizations that will implement the Health Home Care Coordination program	ALTC Program Mgr. & LPC	July 2013	On-going	Contracts in place with: Community Health of Central WA; Central WA Comprehensive Mental Health; Quality Behavioral Health Services; and Yakima Neighborhood Health Services
SE/ALTC will create Policies/Procedures and an orientation strand to support nurses providing Health Home Care Coordination to Medicaid and Duals identified in PRISM as eligible for Health Home Services.					
SE/ALTC will develop a quality assurance Policy and Procedure to ensure nurses are meeting Health Home Service requirements.					