



AGING AND LONG-TERM SUPPORT ADMINISTRATION

Strategic Plan 2019-2021

January 2019



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“Thanks to our innovative, dedicated and hardworking staff across the state, AL TSA continues to transform the lives of thousands of Washingtonians in the face of new and growing challenges.”

- Bill Moss, Assistant Secretary, Aging and Long-Term Support Administration

[Link to AL TSA Organizational Chart](#)

Aging and Long-Term Support Administration Strategic Plan

EXECUTIVE SUMMARY

The **mission** of the Aging and Long-Term Support Administration (AL TSA) is **to transform lives by promoting choice, independence and safety through innovative services.**

Our Strategic Plan is the blueprint for how we transform lives by ensuring Washingtonians can choose where they want to live and receive long-term care, as well as remain safe and have access to quality services. Our Strategic Plan shows our assessment of areas where we excel, and where we can grow. In addition, it summarizes action plans that we are undertaking to continually improve.

Every staff member at AL TSA contributes in supporting individuals to have choice, independence, and safety, whether it’s case managers meeting with clients, licensors visiting facilities all over the state, investigators looking at alleged abuse and neglect or complaints about facility safety, outreach on behalf of the office of deaf and hard of hearing , or the staff who support all of these areas such as training, program development, quality assurance, contracts, information technology, data analysis, facilities or finance. Fully realized, AL TSA staff contribute to the following overall metrics:

Medicaid-Funded Services:

- Home and Community-based services for approximately 58,000 people
- Nursing facility care for 10,000 people
- 1,700+ new individuals requesting Medicaid services every month

Non-Medicaid Home and Community Services:

- Free information and referral for people aged 60 or older: 230,000 contacts
- Senior Nutrition Meal assistance: over 55,000 people
- Family caregivers: over 6,700 receive Family Caregiver Support services and over 800 dyads were served in the Medicaid Alternative Care/Tailored Supports for Older Adults
- Office of the Deaf and Hard of Hearing: case management for over 600 people

Aging and Long-Term Support Administration Mission, Vision, Values

Mission

To transform lives by promoting choice, independence and safety through innovative services

Vision

Seniors and people with disabilities living with good health, independence, dignity and control over the decisions that affect their lives

Values

Collaboration
Respect
Accountability
Compassion
Honesty and Integrity
Pursuit of Excellence
Open Communication
Diversity and Inclusion
Commitment to Service

- Traumatic Brain Injury: about 8,000 calls through the Information and Referral Call Center

Safety, Health and Quality for All Washington Residents:

- Adult Protective Services (APS) Investigations: 35,000
- Facility Complaint Investigations: 19,000
 - Quality or Other Reviews: 17,000
- Licensing and Inspections:
 - Licensed Facilities/Certified Providers: 3,900 providers
 - Licensed Beds: approximately 73,000
 - Annual inspections, surveys and certifications: 2,800 in State Fiscal Year 2018

AGENCYWIDE PRIORITIES AND GOALS

The Department of Social and Health Services (DSHS) Secretary has chosen priorities for the agency based on discussions with staff, clients, stakeholders, the Governor’s Office, legislators and others. These priorities address current needs and anticipate the future. By working together across administrations, DSHS will be able to deliver a range of quality services to Washington residents, work efficiently and effectively and be an employer of choice for our staff.

The DSHS Secretary has five agencywide priorities:

- Prepare for aging Washingtonians.
- Support people in our care and custody.
- Serve people in their home community.
- Provide a pathway out of poverty and become healthier.
- Increase organizational efficiency, performance and effectiveness.

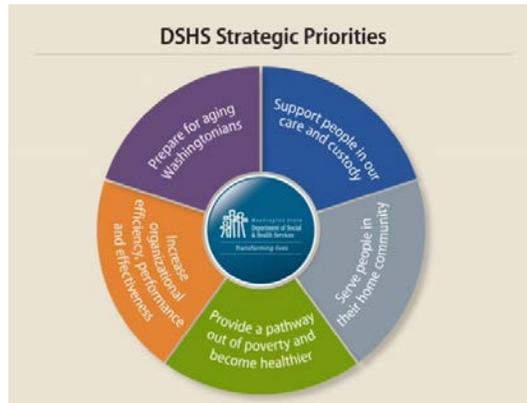
Each strategic objective in this Strategic Plan supports the five broad goals for DSHS:

- Health: Each individual and each community will be healthy.
- Safety: Each individual and community will be safe.
- Protection: Each individual who is vulnerable will be protected.
- Quality of Life: Each individual in need will be supported to attain the highest possible quality of life.
- Public Trust: Strong management practices will ensure quality and efficiency.

Both the Secretary’s priorities and DSHS goals align with:

- The Governor’s goal of Healthy and Safe Communities.
- The Governor’s goal of Efficient, Effective and Accountable Government.





OBJECTIVES

Below are the details of the Strategic Objectives within the Secretary’s priorities. The narrative for each priority describes why the objective is important, what constitutes success and provides an action plan. Some objectives refer to decision packages. These are funding requests DSHS submits to the Office of Financial Management as part of the state budget process. You will see a decision package number for those objectives. DSHS monitors progress in meeting strategic objectives, reports on it quarterly on the [DSHS website](#) and updates objectives as needed.

DSHS STRATEGIC PRIORITY: PREPARE FOR AGING WASHINGTONIANS

Importance: DSHS must be ready for the extreme growth in the number of older adults who will need some type of assistance from us to live independently in their home communities. Estimates from the state Office of Financial Management show the number of Washingtonians aged 65 and older will almost double by 2040 (from 1.2 million to nearly 2 million people) and many will want to live in community-based settings. We must prepare our staff to continue to provide excellent services in response to this influx of clients and assist family members and other providers to safely care for and support these individuals.

ALTSA has established the following strategic objectives to support how we will Prepare for Aging Washingtonians:

Strategic Objective 1.1: Serve individuals in their homes or in community-based settings.

Decision package: 050 - PL – EJ - Targeted Vendor Rate Increase

Importance: The hallmark of Washington’s long-term services and supports (LTSS) system is that, whenever possible, individuals are given the opportunity to live and receive services in their own home or in a community setting. Developing home and community-based services has meant Washingtonians have a choice regarding where they receive care and has produced

a more cost-effective method of delivering services. This results in a better quality of life for clients, with control over the choices they exercise in their daily lives.

Success Measure 1.1.1: Increase the percentage of LTSS clients served in home and community-based settings from 85.6 percent in July 2017 to 86.5 percent by June 2021.

[See Chart AAH.1: Percent of Long-Term Services and Supports Clients Served in Home and Community-based Settings](#)

Action Plan:

- Continue to engage with nursing facilities, residents and families to facilitate successful relocations when the resident chooses to live in a home or community-based setting.
- Pursue additional innovations to serve specialized populations, individuals with complex needs and create new services, through Mental Health Transformation, Medicaid Transformation and development of specialized resources including supportive housing.
- Work with hospitals and community providers to divert individuals from avoidable stays in institutional settings when preferred by the individual.

Strategic Objective 1.2: Develop and expand approaches to serve adults who are older, Medicaid recipients and caregivers.

Decision Package: 050 - ML - EG - Medicaid Transformation Waiver

Importance: Medicaid Transformation is a five-year project with the federal Centers for Medicare and Medicaid Services that provides federal dollars to test innovative, sustainable and systematic changes. As the population of adults who are older grows, the demand for long-term services and supports increases. This creates budget challenges for individuals, their families and the state in paying for needed services. The Transformation project contains three initiatives¹ that look at models that support individuals in meeting their needs while avoiding, delaying or lowering the use of traditional Medicaid services. Families and other informal support providers are integral to Washington’s LTSS system. Finding ways to support them while addressing the needs of the care receiver is an important Medicaid innovation.



Initiative 2 of Medicaid Transformation includes two programs, Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA), which have been in place since September 2017. MAC is available for individuals who are eligible for Medicaid LTSS. Ultimately

¹ Medicaid Transformation includes: Initiative 1: transformation through Accountable Communities of Health; Initiative 2: long-term services and supports; and Initiative 3: supportive housing and supported employment.



this program provides resources to persons in need of care and also to the unpaid family caregivers who are assisting their loved one to remain in the setting of their choice. Additional resources can include training, support groups, respite services, help with housework, errands and home-delivered meals. TSOA provides services and supports to help individuals avoid or delay the need for Medicaid-funded services. Much like MAC, additional resources like training, support groups, respite services, help with housework, errands and home-delivered meals can be provided. Under TSOA resources can also be applied to individuals that do not have an unpaid family caregiver.

Initiative 3 contains two services, Supported Employment and Supportive Housing, also referred to as foundational community supports, that are currently being tested for high-risk populations. These services are necessary to improve health and quality of life and are available to clients who meet the criteria, as well as individuals served by the Health Care Authority and the Behavioral Health Administration.

Success Measure 1.2.1: Implement Medicaid Alternative Care and Tailored Supports for Older Adults and attain an enrollment target of 5,800 recipients by June 2021 with an emphasis on increasing the number of caregivers served in the programs.

[See Chart AAH.14: Number of clients served in the Medicaid Alternative Care and Tailored Supports for Older Adults](#)

Action Plan:

- Continue to partner with Area Agencies on Aging (AAAs) on system and policy enhancements, staff and provider training, and data analysis in order to deliver effective outreach for potential caregivers and clients.
- Implement a statewide plan to increase enrollment of individuals choosing to support their family caregiver.
- Demonstrate outcomes and cost effectiveness for care recipients and caregivers as well as share information to inform program enhancements around the provider group.

Strategic Objective 1.3: Long-Term Care Trust – Conduct planning activities for implementation of the Long-Term Care Trust Act which will deliver a defined contribution benefit to eligible individuals beginning January 2025.

Importance: Long-term care is not covered by Medicare or other health insurance plans, and the few private long-term care insurance plans that exist are unaffordable for most people, leaving over 90 percent of seniors uninsured for long-term care. 70 percent of individuals who reach age 65 will need some assistance with long-term care in their lifetimes. Individuals are not prepared financially for the costs and, without access to insurance or family or friends to provide care, spend down life savings to access Medicaid. Given the demographic shifts of an aging population, a Long-Term Care Trust was created to help individuals and families pay for needed care and to delay or divert the need to spend down assets for Medicaid. AL TSA has a

significant role in the planning and implementation of the Trust Act.

Success Measure 1.3.1: Work with the Trust Commission to develop recommendations and produce a report to the legislature by January 1, 2021.

Action Plan:

- Hire key staff to direct and manage the Long-Term Care Trust project.
- Work with the Governor’s Office to appoint Commission membership (21- members).
- Orient, educate and support Commission members on responsibilities and recommendation formulation.
- Draft and finalize the report on behalf of the Commission.

DSHS STRATEGIC PRIORITY: SERVE PEOPLE IN THEIR HOME COMMUNITY

Importance: When individuals are asked to choose where they want to live and grow old, they almost always prefer to live in their own homes and communities where they can be close to their families, friends, and pets as well as participate in daily activities that are meaningful to them. This is further confirmed through local and national research in addition to quality indicators captured within DSHS and is true regardless of the services they are receiving.

ALTSA has established the following strategic objectives to support how we will Serve People in their Home Community:

Strategic Objective 2.1: Mental Health Transformation – provide new long-term services and supports for individuals transitioning from state psychiatric hospitals.

Decision Packages: 050 - ML - EF - Continue Discharge Placements, 050 - ML - EN - ESF - Capacity Mental Health

Importance: Washington has identified a gap in community options for individuals with behavioral challenges and personal care needs, particularly for those ready to discharge from the state psychiatric hospitals. ALTSA received funding to increase community options and increase the ability of community providers to serve individuals diverting and transitioning from state hospitals. ALTSA’s success in meeting these objectives and ensuring individuals receive the right array of services to meet their individual needs is a shared responsibility. It requires extremely close coordination and a new level of collaboration between ALTSA, state hospitals, behavioral health organizations, managed care organizations, accountable communities of health and community providers.



Success Measures 2.1.1: Increase the quarterly average of state psychiatric hospital-to-community setting transitions from 74 in June of 2019 to 80 through July 2021.

Success Measures 2.1.2: Achieve a quarterly average of 30 clients diverting from psychiatric hospital-to-community setting by July 2021.

[See Chart AAH.13: Number of individuals transitioning from state psychiatric hospitals into community settings](#)



Action Plan:

- Increase types and capacity of specialized community options available to home and community-based clients, including Supportive Housing, Enhanced Services Facilities, Expanded Community Services and Specialized Behavior Support Adult Family Homes by June 2023 by:
 - Working with local partners to address barriers to housing and residential settings and develop community providers who have the expertise to serve a high-needs population, reducing hospital readmissions, including for individuals living in their own homes.
 - Continuing cross system coordination to successfully transition individuals with complex needs that require multi-system services and supports in order to achieve and maintain community stability using an individualized and person-centered approach to help ensure access to intensive care coordination.
 - Continue outreach, necessary technical assistance and education to assist providers in being successful serving this population.

Strategic Objective 2.2: Support people to transition from nursing homes to care in their homes or communities.

Importance: The majority of individuals who require personal care services choose to receive these supports in their home or in other community-based settings. Some individuals stay in nursing homes because they are unaware they have other options, or because they entered some time ago when their needs were more intense, such as after hospitalization. By providing community resources, education and assisting interested individuals to move from nursing homes into a community setting of their choice, we are increasing their quality of life and contributing to the financial health of Washington.

Success Measure 2.2.1: Increase the quarterly average of nursing facility-to-community setting transitions from 950 in June of 2019 to 1,110 by July 2020.

Success Measure 2.2.2: Maintain the percentage of clients without reinstitutionalization within the first 30 days of discharge at or above 94 percent through July 2020.

Success Measure 2.2.3: Maintain the average length of time an individual remains in the community after transition (in months) at or above 10.75 through July 2020.

[See Chart AAH.2: Number of Relocations from Nursing Facilities to Home and Community-Based Settings \(Quarterly; Annuals Show Quarterly Average\)](#)

Action Plan:

- Provide staff with ongoing technical assistance, education, tools and resources to address the changing needs of clients and to sustain community living by providing intermittent or long-term community stabilization services, as needed.
 - Work collaboratively with nursing facilities, residents and families to enable informed decision making related to long-term services and supports available that may assist with transitioning into and maintaining living in their preferred community setting.
 - Continue to develop resources, services and strategies designed to assist individuals who choose to transition from institutional settings and maintain themselves in the community.
-

Strategic Objective 2.3: Consumer Directed Employer - Implement an employment structure for in-home care providers that increases case management time available for clients and decreases administrative burden on the Department while maintaining consumer choice and consumer direction.

Decision Package: 050 - ML - EE - Continue Consumer Directed Employer

Importance: Over the years, managing the Individual Provider (IP) workforce has become increasingly complex due to the growth of the in-home caseload, the increased insight of consumers and expanding demands brought on by new and changing state and federal requirements. Managing this workforce currently falls to ALTSA and Area Agency on Aging case management staff, which diverts their time away from working directly with consumers. Once implemented, the Consumer Directed Employer (CDE) will assume all administrative functions for the IP workforce including payroll, background checks and training requirements, tax reporting, credentialing, electronic visit verification, etc. When the CDE is implemented, case managers will have more time for consumer assessments, service plan development and monitoring, addressing health and safety needs and other important case management activities.

Success Measure 2.3.1: Transition 100 percent of all individual provider personal care and respite hour authorizations to the CDE by July 2021.

Action Plan:

- Complete all staff, consumer and IP readiness activities needed to successfully transition the IP workforce to the CDE.



Strategic Objective 2.4: Process financial applications, complete new assessments and re-assessments and develop service plans for those who apply for services in a timely way so that individuals can be supported in the setting of their choice.

Decision Packages: 050 - PL - E7 - IT - Systems Modernization, 050 - ML - 93 - Mandatory Caseload Adjustments, 050 - ML - 94 - Mandatory Workload Adjustments

Importance: In order to receive long-term services and supports, an individual must be functionally eligible (they require unmet assistance with activities of daily living) and financially eligible (their assets and income must be within limits). This is not only necessary for determining eligibility for Medicaid and LTSS services, but also ensures federal funding can be used to pay for services. Delays in access to medical and support services can leave families without support for their loved one, lead to gaps in housing, and/or result in unnecessary institutional placement. Once approved for services, re-assessment occurs annually to determine continued eligibility.



Success Measure 2.4.1: Increase the percentage of timely financial eligibility determinations from 93 percent in June of 2019 to 96 percent by June 2020.

[See Chart AAH.7: Financial Eligibility Determinations Processed Timely](#)

Success Measure 2.4.2: Increase the percentage of initial functional assessments completed within 45 days of creation to 80 percent by June 2021.

[See Chart AAH.5: Initial Functional Assessments Completed Timely](#)

Success Measure 2.4.3: Maintain the percentage of timely functional reassessments to 98 percent by June 2021.

[See Chart AAH.12: Annual Function Re-Assessments Completed Timely \(AAAs and HCS\)](#)

Action Plan:

- On a monthly basis regional leadership will:
 - Review and analyze delay reason codes for initial and annual assessments;
 - Analyze staff timeline reports to identify areas for performance improvement;
 - Complete a root cause analysis, resulting in improvement strategies and recommendations for implementation;

- Analyze staff performance to identify areas of improvement or need for further examination through root cause analysis;
- Analyze new reports related to intake, worker assignment and assessment completion to identify trends and training opportunities.
- Headquarters staff will:
 - Coordinate the development and implementation of training tools and updated policy for case management and nursing staff on accurate coding of reasons for delay in assessment completion exceeding 30 days.
- Statewide and regional review of performance metrics will be conducted quarterly at statewide meetings to identify best practices, barriers and to determine further division-wide action steps.

Strategic Objective 2.5: Provide education and training to DSHS staff and providers to better serve residents and clients who are deaf or hard of hearing.

Importance: Providing training and education to service providers and DSHS staff on various communication modalities ensures that access points to critical services are well-equipped for effective communication. This is paramount in meeting the needs of individuals who are deaf, deafblind, deaf plus, hard of hearing, late deafened, or who have speech disabilities to support equal access to the benefits afforded to the rest of the community.

Success Measure 2.5.1 Increase the number of service providers receiving education and training in communication access modalities (methods for people who are deaf, deafblind and hard of hearing from 50 in June 2019 to 90 in June 2020.

[See Chart DH1.8: Number of providers with Education and Training in Communication Access Modalities for the Deaf or Hard of Hearing](#)



Action Plan:

- Continue education and training in communication access modalities at Home and Community Services and Residential Care Services offices.
- Initiate an evaluation system for measuring client use, DSHS staff knowledge and proper application of communication modalities.
- Continue to conduct outreach and disseminate information on available communication access modalities.

Strategic Objective 2.6: Expand case management services for specialized populations.



Importance: Individuals who are deaf, deafblind, deaf plus, hard of hearing, late deafened, or who have speech disabilities face barriers that affect access to communication, education, health care, employment, legal, housing, transportation, insurance, public assistance and other benefits. Case managers are available to assist these individuals in obtaining needed services by coordinating services, translating documents, advocating on their behalf and/or teaching new abilities and skills. These services are provided by eight contracted, non-profit Regional Service Centers throughout Washington.

Success Measure 2.6.1: Maintain the number of clients served by the Regional Service Centers of the deaf, deafblind, deaf plus, hard of hearing and late deafened at 690 through June of 2020.

[See Chart DH2.1: Number of People Served by Case Management for the Deaf and Hard of Hearing at the Regional Service Centers](#)

Action Plan:

- Monitor each Regional Service Center’s total caseload and contract performance and implement corrective actions for under-performance, as necessary.
- Be proactive in outreach opportunities explaining and providing case management services in rural areas and diverse communities including to elders and the Lesbian Gay Bisexual Transgender and Queer (LGBTQ) communities.
- Improve information and referral data.
- Strive towards meeting, or exceeding, the target goal of the number of clients receiving services through improved outreach and public relations.

Strategic Objective 2.7: Provide assistive communication technology services.

Importance: Many individuals with hearing loss depend on auditory supports and do not use sign language. Assistive Communication Technology (ACT), such as listening systems, aid in ensuring that effective communication occurs between people with hearing loss and employees or contractors providing DSHS services during in-person office visits. These assistive listening systems help clients access DSHS programs and services and include tools such as hearing induction loops and pocket talkers.



Success Measure 2.7.1: Increase the number of ACT consultation services to meet service objectives involving the public and clients with assistive listening systems from 250 in June of 2019 to 350 by June of 2020.

[See Chart DH1.7: Number of DSHS Assistive Listening Systems Services](#)

Action Plan:

- Distribute, install or maintain functionality of assistive listening technology including induction loops at the Legislature, Area Agencies on Aging, Home and Community Services and Residential Care Services offices statewide.
 - Provide training and consultation for DSHS staff.
 - Conduct an evaluation for measuring client use and staff knowledge of assistive communication technology.
 - Install loop systems at residential facilities where individuals with hearing loss live.
 - Provide consultation and trainings to Regional Service Centers.
-

Strategic Objective 2.8: Complete abuse and neglect investigations timely and thoroughly.

Decision Package: 050 - PL - E7 - IT - Systems Modernization

Importance: Protection of adults who are vulnerable requires consistent and timely investigations while offering protective services, supports and referrals. Delays create a greater risk of harm to the alleged victim. Adult Protective Services follows state law under Chapter 74.34 RCW and has a 90-day standard for investigation completion. Performance on this item has improved due to increases in staffing funded by the Legislature to meet increased reports of abuse and neglect. Tracking Incidents of Vulnerable Adults (TIVA) Modernization rolls out in 2019 and includes an electronic system improvement that will streamline the investigations process.

Success Measure 2.8.1: Increase the percentage of investigations of adult abuse and neglect completed within 90 days, or remaining open for “good cause,” to 98 percent by June 2020.

[See Chart AAC.2: Adult Abuse and Neglect Investigations Completed Timely](#)

Action Plan:

- Hire staff and improve retention to reduce staff vacancies and turnover.
 - Evaluate the results of dedicating staff for specialized investigations on financial exploitation allegations and self-neglect.
 - Monitor TIVA modernization implementation.
-

Strategic Objective 2.9: Investigate complaints regarding facilities in a timely manner.

Importance: Complaints in long-term care facilities are investigated to protect residents from abuse, neglect and exploitation; to ensure services provided meet the health and safety needs of residents; evaluate whether provider practice meets regulatory requirements; and to make quality referrals to entities that help protect victims. The high volume of complaints and the resulting workload, coupled with limited investigative staff, has made it difficult to sustainably meet response time goals, especially for medium and low-priority complaints (non-immediate



jeopardy complaints). The backlog has been reduced, but until staffing levels are responsive to increasing volume and complexity of complaint investigations, this item remains a concern.

Success Measure 2.9.1: Sustain the long-term care facility complaint investigation backlog of non-immediate jeopardy complaints to 50 or fewer through June 2021.

[See Chart AAR.7: Backlog of Facility Complaint Investigations](#)

Action Plan:

- Hire staff, improve retention to reduce staff vacancies and turnover and cross-train for all facility types. Monitor complaint investigations for all regions, units and facility types monthly and if necessary, appropriately deploy staff to assist with complaint investigations.
- Continue to hire on-call staff to allow Residential Care Services to be more responsive to changing complaint volumes and staff availability.
- Conduct investigation trainings to ensure quality and consistency of investigations.
- Modernize the RCS investigation, documentation and record storage systems to optimize efficiency and effectiveness.

Strategic Objective 2.10: Conduct timely oversight and compliance activities of facilities and agencies providing residential care and supports.

Decision Package: 050 - PL - DP - Supported Living Investigators

Importance: This measure reflects the core work done by our licensors and surveyors to ensure all long-term care facilities follow regulations while providing quality care and protecting vulnerable adults from abuse. This work is done on behalf of all residents of the state who might access these services, whether they pay for them privately or are DSHS clients. Requirements for on-site visits vary by setting.

Success Measure 2.10.1: Maintain the percentage of timely re-inspection at 99 percent or higher for nursing homes, and increase the percentage of timely re-inspection to 99 percent for assisted living facilities and adult family homes by June 2020.



[See Chart AAR.1: Timely Licensing Re-inspections of Adult Family Homes, Assisted Living Facilities, and Nursing Homes](#)

Action Plan:

- Optimize staffing through cross-training licensors among different settings and through recruitment and retention strategies.
- Develop a Residential Care Services staffing workload model using key metrics such as facility, workload for all RCS units and functions, and provider growth and regulatory changes.
- Modernize the RCS inspection, licensing, and documentation and record storage systems to optimize efficiency and effectiveness.

Success Measure 2.10.2: Maintain timely quality assurance activities at 100 percent for services provided to people with developmental and intellectual disabilities.

[See Chart AAR.2: Timely Quality Assurance for ICF/IID \(Including Residential Habilitation Centers\) and Supported Living Programs](#)

Action Plan:

- Finalize standard operating procedures that ensures consistency with quality assurance activities for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) in residential habilitation centers (RHCs) for community ICF/IID and for supported living programs.
- Expand and retain Residential Care Services staffing for supported living to allow for program-specific quality assurance and enforcement.
- Modernize the RCS inspection, licensing, and documentation and record storage systems to optimize efficiency and effectiveness.

Strategic Objective 2.11: Timely abuse and neglect investigations.

Decision Package: 050 - PL - E7 - IT - Systems Modernization

Importance: Adult Protective Services has two primary duties: offer protective services to vulnerable adults who are harmed and investigate allegations to determine if abuse occurred. Timely response is essential in order to protect health and safety, including providing protection orders and long-term services and supports. Investigations are categorized by priority. High priority (24 hour response), Medium priority (5 working day response), and Low priority (10 working day response).

Success Measure 2.11.1: Increase timely initial response to investigations based on priority to 100 percent for high-priority investigations and maintain at 99 percent for medium and low-priority investigations by June 2020.

[See Chart AAP.1: Adult Protective Services - Timely Initial Response](#)

Action Plan:



- Centralization of APS intake.
- Continue Quality Assurance activities to evaluate areas for improvement, ensure consistent intake decisions and timely assignment for investigation.
- Centralize phone technology to increase consistency in reporter's experience.



Strategic Objective 2.12: Tribal Affairs-

Continue to build strong relationships with the tribes and tribal organizations to promote access to culturally attuned services for American Indians/Alaska Natives to age in their home or community setting of choice.

Importance: AL TSA continues to focus on strengthening government-to-government relationships with the tribes, decrease barriers to service and advance culturally attuned services, providers and programs. AL TSA will continue to work with tribal organizations to: 1) Delay or prevent institutional placement for American Indians/Alaskan Natives (AI/AN); 2) Identify AI/ANs who are living in institutions and assist them to return to their community of choice; and 3) Develop culturally attuned service systems and providers to support AI/ANs once they returned to their communities. Work will focus on developing inclusive service contracts and engaging potential partners at the state, tribal and county levels for improved and culturally attuned service delivery of long-term services and supports.

Success Measure 2.12.1: Procure and sign at least three contracts to benefit AI/ANs elders, veterans and adults with disabilities by June of 2020.

Action Plan:

- Engage tribes and tribal organizations to expand information and opportunities for the delivery of long-term services and supports to AI/ANs.
- Assist tribes and tribal organizations to identify opportunities to provide long-term services and supports to AI/ANs.

Success Measure 2.12.2: Identify and implement increased federal financial participation for a minimum of one long-term services and supports contract provided by a tribe by June 2020.

Action Plan:

- Engage tribes to identify long-term services and supports that meet the federal requirements for increased federal financial participation.

- Engage Health Care Authority to jointly work to obtain increased federal financial participation for identified services.

DSHS STRATEGIC PRIORITY: INCREASE ORGANIZATIONAL EFFICIENCY, PERFORMANCE AND EFFECTIVENESS

At DSHS, we strive every day to get even better at what we do, no matter how each of us contributes to our agency mission. If we are to continue transforming lives, an important piece of that is transforming ourselves. Our most important resource is our professional, caring, compassionate staff. We need to continue our efforts to be an employer of choice – recruiting and retaining individuals committed to a career in public service. We will keep a laser focus on equity, diversity and inclusion. Those values are foundational to every aspect of our work with clients and in our day-to-day interactions with each other. Data will be used to drive decisions that will ensure our work is effective, efficient and accurate.

ALTSA has established the following strategic objectives to support how we will Increase Organizational Efficiency, Performance and Effectiveness:

Strategic Objective 3.1: Conduct quality assurance (QA) activities and comply with federal, state and program requirements.

Importance: Timely completion of quality assurance activities helps protect the health and safety of clients, secures federal funding and provides oversight of operations. Activities include completing QA reviews to ensure compliance with quality measures; data analysis to identify gaps in the processes being used based on QA review results; developing proficiency improvement plans and creating solutions using feedback from staff at all levels. Identified deficiencies are addressed and improvement plans are developed and monitored to ensure continuous quality improvement. Through these functions, ALTSA will have more predictable outcomes that ensure access to client services are timely and responsive and that providers and/or facilities are qualified to provide services, provider networks are adequate and federal assurances are met.

Success Measure 3.1.1: Maintain 100 percent completion of Home and Community Services Division case management, Adult Protective Services and financial eligibility compliance record reviews each calendar year through July 2021.

[See Chart AAH.9: Home and Community Services Quality Assurance – Timely Reviews](#)

Action Plan:

- Provide consultation to, review and approve Home and Community Services and Area Agency on Aging office-specific proficiency improvement plans. Address areas in which proficiency standards are not met.
- Analyze statewide trends and adopt training, technical assistance, policy revisions or other action as necessary.
- Gather and evaluate feedback from consumer surveys.



Success Measure 3.1.2: Maintain 100 percent completion of scheduled AAA monitoring visits and timely completion of draft and final monitoring reports through July 2021.

[See Chart AAH.10: Area Agencies on Aging Quality Assurance – Timely Completion](#)

Action Plan:

- Adhere to [MB H19-032](#) 2019-2021 AAA Aging and Long-Term Support Administration Program and Fiscal Monitoring.
- Support AAAs that attempt self-assessment so that on-site monitoring can be focused for the best quality outcomes.
- Coordinate with the DSHS Office of Indian Policy and follow all steps included in the Tribal Communications Protocol related to communicating notice of monitoring and report distribution.

Success Measure 3.1.3: Sustain the percentage of audited Nursing Home Statements of Deficiency sent to the facility within the federal regulatory standard at 95 percent through June 2021.

[See Chart AAR.6: Residential Care Services Quality Assurance – Nursing Home Statements of Deficiencies Sent Timely](#)

Action Plan:

- Use continuous quality improvement internal controls to track timeliness.
- Enhance the Enforcement Communications Center software to improve tracking and timeliness of Statement of Deficiency (SOD) processing.

Success Measure 3.1.4:

- Develop two qualitative outcome metrics for Residential Care Services facility types to describe for consumers and other stakeholders the impact of the quality assurance activities provided through regulatory oversight functions by June 2021.

Action Plan:

- Identify and vet, with data experts, outcome metrics for each of the six facilities and agencies licensed, surveyed and certified by RCS.
- Survey facility providers and residents for priority outcome metrics related to regulatory oversight activities.

Strategic Objective 3.2: Create and foster organizational culture that promotes employee engagement.

Importance: AL TSA recognizes that a large body of research shows when organizations have fully engaged employees, they also have better results in employee satisfaction, employee

retention, innovation, organizational effectiveness and service outcomes for the people they serve. This objective supports all five goals in the Strategic Plan by doing the following:

- **Connecting and aligning staff** with the “why” (our mission), the “how” (our values and practices) and the “what” (the Strategic Plan) through a common message and culture.
- **Strengthening and sustaining a diverse and inclusive workforce** where leaders model and coach their teams in equity, diversity and inclusion principles to improve workplace culture and the work we do for the people we serve.
- **Creating opportunities for innovation and a culture of continuous improvement**, by coaching, engaging, and supporting staff who do the work in improving agency wide proficiency using Lean tools and principles to eliminate redundancies and rework while maximizing the autonomy, mastery and purpose of our employees.
- **Supporting staff connection with each other and the community** ensuring staff understand the importance of their own health and well-being, team collaboration and community partnerships in helping the organization meet the needs of the people we serve.



Success Measure 3.2.1: Improve ALTSA’s overall employee satisfaction rate from 70 percent in June 2018 to 72 percent per DSHS survey data by June 2020.

Success Measure 3.2.2: Improve ALTSA’s employee retention rate from 87 percent to 89 percent per DSHS Human Resource Division data by June 2020.

Action Plan:

- Continue implementation and communication efforts related to Communities of Practice, Lean, Wellness, Combined Fund Drive, employee satisfaction, exit surveys and engagement focus groups.
- Ensure solidification of organizational changes through consistent messaging and knowledge transfer by creating a New ALTSA Employee Orientation and Leadership Mentoring program.
- Ensure every office has the support to develop and implement Wellness and Engagement Teams based on staff feedback from the Employee Survey Focus Groups and the Statewide Staff Ideas Tour.

Strategic Objective 3.3: Develop tools to support staff’s core work and the service delivery system, including updates to technology, payment systems and improvements in applications and data analysis.

Decision Package: 050 - PL - E7 - IT - Systems Modernization



Importance: Developing tools for staff to do their jobs proficiently and easily, with added value, supports employee engagement. This is consistent with the Governor’s Executive Order, 16-07, Building a Modern Work Environment. Continuous improvement results in better outcomes for clients and residents as well as better use of limited state and staff resources. This type of work is primarily the duty of the Management Services Division and other support staff throughout AL TSA.

Success Measure 3.3.1: Develop prioritized tools to support identified staff needs by June 2019.

Action Plan:

- Continue to grow the mobile workforce by replacing desk lines with smart phones and hot spots for all field case managers, as resources permit.
- Provide tools for consistent data analysis and self-service reporting by continually constructing data marts for on-demand access to client demographic and service performance data.
- Practice continuous quality improvement in IT projects by using best practice strategies for software development such as Agile.

Success Measure 3.3.2: Implement a paperless documentation system for Residential Care Services regulatory work functions by December 2023.

Action Plan:

- Continue to work collaboratively to update TIVA, Facility Management System (FMS) and the Records Management System.
- Improve efficient and effective use of current data and documentation systems by June 2020.
- Participate in the development of an integrated document management system with AL TSA Management Services Division staff.

Strategic Objective 3.4: Address Risks and Plans for Emergencies.

Importance: Responding to risks and emergencies in a timely manner is vital for AL TSA to be sustainable, to assist clients and residents when they are most in need, and to meet legal requirements. This is part of AL TSA’s daily work and our preparation for the future.

Success Measure 3.4.1: Foster a safe and secure environment by identifying, prioritizing and addressing the top risks related to IT, facilities and emergency management by December 2020.

Action Plan:

- Improve IT Security to keep client data secure, and continue to discover and remove vulnerabilities to allow AL TSA to carry out administration of services without work stoppages.
- Work with the Office of Financial Management and DSHS Leased Facilities and Maintenance Operations to improve understanding of AL TSA client and staff growth

trends and the critical need for space, to remain able to serve all clients, meet legal requirements and otherwise perform job duties (current space is already insufficient).

- Review and update procedures and training for ALTSA's Continuity of Operations Plan (COOP) annually. Update key staff and back-ups for primary contact during emergencies at Headquarters and all ALTSA regions, as needed.

Strategic Objective 3.5: Promote Equity, Diversity, and Inclusion (EDI) practices.

Importance: ALTSA recognizes the relevance of understanding and practicing EDI principles in the delivery of long-term services and supports and as provided in DSHS policy. Creating and maintaining a work and service delivery environment that recognizes, values, supports and embraces respect for individual differences is paramount to supporting the administration's vision and to providing equal and culturally competent access to populations that may otherwise be left out or not appropriately or fully served.



In order to create and maintain such a workplace culture and service delivery system, ALTSA understands the benefits of integrating equity (fairness), diversity (difference) and inclusion (participative voice) in all areas of its business. To achieve this goal, support for EDI must start with leadership. ALTSA is committed to building an infrastructure of EDI principles that includes a shared understanding throughout the administration of the benefits of a diverse workforce. Having a diverse workforce can help ALTSA better meet the needs of the people we serve every day. By having certified diversity professionals and executives throughout the administration, the principles of fairness, difference and participative voice will be seen in a manner that reinforces that EDI is not something we do, but is, in fact, who we are.

ALTSA is implementing a multi-prong initiative in that regard, which includes meeting and exceeding the Culturally and Linguistically Appropriate Services (CLAS) Standards. The National CLAS Standards were created by the Health and Human Services Office of Minority Affairs to reduce or eliminate health disparities. ALTSA meets or partially meets 12 of the 15 nationally recognized standards. Training is a key component of meeting the CLAS Standards and ALTSA is committed to providing the Cultural Humility and Diversity Issues in Service Delivery Training to its employees and AAA staff. Additionally, online CLAS Standards basic training began in 2018 and will continue to be available to all staff. This comprehensive training across ALTSA will assist in embedding diversity awareness practices into daily operation.

Success Measure 3.5.1: Train 100 percent of new and existing ALTSA staff in CLAS Standards by June 2020.



Action Plan:

- Continue staff training in an array of EDI principles in 2019.
- Expand Quality Assurance policies and procedures administration-wide to incorporate CLAS Standards.
- Develop training plans for onboarding new employees and existing staff on CLAS Standards.

Success Measure: Operationalize EDI principles throughout the organization, as measured by completion of the Action Plan by June 2020.

Action Plan

- Update annual strategic EDI communication plan.
- Be proactive in supporting a diverse workforce across the administration and create and support programs to retain staff. This includes examining institutional practices and policies and the removal of any potential biases identified within those policies and procedures.
- Provide opportunities for staff and leadership to acquire shared language and practices on equity through diversity workshops (regional), discussion opportunities, and resources on EDI topics that engage the entire workforce. Support the development and growth of Certified Diversity Professionals and Executives throughout the administration.