

# Washington State Plan on Aging Attachments

2018-2022

## Washington State Plan on Aging (2018-2022) Attachments

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## State Plan Guidance

### Attachment A

## STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

### Older Americans Act, As Amended in 2016

*By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.*

## ASSURANCES

The State of Washington as part of its state plan 2018-2022 does make and reaffirm the following assurances from the Older Americans Act as Amended through the year 2016.

### Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title--

(2)The State agency shall—(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan;

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(c) An area agency on aging designated under subsection (a) shall be--...

(5) in the case of a State specified in subsection (b) (5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency

finds that no such office within the planning and service area will have the capacity to carry out the area plan.

*Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.*

### **Sec. 306(a), AREA PLANS**

(a) Each area agency on aging...Each such plan shall--

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services--

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared --

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and  
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency--

- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used--

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

## **Sec. 307, STATE PLANS**

(a) . . . Each such plan shall comply with all of the following requirements:...

(3) The plan shall--

(B) with respect to services for older individuals residing in rural areas—

- (i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that--

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance --

(A) the plan contains assurances that area agencies on aging will

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals --

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (iv) referral of complaints to law enforcement or public protective service agencies where appropriate;...

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State...

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

- (18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--
- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
  - (B) are patients in hospitals and are at risk of prolonged institutionalization; or
  - (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.
- (19) The plan shall include the assurances and description required by section 705(a).
- (20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.
- (21) The plan shall--
- (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
  - (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.
- (23) The plan shall provide assurances that demonstrable efforts will be made--
- (A) to coordinate services provided under this Act with other State services that benefit older individuals; and
  - (B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.
- (24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.
- (25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.
- (26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.
- (27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

**Sec. 308, PLANNING, COORDINATION, EVALUATION, AND  
ADMINISTRATION OF STATE PLANS**

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

## **Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)**

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307--

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order...

## **State Plan Guidance Attachment A (Continued)**

### **REQUIRED ACTIVITIES**

#### **Sec. 305 ORGANIZATION**

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .

(2) the State agency shall—

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals; and

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

#### **Sec. 306 – AREA PLANS**

(a) . . . Each such plan shall— (6) provide that the area agency on aging will—

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;

#### **Sec. 307(a) STATE PLANS**

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) be based on such area plans.

*Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.*

(2) The plan shall provide that the State agency will --

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; . . .

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

*Note: "PERIODIC" (DEFINED IN 45CFR PART 1321.3) MEANS, AT A MINIMUM, ONCE EACH FISCAL YEAR.*

(5) The plan shall provide that the State agency will:

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals—

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).



Signature and Title of Authorized Official



Date

## State Plan Guidance

### Attachment B

#### INFORMATION REQUIREMENTS

**IMPORTANT:** States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

##### **Section 305(a)(2)(E)**

*Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;*

**The Intrastate Funding Formula (IFF) (see appendix C) includes methods to address distribution of funds in part based on minority, poverty and rural populations. The Area Agencies on Aging are also required to address how services will be targeted to individuals who are in greatest economic and/or social need.**

##### **Section 306(a)(17)**

*Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.*

**See Appendix of this State Plan for a description of emergency preparedness planning requirements**

##### **Section 307(a)(2)**

The plan shall provide that the State agency will --...

*(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 or 316)*

*(c) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

**See appendix C for Washington's current IFF for the minimum proportion of funds to be dedicated to access, in-home, and legal assistance services**

##### **Section 307(a)(3)**

The plan shall--

...

*(B) with respect to services for older individuals residing in rural areas--*

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;

(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*

(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

**See appendix C. The IFF includes a description of the method used to meet the needs of individuals in need of services in rural areas.**

**The State of Washington assures that the State agency will not spend less than the amount expended in the fiscal year 2000 for services to older individuals residing in rural areas.**

#### **Section 307(a)(10)**

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

**The state's IFF assures in part through the IFF distribution for rural needs and also through established collaborations for delivery of services in rural areas.**

#### **Section 307(a)(14)**

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and*

(B) *describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

**The IFF provides the population component factor addressing this area and service delivery incorporates the need to target individuals with the highest need. The State Plan also stresses the importance of maintaining the capacity to provide culturally relevant and appropriate services including a comprehensive language access policy to ensure appropriate translation and interpretive services are provided for non-English and limited-English speaking clients**

#### **Section 307(a)(21)**

The plan shall --

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, *and specify the ways in which the State agency intends to implement the activities.*

**The State of Washington assures that the State agency will pursue activities to increase access to older individuals who are Native Americans to all aging programs and benefits provided by the agency. Please see Goal section for applicable objectives.**

**Section 307(a)(28)**

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive

**Section 307(a)(29)**

*The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.*

**Please see appendix for a description of emergency preparedness planning policies**

**Section 307(a)(30)**

*The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.*

**Please see appendix for a description of emergency preparedness planning policies**

**Section 705(a) ELIGIBILITY --**

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307--*

*(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).*

*(Note: Paragraphs (1) of through (6) of this section are listed below)*

*In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307--*

*(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;*

- (2) *an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;*
- (3) *an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;*
- (4) *an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;*
- (5) *an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);*
- (6) *an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--*
- (A) *in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-*
- (i) *public education to identify and prevent elder abuse;*
- (ii) *receipt of reports of elder abuse;*
- (iii) *active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and*
- (iv) *referral of complaints to law enforcement or public protective service agencies if appropriate;*
- (B) *the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and*
- (C) *all information gathered in the course of receiving reports and making referrals shall remain confidential except--*
- (i) *if all parties to such complaint consent in writing to the release of such information;*
- (ii) *if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or*
- (iii) *upon court order.*

**The State of Washington assures its commitment to carrying out the requirements of Title VII. See the State Plan's program descriptions for Elder Rights and Justice and related goal and objectives.**

## **Attachment C-INTRASTATE FUNDING FORMULA**

**(ATTACHED SEPARATELY AS PER GUIDELINES)**

## Attachment D – AREA AGENCIES ON AGING DIRECTORY

### AREA AGENCIES ON AGING

<p><b><u>Olympic Area Agency on Aging</u></b> 11700 Rhody Drive, Port Hadlock, WA 98339 Phone: 360-379-5064, Toll free: 1-866-720-4863 Fax: 360-379-5074 <i>Roy Walker, Director</i> <a href="mailto:walkerb@dshs.wa.gov">walkerb@dshs.wa.gov</a></p>	<p><b><u>PSA #1 (DSHS REGION 3)</u></b> Clallam, Grays Harbor, Jefferson, Pacific AAA Specialist: <i>Susan Shepherd</i> <a href="mailto:susan.shepherd@dshs.wa.gov">susan.shepherd@dshs.wa.gov</a> 360-725-2418 RU 61-66</p>	<p><b><u>Aging &amp; Adult Care of Central WA</u></b> 50 Simon St. SE, East Wenatchee, WA 98802 Phone: 509-886-0700, Toll free: 1-800-572-4459 Fax: 509-884-6943 <i>Bruce Buckles, Executive Director</i> <a href="mailto:bucklb@dshs.wa.gov">bucklb@dshs.wa.gov</a></p>	<p><b><u>PSA #8 (DSHS REGION 1)</u></b> Adams, Chelan, Douglas Grant, Lincoln, Okanogan AAA Specialist: <i>Caroline Wood</i> <a href="mailto:woodcr@dshs.wa.gov">woodcr@dshs.wa.gov</a>, 360-725-2521 RU 53, 54, 90</p>
<p><b><u>Northwest Regional Council</u></b> 600 Lakeway Drive, Suite 100, Bellingham, WA 98225 Phone: 360-676-6749, Toll free: 1-800-585-6749 Fax: 360-738-2451 <i>Dan Murphy, Executive Director</i> <a href="mailto:murphdk@dshs.wa.gov">murphdk@dshs.wa.gov</a></p>	<p><b><u>PSA #2 (DSHS REGION 2)</u></b> Island, San Juan, Skagit, Whatcom AAA Specialist: <i>Mark Towers</i> <a href="mailto:towermd@dshs.wa.gov">towermd@dshs.wa.gov</a>, 360-725-2446 RU 67,68, 154-157</p>	<p><b><u>Southeast WA Aging and Long Term Care</u></b> 7200 W Nob Hill Blvd., Suite 12 (Office); PO Box 8349 (Mail), Yakima, WA 98908-0349 Phone: 509-965-0105, Toll free: 1-877-965-2582 Fax: 509-965-0221 <i>Lori Brown, Director</i> <a href="mailto:brownlj@dshs.wa.gov">brownlj@dshs.wa.gov</a></p>	<p><b><u>PSA #9 (DSHS REGION 1)</u></b> Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Yakima, Walla Walla AAA Specialist: <i>Paula Renz</i> <a href="mailto:renzp@dshs.wa.gov">renzp@dshs.wa.gov</a>, 360-725-2560 RU 91-92, 95-99</p>
<p><b><u>Snohomish County Aging &amp; Disability Services Division</u></b> 3000 Rockefeller Ave. M/S 305, Everett, WA 98201 Phone: 425-388-7200, Toll free: 1-800-422-2024 Fax: 425-388-7304 <i>Laura White, Division Manager</i> <a href="mailto:L.White@snoco.org">L.White@snoco.org</a> <i>Aime Fink, Director</i> <a href="mailto:aime.fink@co.snohomish.wa.us">aime.fink@co.snohomish.wa.us</a></p>	<p><b><u>PSA #3 (DSHS REGION 2)</u></b> Snohomish AAA Specialist: <i>Mark Towers</i> <a href="mailto:towermd@dshs.wa.gov">towermd@dshs.wa.gov</a>, 360-725-2446 RU 69</p>	<p><b><u>Yakama Nation Area Agency on Aging</u></b> 91 Wishpoosh (Office); PO Box 151 (Mail), Toppenish, WA 98948 Phone: 509-865-7164 Fax: 509-865-2098 <i>Marie Miller, Director</i> <a href="mailto:mmiller@yakama.com">mmiller@yakama.com</a></p>	<p><b><u>PSA #10 (DSHS REGION 1)</u></b> Yakama Reservation AAA Specialist: <i>Paula Renz</i> <a href="mailto:renzp@dshs.wa.gov">renzp@dshs.wa.gov</a>, 360-725-2560 RU 153</p>
<p><b><u>Aging &amp; Disability Services</u></b> 700 5<sup>th</sup> Ave., 51<sup>st</sup> Floor (Office); PO Box 34215 (Mail), Seattle, WA 98124-4215 Phone: 206-684-0660 Toll free: 1-888-435-3377 Fax: 206-684-0689 <i>Cathy Knight, Director</i> <a href="mailto:cathy.knight@seattle.gov">cathy.knight@seattle.gov</a></p>	<p><b><u>PSA #4 (DSHS REGION 2)</u></b> King AAA Specialist: <i>Mark Towers</i> <a href="mailto:towermd@dshs.wa.gov">towermd@dshs.wa.gov</a>, 360-725-2446 RU 70-74</p>	<p><b><u>Aging &amp; Long Term Care of Eastern WA</u></b> 1222 North Post, Spokane, WA 99201 Phone: 509-458-2509 Fax: 509-458-2003 <i>Lynn Kimball, Director</i> <a href="mailto:lynn.kimball@dshs.wa.gov">lynn.kimball@dshs.wa.gov</a></p>	<p><b><u>PSA #11 (DSHS REGION 1)</u></b> Ferry, Pend Oreille, Spokane, Stevens, Whitman AAA Specialist: <i>Caroline Wood</i> <a href="mailto:woodcr@dshs.wa.gov">woodcr@dshs.wa.gov</a>, 360-725-2521 RU 41-43, 76</p>
<p><b><u>Pierce County Aging and Disability Resources</u></b> 1305 Tacoma Ave., Suite 104, Tacoma, WA 98402 Phone: 253-798-4600, Toll free: 1-800-562-0332 Fax: 253-798-2839 <i>Aaron Van Valkenburg, Director</i> <a href="mailto:avanval@co.pierce.wa.us">avanval@co.pierce.wa.us</a></p>	<p><b><u>PSA #5 (DSHS REGION 3)</u></b> Pierce AAA Specialist: <i>Susan Shepherd</i> <a href="mailto:susan.shepherd@dshs.wa.gov">susan.shepherd@dshs.wa.gov</a> 360-725-2418 RU 75</p>	<p><b><u>Confederated Tribes of the Colville Reservation</u></b> PO Box 150, Nespelem, WA 99155 Phone: 509-634-2759 Toll free: 1-888-881-7684 Fax: 509-634-2793 or 4116 (Tribal Administration) <i>Lisa Adolph, Program Manager</i> <a href="mailto:lisa.adolph@colvilletribes.com">lisa.adolph@colvilletribes.com</a></p>	<p><b><u>PSA #12 (DSHS REGION 1)</u></b> Colville Reservation AAA Specialist: <i>Caroline Wood</i> <a href="mailto:woodcr@dshs.wa.gov">woodcr@dshs.wa.gov</a>, 360-725-2521 RU 77</p>
<p><b><u>Lewis/Mason/Thurston Area Agency on Aging</u></b> 2404 Heritage Court SW, Suite A., Olympia, WA 98502 Phone: 360-664-2168, Toll free: 1-888-545-0910 Fax: 360-664-0791 <i>Nicole Kiddoo, Executive Director</i> <a href="mailto:kiddonn@dshs.wa.gov">kiddonn@dshs.wa.gov</a></p>	<p><b><u>PSA #6 (DSHS REGION 3)</u></b> Lewis, Mason, Thurston AAA Specialist: <i>Andrea Meewes Sanchez</i> <a href="mailto:sanchac@dshs.wa.gov">sanchac@dshs.wa.gov</a> 360-725-2554 RU 81-82, 84</p>	<p><b><u>Kitsap County Division of Aging &amp; LTC</u></b> 1026 Sidney Avenue (Office); 614 Division, MS-5 (Mail), Port Orchard, WA 98366 Phone: 360-337-7068, Toll free: 1-800-562-6418 Fax: 360-337-5746 <i>Stacey Smith, Director</i> <a href="mailto:sasmith@co.kitsap.wa.us">sasmith@co.kitsap.wa.us</a></p>	<p><b><u>PSA #13 (DSHS REGION 3)</u></b> Kitsap AAA Specialist: <i>Susan Shepherd</i> <a href="mailto:susan.shepherd@dshs.wa.gov">susan.shepherd@dshs.wa.gov</a> 360-725-2418 RU 78</p>
<p><b><u>Area Agency on Aging &amp; Disabilities of Southwest WA</u></b> 201 NE 73<sup>rd</sup> St, Suite 201, Vancouver, WA 98665 Phone: 360-735-5720, Toll free: 1-888-637-6060 Fax: 360-696-4905 <i>David Kelly, Director</i> <a href="mailto:kellydw@dshs.wa.gov">kellydw@dshs.wa.gov</a></p>	<p><b><u>PSA #7 (DSHS REGION 3)</u></b> Clark, Cowlitz, Klickitat, Skamania, Wahkiakum AAA Specialist: <i>Paula Renz</i> <a href="mailto:renzp@dshs.wa.gov">renzp@dshs.wa.gov</a>, 360-725-2560 RU 31, 34, 86-88</p>	<p><b><u>Washington Association of Area Agencies on Aging (W4A)</u></b> 2404 Heritage Court SW, Suite A., Olympia, WA 98502 Phone: 360-485-9761 Fax: 360-664-0791 <i>Lynn Kimball, Chair</i> <a href="mailto:lynn.kimball@dshs.wa.gov">lynn.kimball@dshs.wa.gov</a> <i>Jon Rudicil, State Director</i> <a href="mailto:jon.rudicil@agingwashington.org">jon.rudicil@agingwashington.org</a></p>	

Revised 5/2018



**Attachment E- STATE PLAN SURVEY SUMMARY**  
**(STAND ALONE ATTACHMENT)**

## Attachment F

# 2018 WASHINGTON HOUSING PROFILE

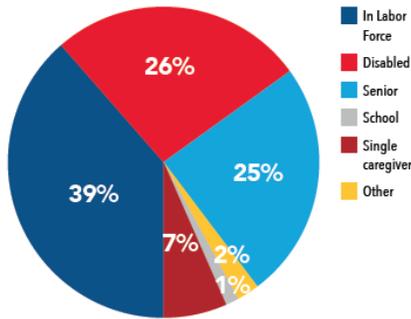


Across Washington, there is a shortage of rental homes affordable and available to extremely low income households (ELI), whose incomes are at or below the poverty guideline or 30% of their area median income (AMI). Many of these households are severely cost burdened, spending more than half of their income on housing. Severely cost burdened poor households are more likely than other renters to sacrifice other necessities like healthy food and healthcare to pay the rent, and to experience unstable housing situations like evictions.

**SENATORS:** Maria Cantwell and Patty Murray

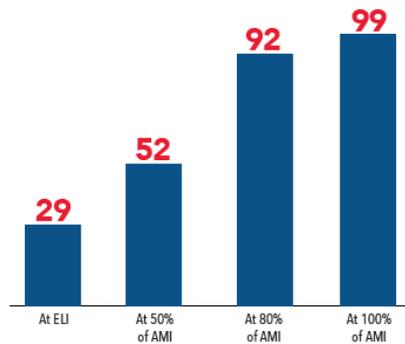


**EXTREMELY LOW INCOME RENTER HOUSEHOLDS**



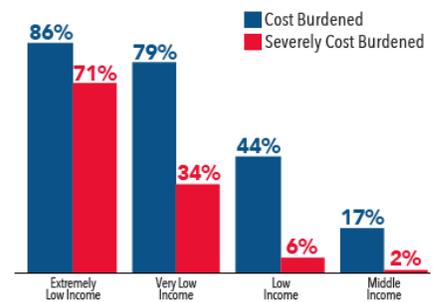
Note: Mutually exclusive categories applied in the following order: senior, disabled, in labor force, enrolled in school, 1-adult caregiver of a child under 7 or a person with a disability, and other. Nationally, 10.5% of extremely low income renter householders are non-disabled/non-senior adult caregiver of a young child or disabled person, more than three-quarters of whom are in the labor force and 2% of whom are in school. Source: 2016 ACS PUMS.

**AFFORDABLE AND AVAILABLE HOMES PER 100 RENTER HOUSEHOLDS**



Source: NLIHC tabulations of 2016 ACS PUMS

**HOUSING COST BURDEN BY INCOME GROUP**



Renter households spending more than 30% of their income on housing costs and utilities are cost burdened; those spending more than half of their income are severely cost burdened. Source: NLIHC tabulations of 2016 ACS PUMS.

Updated: 02/26/2018

1000 Vermont Avenue, NW, Suite 500, Washington, DC 20005 [WWW.NLIHC.ORG](http://WWW.NLIHC.ORG)

Extremely Low Income = 0-30%\* of AMI  
Low Income = 51-80% of AMI  
Note:\*Or poverty guideline, if higher.

Very Low Income = 31%-50% of AMI  
Middle Income = 81%-100% of AMI

## Attachment G



# The Road Ahead: Preparing for Increases in Dementia

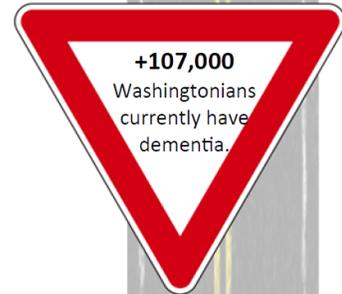


### Dementia impacts thousands of people across Washington

- While there is currently no cure for Alzheimer's or other dementias, increased awareness of diagnosis, proactive medical care and use of support services can help reduce the impacts.
- Dementia is one of the costliest chronic diseases to society. Straightforward costs include medical and long term care bills, but hidden costs such as family members missing work are also critical.
- In a national study, Medicaid payments for people with dementia on Medicare were 19x as great as those for older adults without dementia.

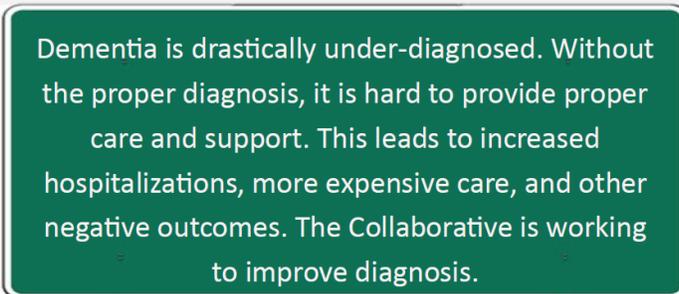
The **Dementia Action Collaborative**, a group of public-private partners, convened in 2016 to implement the Washington State Plan to Address Alzheimer's Disease and Other Dementias. This Collaborative includes people with dementia, caregivers, advocacy groups, long-term care providers, health care professionals, legislators and government agencies.

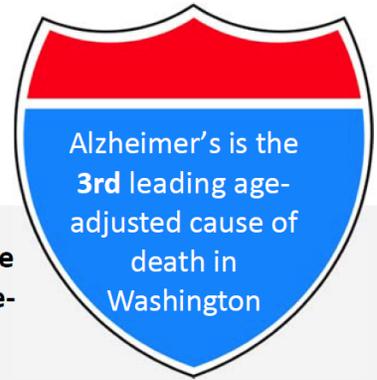
The Collaborative has started to address our state's needs and goals related to being dementia-prepared and dementia-friendly. But it is clear that a long-term, sustainable approach and reliable funding is necessary to prepare Washington for the growing numbers of people dementia.



### Plan to Address Alzheimer's Disease and Other Dementias Goals:

- Increase public awareness, engagement, and education
- Prepare communities for significant growth in the dementia population
- Ensure well-being and safety of people living with dementia and their family caregivers
- Ensure access to comprehensive supports for family caregivers
- Identify dementia early and provide dementia-capable evidence-based health care
- Ensure dementia-capable long term services and supports are available in the setting of choice
- Promote innovation and research related to causes of and effective interventions of dementia





**The Collaborative needs support to expand its reach and address the under-diagnosis of dementia through the dissemination of evidence-based guidance around diagnosis, treatment and supportive care.**

The Bree Collaborative, with support from the Dementia Action Collaborative, has developed evidence-based recommendations for health systems to improve quality of care for people with dementia. By distributing this guidance to health care providers, and developing ways to provide training to implement these practices, the Collaborative could directly effect the lives of people with dementia and their family members.

**Help us  
create more  
Dementia-Friendly  
Communities  
in Washington**

A **dementia-friendly community** is one in which people with memory loss fully belong. Community members are informed about dementia, equipped to be helpful as needed and committed to inclusion.

**With sufficient support, the Dementia Action Collaborative plans to:**

- Expand and promote early stage memory loss groups across the state.
- Develop guidance for models of social engagement such as Alzheimer's Cafes, Zoo Walks, Museum and Art programs and other community-focused activities for people with dementia and their families.

Successful community programs need sustainable funding sources, beyond what the Collaborative can support.

**Dementia  
Action  
Collaborative  
Tools**

**Dementia Road Map** - a guide for family and care partners to help them navigate the future.

**Dementia Safety Info-Kit** - straight-forward information around safety concerns for people with dementia, including a collection of resources to help.

**Dementia-Friendly Communities fact sheet** - an introduction to the concept of dementia-friendly communities, including examples of success in Washington and beyond.



300,000 family members are in need of support and relief as they care for their loved one with dementia.

**Help pave the way to a Dementia-Friendly Washington:**  
[www.dshs.wa.gov/altsa/dementia-action-collaborative](http://www.dshs.wa.gov/altsa/dementia-action-collaborative)

## Attachment H



### Aging and Long Term Support Administration

#### Fact Sheet: Programs and Initiatives

### Title: Implementing the State Plan to Address Alzheimer's Disease

<p><b>Overview</b></p>	<p>Alzheimer's disease is the third leading age-adjusted cause of death in Washington state. While death rates of cancer, stroke and heart disease have declined, the death rate for Alzheimer's is on the rise. In 2016, about 107,000 people in Washington have Alzheimer's or other dementias. By 2040, that number is expected to grow to over 270,000.</p> <p>Creating a state plan was an opportunity for Washington state to improve quality of care, create efficiencies and potentially impact the trajectory of the illness itself as we strive to achieve better health outcomes. SSB 6124 charged the Department of Social and Health Services (DSHS) to convene a prescribed membership for an Alzheimer's Disease Working Group (ADWG) to develop a Washington State Plan to address Alzheimer's disease.</p> <p>The ADWG investigated trends in the state's Alzheimer's population and service needs; existing resources and services; and needed strategies, policies and/or responses to address needs and gaps in services. This work resulted in the first <a href="#">Washington State Plan to Address Alzheimer's Disease and Other Dementias</a>.</p> <p>The Washington state plan has 7 high-level goals. Each goal identifies strategies and recommendations to move towards these goals. The comprehensive and complex nature of this implementation work will require a phased approach. The plan identifies short-, mid-, and long-term timeframes for each of the many recommendations. The high-level goals are to:</p> <ol style="list-style-type: none"> <li>1. Increase public awareness, engagement and education</li> <li>2. Prepare communities for significant growth in dementia population</li> <li>3. Ensure well-being and safety of people living with dementia and their family caregivers</li> <li>4. Ensure access to comprehensive supports for family caregivers</li> <li>5. Identify dementia early and provide dementia-capable, evidence-based health care</li> <li>6. Ensure dementia-capable long-term services and supports are available in the setting of choice</li> <li>7. Promote innovation and research related to causes of and effective interventions for dementia</li> </ol> <p>The plan's implementation, including action planning, next steps and policy changes, will depend upon the ongoing participation and contributions of a broad group of committed partners. That is why the plan is envisioned as a public-private partnership, and called for the formation of a next generation workgroup to implement the recommendations.</p> <p>This next generation group is known as the Dementia Action Collaborative (DAC), a</p>
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#### Information Contact

Lynne Korte, Dementia Program Manager, Home & Community Services

(360)725-2545; [Lynne.Korte@dshs.wa.gov](mailto:Lynne.Korte@dshs.wa.gov)

[www.dshs.wa.gov/altsa/stakeholders/alzheimers-state-plan](http://www.dshs.wa.gov/altsa/stakeholders/alzheimers-state-plan)

2018

## Aging and Long Term Support Administration

	<p>voluntary, statewide collaboration of partners committed to preparing our state for the future. Bill Moss, Assistant Secretary of ALTSA, is the Chairperson of the DAC, which includes a range of appointed members – people with dementia, family caregivers, advocates, representatives of the aging network, Alzheimer’s organizations, long-term care providers, health care professionals, legislators and governmental agencies.</p> <p><b>What has the Dementia Action Collaborative accomplished?</b> In its first year and a half, the DAC identified short-term recommendations that can be addressed within existing resources and/or through heightened collaboration.</p> <p><i>Accomplishments includes:</i></p> <ul style="list-style-type: none"> <li>• Strengthened capacity of Washington’s Information &amp; Assistance system by educating staff about signs of possible dementia and specialized referrals through federally funded grant in 5 Area Agencies on Aging (AAA) areas;</li> <li>• Determined elements of dementia-friendly communities and began work to disseminate the information statewide. Conducted inventory of a variety of programs across the state and statewide survey of interest in such programs. See <a href="#">Dementia Friendly Fact Sheets (short and expanded versions)</a>.</li> <li>• Worked with the UW Healthy Brain Research Network to develop evidence-base messages around promoting healthy aging and brain health. See <a href="#">Action Guide: Connecting with Asian-American and Pacific Islander Communities Around Dementia</a>.</li> <li>• Compiled and made accessible educational materials about ways to improve safety for people with dementia. Information to address falls prevention, wandering, disaster preparedness, and home safety assessments. See <a href="#">Dementia Safety Infokit</a>.</li> <li>• Created a Washington state-specific “road map” for family caregivers providing information about what to expect over time to help plan for the future. See <a href="#">Dementia Road Map: A Guide for Family and Care Partners</a>.</li> <li>• Expanded and promoted implementation of early stage memory loss groups for people with cognitive impairment/dementia and their care partners, through federally funded grant in 5 AAA areas.</li> <li>• Partnered with the Dr. Robert Bree Collaborative to convene an expert panel to identify and endorse evidence-based practice recommendations for primary care. See the <a href="#">Bree webpage</a> for more information. These recommendations, along with a position paper to identify valid, reliable cognitive screening tools for primary care practitioners are currently out for public comment and expected to be complete/posted by the end of 2017.</li> </ul>
<p><b>Eligibility Requirements</b></p>	<p>Persons and families living with Alzheimer's disease or other dementias. People who may be at risk of developing dementia in the future and their families.</p>

## Attachment I



### Aging and Long-Term Support Administration

#### Fact Sheet: Programs and Initiatives

### Family Caregiver Support Program

#### Overview

The Family Caregiver Support Program (FCSP), established in 2000, through legislative action (SHB 2454) provides needed supports and services to unpaid caregivers throughout the state. Family caregivers, totaling more than 850,000 are the backbone of our state’s long-term care system. In 2001, federal funding was authorized for the National Family Caregiver Support Program (NFCSP) through Title III-E of the Older Americans Act. Present funding is enough to serve less than 1% of Washington’s caregivers.

DSHS evaluation showed a statistically significant improvement in depression and burdens for participating caregivers and a delay in use of Medicaid long-term services and supports (LTSS). In September 2017, the new 1115 demonstration waiver, Medicaid Transformation Project Demonstration rolled out statewide and could more than double the number of individuals who can access family caregiver support through two new Medicaid funded programs, Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA). The FCSP program will remain relevant for caregiver/care receiver pairs who don’t meet the eligibility requirements for the MAC or TSOA or choose FCSP for other reasons.

In 2007, the legislature mandated the use of an evidence-based caregiver assessment tool to better tailor the support and services to caregivers’ own unique needs. In July 2009, the state’s 13 Area Agencies on Aging (AAA) incorporated a screening, assessment and consultative care planning evidence-based assessment tool called Tailored Caregiver Assessment and Referral (TCARE®), developed by Rhonda Montgomery, Ph.D. (University of Wisconsin-Milwaukee).

TCARE® provides an objective and reliable tool to assess the stress, depression and burdens of unpaid family caregivers and recommends strategies and services that can best help those caregivers best cope with their unique caregiving responsibilities. The caregiver population served through the FCSP is both a vulnerable and resilient one. Four out of five caregivers reported that the FCSP helped them understand the importance of taking care of themselves.

In FY 2017, a total 5,530 caregivers received one or more of the following services:

- Information and assistance regarding long-term care and caregiver support services;

	<ul style="list-style-type: none"> <li>• Evidence-based screening and assessing of caregivers' needs and care planning tailored to meet individuals' needs;</li> <li>• Caregiver training and education to increase skill building and self-care, including three evidence-based models;</li> <li>• Caregiver support groups (disease-specific or general);</li> <li>• Counseling/consultation services to cope with challenges;</li> <li>• Respite care services (in and out-of-home settings) to provide breaks;</li> <li>• Supplemental services such as bath bars and incontinent supplies; and</li> <li>• Health/wellness referrals to cope with depression and medical issues.</li> </ul>
<b>Eligibility Requirements</b>	An eligible caregiver is a spouse, relative, or friend who has responsibility for the care of an adult with a functional disability and does not receive financial compensation for the care provided. Individuals previously eligible for this program, but now eligible for MAC or TSOA will be served through those programs.
<b>Authority</b>	Chapter 74.41 RCW
<b>Budget</b>	<ul style="list-style-type: none"> <li>▪ State Fiscal Year 17 State Funding Expenditures: \$ 11.1M (80%)</li> <li>▪ Federal Funding Expenditures: \$ 2.9M (20%)</li> <li>▪ Average annual cost per caregiver client: \$ 2,540</li> </ul>
<b>Rates</b>	The 13 AAAs contract with a wide variety of providers, including home care agencies, adult day services, mental health therapists, educational workshop leaders, nursing homes, durable medical equipment suppliers among others. Where an established Medicaid provider rate exists (e.g. nursing homes, home care agencies, etc.) the AAAs reimburse services at that rate (unless an exception has been established). For all other services, a negotiated rate is established between the AAA and the provider.
<b>Partners</b>	ALTSA partners with the 13 AAAs that employ 176 licensed TCARE Assessors and other support staff, plus local community service providers.
<b>Oversight</b>	<p><b>External</b></p> <ul style="list-style-type: none"> <li>▪ State Auditor's Office</li> <li>▪ AAAs monitor their subcontracted providers</li> </ul> <p><b>Internal</b></p> <ul style="list-style-type: none"> <li>▪ ALTSA's Home and Community Services Division, State Unit on Aging</li> <li>▪ ALTSA, Management Services Division</li> </ul>

### Information Contact

Dana Allard-Webb, Kinship and Family Caregiver Program Manager, Home and Community Services Division,  
(360) 725-2552, [Dana.Allard-Webb@dshs.wa.gov](mailto:Dana.Allard-Webb@dshs.wa.gov); [www.dshs.wa.gov/kinshipcare](http://www.dshs.wa.gov/kinshipcare)

2018

## Attachment J



### Aging and Long-Term Support Administration

#### Fact Sheet: Programs and Initiatives

### Chronic Disease Self-Management Education

<p><b>Overview</b></p>	<p>People with chronic conditions are high utilizers of the health care delivery system. Chronic conditions account for three-fourths of all health-related costs nationally. In Washington, 5% of the Medicaid population with chronic care conditions account for 50% of the Medicaid health care expenses. During economic recovery and evolving health system design, the major challenges are managing current health care resources while planning and sustaining funds for the future. When we consider that 38% of Washingtonians over the age of 18 have one or more chronic conditions, we have to continually consider various approaches across populations.</p> <p>One viable approach, supported by an expanding body of research on the impact of chronic conditions and their management points, focuses on people learning self-management skills, thereby increasing their level of confidence with health-related problem solving.</p> <p>The Aging and Long-Term Support Administration (AL TSA) was awarded a 2-year federal grant from the Administration for Community Living, which began in August 2016 and is scheduled to end July 31, 2018. In collaboration with the Washington State Department of Health (DOH), five Area Agencies on Aging (AAA), AL TSA disseminates, designs infrastructure, and plans sustainability for the evidence-based Chronic Disease Self-Management Education (CDSME) programs originally developed at Stanford.</p> <p>The specific types of CDSME programs Washington state implements are: 1) Chronic Disease Self-Management Program; 2) Tomando Control de su Salud; 3) Diabetes Self-Management Program; 4) Programa de Manejo Personal de la Diabetes; 5) Chronic Pain Self-Management; 6) Better Choices, Better Health (online CDSMP); 7) Enhanced Wellness; 8) PEARLS.</p> <p>These programs are also available under the COPES Waiver.</p>
<p><b>Eligibility</b></p>	<p>Individuals 18 years of age or older, who have one or more chronic conditions.</p>

#### Information Contact

Todd Dubble, Office Chief, Home and Community Services Division  
(360) 725-2562; [Dubblgt@dshs.wa.gov](mailto:Dubblgt@dshs.wa.gov)  
[www.dshs.wa.gov/altsa](http://www.dshs.wa.gov/altsa)

2018

<b>Requirements</b>	Individuals do not need a doctor's referral to attend the program. Family, friends, and caregivers of people with chronic conditions are also welcome to attend CDSME workshops.
<b>Authority</b>	Administration for Community Living: Chronic Disease Self-Management Education Grant and COPES Waiver.
<b>Budget</b>	\$900,000 for a two year grant period (August 2016 to July 2018)
<b>Rates</b>	The COPES waiver will cover \$50/session for six sessions for each Medicaid client referred to CDSME by a DSHS case manager.  Other workshop costs vary based on whether the host organization that offers the workshop is grant-funded or self-sustaining.
<b>Partners</b>	Five AAAs and their local organizations who hold a license to offer CDSME workshops in their areas.  Health Care Authority  Department of Health  Canary Health  Inland Northwest Health Services
<b>Oversight</b>	AL TSA and DOH are the state partners for this federal grant.  AAAs are responsible for network development and oversight of services provided under the COPES Medicaid Waiver.

## Attachment K

PICKING UP THE PACE OF CHANGE: 2017 LONG-TERM SERVICES AND SUPPORTS | LONGTERMScoreCARD.ORG



### Washington: 2017 Long-Term Services and Supports Scorecard Results

*Picking Up the Pace of Change: Long-Term Services and Supports Scorecard, 2017 Edition* takes a multi-dimensional approach to measure state-level performance of long-term services and supports (LTSS) systems that assist older people, adults with disabilities, and family caregivers. The full report is available at [www.longtermscorecard.org](http://www.longtermscorecard.org).

**Purpose:** The *Scorecard* aims to pick up the pace of improving LTSS and measures system performance from the viewpoint of service users and their families. It is designed to help states improve the performance of their LTSS systems so that older people and adults with disabilities in all states can exercise choice and control over their lives, thereby maximizing their independence and well-being. State policymakers often control key indicators measured, and they can influence others through oversight activities and incentives.

**Results:** The *Scorecard* examines state performance, both overall and along five key dimensions. Each dimension comprises 3 to 6 data indicators, for a total of 25. It also measures changes in performance since the second *Scorecard* (2014), wherever possible (on 23 of the 25 indicators). The table below summarizes current performance and change in performance at the dimension level. State ranks on each indicator appear on the next page.

Dimension	Rank	Number of Indicators with Trend*	Number of Indicators Showing:**		
			Substantial Improvement	Little or No Change	Substantial Decline
OVERALL	1	23	7	13	3
Affordability & Access	11	5	0	5	0
Choice of Setting & Provider	2	5	2	2	1
Quality of Life & Quality of Care	15	3	2	0	1
Support for Family Caregivers	5	4	1	3	0
Effective Transitions	3	6	2	3	1

\*Trend cannot be shown if data are missing for either the current or baseline data year. In each state, 20 to 23 indicators have enough data to calculate a trend. \*\*See full report for how change is defined.

**Impact of Improved Performance:** If Washington improved its performance to the level of the average of the top-five-performing states,

- 154,768 more place-based subsidized units and vouchers would be available to help low-income people with LTSS needs afford housing;
- 67,652 more people of all ages would receive Medicaid LTSS to help them with daily activities;
- 13,322 more home health and personal care aides would be available to provide care in the community;
- 13,660 more low-/moderate-income adults with disabilities would have Medicaid coverage.

## Attachment K continued

PICKING UP THE PACE OF CHANGE: 2017 LONG-TERM SERVICES AND SUPPORTS | LONGTERMScoreCARD.ORG

### Washington: 2017 State Long-Term Services and Supports Scorecard Dimension and Indicator Data

Dimension and Indicator (Current Data Year)	Baseline Rate	Current Rate	Rank	Change	All States Median	Top State Rate
<b>OVERALL RANK</b>			<b>1</b>			
<b>Affordability and Access</b>			<b>11</b>			
Median annual nursing home private pay cost as a percentage of median household income age 65+ (2015-2016)	246%	<b>252%</b>	<b>35</b>	—	233%	164%
Median annual home care private pay cost as a percentage of median household income age 65+ (2015-2016)	88%	<b>86%</b>	<b>38</b>	—	81%	46%
Private long-term care insurance policies in effect per 1,000 people age 40+ (2015)	73	<b>71</b>	<b>10</b>	—	48	164
Percent of adults age 21+ with ADL disabilities at or below 250% of poverty receiving Medicaid (2014-2015)	57.1%	<b>56.8%</b>	<b>16</b>	—	53.4%	78.1%
Medicaid LTSS beneficiaries per 100 people with ADL disabilities (2012)	58	<b>54</b>	<b>25</b>	—	54	111
ADRC/No Wrong Door Functions (composite indicator, scale 0-100%) (2016)	*	<b>92%</b>	<b>1</b>	*	60%	92%
<b>Choice of Setting and Provider</b>			<b>2</b>			
Percent of Medicaid and state-funded LTSS spending going to HCBS for older people and adults with physical disabilities (2014)	62.4%	<b>64.9%</b>	<b>2</b>	✓	33.1%	68.5%
Percent of new Medicaid aged/disabled LTSS users first receiving services in the community (2012)	70.4%	<b>67.0%</b>	<b>13</b>	✗	55.4%	83.6%
Number of people participant-directing services per 1,000 people with disabilities (2016)	*	<b>53.4</b>	<b>3</b>	*	9.6	131.9
Home health and personal care aides per 100 adults 18+ with ADL disabilities (2013-2015)	24	<b>25</b>	<b>11</b>	—	19	41
Assisted living and residential care units per 1,000 population age 75+ (2014)	111	<b>103</b>	<b>3</b>	—	52	121
Subsidized housing opportunities (place-based and vouchers) as a percentage of all housing units (2015)	5.0%	<b>6.1%</b>	<b>17</b>	✓	5.8%	17.7%
<b>Quality of Life and Quality of Care</b>			<b>15</b>			
Rate of employment for adults with ADL disabilities age 18–64 relative to rate of employment for adults without ADL disabilities ages 18–64 (2014-2015)	24.2%	<b>21.9%</b>	<b>26</b>	✗	21.9%	43.3%
Percent of high-risk nursing home residents with pressure sores (2015-2016)	5.9%	<b>4.7%</b>	<b>16</b>	✓	5.5%	3.4%
Percent of long-stay nursing home residents who are receiving an antipsychotic medication (2015)	20.1%	<b>16.1%</b>	<b>17</b>	✓	16.8%	8.0%
<b>Support for Family Caregivers</b>			<b>5</b>			
Supporting working caregivers (composite indicator, scale 0-9.0) (2014-2016)	1.80	<b>1.80</b>	<b>12</b>	—	1.00	6.50
Person and family-centered care (composite indicator, scale 0-5.5) (2016)	2.29	<b>3.62</b>	<b>7</b>	✓	2.41	4.30
Nurse delegation and nurse practitioner scope of practice (composite indicator, scale 0-5.0) (2016)	5.00	<b>5.00</b>	<b>1</b>	—	4.00	5.00
Transportation policies (composite indicator, scale 0-5.0) (2012-2016)	2.50	<b>2.50</b>	<b>3</b>	—	1.00	4.00
<b>Effective Transitions</b>			<b>3</b>			
Percent of nursing home residents with low care needs (2014)	7.6%	<b>8.4%</b>	<b>12</b>	✗	11.2%	4.1%
Percent of home health patients with a hospital admission (2015)	23.3%	<b>21.9%</b>	<b>5</b>	—	24.4%	18.3%
Percent of long-stay nursing home residents hospitalized within a six-month period (2014)	13.1%	<b>11.1%</b>	<b>7</b>	✓	15.7%	5.0%
Percent of nursing home residents with one or more potentially burdensome transitions at end of life (2013)	19.6%	<b>18.4%</b>	<b>10</b>	—	23.8%	9.1%
Percent of new nursing home stays lasting 100 days or more (2012)	16.9%	<b>15.2%</b>	<b>10</b>	✓	18.3%	8.9%
Percent of people with 90+ day nursing home stays successfully transitioning back to the community (2012)	11.8%	<b>12.4%</b>	<b>3</b>	—	7.4%	14.9%

\* Comparable data not available for baseline and/or current year. Rank cannot be calculated without current data. Change in performance cannot be calculated without both baseline and current data.

Notes: ADL = Activities of Daily Living; ADRC = Aging and Disability Resource Center; HCBS = Home and Community-Based Services; LTSS = Long Term Services and Supports.

Key for Change:	
✓	Performance improvement
—	Little or no change in performance
✗	Performance decline
*	N/A

## Attachment L



### Administrative Policy No. 9.11

<b>Subject:</b>	Emergency Management
<b>Information Contact:</b>	Director, Office of Emergency Management MS: 45021 (360) 902-8159
<b>Authorizing Sources:</b>	Presidential Policy Directive 8: National Preparedness Homeland Security Policy Directive 5: Management of Domestic Incidents Chapter 38.52 RCW, Emergency Management Chapter 43.06.010 RCW, Governor General Powers and Duties Directive by the Governor 13-02 Continuity of Government Operations Preparation
<b>Additional Information:</b>	Administrative Policy 18.32 Severe Inclement Weather DSHS Emergency Operations Plan, as revised DSHS Emergency Management <a href="#">SharePoint</a> <a href="#">Federal Emergency Management Agency</a>
<b>Effective Date:</b>	November 1, 2010
<b>Revised:</b>	April 29, 2015 <sup>i</sup> Housekeeping 9/2/16
<b>Approved By:</b>	<u>original signed by Dana Phelps</u> Senior Director, Policy & External Relations
<b>Sunset Review Date:</b>	April 29, 2019

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#### Purpose

This policy provides guidance, direction and standards that promote DSHS organizational and individual employee preparedness to respond effectively to emergencies and disasters. Adherence to this policy supports the well-being and life safety of DSHS employees, protects state property, and supports the Department's ability to continue its mission essential functions during emergencies and disasters in order to quickly resume normal business operations.

Administrative Policy 9.11

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## Scope

This policy applies to all DSHS Administrations and employees at all locations statewide.

## Further Guidance

DSHS Emergency Management [SharePoint](#)

## Definitions

The terms below are among those commonly used in emergency management; many of them are derived from federal definitions and adapted for use within DSHS. Additional commonly used terms may be found in the DSHS Emergency Operations Plan, Annex C. The terms defined below are used in this policy.

Capitol Campus includes government buildings and grounds in the area included on this [map](#). DSHS headquarters in Capitol View 1 and 2, Blake Office Park, and any other facilities are excluded from Capitol Campus.

Continuity plan (also known as continuity of operations plan or COOP) is a set of written procedures that describe the activities each DSHS Administration must take to sustain the delivery of its mission essential functions during periods of emergency or disaster. Continuity plans are written by subject matter experts at the Administration and residential program level. Plans must align vertically with guidance set forth in the Emergency Operations Plan.

Emergency coordination center (ECC) is a DSHS Headquarters function activated by the Director of Emergency Management or designee to provide centralized guidance, information sharing, and support to DSHS regional and field services offices and residential services operations responding to an emergency or disaster. The ECC is staffed by employees representing each Administration who are trained by the Office of Emergency Management.

Emergency or disaster is defined under RCW 38.52.010 (6) (a) as “an event or set of circumstances which: (i) demands immediate action to preserve public health, protect life, protect public property, or to provide relief to any stricken community overtaken by such occurrences, or (ii) reaches such a dimension or degree of destructiveness as to warrant the governor declaring a state of emergency pursuant to RCW 43.06.010 (12).” Emergencies excluded from this policy (as defined under RCW 38.52.010 (6)(b) Are those that “require a normal police, coroner, fire, rescue, emergency medical services, or utility response”.

Emergency operations plan (EOP) is maintained by the DSHS Office of Emergency Management for DSHS. It provides overarching guidance and procedures describing how DSHS responds as an organization to emergencies and disasters. There is a single EOP for DSHS. All emergency response plans and continuity plans must align vertically with the DSHS EOP. The EOP is reviewed annually and revised, as needed.

Emergency response plan describes in writing the actions that management and employees must

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take immediately during an emergency or disaster to protect life-safety. Emergency response plans address incidents that are generally short term and do not interrupt DSHS ability to continue its mission essential functions. Each DSHS location should have a single, integrated emergency response plan incorporating all DSHS programs at that location as well as any non-DSHS tenants in the same building, when feasible.

Emergent position is a DSHS employment position designated by the responsible Appointing Authority to provide or substantially support one or more mission essential function during emergencies or disasters. Designations must be made in appointment letters and in the Position Description Form.

GETS/WPS is the Government Emergency Telecommunications Service/Wireless Priority Service. It is funded by the Department of Homeland Security – Federal Emergency Management Agency (FEMA). This program allows subscribers enhanced routing of government related calls during emergencies and disasters when lines may otherwise not permit calls to reach their destination. Further information is available at [GETS/WPS](#) and the DSHS Office of Emergency Management.

Headquarters includes all DSHS offices in the Olympia, Lacey, Tumwater area housing the executive leadership for each Administration, their staff, and supporting systems and resources. Note that only the DSHS Human Services Building is on Capitol Campus.

Incident command system (ICS) is a method of organization used for the command, control and coordination of an emergency response developed and promulgated by the Federal Emergency Management Agency (FEMA). It is the nationally standardized approach for incident response. The ICS organization is flexible, scalable and arranged in a hierarchy to facilitate communication and collaboration. Its implementation is required under Presidential Policy Directive 8.

Location includes DSHS Headquarters, regional and field offices; state hospitals; residential habilitation centers; juvenile rehabilitation institutions; the Special Commitment Center; associated group homes, and other DSHS operated residential treatment programs.

Mission essential functions include the limited set of organization level functions that should be continued throughout, or resumed rapidly after, a disruption of normal activities. This term replaces “vital services.”

### **Policy Requirements**

#### **A. Office of Emergency Management**

The DSHS Office of Emergency Management is organizationally situated in the Support and Enterprise Services Administration (SESA); the Director reports to the Assistant Secretary. During emergencies and disasters, the Director may report directly to the Secretary or other designated member of Executive Leadership. The Office is the emergency management policy, planning and training and exercising authority for the Department and employs the Department’s related subject matter experts. All other Department emergency management functions within SESA or other Administrations are subordinate to the Office of Emergency

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### Management.

#### 1. Employee and Organizational Readiness

The Office of Emergency Management maintains a comprehensive emergency management planning and response approach for DSHS that promotes preparedness at the organizational and individual employee levels by providing:

- a. DSHS agency level standards for emergency and disaster preparedness, emergency operations and continuity planning
- b. Technical assistance, training, and exercises for DSHS Headquarters, regional offices and residential operations
- c. Planning resources, tools, and materials

#### 2. Emergency Coordination Center

The ECC is organized based on Incident Command principles and is led by a DSHS manager trained by the Office of Emergency Management. (This position analogous to and may assume the role of Incident Commander when the incident is directly impacting DSHS Headquarters.) During activations, the ECC Emergency Manager reports directly to a DSHS Executive Leadership Team designee, typically the Assistant Secretary for the Support and Enterprise Services Administration. The ECC follows procedures established by the DSHS Office of Emergency Management which are included in the DSHS EOP.

- a. The Office of Emergency Management is responsible for training and completing drills with the ECC, which convenes in the Human Services Building in Olympia and/or virtually.
- b. Each Assistant Secretary must designate at least two employees to serve as liaisons to the ECC. Liaisons must participate in training, drills, and activations in response to actual incidents.
- c. Administration liaisons are responsible for updates to the DSHS toll-free employee emergency information line and the internet duty station status report (or successor systems) during incidents that impact DSHS operations.
- d. Assistant Secretaries must designate additional representatives, if requested by the DSHS Director of Emergency Management, to meet the needs of a response.
- e. DSHS state psychiatric hospitals; residential habilitation centers; juvenile rehabilitation institutions; the Child Study and Treatment Center; and the Special Commitment Center must develop and maintain procedures for emergency coordination at each campus.
- f. The Office of Emergency Management shall provide training, exercises, and other technical assistance to DSHS regional offices and institutions to support the implementation and maintenance of continuity plans.

#### 3. Capitol Campus Planning and Response Coordination

- a. The Office of Emergency Management is responsible for DSHS agency level coordination with other state agencies in response to any incident on the Capitol Campus. Coordination is handled through the Director of Emergency Management

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- or designee.
- b. The Department of Enterprise Services (DES) is responsible for coordinating the immediate facilities' response to any incident impacting multiple facilities on the Capitol Campus.
- c. All state agencies with facilities on the Capitol Campus rely on an Incident Command System for responding to emergencies, this includes the DSHS Human Services Building, under the coordination of the Director of Emergency Management or designee.
- d. The DSHS EOP is written to scale up to incidents that extend beyond the capabilities of DSHS resources.

#### 4. State, Tribal and Federal Level Coordination

- a. The Office of Emergency Management represents DSHS on matters pertaining to emergency management with local jurisdictions, other state agencies, tribes and tribal agencies and federal agencies. Any other DSHS representation must be coordinated through the Director of the Office of Emergency Management. However, this requirement is not intended to preclude local, direct coordination by DSHS offices and institutions with local jurisdictions' emergency management for planning purposes or during a response.
- b. Within available resources, the Office of Emergency Management represents DSHS to the State Emergency Operations Center (State EOC) at Camp Murray during activations. Additional DSHS subject matter experts may be requested to report to the State EOC by the DSHS Director of Emergency Management to support a state or federal level emergency response. DSHS organizations and employees shall not deploy to the State EOC without advanced coordination with the DSHS Director of Emergency Management.
- c. During state level activations DSHS response actions must be coordinated through the Office of Emergency Management using the procedures established in the DSHS EOP for the Emergency Coordination Center. Specifically, DSHS programs and individual staff must not deploy to the incident location or in proximity to it without prior coordination with the DSHS Office of Emergency Management.
- d. The DSHS Office of Emergency Management represents the Department on state and federal level exercises, within available resources. DSHS Administrations wishing to participate must coordinate through the Office of Emergency Management.
- e. The DSHS Director of Emergency Management is responsible for overseeing DSHS compliance with the Directive by the Governor 13-02 and/or any subsequent requirements and submitting quarterly reports summarizing the continuity planning, and training and exercise actions taken by all DSHS programs during the previous quarter.
- f. The Director of Emergency Management is designated by the Secretary to represent the agency to the Interagency Continuity of Operations workgroup, convened monthly by The Adjutant General and reporting to the Office of the Governor.

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### **B. Emergency Response Plan**

1. When an emergency occurs that impacts DSHS operations and necessitates immediate action to protect the well-being and safety of employees and clients, every affected DSHS manager and employee must understand his role in the response.
2. Every DSHS location must have a written emergency response plan that aligns with the EOP.
3. Locations shared by two or more DSHS Administrations must collaborate in developing an emergency response plan that incorporates the needs of each program in an integrated response plan. Plans must be approved by the responsible manager for each program at that location, reviewed annually, and updated, as needed.
4. Management at locations that also house non-DSHS tenants are responsible for working with those tenants to include them in planning, where feasible. Plans must describe how DSHS services may be impacted by other tenants during an emergency or disaster.
5. Training in accordance with each location's emergency response plan is necessary in order for employees to understand their role during emergencies and disasters. Training will be provided by qualified staff identified by each Administration and in coordination with the Preparedness Training Manager in the DSHS Office of Emergency Management.

### **C. Continuity Planning**

Continuity plans are developed at the Administration and residential program level and must align vertically with the EOP to the extent practicable. Plans are activated when an emergency or disaster significantly disrupts normal operations necessitating temporary relocation, reassignment of staff, implementation of alternate care standards, and/or other actions that must be sustained for 72 hours or longer. (Note that the specific period may be less than or greater than 72 hours depending on the mission essential function(s) that are impacted.)

1. The Office of Emergency Management provides planning guidance and support consistent with the Chapter 38.52 RCW and the Directive by the Governor 13-02 to facilitate development and maintenance of continuity plans.
2. Each Administration will provide information to support quarterly reporting regarding planning, training, and exercise actions.
3. Administrations must maintain continuity plans that address the elements and standards as described in the DSHS EOP and other planning guidance provided by the DSHS Office of Emergency Management. (See DSHS Office of Emergency Management [SharePoint](#) site for additional information.)
4. Continuity plans must be retained electronically and sensitive information appropriately secured. Hard copies of continuity plans must be accessible at each location and also

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maintained at an alternate location in the event that the primary location becomes inaccessible.

5. Continuity plans must be reviewed, in whole or in part, each year and approved by the responsible Appointing Authorities. Record of review and approval must be submitted to the DSHS Director of Emergency Management by July 1 of each year.

### **D. Training and Exercise Coordination**

1. The DSHS Office of Emergency Management oversees and administers preparedness and response training and exercises at the Administration and residential program levels, providing review, technical assistance, direct training, and training resources, and other assistance. The Office of Emergency Management will incorporate other federal or state emergency preparedness training requirements, as they are developed and promulgated.
2. As a requirement of the Directive by the Governor 13-02, each Administration and residential program must have a written training plan that describes the manner by which employees on all shifts will be oriented to their roles in an emergency or disaster and which specifies timelines for completing training.
3. Completion of training may be recorded in either the Learning Management System or the Administration or residential programs' local system.
4. The Office of Emergency Management is authorized to make specific training and exercise recommendations to Administrations and residential programs to improve DSHS organizational and individual employee readiness.
5. The DSHS Office of Emergency Management provides training resources and assistance at the Administration and residential program level. Within available resources, the Office of Emergency Management will support regional and collocated field offices, as well.
6. When requested by the responsible Appointing Authority, the Office of Emergency Management will assist each Administration and residential program in determining what training is necessary for their staff to prepare them to carry out their duties during emergencies and disasters.
7. Administration and residential program emergency preparedness training plans must be submitted to the Office of Emergency Management by January 15 of each year.

### **E. Local Jurisdiction Coordination**

All counties and larger cities are required under Chapter 38.52 RCW to have an emergency manager. DSHS management at every location should acquaint themselves with their local jurisdiction's emergency managers for the purpose of mutual support. Contact information for local emergency management agencies can be found at:

[http://www.emd.wa.gov/myn/myn\\_contact\\_info.shtml](http://www.emd.wa.gov/myn/myn_contact_info.shtml)

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**F. Government Emergency Telecommunications Service/Wireless Priority Service (GETS/WPS)**

The DSHS Office of Emergency Management manages the GETS/WPS program for the DSHS Executive Leadership Team and the Support and Enterprise Services Administration. Other Administrations wishing to participate in the program may set up and manage separate accounts below the Assistant Secretary/Senior Director level. Enrollment information is available through [GETS/WPS](#).

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<sup>1</sup> Updated hyperlinks