

# Aging and Long-Term Support Administration

Department of Social and Health  
Services

Strategic Plan Metrics  
2023-2024

# Aging and Long-Term Support Administration

Strategic Plan  
Success Measure #

## Prepare For Aging Washingtonians

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## **Increase Organizational Efficiency, Performance and Effectiveness**

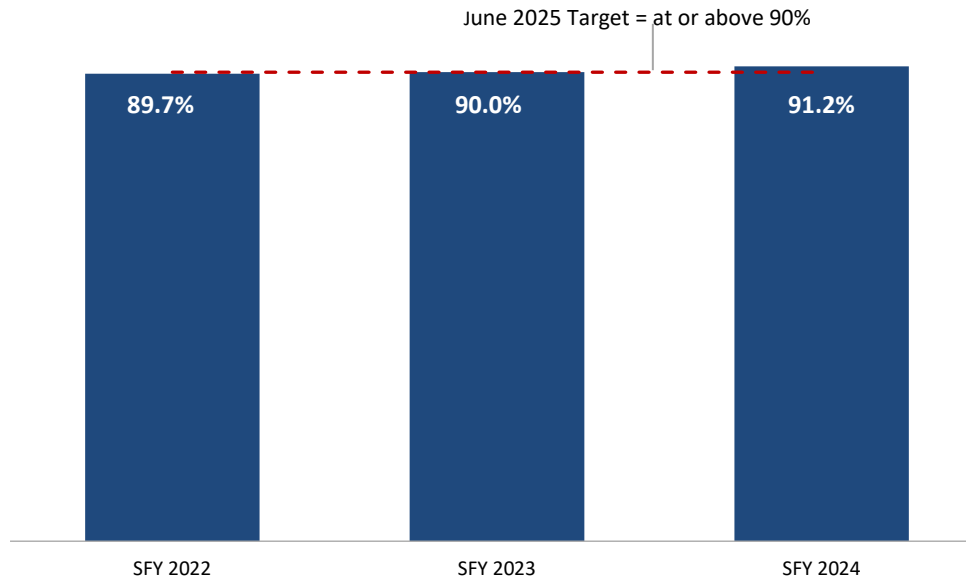
AAH.9	Timely quality assurance of home and community services	<a href="#">16.1.1</a>
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# Aging and Long-Term Support Administration

## Prepare For Aging Washingtonians

### Percent of long-term services and support clients served in home and community-based settings

Statewide



**DATA SOURCE:** EMIS reports using ProviderOne; supplied by Carla McKnight, Budget Forecast Chief, MSD.

**MEASURE DEFINITION:** Statewide percentage of AL TSA long-term care clients living in home and community settings, as defined by the average monthly caseload of clients living in home and community settings divided by the sum of the same and the average monthly caseload of clients living in nursing facilities.

**DATA NOTES:** 1 Nursing Home clients are counted using full-time bed occupation method: count of bed days divided by the number of days in a month instead of the old method of adjusting head count. 2 From July 2021 forward the count of clients living in nursing facilities includes both State-only clients and clients in State Veteran's Homes. *Click below for additional data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.1.xlsx>

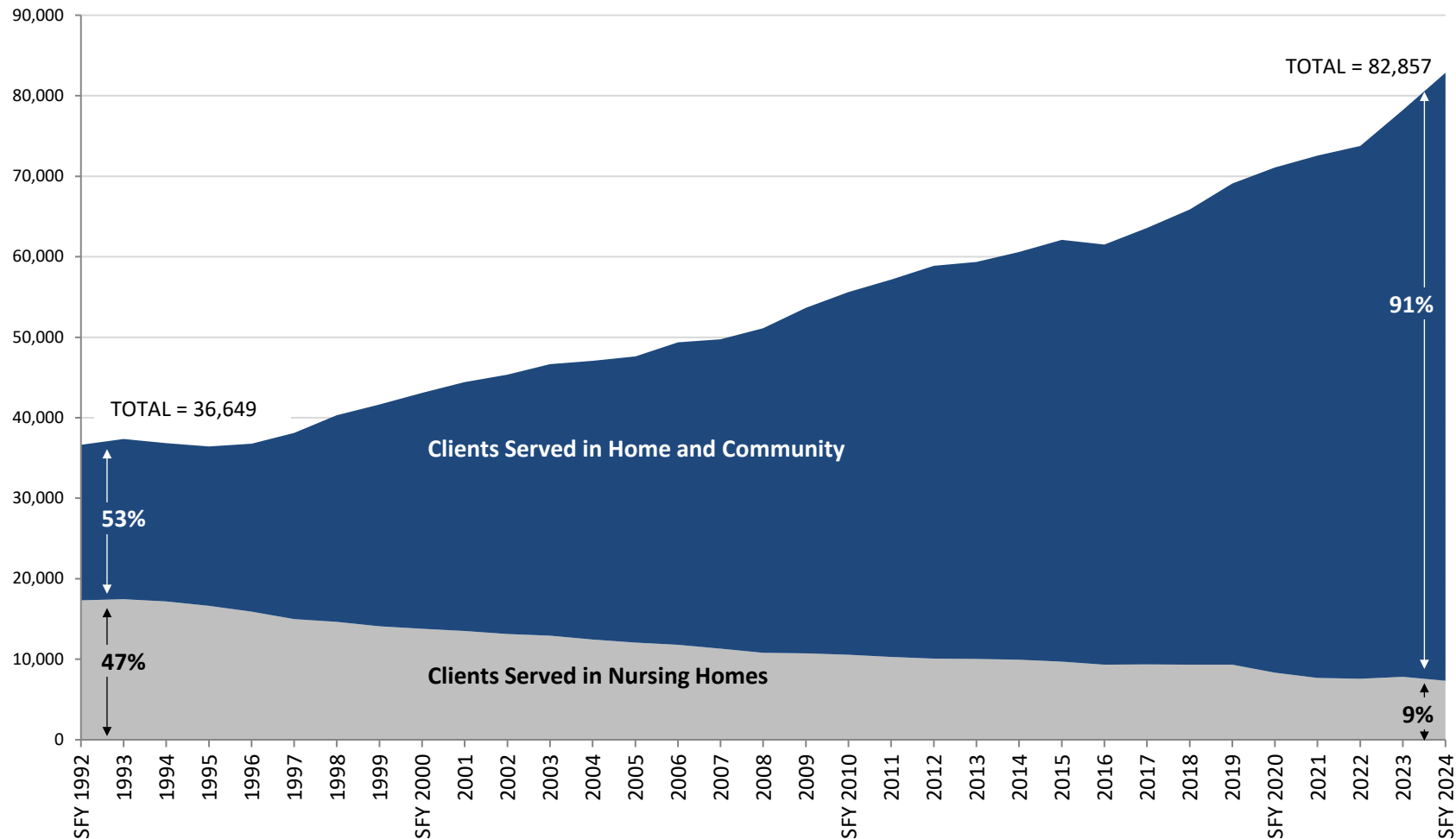
#### SUMMARY

- This measure supports AL TSA Strategic Objective 1: Serve individuals in their homes or in community-based settings of their choice.
- Background: In 2023, Washington State's long-term services and supports were ranked second in the nation by the AARP Long-Term Care Scorecard.
- Importance: A hallmark of the state's long-term services and supports (LTSS) system is that most individuals can choose to live and receive services in their own home or in a community setting. Washington has prioritized expanding home and community-based services and ensuring individuals have timely access. This has created a cost-effective way to deliver services and has improved the lives of clients who feel they have control over their lives and living situations.
- Success Measure 1.1.1: Maintain the percentage of LTSS clients served in home- and community- based setting at or above 90% by June 2025.
- Action Plan: The updated action plan for this measure is located in the AL TSA Strategic Plan Strategic Objective 1.

# Aging and Long-Term Support Administration

## Prepare For Aging Washingtonians

### Percent of long-term services and support clients served in home and community-based settings



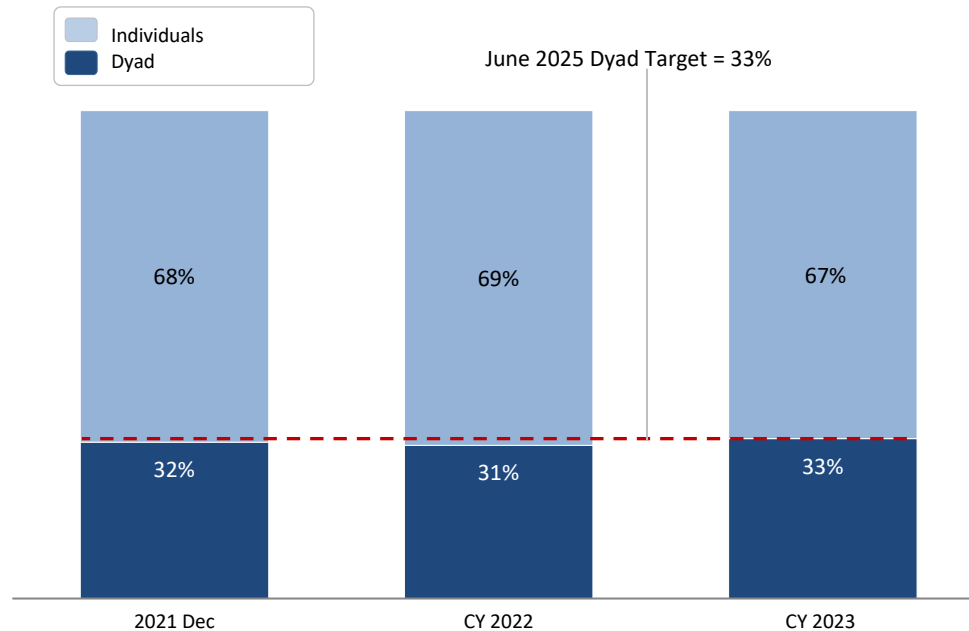
TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.1.xlsx>

# Aging and Long-Term Support Administration

## Prepare For Aging Washingtonians

### Percent of dyads (versus individuals) enrolled in the Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA)

Statewide - Percentage of dyads and individuals in active caseload



**DATA SOURCE:** ADSA Reporting; provided by Adrienne Cotton.

**MEASURE DEFINITION:** Percent of dyads in the active caseload of the Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA).

**DATA NOTES:** 1 Target is the current percentage of dyads enrolled in MAC and TSOA. 2 Enrollment counts are for active dyads. 3 Quarterly counts are for the last month of each quarter. 4 Annual counts are for the last month of each year. 5 A dyad is a caregiver and care receiver enrolled in MAC/TSOA. 6 This is an annual target, quarterly data is preliminary.

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.24.xlsx>

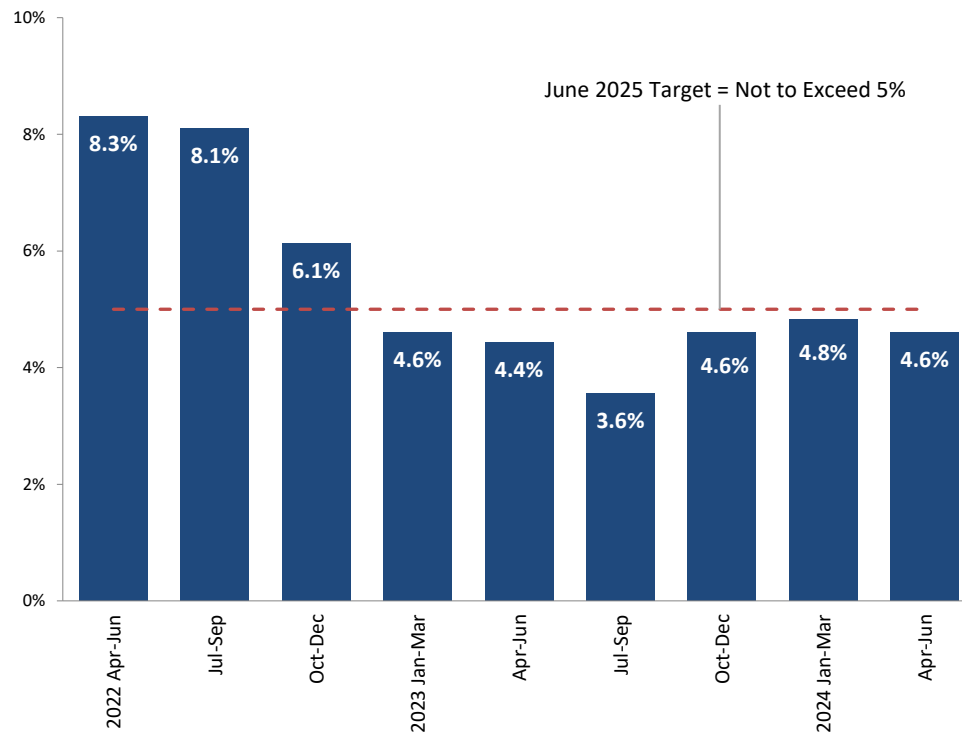
#### SUMMARY

- This measure supports ALTSA Strategic Objective 2: Develop and expand approaches to serve adults who are older, Medicaid recipients and caregivers.
- Background: Both MAC and TSOA are innovative approaches under the Medicaid Transformation Demonstration Project (MTD), a project with the federal centers for Medicare and Medicaid Services approved in January 2017 and implemented in September 2017. MTD provides the state of Washington with new investments to test innovative, sustainable and systematic low cost services that delay or divert use of traditional Medicaid long-term supports and services (LTSS). A dyad is a caregiver and care receiver enrolled in MAC/TSOA.
- Importance: MAC and TSOA provide support to Medicaid eligible or adults who are low income and meet Nursing Facility Level of Care (NFLOC) to avoid, delay or lower use of traditional Medicaid Services.
- Success Measure 2.1.1: To divert or delay individuals' need for more intensive Medicaid Long-Term Services and Supports, emphasizing support of family caregivers, increase the proportion of dyads to individuals enrolled by 3% by June 2025.
- Action Plan: The updated action plan for this measure is in the ALTSA Strategic Plan Strategic Objective 2.

# Aging and Long-Term Support Administration

## Serve People In Their Home Community

### Percent of clients whose hospital stay is 100 days or more from the date of referral to HCS



**DATA SOURCE:** Fiscal Quarter Count & Percentage of Clients Still Hospitalized with 100 Days or More PowerBI Report, Grace Kiboneka.

**MEASURE DEFINITION:** Average percent of individuals still hospitalized at 100 or more days from the date of referral to HCS.

**DATA NOTES:** **1** Numerator: Average total number of clients at 100 or more days from the date of referral to HCS. Denominator: Average total number of clients in the quarter. **2** Daily snapshot data of clients who are still hospitalized "not-discharged" is stored and referenced for a defined quarter to calculate the average number of clients still hospitalized at 100 or more days divided by the total number of clients still hospitalized in a quarter. **3** This measure is affected by human error and delays when discharged cases continued to stay on the still hospitalized caseload longer than they may need to be.

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.22.xlsx>

#### SUMMARY

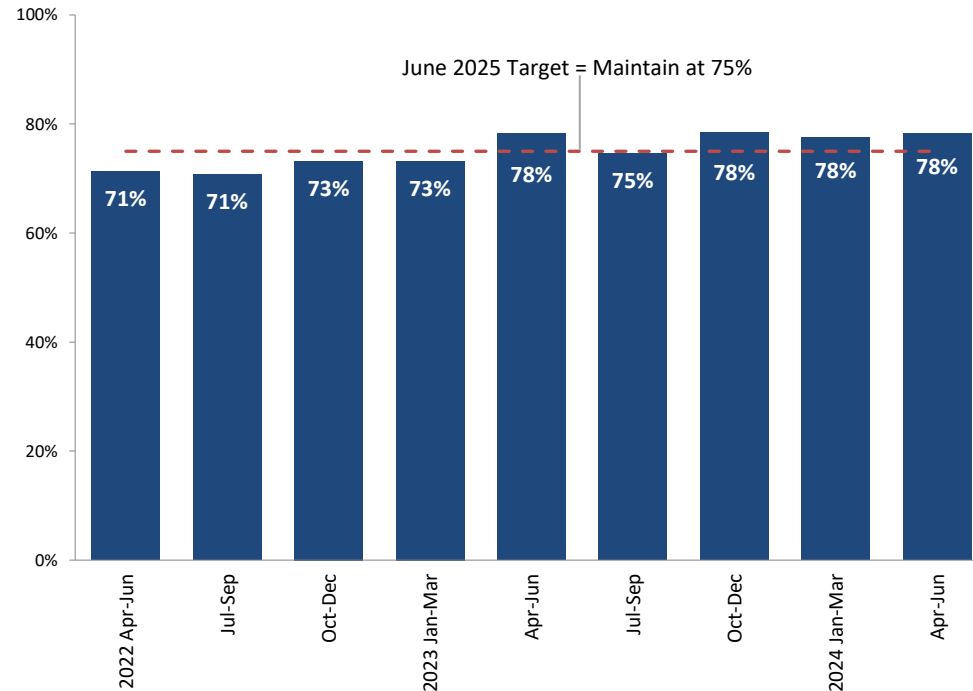
- This measure supports ALTSA Strategic Objective 5: Support people to transition from Acute Hospitals to services in their home or communities.
- Background: About 75 percent of hospital patients who are referred to ALTSA's HCS are new to our system and need functional and financial eligibility determinations. This measure was added to the Strategic Plan in 2021 to maintain and not exceed 5% average number of individuals whose hospital stay is greater than 100 days.
- Importance: Ensuring timely transitions of hospitalized individuals to these services is essential in reducing the number of days patients spend in acute care settings when they no longer meet medical necessity. This effort requires strong collaboration and cross systems partnerships to include providers, staff, hospitals, managed care organizations, the Health Care Authority and communities, so as to provide appropriate services and community options that honor patient choice and reduce medical costs while increasing individual wellbeing, and quality of life.
- Success Measure 5.1.1: Maintain the quarterly percentage of clients whose hospital stay is 100 days or more from the date of referral to HCS not to exceed 5% through June 2025.
- Action Plan: The updated action plan for this measure is in the ALTSA Strategic Plan Strategic Objective 5.

# Aging and Long-Term Support Administration

## Serve People In Their Home Community

### Percent of clients transitioned from acute care hospitals in less than 30 days from the date of referral to HCS

Quarterly percentages



**DATA SOURCE:** Quarterly Counts and Percentage of Clients who Transitioned From Acute Care Hospital in less than 30 Days From Date of Referral PowerBI Report; Grace Kiboneka.

**MEASURE DEFINITION:** Percent of individuals that have transitioned in less than 30 days from date of referral to HCS.

**DATA NOTES:** 1 Data is reported within the Quarterly 2.2.2 Acute Care Hospital data tab. Numerator: Total number of clients who transitioned in less than 30 days. Denominator: Total number of transitions.

#### SUMMARY

- This measure supports ALTSA Strategic Objective 5: Support people to transition from Acute Hospitals to services in their home or communities.

- Background: About 75 percent of hospital patients who are referred to ALTSA's HCS are new to our system and need functional and financial eligibility determinations. This measure was added to the Strategic Plan in 2021 to consistently achieve the quarterly average percent of clients transitioned into community settings.

- Importance: Ensuring timely transitions of hospitalized individuals to these services is essential in reducing the number of days patients spend in acute care settings when they no longer meet medical necessity. This effort requires strong collaboration and cross systems partnerships to include providers, staff, hospitals, managed care organizations, the Health Care Authority and communities, to provide appropriate services and community options that honor patient choice and reduce medical costs while increasing individual wellbeing, and quality of life.

- Success Measure 5.1.2: Achieve a quarterly percentage of clients transitioned from acute care hospitals in less than 30 days from the date of referral to HCS consistently at 75% through June 2025.

- Action Plan: The updated action plan for this measure is in the ALTSA Strategic Plan Strategic Objective 5.

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.23.xlsx>

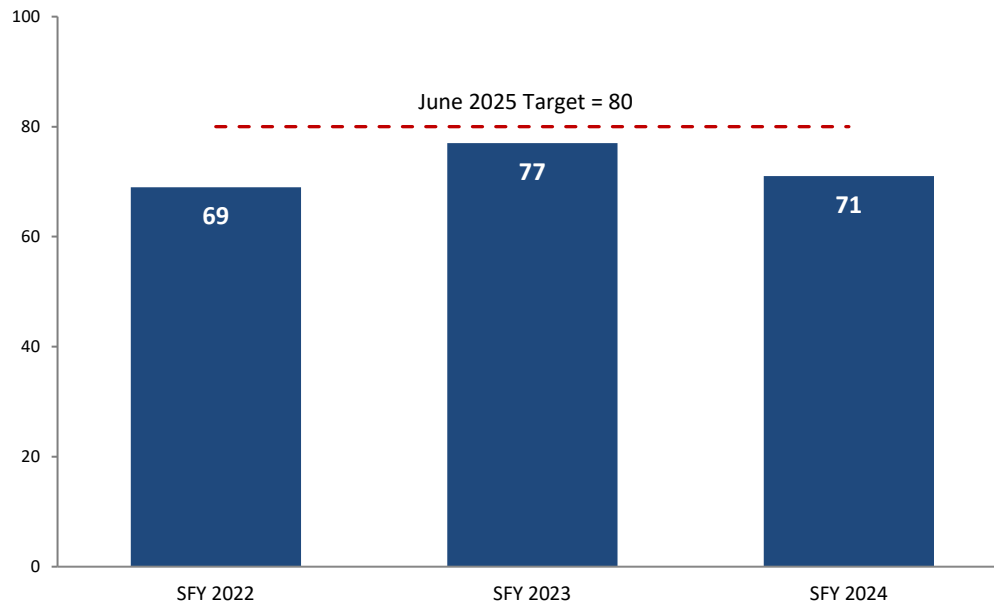


# Aging and Long-Term Support Administration

## Serve People In Their Home Community

### Number of individuals transitioning from state psychiatric hospitals into community settings

Statewide - Average quarterly number



**DATA SOURCE:** ADSA Reporting-State Hospital Report; supplied by Lateisha De Lay, State Hospital Discharge and Diversion Administrator, HCS, ALTSA.

**MEASURE DEFINITION:** The count of clients who are actively assisted by DSHS Home and Community Service Division to transition from state psychiatric hospitals to community settings. This effort falls under the Mental Health Initiative under the State Hospital Discharge and Diversion or SHDD program.

**DATA NOTES:** **1** Automated report for state hospital transition. **2** Quarterly report combines baseline and any new client transitions above baseline. **3** Each quarter reports number of new transitions in that quarter reported on the 10th of the month following the end of the quarter. **4** Annual data is an average of the quarterly data for the four quarters in that fiscal year.

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.13.xlsx>

#### SUMMARY

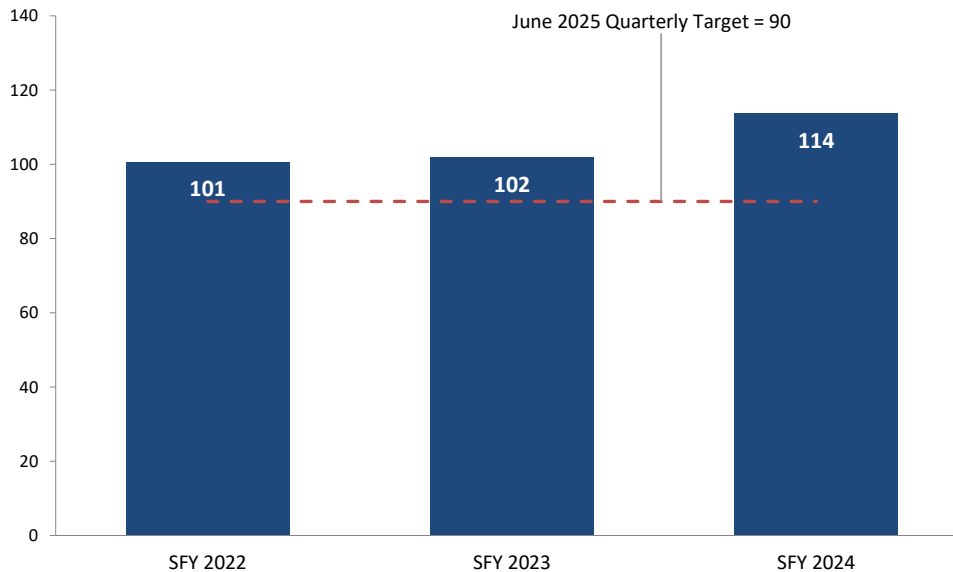
- This measure supports ALTSA Strategic Objective 6: Provide new long-term services and supports for individuals transitioning or diverting from state psychiatric hospitals.
- Background: Washington has an identified gap in community options for individuals with behavioral challenges and personal care needs, particularly those ready for discharge from the state psychiatric hospitals. In response, both state law enacted in 2016 and the Governor's-directed Mental Health Transformation empower ALTSA and other pertinent state agencies to work collaboratively with shared responsibility.
- Importance: This effort ensures the development of specialized community options with an array of services to meet the needs of individuals with behavioral health challenges who are ready for discharge and have long-term care needs.
- Success Measure 6.1.1: Achieve a quarterly average of 80 state psychiatric hospital to community setting transitions from June 2023 through June 2025.
- Action Plan: The updated action plan for this measure is in the ALTSA Strategic Plan Strategic Objective 6.
- Western State Hospital is no longer admitting civil patients and Eastern State Hospital will no longer be admitting this population by 2023. Given this, ALTSA anticipates that civil transitions from state hospitals will decrease over time as more individuals will be diverted from state hospitals into community-based resources and settings.

# Aging and Long-Term Support Administration

## Serve People In Their Home Community

### Number of clients diverting from psychiatric hospital-to-community settings

Statewide - Average quarterly number



\*Annual data is an average of the quarterly data for the four quarters in that fiscal year.

**DATA SOURCE:** ADSA State Hospital Report, Resource Developers, Transition Coordinators; supplied by Lateisha De Lay, State Hospital Discharge and Diversion Administrator, HCS, ALTSA.

**MEASURE DEFINITION:** The number of clients diverted from psychiatric hospital-to-community settings.

**DATA NOTES:** 1 The count of clients diverted includes: an individual with a 90 or 180 day commitment order for further involuntary treatment who is transitioning from a local community psychiatric facility with Long Term Service Supports provided by Home and Community Services; or an individual who is detained through the Involuntary Treatment Act who is stabilized and transitioned into a HCS setting with services and supports prior to the need to petition for a 90 or 180 day commitment order. 2 Automated report for state hospital transition. *Click below for additional data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.20.xlsx>

#### SUMMARY

- This measure supports ALTSA Strategic Objective 6: Behavioral Health Initiative – Provide long-term services and supports for individuals transitioning or diverting from state psychiatric hospitals.

- Background: Washington has an identified gap in community options for individuals with behavioral challenges and personal care needs, particularly those diverting from the state psychiatric hospitals. In response, both state law enacted in 2016 and the Governor's-directed Mental Health Transformation empower ALTSA and other pertinent state agencies to work collaboratively with shared responsibility.

- Importance: Washington has identified a gap in community options for individuals with behavioral challenges and personal care needs, particularly for individuals ready to discharge or divert from the state psychiatric hospitals.

- Success Measure 6.1.2: Achieve a quarterly average of 90 clients diverting from psychiatric hospital to community setting by June 2025.

- Action Plan: The updated action plan for this measure is in the ALTSA Strategic Plan Strategic Objective 6.

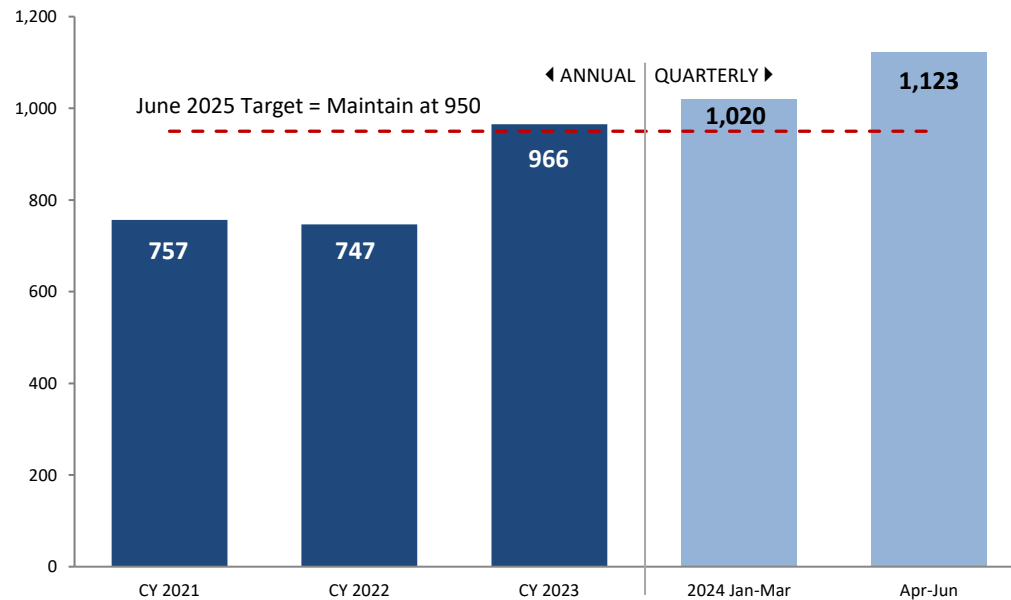
- Western State Hospital is no longer admitting civil patients and Eastern State Hospital will no longer be admitting this population by 2023. Given this, ALTSA anticipates that civil transitions from state hospitals will decrease over time as more individuals will be diverted from state hospitals into community-based resources and settings.

# Aging and Long-Term Support Administration

## Serve People In Their Home Community

### Number of people assisted to transition to home and community-based settings from nursing homes

Statewide - Average per quarter



#### SUMMARY

- This measure supports ALTSA Strategic Objective 7: Support people to transition from nursing homes to care in their homes or communities.
- Background: Federal match is maximized by utilizing the federal Money Follows the Person/Roads to Community Living (RCL) program to help people who choose to relocate to a community setting. RCL participants report greater satisfaction with life after transition. Lack of affordable housing and complex medical or behavioral health needs can be barriers to relocation.
- Importance: The majority of individuals who require support choose to receive help in their home or a community-based setting.
- Success Measure 7.1.1: Maintain the quarterly average of nursing facility-to-community settings transitions at 950 through June 2025.
- Action Plan: The updated action plan for this measure is in the ALTSA Strategic Plan Strategic Objective 7.

**DATA SOURCE:** RCL SharePoint site; supplied by Julie Cope, RCL/NFCM Unit Manager, ALTSA HCS.

**MEASURE DEFINITION:** The count of clients who are actively assisted to relocate by DSHS staff from Nursing Facilities to home and community-based services. Programs are Nursing Facility Case Management & Relocation (NFCM) and Roads to Community Living (RCL, also called Money Follows the Person).

**DATA NOTES:** 1 SharePoint data entry is performed manually and is subject to periodic revising. 2 Prior to Jan 2014 WA Roads was tracked as a separate program. Effective Jan 2014 WA Roads are included in the NFCM. 3 Annual data is an average of the quarterly data for the four quarters in that calendar year.

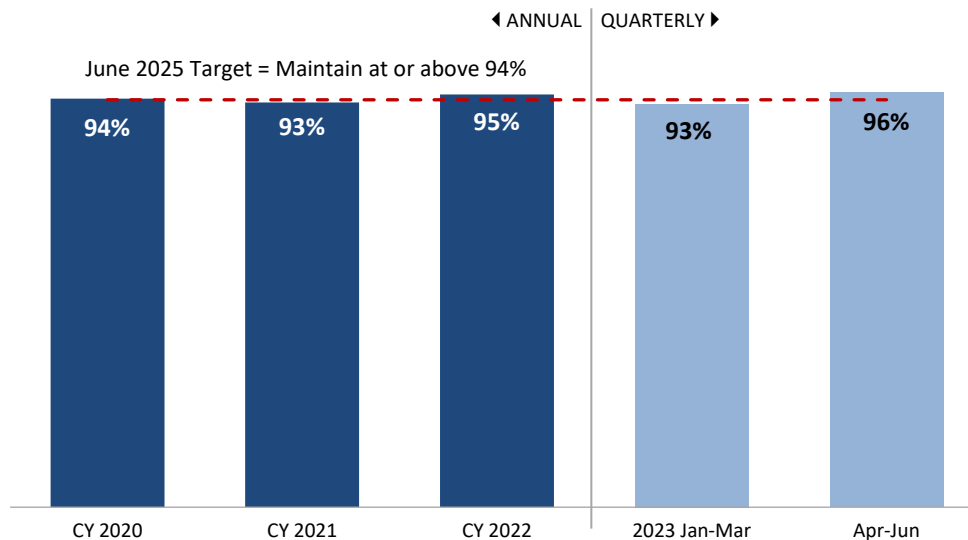
TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.2.xlsx>

# Aging and Long-Term Support Administration

## Serve People In Their Home Community

### Percent of clients without reinstitutionalization within the first 30 days of community transition

Statewide- Average per quarter/year



#### SUMMARY

- This measure supports ALTSA's Strategic Objective 7: Support people to transition from nursing homes to care in their homes or communities.
- Background: Federal match is maximized by utilizing the federal Money Follows the Person/Roads to Community Living, state plans and wavier programs to help people choose to relocate. Lack of affordable housing and complex medical or behavioral health needs can be barriers to relocation.
- Importance: The majority of individuals who require support choose to receive help in their home or community setting.
- Success Measure 7.1.2: Maintain the quarterly percentage of clients without reinstitutionalization within the first 30 days of discharge at or above 94 percent through June 2025.
- Action Plan: The updated action plan for this measure is in the ALTSA Strategic Plan Objective 7.

**DATA SOURCE:** SSRS report number 11444; supplied by Julie Cope, RCL/NFCM Unit Manager, ALTSA /HCS.

**MEASURE DEFINITION:** The percent of clients, assisted by DSHS Home and Community Service Division to transition from a nursing home to a community setting, without reinstitutionalization within the first 30 days.

**DATA NOTES:** 1 Automated report for nursing facility discharge tracking. 2 Quarterly report combines monthly discharge tracking reports. 3 Each quarterly report includes a monthly percentage of individuals who have not been admitted/readmitted to a nursing facility or acute care hospital within 30 days of initial transition from a nursing home. 4 Quarterly data is an average of the monthly data for the three months in that quarter. Annual data is an average of the 12 months in that calendar year.

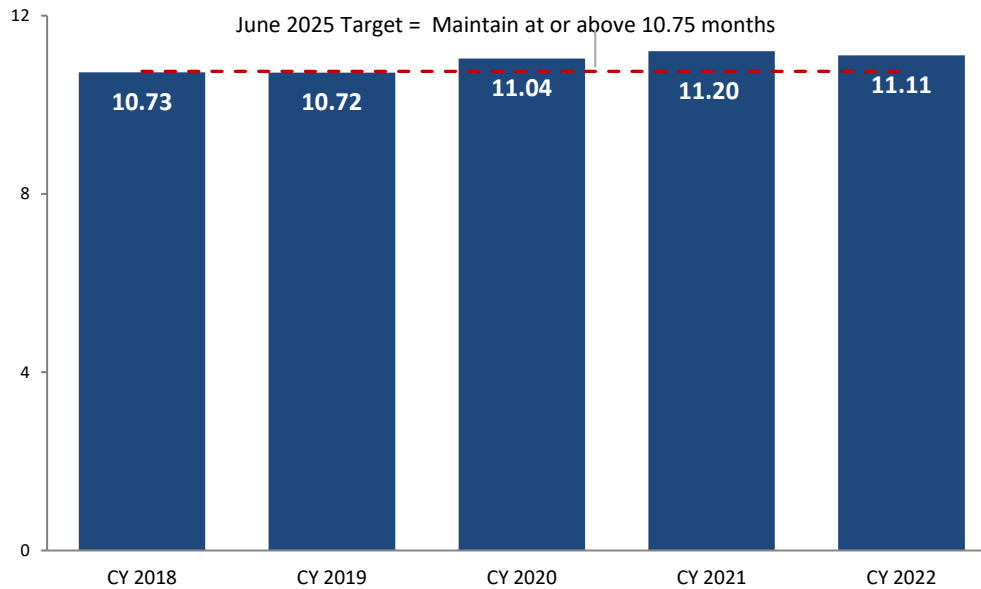
TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.15.xlsx>

# Aging and Long-Term Support Administration

## Serve People In Their Home Community

### Average length of time individual remains in community setting after nursing facility transition

Statewide- Average months per year



#### SUMMARY

- This measure supports ALTSA's Strategic Objective 7: Support people to transition from nursing homes to care in their homes or communities.
- Background: Federal match is maximized by utilizing the federal Money Follows the Person/Roads to Community Living, state plans and wavier programs to help people choose to relocate. Lack of affordable housing and complex medical or behavioral health needs can be barriers to relocation.
- Importance: The majority of individuals who require support choose to receive help in their home or community setting.
- Success Measure 7.1.3: Maintain the average length of time an individual remains in the community after transition (in months) at or above 10.75 through June 2025.
- Action Plan: The updated action plan for this measure is in the ALTSA Strategic Plan Objective 7.

**DATA SOURCE:** SSRS report numbers 1414 and 11444; supplied by Julie Cope, RCL/NFCM Unit Manager, ALTSA /HCS.

**MEASURE DEFINITION:** The average length of time an individual remains in a community setting after nursing facility transitions facilitated by DSHS Home and Community Service Division.

**DATA NOTES:** 1 Automated report for nursing facility discharge tracking. 2 Annual report combines monthly discharge tracking reports. 3 Each annual report includes an annual average number of months an individual has resided in a community setting after a nursing facility transition. 4 Annual data is an average of the twelve months in that calendar year.

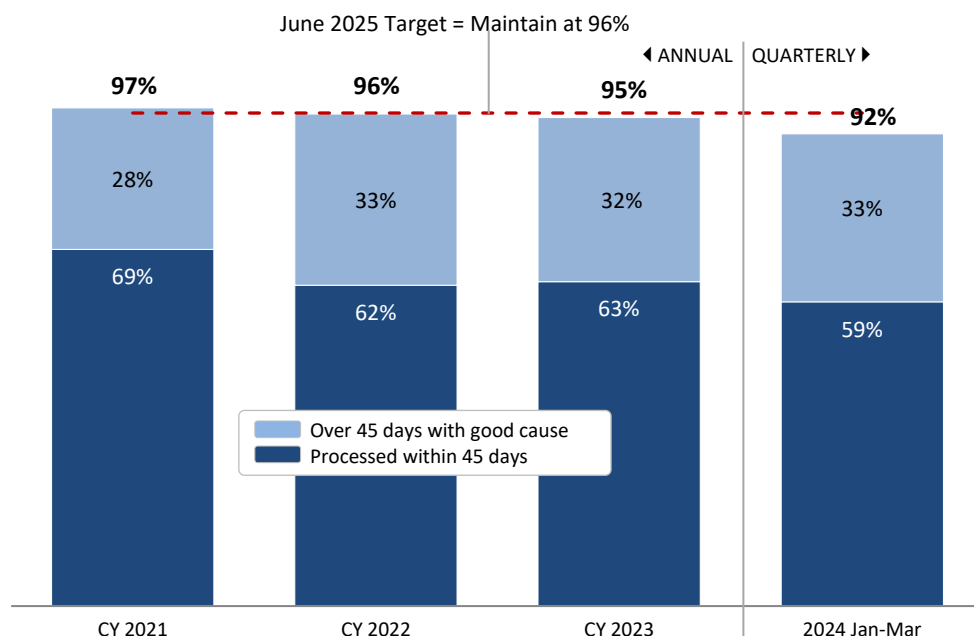
TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.16.xlsx>

# Aging and Long-Term Support Administration

## Serve People In Their Home Community

### Percent of financial eligibility determinations completed in 45 days

Percent processed timely (within 45 days) or late with good cause



**DATA SOURCE:** AAH.7 Timeliness of financial eligibility determinations - Power BI Report Server (wa.gov) (ACES data for medical application timeliness, SSRS report 01265 Medical Application Timeliness Summary); supplied by Amanda Aseph, Office Chief.

**MEASURE DEFINITION:** A financial eligibility determination is conducted timely when it is completed within 45 days from the date of intake or longer than 45 days if good cause exists.

**DATA NOTES:** 1 Data for Applications Processed Over 45 Days with Good Cause for January-May 2024 are estimates pending resolution of a report link problem preventing exact value data access for this time period. Corrected current data will be updated when available. 2 Quarterly data is an average of the monthly data for the three months in that quarter. *Click below for additional data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.7.xlsx>

#### SUMMARY

- This measure supports ALTSA Strategic Objective 8: Process financial applications, complete new assessments and reassessments, and develop service plans for those who apply for services in a timely way so that individuals can be supported in the setting of their choice.

- Background: In order to receive long-term services and supports, individuals must be functionally eligible (as determined through an assessment of personal care needs) and financially eligible (their assets and income must be within limits). Determining eligibility for Medicaid long-term services and supports ensures we are providing appropriate services and that we can receive federal funding to help pay for those services.

- Importance: Determining eligibility in a timely manner allows important services to be implemented more quickly. This allows the client to remain in their home or the setting of their choice for as long as they choose and reduce the incidences of poor health outcomes that may result without personal care assistance.

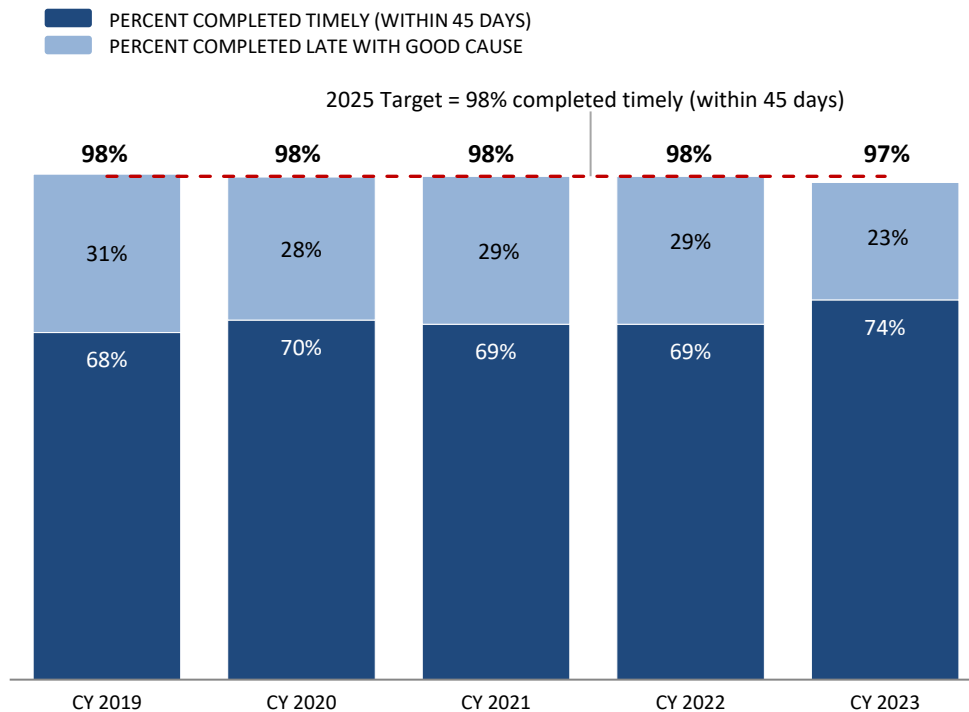
- Success Measure 8.1.1: Maintain the percentage of timely financial eligibility determinations at 96% through June 2025.

- Action Plan: The action plan for this measure is in the ALTSA Strategic Plan Strategic Objective 8.

# Aging and Long-Term Support Administration

## Serve People In Their Home Community

### Percent of initial assessment and service planning completed within 45 days



**DATA SOURCE:** POWERBI report Response Timeliness (HCS Initial Functional Assessment); supplied by Dru Aubert, Care Management Unit Manager, ALTSA HCS.

**MEASURE DEFINITION:** Percent of initial assessment and service planning completed within 45 days.

**DATA NOTES:** 1 Quarterly data is an average of the monthly data for the three months in that quarter. 2 Annual data is an average of the quarterly numbers in that calendar year.

#### SUMMARY

- This measure supports ALTSA Strategic Objective 8: Process financial applications, complete new Comprehensive Assessment Reporting Evaluation (CARE) assessments and re-assessments and develop service plans for those who apply for services in a timely way so that individuals can be supported in the setting of their choice.

- Background: In order to receive long-term services and supports, individuals must be functionally eligible (as determined through an assessment of personal care needs) and financially eligible (their assets and income must be within limits). Determining eligibility for Medicaid long-term services and supports ensures that we are providing appropriate services and that we can receive federal funding to help pay for those services. ALTSA policy requires that initial assessments be fully completed within 45 days of intake.

- Importance: Determining eligibility in a timely manner allows important services to be implemented more quickly. This allows the client to remain in their home or the setting of their choice for as long as they choose and reduce the incidences of poor health outcomes that may result without personal care assistance.

- Success Measure 8.1.2: Increase the percentage of initial functional assessments completed within 45 days of creation to 98 percent through June 2025.

- Action Plan: The updated action plan for this measure is in the ALTSA Strategic Plan Strategic Objective 8.

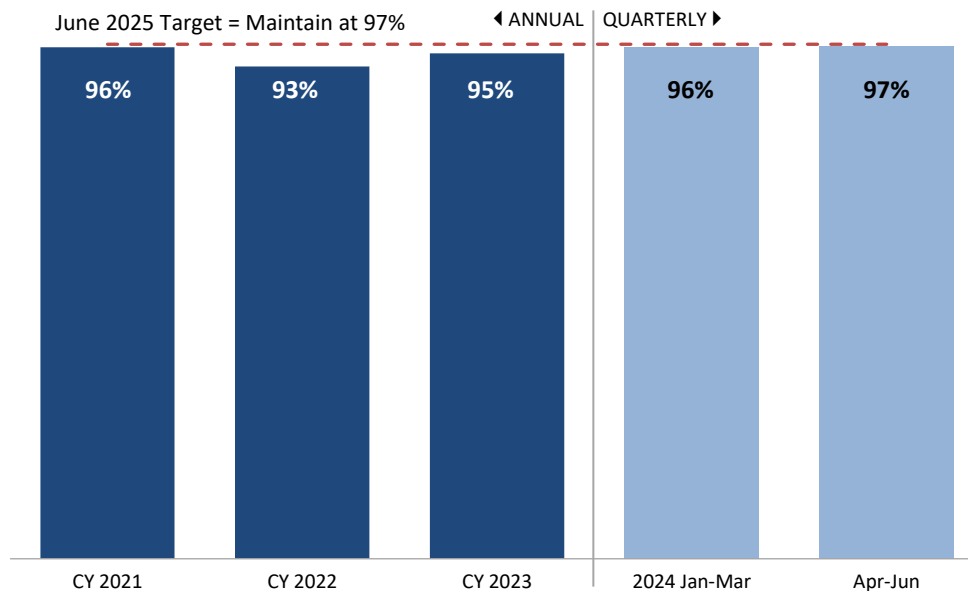
TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.17.xlsx>

# Aging and Long-Term Support Administration

## Serve People In Their Home Community

### Timely determination of functional re-assessments

Percent of timely annual functional re-assessment



**DATA SOURCE:** SSRS Report CARE01128 report; supplied by Dru Aubert, Care Management Unit Manager, ALTA HCS.

**MEASURE DEFINITION:** Percentage of timeliness of functional re-assessment (annual).

**DATA NOTES:** **1** Timeliness definition of functional re-assessment needs to be done within a year since last assessment. **2** Calendar Month definition is based on the date when assessments are moved to current assessment status, counting back to when cases were assigned. **3** Functional re-assessment calendar year definition is based on when the re-assessment is due. **4** Quarterly data is an average of the monthly data for the three months in that quarter. **5** Annual data is an average of the quarterly numbers in that calendar year.

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.12.xlsx>

#### SUMMARY

- This measure supports ALTA Strategic Objective 8: Process financial applications, complete new assessments and reassessments, and develop service plans for those who apply for services in a timely way so that individuals can be supported in the setting of their choice.

- Background: In order to receive long-term services and supports, individuals must be functionally eligible (as determined through an assessment of personal care needs) and financially eligible (their assets and income must be within limits). Timely re-assessments are critical for the continuation of needed services and supports.

- Importance: Providing services in a timely manner avoids problems such as loss of mobility, poor nourishment, medication errors, and other problems that can produce poor health outcomes. Once approved for services, re-assessment occurs on an annual basis or when client needs change.

- Success Measure 8.1.3: Maintain the annual percentage of timely functional re-assessments at 97% through June 2025.

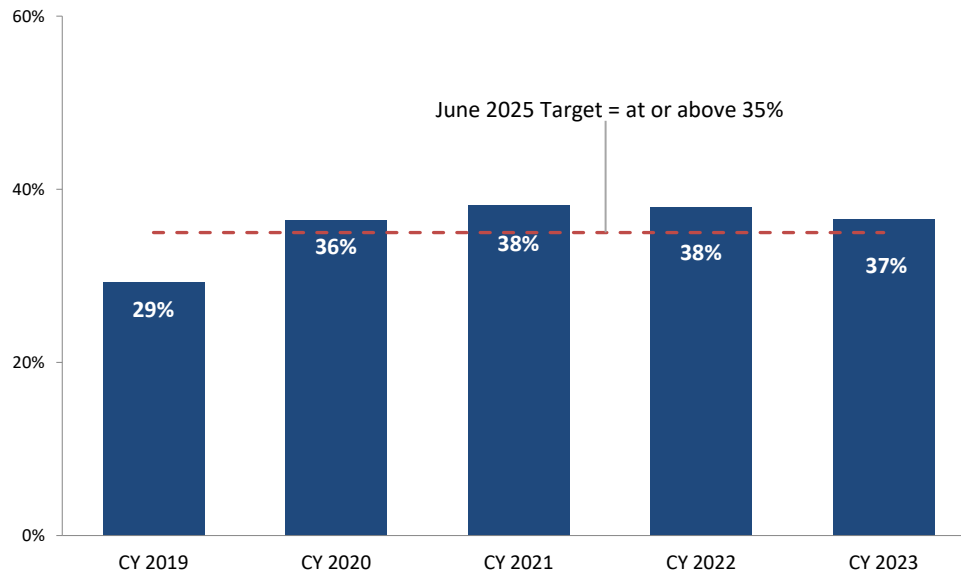
- Action Plan: The updated action plan for this measure is in the ALTA Strategic Plan Strategic Objective 8.



# Aging and Long-Term Support Administration

## Serve People In Their Home Community

### Percent of financial applications processed in 20 days



**DATA SOURCE:** 01265 Medical Application Timeliness via Power BI; supplied by Amanda Aseph, Office Chief, ALTA HCS.

**MEASURE DEFINITION:** Percent of financial applications processed in 20 days.

**DATA NOTES:** 1 Captures applications that are processed, either approved or denied, within 20 calendar days of receipt. Percentage is calculated by the total number of approvals or denials processed within 20 days, divided by the number of applications approved or denied in the month. Day one is the day the application is received during business hours. Rule requires if additional information is required to determine eligibility for medicaid, a letter must be sent to the client within 20 calendar days.

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.18.xlsx>

#### SUMMARY

- This measure supports ALTA Strategic Objective 8: Process financial applications, complete new Comprehensive Assessment Reporting Evaluation (CARE) assessments and re-assessments and develop service plans for those who apply for services in a timely way so that individuals can be supported in the setting of their choice.

- Background: This measure was added to the Strategic Plan in 2021 to increase the number of financial applications processed within 20 days and to focus attention on the importance of responding promptly to financial applications and timely client contact. To support timely financial eligibility determinations and access to necessary services, public benefits specialists should determine within 20 days if additional information is needed from the client to determine eligibility.

- Importance: Determining eligibility in a timely manner allows important services to be implemented more quickly. This allows the client to remain in their home or the setting of their choice for as long as they choose and reduce the incidences of poor health outcomes that may result without personal care assistance.

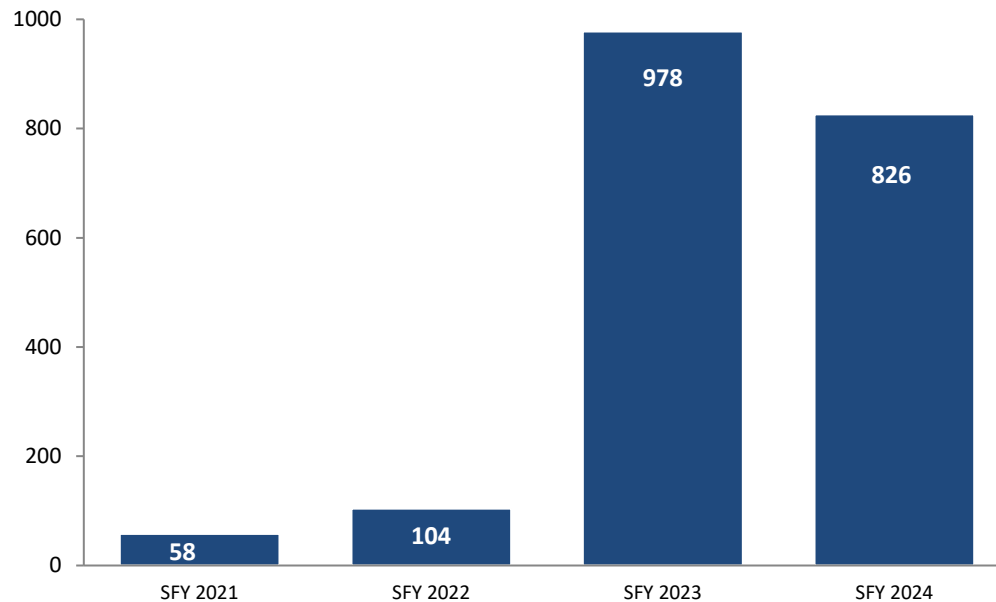
- Success Measure 8.1.4: Increase the percentage of financial applications processed within 20 days at or above 35% percent by June 2025.

- Action Plan: The updated action plan for this measure is in the ALTA Strategic Plan Strategic Objective 8.

## Serve People In Their Home Community

### Number of DSHS staff and service providers receiving education and training in communication access modalities for the Deaf, DeafBlind, Deaf and Disabled, Hard of Hearing, Late Deafened and Speech Disabled

June 2023 - 2024 Target = Maintain at 50  
June 2024 - 2025 Target = Increase to 100



**DATA SOURCE:** ODHH; supplied by Earnest Covington, ODHH Director, ALTSA ODHH.

**MEASURE DEFINITION:** Number of DSHS staff and service providers receiving education and training in communication access modalities for the Deaf, DeafBlind, Deaf and Disabled, Hard of Hearing, Late Deafened and Speech Disabled.

**DATA NOTES:** 1 The fiscal year count of DSHS staff and service providers receiving education and training in communication access modalities for the Deaf, DeafBlind, Deaf and Disabled, Hard of Hearing, Late Deafened and Speech Disabled is the cumulative total in that year. Quarterly counts shown are cumulative through that quarter in the current fiscal year.

TO DATA: <https://www.dshs.wa.gov/data/metrics/DH1.8.xlsx>

#### SUMMARY

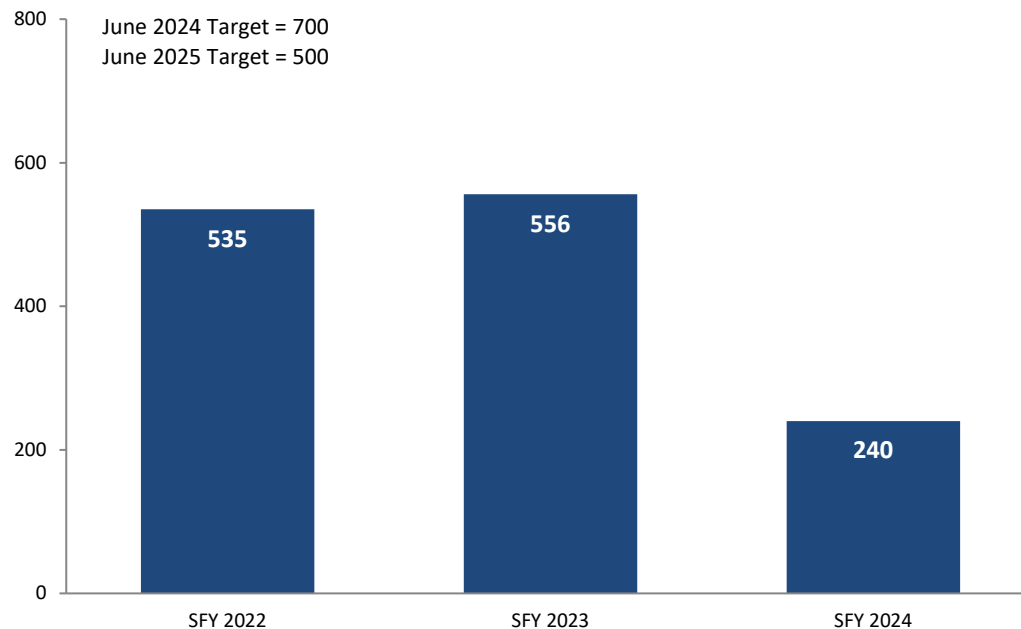
- This measure supports ALTSA Strategic Objective 9: Provide education and training to DSHS staff and providers to better serve residents and clients who are Deaf, DeafBlind, Deaf and Disabled, Hard of Hearing, Late Deafened and Speech Disabled.
- Importance: Providing training and education to service providers and DSHS staff on various communication modalities ensures that access points to critical services are well-equipped for effective communication. This is paramount in meeting the needs of individuals who are Deaf, DeafBlind, Deaf and Disabled, Hard of Hearing, Late Deafened and Speech Disabled to support equal access to the benefits afforded to the rest of the community.
- Success Measure 9.1.1: Maintain the number of service providers receiving education and training in communication access modalities (communication methods for people who are Deaf, DeafBlind, Deaf and Disabled, Hard of Hearing, Late Deafened and Speech Disabled) at 50 through June 2024 and increase to 100 by June 2025.
- Action Plan: The updated action plan for this measure is in the ALTSA Strategic Plan Strategic Objective 9.

# ALTSA | Office of the Deaf and Hard of Hearing



## Serve People In Their Home Community

### Number of clients served by the Regional Services Centers for the Deaf, DeafBlind, Deaf and Disabled, Hard of Hearing, Late Deafened, and Speech Disabled



**DATA SOURCE:** ODHH; supplied by Earnest Covington, ODHH Director, ALTSA ODHH.

**MEASURE DEFINITION:** The total number of Deaf, DeafBlind, Deaf and Disabled, Hard of Hearing, Late Deafened and Speech Disabled persons or family members who received services through the Regional Service Centers for each Fiscal Year.

**DATA NOTES:** **1** The fiscal year count of clients served is the cumulative total of clients served in that year. Quarterly counts shown are cumulative through that quarter in the current fiscal year. **2** To be included a client must receive at least one case management service of a minimum of 15 minutes. **3** Services can include walk-in service, telephone calls, or information and referral, but they must meet the case management criteria stated in the contract. **4** For contractors to be reimbursed they must provide ODHH with a DSHS Privacy Practices and Client Information form, a Service Delivery Plan form, as well as a monthly case management report.

TO DATA: <https://www.dshs.wa.gov/data/metrics/DH2.1.xlsx>

#### SUMMARY

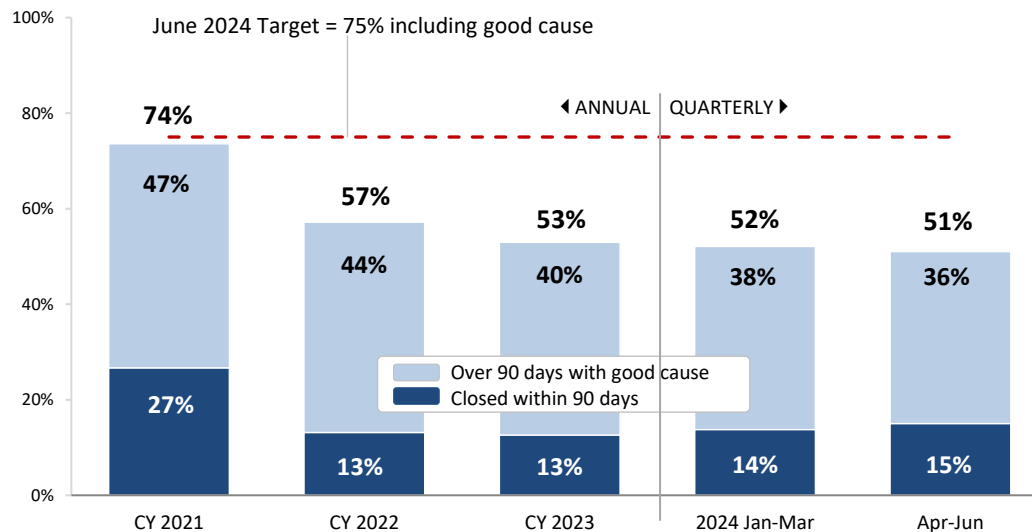
- This measure supports ALTSA Strategic Objective 10: Expand case management services for specialized populations (Office of Deaf and Hard of Hearing).
- Importance: Individuals who are Deaf, DeafBlind, Deaf and Disabled, Hard of Hearing, Late Deafened and Speech Disabled, especially adults who are older, the underemployed and those with multiple disabilities, face barriers to various service delivery systems. These barriers affect access to communication, education, health care, employment, legal, housing, transportation, insurance, public assistance and other benefits. Case managers are available to assist these individuals in obtaining needed services by coordinating services, translating documents, advocating on their behalf and/or teaching new abilities and skills.
- Success Measure 10.1.1: Maintain the number of clients served by the Regional Service Centers of the Deaf, DeafBlind, Deaf and Disabled, Hard of Hearing, Late Deafened, and Speech Disabled at 700 by June 2024 and taper down to 500 by June 2025.
- Background: Services are provided by 6 non-profit Regional Service Centers offices throughout Washington State. Each Center has a Board of Directors which includes representation of Deaf, Hard of Hearing, and DeafBlind people.
- The updated action plan for this measure is in the ALTSA Strategic Plan Strategic Objective 10.

# Aging and Long-Term Support Administration

## Serve People In Their Home Community

### Vulnerable adult abuse and neglect investigations completed within 90 days

Statewide - Percent completed within 90 Days or late with good cause



**DATA SOURCE:** APS Investigations 90 Day Performance Measure report strategic objective tab; supplied by Dave Beacham, Operations Research Specialist, APS.

**MEASURE DEFINITION:** Percent of all investigations that are closed within 90 days or open over 90 days with good cause divided by all investigations closed or investigations open over 90 days during the reporting month. This includes history and current data for investigations in APS and those formerly conducted by Residential Care Services (RCP). "Good cause" excludes investigations remaining open longer than 90 days due to no reason entered, "no good cause," "vacant FTE slots," and "extended review process."

**DATA NOTES:** 1 Data is calculated at the end of each reporting month. 2 A data entry error was identified and corrected for historical data Q2 2019 – Q3 2022.

TO DATA <https://www.dshs.wa.gov/data/metrics/AAC.2.xlsx>

#### SUMMARY

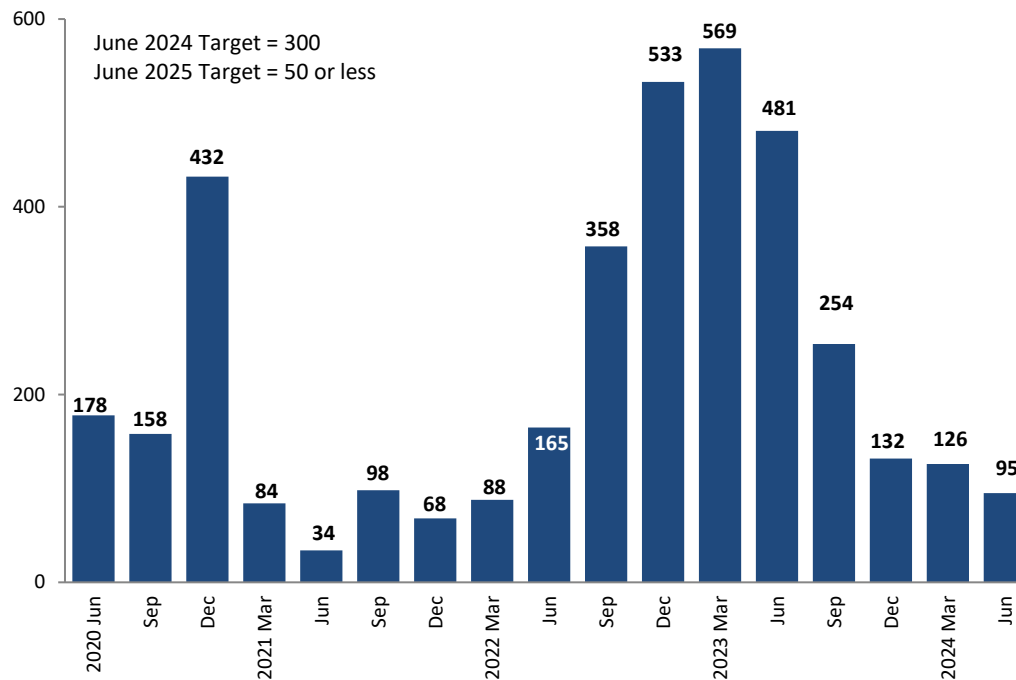
- This measure supports **ALTSA Strategic Objective 11: Complete abuse and neglect investigations timely and thoroughly.**
- Importance: Protection of adults who are vulnerable requires adequate staffing to conduct thorough screening and consistent investigations, and provide protective services and referrals. When this does not occur, these adults are put at greater risk of harm and experience untimely access to critical resources such as guardianship.
- Background: Sometimes the welfare of the victim is best served by keeping the investigation open for a longer period of time, but most investigations should be completed within 90 days. "Good cause" reasons for investigations to be open longer than 90 days include requests from law enforcement, pending guardianships or protective services, or unusual difficulty accessing evidence or witnesses.
- Success Measure 11.1.1: Increase the percentage of investigations of adult abuse and neglect completed within 90 days, or remaining open for "good cause," to 75 percent through June 2024. The temporary goal reduction from 98% to 75% is due to capacity issues at APS. The intent is to move back up to the 98% goal as staff are added by June 2025.
- Action Plan: The updated action plan for this measure is in the ALTSA Strategic Plan for Strategic Objective 11.

# Aging and Long-Term Support Administration

## Serve People In Their Home Community

### Timely initiation of facility complaint investigations

Number of complaint investigations overdue to begin (backlog)



**DATA SOURCE:** TIVA 2101 report and additional information; supplied by Jered Gunn, Business Intelligence Analyst, ALTSA RCS.

**MEASURE DEFINITION:** Number of complaints assigned for investigation that have not begun and are overdue to begin.

**DATA NOTES:** 1 Sep 2015 figure adjusted through a one-time manual desk review; prior to adjustment the figure was 2,683. Each quarter reflects snapshot data for the last month of the quarter, except December 2015 reflects data from 11/23/2015. 3 Snapshot data can differ depending on the run date and time of the report, because the TIVA system is live and is continually assigning new investigations and noting whether items are becoming overdue. Due to this, history is not refreshed. *Click below for additional data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAR.7.xlsx>

#### SUMMARY

- This measure supports ALTSA Strategic Objective 12: Investigate complaints regarding facilities in a timely manner.
- Importance: Protect residents from abuse, neglect and exploitation; ensure services provided meet the health and safety needs of residents; evaluate whether provider practice meets regulatory requirements; and to make quality referrals to entities that help protect victims.
- Success Measure 12.1.1: Reduce the long-term care facility complaint investigation backlog of non-immediate jeopardy complaints to 300 by June 2024 and 50 or fewer by June 2025.
- Action Plan: The updated action plan for this measure is located in a link in the ALTSA Strategic Plan for Strategic Objective 12.
- On February 29, 2020, Governor Inslee issued Proclamation 20-05, declaring a state of emergency for Washington State due to the COVID-19 outbreak. As a result of the Governor's Executive Orders and the CMS directive to reprioritize work, RCS responded only to IJ complaints which created a backlog.

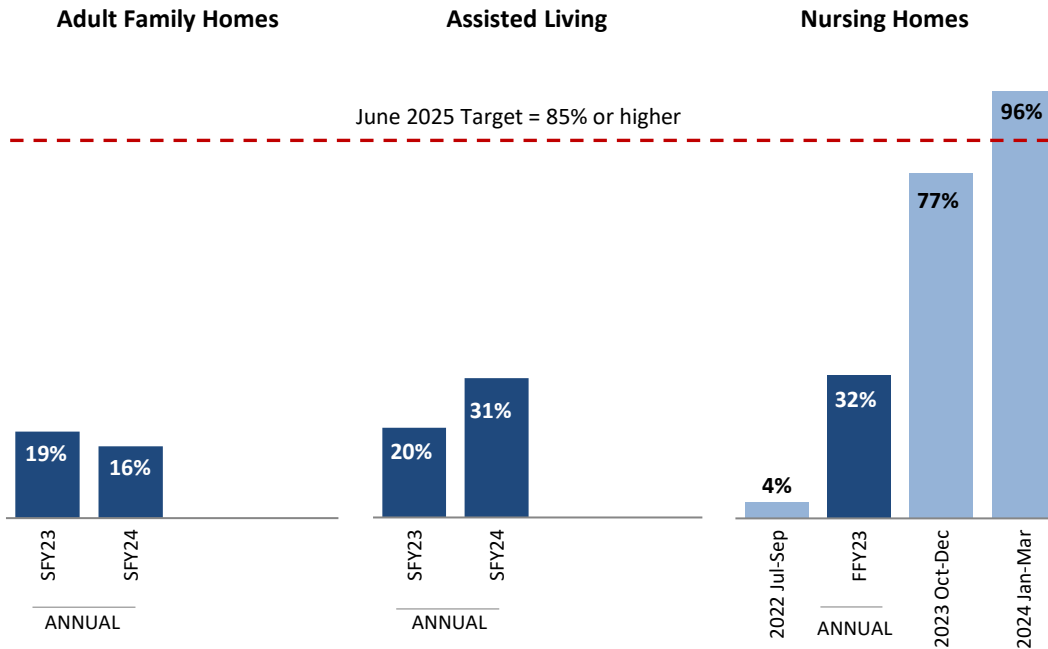
# Aging and Long-Term Support Administration

## Serve People In Their Home Community

### Timely licensing re-inspections of adult family homes, assisted living, and nursing homes

Data collection suspended April 2020 to September 2022 during COVID state of emergency

#### SUMMARY



- This measure supports ALTSA Strategic Objective 13: Conduct timely oversight and compliance activities of facilities and agencies providing residential care and supports.

- Importance: Licensing re-inspections are a valuable tool to ensure the quality of care. They are unannounced, and occur periodically within statutory and federal requirements; once every 15 months for nursing homes and once every 18 months for adult family homes and assisted living facilities.

- Success measure 13.1.1: Maintain timely re-inspections for nursing homes, assisted living facilities and adult family homes to 85% or higher by June 2025.

- Action Plan: The updated action plan for this measure is in the ALTSA Strategic Plan Strategic Objective 13.

- On February 29, 2020, Governor Inslee issued Proclamation 20-05, declaring a state of emergency for Washington State due to the COVID-19 outbreak. Due to Governor Executive Orders and Proclamations and state and federal directives related to COVID-19 regulatory functions, Residential Care Services (RCS) reprioritized work and suspended annual recertification surveys and inspections. The focus of RCS work since March 2020 is responding to complaint investigations and focused infection control inspections. Data reporting resumed September 2022.

**DATA SOURCE:** Adult Family Homes and Assisted Living Facilities: Facility Management System, SSRS Report FAC1050; supplied by Nina Banken, Strategic Planning Manager, ALTSA CGER. Nursing Homes, CASPER Report 0316D Standard Survey Interval; supplied by Shelly O'Hare, Support Operations Program Manager, ALTSA RCS.

**MEASURE DEFINITION:** Statewide percentage of timely licensing re-inspections in adult family homes, assisted living, and nursing homes.

**DATA NOTES:** 1 Annual percentage calculations for Adult Family Homes and Assisted Living: Numerator: sum of the quarterly numbers of timely re-inspections. Denominator: sum of the total number of quarterly re-inspections conducted in that year. Annual percentage for Nursing Homes is the average of the quarterly percents of timely re-inspections. [Click on link below for additional data notes.](#)

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAR.1.xlsx>

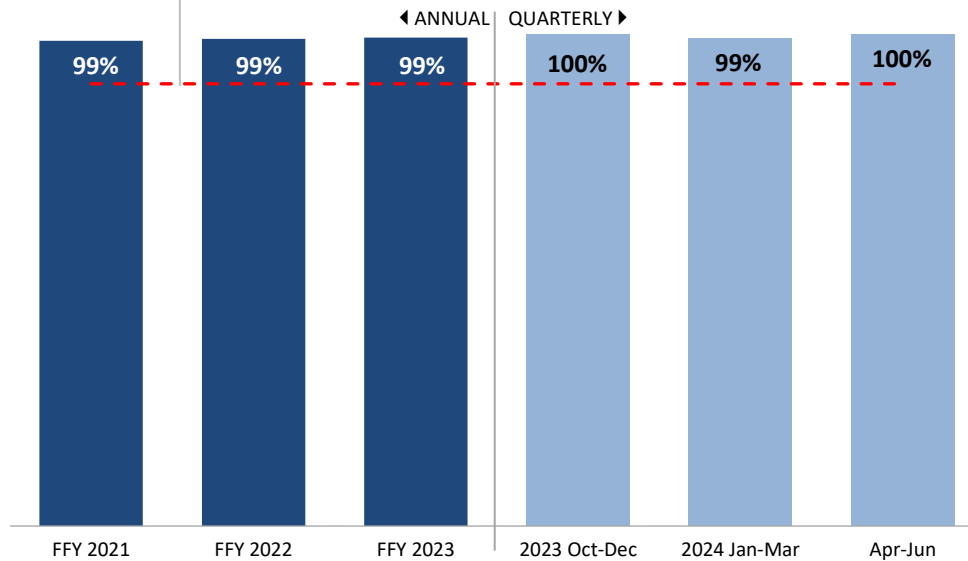
# Aging and Long-Term Support Administration

## Increase Organizational Efficiency, Performance and Effectiveness

### Nursing Home statements of deficiencies sent timely

Statewide

June 2025 Target = Maintain 90%



#### SUMMARY

- This measure supports **AL TSA Strategic Objective 13: Conduct quality assurance (QA) activities and comply with federal, state, and program requirements.**
- Importance: Timely completion of quality assurance activities helps protect the health and safety of clients, secures and maintains federal funding, and provides oversight of local operations.
- Success Measure 13.2.1: Maintain the percentage of Nursing Home Statements of Deficiency sent to the facility within the federal regulatory standard at 90 percent through June 2025.
- Action Plan: The updated action plan for this strategic objective is in the AL TSA Strategic Plan Strategic Objective 13.

**DATA SOURCE:** Residential Care Services, ASPEN data; supplied by Shelly O'Hare, Support Operations Program Manager, AL TSA RCS .

**MEASURE DEFINITION:** Total for each quarter, the percent of audited Nursing Home Statement of Deficiencies (SODs) that are sent to the facility within the federal regulatory standard of 10 working days after the end of the on-site visit for complaint investigations or surveys.

**DATA NOTES:**

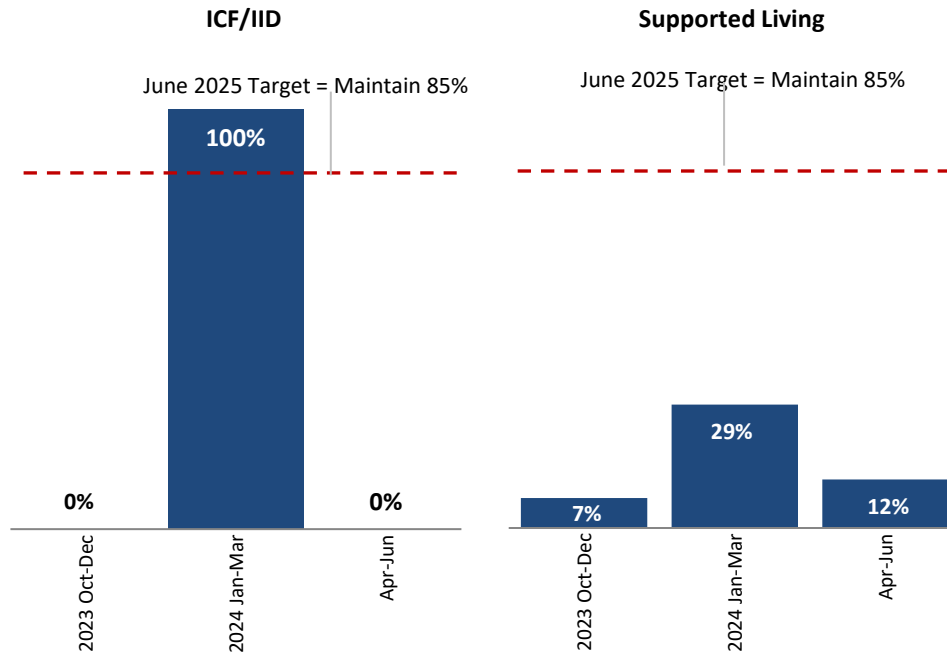
TO DATA: <https://www.dshs.wa.gov/data/metrics/AAR.6.xlsx>

# Aging and Long-Term Support Administration

## Serve People In Their Home Community

### Timely quality assurance for Intermediate Care Facilities and Supported Living

Data collection suspended April 2020 to September 2022 during COVID state of emergency



#### SUMMARY

- This measure supports ALTSA Strategic Objective 13: Conduct timely oversight and compliance activities in facilities and agencies providing residential care and supports.
- Importance: This measure ensures quality assurance activities are completed timely to help promote quality of care and protect vulnerable adults from abuse and neglect.
- Success measure 13.3.1: Maintain timely quality assurance activities at 85 percent for services provided to people with developmental and intellectual disabilities through June 2025.
- Background: Certification for Supported Living requires on-site visits and inspections of providers, not each client's individual home.
- Action Plan: The updated action plan for this measure is in the ALTSA Strategic Plan Strategic Objective 13.

**DATA SOURCE:** RCS records; supplied by Melissa Davis, AA3, ALTSA RCS.

**MEASURE DEFINITION:** Percent of ICF/IID and Supported Living that are re-certified within timeframes under state and federal regulations. ICF/IID: federal regulation requires certification at least every fifteen months with a statewide average of twelve months. Certified Supported Living: state law requires providers to be certified every 24 months.

**DATA NOTES:** 1 There are 4 ICF/IID facilities. 2 ICF/IID had no planned recertification surveys from January through March 2018 and 2019, and from July through September 2019. 3 There were no standard surveys conducted on ICFs from July through December 2022. 3 No recertification required to be conducted on ICFs during October-December 2023 and April-June 2024. [Click on link below for additional data notes.](#)

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAR.2.xlsx>

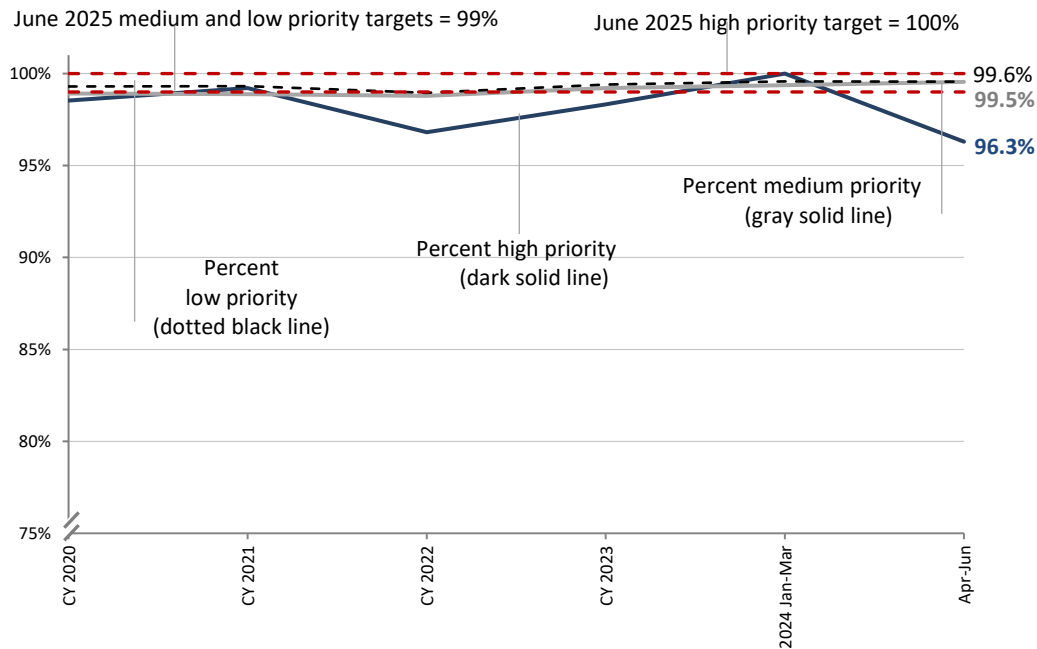


# Aging and Long-Term Support Administration

## Serve People In Their Home Community

### Timely initial response to abuse and neglect investigations based on APS intake priority

Percent timely APS initial contact based on intake priority - Statewide



#### SUMMARY

- This measure supports ALTSA Strategic Objective 14: Abuse and neglect – respond on-time and appropriately.
- Importance: Timely response is essential if services are needed to protect the vulnerable adult, to preserve evidence when necessary, and protect vulnerable adults from perpetrators.
- Success Measure 14.1.1: Increase timely initial response to investigations based on priority to 100 percent for high-priority investigations and maintain at 99 percent for medium- and low-priority investigations by June 2025.
- Action Plan: The updated action plan for this measure is in the ALTSA Strategic Plan Strategic Objective 14.

**DATA SOURCE:** Pre-May 2014: APSAS. May 2014 to April 2019, TIVA 1056 report; May 2019 to current PowerBI report; supplied by Dave Beacham, Operations Research Specialist, APS.

**MEASURE DEFINITION:** Percentage of timely initial contact for investigations based on APS intake priority.

**DATA NOTES:** 1 Calendar Month reflects date of initial intake. 2 Measure of timeliness:

- \* Percentage of high priority intakes with 24 hour response time met.
- \* Percentage of medium priority intakes with the 5 working day response time met.
- \* Percentage of low priority intakes with the 10 working day response time met.

3 Annual data is an average of the quarterly numbers in that calendar year. 4 Quarterly data is an average of the monthly data for the three months in that quarter. *Click below for additional data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAP.1.xlsx>

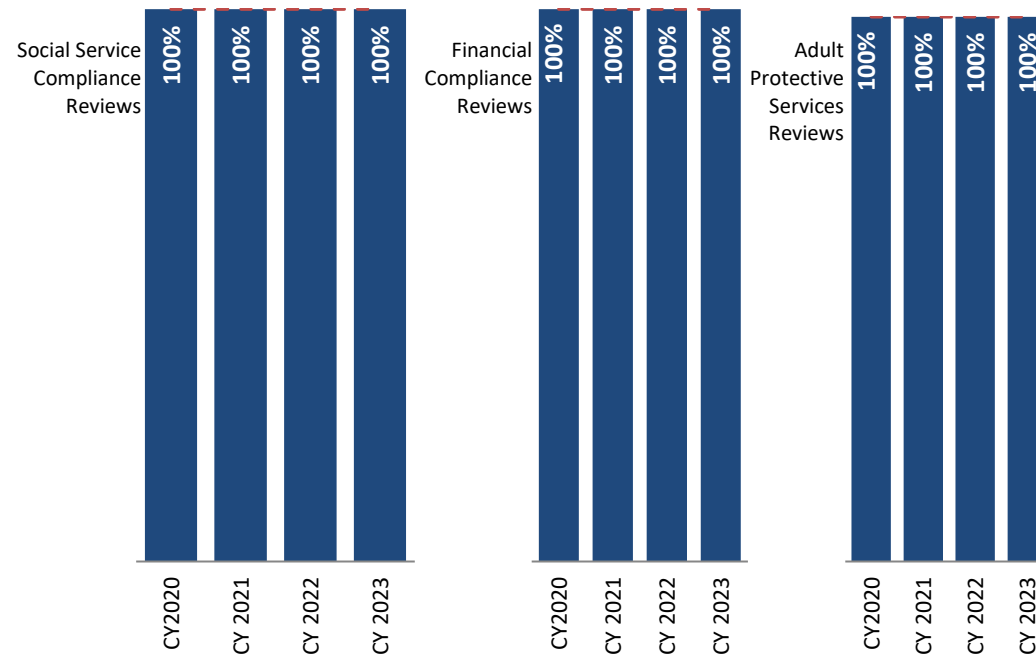
# Aging and Long-Term Support Administration

## Increase Organizational Efficiency, Performance and Effectiveness

### Timely quality assurance of home and community services

Percent of Record Reviews Conducted Timely

June 2025 Target = Maintain 100%



#### SUMMARY

- This measure supports ALTSA Strategic Objective 16: Conduct quality assurance (QA) activities and comply with federal, state, and program requirements.
- Background: Activities include auditing documents for compliance, publishing policy revisions, and offering training and technical assistance to ALTSA field offices. Identified deficiencies are corrected and corrective action / performance improvement plans are developed and monitored to ensure continuous quality improvement.
- Importance: Timely completion of quality assurance activities helps protect the health and safety of clients, secures and maintains federal funding, and provides oversight of local operations.
- Success measure 16.1.1: Maintain 100 percent completion of Home and Community Services Division case management, Adult Protective Services and financial eligibility compliance records through June 2025.
- Action Plan: The updated action plan for this measure is in the ALTSA Strategic Plan Strategic Objective 16.

**DATA SOURCE:** Compliance monitoring; supplied by Bill McBride, QA Unit Manager, ALTSA HCS.

**MEASURE DEFINITION:** Maintain 100% timely completion of Home and Community Services Division case management and financial eligibility compliance record reviews each calendar year. This is calculated by two items, a) the number of HCS Regions and Area Agencies on Aging (AAAs) receiving annual social services compliance reviews timely divided by number requiring them, and b) the number of Regions and DDA LTC Specialty Units that had annual financial compliance reviews divided by the number requiring them. New in 2017 is an additional metric that looks at timely completion of Adult Protective Services quality assurance reviews, the number completed timely divided by the number required.

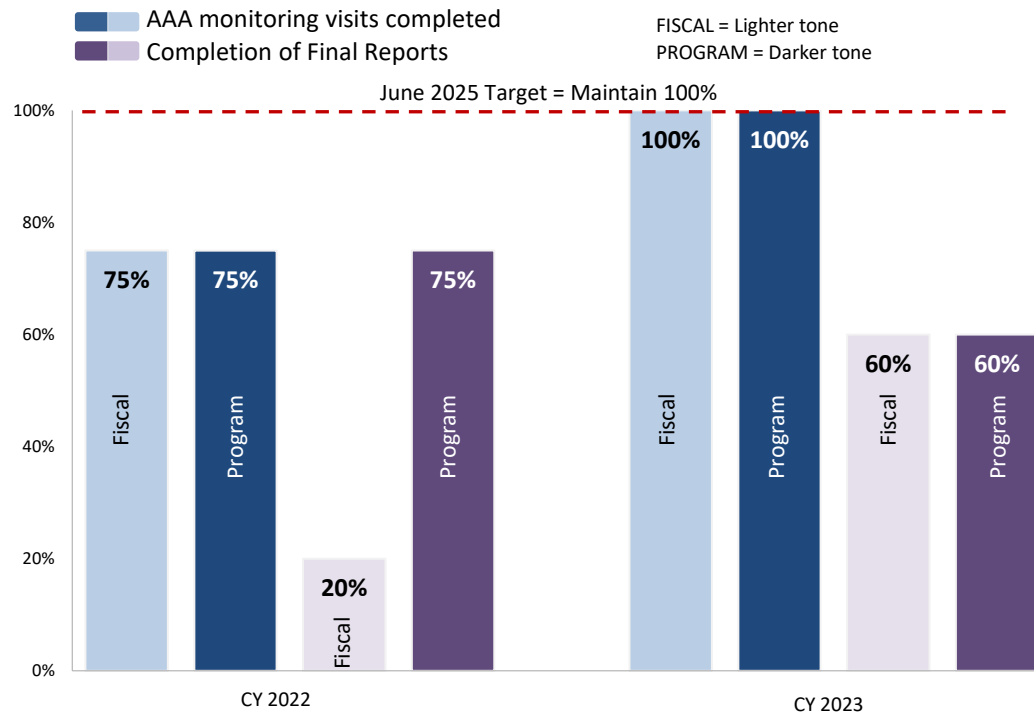
#### DATA NOTES:

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.9.xlsx>

# Aging and Long-Term Support Administration

## Increase Organizational Efficiency, Performance and Effectiveness

### Timely quality assurance monitoring for Area Agencies on Aging (AAAs)



#### SUMMARY

- This measure supports **ALTSA Strategic Objective 16: Conduct quality assurance (QA) activities and comply with federal, state, and program requirements.**
- **Background:** Activities include auditing documents for compliance, publishing policy revisions, and offering training and technical assistance to ALTSA field offices. Identified deficiencies are corrected and corrective action / performance improvement plans are developed and monitored to ensure continuous quality improvement.
- **Importance:** Timely completion of monitoring activities helps protect the health and safety of clients, secures and maintains federal funding, and provides oversight of local operations.
- **Success measure 16.1.2:** Maintain 100 percent completion of scheduled AAA monitoring visits and timely completion of draft and final monitoring reports through June 2025.
- **Action Plan:** The updated action plan for this strategic objective is in the ALTSA Strategic Plan Strategic Objective 16.
- **HCS will adapt monitoring practices to assure DSHS AP 7.01 requirement and EDAI/PEAR initiatives are a part of our Tribal AAA monitoring activities goals as they are dually designated Title VI and Title III entities and Sovereign Nations.**

**DATA SOURCE:** ALTSA Home and Community Services; supplied by Caroline Wood, Compliance Program Manager, ALTSA HCS.

**MEASURE DEFINITION:** 100% timely completion of the 3-year monitoring cycle for Area Agency on Aging operations as evidenced by a timely monitoring visit and a final report issued to each monitored AAA within 90 days of the monitoring exit interview. Measure is done annually. Program is defined as Home and Community Services' State Unit on Aging programs' responsibilities on the monitoring visits and reports. Fiscal is defined as Management Services Division's federal fiscal compliance team's responsibilities on the monitoring visits and reports.

**DATA NOTES:** 1 The amount of time to issue a final report depends not only on DSHS action but on the responsiveness of the AAA to the draft report. *Click below for additional data notes.*

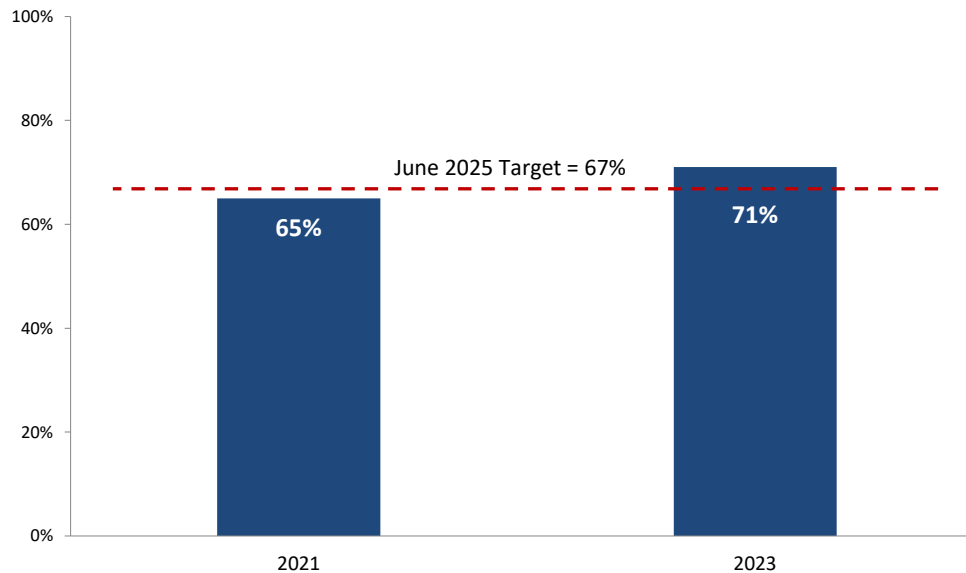
TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.10.xlsx>

# Aging and Long-Term Support Administration

## Increase Organizational Efficiency, Performance and Effectiveness

### ALTSA Employee Well-being

Percent positive responses to DSHS Employee Survey question  
"My agency supports employee well-being."



#### SUMMARY

This measure supports ALTSA Strategic Objective 17: Create and foster organizational culture that promotes employee engagement.

This objective was added to our Strategic Plan in 2017 to call focus to our organizational development.

Importance: ALTSA recognizes the science behind and importance of employees satisfaction, employee retention, innovation, organization effectiveness, and positive outcomes for the people we serve.

Success Measure 17.1.1: Increase the number of positive ALTSA responses to the DSHS survey question, "My agency supports employee well-being" from 65% to 67% by June 2025.

Action Plan: The updated action plan for this measure is in the ALTSA Strategic Plan Strategic Objective 17.

**DATA SOURCE:** DSHS Employee Survey reported by RDA (Agency and Administration comparison reports or Tab 1A on ALTSA statistical report); provided by Amy Besel, Organizational Development Administrator.

**MEASURE DEFINITION:** Percent positive staff responses to DSHS Employee Survey question "My agency supports employee well-being."

**DATA NOTES:** 1 Numerator: Number answering "Strongly Agree" or "Agree" in response to question. Denominator: Total number of employees who answered the question. 2 State Human Resources released a new standard response scale in 2023. The scale changed from frequency ("1 – Never or Almost Never" to "5 – Always or Almost Always") to agreement ("1 – Strongly Disagree" to "5 – Strongly Agree"). Interpret comparisons between 2021 baselines and 2025 targets with caution as differences between years are at least partially due to differences in the response scales.

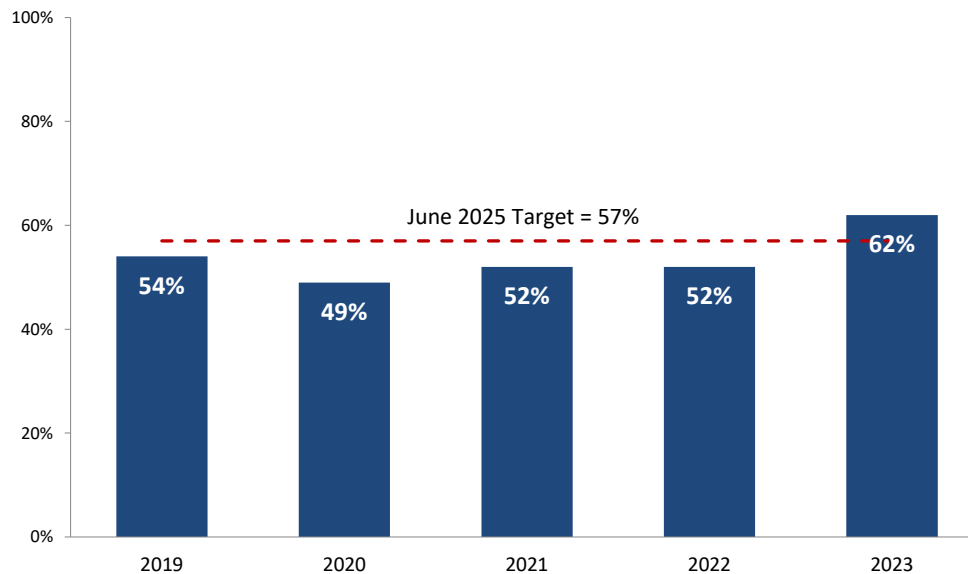
TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.25.xlsx>

# Aging and Long-Term Support Administration

## Increase Organizational Efficiency, Performance and Effectiveness

### Culture of Innovation

Percent positive staff responses to DSHS Employee Survey question  
"I am encouraged to come up with better ways of doing things."



### SUMMARY

This measure supports ALTSA Strategic Objective 17. Create and foster organizational culture that promotes employee engagement.

This objective was added to our Strategic Plan in 2017 to call focus to our organizational development.

Importance: ALTSA recognizes the science behind and importance of employees satisfaction, employee retention, innovation, organization effectiveness, and positive outcomes for the people we serve.

Success Measure 17.2.1: Increase the number of positive ALTSA responses to the DSHS survey question, "I am encouraged to come up with better ways with better ways of doing things" from 54% to 57% by June 2025.

Action Plan: The updated action plan for this measure is in the ALTSA Strategic Plan Strategic Objective 17.

**DATA SOURCE:** DSHS Employee Survey reported by RDA (Agency and Administration comparison reports or Tab 1A on ALTSA statistical report); provided by Amy Besel, Organizational Development Administrator.

**MEASURE DEFINITION:** Percent positive staff responses to DSHS Employee Survey question "I am encouraged to come up with better ways of doing things."

**DATA NOTES:** 1 Numerator: Number answering "Strongly Agree" or "Agree" in response to question. Denominator: Total number of employees who answered the question. 2 State Human Resources released a new standard response scale in 2023. The scale changed from frequency ("1 – Never or Almost Never" to "5 – Always or Almost Always") to agreement ("1 – Strongly Disagree" to "5 – Strongly Agree"). Interpret comparisons between 2021 baselines and 2025 targets with caution as differences between years are at least partially due to differences in the response scales.

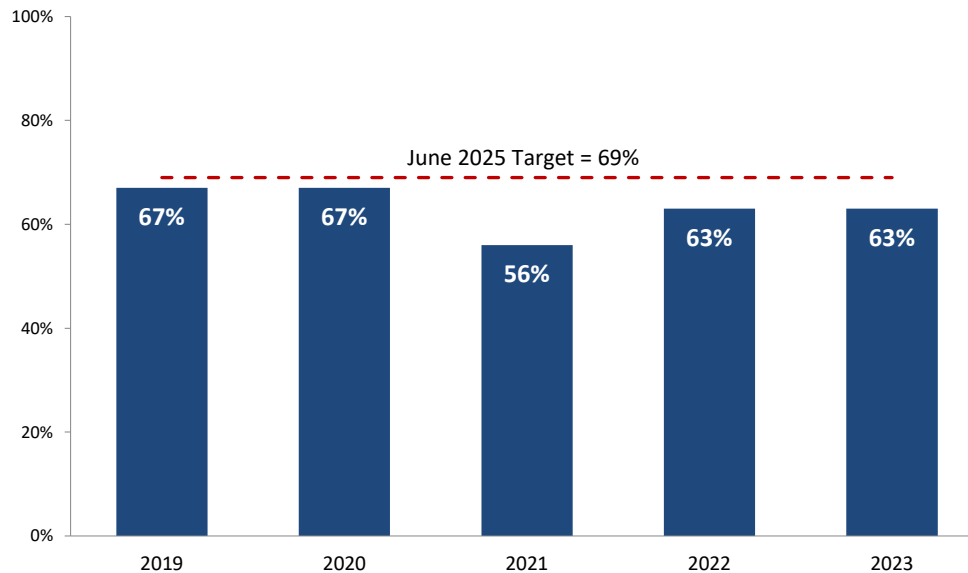
TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.26.xlsx>

# Aging and Long-Term Support Administration

## Increase Organizational Efficiency, Performance and Effectiveness

### ALTSA Employee Satisfaction

Percent positive staff responses to DSHS Employee Survey question  
"I would recommend my agency as a great place to work."



#### SUMMARY

This measure supports ALTSA Strategic Objective 17: Create and foster organizational culture that promotes employee engagement.

This objective was added to our Strategic Plan in 2017 to call focus to our organizational development.

Importance: ALTSA recognizes the science behind and importance of employees satisfaction, employee retention, innovation, organization effectiveness, and positive outcomes for the people we serve.

Success Measure 17.3.1: Increase the number of positive ALTSA responses to the DSHS survey question, "I would recommend my agency as a great place to work" from 67% to 69% by June 2025.

Action Plan: The updated action plan for this measure is in the ALTSA Strategic Plan Strategic Objective 17.

**DATA SOURCE:** DSHS Employee Survey reported by RDA (Agency and Administration comparison reports or Tab 1A on ALTSA statistical report); provided by Amy Besel, Organizational Development Administrator.

**MEASURE DEFINITION:** Percent positive staff responses to DSHS Employee Survey question "I would recommend my agency as a great place to work."

**DATA NOTES:** 1 Numerator: Number answering "Strongly Agree" or "Agree" in response to question. Denominator: Total number of employees who answered the question. 2 State Human Resources released a new standard response scale in 2023. The scale changed from frequency ("1 – Never or Almost Never" to "5 – Always or Almost Always") to agreement ("1 – Strongly Disagree" to "5 – Strongly Agree"). Interpret comparisons between 2021 baselines and 2025 targets with caution as differences between years are at least partially due to differences in the response scales.

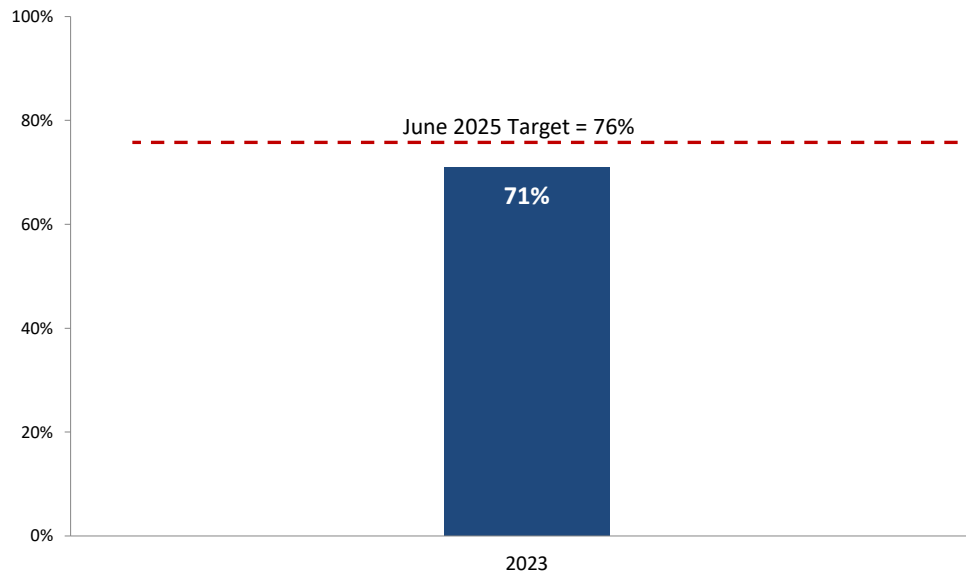
TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.27.xlsx>

# Aging and Long-Term Support Administration

## Increase Organizational Efficiency, Performance and Effectiveness

### ALTSA Employee Opportunities for Learning and Development

Percent positive staff responses to DSHS Employee Survey question  
"My agency provides me with the opportunity for learning and development."



#### SUMMARY

This measure supports ALTSA Strategic Objective 17: Create and foster organizational culture that promotes employee engagement.

This objective was added to our Strategic Plan in 2017 to call focus to our organizational development.

Importance: ALTSA recognizes the science behind and importance of employees satisfaction, employee retention, innovation, organization effectiveness, and positive outcomes for the people we serve.

Success Measure 17.4.1: Increase the number of positive ALTSA responses to the DSHS Employee Survey question, "My agency provides me with the opportunity for learning and development" from 71% to 76% by June 2025.

Action Plan: The updated action plan for this measure is in the ALTSA Strategic Plan Strategic Objective 17.

**DATA SOURCE:** DSHS Employee Survey reported by RDA (Agency and Administration comparison reports or Tab 1A on ALTSA statistical report); provided by Amy Besel, Organizational Development Administrator.

**MEASURE DEFINITION:** Percent positive staff responses to DSHS Employee Survey question "My agency provides me with the opportunity for learning and development."

**DATA NOTES:** 1 Numerator: Number answering "Strongly Agree" or "Agree" in response to question. Denominator: Total number of employees who answered the question.

TO DATA: <https://www.dshs.wa.gov/data/metrics/AAH.28.xlsx>