



AGING AND LONG-TERM SUPPORT ADMINISTRATION

Strategic Plan 2019-2021

January 2019



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

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

[Link to ALTSA Organizational Chart](#)

Aging and Long-Term Support Administration Strategic Plan

EXECUTIVE SUMMARY

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

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

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

Medicaid-Funded Services:

- Home and Community-based services for over 56,000 people
- Nursing facility care for 10,000 people
- 3,000+ new individuals requesting Medicaid services every month

Non-Medicaid Home and Community Services

- Free information and referral for people aged 60 and over: 200,000 contacts
- Senior Nutrition Meal assistance: over 56,000 people
- Family caregivers: over 5,500 receive services and supports
- Office of the Deaf & Hard of Hearing: case management for over 600 people
- Traumatic Brain Injury: about 8,000 calls through the Information and Referral Call Center

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

Mission

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

Vision

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

Values

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

Safety, Health, and Quality for All Washington Residents

- Adult Protective Services Investigations: 35,000
- Facility Complaint Investigations: 17,000
 - Quality or Other Reviews: 15,000
- Licensing and Inspections:
 - Licensed Facilities/Certified Providers: 3,600 providers
 - Licensed Beds: over 70,000
 - Annual inspections, surveys, and certifications: 2,600 in SFY 2018

AGENCYWIDE PRIORITIES AND GOALS

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

The DSHS Secretary has five agencywide priorities:

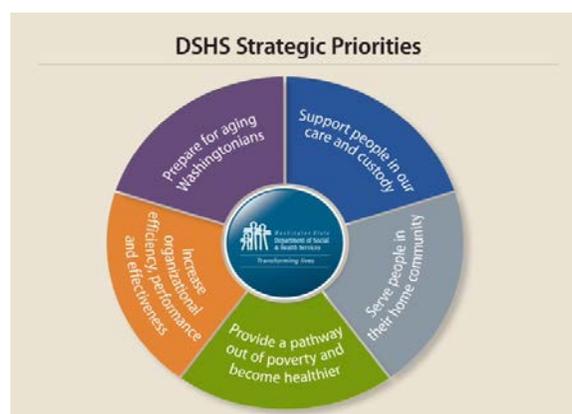
- Prepare for aging Washingtonians.
- Support people in our care and custody.
- Serve people in their home community.
- Provide a pathway out of poverty and become healthier.
- Increase organizational efficiency, performance and effectiveness.

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

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

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

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



OBJECTIVES

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

DSHS STRATEGIC PRIORITY: PREPARE FOR AGING WASHINGTONIANS

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

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

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

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

Importance: The hallmark of Washington's long-term services and supports (LTSS) system is that, whenever possible, individuals are given the opportunity to live and receive services in their own home or in a community setting. Developing home and community-based services has meant Washingtonians have a choice regarding where they receive care and has produced a more cost-effective method of delivering services. This results in a better quality of life for clients, with control over the choices they exercise in their daily lives.

Success Measure 1.1.1: Increase the percentage of LTSS clients served in home and community-based settings from 85.6 percent in July 2017 to 86.3 percent by June 2021.

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

Action Plan:

- Continue to engage with nursing facilities, residents and families to facilitate successful relocations when the resident chooses to live in a home or community-based setting.

- Pursue additional innovations to serve specialized populations, individuals with complex needs and create new services, through Mental Health Transformation, Medicaid Transformation and development of specialized resources.
- Work with hospitals and community providers to divert individuals from avoidable stays in institutional settings when preferred by the individual.
- Request funding to increase some contracted provider rates in order to support client access and choice, and promote cost efficient delivery of care.

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

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

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



Two new programs – Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA) – have been in place since September 2017. MAC is available for individuals who are eligible for Medicaid LTSS. Ultimately this program provides resources to persons in need of care and also to the unpaid family caregivers who are assisting their loved one to remain in the setting of their choice. Additional resources can include training, support groups, respite services, help with housework, errands and home-delivered meals. TSOA provides services and supports to help individuals avoid or delay the need for Medicaid-funded services. This is a new eligibility category and a limited benefit package for people financially “at risk” of future Medicaid LTSS use, but not yet financially eligible. Much like MAC additional resources like training, support groups, respite services, help with housework, errands and home-delivered meals can be provided. Under TSOA resources can also be applied to individuals that do not have an unpaid family caregiver.

We are also testing foundational community supports, such as supported employment and supportive housing, for high-risk Medicaid populations. These services are necessary to improve health and quality of life and are available to clients who meet the criteria, as well as individuals served by the Health Care Authority and the Behavioral Health Administration.



Success Measure 1.2.1: Implement Medicaid Alternative Care and Tailored Supports for Older Adults and attain an enrollment target of 2,800 individuals by June 2021.

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

Action Plan:

- Continue to partner with Area Agencies on Aging (AAAs) to analyze data and deliver effective outreach to potential caregivers and clients to build sufficient providers.
- Increase enrollments through meaningful conversations with consumers and their families by providing program training to staff and providers.
- Continue system and policy enhancements to build enrollment efficiencies.
- Demonstrate outcomes and cost effectiveness for care recipients and caregivers as well as share information to inform program enhancements around the provider group.

DSHS STRATEGIC PRIORITY: SERVE PEOPLE IN THEIR HOME COMMUNITY

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

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

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

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

Importance: Washington has identified a gap in community options for individuals with behavioral challenges and personal care needs, particularly for those ready to discharge from the state psychiatric hospitals. Under a state law enacted in 2016, and as part of the Governor-directed Mental Health Transformation, ALTSA received funding to increase community alternative options. These options prioritize the transition of those ready for discharge from state psychiatric hospitals who have long-term care needs. ALTSA's success in meeting this objective and ensuring individuals receive the right array of services to meet their individual needs is a shared responsibility across DSHS administrations, including the Behavioral Health Administration. It will require extremely close coordination and a new level of collaboration

between ALTA, state hospitals, behavioral health organizations, managed care organizations, accountable communities of health and community providers.

Success Measures 2.1.1: Consistently achieve a quarterly average of 74 clients transitioning from state psychiatric hospitals into community settings by June 2019.

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



Action Plan:

- Increase types and capacity of specialized community options available to home and community-based clients, including Enhanced Services Facilities, Expanded Community Services, Specialized Behavior Support Adult Family Homes, and Supportive Housing by June 2023.
- Work with local partners to address barriers and develop additional community providers who have the expertise and staffing levels to serve a high-needs population, reducing hospital readmissions.
- Coordinate across agencies to successfully transition individuals from state and community psychiatric hospitals into community settings that are able to address the unique and complex needs; using an individualized and person-centered approach to help ensure access to intensive care coordination.
- Create a regulatory structure that supports providers willing to provide high-quality care to individuals with complex needs who are able to relocate out of institutional settings. Proactively provide the outreach, necessary technical assistance and education that assists providers in being successful in serving this population.

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

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

Success Measure 2.2.1: Consistently achieve a quarterly average of 950 nursing facility-to-community setting transitions by June 2019.

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



Action Plan:

- Provide staff with ongoing technical assistance, education, tools and resources to address the changing needs of clients.
 - Work collaboratively with nursing facilities, residents and families to improve their understanding of the resources and benefits of living in the community.
 - Continue to develop resources, services and strategies designed to assist individuals who choose to transition from institutional settings and maintain themselves in the community.
-

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

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

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

Success Measure 2.3.1: Transition 100 percent of all personal care and respite hour authorizations formerly made to individual providers to the CDE by July 2020.

Action Plan:

- Issue a request for proposal to procure a CDE vendor that includes input from tribes and stakeholders received through a statewide public process.
 - Successfully negotiate and sign a contract with up to two successful bidders for the CDE procurement.
 - Complete all staff, consumer and IP readiness activities needed to successfully transition the IP workforce to the CDE.
-

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

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

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



Success Measure 2.4.1: Increase the percentage of timely financial eligibility determinations completed from 88 percent in June 2017 to 93 percent as of June 2019. 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.

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

Success Measure 2.4.2: Increase the percentage of initial functional assessments completed within 30 days of creation from 72 percent in June 2017 to 93 percent by June 2019. Policy requires that assessments be completed within 30 days of creation and be fully completed within 45 days of intake, data for this latter item is currently under development.

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

Success Measure 2.4.3: Increase the percentage of timely functional reassessments from 96.7 percent in June 2017 to 98 percent by June 2019. A functional reassessment is timely when the case manager completes the annual reassessment within one year of the last assessment.

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

Action Plan:

- Monitor delay reason codes for initial and annual assessments to identify trends around delays resulting in assessment completion exceeding 30 days.
- Analyze new reports related to intake, worker assignment and assessment completion to identify trends and training opportunities. Improve staff performance and consistency using updated policy and procedures that define intake dates and timeliness.



- Regional leadership will analyze staff performance to identify areas of improvement or need for further examination through root cause analysis.
-

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

Importance: Providing training and education to service providers and DSHS staff on various communication modalities ensures that access points to critical services are well-equipped for effective communication. This is paramount in meeting the needs of individuals who are Deaf, Deafblind, Deaf Plus, Hard of Hearing, Late Deafened, or who have speech disabilities to support equal access to the benefits afforded to the rest of the community.

Success Measure 2.5.1: Increase the number of DSHS and service-provider sites where education and training in communication access modalities (methods) for people who are deaf and hard of hearing is provided from 25 to 50 by June 2019.

[See Chart DH1.8: Number of Sites with Education and Training Provided \(DSHS and Service Provider sites, Training in Communication Access Modalities for the Deaf or Hard of Hearing\)](#)



Action Plan:

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

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

Importance: Individuals who are Deaf, Deafblind, Deaf Plus, Hard of Hearing, Late Deafened, or who have speech disabilities, especially adults who are older, the underemployed and those with multiple disabilities, face barriers that affect access to communication, education, health care, employment, legal, housing, transportation, insurance, public assistance and other

benefits. Case managers are available to assist these individuals in obtaining needed services by coordinating services, translating documents, advocating on their behalf and/or teaching new abilities and skills. These services are provided by eight contracted, non-profit Regional Service Centers throughout Washington.

Success Measure 2.6.1: Increase the number of clients served by the Regional Service Centers of the Deaf, Deafblind, Deaf Plus, hard of hearing and late deafened from 600 in June 2018 to 690 by June 2019.

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

Action Plan:

- Monitor each Regional Service Center’s total caseload and contract performance and implement corrective actions for under-performance as necessary.
- Have new contracts in place with each center and contractor to reach out to diverse communities.

Strategic Objective 2.7: Provide assistive communication technology services.

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



Success Measure 2.7.1: Increase the number of locations that serve the public and clients with assistive listening systems services from 263 locations to 363 locations by June 2019.

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

Action Plan:

- Distribute, install or maintain functionality of assistive listening technology including induction loops at the Legislature, Area Agencies on Aging, Home and Community Services Division and Residential Care Services offices statewide. Continue training for DSHS staff.
- Initiate an evaluation system for measuring client use and staff knowledge of assistive communication technology.



- Install loop systems at residential facilities where individuals with hearing loss live.
-

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

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

Importance: Protection of adults who are vulnerable requires consistent and timely investigations while offering protective services, supports and referrals. Delays create a greater risk of harm to the alleged victim. Adult Protective Services follows state law under Chapter 74.34 RCW and has a 90-day standard for investigations. Performance on this item has improved due to increases in staffing funded by the Legislature to meet increased reports of abuse and neglect.

Success Measure 2.8.1: Increase the percentage of adult abuse and neglect investigations completed within 90 days, or remaining open for “good cause,” from 95.4 percent in calendar year 2016 to 97 percent by June 2019.

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

Action Plan:

- Ensure focused monitoring of “good cause” delay reason codes, and analyze for process improvements.
 - Hire staff and improve retention to reduce staff vacancies and turnover.
 - Evaluate the results of dedicating staff for specialized investigations on financial exploitation allegations and self-neglect.
-

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

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

Success Measure 2.9.1: Reduce the long-term care facility complaint investigation backlog of non-immediate jeopardy complaints from 152 in June 2017 to 100 or fewer by June 2019.

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

Action Plan:

- Hire staff, improve retention to reduce staff vacancies and turnover and cross-train for all facility types.
 - Continue to hire on-call staff to allow Residential Care Services to be more responsive to changing complaint volumes and staff availability.
 - Monitor complaint investigations for all regions, units and facility types monthly.
-

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

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

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



Success Measure 2.10.1: Maintain the percentage of timely re-inspection at 99 percent or higher for nursing homes, and increase the percentage of timely re-inspection to 99 percent for assisted living facilities and adult family homes by June 2019.

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

Action Plan:

- Optimize staffing through cross-training licensors among different settings and through recruitment and retention strategies.
- Develop a Residential Care Services staffing workload model using key metrics such as facility and provider growth and changes.

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

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

Action Plan:

- Develop standard operating procedures that ensures quality for intermediate care facilities for individuals with intellectual disabilities (ICF/IID) in residential habilitation centers (RHCs) and for community ICF/IID.



- Expand Residential Care Services staffing for supported living to allow for program-specific quality assurance and enforcement.
-

Strategic Objective 2.11: Timely abuse and neglect investigations.

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

Importance: Adult Protective Services (APS) has two primary duties: offer protective services to vulnerable adults who are harmed and investigate allegations to determine if abuse occurred. Timely response is essential in order to protect health and safety, including providing protection orders and long-term services and supports. Investigations are categorized by priority. A high-priority investigation requires initiation within 24 hours of knowledge. A medium-priority investigation requires initiation within five working days, and a low-priority investigation requires initiation within 10 working days.

Success Measure 2.11.1: Increase timely initial response to investigations based on priority to 100 percent for high-priority investigations and maintain at 99 percent for medium and low-priority investigations by June 2019.

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

Action Plan:

- Evaluate areas for improvement to ensure consistent intake decisions and timely assignment for investigation.
- Monitor newly implemented phone technology across each of the three DSHS regions.

DSHS STRATEGIC PRIORITY: INCREASE ORGANIZATIONAL EFFICIENCY, PERFORMANCE AND EFFECTIVENESS

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

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



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

Importance: Timely completion of quality assurance (QA) activities helps protect the health and safety of clients, secures federal funding and provides oversight of operations. Activities include completing QA reviews to ensure compliance with quality measures; data analysis to identify gaps in the processes being used based on QA review results; developing proficiency improvement plans and creating solutions using feedback from staff at all levels. Identified deficiencies are addressed and



improvement plans are developed and monitored to ensure continuous quality improvement. Through these functions, AL TSA will have more predictable outcomes that ensure access to client services are timely and responsive and that providers and/or facilities are qualified to provide services, provider networks are adequate and federal assurances are met.

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

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

Action Plan:

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

Success Measure 3.1.2: Achieve 100 percent completion, within 90 days of the monitoring exit interview, of all final reports for the AAAs during each calendar year by December. Maintain perfect record through 2021.

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

Action Plan:

- Streamline AAA monitoring activities, including early, consistent deadlines.
- Coordinate with the DSHS Office of Indian Policy and follow all steps included in the Tribal Communications Protocol.



Success Measure 3.1.3: Increase the percentage of audited Nursing Home Statements of Deficiency sent to the facility within the federal regulatory standard to 95 percent by June 2019.

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

Action Plan:

- Use continuous quality improvement internal controls to track timeliness.
-

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

Importance: AL TSA recognizes that a large body of research shows when organizations have fully engaged employees, they also have better results in employee satisfaction, employee retention, innovation, organizational effectiveness and service outcomes for the people they serve. This objective supports all four goals in the Strategic Plan by doing the following:

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

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

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

Action Plan:

- Continue implementation and communication efforts related to Communities of Practice, Lean, wellness, Combined Fund Drive, employee satisfaction, exit surveys and engagement focus groups.

- Ensure solidification of organizational changes through consistent messaging and knowledge transfer by creating a New ALTSA Employee Orientation and Excellence and Leadership Mentoring program.
-

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

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

Importance: Developing tools for staff to do their jobs proficiently and easily, with added value, supports employee engagement. Continuous improvement results in better outcomes for clients and residents as well as better use of limited state and staff resources. This type of work is primarily the duty of the Management Services Division and other support staff throughout ALTSA.



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

Action Plan:

- Provide universal remote access and mobile IT tools to field staff in Residential Care Services and Home and Community Services.
 - Construct data marts for on-demand access to client demographic and service performance data.
 - Support the Medicaid Transformation Project, Consumer Directed Employer program and updates to the TIVA Adult Protective Services system.
-

Strategic Objective 3.4: Address Risks and plans for emergencies.

Importance: Managing risk and emergencies is vital for ALTSA to be sustainable, to assist clients and residents when they are most in need, and to meet legal requirements. This is part of ALTSA’s daily work and our preparation for the future.

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

Action Plan:

- Improve IT Security to keep client data secure and to allow ALTSA and Developmental Disabilities Administration (DDA) to carry out their missions without work stoppages.
- Continue to patch vulnerabilities and promote secure practices in all offices and the Residential Habilitation Centers.



- Improve options to strengthen the disaster recovery plan as necessary.
- Work with the Office of Financial Management and DSHS Leased Facilities and Maintenance Operations to improve understanding of AL TSA client and staff growth trends and the critical need for space, to remain able to serve all clients, meet legal requirements and otherwise perform job duties (current space is already insufficient).

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

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



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

In addition, progress must be made in data collection. Current data collected by AL TSA indicates approximate proportionality of services across racial groups. However, stakeholders have identified the lack of data collection on sexual orientation and gender identity (SOGI) beyond binary male/female data. As the population changes in our state, AL TSA services will need to keep pace in order to provide equitable service delivery.

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

Action Plan:

- Continue staff training in 2019.

- Expand Quality Assurance policies and procedures administration-wide to incorporate CLAS Standards.
- Develop training plans for onboarding new employees and existing staff on CLAS Standards.

Success Measure: Embed EDI principles throughout the organization planning and operations, as measured by completion of the Action Plan by June 2019.

Action Plan

- Develop an annual strategic EDI communication plan.
- Examine institutional practices and policies and remove any potential biases identified.
- Be proactive in supporting a diverse workforce across the administration and create and support programs to retain staff.
- Provide Opportunities for staff and leadership to acquire shared language and practices on equity through diversity forums (regional), discussion opportunities, and resources on EDI topics that engage the entire workforce.

