



AGING AND LONG-TERM SUPPORT ADMINISTRATION

Strategic Plan 2021-2023

March 2020

Table of Contents

STRATEGIC PLANNING IN DSHS..... 2

DSHS PRIORITIES AND GOALS 3

AGING & LONG-TERM SUPPORT ADMINISTRATION EXECUTIVE SUMMARY 4

OBJECTIVES 5

 DSHS STRATEGIC PRIORITY: PREPARE FOR AGING WASHINGTONIANS5

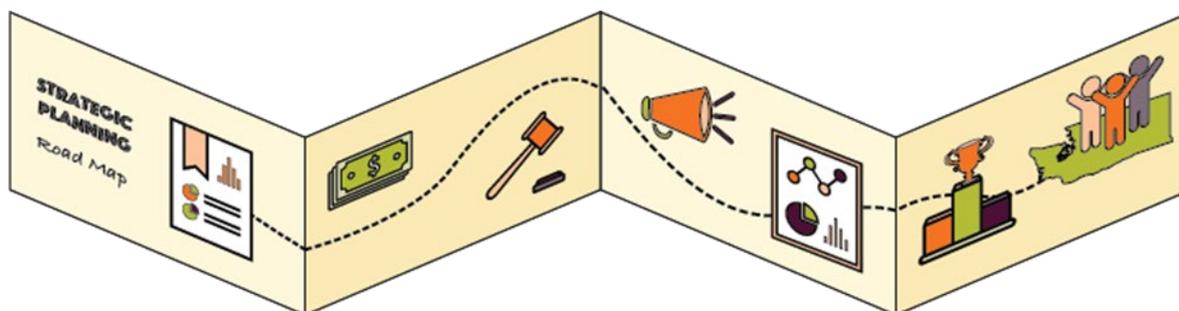
 DSHS STRATEGIC PRIORITY: SERVE PEOPLE IN THEIR HOME COMMUNITY8

 DSHS STRATEGIC PRIORITY: INCREASE ORGANIZATIONAL EFFICIENCY, PERFORMANCE AND EFFECTIVENESS.....16



STRATEGIC PLANNING IN DSHS

DSHS' goal and commitment is to be a national leader in every aspect of client service. The DSHS strategic plans are a roadmap to the future. They identify where we currently are with our performance, where we want to be and how we're going to get there. The plans are used to guide our day-to-day efforts and focus our resources. They are integral to the work we do every day.



To that end, a strategic plan is crucial for making informed budget decisions. The Legislature requires each agency's budget recommendations be directly linked to the agency's strategic plan. Our plan articulates our mission, programs, goals and objectives. The strategic plan itself links budget requests to specific efforts in order to achieve statewide goals.

While the primary purpose of a strategic plan is to guide the agency's activities, it also provides a helpful means to communicate with clients, partners and stakeholders outside the agency. In addition, state law (RCW 43.88.090) directs each state agency to define its mission and to establish measurable goals to achieve desirable results for customers, and to develop clear strategies and time lines for achieving these goals.

Given the historic times we are living in with the COVID-19 pandemic, the 2021-2023 biennium will be a dramatically different strategic planning and budget season. COVID-19 has had a significant impact on state revenues and as such, the Department is facing devastating budget reductions that reflect an economic downturn expected to match or exceed that of the Great Recession. DSHS doesn't know yet what our new normal will be. However, we will take this opportunity to think about the fundamental changes to how we serve people and focus on the strategic priorities that support our core mission of transforming lives.

For the 2021-23 Strategic Plan, DSHS has an overarching executive summary that encompasses the many services and administrations within DSHS. Additionally, each administration has a more specific strategic plan, with objectives and action plans related to their vast and diverse programs. Lastly, the plans have metrics that are monitored quarterly to ensure we are meeting our goals and objectives. The DSHS strategic plans are developed on a two-year cycle and are annually updated.

DSHS PRIORITIES AND GOALS

This agency-wide strategic plan addresses the priorities for all of DSHS, and sets measurable objectives and goals. Using data, we monitor our progress in order to ensure DSHS serves our clients in a meaningful way and to the best of our ability within our funding. Every DSHS employee contributes to the mission of Transforming Lives by addressing the priorities and accomplishing the objectives within our agency-wide strategic plan.



DSHS has articulated broad over-arching priorities for the agency based on discussions with clients, stakeholders, the Governor’s Office, legislators, staff and others. These priorities directly address current needs and anticipate future needs. By working together across administrations, stakeholders, vendors, community partners, agencies, and others, DSHS will be able to deliver a range of quality of services to Washington residents, work efficiently and effectively, and be an employer of choice for our staff.

In addition, each strategic objective within the DSHS Strategic Plan supports the five broad goals for DSHS.

These DSHS goals align with the Governor’s goals of:

- Healthy and Safe Communities.
- Efficient, Effective and Accountable Government.

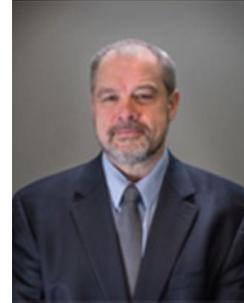
PUBLIC TRUST	HEALTH	PROTECTION	QUALITY OF LIFE	SAFETY
Strong management practices will ensure quality and efficiency.	Each individual and each community will be healthy.	Each individual who is vulnerable will be protected.	Each individual in need will be supported to attain the highest possible quality of life.	Each individual and each community will be safe.



“Our Aging and Long-Term Support Administration shows it is leading the way in delivering person-centered care to Washingtonians through its several innovative strategic outcomes and measures. I'm especially thrilled to support ALTSA's role in implementing the state's first Long-Term Care Trust Act in the coming years.”

Cheryl Strange, Secretary

Department of Social and Health Services



“Thanks to our dedicated and hardworking staff across the state, ALTSA continues to transform the lives of thousands of Washingtonians by continuing to develop and deliver innovative services designed to anticipate the needs of an aging Washington.”

Bill Moss, Assistant Secretary

Aging and Long-Term Support Administration

ALTSA Organizational Chart

Every year, more than 2,200 Aging and Long-Term Support Administration employees help transform lives by promoting choice, independence and safety through innovative services.

The ALTSA strategic plan is the blueprint for how we transform lives by ensuring Washingtonians can choose where they want to live and receive long-term care remain while remaining safe and having access to quality services. The plan shows ALTSA's assessment of areas in which it excels and where it can grow. In addition, it summarizes action plans ALTSA is undertaking to continually improve.

ALTSA provides services to approximately 67,000 individuals who receive Medicaid each year. Every staff member at ALTSA plays a vital role in caring for our aging and disabled citizens in Washington. Our commitment to continually challenging ourselves and improving our programs has made ALTSA a nationally recognized leader in the delivery of long-term care services.

Our staff at ALTSA provide: assessments and person-centered care planning for more than 3,000 new individuals each month; licensing and oversight to approximately 3,600 residential facilities; investigations of more than 39,000 reports of abuse and neglect each year; and case management to over 600 individuals who are deaf, deaf-blind or hard of hearing each year. None of these services could be delivered without our staff who provide training, program development, quality assurance, contracts, information technology, data analysis, facilities management, budget, finance and forecasting.

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

OBJECTIVES

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

DSHS STRATEGIC PRIORITY: PREPARE FOR AGING WASHINGTONIANS

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

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

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

Decision Package: 050 - PL – ER – MCO Personal Care_ This funding supports critical services in community settings and thus this resource is heavily relied upon for successful state hospital discharges, acute care hospital discharges, and diversions from inpatient care for individuals with complex behavioral needs.

Decision Package: 050 – PL – EK – NH Rate Methodology This request funds an annual rebase and application of an inflation factor to the nursing facility daily Medicaid rates. Although nursing homes are considered an institutional setting by the federal Medicaid program, ALTSA is striving to maintain a viable nursing home provider network in order to help people transition out of even more institutional settings, such as acute care hospitals or the state psychiatric hospitals. This becomes more important each year as our over 65 population continues to increase.

Decision Package: 050 – PL – 4F – In-Home Provider PPE This funding purchases Personal Protective Equipment (PPE) for in-home caregivers who provide personal care for clients who are at a greater mortality risk from COVID-19 and who themselves are in a high risk category.

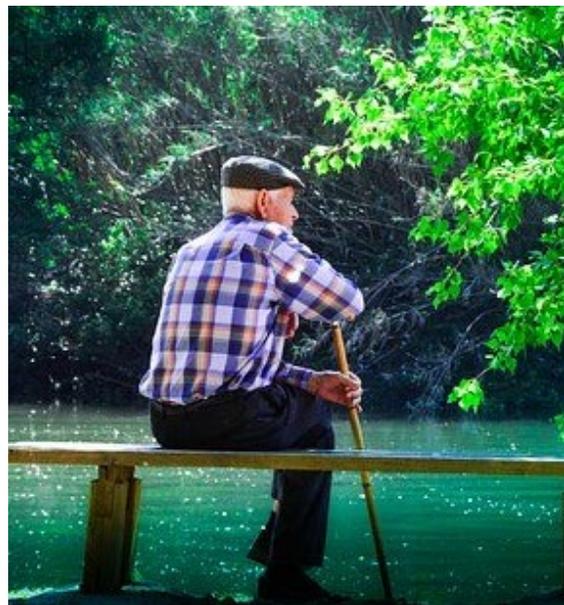
Decision Package: 050 – PL – EP – Personal Needs Allowance Funds to increase the residential and institutional personal needs allowance (PNA). The PNA is the amount of income clients retain after contributing to their cost of care and room and board. This is money they can use to pay for personal items and day-to-day incidentals.

Decision Package: 050 – PL – 5T – Rental Subsidies Funding provides rental subsidies to speed the transition of Medicaid nursing home clients to community settings.

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 and ensuring individuals have timely access has meant Washingtonians have a choice regarding where they receive care. This has produced a more cost-effective method of delivering services and resulted 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 setting from 86.3 percent in June of 2021 to 86.5 percent by June 2023.

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



Action Plan:

- Engage with clients and families to develop person-centered planning options that support individuals to live in a setting of their choice with service and supports that address their unique needs.
- Resource developers and regional resource specialist at headquarters will collaborate to develop a coordinated work plan with priorities to serve specialized populations, individuals with complex needs and create new services.
- Work with regional leadership teams to identify and plan improvements aimed at streamlining processes and assisting staff in addressing the changing needs of the clients.

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

Decision Package: 050 - PL - EA - Convert MTD to Medicaid State Plan This funding is requested to continue these vital and cost-effective programs past December 2021. The projected cost avoidance outweighs the GF-State investment.

Importance: Medicaid Transformation is a five-year project with the Federal Centers for Medicare and Medicaid Services that provides federal dollars to test innovative and sustainable changes to Washington’s Medicaid service delivery system. The Transformation project contains three initiatives^[1]. **Initiative 1** focuses on transformation through Accountable Communities of Health. **Initiative 2** includes two programs, Medicaid Alternative Care (MAC) and Tailored Support for Older Adults (TSOA). As the population of adults who are older grows, the demand for long-term services and supports increases. This creates budget challenges for individuals, their families and the state in paying for needed services.

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

These models meet individuals' needs while avoiding, delaying or lowering the use of traditional Medicaid services. **Initiative 3** utilizes two evidence-based practices, Supported Employment and Supportive Housing, to help our most vulnerable beneficiaries get and keep stable housing and employment in support of their broader health needs. Research shows that these programs improve health outcomes and lower health care and other system costs, making them an important addition to the Medicaid Transformation project.

Success Measure 1.2.1: Increase enrollment of Medicaid Alternative Care and Tailored Supports for Older Adults recipients from 2,400 in June of 2021 to 5,800 by June 2023.

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

Action Plan:

- Continue to partner with Area Agencies on Aging (AAAs) on system and policy enhancements, person-centered planning, staff and provider training and data analysis.
- Implement a statewide plan to increase outreach and enrollment of individuals choosing to support their family caregiver, including training of DSHS staff.
- Demonstrate outcomes and cost effectiveness for care recipients and caregivers. Develop a sustainability plan for consideration by the legislator.



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

Decision Package: 050 – PL – ES – LTSS Trust Staff/Infrastructure This funding will be used to support the commission, public outreach and IT development and support in preparation for the LTSS Trust Program.

Importance: Long-term care is not covered by Medicare or other health insurance plans, and the few private long-term care insurance plans that exist are unaffordable for most people. More than 90 percent of seniors are uninsured for long-term care. Approximately 70 percent of individuals who reach age 65 will need some assistance with long-term care in their lifetimes. Providing an alternative method for funding long-term care access will relieve hardship on families and decrease the burden of Medicaid costs on the state budget. ALTSA has a significant role in the planning and implementation of the Trust Act.

Success Measure 1.3.1: Work with the Long-Term Services and Supports Trust Commission to develop recommendations and produce a report to the legislature by January 1, 2022.

Action Plan:

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

DSHS STRATEGIC PRIORITY: SERVE PEOPLE IN THEIR HOME COMMUNITY

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

ALTSA has established the following strategic objectives to support how we will serve people in their home community:

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

Decision Packages: 050 - PL - EH – Behavioral Health Transitions This funding will create community capacity, providing technical assistance, contract monitoring, and increased FTE funding for intensive case management and clinical expertise to serve clients transitioning from state and community psychiatric beds and receiving community long-term care services.



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

Success Measures 2.1.1: Increase the quarterly average of state psychiatric hospital-to-community setting transitions from 74 in June of 2021 to 80 by June 2023.

See Chart AAH.13: Number of individuals transitioning from state psychiatric hospitals into community settings

Success Measures 2.1.2: Achieve a quarterly average of 30 clients diverting from psychiatric hospital-to-community setting by June 2023.

Action Plan:

- Work with potential and existing providers to increase capacity, skill and competency to serve specialized populations with particular focus on enhanced service facilities and supportive housing.
- Continue cross-system coordination to successfully transition individuals with complex needs that require multi-system services and supports in order to achieve and maintain community stability using an individualized and person-centered approach to help ensure access to intensive care coordination.
- Develop and implement a contract monitoring plan for specialty contracts using dedicated staff.

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 when their needs were more intense. By providing community resources, education and assisting interested individuals to move from nursing homes into a community setting of their choice, we are increasing their quality of life and contributing to the financial health of Washington.

Success Measure 2.2.1: Increase the quarterly average of nursing facility-to-community setting transitions from 950 in June of 2021 to 1,110 by June 2023.

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

Success Measure 2.2.2: Maintain the percentage of clients without reinstitutionalization within the first 30 days of discharge at or above 94 percent through June 2023.

Success Measure 2.2.3: Maintain the average length of time an individual remains in the community after transition (in months) at or above 10.75 through June 2023.

Action Plan:

- Provide staff with ongoing technical assistance, education, tools and resources to address the changing needs of clients. Sustain community living by providing intermittent or long-term community stabilization services as needed.



- Work collaboratively with nursing facilities, residents and families to enable informed decision making related to long-term services and supports that may assist with transitioning into and maintaining living in their preferred community setting.
 - Continue to develop resources, services and strategies designed to assist individuals who choose to transition from institutional settings and maintain themselves in the community.
-

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

Decision Package: 050 - ML – D1 - Continue Consumer Directed Employer Funding is needed due to a change in the applicable Business & Occupation (B&O) tax, a change in implementation date and changes to the Individual Provider caseload.

Importance: 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, training requirements, tax reporting, credentialing, electronic visit verification and more. When the CDE is implemented, case managers will have more time for client assessments, service plan development and monitoring, addressing health and safety needs and other important case management activities.



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

Action Plan:

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

Strategic Objective 2.4: Process financial applications, complete new 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.

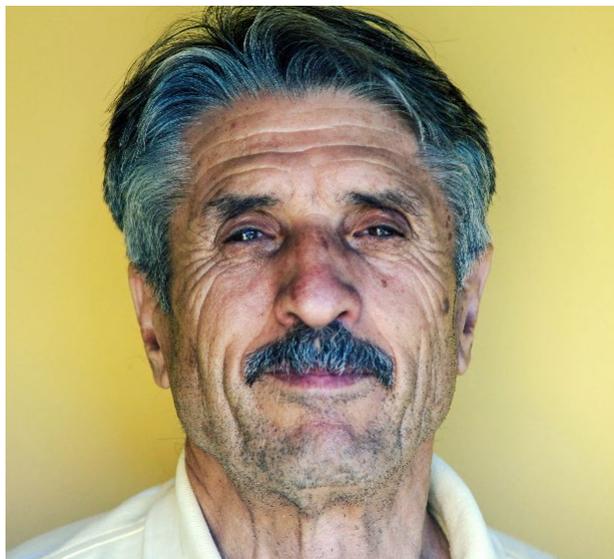
Importance: In order to receive long-term services and supports, an individual must be functionally eligible (they require unmet assistance with activities of daily living) and financially eligible (their assets and income must be within limits). This is not only necessary for determining eligibility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

Success Measure 2.4.1: Increase the percentage of timely financial eligibility determinations from 93 percent in June of 2021 to 96 percent by June 2023.

See Chart AAH.7: Financial Eligibility Determinations Processed Timely

Success Measure 2.4.2: Increase the percentage of initial functional assessments completed within 45 days of creation to 80 percent by June 2023.

See Chart AAH.5: Initial Functional Assessments Completed Timely



Success Measure 2.4.3: Increase the percentage of timely functional re-assessments from 96.7 percent June of 2021 to 98 percent by June 2023.

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

Action Plan:

- On a monthly basis, regional leadership will analyze staff performance to identify areas of improvement or need for further examination through root cause analysis.
- Headquarters staff will coordinate the development and implementation of training tools and updated policy for case management and nursing staff about accurate coding of reasons for delay in assessment completion exceeding 30 days.
- Statewide and regional review of performance metrics will be conducted quarterly at statewide meetings to identify best practices, accurate reason coding and barriers to determine further division-wide action steps.

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

Importance: Providing virtual or onsite 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 or late deafened, or who have speech disabilities to support equal access to the benefits afforded to the rest of the community.

Success Measure 2.5.1: Increase the number of service providers receiving education and training in communication access modalities (methods for people who are deaf, deafblind and hard of hearing) from 50 in June 2021 to 90 by June 2023.

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

Action Plan:

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



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

Importance: Individuals who are deaf, deafblind, deaf plus, hard of hearing, late deafened, or who have speech disabilities face barriers that affect access to communication, education, health care, employment, legal resources, housing, transportation, insurance, public assistance and other benefits. Case managers are available to assist these individuals in obtaining necessary 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. These services shall be provided either on-site or through videoconferencing.

Success Measure 2.6.1: Maintain the number of clients served by the Regional Service Centers of the deaf, deafblind, deaf plus, hard of hearing and late deafened at 690 through June 2023.

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.
- Expand outreach opportunities providing virtual and/or on-site case management services in rural areas and diverse communities including people of color, elders and the Lesbian Gay Bisexual Transgender and Queer (LGBTQ) communities.
- Strive towards meeting, or exceeding, the target goal of the number of clients receiving virtual or on-site services through improved outreach and public relations.

Strategic Objective 2.7: Provide assistive communication technology services.

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

Success Measure 2.7.1: Increase the number of ACT consultation services to meet service objectives involving the public and clients with assistive listening systems from 250 in June 2021 to 350 by June 2023.

See Chart DH1.7: Number of DSHS Assistive Listening Systems Services

Action Plan:

- Distribute, install or maintain functionality of assistive listening technology including induction loops at the Legislature, Area Agencies on Aging, Home and Community Services and Residential Care Services offices statewide.
- Provide virtual or on-site training and consultation for DSHS staff and Regional Service Centers.
- Conduct a virtual or on-site evaluation for measuring client use and staff knowledge of assistive communication technology.



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

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 (APS) follows state law under Chapter 74.34 RCW and has a 90-day standard for investigation completion. Performance on this measure has remained consistent with increases in staffing funded by the Legislature to meet increased reports. Tracking Incidents of Vulnerable Adults (TIVA) modernization rolled out in May of 2019 and included electronic system improvements that streamlined the investigations process and created efficiencies for staff.

Success Measure 2.8.1: Increase the percentage of investigations of adult abuse and neglect completed within 90 days, or remaining open for “good cause,” to 98 percent by June 2023.

See Chart AAC.2: Adult Abuse and Neglect Investigations Completed Timely

Action Plan:

- Enhance staff training on investigation processes and case closure activities.
- Improve onboarding process with the goal of retention of trained and skilled staff.

- Monitor TIVA modernization and continue system enhancements through change request process.

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

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

Success Measure 2.9.1: Maintain the long-term care facility complaint investigation backlog of non-immediate jeopardy complaints to 50 or fewer through June 2023.

See Chart AAR.7: Backlog of Facility Complaint Investigations

Action Plan:

- Hire staff, improve retention to reduce staff vacancies and turnover and cross-train for all facility types. Monitor complaint investigations for all regions, units and facility types monthly and if necessary, appropriately deploy staff to assist with complaint investigations. In addition, continue to hire on-call staff to allow RCS to be more responsive to changing complaint volumes and staff availability.
- Conduct investigation trainings to ensure quality and consistency of investigations and modernize the RCS investigation, documentation and record storage systems to optimize efficiency and effectiveness.
- Due to the impacts of COVID-19, RCS anticipates a twelve month period to reestablish timely re-inspections of AFH, ALF, NH.



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

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: Resume timely re-inspections for nursing homes assisted living facilities and adult family homes at 50% or higher by June 2021 and 99% or higher by June 2022.

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. In addition, develop a RCS staffing workload model using key metrics such as facility, workload for all RCS units and functions, and provider growth and regulatory changes.
- Modernize the RCS inspection, licensing, documentation and record storage systems to optimize efficiency and effectiveness.

Success Measure 2.10.2: Maintain timely quality assurance activities at 100 percent for services provided to people with developmental and intellectual disabilities by June 2023.

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

Action Plan:

- Expand and retain Residential Care Services staffing for CCRSS to allow for program-specific quality assurance and enforcement.
- Modernize the RCS inspection, licensing, documentation and record storage systems to optimize efficiency and effectiveness.
- Due to the impacts of COVID-19, RCS anticipates a twelve month period to reestablish timely quality assurance activities.



Strategic Objective 2.11: Timely abuse and neglect investigations.

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

Success Measure 2.11.1: Increase timely initial response to investigations based on priority to 100 percent for high-priority investigations and maintain at 99 percent for medium- and low-priority investigations by June 2023.

See Chart AAP.1: Adult Protective Services - Timely Initial Response

Action Plan:



- Continue Quality Assurance activities to evaluate areas for improvement, ensure consistent intake decisions and timely assignment for investigation.
- Assess changing current response times for clarity.
- Conduct a root cause analysis on any missed or late timeliness responses; evaluate and create action plans for areas of improvement.

Strategic Objective 2.12: Tribal Affairs – Continue to build strong relationships with the tribes and tribal organizations to promote access to culturally attuned services for American Indians/Alaska Natives (AI/AN) to age in their home or community setting of choice.

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

Success Measure 2.12.1: Procure and sign at least three contracts to benefit AI/ANs elders, veterans and adults with disabilities by June 2023.

Action Plan:

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

Success Measure 2.12.2: Identify and implement increased federal financial participation for a minimum of one long-term services and supports contract provided by a tribe by June 2023.

Action Plan:

- Engage tribes to identify long-term services and supports that meet the federal requirements for increased federal financial participation.
- Engage Health Care Authority to jointly work to obtain increased federal financial participation for identified services.

DSHS STRATEGIC PRIORITY: INCREASE ORGANIZATIONAL EFFICIENCY, PERFORMANCE AND EFFECTIVENESS

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

ALTSA has established the following strategic objectives to support how we will increase organizational efficiency, performance and effectiveness:

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

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

Success Measure 3.1.1: Maintain 100 percent completion of Home and Community Services Division case management, Adult Protective Services and financial eligibility compliance record reviews from June 2021 through June 2023.

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 (AAA) office-specific proficiency improvement plans. Address areas in which proficiency standards are not met.
- Analyze statewide trends and adopt training, technical assistance, policy revisions or other action as necessary.
- Gather and evaluate feedback from consumer surveys.



Success Measure 3.1.2: Maintain 100 percent completion of scheduled AAA monitoring visits and timely completion of draft and final monitoring reports from June 2021 through June 2023.

See Chart AAH.10: Area Agencies on Aging Quality Assurance – Timely Completion

Action Plan:

- Adhere to MB H19-032 2019-2021 AAA Aging and Long-Term Support Administration Program and Fiscal Monitoring.
- Support AAAs that attempt self-assessment so that on-site monitoring can be focused for the best quality outcomes.

Success Measure 3.1.3: Maintain the percentage of audited Nursing Home Statements of Deficiency sent to the facility within the federal regulatory standard at 95 percent through June 2023.

See Chart AAR.6: Residential Care Services Quality Assurance – Nursing Home Statements of Deficiencies Sent Timely

Action Plan:

- Use continuous quality improvement internal controls to track timeliness.
- Enhance the Enforcement Communications Center software to improve tracking and timeliness of Statement of Deficiency (SOD) processing.
- Due to the impacts of COVID-19, RCS anticipates a twelve-month period to reestablish timely NH SOD processing.

Success Measure 3.1.4: Develop two qualitative outcome metrics for Residential Care Services facility types to describe for consumers and other stakeholders the impact of the quality assurance activities provided through regulatory oversight functions by June 2023.

Action Plan:

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



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

Importance: AL TSA recognizes the science behind and importance of employee engagement. Highly engaged staff result in greater employee satisfaction, employee retention, innovation, organizational effectiveness, and positive outcomes for the people we serve. We focus on:

- **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** through coaching, training, open forums, and focus on values-based leadership.
- **Creating opportunities for innovation and a culture of continuous improvement**, by coaching, engaging, and supporting staff who do the work in improving the work 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 71 percent in June 2020 to 72 percent per, DSHS survey data by June 2022.

Success Measure 3.2.2: Improve AL TSA’s employee retention rate from 93 percent in June 2021 to 94 percent, per DSHS Human Resource Division data by June 2023.

Action Plan:

- Continue implementation and communication efforts related to Communities of Practice, Lean, Change Management, leadership development, staff onboarding, wellness, Combined Fund Drive, employee satisfaction surveys and other engagement efforts.
- Ensure solidification of organizational changes through consistent messaging and knowledge transfer by expanding AL TSA New Employee Orientation and leadership and staff development programs at multiple levels of the organization.
- Ensure every office has the support to develop and implement wellness and engagement efforts.

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

Decision Package: 050 - PL – D8 - IT – Paper to Electronic Workflows Funding provides IT support to transition from paper systems to an electronic document management system.

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

Success Measure 3.3.1: Implement a paperless documentation system for Residential Care Services regulatory work functions by December 2023.

Action Plan:

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

Strategic Objective 3.4: Address risks and plans for emergencies.

Decision Package: 050 – PL – EU – Transitional Care Center of Seattle As part of the COVID-19 response, DSHS purchased a building to be operated by a contracted nursing facility provider to accept and provide care for 150 difficult to place residents from acute care hospitals. This funding request would

pay for facility remodel start-up costs, nursing home client service costs, and emergent maintenance needs at this DSHS-owned facility.

Decision Package: 050 – PL – EV – COVID-19 Infect Ctrl & Client Svcs This funding will address costs related to COVID-19, including emergency planning and reporting, Quality Assurance Nurses, addressing the Residential Care Services (RCS) complaint backlog, telemedicine technology, Office of Deaf and Hard of Hearing (ODHH) technology, and continued faster transition of patients from acute care hospitals to ALTA community settings.



Decision Package: 050 – PL – L7 – Personal Protective Equip COVID-19 This funding will support the increased costs incurred for Personal Protective Equipment (PPE) as a result of the COVID19 pandemic.

Decision Package: 050 – PL – GD – Network Risk Mitigation Funding will support replacement of end-of-life, outdated and discontinued networking systems that pose significant risks to enterprise operations.

Decision Package: 050 – PL – GJ – Confidential Client Data Protection Funding supports FTEs to detect critical malicious activity on DSHS/ALTA computer systems where confidential client information resides.

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

Success Measure 3.4.1: Foster a safe and secure environment by identifying, prioritizing and addressing the top risks related to IT, facilities and emergency management by December 2021.

Success Measure 3.4.2: Foster a safe and secure environment by ensuring that ALTA is prepared to transition into incident management quickly to address emergencies by December 2021.

Action Plan:

- Improve IT security to keep client data secure, and continue to discover and remove vulnerabilities to allow ALTA to carry out administration of services without work stoppages.
- Review and update procedures and training for ALTA’s Continuity of Operations Plan (COOP) annually. Update key staff and back-ups for primary contact during emergencies at Headquarters and all ALTA regions, as needed.
- Identify 12 in-house staff that can be activated during an emergency (2 rotations). Identified in-house staff must attend incident management team (IMT) training to understand IMT structure and roles.

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 as provided in DSHS policy. Creating and maintaining a work and service delivery environment that recognizes, values, supports and embraces respect for individual differences is paramount to supporting the administration’s vision and to providing equal and culturally competent access to populations that may otherwise be left out or not appropriately or fully served. In order to create and maintain such a workplace culture and service delivery system, AL TSA understands the benefits of integrating equity (fairness), diversity (difference) and inclusion (participative voice) in all areas of its business. To achieve this goal, support for EDI must start with leadership. AL TSA is committed to building an infrastructure of EDI principles that includes a shared understanding throughout the administration of the benefits of a diverse workforce. Having a diverse workforce can help AL TSA better meet the needs of the people we serve every day. By having certified diversity professionals and executives throughout the administration, the principles of fairness, difference and participative voice will be seen in a manner that reinforces that EDI is not something we do, but is, in fact, who we are. AL TSA recognizes the need to address the ongoing effects of systemic racism on staff and clients. In doing so, AL TSA is committed to better education about race and how to practice anti-racism. Only by first looking inward and working on ourselves can we truly be committed to providing the highest quality services for the clients we serve.

Success Measure 3.5.1: Provide fundamentals of EDI, to include anti-racism training to AL TSA management and staff by December 2021.

Action Plan:

- Continue staff training in an array of EDI principles.
- Expand Quality Assurance policies and procedures to measure success.
- Continue to expand on CDE/CDP learning throughout the administration continuing with management.

Success Measure 3.5.2: Operationalize EDI principles throughout the organization, as measured by completion of the Action Plan by December 2021.



Action Plan

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

