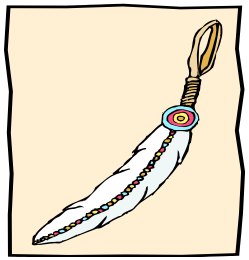


ALTSA/DDA/BHA IPAC SUBCOMMITTEE MEETING AGENDA

Administrations and Divisions:

Home & Community Services (HCS), Residential Community Services (RCS), Behavioral Health Administration (BHA),

Developmental Disabilities Administration (DDA), Division of Behavioral Health and Recovery (DBHR), Office of the Deaf & Hard of Hearing (ODHH

March 10, 2020 from 9 a.m. – noon

In-Person Locations (other locations available upon request: ALTSA Headquarters,
4450 10th Avenue SE, Lacey, WA.

Port Angles CSO

Please register for IPAC Subcommittee ALTSA/BHA/DDA on March 10, 2020 9:00 AM PST at:

https://attendee.gotowebinar.com/register/7982740694599152141

After registering, you will receive a confirmation email containing information about joining the webinar.

Welcome and Introductions – Office of Indian Policy Dr. Marie Natrall/Brenda Francis-Thomas

- Welcoming
- Invocation
- Announcements
- Roll Call
- 9:30 a.m. TLSCC Pilot Update – Tim Collins

Aging and Long-Term Services Administration – Marietta Bobba; Ann Dahl

- Tribal Initiative Updates:
    - Squaxin Island Tribe
    - Lummi Nation
    - Makah Tribe
    - Nisqually Tribe
    - Other updates

- APS Check in
- Spring and Fall Summit Schedule
- VA-THP reimbursements
- NWTP Contracts for in-home aide training
- Alzheimer's Disease Programs Initiative – Dementia Capability in Indian Country – federal funding forecast
- Tribal Needs Assessment – Kinship Navigator Research Project : Geene Felix
- Estate Recovery – Information request from CMS
- Review Matrix

Developmental Disabilities Administration – Justin Chan

- 7.01 Updates
- 2020 Community Summit Updates
- DDA clients with tribal affiliation (self-identified) and receiving DDA services
- Companion Homes: Companion Home Services is a residential habilitation service provided by a community residential service provider who has a Companion Home Services contract with the Developmental Disabilities Administration. **Companion Home Services are provided in a home that is owned or leased by the contracted provider. The provider must be available to provide support and supervision to the client 24 hours a day.**
- Contracting and Frequently Asked Questions
  This Frequently Asked Questions is for all contracted 1099 providers (Independent Providers). If you are not a 1099 provider, please call your local DDA office and ask for the contracts department.
- Developmental Disabilities Administration Eligibility – A person with intellectual and developmental disabilities must first be determined eligible to be a client of the DDA before an assessment can be conducted to determine if the person is functionally and financially eligible for the service requested. To be found eligible as a client of DDA, a person must:
  - Be a Washington State resident;
  - Have evidence of a qualifying developmental disability that began before age 18; and
  - Have evidence of substantial limitations.

  The Revised Code of Washington 71A.10.020(5) defines a developmental disability as:
  - "a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological
  - or other condition of an individual found by the secretary to be closely related to an intellectual disability
  - or to require treatment similar to that required for individuals with intellectual disabilities, which
  - originates before the individual attains age eighteen, which has continued or can be expected to continue
  - indefinitely, and which constitutes a substantial limitation to the individual."
- Intake and Eligibility – Complete the required forms and documents. You can request a packet by filling out a Service and Information Request (https://www.dshs.wa.gov/dda/service-and-information-request) or by returning the information listed below:

- Request for DDA Eligibility Determination Form (14-151)
- Consent (14-012)
- Notice of Privacy Practices for Client Confidential Information (03-387)
- Washington State Voter Registration for applicants age 18 or older
- Documents that support that you have a developmental disability, as described in DSHS Form 14-459 Eligible Conditions Specific to Age and Type of Evidence such as:
    - Educational records
    - Psychological records
    - Medical records
    - Review Matrix

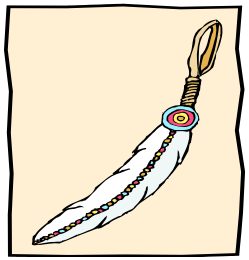
Behavioral Health Administration – Zephyr Forest, BHA Tribal Liaison

- Trueblood Updates
- Policy 1.7 Updates
- Legislative Updates
- 7.01 Planning
- Review Matrix

Closing

Agenda Items for next meeting:

Next meeting is on April 14, 2020 from 9 a.m. to 12 p.m.



ALTSA/DDA/BHA IPAC SUBCOMMITTEE MEETING MINUTES

Administrations and Divisions:

Home & Community Services (HCS), Residential Community Services (RCS), Behavioral Health Administration (BHA),

Developmental Disabilities Administration (DDA), Division of Behavioral Health and Recovery (DBHR), Office of the Deaf & Hard of Hearing (ODHH

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Welcome and Introductions – Office of Indian Policy Dr. Marie Natrall/Brenda Francis-Thomas

- Welcoming
- Invocation
- Announcements
- Roll Call

Present	Attendee	Role		Present	Attendee	**Role**
X	Ann Dahl	ALTSA Tribal Initiative Project Manager		X	Justin Chan	DDA Co-Chair Statewide Tribal Liaison
X	Brenda Francis-Thomas	DSHS Office of Indian Policy Region 3 North		X	Marilyn Scott	Upper Skagit Tribe
X	Zephyr Forrest	DSHS BHA		X	Brooke Harris	Dept. of Commerce
X	Marietta Bobba	DSHS ALTSA Tribal Liaison		X	Tyron Friday	Nisqually Tribe

X	Marie Natrall	DSHS OIP		X	Doralee Sanchez	Lummi Nation
X	Angelic Day	UW researcher-Kinship Navigator		X	Roz Alber	ALTSA Kinship Navigator Project
X	Kara Hawthorne	VA		X	Linda Lauch	AICC
X	Janet Gone	DSHS OIP		X	Tim Collins	DSHS OIP
X	Loni Greninger	Jamestown S'Klallam Tribe		X	Cheryl Sanders	Lummi Nation
X	Geene Delaplane	DSHS ALTSA Kinship Navigator		X	Becca Weed	Lower Elwha Tribe

- 9:30 a.m. TLSCC Pilot Update – Tim Collins

Aging and Long-Term Services Administration – Marietta Bobba; Ann Dahl

- **Tribal Initiative Updates:**
  - **Squaxin Island Tribe** – no report.
  - **Lummi Nation** – Project manager (Doralee Sanchez) began in January. Tribal representatives visited the Confederated Tribes of Grand Ronde in Oregon to learn more about their adult foster care program. https://www.grandronde.org/services/health-wellness/adult-foster-care/ . Oregon uses the term foster care instead of adult family home for similar residential services. The director was very sharing about the program. Lummi Nation has received a grant to support housing repairs and the tribal imitative will assist in this program as well as developing workforce initiatives including a summer high school in-home aide training program. The Northwest Indian College may assist with it.
  - **Makah Tribe** – no report.
  - **Nisqually Tribe** – The tribe has hired the American Indian Community Center (AICC) as a consultant to look at elder service needs, Medicaid reimbursement and billing processes. The Elders Building is closed due to virus concerns. There will be another listening session with tribal elders and the staff continue to provide information on available services. Some programming is on hold until in-person meetings can be reinstated. The tribe continues to research ways to improve access to Medicaid eligibility and some staff have been trained on Medicaid enrollment. The tribe is also researching elder services, including the Healing House, as an element of a FQHC.
  - **American Indian Community Center:** AICC began their contract in January. A consultant has been hired and will complete an elder survey to determine service needs and priorities to decrease use of emergency rooms and nursing homes. They are including persons with traumatic brain injuries in their outreach. Planned talking circles may be eliminated due to concerns

about the virus. Research is being done on electronic medical records that will support both elder services and behavioral health services. AICC has reached out to Kalispel and Spokane Tribes for input into the project.

- Other updates:
  - **Savvy Caregiver Training**. The host Tribe is no longer able to host the spring Savvy Caregiving Training. Lummi Nation volunteered to work with ALTSA to host the next training. Meeting participants that have taken the class shared how valuable a training it is and its flexibility to incorporate tribal specific cultural norms into the curriculum while maintaining evidence based standards.

- **Department of Commerce**: DOC was available to respond to questions about the home repair RFP. $40,000 is available per housing unit, up to $100,000 per tribe. $500,000 is available through the pilot. If all the funds are used, it will serve to renew the pilot and possibly expand the amount of funds available. Due to Coronavirus concerns there is discussions going on about extending the application due date.
- **APS Check in** –no feedback this month. It was shared that two issues have come up since the new system started: (1) one tribe experienced a 20 minute wait when trying to call in a referral and (2) it has been difficult to find meeting times to update or start APS MOAs. Concerns have been shared with APS. It was requested that an APS represented be present at the monthly meetings to directly provide updates and respond to issues.
- **Spring and Fall Summit Schedule**: The Spokane Spring Summit has been cancelled. ALTSA is researching new dates for the summer but may not reschedule. It will be dependent on meeting criteria and the status of the virus. The Fall Summit is still scheduled for September 2020.
- **VA-THP reimbursements:** VA HIS\Tribal Health Program Reimbursement Agreement trainings are available from March 23-March 31st. Refer to handouts for detailed information about eligibility, services covered and reimbursements. No co-payments are required. For additional information about enrolling in the program contact Kara Hawthorne, kara.hawthorne@va.gov . Websites with agreements and more details: https://www.va.gov/tribalgovernment/ and https://www.va.gov/COMMUNITYCARE/programs/veterans/ihs/index.asp . The Community Care site includes a short youtube video about services.
- **NWTP Contracts for in-home aide training:** Ann Dahl, Marietta Bobba and Chris Morris of ALTSA met with the Northwest Training Partnership to discuss barriers to tribal contracting. It was requested that ALTSA work with the NWTP to incorporate tribal cultural norms into curriculums as it has been done in the Savvy Caregiver curriculum. The following elements were agreed to for future tribal contracting:
  - Classes can be held on the reservations without prior approval from the Partnership.
  - The Partnership will not deny a tribal class because a training is scheduled in a nearby town.
  - The tribe will determine class size. It has to be a minimum of 2 so discussion and practice opportunities are available.
  - Classes will be held for the required time per module to ensure certification requirements.
  - Contracts can be with individual tribal members or a tribe.
  - Tribes will be asked to open low enrollee classes to potential students outside their community.
  - Savvy Caregiver in Indian Country will be accepted for continuing education credit for IPs.
  - NWTP will share the contract template with ALTSA Tribal Affairs unit for review and feedback.
  - The value of a NWTP contract is that it will provide Medicaid reimbursement for eligible trainings.

  In order for payment to be made:

- An eligible Medicaid recipient approved for ALTSA services hires an in-home aide.
- The potential in-home aide successfully completes hiring paperwork and required background checks.
- The in-home aide is hired to provide services authorized through the ALTSA Medicaid CARE tool
- The in-home aide has 120 days to complete the training and successfully pass the certification process.

Those elders who need care but are not eligible for Medicaid reimbursement can take the same class but any costs would need to be assumed by the tribe.

- **Alzheimer's disease Programs Initiative – Dementia Capability in Indian Country** – federal funding forecast: A federal funding opportunity to develop and expand dementia capability of tribal home and community based services is scheduled to open in mid-March. ALTSA will track the funding notice and share it with the subcommittee listserv. If a tribe doesn't have grant writing resources and is interested in applying let ALTSA know. We may be able to assist.
- Tribal Needs Assessment– Kinship Navigator Research Project: Geene Felix, Roz Albers. The Kinship Navigator Research program is led by DCYF but DSHS ALTSA is a partner. The intent is to determine if Kinship Navigator programs can be determined as evidence based programs which will allow for federal reimbursement of services. The project has pilot sites and control sites. A draft tribally adapted assessment tool was shared. ALTSA is interested in getting feedback from tribal staff about the tool. No client interviews are required. For more information contact Roz Alber, Rosalyn.Alber@dshs.wa.gov or Geene Delaplane, geene.felix@dshs.wa.gov .
- Estate Recovery – Information request from CMS. The email exchange with CMS was shared with the committee. No additional questions were submitted.
- Review Matrix- Strategic Plan: ALTSA will share the 2019 matrix with the minutes as well as the strategic plan goals. DSHS has just started to work on the strategic plan update. Any input or changes to the existing matrix or strategic plan goals can be sent to Marietta or shared at the April subcommittee meeting. The two strategic plan success meals for 2019 were:

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

   Response: A number of contracts and MOU's have been completed or in discussion since 2017. This measure is across the aging network so tribal agreements are with a variety of entities.

- Muckleshoot Tribe: In-home aide agency, nurse delegation, environmental modification, health home coordinator and non-emergency medical transportation contracts, community trainer for in-home aides. APS MOU in discussion.
- Nisqually Tribe: Adult Day Care (Healing House), home delivered meals contracts
- Spokane Tribe: Health Home Care Coordination and respite contracts in discussion
- Makah Tribe: Health Home Care Coordination, in-home aide and community instructor, environmental modification, home delivered meals, kinship care, MFPTI contracts. APS MOU in discussion.
- Lummi Nation: Respite, Kinship Navigator, KCSP, MFPTI, home delivered meals contracts. In discussion for health home care coordination, adult family home contracts and APS MOA.
- Skokomish Tribe: Home delivered meals, non-emergency medical transportation contracts
- Nooksack Tribe: home delivered meals contract

- Squaxin Island Tribe: home delivered meals, MFPTI contracts
- Yakama Nation: kinship navigator contract (non-AAA contract).
- Quileute Tribe: kinship navigator contract
- Port Gamble S'Klallam Tribe: kinship navigator and home delivered meals contracts. In discussion for health home care coordination contract
- Lower Elwha Tribe: In discussion for health home care coordination contract.
- Stillaguamish Tribe: APS MOU
- Colville Tribe: CMS approved enhanced reimbursement rate for the Colville Convalescent Center.

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

   Response:

- The Colville Tribe convalescent center has been approved for an enhanced federal reimbursement rate through a state plan amendment. The Colville Tribe, Empire Foundation, Health Care Authority and DSHS ALTSA worked together to provide CMS with the necessary documentation to support an enhanced rate.
- The Makah Tribe has entered into a Health Home contract reimbursed at the federal encounter rate.

Developmental Disabilities Administration – Justin Chan

- 7.01 Updates
  - Connect with DDA Region 3 on their work with the Puyallup Tribe
- 2020 Community Summit Updates
  - Contact Kalispel and Colville tribe for participation in the Community Summit
- DDA clients with tribal affiliation (self-identified) and receiving DDA services –
  - From February CARE report, **463** clients with tribal affiliation (self-identified)
    - Region 1 (Eastern Washington) – **181** clients with tribal affiliation (self-identified)
    - Region 2 (Puget Sound and Northwest Washington) – **149** clients with tribal affiliation (self-identified)
    - Region 3 (Peninsula, Western and Southwest Washington) – **133** clients with tribal affiliation (self-identified)
- DDA Employment Opportunities will be sent out to Tribes
- Companion Homes: Companion Home Services is a residential habilitation service provided by a community residential service provider who has a Companion Home Services contract with the Developmental Disabilities Administration. **Companion Home Services are provided in a home that is owned or leased by the contracted provider. The provider must be available to provide support and supervision to the client 24 hours a day.**
- Contracting and Frequently Asked Questions

This Frequently Asked Questions is for all contracted 1099 providers (Independent Providers). If you are not a 1099 provider, please call your local DDA office and ask for the contracts department.

- Developmental Disabilities Administration Eligibility – A person with intellectual and developmental disabilities must first be determined eligible to be a client of the DDA before an assessment can be conducted to determine if the person is functionally and financially eligible for the service requested. To be found eligible as a client of DDA, a person must:
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    - Washington State Voter Registration for applicants age 18 or older
    - Documents that support that you have a developmental disability, as described in DSHS Form 14-459 Eligible Conditions Specific to Age and Type of Evidence such as:
        - Educational records
        - Psychological records
        - Medical records
        - Review Matrix

Behavioral Health Administration – Zephyr Forest, BHA Tribal Liaison

- Trueblood Updates
    - Forensic Navigator positions open in Pierce, Spokane Region and South West Region, please apply at www.careers.wa.gov
    - BHA is working with AIHC to provide trauma informed care training specific to AI/AN clients.
    - $300,000 for diversion housing in Trueblood regions through HCA – contact Lucilla Mendoza, HCA Tribal Liaison, for details.
- ~~Policy~~ Procedure 1.7 Updates
    - Procedure signed into effect

    - Training will be set for all Social Work staff post COVID-19 issues.
    - Please contact Zephyr Forest by phone at 360-764-0706, or by email at foreszk@dshs.wa.gov with any questions, concerns or issues.
- Legislative Updates
    - Waiting on final budget – has been finalized
    - Tribal Liaison funding still possible – confirmed, recruiting and hiring will happen asap.
    - Legislative report will be provided ASAP.
- 7.01 Planning
    - Kalispel – March 9, 2020.
    - Cowlitz – Rescheduled
    - Tulalip – Rescheduled
    - Main focus on 7.01 planning:
        - Procedure 1.7 Implementation
        - Trueblood Implementation, specifically developing relationships between Tribes and Forensic Navigator
        - BHA 5 year transformation – communication coordination, relationship building, and opportunity development
-

Closing

Agenda Items for next meeting:

- Tribal Initiative Updates
- APS check-in
- Northwest Training Partnership contracts with Tribes
- Background Check update and next steps
- Matrix and Strategic Plan Goals
- State budget and legislative updates

Future meetings:

- Dementia Action Collaborative Fact Sheet –AI/AN (input and edits)
- Consumer Directed Employer Trainings for cultural competence

Next meeting is on April 14, 2020 from 9 a.m. to 12 p.m.

2020 ~17th Annual

Voices of Children Contest

Reflections of Children Raised by Grandparents and Other Relatives

Write an essay, poem, or submit a drawing describing how you have benefited by living with a relative. Poems should be 21 lines or less.

Essays should be 200 words or less. Writings may be submitted on this entry form or a separate piece of white paper.

Drawings should be BIG, BOLD and COLORFUL images. ARTWORK MUST BE SUBMITTED ON THIS FORM. Artwork not submitted on this form will be ineligible for the contest. Do not include any names within the artwork.

Child's Full Name:_____ **Age:**_____

Adult/Caregiver Name:_____**Relationship to Child:** _____

Mailing Address: _____

(Address) (City) (Zip Code)

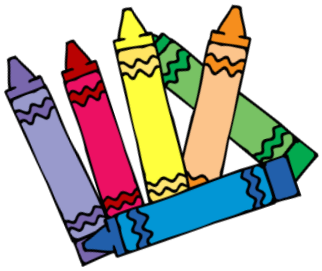
Email Address:_____**Contact Phone#:**_____.____.____

Mail Your Contest Entries:
Voices of Children Contest
P.O. Box 14907

ALL ENTRIES MUST BE SUBMITTED OR POSTMARKED BY APRIL 1ST, 2020

Privacy note: The information above is for awards committee members to contact you and will not be shared with any third parties. Winning entries will be published with the child's first name only and their age. No other personal information will be given out.

Questions? Call 360-754-7629
or
Toll Free 1-877-813-2828
or email:
Tammara@Familyess.org



17th Annual

Voices of Children Contest

2020

Tell us... *what living with a grandparent, aunt, uncle, or other relative has meant to you.*

What is the contest?

Voices of Children Raised by Grandparents and Other Relatives is a contest for children in Washington State who are being **raised now or in the past by a relative *other than their parents***. The contest honors both the more than 51,000 children, and the more than 47,000 grandparents and other relatives in Washington State who are raising them.

How do you enter the contest?

Write a poem, short essay, or draw a picture that describes how living with a relative (such as a grandparent, aunt, or uncle) has made a positive difference in your life. Entries will be judged in three age categories **5-7 year olds, 8-12 year olds,** and **13-19 year olds**.

What are the rules?

- All participating children must live in **Washington State** and be **5 -19 years old**.
- Poems should be 21 lines or less.
- Essays should be 200 words or less.
- Make your art as **big and bold** as possible and add a statement that explains your drawing.
- **Artwork must be submitted on the enclosed entry form.**
- Do not include any names within artwork.
- Artwork must be flat and within the box on the entry form.
- Entry must be original, in English, and **unpublished**.
- Winners will be notified in early May and all decisions of the judges are final.
- Award ceremony for winners will be held at the Governor's Mansion in Olympia.
- We reserve the right of first publication and use of writings and drawings.
- All entries may be published in a 2020 book called: ***Voices of Children-Raised by Grandparents and Other Relatives***.

All entries must be submitted or postmarked by

April 1, 2020

What are the prizes?

The **Top Two Entries** in each Age Division will receive:

~ $100 from Twin Star Credit Union

~ A free night at Great Wolf Lodge, Grand Mound, WA for a family of four!

Questions?

Please call Family Education and Support Services @ 360-754-7629 or Toll Free @ 1-877-813-2828.

E-mail: Tammara@Familyess.org

Family Education & Support Services

Supporting Families...Strengthening Communities

Washington State Department of Social & Health Services

Transforming lives

TwinStar CREDIT UNION

Lewis Mason Thurston Area Agency on Aging

17th Anual

Concurso:Voices de los Niños

2020

Cuéntános: Que significa el vivir con tu abuelo, tía/o or otro pariente.

Cuál es el concurso?

Las Voices de los Niños criados por abuelos o/y otros parientes *es un concurso para los niños en el estado de Washington que están siendo críados ahora o en el pasado por un pariente con excepción de los padres. La competencia honra ambos a los niños y a los más de 47,000 abuelos y otros parientes en el estado de Washington que los estan criando.*

Cómo puede entrar al concurso?

Escribe un poema, ensayo o historia corta, o dibujo en el cuadro, que describa cómo el vivir con un pariente, o como tu abuelo, tía o tío ha hecho una diferencia positiva en tu vida. Las entradas serán juzgadas en tres categorías de la siguientes edades: 5 - 7 años, 8-12 y de 13-19 años

Cuáles son las reglas?

- Todos los niños que participen deben vivir en el estado de Washington y ser de 5 a 19 años.
- Los poemas deben ser de 21 lineas o menos.
- Los ensayos o historias cortas deben ser 200 palabras o menos
- Has tu dibujo tan grande y con mucho color como sea possible en el cuadro y agrega un enunciado o palabras que describan el dibujo.
- **Los dibujos o historias se deben mandar en la forma incluida.**
- No escribas tu nombre en el dibujo o poema dentro del cuadro
- Los dibujos deben ser planos y dentro del cuadro de la forma de entrada.
- El dibujo o poema debe ser original en Inglés o Español e inédito(no publicada anteriormente).
- Los ganadores serán notificados a los principios de Mayo y todas las decisiones de los jueces son finales.
- La ceremonia del concurso para los ganadores sera llevada a cabo en la Mansión del Gobernador en Olympia, Wa.
- Nos reservamos el derecho de la primera publicación y el uso de la escritura y de dibujos.
- Todas la entradas podran ser publicadas en un libro llamado: **Voices of Children-Raised by Grandparents and Other Relatives 2020**.

Cuáles son lo premios?

Las dos entradas ganadoras en cada división de las edades recibirán:

- **$100 from Twin Star Credit Union**
- **Una noche gratis at the Great Wolf hotel at Ground Mound, Wa para familia de 4.**

Enviar tu poema o ensayo antes de Abril 1, 2020 a: Voices of Children Contest a **P.O Box 14907 Tumwater, WA 98511

Preguntas ? Si tiene preguntas por favor llamar a Family Education And Support Services al 360-754-7629 gratis al 1-877-813-2828 o email en español a: Rosa@familyess.org

Family Education & Support Services
Supporting Families...Strengthening Communities

Washington State Department of Social & Health Services
Transforming lives

Lewis Mason Thurston Area Agency on Aging

TwinStar CREDIT UNION

Nombre completo del Niño:_____ **Edad:** _____

Nombre Adulto/cuidador:_____ **Parentezco con el niño**:_____

Direccion: _____
(dirección) (Ciudad) (Código Postal)

Email: _____ **Teléfono#:** (____) _____- _____

Todas las entradas deben ser enviadas antes de Abril 1, 2020

Enviar a: Voices of children Contest— **P.O Box 14907 Tumwater, WA 98511**

Nota de Privacidad: Esta información proveída es solo para que los organizadores puedan contactarle y no sera compartida. Las publicaciones ganadoras serán publicadas solamente con el primer nombre y edad del niño. Ninguna información personal sera compartida con terceras personas.

Indian Policy Advisory Committee (IPAC)
Aging and Long-Term Support Administration Subcommittee
Aging & Long-Term Support Administration
Including the
Office of Deaf and Hard of Hearing
Revised: April, 2019 - DRAFT

Meets monthly, 2nd Tuesday
IPAC Delegate Subcommittee Chair, Greg Abrahamson
Tribal Liaison, Marietta Bobba
OIP Co-Chair, Brenda Francis-Thomas

Issue/ Date	Activity Review Date	Expected Outcome	Budget	Outcome Based Performance Measures	Variance	Action Plan to Address Variance	Due Date	Assignment State/Tribe
1-2016	1. Tribal Contracting: 1) Utilize Money follows the Person-Tribal Initiative (MFPTI) to explore methods of contracting. 2) Pilot Government (State/County/ AAA) to Government (Tribe) contracting for long-term services and supports (LTSS). Utilize MFP-TI workgroup to	Contract language for Tribes to use. Services contracted by DSHS directly to tribes. Services contracted by County/AAA to tribes.		Review state plan, waivers and AAA services provided and determine which ones DSHS can contract directly to tribes without tribes having to become a "full service" AAA. Design template for use by State/AAAs when contracting with tribes as contractors/ subcontractors; use DSHS basic Indian agreement and IGAs as example.		Explore: – Sovereignty and its impact on contracting. – Waivers, payment methods, and contracting structures; – Identification of contracting and reimbursement options; – Development of new Tribal billing codes; – A crosswalk and "go-to" guide for use across services providers, both	ALTSA Sub-Committee Meetings take place second Tuesday of every month.	Tim Collins-OIP Brenda Francis-Thomas-OIP Bill Moss-ALTSA Assist. Secretary Marietta Bobba-ALTSA Liaison Ann Dahl, MFPTI Project Manager DSHS ALTSA Medicaid subject matter experts

	advise on Tribal contracting. 3) Pilot Tribal contracting with private contractors for Medicaid LTSS.					Tribal and non-Tribal; Explore Federal barriers such as: – Direct billing to obtain encounter rates, – Government to government waivers specifically geared to serve populations served by Tribal governments. Updates to be provided to subcommittee and final products to IPAC.		
3-2014	Government to Government Communication 1. Tribes will meet with both DSHS ALTSA and AAAs. A) Tribes will meet with DSHS ALTSA Assist. Secretary or designee to meet on a G2G basis to discuss issues related to aging needs, services, and training for tribal staff, tribal	Continue to develop & maintain working relationships and open communication.		Meetings will include but not be limited to: • Annual DSHS Health summit • Annual Tribal – ALTSA –HCS – AAA Meeting • Annual MFP-TI meeting for duration of grant. • On-going AAA/Tribal meetings.		DSHS 7.01 Policy will be shared annually. AAA's will be encouraged to develop tribal specific plans.	2nd Tuesday of every month On Demand On-going	Tim Collins, OIP Brenda Francis-Thomas OIP, Bill Moss-ALTSA Assist. Secretary, Marietta Bobba-ALTSA Liaison Ann Dahl, MFPTI Project Manager

	elders and constituents. B) AAA's will meet with Tribes in the regions to develop implementation plans and 7.01, incorporating activities suggested by MFPTI.							
6/2011	Improve consistency of eligibility determinations.	Uniform benefits manual to be used statewide		Broad distribution of updated Regional Resource /Benefit Guides for improved consistency on assessment and financial determinations;		– Regional Tribal Resource/ Benefit Manuals will be updated as needed by ALTSA Regional Administrators and OIP. – ALTSA headquarters and regional staff will coordinate for distribution and on-line posting. – Development of consistent training on Tribal income and culture, with the active involvement of tribal representatives and tribal advocates/ assisters.	Reviewed Annually	Tim Collins-OIP, Marietta Bobba-ALTSA Liaison, Amy Lamkins HCS, OIP Regional Managers, HCS Region Administra-tors 1, 2, 3

						– Explore options to improve benefit access and coordination during discharge planning.		
	Maintain ALTSA Tribal Specific Website			ALTSA-Tribal Website is functioning. https://www.dshs.wa.gov/altsa/altsa-tribal-affairs		Upon completion of Regional Resource/ Benefit manuals create ALTSA website for Tribal specific information.		
	Decrease barriers to AI/AN employment as caregivers and other long-term service providers.			Barriers to employment will be decreased.		Explore: – background check requirements via the background check workgroup – access to trainings and opportunities for skill building, – character and suitability standards, – increasing a shared understanding of competence, tribal standards/ certification, and cultural competence of		

						trainings /trainers.		
	Enhance cultural competence and Tribal involvement in the use of Adult Protective Services (APS) and reorganization.			Updated state statute(s). Increased number of APS MOU's.		Explore barriers to increased involvement and shared service delivery through: – Research and recommend updates to establish federal full faith and credit clause to recognize and honor Tribal court decisions, codes, and jurisdictions into state regulations and statutes; – Coordinate with Tribal Courts, – Increase role of Tribal staff in APS; – Review of and updates to APS training materials for improved staff cultural competence and respect for		

						Tribal jurisdiction and involvement; – Identify best practices from other State/Tribal relationships to support Tribal sovereignty in APS; – Increase use of State/Tribal Adult Protective Service investigations memorandums of agreement.		
2019	Expand understanding of MAC & TSOA programs for unpaid caregivers to tribes	Increased utilization of MAC & TSOA services.		Review number of self-identified AI/ANs participating in the program.		– Explore a variety of marketing and information sharing avenues to increase awareness of programs. – Work with AAAs to expand understanding of local program and access.	Annually.	Marietta Bobba, ALTSA Liaison Ann Dahl, ALTSA MFPTI Project Manager ALTSA Communi-cations staff

Aging and Disability Services Administration Subcommittee
Revised 4-19-2019

Completed 2017-ongoing: Increasing contracts for direct delivery of LTSS by tribes. The Makah, Muckleshoot, Chehalis and Spokane Tribes have all implemented contracts that support aging in place.

Completed 2018: Tribal family member exception to hire for in-home services agencies implemented

Completed 2015: All Area Agencies on Aging (AAAs) were provided with the DSHS 7.01 plan outlining processes for tribal communications and planning.

Completed 2015: Money follows the Person Tribal Initiative Phase 1 was incorporated into ALTSA work plan, including outreach to tribes and federally recognized tribal organizations.

Completed 2012: DSHS reorganization has moved some of DBHR programs under the ADSA Administration. Programs under ADSA: State Hospitals, HCS, RCS, DDD, DBHR (Prevention, Children's System of Care, and Children's MH Redesign will be updated at each Sub-committee mtg.).

Completed 6-3-11: Meetings twice annually between Tribes/AAAs will be held. First meeting was held 10-23-07. On 9-4-08 another meeting was held and changed to meeting twice per year instead of 4 times per year. Next meeting was held June 5, 2009, at Lummi. Next meeting was November 19, 2010, at Muckleshoot. AAA's asked to not schedule meetings during Leg. Session. The last meeting was held June 3, 2011, at Upper Skagit. Will continue to have these meetings and include dates as they occur. This will stay on the matrix.

Completed – ADSA/DBHR meetings that are held in January will be held via video-conferences due to weather conditions.

Completed 12-3-10: Two Caregivers conferences were held. Feb. 10-12, 2010 at Quinault. Dec. 1-3, 2010, at Upper Skagit.

APS Tribal Code; Legal and fiscal assistance to help tribes develop, implement and maintain tribal elders codes. (Because each Tribe responsible for own law and order codes, enforcement, not State's place to affect code.)

Completed 1/10: from 7/06: How to get reimbursement for tribal programs providing Home Health Care services and/or how to get IHS/Tribal clinic certified as HHCA. Surveyed tribes re their home health activities. Four tribes responded. Draft guidelines for discussion. Schedule internal meeting. Convene work group beginning with DOH, Aging and Adult Services, and IPSS. 8-23-07 ADSA Sub-Comm. Mtg with Bill Moss. Tribes wanting to sponsor HCA's should contact Kathy Leitch ADSA Asst. Sec. Leitch has agreed the tribes could pursue this. 1/09: need HRSA action for Home Health Agency. Talk to PGST, which has met with variety of entities to discuss process. Draft letter to tribes to gauge interest in developing program. In letter define terms and requirements. 4/09: is on AAA agenda 5/11/09. Letter sent 5/09, discussed 6/09.

Completed 1/10: from 7/06: Policy/Statutory clarification-waiver re COPES eligibility for tribal elders to retain burial fund without having to place monies in trust. Or possibly increase dollar amount allowed. May 2006 Fed. Law set limit of $500K in home equity. Convened workgroup who met twice (10-11-07 and 10-23-07), tabled due to lower priority (per tribes) than eligibility; ARRA language might make this an exemption: cultural practices". Bill Moss will research if tribal member can put money into tribal account for own burial. 1/09: ESA is working on WAC changes, implementations. 1/10: Determined policy changes not needed as it exists in WAC. Garnet presented tribal burial clarification draft to IPAC on 1-14-10. Letters will go to tribal leaders with copy to IPAC.

Completed 1/09: Home Equity Issues related to Federal Deficit Reduction Act; Clarify Eligibility criteria for long term care as relates to Native American land and income; contact David Armes at HCS to request Exceptions, exempt and trust land issues; contact Bill Moss re eligibility decisions that are wrong. Management bulletin to train HCS financial workers on eligibility criteria re: trust land, per capita, etc. Income issue referred to ESA subcommittee.

Completed 1/09: Home Care Agency Licensure is with DOH for Homecare Agency status.4/8/09: removed from priorities: transfer case management to tribes along with resources.

Completed 9/9/08: National Indian Council on Aging Conference in the Tacoma Convention Center; Elders Conf. held Sept.5-9, 2008 in Tacoma was a success. ADSA contributed $5, 000 to the conf. IPSS contributed $1,000 to the conf. IPSS and some friends made 2400 lanyards to give to each conf. attendee. IPSS Staff & Kimberly Chabot (ADSA) worked with Rolene and Sharon's staff.

Completed 4/9/08: From 1/9/08: Native Outreach efforts to the Tribes by the Counties: All the Counties have been informed of the 7.01 Indian Policy Plan. Jeannie will provide summary of results from county meetings.

AGING AND LONG-TERM SUPPORT ADMINISTRATION

Strategic Plan
2019-2021

January 2020

Washington State Department of Social & Health Services

Transforming lives

Table of Contents

"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 care, as well as remain safe and have access to quality services. Our Strategic Plan shows our assessment of areas where we excel and where we can grow. In addition, it summarizes action plans that we are undertaking to continually improve.

Every staff member at ALTSA contributes in supporting individuals to have choice, independence and safety. The daily work of case managers meeting with clients, licensors visiting facilities all over the state, investigators assessing alleged abuse and neglect, investigating facility safety complaints, outreach specialists on behalf of the office of deaf and hard of hearing and the staff who support all of these areas such as training, program development, quality assurance, contracts, information technology, data analysis, facilities or finance relates to our common goal of supporting individuals' choice and independence. ALTSA staff contribute to the following overall metrics:

Medicaid-Funded Services:

- Home and Community-based services: approximately 58,000 people
- Nursing facility care: 10,000 people
- New individuals requesting Medicaid services: 1,700+ monthly

Non-Medicaid Home and Community Services:

- Free information and referral for people aged 60 or older: 230,000 contacts
- Senior Nutrition Meal assistance: over 55,000 people
- Family caregivers: over 6,700 receive Family Caregiver Support services and over 800 dyads were served in the Medicaid Alternative Care/Tailored Supports for Older Adults
- Office of the Deaf and Hard of Hearing: case management for over 600 people
- 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 (APS) Investigations: 35,000
- Facility Complaint Investigations: 19,000
  - Quality or Other Reviews: 17,000
- Licensing and Inspections:
  - Licensed Facilities/Certified Providers: 3,900 providers
  - Licensed Beds: approximately 73,000
  - Annual inspections, surveys and certifications: 2,800

AGENCYWIDE PRIORITIES AND GOALS

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

The DSHS Secretary has five agencywide priorities:

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

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

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

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

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

OBJECTIVES

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

DSHS STRATEGIC PRIORITY: PREPARE FOR AGING WASHINGTONIANS

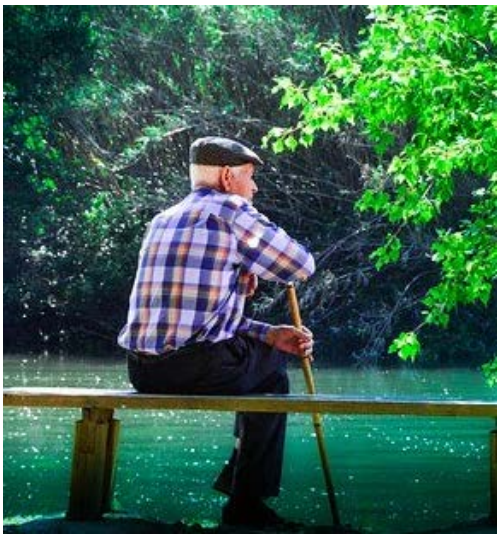
Importance: DSHS must be ready for the extreme growth in the number of older adults who will need some type of assistance from us to live independently in their home communities. Estimates from the state Office of Financial Management show the number of Washingtonians aged 65 and older will almost double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

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

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

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

Importance: The hallmark of Washington's long-term services and supports (LTSS) system is that, whenever possible, individuals are given the opportunity to live and receive services in their own home or in a community setting. Developing home and community-based services 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 2019 to 86.5 percent by June 2021.

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

Action Plan:

- 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 - 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 and sustainable changes to WA'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. These models meet individual's 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 lowers 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 Alterative Care and Tailored Supports for Older Adults recipients from 2,400 in June of 2019 to 5,800 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) 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.

[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.

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.

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, 2021.

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 - 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 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 2019 to 80 by June 2021.

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 2021.

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 2019 to 1,110 by June 2021.

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 2021.

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 2021.

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 - EE - Continue Consumer Directed Employer

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 ALTSA and Area Agency on Aging case management staff, which diverts their time away from working directly with consumers. Once implemented, the Consumer Directed Employer (CDE) will assume all administrative functions for the IP workforce including payroll, background checks, 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 July 2021.

Action Plan:

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

Strategic Objective 2.4: Process financial applications, complete new 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.

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, 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 2019 to 96 percent by June 2021.

See Chart AAH.7: Financial Eligibility Determinations Processed Timely

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

See Chart AAH.5: Initial Functional Assessments Completed Timely

Success Measure 2.4.3: Increase the percentage of timely functional re-assessments from 96.7 percent June of 2019 to 98 percent by June 2021.

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

Action Plan:

- On a monthly basis, regional leadership will 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 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 2019 to 90 in June 2020.

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

Action Plan:

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

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

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

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

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

Action Plan:

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

Strategic Objective 2.7: Provide assistive communication technology services.

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

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

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

Action Plan:

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

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

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

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

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

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

Action Plan:

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

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

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

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

See Chart AAR.7: Backlog of Facility Complaint Investigations

Action Plan:

- Hire staff, improve retention to reduce staff vacancies and turnover and cross-train for all facility types. Monitor complaint investigations for all regions, units and facility types monthly and if necessary, appropriately deploy staff to assist with complaint investigations.

- Continue to hire on-call staff to allow Residential Care Services to be more responsive to changing complaint volumes and staff availability.
- Conduct investigation trainings to ensure quality and consistency of investigations.
- Modernize the RCS investigation, documentation and record storage systems to optimize efficiency and effectiveness.

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

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

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

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

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

Action Plan:

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

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

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

Action Plan:

- Finalize standard operating procedures that ensures consistency with quality assurance activities for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) in residential habilitation centers (RHCs) for community ICF/IID and for supported living programs.

- Expand and retain Residential Care Services staffing for supported living to allow for program-specific quality assurance and enforcement.
- Modernize the RCS inspection, licensing, documentation and record storage systems to optimize efficiency and effectiveness.

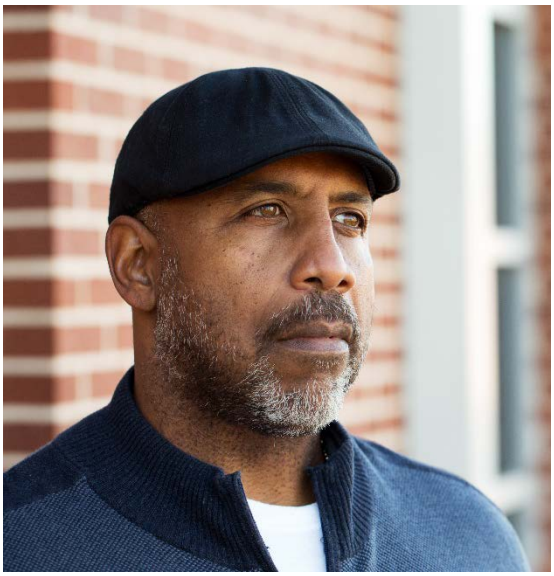
Strategic Objective 2.11: Timely abuse and neglect investigations.

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

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

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

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



Action Plan:

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

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

Importance: ALTSA continues to focus on strengthening government-to-government relationships with tribes, decrease barriers to service and advance culturally attuned services, providers and programs. ALTSA 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 2020.

Action Plan:

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

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

Action Plan:

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

DSHS STRATEGIC PRIORITY: INCREASE ORGANIZATIONAL EFFICIENCY, PERFORMANCE AND EFFECTIVENESS

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

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

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

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

Success Measure 3.1.1: Maintain 100 percent completion of Home and Community Services Division case management, Adult Protective Services and financial eligibility compliance record reviews from June 2019 through June 2021.

See Chart AAH.9: Home and Community Services Quality Assurance – Timely Reviews

Action Plan:

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

Success Measure 3.1.2: Maintain 100 percent completion of scheduled AAA monitoring visits and timely completion of draft and final monitoring reports from June 2019 through June 2021.

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

Action Plan:

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

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

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

Action Plan:

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

Success Measure 3.1.4: Develop two qualitative outcome metrics for Residential Care Services facility types to describe for consumers and other stakeholders the impact of the quality assurance activities provided through regulatory oversight functions by June 2021.

Action Plan:

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

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

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

- **Connecting and aligning staff** with the "why" (our mission), the "how" (our values and practices) and the "what" (the Strategic Plan) through a common message and culture.
- **Strengthening and sustaining a diverse and inclusive workforce** where leaders model and coach their teams in equity, diversity and inclusion principles to improve workplace culture and the work we do for the people we serve.
- **Creating opportunities for innovation and a culture of continuous improvement,** by coaching, engaging, and supporting staff who do the work in improving agency-wide proficiency using Lean tools and principles to eliminate redundancies and rework while maximizing the autonomy, mastery and purpose of our employees.

- **Supporting staff connection with each other and the community,** ensuring staff understand the importance of their own health and well-being, team collaboration and community partnerships in helping the organization meet the needs of the people we serve.

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

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

Action Plan:

- Continue implementation and communication efforts related to Communities of Practice, Lean, Wellness, Combined Fund Drive, employee satisfaction, exit surveys and engagement focus groups.
- Ensure solidification of organizational changes through consistent messaging and knowledge transfer by creating a New ALTSA Employee Orientation and Leadership Mentoring program.

- Ensure every office has the support to develop and implement Wellness and Engagement Teams based on staff feedback from the Employee Survey Focus Groups and the Statewide Staff Ideas Tour.

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

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

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

Success Measure 3.3.1: Develop prioritized tools to support identified staff needs by June 2020.

Action Plan:

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

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

Action Plan:

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

Strategic Objective 3.4: Address risks and plans for emergencies.

Importance: Responding to risks and emergencies in a timely manner is vital for 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: Foster a safe and secure environment by identifying, prioritizing and addressing the top risks related to IT, facilities and emergency management by December 2020.

Action Plan:

- Improve IT security to keep client data secure, and continue to discover and remove vulnerabilities to allow ALTSA to carry out administration of services without work stoppages.
- Work with the Office of Financial Management and DSHS Leased Facilities and Maintenance Operations to improve understanding of ALTSA client and staff growth trends and the critical need for space, to remain able to serve all clients, meet legal requirements and otherwise perform job duties (current space is already insufficient).
- Review and update procedures and training for ALTSA's Continuity of Operations Plan (COOP) annually. Update key staff and back-ups for primary contact during emergencies at Headquarters and all ALTSA regions, as needed.

Strategic Objective 3.5: Promote equity, diversity, and inclusion (EDI) practices.

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

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

ALTSA is implementing a multi-prong initiative in that regard, which includes meeting and exceeding the Culturally and Linguistically Appropriate Services (CLAS) Standards. The National CLAS Standards were created by the Health and Human Services Office of Minority Affairs to reduce or eliminate health disparities. ALTSA meets or partially meets 12 of the 15 nationally recognized standards. Training is a key component of meeting the CLAS Standards and ALTSA is committed to providing the Cultural Humility

and Diversity Issues in Service Delivery Training to its employees and AAA staff. Additionally, online CLAS Standards basic training began in 2018 and will continue to be available to all staff. This comprehensive training across ALTSA will assist in embedding diversity awareness practices into daily operation.

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

Action Plan:

- Continue staff training in an array of EDI principles.
- 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 3.5.2: Operationalize EDI principles throughout the organization, as measured by completion of the Action Plan by June 2020.

Action Plan

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

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: ALTSA continues to focus on strengthening government-to-government relationships with tribes, decrease barriers to service and advance culturally attuned services, providers and programs. ALTSA 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 2020.

Action Plan:

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

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

Action Plan:

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

From: Bobba, Marietta (DSHS/ALTSA)
To: DSHS DL OIP ADB Subcommittee; Linda Lauch (lindal@aiccinc.org); Aren Sparck, MUP, Cup"ik; "Amy Loudermilk"; "Andrew Burdette"; "Ashley Hesse (ashley@indigenouspact.com)"; "Barbara Juarez (barbara@indianhealthboard.org)"; "Brian Myers"; Dahl, Ann (DSHS/ALTSA); Dean, Jessie M. (HCA); "Delsen Lauderback (Delsen.Lauderback@elwha.org)"; "DSHS OIP Staff"; "Dungan, Marilyn"; "Ed Fox Ph. D. (edfoxphd@icloud.com)"; "Elizabeth Egan"; "Elizabeth Tail (etail@cowlitz.org)"; "Faye Smith (fsmith@squaxin.us)"; "IndigenousPact "; "Jennifer Brookes (jbrookes@sauk-suiattle.com)"; "Jessica Juarez-Wagner"; "Jim Sherrill (jsherrill.health@cowlitz.org)"; "Jody Potter (Jody.Potter@Elwha.Org)"; "Julie Wilchins (julie@wilchinsgrantwriting.com)"; "Kate Clark"; "Kerstin Powell"; "Kim Freewolf"; "Larry Burtness (Larry.Burtness@quileutenation.org)"; "Marissa Morken (mmorken@squaxin.us)"; "Mary Myhre (mmyhre@spipa.org)"; "Maureen Woods (Maureen.woods@makah.com)"; "Merrissa Conklin (mconklin@sauk-suiattle.com)"; "Sharon Curley"; "Shawn Thomas"; "Shivon Brite"; "Veronica A. Smith"; "Vicki Lowe"
Cc: Korte, Lynne (DSHS/ALTSA/HCS); Boon, Kim (DSHS/ALTSA/HCS)
Subject: Alzheimer"s Disease Programs Initiative - Dementia Capability in Indian Country RFP
Date: Tuesday, February 11, 2020 1:34:35 PM

This funding forecast may be of interest. The actual RFP is scheduled to drop in mid-March. Federally recognized tribes and tribal organizations are eligible to apply.
If you would like ALTSA assistance concerning data or what is currently happening with Washington State please let me know.
Thanks,
Marietta

HHS-2020-ACL-AOA-ADPI-0418
Alzheimer's Disease Programs Initiative - Dementia Capability in Indian Country
Department of Health and Human Services
Administration for Community Living

« Back | Link

- **FORECAST**
- VERSION HISTORY
- RELATED DOCUMENTS
- PACKAGE

Print Forecast Details ?

NOTE: *This is a Forecasted Opportunity.*

General Information

Document Type:	Grants Notice
Opportunity Number:	HHS-2020-ACL-AOA-ADPI-0418
Opportunity Title:	Alzheimer's Disease Programs Initiative - Dementia Capability in Indian Country
Opportunity Category:	Discretionary
Version:	Forecast 1
Forecasted Date:	Feb 10, 2020
Last Updated Date:	Feb 10, 2020
Estimated Post Date:	Mar 16, 2020
Estimated Application Due Date:	Jun 16, 2020 Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.
Estimated Award Date:	Jul 30, 2020

Opportunity Category Explanation:

Funding Instrument Type: Cooperative Agreement

Category of Funding Activity: Income Security and Social Services

Category Explanation:

Expected Number of Awards: 4

CFDA Number(s): 93.470 -- Alzheimer's Disease Program Initiative (ADPI)

Cost Sharing or Matching Requirement: Yes

Estimated Project Start Date: Jul 30, 2020

Fiscal Year: 2020

Archive Date: Jul 16, 2020

Estimated Total Program Funding: $1,000,000

Award Ceiling: $250,000

Award Floor: $200,000

Eligibility

Eligible Applicants: Native American tribal organizations (other than Federally recognized tribal governments)
Native American tribal governments (Federally recognized)

Additional Information on Eligibility: Eligibility for applications for the Dementia Capability in Indian Country program is limited to federally recognized tribes, tribal organizations and/or consortiums representing federally recognized tribes. Foreign entities are not eligible to compete for, or receive, awards made under this announcement.

Additional Information

Agency Name: Administration for Community Living

Description: The objective of the Dementia-Capability in Indian Country funding opportunity is to develop and expand the dementia-capability of tribal home and community-based service systems to include the availability of dementia-capable supportive services for persons with Alzheimer's Disease and Related Dementias (ADRD), their families and their caregivers. This goal will be achieved by: 1) enhancing the ability of tribal systems and programs to embed dementia-capability in their service networks; and 2) through delivery of dementia-capable supportive services including dementia specific evidence-based or evidence-informed interventions. This project will target the delivery of dementia-capable services, supports and education in native communities. Through this program, tribal entities will work to improve the understanding of ADRD in Indian Country by developing and implementing culturally competent educational resources, as well as improving the dementia-capability of their HCBS systems through the delivery of culturally competent, dementia-capable direct services to tribal elders and their caregivers. Despite the broad reach of the longstanding ACL Alzheimer's and dementia programs, a limited percentage of resources have been dedicated to serving persons with ADRD and their caregivers, service and support gaps in Indian Country. Through this new grant opportunity, ACL is allocating funds specifically designed to meet the needs and improve the dementia capability of tribal communities. This program is designed to improve the quality and effectiveness of care and supportive services programs, as well as development and delivery of culturally competent training and consultations in support of caregivers and providers.

Link to Additional Information:

Grantor Contact Information: Erin Long
(202) 795-7389

Erin.Long@acl.gov

Marietta Bobba, MBA/ TRIBAL AFFAIRS ADMINISTRATOR/ Aging & Long-Term Support Administration
Governor's Interagency Council on Health Disparities/Program and Grants Development
Washington State Department of Social and Health Services
(O) 360-725-2618; bobbam@dshs.wa.gov
Transforming Lives

From:	Bobba, Marietta (DSHS/ALTSA)
To:	"Brown, Thomas (CMS/CMCS)"
Cc:	Melissa Reardon (melissa.reardon@ndsu.edu); Russell.coker@okhca.org; Matano, Alfred - DHS (Alfred2.Matano@dhs.wisconsin.gov); Dahl, Ann (DSHS/ALTSA)
Subject:	RE: Estate Recovery
Date:	Friday, February 14, 2020 1:42:38 PM

Hello Thomas,

I reached out to a number of state staff about estate recovery. Several years ago the state added language in the WAC that allows an exemption from ownership interest in trust and nontrust real property located near a reservation within their health service delivery area. With that addition, the recoveries from AI/AN estates decreased and were easier to understand.

Questions that continue to be asked include:

1) It is my understanding that tribes living on the reservation were exempt from estate recovery of their property on trust land. What about tribal members living on the reservation who have deeded property and they are paying property taxes to the county on that property?
2) Is a tribal member living on another tribe's reservation, has a home there, exempt from state recovery or does that only apply to tribes living on their own reservation?

The DSHS Office of Indian Policy periodically provides estate recovery information when requested and it appears to be well understood. Whenever a tribe does have a problem, both HCA and ALTSA work with them to resolve it. It is a barrier to some tribal members applying for service even though the information is provided. Mistrust of the government can create genuine barriers to believing what is being said, particularly when it comes to the taking of land. We continue to provide the information that Washington State has no recoveries if the property is tribal and if the client is a tribal member we will not pursue a claim for estate recovery even if property owned is non-tribal.

As a result of your request, we will have estate recovery as an agenda item at our March 2020 Indian Policy Advisory Subcommittee meeting. If we hear anything more than what is shared here I'll let you know.

Here's a cut and paste of Washington's regulation:

https://www.hca.wa.gov/health-care-services-supports/program-administration/estate-recovery
Estate Recovery Apple Health manual.

Here is the section in WAC specific to this topic:

1. **Rules specific to American Indians and Alaska natives.**
    1. Certain properties belonging to American Indians/Alaska natives (AI/AN) are exempt from estate recovery if at the time of death:
        1. The deceased client was enrolled in a federally recognized tribe; and
        2. The estate or heir documents the deceased client's ownership interest in trust or nontrust real property and improvements located on a reservation, near a reservation as designated and approved by the Bureau of Indian Affairs of the U.S. Department of the Interior, or located:
            1. Within the most recent boundaries of a prior federal reservation; or
            2. Within the contract health service delivery area boundary for social services provided by the deceased client's tribe to its enrolled members.
    2. Protection of trust and nontrust property under subsection (4) of this section is limited to circumstances when the real property and improvements pass from an Indian (as defined in 25 U.S.C. Chapter 17, Sec. 1452(b)) to one or more relatives (by blood, adoption, or marriage), including Indians not enrolled as members of a tribe and non-Indians, such as spouses and stepchildren, that their tribe would nonetheless recognize as family members, to a tribe or tribal organization and/or to one or more Indians.
    3. Certain AI/AN income and resources (such as interests in and income derived from tribal land and other resources currently held in trust status and judgment funds from the Indian Claims Commission and the U.S. Claims Court) are exempt from estate

recovery by other laws and regulations.

4. Ownership interests in or usage rights to items that have unique religious, spiritual, traditional, and/or cultural significance or rights that support subsistence or a traditional life style according to applicable tribal law or custom.

5. Government reparation payments specifically excluded by federal law in determining eligibility are exempt from estate recovery as long as such funds have been kept segregated and not commingled with other countable resources and remain identifiable.

Thank you for moving the conversation forward on technical assist supports.
Marietta

Marietta Bobba, MBA/ TRIBAL AFFAIRS ADMINISTRATOR/ Aging & Long-Term Support Administration
Governor's Interagency Council on Health Disparities/Program and Grants Development
Washington State Department of Social and Health Services
(O) 360-725-2618; bobbam@dshs.wa.gov
Transforming Lives

From: Brown, Thomas (CMS/CMCS) <Thomas.Brown@cms.hhs.gov>
Sent: Wednesday, February 5, 2020 8:35 AM
To: Bobba, Marietta (DSHS/ALTSA) <marietta.bobba@dshs.wa.gov>
Cc: melissa.reardon@ndsu.edu; Russell Coker <Russell.Coker@okhca.org>; Matano, Alfred - DHS <Alfred2.Matano@dhs.wisconsin.gov>; Dahl, Ann (DSHS/ALTSA) <ann.dahl@dshs.wa.gov>
Subject: Estate Recovery

Good Morning All- Recently I spoke with Tribal Affairs and DCST leadership regarding MFPTI state's interests in "estate recovery" for tribal nations. I understand that this is highly technical and sensitive subject so I want to assure that all the necessary resources are available to you around this subject matter. Would it be possible for you all to compile a list questions/concerns by COB 2/14 so that I can share and coordinate with Medicaid Estate Recovery Experts who reside in CAPHP's Division of Enrollment Policy & Operations with CMS. I want to be responsiveness in assisting you all and providing the best resources CMS has to offer in this area. I think this would be a good place to start.

Respectfully,

Thomas H. Brown | Health Insurance Specialist | U.S. Department of Health & Human Services | Centers for Medicare & Medicaid Services | Center for Medicaid & CHIP Services | Disabled and Elderly Health Programs Group | Division of Community Systems Transformation
7500 Security Boulevard, MS: S2-14-22 | Baltimore, MD 21244-1850 | PHONE: 410-786-8935|EMAIL: Thomas.Brown@cms.hhs.gov.

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

VA Indian Health Services\Tribal Health Programs Reimbursement Agreement

2020 Refresher Training

Training topics will include:

- Payment Rates and Fees
- Eligibility and Enrollment Veteran Verification
- Healthcare Claims and Electronic Data Interchange (EDI) submission
- Claims check - VA Customer Engagement Portal (CEP)
- Electronic Claims Adjudication Management System (eCAMS)
- Pharmacy VA-Non Formulary Request
- Third Party Insurance
- Timely Filing and more

The dates and times for the training are:

- March 23, 2020
  12:00 pm EST/ 10:00am MST
- March 24, 2020
  1:00 pm EST/ 11:00 am MST
- March 31, 2020
  11:00 am EST/ 9:00 am MST
- March 31, 2020
  4:00 pm EST/ 2:00 pm MST

All training sessions will cover the same material. Only one training session is required. Training sessions will be 1 hour 30 minutes in duration.

This training will be conducted using Adobe Connect. The training room is limited to 100 participants per session. If you are unable to join your session of choice, please try joining in another scheduled session.

Join the online meeting to view the presentation and access other training documents:

Direct URL **https://vacctraining.adobeconnect.com/lower-48/**

To join by phone, the VANTS number is **1-800-767-1750** Access Code: **56497**

VA | U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Community Care

TABLE OF CONTENTS

SECTION I: DEMOGRAPHICS

1. Date needs assessment was completed: _____ *(MM / DD / YYYY)*
2. Participant ID: _____
3. How was the survey completed?
   - ☐ Completed in a face-to-face interview with participant
   - ☐ Completed over the phone with participant
4. Caregiver birth year: _____ *OR* *Caregiver Date of Birth:* ____/____/_____
5. Which gender do you identify with?
   - ☐ Male
   - ☐ Female
   - ☐ Two-Spirit
   - ☐ Other: _____
6. In which county do you live? _____
7. Tribal Enrollment status: (Select one option)
   - ☐ Enrolled (please specify name of tribe): _____
   - ☐ Eligible for Enrollment
   - ☐ Community Member (is a descendant, but not eligible for enrollment).
   - ☐ Non-Native Family Member
8. Do you live:
   - ☐ On-the-reservation
   - ☐ Off-the-reservation
9. Do you live in a Tribal community that is different than your Tribal affiliation? ☐ Yes ☐ No
10. If yes, what community do you live in?

11. What is your relationship status? *(Select one option)*

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Separated
- ☐ Living together, not married

12. What is the primary spoken language in your home (i.e. English, Tribal Language, Spanish, Other)?

_____

13. Family Housing: *(Please select the option that best identifies your housing situation)*

- ☐ Own
- ☐ Rent
- ☐ Shared housing with relatives/friends
- ☐ Temporary (shelter, temporary with friends/relatives)
- ☐ Homeless
- ☐ Other: _____

14. Select the highest level of education you have completed: *(Select one option)*

- ☐ 8th grade or Less
- ☐ 9th-11th grade
- ☐ High school graduate or GED
- ☐ Some college or associate/technical degree
- ☐ Bachelor's degree
- ☐ Graduate degree
- ☐ Other _____

15. Please select any of the additional sources of income or income assistance **(not including income from employment)** that your household is currently receiving: *(check all that apply)*

- ☐ Pension
- ☐ Child Support
- ☐ TANF
- ☐ TANF child only
- ☐ Social Security Benefits (SSI)
- ☐ Social Security Benefits - Disability (SSDI)
- ☐ Veteran benefits
- ☐ Per Capita Payments
- ☐ Unemployment income
- ☐ Survivor benefits for the child
- ☐ Monthly foster care reimbursement
- ☐ Monthly adoption support subsidy
- ☐ Monthly relative guardianship assistance program (RGAP) subsidy
- ☐ Treaty Income
- ☐ Other, please explain: _____

16. Select the range that best reflects the **total monthly income** in the household: (*Select one option)*

- ☐ $0-$999
- ☐ $1000-$1999
- ☐ $2000-$2999
- ☐ $3000-$3999
- ☐ $4000-$5999
- ☐ $6000 and above
- ☐ Did not disclose
- ☐ Number contributing to household income _____

SECTION II: PART 1 NEEDS ASSESSMENT DEMOGRAPHICS

1. What is your current employment status?	Self	Spouse/partner/other household member
Employed full time	☐	☐
Employed part-time	☐	☐
Self-Employed	☐	☐
Retired	☐	☐
Caregiving, Homemaker (unpaid)	☐	☐
Not employed (looking for work)	☐	☐
Labor & industry (workers compensation)	☐	☐
2. Total number of people in the household that are currently working / employed not including yourself and/or spouse/partner/other household member (not identified above) _____.		
3. Have you or anyone else in the household needed to cut back on job hours worked due to kinship children needs?		☐ Yes ☐ No

The next section is asking about your kinship child.

Please complete questions 1-31 of this section for ONE kinship child in your care/home.

Directions: If you have more than one (1) kinship child in your care, you will need to make more copies of the following form. One form per child.

<table>
<tr><th colspan="4">Please provide additional information on the kinship children (under 18) currently living in your home</th></tr>
<tr><td>1. Gender</td><td>2. Birthdate OR Age</td><td colspan="2">3. Race/Ethnicity (check all that apply)</td></tr>
<tr><td>☐ Male
☐ Female
☐ Two-Spirit
☐ Other: _____</td><td>____/____/_____
(MM / DD / YYYY)
_____ age</td><td colspan="2">☐ American Indian/ Alaskan Native
Tribal affiliation: _____
☐ Multi-racial White (Non-Hispanic)
☐ Multi-racial African American
☐ Multi-racial Hispanic/Latino
☐ Multi-racial Native Hawaiian/Pacific Islander
☐ Other: _____</td></tr>
<tr><td colspan="2">4. Time kinship child has been in your care</td><td colspan="2">5. Have you been involved in caring for your kinship child continuously?</td></tr>
<tr><td>Year(s)
_____</td><td>Year(s)
_____</td><td colspan="2">☐ Yes
☐ No
☐ Intermittently (on and off)</td></tr>
<tr><td colspan="2">6. What is your relationship to the kinship child? (select all that apply)</td><td colspan="2">7. What is the kinship child's relationship with other children in the home (check all that apply)</td></tr>
<tr><td colspan="2">☐ Grandparent
☐ Sibling
☐ Aunt/uncle
☐ Other relative
☐ Foster parent
☐ Non-relative
☐ Other, please explain: _____</td><td colspan="2">☐ Sibling
☐ Niece/nephew
☐ Cousin
☐ Family friend
☐ Other, please explain: _____</td></tr>
</table>

8. Please indicate the reason(s) your kinship child came to be in your care (select all that apply):

- ☐ Age of parent
- ☐ Parental financial circumstance
- ☐ Parental substance use
- ☐ Parent left community for work/school
- ☐ Parental incarceration
- ☐ Incident of child abuse/neglect
- ☐ Parental behavioral health
- ☐ Parental physical health
- ☐ Death of parent
- ☐ Child's injury
- ☐ Deportation
- ☐ Military service
- ☐ Other, please explain: _____

9. Please select the option that best reflects your role as a kinship caregiver:

- ☐ Informal (If selected, proceed to question 11, skip questions 12 & 13)
- ☐ Formal (If selected, proceed to questions 12 & 13, skip question 11)

Informal - Defined as kinship care provided without involvement from the formal child welfare system.
Formal - Defined as kinship care arranged, initiated, or occurring due to involvement with either tribal or state's formal Child Welfare system.

10. If you are caring for your kinship child through an informal arrangement, please indicate if any of these arrangements apply to your situation. (Check all that apply)

- ☐ Parental consent agreement (3rd party custody or non-parental custody or affidavit)
- ☐ Durable power of attorney
- ☐ Informal arrangement (no paperwork)
- ☐ Family decision
- ☐ Health care consent waiver
- ☐ Other: _____

11. If your kinship child was placed in your home with the involvement of Tribal child welfare or DCYF and the court did you, choose to be

- ☐ Yes
- ☐ No

licensed? (Please answer yes if you were a licensed foster parent prior to the child's placement.)		
12. Please identify if you have completed one of these permanent plans for your kinship child.		☐ Adoption ☐ Guardianship ☐ Non-parental custody (sometimes referred to as third-party custody) ☐ Other: _____

Kinship Child Health

13. In general, how would you rate your kinship child's health?	☐ Poor ☐ Fair	☐ Good ☐ Very Good	☐ Excellent
14. Does your kinship child have access to primary care?	☐ Yes ☐ No		

15. What type of health insurance does your kinship child have? *(Select all that apply)*

☐ Medicaid / Apple Health
☐ Employer-based health insurance
☐ Tribally supported insurance plan
☐ No insurance
☐ Not applicable
☐ Other, please explain_____

16. Is the kinship child eligible for Indian Health Service?	☐ Yes ☐ No ☐ I don't know ☐ Not applicable

17. Has your kinship child had their annual physical?	☐ Yes ☐ No ☐ I don't know ☐ Not applicable
18. Does your kinship child have a diagnosed behavioral or physical health issue? If yes, please specify _____	☐ Yes ☐ No ☐ I don't know ☐ Not applicable
19. Are your kinship child's behavioral or physical health needs being met?	☐ Yes ☐ No ☐ Not applicable ☐ I don't know
20. In the last 6 months, how many ER visits has your kinship child had?	_____visit(s) ☐ I don't know

21. If the kinship child required an emergency room visit in the last 6 months, what were the reasons for the visit? (please describe)

_____

_____

_____

_____

Kinship Child Education		
22. Does your kinship child attend early childhood program or school?	☐ Yes → ☐ No (skip to next)	If yes, what is your kinship child's grade? _____ grade
23. Has your kinship child repeated any grades?	☐ Yes ☐ No ☐ I don't know	
24. Does your kinship child receive special education services or other support programs?	☐ Yes (go to 25) ☐ No (skip to 27) ☐ I don't know	
25. Does your kinship child have a current IEP or 504 plan?	☐ Yes (go to 26) ☐ No (skip to 27) ☐ I don't know	
26. Is your kinship child receiving all of the services outlined in the IEP or 504 Plan?	☐ Yes ☐ No	
27. Do you need assistance requesting academic support for your kinship child?	☐ Yes ☐ No	
28. Do you need assistance addressing your kinship child's social or behavioral needs at school?	☐ Yes ☐ No	
29. Is your kinship child failing any classes?	☐ Yes ☐ No	

	☐ I don't know
30. Has your kinship child been suspended or expelled? (check all that apply)	☐ Yes, suspended ☐ Yes, expelled ☐ No ☐ I don't know
31. How many absences has your kinship child had in the last year?	Number of absences: _____ ☐ I don't know
32. What were the main reasons for absence?	☐ Physical health ☐ Mental health ☐ Behavioral health ☐ Traveling ☐ Other _____ ☐ I don't know

SECTION II: PART 2 NEEDS ASSESSMENT

Please check which services you have received in the last 12 months, services you currently receive, and services you need in the future for yourself and/or your kinship child.

For services used within the last three months, please check how frequently you need help to get or keep this support.

Services	Used in past 12 months	Currently use	Need	Don't need at this time
1. **Financial support for necessities**				
Rent	☐	☐	☐	☐
Utilities	☐	☐	☐	☐
Phone	☐	☐	☐	☐
Other bills	☐	☐	☐	☐
Car insurance	☐	☐	☐	☐
Car repairs	☐	☐	☐	☐
2. **Financial education support (taxes, retirement, budgeting)**	☐	☐	☐	☐
3. **Help finding/maintaining housing**				
Section 8	☐	☐	☐	☐
Tribal housing	☐	☐	☐	☐
Shelter/transition housing	☐	☐	☐	☐
Housing program (non-subsidized)	☐	☐	☐	☐
Housing repair/maintenance	☐	☐	☐	☐
Searching for housing (additional space, lower cost)	☐	☐	☐	☐
Housing program	☐	☐	☐	☐

Services	Used in past 12 months	Currently use	Need	Don't need at this time
4. **Support obtaining durable goods (bedding, furniture, clothing, etc.)**	☐	☐	☐	☐
5. **Help getting enough food daily for your family**				
Food bank	☐	☐	☐	☐
WIC	☐	☐	☐	☐
School lunch program	☐	☐	☐	☐
Food Stamps, EBT, SNAP, etc.	☐	☐	☐	☐
Tribal Food Programs	☐	☐	☐	☐
6. **Getting and keeping public assistance**				
Medicaid	☐	☐	☐	☐
Medicare	☐	☐	☐	☐
Social Security (SSI)	☐	☐	☐	☐
TANF	☐	☐	☐	☐
General Assistance (GA)	☐	☐	☐	☐
7. **Help with transportation**				
Bus/taxi	☐	☐	☐	☐
Gas	☐	☐	☐	☐
Rides to/from appointments	☐	☐	☐	☐
Car Insurance	☐	☐	☐	☐
Car Repairs	☐	☐	☐	☐

Services	Used in past 12 months	Currently use	Need	Don't need at this time
8. **School related supports**				
Preschool enrollment	☐	☐	☐	☐
K-12 enrollment	☐	☐	☐	☐
Special education services	☐	☐	☐	☐
IEP/504 plan	☐	☐	☐	☐
Educational advocate	☐	☐	☐	☐
Tutoring	☐	☐	☐	☐
Equipment (internet, computers)	☐	☐	☐	☐
School transportation	☐	☐	☐	☐
Post-secondary supports (scholarships, college applications)	☐	☐	☐	☐
9. **Help accessing primary care, other medical care or resources**				
For self	☐	☐	☐	☐
For kinship child(ren)	☐	☐	☐	☐
For other children/adults in the home	☐	☐	☐	☐
10. **Help accessing dental care services**				
For self	☐	☐	☐	☐
For kinship child(ren)	☐	☐	☐	☐
For other children/adults in the home	☐	☐	☐	☐

Services	Used in past 12 months	Currently use	Need	Don't need at this time
11. **Child care support (e.g., Working Connections, after school care, informal child care)**	☐	☐	☐	☐
12. **Respite: temporary, time-limited break for caregivers.**				
Formal respite through a child welfare agency	☐	☐	☐	☐
Respite Programs (DD Administration)	☐	☐	☐	☐
Other Respite Vouchers Programs (e.g. Lifespan Respite)	☐	☐	☐	☐
Camp/retreats for child(ren)	☐	☐	☐	☐
Child/youth Activities (e.g. extra-curricular activities, scouts, sports)	☐	☐	☐	☐
Family Recreation Activities	☐	☐	☐	☐
Tribal-Specific Respite Program	☐	☐	☐	☐
13. **Referral to aging and disability resource center/I & A**	☐	☐	☐	☐
14. **Personal and emotional support about *your* circumstance, someone to talk to.** (i.e. family, friend, neighbor, or community-based groups, etc.)	☐	☐	☐	☐
15. **Someone to talk to regarding your *kinship child(ren)*** (i.e. family, friend, neighbor, community-based groups, etc.)	☐	☐	☐	☐

Services	Used in past 12 months	Currently use	Need	Don't need at this time
16. **Behavioral health/ counseling**				
☐ For kinship child(ren)				
Culturally relevant / holistic healing	☐	☐	☐	☐
Therapy/counseling	☐	☐	☐	☐
Substance use/recovery support	☐	☐	☐	☐
☐ For self				
Culturally relevant / holistic healing	☐	☐	☐	☐
Therapy/counseling	☐	☐	☐	☐
Substance use/recovery support	☐	☐	☐	☐
17. **Kinship care support groups/networking**				
For self	☐	☐	☐	☐
For kinship child(ren)/youth	☐	☐	☐	☐
18. **Training for kinship caregivers (e.g., parenting classes, expert guest speakers)**	☐	☐	☐	☐
19. **Language services**				
☐ Language classes (ESL classes)	☐	☐	☐	☐
☐ Interpreter	☐	☐	☐	☐
☐ Translation services	☐	☐	☐	☐
20. **Access to legal services and advice (e.g., legal representation, custody questions, estate/end of life planning, child support enforcement)**	☐	☐	☐	☐

Services	Used in past 12 months	Currently use	Need	Don't need at this time
21. **In-home family services**				
Home-visiting programs	☐	☐	☐	☐
Family preservation	☐	☐	☐	☐
In-home services	☐	☐	☐	☐
Birth to 3 early intervention	☐	☐	☐	☐
22. Other services				
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
23. Other services				
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

Please check off your top <u>three to five</u> needs from the options below. (The table below lists all services from the Kinship Needs Assessment).

☐ Financial support for necessities	☐ Respite	☐ Behavioral health / counseling
☐ Financial education support	☐ Help with transportation	☐ Kinship care support groups/ networking
☐ Help finding/maintaining housing	☐ Help accessing primary care or other medical care	☐ Training for kinship caregivers
☐ Support obtaining home-related goods	☐ Help accessing dental care services	☐ Language Services
☐ Help getting enough food daily for your family	☐ Referral	☐ Access to Legal Services and Advice
☐ Getting and keeping public assistance	☐ **Personal and emotional support about *<u>your</u>* circumstance, someone to talk to.** (i.e. family, friend, neighbor, or community-based groups, etc.)	☐ In-home Family services
☐ School related supports	☐ **Someone to talk to regarding your *<u>kinship child(ren)</u>*** (i.e. family, friend, neighbor, community-based groups, etc.)	☐ Other: _____
☐ Child care support		☐ Other: _____

Caregiver Health (SF-12)

These questions ask your views about your health.

1. In thinking about your own health, which resources are you interested in learning about? (check all that apply)

☐ Fall prevention	☐ Heart health
☐ Chronic disease	☐ Memory
☐ Diabetes Management	☐ Nutrition
☐ Smoking cessation	☐ Aging
☐ Managing stress	☐ Other: _____
☐ Self-Care	☐ None of the above

2. In general, would you say your overall health is: (select one)	☐ Excellent ☐ Very Good	☐ Good ☐ Fair ☐ Poor
3. Do you have any unmet healthcare needs?	☐ Yes ☐ No ☐ If yes, please specify: _____ _____ _____	

Thank you for completing the survey

VA | U.S. Department of Veterans Affairs | Fact Sheet
Office of Public Affairs
Media Relations
Washington, DC 20420
(202) 461-7600
www.va.gov

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Indian Health Services (IHS) and Tribal Health Program (THP) Reimbursement Agreements Program Factsheet

Overview

The VA- IHS/THP Reimbursement Agreements Program provides a means for IHS and THP health facilities to receive reimbursement from the VA for direct care services provided to eligible American Indian/Alaska Native (AI/AN) Veterans. This program is part of a larger effort set forth in the VA and IHS Memorandum of Understanding signed in October 2010 to improve access to care and care coordination for our nation's Native Veterans.

Benefits

VA Reimbursement Agreements with IHS and THP sites allow VA to pay for direct care services provided by IHS or Tribal facilities to eligible Native Veterans.

- **Medical Benefits Package** – Under the VA-IHS Agreement, VA will reimburse for direct health services provided in VA's Medical Benefits package available to all eligible Veterans under 38 CFR § 17.38.

- **Choice of care provider** – Eligible AI/AN Veterans can choose to receive their health care from the IHS/THP facility and/or VA facility.

- **Pharmacy** – The VA will reimburse IHS and THP facilities for pharmaceuticals (on the VA formulary) for outpatient emergent need prescriptions or other outpatient prescriptions to include reimbursement for long term prescriptions (medications that are more than 30 days).

- **No Copayment** – Pursuant to section 405(c) of the Indian Health Care Improvement Act (IHCIA), VA copayments do not apply to direct care services delivered by the IHS or THP healthcare facility to eligible AI/AN Veterans under agreements with VA.

- **No Outstanding Balances** – IHS and THPs will bill third parties prior to billing VA, so that VA is responsible only for the balance remaining after other third party reimbursements.

Direct Care Services

VA will reimburse direct care services provided by the IHS or THP facility. Contracted services outside of the particular IHS/THP facility will not be covered by VA.

Eligibility and Enrollment

An AI/AN Veteran is eligible if they are enrolled in VA's system of patient enrollment in accordance with 38 U.S.C. § 1705 and 38 C.F.R. 17.36 or is otherwise eligible for hospital care and medical services under 38 U.S.C. § 1705(c)(2) and 38 C.F.R. 17.37(a)-(c). The AI/AN Veteran must also be eligible for health care services from IHS and/or THP**.**

Payment Methodologies

Direct Care Services and fees are reimbursed according to the following payment methods and rates:

- **Inpatient hospital services** are based on Medicare Inpatient Prospective Patient System.
- **Outpatient services** are based on the IHS All Inclusive Rate published in the Federal Register.
- **Critical Access Hospitals** are reimbursed at the established rate as determined by Medicare.
- **Ambulatory Surgical Services** are reimbursed at Medicare rates.
- Under the VA-IHS/THP Reimbursement Agreement, all paper claims will be reduced by $15 to cover administrative costs.

Website

The following website contains more program information:

- VHA Office of Community Care Website: https://www.va.gov/COMMUNITYCARE/programs/veterans/ihs/index.asp
- VA Office of Tribal Government Relations Website: http://www.va.gov/tribalgovernment/

Contact Information

For questions or more information on getting started with the reimbursement agreements, please contact the VA-IHS/THP Reimbursement Agreements Team via email at: tribal.agreements@va.gov.