



Aging and Long-Term Support Administration

October 2016

DSHS MISSION

To transform lives

DSHS VISION

People are healthy
People are safe
People are supported
Taxpayer resources are guarded

DSHS VALUES

Honesty and Integrity
Pursuit of Excellence
Open Communication
Diversity and Inclusion
Commitment to Service

AL TSA MISSION

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

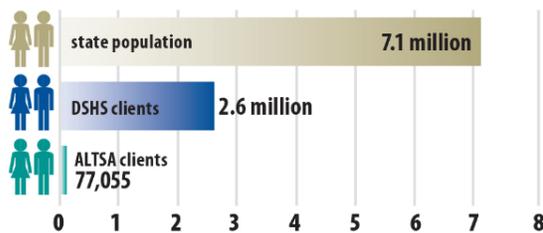
AL TSA VISION

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

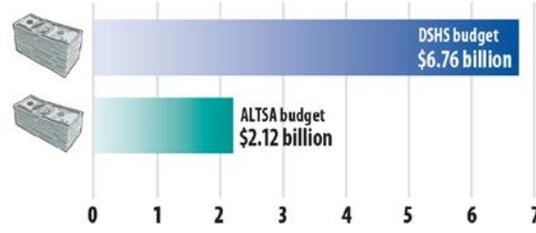
AL TSA VALUES

Collaboration
Respect
Accountability
Compassion

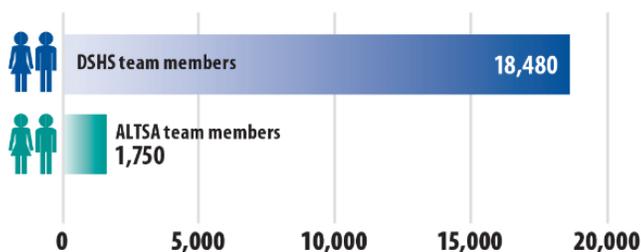
CLIENTS SERVED (between July 2014 - June 2015)



BUDGET (July 2015 - June 2016)



NUMBER OF TEAM MEMBERS (as of June 30, 2016)



Due to a data lag, the number of clients served graphic is for FY15, whereas the budget and number of team members graphics represent FY16. Also, the number of team members is an approximate count and includes part-time staff.

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
1115 Washington Street SE, Olympia, Washington 98504-5010



SECRETARY LETTER
October 2016

Dear Teammates:

The Aging and Long-term Support Administration's commitment to promoting choice, independence and safety clearly serves the DSHS mission of transforming lives.

Washington was ranked second in the nation by the American Association of Retired Persons for providing long-term care services and supports, while ranking near the bottom nationwide in terms of funding. The administration repeatedly demonstrates the utmost integrity and professionalism when it comes to protecting those it serves and ensuring their quality of care.

Moving forward, those who do this work will face many challenges, including a huge influx of aging baby-boomers who will need long-term services and supports, whether in an in-home or community-based setting. This will put even more pressure on inspections, complaint investigations and other activities designed to keep Washingtonians safe.

I have every confidence we will reach the goals set out in this strategic plan and further enhance our already excellent services.

Sincerely,

Patricia K. Lashway
Acting Secretary

DSHS: Transforming Lives



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600



ASSISTANT SECRETARY LETTER
October 2016

Dear Teammates,

The Aging and Long-Term Support Administration (AL TSA) Strategic Plan is the blueprint for how we continue to transform lives by ensuring that Washingtonians can choose where they want to live and receive long-term services and supports (LTSS). Our strategic plan demonstrates our:

- Commitment to promoting choice, independence and safety through innovative services;
- Willingness to be transparent and honest in our assessment of areas where we are underperforming and action plans we are undertaking to continually improve; and
- Strategies for serving the rapidly-growing aging population in Washington state.

This past year, we have continued to prove that we are such a high-quality service organization because of the staff we employ. Our staff are dedicated to quality and repeatedly demonstrate that they take time to be thoughtful with each life they touch. In some cases, this is through a visit to one client on a given day. In others, it is a system change that is impacting thousands. Both are equally important work and I recognize and appreciate the tremendous amount of time and effort we put into affecting individuals in a positive and impactful way.

This fall, in an effort to continue to support our staff, AL TSA will begin implementation of staff ideas. These ideas were collected over the summer during eight statewide focus groups, which may improve areas that have historically received lower scores during our employee survey process. These include support for a diverse workforce; clear information about changes being made within the agency; and the use of customer feedback in our work processes. Our goal is to continue to increase employee engagement and satisfaction in our daily work.

In this last year, staff have also contributed to a number of improvements in services to clients, security of information, and payments to providers, including:

- Collaboration with other state agencies, regulators and systems of health to design statewide healthcare system reform through Healthier Washington and the 1115 Medicaid Transformation Waiver.
- Reductions in the long-term care facility complaint investigation backlog of non-immediate jeopardy complaints from 2,154 in September 2015 to 491 in June of 2016.
- Additional work to ensure that Adult Family Homes, Assisted Living Facilities and Nursing Homes are providing quality care and residents are safe through timely licensing re-inspections.



- Providing training to DSHS staff and contracted providers in effective communication to better serve people who are deaf, deafblind, deaf plus, hard of hearing and late deafened.
- Working with providers and regulators to offer community residential options to individuals whose complicated personal care and behavioral challenges no longer rise to a level that requires state hospital placement.
- Establishment of a dedicated IT security office, and continued work with our external partners to ensure compliance with HIPAA and other state/federal standards.
- Contributions that helped us become the first state in the nation to integrate all Medicaid payments into a single electronic payment system that significantly increases the overall integrity of payments to our providers.

Our long-term services and supports system is a national leader today because we all worked to make it one. It will take that same level of effort to meet the challenges we face moving forward. I value and look forward to the future of this administration, and I thank you for the work you do every day to transform lives.

Sincerely,



Bill Moss
Assistant Secretary

DSHS: *Transforming Lives*



Introduction

The Department of Social and Health Services (DSHS) Aging and Long-Term Support Administration (AL TSA) offers services that empower seniors and adults with disabilities to remain independent and be supported in the setting of their choice. These settings include: the client’s home, assisted living facilities, adult family homes, or nursing homes, as well as supports for family caregivers and information and referral.

Our vision and mission: our vision is seniors and people with disabilities living with good health, independence, dignity, and control over the decisions that affect their lives. Our mission is to transform lives by promoting choice, independence, and safety through innovative services.

Successes: AL TSA has long been a leader in promoting home and community-based long-term services and supports (LTSS), including supports for people with high needs. Today, **AARP ranks Washington state second best in the nation** in providing LTSS in home and community-based settings. These are the settings most people choose, and are also the most cost-effective. AL TSA has achieved this national leadership performance and is ranked 34th in the country in long-term care spending per capita¹. As a result, even with a limited budget, we have been able to provide LTSS to all people who have requested and qualified for Medicaid.

What’s next: We are always seeking improvements in service quality, and our state’s aging population is growing rapidly. An increasing number of adults have disabilities and specialized needs. Reports of abuse and neglect have grown significantly due to increased public awareness and population growth. State and federal funds are tight even as the need for LTSS is

People We Serve In a Year

Individuals Served = 77,055*

- Medicaid services (monthly average caseload):
 - Clients at home: 40,000
 - Clients in Adult Family Homes or Assisted Living Facilities: 12,000
 - Clients in Nursing Homes: 10,000
- Free information and referral: over 255,700 contacts through our AAA partners
- Family caregivers: 3,900 received screening, assessments, or care plans
- Office of the Deaf & Hard of Hearing: case management for over 350 people
- Foster children: Over 50 each month assisted with healthcare coordination

What AL TSA Staff Accomplish

Team Members = 1,750*

- Protect vulnerable adults
 - Over 25,000 investigations of abuse and neglect per year
 - Over 19,000 investigations of facility complaints per year
- License, inspect, or certify over 3,600 facilities and Supported Living providers
- Determine Medicaid eligibility for about 1,700 new people per month and do assessment and person-centered care planning for over 1,300 new clients each month
- Assist 3,600 people per year to relocate from nursing homes and receive care in their home or community
- Provide strong information technology, fiscal, and other critical support for both AL TSA and the Developmental Disabilities Administration

**Count reflects distinct individuals served at least once in FY2015 (most mature data available), excluding information and referral. Other data reflects rounding, more current data, and monthly averages where indicated, and does not total to the same amount. Team member data is current as of June 30, 2016.*

¹ AARP’s 2012 report: http://www.aarp.org/content/dam/aarp/research/public_policy_institute/ltc/2012/across-the-states-2012-full-report-AARP-ppi-ltc.pdf



growing. **Our challenge is to address these realities and to build on our success to-date.**

Our commitment is to these broad goals:

- Increase the **safety** of adults who are vulnerable.
- Promote **access** to a variety of home and community-based service options.
- Improve **quality** in nursing facilities and other LTSS settings.

To meet this commitment, **ALTSA's Strategic Plan has specific strategic objectives** and performance metrics. The plan, objectives, and metrics were built with staff input and are continuing to evolve.

ALTSA's staff and partners are critical to successfully meet our commitment and strategic objectives. On a daily basis, our

staff, partners, and providers demonstrate dedication, expertise, and creativity.

Partner and Provider Role: For direct services, ALTSA contracts with thousands of trained providers, including individual home care workers, home care agencies, adult family homes, assisted living facilities, nursing homes, and others. These are the individual workers and organizations that care for our clients on a daily basis.

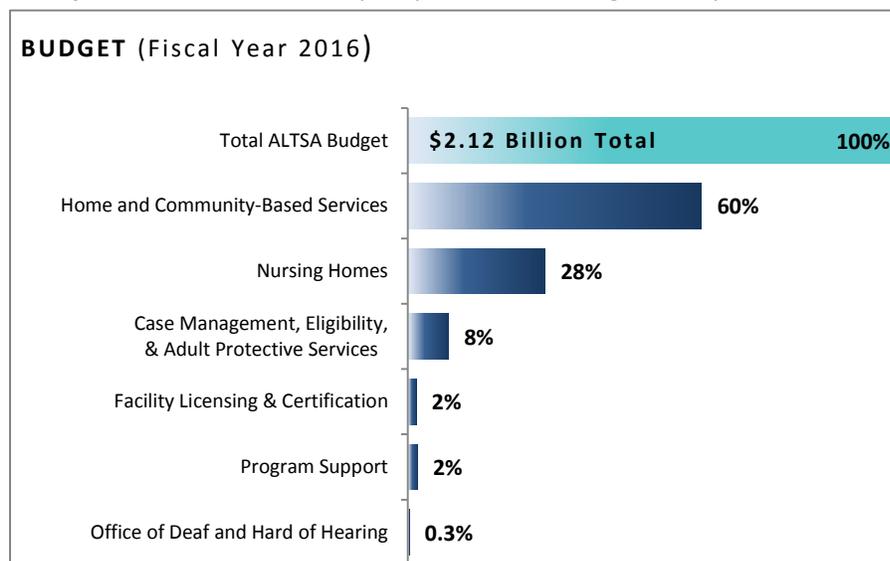
Washington's twenty-nine tribes and thirteen Area Agencies on Aging (AAA) are mission-critical partners. AAAs do ongoing case management of ALTSA in-home clients and provide family caregiver support, free information and referral, and non-Medicaid services.

Our major administrative and policy partner is the federal Centers for Medicare and Medicaid Services (CMS). Federal Medicaid funds make up nearly half of our funding and CMS approval is required for changes to Medicaid services. CMS also partners with ALTSA on nursing home quality and oversight.

Staff Role: The **Home and Community Services Division (HCS)** is the largest group of ALTSA staff in both the field and at headquarters. HCS supports the strategic plan commitment to **access, quality and safety**. HCS includes financial eligibility determination workers, case managers who do assessment and care planning, Adult Protective Services, and Fostering Well-Being team members.



The **Residential Care Services Division (RCS)** supports the strategic plan’s commitment to **quality and safety**. RCS nurses and surveyors perform licensing and inspection of all long-term care facilities and



settings, respond to complaints, and take enforcement actions. The **Office of the Deaf and Hard of Hearing (ODHH)** supports the strategic plan commitment to **access**. ODHH provides reasonable accommodations, telecommunications, and other services to people who are deaf, deafblind, hard of hearing, deaf plus and late deafened.

The **Office of the Assistant Secretary (OAS)** directs policy, provider collective bargaining, strategic planning, performance management, quality assurance, communication, Lean, and special projects.

The **Management Services Division (MSD)** provides administrative support including information technology, facilities’ management, accounting, budget, contracts, time and attendance, public disclosure, rates management, decision support, and forecasting. Together, OAS and MSD support the strategic plan through mission-critical functions that ensure **public trust**.

AL TSA Core Principles

AL TSA’s strategies are driven by several bedrock principles. Staff are essential in carrying out these core principles and are one of the primary reasons the state’s long-term care system is arguably the best in the nation.

We believe the people we support:

- Should have the central role in making decisions about their daily lives.
- Should have access to supports that promote health, independence, community integration, and self-determination.
- Succeed best when support is person-centered and recognizes that their needs are interrelated.

We believe families and friends of the people we support:

- Are an essential reason many people can live successfully in their own homes and communities.
- Can realize a positive difference in their lives, and the lives of their loved one, with even a small investment in support.
- Act as advocates for quality support and services in the best interest of their family member or friend.



We believe the **system of services** administered by ALTSA must be:

- Accountable for outcomes and costs.
- Informed by evidence of effectiveness.
- Responsive to changing needs.
- Sustainable over time and within realistic resource estimates.
- Collaborative with service recipients, families, communities, providers, partners, and other stakeholders.
- Accessible to individuals who are Limited English Proficient or have a communication barrier due to a disability.
- Able to keep people free from abuse and neglect, and support shared responsibility with individuals, families, providers, advocates and communities to prevent or respond to abuse and abusers.

Goals

Stated as a mission, the goal of the Aging and Long-Term Support Administration (ALTSA) is **to transform lives by promoting choice, independence and safety through innovative services.** Fully realized, this creates our vision: seniors and people with disabilities living with good health, independence, dignity, and control over decisions that affect their lives. To track our progress toward this mission and this vision, we set performance goals in specific areas.

Washington's Commitment

We start with a customer focus in measuring progress toward fulfilling our mission and reaching our vision. We ask what our customers need from us to fulfill the vision.

For ALTSA to best advance our mission, Washington state needs to be the national leader in: providing a safe home, community and nursing facility array of long-term services and supports. We track our progress annually using a scorecard:

WASHINGTON'S COMMITMENT SCORECARD

Be the national leader in: **Providing a safe environment for adults who are vulnerable, access to home and community-based services, and quality in nursing facilities and other settings.**



Aging and Long-Term Support Administration

2012	2013	2014	2015
YELLOW	GREEN	GREEN	GREEN

YARDSTICK

The Yardstick (also referred to as the Scorecard) depicts the commitment and success of our state as a whole to transforming lives. DSHS considers other factors (e.g., caseloads, budget deficits, others' performance, etc.) when assigning the color codes.

Measuring up Washington

	2012	2013	2014	2015	
Provide a safe environment for adults who are vulnerable	RED	↑ RED	YELLOW	↑ YELLOW	Status has improved due to adding staff to meet rapidly growing workload and applying Lean practices.
Provide access to home and community-based services	★ GREEN	★ GREEN	★ GREEN	★ GREEN	AARP ranked Washington the second-best long-term support program in the country despite funding in the bottom quartile nationally.
Improve quality in nursing facilities and other settings	GREEN	GREEN	GREEN	GREEN	Difficulty meeting timeliness standards puts green status at risk.

Achieving the goal of national leadership in these service areas is a product of the contributions of many players, including the Governor, the Legislature, state agencies, counties, cities, non-profit organizations and others, including the citizens themselves. This "Washington's Commitment" section looks at the world through the client's eyes and asks how successful we are as a state at transforming the life of the client without immediate regard to the reason.

The reasons are critically important, of course, but for the client the first concern is always whether the needed service is available and effective. It is too frequently the case that the DSHS staff are doing exceptional work, but excessive caseloads, not enough funding, or other program gaps create severe unmet needs and drive poor grades for Washington's Commitment. DSHS staff are committed to always working to improve our performance and to meet clients' needs.

The Washington's Commitment scorecard and the Performance scorecard in this plan are denoted by color as follows:

- Green equates to strong performance and service or dramatic improvement in the area
- Yellow to areas of concern or unmet need, or both.
- Red to serious concern or serious unmet need, or both.
- Where there is a positive movement it is denoted by an upward arrow and where we have achieved national leadership it is indicated by a coveted gold star.
- Some measures are new in the 2015-2017 strategic plan. For these measures, preliminary color codes have been established in muted colors, however, they are necessarily subject to change as more data becomes available.



AL TSA Performance

In the AL TSA Performance scorecard we measure ourselves against our yardstick of being the national leader in our spheres of service by setting goals and grading our performance for specific elements of the work we do that advances our mission in that specific area. For example, the Washington Commitment measure of “providing a safe environment for adults who are vulnerable” is measured against three performance measures: 1) timely response to all abuse and neglect allegations; 2) abuse and neglect cases closed timely; and 3) reduce complaint investigation backlog.



Aging and Long-Term Support Administration

Provide a safe environment for adults who are vulnerable:

↓ Strategic Objective Number

		2012	2013	2014	2015
1.1	Timely response to all abuse and neglect allegations	RED	↑ RED	YELLOW	↑ YELLOW
1.2	Abuse and neglect cases closed timely	RED	↑ RED	YELLOW	↑ YELLOW
1.3	Reduce complaint investigation backlog				New in 15-17 plan RED

Provide access to home and community-based services

		2012	2013	2014	2015
2.1	Providing home and community-based services	★ GREEN	★ GREEN	★ GREEN	★ GREEN
2.2	Voluntary relocation of clients from nursing homes to home and community-based services	GREEN	GREEN	★ GREEN	★ GREEN
2.3	Providing timely eligibility approval	YELLOW	YELLOW	YELLOW	↑ YELLOW
2.4	Providing family caregiver support	YELLOW	↑ YELLOW	↑ YELLOW	↑ YELLOW
2.5	Installation of Assistive Listening Systems				YELLOW
2.6	Case management services for deaf, deafblind, deaf plus, hard of hearing and late deafened clients				New in 15-17 plan YELLOW
2.7	Enhanced Service Facility community placement option				New in 15-17 plan YELLOW
2.8	Communication access modalities education and training				New in 15-17 plan YELLOW

Improve quality in nursing facilities and other settings

		2012	2013	2014	2015
3.1	Timely surveys of Adult Family Homes, Assisted Living and Nursing Facilities	GREEN	GREEN	GREEN	GREEN
3.2	Quality assurance of intermediate Care Facilities and Supported Living				GREEN
3.3	Compliance with other federal, state and program requirements				New in 15-17 plan YELLOW

Other mission critical goals

		2012	2013	2014	2015
4.1	Increase employee engagement				New in 15-17 plan YELLOW



4.2	Improve data security and oversight activities				RED
4.3	Promote diversity and inclusion practices				New in 15-17 plan YELLOW

Each target item on this AL TSA Performance scorecard forms part of our strategic plan. We have also added new strategic objectives and success measures to this year’s strategic plan.

Seven additional measures are new to this plan and are denoted as “New in the 15-17 plan.” Some measures existed in the previous strategic plan, but were not previously graded. The detailed discussion of all measures including a statement of their importance; a quantified success measure; a timeline; and an action plan form our strategic plan.

While the summary scorecard provides an overly-simplified, color-coded evaluation for most of these measures, you will find very detailed performance data included below. Performance data is updated quarterly and can be found at: <https://www.dshs.wa.gov/data/metrics/AL TSA.pdf>.

Our strategic plan is organized around this reporting structure outlined in the AL TSA Performance scorecard.

It is not really possible to fully separate our performance from the challenges of funding. The Governor and the state Legislature work with limited resources, and so do we. As a result, we have red status in areas where the performance of the AL TSA team is exemplary, but the unmet need is so great that only a red status evaluation is appropriate. Importantly, in virtually every area summarized on the AL TSA Performance scorecard we have quantified progress measures to make better use of the resources we have and provide a better measure of our progress as an administration.

Governor Jay Inslee’s Results Washington Goals

AL TSA is a partner in Governor Jay Inslee’s **Results Washington**, a focused effort to create effective, efficient, and accountable government.

Results Washington’s goal area number 4 is Healthy and Safe Communities. AL TSA has responsibility for three of the leading indicators under the goal topic of *Supported People: Quality of Life success indicator*:

- Increase the percentage of aging and long-term service and support clients served in home and community-based settings from 83.9 percent in March 2015 to 85 percent by July 2017. Note: We met the goal of 85 percent one year early, but continue to move forward with this work.
- Increase the percentage of adult abuse and neglect investigations completed within 90 days (or remaining open for “good cause”) from 88.6% in September 2015 to 95% by July 2017.

DSHS Goals
<ul style="list-style-type: none"> • Health – Each individual and each community will be healthy. • Safety – Each individual and each 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.

- Reduce the long-term care facility complaint investigation backlog of non-immediate jeopardy complaints from 2,154 in September 2015 to 500 in July 2017.

Department of Social and Health Services (DSHS) Goals

DSHS has five broad goals: Health, Safety, Protection, Quality of Life, and Public Trust.

AL TSA has the following strategic objectives in support of the DSHS goals :

Safety:

- Affirm Adult Family Homes, Assisted Living Facilities and Nursing Homes are providing quality care and residents are safe through timely licensing re-inspections.
- Affirm Residential Habilitation Centers and Supported Living programs are providing quality care and residents are safe through timely quality assurance activities.

Protection:

- Protect adults who are vulnerable who live in their homes and in facilities through timely responses to allegations of abuse and neglect.
- Ensure investigations are thorough, documented properly, and completed in a timely manner to maintain an effective workflow that eliminates re-work caused by investigations which remain open longer than necessary.
- Affirm residents' and clients' safety through initiation of timely complaint investigations of long-term care facilities.

Quality of Life:

- Ensure seniors and individuals with a disability who are in need of long-term services and supports are supported in their community.
- Increase the number of individuals AL TSA is able to assist in transitioning to their homes or the community from nursing homes.
- Ensure individuals who apply for services receive them timely so they are supported in the setting of their choice.
- Support families and informal caregivers who provide unpaid support to those in need.
- Provide assistive technology and captioning services on behalf of people who are deaf and hard of hearing so they can communicate effectively.
- Provide client services to people who are deaf, deafblind, deaf plus, hard of hearing and late deafened so they have equal access opportunities.
- Ensure that individuals with complicated personal care and behavioral challenges who reside in state hospitals have an appropriate community placement option through Enhanced Service Facilities.
- Provide training to DSHS staff and contracted providers in effective communication access modalities to better serve people who are deaf, deafblind, deaf plus, hard of hearing and late deafened.

Public Trust:

- Timely quality assurance and oversight activities to ensure evidence of compliance with federal, state and program requirements.
- Ensure AL TSA staff are fully engaged in pursuing the mission of AL TSA, living our shared values, and achieving our strategic goals through promoting a Lean culture of innovation where every employee is a problem-solver and every leader, a coach.



- Increase IT security support to improve and enhance data security and perform oversight activities to ensure evidence of compliance for both internal and external business partners.
- To establish a comprehensive initiative to embed diversity awareness and culturally-appropriate services into AL TSA business practices through staff training in Cultural Humility and Diversity Issues in Service Delivery, and other diversity activities.

Acting Secretary’s Special Focus Areas

DSHS Acting Secretary Pat Lashway has highlighted the following focus areas for AL TSA during this strategic plan period:

- Increase the percentage of long-term services and supports clients served in home and community-based settings from 83.9 in March of 2015 to 85 percent by July 2017. (Note: We met the goal of 85 percent one year early, but continue to move forward with this work.);
- Increase the percentage of adult abuse and neglect investigations completed within 90 days (or remaining open for “good cause”) from 88.6% in September 2015 to 95% by July 2017;
- Reduce the long-term care facility complaint investigation backlog of non-immediate jeopardy complaints from 2,154 in September 2015 to 500 in July 2017. (Note: We met this goal one year early, but continue to move forward with this work.);
- Create the capacity to serve individuals in Enhanced Service Facilities from 0 beds in January 2016 to 20 beds by June 2017;
- Reach 100% for timeliness of all facility inspections and re-inspections in both 2016 and 2017;
- Increase the number of clients served by Regional Services Centers of the deaf, deaf plus, deafblind, hard of hearing and late deafened from 248 in December 2014 to 500 by July 2017.



Below are the details of our strategic plan to meet our strategic objectives. Each strategic objective includes a statement of its importance, a quantified success measure, a timeline, and most importantly, an action plan.

AL TSA strategic objectives are monitored, updated and reported quarterly online at: <http://www.dshs.wa.gov/ppa/strategic.shtml>.

Strategic Objectives, Importance, Success Measures and Action Plans

1. Provide a safe environment for adults who are vulnerable

Strategic Objective 1.1: Protect adults who are vulnerable who live in their own homes and in facilities through timely responses to allegations of abuse and neglect.

		2012	2013	2014	2015
1.1	Timely response to all abuse and neglect allegations	RED	RED ↑	YELLOW	YELLOW ↑

Importance: Adult Protective Services has two primary duties: **1)** ensure adults who are vulnerable are protected and **2)** investigate allegations to determine if abuse occurred. Timely response is essential in order to provide protective services to seniors and adults with disabilities. Investigations are categorized by priority. A high-priority investigation requires initiation within 24 hours of receipt. A medium-priority investigation requires initiation within 5 working days of receipt, and a low-priority investigation requires initiation within 10 working days of receipt.

Success Measure: Maintain timely initial response for investigations based on case priority at: 99 percent for high-priority, 98.5 percent for medium-priority, and 98 percent for low-priority from December 2014 to July 2017.

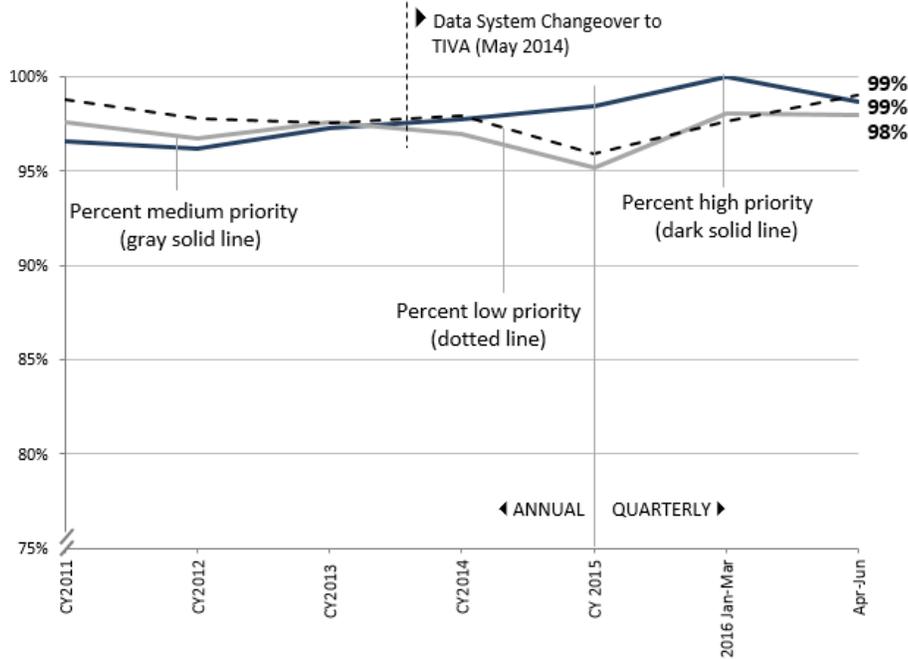
Action Plan:

- Automate the APS intake form in the TIVA application for use by the public and mandatory reporters.
- Continue to evaluate areas for improvement to reduce time spent on intakes and referrals as well as time spent from assignment to investigation.
- Implement phone technology across each of the three regions that track all phone calls and reporting.



CHART 1.1 Timely Initial Response Based on Adult Protective Service Case Priority

Percent timely APS initial contact based on intake priority - Statewide



See analysis and plan at: [AL TSA Timely Protect Adults Allegation Abuse SO1.1](#)

Strategic Objective 1.2: Ensure investigations are thorough, documented properly, and completed in a timely manner to maintain an efficient work flow that eliminates re-work caused by investigations which remain open longer than necessary.

		2012	2013	2014	2015
1.2	Abuse and neglect cases closed timely		RED	RED	YELLOW

Importance: Protection of adults who are vulnerable requires adequate staffing to conduct thorough screening and consistent investigations, and provide protective services and referrals. When this does not occur, these adults are put at greater risk of harm and experience untimely access to critical resources such as guardianship. The lack of adequate staffing has produced a backlog in the number of cases remaining open longer than 90 days. This creates re-work for staff and delays results or findings against the alleged perpetrator. These delays mean it takes longer to place a perpetrator on the Aging and Disability Services Registry. Reducing this backlog will ensure faster results regarding findings of abuse and improve workflow and efficiency. Although there are no state or federal standards or guidelines for APS, AL TSA made a decision to mirror the Washington Children’s Administration Child Protective Service 90-day standard for investigations pursuant to RCW 26.44.030.

Success Measure: Increase the percentage of adult abuse and neglect investigations completed within 90 days (or remaining open for “good cause”) from 88.6% in September 2015 to 95% by July 2017.

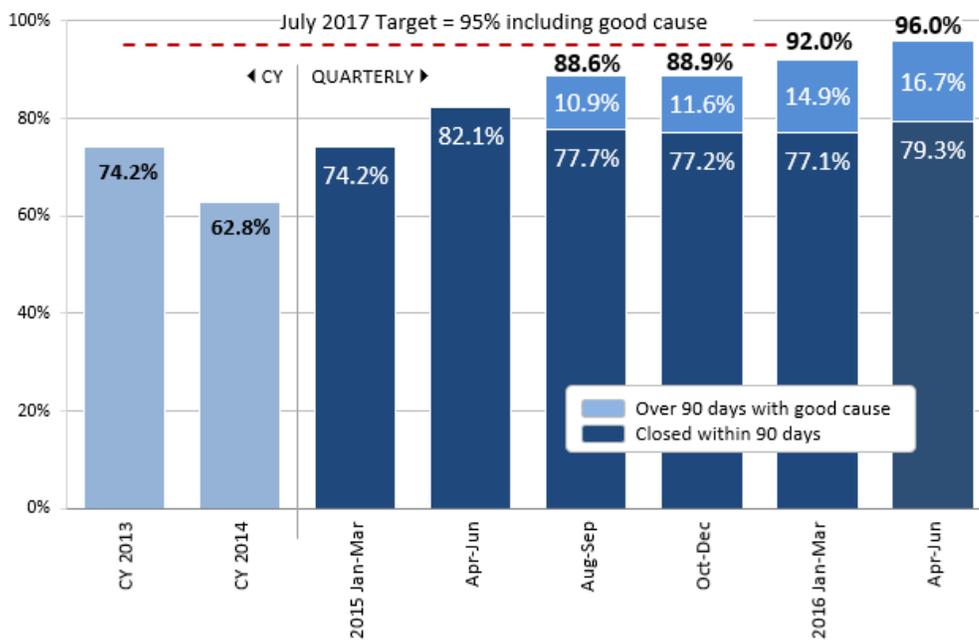


Action Plan:

- Continue aggressive hiring practices.
- Dedicate staff to pilot specialized investigations on financial exploitation allegations and self-neglect.
- Develop a risk assessment and continue work to centralize all related APS information within the TIVA system.
- Continue ongoing training for APS investigators; develop time management training, update APS training academy with supervision modules, and mobile devices technology training.

**CHART 1.2 Vulnerable Adult Abuse and Neglect Investigations Completed within 90 Days
(Combines Adult Protective Services and Resident and Client Protection Programs)**

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



See analysis and plan at: [ALSA APS Investigations Within 90 Days SO1.2](#)



Strategic Objective 1.3: Affirm residents’ and clients’ safety through timely initiation of investigations of complaints at long-term care facilities.

		2012	2013	2014	2015
1.3	Reduce complaint investigation backlog 				New in 15-17 plan RED

Importance: The three pillars of conducting investigations of complaints in long-term care facilities are to: 1) protect residents from abuse, neglect and exploitation; 2) make quality referrals to entities that help protect victims and 3) prevent the occurrence of abuse, neglect and exploitation. Due to the high volume and workload of complaints, coupled with limited investigative staff, it has been difficult to meet response times, especially for medium and low priority complaints. As of September 2015, there were over 2,100 complaints in long-term care facilities where investigations had not been initiated on time. Reducing the backlog advances the Administration’s commitment to the safety of adults who are vulnerable.

Success Measure: Reduce the long-term care facility complaint investigation backlog of non-immediate jeopardy complaints from 2,154 in September 2015 to 500 in July 2017. (Note: We met this goal one year early, but continue to move forward with this work.)

Action Plan:

- Fill existing vacancies timely to enhance capacity to continue reducing the backlog.
- Make equipment changes, as funding allows, to establish data access for field staff.
- Train staff through new employee orientation and access civil monetary penalty funds to pay for ongoing in-service complaint investigation training, and offer on-line training.
- Continue to develop analysis methodologies and provide reports on complaint backlog monitoring activities.

CHART 1.3 Number of Complaints Investigations Overdue for Initiation



See analysis and plan: [ALISA Complaint Investigation Backlog_SO1.3](#)



2. Provide Access to Home and Community-Based Services

Strategic Objective 2.1: Ensure seniors and individuals with a disability who are in need of long-term services and supports are supported in their community.

		2012	2013	2014	2015
2.1	Providing home and community-based services 	 GREEN	 GREEN	 GREEN	 GREEN

Importance: The hallmark of Washington’s long-term services and supports system is that, whenever possible, individuals are given the opportunity to live and receive services in their own home or a community setting. Developing home and community-based services has meant Washingtonians have a choice regarding where they receive care, and has produced a more cost-effective method of delivering services. The development of home and community-based service resources continues to evolve as individuals’ support needs change. Washington is recognized as a national leader in this area.

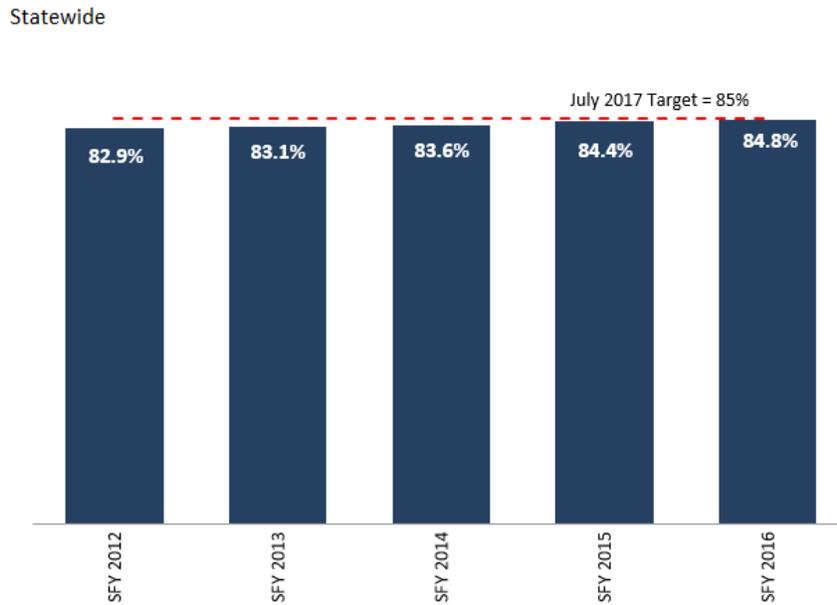
Success Measure: Increase the percentage of long-term services and supports clients served in home and community-based settings from 83.9 percent in March 2015 to 85 percent by July 2017. (Note: We met the goal of 85 percent one year early, but continue to move forward with this work and will be considering a new long-range target.)

Action Plan:

- Increase community outreach through Adult Family Home orientation, administrator trainings, and organize community stakeholder meetings in geographic areas where residential housing options are inadequate.
- Continue to work with hospitals including state mental health hospitals to discharge individuals to community placements. Contract with community hospitals for office space and get funding for staff onsite to assist with successful transitions to community placements.
- Engage with nursing facilities to facilitate successful relocations of lower acuity clients who could benefit from in-home or community residential services.



CHART 2.1 Percent of Long-Term Services and Supports Clients Served in Home and Community-based Settings



See analysis and plan at: [ALISA LTSSHCBS SO2.1](#)

Strategic Objective 2.2: Increase the number of individuals ALISA is able to assist in transitioning to their homes or the community from nursing homes.

	2012	2013	2014	2015
2.2 Voluntary relocation of clients from nursing homes to home and community-based services	GREEN	GREEN	★ GREEN	★ GREEN

Importance: The majority of individuals who require support choose to receive help in their home or a community-based setting. Washington State has developed a system that is cost effective and offers individuals choices regarding how and where they will be supported. This strategy is integral to both the Administration, and Results Washington’s objective to serve more clients in home and community based settings. Relocating individuals from nursing homes into the community not only provides an opportunity to increase the number of those supported in the community, it also facilitates choice, increases quality of life, and contributes to the financial health of Washington. Washington is recognized as a national leader in this area.

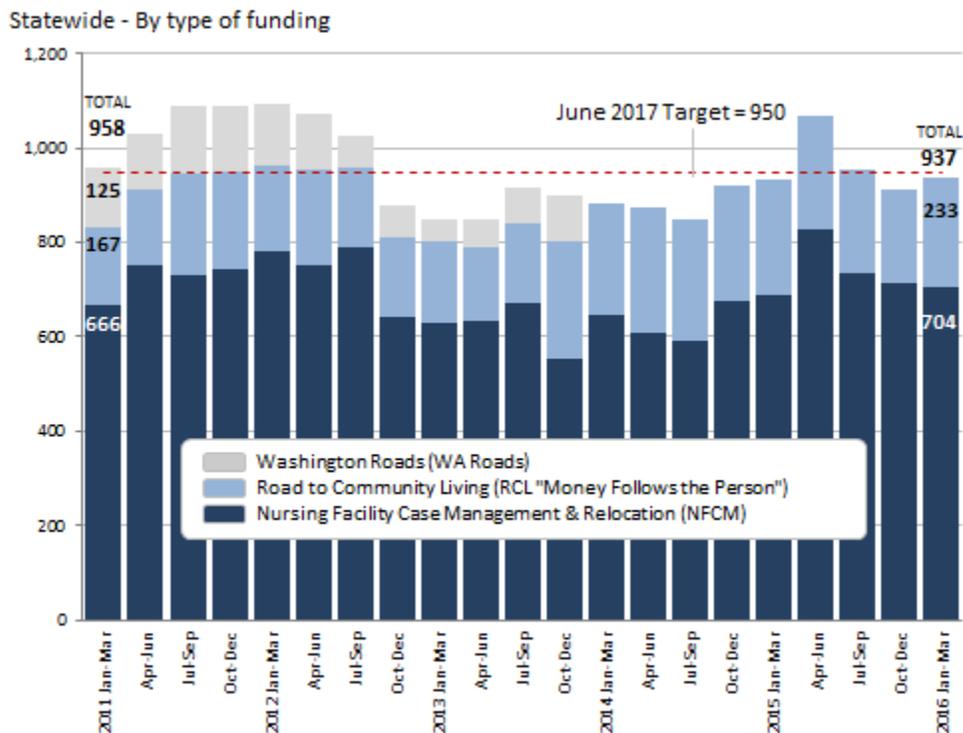
Success Measure: Increase the average number of individuals relocated from nursing homes quarterly from 935 in March 2015 to 950 by July 2017.



Action Plan:

- Increase support to staff by improving access to necessary tools for staff in the field.
- Conduct training with nursing facilities to improve their understanding of the resources and benefits of living in the community and increase efficiencies.
- Assist with options counseling and successful transitions of individuals living in nursing facilities identified in the lowest 5 acuity categories.
- Increase awareness of community-based service options for potential clients and track referrals, outcomes and barriers.

CHART 2.2 AL TSA Clients Who Actively Relocate from Nursing Homes to Home and Community-based Settings



See analysis and plan at: [ALTSANumber Of Relocations from NHs To Cmty SO2.2](#)

Strategic Objective 2.3: Ensure individuals who apply for services receive them in a timely manner so they are supported in the setting of their choice.

	2012	2013	2014	2015
2.3 Providing timely eligibility approval	YELLOW	YELLOW	YELLOW	YELLOW 

Importance: This objective has two related success measures. In order to receive support, an individual must be functionally eligible (meaning they require assistance with activities of daily living) and they must be financially eligible (meaning their assets and income must be within limits). This is not only necessary for determining eligibility but also ensures federal funding can be used to pay for services.

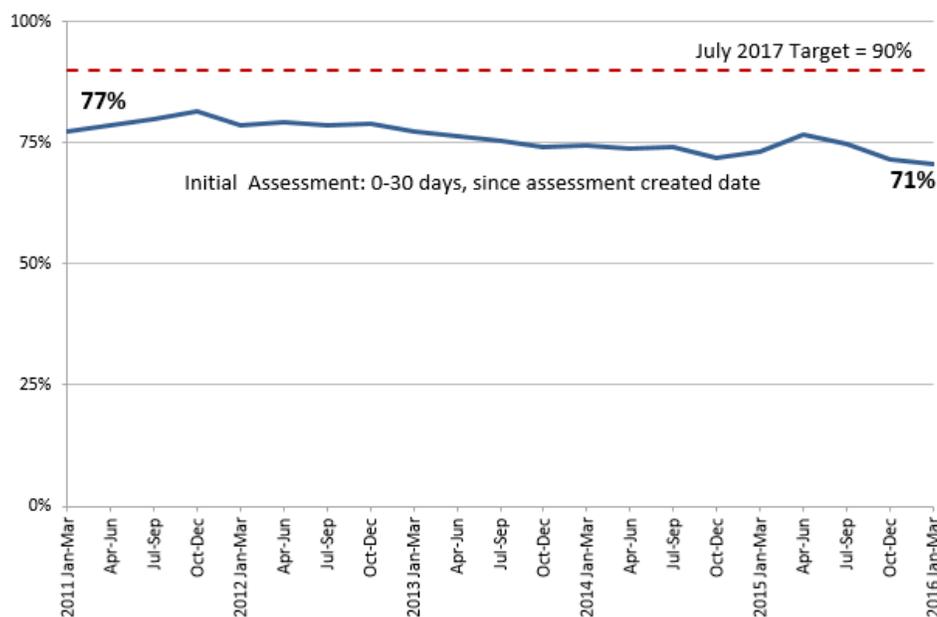
When both functional and financial eligibility has been established, support services may be provided. It is very important to provide services in a timely manner to avoid problems that may occur without the support; including loss of mobility, poor nourishment, medication errors and other problems that can produce poor health outcomes for individuals. Once approved for services, re-assessment occurs on an annual basis to determine continued eligibility.

Success Measure 2.3.a: Increase the percentage of timely initial assessments from 73% in March 2015 to 90% by July 2017. An initial assessment is conducted timely when the case manager completes the assessment and it is considered to be in a current status within 30 days from when the case was assigned.

Action Plan:

- Conduct Lean Value Stream Mapping (VSM) to identify and implement areas of improvement.
- Standardize measurement criteria between financial and social services to increase accuracy in reporting and improve consistency between functional and financial eligibility determinations.
- Implement a tracking system that allows staff to track and document work in greater detail.

CHART 2.3.a Timely Initial Functional Assessment and Access to Services



See analysis and plan at: [AL TSA HCS Initial Assessments SO2.3a](#)

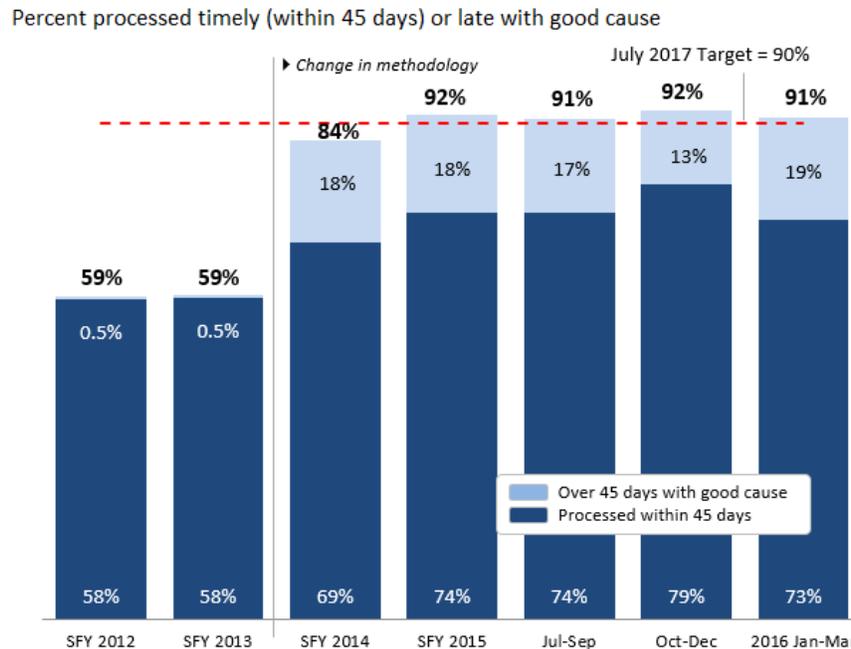


Success Measure 2.3.b: Increase the percentage of timely financial eligibility determination from 76% in March 2015 to 90% by July 2017. A financial eligibility determination is conducted timely when it is completed within 45 days from the date the case was assigned.

Action Plan:

- Continue to monitor coding for good cause that impact processing of applications.
- Submit a change request to the ACES system to require good cause coding on medical cases.
- Conduct a VSM on financial applications.

CHART 2.3.b Percent of Financial Eligibility Determinations Completed in 45 Days



See analysis and plan at: [AL TSA Timely Financial Eligibility Determination SO2.3b](#)

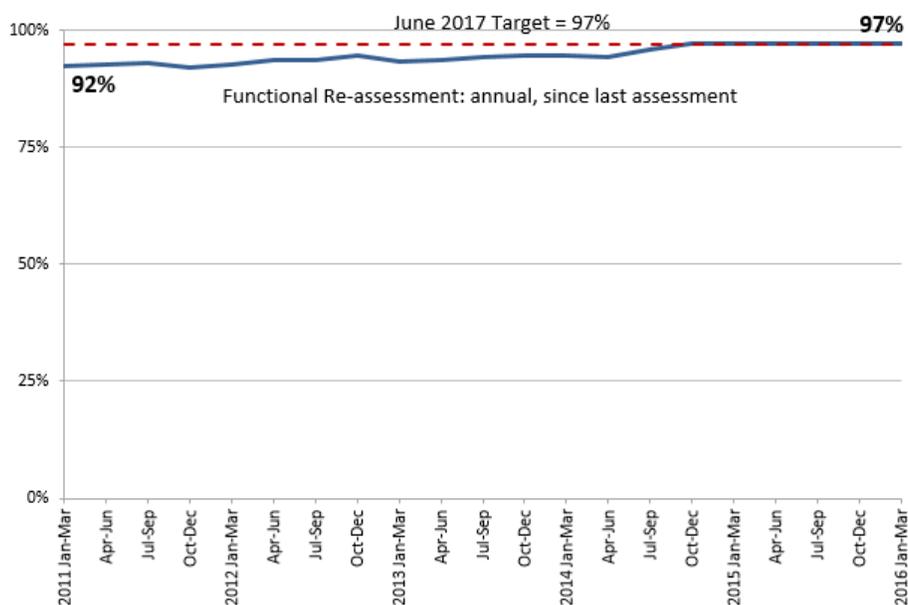
Success Measure 2.3.c: Maintain the percentage of timely functional reassessments at 97% through June 2017. A functional reassessment is conducted timely when the case manager completes the reassessment within one year from the last assessment.

Action Plan:

- Monitor ProviderOne override reports monthly with Regional Administrators to ensure timely functional reassessments
- Determine need for overrides and appropriate actions to be taken.
- Create reports that will reflect cases open beyond the timeframe for “good cause.”



CHART 2.3.c Timely Determination of Functional Eligibility Annual Re-assessment and Access to Services



See analysis and plan at: [ALSA Timely Functional Reassessment SO2.3c](#)

Strategic Objective 2.4: Support families and informal caregivers who provide unpaid support to those in need.

	2012	2013	2014	2015
2.4 Providing family caregiver support	YELLOW	↑ YELLOW	↑ YELLOW	↑ YELLOW

Importance: Families and other informal support providers are integral to Washington’s long-term services and supports system. An investment to support informal caregivers ensures that Washington continues to be a national leader in providing critical family and caregiver services and resources. Data indicates that the higher the level of proven interventions² accessed by a caregiver, the greater the level of avoidance to access Medicaid long-term services and supports by their care receiver. Washington state invested in, and began implementing, an evidence-based caregiver assessment in 2009. A DSHS Research and Data Analysis report indicated positive outcomes of the Family Caregiver Support Program expansion data³.



² These are: Screening, assessment, and care planning along with related authorized caregiver services

³ <http://www.dshs.wa.gov/sesa/rda/research-reports/expanding-eligibility-family-caregiver-support-program-sfy-2012>.

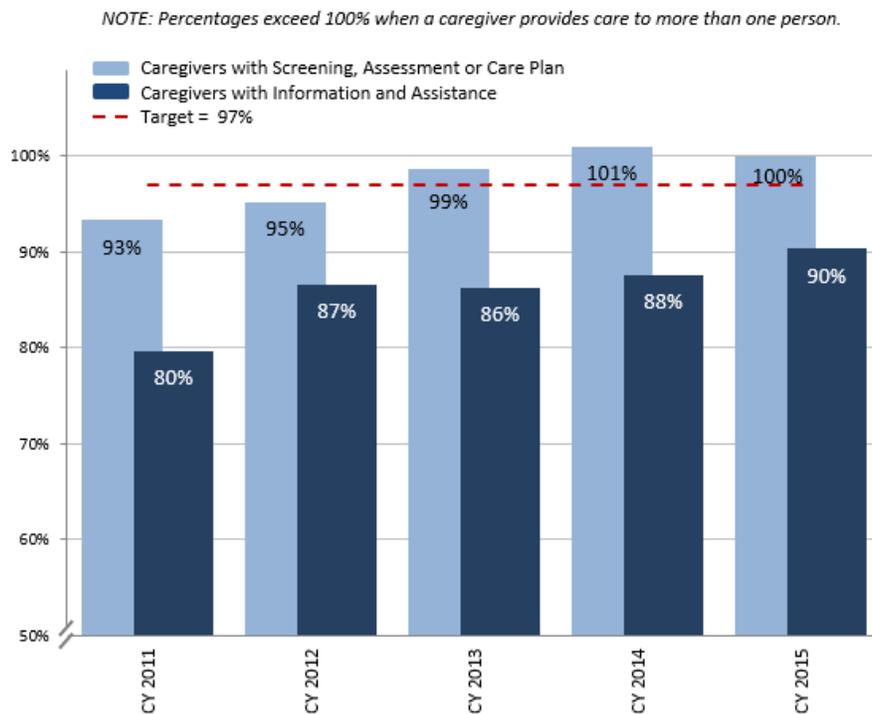


Success Measure: Maintain the percentage of caregivers supported in the Family Caregiver Support Program whose care receiver avoids the need for Medicaid long-term care services for 90 days or longer at 97%.

Action Plan:

- Offer TCARE (Tailored Caregiver Assessment and Referral) certification online to speed up process for trainers.
- Provide TCARE assessment in additional languages, and translate TCARE screening in a minimum of three languages
- Explore opportunities for federal matching funds as part of the 1115 Medicaid Transformation Waiver and re-approach state legislature with funding request to expand the Family Caregiver Support Program.
- Determine improvements to the caregiver assessment tool; design, test changes and implement changes based on ALTSA leadership approval.

CHART 2.4 Percentage of Caregivers whose Care Receiver Avoided Paid Long-term Care Medical Services for 90 Days



See analysis and plan at: [ALTSA Family Caregiver Support SO2.4](#)



Strategic Objective 2.5: Provide assistive technology and captioning services on behalf of people who are deaf and hard of hearing so they can communicate effectively.

		2012	2013	2014	2015
2.5	Installation of Assistive Listening Systems				YELLOW

Importance: Many individuals with hearing loss do not use sign language. Assistive 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 to access DSHS programs and services.

Success Measure: Increase the number of sites with assistive listening systems from 90 sites in July 2015 to 130 sites by the end of June 2017.

Action Plan:

- Continue to distribute and install induction loops at Home and Community Service and Residential Care Services Division offices statewide.
- Continue training DSHS staff on using induction loops.
- Initiate an evaluation system for measuring client usage and staff knowledge of induction loops.
- Initiate planning for hearing loss education and installment of loop systems to facilities housing individuals with hearing loss.



Chart 2.5 Increase in the Number of DSHS and Contractor Sites with Assistive Listening Systems Installed

Number of Sites Installed - Cumulative Totals



See analysis and plan at: [AL TSA Assistive Tech Captioning Services SO2.5](#)



Strategic Objective 2.6: Provide case management services to people who are deaf, deafblind, deaf plus, hard of hearing and late deafened so they have equal access opportunities.

		2012	2013	2014	2015
2.6	Case management services for deaf, deafblind, deaf plus, hard of hearing and late deafened clients				New in 15-1 plan YELLOW

Importance: Clients who are deaf, deafblind, deaf plus, hard of hearing and late deafened, especially seniors, the underemployed and those with multi-disabilities, face barriers to various service delivery systems including housing, transportation, and socio-economic benefits. Case managers are available to assist these clients to obtain needed services by coordinating services, translating documents, advocating on their behalf, or teaching new abilities and skills. These services are provided by contracted, non-profit Regional Service Centers with seven offices throughout Washington state.

Success Measure: Increase the number of clients served by the Regional Service Centers of the deaf, deafblind, deaf plus, hard of hearing and late deafened from 248 in December 2014 to 500 by July 2017.

Action Plan:

- Monitor each Regional Service Center’s total caseload and contract performance and implement corrective actions for under performance as necessary.
- Identify and resolve issues impacting client case management utilization.
- Negotiate with Area Agencies on Aging to provide case management or establish a contract with a single provider.

Chart 2.6: Number of clients served by Regional Service Centers



See analysis and plan at: [ALSA Client Receiving Regional Center Service SO2.6](#)



Strategic Objective 2.7: Ensure that individuals with complicated personal care and behavioral challenges who reside in state hospitals have an appropriate community placement option through Enhanced Service Facilities.

		2012	2013	2014	2015
2.7	Enhanced Service Facility community placement option				New in 15-17 plan YELLOW

Importance: Washington has an identified gap in community placement options for individuals with complicated personal care needs and behavioral challenges. This lack in community placement options has resulted in longer stays in state hospitals for individuals deemed stable and ready for discharge. To address this service gap, ALTSA has developed a new category of licensed residential facility. Enhanced Service Facilities (as authorized by Chapter 70.97 RCW) support individuals eligible for home and community-based services to move from state hospitals back to the community who would not otherwise have a community placement option. This measure is subject to available additional funding.

Success Measure: Create the capacity to serve individuals in Enhanced Service Facilities from 0 beds in January 2016 to 20 beds by June 2017.

Action Plan:

- License Enhanced Service Facilities by completing site review and approval of plans in coordination with the Department of Health; support providers in meeting licensing requirements; coordinate and sign contracts.
- Coordinate transition plans across agencies to successfully transition individuals into Enhanced Service Facilities by conducting individualized case planning for each transitioning resident with representatives from Eastern and Western State hospitals; field staff and other pertinent service providers to facilitate successful transitions.
- Collaborate with the state hospitals and Behavioral Health Organizations to identify potential clients; and coordinate with the Behavioral Health Administration to strengthen partnerships with mental health systems.

Chart 2.7: Enhanced Service Facility Community placement options

Cumulative count of licensed beds



See analysis and plan at: [ALTSA ESF Individuals Served SO2.7](#)



Strategic Objective 2.8: Provide education and training to DSHS staff and service providers on various communication access modalities including basic American Sign Language to better serve people who are deaf, hard of hearing, deafblind and late deafened so they can communicate effectively.

		2012	2013	2014	2015
2.8	Communication Access Modalities Education and Training				New in 15-17 plan YELLOW

Importance: Clients who are deaf, hard of hearing, deafblind, deaf plus and late deafened especially seniors, underemployed and those with multi-disabilities, face barriers to various service delivery systems including housing, transportation, socio-economic benefits and others. Training and educating service providers and DSHS staff on various communication modalities accessible to this client population ensures that access points to critical services are well-equipped to communicate effectively while providing a better customer experience.

Success Measure: Increase the number of DSHS and service provider sites where education and training in communication access modalities for people who are deaf, hard of hearing, deafblind, deaf plus and late deafened is provided from 0 sites in September 2016 to 19 sites by the end of June 2017.

Action Plan:

- Start education and training in communication access modalities at DSHS field offices including mental health hospitals and prisons, as well as contracted provider sites (e.g. adult group homes, assisted living facilities and nursing facilities).
- Initiate an evaluation system for measuring client use and DSHS staff knowledge and application of communication modalities.
- Conduct outreach and disseminate information on available communication access modalities.
- Collect data and develop metrics for reporting purposes.

See analysis and plan at: [ALTSACommAccess SO2.8](#)



3. Improve Quality in Nursing Facilities and Other Settings

Strategic Objective 3.1: Affirm Adult Family Homes, Assisted Living Facilities and Nursing Homes are providing quality care and residents are safe by following state and federal timeframes for licensing re-inspections.

		2012	2013	2014	2015
3.1	Timely surveys of Adult Family Homes, Assisted Living and Nursing Facilities	GREEN	GREEN	GREEN	GREEN

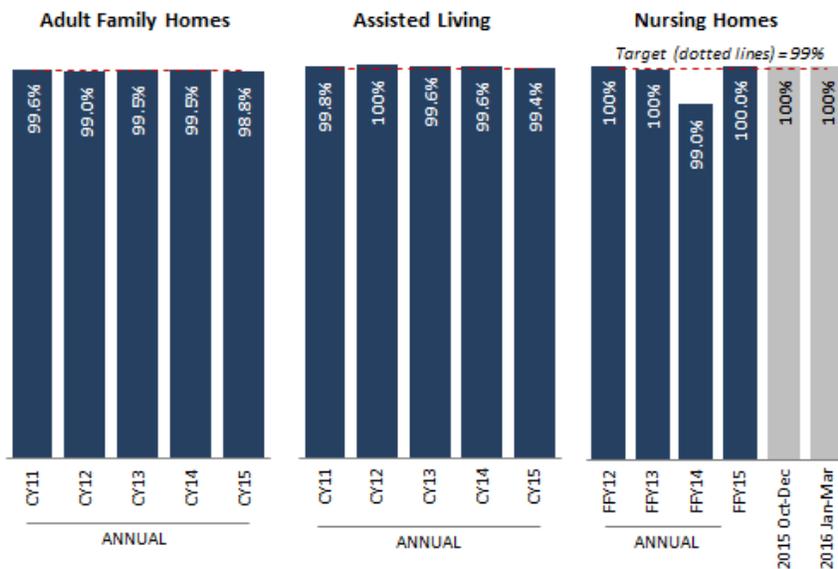
Importance: This measure ensures licensing re-inspections are completed following state and federal timeframes, provider practice is consistent with quality care, and that adults who are vulnerable are protected from abuse. Licensing re-inspections are a valuable tool to ensure the quality of care. Re-inspection of licensed adult family homes and assisted living facilities is timely when it is completed at least every 18.99 months from the last inspection visit. On the other hand, the federal requirement for timely nursing home re-inspection is 15.9 months from the last health survey.

Success Measure: Maintain the percentage of timely re-inspection at 99 percent.

Action Plan:

- Utilize existing reports to meet inspection survey schedules.
- Utilize better tools and documentation methods including use of laptops and mobile devices.
- Create a workload model to accurately identify and pursue appropriate staffing.
- Ensure data systems continue to meet business reporting needs through monthly meetings to review and address needed changes.

CHART 3.1 Timely Licensing Re-inspections of Adult Family Homes, Assisted Living Facilities, and Nursing Homes



See analysis and plan at: [ALISA AFH and ALFs Nursing Home Licensing Re-inspections SO3.1](#)



Strategic Objective 3.2: Affirm Residential Habilitation Centers and Supported Living programs are providing quality care and residents are safe by following state and federal timeframes for quality assurance activities.

		2012	2013	2014	2015
3.2	Quality assurance of Intermediate Care Facilities and Supported Living				GREEN

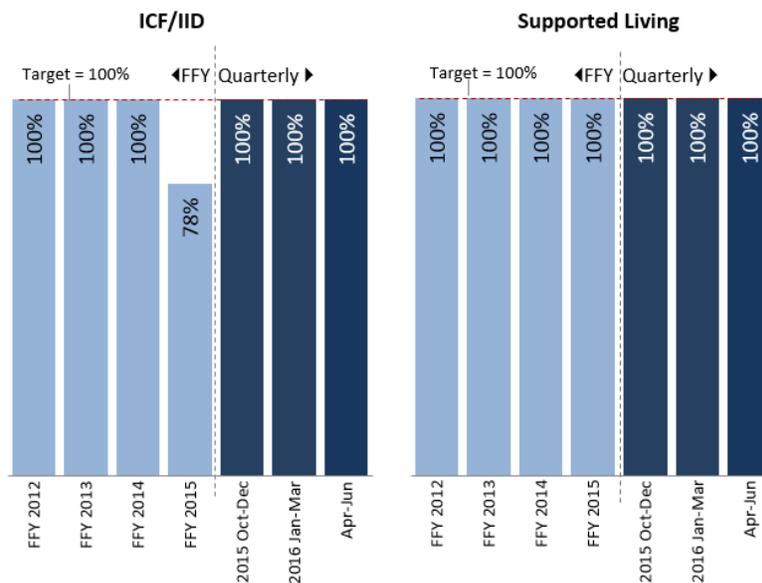
Importance: This measure ensures quality assurance activities are completed timely to help promote the quality of care and protect adults who are vulnerable from abuse and neglect. The federal performance standard for completing surveys in any particular Intermediate Care Facility for Individuals with an Intellectual Disability or related condition (ICF/IID) is an interval of 15.9 months from the last survey. Department rules require Supported Living facilities certification evaluations to be conducted every 2 years.

Success Measure: Maintain timely quality assurance activities at 100 percent.

Action Plan:

- Frequent monitoring of re-certification schedule to ensure surveys are completed in accordance to federal guidelines.
- Utilize IT governance structure to manage change requests necessary to meet business needs.
- Develop proficiency improvement plan for each quality objective below statewide proficiency standards.

CHART 3.2 Timely Quality Assurance for Residential Habilitation Centers and Support Living Programs



Note: Performance beginning with the quarter ending March 2015 was impacted by a request from our federal partners to conduct a joint survey of Lakeland Village Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and the skilled nursing facility at the same time. This resulted in a one quarter delay of the ICF/IID survey.

See analysis and plan at: [AL TSA Quality Assurance RHC-SLF SO3.2](#)



Strategic Objective 3.3: Timely quality assurance and oversight activities to ensure evidence of compliance with federal, state and program requirements.

		2012	2013	2014	2015
3.3	Compliance with other federal, state and program requirements				New in 15-17 plan YELLOW

Importance: Timely completion of quality assurance activities helps protect the health and safety of clients, secure and maintain federal funding and provides oversight of local operations. Activities include: auditing documents for compliance, developing improvement plans, data analysis to identify gaps in practices, publishing policy revisions, and offering training and technical assistance to ALTSA field offices. Through this function, ALTSA ensures that access to client services are timely and responsive to assessed needs, that providers and/or facilities are qualified to provide services, provider networks are adequate and federal assurances are met. Identified deficiencies are corrected and corrective action/performance improvement plans are developed and monitored to ensure continuous quality improvement. In addition, timely collection and provision of required documents including notation, and processing need to be within regulatory and operational standards.

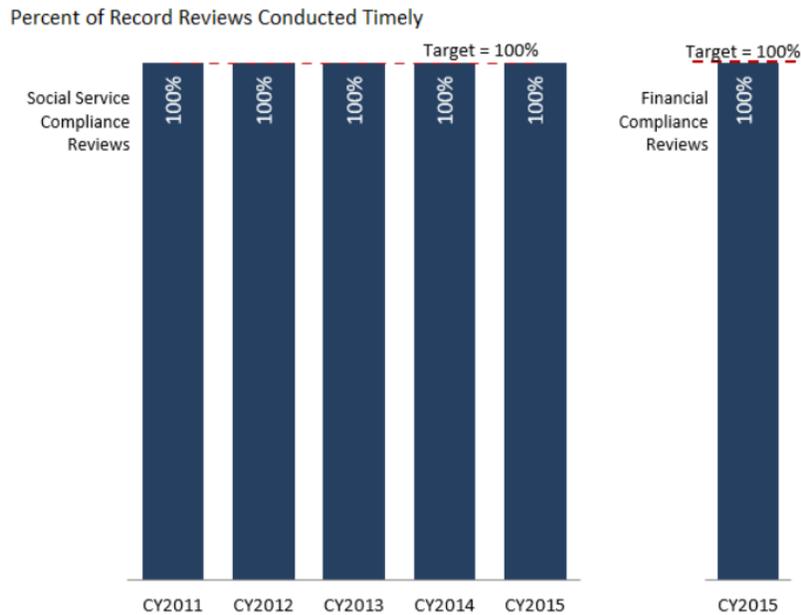
Success Measure 3.3.a: 100% timely completion of Home and Community Services Division case management and financial eligibility compliance record reviews each calendar year. Timely completion is when a statistically significant sample of client files are reviewed as scheduled on an annual basis for a select number of Home and Community Services field offices and Area Agencies on Aging.

Action Plan:

- Develop and implement an annual monitoring plan and schedule.
- Issue monitoring reports, develop and implement statewide proficiency improvement plans to ensure areas of non-compliance are corrected and continuous quality improvement standards are achieved.
- Provide consultation to, review, and approve Home and Community Service (HCS) and Area Agency on Aging (AAA) office regional-specific proficiency improvement plans to address areas where proficiency standards are not met.
- Analyze statewide trends to determine where training, technical assistance, policy revisions or other action is necessary.



Chart 3.3.a Maintain Timely Quality Assurance of Home and Community Service Case Management



See analysis and plan at: [ALTA Quality Assurance Oversight Activities SO3.3a](#)

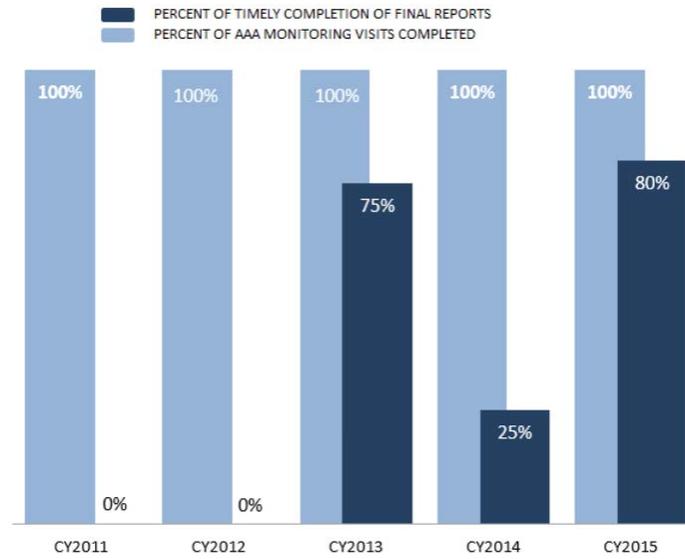
Success Measure 3.3.b: 100% timely completion of the three-year monitoring cycle for Area Agencies on Aging operations evidenced by a final report issued to each monitored AAA within 90 days of the monitoring exit interview.

Action Plan:

- Streamline AAA monitoring activities, including tribal AAAs, to ensure that accurate reports are reviewed and sent timely by:
 - Creating one place to save monitoring evidence tools and ask staff to save documents immediately upon return.
 - Setting early, consistent deadlines for staff to compile evidence into a draft report.
 - Following all steps included in the Tribal Communications Protocol and coordinating with the DSHS Office of Indian Policy.



Chart 3.3.b Timely Quality Assurance Monitoring for Area Agencies on Aging (AAAs)



See analysis and plan at: [ALTSA Quality Assurance AAA Oversight Activities SO3.3b](#)

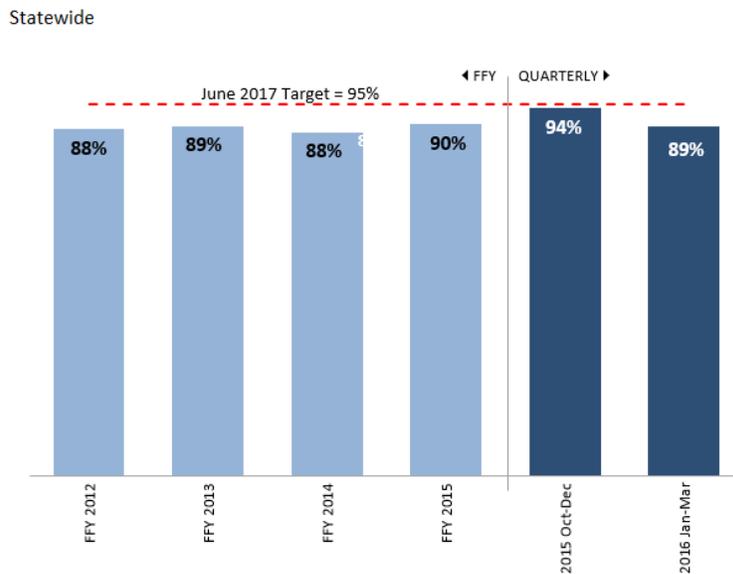


Success Measure 3.3.c: As of June 2017, 95% of audited Nursing Home Statements of Deficiency (SODs) are sent to the facility within the federal regulatory standard of 10 working days after onsite visit exit for complaint investigations or surveys.

Action Plan:

- Train staff on principles of investigation; collect data for appropriate curriculum, and procure a vendor for staff training.
- Continue to monitor data weekly using SOD tracking reports and follow standard operating procedures for timely delivery.
- Similar to Strategic Objective 3.2, using A3 problem-solving tools staff will analyze the results of the process review for this quality objective and develop a proficiency improvement plan to ensure timely mailings.

Chart 3.3.c Percent of Nursing Home Deficiencies Sent to the Facility within 10 Working Days



See analysis and plan at: [ALISA Quality Assurance SOD Oversight Activities SO3.3c](#)



4. Other Mission Critical Goals

Strategic Objective 4.1: Ensure AL TSA staff are fully engaged in pursuing the Mission of AL TSA, living our shared values, and achieving our strategic goals through promoting a Lean culture of innovation where every employee is a problem-solver and every leader is a coach.

		2012	2013	2014	2015
4.1	Increase employee engagement through organization development				New in 15-17 plan YELLOW

Importance: AL TSA recognizes the large body of research showing organizations which have fully engaged employees have better outcomes in employee satisfaction, employee retention and organizational effectiveness. The risks associated with not addressing employee engagement include missed opportunities for continuous improvement and increased recruitment and retention of qualified staff.

This goal will help AL TSA achieve its desired strategic outcomes by:

- **Connecting and aligning staff** with the “why” (our mission), the “how” (our values) and the “what” (the strategic plan).
- **Building leadership capacity as coaches** where leaders coach their teams in continuous improvement by promoting autonomy, mastery and purpose, and staff are comfortable using Lean tools and principles in their daily work.

The DSHS Employee Survey is one way we can measure employee engagement. AL TSA has reaped the benefits of early and full participation in the Department’s continuous improvement journey, realizing statistically significant improvement on 9 out of 20 survey questions as well as seeing improvements in strategic goals and objectives where we have applied Lean tools.

Success Measure 4.1.a: By October 2016, identify and begin implementation of select staff ideas for how AL TSA may improve the following targeted Employee Survey Questions:

- **#13** “My agency consistently demonstrates support for a diverse workforce” - Increase positive response from **73% to 83%** by the 2017 Employee Satisfaction Survey.
- **#14** “I receive clear information about changes being made within the agency” - Increase positive response from **49% to 59%** by the 2017 Employee Satisfaction Survey.
- **#16** “We use customer feedback to improve our work process” - Increase positive response from **43% to 53%** by the 2017 Employee Satisfaction Survey.

Action Plan:

- Collate feedback gathered from 8 statewide focus groups.
- Identify key activities to implement.
- Report back to all staff regarding what actions will and will not be implemented.

See analysis and plan at: [AL TSA Employee Engagement SO4.1a](#)



Success Measure 4.1.b: Create, pilot and begin implementation of an AL TSA New Employee Orientation and other online organizational development modules by June 2017.

Action Plan:

- Recruit Employee Engagement Advisory Committee.
- Identify scope and modules, maximizing use of technology.
- Develop detailed project plan and implement.

See analysis and plan at: [AL TSA Employee Engagement SO4.1b](#)

Strategic Objective 4.2: Increase IT security support to improve and enhance data security and perform oversight activities to ensure evidence of compliance for both internal and external business partners. Data security requirements are mandated by state and federal laws, the Washington state Office of the Chief Information Officer (OCIO), and the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) as well as specific DSHS security standards and policies.

		2012	2013	2014	2015
4.2	Improve data security and oversight activities				RED

Importance: The AL TSA Information Security Unit, in close collaboration and coordination with the DSHS Information Security Office and AL TSA Technical Services Unit, provides statewide information security support and services for AL TSA, Behavioral Health Administration (BHA) and the Developmental Disabilities Administration (DDA). This work is vital in protecting the Department from reputable damage, Office of Civil Rights (OCR) fines, and civil legal actions that could arise from security breaches. Recent DSHS cybersecurity initiatives and an OCR investigation of DSHS identified the need for heightened security to include an ongoing Vulnerability Management Program (VMP), and the need to verify contract compliance as it relates to protecting DSHS data our contractors have access to. Optimizing IT security staff resources will improve compliance with the following requirements:

- 1) Performing vulnerability scans on all computers, servers, applications, and databases ensuring timely resolution of identified vulnerabilities.
- 2) Verifying data security compliance with those we contract with and their sub-contractors.
- 3) Security log monitoring of more than 167 headquarters’ servers for additional VPM security required by DSHS security policies, and OCIO IT standards and HIPAA regulations.

Success Measure: Reduce the monthly security vulnerabilities weighted score by 5 percent for servers and workstations from July 2015 to June 2017.

Action Plan:

- Re-write AL TSA and DDA information security policies and communicate with staff.
- Address vulnerability scans backlog to reach maintenance mode.
- Conduct regular vulnerability scans on systems, applications, and databases.
- Collect vulnerability data to support monthly reporting.
- Conduct 1-2 random audits of AL TSA sites to determine data security compliance and risk, establish corrective action plans and track to completion.



- Implement firewalls on all Windows servers, and administer the transition to Windows 10 for AAA, DDA and ALTSA.

See analysis and plan at: [ALTSA IT Security Support SO4.2](#)

Strategic Objective 4.3: To establish a comprehensive initiative to embed diversity awareness and culturally-appropriate services into ALTSA business practices through staff training in Cultural Humility and Diversity Issues in Service Delivery and other diversity activities.

		2012	2013	2014	2015
4.3	Promote diversity and inclusion practices				New in 15-17 plan YELLOW

Importance: ALTSA recognizes the relevance of understanding and practicing diversity and inclusion principles in the delivery of long-term services and supports and as provided for in DSHS Administrative Policy 7.22. Our staff, clients and providers are from very diverse cultural backgrounds. As such, creating and maintaining a service delivery environment that recognizes, values, supports, and embraces respect for the individual differences is paramount to supporting the administration’s vision and providing equal access to populations that may otherwise be left out. ALTSA is committed to implementing a multi-prong initiative that includes providing the Cultural Humility and Diversity Issues in Service Delivery Training to its employees and AAA staff, as well as embedding other diversity awareness practices into our daily operation.

The Cultural Humility and Diversity Issues Service Delivery Training is designed to accomplish the following:

- Develop an increased self-awareness of what it means in our culture to be a person of our own gender, race, class, etc. as well as an understanding of how these categories affect those who are different from others.
- Describe structures of inequity that have differentially shaped people’s lives and choices.
- Explain the concept of cultural humility as it relates to working with clients effectively.

Success Measure: Provide Cultural Humility Training to 240 ALTSA employees and AAA case management staff each fiscal year from July 2015 to July 2017.

Action Plan:

- Provide training to HCS and RCS staff in each region as well as to AAA staff.
- Design pre and post training assessment tools for participating staff including a 6-month follow-up.
- Define data needs to inform the performance measure.
- Design and conduct client and provider surveys.
- Continue to discuss self-funding options among ALTSA and DDA for staff training.

See analysis and plan at: [ALTSA Diversity Inclusion Initiative SO4.3](#)



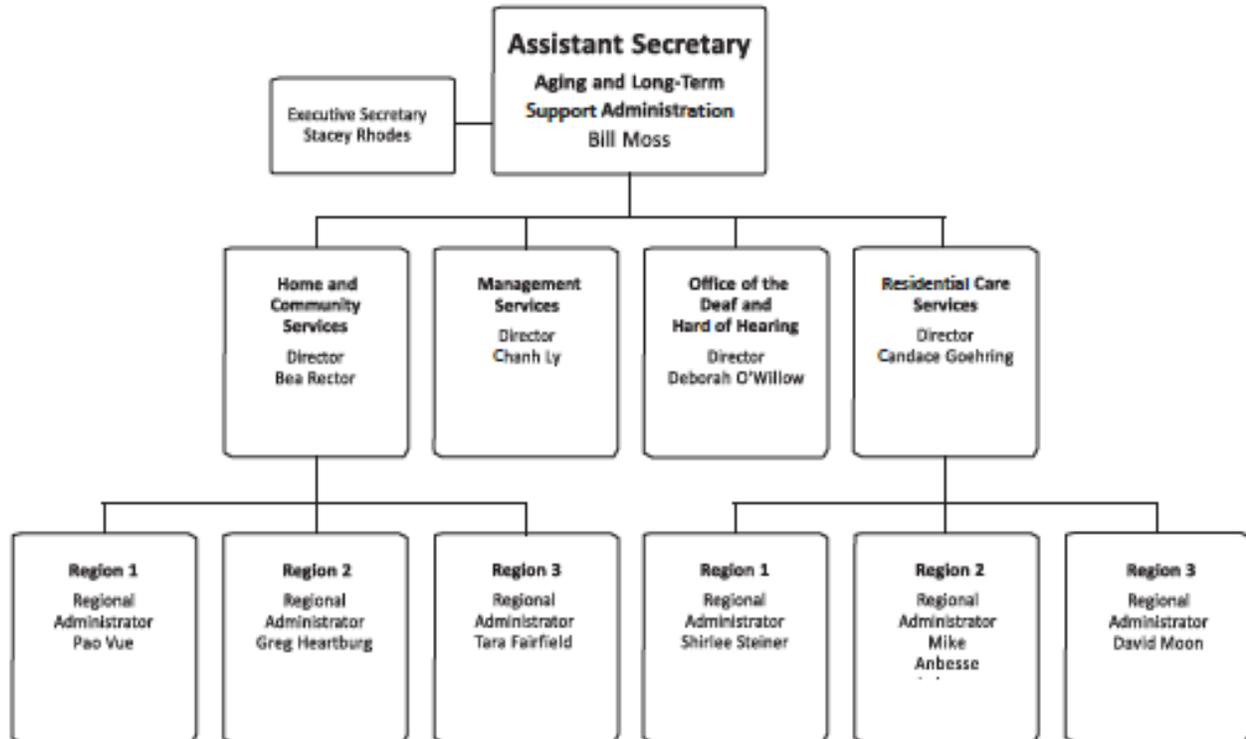
Additional important work in ALTSA

- Work with tribal governments to plan, develop and implement the Money Follows the Person Tribal Initiative designed to: support seamless access to Medicaid-funded services; reduce the need for services provided in institutional settings; and increase the ability to provide culturally-relevant, long-term services and supports in tribal communities.
- Build a sustainable future through development and implementation of innovative services designed to leverage federal funding and assist individuals and their caregivers to manage their own care when possible.
- Support the work of the Joint Legislative Executive Committee in planning for aging and disability issues.
- Increase system capacity and practice of person-centered service planning and options counseling.
- Develop a sustainability plan for grant-funded, evidence-based practice interventions in collaboration with the Department of Health.
- Establish partnerships with other state agencies, educational school districts, federal agencies, universities and colleges, and Washington tribes to advance the capacity of Washington state to effectively support individuals and families who have experienced a Traumatic Brain Injury and to educate citizens on preventing brain injury.
- Continue to develop specialized information, supports, and support groups for people with traumatic brain injury in community-based settings, in hospitals and in nursing homes.
- Continue to provide critical services and supports for relatives raising children who have many unmet needs and are not involved with the DSHS child welfare system.
- Support a statewide lifespan respite voucher system to serve unpaid family caregivers who are not served through, or do not qualify for, other existing formal respite services.
- Update the Cultural Competence Action Plan to address: cultural competence accountability measures; building community partnerships and ensuring language access. Strive for ALTSA staffing to better reflect the population served.
- Continue work with stakeholders to improve Adult Family Home Specialty Training Curriculum as identified in House Bill 5630.
- Continue to ensure access to, and the availability of, a well-trained and qualified provider workforce statewide. Continue to work with service providers, training programs, the Department of Health, and disability advocates addressing barriers to a stable home and community-based workforce.
- Continue to work with Area Agencies on Aging to deliver quality services pursuant to the federal Older Americans Act. This includes providing technical support and monitoring to ensure value-based service delivery according to local Area Plans.
- Within DSHS, work with the federal Housing and Urban Development, the state Department of Commerce, local housing authorities, and landlords to develop affordable and accessible housing options for individuals served by ALTSA.



Organizational Chart

Department of Social and Health Services Aging and Long-Term Support Administration



August, 2015

