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Washington State Plan on Aging



Aging & Long-Term Support Administration
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Executive Summary

Every four years, the Aging and Long-Term Support Administration (AL TSA), a part of the Washington State Department of Social and Health Services (DSHS), has the opportunity to develop a State Plan on Aging. The State Plan on Aging is mandated through the Older Americans Act (OAA). It is guided by requirements set forth under the OAA, and informed by stakeholders, state policy, the AL TSA Strategic Plan, and the Joint Legislative Executive Committee on Planning for Aging and Disability Issues.

The United States Congress first passed the OAA into law in 1965, establishing a federal and state aging network to support community social services for older adults. Over the past six decades, Washington has transformed these services and programs to better support our population's older adults. As the OAA approaches its 60th year since authorization, we continue to innovate the services that support individuals eligible for its programs, adults aged 60 and over.

AL TSA is designated as Washington's State Unit on Aging to administer the federal programs under the OAA. We support the choice and independence of older adults through an array of long-term services and supports (LTSS). By partnering closely with Washington's thirteen Area Agencies on Aging (AAAs), tribal partners, and contracted service providers, AL TSA continually works toward improving the state's system of LTSS.

Washingtonians, compared to the national average, are experiencing greater longevity. Washington has the second highest life expectancy at birth in the U.S., and fourth highest life expectancy at age 65 ([National Vital Statistics Reports Volume 71, Number 2 August 23, 2022 \(cdc.gov\)](#)). In addition to longer life expectancy, Washington has a total population of older adults that continues to grow. In 2022, the population of adults aged 65 and older was estimated at 1,347,576, over 17% of Washington's total population. The estimated population for adults aged 60 and over (individuals eligible for programs under the OAA), was 1,836,479 in 2022, representing over 23% of the state. By the year 2050, the number of adults over 60 is forecasted to represent over 29% of the state's total population ([Washington OFM Forecast Data](#)).

Additionally, Washington's population of adults aged 75 and above is forecasted to outpace the growth of younger adults over the next two decades. Given these changing demographics, we must continue to build our LTSS workforce while reducing the barriers to access home and community-based services (HCBS).

As Washington's population of older adults increases, we have the opportunity and challenge to provide innovative services that support the best possible outcomes for individuals. Furthermore, Washington's older adults are growing in both number and diversity. The state of Washington is committed to advancing equity through the newly formed Office of Equity. The Office of Equity is helping to drive meaningful change by promoting pro-equity antiracist (PEAR) structures among all of Washington's state-supported agencies.

The COVID-19 pandemic presented tremendous challenges to Washingtonians. Older adults, particularly from historically marginalized communities, have experienced disproportionate impacts from this global pandemic ([COVID-19 morbidity and mortality by race, ethnicity and spoken language in Washington state](#)). As we recover from the pandemic, AL TSA will continue to develop strategies to deliver equitable services and supports to the increasingly diverse population of older adults in our state.

Washington continues to build a coordinated system of LTSS that promotes quality of life and independence through federal- and state-funded programs. AL TSA supports these programs through its four service divisions: Home and Community Services, Adult Protective Services, Residential Care Services, and the Office of the Deaf and Hard of Hearing. Together, these divisions serve over 170,000 individuals and 13,000 unpaid family caregivers through OAA services, and over 66,000 individuals through Medicaid funded LTSS.

The OAA core programs were established to assist older individuals in securing equal opportunities to access long-term services and support healthy aging. These services target individuals in greatest economic and social need. AL TSA and Washington's thirteen AAAs develop strategies to enhance the experience for older adults accessing services as well as their paid and unpaid caregivers.

Lastly, Washington promotes the independence of older adults by creating a system that supports living in one's home or community-based setting of choice. AARP reports that over three quarters of adults aged 50 and older would prefer living in their homes for the long term ([New AARP Survey Reveals Older Adults Want to Age in Place](#)). Supporting us as we age in place, it will be essential to address the interventions needed to support independence and a healthy life and add value to the fabric of our communities.

This State Plan on Aging is guided by five key topic areas set by the Administration for Community Living to help states develop planning efforts. For this State Plan period, these topic areas are:

1. Advancing Equity
2. COVID-19 Recovery
3. Older Americans Act Core Programs
4. Building a Caregiving Infrastructure
5. Expanding Access to Home and Community-Based Services (HCBS)

This State Plan on Aging will provide context by introducing Washington's aging network of long-term services and supports. Following an overview of the state's current and planned efforts to address the topic areas noted above, we will provide goals, objectives, strategies, and outcomes planned to promote the wellbeing of older Washingtonians over the next four years.

Introduction

The Washington State Plan on Aging is developed in consultation with AL TSA leadership, program staff, and review from Washington's Area Agencies on Aging area plans. The plan incorporates information from several needs assessment activities to evaluate the diverse experiences of older Washingtonians within our system of LTSS.

The State Plan on Aging undergoes a public review period and is presented for final approval through the State Council on Aging public meeting in June 2023. The plan will present data trends in Washington and outlines the current and planned activities underway at AL TSA to support Washington's older adults.

Aging and disability network and long-term support structure

Aging and Long-Term Support Administration

The Aging and Long-Term Support Administration (AL TSA) promotes choice, independence, and safety through innovative services and partnerships with tribes, AAAs, advocates, providers, and caregivers to support older adults and people with disabilities so they can live with good health, independence, dignity, and control over decisions that affect their lives.

The core of the State Unit on Aging (SUA) Older Americans Act work is based in the Home and Community Services Division of AL TSA. The purpose of the Home and Community Services (HCS) Division is to promote, plan, develop and provide long-term care services responsive to the needs of persons with disabilities and older adults with priority attention to low-income individuals and families. We help people with disabilities and their families obtain appropriate quality services to maximize independence, dignity, and quality of life. We work with aging and disability advocates, including the State Council on Aging and Area Agencies on Aging (AAAs), to ensure a person-centered service delivery system.

AL TSA offers services that empower older adults and people with disabilities to remain independent and supported in the setting of their choice. This includes operating the state's LTSS Medicaid waivers. This is accomplished through person-centered case management that works with individuals to build a care plan that reflects individual choices and preferences.

AL TSA is also responsible for protecting the safety, rights, security, and well-being of people living in licensed or certified care settings through its Residential Care Services division licensure oversight. The Adult Protective Services division's purpose is for the protection of vulnerable adults from abuse, neglect, abandonment, and exploitation in all settings.

AL TSA partners closely with the Washington's aging network of AAAs, service providers, and stakeholder groups to better coordinate statewide LTSS. Leadership from W4A and AL TSA meet several times per month to engage in various workgroups. This work focuses on policy, contracting, programs, and other planning efforts to promote a more efficient and coordinated system for older adults.

State Council on Aging

The Washington State Council on Aging (SCOA) serves as an advisory council to the Governor, Secretary of the DSHS, and Washington's State Unit on Aging (AL TSA). Established under the Older Americans Act, this council speaks as a unified voice advocating on behalf of older adults across Washington State. Council members are designated by the Governor and consist of one member appointed by AAA Advisory Councils from each of the 13 planning and service areas. The Governor appoints one member from the Association of Washington Cities and one member from the Washington State Association of Counties. In addition, the governor may appoint not more than five at-large members to the council. This is to help ensure there is representation from rural areas (those areas outside of a standard metropolitan statistical area), minority populations, and individuals with special skills that can assist the state council. Two of the 13 advisory council positions are designated from members of tribal nations. The speaker of the House of Representatives and the president of the Senate each appoint two non-voting members to the council—one from each of the two largest caucuses in each house.

Washington’s Area Agencies on Aging and the Long-Term Support Network

At the core of Washington’s long-term support network is Washington’s Area Agencies on Aging and local service providers. In Washington State, there are thirteen Area Agencies on Aging (AAAs) designated by AL TSA. AAAs are contracted by the state to carry out several LTSS efforts in their planning and service areas, including:

1. advocating for the development of comprehensive and coordinated community based LTSS,
2. developing and carrying out an area plan for their service areas, and
3. establishing an advisory council to review plans, conduct public hearings, and represent the interest of older adults.

The Washington Association of Area Agencies on Aging (W4A) is a member organization made up of leadership from Washington’s thirteen AAAs. W4A’s mission is “to advocate at the local, state, and federal level for services and supports that enhance the lives of older adults, adults with disabilities, and their caregivers in Washington State” ([Advocacy \(agingwashington.org\)](http://Advocacy (agingwashington.org))). The association works with community partners to provide a comprehensive and coordinated approach to supporting clients to live independently, while advocating to enhance the work of staff, caregivers, and long-term support network.

Local service providers are subcontracted under AAAs to provide a wide variety of long-term services and supports. Many providers are funded in part by OAA or Medicaid funds. Others may include senior centers, hospitals, or faith-based organizations that may braid other funding sources to support their services.

In coordination with AAAs and contracted local service providers, AL TSA’s services include, but are not limited to the following:

Core OAA/non-Medicaid Services (available throughout state)

- Community Living Connections, focal point of our No Wrong Door system
- Legal services
- Nutrition Services
 - Senior Nutrition Programs
 - Congregate meals
 - Home-delivered meals
 - Nutrition education
 - Senior Farmers Market Nutrition Program
- Family Caregiver Support Program
- Evidence-Based Programs
 - Health maintenance
- Kinship Care
 - Kinship Caregiver Support Program
 - Kinship Navigator Services
- Senior Drug education
- Adult Protective Services (APS)
- Elder abuse prevention
- Office of the Deaf and Hard of Hearing
- WA Cares LTC Trust Fund
- Dementia Action Collaborative
- Traumatic Brain Injury Strategic Partnership Advisory Council
- Senior employment

OAA Services available in parts of the state

- Transportation services
- Chore services
- Personal care
- Visiting and telephone reassurance
- Minor home repair and maintenance

- Adult Day Care
- Adult Day Health
- Assistive technology
- Medication management
- Mental health services
- Health screening

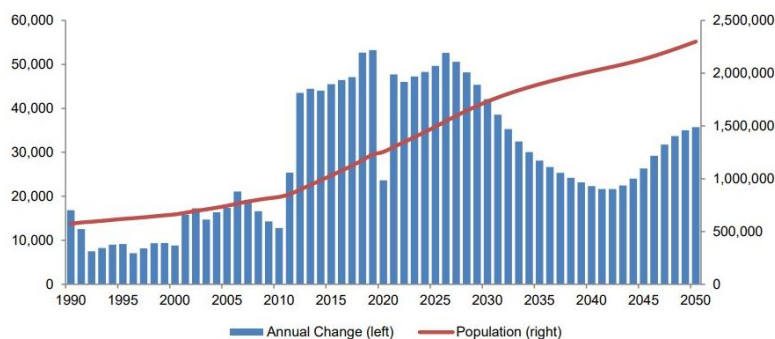
Medicaid Funded Services

- Assessment of functional and financial eligibility for Medicaid LTSS
- Home and Community Based waiver services
 - 1915(c) Community Options Program Entry System (COPES)
 - State Plan Medicaid Personal Care
 - State Plan Community First Choice
 - 1915(c) New Freedom
 - 1915(c) Residential Support Waiver
- Case management/Nursing services
- Many ancillary services available under Medicaid waivers or Medicaid State Plan
- Medicaid Alternative Care and Tailored Supports for Older Adults (MAC/TSOA)
- 1115 Medicaid Transformation Demonstration: Foundational Community Supports (Housing, Employment)
- Nursing facility case management and relocation
- State hospital & Acute hospital discharge & diversion
- Roads to Community Living
- Health Homes
- Private duty nursing
- Specialized Dementia Care
- Workforce Development
- Program for All-Inclusive Care for the Elderly (PACE)

Trends

In 2023, the estimated number of adults aged 60 and over is 1,883,911, representing over 23% of the state. By 2030, the baby boomer generation (those born between 1946 and 1964) will be 65 or older and make up 1 of every 5 individuals in Washington. By the year 2050, the number of adults over 60 is forecasted to represent over 29% of the state's total population.

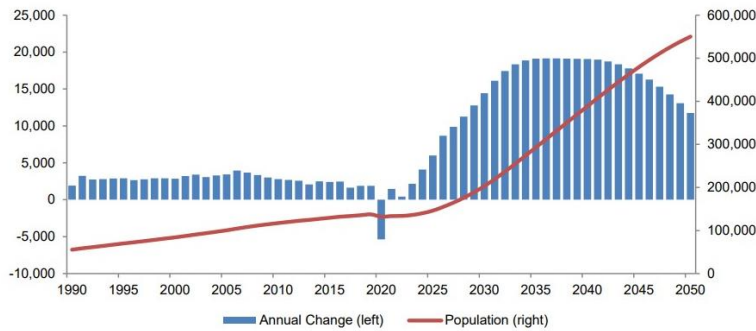
Population Characteristics Ages 65 and Older



As Washingtonians live longer and healthier lives, older adults aged 85 and over experience the greatest need for LTSS. Over the next three decades, adults aged 85 and older is forecasted to increase by over

400,000 individuals—over 4 times the current amount. The rapid growth of those 85 and above will continue to drive state budget considerations in the coming decades. Washington continues to rebalance its system of LTSS to better support individuals through home and community-based programs. These two graphs illustrate the devastating impact of COVID-19 in 2020 and beyond.

Population Characteristics Ages 85 and Older

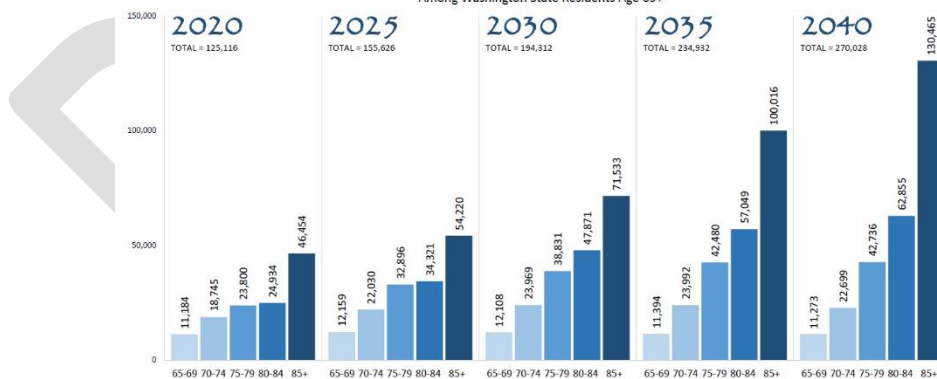


Dementia As Washingtonians experience greater longevity, the number of persons living with dementia is expected to rise. In 2020, DSHS Research and Data Analysis estimates there were about 125,000 individuals in Washington State living with Alzheimer’s disease or other dementias (Long-term forecasts of dementia prevalence are based on observed prevalence rates for Washington State Medicare beneficiaries and detailed OFM forecasts of state population change through 2040.). By 2030, this number is expected to rise to above 194,000 people. Alzheimer’s disease is the third leading age-adjusted cause of death in Washington State. The Dementia Action Collaborative in Washington State continues to help in addressing this critical need through additional state planning efforts.

Housing Affordable and accessible housing continues to be a priority issue for older adults in

Forecast Number of Persons with Dementia

Among Washington State Residents Age 65+



Washington State, as referenced in the State Plan on Aging needs assessments. Older adults, many of whom live on fixed incomes continue to face the challenges of higher living costs. Between 2018-2021, the median home price in Washington State increased by over \$198,000, or 54%. As increasing home prices present added barriers for lower income individuals, there is a growing need for more affordable rental options throughout the state. The 2021 National Low Income Housing Coalition Gap Report shows that seniors make up 30% of extremely low income renter households in Washington State ([Washington | National Low Income Housing Coalition \(nlihc.org\)](https://www.nlihc.org/)). A statewide shortage of rental homes that are affordable and available increases the likelihood that severely cost burdened poor households will sacrifice other needs, such as healthy food or healthcare to pay for housing.

Hunger In 2021, Feeding America found that 7.1% of older Americans aged 60 and above were food insecure ([State of Senior Hunger | Feeding America](#)). Food insecurity is defined by the United States Department of Agriculture as the lack of access, at times, to enough food for an active, healthy life. Additionally, the impacts of food insecurity disproportionately affect communities of color. Adding to the issue of food security are inflation, resulting in higher food costs and pandemic related nutrition assistance coming to an end. As the population of older adults grows, it is expected that the population of older adults experiencing food insecurity will also rise, even in Washington where the statistic is lower than the nationwide average.

Needs assessment activities

AL TSA conducted a survey in the fall of 2022 among older adults, family members, service providers, and caregivers to better identify the needs and concerns around aging issues in Washington. The survey was marketed through AL TSA’s GovDelivery platform and provider networks. A total of over 750 individuals participated in the survey. Respondents identified the following issues as the most important facing older adults today:

1. Housing that is affordable
2. Aging in place
3. Financial security/money to live on

Additionally, respondents were provided the opportunity to write in their comments on the needs, priorities, and access to services of older adults in Washington State. Again, the top concern in these responses involved housing, followed closely by affordable care options.

Following the State Plan on Aging survey, AL TSA held a series of equity-based focus groups in the Spring of 2023. The purpose of these focus groups was to:

- gather feedback from older adults, family members, caregivers, and service providers,
- hear from Washington’s diverse communities about experiences when accessing services,
- discuss individuals’ experiences, successes, and challenges with Washington’s system of long-term services and supports, and
- inform the Washington State Plan on Aging.

Over these three Equity Focus Group sessions, participants shared insights into their diverse experiences with the long-term supports. Participants highlighted several themes throughout these sessions, including the importance of transportation/access to services, the need for housing options that are affordable, additional supports for caregivers, and improving access to/helping navigate services.

Real time data provides a unique opportunity to assess the needs of individuals throughout the state. Washington’s 2-1-1 service is a free confidential community service that connects callers to local services ([211Counts Washington](#)). Local and state level data can be gathered through this resource to see what services are most requested. During the period of May 2022 through May 2023, Washingtonians requested information on “Housing & Shelter” most frequently, followed by “Healthcare & COVID-19”. Adults aged 60 and older provided over 18% of the nearly 700,000 requests. This information supports many of the themes gleaned from other needs assessment activities.

Additional information on the State Plan on Aging Survey, as well as the Equity Focus Groups may be found in the appendices of this plan.

Equity

AL TSA has long been a national leader in promoting choice and independence through its variety of long-term services and supports (LTSS). AL TSA has developed this system of LTSS over [decades of innovation](#), during which leaders have leveraged federal and state funding to strengthen its mission of transforming lives. This single mission, to transform lives, rests upon the values of diversity and inclusion to better serve clients across each administration within Washington’s Department of Social and Health Services. While AL TSA has always been dedicated to equitable and inclusive practices, the COVID-19 pandemic has elevated the need to address systemic inequities and continuously improve services provided to Washington’s older adults.

In April of 2020, the Washington State Legislature established a new office solely committed to address equity across state services. The [Office of Equity](#) was created to work with state agencies to provide all Washingtonians with access to opportunities, shared power, relational partnership, and resources to achieve their full potential. As we emerge from the public health emergency, pro-equity antiracist (PEAR) planning efforts guide the work ahead to promote equitable access for individuals with greatest need for LTSS.

As part of this update, AL TSA looked at several equity topic areas, including but not limited to, determining services needed and effectiveness of programs, policies and services for older individuals whose needs were the focus of all centers funded under Title IV discretionary grants, engagement and outreach to individuals whose needs were focus of all centers funded under title IV, social determinants of health of older individuals, serving older adults living with HIV/AIDS, and supporting participant-directed/person-centered planning for older adults and their caregivers across the spectrum of LTSS, including home, community, and institutional settings.

Addressing Alzheimer’s disease and other dementias

In 2013, Governor Inslee assembled an Aging Summit combining the efforts of public and private sector leaders to address the growing needs of an increasing population of older adults in the state. Out of this summit, the legislature passed [Substitute Senate Bill 6124](#) in 2014 which entrusted DSHS with developing a state plan to address Alzheimer’s disease (AD). The Alzheimer’s Disease Working Group (ADWG) was established through this legislation to develop this statewide plan to examine the needs of individuals with AD and to assess the state’s current and future capacity to support these needs. The ADWG published the first “Washington State Plan to Address Alzheimer’s Disease and Other Dementias” in 2016, and developed seven high level goals for Washington State:

1. Increase public awareness, engagement, and education
2. Prepare communities for significant growth in dementia population
3. Ensure well-being and safety of people living with dementia and their family caregivers
4. Ensure access to comprehensive supports for family caregivers
5. Identify dementia early and provide dementia-capable, evidence-based health care
6. Ensure dementia-capable services and supports are available in the setting of choice
7. Promote innovation and research for causes of and effective interventions for dementia

Out of this 2016 plan came a call to form a next generation workgroup, which resulted in the formation of the Dementia Action Collaborative (DAC). A voluntary, statewide group of public and private partners, the DAC continues the critical work of identifying community needs and raising awareness about

dementia in both public and professional spheres. The multi-sector DAC engages both the public and professionals working in the aging network, public health, health care, legal assistance, emergency response, long-term care, and more.

Through these public-private partnerships, which include leadership across several state agencies, the DAC remains committed to preparing Washington State for the growth of populations living with dementia. Their work is focused on public awareness, engagement, education, and improving care for people living with dementia, and has been instrumental in developing key resources for family and care partners affected by dementia. The Dementia Road Map: A Guide for Family and Care Partners, published in 2017, is an interactive tool which walks readers from early signs of dementia through the disease progression, and offers actionable steps, tips, and resources to manage the disease. Other resources include public awareness campaign materials and strategic partnerships targeted to communities at elevated risk for dementia, the Dementia Friends awareness program, Dementia Legal Planning Toolkit and Dementia Legal Planning Project, Project ECHO Dementia for health care providers, and the development of three pilot programs among Area Agencies on Aging (AAAs) to build dementia-capable communities.

Alzheimer's disease (AD) is the fourth leading age-adjusted cause of death in Washington State, and from 2020-2040 the number of people with AD or other dementias is expected to grow from 125,000 to over 270,000. The work of the DAC was codified in 2022 through the passing of [House Bill 1646](#), which calls for specific membership requirements for the Dementia Action Collaborative (DAC) and updating the Washington State Plan to Address Alzheimer's Disease and Other Dementias. The DAC has been holding public listening sessions and will evaluate and address updated trends, services, and needs of the growing population. An updated Washington State Plan to Address Alzheimer's Disease and Other Dementias will be submitted in fall of 2023. This updated plan when completed, and more on the DAC and its resources may be found at: <https://www.dshs.wa.gov/altsa/dementia-action-collaborative>.

[Washington Community Living Connections](#)

The ability to access information on available long-term services and supports throughout the state is essential for individuals to get the assistance they need. Through the federal No Wrong Door (NWD) initiative, [Washington State's Community Living Connections \(CLC\)](#) network provides Washingtonians with access to local private pay and/or publicly funded LTSS options as well as a management information system for aging network providers to document services. These services use person-centered concepts and skills to promote choice, independence, and safety of older Washingtonians.

AL TSA helps to ensure a comprehensive approach to serve clients through collaborative partnerships with AAAs, aging network organizations, and tribal governments. As a result, these are translated into practice and made visible in our delivery system. Washington's CLC Network plays a crucial role in assisting older individuals of all ages and abilities, as well as their families and caregivers, to get the resources they need in their communities. The CLC is part of a national collaborative effort of the U.S. Department of Health and Human Services, the Veterans Administration, and the Centers for Medicare and Medicaid Services designed to assist all ages, disabilities, and income levels. The CLC efforts are conveyed through four main priorities:

1. Information, referral, and awareness;
2. Options counseling and assistance;

3. Streamlined eligibility assistance for public programs; and
4. Person-centered care transitions supports.

Individuals seeking services have access to an interactive map that displays all service providers in each county with contact information. In addition to the resources provided by the CLC, Washington provides opportunities to survey, assess, and answer the needs of older individuals. For example, specific campaigns at the county and state levels connect older adults to different education programs. Additionally, ALISA convenes monthly policy maintenance and recommendation meetings with AAA partners to review, update, and discuss program activities under the CLC Network. These efforts help to improve the LTSS delivery among aging network partners through a collaborative person-centered planning approach.

Supporting cultural experiences, activities, and services, including in the arts
 Washington's Community Living Connections (CLC) Network provides a platform for older individuals to search for their local service providers that support culturally specific experiences, activities, and services. A goal of this work is to increase access to services to support older adults of all backgrounds. During the previous State Plan period, ALISA added a guided search function to the CLC to improve the way individuals access services. ALISA also updated the resource listings of partnering organizations across the state. This updated search feature allows the public to search by topic areas, such as "Neighborhood and Community Services and Programs" or "Recreation, Arts & Libraries", choose a location based on their counties or zip codes, and connect to and participate in these resources.

Impacting social determinants of health in older adults

Washington has offered Evidence Based Programs (EBP) and Chronic Disease Self-Management Education (CDSME) for over ten years. These efforts aim to lower health care costs and improve patient outcomes by addressing social determinants of health, promoting health equity by increasing access to resources, and building infrastructure to support statewide capacity. Cultural and systemic barriers to health care infrastructure for these programs continue to be assessed, and problem-solved through bi-monthly meeting with network development partners.

The three priorities of this work focus on:

1. Establishing a centralized statewide structure for CDSME and EBP's with capacity for referral, billing, and networking;
2. Building infrastructure and support administrative services to help spread, scale, and sustain Chronic Disease Self-Management Education (CDSME) and other EBP programs; and
3. Promoting health equity by increasing access to CDSME for underserved, primarily rural populations.

Social Determinants of Health



In addition to EBP and CDSME, Older Americans Act (OAA) core programs offered through Washington's aging network, such as Community Living Connections No Wrong Door information and assistance, case management, elder rights, caregiver support, in-home services, and nutrition services aim to serve

populations in greatest social and economic need. These principals of the OAA impact the health and wellness of our communities, are carried out through state/local contracting practices, and are inherent to AL TSA's mission.

Meals adjusted for cultural considerations

Nutrition services is a key component of OAA, and often an entry point to the many other programs and supports that an older adult receives. The purpose of the OAA Nutrition Program is to:

1. reduce hunger, food insecurity, and malnutrition;
2. promote socialization of older individuals; and
3. promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior (42 U.S.C. 3030d–21).

Washington is a geographically and culturally diverse state, with data showing increasing diversity amongst the state's LTSS clients receiving services (DSHS Research and Data Analysis Division, Integrated Client Databases). As the state's population of older adults grows in overall size as well as diversity, nutrition services will continue to advance as well. Many AAAs across the state provide meals tailored to culturally specific populations through ethnic meal sites and menu options. As access to this critical service helps to reduce food insecurity, it is crucial that these cultural considerations reflect the diversifying population of older adults in our state.

Over this next plan period, AL TSA will review and update state nutrition program guidelines in consultation with AAA and Senior Nutrition Program provider partners to improve inclusive and equitable access to nutrition services that reflect communities throughout the state. Nutrition programs have swiftly acted to support the growing needs of older adults and adults with disabilities throughout the pandemic. Their efforts during the COVID-19 pandemic translated into serving over twice as many home-delivered meals to clients and serving over three times as many individuals as compared to 2019. A continued partnership with AAAs and Washington's Association of Senior Nutrition Providers (WASNP) will assist implementing these critical service updates.

Serving older adults living with HIV/AIDS

In partnership with the Washington Department of Health (DOH), the Early Intervention Program (EIP) provides eligible older adults living with HIV/AIDS with services costs related to prescription medications, medical and mental health care, and dental care. These services are confidential, and service providers are trained to maintain confidentiality throughout the process. The mission of the EIP is to suppress viral load by ensuring access to quality services for people living with HIV in Washington.

In addition to the service provided under the EIP, the DOH offers medical HIV Case Management services. As a result, the DOH contracts with agencies throughout the state to help connect people living with HIV to health services and resources. HIV medical case managers supervise this work and ensure that people living with HIV receive access to services and receive supports they need to improve and maintain their health. The department also has Spanish-speaking HIV medical case managers. These case management services are offered across the state in partnership with local organizations including LGBTQ + organizations.

Supporting participant-directed/person-centered planning for older adults and their caregivers across the spectrum of LTSS, including home, community, and institutional settings.

Person-centered planning is “a process for selecting and organizing the services and supports that an older adult or person with a disability may need to live in the community” ([Person Centered Planning | ACL Administration for Community Living](#)). This process is inherent to the priorities of AL TSA, which aim to serve individuals in their homes or in community-based settings of their choice. To better support this planning process, AL TSA continues to expand opportunities to educate partners in using person-centered approaches, including AAAs, Traumatic Brain Injury Strategic Partnership Advisory Council, CLC partner agencies, and Home and Community Services Division ([curriculum handout \(nat\).pdf \(airs.org\)](#)).

AL TSA will focus on developing and expanding approaches to serve older adults, Medicaid recipients, and caregivers. Current action plans include partnering with AAAs to build system and policy enhancements, person-centered planning, staff and provider training, and data analysis. In addition, AL TSA will increase outreach, enrollment, and support of caregivers and care-receivers (dyads) to counteract the higher churn (shorter length of stay) dyads experience and develop a sustainability plan for legislative consideration that shows the results and cost-effectiveness of supporting care recipients and caregivers. The success of this action will be measured by evaluating the diversion or delay of individuals' need for more intensive Medicaid long-term services and supports, emphasizing support of family caregivers, and increasing the proportion of dyads to individuals enrolled in Tailored Supports for Older Adults (TSOA) by three percent by December 2025.

Additionally, AL TSA established the Service Experience Team (SET) in 2017 with the purpose to educate, discuss and provide feedback representing individuals who are receiving HCBS. This team consists of 12 individuals across the state that receive LTSS and can speak to issues with lived experience within the current system. As an advisory group to the Home and Community Services Division at AL TSA, SET team acts as a voice for people receiving LTSS services across the state to promote choice, quality of life, health, independence, safety, and active engagement of HCBS programs. SET continues outreach for increased representation for various demographic groups, and provides regular feedback through a public webpage development ([Service Experience Team \(SET\) | DSHS \(wa.gov\)](#)) and regular report-outs to the HCS staff.

Pro-Equity Antiracist Plan and Playbook

Equity, diversity, access, and inclusion continues to be a priority of AL TSA and the state of Washington. Under the newly formed Washington State Office of Equity, pro-equity antiracist ([PEAR](#)) plans guide the work of each state agency. With these continued investments in PEAR services and practices, Washington will be measured using values-driven, community-centered data with goals of impacting determinants of equity ([Data | Office of Equity \(wa.gov\)](#)).

COVID-19

Washington has long been considered a leader in the field of long-term services and supports by promoting choice, independence, and commitment to innovation. In many other ways, Washington has also led the way through the COVID-19 pandemic. Washington functioned as the epicenter for the COVID-19 pandemic in the United States, having both the first reported U.S. case (January 20, 2020) as well as the first reported U.S. death (February 29, 2020) of an individual who had acquired the virus from an outbreak at a local nursing facility ([CDC Museum COVID-19 Timeline | David J. Sencer CDC Museum | CDC](#)). From its onset, this public health emergency initiated a transformative change in the delivery of long-term services and supports (LTSS) to older adults, people with disabilities, and caregivers across Washington.

Providing services that are part of a Public Health Emergency and emergency preparedness

Throughout the COVID-19 pandemic, Washington leveraged existing relationships among state agencies, federal administrations, and aging network partners to swiftly transform the systems that support the state's most vulnerable individuals. At the onset of this public health emergency (PHE), ALISA leadership implemented an incident command structure to prioritize needs and coordinate work across these partnerships. This structured approach helped to direct efforts and developed the following strategies to continue serving individuals in their home or community-based settings of choice: communicating with federal authorities, obtaining flexibilities within federal or state regulation, prioritizing safety, distributing resources to providers, modifying service delivery, and assisting in transitioning clients from acute care settings to HCBS.

The public health emergency created an urgent need to modify many long-term services and supports. By obtaining federal flexibilities at the onset of the pandemic, Washington could better prioritize the safety of clients, assessors, and case managers throughout the following years. During the pandemic, Washington applied for waivers through the Centers for Medicare and Medicaid Services (CMS) and the Administration for Community Living (ACL). This included Appendix K waivers that allowed for emergency flexibilities in home and community-based waiver services and waivers to the 1115 Medicaid Transformation Project (MTP) to extend programs into additional service years.

Additionally, ALISA assessed and modified state level policy to maintain a safety for its clients. Stay-at-home orders and mandatory closures of businesses in March of 2020 had wide-ranging impacts on the service delivery systems in our state. The direct care workforce, already challenged to meet the increasing demand of a growing population, required state level actions to expand flexibility for training deadlines, certification, and fingerprint-based background checks for providers. This involved an increase in the availability of online training, regular communications with the legislature and stakeholders, providing regular updates to policy guidance, and addressing collective bargaining agreement memorandums of understanding (MOUs). As a result of these actions, Washington delivered targeted rate increases for providers, purchased and distributed significant amounts of personal protective equipment (PPE) to HCBS providers, and assisted Residential Care Services (RCS) providers through weekly virtual town halls to discuss best practices, as well as conducting focused infection control visits, emphasizing health and safety practices through a consultative approach, to all licensed RCS providers across the state.

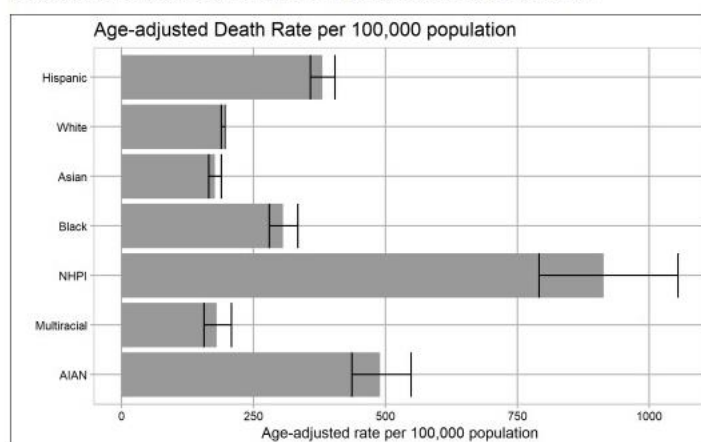
As of the end of the PHE on May 11, 2023, Washington had determined which flexibilities we want to keep through waiver amendments or state policy change and was unwinding those that would end according to the schedule for the waiver or state plan authority they were granted under.

Social Isolation

Social isolation and loneliness contribute to a variety of health issues. Although older adults have experienced social isolation long before 2020, the COVID-19 pandemic intensified the need to address this issue across Washington.

Social isolation refers to being alone and having infrequent or no social contacts. Older adults experience social isolation at high rates. Furthermore, data shows that BIPOC communities are disproportionately impacted by COVID-19 in several substantial ways, including significantly higher case rates, hospitalization rates, and death rates compared to white populations ([COVID-19 morbidity and mortality by race, ethnicity and spoken language in Washington state](#)).

The following graph indicates the age-adjusted death rate among COVID-19 cases per 100,000 population by race/ethnicity during the time period 2020-03-01 to 2023-04-08



Source: Electronic Death Registration System (EDRS) and Washington Health and Life Events System (WHALES)

AL TSA, in collaboration with the Washington State Department of Health, AAAs, and other aging network organizations, established a project team to develop a resource to mitigate the adverse effects of social isolation. This resource, titled “Social Isolation in Washington State”, was published in 2021 and disseminated publicly to share best practices and interventions throughout the aging network ([HCS Isolation Paper UPDATED 5.7.2021 \(wa.gov\)](#)). This resource guides our implementation going forward.

Assistive Technology

The pandemic has challenged the way LTSS is delivered in our state, and one way to help mitigate this effect is using assistive technologies. Assistive technology is “any item, device, or piece of equipment used to maintain or improve the independence and function of people with disabilities and seniors, in education, employment, recreation, and daily living activities” ([Assistive Technology | ACL Administration for Community Living](#)). Washington has implemented the use of assistive technology through several programs and pilots. Through AL TSA’s Roads to Community Living demonstration project, clients can access assistive technology and training for clients/caregivers to improve functional capabilities while transitioning from residential settings back into the community.

The availability of virtual services has also become more prevalent during the pandemic. Washington has partnered with Trualta, which provides online education and a social forum platform for unpaid caregivers. This easy to access online training program offers quick lessons on personal care, injury prevention, dementia, caregiver wellness, and many other topics. Additionally, Washington has partnered with [GetSetUp](#), an online education platform for older adults allowing participants to both teach, learn, and engage in a social forum.

In partnership with AAAs, ALTSA has piloted robotic pet program to help reduce the negative effects associated with social isolation and loneliness. This program provides robotic pets to older adults experiencing loneliness or social isolation, which are designed to offer companionship, comfort, and fun to loved ones. These interactive cats and puppies engage owners and can benefit family caregivers, people with dementia, or individuals with intellectual or physical disabilities by improving mood, showing affection, and decreasing stress/anxiety.

Trauma Informed Services and Screening for Suicide Risk

ALTSA supports person-centered, trauma-informed decision making by prioritizing an organizational culture that promotes employee engagement. This will be accomplished by supporting several ongoing employee engagement workshops, additional training opportunities through the Washington State Learning Center, and expanding development opportunities for staff.

While trauma informed, person-centered practices are built into the training and assessment tools throughout the aging network, ALTSA continues to explore the area of screening for suicide risk at the statewide level. CARE Assessment tool used in Medicaid LTSS has screened for Suicide since 2004. Protocols are in place for the levels that may be triggered by positive answers. The advent of the federal 9-8-8 call system is a welcome new resource for individuals and social workers. Inclusion of Immunization Status, Infectious Disease, Vaccine-Preventable Disease in Evidence-Based Health Promotion Programs

ALTSA assisted clients during the COVID-19 pandemic through the distribution of Wellness Education. The goals of Wellness Education (WE) services are to increase client health literacy, engagement with healthcare providers, engagement with community resources, and support individuals to be empowered to achieve their own health and well-being goals. Information on infection control, isolation, reducing exposures, and vaccinations was provided in 25 languages to help promote the health literacy of approximately 47,000 individuals.

A new question for COVID vaccine status was added to the CARE Assessment tool, alongside existing questions for Flu and Pneumonia vaccine status, so person-centered support could occur.

Services as a Part of the PHE and Emergency Preparedness

In addition to state level planning efforts discussed throughout this plan, AAAs develop regionally tailored Area Plans for their service areas. Area Plans help to identify the needs of older adults and coordinate services for these needs. ALTSA provides guidance for Area Plans requiring each AAA to develop a detailed emergency response plan. Within each emergency response plan, AAAs designate personnel and planning tasks, outline letters of agreement with leadership from local emergency operations, set criteria for identifying high risk clients, and moving forward, describe policies & procedures developed or implemented as a part of the COVID-19 pandemic.

ALTSA and AAAs prioritized the health & safety of their clients and staff by following state and local health guidance. In Snohomish County, the site of the nation's first confirmed COVID-19 case, AAA staff coordinated with ALTSA to prioritize sending personal protective equipment (masks, gloves, hand sanitizer, etc.) to clients and their caregivers with confirmed or presumed COVID-19 infections. Snohomish County also prepared a senior survey to assess the impacts of the COVID-19 pandemic on older residents ([COVID-19-Seniors-Survey-Report \(snohomishcountywa.gov\)](https://www.snohomishcountywa.gov/COVID-19-Seniors-Survey-Report)).

The westernmost region of Washington includes many geographically isolated areas and is served by the Olympic Area Agency on Aging (O3A). The COVID-19 pandemic presented an emergency that could not be fully captured in O3A's previous disaster planning efforts. During the pandemic, O3A developed new partnerships with Local Health Jurisdictions and emergency management departments to better serve clients in future emergencies. This coordination was forged in an unprecedented, long-term event that will be relevant in years to come.

In King County, the most populated county in Washington, Aging and Disability Services (ADS) developed a series of COVID-19 flyers to help educate older adults and staff on the following topics: Guidance for case management home visits during pandemic, Guidance for nursing visits during pandemic, ADS Meal Delivery, COVID-19 Testing, Home Care Agency worker directions for home care during COVID-19, Mask and Face Coverings-appropriate use, Personal Protective Equipment (PPE)- training and education, including donning and doffing equipment, Prescription Medication access, Senior Center re-opening guidance, and Transportation resources. Additionally, ADS modified congregate meal programs to maintain nutrition services for older adults through the statewide stay-at-home orders.

In Central Washington, Aging & Adult Care (AACCW) supported isolated rural older adults through the purchase and delivery of nearly 1,000 cases of emergency food supplies. Covering a six-county region, each individual receiving a case was supported with shelf-stable nutrition for over a month. The Yakama Nation Area Agency on Aging provided added support to local elders through similar efforts. Using OAA Title VI funding, Yakama supported 200 care packages for clients. Additional food donations, including 75 boxes of seafood, food donations from a local casino, and a buffalo were used to supplement the emergent nutrition needs of homebound individuals.

This section represents a thin slice of the work that went into supporting older adults during the COVID-19 public health emergency. Long-term care workers across Washington, in urban and rural communities from community-based to residential care, addressed unpredictable challenges on a daily basis throughout the pandemic. Many of these challenges continue to affect the direct care workforce, older adults, and unpaid caregivers. As we continue to assess impacts from COVID-19, the services and emergency planning efforts will evolve to support this shifting landscape.

COVID-19 Supplemental Funding

The COVID-19 pandemic spurred a series of supplemental federal funding acts that helped to support Washington's aging network of AAAs and service providers. During this time of unprecedented need, supplemental funding bolstered AAAs' ability to deliver essential LTSS to a growing number of older adults in need of services. The American Rescue Plan Act (ARPA), Consolidated Appropriations Act (CAA), Coronavirus Aid, Relief, and Economic Security Act (CARES Act), and the Families First Coronavirus Response Act (FFCRA) increased funding to existing OAA programs and expanded funding to emergent services during the PHE.

In Washington, ARPA funds supported AAAs in disseminating credible information about vaccines, targeting outreach and transportation to those in greatest need, and assisting individuals to set-up or schedule appointments for vaccines. Nutrition service providers transformed delivery models and served over three times as many participants through OAA home delivered meal programs. Nutrition providers throughout the state transformed their services to feed more vulnerable older Washingtonians and delivered creative, impactful solutions for their communities.

Innovative practices to increase access for those with mobility and transportation issues as well as those in rural areas

The pandemic introduced the widespread use of alternative service models throughout the state's system of LTSS. For example, telephonic assessments allowed case managers, care coordinators, and other intake staff to safely assess clients due to public health measures. Nutrition programs modified their services to provide "take-out" meals for older adults that had previously dined-in at congregate meal sites. In Eastern Washington, Aging & Long Term Care (ALTCEW) supported older adults in rural communities by establishing partnerships with local restaurants. This program connected older adults with familiar meals from local restaurants allowing participants to continue receiving nutritious meals.

The Chronic Disease Self-Management Education (CDSME) project continues to promote health equity through outreach and education into underserved, rural communities. As previously mentioned, ALTA implemented new partnerships with Trualta (providing free online education for unpaid family caregivers), [GetSetUp](#) (a free online platform for older adults to learn, connect, and teach peers to access technology), and a robotic pet program (providing companion robotic pets to older adults experiencing loneliness and social isolation).

Older Americans Act (OAA) Core Programs

In 1965, Congress passed the landmark legislation known as the Older Americans Act into law. Over a half century later, its passing has helped to build a national aging network that supports older adults and caregivers through an array of social support programs. The core programs of the OAA—nutrition programs, caregiver support, elder rights services, health & wellness programs, and supportive services—are increasingly needed in our growing population of older adults. Washington supports these core services through a combination of federal and state funded efforts aimed at transforming the lives of older adults through choice, independence, and safety through innovative services.

Quality Management

Older Americans Acts programs and services are reported through a statewide managed information system. Beginning in 2022, this statewide data began using the Older Americans Act Performance System (OAAPS) to report the great work of Washington’s LTSS network. Through this reporting system, AL TSA provides an annual report in compliance with Administration for Community Living (ACL) requirements. The OAAPS reporting system went live in 2022 with AL TSA contributing considerable work towards refining the reporting structures and training for aging network partners throughout the thirteen AAAs. AL TSA plans to continue refining this process of data collection, reporting, and monitoring throughout the State Plan period.

Coordinating Title III programs with Title VI Native American programs

There are 29 federally recognized tribes in Washington. Two tribal governments, Yakama Nation and Colville Confederated Tribes are designated as Area Agencies on Aging, serving all residents living on their tribal lands. There are also unrecognized tribes and other individuals of Native American Indian descent who are not members of local tribes.

Federally Recognized Tribes are recognized in federal law as possessing sovereignty over their members and their territory. Sovereignty means that tribes have the legislative, executive, and judicial power to make and enforce laws, and to establish courts and other forums for resolution of disputes.

DSHS, inclusive of AL TSA, follows a government-to-government approach to seek consultation and participation by representatives of tribal governments in policy development and service program activities. This complies with the Washington State 1989 Centennial Accord and current federal Indian policy promoting government-to-government relationships with American Indian Tribes.

AL TSA is responsible for implementing this policy in the planning and delivery of contracted services provided by the AAAs as well as those delivered by State Regional Offices. DSHS Administrative Policy 7.01 spells out a number of important definitions and policies regarding working with American Indian Tribes and requires that a 7.01 Implementation Plan be routinely submitted. All non-tribal governed AAAs are required to develop Section 7.01 plans that are incorporated into their Area Plans and updated on a regular basis. Tribal governed AAAs participate in 7.01 planning with their neighboring AAAs. Area Plan instructions have specifically required that one issue area be devoted to the explanation of how services will be provided to American Indian Tribal members and also meet the requirements for coordination between Title III and Title VI under OAA. The new Intrastate Funding Formula (IFF) being submitted for approval with this State Plan, has new base allocation support for AAA staffing of robust 7.01 planning.

Ensuring incorporation of the new purpose of nutrition programming to include addressing malnutrition

In 2020, Congress reauthorized the Older Americans Act for a five-year period. With this reauthorization, the Senior Nutrition Program included an added purpose of addressing the need to reduce malnutrition. Washington continues to address hunger relief efforts by expanding funding for senior nutrition services. Within the 2023-2027 state plan period, ALTSA plans to incorporate malnutrition into the statewide Senior Nutrition Program Standards revision process. Through this revision process, ALTSA seeks to improve access to education on malnutrition and address the supports for older adults at high nutrition risk.

Preventing, detecting, assessing, intervening, and/or investigating elder abuse, neglect, and financial exploitation

Washington's Adult Protective Services (APS), a division under ALTSA, is dedicated to serving vulnerable adults. APS supports individuals to remain as independent as possible by investigating reports of abuse, neglect, exploitation, and individuals experiencing self-neglect.

As Washington's population of older adults grows, the number of allegations investigated by APS continues to rise as well. The number of reports of abuse, neglect, and exploitation has increased by 36% from 2017 through 2022.

In 2022, APS investigated a total of 58,895 allegations, resulting in 65,833 reports. The largest percentage of allegations, over 28%, involved reports of financial exploitation. This was followed by reports of self-neglect (18.5%) and mental abuse (17.4%) ([2022 Washington State Adult Protective Services Annual Report by dshs_ altsa - Issuu](#)).

ALTSA plans to complete abuse and neglect investigations timely and thoroughly. To accomplish this, ALTSA will:

- Improve the onboarding process to retain trained, skilled staff and build in-training units for Social Service Specialists.
- Improve and streamline the recruiting process.
- Build core competencies of APS field staff.
- Increase staff training on investigation and case closure policy & procedures.

To help measure its success, ALTSA plans to increase the percentage of investigations of adult abuse and neglect completed within 90 days, or remaining open for "good cause," to 98% through June 2025. Additionally, by conducting ongoing quality assurance evaluations, ALTSA aims to meet a 100% timely response to high-priority investigations and 99% for medium- and low-priority investigations through June 2025.

Supporting and enhancing multi-disciplinary responses to elder abuse, neglect and exploitation involving adult protective services, LTC ombudsman programs, legal assistance programs, law enforcement, health care professionals, financial institutions, and other essential partners across the state

During the COVID-19 pandemic, APS developed temporary guidance to align with public health protocols. With the addition of COVID relief funds, including American Rescue Plan Act, APS was able to support several program improvements. APS was able to assist alleged victims through purchase of goods, by contracting with the University of Washington to evaluate the overall APS program and expanding contracts with tribal partners.

Under Title VII of the OAA, states are required to establish a long-term care ombudsman program. Washington State's Long-Term Care Ombudsman Program (LTCOP) is operated under contract through another pass-through state agency with an independent non-profit, and works to resolve problems related to the health, safety, welfare, and rights of individuals who live in LTC facilities.

The LTCOP is led by the State Ombudsman, and comprised of trained volunteer ombudsman whose purpose is to protect and promote the guaranteed rights of LTC residents. LTC residents may reside in nursing homes, adult family homes, assisted living facilities, state operated enhanced cared facilities, veterans' homes, and residential habilitative centers.

The LTCOP also conducts independent research, explores systemic issues and advocates before the legislature. The LTCOP leverages critical volunteer resources throughout the state. Currently, there are 19 paid FTEs and 141 volunteer ombudsman throughout the state. Their work covers 206 nursing facilities and 4,028 residential care communities, and may involve:

- Identifying, investigating, and resolving complaints made by or on behalf of residents;
- Providing information to residents about LTSS;
- Ensuring that residents have regular and timely access to ombudsman services;
- Representing the interests of residents before governmental agencies and seek administrative, legal, and other remedies to protect residents; and
- Analyzing, commenting on, and recommending changes in laws and regulations pertaining to the health, safety, welfare, and rights of residents.

As with many volunteer-based organizations, the LTCOP faced a significant drop in their pool of volunteer ombudsman since the COVID-19 pandemic. Many volunteers were older adults who were most susceptible to the effects of the pandemic. Moving forward, work will continue to go into rebuilding capacity for the LTCOP.

Age and dementia friendly efforts

Washington is committed to supporting older adults age in their communities and settings of choice. In collaboration with the Washington State Department of Health and the Health Care Authority (Medicaid Agency), ALISA leadership has engaged in cross-sector work to explore the Age-Friendly Network designation process. This designation is approved by the American Association of Retired Persons (AARP), and its framework helps prepare states and communities for the needs related to our growing

population of older adults. This exploration also aligns with creation of a state Multisector Plan on Aging (MPA). AL TSA has applied, with participation from the previously mentioned agencies, the Governor’s Office, and AARP to participate in second learning collaborative cohort, convened by the Center for Health Care Strategies (CHCS), of states interesting in developing MPAs. If accepted, that cohort will meet beginning in June 2023 through May 2024.

AL TSA also recognizes the need to prepare communities for the significant growth in populations with dementia throughout the state. As a part of the State Plan to Address Alzheimer’s Disease and Other Dementias, AL TSA has allocated support to the University of Washington’s Memory and Brain Wellness Center for a staff position to expand the Dementia Friends, global public awareness program, statewide.

Additionally, the DAC has spearheaded two statewide “Collaborating for a Dementia-Friendly Washington” conferences to promote dementia-friendly programs and communities. The work of the DAC is ongoing, as this public-private partnership continues to meet and develop its updated State Plan to Address Alzheimer’s Disease and Other Dementias by the fall of 2023.

Screening for fall related TBI

AL TSA supports the TBI community through a public-private partnership in the Washington Traumatic Brain Injury Strategic Partnership Advisory Council (TBI Council). The council’s mission is to strategically partner with and advise, DSHS and other state agencies on resources, services, and systems that impact people with TBI, caregivers, service providers, and the residents of the state. Every two years, the TBI Council produces a comprehensive statewide plan to best support the TBI community ([2023-01-Traumatic-Brain-Injury-Council-Comprehensive-Statewide-Plan.pdf \(wa.gov\)](#)). A new strategic partnership with [WA 211](#) has each 211-caller screened for possible TBI and triaged accordingly, providing robust data on needs of this vulnerable population. This partnership also increases the depth of our No Wrong Door network. In addition, the council has hosted support groups, developed resources ([TBI Publications, Fact Sheets, Handouts | DSHS \(wa.gov\)](#)), and established strategic cornerstones to guide future work.

The Washington State Department of Health has developed several Falls Prevention Programs, partly supported by ACL grants, to help better address this leading cause of TBI. These programs provide outreach and education to local partners, including a toolkit targeted to reducing the risk of older adult falls ([Fall Prevention Resources | Washington State Department of Health](#)). Additionally, the Washington Traumatic Brain Injury Strategic Partnership Advisory Council has published and put out across the state the “Finding Our Balance” flyer in 13 languages ([“Finding Our Balance” English version](#)).

Strengthening and expanding Title III & VII services

The OAA core services support older adults through nutrition programs, disease prevention & health promotion services, caregiver support, and elder rights. Washington continues to invest in these programs through legislative action, strengthening partnerships within the aging network, and innovative approaches to service.

In Washington, senior nutrition programs have expanded their services through several measures. In 2018, the state legislature allocated additional ongoing funding to support the expansion of home delivered meals. Again in 2022, the state legislature allocated an additional \$900,000 to continue to expand home delivered meal availability for long term care clients. For SFY24 and ongoing, they appropriated an on-going \$1.77M per year to support Senior Nutrition. In the same session, in an effort

to address the impacts of older adults losing pandemic related Supplemental Nutrition Assistance Program (SNAP) benefits, Washington's legislature funded a one-time \$6 million to support nutrition services for older adults in SFY23. During the COVID-19 pandemic, nutrition program providers demonstrated their flexibility, dedication, and ability to support communities despite facing incredible challenges. Senior nutrition programs will require ongoing federal investments to account for the changing landscape of providing nutrition services to a rapidly increasing eligible population post pandemic.

AL TSA continues to recognize the vital work that caregivers provide older Washingtonians. With COVID funding, AAAs rallied to deliver meals to an increased number of family caregivers and their care receivers. The state provided increased mental health services including geriatric depression screening, care transitions, access assistance to mental health services and telephone reassurance to assist with isolation, anxiety, and depression. Hospital discharge support was provided virtually to support medication management and help with post hospitalization goals to prevent re-hospitalization. Assistive technology, durable medical equipment, face masks and other PPE and personal emergency response systems were provided to maintain safety.

Washington's Kinship Navigator Program (KNP) began in 2005 to support grandparents and other relatives raising children. AAAs and certain tribes administer programs where staff either deliver the service directly or contract with local community service agencies. Three AAAs are piloting a first in the nation evaluation of case management model for informal kinship caregivers. DSHS hopes to achieve evidence-based status in 2024, unlocking new federal funding to leverage state funds.

While the number of older adults grows in Washington, adding richness to the fabric of community, there is greater need to support elder rights activities. During the 2023 session, the Washington State Legislature approved an additional \$2.258M for the State Long-Term Care Ombudsman Program. This funding will help to increase program services by supporting additional ombudsmen to advocate for those living in LTC facilities and residential settings.

Improving coordination between the Senior Community Service Employment Program (SCSEP) and other OAA programs

The purpose of the Senior Community Service Employment Program (SCSEP) is to help low-income, unemployed adults age 55 and older find work experience. The SCSEP partners eligible individuals to community service positions in the public and private sectors. The program targets individuals who:

- are 55 years and older,
- unemployed,
- have a total family income of less than 125% the federal poverty level,
- have low employment prospects,
- are unable to find employment through the Workforce Innovation and Opportunity Act (WIOA),
- are experiencing homelessness or at risk of homelessness,
- veterans and qualified spouses,
- limited English proficiency,
- have low literacy skills, and/or
- have a disability.

Under the U.S. Department of Labor’s Workforce Innovation and Opportunity Act, the SCSEP submits a state plan to address ongoing workforce development strategies ([Washington PYs 2020-2023 - Senior Community Service Employment Program | WIOA State Plan Portal \(ed.gov\)](#)). The SCSEP continues to partner with AAAs to coordinate referrals and develop local planning efforts. Together, AAAs and local subgrantees of the SCSEP (counties, AARP, and Goodwill) continue to support older adults through access to services and opportunities for individual choice.

Integrating core programs with ACL’s non-formula-based (discretionary) grant programs

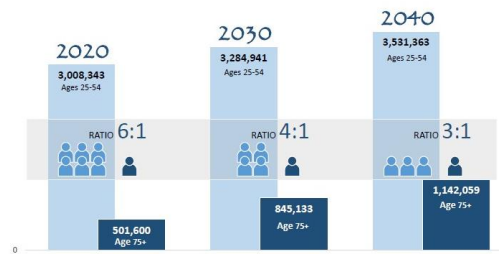
AL TSA has used ACL’s No Wrong Door Business Case Development grant (2018) to evaluate its performance of person-centered practices and care transition interventions. The No Wrong Door (NWD) approach promotes a coordinated way for individuals to access LTSS. AL TSA supports the NWD approach through the Washington State Community Living Connections (CLC). Through the CLC, Washington aims to increase access to programs and to improve the ability to record person-centered services. Additionally, Washington has invested in improving the [CLC webpage](#) that directs individuals to local LTSS. These efforts seek to make services more accessible and promote the independence of older adults.

AL TSA continues to coordinate work through ACL’s Chronic Disease Self-Management Education Sustainability Grant (CDSME) (2019-2022). Partnering with Comagine Health, AL TSA plans to build infrastructure and support administrative services to help spread, scale, and sustain CDSME and other evidence-based programs. To accomplish this work, AL TSA has developed a regionalized hub-and-spoke network model to help in delivering CDSME to participants. CDSME programs are designed to promote individual’s self-management of chronic illnesses and develop healthy living patterns. Washington’s vision to improve access while reducing barriers continues to drive this work moving forward.

Caregiving

In Washington and the nation as a whole, there is a critical need to strengthen our direct care (paid) workforce and support services for unpaid family caregivers. As the state's population of older adults rapidly grows, the ratio of available care providers to care receivers is projected to reduce by half from 2020-2040. Prior to 2020, the direct care workforce struggled to meet this mounting need. This intensified through the COVID-19 pandemic as direct care workers faced increasingly unpredictable work combined with relatively low wages.

The Rapidly Growing Size of the Age 75+ Population Relative to Younger Adults Will Greatly Exacerbate Current LTSS Workforce Challenges



AL TSA has been a leader in providing supports for unpaid family caregivers through the Family Caregiver Support Program (FCSP), Kinship Caregiver Programs, and more recently the Medicaid Transformation Demonstration (MTD) project and Dementia Care program. Additionally, AL TSA has and continues to develop training and access to caregiver resources in a number of ways.

Looking ahead, AL TSA plans to continue innovating systems and services to better support Washington's caregiving network. This plan will address the following areas that aim to enhance unpaid caregiver supports: documenting best practices, strengthening the direct care workforce, implementing recommendations from the RAISE Family Caregiver Advisory Council, coordinating services with the [Lifespan Respite Care program](#), and coordinating with the National Technical Assistance Center on Grand families and Kinship Families.

Documenting best practices related to caregiver support

AL TSA has developed and implemented curriculum, to educate and train Home Care Aides (HCA) throughout the state. This comprehensive curriculum covers the topics of person-centered care, communication, clients and their rights, the caregiver, infection control/prevention, mobility, skin/body care, nutrition/food handling, toileting, nurse delegation/medications, and self-care for caregivers in preparation for the HCA 75-hour training program. Individuals will receive a certificate of completion and take a written & skills-based test upon completion of this course. After Basic Training, HCAs take 12 hours of Continuing Education each year.

The Washington State Community Living Connections (CLC) coordinates local services, providers, and consumers through a central resource hub. The CLC also supports a statewide client management information system that provides a platform for AAAs and their aging network providers to document services provided by and for caregivers.

Since 2009, the evidence-based Washington TCARE (Tailored Caregiver Assessment and Referral) protocol has been used for the FCSP. This tool screens and assesses the stress, depression, and burdens of unpaid family caregivers. The results from the TCARE protocol produces recommended services and

supports for caregivers to better address the stressors they experience. This process has since been implemented for caregivers in the MAC/TSOA programs, as well. According to a DSHS evaluation, 84% family caregivers receiving a TCARE assessment and services for over six months saw statistically significant improvements in their stress and depression scores.

The Dementia Action Collaborative, a group of over 40 public and private partners throughout Washington developed the Dementia Road Map in 2018. This widely disseminated publication supports family and care partners of those experiencing memory loss or dementia through each stage of dementia. This caregiver resource provides recommendations, communication tips, and actionable practices for those helping a loved one.

Strengthening and supporting the direct care workforce (DCW)

AL TSA's Workforce Development program serves to build a well-trained workforce of direct care professionals to deliver quality care to those needing LTSS in Washington. As the population of older adults increases the demand on the DCW, the Workforce Development program works towards increasing participation in Home Care Aide training among local high school, skills centers, and tribal schools. This program also designs and deploys resources to increase worker retention and bring greater visibility to the DCW through education and outreach.

The High School Home Aide course training program bridges work between AL TSA and the Office of Superintendent of Public Instruction to prepare high school students for work as a home care aide. The 90-hour course covers nationally standardized knowledge and skills as well as covering DSHS requirements while students earn credits toward graduation.

In 2019, Washington State passed the Long-Term Services and Supports Act, creating what is now called the WA Cares Fund. WA Cares is a first-in-the-nation universal long-term care insurance program that will support eligible Washingtonians in need of LTSS starting in 2026. Led by AL TSA, the WA Cares Fund provides eligible beneficiaries with a \$36,500 lifetime benefit (adjusted annually for inflation) to help pay for long-term care needs. This benefit will help individuals pay for a variety of services, including home care aides, or allow for a family caregiver to get paid for the care they provide, and will help to support choice and independence for Washingtonians. The WA Cares Fund continues to conduct planning and outreach, collaborate with the Employment Security Department (ESD), Health Care Authority (HCA), and Office of the State Actuary, while working under the guidance of the LTSS Trust Commission to address reforms enacted by the state legislature.

In addition to the WA Cares Fund, in 2018, the state legislature directed DSHS to establish a Consumer Directed Employer (CDE) to serve as the legal employer for Washington's Individual Provider workforce. Individual Providers, or IPs, are authorized to provide personal care or in-home services for individuals receiving in-home supports. The transition to a CDE authorized AL TSA to contract with Consumer Direct of Washington (CDWA) to manage the administrative needs associated with IPs. Under CDWA, IPs are no longer managed by DSHS and AAA case managers which will alleviate the workload of directly supporting and overseeing this workforce. With over 46,000 IPs in Washington State, this transition supports direct care workers and home care clients by aiming to build capacity throughout the long term support network.

Implementing recommendations from the RAISE Family Caregiver Advisory Council

In 2022, the ACL developed a National Strategy to Support Family Caregivers as a joint effort through the [RAISE Family Caregiving Act](#) and the [Supporting Grandparents Raising Grandchildren Act](#). In partnership with AAAs, AL TSA submitted comments for this national strategy and continues to support the tireless work of family caregivers through outreach, training, referral, and the delivery of innovative person and family-centered service models across Washington State. Washington's Unpaid Family Caregiver Programs are using the 2022 National Strategy to Support Family Caregivers (<https://acl.gov/CaregiverStrategy>) to strengthen our programs across the state and increase equity to underserved populations and areas. There are over 820,000 unpaid caregivers in the state whose work costs approximately \$10.6 billion annually. If one-fifth of these caregivers were to stop their services, the costs associated with Long-Term Services and Supports (LTSS) would double.

AL TSA staff worked with a group of Spanish speaking AAA Family Caregiver Support Program staff in updating translated assessment documents to be more suitable for Spanish speaking populations in Washington. AL TSA plans to partner with AAA staff who speak languages other than English to refine more translated documents.

Family Caregiver Support Program staff worked with a Center for Health Care Strategies learning collaborative to begin building a partnership with Washington's Managed Care Organizations (MCOs) to explore possibilities and opportunities for MCOs to provide services and supports to the unpaid family caregivers of their insurance beneficiaries in future years.

AL TSA will continue to provide annual outreach during National Family Caregivers Month, highlighting the variety of state and local resources available for more than 820,000 unpaid family and kinship caregivers throughout Washington. This advocacy month is capped by a Governor's proclamation that brings greater awareness to the work of family caregivers and honors the contributions of this growing population.

Coordinating Title III caregiving efforts with the [Lifespan Respite Care Program](#)

Washington was one of the first states to realize that supporting unpaid family caregivers is the right thing to do. Supporting unpaid family caregivers helps those caregivers to maintain better mental and physical health. Washington has been serving family caregivers starting with state-funded respite since 1984. The Washington Lifespan Respite Voucher Program has added another option for unpaid family caregivers who are unserved by other funded caregiver programs.

The Respite & Crisis Care Coalition of Washington (RCCCWA) was established in 2002 to provide unpaid caregivers across the state with tools, guides, and resources. The coalition comprises public and private agency staff, advocates, and family caregivers, intending to support individuals of all ages, cultural or ethnic backgrounds, and those with varying needs or disabilities requiring care. In 2012, the coalition was renamed Lifespan Respite Washington Voucher Program (LRW), and in September 2020, it received its sixth round of grant funding from the ACL. AL TSA applied for a seventh grant for 2023-2026, with a focus on working with tribes to create their own culturally appropriate respite options.

LRW offers unpaid caregivers' opportunities to connect, share, learn, and support one another. The PAVE (Partnerships for Action, Voices for Empowerment) hosts LRW in partnership with AL TSA to fully expand respite services for eligible populations and establish a robust Lifespan Respite Care Voucher Program in Washington.

The PAVE LRW team manages the Lifespan Respite Voucher program, which provides unpaid and unserved family caregivers 18 years and older access to respite services across Washington, regardless of the age of the person for which they are caring. Lifespan Respite WA helps unpaid caregivers who support family members, friends, or neighbors with special needs or conditions, in the form of a financial award, also known as a voucher. The voucher is intended to cover the cost of services or programs that allow caregivers to take respite and can be redeemed for various activities, from contracted organizations such as in-home services, recreational activities, day or overnight camps, day services, educational classes, retreats, and 24-hour care.

The LRW Coalition meets at least twice a year to coordinate efforts and inform members, the public, and policymakers on respite services. During these meetings, members network to identify available community respite options and service gaps. They exchange ideas for formal and informal respite alternatives and prioritize initiatives to focus their efforts. Additionally, the coalition educates policymakers and the public about the significance of respite services and how to access them. The respite programs, options, and resources are offered to children & youth, adults & elders, specific conditions & populations, and creative options focus on peer-to-peer respite for older adults.

Coordinating with the national technical assistance center on Grand families and Kinship Families

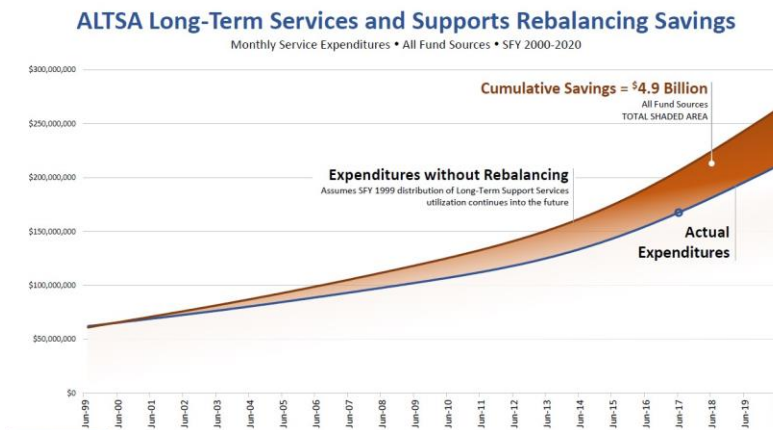
Since 2004, the Kinship Caregivers Support Program (KCSP) helps relatives, such as grandparents, care for children whose parents are unable to care for them. The program covers urgent and basic needs, such as clothing, rent, and fuel, which are frequently requested. In 2021, the program assisted 1,054 kinship caregivers and 1,607 children with the help of 7,931 kinship navigator contacts. Since 2016, the Tribal Kinship Navigator Program was funded to support partnership with eight tribes in the state to implement services for kinship caregivers.

The KCSP, through its navigation initiatives and support for kinship caregivers, helps maintain economic stability and promotes self-sufficiency in caring for loved ones. The program's kinship navigators have been available in 30 out of 39 counties in the state to provide assistance, resources, and support for caregivers overwhelmed by the needs of a loved one. Starting July 1, 2023, the legislature increased funding to serve every county. Kinship navigators serve as a one-stop shop for various services, such as financial support, health care, educational advocacy, counseling, and legal assistance.

Besides the KCSP, the state offers programs to support family caregivers, such as the Family Caregiver Support Program, Medicaid Alternative Care, and Tailored Supports for Older Adults.

Expanding Access to Home and Community Based Services

Washington has developed a system of long-term services and supports that promotes choice and independence for individuals. This system has been developed through decades of transforming services to meet the needs of older Washingtonians. AL TSA's rebalancing to home and community-based services has resulted in an estimated savings of \$4.9 billion taxpayer dollars over the period of 2000-2020. About 90% of individuals served by Medicaid LTSS choose to receive their services in their homes or community settings making Washington one of the most rebalanced states in the nation.



The current system of LTSS has supported older Washingtonians and individuals with disabilities through a variety of programs. These programs are designed to promote person-centered planning. Through partnerships with Area Agencies on Aging and by engaging aging network partners, AL TSA continues to promote access, integration, and coordination to better assist older Washingtonians in receiving the quality services they need and deserve.

Secure the opportunity for older individuals to receive managed in-home and community-based LTSS

Washington supports managed in-home and community-based long-term care services through a variety of programs and initiatives. The state invested in community based LTSS for decades by leveraging funding from federal partnerships. Key partnerships with the Administration for Community Living (ACL) and Centers for Medicare and Medicaid Services (CMS) help to promote both the forward facing, client focused programs as well as support for case managers, who provide the vital coordination of care for older adults.

The Health Home Program offers high risk Medicare-Medicaid (dual eligible) enrollees a designated Care Coordinator to help create person-centered action plans with individuals. This program is administered in collaboration with the Health Care Authority. Care Coordinators provide the following services:

- comprehensive care management;
- care coordination;
- health promotion;
- comprehensive transitional care and follow-up;
- individual and family support; and
- referrals for community and social services support.

The goal of the Health Home Program is to reduce higher cost medical services for individuals, improve care coordination, and increase the enrollees' participation in their own care. Since it began in 2013, the Health Home Program has received total shared savings of \$87.3 million. The program continues to grow by extending Care Coordination Organization opportunities with Tribal Governments.

The Money Follows the Person Tribal Initiative (MFPTI) assists tribes to expand HCBS and transition tribal members from institutional-based facilities to community-based, culturally significant settings selected by the individual. The initiative is available in five states, one of which is Washington. The MFPTI is a collaborative effort among tribes, urban Indian health organizations, state agencies, and AAAs working to develop contracting opportunities that support culturally relevant LTSS. Currently, this initiative can help support the following work: community choice guiding, community transition or sustainability services, personal emergency response systems, client training, caregiver/client support, adult day care, adult day health, home delivered meals, home-modification services, housework, errands, yardwork, and snow removal.

Promoting the development and implementation of comprehensive, coordinated state LTSS system

Washington consistently ranks as a top performing state in terms of LTSS for older adults, individuals with disabilities, and family caregivers ([Long-Term Services and Supports State Scorecard \(longtermscorecard.org\)](https://longtermscorecard.org)). This is driven by strong partnerships with Washington's network of area agencies on aging and local service providers.

Ensuring AAAs will conduct efforts to facilitate coordination of HCB LTSS

As required under the OAA, AAAs provide a multi-year area plan to ALTA. In Washington, this 4-year area plan establishes local efforts to deliver services to older adults in greatest need. This document provides assurances that each AAA will carry out the services set forth under state and federal requirements.

Roads to Community Living ([Roads to Community Living | DSHS \(wa.gov\)](https://roadscommunityliving.org)) is a statewide project federally funded under the Money Follows the Person (MFP) grant. This project helps people with complex long-term care needs transition from institutional care to community-based settings. Grant funds from the Centers for Medicare and Medicaid Services (CMS) provides services for individuals to moving from qualified institutional settings to community-based settings. These funds also support the individual for their first year following their transition.

Working to integrate health, health care and social service systems

The Washington Health and Human Services Enterprise (HHS) Coalition is a group made up of several state agencies inclusive of the Department of Social and Health Services. In 2018, this coalition began developing strategies to integrate health, health care, and social service systems for a more accessible experience for all Washingtonians.

The agencies making up the HHS Coalition serve over 2.9 million Washingtonians through over 75 programs. In 2019, the HHS Coalition was formally recognized through the Washington Legislature. In 2021, this coalition created an IT strategy to improve the state's aging infrastructure.

The HHS Coalition has developed an Integrated Eligibility and Enrollment (IE&E) Modernization Roadmap ([Integrated Eligibility and Enrollment Modernization Roadmap Report \(wa.gov\)](https://iee.modernization.wa.gov)) to guide this

project. The IE&E Roadmap provides a broad vision for an improved, integrated solution across the HHS Coalition organizations. This vision aims to create a world where individuals tell their story one time in a single, coordinated system. This will be achieved by developing an infrastructure with:

- A singular, familiar experience,
- an accessible experience for all,
- an easier experience for Washingtonians,
- an improved user experience, and
- an improved experience for Washington’s eligibility staff and case workers.

The IE&E strategy works to create a more stable and reliable system for Washington’s future needs. Washington’s multi-agency investment will help to develop a more efficient way to access services and will work to better serve community needs ([Washington HHS Coalition Product #1: E&E Status Tracker | DSHS](#)).



IE&E Vision Summary, Page 48, IE&E Roadmap

Additionally, the Program of All-inclusive Care for the Elderly, or PACE program, promotes an integrated approach to care for frail older adults aged 55 and older. This innovative Medicaid and Medicare program helps participants delay or avoid long-term nursing home care by providing a coordinated, community center-based care model. A team of care professionals develops a plan centered around each participant to address medical and social needs. Care is provided at the center, as well as in participants’ homes.

AL TSA has developed contracts with new community sites, expanding Washington’s PACE program into four counties. As the PACE program continues to attract new providers, more communities are able to replicate this innovative care model for eligible individuals.

Incorporating aging network services with HCBS funded by other entities such as Medicaid

AL TSA continues to build on the long history of expanding aging network services through HCBS offered through Medicaid waiver programs. Washington’s 1115 Medicaid Transformation Project (MTP)

Waiver, originally approved for a 5-year demonstration, was extended for a sixth year by CMS in 2022. Approval for another 5 years is expected by July 1, 2023.

The 1115 Waiver established five initiatives to support a healthier Washington at a lower cost to the state. These initiatives are:

1. Transformation through Accountable Communities of Health.
2. Service options that enable older adults to stay at home and delay or avoid the need for more intensive care.
3. Targeted foundational community supports.
4. Mental Health Transformation
5. Substance Use Disorder Transformation

ALSA leads work on initiative 2 through the Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA) programs. The MAC program offers alternative family caregiver supports to care receivers who are fully eligible for our traditional Medicaid LTSS programs. TSOA introduces a new pre-Medicaid eligibility group of people at risk for spending down to full Medicaid financial eligibility. That program serves either a Caregiver/Care Receiver dyad, or supports a care receiver who does not have an unpaid family caregiver available. As of April 2023, ALSA has served 15,000 people with these two innovative approaches to providing LTSS ([Medicaid Alternative Care and Tailored Supports for Older Adults \(wa.gov\)](#)). Both programs were approved by CMS to use Presumptive Eligibility, a quicker path to service delivery that helps mitigate the institutional bias present in applying for Medicaid LTSS services.

Goals

The following pages include the broad goals, objectives for these goals, strategies the state will use, and expected outcomes from these efforts.

The six goals include:

1. Serve individuals in their homes or in community-based settings of their choice.
2. Develop and expand approaches to serve adults who are older, Medicaid recipients, and caregivers.
3. Build a long-term care workforce to meet the needs of clients while creating resources to retain current high-quality, long-term care workforce.
4. Promote equity, diversity, access, and inclusion practices.
5. Continue to build strong relationships with, and expand contract opportunities for, tribes/tribal organizations to increase access to culturally attuned long-term services and supports for American Indians/Alaska Natives to age in their homes or community-based settings of their choice.
6. Prepare for future risks and emergencies through innovative practices used during the COVID-19 pandemic.

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SPA Goal/Strategic Plan (23-25) Objective	Key Topic Area(s)	Objectives	Strategies	Outcomes
SO #1: Serve individuals in their homes or in community-based settings of their choice.	Expanding access to HCBS	<ul style="list-style-type: none"> • Reduce higher cost services for individuals through Health Home Program • Improve access to HCBS through continued participation in the Health and Human Services Enterprise (HHS) Coalition, Integrated Eligibility & Enrollment Modernization project • Provide service options that delay or avoid the need for more intensive care 	<ul style="list-style-type: none"> • ALTSA will engage with clients and families to develop person-centered planning options that support individuals to live in a setting of their choice with services and supports that address their unique needs. • Create new services for specialized populations and individuals with multiple care needs and inform community providers of these services. • ALTSA will work with regional leadership teams to identify and plan improvements aimed at streamlining processes and assisting staff in addressing the changing needs of clients. 	Maintain the percentage of Long-Term Services and Supports clients served in home and community-based settings at or above 89% by June 2025.
SO #2: Develop and expand approaches to serve adults who	Caregiving, Expanding access to HCBS	<ul style="list-style-type: none"> • Continue the work of the Long-Term Services and Supports Trust Act 	<ul style="list-style-type: none"> • ALTSA will partner with Area Agencies on Aging (AAA) to develop system and policy enhancements, person-centered 	To divert or delay individuals' need for more intensive Medicaid Long-Term Services and

SPA Goal/Strategic Plan (23-25) Objective	Key Topic Area(s)	Objectives	Strategies	Outcomes
are older, Medicaid recipients and caregivers.		<p>through the WA Cares Fund</p> <ul style="list-style-type: none"> • Support unpaid family caregivers through FCSP, Kinship Caregivers Support Program, and MAC/TSOA • Continue implementation of Consumer Directed Employer 	<p>planning, staff and provider training and data analysis.</p> <ul style="list-style-type: none"> • AL TSA, in collaboration with the AAA, will increase outreach activities on identification, enrollment, and support of dyads. • Implementation of utilizing individual providers through CDWA for MAC/TSOA programs. • Anticipated approval for the 1115 renewal application by June 30, 2023, resulting in the implementation of the following new services in the MAC/TSOA benefit packages: <ul style="list-style-type: none"> ○ Nurse delegation for dyads ○ Pest eradication for all MAC/TSOA recipients ○ Specialized deep cleaning for all MAC/TSOA recipients ○ Community choice guide services for all MAC/TSOA recipients 	<p>Supports, emphasizing support of family caregivers, increase the proportion of dyads to individuals enrolled by 3% by December 2025</p>
SO #4: Build long-term care workforce to meet the needs of	<p>Caregiving, Expanding access to HCBS</p>	<ul style="list-style-type: none"> • Increase retention and visibility through the Workforce 	<ul style="list-style-type: none"> • AL TSA will help prospective Home Care Aides navigate through the process of training and certification from the point of initial interest through employment. 	<ul style="list-style-type: none"> • Increase the number of prospective caregivers who become employed as a Home Care Aide by

SPA Goal/Strategic Plan (23-25) Objective	Key Topic Area(s)	Objectives	Strategies	Outcomes
clients while creating resources to retain current high-quality, long-term care workforce.		Development program <ul style="list-style-type: none"> • Prepare students through High School Home Care Aide course 	<ul style="list-style-type: none"> • ALSTA will provide person centered support to prospective Home Care Aides by helping them identify solutions to potential barriers for training, certification, and employment. • ALTSA will provide technical assistance to the Office of Superintendent of Public Instruction, Office of Native Education, DSHS Tribal Initiative Project Manager and tribes to implement home care aide training in high schools and skills centers. • ALTSA will recruit summer and community programs to provide home care aide training to program participants or students. • ALTSA will develop and deploy recruitment marketing materials intended for various streaming services. • ALTSA will support students participating in the High School Home Care Aide program by deploying a Resource Guide to help students navigate next steps to employment. • ALSTA will support Careers and Technical Education (CTE) Directors, and other High 	<ul style="list-style-type: none"> providing navigation assistance and supports to overcome barriers. • Increase the number of high schools, skills centers, tribal and compact schools delivering home care aide certification training to students, summer programs, community programs and community colleges by June 2025. • Increase the number of students who earn a certificate of completion of the High School Home Care Aide program. • Design and deploy resources that increase retention of the direct care workforce by June 2025.

SPA Goal/Strategic Plan (23-25) Objective	Key Topic Area(s)	Objectives	Strategies	Outcomes
			<p>School staff interested in implementing the High School Home Care Aide program by deploying a District/School Resource Guide with information and tools to help them with execution.</p> <ul style="list-style-type: none"> • ALTSA will retain a long-term care workforce by encouraging employers to utilize the newly released Retention Toolkit that supports Supervisors of direct care staff in recruiting, hiring, training and retention of long-term care staff. • ALTSA will continue to promote the retention toolkit and track participants' access to and use of the toolkit by monitoring the access to trainings in CareLearn. • ALTSA will evaluate the retention toolkit for accessibility and efficacy in addressing turnover by administering a survey and subsequently making recommendations to leadership on improvements. • ALTSA will develop and deploy materials for presentations to state and national workforce boards, workforce development professionals and health care provider organizations to educate 	<ul style="list-style-type: none"> • Increase the visibility of direct care workforce by educating workforce boards, centers and health care providers about competencies and values of the work by June 2025. • ALTSA workforce development staff will attend a minimum of twenty-four outreach events each year.

SPA Goal/Strategic Plan (23-25) Objective	Key Topic Area(s)	Objectives	Strategies	Outcomes
			<p>and elevate understanding of the value and contributions of the direct care workforce.</p> <ul style="list-style-type: none"> • ALTSA will serve on steering committees and workgroups convened by long-term care and workforce development organizations to create entry points into the direct care workforce. 	
<p>SO #21: Promote equity, diversity access and inclusion (EDAI) practices.</p>	<p>Advancing Equity</p>	<ul style="list-style-type: none"> • Incorporate pro-equity antiracist practices throughout ALTSA • Continue the work of the Dementia Action Collaborative and State Plan to Address Alzheimer’s Disease and Other Dementias • Develop person-centered approaches with aging network partners 	<ul style="list-style-type: none"> • ALTSA will continue to train management and staff about Equity, Diversity, Access and Inclusion principles. • ALTSA will expand quality assurance policies and procedures to measure EDAI success. • ALTSA will expand on Certified Diversity Executive/Certified Diversity Professional learning • ALTSA will continue to meet or exceed the Culturally and Linguistically Appropriate Services Standards by supporting a diverse workforce, creating and supporting programs to retain staff, removing any potential biases identified 	<ul style="list-style-type: none"> • Provide fundamentals of EDAI, to include anti-racism training to ALTSA management and staff by December 2025 • Operationalize EDAI principles throughout the organization, as measured by completion of ALTSA’s identified goals in the DSHS Truth, Social Justice and Dismantling Racism Action Plan by December 2025.

SPA Goal/Strategic Plan (23-25) Objective	Key Topic Area(s)	Objectives	Strategies	Outcomes
			<p>within policies and procedures and working with tribes to identify barriers and unintended consequences of hidden bias in current practices.</p> <ul style="list-style-type: none"> • ALTSA will continue to provide opportunities for staff and leadership to acquire shared language and practices on equity through diversity workshops, discussion opportunities and resource sharing on Equity, Diversity and Inclusion topics. • ALTSA will continue to use art, videos, storytelling and employee recognition to generate sustained personal dialogue and enterprise-wide appreciation for transformational systemic change 	
SO #16: Tribal Affairs – Continue to build strong relationships with, and expand contract opportunities for, tribes/tribal organizations to	OAA Core Programs	<ul style="list-style-type: none"> • Continue Government to Government relationship between Tribal nations and the state • Preserve Tribal nations cultural 	<ul style="list-style-type: none"> • ALTSA will engage tribes and tribal organizations to expand information and identify opportunities for the delivery of long-term services and supports to American Indians and Alaska Natives. • ALTSA will build state agency partnerships to identify complementary funding resources and opportunities for tribal 	We will facilitate contracting with tribes, tribal organizations, and tribal businesses to expand Long-Term Services and Supports to tribal communities by three new contracts per year to benefit AI/AN elders,

SPA Goal/Strategic Plan (23-25) Objective	Key Topic Area(s)	Objectives	Strategies	Outcomes
increase access to culturally attuned long-term services and supports for American Indians/Alaska Natives to age in their homes or community-based settings of their choice.		<p>practices and traditional ways</p> <ul style="list-style-type: none"> • Increase education resources for Tribal communities • Tribal Sovereignty 	<p>contracting that support elders and individuals with disabilities and provide comprehensive, evolving long-term services and supports.</p> <ul style="list-style-type: none"> • AL TSA will build strong relationships with long-term service providers to increase statewide capacity to serve American Indian and Alaska Native older adults and individuals with disabilities during the COVID-19 pandemic and throughout the recovery period. • AL TSA will engage tribes to identify long-term services and supports that meet the requirements for increased federal financial participation. • AL TSA will help tribal social and health service departments bill for Medicaid-reimbursed long-term services and supports by sharing federal requirements for updating Indian Health Service contracts. • AL TSA, in coordination with the Health Care Authority, will develop and implement billing guidelines and systems for Medicaid-reimbursed long-term 	<p>veterans and adults with disabilities by June 2025.</p> <p>Identify and implement increased federal financial participation for a minimum of one long-term services and supports contract provided by June 2025.</p>

SPA Goal/Strategic Plan (23-25) Objective	Key Topic Area(s)	Objectives	Strategies	Outcomes
			services and supports provided by tribal governments/enterprises.	
Prepare for future risks and emergencies through innovations used during the COVID-19 pandemic	COVID-19	SO #20: Address risks and plans for emergencies.	<ul style="list-style-type: none"> • ALTSA will annually review and update the Continuity of Operations Plan, train staff and test the plan through exercise or real world incidents. • ALTSA will support a Long-Term Care Incident Management Team by providing ongoing training to members and continued participation in the Washington Incident Management Team Coalition. • ALTSA will annually review and update the Emergency Preparedness Plan to effectively and efficiently respond to future public health emergencies. • ALTSA will maintain a risk register, perform quarterly updates and make recommendations to ALTSA leadership to avoid or minimize future risks. • ALTSA will maintain a risk program that is integrated with other risk elements such as tort claims, safety reports, incident reports and public disclosure requests. 	<ul style="list-style-type: none"> • Foster a safe and secure environment by ensuring that ALTSA is prepared to transition into incident management quickly to address emergencies by completing the Action Plan by June 2025. • Foster a safe and secure environment by ensuring that ALTSA maintains vigilance and action plans to work towards mitigating and eliminating identified risks by completing the Action Plan by June 2025.

SPA Goal/Strategic Plan (23-25) Objective	Key Topic Area(s)	Objectives	Strategies	Outcomes
			<ul style="list-style-type: none"> Integrate ongoing emergency response planning through AAA Area Plans 	

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