Cover – Art Work by Rie Muñoz

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Table of Contents

Letter from Assistant Secretary Greenlee i
Letter from Governor Designating DHSS Commissioner ii
DHSS Commissioner signed approval iii
ACoA signed approval iv

Executive Summary 1
Introduction and Context 3
Focus Areas 8
A. Older Americans Act (OAA) Core Programs & State of Alaska Senior Services 8
B. ACL Discretionary Grants 13
C. Participant-Directed/Person-Centered Planning 14
D. Elder Justice 16
Emerging Initiatives 18
Vision, Guiding Principles, and Goals 22
Strategic Objectives and Performance Measures 24
Quality Management 30

Appendix A. Needs Assessment Activities and Findings ..... N/A
Appendix B. Intrastate Funding Formula 32
Appendix C. State Plan Assurances and Required Activities ..... N/A
Appendix D. Information Requirements ..... N/A
Appendix E. Demographics ..... N/A
Appendix F. Advisory Committee List ..... N/A
Appendix G. Programs and Services Descriptions ..... N/A
Appendix H. Summary of Older Americans Act (OAA) ..... N/A
Appendix I. Acronyms and Definitions ..... N/A

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Letter from Assistant Secretary Greenlee

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Letter from Governor Designating DHSS Commissioner

DRAFT (insert final) Date

Ms. Kathy Greenlee
Administrator and Assistant Secretary for Aging
Administration for Community Living
U.S. Department of Health and Human Services
Washington, DC 20201

Dear Ms. Greenlee,

This plan document represents Alaska's formal submission of the Alaska State Plan for Senior Services, FY 2016-2019 to the U.S. Administration on Community Living/Administration on Aging seeking approval. This State Plan is Alaska's roadmap that will guide the provision of senior services in our state over the next four years.

As Governor of the State of Alaska, I hereby designate the Alaska Department of Health and Social Services as the sole State agency on aging as required under Section 305 of the Older Americans Act.

If you have any questions regarding this designation, please contact Commissioner Davidson directly at 907-269-7800 or val.davidson@alaska.gov.

Sincerely,

Governor Bill Walker

cc: The Honorable Valerie Davidson, Commissioner, Alaska Department of Health and Social Services
Duane Mayes, Director, Division of Senior and Disabilities Services, Alaska Department of Health and Social Services
Mary E. Shields, Chair, Alaska Commission on Aging, Alaska Department of Health and Social Services
Denise Daniello, Executive Director, Alaska Commission on Aging, Alaska Department of Health and Social Services

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DHSS Commissioner signed approval

ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES
STATE PLAN FOR SENIOR SERVICES APPROVAL
and VERIFICATION OF INTENT

The Alaska Department of Health and Social Services (DHSS) hereby submits the Alaska State Plan for Senior Services for the period of July 1, 2015 through June 30, 2019 (State fiscal years 2016-2019) for approval by the U.S. Administration on Community Living/Administration on Aging.

Governor Bill Walker has designated the Department of Health and Social Services as Alaska's sole state agency on aging. The Alaska Commission on Aging within DHSS is authorized by Alaska Statute 47.45.240(a)(l) to develop the state plan for senior services in accordance with the provisions of the Older Americans Act and its amendments. The plan, as submitted, documents the needs of older Alaskans and establishes direction for the coordination of all State activities related to seniors, with an emphasis on those efforts related to the Older Americans Act, including the development of a comprehensive and coordinated system for the delivery of supportive services.

The Plan, as submitted, has been developed in accordance with all federal statutory and regulatory requirements.

The Alaska State Plan for Senior Services is hereby approved by the Commissioner of the Department of Health and Social Services, as the Governor's designee, and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary for Aging.

I hereby approve this state plan and am pleased to present it to Alaskans.

_____ _____
Date Valerie Davidson, Commissioner

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ACoA signed approval

ALASKA COMMISSION ON AGING
STATE PLAN FOR SENIOR SERVICES APPROVAL

The Alaska State Plan for Senior Services, FY2016-2019 is hereby approved by the Alaska Commission on Aging, as the agency authorized by the Commissioner of the Department of Health and Social Services and by Alaska Statute (AS 47.45.240(a)(1)) to develop the state plan on aging in accordance with the provisions of the Older Americans Act and its amendments.

Mary E. Shields, Chair

Rolf Numme, Vice Chair

David Blacketer, Public Member, Alaska State Plan for Senior Services Advisory Committee Co-Chair

Marie Darlin, Public Member, Alaska State Plan for Senior Services Advisory Committee Co-Chair

Eleanor Dementi, Public Member

Edna DeVries, Public Member

Anna Frank, Public Member

Rachel Greenberg, Senior Service Provider

Duane Mayes, Designee, Department of Health and Social Services, Senior & Disabilities Services

Paula Pawlowski, Designee, Department of Commerce, Community & Economic Development

Bob Sivertsen, Pioneer Home Advisory Chair

_____ _____

Date Mary E. Shields, Chair

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Executive Summary

Alaska is the state with the fastest growing senior population in the nation for the past five years, and people age 60+ are the fastest growing demographic in the State. People are living longer and many are active, however, the numbers of seniors with dementia, chronic health conditions, and behavioral health needs are also increasing proportionately. Therefore, there is a need to plan for a mix of active seniors and people needing assistance with activities of daily living. Through this effort, the Alaska Commission on Aging aims to keep pace with these needs through planning, advocacy, public awareness efforts, and collaboration with all organizations focused on the well-being of older Alaskans.

The Planning Process

The Alaska State Plan for Senior Services is the product of a nineteen-month statewide process that began with the Alaska Commission on Aging's first elder/senior listening session in Copper Center in September 2013. Five other listening sessions around the state followed, each presenting a series of topic questions for seniors, family members, service providers, and public members to consider and provide input. The planning process also included a statewide senior survey and provider survey to identify the top issues of concern to seniors. Findings from the elder/senior listening sessions, the senior survey, provider survey, and the ongoing input from agency partners were the building blocks from which this state plan (goals, strategies, and performance measures) were constructed. We thank all who participated in the statewide planning process and contributed their ideas of what was working well and solutions to areas needing improvement.

The inter-agency Alaska State Plan for Senior Services Advisory Committee FY16-19 (Advisory Committee) gathered for the first time in January 2015 to start development of the plan. This full- day, face to face meeting allowed the Advisory Committee time to cover a significant amount of the foundation for the plan. The Administration on Community Living Region X Aging Services Program Specialist, Jeannette Burket, participated in the meeting and informed the group about the Administration on Community Living's expectations for the Alaska State Plan on Senior Services. The initial needs assessment activities and results were presented to the group and a first draft of the Needs Assessment Report was distributed.

The Advisory Committee began by developing a new Vision Statement and Goals at the January 2015 face to face meeting taking into account findings from the needs assessment activities. Each individual on the committee came up with at least one answer to the question "What are the elements of a successful senior services system in Alaska four years from today?" The extensive list of 40 elements were discussed and organized into six clusters, which led to the Goal Statements.

These Goals are supported by Strategic Objectives and Performance Measures to chart a path forward:

1. Promote healthy aging and provide access to comprehensive and integrated health care.
2. Assist seniors with financial planning, pursuing employment opportunities, and promoting awareness of and access to economic benefits and support services.
3. Protect vulnerable seniors from abuse, neglect, self-neglect, and exploitation.
4. Ensure seniors have access to quality, affordable, accessible, safe, and appropriate senior housing across the continuum of care.
5. Promote opportunities for meaningful aging, intergenerational connectivity, and civic engagement.

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6. Provide person-centered, quality, and affordable home- and community-based long-term support services to offer seniors with highest quality of life.

From January to May 2015, the Advisory Committee met to establish the plan framework and action plan. In addition, the intrastate funding formula was updated. Responses to assurances were developed, the required information document was prepared, and other helpful resources found in the Appendices section. The initial results of this planning process were presented to the public at the Alaska Commission on Aging May 2015 meeting, followed by the plan document posted for public comment for a period of 30 days, with the final plan document submitted to the Governor and Commissioner in June 2015.

The Plan Format

The Alaska State Plan for Senior Services is the roadmap that guides the provision of senior services in the state over the next four years. Per the Administration on Aging (AoA) Guidance on the Development and Submission of State Plans, Amendments and Intrastate Funding Formulas (hereafter AoA State Plan Guidance document), this section is limited to 30 pages. Supporting background information is provided through Appendices.

In keeping with the AoA State Plan Guidance document, the narrative section of the plan includes:

- **Background and Context:** A summary of the demographics and needs assessment activities and an analysis of the results generated (Appendix A provides more detailed information). Activities included a senior survey, a provider survey, and six senior/elder listening sessions. The findings correspond to the goals and objectives of this plan.
- **Focus Areas:** A description of the programs and services available to older Alaskans, both those paid for by Older Americans Act funding and those paid for through the State of Alaska. The Older Americans Act (OAA) Core Programs, Administration for Community Living (ACL) Discretionary Grants, Participant-Directed/Person-centered Planning, and Elder Justice Focus areas are addressed through these programs and services.
- **Vision, Guiding Principles, Goals, Strategic Objectives, and Performance Measures:** A vision statement, guiding principles, goals, strategic objectives, and performance measures created by the State Plan for Senior Services Advisory Committee are intended to provide Alaska's senior agencies, advocates, and service providers a shared focus for the next four years. All Focus Areas are addressed by measurable strategic objectives.
- **Quality Management:** A quality management strategy for the FY2016-2019 period, including data collection to assess ongoing program implementation, remediation of problem areas, and continuous improvement of programs and services.

There are a variety of appendices included with this state plan to provide detailed information to support the plan document. Appendix A is a summary of the needs assessment activities and analysis of the results generated from those activities, which form the foundation for the goals and objectives of this plan.

A description of the funding formula prepared for this state plan is included in Appendix B. The formula is used for the distribution of State funding as well as federal Older Americans Act funds. Designed to ensure that funding priority is given to areas with the most economic and social need, factors for the formula include total senior (60+) population, advanced age (80+), minority status, low income, and

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rural residency, with an additional cost-of-living adjuster to compensate for the much higher cost-of-living (and doing business) in very remote areas of the state.

Assurances and Information Requirements under the Older Americans Act are contained in Appendices C and D. A summary of the demographic make-up of Alaska seniors (Appendix E), a list of the Advisory Committee members and their agencies (Appendix F), a description of the many programs provided for seniors by the State of Alaska (Appendix G), and a short summary of the Older Americans Act (Appendix H) are also included.

Next Steps

In addition to assisting with the development of the plan, public and private partners will continue to work together on state plan implementation and assessment through the life of this document. As the new plan takes effect on July 1, 2015, implementation through key leads for each Performance Measure will be the new focus.

Introduction and Context

This section provides a description of the Alaska State Unit on Aging and partner agencies, coordination of existing plans, demographic trends, and needs assessment activities and findings. The Advisory Committee used the needs assessment findings and existing planning efforts to develop the vision, goals, strategic objectives, performance measures and guiding principles of this plan, which will provide state agencies that administer senior programs, advocates, and service providers with a shared focus for the next four years.

Alaska Department of Health and Social Services

The State of Alaska constitutes a single planning and service area under the terms of the Older Americans Act. The Alaska Department of Health & Social Services (DHSS) is the State Unit on Aging as designated by the Governor. The operations of Alaska's state unit on aging are carried out jointly by the DHSS' Division of Senior & Disabilities Services and the Alaska Commission on Aging. The Division of Senior and Disabilities Services administers the majority of state and federally-funded programs for seniors. The Alaska Commission on Aging is responsible for developing the state plan for senior services and performing advocacy, outreach, and education activities often in collaboration with a number of other agency partners.

Division of Senior & Disabilities Services

The Division of Senior & Disabilities Services (SDS) is responsible for the administration of senior grant programs for Alaskans 60 years and older in addition to persons with developmental and physical disabilities for the Department of Health and Social Services. SDS administers funding for services that support the continuum of care that allows individuals to remain independent and in their homes for as long as possible. The mission of Senior and Disabilities Services is to promote health, well-being, and safety for individuals with disabilities, seniors, and vulnerable adults by facilitating access to quality services and supports that foster independence, personal choice, and dignity. SDS administers funding for the Older Americans Act programs that include senior home- and community-based services and Aging and Disability Resource Centers.

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Alaska Commission on Aging

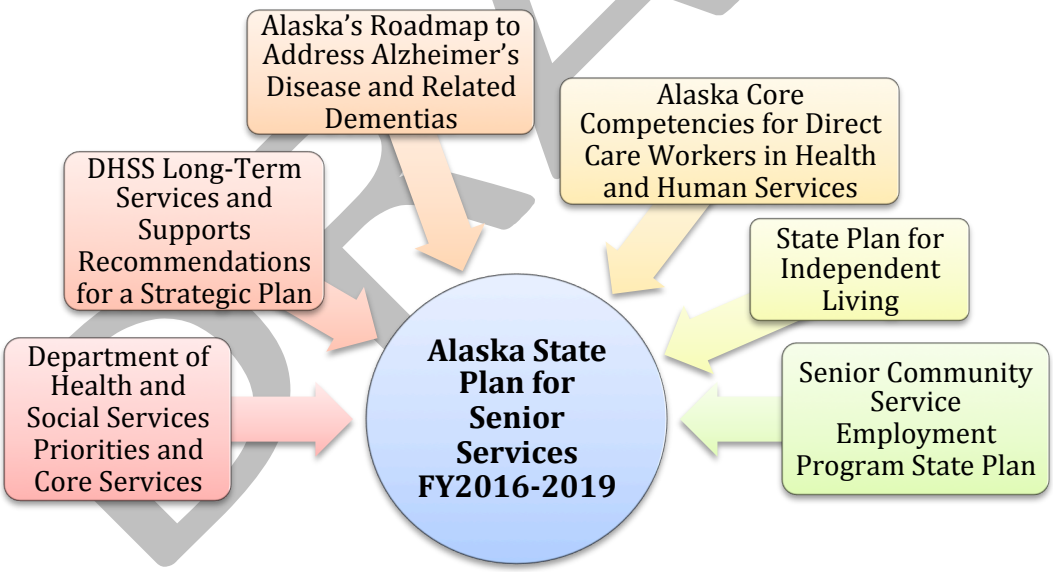
Since 1982, the Alaska Commission on Aging, an agency within the Department of Health & Social Services), has served to ensure the dignity and independence of all older Alaskans by addressing their needs through planning, advocacy, education, and interagency cooperation.

As part of its continuing commitment to the Alaska State Plan for Senior Services, FY 2012–FY 2015, the Commission held annual implementation and planning meetings with its agency partners, to both identify accomplishments related to the plan's goals and objectives and to plan further activities for the coming year. In FY2014, the Commission began coordinating planning activities with senior consumers and representatives from public and non-profit agencies serving older Alaskans to develop the Alaska State Plan for Senior Services, FY 2016-FY 2019. The plan fulfills a requirement of all states to receive funding through the Older Americans Act.

Coordination with Existing Planning Efforts

This plan is developed alongside several existing and collaborating planning efforts:

- Department of Health and Social Services Priorities and Core Services
- Alaska's Roadmap to Address Alzheimer's Disease and Related Dementias (December 2014)
- Alaska Core Competencies for Direct Care Workers in Health and Human Services
- Department of Health & Social Services (DHSS) Long-Term Services and Supports Recommendations for a Strategic Plan, FY2013
- Senior Community Service Employment Program State Plan
- State Plan for Independent Living (SPIL) for Alaska for 2014-2016



Demographic Trends

Alaska has the fastest growing senior population rate in the U.S. Although people in the state are living longer and many are active, this comes with a rise in the number of seniors with dementia, chronic health conditions, and behavioral health needs.

Alaska's total senior population is expected to grow very rapidly in the next 15 years because of the size of the baby boomer population, as well as historical trends in migration and longevity. The reason

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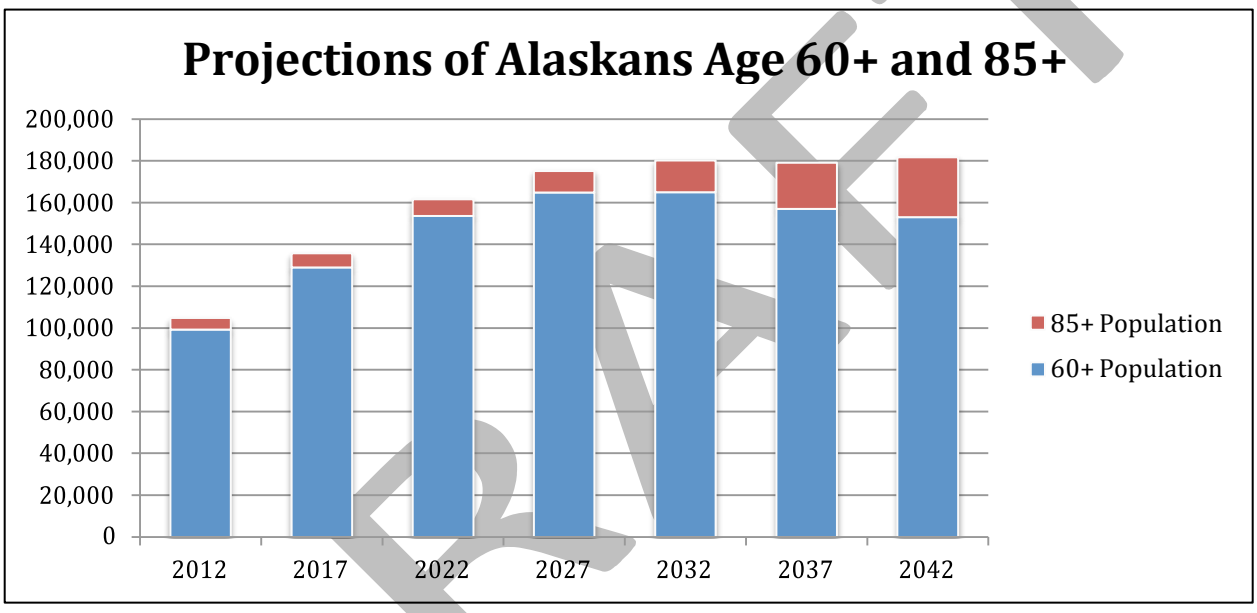
behind the rapid expansion of Alaska's senior population lies in the events of the 1970s – the construction of the Trans-Alaska Pipeline and the economic boom that oil development brought about, drawing thousands of young people to the state for newly-created jobs in every sector. Those young people established homes and families, and grew extremely fond of Alaska's lifestyle. Many of them stayed on for their entire working lives, and are now choosing to retire in the state as well, representing a shift in a long-term pattern where most seniors left the state upon retirement. The number of seniors age 85 and over will increase even more dramatically in the same time frame. After 2030, the growth of this segment of the population will slow, but the oldest boomers will begin to reach age 85, a time when their need for services is likely to become more intensive. Planning for greater capacity and infrastructure across the spectrum of senior services, including home- and community-based services and long-term care, is especially significant for this segment of the population. The graph below indicates the senior population projections from 2012 to 2042 (Alaska Department of Labor and Workforce Development, Research and Analysis).



Whites and Asians are slightly over-represented among seniors, compared to the total population, while other races are slightly under-represented. For example, 75% of seniors 60+ are white, while only 67.3% of the total population is white; and 6% of seniors are Asian, compared with 5.9% of the total population. Meanwhile, only 11% of seniors are Alaska Native (alone or in combination with other races), although 14.8% of the state's total population is Alaska Native, according to estimates by the Alaska Department of Labor & Workforce Development (2013). African-Americans are also under-represented in the senior population. Some 3% of Alaska seniors are African-American while 3.8% of the state's total population is African-American. The graph below indicates the Alaska senior population by race as of July 2013 (Alaska Department of Labor and Workforce Development, Research and Analysis).

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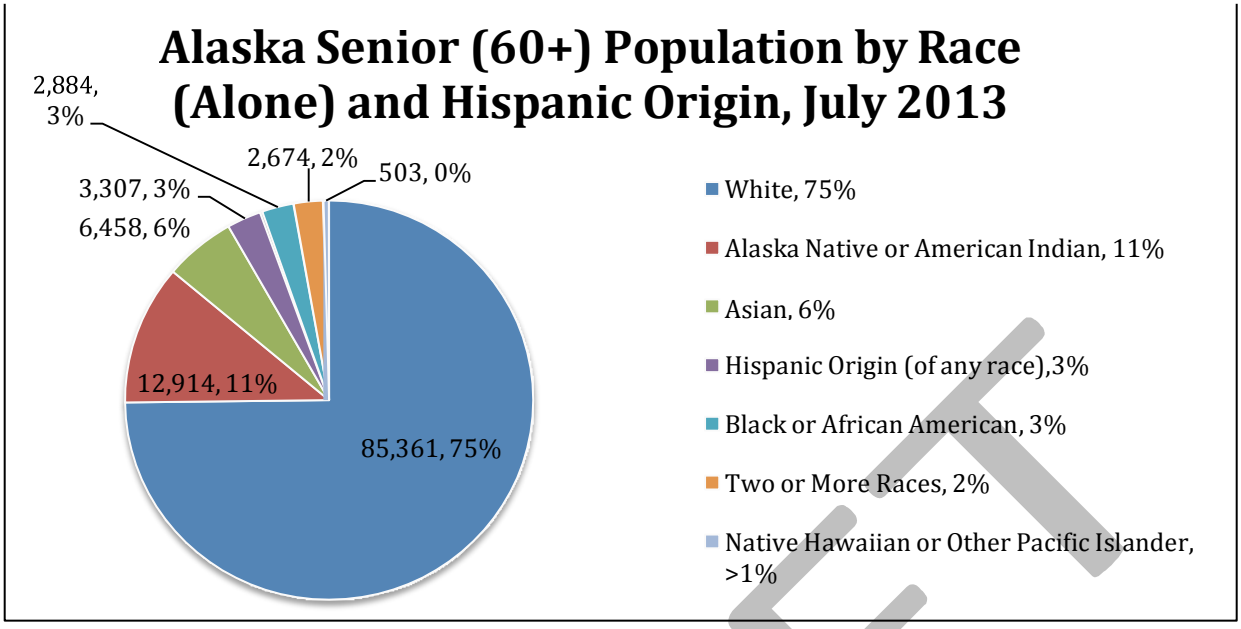
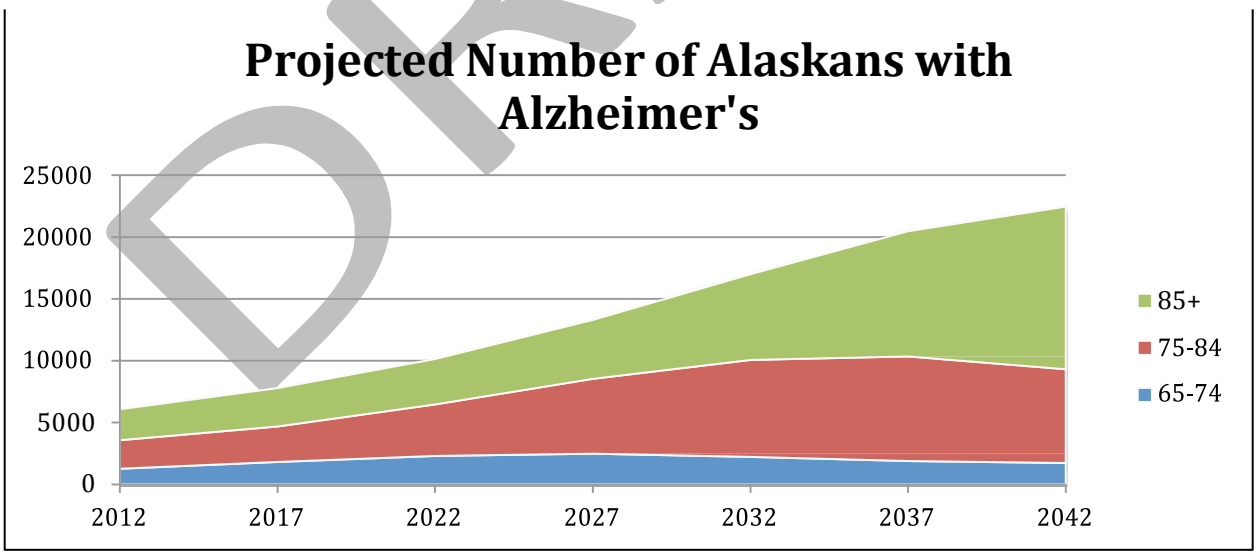


The number and percentage of the population with Alzheimer's disease and related dementia (ADRD) is expected to increase along with the growing proportion of older individuals in the population, attributable to greater longevity and the aging of the baby boomers. The rate of increase of Alzheimer's disease in Alaska is expected to be one of the highest, as Alaska has the fastest-growing population of seniors age 65 and older in the U.S. (2015 Alzheimer's Disease Facts and Figures, Alzheimer's Association). By 2042, some 22,442 Alaskans age 65 and older may have Alzheimer's, based on the application of national ADRD prevalence rates to age group projections by the Alaska Department of Labor & Workforce Development. This represents more than a tripling of the number of individuals with Alzheimer's in the state today.



The demographic and health trends of Alaska seniors indicate a need for the state to continue to plan for the increasing aging population through activities such as the needs assessment for this process, which highlights key services and programs.

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Needs Assessment Activities and Findings

The Alaska State Plan for Senior Services, FY 2016 – FY 2019, is the product of a nineteen-month statewide planning process that began with the Alaska Commission on Aging's first Elder-Senior listening session in Copper Center in September 2013. Five other listening sessions followed, each presenting a series of topic questions for seniors, family members, and service providers to consider.

Two statewide surveys were also conducted to learn more information about senior needs. The Commission developed a widely distributed survey, to which 2,280 Alaskans age 55 years and older responded. A survey of Alaska providers was implemented receiving 85 responses. The results and findings of the elder listening sessions, the senior survey and the provider survey are compiled as Appendix A. The findings identify themes from all three efforts as follows:

Health Care

Seniors in Alaska are concerned about access to health care in their communities. This concern was heard in many of the listening sessions, and was ranked as the #1 concern of seniors in the senior survey. Similarly, the provider survey ranked health care issues as the #1 pressing issue facing older adults today.

Financial Concerns

During the elder-listening sessions input was heard about issues ranging from the value of living a subsistence lifestyle to worries about the cost of living. The senior survey showed financial security as the #2 ranking concern of seniors in Alaska.

Elder Justice

During the elder-senior listening sessions, half of participants indicated they or someone they knew had experienced elder abuse and of those who answered "yes," 69% indicated financial exploitation as the most common form of abuse. The senior survey responses similarly support the need for attention directed to this issue, with 29.4% indicating they or someone they knew had experienced abuse.

Housing

Listening sessions identified availability of senior housing as an issue in need of improvement. The provider survey ranked housing as the #3 most pressing issue facing older adults today. The provider survey also identified assisted living for mentally ill seniors and independent living senior housing as the #1 and #2 services lacking in the continuum of care for seniors in Alaska.

Sense of Community

Supporting a strong sense of community was raised in several elder-senior listening sessions. Senior Centers are utilized significantly, with 31% of seniors responding to the survey stating they visited their senior centers at least twice monthly. Senior Centers are also used as a source of information about programs and services and serve as hubs of social engagement.

Home and Community Based Long Term Support Services

Senior services that promote aging in place was a recurring theme in the input heard through the elder-senior listening sessions. According to the senior survey, the top five support services used by respondents are senior center/elder center, Medicare Information Office, congregate meals, senior transportation, and education and training about Alzheimer's.

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Focus Areas

This section outlines each Older American Act (AoA) Core Program offered in the state of Alaska, as related to the Focus Areas of the AoA State Plan Guidance document. A brief description of each program that includes its status, successes and challenges, and coordination with other programs can be found in Appendix G. According to the AoA State Plan Guidance document, the four focus areas for this state plan are:

A. Older Americans Act (OAA) Core Programs
B. Administration on Community Living (ACL) Discretionary Grants
C. Participant-Directed/Person-Centered Planning
D. Elder Justice

OAA programs are encompassed in Titles III (Supportive Services, Nutrition, Disease Prevention/Health Promotion and Caregiver Programs), V (senior vocational training), VI (Native American Programs and Elder Services), and VII (Elder Rights Programs), and serve as the foundation of the national aging services network. Currently, Alaska does not receive Administration on Community Living (ACL) Discretionary funding. Participant-Directed/Person- Centered Planning includes policies that support consumer control and choice in senior programs and services. Planned Elder Justice activities include preventing, detecting, assessing, intervening, and/or investigating elder abuse, neglect, and financial exploitation.

In Alaska, the State Unit on Aging is the Department of Health & Social Services (DHSS). Older Americans Act Title III and some Title VII services are provided to seniors through that department's Division of Senior & Disabilities Services (DSDS), which offers Medicaid waiver services, personal care assistance (PCA) services, and senior grant-funded services. The Alaska Commission on Aging, also an agency within DHSS, coordinates the planning function of the State Unit on Aging, in addition to advocating for senior needs to the state legislature and leading public awareness campaigns on civic health, behavioral health, and civic engagement issues.

Older Americans Act Title V services are provided through the Mature Alaskans Seeking Skills Training (MASST) Program within the Department of Labor & Workforce Development. The Office of the Long-Term Care Ombudsman (OLTCO), which carries out the Title VII long-term care ombudsman services, is located within the Department of Revenue.

A. Older Americans Act (OAA) Core Programs & State of Alaska Senior Services

This section outlines the majority of the OAA Core Programs in Alaska, specifically many of those under Title III and managed by DSDS that serve as a foundation for the national aging services network. The Title III and Title VI coordination ongoing across the state is described in the following section. Opportunities to strengthen or expand Title III and Title VI services are addressed throughout this plan document. There are many activities in Alaska aimed at increasing the business acumen of aging network partners. Integrating health care and social services systems is evident in the diverse agency representation of Advisory Committee members who contributed to this plan.

Division of Senior and Disabilities Services Programs

The Division of Senior & Disabilities Services (DSDS) is responsible for the administration of home- and community-based programs for seniors and individuals with developmental and physical disabilities for the State of Alaska. DSDS programs provide necessary services and supports along a continuum of care,

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which allow for individuals to remain independent and in their communities for as long as possible.

Senior home- and community grant-funded services, in particular, provide expanded services for older adults who need assistance in order to remain independent, but who do not qualify for other publicly funded programs, and are intended for individuals who are at risk for institutionalization and wish to remain in their own homes. Programs administered by DSDS include Adult Protective Services, General Relief program, Senior Community-Based Grant programs, Community Developmental Disabilities Grant program, Medicaid Waiver programs, Medicaid Personal Care Assistant program, Medicare Information Office and Senior Medicare Patrol, Aging and Disability Resource Center program, and the Nursing Facility Transition program.

State matching funds provide home- and community based grant-funded services for seniors who do not qualify for services under the Medicaid Waiver or Medicaid programs. The State of Alaska uses state funds for its Adult Protective Services and General Relief programs, which provide a safety net for Alaska's most vulnerable individuals age 18 and over.

The Older Americans Act (OAA) services described below are available to all Alaskans age 60 and older, however service providers are required to outreach to the specific target populations highlighted in the OAA and to prioritize services to these categories of older adults groups of elders. They include all minority populations, the frail elderly, low-income individuals, residents of rural areas, and non-English-speaking seniors. These priorities are also reflected in the state plan's funding formula, which weights these factors, as well as the total senior population and cost of doing business.

- **Nutrition, Transportation, and Support Services (NTS) Grant Program**
  The NTS program services comprise the largest proportion of services provided under the Older Americans Act Title III grants. This program provides funding for essential services to older Alaskans age 60 and older that include meals, rides, information and assistance, and other OAA core supports. DSDS administers the NTS grants through a competitive grant process that provides funding to partner organizations throughout the state including nonprofits, tribal governments, school districts, and local governments. NTS grants are matched with local funds and provide essential base funding for senior services throughout the state. NTS core services help older Alaskans to sustain their physical, cognitive, social health, and independence in the community.

- **National Family Caregiver Support Grant Program (NFCSP)**
  Since the reauthorization of the Older Americans Act in 2000, Alaska has implemented the National Family Caregiver Support Program, with the purpose to provide relief from the emotional, physical, and financial stress experienced by family caregivers. This program provides services such as information about available resources; assistance in gaining access to support services; counseling, training, and support groups; respite care; and supplemental services. Caregivers often make it possible for disabled adults to remain in their home setting rather than moving into a long-term care facility. Ten percent of Family Caregiver funds are dedicated to supporting "Grandparents Raising Grandchildren." Services are provided specifically to elderly caregivers and may include the same services noted above for family caregivers of elderly individuals at home.

- **Health Promotion and Disease Prevention (HPDP) for Older Alaskans and Grant Program**
  The DSDS supports health promotion and disease prevention services for older Alaskans through grants, partnerships, and the provision of technical assistance. Title III-D provides limited funding

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for a range of health promotion and disease prevention activities including health screening and health risk assessments, health education, physical fitness, medication education, senior fall prevention and other activities. The HPDP Grant Program provides grant funds to local provider agencies for evidence based interventions to improve the health and wellness of seniors. HPDP grants are funded through a combination of Title III-D and state funds.

An array of home- and community-based services are provided through a variety of funding sources including State of Alaska general funds and federal Medicaid.

- **Senior In-Home Services Grant Program**
  Senior In-Home Services provides funding for the following services: Case Management, Chore, Respite, and Extended Respite. Priority of service is given to individuals with Alzheimer's disease and related dementias (ADRD), those who live alone, those with a physical disability, those with the greatest social or economic need, minority individuals, and those who reside in a rural area. This program is funded with State of Alaska general funds. Regional funding allocation is determined by the intrastate funding formula.

- **Adult Day Service (ADS)**
  The ADS is an organized program of services during the day in a center-based group setting, providing supervision and a secure environment for individuals who experience ADRD, as well as those with physical, emotional, and/or cognitive impairments who are not safe staying alone while their caregivers are away. In FY2014, thirteen provider agencies received state grant funds. Grants for this program are provided using State of Alaska general funds.

- **Alzheimer's Disease & Related Dementia (ADRD) Education and Support Grant Program**
  The ADRD Education and Support grant program provides state funding to a statewide organization, Alzheimer's Resource of Alaska, to provide information and education to providers, caregivers, and individuals about the signs, symptoms, causes, diagnosis, and effects of ADRD on an individual and their family. The Alzheimer's Resource of Alaska (ARA) is a statewide nonprofit social service provider for individuals and families with a member who has ADRD. ARA provides information and education to organizations and individuals statewide.

- **ADRD Mini-Grants**
  The Alaska Mental Health Trust Authority, within the Department of Revenue, provides mini-grants to individuals who experience ADRD. These mini- grants for up to $2,500 per individual can include, but are not limited to, therapeutic devices, access to medical, vision and dental, special health care, and other supplies or services that might remove or reduce barriers to an individual's ability to function in the community in the least restrictive environment possible. This program is administered by the Alzheimer's Resource Agency.

- **Senior Residential Services Grant Program**
  Through designated funding from the Alaska State Legislature, SDS oversees three grants to rural/remote providers in Dillingham (Grandma's House), Tanana (Tanana Tribal Association), and Galena (Yukon-Koyukuk Elder Assisted Living Facility) for supported residential living services to frail elders who do not have access to the Pioneer Homes or other assisted living facilities in their community or region.

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- **General Relief Program**
  General Relief Assistance (GRA) provides for the most basic needs of many Alaskans without the personal resources to meet an emergent need and ineligible for assistance from other programs. GRA is designed to meet the immediate, basic needs of Alaskans facing extreme financial crisis and is a temporary funding source for assisted living home placement.

- **Nursing Facility Transition Program**
  Alaska offers a Nursing Facility Transition Program (within SDS), which helps families by offering support and funds to enable seniors and disabled citizens to return to independent or family living after a stay in a nursing facility.

- **Senior Outreach, Assessment and Referral (SOAR), Division of Behavioral Health (DBH)**
  The SOAR Program continues to provide gatekeeper training throughout the state to individuals who potentially have contact with older persons who may be somewhat isolated, so that they can identify seniors who may be experiencing depression, substance abuse, or other behavioral health issues, as well as loneliness, isolation, malnutrition, or elder abuse. The Gatekeeper then refers the vulnerable older person to the appropriate professional or, in most cases, to the SOAR provider, who contacts the senior and/or goes to visit them to assess their needs and ensure that they receive the necessary services.

- **Medicaid Programs**
  - **Alaskans Living Independently Waiver**
    On July 1, 2011, the Older Alaskans waiver and the Adults with Physical Disabilities waiver program were restructured. The Alaskans Living Independently (ALI) serves income-eligible adults who are age 21 years and older and meet nursing facility level of care. In FY2014, 2,384 seniors received services through the Alaskans Living Independently waiver (Senior & Disabilities Services, December 2014).

  - **Personal Care Assistance (PCA)**
    PCA services provide support for seniors and persons with disabilities related to an individual's activities of daily living (bathing, eating, dressing, and other activities) as well as instrumental activities of daily living (such as shopping, laundry, and light housework). The DSDS PCA Unit administers these services.

- **Medicare Information Office, including Senior Medicare Patrol (SMP) and State Health Insurance Assistance Program (SHIP)**
  The Medicare Information Office provides a toll-free number that anyone may call 24/7 for information on any aspect of Medicare. This office houses the Alaska Senior Medicare Patrol (SMP), a program that emphasizes identification and prevention of Medicare fraud, waste, and abuse, and the Alaska State Health Insurance Program (SHIP), a national program that offers one-on-one counseling and assistance to people with Medicare and their families.

Other Older Americans Act Related Programs:

- **Emergency Preparedness**
  Alaska's state agency on aging coordinates activities and develops long-range emergency

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preparedness plans with local and state emergency response agencies, relief organizations, local and state governments and other institutions that have responsibility for disaster relief service delivery.

The Division of Public Health (DPH) is the lead agency within the Alaska Department of Health & Social Services responsible for emergency preparedness, planning, and response. Division staff work closely with the Alaska Department of Military & Veterans' Affairs' Division of Homeland Security and Emergency Management. They routinely conduct emergency preparedness and planning outreach workshops in communities around the state. They also partner closely with the Alaska Native Tribal Health Consortium.

DPH strives to reach as many special populations as possible in their outreach activities. Workshop topics range from general all-around hazards emergency preparedness to specific disease-related topics such as pandemic influenza or norovirus. In addition, the State's public health nurses are regular participants in local health fairs statewide where they discuss emergency preparedness, planning and response issues with attendees of all ages.

The Division of Senior & Disabilities Services requires its major grantees to complete a disaster response plan. Grantees are asked to coordinate with local governments, tribal organizations, and Native health corporations in their efforts to prepare for a natural disaster. All providers must submit their communities' disaster preparedness plans and outline their role in ensuring the health and safety of seniors in the event of a disaster. In the event of an emergency, grantees would be expected to put their plans into operation, with support from DSDS as needed.

- **Mature Alaskans Seeking Skills Training (MASST) Program, Department of Labor**
  In Alaska, the Title V Senior Community Service Employment program is known as the "Mature Alaskans Seeking Skills Training (MASST) program." The program's statutory goals are to foster individual economic self-sufficiency, provide community service opportunities, offer vocational training, and to increase participation in unsubsidized employment for people age 55 years and older with two or more barriers to employment.

  MASST's vision includes a strong working relationship between Older Americans Act programs and the Alaska One Stop Network. On the federal level, the Title V program transferred to the Health and Human Services to foster better coordination between the Senior Community Service Employment Program and other senior-serving programs to strengthen the focus on the comprehensive health and well-being of seniors as well as to improve administrative efficiencies.

  During state fiscal year 2014, MASST served 176 older Alaskans who worked in service to the general community and 138 participants who worked in service to the elderly community. The program served an unduplicated 300 clients. Sixty-three percent of participants were female, and thirty-seven percent were male. Eighty-three percent of clients were under age 65, and seventeen were age 65 and older. Thirty-four percent of participants identified their race as American Indian, Alaska Native, Asian, Black, Hawaiian/Pacific Islander or mixed race. Six percent of participants had less education than a high school diploma or equivalent, while forty-two percent had a high school diploma or equivalent, and fifty-one percent had some post-secondary education, including thirteen percent with a bachelor's degree or advanced college degree. Eighty-six percent of the participants had a family income at or below the poverty level. Thirty percent were individuals with documented disabilities. Sixty-four percent were individuals with poor employment history or

DRAFT

prospects. Twenty-nine percent were homeless, four percent were displaced homemakers, and nineteen percent were veterans or spouses of veterans.

For state fiscal year 2015, the program exceeded its goal of twenty-five percent of participants placed into unsubsidized employment – in fact, a majority (56.6%) of program participants were able to achieve unsubsidized employment. Fully 60.6% of those placed into unsubsidized employment were still employed in those jobs one year later. The average earnings were $42,180 for those finding employment.

Coordination of Title III programs with Title VI Native American programs

The State of Alaska encourages providers of Title III services to collaborate with tribal governments, which receive Title VI funds in order to make more services available for older Alaskans. Title III grantees are encouraged to develop partnerships with Title VI grantees in their communities, and to submit a memorandum of agreement to ensure coordination of services to Native elders. Coordination of Title III and Title VI services is required in order to reduce duplication of services, develop services to address unmet needs, expand resources, and share information with Native elders about additional services, benefits, and resources available to them.

Some examples of this coordination include: an Aging and Disability Resource Center partnership with Bristol Bay Native Association (BBNA); Alaska Native Tribal Health Consortium (ANTHC) and Tanana Chiefs Conference (TCC) participation on the Advisory Committee; Senior Citizens of Kodiak, Inc. (SCOK) and Kodiak Area Native Association (KANA) collaborating for more than a decade to assure that elders in Kodiak Island villages have meals and elder care while they continue to live in their communities; and Southeast Senior Services (SESS), a Title III grantee, works with the area's tribal organizations to protect the current level of services in various communities, by conducting a needs assessment for each tribe, assisting with the Title VI grant application, providing the services, and handling the necessary reporting.

The State of Alaska facilitates planning and partnerships between Title III and Title VI grantees through the Rural Long Term Care Developer program. Regional needs assessments are required to examine all resources including Title VI and Title III, and to include recommendations for increased collaboration where needed. The State of Alaska acknowledges that coordination is also a requirement for Title VI grantees, and will initiate increased partnerships and collaboration between Title III and Title VI grantees.

B. ACL Discretionary Grants

Alaska's ACL Discretionary Grants include the Senior Medicare Patrol (SMP) and State Health Insurance Program (SHIP). Both programs are administered by DSDS through the Medicare Information Office. Alaska's Aging and Disability Resource Center Program (ADRC) is also administered by DSDS, but is no longer an ACL Discretionary Grant. Alaska's ACL Discretionary grants coordinate with other aging network core services in a variety of ways.

Senior Medicare Patrol (SMP) and State Health Insurance Program (SHIP)

The Medicare Information Office (MIO) houses the SHIP, SMP and MIPPA grants under one integrated leadership and is staffed by three full time State of Alaska employees. The Medicare Information Office maintains a large statewide network of partners, liaisons, volunteers, and counselors (paid and volunteer). There are five grantee agencies with mini-grants to provide outreach education and Medicare counseling. The central SHIP office also provides outreach education and counseling in the Anchorage bowl where 45% of all Medicare beneficiaries live. All grantees provide public outreach that

DRAFT

integrates Medicare benefit information with including teaching consumers about Medicare enrollment, penalties, coverage, Medigap, how to keep themselves safe from identify theft, healthcare fraud and other senior scams, thus encompassing the emphasis of the SMP project.

The partnerships include a very long-term collaboration with the Alaska Native Tribal Health Consortium, which brings all the patient financial counselors and Outreach and Enrollment specialists from around the state into Anchorage annually. The Medicare Information Office has a central training function each year at this event (May 2015) and that event enhances the ongoing daily email and phone contact with Alaska Native workers assisting elders in navigating Medicare.

The MIO aggressively reaches out to tribal health clinics, regional health corporations, all Federally qualified community health centers, disabilities centers, independent living centers, and ADRCs. They provide webinars and training to staff and volunteers and certify staff and volunteers as SHIP/SMP volunteers to to assist locally when the topic of Medicare arises.

Aging and Disability Resource Center Program (ADRC)
The national vision of the ADRCs is the creation of a single, coordinated system of information and access for all persons seeking long-term care support services. Such centers are envisioned as highly visible and trusted places where people of all incomes, ages, and disabilities can turn for information on the full range of long-term support options, public and private. The goal of these centers is to minimize confusion, enhance individual choice, support informed decision-making, and increase the cost-effectiveness of long-term support systems.

Alaska's ADRCs are administered by DSDS and are funded with a combination of state, federal, and local funds. ADRCs serve everyone 18 and older with any disability. There are currently five (5) ADRCs in operation, serving four of the nine service areas established by the DHSS. The ADRCs in operation serve Southeast Alaska (region 9); Bristol Bay and Kodiak (region 7); Kenai Peninsula, Valdez, Cordova (region 5a) and Mat-Su (region 5b); and Anchorage (region 4). Each ADRC has 1.5 full time employees dedicated to the ADRC who provide options counseling directly to consumers. Alaska's ADRCs provide information, referral, and assistance with accessing public and private long term care services; counseling on Medicare, insurance, and other benefits; pre-screening for long term care programs; assistance in accessing behavioral health or housing services; and other assistance as needed. ADRCs also provide outreach presentations to educate people about various aspects of long-term care.

SDS is currently working with the Centers for Medicaid and Medicare Services (CMS) to utilize a portion of Medicaid Administrative claiming for funding and sustainability of the ADRCs. In addition, the Kenai Peninsula ADRC is participating in a pilot program, the ADRC First Pre- Screening, which administers a pre-screening tool to all individuals seeking long term care services in nearby communities. The goals of the pilot project were to reduce the number of inappropriate level of care assessments while referring individuals to appropriate services that they will qualify for including behavioral health services. The 3-year pilot project is in its final year of operation (FY2015) and has been shown to reduce the number of unnecessary assessments by half.

C. Participant-Directed/Person-Centered Planning

A focus of this state plan is to make fundamental changes in the state policies and programs to support consumer control and choice. The Older Americans Act programs and services funded by Titles III, VI, and VII emphasize choice to the greatest degree possible.

DRAFT

The Division of Senior and Disabilities Services provide training to all care coordinators and case managers on the development, philosophy, and best practices in person-centered planning. Person-centered planning has been an expectation for care coordinators regardless of experience level since 2008. DSDS's curriculum includes discussion, writing narrative, and examination questions on the following topics:

- Addressing people using person-first language
- Helping people understand their care plans (using plain language)
- Listening to the person define their goal for services
- Listening to how the person wants approved services to be delivered
- Thinking of the person as having a full life and resources of their own (including family, interests, personal history, culture, and other personal assets)
- Looking for strengths as well as needs and designing plans around them

SDS training collaborates with other resources for providers and individuals such as the UA Trust Training Cooperative and Center for Human Development.

Providing person-centered training is the foundation for preparing care coordinators to establish and monitor successful plans of care that provide meaningful supports to the recipient, assist that person to live independently in their community of choice, and provide stability for the service provider. This core training is in alignment with the CMS final rule.

The primary consumer directed service in Alaska is the Medicaid Personal Care Assistance (PCA) Program.

Medicaid Personal Care Assistance Program

Services provided through the PCA program support Medicaid-eligible individuals who need assistance with activities of daily living (such as eating, bathing, dressing, transferring, and toileting) as well as instrumental activities of daily living (including shopping, laundry, and light housework) to live in their own homes and communities. PCA services are provided in Alaska through private and nonprofit agencies, with administration of the program by the PCA Unit of the SDS. Personal Care Assistance services are provided through two different qualified models that include agency-based PCA and the Consumer Directed PCA.

Agency-based PCA: Consumers may choose to receive services through an agency that oversees, manages, and supervises their care. PCAs working in an Agency-Based PCA program must be at least 18 years of age, have successfully completed a 40-hour PCA training program delivered by a licensed State of Alaska registered nurse and approved by the State, possess current CPR/First Aid certification, be individually enrolled, and pass a criminal history background check. Supervision of the PCA service plan is provided by a registered nurse in the Agency Based PCA program.

Consumer Directed PCA: Alternatively, consumers may manage their own care by selecting, hiring, training, firing, scheduling, and supervising their own PCA worker. The agency provides administrative support to both the consumer and the assistant by providing payroll and billing support, prepares a back-up service plan with the recipient, and conducts semiannual visits with the consumer in that person's home. Eligible PCAs must be at least 18 years of age, be individually enrolled, pass a criminal history background check, and be trained by the recipient for their specific needs. The recipient may hire a family member (excluding a spouse or minor child) or friend to work as their PCA. The recipient also decides what training, if any, they will require for their PCA. Supervision by a registered nurse is not

DRAFT

provided by the consumer-directed PCA agency.

From testimony of seniors at its quarterly meetings, the Alaska Commission on Aging understands that older Alaskans throughout the state wish to have a choice between the agency-based and the consumer-directed PCA programs. While consumer-directed services fit the needs of some seniors, others have told us they simply lack the energy or focus to manage their own PCA, and desire an agency to handle the details for them. Both agency-based PCA and consumer-directed PCA are available in most communities in Alaska. Together the programs provide support for about 4,000 Alaskan seniors and individuals with disabilities.

D. Elder Justice

Alaska has many programs and services that prevent, detect, assess, intervene, and/or investigate elder abuse, neglect, and financial exploitation. This plan includes efforts by the Office of the Long Term Care Ombudsman (OLTCO), Adult Protective Services (APS), Legal Assistance Developer. These agencies work together toward a multi-disciplinary response to elder abuse, neglect, and exploitation.

Office of the Long-Term Care Ombudsman (OLTCO)

The OLTCO is authorized by federal and state law to resolve complaints made by, or on behalf of, Alaskans age 60 and over who live in assisted living homes or skilled nursing facilities. Alaska Statute 47.62 also authorizes the Long-Term Care Ombudsman to provide assistance to seniors having difficulty with issues impacting their residential circumstances, such as unfair billing practices by utilities, unlawful evictions, neglectful guardians, or poor public housing management. The OLTCO also provides visits to facilities statewide so that seniors have regular and timely access to ombudsman services.

The OLTCO is administratively housed by the Alaska Mental Health Trust Authority to avoid conflict with state agencies providing services to seniors. Alaska is one of five Long Term Care Ombudsman agencies in the nation required by state regulations to investigate reports of harm involving seniors in residential facilities instead of deferring these investigations to APS. As a result, Alaska's OLTCO works closely with the DHSS to coordinate investigations so that seniors are protected and state resources are used efficiently.

In FY2014, Alaska's Office of Long-Term Care Ombudsman (OLTCO) investigated 1,150 complaints from seniors across the state, resolving the complaint to the senior's satisfaction 95% of the time. The top eight complaints from Alaskan seniors included involuntary eviction; lack of respect from facility staff; quality of food; facility is not clean or in poor repair; senior injuries, insufficient access to appropriate medical care; inappropriate policies or practices; and lack of supervision and training of the facility staff. In addition to resolving complaints, the OLTCO staff provided information and referrals to 579 individuals or agencies.

The OLTCO also provides visits to facilities statewide so that seniors have regular and timely access to ombudsman services. The OLTCO made unannounced visits to all of the over 300 long-term care facilities in Alaska, visiting with more than 3,500 seniors. There are long term care facilities in 30 different communities in Alaska. Resolving complaints, visiting facilities, as well as providing information and referral in the large state of Alaska are demanding responsibilities for an office with six staff. To address mandated responsibilities, the OLTCO trains and certifies volunteer ombudsmen to assist with making regular visits to facilities. The OLTCO provides each volunteer with 20 hours of training and field experience before certifying each volunteer. The goal over the next 5 years is to train and maintain a volunteer ombudsman base of 50 volunteers who will be able to make an additional 600 visits to

DRAFT

facilities.

The OLTCO works with APS as well as the licensing and certification agencies for both nursing facilities and assisted living homes on a daily basis to prevent abuse and neglect of seniors living in long term care facilities. The OLTCO also collaborates with its partners in the aging community to resolve systems issues at the state level, including the ACoA, the Alaska Mental Health Trust Authority, DSDS, Elder Fraud Unit, and AARP. Issues are addressed through projects such as Alaska's Roadmap to Address Alzheimer's Disease and Related Dementia, legislation to increase protection for vulnerable adults, disaster preparation for seniors, and the creation of a "silver alert" system to locate missing vulnerable adults.

Adult Protective Services (APS)

Within the Division of Senior and Disabilities Services, Adult Protective Services (APS) responds to reports of harm to vulnerable adults who are defined as those age 18 years or older who, because of incapacity, mental illness, mental deficiency, physical illness, disability, advanced age, chronic use of drugs, chronic intoxication, fraud, confinement, or disappearance that prevents them from protecting themselves or seeking help from someone else. Allegations of harm may involve abuse, neglect, self-neglect, or exploitation. Alaska law requires that protective services not interfere with elderly or disabled individuals who are capable to care for themselves.

In FY2014, APS received a total of 6,565 reports of harm that include 5,302 person-centered reports of harm and 1,263 reports of harm involving residents of assisted living homes. These reports to APS resulted in 1,752 (33%) new investigations, 1,347 (26%) continuing investigations already in progress, and 1,331 (25%) for information and referral.

The majority of reports of harm received by APS involved Alaskans age 60 years and older. Specifically, there were a total of 3,379 reports of harm involving seniors/elders or 51% of the total reports received in FY2014. The average age of elders who have been the subject of APS FY2014 reports of harm was 74 years old. Reports of harm involving seniors/elders generated 1,099 new investigations, 875 became part of an already open investigation, and 810 reports were requests for information and referral. Comparing FY2010 to FY2014, there has been 110% increase in the total number of APS reports of harm regarding vulnerable adults and almost a four-fold increase (382%) in those involving seniors/elders. Self-neglect, financial exploitation, and neglect were the three most frequent reports of harm involving seniors. Of the founded investigations involving older adults in FY2014, 312 investigations (58%) reported allegations of self-neglect; 84 investigations (16%) related to financial exploitation allegations, and 51 investigations (9.5%) corresponded to neglect allegations. A family member was most often reported as the perpetrator for non-self- neglect investigations involving an older adult when a perpetrator was indicated (65.59% for elders/seniors).

APS has experienced substantial increases not only in the number of reports of harm that come in, but also in the complexity of cases, due to improved public awareness about the signs of elder abuse and the fast-growing senior population. According to APS, caseworkers carry caseloads that are three to four times the average national caseload of 35 cases per caseworker.

APS resources are not keeping pace with these changes, particularly during recent fiscal constraints. In FY2015, APS had 13 investigators for the entire state (which will be reduced to 11 investigators due to budget reductions), three intake workers, three supervisors (one intake supervisor, two investigators supervisors), one program manager, and one program officer. As a result, it is difficult to maintain adequate staffing levels and training. APS investigators in Alaska carry the highest caseloads in the

DRAFT

country and have the most geographical challenges and areas to cover. Involvement of the criminal justice system and other partners, in particular financial institutions, is not always adequate, impending APS' ability to resolve cases. Stronger efforts in coming years will focus on abuse prevention and public education. Public awareness can be part of an overall approach to preventing adult abuse and neglect.

Legal Assistance Developer

The Legal Assistance Developer (the "Developer") is the individual in each state who is responsible for providing leadership in developing legal assistance programs for persons 60 years of age and older and plays a key role in assisting the state to develop and implement strong elder rights system. The Developer provides oversight of the Older Americans Act (OAA) Title III B legal assistance programs and assures that at-risk older people have access to the civil justice system.

The activities of the Developer and civil legal services support the most vulnerable older adults enabling them to retain autonomy and remain in the community, and assist in the prevention of many kinds of abuses against older adults. The Developer for the State of Alaska is currently housed at the DSDS and provides oversight of the OAA Chapter 4 Section 731 legal assistance program through close collaboration with Alaska Legal Services Corporation (ASLC) and ACoA. The Developer collaborates with AoA's "Model Approach to Statewide Legal Delivery Systems" grantee, ASLC, in the development of recommendations to ensure the provision of a strong elder rights system. ALSC is the sole statewide agency that provides free civil legal assistance to low-income seniors, veterans, and other eligible Alaskans, especially those with greatest social and economic need. ALSC has provided services for over 45 years.

Legal assistance assures that seniors, especially those at greatest social and economic risk, have access to the civil justice system. Last year, ASLC provided direct legal aid to more than 850 seniors. ALSC helps seniors establish Miller Trusts, guardianships, conservatorships, advance directives and wills; prevents seniors from losing their housing due to predatory lending practices, illegal foreclosure or eviction, and renter-landlord disputes; and helps seniors obtain and maintain Social Security benefits. ALSC provides informational legal clinics and hotlines for advice on common legal situations such as landlord tenant and bankruptcy issues and coordinates pro-bono opportunities.

Emerging Initiatives

As Alaska's senior population continues to increase, new needs arise that the current programs and services do not fully address. Emerging initiatives within Alaska include programs and efforts that target the changing needs of seniors.

Positive and Meaningful Aging

In the last century, average life expectancy increased by nearly 30 years in the U.S. Many people can expect to live eight or nine decades. This is a great achievement and should be celebrated, but unfortunately, this newly created stage of life creates new challenges. As we move forward into the future, the importance of attitudes towards aging should not be underestimated. A positive outlook can drastically affect health, resilience, and even the length of our lives. There are many positive aspects about aging that have traditionally been celebrated including wisdom, confidence in oneself, motivation driven by an appreciation for time, and watching a family expand while providing guidance from past experiences. As lifespans gradually lengthen, and the population continues to age, seniors should enter this new era of life with excitement about the freedom it provides. Along with that freedom comes the

DRAFT

responsibility of planning for retirement. As is the case in all other stages of life, finding something meaningful to do is important, and great effort and thought should be put behind creating meaningful opportunities for this new generation.

Alzheimer's Disease and Related Dementias (ADRD)

The number of individuals with Alzheimer's disease and related dementias (ADRD) is expected to increase faster (71.9%) between 2015 and 2025 in Alaska than in any other state (Alzheimer's Association). The population of Alaskans with ADRD is expected to almost double in the next decade to 14,000 in 2025 from 8,000 in 2014, and of the population 85 and older, approximately 46 percent has Alzheimer's (Alaska ADRD Roadmap 2014). Unfortunately, according to the Alzheimer's Association, only 45% of people with Alzheimer's or their caregivers report being told of their diagnosis. Responding to these statistics, the ACoA initiated an effort to create Alaska's Roadmap to Address ADRD. With support from the Alaska Mental Health Trust Authority, Alzheimer's Resource of Alaska, and Senior & Disabilities Services, along with an expanded core team, previous planning documents, a series of forums, a caregiver survey, and first-time surveillance data from the Behavioral Risk Factor Surveillance Survey about perceived cognitive impairment in Alaska, six goals with a set of recommendations and strategies were defined. A broader group of stakeholders reviewed this document, from which the Roadmap was created.

The vision of the ADRD Roadmap is to identify ADRD as a public health priority and build partnerships to address the challenges of this condition. The goal is to improve public awareness, promote prevention and early detection, improve access to appropriate housing, and increase caregiver supports. The ADRD Roadmap lays out an implementation plan to achieve these goals and is guided by a desire for early detection, for the ability of individuals with ADRD to reside in their homes as long as possible, and to address costs by providing services at the earliest stage possible.

Senior Behavioral Health

The ACoA advocates for behavioral health programs and services targeted to older Alaskans as part of its role as a beneficiary board of the Alaska Mental Health Trust Authority, and also directly to the Alaska Legislature. During the period covered by the previous state plan, ACoA helped to formulate and to obtain funding for the SOAR (Senior, Outreach, Assessment, and Referral) program within the Division of Behavioral Health (DBH). At its current funding level, the program is concentrating on training "gatekeepers" in a limited number of communities to identify seniors who may be dealing with depression, other mental illness, or substance abuse issues and to refer them to professionals who can help assess and treat them.

Other projects for which ACoA advocated along with other partners, which were begun during this period included two evidence-based systems designed to screen for depression and substance abuse in the primary care setting, where many seniors are comfortable and engaged with trusted care providers. Evidence-based strategies such as Improving Mood, Promoting Access to Collaborative Treatment (IMPACT) to screen for depression in addition to Screening, Brief Intervention, Referral, Treatment (SBIRT) for substance misuse are undergoing, limited-scale trials in Alaska, with plans to expand these programs into additional venues pending their demonstration to be effective.

Suicide Prevention

Alaska has one of the highest rates of suicide in the U.S., and among older Alaskans specifically, there is a high rate of suicide. With this in mind, the Statewide Suicide Prevention Council created a Suicide

DRAFT

Prevention Plan that is intended to be custom fit to each community and group. Strategy 1.7 of that Plan recommends communities to participate in efforts to de-stigmatize suicide and access treatment to prevent mental health crises. Seniors do not always access behavioral health services that are provided in community mental health settings. Strategy 2.7 of the Suicide Prevention Plan recommends that senior service providers implement broad screenings to identify not just imminent risk of suicide, but risk factors for suicide such as substance abuse, violence, and depression. Unfortunately, the Alaska State Suicide Prevention Plan 2014 Annual Report states that strategy 2.7 has progressively become worse. Many people think that depression is part of getting old, but senior centers and senior services providers are a primary environment to address these feelings and their ties to suicide. The plan also recommends using IMPACT and SBIRT, mentioned previously.

Alcohol and Drug Abuse

According to the National Council on Alcoholism and Drug Dependence (NCADD), 20% of all elderly patients admitted to hospitals exhibit symptoms of alcoholism. Alcohol and drug use among seniors is hidden, overlooked, and misdiagnosed frequently. Seniors turn to alcohol and prescription drug dependency for a variety of reasons including loss of a loved one or job, ill health, depression, isolation, and loneliness. Behavioral, mental, and physical health issues associated with aging can cause substance abuse as well, but these issues can also lead to misdiagnoses. Exacerbating this is the fact that people 65 and older consume more medications than any other age group for legitimate reasons, but this situation can easily lead to abuse and overmedication (National Council on Alcoholism and Drug Dependency, 2015).

Senior Fall Prevention

Accidental and usually preventable falls are the leading cause of non-fatal injuries for those age 65 and older and are the leading cause of fatal injury for those older than 75. Falls are expensive, costing fall-related patients an average of $27,000 per hospitalization. The Alaska Senior Fall Prevention Coalition has taken a multi-faceted approach to fall prevention, including close collaboration with the Division of Public Health Chronic Disease and Prevention Program, Senior and Disabilities Services, the Alaska Native Tribal Health Consortium (ANTHC) and ACoA.

Through public awareness, seniors are encouraged to begin a program of regular exercise, discuss their medications with their health care provider, have their vision and hearing checked, and review their homes for hazards. Public awareness campaigns have been successful in the past, and future campaigns are in the planning stages. In 2014, the Commission requested and received a Governor's Proclamation to designate May 2014 as "Older Americans Month in Alaska." The theme was "Safe Today, Healthy Tomorrow" and focused on the importance of senior fall prevention. September 23rd is the National Falls Prevention Awareness Day, which the Commission expanded with a Governor's Proclamation that designated September 21-27, 2014 as "Senior Falls Prevention Awareness Week: Strong Today, Falls Free Tomorrow." Events in the past have included Tai Chi: Moving for Better Balance and Stay Active and Independent for Life (SAIL), programs designed to help seniors stay healthy and balanced. Successful fall risk screening prevention clinics and train- the-trainers events for falls prevention exercise programs have also been offered. Exercise information and programs such as "A Matter of Balance" and "Alaska Workout to Go" are also available in pamphlet and video forms that help seniors improve their balance.

Tele-health

The DSDS implemented a tele-health pilot project in FY14 to conduct reassessments for rural Alaskans

DRAFT

who currently are receiving PCA and home and community-based services (HCBS). DSDS is required to conduct re-assessments to determine level of need for PCA as well as continued eligibility for HCBS recipients. A full time tele-health coordinator oversees this project, and conducts these re-assessments. Yukon Kuskokwim, Norton Sound, and Tanana Chiefs Conference have signed agreements with the State of Alaska whereby DSDS uses their video conferencing equipment to connect to rural village health clinics video conferencing equipment to conduct re- assessments. Using tele-health services reduces travel costs and increases efficiency to conduct re- assessments.

After the first year, the next step is to offer tele-health reassessments statewide. The two primary goals of this pilot project are: 1.) Increase timeliness of reassessments in remote areas of the state, and 2.) Increase internal efficiencies with the Nursing Facility Level of Care unit within DSDS. DSDS is committed to integrating tele health services to increase access for senior recipients and partners. DSDS is committed to working collaboratively with tribal partners to improve services for rural residents.

Medicaid Expansion

Governor Bill Walker is working with legislators to expand Medicaid and implement reform in Alaska. Expansion would come with additional federal resources that help pay for newly eligible recipients, an important aspect in this fiscal environment. According to the Department of Health and Social Services, expansion would give nearly 42,000 Alaskans access to health care coverage, and an expected 20,000 will sign up the first year. According to the Evergreen Report, an estimated 12,000 (28.9%) of the newly eligible adults are between the ages of 55 and 64, evenly distributed between male and female. Males in this age range are expected to cost an average of a little over $7,000 per year while females will cost a little under $8,000 annually. According to a report by the Government Accounting Office (1014) that compared seniors with and without health insurance, those with health insurance for six years prior to Medicare enrollment were more likely to report better health and use fewer, less costly health services – 35% lower health care costs on average than those without previous health coverage. Medicaid expansion will directly benefit eligible seniors who are without health care insurance between the ages of 60-64. Those 65 and older are insured by Medicare, and therefore not eligible for expanded Medicaid coverage. Medicaid expansion will also indirectly benefit seniors by providing access to health care for their loved ones, family caregivers, and providers who are uninsured and would be eligible for the expanded Medicaid program.

Medicaid Reform

Alaska currently funds its Medicaid Home and Community Based Services (HCBS) Waivers under the 1915(c) waiver authority. The program permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization, which benefit many seniors. The Centers for Medicare & Medicaid Services (CMS) published final rules that were effective on March 17, 2014 and apply to 1915(c) HCBS Waivers, such as those operated by DSDS and 1915(i) State Plan HCBS. There are similar rules that are in place for 1915(k), also known as the Community First Choice (CFC) Option.

Alaska's current case management structure (called "care coordination" in Alaska) for its 1915(c) waivers, which allows service providers to also provide service planning and case management, violates the new CMS requirements. Although there are exceptions which apply to Alaska such as, "except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS," Alaska still needs to move forward with a Conflict-free Case Management (CFCM) System Design to ensure compliance with

DRAFT

the new rules. Even in areas that are granted exceptions, "the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS." Therefore, the state is currently moving forward with a compliance plan in coordination with federal and state agencies, care coordinators, and current participants.

For existing and expanded Medicaid services, several reforms are needed. Some are already underway while others are being designed or will be integrated during implementation. Currently, the DHSS is working on the following reforms:

- Care management to control overutilization of emergency room services;
- Improvements for seniors and Alaskans with disabilities with a focus on person-centered planning and conflict-free services;
- Development of the Patient-Centered Medical Home model
- Coordination with Alaska's tribal health system to increase community resources and strengthen systems of care in rural areas; and
- Methods to increase the federal contribution for certain home and community based services and shift others from state to federal funded services and to provide services for persons with behavioral health needs and cognitive impairments (such as ADRD) using waiver services.

Funded by the Alaska Mental Health Trust Authority and with recommendations from the Alaska Health Care Commission, the Medicaid Reform Advisory Group, and a panel of national and Alaska experts, DHSS will move forward with designing future reforms as described above.

End of Life Care

Older people of advanced age require an array of end-of-life services including palliative and hospice care. End-of-life care can increase quality of life at the end of life for the person and their caregivers, yet is an unmet need across the state. Elders living in both rural and urban areas often want to spend their remaining days at home and in their own communities surrounded by family and friends where the people, food, and language are familiar. Currently, there is no provision for hospice care in the State-funded portion of the long-term care system. Hospice care is funded by Medicare, provided on a voluntary private pay basis, or partially covered by private insurance.
Hospice not only provides a cost savings by keeping people out of the hospital and skilled nursing facility at the end of life, but also honors the dignity of a person at the end of life.

Hospice provides the older person with the means to die a "good death" in the comfort of their own home or in a home-like environment where only palliative care is provided to relieve pain and discomfort. Long-term care facilities are not currently required to have end of life policies and procedures in place. Their focus is on providing care to the dying patient by following doctors' order or plans of care. However, family members are sometimes unfamiliar with the end of life process for their loved one. Patients, family members, and facilities are better served when they are helped to identify and articulate their personal spiritual and philosophical concerns and desires in the dying process.

Vision, Guiding Principles, and Goals

The State Plan for Senior Services Advisory Committee began developing a new Vision Statement and

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Set of Goals in January 2015 at a face to face meeting. Each individual on the committee provided input to the question "What are the elements of a successful senior services system in Alaska four years from today?" An extensive list of 40 elements were discussed and organized into six clusters, which led to the Goal Statements. These Goals are supported by Strategic Objectives and Performance Measures, which chart a path forward, and are also supported by an updated Vision Statement.

Vision

The Alaska State Plan for Senior Services FY 2016-2019 builds on strong partnerships to provide high-quality, culturally-sensitive, accessible services for Alaskans 60 and above to live healthy, independent, meaningful lives in the place and manner of their choosing.

Guiding Principles

1. **Keep Seniors Strong and Healthy.** Seniors are given information, education, and resources to assist them in making healthy choices (including good nutrition, physical activity, community involvement, healthy relationships and peer support) that will reduce their risk of chronic disease, mental illness, and substance abuse and increase their ability to lead healthy and productive lives.

2. **Promote Independence, Empowerment, and Choice.** Older Alaskans are recognized as a valuable resource as well as a powerful economic and political force affecting business and public policy direction. Wherever possible, we seek to strengthen the voice and participation of seniors on issues affecting them.

3. **Target Services to the Most Vulnerable Seniors. Service** providers focus on outreach to frail elders, low-income seniors, minority seniors, non-English-speakers, and those living in rural areas, ensuring that they are aware of and able to access services.

4. **Highlight Seniors' Community Contributions.** Above all, programs and services seek to acknowledge and support the abundant vital contributions of older Alaskans to their families, communities, and the state of Alaska. Seniors are one of Alaska's greatest assets; serving them increases their capacity to contribute to the well-being of all Alaskans.

5. **Offer a Full Continuum of Care and Housing.** Services are provided in each community or region to supply what seniors need at each stage of the continuum of care, from independent living through supportive home- and community-based services, to assisted living and nursing facility care.

Goals

1. Promote healthy aging and provide access to comprehensive and integrated health care.

2. Assist seniors with financial planning, pursuing employment opportunities, and promoting awareness of and access to economic benefits and support services.

3. Protect vulnerable seniors from abuse, neglect, self-neglect, and exploitation.

4. Ensure seniors have access to quality, affordable, accessible, safe, and appropriate senior housing across the continuum of care.

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5. Promote opportunities for meaningful aging, intergenerational connectivity, and civic engagement.

6. Provide person-centered, quality, and affordable home- and community-based long-term support services to provide seniors with the highest quality of life.

Strategic Objectives and Performance Measures

Goal 1: Promote healthy aging and provide access to comprehensive and integrated health care.

Strategic Objectives:

A. Seniors have access to healthy food
   - Measure: Number of seniors receiving Supplemental Nutrition Assistance Program (SNAP) assistance program
     - Lead: DHSS Division of Public Assistance
     - Baseline: 6,548 recipients (State FY2014)
   - Measure: Number of seniors receiving congregate meals (Title III)
     - Lead: Division of Seniors and Disabilities Services
     - Baseline: 7,579 recipients (State FY2014)
   - Measure: Number of seniors receiving home delivered meals (Title III)
     - Lead: Division of Seniors and Disabilities Services
     - Baseline: 3,359 recipients (State FY2014)
   - Measure: Number of elders receiving meals (Title VI)
     - Lead: Division of Seniors and Disabilities Services

B. Health promotion and disease prevention activities are available statewide
   - Measure: Track the number of evidenced-based health promotion and disease prevention grants
     - Lead: Division of Senior and Disabilities Services (DSDS), Division of Public Health (DPH)
     - Baseline: 6 DSDS Grant Programs (State FY2014)
   - Measure: Track the number of seniors participating in those programs statewide.
     - Lead: Division of Senior and Disabilities Services, Division of Public Health
     - Baseline: 299 seniors participating in DSDS Programs (State FY2014)

C. Services integrate behavioral and primary health care
   - Measure: Initiate and implement Senior Mental Health First Aid training focused on primary care providers, senior services providers, community members, and caregivers as a strategy for integrating behavioral health and primary care services. Target 25 participants trained first year (FY2016), with 5% increase in participants per year.
     - Lead: Trust Training Cooperative (TTC)
     - Baseline: 0 (State FY2015)

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D. Increase the number of seniors with behavioral health needs who report improvement in key life domains (Department of Health and Social Services (DHSS) Objective 1.2.4)
   - Measure: Percent of senior behavioral health recipients (age 60 years and older) who report improvements in quality of life (DHSS Performance Measure 1.2.4.1a)
     - Lead: Division of Behavioral Health
   - Measure: Number of seniors who receive services through senior outreach assessment referral (SOAR) program
     - Lead: Division of Behavioral Health

Goal 2: Assist seniors with financial planning, pursuing employment opportunities, and promoting awareness of and access to economic benefits and support services.

Strategic Objectives:

A. Support safety net programs that benefit seniors such as core senior grant-funded services, Senior Benefits, and Heating Assistance programs.
   - Measure: Maintain or increase safety net programs for seniors.
     - Lead: DSDS, ACoA, AgeNET, AARP, ADRCs

B. Seniors and caregivers understand financial and economic security/planning
   - Measure: Attendance at AARP financial security seminars.
     - Lead: AARP Alaska and Medicare Information Office
     - Baseline: 500 participants (State FY2014)

C. Provide training and opportunities for senior employment:
   - Measure: Increase the number of Mature Alaskans Seeking Skills Training (MASST) program participants providing service to the elderly community
     - Lead: MASST
     - Baseline: 138 participants (State FY2014)
   - Measure: Increase total number of MASST program hours worked in service to the elderly community
     - Lead: MASST
     - Baseline: 63,578 hours (State FY2014)
   - Measure: Increase the number of MASST participants over age 75
     - Lead: MASST
     - Baseline: 10 participants (State FY2014)

Goal 3: Protect vulnerable seniors from abuse, neglect, self-neglect, and exploitation.

Strategic Objectives:

A. Promote primary prevention of elder abuse, neglect, and exploitation and reduce the rate of recidivism through education and awareness.
   - Measure: Expand existing education/outreach/awareness efforts through website, newsletter, presentations, and other activities to include prevention of abuse, neglect and exploitation.
   - Measure: Adult Protective Services (APS) recidivism rates decrease, percentage of seniors who make two or more reports of harm.
     - Lead: Adult Protective Services

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        - Baseline: 540 (State FY2014)

B. Promote awareness and identify issues pertaining to elder justice by developing a resource directory for seniors.
    - Measure: Construct a resource directory for seniors to promote elder justice.
        - Lead: OLTCO, APS, AgeNET, ACoA

C. Improve access to quality legal assistance for seniors.
    - Measure: Number of seniors who receive legal assistance
        - Lead: Alaska Legal Services
        - Baseline: 850 seniors (State FY2014)

D. Coordinate with the Elder Justice Taskforce to review Alaska's guardianship and conservatorship systems to ensure they meet the needs of seniors.
    - Measure: Revise and update the Alaska guardianship training video.
        - Lead: Alaska Mental Health Trust Authority (AMHTA), OLTCO

E. Improve recruitment for the OLTCO volunteer program that trains and certifies volunteer ombudsmen in order to increase the number of OLTCO visits to long-term care facilities.
    - Measure: By 2020, the OTLCO will train and maintain a volunteer ombudsman base of 30 volunteers who will be able to make an additional 300 annual visits to facilities over the next 5 years.
        - Lead: OLTCO
        - Baseline: 16 OLTCO volunteers made 147 facility visits (State FY2014)

Goal 4: Ensure seniors have access to quality, affordable, accessible, safe, and appropriate senior housing across the continuum of care.

Strategic Objectives:

A. Conduct a follow-up senior housing forum during the next state plan period to determine what has been accomplished since the last event and to determine current needs. Invite national housing providers to expand ideas and resources for senior housing in Alaska.
    - Measure: Conduct at least one senior housing forum during the FY16-19 state plan.
        - Lead: Alaska Commission on Aging (ACoA), Alaska Housing Finance Corporation (AHFC) Senior Housing Office, Alaska Mental Health Trust Authority (AMHTA)
    - Measure: Present successful models for aging in place, naturally occurring retirement communities, and specialized care settings at the Senior Housing Summit.
        - Lead: ACoA, AHFC Senior Housing Office, AMHTA

B. Educate Alaskans about renovation loan options to make accessibility modifications to their homes now while they are employed or have equity to pay off these improvements.
    - Measure: Offer four events annually to diverse groups
        - Lead: AHFC Senior Housing Office
        - Baseline: 4 events (State FY2014)
    - Measure: Number of seniors who receive home maps to assess their home for aging in place.
        - Lead: Statewide Independent Living Council

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C. Advocate for continuing development of affordable and accessible housing available for seniors in urban and rural Alaska
    - Lead: Alaska Association of Housing Authorities (AAHA), ACoA, AgeNET

D. Educate private contractors and public members about the value of universal design for both new construction and renovation housing projects
    - Measure: Number of public awareness events
        - Leads: AHFC, Statewide Independent Living Council of Alaska, ACoA

Goal 5: Promote opportunities for meaningful aging, intergenerational connectivity, and civic engagement.

Strategic Objectives:

A. Promote awareness to the public and seniors about the positive value of aging, specifically the benefits and characteristics of healthy communities that encourage aging in place
    - Measure: Hold at minimum one Power of Aging Forum to educate the public, seniors, and policy makers about the economic impact of the growing aging demographic during this state plan.
        - Lead: ACoA, AARP, AgeNET, regional Senior Advisory Commissions
    - Measure: Develop toolbox that seniors can use for advocacy
        - Lead: ACoA and AARP

B. Seniors have opportunities for meaningful civic engagement.
    - Measure: Increase participation in senior center and senior volunteer activities through Retired and Senior Volunteer Program (RSVP), Foster Grandparent, Senior Companions, and Rural Alaska Community Action Program (RurAL CAP) Elder Mentor Program
        - Lead: Rural Elder Mentor Program and Serve Alaska (Department of Commerce, Community, and Economic Development)
        - Baseline: 2,003 participants in RSVP, 122 participants in Foster Grandparent, and 0 Senior Companions (State FY2014)
    - Measure: Promote awareness about the value of the older worker to businesses and civic groups through media activities and community presentations.
        - Lead: MASST, ACoA
    - Encourage seniors to actively engage in both local and statewide policy discussions and decision-making.
        - Design a community forum that can be implemented at the local level to encourage senior engagement.
            - AARP, ACoA

Goal 6: Provide person-centered, quality, and affordable home- and community-based long-term support services that provide seniors with the highest quality of life.

Strategic Objectives:

A. Services are targeted to those seniors who are more vulnerable and at risk for nursing home placement.

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- Measure: Increase or maintain the percent of individuals receiving services within the target population (Needing assistance with two or more Activities of Daily Living and/or ADRD, frail using age 85+ as a proxy Lead: DSDS
- Baseline: 11% receiving Congregate Meals, 20% receiving Assisted Transportation, and 20% receiving Home Delivered Meals, Homemaker, Chore, and Adult Day (State FY2014)

B. Develop a direct service workforce to meet the in-home services needs of the increasing senior population, especially in rural Alaska.
   - Measure: Increase the number of Senior and Long-Term Care Service agencies accessing Alaskan Core Competencies training for their staff by 10% annually.
     - Lead: Trust Training Cooperative
     - Baseline: 10 Senior and Long-Term Care Service agencies (State FY 2014)

C. Rural senior services are more accessible and culturally appropriate
   - Measure: Increase capacity for sustainable senior service providers
     - Lead: DSDS, ANTHC, AgeNET
   - Measure: Increase utilization of tele-health and other forms of technology for purposes of increasing access to quality services in rural areas
     - Lead: DSDS, ANTHC
     - Baseline: 36 tele-health Host Sites (State FY2014) 24 tele-health assessments (State FY2014)
   - Measure: Increase coordination between Title III and Title VI programs to maximize resources and services available to target under-served populations and enhance partnerships.
     - Lead: UAA National Resource Center for American Indian, Alaska Native, and Native Hawaiian Elders

D. Family and other informal caregivers have training and resources to provide quality care
   - Measure: Maintain or increase, if possible, the number of individuals participating in National Family Caregiver Support Program
     - Lead: DSDS, ACoA, AARP, Alzheimer's Resource of Alaska (training and supports for ADRD, respite care), DSDS (Title III and State funds: National Family Caregiver Support Program)
     - Baseline: 864 Caregivers and 34 Grandparents (State FY2014)
   - Measure: Maintain in-home respite and adult day services to meet (family and other informal) caregiver needs for appropriate breaks in providing care (Alzheimer's Disease and Related Dementia (ADRD) Roadmap Strategy 5.1.2)
     - Lead: ACoA, AgeNET
   - Measure: Strengthen supports for family caregiver programs, measured by advocacy efforts, including a campaign that focuses on the needs of family caregivers and explore possible legislation
     - Lead: AARP, ACoA, DSDS
   - Measure: Increase training to caregivers about ADRD, resources available and approaches and strategies for providing care and reducing stress and fatigue. (ADRD Roadmap strategy 5.1.1.)
     - Lead: AARP, Alzheimer's Resource of Alaska

E. Streamline access to senior services by strengthening the Aging and Disability Resource Centers

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(ADRCs), case management, and the senior center network.

- Measure: Number of seniors using ADRCs
  - Lead: DSDS
  - Baseline: 3,608 seniors (State FY2014)
- Measure: Numbers of seniors served with Medicare counseling
  - Lead: DSDS
  - Baseline: 8,796 seniors (State FY2014)
- Measure: Identify those villages lacking access to services by developing a list of senior centers as well as case managers by community who serve older Alaskans.
  - Lead: DSDS, AgeNET

F. Create systems change to improve services for seniors with behavioral health and ADRD in the community.

- Educate Alaskans about prevention, diagnosis, treatment, costs and appropriate care for people with ADRD through all possible media, in-person presentations, and policy advocacy (ADRD Roadmap Strategy 1.1.1)
  - Measure: Identify the opportunities to improve education for Alaskans affected by ADRD.
    - Lead: Alzheimer's Resource of Alaska, Trust, ACoA
- Assess feasibility and design an implementation plan for a potential 1915(i) and 1915(k) HCBS State Medicaid Plan amendments to address the needs of people with dementia (ADRD Roadmap Strategy 2.1.1)
  - Measure: Feasibility design and implementation complete
    - Lead: AMHTA
- Identify older Alaskans with behavioral health concerns as well as gaps in services to ensure their health, safety, and independent living.
  - Measure: Number of seniors identified by Senior Assessment, Outreach and Referral (SOAR) programs.
    - Lead: Division of Behavioral Health

G. Develop and implement regulations for quality standards for assisted living homes and other residential settings so that caregivers' skills are appropriate to the population they serve (ADRD Roadmap Strategy 3.2.1)

- Measure: Complete review of draft Assisted Living Home regulations to ensure they align with DSDS levels of care and the Roadmap's recommendations (Strategy 3.2.1).
  - Lead: Division of Health Care Services (DHCS) Residential Licensing, OLTCO, AMHTA
- Measure: Complete the regulation approval process for the draft Assisted Living Home regulations.
  - Lead: DHSS Residential Licensing, OLTCO, AMHTA

H. Increase the number of older Alaskans who live safely in their communities (DHSS Core Service Objective 1.2.2)

- Measure: Number of months Long Term Services and Supports recipients are able to remain in their home before institutional placement (DHSS Performance Measure 1.2.2.1a)
  - Lead: DSDS
- Measure: Average cost of Long Term Services and Supports per recipient (DHSS Performance Measure 1.2.2.1b)
  - Lead: DSDS
  - Baseline: $470.18 average cost per senior, grant funds only;
    $14,894,610/31,679 seniors (State FY2014)

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I. Advocate for legislation and policies that support increased access to affordable transportation options for Alaska seniors.
    - Measure: Increase or at least maintain the number of seniors accessing assisted transportation.
        - Lead: AgeNET, ACoA

J. Senior Centers, Community Centers and/or Schools that offer senior programs and services remain viable in communities across Alaska.
    - Measure: Conduct a baseline survey in FY2016 of senior centers, community centers and schools that offer senior services across Alaska to determine funding needs for sustainable operations, programs, and services. Follow up survey to be conducted in FY2019 for baseline comparison.
        - Lead: ACOA, SDS, AgeNET

Quality Management

In the Division of Senior and Disabilities Services (DSDS), the Quality Assurance Unit works to ensure the health and welfare of recipients through the monitoring and oversight of services to participants and their families. Unit staff conduct case record reviews, oversee critical incident reporting, review mortalities, conduct complaint investigations and monitor and report on data.

The Quality Assurance Unit strives to provide technical assistance as needed, deliver excellent customer service, and to collaborate with stakeholders and other DHSS agencies to meet our Division's mission of promoting health, well-being and safety for individuals by facilitating access to quality services.

The Quality Assurance Unit is responsible for the following activities:

- Case Record Review of Medicaid Waiver Participants
- Critical Incident Report Review, Investigations, Remediation and Reporting
- Mortality Review, Investigations, and Reporting
- Investigation of participant related complaints and noncompliance
- Critical Incident Report (CIR) Investigation as related to system compliance
- Quality Monitoring Reporting for system improvement activities

All providers receiving Title III funding are required to conduct customer satisfaction surveys annually as part of their quality monitoring. A performance target of 80% of consumers being satisfied with services must be maintained. In addition to quarterly financial oversight and reporting requirements, all providers receive on-site reviews at least once per 3-year grant cycle by DSDS program managers.

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Appendix B. Intrastate Funding Formula

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Alaska Intrastate Funding Formula FY 2016-2019

Background

The Older Americans Act requires that state funding plans give preference to seniors in economic and social need, defined as follows:

> *Greatest economic need* – refers to need resulting from an income level at or below the poverty line.
>
> *Greatest social need* – refers to need caused by the non-economic factors, which include physical and mental disabilities; language barriers; and cultural, social, or geographic isolation, including isolation caused by racial or ethnic status, that restricts an individual's ability to perform normal daily tasks or threatens his or her capacity to live independently.

OAA, Sec. 305(a)(2) – Per 2015 AOA State Plan Guidance "*States shall,*
(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account--
(i) the geographical distribution of older individuals in the State; and
(ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals."

The State of Alaska constitutes a single planning and service area under the terms of the Older Americans Act. The Alaska Department of Health & Social Services (DHSS) is the State Unit on Aging as designated by the Governor. The operations of Alaska's state unit on aging are carried out jointly by the DHSS' Division of Senior & Disabilities Services and the Alaska Commission on Aging. The Division of Senior and Disabilities Services administers the majority of state and federally-funded programs for seniors.

In the past plans (FY 2008-2011 and FY 2012-2015), the funding formula was based on the following factors:

1. Total Senior Population Factor: Total number of seniors (age 60+) living in a region
2. Minority Factor: Number of minority seniors
3. Poverty Factor: Number of seniors living in poverty
4. Frail Factor: Number of seniors age 80+
5. Rural Factor: Number of rural seniors in the region
6. Cost-of-living Factor (added FY 2012-2015 plan)
7. Hold Harmless Provision (added FY 2012-2015 plan)

Transition Period

Significant Advisory Committee discussion occurred around the functionality of the Hold Harmless Provision and the funding formula methodology. The Hold Harmless Provision was established in the FY 2012-2015 State Plan as a method for creating stability as the funding formula was implemented, however in doing so the implementation of the actual funding formula methodology could not occur to address the needs of regions that were growing significantly faster than others. After thorough

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discussion, there was consensus for phasing out the Hold Harmless Provision so that the actual funding formula could be applied as intended. There was also an interest in revising the funding formula to meet changing factors across the state, however it was recognized that this could not be accomplished in time for the FY 2016-2019 State Plan submission.

In moving forward, the following actions are adopted to optimize Alaska's funding formula methodology while keeping the momentum of existing program funding uninterrupted:

Year One (State FY 2016)	Hold Harmless factor remains in place, and FY 2016-2019 State Plan funding formula methodology applied (as described in this report)
Year Two (State FY 2017)	Hold Harmless phased out, and FY 2016-2019 State Plan funding formula methodology amended

Application of FY 2016-2019 Funding Formula

The State Plan, FY 2016-2019 does make a change to the previous FY 2012-2015 funding formula. The hold harmless provision from FY 2012-2015 funding plan will be phased out beginning in Year Two of the FY 2016-2019 plan to be completed by FY 2019, the final year of the new plan.

In Year One (State FY 2016), the funding formula maintains the Hold Harmless amounts by region according to the previous state plan to provide stability to all programs that are experiencing an increase in senior population as well as an increase in the cost of living. The FY2016-2019 funding formula distributes remaining funding only to those regions that would receive an increase based upon new regional allocations. Starting in Year Two (State FY 2017) the Hold Harmless Provision will be phased out and the new funding formula will be applied.

The current definition of "rural" provides preference to seniors in economic and social need in areas of Alaska with high cost for providing services. In the last state plan, the Alaska Commission on Aging applied the U.S. Census Bureau definitions of urban and rural, which is also used by the Division of Senior and Disabilities Services in reporting service data to the U.S. Administration on Community Living. The U.S. Census Bureau defines urban areas as (1) an urbanized area (a central place and its adjacent densely settled territories with a combined minimum population of 50,000), and (2) an incorporated place or a census designated place with 20,000 or more inhabitants. Rural areas include any areas not defined as urban. By applying this definition to census areas, the Municipality of Anchorage, the City and Borough of Juneau, the Fairbanks North Star Borough, the Kenai Peninsula Census area, and the Matanuska-Susitna Borough are counted as urban, with all other areas are designated as rural. As of 2013, Anchorage had a population of 300,950, the City and Borough of Juneau had a population of 32,660, the Fairbanks North Star Borough had a population of 100,807, the Kenai Peninsula Borough had a population of 57,067, and the Matanuska-Susitna Borough had a population of 95,892 (U.S. Census 2013 estimate).

FY 2016-2019 Funding Formula Recommendation

The advisory committee, in keeping with the intent of the Older American's Act to encourage the directing of resources toward rural areas, believes that providing home and community based services in the rural and remote regions of the state to the greatest extent possible is the best way of helping Alaska seniors age in place and avoid moving to distant cities. In this way, elders may stay close to family, friends, culture, language, and traditional foods. The funding formula is updated with 2013

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population data, however, no changes were made to the census areas that, due to increased senior population, are no longer considered "rural" by definition and therefore would not receive the 23% weighting factor for their census area. The Advisory Committee recommended we use the existing funding formula with updated census data until we can analyze the impacts of the shifting demographic to ensure sustainable funding for all regions.

"Hold Harmless" Phased-Out Approach

As stated above, the Hold Harmless will begin to phase out in State FY2016. To the greatest extent possible, this state plan seeks to ensure implementation of a funding formula that accurately reflects the regional distribution of the target populations and that no region of the state receive less funding as a result of the updated funding formula.

Given the continued increase in Alaska's senior population across all regions of the state, the State Plan Advisory Committee decided to continue the "hold harmless" provision by keeping the current (FY 2011) allocation of funds in place for all regions, subject to continuation of funding at current levels or above, and to distribute only new funding with the state plan's funding formula for the NTS senior grant program and the Senior In-Home Grant program. The funding formula will not be used to fund Adult Day, Alzheimer's Education programs, Family Caregiver Support Programs or Title III D Health Promotion and Disease prevention programs.

In the event the funding formula is not amended, however, it will be subject to continuation of funding at current levels or above. With a senior population growing at the rate of five to six percent per year it is hoped that Alaska will continue to devote more resources to providing senior services.

Actual funding to any region is dependent upon capacity within a region or community to deliver senior services. In the event that a region does not have the capacity to deliver services to its entire population, any remaining funds will be redistributed statewide.

Application of Weight Factors

A three-step process is used to apply the weight factors of the funding formula. The first step in applying the weight factors is to update the demographics. In this plan the 2013 Alaska Department of Labor population projections and 2013 Alaska Senior Benefits Program recipient numbers were used. Once this information is updated, the second step is to multiply the demographic data by the respective weight factor. The third step multiplies the five-factor subtotal by the Cost of Living Factor to further emphasize the difference in regions. This total is used as the percent of available funds allocated to each region.

Definitions of Funding Formula Factors

No changes have been applied to the weight factors from the previous state plan. The following descriptions provide further detail on the five weighting factors used in the FY 2016-2019 state plan funding formula.

1. **Total Senior Population Factor** - The total number of seniors in each region is a major factor in the demand for services in that area. Every one of the state's nine regions has witnessed at least a 20% increase in its total senior population since 2001. The weight for this factor is 17%, based on the recommendations of senior services providers.

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2. **Minority Factor** - Minority is defined as those seniors who are not Caucasian. We include all those who report ancestry which is wholly or partly minority, as minority seniors. We have applied a 21% weight to the minority factor.

3. **Poverty Factor** - Participation in the Alaska's Senior Benefits Program is used as the measure of poverty in this State Plan. The program (which provides a small monthly cash benefit) is available to any Alaskan age 65 and over with an income up to 175% of the Alaska poverty level.

4. **Frail Factor** - Alaska's state plan continues to quantify frail seniors as those people who are age 80 and older. This weight factor is 16%, following recommendations received through the provider survey.

5. **Rural Factor** - In the FY2012-FY2015 plan, the Alaska Commission on Aging applied the U.S. Census Bureau definitions of urban and rural, which is also used by the Division of Senior and Disabilities Services in reporting service data to the Administration on Community Living. The U.S. Census Borough defines urban areas as (1) an urbanized area (a central place and its adjacent densely settled territories with a combined minimum population of 50,000), and (2) an incorporated place or a census designated place with 20,000 or more inhabitants. All other census areas defined as rural receive a 23% weighting factor. In the FY2012-FY2015 plan, Anchorage, Juneau, and Fairbanks were the only areas that did not receive the 23% rural weighting factor. However, due to the increasing population in both the Matsu and Kenai Census areas, they would be considered urban by this definition and therefore not receive the 23% weighting factor. The Advisory Committee recommends keeping the rural weighting factor for the Matsu and Kenai Census areas while the hold harmless is being phased out and a new funding formula can be developed.

Cost-of-Living (COL) Factor - The essence of this factor was a combination of the degree to which a region has the infrastructure to provide services plus the cost of obtaining the necessary commodities and labor to provide those services. The Department of Health & Social Services uses similar Cost of Living factors to arrive at Medicaid rates to be paid to providers in different areas of the state. This factor is not a stand-alone factor, but is applied to the subtotal of the other five factors.

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	60+ Pop. 17% (2013)	80+ Pop. 16% (2013)	60+ Minority 21% (2013)	175% Pov. 23% (2013)	Rural Pop. 23% (2013)	5-Factor Subtotal	Cost-of-Living (Applied to Subttl)	**FY2016-2019 Regional Distribution**	**$6,581,481**	Hold Harmless Amount	**Hold Harmless + FY2016-2019 Regional Distribution**	**Rate**
Region I	2,532	274	2,183	802	2,532	4.15%	1.49	5.72%	$376,193	$ 293,733	$ 346,204	5.26%
Bethel Census Area	1,847	198	1,542	552	1,847							
Wade Hampton	685	76	641	250	685							
Region II	16,549	1,735	2,917	1,275	2,729	11.28%	1.05	10.96%	$721,344	$ 829,120	$ 829,120	12.60%
Denali Borough	364	20	52	13	364							
Fairbanks North Star Borough	13,820	1,446	1,974	789	0							
Southeast Fairbanks	1,307	132	204	205	1,307							
Yukon-Koyukuk	1,058	137	687	268	1,058							
Region III	997	67	606	41	997	1.33%	1.48	1.82%	$120,093	$ 116,434	$ 116,434	1.77%
North Slope Borough	997	67	606	41	997							
Region IV	43,221	5,184	10,045	3,977	0	27.33%	1	25.28%	$1,664,022	$ 1,548,236	$ 1,548,236	23.52%
Anchorage	43,221	5,184	10,045	3,977	0							
Region V	29,376	3,156	2,785	2,627	29,376	32.80%	1.01	30.65%	$2,017,247	$ 1,218,814	$ 1,856,436	28.21%
Kenai Peninsula	12,611	1,423	1,097	1,050	12,611							
Matanuska-Susitna	15,045	1,597	1,332	1,402	15,045							
Valdez-Cordova	1,720	136	356	175	1,720							
Region VI	1195	56	784	52	1195	1.62%	1.5	2.25%	$147,866	$ 73,142	$ 113,296	1.72%
Aleutian Islands East	442	29	328	24	442							
Aleutian Islands West	753	27	456	28	753							
Region VII	3,047	310	1,558	459	3,047	4.15%	1.24	4.76%	$313,372	$ 493,848	$ 493,848	7.50%
Bristol Bay Borough	181	17	85	11	181							
Dillingham	707	84	496	158	707							
Kodiak Island	1,925	184	814	245	1,925							
Lake and Peninsula	234	25	163	45	234							
Region VIII	1,985	227	1,477	378	1,985	2.99%	1.48	4.10%	$269,870	$ 283,199	$ 283,199	4.30%
Nome Census Area	1,149	116	819	234	1,149							
Northwest Arctic	836	111	658	144	836							
Region IX	14,689	1,686	3,525	1,264	9,035	14.34%	1.09	14.46%	$951,475	$ 994,709	$ 994,709	15.11%
Haines Borough	720	98	93	80	720							
Juneau Borough	5,654	594	1,177	361	0				$6,581,481	HH Subtotal		
Ketchikan Borough	2,763	356	667	260	2,763					Remainder		
Prince of Wales - Outer Ketchikan	1,279	98	551	201	1,279							
Sitka Borough	1,877	295	491	102	1,877							
Skagway - Hoonah - Angoon	807	51	245	78	807							
Wrangell - Petersburg	1,431	174	214	169	1,431							
Yakutat Borough	158	20	87	13	158							
TOTAL	113,591	12,695	25,880	10,875	50,896	100.00%		100.00%			$ 6,581,482	100.00%
								Total Available	$6,982,263		$ 400,782	
								Statewide 5.74%	$400,782		$ 6,982,264	
									$6,581,481			