

STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF BOARDS & COMMISSIONS

ALASKA COMMISSION ON AGING
STATE PLAN FOR SERVICES
JUNE 14, 2004 – JUNE 13, 2006

Frank H. Murkowski, Governor
State of Alaska

Joel Gilbertson, Commissioner
Alaska Department of Health and Social Services

VERIFICATION OF INTENT

The Alaska Department of Health and Social Services (DHSS) hereby submits the State Plan for Services for the period of June 14, 2004 through June 13, 2006. The Alaska Commission on Aging within the DHSS has been given the authority in Alaska Statute to develop and administer the State Plan on Aging in accordance with all the provisions of the Older Americans Act, as amended. The Plan, as submitted, establishes direction for the coordination of all state activities related to the Older Americans Act, including the development of a comprehensive and coordinated system for the delivery of supportive services, including multipurpose senior centers, and nutrition services, as well as serving as an effective and visible advocate for older individuals in Alaska.

The Plan is hereby approved by the Commissioner of the DHSS, as the Governor's designee, and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary for Aging.

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

Banarsi Lal, Chair

Ray Matiashowski, Deputy Commissioner, Department of Administration

Gene Kane, Commissioner or Designee, Department of Community & Economic Development

Steve Ashman, Designee, Department of Health & Social Services

Ella H. Craig, Chair, Pioneers' Homes Advisory Board, Anchorage

Doris E. Bacus

Daniel K. Karmun, Sr.

Jesse L. Gardner

Frank B. Appel

Elizabeth Keegan

Priscilla J. Thorsness

February 18, 2004

Date

Chair, Alaska Commission on Aging

The Department of Health and Social Services is the designated sole state agency that is responsible for the development and administration of this State Plan. The Alaska Commission on Aging, as a part of the Department, has statutory authority to develop and administer the State Plan. I hereby approve this State Plan on Aging and am pleased to present it to Alaskans.

Date

Joel Gilbertson, DHSS Commissioner
State of Alaska

Table of Contents

| | |
|--|----|
| Purpose of the Alaska State Plan on Aging..... | 1 |
| Public Comment..... | 1 |
| Writing the plan | 2 |
| Overview | 3 |
| Guiding Principles | 5 |
| Qualities that Distinguish Effective Senior Services..... | 5 |
| Focal Points | 6 |
| Collaborative Conferences..... | 8 |
| Status of Seniors in Alaska | 10 |
| Funding Framework for Plan Assumptions..... | 13 |
| Nutrition, Transportation and Support Services (NTS) | 19 |
| Snapshot of Services | 19 |
| Emerging Issues | 21 |
| Goals and Strategies for Nutrition, Transportation and Support Services..... | 21 |
| Home and Community Based Services (HCB)..... | 26 |
| Snapshot of Services | 26 |
| Emerging Issues | 29 |
| Goals and Strategies for Home and Community Based Services..... | 29 |
| Senior Community Service Employment Program (SCSEP) – Title V..... | 32 |
| Goals and Strategies for Senior Community Service Employment Program | 33 |
| Senior Residential Services (SRS)..... | 36 |
| Snapshot of Services | 36 |
| Goals and Strategies for Senior Residential Services..... | 36 |
| Role of the Alaska Mental Health Trust Authority in Meeting the Needs of Older Alaskans | 38 |
| Emerging Issues | 39 |
| Goals and Strategies for Mental Health Trust Projects | 40 |
| Office of the Long-Term Care Ombudsman (LTCO) | 43 |
| Senior Services | 46 |
| Snapshot Description of Other Services..... | 48 |
| Access to Long-Term Care Services | 51 |

| | |
|--|--------|
| State Plan Assurances, Specifications, and Provisions Required by The Older Americans Act | 53 |
| State Plan Information Requirements | 55 |
| Assurances | 60 |
| Additional State Plan Requirements | 71 |
| Bibliography | 91 |

Appendices

| | |
|--|----|
| A: Regional Comparison of Title VI and ACoA Title III Programs | 78 |
| B: Alaska Boroughs and Census Areas | 82 |
| C: Title III Resource Allocation Plan for Administration and Ombudsman Funds | 83 |
| D: Civil Rights Administration Policy Statement | 84 |
| E: Summary of Public Comment on Draft State Plan | 85 |
| F: Service Definitions | 88 |

Tables

| | |
|---|----|
| Table 1: Alaska Commission on Aging Funding Method..... | 15 |
| Table 2: Grant Amounts by Program Area | 18 |
| Table 3: NTS Funding, State Fiscal Year 2002 | 19 |
| Table 4: ACoA HCB Grant Funded Services to Clients with ADRD During FY 02 | 26 |
| Table 5: SCSEP Funding, State Fiscal Year 2002 | 32 |
| Table 6: Senior Services Provided by ACoA..... | 46 |
| Table 7: Additional Senior Services Provided by State Agencies..... | 47 |

Alaska Commission on Aging State Plan for Services 2004 - 2006

The Alaska Commission on Aging (ACoA)

“. . . to ensure dignity and independence for Alaska’s seniors and to assist them, through programs and services funded by the Commission, to lead useful and meaningful lives.”

The Alaska Commission on Aging, located in the Department of Health and Social Services, consists of eleven members, nine of whom are voting members (AS 44.21.200, as amended by Executive Order 108):

- Seven voting public members appointed by the Governor who serve four-year terms;
- Chairman of the Pioneers’ Homes Advisory Board, a voting member;
- Commissioner of the Department of Health and Social Services, or designee, a voting member;
- Commissioners of the Departments of Administration and Community and Economic Development or designee, non-voting members.

Director, Division of Senior and Disabilities Services: Steve Ashman

Address: Division of Senior and Disabilities Services, P.O. Box 110680, Juneau, AK 99811-0680

Phone: (907) 465-3165

Fax: (907) 465-1170

Executive Director, Alaska Commission on Aging: Vacant

Address: Alaska Commission on Aging, P.O. Box 110693, Juneau, Alaska 99811-0693

Phone: (907) 465-3250

Fax: (907) 465-1398

Purpose of the State Plan

States receiving federal Older Americans Act funds are required to develop and publish a State Plan for Services. As required by law, the plan describes how states propose to use federal Older Americans Act funds to provide senior services. The Administration on Aging, within the federal Department of Health and Human Services, approves the plans. In addition to describing its use of federal funds, the Alaska Commission on Aging plan describes how state funds for senior services will be used and outlines a direction and goals for the future. This plan will serve for the period from June 14, 2004 to June 13, 2006.

Public Comment

The Alaska Commission on Aging made a concerted effort to solicit and incorporate public input in the development of this plan. The Commission routinely invites public comment at its meetings and reaches out to local government senior advisory boards and commissions for consultation. Commission staff regularly engages with grantee agencies regarding emerging issues and dynamics affecting older Alaskans. The information and perspective drawn from these discussions has been valuable in the development of this plan. To ensure that the development of

the State Plan for Services received visibility and focused public input, the Alaska Commission on Aging and staff held public hearings in January in Juneau, Anchorage, Fairbanks and during its February 2003 Commission meeting in Juneau. In addition, public comments were accepted via teleconference at each of the public hearings. Selected sections of the draft state plan were published in the December 2002 issue of *Senior Voice* newspaper and multiple public notices were issued in the Juneau, Anchorage, and Fairbanks newspapers as well as on the State of Alaska Online Public Notice system. Title VI grantees (see Appendix A) were notified and invited to participate in the public hearings. Overall, comments were accepted from November 1, 2002 to February 20, 2003 by e-mail, fax, phone, and in person. Collectively participants from many Alaskan communities were involved in the review and comment regarding this plan (see Appendix E).

Writing the Plan

The Plan was produced by the work of ACoA staff. Contributors include Ingrid Zaruba, Research Analyst with the Alaska Department of Labor and Workforce Development; Jim B. McCall, Housing Relations Manager/Mortgage Operations with the Alaska Housing Finance Corporation; Division of Health and Social Services staff; and Division of Senior Services staff. Special thanks to Rebecca E. Braun, Editor and Mary Ann Gosling, project lead.

Alaska State Plan on Aging

Overview

According to recent Census data, there are approximately 53,000 seniors aged 60 and older in the State of Alaska. Seniors make up about 8% of the total state's population. The senior population is estimated to double by 2010 and triple by 2025. A majority of the seniors from the Baby Boomer generation will begin leaving the workforce and retiring beginning in 2006. Each of us confronts the question: how do we fully realize our potential and sustain our independence in the later years of our lives? The Alaska Commission on Aging engages Alaskans from across the state to ask these questions and work together to answer them. In turn the Commission advocates for state policy, public and private partnerships, state/federal projects and citizen involvement that assists each of us to age successfully in our home community, or as close to home as feasible. Our work involves planning, advocacy, and interagency collaboration on issues affecting older Alaskans. The Commission was established under AS 44.21.200 in 1982. It is housed in the Alaska Department of Health and Social Services, Boards and Commissions. Increasingly, the Commission is called upon to advise the Division of Senior and Disabilities Services in its work, and to provide representatives to project workgroups convened by the Division.

The Commission has broad responsibilities. The Commission reaches out to inform Alaskans of the dramatic growth in the older Alaskan community. The Commission continues to expand this outreach and education with advocacy and service organizations statewide. The Commission also advises the Department in its direct grant work with local grantee agencies. These organizations generate additional monies to fully fund the cost of these vital services. Department grants are funded with a mix of monies from the Older Americans Act, the State of Alaska, and the Alaska Mental Health Trust Authority (AMHTA). Grant programs include Nutrition, Transportation and Support Services (hot meals, essential transportation and selective support services) and the Senior Community Service Employment program, funded through the federal Older Americans Act (OAA) and state monies. Home and Community-Based Services grants (care coordination, adult day services, in-home respite care, and related caregiver services) are funded by AMHTA, the Older Americans Act, and state funds. Senior Residential Services grants are supported solely by state monies. The Commission has a cooperative agreement with the Alaska Mental Health Trust Authority under which the Trust provides oversight and administrative support for Alaska's office of the Long-Term Care Ombudsman (LTCO). The Commission continues its working relationship with the LTCO office, and will annually transfer Older Americans Act funding for operation of the LTCO to the Trust, as well as any OAA increases earmarked for LTCO programs. The Commission will continue to receive regular LTCO reports regarding the work of the office, trends and emerging issues, and to get their input regarding legislation affecting the safety and well-being of Alaskans age 60+ receiving long-term care.

Eleven Alaskans sit on the Commission: seven are gubernatorial appointees who serve four-year terms. The additional four members are the commissioners of the Departments of Administration, Health and Social Services (DHSS), and Community and Economic

Development, or their designees, and the Chair of the Pioneers' Homes Advisory Board. Current commissioners are:

Banarsi Lal, (Chair) Fairbanks
Dan Karmun, Nome
Jesse Gardner, Anchorage
Doris Bacus, Kodiak
Frank B. Appel, Anchorage
Elizabeth Keegan, Wrangell
Priscilla J. Thorsness, Anchorage

Ray Matiashowski, Deputy Commissioner,
Department of Administration, Juneau
Steve Ashman, Department of Health and Social
Services, Designee, Juneau
Gene Kane, Department of Community and
Economic Development, Designee
Ella Craig, Chair, Pioneers' Homes Advisory
Board, Anchorage

Guiding Principles

The commission has identified eight *guiding principles* that provide a philosophical frame of reference for all of the Commission's work.

These principles build on the work of Alaskan seniors who represented their communities and organizations at the Common Ground II conference co-hosted by the Commission and the Alaska Housing Finance Corporation in January 2000.

QUALITY OF LIFE

1. Seniors will live with dignity and respect and have an opportunity to receive services to **promote and enhance their physical, mental, spiritual, and emotional health.**
2. Seniors will attain and **maintain personal and financial independence** at the highest level for as long as possible.
3. Seniors will be able to **age in place**, remain safe in their own homes, chosen communities or regions of the state in the least restrictive setting possible.
4. Seniors will remain connected as valued members of their families and communities with opportunities for **maximum mutual benefit and harmony between generations.**

SERVICES

5. Services will **provide satisfaction** to seniors and caregivers, and demonstrate **positive outcomes** in the lives of seniors.
6. Services to seniors will be provided in as **culturally relevant** a manner as possible.
7. Services will be planned and provided in consideration, collaboration, and **coordination with other groups and organizations** in order to make maximum use of existing resources while ensuring that seniors receive the range of services they need.
8. Service providers will receive adequate training and professional development to ensure **competent delivery of services** to seniors.

QUALITIES THAT DISTINGUISH EFFECTIVE SENIOR SERVICES

The Commission will focus on services that reflect these qualities-defined and described by *Common Ground II* participants-in its grantmaking, and initiatives during the Plan period. Effective senior services...

- Are readily available at centralized locations
- Are user friendly
- Are reliable
- Reach out to seniors who are low income, frail, rural, disabled, ethnic minorities, lack English language skills, or are affected by Alzheimer's and related disorders, and their caregivers
- Are accessible
- Are high quality
- Offer consumer choice
- Provide compassionate care
- Respond to clients' fluid circumstances flexibly
- Solicit seniors' continuing input so that services benefit from their understanding of their needs *and* interests
- Employ qualified staff with backgrounds in gerontology, and successful work experience in

- the senior community
- Respect client confidentiality

Focal Points for Programmatic Work

Focal points outline key goals for the Commission’s programmatic work in the Plan period. The eight focal points build on:

- *Common Ground II and III* participant recommendations
- Seniors’ input during Commission public comment periods
- Senior service providers input at program work sessions and Commission public comment periods
- Involvement with cross program projects with other State of Alaska departments and Mental Health Trust Authority
- “In Step-The Plan Comprehensive Integrated Mental Health Plan” and “Healthy Alaskans 2010 Targets and Strategies for Improved Health” (Both are published by the Alaska Department of Health & Social Services)

1. *Helping seniors and younger Alaskans to achieve economic well-being as they age through fostering:*

- Financial planning for retirement
- Viable senior employment opportunities
- Employer interest and action to employ older Alaskans
- Increased participation by limited income Alaskans age 55+ in the Commission’s Senior Community Service Employment Program and associated employment training and placement opportunities available to older Alaskans through our statewide Job Center network
- Expanded consumer awareness of long-term care insurance, and the merits of enrolling in this type of coverage as a relatively young person

2. *Strengthening support to caregivers by:*

- Increased emphasis on training, education and continuing support to family, volunteer, and paid caregivers
- Increasing flexibility and availability of respite services
- Encouraging innovation to try out, evaluate and enhance approaches to caregiver support appropriate to Alaskans’ cultural, demographic and socio-economic diversity
- Providing meaningful recognition for outstanding services

3. *Striving to assure a consistently high quality of services through:*

- Development and start-up of quality assurance outreach in partnership with the Division of Senior and Disabilities Services for grantees and Medicaid Older Alaskan long-term care waiver providers, and those Alaskan seniors using those programs
- Clarification and education with grantees regarding the Department’s grant standards, including criminal background checks
- Provision of grantee education and training regarding
 - gerontology,
 - specific services provided and targeted populations to be served

- reporting required to assure accountability for grant funding received
 - fund raising
 - effective cost-saving and collaborative strategies for allowable NTS services
 - Facilitating networking among grantees to share their best practices
 - Providing meaningful recognition for outstanding services
4. *Expanding the availability of appropriate support services to older rural Alaskans through:*
 - Increased outreach and consultation with rural elders, their caregivers, and rural and tribal social service and health care providers
 - Making appropriate grant opportunities and technical assistance available to rural and tribal service providers
 - promoting the growth of consumer directed personal care agencies in underserved areas
 5. *Assisting grantees and communities to prevent elder abuse and promote the wellbeing of vulnerable Alaskans through:*
 - promoting awareness of seniors rights
 - promoting awareness and involvement with Adult Protective Services, the Office of Public Guardian, the Long-Term Care Ombudsman, local law enforcement, and the Consumer Protection group in the Office of Alaska Attorney General
 6. *Promoting public awareness and action to achieve constructive public policy regarding issues that affect Alaskan seniors through:*
 - Development and circulation of user-friendly information on the growth of the statewide senior community, and associated opportunities and challenges.
 - Providing timely briefings on relevant policy issues to national and statewide policymakers, and providing information to help interested Alaskans participate in the public process
 - Involving local senior advisory commissions in a continuing dialogue with the Commission
 - Continuing to host regular teleconferences during the legislative session to provide a forum for outreach and education on legislative issues and opportunities
 7. *Working to improve health care and health care systems for elderly Alaskans through:*
 - Advocating for a prescription drug component in the Medicare program
 - Collaborating with the Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse to address mental health and substance abuse issues among the elderly
 - Educating Alaskans about various models of health care insurance, including tri-care and private long-term care, and supporting strategies to increase affordability
 - Promoting better access to and affordability of health care, including physician acceptance of Medicare clients, with a strong focus on rural and minority elderly populations
 - Educating service providers on best practices in nutrition
 - Supporting better-coordinated discharge planning from health care settings
 - Participating in efforts to build improved health care facilities

- Working with consumer groups and agencies to foster the overall wellness of seniors
8. *Participating in workforce projects for development and training of direct service and healthcare professions through:*
- Partnering with the University of Alaska in developing gerontology programs
 - Promoting the consumer directed Personal Care Attendant (PCA) program
 - Supporting the *Full Lives* conferences that provide opportunities for direct support workers to network, understand program challenges, improve program service delivery and professional growth development
 - Advocating for effective training, mentoring and peer support for direct service workers
 - Increasing community awareness of the value of the long-term care workforce
 - Continuing collaboration with the Alaska Alliance for Direct Service Careers focused on expanding recruitment efforts, achieving living wage and benefits, and developing effective retention strategies for direct service workers

Collaborative Conferences

In 1999 and 2000, the Commission hosted a series of *Common Ground* conferences in partnership with the Alaska Housing Finance Corporation. The Commission convened these conferences to gain a sense of seniors' priorities, and to begin an ongoing dialog with representatives of the statewide senior community. In *Common Ground II* in Anchorage, we placed increased emphasis on rural seniors' participation, and shaped work sessions so that seniors were the featured participants. The participants recognized the need for increased collaboration between seniors, their families, senior advocacy organizations, local agencies and governments, private business, the medical community, and state/federal government agencies. Further, it was agreed to share responsibility to create a focus on increased access to information, education in relation to caring of seniors, assurance of quality in relation to services, seniors exercising increased self-determination to address unmet medical needs, and applying prevention to increase wellness.

In January 2002, the Commission hosted *Common Ground III* in Anchorage. Discussions centered on trends in caregiving, workforce shortage, transportation services, elder issues and diversity. Based on the participants' feedback, there is a need for more assisted living and independent housing, training for caregivers, education about services, expanded transportation services, leveraging of additional funding, and programmatic planning. Similar to the previous conference, the participants planned to broaden outreach efforts to caregivers, network more, become more involved in advocacy about caregiving issues, conduct better program planning, relay information to families about resources, and engage legislators and state representatives in discussions about senior issues.

The Commission continues to work closely with Alaska Native organizations and tribal governments. A few of the Title III grantees are also Title VI grantees. Rural Alaska presents some particular challenges in delivering services to seniors. Distances between villages and the high cost of food and supplies are contributing factors. Elders in rural Alaska, like those elsewhere, want to remain in their homes as long as possible. The Department grants funds to support the expansion of home and community based services to elders in rural communities.

Regional and local health and social service agencies are building a continuum of care for elders in many rural communities. Traditionally, in rural Alaska Native communities, families and extended families cared for elders if they were no longer able to do things for themselves. This remains true today as some elders with skilled nursing needs are cared for at home by family members with assistance from home and community based service providers. However, transition to a cash economy and out-migration of younger people is changing the nature of caregiving in many rural communities. Sometimes it becomes too difficult for families to juggle multiple responsibilities and keep their loved ones at home, so they decide to move an elderly family member to distant city for extended-care services.

At the 2002 Alaska Federation of Natives Elders and Youth Conference, elders met to discuss how they could foster wellness in their communities. They spoke of teaching traditional practices and values, passing on spiritual beliefs and child rearing techniques, and enhancing communication among young and older people. The challenge for the Commission and service providers is to incorporate traditional practices, such as caring for and revering elders, into new systems of formal services needed as the composition of communities changes. That way rural Alaskan seniors will have the opportunity to stay as close to home as possible if they do need care.

The Department staff works closely with the federal Administration on Aging (AoA) regarding implementation of Title III services, and application of the OAA and Office of Management and Budget (OMB) requirements. When appropriate and feasible, program staff and AoA coordinate site visits to agencies that receive both Title III and VI funding. Under the Title VI elders program, grants are awarded and administered by the AoA. The program is similar to Title III except services are only for Native elders. In Alaska, several tribal governments receive both Title III and VI funds. State staff works with AoA and Title III/VI grant recipients to assist with coordinating services and client data reporting. AoA collaborates with the Department for training support for grantees. In August 2002, the Commission sponsored a statewide Title III/VI training conference in Anchorage, which focused on recent changes to the Reauthorization Act of 2000 to the Older Americans Act of 1965.

In April 2002, the first *Full Lives* conference for direct service workers took place with over 400 attendees from around the state. The *Full Lives* conference is a collaborative effort between the University of Alaska Center for Human Development and the four advocacy boards (Alaska Mental Health Board, Governor's Council on Disabilities and Special Education, Advisory Board on Alcoholism and Drug Abuse, and the Alaska Commission on Aging). The purpose of the conference was to provide educational and networking opportunities for direct service workers—individuals who are on the front-line working with our consumers. Several keynote speakers presented at the *Full Lives* conference in 2003, including Dr. William Thomas founder of the Eden Alternative, a new culture in nursing home care. The two-day conference included informative presentations, networking with peers, and acknowledgement of direct service professionals providing outstanding performance.

Status of Seniors in Alaska¹

Alaska's senior population is, proportionately, the second most rapidly growing senior population compared to the rest of the United States. There was a 50.4% increase in the 60 and older population from 1990 to 2000.

In the year 2000, with funding from the Alaska Mental Health Trust Authority, the Commission commissioned a statewide study to identify and research the economic issues affecting the well-being of Alaskan seniors. A synopsis of the primary findings from the report *Issues Affecting the Economic Well-being of Alaska Seniors* prepared by the McDowell Group, Inc. of Juneau in December 2000, follows:

Alaska's rapidly growing senior population brings with it both challenges and benefits. The network of services for seniors will need to be strengthened and its capacity significantly expanded. Many of these services will need to be publicly funded, at least in part. However, the new senior population will also create a wide range of economic and business opportunities. An influx of additional retirement and other income, along with medical payments, will create billions of dollars in economic impacts statewide.

The role of Alaska seniors over the next 25 years is one of the biggest social and economic issues facing the state today. This study reached two overarching conclusions:

Alaska's seniors are one of the largest single sources of money flowing into the state. Senior retirement income and medical payments have a significant beneficial effect on the state's economy.

At the same time more than half of Alaska's seniors live precariously on the edge of solvency. For some, financial considerations may determine whether they continue to reside in the state. For many others a combination of financial benefits available from state and municipal governments is critical to their well being.

Challenges for the Senior Population

While the population of Alaska is projected to increase by one-third between 2000 and 2025, the number of Alaskans over age 60 will more than triple in that time. Seniors as a percent of the Alaska population will grow from 8% to 20% in the next 25 years.

| | Population of Alaskans 60 and Over | | | |
|----------------|---|-------------------|-------------------|-------------------|
| | 1999 | | 2025 | |
| | Population | % of Total | Population | % of Total |
| Alaska Seniors | 50,600 | 8% | 165,000 | 20% |
| US Seniors | 45 million | 17% | 83 million | 24% |

Source: Alaska Department of Labor and Workforce Development, US Bureau of the Census

¹ From *Issues Affecting the Economic Well-Being of Alaska Seniors*, McDoweel Goup Inc. December 2000, p.12

- The markets for services to seniors will similarly increase. Seniors will need three times or more the current levels of social and recreational opportunities, medical and personal care, appropriate housing, transportation, nutrition and other services.
- Nine of ten seniors (92%) would like to remain in Alaska indefinitely.

Economic Impact of Seniors

- Alaskans over 60 as a group are one of the state's largest "basic" industries. They generate an influx into the state of at least \$1.2 billion in income and government medical benefits.
- Applying an economic multiplier of 2 to senior income and medical benefits results in an overall economic impact for seniors of approximately \$2.4 billion per year. This is the personal income that would be lost statewide if there were no Alaska senior population. Economic multipliers for Alaska's basic industries range from approximately 1.3 to 2.4. The impact of seniors is greater than that generated by the payroll and purchases (excluding royalties and taxes) of the oil, tourism, mining or seafood industries. The projected growth rate for seniors is greater than that for most industrial sectors.
- In addition to the impact of their income, seniors estimate they provide the equivalent of 2,400 full-time jobs as volunteers, worth approximately \$60 million per year.
- Seniors over 60 estimate they provide unpaid caregiving services that are the equivalent of 6,300 full-time jobs. They also estimate they work the equivalent of as many as 3,600 full-time subsistence jobs.

Economic Well-Being of Seniors

- In spite of their large collective economic impact, approximately half of senior households live below HUD low-income levels for Alaska.
- Survey results indicate that approximately 9,200 senior households live on less than \$2,000 per month, 2,240 on less than \$1,000 per month. Half (52%) of single-person senior households and nearly one-quarter (22%) of senior couples live on \$2,000 or less per month. Four in ten senior households with three or more people live in that income range.
- Income levels for seniors 60 to 64 years of age are substantially higher than those for older seniors. Seniors 85 and over are the poorest group, with approximately 40% living below HUD very-low-income guidelines.

State Financial Programs that Benefit Seniors

- The Longevity Bonus² has been the only major state funded program specifically targeting seniors; it was closed to new applicants as of 1997. Property and sales tax exemptions are funded by municipalities.
- State and municipal financial programs, including general entitlements such as the Permanent Fund Dividend, provided approximately \$205 million in supplementary income (non-medical payments) and tax benefits to seniors (over 60) in 1999.

² Alaska Longevity Bonus Program ended 8/31/03 and was replaced with the Senior Care Program enacted 4/01/04 by the Alaska Legislature.

- Of the major state-funded financial programs affecting seniors, only Adult Public Assistance (APA) and General Relief specifically target low and very low-income populations. Both programs work with adults of all ages.
- Permanent Fund dividends and Longevity Bonus payments together have made up two-thirds of major state non-medical payments to seniors, approximately \$85 million and \$60 million, respectively, in 1999. The senior Property Tax Exemption constitutes the third largest non-federal payment at less than \$27 million. However, it is no longer funded by the state, but rather by local governments.

Impact of State and Municipal Financial Programs on Senior Well-Being

- For single-person senior households below \$2,000 per month, state and municipal payments and tax exemptions may be equal to 40% or more of household income. For couples below \$2,000, they could be 70% or more of household income.
- Nearly 70% of seniors who take the Property Tax Exemption consider it ‘very important’ to their financial situation, and 40% of those who claim it (approximately 5,500 households) say they would need to sell property or change their living situation if not for the exemption.

Funding Framework for Plan Assumptions

A Single Planning and Service Area: As a Single Planning and Service Area under the provisions of the Older Americans Act, Alaska has, since 1987, applied a consistent method, rather than a strict funding formula, in making regional funding allocations. The funding formula is presented in Table 1. This method is applied to Title III services funded through the Older Americans Act, which now includes the Family Caregiver Support program. This method also applies to Title V funds, the Senior Community Service Employment Program.

The Older Americans Act requires that states use a consistent and equitable method to regionally allocate Nutrition, Transportation and Support services, Family Caregiver Support, and Senior Employment funds. The method must reflect the distribution of the state's frail, low-income, minority and rural elderly as targeted populations to receive services. In its planning and NTS funding work, the Commission has established six funding regions composed of census districts. The most accurate information on which to base the funding method for the State Plan is the detailed socio-economic information from the 2000 U.S. Census. The Alaska Department of Labor has used the 1999 estimates, historic growth trends, and data from various state programs to determine annual population estimates. The Commission used available 2000 U.S. Census and 1999 Alaska population estimates from the Department of Labor to revise its funding method for the period 2003-2007. In as much as detailed socio-economic data, specifically poverty adjustment data, from the Year 2000 Census will not be available until Spring, 2003, *at the earliest*, the Commission will continue to use the best available data as the basis for its funding method for the period of this Plan. Table 1 has already been approved by the Administration on Aging to cover the period 2003-2007. The Commission in June of 2003 also decided to phase the distribution methodology over a three-year period.

Economic and Social Factors

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

- *Greatest economic need* - refers to need resulting from an income level at or below the poverty threshold identified by the Bureau of the Census.
- *Greatest social need* - refers to need caused by non-economic factors, including physical and mental disabilities; language barriers; and cultural or social isolation. Isolation includes that caused by racial or ethnic status, which restricts an individual's ability to perform normal daily tasks or which threatens his or her capacity to live independently. It also includes the frailty of older or dependent seniors who need more assistance with the activities of daily living.

In Alaska, our method weighs factors relating to our definitions of social and economic need. Those factors include the number of minority seniors, the number of low income seniors, the number of seniors in rural areas, the number of frail seniors, and the total number of seniors age 60+. In the Commission's funding method, these factors are applied, as is the number of Alaskan seniors age 60 and over. Also, since the groups targeted in our funding distribution method tend to have the greatest barriers to accessing medical services, our funding method intends to target the medically under served. The following explains the barriers experienced by each group:

- Rural – Access to medical care is severely restricted by distance and transportation costs. Many seniors in rural Alaska do not have ready access to physicians.
- Poverty – High costs of medical care and transportation severely limit seniors access to medical services.
- Minority – The general health of people in minority groups, in Alaska, is poorer than those in the majority populations.
- Frail – Seniors who experience failing health are those most in need of monitoring and preventative measures.

The commission funds projects to maximize the impact of services, given local resources and skilled worker pool. Moreover, the Commission is committed to addressing the needs of its low-income minority constituents. Recognizing, for example, that a large percentage of Alaska's Native population (which constitutes about 20% of the entire state population) lives in rural Alaska, the Commission has increased its weighting of the rural factor from 20% to 25%. The basic funding formula strategy of selecting factors of minority status and poverty for intensified distribution of funds already begins to assure focused services to minority populations with economic need. The Commission has taken further steps of identifying the low-income minority as a specific target group, and department staff plan to develop a plan to assess each project's success in providing outreach to the target populations.

Refer to Table 1 on the next page.

Table 1

| 2003-2007 Funding Method for Title III & V Programs | 60+ pop | Minority | 200% Poverty | Frail (80+ pop) | Rural | Total Allocation | % of avail funds |
|--|------------------|------------------|---------------------|------------------------|------------------|-------------------------|-------------------------|
| Available Funds \$1,000,000 | 12.5% | 12.5% | 25% | 25% | 25% | 99.8% | 100% |
| NORTHWEST | | | | | | | |
| North Slope Borough | 504 | 442 | | 48 | 7,385 | | |
| Northwest Arctic Borough | 495 | 456 | | 76 | 7,208 | | |
| Nome Census Area | 803 | 640 | | 108 | 9,196 | | |
| <i>Total Northwest Population</i> | <i>1,802</i> | <i>1,538</i> | <i>676</i> | <i>232</i> | <i>23,789</i> | | |
| % of Statewide | 3.46% | 10.58% | 2.60% | 3.61% | 15.28% | | |
| <i>Total Northwest Allocation</i> | <i>\$4,322</i> | <i>\$13,224</i> | <i>\$6,511</i> | <i>\$9,015</i> | <i>\$38,197</i> | \$71,269 | 7.1% |
| INTERIOR | | | | | | | |
| Denali Borough | 120 | 31 | | 8 | 1,893 | | |
| Fairbanks North Star Borough | 5,723 | 982 | | 717 | 1,693 | | |
| Yukon-Koyukuk Census Area | 671 | 502 | | 97 | 6,551 | | |
| Southeast Fairbanks Census Area | 602 | 115 | | 53 | 6,174 | | |
| <i>Total Interior Population</i> | <i>7,116</i> | <i>1,630</i> | <i>3,503</i> | <i>875</i> | <i>16,311</i> | | |
| % of Statewide | 13.65% | 11.21% | 13.50% | 13.60% | 10.48% | | |
| <i>Total Interior Allocation</i> | <i>\$17,067</i> | <i>\$14,015</i> | <i>\$33,740</i> | <i>\$33,999</i> | <i>\$26,190</i> | \$125,011 | 12.5% |
| SOUTHWEST | | | | | | | |
| Wade Hampton Census Area | 506 | 476 | | 35 | 7,028 | | |
| Lake and Peninsula Borough | 156 | 129 | | 15 | 1,823 | | |
| Bethel Census Area | 1,086 | 1,050 | | 174 | 16,006 | | |
| Dillingham Census Area | 414 | 338 | | 59 | 4,922 | | |
| Bristol Bay Borough | 92 | 50 | | 7 | 1,258 | | |
| Aleutian Islands East Borough | 151 | 133 | | 8 | 2,697 | | |
| Aleutian Islands West Census Area | 235 | 208 | | 18 | 5,465 | | |
| <i>Total Southwest Population</i> | <i>2,640</i> | <i>2,384</i> | <i>878</i> | <i>316</i> | <i>39,199</i> | | |
| % of Statewide | 5.07% | 16.40% | 3.38% | 4.91% | 25.18% | | |
| <i>Total Southwest Allocation</i> | <i>\$6,332</i> | <i>\$20,498</i> | <i>\$8,457</i> | <i>\$12,279</i> | <i>\$62,941</i> | \$110,506 | 11.1% |
| SOUTHEAST | | | | | | | |
| Yakutat City and Borough | 58 | 32 | | 2 | 808 | | |
| Skaqway-Hoonah-Angeon Census | 417 | 162 | | 47 | 3,436 | | |
| Haines City and Borough | 342 | 53 | | 47 | 2,392 | | |
| Juneau City and Borough | 2,746 | 636 | | 422 | 0 | | |
| Sitka City and Borough | 1,058 | 384 | | 176 | 8,835 | | |
| Wrangell-Petersburg Census Area | 913 | 207 | | 136 | 6,684 | | |
| Prince of Wales-Outer Ketchikan | 602 | 290 | | 33 | 6,146 | | |
| Ketchikan Gateway Borough | 1,516 | 371 | | 275 | 14,070 | | |
| <i>Total Southeast Population</i> | <i>7,652</i> | <i>2,135</i> | <i>3,905</i> | <i>1,138</i> | <i>42,371</i> | | |
| % of Statewide | 14.68% | 14.69% | 15.04% | 17.69% | 27.21% | | |
| <i>Total Southeast Allocation</i> | <i>\$18,353</i> | <i>\$18,357</i> | <i>\$37,612</i> | <i>\$44,218</i> | <i>\$68,034</i> | \$186,574 | 18.7% |
| SOUTHCENTRAL | | | | | | | |
| Matanuska-Susitna Borough | 5,114 | 400 | | 520 | 6,009 | | |
| Kenai Peninsula Borough | 5,285 | 564 | | 542 | 8,157 | | |
| Kodiak Island Borough | 967 | 515 | | 112 | 13,913 | | |
| Valdez-Cordova Census Area | 869 | 233 | | 128 | 5,949 | | |
| <i>Total Southcentral Population</i> | <i>12,235</i> | <i>1,712</i> | <i>6,131</i> | <i>1,302</i> | <i>34,028</i> | | |
| % of Statewide | 23.48% | 11.78% | 23.62% | 20.24% | 21.86% | | |
| <i>Total Southcentral Allocation</i> | <i>\$29,345</i> | <i>\$14,720</i> | <i>\$59,052</i> | <i>\$50,591</i> | <i>\$54,638</i> | \$208,345 | 20.8% |
| ANCHORAGE | | | | | | | |
| Anchorage Municipality | 20,672 | 5,139 | 10,863 | 2,571 | 0 | | |
| % of Statewide | 39.66% | 35.35% | 41.85% | 39.96% | 0.00% | | |
| <i>Total Anchorage Allocation</i> | <i>\$49,581</i> | <i>\$44,186</i> | <i>\$104,629</i> | <i>\$99,899</i> | <i>\$0</i> | \$298,295 | 29.8% |
| Total State Population | 52,117 | 14,538 | 25,956 | 6,434 | 155,698 | | |
| Total State Allocation | \$125,000 | \$125,000 | \$250,000 | \$250,000 | \$250,000 | \$1,000,000 | 100.0% |

Rural Factor

The Commission continues consideration of a number of factors relating to the definition of “rural,” the cost of living in rural areas, and the cost of doing business in rural areas. In this Plan, the Commission has adopted a new definition of “rural” as a community with a population of 10,000 or less that is not connected by road or rail to Anchorage or Fairbanks, or a population of 1,600 or less that is connected by road or rail to Anchorage or Fairbanks and at least 50 statute miles outside of Anchorage or 25 statute miles outside of Fairbanks. “Connected by road” does not include a connection by the Alaska Marine Highway system or international highway. The Commission has applied a 25% weight to the rural factor. This definition is used to identify communities within a borough/Census area that would have difficulty accessing supportive services or incur a higher expense than in urban areas.

Frail Factor

For the purposes of our method, we define *frail* seniors as those individuals age 80+. The Commission has applied a 25% weight to the frail factor.

Minority Factor

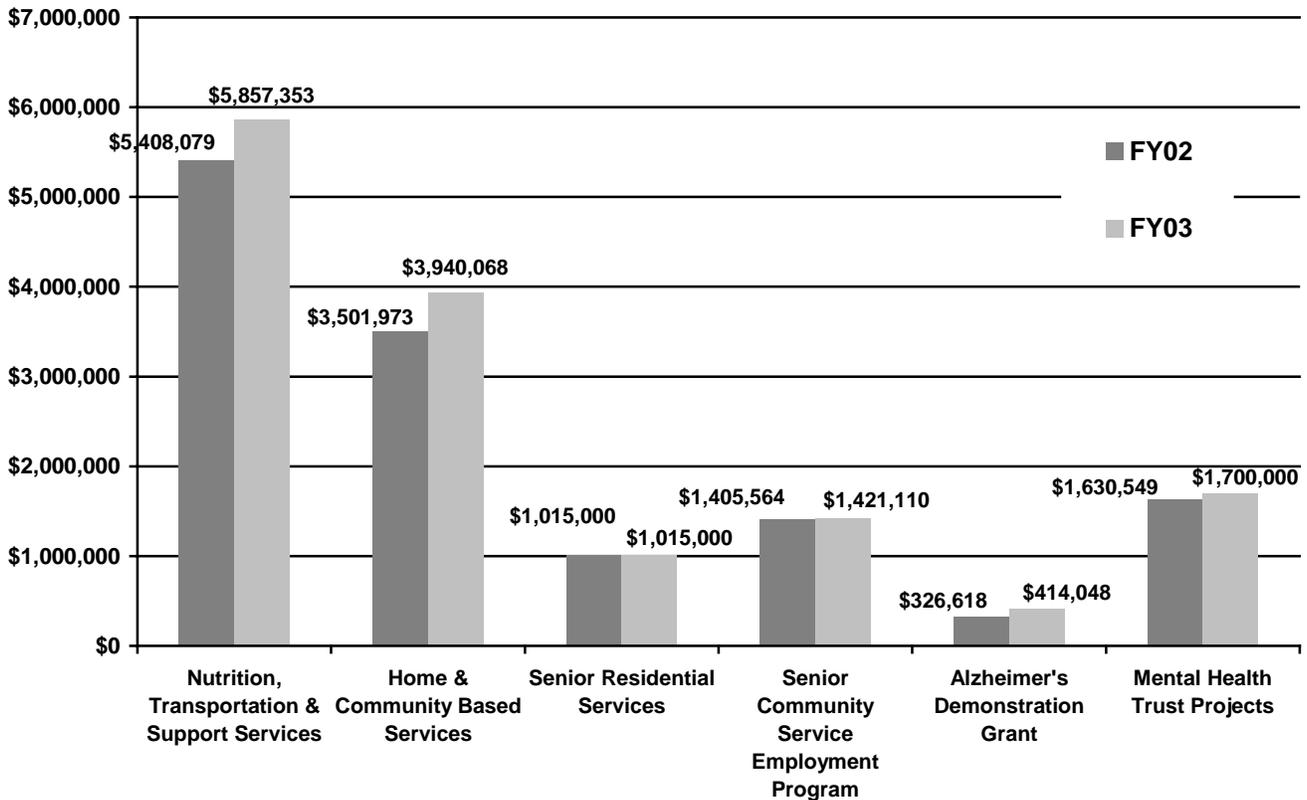
Minority is defined as those seniors who are non-Caucasian. For the 2000 Census, Office of Management and Budget (OMB) has adopted the new self-reporting multi-race and ethnicity category. The Commission has applied a 12.5% weight to the minority factor.

Poverty Factor

Alaska is a geographically large state with a small population, dispersed widely in often inaccessible regions. Not only do economic hardships result to the elderly from factors related to geographic dispersal and isolation, but it becomes problematic that traditional poverty-related census data will accurately capture the genuine economic conditions of the elderly. The 1990 census, for example, indicated that there were no seniors who met national poverty guidelines. This caused the Commission on Aging to suspect that some underreporting of poverty, especially in certain regions, was likely occurring. The 2000 census only tallied slightly more than 2300 elderly aged 65 and older meeting national poverty guidelines. Since year 2000 census figures have only recently been produced, there has been no time for a thoroughgoing assessment of their accuracy. And, yet, the Commission on Aging is charged with the responsibility of determining and giving preference to those with the most economic need. The Commission has recognized the danger that inaccurately low population counts – especially in certain regions of the state with very small numbers – might undermine its responsibility to target those with the most economic need. Moreover, the cost for a variety of services, including food and health care, is much higher in both rural and urban Alaska than in most areas of the Lower 48.

Therefore, the Commission has adopted a two-tiered approach to target seniors in economic need. First, primary targeting is towards areas with the highest concentration of seniors at or below 100% of poverty. All grantee agencies providing Title III services must target seniors at or below the 100% of poverty level and must report quarterly in this regard. Second, the

Table 2
ACoA Grant Amounts by Program Area



Intrastate Funding Formula seeks to target Alaska’s elderly with the most economic need by making use of the best available census data (for seniors who are 65+ living at or below 200% of poverty) and weighting the poverty factor at 25%. Again, since the very small numbers in certain regions could distort this weighting and deprive elders of needed funds, the Commission has chosen to employ a 200% of poverty level, as it has done in earlier State Plans, including the 2001–03 Plan, with a one-year extension, currently in place; the greater numbers resulting from this choice tend to reflect more accurately on economic need of seniors by region.

Senior Population Factor

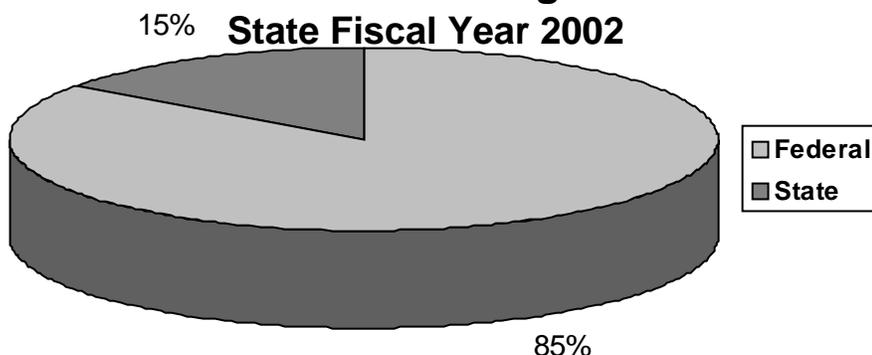
Alaska’s State Demographer in the State Department of Labor has identified demographic trends evident in Alaska’s senior populations. The Commission considers the distribution of seniors 60 or over statewide and has applied a 12.5% weight to the 60 years old and over population factor.

Statewide Services

The Alaska Commission on Aging has designated approximately 5% of Title III funds for statewide services such as statewide media, and legal assistance. This statewide funding is deducted from the total Title III funds available for grants; this statewide funding is not included in the regional funding plan. The remaining Title III funds are distributed regionally across the Commission’s six geographic regions (Appendix B) which consolidate and follow specific census area boundaries. Table 2 reflects grant amounts allocated in FY02 and FY03 projections by program areas. The Alzheimer’s Demonstration grant is a four-year grant that will end June 30, 2004.

Nutrition, Transportation and Support Services (NTS)

Table 3
NTS Funding



* Note: Graph does not reflect local funding such as client contributions, in-kind, cash, etc.

Nutrition, Transportation and Support Services (NTS) are funded through the Older Americans Act (OAA) under Title III, and are provided to seniors in a variety of settings and through varied delivery methods across the state. These services contribute to seniors' health, safety, welfare, and ability to remain independent as long as possible. NTS services often become the point of entry for seniors who may need access to other services in the continuum of long-term care. The Department solicits for grant proposals on a defined schedule and awards grants to non-profit organizations, tribal governments, school districts, and local governments. NTS services are available to seniors age 60 and older.

In accordance with the Older Americans Act (OAA), NTS services are to target seniors whose health and welfare is at highest risk. Grant recipients target their outreach toward seniors who are frail (over 80 as defined by the Commission), disabled, minority, and low-income. Special emphasis is also given to seniors in rural areas, in response to geographic and economic impacts associated with rural living.

Snapshot of Services

Congregate Meals: The federal Elderly Nutrition Program (ENP), under Title III of the OAA, provides the funding mechanism to offer at least one hot meal a day to seniors in various communities in the six regions as identified in this State Plan. Seniors congregate from two to five days a week (depending on community size and local resources) to enjoy a hot meal that meets at least one-third of the Recommended Daily Allowances required by the U. S. Department of Agriculture (USDA). The Alaska Commission on Aging strongly encourages and supports congregate meal programs because of their social and community benefits, and because congregate meals provide access to other resources or services.

Home-Delivered Meals: Some seniors are unable to receive meals at congregate locations due

to physical or mental health issues, frailty, mobility or other barriers. To help sustain homebound seniors, many grant programs prepare, transport, and deliver hot meals to seniors' homes. The demand for home-delivered meals programs is increasing as the senior population increases and as more seniors are able to remain in their homes. These meals are crucial to enabling seniors to remain at home and in their community for as long as possible.

Transportation: Assisted rides are provided to seniors who need wheelchair accessible transportation or assistance to meals, health care appointments, employment, other support services, or personal business. Transportation services vary across the state, but all service types allow seniors to be independent for as long as possible. Unassisted rides are provided to the majority of the senior population with vans, taxis, and cars. Transportation to and from congregate meals, and home-delivered meals constitutes the largest use of NTS transportation dollars.

Outreach: All grantees must develop a method to determine and identify those seniors in the community whose health and welfare is at highest risk as defined by the Older Americans Act. Outreach efforts include developing and implementing an effective public relations plan to inform seniors in the community of available NTS services.

Information and Assistance: Seniors are provided with information regarding services offered by senior centers and other services and resources in the community. Grantees conduct follow-up calls to clients to ensure they are aware of the opportunities or are actually receiving services.

Homemaker and Chore Services: Home assistance for frail and disabled seniors is provided through homemaker and chore (heavy household) services. A variety of senior or resource agencies provide these essential services, which include light housekeeping, shopping, meal preparation, assisting with financial and other paperwork, hauling, chopping, shoveling, yard work, and minor home repair.

Disease Prevention and Health Promotion Services: Nutrition education services are provided to groups and individuals. Health assessment and screening services are provided by licensed health care providers. Information and or assessment services are also provided at events such as health fairs and conferences for seniors. Grantees include Alaska Pioneers Homes Medical Management Program, which educates seniors and health care providers on geriatric pharmaceuticals.

Legal Services: Free legal advice and representation are available to seniors with greatest economic need age 60 or older. Alaska Legal Services has offices located in communities around the state with staff dedicated to serve seniors.

Statewide Media: Information and education supporting senior independence, preventing illness, aging issues, and staying in good health is distributed on a monthly basis to seniors and senior organizations statewide through the *Senior Voice*, a newspaper publication.

Volunteer Services: The Foster Grandparents, Senior Companions, and the Retired Senior Volunteers Program (RSVP) in conjunction with the National Senior Service Corps, offer

valuable senior volunteer opportunities in several regions of the state. These programs recruit and train senior volunteers to assist children in a variety of settings (Foster Grandparents); frail seniors (Senior Companions); and help in other ways provided the focus is to benefit seniors over 60 years old (RSVP).

Emerging Issues

1. Systematic and consistent collection of statewide senior client and services data.
2. Grantees collaborating and coordinating NTS services to accommodate the growing population of seniors and eliminate waiting lists.
3. Promote improved coordinated transportation services among NTS grant programs, other agencies and local public transportation entity, and provide NTS funding where applicable.
4. Expanding outreach efforts to rural areas.
5. Promote increased client donations from those receiving NTS services.
6. Ensure NTS programs have written emergency and disaster plans.
7. Develop performance measures and methodology to assess grantee services to ensure quality services provided to seniors.

Goals and Strategies for Nutrition and Transportation Services (NTS)

Goal: Improve the statewide collection of NTS client, level of services, and financial data to meet federal and state reporting requirements.

Strategy – Provide training and support to grantees to ensure quality and consistent collection of NTS data.

Action Steps

- Each year develop, revise and distribute information and forms to grantees, regarding state and federal reporting requirements for client data, levels of service and financial information.
- Throughout each year provide technical support to all NTS project directors, administrators and staff. Continue with technical support and assistance to NTS grantees who also provide elder services under a Title VI grant. This includes coordination of services between Title III and VI, and federal reporting requirements.
- At least once a year provide group, regional or statewide training to NTS grantees on federal and state reporting requirements for client, services and financial data. If training topics are applicable and resources available, invite Title VI grantees to participate.
- Each year perform ongoing assessment of data and collection procedures, implementing changes that will improve reporting procedures, grantee access to information, reporting forms and instructions, and report timelines. Share assessment results with grantees, ask for suggestions and positive/negative impacts to their project.
- By June 2004, determine if feasible to reduce frequency of data (client and services)

collection from grantees, from quarterly to semi annual since ACoA submits this data to AoA only once a year.

- Hold monthly teleconferences with grantees to support, train, and resolve user issues for the Senior Assistance Management System (SAMS) database, developed to interface with the AoA database for the annual federal National Aging Program Information System (NAPIS) report.
- Provide annual hands-on group training in SAMS to accommodate software upgrades/changes and new project staff users.
- By June 2003 procure SAMS user software so ACoA staff can enter and compile client and services data for grantees not using SAMS software. Non-SAMS users submit quarterly data on paper, and ACoA staff currently performs manual counts to compile the data.
- By June 2004 expand the data tracking, collection and reporting of NTS clients and services using SAMS software to as many grantees as practicable to improve the consistency and accuracy of data collection for the NAPIS report.
- Each year update, expand and improve access to NTS grant reporting requirements, policies, procedures and forms via the Commission's Internet Website.

Goal: Encourage collaboration and coordination of services among NTS grantees, as well as Title VI recipients.

Strategy – Encourage and support NTS projects to maximize resources within the community or region to meet service needs of an expanding senior population and alleviate wait lists.

Action Steps

- Throughout each year notify NTS grantees of federal, state, and private funding opportunities. Encourage NTS grantees to apply and form collaborative grant proposals to support/expand senior services in Alaska.
- Throughout each year promote NTS grantee communication, collaboration, and cooperation through monthly or bi-monthly teleconferences with project directors, topics in the monthly ACoA newsletter, during quarterly Commission meetings, and whenever the Commission sponsors or attends conferences or training events.
- Each year continue to update and notify NTS grantees of Weblinks that provide resource ideas, cost-saving practices, research information, technical assistance and training opportunities that may support senior services programs and agencies.
- Each year determine the need to facilitate a mentoring relationship and plan between new and

- experienced project director(s) to provide support and technical assistance for NTS services and grant management.
- Each year review and revise NTS standards for grant administration and include grantees in the review process.
- Recognize NTS grantee collaboration, coordination, and cooperation through announcements in the ACoA newsletter, *Senior Voice*, at Commission meetings, and during conferences and training events.
- By June 2005 with support and assistance from Region X office of Administration on Aging, develop a written plan for distributing information and encouraging communication and collaboration between Title III and Title VI grantees.
- Provide additional NTS grant funds to grantees if federal and state funding is increased.

Goal: Promote coordinated transportation efforts in areas where practical and if coordination will result in increased services to seniors.

Strategy – Broaden the Commission’s efforts to understand and support coordinated transportation systems in Alaska communities. Support efforts between NTS grant programs, other agencies and local public transportation entities, and provide NTS funding if available and appropriate.

Action Steps

- Throughout each year, staff will attend meetings or conferences sponsored by the Alaska Department of Transportation and Public Facilities (DOTPF) to stay informed of any issues or proposed policy changes that may impact seniors.
- Each year staff will represent the Department as an active member of the Alaska Mobility Coalition. Formed in 2002, the Coalition is comprised of non-profits and other entities for the purpose of supporting coordinated transportation services for the disabled, seniors and other clients needing paratransit services, pooling resources to leverage federal, state and local funding to their maximum potential.
- If asked by DOTPF, staff will participate on DOTPF Proposal Evaluation Committees for the purpose of awarding grants for new vehicles (Federal 5310 and Alaska Mental Health Trust Authority funds) to senior centers and coordinated transportation providers.
- The Department will consider awarding grants to support the “coordinated transportation systems” concept, provided: a professional feasibility study demonstrates a system is viable in the community; there are written agreements between the recipient agencies and the transportation services provider that establish the coordination of funding, in-kind services and/or other criteria to ensure the success of the system; and that the system will result in “increased provision of services for older individuals,” per Section 321(a)(2) of the Older Americans Act.

Goal: As stated in the Older Americans Act, expand outreach efforts to provide services to seniors who: Reside in rural areas; are low income and minority individuals with the greatest economic and/or social need; have severe disabilities; have limited English-speaking ability; and have Alzheimer's disease or related disorders with neurological and organic brain dysfunction, and the caretakers of such individuals.

Strategy – Develop written practical guidelines for implementing new and or innovative outreach efforts.

Action Steps

- Promote the NTS grant program in under-served and rural areas by distributing a public notice to local and regional newspapers, Native organizations and tribal governments when the Department issues requests for grant proposals
- During 2003, research outreach methods and guidelines developed by national organizations, foundations and governmental entities.
- During 2003, contact other state aging offices to determine their current practices, obstacles, issues and potential solutions.
- During 2004 develop a plan to assess current practices at each NTS project to determine their outreach methods to reach target groups.
- By December 2004, distribute draft of guidelines to projects and ask for their suggestions before policy implementation.

Goal: Assist NTS grantees with developing a method to generate increased client donations from those receiving NTS services.

Strategy – Form a committee in collaboration with grantees and seniors to develop a written plan and methodology for increasing client donations.

Action Steps

- Throughout each year, educate seniors regarding the requirements of the Older Americans Act pertaining to client donations, and solicit client participation for developing a plan and methodology to increase client donations. Distribute information through *Senior Voice*, ACoA newsletters and Website, posted notices at senior centers, and during site visits.
- During 2004 inform grantees of the intent to form a committee and its purpose. The committee is to be comprised of department staff, project staff and seniors.
- During 2005 identify and summarize current grantee practices and determine barriers to increase client donations. Identify methods other states and area agencies use to generate client donations. Distribute results and draft of the Client Donations Plan to all NTS grantees and other interested parties.

- By December 2005, if the draft plan seems feasible, proceed to have the Committee finalize the Client Donation Plan.

Goal: Ensure all grantees have a written emergency and disaster plan.

Strategy – Develop a policy that includes guidelines and instructions for grantees to use for preparing an emergency and disaster plan for approval.

Action Steps

- Using the AoA Disaster Plan manual as a guide and ACoA's Disaster Plan once developed, revise the NTS policy for grantee emergency and disaster plans.
- Distribute policy to grantees.
- Review grantees' plans for compliance.

Goal: Measure outcomes of NTS services.

Strategy – Develop performance measures and a methodology to assess grantee performance to ensure quality services provided to seniors.

Action Steps

- During 2003 NTS coordinator and other ACoA grant program staff will receive training in outcome-based program evaluation methods.
- During 2004 and 2005 survey other state agencies to find exemplary models of outcome-based evaluation.
- During 2004 and 2005 develop guidelines to conduct an on-site quality review evaluation model incorporating all federal and state audit and other compliance requirements.
- During 2005 work with project directors and state staff to refine guidelines.
- During 2006 and 2007 define pertinent variables and begin assembling baseline data related to those variables.
- During 2006 and 2007 implement data collection strategies, focused on particular compliance requirements.

Home and Community Based Services (HCB)

Table 4
HCB Grant Funded Services to Clients with ADRD During FY02

| Services to ADRD clients | Number of ADRD clients served | Total number of clients served | % of projected ADRD population in Alaska served* | % of ADRD to total clients served |
|--------------------------|-------------------------------|--------------------------------|--|-----------------------------------|
| Adult Day | 309 | 482 | 5.2% | 64% |
| Respite | 146 | 269 | 2.4% | 50.5% |
| Care Coordination | 355 | 1139 | 5.9% | 22% |

Source: ACoA FY02 HCB client estimated data

Figures are based on information submitted to the Alaska Commission on Aging (ACoA) by grantees in quarterly programmatic reports. Figures may include unavoidable duplicated counts, as some clients may receive multiple services. As part of a data integration project, Division of Senior and Disabilities Services staff are examining data management and client tracking systems for Home & Community Based programs. Until such a system is implemented, grantee quarterly reports provide client and service delivery information.

*Projection based on 11.3% prevalence estimate found in Denis Evans, et. al. "Estimated Prevalence of Alzheimer's Disease in the United States," *The Milbank Quarterly*, 68 (1), 1990.

The Department of Health and Social Services funds Home and Community Based (HCB) services with a combination of Alaska Mental Health Trust funds and State General Funds. Beginning in federal FY01, the Alaska Commission on Aging began receiving federal Title III-e funds from the National Family Caregiver Support Program under the reauthorization of the Older Americans Act.

Snapshot of Services

Eighty percent of all caregiving for dependent seniors, disabled adults, and adults with Alzheimer's disease and related disorders (ADRD) falls on the shoulders of family members and friends. Home care generally saves money when compared to institutional care. However, this incredibly demanding service exacts a social, financial, emotional, and physical toll on caregivers. Home and Community Based services offer relief to families who find themselves in the role of caregiver for disabled seniors 60 years of age or older and persons of any age with ADRD. HCB services enable some family caregivers to continue working outside the home. These services also help to alleviate the emotional and financial strain of continuous caregiving. Home and Community Based services also help Alaskan seniors age in place by providing support services for seniors who live alone.

As seniors become more dependent due to chronic health conditions, frailty, or dementia, Home and Community Based services provide essential support to enable those individuals to remain living at home. By blending federal, state, and local funds with Alaska Mental Health Trust funds, as well as client and third-party payments, the Commission supports an optimum of client intensive services for dependent seniors and for adults with Alzheimer's disease and related

disorders. Those services include *care coordination, adult day services, respite care, ADRD education and outreach, and family caregiver support.*

Funds for HCB programs are distributed every two (Family Caregiver Program) or three (Adult Day, Care Coordination, Respite, ADRD Education) years through a competitive grant process. Agencies and programs providing services to previously under-served areas are given priority when additional funding is available.

Care Coordination: Care coordination connects clients with support services to enable them to remain living at home or in the community of choice. Through *assessments* of clients' abilities, health, support structure, and need for assistance, care coordinators develop a network of services, both formal and informal, unique to the specific individual. Care coordinators design *plans of care* acceptable to the client and family, and assist the client in obtaining the specified services. While receiving care coordination services, the client's situation is periodically reevaluated to assure that the plan of care meets the individual's changing needs in order to remain at home. While grant-funded care coordination is limited in Alaska, there has been considerable growth in private care coordination services due to funding from the Medicaid Waiver program, for Medicaid-eligible individuals with nursing home level needs.

Adult Day Services: Grant funded adult day services funded, are located in eleven communities in Alaska. These programs provide structured, therapeutic activity programs for at least five hours per day, three days a week. Some programs provide extended hours on weekdays and occasional Saturday service. Adult day program participants undergo assessments to determine their social, physical, emotional, and cognitive strengths and needs, in order to develop an individualized plan of activities. For maximum benefit, most clients attend an adult day program on a regular basis. Adult day services often help stabilize individuals after a health crisis, and provide assistance in daily living activities that help individuals remain at home and in the community. For persons with ADRD, adult day programs provide an environment that help individuals maintain function even while the disease progresses. Adult day programs also provide respite, education, and support to caregivers.

Respite Care: Respite services provide substitute care for disabled adults to provide intermittent or temporary relief to a primary caregiver, usually a family member. Respite services funded by the Commission target persons of any age with Alzheimer's disease or related dementia and persons 60 years of age and older, with physical disabilities or mental health issues who are at risk of institutional placement. Both the primary caregiver and the care recipient are considered clients and both benefit from services. Services may be provided on either a planned or emergency basis in a variety of settings such as the family caregiver's home, the respite worker's home, a licensed adult foster home, residential care facility, hospital or nursing facility.

Respite service programs in Alaska provide support, relief, and education to families and other caregivers, as well as promote the optimum level of independence and functioning of disabled seniors or persons with Alzheimer's Disease or related disorders.

Workforce shortages and limited funding to recruit, train, and maintain respite workers create obstacles to providing respite services in both rural and urban areas throughout the state.

ADRD Education, Outreach and Family Support: The ADRD Education and Support grant provides funding for services statewide that help identify people with Alzheimer’s disease or related disorders (ADRD), educate caregivers and service providers about ADRD, and provide a variety of family support services, such as individual consultations and support groups. Through these funds, the current grantee supports a toll-free phone number that provides recorded messages about caregiving techniques, and operates offices in Fairbanks, Anchorage, the Mat-Su valley, and Juneau that offer educational workshops and family support groups.

National Family Caregiver Support Program: Nationwide, it is estimated that one of every four persons is providing (or has recently provided) care for a relative or friend age 50 or older. This care may involve running errands, cleaning the home, preparing meals, taking the person to the doctor, helping with bathing or dressing or providing round-the-clock care and supervision. Caregivers often make it possible for disabled adults to remain in their home setting rather than moving into a long-term care facility. Although providing care to a family member can be a positive and rewarding experience, family caregiving can be stressful.

Alaska has recognized the importance of family caregiving and has offered services to benefit caregivers for a number of years. However, until recently there was no comprehensive program for family caregivers. The National Family Caregiver Support Act, part of the reauthorized Older Americans Act, has changed this. This act authorized a variety of services implemented through partnerships between state, tribal, and local governments, both public and private organizations and community service providers to develop programs whose sole purpose is to provide relief from the emotional, physical, and financial stress experienced by family caregivers. Family caregiver programs in Alaska offer:

- Information to caregivers about available services;
- Assistance to caregivers in gaining access to support services;
- Individual counseling, support groups, and training to caregivers to assist the caregivers in making decisions and solving problems related to their caregiving roles;
- Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and
- Supplemental services, on a limited basis, to complement the care provided by caregivers.

In administering these federal funds, the Department will allocate a percentage of Title III-e funding for each service category that will best meet the needs of caregivers in this state. Funding allocation and number of caregivers to be served per year under the National Caregiver Support Program are as follows:

- Information: 20%
 Projected number of caregivers served: 2000
- Assistance: 20%
 Projected number of caregivers served: 500

- Individual counseling, support groups and training: 20%

- Projected number of caregivers served: 500
- Respite: 30%
 - Projected number of caregivers served: 200
- Supplemental Services: 10%
 - Projected number of caregivers served: 50

Under the Title III-e of the reauthorized Older Americans Act, family caregivers of adults 60 and older and grandparents and relative caregivers (over 60 years old) of children not more than 18 years of age are eligible to receive support services offered by Alaska’s Family Caregiver programs. This federal law requires states to give priority to:

- persons in greatest social and economic need (with particular attention to low-income, minority individuals); and
- older individuals providing care and support to persons with mental retardation and related developmental disabilities.

Emerging Issues

- Increasing Access to HCB services, with special emphasis on rural Alaska
- Coordination with Alaska Mental Health Trust Authority regarding services for beneficiaries
- Quality assurance and developing outcome measures
- Identifying caregivers, their needs, and innovative approaches to service delivery

Goals and Strategies for Home Community Based Services (HCB)

Goal: Advocate for and coordinate a continuum of home and community based long-term care in the least restrictive environment for seniors with disabilities.

Strategies

1. Promote the development of innovative strategies to improve service delivery in rural areas.

Action Steps

- Address barriers to providing services.

2. Advocate for alternative models of case management to provide individualized comprehensive services.

Action Steps

- Educate grantees about alternative care plans and assessments.

3. Partner with the Division of Senior and Disabilities Services (DSDS) to maximize resources and service delivery.

Action Steps

- Evaluate existing services that are funded by DSDS to assess needs.

Goal: Improve access to information about programs and services available to seniors, family caregivers and agency care providers statewide.

Strategies

1. Coordinate in developing a toll-free information and referral number for senior services.
2. Promote statewide education and outreach campaign.

Action Steps

- Use media to educate public about senior home care issues.

Goal: Maximize the quality and accountability of DSDS Home and Community Based services.

Strategy – Investigate and implement tools and systems to measure client satisfaction, quality assurance and program outcomes for all HCB programs.

Action Steps

- Develop quality assurance measures.
- Conduct site review whenever possible.
- Develop program outcomes.

Goal: Implement expansion of caregiver services statewide.

Strategies

1. Promote education and outreach of family caregiver issues throughout the state.

Action Steps

- Partner with other state agencies in local and statewide education and media campaign.

2. Develop multi-faceted service systems for caregivers in collaboration with local, state, private and non-profit agencies.

Action Steps

- Create a Family Caregiver advisory board and taskforce.

3. Build flexible and innovative approaches to providing caregiver support services.

Action Steps

- Partner with grantees to review existing programs and examine new approaches to implementing services.

4. Tailor programs to meet the needs of the diverse caregiver populations in Alaska.

Action Steps

- Survey needs of caregivers in each region.
- Work with existing grantees to determine whether programs meet identified needs.
- Develop and pilot model programs which, if successful, can be adopted by other grantees.

5. Develop planning information based on the characteristics and needs of caregivers and mechanisms for conceptualizing program effectiveness and outcome measures.

Goal: Promote workforce development in the area of home and community based services.

Strategies

1. Develop for a volunteer caregiver program.

Action Steps

- Partner with Senior Volunteer Corps to develop a volunteer caregiver program.

2. Participate in collaborative workforce development project with the Governors Council on Disabilities and Special Education.

3. Promote geriatric training and educational opportunities to service providers.

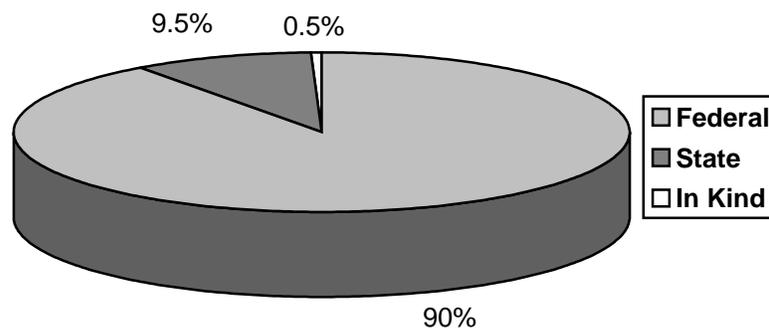
Action Steps

- Partner with University of Alaska Anchorage to promote geriatric training and Educational opportunities to service providers.

Senior Community Service Employment Program (SCSEP) - Title V

Mature Alaskans Seeking Skills Training (MASST) effective July 1, 2003

Table 5
SCSEP Funding
State Fiscal Year 2002



*Note: Graph does not reflect local funding such as client contributions, in-kind, cash, etc.

The Senior Community Service Employment Program (SCSEP) ³fosters and promotes useful part-time community service activities for unemployed low-income persons who are 55 years or older who have poor employment prospects. The intent of the program is to help this population enter, or re-enter, the mainstream workforce and eventually to enjoy the benefits of unsubsidized employment. Eligibility for the program requires that a participant be 55 years or older and at or below 125 percent of the federal poverty income limit for Alaska. The SCSEP program targets participants who are 60 years or older and at or below 100 percent of the federal poverty income limit for Alaska.

The Alaska Senior Community Service Employment Program (SCSEP) is now called "Mature Alaskans Seeking Skills Training," or MASST. The new name will be phased in over several months once it becomes official July 1, 2003. The name change was made to de-emphasize the program as an employment program for seniors at host agencies on a long-term basis, to emphasize the training and skill development aspect of the program. The official U.S. Dept. of Labor name remains SCSEP.

Funding for the SCSEP program comes primarily from a federal grant received by the Department. During State Fiscal Year 2003, the State of Alaska received \$1.89 million from the U.S Department of Labor, Employment and Training Administration. The State of Alaska provides \$210,535 as a match for a total program cost of \$2.1 million. The grant award from the federal government to the State of Alaska has increased each year based on a U.S. Department of Labor allocation formula.

³ Effective July 1, 2004 the MASST program will be transferred from the Department of Health and Social Services to the Department of Labor.

As administrator of the SCSEP program, the Department solicits proposals from non-profit agencies around the state to provide opportunities for enrollees to learn or improve skills while providing a valuable community service. Funding is allocated to each of the six Alaska regions as reflected in the intra state funding formula (Table 1) and is derived from a formula using Census Bureau statistics. The SCSEP program has funding for 213 positions over the course of SFY03 and expects to serve 298 enrollees.

The Alaska SCSEP program has diligently worked on finding “new model” or “umbrella” grantees that oversee the program in the main employment areas of the state: Anchorage, Fairbanks and Southeast Alaska. This effort makes full utilization of positions available to the regions by having one grantee in an area, instead of several. Each “umbrella” grantee places enrollees in non-profit host agencies willing to help train participants for an unsubsidized placement and which are conducive with what the enrollee needs to succeed in his/her training experience. These “umbrella” grantees are professional training and employment agencies with considerable experience in finding sustainable employment for enrollees.

The SCSEP program is unlike other department programs in that it reimburses grantees for wages paid to enrollees rather than provide funding up front. Grantees provide monthly financial reports to the department detailing wage expenditures for enrolled participants and are then reimbursed for the amount claimed up to the total amount of the grant awarded for the fiscal year. The SCSEP program is flexible in how it conducts business taking into consideration the needs of the enrollee, economic conditions in the host agency’s area, and availability of sustainable unsubsidized employment.

Goals and Strategies for Senior Community Service Employment Program (SCSEP)

Goal: Help seniors attain a higher quality of life by providing training and employment experiences.

Strategies

1. Target the SCSEP program to low income seniors who fall below the federal poverty income guidelines and who are 60 years or older.

Action Steps:

- Educate host agencies on methods of recruiting seniors who are below poverty level income and who are 60 years or over.
 - Network with Alaska Job Centers and host agencies to diversify methods of promoting the SCSEP program.
2. Promote the value of employing seniors to potential employers, agencies, non-profit groups, and others through outreach efforts.

Action Steps:

- Seek out and use job fairs to promote the value of employing seniors.
- Send out occasional press releases regarding success stories of an older worker.
- Travel and conduct presentations to community business organizations and groups to highlight the value of seniors in the workforce and seniors' value to the Alaska economy.

3. Encourage host agencies to provide training and development opportunities to seniors.

Action Steps:

- Effectively communicate to host agencies the purpose of the SCSEP program and the federal regulations.
- Emphasize the importance of using an Individual Development Plan and how it relates to an unsubsidized work placement for the senior.
- Provide guidelines to host agencies to ensure the development of the senior worker is being met.

Goal: Maximize use of Workforce Investment Act (WIA) opportunities.

Strategy – Continue to work with WIA partners to emphasize the importance and value of the SCSEP program to Alaska's economy and workforce development.

Action Steps:

- Conduct presentations to WIA partners on how seniors affect Alaska's economy and workforce.
- Seek out and work with appropriate partners who are interested in promoting older workers.

Goal: Enhance and promote services available to seniors at Alaska Job Centers.

Strategies

1. Work with Alaska Job Center staff across the state to ensure that seniors are dealt with in an effective and appropriate manner.

Action Steps:

- Prepare written material for Alaska Job Centers regarding the value of older workers.
- Conduct presentations to Alaska Job Center staff emphasizing barriers to employment that seniors may face.

2. Establish office space dedicated to senior employment on at least an itinerant basis in each Job Center to provide a less intimidating atmosphere for job seeking seniors.

Action Steps:

- Work with Alaska Job Center management in each location (starting with the major hubs) to develop and approve a Memorandum of Understanding between the SCSEP program and the Alaska Job Center regarding office space for a representative of the SCSEP program.

Goal: Provide guidance and technical assistance to host agencies and sub-grantees to operate the SCSEP program in an effective manner.

Strategies

1. Conduct site visits on a regular basis to ensure that grant funds are being used appropriately; to ensure the SCSEP program is being operated in accordance with federal regulations; and to encourage, develop and maintain a good working relationship with grantees.

Action Steps:

- Draft a multi-year site visit plan to include all host agency sites across the state.
 - Provide site visit feedback report to host agency.
 - Provide each host agency with a copy of federal regulations governing the program and a summary report that addresses any major issues needing improvement.
 - Provide host agencies with necessary federal/state forms for the SCSEP program and assist agencies to complete them.
2. Implement a strategic communication plan to inform and assist grantees and enrollees in an effective and efficient manner.

Action Steps:

- Clearly relate the goals, objectives and intent of the SCSEP program as put forth by the federal regulations governing the program.

Senior Residential Services (SRS)

Snapshot of Services

Through designated funding from the Alaska State Legislature, the Department of Health and Social Services oversees grants that support assisted living facilities for elders in Tanana and Kotzebue. The Division of Senior and Disabilities Services monitors and licenses both residences as Assisted Living Facilities. By definition, assisted living facilities provide meals and assistance with daily activities to enable seniors to remain in or near their community of choice. Whenever possible, the department will promote affordable assisted living.

Maniilaq Association is licensed to operate the 20 bed Kotzebue Senior Citizens Cultural Center in Kotzebue. Tanana Tribal Council is licensed to operate the 14 bed Regional Elders Residence located in Tanana.

Goals and Strategies for Senior Residential Services (SRS)

Goal: To promote the use of CHOICE (Medicaid Waiver Program) services for eligible SRS residents.

Strategy – Help SRS grantees secure Medicaid waivers for eligible SRS residents.

Action Steps:

- Ensure that grantees maintain status as Licensed Assisted Living Homes and as enrolled CHOICE providers of services.
- Liaison with Division of Senior and Disabilities Services licensing staff to assure that SRS grantees maintain facilities, staffing and appropriate written materials. Also, improve methods to assure continuation of licensing.
- Collaborate with DSDS and SRS staff to identify and enroll Medicaid Waiver eligible residents.

Goal: Provide support and technical assistance to SRS grantees to help them maintain quality services.

Strategies

1. Solicit input from grantees on a quarterly basis to identify staff training needs.

Action Steps:

- Maintain consistent communication with grantees on a quarterly basis.
- Assist grantees to explore a variety of training and professional development resources.

2. Assist grantees with development and implementation of outcomes to measure the effectiveness and impact of residential services on residents' lives.

Action Steps:

- Assist grantees in choosing assessment tools and methods to gather information on the impact of services on the quality of residents' lives.
- Assist grantees in program development to improve service delivery and identify services that enhance the residents' lives.

Role of the Alaska Mental Health Trust Authority in Meeting the Needs of Older Alaskans

The Alaska Mental Health Trust Authority was established to return Alaskans with mental disabilities sent outside the state because there were no services in Alaska. The state is expected to use the Trust to ensure the creation of a comprehensive integrated mental health program for all Alaskans. The beneficiaries of the Trust include Alaskans who experience mental illness, mental retardation or similar disabilities, chronic alcoholism with psychosis, or Alzheimer's Disease and Related Disorders. The Trust provides leadership in advocacy, planning, implementing, and funding of a comprehensive integrated mental health program. The Trust assists the boards and the Commission in developing effective needs assessment, planning and advocacy strategies. Each of the boards and the Commission reviews the state's Comprehensive Integrated Mental Health Program and recommends ways to use Trust funds to serve beneficiaries.

The Trust considers recommendations for funding through Mental Health Trust Authority Authorized Receipts (MHTAAR) and the state's General Fund/Mental Health (GF/MH) budget. FY02 funding for the Division of Senior Services through Trust income and GF/MH was approximately \$5.5 million. Programs include innovative respite and chore services, mini-grants for persons with ADRD and support services for their caregivers, ADRD training for providers, day treatment for elders with mental illness, and intervention with elders focusing on substance abuse. The Department awards Trust funds through contracts, a statewide competitive grant process or with priority for rural or underserved populations. The rural focus has provided additional support for areas of the state that have fewer opportunities to access resources to provide services. The Trust also funds rural outreach trips to learn the needs of elders and service providers in their community. In addition, the Trust works with other funding sources to form partnerships and maximize resources.

The Comprehensive Integrated Mental Health Plan

The Comprehensive Integrated Mental Health Plan provides policy direction intended to promote a continuum of care and services that foster individual well being, personal safety, economic security, and life with dignity for all Alaskans. The Plan is developed by the Department of Health and Social Services and guides the programs and services provided to Alaskans who are beneficiaries of the Alaska Mental Health Trust Authority and include people with Alzheimer's Disease and Related Disorders, mental illness, chronic alcoholism, and developmental disabilities. The planning process integrates the comprehensive plan with other statewide plans and will be a guiding document until 2006, with revisions and updates every two years. The Plan focuses on services that improve the lives of beneficiaries of the Trust. The Plan must give priority to serve persons who, as a result of a severe and pervasive disorder, may require or are at risk of hospitalization, or experience such major impairment of self-care, self-direction, or social and economic functioning that they require continuing or intensive services. Statute requires that services funded by the Trust be provided as close as possible to the beneficiary's home and family. The Plan sets goals, suggests strategies for reaching them, and identifies ways to measure progress. Recommendations to meet the needs of elder Trust beneficiaries address the Health, Safety, Economic Security, and Living with Dignity goals specified in the Comprehensive Integrated Mental Health Plan. Collaboration with the other

boards allows the Commission to plan programs to meet the needs of elder Trust beneficiaries.

Alzheimer's Disease and Related Disorders

The Alaska Commission on Aging is the designated entity to advocate for persons with Alzheimer's Disease and Related Disorders (ADRD) in relationship to the Trust. The statutory definition (AS 47.30.056) of the ADRD beneficiary group is "senile people who as a result of their senility suffer major mental illness" and includes "primary dementia of the Alzheimer's type, multi-infarct dementia, senile dementia, presenile dementia and other severe and persistent disorders manifested by behaviors and symptoms similar to those manifested by persons with disorders listed in this subsection."

The Alaska Commission on Aging continues to use the functional definition of dementia. "As a result of adult onset cognitive impairment that is progressive and degenerative in nature, supervision and cueing from other individuals is required in order to adequately and routinely perform activities of daily living (ADL) and instrumental activities of daily living (IADL). A person with ADRD may also need protection from the consequences of his/her impaired judgment, fluctuations in decision-making capacity and frequent impulsive, inappropriate or disruptive behaviors when this behavior poses health or safety hazards to self or others." This definition encompasses diagnoses such as Alzheimer's Disease, Pick's Disease, Parkinson's dementia, multi-infarct dementia and other progressive cognitive impairments.

National prevalence data is used as the basis for estimating the prevalence of ADRD in Alaska: 10 percent of persons over 65 years of age and almost 50 percent of persons over 85 years of age. The Alaska Department of Labor projects in its report #99-35, "the number and percentage of older Alaskans in the state will increase dramatically. By 2018, Alaska's population age 65 and older is expected to triple to 92,356, up from 32,729 in 1998. Older Alaskans will comprise almost 12 percent of the total population in 2018, up from 5.3 percent in 1998." Based on these figures, the estimate of persons with ADRD is expected to exceed 9,000 before the end of the next decade.

Emerging Issues

GERIATRIC EDUCATION

There is an ongoing need for training for direct care providers and a number of efforts to address geriatric education are underway in Alaska. The *Full Lives Conference* held in Anchorage during April 2000 was the first of its kind for direct service workers and attendance far exceeded expectations with over 400 present from around the state. The gerontology program at the University of Alaska in Anchorage (UAA) is currently offering elder-specific courses and workshops. UAA has also been involved in a proposal to create a geriatric education center for Alaska. The ADRD certification training at University of Alaska Southeast in Sitka, initiated in FY02 with Trust funding, includes a distance-delivered course as well as a mini-conference. An extensive curriculum was developed and future plans include a Website with training modules. In addition, another model initiated through Trust funding expands training curriculum for Assisted Living Homes to include issues in dementia care. Whenever possible, the Commission will promote affordable assisted living.

CAREGIVER SUPPORT

During the January 2002 *Common Ground III Conference* in Anchorage, nationally recognized speakers noted that 80 percent of care is provided at home by family caregivers, jeopardizing both the caregivers' mental and physical health. Support services need to be individualized to the caregivers and offered at a level high enough to provide relief, recognizing that caregivers' needs differ along with the needs of the individual for whom they provide care.

Caring for someone with dementia presents unique challenges in caregiving. To address the needs of ADRD caregivers, specific projects have been initiated through Trust funds, such as innovative respite and chore, mini-grants, and ADRD family caregiver support services. The Trust also funds projects that enhance the quality of adult day services such as design and modifications specific to the needs of clients with dementia.

Goals and Strategies from the Comprehensive Integrated Mental Health Plan

HEALTH

Goal: To protect the health, safety and quality of life of older Alaskans with special needs.

Strategy – Encourage implementation of best practices in programs targeting older Alaskans with substance abuse disorders.

Action Steps

- Develop project for elders with co-occurring disorders – determine most effective interventions.

SAFETY – Safe Families

Goal: To protect vulnerable adults from abuse, neglect and exploitation.

Strategy – Advocate to strengthen adult protective services to respond to reports of harm and educate the public about abuse of vulnerable adults.

Action Steps

- Advocate for the delegation of adult protective services in rural areas – funding to encourage the responsibility for service delivery.
- Advocate for additional positions with the Office of Public Advocacy – additional public guardians to reduce caseloads and improve time spent with individuals assigned to the office.

SAFETY – Safe Care

Goal: To improve the quality of care provided to elders.

Strategies

1. Collaborate with agencies and the University of Alaska to help providers hire, train, and retain quality staff to serve people with mental illness, developmental disabilities, substance use disorders, and Alzheimer's disease and related disorders.

Action Steps

- Support workforce development projects.
 - Develop geriatric education and training programs.
 - Advocate for the addition of a geriatric psychiatrist position to serve as a statewide resource for long-term care facilities.
 - Continue the quality assurance project – expand efforts and oversight.
 - Integrate cultural resources into ADRD programs and environments.
 - Continue ADRD modifications in adult day programs.
 - Continue ADRD modifications to the Pioneers' Home.
2. Increase support and education for family caregivers of people with dementia to reduce caregiver stress and delay placement in long-term care.

Action Steps

- Expand the ADRD support services project statewide – comprehensive services to persons with ADRD and their families in rural areas.
- Continue the innovative respite and chore project – flexible services for persons with ADRD to enable them to remain at home.
- Continue the ADRD mini-grants to beneficiaries for supplies and services.

ECONOMIC SECURITY – Basic Economic Supports

Goal: To make it possible for all Alaskans to live in dignity with adequate food, shelter, and medical care.

Strategy – Advocate for an expansion of the Medicaid program to include people with Alzheimer's disease and related disorders to allow them to remain in their homes for as long as possible. Provide persons with cognitive impairments the financial resources needed for long-term care whether at home or in a long-term care facility.

Action Steps

- Support the Medicaid review and enhancement project – identify the most effective services

to meet the needs of underserved beneficiaries.

LIVING WITH DIGNITY - Housing

Goal: To enable people to live in appropriate housing in the community.

Strategy – Promote recruitment and licensing of assisted living homes, particularly in rural communities, to allow people to remain in their own communities.

Action Steps

- Support continuation of resources dedicated to rural long-term care development.
- Continue board development on rural issues by providing outreach trips to educate ACoA on the issues of elders and providers in rural communities.

LIVING WITH DIGNITY – Educated Public

Goal: To reduce stigma associated with mental illness, substance abuse, developmental disabilities, and Alzheimer’s disease and related disorders.

Strategy – Support efforts by advocacy boards and the commission to promote public education about mental illness, substance abuse disorders, developmental disabilities, and Alzheimer’s disease and related disorders to reduce stigma that hinder access to treatment and services.

Action Steps

- Collaborate with beneficiary boards regarding strategic communications plan.

Serving Other Special Needs Populations

As the general population in Alaska ages, special needs individuals will generate increased demand for Home and Community-Based Services appropriate to older Alaskans. Recognizing special needs of other seniors opens the door for the Commission to find ways to serve them. It is important that the Commission and grantees acknowledge the special-needs senior population, and collaborate with agencies and organizations that serve non-senior populations with special needs. The Commission encourages and supports grantees at the local level to provide services to all seniors regardless of their special needs. Department staff helps grantees locate and use community resources for special-needs populations, such as vocational rehabilitation and the lending library for the blind; Supplemental Security Income (SSI) and low-income housing for the homeless.

Office of the Long-Term Care Ombudsman (LTCO)

The Office of the Long-Term Care Ombudsman (LTCO) advocates to improve the quality of life and the quality of care for Alaskan seniors, 60 years of age and older, who reside in Long-Term Care settings. As one way of achieving this, the LTCO investigates and resolves complaints made by, or on behalf of, Alaskan seniors regarding problems they experience with the care and services received in nursing or assisted living homes. Investigations are also conducted of public or social services agencies that may adversely affect older Alaskans' health, safety, welfare, or rights. In addition, the LTCO receives and investigates complaints about other entities such as public housing, public assistance, government agencies, grant programs, public utilities, other health care facilities, and health care providers. As another way of providing advocacy to Alaska's seniors, the LTCO produces reports that are available to the public, and participates in the development of laws, regulations and public policy. The Office also provides community outreach and education, information and referral services, and is developing an active volunteer program so that Long-Term Care residents and their loved ones throughout the State have additional on-site advocacy and information available to them.

Adult Protective Services has a program for the prevention of abuse, neglect, and exploitation. The program includes the dissemination of educational materials including public speaking engagements statewide to law enforcement agencies, social service agencies, native organizations, senior centers, hospitals, health care providers, and all other relevant agencies. A video on adult protective services was recently developed and is distributed. A brochure is distributed. Information on elder rights is also included as part of this activity. Elder rights is an integral part of the training for Adult Protective Service workers. Adult Protective Services staff inform clients of their legal rights when reports of harm are investigated.

The Long-Term Care Ombudsman is specified within the following federal law and state statutes: State Long-Term Care Ombudsman program: 42 U.S.C. 3058(g), A.S. 47.62.010; and Reports of Abandonment, Exploitation, Abuse, Neglect, or Self-neglect of Vulnerable Adults: A.S. 47.24.013.

In its current plan, and plan for the next 2 years, the Office of the Long-term Care Ombudsman (OLTCO) advocates to ensure and protect the health, safety, welfare, rights and quality-of-life for Alaskan seniors, 60 years of age and older, who reside in Long-term care settings. In Alaska, these equate to Assisted Living Homes (ALHs), and Skilled Nursing Facilities (SNFs). As one way of achieving this, the OLTCO investigates and resolves complaints made by, or on behalf of, Alaskan seniors regarding problems they may experience with the care or services they receive in ALHs or SNFs. Such investigations may be conducted solely by the OLTCO, or jointly with other agencies which have joint jurisdiction and/or authority.

Typically, when joint investigations occur, they are conducted with the State agency which licenses the ALH or SNF under review. Other agencies may include Occupational Licensing, law enforcement, the State Ombudsman, or the Medicaid Fraud Unit. The decision to conduct its own investigation or collaborate with another agency depends upon a number of variables, to include the availability of resources. In all cases, however, where overlapping authority and responsibility exists, contact and discussion occurs with the other agency (ies) to arrive at the best strategy to ensure resident protection and advocacy. Even when the OLTCO is not directly

involved with an investigation, it monitors the case, and ultimately decides whether or not to accept the findings of the investigating agency, or conduct its own investigation.

Under current law, the OLTCO is also named as an entity which provides Adult Protective Services (APS) when there is an allegation of abuse, neglect or exploitation of a vulnerable adult, age 60 or over, who resides in a long-term care setting. Another requirement in the law under which such a case would be referred to the OLTCO, is that the alleged perpetrator must be an individual(s) affiliated with the home or facility. When this occurs, the report is simultaneously sent to the State agency which licenses the home or facility in question, and the OLTCO. As described above, a decision would then be made as to whether a joint investigation would occur, or if the investigation would be conducted by the licensing agency or the OLTCO individually. Under APS laws, there is the potential for the OLTCO to be in a position which compels protective services which the older Alaskan does not wish, and thereby potentially be in conflict with federal law for the OLTCO. Because of this, the OLTCO is reviewing existing law to determine if it should seek legislation which would exclude it from an APS mandate.

The OLTCO also investigates complaints made by or on behalf of Alaskan seniors which involve public or private agencies or individuals such as guardians, conservators, public housing, public assistance, grant programs, home health agencies, and public utilities. Such investigations are rare, and often require interventions which do not include an investigation as such, to resolve the problem to the satisfaction of the complainant.

In addition to its other activities, the OLTCO participates in the development and/or review of legislation and regulations which directly or indirectly impacts its constituents. The OLTCO then seeks to educate and empower older Alaskans to weigh-in on such issues, and works with other agencies to provide advocacy. The OLTCO is a member of numerous advocacy groups, committees, and task forces in order to develop cooperative relationships and serve as the voice for older Alaskans in shaping public policy, service delivery, and problem-solving. Participation in such activities also serves as a way for the OLTCO to become better informed of other individuals and/or entities which provide services to older Alaskans, and to inform other participants of the services offered by the OLTCO.

The OLTCO provides information and referrals as appropriate, and maintains a listing of State-wide and community resources. It also maintains a resource library which is available to the public and providers. Additional education to older Alaskans and their loved ones takes place in various speaking engagements, especially Resident and Family Councils. The OLTCO also provides training to long-term care providers during their staffs' orientation and in-service trainings. At every opportunity, education concerning residents' rights is emphasized. The OLTCO is also actively involved in the Nursing Home Quality Initiative (NHQI), sponsored by the Center for Medicare and Medicaid Services (CMS), and provides information to seniors and the public-at-large on how to best select a nursing home.

It is anticipated that in FFY03, the OLTCO will have implemented its volunteer program. These volunteers, under the direction and training of the Long-term Care Ombudsman or his designee, will provide education and advocacy to seniors who reside in long-term care, and their loved ones. While concentrating on implementing the volunteer program in Anchorage and the

surrounding communities during FFY 03, plans are in place to broaden the volunteer program over the next 4 years so that there is at least representation of the OLTCO regionally.

In addition to the reports of investigation which are made available to the public, the OLTCO also provides reports concerning its activities to the Mental Health Trust Authority (MHTA) which is the umbrella agency for the OLTCO, and the Department of Health and Social Services which includes the Alaska Commission on Aging (ACoA); these reports are issued at least quarterly, and as requested. While the MHTA provides the administrative oversight and support for the OLTCO, funding for the program, is almost exclusively from Title III and VII of the Older Americans' Act. These funds are awarded to the Department of Health and Social Services and then transferred to the MHTA; the OLTCO also receives approximately \$100k annually from the State's General Fund.

While overseen by the MHTA, the OLTCO enjoys a high degree of autonomy and discretion in its planning and activities, to include preparing its own budget and annual report. In order to ensure OLTCO staff maintain, reinforce, and develop their knowledge-base and skills, the LTCO ensures periodic trainings are made available, to include representation at meetings or trainings sponsored by the National Citizens' Coalition for Nursing Home Reform (NCCNHR) and the National Association of State Ombudsman Programs (NASOP).

The Division of Senior and Disabilities Services has a cooperative agreement with the Alaska Mental Health Trust Authority under which the Trust provides oversight and administrative support for Alaska's Long-Term Care Ombudsman Office (LTCO). The Department continues its working relationship with the LTCO office, and will annually transfer Older Americans Act funding for operation of the LTCO to the Trust, as well as any OAA increases earmarked for LTCO programs under Title VII. The Department will continue to receive regular LTCO reports regarding the work of the office, emergent issues, and trends, as well as their input and considerations regarding legislation affecting the safety and well-being of Alaskans age 60+ receiving long-term care. It is anticipated that the Long-Term Care Ombudsman's Office will conduct its own planning and prepare an annual report.

The Office of the Long-Term Care Ombudsman can be reached at 1-800-730-6393.

Senior Services

Table 6
Senior Services Provided in State FY 02 by Alaska Commission on Aging

| Agency | Services | FY 02 Funding | Clients Served | Availability |
|--|--------------------------------------|---------------|--|---|
| ACoA – Division of Senior Services <i>Note: Effective July 1, 2003, the Alaska Commission on Aging will be moved to the Department of Health and Social Services.</i> | Congregate Meals* | \$1,649,668 | 4,653 | 113 sites statewide |
| | Home Delivered Meals* | \$1,546,445 | 2,448 | Statewide |
| | Transportation | \$1,196,162 | 1,855 | Statewide |
| | Legal Services | \$160,972 | 468 | Anchorage, Barrow, Bethel, Fairbanks, Juneau, Ketchikan, Kodiak, Nome and Statewide |
| | Media | \$77,439 | 9,054 | Statewide |
| | Information/ Assistance Contacts | \$324,615 | 58,587 | Most meal sites |
| | Homemaker/Chore Services | \$153,673 | 196 Homemaker 34 Chore | SE Alaska, Houston, Anchorage, Nenana, Kodiak, Upper Tanana, Bristol Bay, Fairbanks |
| | Volunteer Services | \$64,667 | 565 | Southeast, Interior regions |
| | In-Home Respite | \$489,151 | 269 | Statewide |
| | Adult Day Care | \$1,393,961 | 482 | Anchorage(2), Bethel, Juneau, Kenai, Chugiak, Fairbanks, Homer, Nome, Kodiak, Palmer, Ketchikan |
| | Care Coordination | \$951,410 | 1139 | Anchorage, Juneau, Interior villages, Fairbanks, Mat-Su, Bristol Bay, Kenai Peninsula |
| | Alzheimer's Support and Education | \$115,443 | 286 clients received individual/family counseling, 68 support groups, 5,812 contacts | Statewide in 70 Communities |
| | Senior Residential Care | \$1,015,000 | 39 | Kotzebue, Tanana |
| | Senior Employment Services - age 55+ | \$1,615,177 | 269 | Statewide |
| Preventative Health | \$123,502 | 425 | Anchorage and Statewide | |
| Alaska Mental Health Trust Authority | Long-Term Care Ombudsman | \$370,163 | 427 Complaints received | Statewide |

Table represents figures available for the State FY 02 funding period

*Does not include USDA reimbursement

**Table 7
Additional Senior Services Provided in State FY 02 by State Agencies**

| Agency | Services | FY 02 Funding | Clients Served | Availability |
|---|--|---|---|---|
| Department of Administration – Division of Senior Services | Adult Protective Services | Total intakes: 1724, including: APS investigations: 1036 Licensing Investigations: 129 Referrals: 169 | 200/month (approximate) | Statewide |
| | General Relief | \$2,463,000 | 263 | Statewide |
| | Assisted Living licensing (community) * | Not a grant program | 142 assisted living homes with 1485 beds | Statewide |
| | Residential Supported Living Waiver | \$7,291,290 | 103,877 days | |
| | CHOICE for Medicaid waiver for elders age 65+ | \$19,977,107 | 1225 | Statewide |
| | CHOICE for Medicaid waiver for adults age 21 – 64 with physical disabilities | \$11,270,359 | 849 | Statewide |
| | Information and Insurance Help lines – toll-free telephone numbers | Not a grant program | 915 calls | Statewide |
| | Personal Care Attendant (PCA) | \$13.7 million | 1,831 | Statewide |
| Department of Administration – Division of Alaska Longevity Programs | Pioneers Homes ADRD Assisted Living Other Assisted Living* | Program Receipts: \$12.5 million GF/MH: \$10.3 million GF: \$11.5 million | 6 licensed facilities: 121 ADRD beds, 481 non-ADRD beds | Fairbanks, Palmer, Anchorage, Juneau, Sitka, and Ketchikan. |
| | Alaska Longevity Bonus | \$50,958,000 | 19,319 | Statewide |
| Department of Administration – Office of Public Advocacy | Guardianship/ Conservatorship | \$1.4 million GF/MH funds | 850 | Statewide – Offices in Anchorage, Fairbanks and Juneau |
| Department of Health & Social Services – Division of Medical Assistance | Medicaid Nursing Home Placements- age 65+ | \$59.9 million | 919 | Statewide |
| Department of Health & Social Services – Division of Public Assistance | Adult Public Assistance for Seniors age 65+ | \$15.1 million | 4,614 | Statewide |

*Assisted Living represents beds available. GF = State General funds, MH = Mental Health Trust funds.

Snapshot Description of Other Services for Seniors

Services provided by grants from the Department of Health and Social Services are described in previous sections. Other services provided through grants or by state agencies complete the Continuum of Care and fill in some of the gaps in services around the state. Many of these services significantly interconnect with or impact department funded services. State general fund increases over the years have enabled Adult Protective Services (APS) and Assisted Living Licensing (ALL) to have a total staffing of seven APS workers and five ALL workers currently. These staff completed 1036 APS investigations of reports of abuse, neglect and exploitation and 129 licensing investigations of violations of licensing requirements during 2002 and monitored approximately 145 licensed assisted living homes with over 1400 assisted living beds. The number of investigations has increased by 100% in the last five years.

Snapshot descriptions of those services follow:

Division of Senior and Disabilities Services

Adult Protective Services: Division of Senior and Disabilities Services social workers conduct investigations to prevent or stop harm from occurring to vulnerable adults. This program's operating budget includes funding from Title VII of the Older Americans Act, as well as state general funds. Adult Protective Services (APS) makes every possible effort to reach older adults and provide services both in rural and urban Alaska. APS workers often travel to remote areas of the state on at least a quarterly basis, and frequently on a monthly basis. APS workers are well educated on the available services for older adults and referrals are routinely made to other social service agencies. There is also a provision in state law for designating persons and agencies to help in the identification and prevention of elder abuse. Adult Protective Services performs a central intake function for the receipt of all reports of harm to elders, which occur statewide. Referrals are routinely made to care coordinators, alcohol treatment programs, mental health programs, and assisted living services. The consent of the older adult is always a necessary part of the referral and service provision process. APS always refers criminal complaints to law enforcement agencies when indicated and appropriate. Acts of physical abuse to older adults frequently may be prosecuted as criminal acts. Referrals are also made to other protective agencies such as the disability law center and the Long-Term Care Ombudsman's office. A 30-minute educational video on the APS activities and services provided to vulnerable adults will be distributed across Alaska to law enforcement agencies, social services agencies, the senior network, and any other private or public agencies and persons who can help in the identification and prevention of elder abuse. APS workers also continue to make presentations and show the video to both rural and urban locations throughout the state.

| |
|--|
| Adult Protective Services Hotline Statewide: 1-800-478-9996 |
|--|

General Relief: This is a form of supplemental payment for essential care vulnerable adults are unable to provide for themselves. Recipients pay to the extent they can; the State then provides the additional funding necessary to meet the actual cost of essential care, as defined by state statute and regulation.

Assisted Living Licensing: State licensing is required of all residential homes that provide room, board, and assistance in activities of daily living to three or more residents. The Division of Senior and Disabilities Services licenses homes that primarily serve three or more older Alaskans who require assistance with everyday living activities. Assisted living homes of any size must be licensed if operators wish to be certified to provide services to Medicaid long-term care waiver clients.

Medicaid home and community-based long-term care waiver programs: These programs are administered by the Division of Senior and Disabilities Services within the Department of Health and Social Services. The Division administers two programs:

- 1. Older Alaskans (OA) waiver:** available to seniors age 65+ who meet eligibility requirements; this serves as an alternative to Medicaid-reimbursed care in a nursing facility.
- 2. Adults with Physical Disabilities (APD) waiver:** available to adults age 21 - 64 who meet eligibility requirements; this serves as an alternative to Medicaid-reimbursed care in a nursing facility.

Personal Care Attendant program: Home care services are provided statewide in Alaska through the Personal Care Attendant (PCA) Program. These services enable functionally disabled Alaskans of all ages, and frail elderly Alaskans, to live in their own home or community, instead of being placed in a more costly and restrictive long-term care institution. The program provides services that help with difficulties in performing activities of daily living (ADLs), including bathing, dressing and grooming; problems with instrumental activities of daily living (IADLs), such as shopping and housekeeping; and with other problems that require semi-skilled and/or, in some cases, skilled care. These services are typically provided in a consumer's home by health care paraprofessionals called personal care attendants (PCA) that now serves more than 1800 Alaskans in 125 communities statewide. Services are provided through two different PCA agency models:

- **Agency-Based PCA Program (ABPCA)** – this model allows for consumers to receive services through an agency that oversees, manages and supervises their care – this model has been operational for over 10 years.
- **Consumer Directed PCA Program (CDPCA)** – this model allows the consumer to manage their own care, select, hire, release and supervise their own PCA – the CD agency provides administrative support to the consumer and the PCA – this model is new and became operational on October 1, 2001.

The Division of Senior and Disabilities Services maintains a current list of ABPCA and CDPCA agencies.

Information and Insurance Helplines: The Division of Senior and Disabilities Services provides information about senior programs and services available in Alaska and other states through a toll-free helpline and by e-mail accessible through the state website. Information is provided on senior housing, long-term care options, legal services, home health options, care coordination, insurance issues, tax responsibilities, and Social Security. Clients can also get directions to the agency or agencies that can best help them solve their problems. Because health care related issues head the list of senior concerns, a series of federal grants and state funds help finance an Information and Referral service entitled Alaska Medicare Information.

Senior Care – Senior Information Line provides information about senior services, guardianship, conservatorship, general relief, trust accounts, legal services. Available weekdays, except holidays, between 8:00 a.m. and 4:30 p.m.

Statewide: 1-800-478-6065

Anchorage: 269-3666

Insurance Helpline provides information about Medicare, Medigap Insurance, Social Security, long-term care insurance, and Medicaid. Available weekdays, except holidays, between 9:00 a.m. and 4:00 p.m.

Statewide: 1-800-478-6065

Anchorage: 269-3680

Division of Alaska Longevity Programs, Alaska Department of Health and Social Services

Pioneers' Homes: Alaska's six Pioneers' Homes are licensed as assisted living homes. They specialize in providing care to Alaskans affected by Alzheimer's disease and related dementia. Collectively the Homes have over 600 licensed beds. The homes are located in Sitka, Ketchikan, Juneau, Anchorage, Palmer and Fairbanks. The Homes provide room and board and a range of levels of assistance with daily living. The five service levels available to residents are coordinated services, basic assisted living services, enhanced assisted living services, Alzheimer's Disease and Related Disorders (ADRD) services, and comprehensive services.

Office of Public Advocacy, Alaska Department of Administration

This program provides guardianship and conservatorship services to incapacitated adults who do not have family or friends willing or able to serve, and who do not have the money to hire a private guardian/conservator agency. A guardian makes decisions about the person (where they live, arranging medical treatment, what services they need) and a conservator makes decisions about assets (collecting income, paying bills and taxes). Guardians and conservators are appointed by the court system.

Department of Health and Social Services

Division of Senior and Disabilities Services: As of July 1, 2003 this Division manages the Medicaid long-term care services program

Adult Public Assistance (APA): A monthly stipend paid to low-income elderly, blind, and disabled persons to supplement Social Security payments. Persons on APA automatically qualify for Medicaid, and many also receive food stamps.

Alaska Housing Finance Corporation

Senior Housing Office: Created by the Alaska Legislature in 1990, the Senior Housing Office responds to the needs of the senior citizens for adequate, accessible, secure, and affordable housing. The Senior Housing Office consults with the ACoA Commission as required by state statute. During the 13 year existence of the AHFC Senior Housing Office, Alaska has seen approximately \$125 million in new senior housing throughout the state. Development, for both assisted and independent senior living, has occurred through the use of tax credits, AHFC mortgage loans, leveraging with various federal programs and also through the cooperative efforts and support of the Department of Health and Social Services, the ACoA, Alaska Legislature, Alaska Mental Health Trust, and other state, local and private entities. In FY02,

AHFC provided \$16.7 million in development costs for 132 units of senior housing in the communities of Anchorage, Wasilla, Palmer, Cooper Landing, New Stuyhouk and Homer.

Alaska Housing Finance Corporation (AHFC) Senior Housing Information

Statewide: 1-800-478-AHFC

Anchorage: 330-8436

To obtain a list of assisted and independent senior facilities statewide, loan programs and other senior housing information, **Website: www.ahfc.state.ak.us**

Access to Long-Term Care Services⁴

Levels of Community

Alaska is a large state with few roads and a broadly dispersed population. In order to analyze the distribution and availability of long-term care services better, the Alaska Commission on Aging has adapted the Level of Community planning framework. Communities in Alaska are organized into five groupings:

- **Level V Urban Centers:** Anchorage, Fairbanks and Juneau. Level V communities have 20,000 or more residents.
- **Level IV Regional Centers:** Regional centers for a number of smaller communities. Usually regional centers have 3,000 or more residents, an airport with regular jet service, a regional hospital, and centralized services.
- **Level III Sub-regional Centers:** Communities with fewer than 2,000 residents, many of which are isolated and accessible only by air or water. Most services in these communities are provided on an itinerant basis from a larger community.

In planning for future services, specific resources recommended for a community can also be determined on the basis of need. Community characteristics that should be considered are demographic characteristics (population, age, etc.), health status of community, anticipated frequency that the service will be used, economic feasibility of providing service, and the community's readiness for the service.

⁴ Excerpted from *Long-Term Care Services Survey and Recommendations for Change to Alaska Long-Term Care Certificate of Need Regulations, November 2000* by Information Insights, Fairbanks, Alaska.

AOA-PI-03-03: State Plan Provisions and Information Requirements Required by the Older Americans Act

Section I: State Plan Provisions

Preface: The Department of Health and Social Services agrees to administer the program in accordance with the Older Americans Act, the State Plan and all applicable regulations, policies, and procedures established by the Assistant Secretary or the Secretary, including all state plan assurances contained in the Older Americans Act and this State Plan.

Section 307(a): Except as provided in the succeeding sentence and Section 309(a), each State, in order to be eligible for grants from its allotment under this title, for any fiscal year, shall submit to the Assistant Secretary a State plan for a two-, three-, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe.

The Alaska Commission on Aging (ACoA) will submit a State Plan for a two-year period. Annual revisions will be summarized in the ACoA annual reports as necessary.

Section 307(a)(1)(A): The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State Agency for approval, in accordance with a uniform format developed by the State Agency, an area plan meeting the requirements of section 306; and **(B)** The State plan is based on such area plans.

The State of Alaska is designated as a single planning and service area. In that capacity, the State Agency performs some of the functions of an Area Agency. The State Plan is developed and based on area plans as appropriate for a single (state/area) planning and service area. Effective July 1, 2003, the Alaska Commission on Aging was moved to the Department of Health and Social Services, Boards and Commissions.

Section 307(a)(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

This work is performed by staff from the Division of Senior and Disabilities Services in conjunction with the ACoA.

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) have the capacity and actually meet such need;

Reviewing annual grantee client surveys/reports required by grantees through their grant assurances. The State Agency will develop and conduct statewide surveys to determine the existing and projected needs. Input will be requested from public and private programs and resources, including volunteer and informal caregiver participants. Survey results, together with

any recommendations, will be reported to the State Agency.

Section 307(a)(4) The State agency conducts periodic evaluations of, and public hearings on, activities and projects carried out in the State under titles III and VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority individuals and older individuals residing in rural areas. (Note: “Periodic” (defined in 45 CFR Part 1321.3) means, at a minimum, once each fiscal year.)

Evaluations of program and service effectiveness are on-going through monitoring and assessment. Fiscal and program data is analyzed yearly. Any changes to program goals and strategies will be reported in the ACoA annual report. At a minimum, public input is received through Commission meetings and annual visits.

Section 307(a)(5) The State agency:

- (A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
- (B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and
- (C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under 316.

The State Agency is a single planning and service area.

Section 307(a)(6) The State Agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

The State Agency assures that it will make such reports and comply with the requirements of the Assistant Secretary regarding such reports.

Section 307(a)(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency:

- (i) provision of such services by the State agency or the area agency on aging necessary to assure an adequate supply of such services;
- (ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
- (iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

Section II: State Plan Information Requirements

Information required by Sections 102, 305, 307 and 705 that must be provided in the State Plan:

Section 102(19)(G) – The State Agency provides the following in-home services that are not defined in Section 102 (19): Assisted Living; Family Home Care; Personal Care Services; Training for Family Caregivers. All available services are defined in this plan.

Section 305(a)(2)(E)

The State agency provides assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and includes proposed methods of carrying out the preference.

The State Agency assures that preference is given. Discussion of this requirement is found within the program sections of this plan.

Section 307(a)(2) The State agency:

(C) specifies on a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306(b) or 316) by such area agency on aging to provide each of the categories of services specified in section **306(a)(2)** and listed below (may be listed in dollars, or percentages of titles III and VII allocations):

| | |
|------------------|------------|
| ACCESS | <u>75%</u> |
| IN HOME | <u>4%</u> |
| LEGAL ASSISTANCE | <u>12%</u> |

Section 307(a)(3) The plan:

(A) includes a numerical statement of the intrastate funding formula and a demonstration of the allocation of funds to each planning and service area (PSA).

Refer to Table 1 on page 15, State Agency funding method for the funding formula for each region (further divided by borough and Census area).

(B) with respect to services for older individuals residing in rural areas, the State agency:
(i) assures it will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

The State Agency assures that it will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

(ii) identifies, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

It is anticipated that for each fiscal year of this State Plan, the projected costs of providing services for older individuals residing in rural areas, including access, is \$3,109,224. This

projection is based on funding factors addressing the number of individuals age 60 and over, and additional factors for rural and minorities. The amount may vary based on the final 2003 award and is expected to increase by 5% thereafter.

(iii) describes the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

Discussion of requirement is in each program section in this state plan.

Section 307(a)(8)(B) Regarding case management services, the following agencies are already providing case management services (as of the date of submission of the plan) under a State program, and the State agency specifies that such agencies are allowed to continue to provide case management services:

In Alaska care coordination/case management is provided through grants funded by State of Alaska general fund and mental health general fund dollars. The Commission and Division do not provide direct services.

Section 307(a)(8)(C) Regarding information and assistance services and outreach, the State agency specifies that the following agencies may provide these services directly:

Information and Assistance is provided as a direct service by the State Agency. The Division of Senior and Disabilities Services provides information and assistance with non-AoA funds out of its Anchorage office. The Department also distributes AoA money to grantees throughout the State of Alaska to provide information and assistance as well as outreach.

Section 307(a)(10) The plan provides assurance that the special needs of older individuals residing in rural areas are taken into consideration and describes how those needs have been met and how funds have been allocated to meet those needs.

The State Agency assures that it will spend funds to meet the needs of the rural areas. Discussion of how the needs will be met can be found within the program sections and funding factor for "rural" is addressed in the funding framework section. In the last year, the Commission has focused much attention on Alaska's rural elderly. In July 2002, the Commission co-sponsored a meeting with the Administration on Aging for grantee agencies receiving both Title III and Title VI funds. Most Title VI grantees are from rural Alaska and it is hoped that such meetings will make applying for grants by rural agencies easier as well as enhancing the value of grant dollars by avoiding duplication. In order to increase outreach and consultation with rural elders, the Commission held its September meeting in Bethel and scheduled visits to six nearby villages. Weather did interfere with some of the scheduled visits but Commissioners all met with rural elders at the senior center, the adult day center, the hospital, and two housing projects. Another Commission trip to Barrow, in rural Alaska was completed in September, 2003. There were many meetings with seniors and providers during this rural outreach trip. Staff has visited several rural communities, as travel funds will allow, including Barrow. Staff has also provided much technical assistance to rural communities, including Nome and Bethel, to increase participation in the National Family Caregiver Program. Moreover, intensive communication with the state's Native agencies was conducted to make sure the Commission's senior center

capital improvement grant to the Rasmuson Foundation did not by pass rural centers. Finally, in re-evaluating its regional funding guidelines, the Commission decided to hold a task force on the definition of rural and did revise the definition so as to be more inclusionary; and the Commission increased the weighting of the IFF rural factor from 20% to 25% so as to increase funding to the state's rural elderly.

Section 307(a)(15) The plan, with respect to the fiscal year preceding the fiscal year for which this plan is prepared:

(A) identifies the number of low-income minority older individuals in the State.

Discussion of requirement is addressed in the funding framework section. The number of low-income and minority seniors are targeted in the funding formula. The approximate number of low-income minority can be deduced using the intrastate funding formula, since that formula specifies the state's minority population and sets the parameters for the determination of low-income. Adjusting for the poverty column's use of 65+ (since the best available census data), we can calculate that approximately 31,723 elderly meet the 200% poverty standard, or 61% of the total population of seniors over the age of 60. This percentage accords with a finding of the year 2000 McDowell study generated by the Commission on Aging, which states "According to survey results, approximately 60% of single-person senior households have incomes less than HUD low-income guidelines..." (McDowell, Issues Affecting the Economic Well Being of Alaska Seniors, p. 55). Assuming that the income levels of Alaska's minority seniors are congruent with the overall levels, then approximately 60 to 61% of the state's minority elderly population would be low-income, or about 9000 persons. This is a rough estimate, and probably low, given the probability that minority status negatively impacts income levels.

(B) describes the methods used to satisfy the service needs of such minority older individuals.

Discussion of requirement is addressed in the funding framework section.

Section 307(a)(21)(B) The plan specifies the ways in which the State agency intends to implement activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under title III.

Discussion of requirement is addressed in the program sections and Commission focal points.

Section 705(a)(7) The State Agency includes on page III – 2, Focus Area 1 of Section III and pages IV – 21 through 24 of Addendum B, a description of the manner in which the State agency will carry out Title VII (Vulnerable Elder Rights Protection Activities) in accordance with the assurances described in paragraphs (1) of through (6) of this section. The description must:

(1) describe the program of services for the ombudsman program and describe the program for the prevention of abuse, neglect, and exploitation.

Discussion of requirement is addressed in the Long-Term Care Ombudsman section and description of other services sections.

- (2) describe how the State uses public hearings and other means to obtain the views of older persons, area agencies on aging, Title VI grantees, and other interested parties.

The Commission on Aging has established several processes to inform the public and solicit public comment. At each of its quarterly meetings, which are public noticed through print and broadcast media as well as the State on-line public notice system, the Commission sets aside a least one public comment session per day, which is also teleconferenced across the state. Also, at each of its meetings, the Commission schedules time for presentations from the state's Long-term Care Ombudsman, the Director of the Division of Senior and Disabilities Services (which oversees Adult Protection), the Long-term Rural Care official, the Senior Advocacy Coalition, the Alaska Housing Finance Corporation, and the Mental Health Trust Authority and its beneficiary boards. During the legislative session, the Commission sponsors bi-weekly teleconferences hosting twenty sites across the state. The Commission holds each of its meetings in a different location so as to encourage greater input and once a year travels to a rural area of the state and visits with elders in native villages. The Commission website not only provides information but solicits comments from the public.

- (3) describe how the State will consult with area agencies and will identify and prioritize statewide activities aimed at ensuring that older persons have access to and assistance in securing and maintaining benefits and rights.

Because the State Agency is a single planning and service area, discussion of requirement is found in the description of other services for seniors section which has a listing of services and how to access those services.

- (4) describe how the State will ensure that it will not supplant pre-existing funds to carry out each of the vulnerable elder rights protection activities.

The State Agency assures that it will not supplant pre-existing funds to carry out vulnerable elder rights protection activities. ACoA staff works closely with APS under the same Division of Senior and Disabilities Services. ACoA provides financial reports to AoA on expenditures of such funds.

- (5) describe how the State will ensure that it will place no restriction other than those in Section 712(a)(5)(C) on the eligibility of entities for designation of local Ombudsman activities.

The State Agency assures that it will ensure it will not place restriction other than those described in Section 712(a)(5)(C). Discussion of Ombudsman activities can be found in the LTC Ombudsman section.

- (6) describe how the State agency will conduct a program of services consistent with State law and coordinated with existing State adult protective services for public education, receipt of reports, active participation of older persons through outreach, conferences, and referral, how referral of complaints to law enforcement or public protective services will be done, how the State will not permit involuntary or coerced participation in the program, and how all information gathered in the course of receiving reports and making referrals shall remain confidential except under prescribed conditions.

The State Agency assures that it will conduct a program of services consistent with State law and coordinate with existing State agencies to meet the above requirements.

Listing of State Plan Assurances, Older Americans Act, As Amended in 2000

Section 305 - Organization

- (1) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area. **((a)(2)(A))**

The State of Alaska has been designated as a single planning and service area. The Department of Health and Social Services is the agency responsible for the administration of the State Plan.

- (2) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan. **((a)(2)(B))**

The State Agency assures that the views of recipients and individuals using multipurpose senior centers are received through program managers, public hearings, commission meetings, surveys, and meetings with service providers and older individuals. Their input is considered in the development and administration of the State Plan.

- (3) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan. **((a)(2)(E))**

The State Agency assures that it gives preference to providing services to the identified groups by including factors within the funding plan to target monies to 60+ population, minority individuals, frail, elderly population under the poverty level and older individuals residing in rural areas.

- (4) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16). **((a)(2)(F))**

The State Agency assures that the program goals and strategies are developed to meet this assurance.

- (5) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas. **((a)(2)(G)(ii))**

The State Agency will undertake specific program development, advocacy, and outreach efforts

focused on the needs of low-income minority older individuals and older individuals residing in rural areas by including factors within the funding plan to target monies to minority individuals and individuals residing in rural areas; continued monitoring of current service provision throughout the state to assess for need/unmet need; actively pursuing and coordinating service provision on all reservations/Indian service areas; continued coordination of training for Title III/Title VI providers; and by conducting visits in rural areas of the state, and collaborating with other state agencies

- (6) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. **((c)(5))**

The State is designated as a single planning and service area. No additional planning and service areas have been designated. Effective July 1, 2003, the Alaska Commission on Aging was moved to the Department of Health and Social Services, Boards and Commissions.

Section 306 - Area Plans

- (1) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services:
- (A) services associated with access to services (transportation, outreach, information and assistance, and case management services);
 - (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
 - (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded. **((a)(2))**

The State Agency assures that an adequate proportion of III-B funds will be expended for access, in-home and legal services. The State/grantees maintains detailed reports of annual expenditures.

- (2) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. **((a)(4)(A)(i))**

The State Agency assures this by including factors within the funding plan that target monies to older minority and rural individuals.

- (3) Each area agency on aging shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will:
 - (A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;
 - (B) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and
 - (C) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. **((a)(4)(A)(ii))**

The State Agency requires contract entities to identify methods that will be used to provide services to the target population groups including rural and low-income minorities and outline where services will be provided. This information is addressed in the funding framework section. Any service provisions specified in the grant agreement and monitored to assure service standards are met.

- (4) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall:
 - (A) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
 - (B) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (C) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i). **((a)(4)(A)(iii))**

The funding method uses information from the U.S. Census Bureau (2000 Census). The State Agency has included factors within the funding plan to target services and apply weight to the 60+ population, frail (80+ population), minority, rural elders, and those living below the 200% poverty level.

- (5) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:
 - (A) older individual residing in rural areas;
 - (B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (D) older individuals with severe disabilities;
 - (E) older individuals with limited English-speaking ability; and
 - (F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the

availability of such assistance. **((a)(4)(B))**

The State Agency assures this through program goals and strategies, application of funding method and through various outreach efforts.

- (6) Each area agency on aging shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. **((a)(4)(C))**

The State Agency assures that the needs of low-income minority individuals and older individuals residing in rural areas are considered in the grant process. Funding factors assure that preference is given for service provision.

- (7) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities. **((a)(5))**

The ACoA is administratively under the Department of Health and Social Services, which enhances the opportunity to coordinate efforts to provide services for older individuals with disabilities on a state level. Refer to the role of the Alaska Mental Health Trust Authority section and description of other services section.

- (8) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title. **((a)(9))**

The State Agency assures that it will not expend less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 to support the State Long-Term Care Ombudsman Program.

- (9) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:
- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
 - (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans. **((a)(11))**

The State Agency assures this through the implementation of program goals and strategies.

- (10) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. **((a)(13)(A))**

The State Agency assures that the integrity and public purpose of services provided and service providers are maintained in all contractual and commercial relationships.

- (11) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency:
- (A) the identity of each non-governmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (B) the nature of such contract or such relationship. **((a)(13)(B))**

The State Agency assures disclosure of the identity of each non-governmental entity under contract or commercial relationship relating to service provision to older individuals; and the nature of such contract or such relationship.

- (12) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. **((a)(13)(C))**

The State Agency assures that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships through the competitive proposal process.

- (13) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. **((a)(13)(D))**

The State Agency assures this through the competitive bid process, the requirement to meet minimum service standards, and contract/grantee monitoring.

- (14) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals. **((a)(13)(E))**

The State Agency assures that upon request, all sources and expenditures of funds received or expended to provide services to older individuals will be disclosed.

- (15) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. **((a)(14))**

The State Agency assures that Older Americans Act funds will not be used to pay any part of a cost (including an administrative cost) incurred to carry out a contract or commercial relationship that does not relate to implementation of the Older Americans Act.

- (16) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. **((a)(15))**

The State Agency assures that preference in receiving services under this title will not be given to particular older individuals as a result of a contract, grantee or commercial relationship that is not carried out to implement this title.

Section 307 - State Plans

- (1) The plan describes the methods used to meet the need for services to older persons residing in rural areas in the fiscal year preceding the first year to which this plan applies. The description is found below. **((a)(3)(B)(iii))**

The State Agency will continue to apply the same funding method for this plan, however, weighing of factors have changed. Refer to the Funding Framework section.

- (2) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract. **((a)(7)(A))**

The State maintains sufficient fiscal control and fund accounting procedures necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title, including any such funds paid to the recipients of a grant or contract.

- (3) The plan shall provide assurances that:
- (A) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
 - (B) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
 - (C) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act. **((a)(7)(B))**

The State Agency assures that no individual (appointed or otherwise) involved in the designation of the State Agency, or in the designation of the head of any subdivision of the State Agency is subject to a conflict of interest prohibited under this Act. The State Agency assures that no officer, employee, or other representative of the State Agency is subject to a conflict of interest prohibited under this Act. The State Agency assures that mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

- (4) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000. **((a)(9))**

The State Agency will provide funding to support the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

- (5) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs. **((a)(10))**

The State Agency assures that the needs of older individuals residing in rural areas are considered by requiring outreach services throughout the state. The funding method includes a factor for rural that assures additional funds to provide services in rural areas. In addition, state funded programs provide services through grantees. The State Agency works in cooperation with the Department of Transportation to assure a coordinated transit system throughout the State.

- (6) The plan shall provide assurances that area agencies on aging will:
- (A) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
 - (B) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
 - (C) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis. **((a)(11)(A))**

Refer to the description of other services section.

- (7) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services. **((a)(11)(B))**

Refer to the description of other services sections.

- (8) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; **((a)(11)(D))**

The State assures, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals.

- (9) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. **((a)(11)(E))**

The State Agency assures that priority will be given to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

- (10) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for:
- (A) public education to identify and prevent abuse of older individuals;
 - (B) receipt of reports of abuse of older individuals;
 - (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
 - (D) referral of complaints to law enforcement or public protective service agencies where appropriate. **((a)(12))**

The State Agency assures that programs for the prevention of abuse of older individuals are consistent with State law and include public education to identify and prevent abuse of older individuals; receipt of reports of abuse of older individuals; active participation of older individuals participating in Older Americans Act programs through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and referral of complaints to law enforcement or public protective service agencies where appropriate.

- (11) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State. **((a)(13))**

The State Agency has designated a grantee to be the legal assistance developer and their responsibilities include providing State leadership in the development of statewide legal assistance programs for older individuals.

- (12) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area:
- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
 - (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include:
 - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
 - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences. **((a)(14))**

The State Agency assures through the implementation of funding and program goals/strategies.

- (13) The plan shall provide assurances that the State agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:
- (A) older individuals residing in rural areas;
 - (B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (D) older individuals with severe disabilities;
 - (E) older individuals with limited English-speaking ability; and
 - (F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older

individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance. **((a)(16))**

The State Agency assures this through the implementation of funding and program goals/strategies.

(14) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities. **((a)(17))**

Relevant state agencies collaborate to coordinate efforts to provide services for older individuals with disabilities on a state level.

(15) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who:

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them. **((a)(18))**

Individuals seeking services must be provided with service options and have the right to make an independent choice of service providers. The State Agency administers the Home & Community-based Services Program. Services are available through grantees and agency providers allowing for service provision in both rural and urban areas.

(16) The plan shall include the assurances and description required by section 705(a). **((a)(19))**

The assurances and required description are addressed in this state plan.

(17) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services. **((a)(20))**

Minority providers of services are invited to participate in all training and workshops provided by the State Agency. Departmental staff provide on-going technical assistance and, upon request, provide on-site technical assistance.

(18) The plan shall:

- (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
- (B) provide an assurance that the State agency will pursue activities to increase access by

older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities. **((a)(21))**

Programs under Title III and Title VI are coordinated to maximize service provision and avoid duplication. Title VI grantees are invited to participate in all State Agency training and conferences. The State Agency will continue to pursue activities to increase access by older Native Americans to programs and benefits.

(19) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8). **((a)(22))**

Case management services are not funded with Older Americans Act funds. However, state-funded case management services do provide access to supportive services and do comply with the requirements specified in section 306(a)(8) in that the service is not duplicated and is a component of the long-term care services.

(20) The plan shall provide assurances that demonstrable efforts will be made:
(A) to coordinate services provided under this Act with other State services that benefit older individuals; and
(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs. **((a)(23))**

The State Agency assures this through administering home and community-based services that are provided with State and Medicaid Waiver funds. Services are coordinated with Older Americans Act services to maximize availability and avoid duplication. Both State Agency and staff work with agencies that sponsor multigenerational activities.

(21) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance. **((a)(24))**

The State Agency assures this by working collaboratively with the Department of Transportation to maximize transit services throughout the state. The Older Americans Act Transportation Standard requires contract/grantee entities to prioritize transit services to access the services provided under Title III and Title VI, as well as counseling services and legal assistance.

(22) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title. **((a)(25))**

The State Agency assures this through comprehensive program monitoring and evaluation,

which is conducted through a variety of methodologies. A checklist and program questions are administered during on-site visits, conducted at a minimum of one time during a grant cycle. On-site evaluations are supplemented by program “desk” evaluations and by client-based surveys conducted by grantee agencies.

- (23) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. **((a)(26))**

The State Agency assures that funds received under this title will not be used to pay any part of a cost (including and administrative cost) incurred by the State Agency to carry out contract or commercial relationship that is not carried out to implement this title.

Section 308 - Planning, Coordination, Evaluation, and Administration of State Plans

- (1) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph. **((b)(3)(E))**

The State Agency assures that no amounts received by the State under Section 308 (b)(3)(A) will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through the use of additional funds received under Section 308 (b)(3)(A).

Section 705 (Title VII)- Additional State Plan Requirements

- (1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

Section 705 (a)(1): In carrying out any chapter of Title VII for which the State receives funding (under Title VII), programs will be established in accordance with the requirements of Title VII.

- (2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

Section 705 (a)(2): The State Agency has held public hearings throughout the state to gain input regarding programs carried out under Title VII.

- (3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

Section 705 (a)(3): The State Agency has assured that older individuals have access to and assistance in securing and maintaining benefits and rights by coordinating funding and service provision with the Department of Transportation for statewide transit services; contracting/grant agreement for statewide legal services, requiring an annual update of a benefits checklist, and conducting training sessions that address benefits and rights.

- (4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

Section 705 (a)(4): The State Agency assures that it will use funds made available under Title VII for activities, in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

- (5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

Section 705 (a)(5): The State Agency will place no restrictions on the eligibility of entities for designation as local Ombudsman other than 712 (a)(5)(c)(i) – the entity has demonstrated the capability to carry out responsibilities of the program; (ii) – the entity is free of conflicts of interest and will not stand to gain financially through an action or potential action brought on behalf of individuals the Ombudsman serve; (iii) – the entity is a public or nonprofit private entity; and (iv) – the entity meets such additional requirements as the Ombudsman may specify.

- (6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3:

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:

- (i) public education to identify and prevent elder abuse;
- (ii) receipt of reports of elder abuse;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services

- described in subparagraph (A) by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except:
- (i) if all parties to such complaint consent in writing to the release of such information;
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
 - (iii) upon court order.

Section 705 (a)(6): *The State Agency assures that programs and services for the prevention of elder abuse, neglect and exploitation are consistent with relevant State law and coordinated with existing State adult protective services activities. The State Agency has (A)(i) participated in workshops and conferences, and provided information for press releases and magazine articles to educate the public on identifying and preventing elder abuse; (A)(ii) developed a reporting system for receipt of reports of elder abuse; (A)(iii) informed participants of Older Americans Act services through outreach, newsletters, and conferences of available services and made referrals to other agencies as appropriate; and (A)(iv) referred complaints to law enforcement or public protective service agencies, as appropriate. (B) The State Agency will not permit involuntary or coerced participation in any programs/services by alleged victims, abusers, or their households. The State Agency assures that all information gathered in the course of receiving reports and making referrals shall remain confidential except (C)(i) if all parties to such complaint consent in writing to the release of such information; (C)(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or (C)(iii) upon court order.*

Adult protective services makes referrals of complaints according to case type defined in the adult protective services computerized information database. The case types are classified as follows:

I and R

I and R, HCFA type

Long Term Care Ombudsman Investigation

APS Protective Services Investigation

APS Guardianship Assessment

APS Conservatorship Assessment

APS Petitioning for Guardianship or Conservatorship proceedings

APS Supportive Case

General Relief Financial Assistance Supportive Assessment

CHOICE OA Waiver Supportive Assessment

APD Waiver Supportive Assessment

Assisted Living Licensing Investigation by Senior Services

DMA Nursing Home/Hospital/Medical Facility Licensing Investigation

DMHDD Assisted Living Licensing Investigation

Medicaid Certification Investigation

CHOICE Quality Assurance/Certification Investigation

Medicaid Fraud Unit of AG's Office Investigation
US Attorney Fraud Unit Investigation
Law Enforcement Criminal Investigation
Care Plan Counseling Assessment
Disability Law Center Investigation
DMHDD Quality Assurance Investigation/APS Investigates instead of DSS Licensing

The computerized information database also has a field defining where the complaint is referred to as follows:

Choice
Local Police Agency
LTC Ombudsman
DFYS
Local Mental Health
DMHDD
State Ombudsman
Alaska Legal Services
Youth Corrections
Adult Probation
Adult Corrections
Women's Services
Standing Together Against Rape
Office of Public Advocacy
Care Coordination Agency
Home Health Agency
Senior Center Services
Medical Services
Alcohol Counseling Agency

Assurances that there is no involuntary participation by the client are through state policies, regulations, and statutes. The client or the client's legal representative's verbal or written consent is required to provide adult protective services. Without consent a court order is required to provide adult protective services. Without consent a court order is required or guardianship proceedings are initiated when the client is mentally incapacitated. Adult protective services staff are provided training to ensure these requirements are met. A system of documentation is utilized..

Confidentiality is assured through compliance with state policies, regulations and statutes. HIPPA requirements have been implemented to this end. The client is given a notice describing how medical information may be used or disclosed. The client or the client's legal representative's verbal or written consent is required to release all protected information about the client except in those instances in which disclosure is allowed by regulation or law. Adult protective services staff are provided training to ensure these requirements are met. A system of documentation is utilized.

- (7) The plan shall provide a description of the manner in which the state agency will carry out Title VII in accordance with the assurances.

Section 705 (a)(7): *The State Agency has implemented programs under Title VII as follows:*

Long-Term Care Ombudsman Program: The Ombudsman Program is responsible for receiving, investigating, and resolving concerns on behalf of residents in long-term care facilities and tenants of assisted living facilities. The State Long-Term Care Ombudsman assists in protecting the health, safety, welfare and personal rights of residents/tenants. Both federal and state funds are used to carry out the Ombudsman Program and Adult Protective Services Program.

45 Code of Federal Register Part 1321.17 (f)

- (1) Each area agency engages only in activities which are consistent with its statutory mission as prescribed in the Act as specified in State policies under 1321.11.

The State will engage only in activities consistent with its statutory mission as prescribed in the Act and specified in State policies.

- (2) Preference is given to older persons in greatest social or economic need in the provision of services under the plan.

The State Agency gives preference to older persons in greatest social and economic need through funding mechanisms and contractual/grantee requirements that services be targeted to the identified groups.

- (3) Procedures exist to ensure that all services under this part are provided without use of any means test.

Policies and procedures addressing the prohibition of means testing are in place.

- (4) All services provided under Title III meet any existing state and local licensing, health and safety requirements for the provision of those services.

The State has policies that address compliance with all applicable state and local licensing, health and safety requirements.

- (5) Older persons are provided opportunities to voluntarily contribute to the cost of the services.

The State Agency requested input from grantees and older individuals regarding methods to address voluntary contributions. Policies and procedures as well as program goals/strategies will be developed to address requirements of the Act and methods for receiving voluntary contributions.

- (6) Area plans shall specify as submitted, or be amended annually to include, details of the amount of funds expended for each priority service during the past fiscal year.

Any amendments to the State Plan will be reviewed and approved by the State Agency.

- (7) The State Agency on aging shall develop policies governing all aspects of programs operated under this part, including the manner in which the ombudsman program operates at the State level in the relation to the ombudsman program to area agencies where area agencies have been designated.

Policies and procedures governing all aspects of programs, including the ombudsman program, have been developed.

- (8) The State Agency will require area agencies on aging to arrange for outreach at the community level that identifies individuals eligible for assistance under this Act and other programs, both public and private, and informs them of the availability of assistance. The outreach efforts shall place special emphasis on reaching older individuals with the greatest economic or social needs with particular attention to low income minority individuals, including outreach to identify older Indians in the planning and service area and inform such Indians of the availability of assistance under this Act.

The State Agency assures this through requiring statewide outreach efforts with special emphasis to reach the targeted elderly population groups.

- (9) The State Agency shall have and employ appropriate procedures for data collection from area agencies on aging to permit the State to compile and transmit to the Commissioner accurate and timely statewide data requested by the Commissioner in such form as the Commissioner directs; and

The State Agency has procedures for data collection that permit compilation and transmission of statewide data as requested by the Assistant Secretary.

- (10) If the State Agency proposes to use funds received under section 303(f) of the Act for services other than those for preventive health specified in section 361, the State plan shall demonstrate the unmet need for the services and explain how the services are appropriate to improve the quality of life of older individuals, particularly those with the greatest economic need or social need, with special attention to low-income minorities.

Section 303(f) of the Act has been deleted. Section 361 has been amended to address Part D – Disease Prevention and Health Promotion. Funding received under Part D is currently expended in areas designated as ‘medically underserved’ with special emphasis on service provision to the targeted groups.

- (11) Area agencies shall compile available information, with necessary supplementation, on courses of post-secondary education offered to older individuals with little or no tuition. The assurance shall include a commitment by the area agencies to make a summary of the information available to older individuals at multipurpose senior centers, congregate nutrition sites, and in other appropriate places.

The State Agency periodically distributes available information on educational opportunities to older individuals.

- (12) Individuals with disabilities who reside in a non-institutional household with and accompany a person eligible for congregate meals under this part shall be provided a meal on the same basis that meals are provided to volunteers pursuant to section 307 (a)(13)(I) of the Act.

Section 307(a)(13)(I) of the Act has been deleted. The State Agency has policies and procedures in place that address this provision (as stated in Section 339 of the Act).

- (13) The services provided under this part will be coordinated, where appropriate, with the services provided under Title VI of the Act.

The State Agency will continue to coordinate services provided under Title III and Title VI, as appropriate.

- (14) (i) The State Agency will not fund program development and coordinated activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;
- (ii) State and area agencies on aging will, consistent with budgeting cycles (annually, bi-annually, or otherwise), submit the details of proposals to pay for program development and coordination as a cost of supportive services to the general public for review and comment; and
- (iii) The State Agency certifies that any such expenditure by an area agency will have a direct and positive impact on the enhancement of services for older persons in the planning and service area.

The State Agency assures that it will comply as stated above.

- (15) The State Agency will assure that where there is a significant population of older Indians in any planning and service area that the area agency will provide for outreach as required by section 306(a)(6)(N) of the Act.

Section 306(a)(6)(N) has been amended to Section 306(a)(6)(G). The State Agency assures this through a statewide outreach efforts and coordination of Title III and Title VI services.

Appendix A
A Regional Comparison of Title VI and ACoA Title III Programs

The Older Americans Act (OAA) provides funding through various Titles to address the needs and rights of seniors. Title III of the OAA provides the Department of Health and Social Services with federal funds to provide nutrition, transportation, and support services to Alaskan communities who have agreed to provide meals, transportation and other support services to seniors in urban and rural communities. The OAA also provides nutrition, transportation, and support services funds under Title VI for Alaska Natives (direct grants to tribal organizations for services to Native elders). The Family Caregiver Support Program is a new program and the below list includes those grantees. The blending of the Title III and Title VI funding helps tribal organizations to meet the needs of their native elders through coordination of both funding sources.

TITLE VI PROGRAMS

Anchorage

Southcentral Foundation provides outreach, information and assistance and support services to Alaska Native and American Indian seniors throughout Anchorage. Under Title III funding, they provide outreach and coordination of services to Native seniors. Title VI funds provides a central meal program for Native elders.

Southeast Alaska

Central Council Tlingit and Haida (CCTH) provides information and assistance services in Juneau, Douglas, Kake, Hydaburg, Haines, Klukwan and Saxman and has an agreement with Southeast Senior Services to partially fund nutrition services in Hydaburg and Kake.

Metlakatla Indian Community combines Title III and Title VI funds to provide full NTS services.

Hoonah Indian Association, Sitka Tribes of Alaska, Klawock IRA, Kootznoowoo, Inc., Yakutat Native Association/Craig Community Association, Wrangell Cooperative Association, and the Ketchikan Indian Corporation all subcontract with Southeast Senior Services, using Title VI grants combined with Title III funds, to provide NTS and caregiver services in each community.

STATE TITLE III PROGRAMS

Alaska Alzheimer's Disease Resource Agency
Alaska Community Services, statewide
Alaska Legal Services Corps, statewide
Anchor-Age Center
Chugiak Senior Citizens
Hope Community Resources
Older Persons Action Group, statewide
Salvation Army
Southcentral Foundation
Municipality of Anchorage

Metlakatla Indian Community, Metlakatla
Mt. View Food Services, Petersburg
Southeast Senior Services, Yakutat, Haines,
Klukwan, Skagway, Juneau, Douglas, Hoonah,
Angoon, Sitka, Kake, Wrangell, Hydaburg,
Craig/Klawock, Ketchikan, Saxman,
Metlakatla, National Council on Alcohol/Drug
Dependent

Southcentral Alaska

Kodiak Area Native Association (KNA) receives two Title VI grants (North and South) to provide nutrition, supportive and caregiver services in Ouzinkie, Port Lions, Karluk, Old Harbor, Akhiok and Larsen Bay. KNA collaborates closely with the Kodiak Title III grantees.

Copper River Native Association receives Title VI funds to provide nutrition, transportation, caregiver and supportive services for Native elders in villages of the Copper River Basin.

Kenaitze Indian Tribe is a new Title VI grantee providing nutrition, information and assistance, caregiver and other supportive services to Native Elders in the Central Kenai Peninsula area.

Seldovia Village Tribe combines Title III and Title VI funds to provide NTS services.

Chugachmiut through Title VI sends food boxes to elders in Cheniga Bay, Nonwalek, Port Graham and Tatilek and funds support services in Cordova, Seward, and Valdez where nutrition services are available under Title III. Chugachmiut also provides Title VI caregiver services.

The Native Village of Eyak is a new Title VI grantee providing information and assistance, other supportive services, and a special nutrition services to supplement the Title III program in Cordova.

Southwest Alaska

The Association of Village Council Presidents contracts with the Lower Kuskokwim School District for home delivered meals and St. Mary's school for nutrition services to Native elders with its Title VI grant. Information and Assistance and caregiver services are also provided to elders in 39 villages of the service area and a driver interpreter assists elders coming into Bethel for medical appointments.

City of Kenai
Cordova Community Medical Center
Homer Senior Citizens
Mid-Valley Seniors, Houston
Palmer Senior Citizens
Seldovia Village Tribe
Senior Citizens of Kodiak
Seward Senior Citizens
Sterling Area Senior Citizens
Soldotna Area Senior Citizens
Valdez Senior Citizens
Wasilla Area Seniors

City of Aleknagik
City of Bethel
City of Dillingham
Bristol Bay Native Association, regional
Kuskokwim Native Association, regional
Lower Kuskokwim School District, regional
Unalaska Senior Citizens

Kuskokwim Native Association blends Title VI funding for information and assistance, outreach and caregiver services and Title III funds for nutrition services for elders in Aniak and the villages of Lower Kalskag, Upper Kalskag, Red Devil, Chuathbaluk, Crooked Creek, Sleetmute and Stony River.

Aleutian-Pribilof Association (APIA) uses Title VI funds to send food boxes to elders in Akutan, Atka, False Pass, King Cove, Nelson Lagoon, Nikolski, Sand Point, St. George, St. Paul, and Unalaska. APIA coordinates with the Title III grantee in Unalaska.

Bristol Bay Native Association combines Title III and Title VI funds to provide full NTS and caregiver services in 21 Dillingham area villages including Naknek, South Naknek, Kokhanok, Newhalen, Nondalton, Chignik Bay, Chignik Lake, Chignik Lagoon, Perryville, Clark's Point, Port Heiden, Levelock, Koliganek, Manokotak, New Stuyahok, Togiak, Aleknagik, Ekwok, Igiugig, Pedro Bay, and Twin Hills.

Kuigpagmiut, Inc., received a Title VI grant which is being transferred to Asa' Carsarmiut Tribal Council in Mountain Village. Nutrition and information and assistance services will be provided in Mountain Village and Marshall.

Interior Alaska

Tanana Chiefs Conference receives Title VI funds to provide congregate meals, information and assistance and caregiver services through its five subregions in Interior villages including Allakaket, Anvik, Birch Creek, Galena, Grayling, Holy Cross, Hughes, Huslia, Kaltag, McGrath, Nicolai, Nulato, Koyukuk, and Evansville.

Fairbanks Native Association (FNA) combines Title III and Title VI funds to provide transportation, in-home, support, information and assistance, and caregiver services. The North Star Council on Aging provides meals for Native elders at the FNA senior center.

Denakkanaaga, Inc. provides information and

Fairbanks Native Association
Minto Village Council
Native Village of Fort Yukon
Nenana-Tortella Council on Aging, regional
North Star Council on Aging, Fairbanks
Tanana Chiefs Conference
Tanana Tribal Council
Upper Tanana Development Corporation, Tok region

assistance, advocacy and caregiver services for Native elders in Dot Lake, Northway, Tanacross, Tetlin, Tok, Minto and Nenana in coordination with Title III nutrition and other services.

Native Village of Fort Yukon provides meal services, transportation, support and caregiver services for elders in Fort Yukon, combining Title III and Title VI funds.

Northwest Alaska

Maniilaq Association blends Title VI and Title III funds for NTS services for Native elders in Kotzebue and from the surrounding villages when they visit Kotzebue.

Maniilaq Association, Kotzebue
Nome Community Center, regional
North Slope Borough, Barrow, regional
Norton Sound

Native Village of Unalakleet provides nutrition and information and assistance services with its Title VI grant.

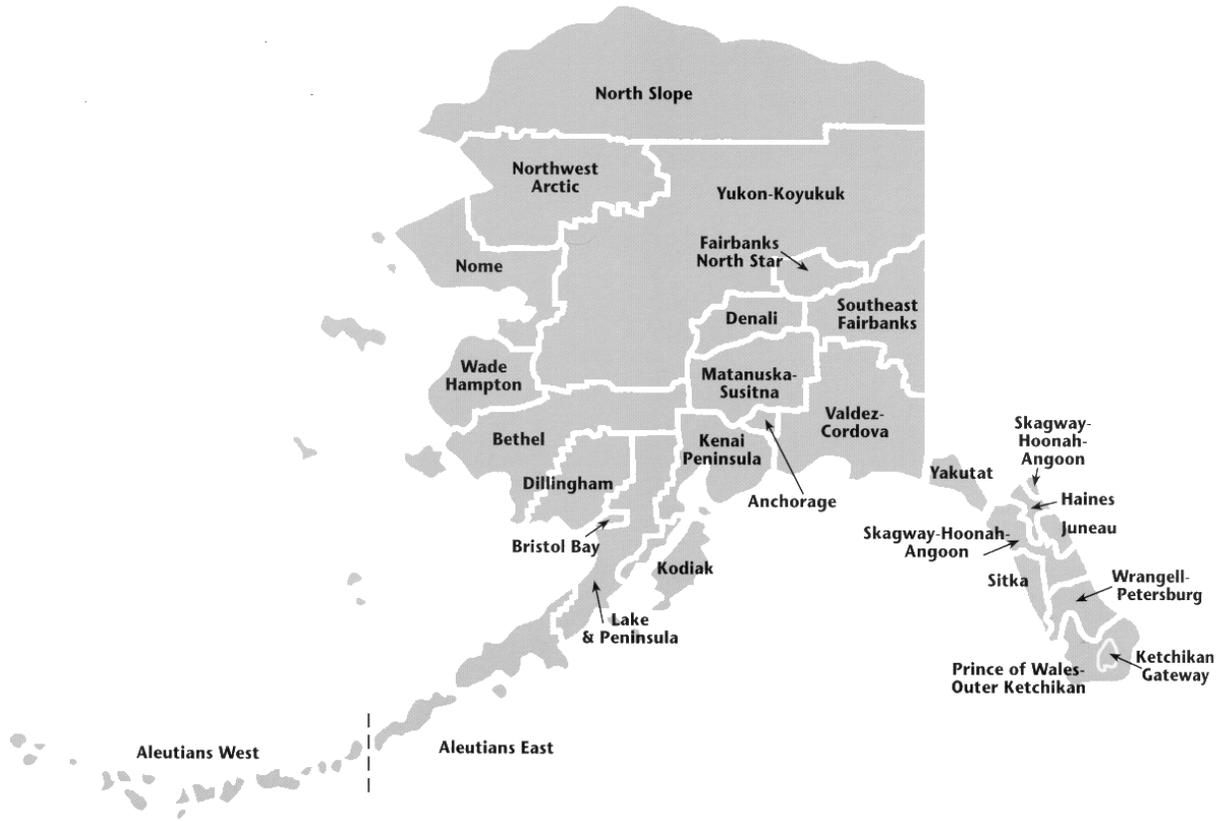
The Native villages of Gambell provide Title VI nutrition and caregiver services. The Native Village of Savoonga, formerly in a consortium with the Native Village of Gambell, has a new and separate Title VI grant for nutrition services.

Native Village of Barrow uses its Title VI grant to provide home health and caregiver services through the North Slope Borough to elders in Barrow. Title III funds provide for congregate and home delivered meals.

The Arctic Slope Native Association Title VI program partially funds the North Slope Borough Senior Citizens nutrition program for elders in the village schools of Point Lay, Atqasuk, Wainwright, Anaktuvuk Pass, Nuiqsut, and Kaktovik.

Native Village of Point Hope, through its Title VI grant, provides respite, information and assistance, a Native Food program and caregiver services. The City of Point Hope and the North Slope Borough provide nutrition services at the Senior Center.

Appendix B
Map of Alaska Boroughs and Census Areas
(Alaska is a Single Planning Service Area)



| | |
|-----------------------------------|---|
| NORTHWEST REGION | SOUTHEAST REGION |
| North Slope Borough | Yakutat City and Borough |
| Northwest Arctic Borough | Skagway-Hoonah-Angoon Census Area |
| Nome Census Area | Haines City and Borough |
| INTERIOR REGION | Juneau City and Borough |
| Denali Borough | Sitka City and Borough |
| Fairbanks North Star Borough | Wrangell-Petersburg Census Area |
| Yukon-Koyukuk Census Area | Prince of Wales-Outer Ketchikan Census Area |
| Southeast Fairbanks Census Area | Ketchikan Gateway Borough |
| SOUTHWEST REGION | SOUTHCENTRAL REGION |
| Wade Hampton Census Area | Matanuska-Susitna Borough |
| Lake and Peninsula Borough | Kenai Peninsula Borough |
| Bethel Census Area | Kodiak Island Borough |
| Dillingham Census Area | Valdez-Cordova Census Area |
| Bristol Bay Borough | ANCHORAGE REGION |
| Aleutian Islands East Borough | Anchorage |
| Aleutian Islands West Census Area | |

Appendix C

Title III Resource Allocation Plan for Administration and Ombudsman Funds

| TITLE III FEDERAL AWARD | Congregate Meals | Home Delivered Meals | Support Services | Preventative Health | National Family Caregiver | TOTAL |
|---|------------------------------|------------------------------|-------------------------|----------------------------|----------------------------------|------------------|
| HISTORICAL | C.1 <i>Note 2</i> | C.2 <i>Note 2</i> | B | D | E | |
| FY02 Total Grant Award | 1,850,672 | 1,004,534 | 1,747,760 | 105,284 | 644,212 | 5,352,462 |
| Allocated for Admin | -500,000 | 0 | 0 | 0 | 0 | -500,000 |
| Allocated for Ombudsman | 0 | 0 | -208,000 | 0 | 0 | -208,000 |
| TOTAL AVAILABLE FOR GRANTS | 1,350,672 | 1,004,534 | 1,539,760 | 105,284 | 644,212 | 4,644,462 |
| FY03 Total Grant Award | | | | | | |
| Allocated for Admin (<i>Note 1</i>) | -500,000 | 0 | 0 | 0 | 0 | -500,000 |
| Allocated for Ombudsman | 0 | 0 | -214,875 | 0 | 0 | -214,875 |
| TOTAL AVAILABLE FOR GRANTS | 1,417,218 | 902,223 | 1,558,181 | 109,266 | 705,756 | 4,692,644 |
| PROPOSED FOR 2003-2007 (FY04-07) ACoA STATE PLAN | | | | | | |
| FY04 Est'd Total Grant Award | 1,925,996 | 896,899 | 1,764,217 | 106,814 | 723,340 | 5,417,266 |
| Allocated for Admin | -500,000 | 0 | 0 | 0 | 0 | -500,000 |
| Allocated for Ombudsman | 0 | 0 | -214,875 | 0 | 0 | -214,875 |
| TOTAL AVAILABLE FOR GRANTS | 1,425,996 | 896,899 | 1,549,342 | 106,814 | 723,340 | 4,702,391 |

NOTES: (1) Change implemented per 2001-2003 ACOA State Plan, Table 7.

(2) Per the Older Americans Act, Section 308(b)(4)(B), "the State may elect to transfer not more than 40% of the funds received between subpart 1 [Congregate Meals] and subpart 2 of part C [Home Delivered Meals], for use as the State considers appropriate to meet the needs of the area served."

Appendix D
Alaska Commission on Aging
Civil Rights Administration Policy Statement

As a recipient of federal financial assistance, the Department of Health and Social Services (DHSS) does not exclude, deny benefits or otherwise discriminate on the basis of race, color, national origin, age disability, religion, or sex in admission to, participation in or receipt of the services and benefits of any of its programs and activities or in employment therein, whether carried out directly by DHSS or any other entity with whom the DHSS arranges and/or grants funds to carry out its programs, services and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, the Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations Parts 80, 84, and 91.

In case of questions concerning this policy, or in the event of a desire to file a complaint alleging violations of the above, please contact:

Commissioner
Department of Health and Social Services
PO Box 110601
Juneau, AK 99811-0601
Phone: (907) 465-3030
FAX: (907) 465-3068

Questions and/or complaints may also be referred to:

Office of Civil Rights
U. S. Department of Health and Human Services – Region X
Blanchard Plaza, RX-11; Rm. 900
2201 Sixth Avenue
Seattle, Washington 98121
(206) 615-2290
FAX: (206) 615-2297

Other units of Alaska State Government are also available to DHSS to assist in assuring Civil Rights administration and compliance.

| | |
|--|---------------|
| _____ Approved by: Joel Gilbertson, Commissioner Department of Health and Social Services | _____ Date |
|--|---------------|

Appendix E

Summary of Public Comments on the Draft State Plan

Note: Some comments refer to page numbers, which may have changed after further revision.

Juneau Public Hearing/Statewide Teleconference held Wednesday, January 22, 2003

John Pugh, Trustee of the Mental Health Trust Authority Board. State Plan Structure: Since the Mental Health Trust Authority funds programs, and does not run them directly, the MHTA section should not follow a program section (Nutrition, Transportation, and Services) but should be moved up next to the “Funding Framework” section.

Mark Mikelson, with the Alaska Department of Labor. One-Stop Job Centers: Use of Title V workers in the one-stop centers is effective, so the Commission is encouraged to continue and build on to this strategy. “I’d like to ask about how well our one-stop employment centers are working for seniors. Is there anything we can do to improve our service for seniors?”

Jill Sandleben, Catholic Community Service. (1) Assisted Living: The Plan should refer to “affordable” assisted living. Also, since assisted living facilities are always short of funding, the Commission should make it a goal to explore financing options. (2) There are several references to promoting Consumer Directed personal care services. Add as a priority: to evaluate the effectiveness of the CDPCA programs. There is as long as a month delay to get service—this is too long. (3) Related to a goal under one of the focal points (page 7), wherein there will be training of grantees on effective cost-sharing strategies for allowable NTS services, make this a goal for HCB services too. (4) Under HCB services (page 26), where new agencies serving underserved areas are to be given funding authority, this could work against existing programs. “Is that a new policy? Are existing agencies at risk for losing funding in favor of new agencies?” (5) As Commission advocates for delegation of APS in rural areas (page 40), there should be a clear distinction made between APS and other providers. (6) Relating to advocacy role of the Commission, this role related to state and federal advocacy should be emphasized more given its importance.

John Pugh Alaska Mental Health Trust Authority. Advocacy: This is such an important purpose of the Commission that it should be expanded beyond a focal point to a Commission role statement. Seniors are voters, and a strong advocacy group. Commission could strengthen its role in this area.

Jill Sandleben, Catholic Community Service. (1) Charts. On the chart of services (page 44), care coordination should include Ketchikan. And on Level of Community on page 50. Given the numbers of residents, there should be an intermediate level between IV and V. (2) Applauds Commission for increasing preference on both rural and frail factors. People 80+ years are significantly frail. And the rural weighting makes sense. There’s so much economic distress (especially in the Southeast because of industry declines), children are moving out and leaving elders without assistance, there’s limited fund raising, general isolation, and more calls for service.

Marie Darlin, AARP. “To me, pages 10-12, covering the Status of Seniors in Alaska, is the most important part of this plan. Over the years, many of us working on senior issues urged that this type of report be done to show the benefits of keeping our seniors in Alaska. The McDowell report on issues affecting seniors does that. This was seen as an important aspect of senior issues over ten years ago and it is good to see it finally done. Seniors are a part of the businesses of the state; but seldom seem that way. I would like to recommend this information be included in the Monthly Newsletter—Living Longer—during the next 2-3 months during the Legislative Session, to help educate our legislators. I assume they all receive copies of it. I would also like to see more mention made of working with the University on meeting needs for health workers and advocacy for that. What is the advocacy role of the Commission?”

Jill Sandleben, Catholic Community Service. Distinction related to APS: Care coordinators are mandatory reporters and the Division tends to try to get providers to do more and more investigative work. This could compromise the relationship with the family.

John Pugh, Alaska Mental Health Trust Authority. Emerging Issues: Add that non-profits have problems with salaries and benefits. Commission could have a General Emerging Issues section at the beginning of the plan.

Marie Darlin, AARP. Seniors as a voice: Surveys in Juneau show seniors are very willing to answer questions; the Commission needs to challenge that interest.

John Pugh, Alaska Mental Health Trust Authority. AARP: The Director should formally invite a representative to attend Commission meetings.

Jill Sandleben, Catholic Community Service. (1) Criminal background checks. There is a problem with increasing these, as with volunteers, because there's a fiscal impact (eg., an additional \$5000 in Juneau). How are agencies to fund this? (2) Transportation. Compliments on the language suggesting support for coordinated transportation only if it improves services to seniors.

John Pugh, Alaska Mental Health Trust Authority. Transportation: We need to push for more user-friendly transportation, especially in public transportation.

Anonymous Comments. Page 1: Should the period be July 1, 2003 to June 30, 2007 to match the fiscal/grant funding years? Page 2: Is the Commission meeting February 19 or is it 20-21 as indicated on the slide show? Page 7: Have a separate section on the advocacy role of the Commission. Page 8: Is personal care under the realm of the ACoA or is it really the responsibility of DSS? (ie, take out?) Page 9: Have a separate section describing funding sources for sake of clarification (AoA Title 3, Title 6, State General Funds, AMHTA). Page 13: Make more obvious that this framework is for NTS and SCSEP only (in the title?). Page 50 and page 51: Where does the LTC Ombudsman fit in? Organization chart(s). Page 43: Add caregiver support. Add SESS communities which receive care coordination (or Southeast?). Page 74 (Appendix A): Remove National Council on Alcohol/Drug Dependent. They do not promote NTS or Family Caregiver Support programs.

Fairbanks Public Hearing/Statewide Teleconference held Wednesday, January 29, 2003

Gary Schwartz, National Senior Services Corps. "I've read your plan and I would give you an A+."

Richard Boug, Denakkanaaga, Inc. Would like to know how much spending per senior citizen is currently done in Alaska.

Tonia Fandycz, ALPA. SCSEP: SCSEP Program works well, and some people know that Title V wages do not count against eligibility for subsidized rent. But if more people understood that, the program numbers would increase.

Darlene Lord, RN, TCC Home Care. (1) On page 5 under the first bullet of your guiding principle, the word "social" needs to be added, (2) the Plan should underline the need for better ties to Native groups, (3) there is a need for more homemaker chores.

Don Lee, Executive Director, Denakkanaaga, Inc. (1) Numbers from the 2000 Census are already off. For example, we're seeing a big military build-up in Alaska which brings families in. Also, elders from the lower 48 are coming up to take beds. We'll also see population increases with the oil and gas development, (2) the concept of aging in place not working well in the interior. Many elders need to move into Fairbanks for health care and a higher level of assisted living, (3) the Veterans Administration system is very overwhelmed.

Richard Boug, Denakkanaaga, Inc. Rural Issues: The cost of services in rural areas is three times higher than in urban areas and the Commission should be addressing this with the U.S. Commission on Aging. These high costs make "aging in place" very difficult to do. The Commission should be looking at poverty as a significant factor.

Gary Schwartz, National Senior Services Corps. Rural Definition: The new definition in the Commission plan is a good one.

Don Lee, Executive Director, Denakkanaaga, Inc. Federal Funding: The Commission should track possible upcoming cuts in Older Americans Act funding in the program areas such as Title III, Title V, and Title VI.

Denise Daniello, Executive Director, North Star Council on Aging. Federal Funding: Cut backs in federal funding do not make sense at the same time we see the senior population booming.

Senior Citizen. Funding Cuts: If there are cuts in mental health funds, the Commission should strive to find replacement monies.

Senior Citizen. Funding Cuts: The Commission should not consider cuts in NTS funding.

Denise Daniello, Executive Director, North Star Council on Aging. Intrastate Funding Formula: There appears to be a reduction of funding to the interior region. If that means less money to Fairbanks, that's a concern since city programs need more money to provide for rural residents coming into the city. Rural areas don't have the infrastructure to support the rural population.

Anchorage Public Hearing/Statewide Teleconference held Thursday, January 30, 2003

Frank Dennis, Cook Inlet Housing. Housing Costs: Concern expressed is that income from part-time work leads to a higher cost of housing.

Andy Makan. Rural Issues: Elders from rural areas often need to come into the city for medical services but there is no funding for this kind of travel.

Frank Dennis, Cook Inlet Housing. (1) The Commission should consider ways to encourage elders to make Adult Protective Services reports, (2) there should be better communication about services to people in rural areas.

Andy Makan. Telephone Issues: Elders are solicited to buy things over the phone. This should be stopped. Also, many elders need special equipment to hear over the phone.

Frank Dennis, Cook Inlet Housing. Rural Issues: There is not enough funding for rural, Native areas. Also, legislators need to visit villages to see the conditions there. There aren't enough health clinic services.

Ronnie Dunn. Would like to see more free gyms and swimming pools in the state, and more recreation programs in general.

Pat Luby, AARP. Information and Referral: The 1-800 numbers don't seem to work well. This whole system needs to be improved.

Frank Dennis, Cook Inlet Housing. Service providing agencies need better trained staff answering phones.

Brenda Uselman. The Commission should remember that "Caring starts at the top."

Pat Luby, AARP. Pharmacy Program: This program deserves an applause.

Ronnie Dunn. Social Security: The windfall elimination provision has cut back on benefits. This should be corrected. Also, social security credits are unjust.

Brenda Uselman. Health Care: There should be more monitoring of health care work and billing systems in hospital settings. Health care should be more client-centered. There should be a private watch dog group looking over these things and also our medicaid and medicare. There are many problems related to how medical centers deal with vulnerable elderly clients.

Pat Luby, AARP. Health Care: As part of the issue of physicians reluctant to take on medicare clients, we see a perception by physicians that such clients pose liability issues.

Andy Makan. Health Care: Medication has become too expensive. How can this be corrected?

Bob Christal, APS and Assisted Living Licensing: The discussion in these sections broaches issues of the adequacy of services provision. We don't see such a discussion in the other program sections.

Appendix F

Service Definitions

Adult Day Services: A program of non-residential activities for individuals age 18 and over provided on a regular scheduled basis one or more days per week, which encompasses activities needed to insure the optimal functioning of the individual.

Assisted Living Services: Services provided in residential facilities that serve three or more adults who are not related to the owner of the facility by blood or marriage. Such services include housing, food service, assistance with the activities of daily living, and personal assistance.

Caregiver Support Services: The provision of support services for family caregivers and for grandparents or older individuals that are relative caregivers. Support services include information to caregivers about available services; assistance to caregivers in gaining access to the services; individual counseling, organization of support groups, and caregiver training to caregivers to assist the caregivers in making decisions and solving problems relating to their care giving roles, respite care to enable caregivers to be temporarily relieved from their care giving responsibilities and supplemental services to complement the care provided by the caregivers.

Care Coordination Services: A process of providing specialized assistance to individuals desiring and needing help in selecting and/or obtaining resources and services. Activities of case management include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, and follow-up and reassessment, as required.

Chore Services: The provision of one time, intermittent, or occasional home tasks including housecleaning, minor home maintenance, minor home repair, select installations, and walk maintenance.

Congregate Meals: A service that provides meals that assures a minimum of one-third of the recommended daily allowance for a client who will be eating in a group setting.

Coordinated Transportation: A coordinated community transportation system is one in which multiple agencies share their transportation resources and responsibilities in a carefully planned, formalized, and meaningful way. A coordinated community transportation system allows a community to provide more rides with existing social service agency vehicles and resources, through efficiencies gained by centralization of ride scheduling, vehicle dispatch, and usually other transportation functions.

Environmental Modification: Physical adaptations to the home, required by the client's plan of care, that are necessary to ensure the health, welfare, and safety of the client, or that enable the client to function with greater independence in the home and avoid institutionalization.

Family Home Care: The provision of room, board, supervisory care, and personal services to an eligible elderly or disabled person by the spouse or by one of the following relatives, or the current or former spouse of one of the following relatives, or the elderly or disabled person: parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew. The family home care provider need not be present in the home on a twenty-four hour basis if the

welfare and safety of the client is maintained.

Health Maintenance Services: A combination of services provided in an effort to determine and maintain the health and well-being of clients, which include monitoring and screening procedures for early detection of disease processes, health education, referral, and follow-up.

Home-Delivered Meals: A service that provides meals that assures a minimum of one-third of the recommended dietary allowance for a client who is homebound and unable to prepare an adequate meal.

Homemaker Services: A service that may be provided to a client who needs assistance with environmental maintenance tasks including light housekeeping, laundry, meal planning and preparation, and shopping on an intermittent or occasional basis.

Information & Assistance Services: A service for older individuals that (a) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (b) assesses the problems and capacities of the individuals; (c) links the individuals to the opportunities and services that are available; (d) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and (e) serves the entire community of older individuals.

Legal Assistance Services: Legal advice and representation provided by an attorney to older individuals with economic or social needs and includes to the extent feasible, counseling or other appropriate assistance by a paralegal under the direct supervision of an attorney; and counseling or representation by a non-lawyer where permitted by law.

Long-Term Care Ombudsman Services: A service that identifies, investigates, and resolves complaints made by or on behalf of residents of long-term care facilities and tenants of assisted living facilities and works to protect their health, safety, welfare, and rights.

Non-Medical Transportation: A service that enables individuals access to essential community services such as grocery or pharmacy in order to maintain themselves in their home.

Nutrition Counseling: The provision of individualized advice and guidance by a licensed registered dietitian about options and methods for improving nutritional status to individuals, who are at nutritional risk, because of their health or nutritional history, dietary intake, medications use, or chronic illnesses.

Nutrition Education: The provision of scheduled learning experiences on topics related to the improvement of health and nutritional well-being.

Outreach Services: Interventions initiated by an agency or organization for the purpose of identifying potential clients and encouraging their use of existing services and benefits.

Personal Care Services: A service that provides assistance with bathing, dressing toileting, continence, transferring, mobility in the home, eating, personal hygiene, passive range of motion exercises, and simple bandage changes. This service may also include supervision, cueing or prompting, housekeeping tasks such as bed making, dusting, and vacuuming, that are incidental to the care furnished or that are essential to the health and welfare of the individual, rather than the individual's family.

Respite Care: The provision of temporary relief to the individual's primary caregiver from the stresses and demands associated with daily care or emergencies for a specified period of time.

Training for Family Caregivers: The provision of training and instruction to family caregivers on specific care tasks to effectively meet the care needs of the relative from whom the family member provides care.

Transportation Services: A service that provides a method of travel from one specific location to another specific location.

Vulnerable Adult Protective Services: Remedial social, legal, health, mental health, and referral services provided for prevention, correction, or discontinuation of abuse or neglect which are necessary and appropriate under the circumstances to protect an abused or neglected vulnerable adult, and ensures that the least restrictive alternatives provided, prevent further abuse or neglect, and promotes self care and independent living.

Bibliography

Alaska Commission on Aging, *Annual Report FY01*

Alaska Commission on Aging, *Annual Report FY 02*

Alaska Commission on Aging, *Description of Beneficiary Group and Service Delivery System for Adults with Alzheimer's Disease and Related Disorders*, prepared for the Alaska Mental Health Trust Authority, June 1996

Alaska Mental Health Trust Authority, *FY 98 Funding Recommendations: MHTAAR, GF/MH Operating, Capital*, March 6, 1997

Alaska Department of Health and Social Services, *Comprehensive Integrated Mental Health Plan*, November 2001

Alaska Department of Health & Social Services, *Healthy Alaskans 2010*, December 2001

Clinch, Richard RN, editor, *Senior Services News*, volume 4, April 1997

Alaska Department of Labor and Workforce Development, *Alaska Population Overview: 1999 Estimates*, May 2000

Issues Affecting the Economic Well-Being of Alaska Seniors, McDowell Group, Inc. December 2000

Ladd and Associates, *Long-Term Care in Alaska: Recommendations for Reform*, March 1996

Long-Term Care Services Survey and Recommendations for Change to Alaska Long-Term Care Certificate of Need Regulations, November 2000, Information Insights

Long-Term Care Task Force Final Report, January 1999, Representative Con Bunde, Co-Chairman, Senator Gary Wilken, Co-Chairman, Alaska State Legislature

Older Alaskans Commission, *Services to Older Alaskans - State Plan: 1997-2001*

Alaska Commission on Aging, *State Plan for Services 2001-2003*, June 2001

Older Americans Act of 1965 and the Native American Programs Act of 1974

Older Persons Action Group, Inc., *The Impact of the Older Alaskan on the Economy of Alaska*, January 1994

State of Alaska, *Legislative Working Group on Long-Term Care, Report to Governor Tony Knowles*, March 1997

2000 Census Data for Alaska: almis.labor.state.ak.us/

U. S. Census Bureau: www.census.gov/

Administration on Aging, *A Profile of Older Americans: 2001*
www.aoa.gov/aso/stats/profile/default.htm