

# ALASKA

state plan *for*  
senior services  
FY 2008 - FY 2011



**State of Alaska  
Department of Health & Social Services**

**ALASKA COMMISSION ON AGING  
State Plan for Senior Services**

**FY 2008 – FY 2011  
(July 1, 2007 – June 30, 2011)**

**Sarah Palin, Governor  
State of Alaska**

**Karleen K. Jackson, Ph.D., Commissioner  
Alaska Department of Health & Social Services**





DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary  
Administration on Aging

Washington D.C. 20201

JUN 26 2007

The Honorable Sarah Palin  
Governor of Alaska  
P.O. Box 110001  
Juneau, Alaska 99811-0001

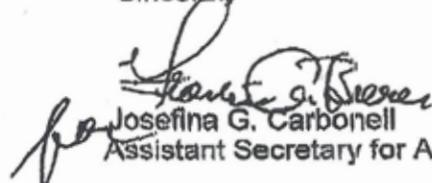
Dear Governor Palin:

It is my pleasure to inform you that the four-year Alaska State Plan for Senior Services beginning July 1, 2007 through June 30, 2011 is approved. It is a comprehensive document that integrates Older Americans Act requirements with the extensive, collaborative plans produced by the inter-agency State Plan Advisory Committee.

I am particularly pleased by the efforts of the Alaska Commission on Aging in involving seniors, the public and providers as well as state agencies in the development and public review of the plan. This proactive strategy will enhance Alaska's continuing development of its service delivery system with an emphasis on choices for older individuals.

The Regional Office staff of the U.S. Administration on Aging in Seattle and I look forward to working with you in the implementation of the State Plan. If you have questions or concerns, please do not hesitate to contact us. I appreciate your dedication and commitment toward improving the lives of older persons in Alaska.

Sincerely

  
Josefina G. Carbonell  
Assistant Secretary for Aging

**ALASKA  
DEPARTMENT OF HEALTH & SOCIAL SERVICES  
STATE PLAN FOR SENIOR SERVICES  
APPROVAL**

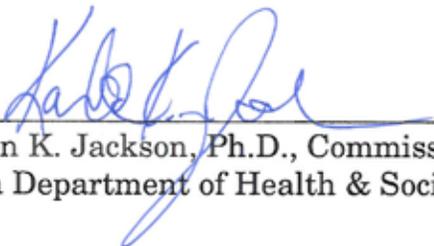
The Alaska Department of Health & Social Services (DHSS) hereby submits the Alaska State Plan for Senior Services for the period of July 1, 2007 through June 30, 2011 (State fiscal years 2008 through 2011). Governor Sarah Palin has designated the Department of Health & Social Services as Alaska's sole state agency on aging. The Alaska Commission on Aging within DHSS has been authorized by Alaska Statute [(AS 47.45.240(a) (1))] to develop the state plan on aging in accordance with the provisions of the Older Americans Act and its amendments. The plan, as submitted, documents the needs of older Alaskans and establishes direction for the coordination of all State activities related to seniors, with an emphasis on those efforts related to the Older Americans Act, including the development of a comprehensive and coordinated system for the delivery of supportive services.

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

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

*I hereby approve this State Plan and am pleased to present it to Alaskans.*

5/3/07  
Date

  
\_\_\_\_\_  
Karleen K. Jackson, Ph.D., Commissioner  
Alaska Department of Health & Social Services

ALASKA COMMISSION ON AGING  
STATE PLAN FOR SENIOR SERVICES  
APPROVAL

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

Frank Appel, Chair

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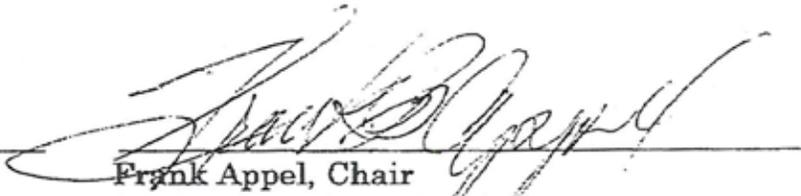
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Date

5/3/07

  
Frank Appel, Chair

Alaska Commission on Aging

# Alaska's State Plan for Senior Services, FY 2008 – FY 2011

May 1, 2007

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# Executive Summary

As the state with the highest proportion of baby boomers (32%), Alaska will find its senior population growing faster than almost any other state as that group reaches its senior years. While in the past many Alaskans chose to leave the state after retirement, more and more retirees now prefer to remain here. By 2030, the proportion of seniors 65+ will double to comprise 13% of the Alaska population, with those age 60+ making up 17%. The oldest group of seniors, those age 85+, is expected to almost triple during the next 25 years, vastly increasing the number of Alaskans living with Alzheimer's disease and related disorders (ADRD).

While census data do not show high levels of poverty among Alaska seniors, the census does not consider differences in cost of living among different areas of the country. The most financially vulnerable groups of seniors typically include widowed and divorced women, Alaska Natives and other racial minorities, high-school dropouts, people not eligible for Social Security benefits (perhaps due to a subsistence lifestyle), those with a limited work history, and the oldest seniors (whose fixed incomes have taken a beating from inflation over the years).

Surprisingly to some who may view seniors as a liability to the state, retired Alaskans constitute one of the largest and healthiest sectors of Alaska's economy. In 2004, according to the University of Alaska Institute for Social and Economic Research, retired Alaskans age 60 and older contributed almost \$1.5 billion to the state's economy, primarily from retirement income and health care spending. This was roughly ten times the total cost of State programs targeting seniors. Senior spending provides a large economic multiplier effect in local communities, and many other advantages, including a high volume of local spending, a diverse job mix, a low level of seasonality, stability from year to year (not dependent on fluctuating world market conditions), an environmentally benign footprint, compatibility with other industries, non-enclave location (not concentrated in remote rural areas), and economies of scale which reduce costs for all Alaskans, particularly in health care services.

Alaskan seniors have a lower age-adjusted death rate than U.S. seniors overall. While more older Alaskans smoke, drink heavily, and binge drink, as a group they are more likely to eat plenty of fruits and vegetables, engage in physical activity, and describe themselves as being in good health. Falls are the leading cause of non-fatal injuries requiring hospitalization for every age group in Alaska, but serious injuries from falls increase dramatically in the senior population. Sadly, suicide rates among older Alaskans are considerably higher than national averages, though suicide does not constitute a leading cause of death here. Top causes of death in the older age groups in Alaska include cancer, heart disease, cerebrovascular disease, chronic lower respiratory disease, and Alzheimer's disease.<sup>1</sup>

Challenges on the horizon for older Alaskans include income insecurity, the

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<sup>1</sup> Alaska Bureau of Vital Statistics

need for more reliable access to health care and long-term care supports, a looming physician shortage, absence of geriatric education among providers, a shortage of a sufficient senior services and health care services workforce to meet future needs, the need for emergency preparedness for a wide range of potential disasters, and soaring energy and utility costs.

The State of Alaska provides a wide range of programs and services addressed to seniors, spanning multiple divisions and departments. Funds from the Older Americans Act as well as State general funds and resources from the Alaska Mental Health Trust Authority and other federal, State, and non-governmental sources help to pay for these services, many of which are provided through grant agreements with local non-profit service agencies. While the services and benefits available to Alaska seniors are impressive, increasing strain on the state's services system from the burgeoning senior population is inevitable, and demands advance planning (in particular the creation of a long-term care strategic plan) as well as a coordinated advocacy effort to obtain increased funding for senior needs.

This state plan focuses on six overall goals, with their respective objectives and recommended strategies. The goals cover keeping seniors healthy, active, and involved in their communities; ensuring access to an integrated array of health and social supports along the continuum of care; supporting families in their efforts to care for loved ones at home and in the community; providing a range of adequate, accessible, secure and affordable housing options for seniors; supporting a stable senior services and health care workforce as well as a range of attractive employment opportunities for seniors; and ensuring that older Alaskans are safe from catastrophic events and protected from personal exploitation, neglect, and abuse. For each year of the plan's coverage, an annual implementation plan will be created by all interested senior organizations, with each committing to work on specific strategies outlined in the plan.

While similar weighting factors (total number of seniors, seniors age 80+, minority seniors, poverty-level seniors, and rural seniors) have been used in the funding framework for this state plan as in the previous (FY 2003 – FY 2007) plan, seniors' demographic patterns have shifted substantially since the 2000 census. While no region of the state is seeing an actual decrease in its number of seniors, some regions are growing at a much faster rate than others. Railbelt census areas (those along the central rail corridor of the state, especially the Kenai Peninsula Borough, the Matanuska-Susitna Borough, Anchorage, and Fairbanks North Star Borough) are experiencing an influx of seniors from out-of-state and from more rural, remote regions of Alaska. Older Alaskans may move to more populated areas to obtain services or to be closer to relatives. In order to avoid the shock of a dramatic fund shift for some regions in the first year of this plan and to give those regions slated for a loss of funding the opportunity to seek other resources, the State will continue to use the FY 2003 – FY 2007 funding allotments during FY 2008 and FY 2009; in FY 2010, allocations will reflect 50% of the change dictated by the new funding framework, and by FY 2011 100% of the fund shifts will be implemented.

The coming quarter-century will usher in a dramatic period of growing need for senior services in Alaska. Nevertheless, seniors' many contributions to the state and its economy are recognized, and the State considers it a privilege to plan for and provide the services needed to preserve their quality of life. Alaska's State Plan for Senior Services, FY 2008 – FY 2011 presents a wide-ranging, inclusive vision to guide the effort to provide those services in a respectful manner that upholds the dignity and independence of older Alaskans.

# Introduction

The Alaska State Plan for Senior Services is an opportunity for Alaskans to define the values, principles, and directions which will guide the provision of senior services in our state for the next four years. A State Plan must be submitted to the U.S. Administration on Aging every two to four years, as a requirement of the Older Americans Act (OAA), which provides funding for a range of senior programs in every state. While the OAA is flexible about how states meet their obligations to carry out the programs it funds, each state's plan must describe its particular goals and objectives, as well as how it intends to address specific OAA requirements. Additional funding for senior services received through the State of Alaska general fund, the Alaska Mental Health Trust Authority, and other sources is also allocated according to the goals, objectives, strategies, and funding framework outlined in the State Plan.

This plan was produced by an inter-agency State Plan Advisory Committee consisting of the members of the Alaska Commission on Aging's Planning Committee (Banarsi Lal, committee chair; Frank Appel, Ed Zastrow, and Patricia Branson); Commission staff, including former executive director Linda Gohl, current executive director Denise Daniello, planner MaryAnn VandeCastle, administrative assistant Rachel Malley, and MSW student intern Jeannette Lacey; Division of Senior & Disabilities Services staff members Lisa Morley, Joan Gone, Cyndee Sugar, and Barbara Knapp; Mariko Selle of the Department of Health & Social Services' Commissioner's Office; Paula Recchia of the Division of Public Health; Rita Bowen, coordinator of the MASST Program (Alaska's Title V older worker program) in the Department of Labor and Workforce Development; Kay Branch of the Alaska Native Tribal Health Consortium; Bob Dreyer of the Long-Term Care Ombudsman's Office; Marianne Mills of Southeast Senior Services (provider representative). The Committee also had occasional input from Jim McCall, director of the senior housing program at AHFC (Alaska Housing Finance Corporation) and Joel Neimeyer of the Rasmuson Foundation, a private foundation that works as a catalyst to promote a better life for Alaskans by supporting non-profit organizations in the pursuit of their goals. Finally, the Alaska Commission on Aging would like to acknowledge the consistent support received during development of the plan from Department of Health & Social Services Commissioner Karleen Jackson and Deputy Commissioner Bill Hogan, as well as from Alaska Mental Health Trust Authority representatives Jeff Jessee, CEO, and Nancy Burke, Program Officer.

Unlike most states, which are comprised of a number of Area Agencies on Aging (AAAs) that provide senior services in their designated regions, Alaska currently has no existing AAAs. Instead, the Department of Health & Social Services, designed by the Governor as the State Agency on Aging (SUA), operates as the sole planning and service agency for purposes of planning and service provision. The Division of Senior & Disabilities Services (DSDS) administers senior service funding throughout the state.

Most OAA services and other senior services are provided through grant

agreements with local and regional non-profit organizations. The Alaska Commission on Aging takes the lead in the preparation of the state plan, as one of its many planning, advocacy, education, and public awareness activities.

Following an introduction to the Older Americans Act and the guiding principles and values applied in the development of the plan, a needs assessment provides a detailed look at the demographics, financial status, and health issues of Alaska's seniors today, with projections of trends out to 2030 where possible. After a description of the State programs and services now serving Alaska seniors, a set of broadly-based goals, objectives, and strategies presents a wide variety of steps that State agencies and other senior organizations will take during the next four years to improve the lives of Alaska seniors, and a new funding framework for distribution of senior services funding for FY 2008 through FY 2011 is outlined. Finally, attachments include two sets of OAA-required assurances (Attachments A and B), including notations on how Alaska complies with them, where appropriate; documentation of the Governor's designation of the Department of Health & Social Services as the Sole state agency on aging in Attachment C; and a letter of support from the Department of Labor & Workforce Development's MASST Program (funded by Title V of the Older Americans Act) in Attachment D.

## **The Older Americans Act**

The Older Americans Act was signed into law by President Lyndon Johnson in 1965. It was considered a direct outgrowth of the 1961 White House Conference on Aging. Created during a time of rising societal concern for the poor and disadvantaged, the OAA set forth a broad set of objectives that continue to be relevant today. Objectives of the OAA include ensuring that the elderly have an adequate retirement income, the best possible physical and mental health, suitable housing at an affordable cost, a comprehensive array of community-based long-term care services (including family support), employment opportunities, efficient community services with emphasis on choice and continuity of care, benefits from research knowledge, participation in meaningful activities, and protection against abuse and neglect. Over 40 years later, the OAA's vision of Americans aging with honor, dignity, freedom, and independence still inspires universal allegiance by the public; the Act has been reauthorized numerous times since its inception.

The Older Americans Act continues to provide the framework for a partnership among the different levels of government and the public and private sectors with a common objective – to improve the quality of life for all older Americans by helping them to remain independent and productive. The activities which are mandated and funded under the OAA carry no income eligibility requirements, unlike numerous other federal assistance programs. All seniors are eligible. Service providers must follow priorities set by the Area Agency on Aging (or Sole state agency on aging) for serving older persons with the greatest economic or social need, with particular attention to low-income minority older persons and

older individuals residing in rural areas, individuals with disabilities, those whose primary language is not English, and Native Americans. Each client is provided the opportunity to contribute to the cost of the service; however, denial of service for non-contribution is prohibited.

The Older Americans Act established the federal Administration on Aging (AOA), now within the Department of Health and Human Services. Since 1993 the AOA has been headed by an Assistant Secretary on Aging, appointed by the president with the advice and consent of the Senate. Josefina Carbonell is the current Assistant Secretary on Aging. The AoA is charged with acting as an effective and visible advocate for older individuals, collecting and disseminating information related to problems of aging, administering grants, evaluating programs, providing technical assistance and consultation to states, and stimulating more effective use of existing resources.

The overall purpose of the Older Americans Act was to establish an aging network, provide for the funding of local service programs, establish training and research projects, and stimulate the development of innovative and/or improved services for the elderly. Congress has continued to appropriate funds and update the law with periodic amendments under this Act for research and demonstration projects and for the operation of the Administration on Aging.

Amendments in 1969 emphasized planning and resource mobilization. A set of amendments in 1973 required states to set up planning and service areas, and authorized grants for model projects, multipurpose gerontology centers, senior centers, and the new Nutrition Program for the Elderly. The Comprehensive Older Americans Act Amendments of 1978 reorganized the Act, authorized separate funding for specific services, including a strong advocacy responsibility, and provided for more focused work on long-term care for older Americans. In the 1978 amendments Congress recognized the special sovereign status of Tribal governments and created Title VI, Grants for Indian Tribal Organizations. The purpose of Title VI was to promote the delivery of supportive and nutrition services to American Indians and Alaska Natives that are comparable to services offered to other older persons under the Title III program. The Older Americans Act Amendments of 2000 established an important new program, the National Family Caregiver Support Program (NFCSP), after listening to the needs expressed by family caregivers in discussions held across the country. Increases in funding accompanied many of the amendments and reauthorizations of the OAA. The Older Americans Act was again reauthorized in 2006, with added emphasis on disease prevention and health promotion, senior behavioral health services, and emergency preparedness, among other changes. Typically the OAA receives broad bi-partisan support.

The AoA distributes funds to states under a formula based largely on the number of people aged 60+ in each state. States with smaller populations of older Americans, including Alaska, receive no less than one-half of one percent of the total Congressional appropriation. In order for a state to receive these funds, its

governor must designate an agency as the sole state agency on aging and the state must develop a multi-year plan for services. In Alaska, the Department of Health and Social Services is that agency, with the state plan development delegated to the Alaska Commission on Aging while the Division of Senior and Disabilities Services maintains responsibility for day-to-day administration and oversight of AoA-funded nutrition, transportation, support services, and caregiver programs. Like its federal counterpart, the state agency on aging serves as an advocate for the elderly. While all seniors are eligible for services, preference must be given to providing services to older individuals with the greatest economic and social need, with particular attention to low-income, minority individuals, those in frail health, and older people residing in rural areas. While most states are divided into a number of “planning and service areas,” each served by an “Area Agency on Aging” (AAA), in Alaska the entire state is considered a single planning and service area with just one Area Agency on Aging responsible for assessing the needs of all older persons within the state. The AAA must have an advisory council of older persons. In Alaska the Commission on Aging is an eleven-member commission appointed by the governor, with a small staff to carry out the Commission’s directives on planning, education and public awareness, and advocacy. The current state plan for services is available for review on the ACoA’s website at [www.AlaskaAging.org](http://www.AlaskaAging.org)

For more than 30 years, Area Agencies on Aging (AAAs) and Title VI Native American aging programs, which serve as the local component of the Aging Network, have leveraged federal dollars with other federal, state, local and private funds to meet the needs and provide a better quality of life for millions of older adults.

Statewide programs and services for Alaskan seniors have existed since the advent of the Older Americans Act in the mid-1960s. The Alaska Commission on Aging works closely with the Division of Senior and Disabilities Services within the Department of Health and Social Services to develop a service plan and innovative projects through the Division’s Senior Grant Programs. Services are funded by the U.S. Administration on Aging, State general funds, the Alaska Mental Health Trust Authority, local government, community fundraising, and individual contributions.

**Title III** of the Older Americans Act outlines the types of supportive services funded by the Act, services which have remained fairly constant for nearly a decade. Title III services, provided through the Senior Community Based Grants administered by the Division of Senior and Disabilities Services, are organized as follows:

- Part A provides guidelines and funding for State and Area Agencies on Aging.
- Part B provides for supportive services to seniors and for the operation of senior centers
- Part C provides for congregate and home delivered nutrition services
- Part D provides disease prevention and health promotion services
- Part E funds the National Caregiver Support Program

Senior transportation services (under Part B) allow older Alaskans to access medical appointments, senior center or adult day care participation, shopping, errands and other engagements through a door-to-door service equipped to handle special needs.

Senior Community Based Grant nutrition projects offer meals both in congregate settings and for homebound individuals. The nutrition program is more than a meal. It provides nutrition education, counseling, and screening, and is often the gateway to many other services. The Older Americans Act Nutrition Program (OAANP) is the largest single component of the OAA. Each state's unit on aging provides disease prevention and health promotion services and information at senior centers, meal sites, and other appropriate locations. Health promotion is the process of enabling people to increase control over and to improve their health. Disease prevention covers measures not only to prevent the occurrence of disease, but also to arrest its progress and reduce its consequences once established. States give priority to areas which are medically underserved and in which there are a large number of older individuals who have the greatest economic need for such services.

The National Family Caregiver Support Program (NFCSP), established by the OAA amendments of 2000, was modeled after several successful state long-term care programs. States provide five basic services for family caregivers: information about available services; assistance in gaining access to supportive services; individual counseling, help in organizing support groups, and caregiver training to assist in making decisions and solving problems related their caregiving roles; respite care; and supplemental services, on a limited basis, to complement the care provided by caregivers. Funds for this program are distributed to the states using a congressionally mandated formula that is based on a proportionate share of the age 70+ population. Priority consideration is to be given to those in greatest social and economic need, and older individuals providing care and support to persons with mental retardation and developmental disabilities. However, services are primarily available to family caregivers who are informal providers of in-home and community care to an individual 60 years of age or older.

**Title V** of the Older Americans Act provides for programs that foster and promote useful part-time opportunities in community service activities and offer skills training for unemployed low-income persons who are fifty-five years old or older and who have poor employment prospects. In Alaska, Title V funds the MASST (Mature Alaskans Seeking Skills Training) program administered by the Alaska Department of Labor and Workforce Development.

**Title VI** of the Older Americans Act provides grants directly through tribal organizations in Alaska for services to Native Americans. These grants provide supportive and nutrition services comparable to the services provided elsewhere within the state under Title III of the OAA.

**Title VII** of the OAA was created by Congress in the 1992 Amendments to the OAA to protect and enhance the basic rights and benefits of vulnerable older people. Individuals may need advocacy on their behalf because their physical or mental disabilities, social isolation, limited educational attainment or limited financial resources prevent them from being able to protect or advocate for themselves. Title VII brings together and strengthens three advocacy programs – the Long-Term Care Ombudsman program, programs for the prevention of abuse and exploitation, and state legal assistance development programs in each state. It also calls on the state units on aging to take a holistic approach to elder rights advocacy. Alaska provides a Long-Term Care Ombudsman in the Department of Revenue (within the Alaska Mental Health Trust Authority) and Adult Protective Services in the Department of Health and Social Services' Division of Senior and Disabilities Services (DSDS). DSDS also administers the legal assistance development program.

## **Alaska's Vision for Seniors and Senior Services**

During the early 2000s, the Alaska Commission on Aging adopted eight guiding principles as a philosophical frame of reference for all its work:

Four of the principles express the Commission's vision of older Alaskans' 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, remaining safe in their own homes, in their 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.

The remaining four guiding principles describe the manner in which services will be provided:

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 collaboration 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.

As they began the planning process for this document, the State Plan Advisory Committee for the FY 2008 – FY 2011 state plan also highlighted a number of focal points and values they wished to see incorporated into the spirit of the document. Many of these issues had been emphasized by seniors in the statewide community forums held in preparation for the 2005 White House Conference on Aging.

- ***Independence, dignity, and respect:*** Seniors deserve to be personally empowered, to maintain the ability to choose to stay in their own homes and remain close to their family, culture, and traditional values and practices. Seniors should receive person-centered care, have their values acknowledged and their contributions recognized, and be able to live free from fears related to future needs. In addition to personal care, many seniors need help with home repairs, heavy chores, and home modifications for easier access in order to continue to live safely and comfortably in their homes.
- ***Community connection:*** Older Alaskans desire social involvement - to interact with all generations, to engage with and become more visible in their communities, to participate in life at every level. They wish to be acknowledged as valued community members with ongoing productivity and ability to share their lifetime knowledge with young people and families. They stand ready to provide peer-to-peer support, to participate in a wide variety of activities, and to help reach those who may be isolated and disengaged. Seniors would like to see more innovative, alternative programs offered at the community level, in order to reduce dependency on government programs. They would like to see services offered at locations which are convenient for them.
- ***Safety and security:*** Seniors expect to be protected from abuse, neglect, fraud, and other scams which threaten their personal safety and financial security. They want to be assured of an adequate income (relative to the cost of living), safe and accessible transportation, affordable housing for lower middle income people, and they hope to see stronger action by communities in preventing and dealing with elder abuse.
- ***Affordable health care:*** Seniors believe that access to good health care, as well as to health promotion and health maintenance activities, is important for the well-being of all segments of the population, including their children and grandchildren. Seniors are the first to recognize that an emphasis on prevention is needed in order to reduce the need for costly institutional care, but they also want health care, prescription drugs, and

long-term care to be affordable and accessible for all income groups, not just the very affluent and the very poor.

- ***Education and assistance:*** Seniors want to be kept informed of the status of all issues of concern to them. They want easy access to sources of information on available services, including a single accessible point of entry for long-term care services. Many of today's seniors are reluctant to use computers and wish to be able to speak to a "live person" when they have questions. They feel that paperwork is often excessive and would like to see applications and forms streamlined. They are very willing to share their own knowledge and skills, asking only for support in connecting with ways to do so.
- ***Improved coordination of resources:*** The various programs and levels of government should be working together to reduce administrative costs so that more money will be available for actual services to seniors. This includes collaborative efforts with health care, preventive health and behavioral health services.
- ***Equitable service provision:*** Seniors believe those in rural areas of the state should have services available to them just as those in urban areas do. They want services available not just to low-income and affluent seniors but to struggling low- and moderate-income seniors who do not qualify for most government programs.
- ***The most efficient services consistent with a high level of quality care:*** Seniors dislike any type of waste or inefficiency in programs designed for their benefit. They desire high-quality services delivered in the most efficient way possible. Development of the senior services workforce is a high priority for seniors.

Using these principles and values, the State Plan Advisory Committee arrived at a six-part vision to guide program activities during the plan's duration. Those goals include:

**Goal One:**

Alaskan seniors stay healthy, active, and involved in their communities.

**Goal Two:**

Older Alaskans have access to an integrated array of health and social supports along the continuum of care.

**Goal Three:**

Families are supported in their efforts to care for their loved ones at home and in the community.

**Goal Four:**

A range of adequate, accessible, secure and affordable housing options is available to seniors.

**Goal Five:**

Alaska supports a stable workforce for senior and health care services, as well as a range of attractive employment opportunities for seniors.

**Goal Six:**

Older Alaskans are safe from catastrophic events and protected from personal exploitation, neglect, and abuse.

More information on these goals is contained in the Goals and Objectives section of the plan. Strategies for each goal are divided into those relating to:

- (A) partnering with other agencies in order to develop and provide programs and services to move us toward achievement of the goal,
- (B) educating and providing information on the subject to seniors, their families, and the public; and
- (C) advocacy needs surrounding that issue.

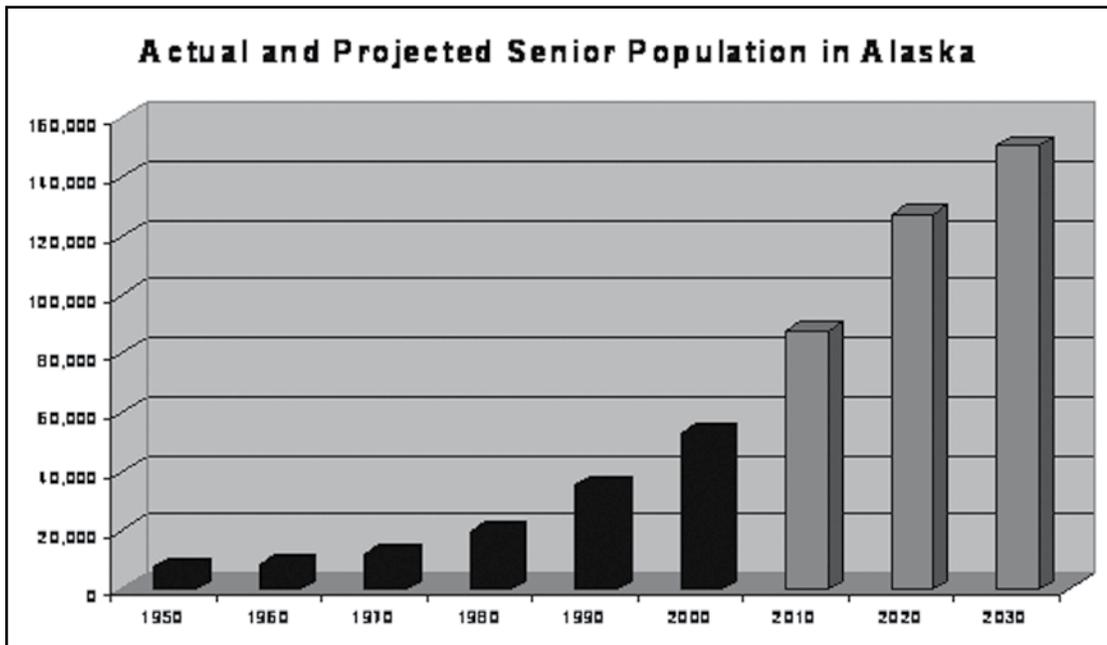
The Alaska Commission on Aging, the Division of Senior & Disabilities Services, and many of its partner agencies who serve seniors commit to creating an annual implementation plan each year during the lifespan of the state plan. Conditions and developments change rapidly, especially in an environment like Alaska, which is so dependent on the ever-fluctuating world market for natural resources like oil and gas. It may not be possible to effectively plan four years ahead; rather, an annual plan in which each of a number of organizations decides how it will address the goals and objectives outlined here seems the most practical and most likely to succeed in addressing the priority needs of seniors.

The Alaska Commission on Aging invites agencies, organizations, communities, and others to join in using the state plan's goals and objectives to guide Alaska's progress toward ensuring a high quality of life for older Alaskans during a time of quickly-shifting economic and demographic conditions.

# Needs Assessment: Alaskan Seniors Today and Tomorrow

## A Growing Force

According to the 2000 Census, the senior share of Alaska's population was the smallest of all the states, only 6.3% for the 65+ population, while Alaska had the greatest proportion of baby boomers (those born from 1946 through 1964) of all the states (32%). However, the senior population is already increasing faster in Alaska than in any other state except Nevada. While the senior population of the U.S. grew by 12% during the 1990s, it increased by 60% in Alaska.



Data Source: ISER (University of Alaska Institute for Social & Economic Research)

In 2006, the Alaska population age 60 and over was greater than 71,000, with over 45,000 people age 65 and older, increases of nearly 35% in the total number of seniors and over 27% in the number of people age 65 and over since 2000. The expanding Alaska senior population is the result of the aging of the population and the shifting migration patterns of seniors. In recent years an increasing number of Alaskans have reached their senior years, and a greater number of them have chosen to remain in the state.

With the aging of the 78 million people in the baby boomer generation, the number of seniors in the national population is expected to double by 2020. Life expectancy is increasing as this population shift takes place. In Alaska, the effect will be even more dramatic as the many young people who moved to Alaska during the "oil boom" of the 1970s and early 1980s begin to age in place.

Nationally, people age 65+ will grow from 12% of the population in 2003 to 20% in 2030. One in four adults will be age 65 or over. After 2030, growth in

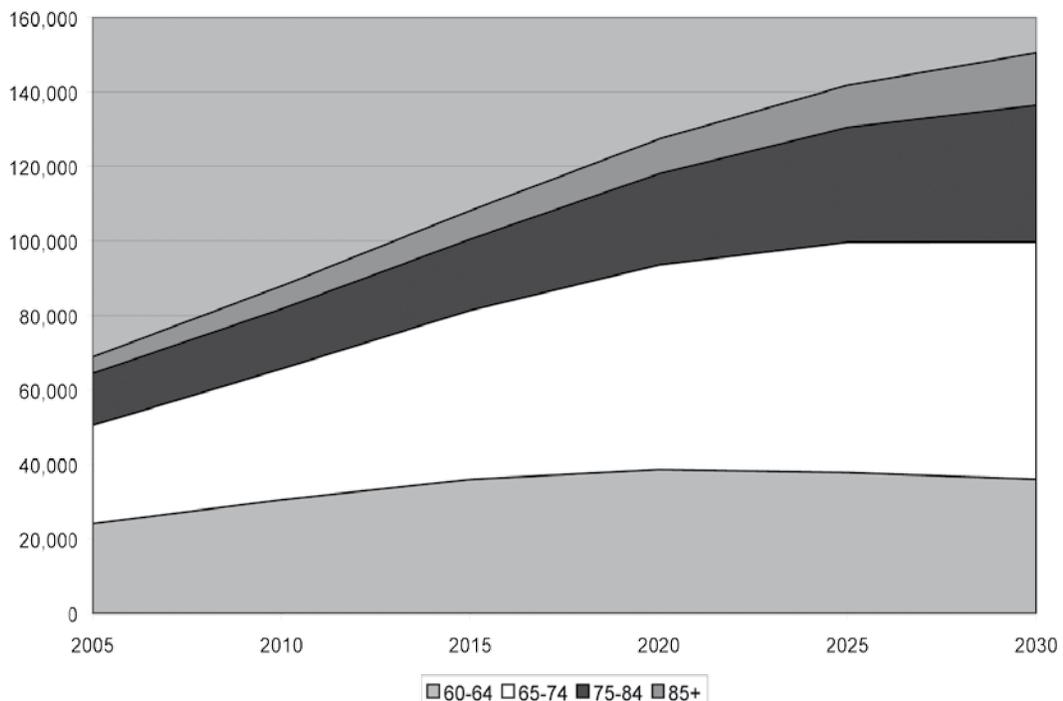
this segment of the population will slow, but that is also when the oldest baby boomers will reach age 85, a time when their need for services is likely to become more intensive.

Based on the size of the baby boomer population, as well as the historical trends in migration and longevity, the growth of the senior population in Alaska will be strong and continuous over the next 25 years. The number of seniors will likely increase by 2,000 to 3,000 individuals each year for the next 25 years. For the first half of the period, the number of seniors added to the population will be growing as the large baby boomer population begins to move into the senior category. After about 2020, the annual increase will begin to decline as more of the baby boomers move beyond age 75.

Over the next 25 years, the population age 65+ is projected to grow at an annual rate of 4%. This is about 4 times the expected rate of increase of the total population of Alaska over this time period. By 2030, seniors 65+ will comprise 13% of the Alaska population, double the current percentage. Nationally in 2000, 12% of the population was 65+, and Florida was ranked number one at 18%. By 2030 the U.S. Census expects that 20% of the population of the United States will be 65+ with Florida still ranked number one at 27%.

The senior population in Alaska is projected by the U.S. Bureau of the Census to be one of the fastest growing in the nation between 2000 and 2030. The senior population for the U.S. is projected to increase by 104%, but the increase in Alaska is projected to be 256%, faster than any state except Nevada.

Projected Alaska Senior Population by Age Group



Because the characteristics of the senior population change with age, for purposes of discussion the population is sometimes divided into four groups – the near old (60-64), the young old (65-74), the old (75-84), and the old old (85+).

The characteristics of today's baby boomer generation will largely determine the characteristics of the future senior population. Compared to today's seniors, the boomers overall are wealthier, healthier, better educated, and more geographically mobile. A higher share of women are in the work force, and the population overall is more ethnically mixed.

## **Alaska Seniors' Population Characteristics**

**Gender and Race.** The Alaska population 60+ is evenly divided between men and women, although men predominate in the 60-64 age group and women in the 75+ age group. Among seniors aged 85 to 94, women outnumber men 2 to 1, and among those 95+, there are more than 3 women for each man.

Whites and Asians are slightly over-represented among seniors, compared to the total population, while other ethnic groups are slightly under-represented. 76% of seniors 60+ are white, while only 71% of the total population is white, and 5% of seniors are Asian, compared with 4% of the total population. Meanwhile, 14% of seniors are Alaska Natives, although 16% of the total population is Alaska Native.

Two percent of Alaska seniors are African-American, while 3.5% of the state's total population is African-American.

**Migration.** National demographic trends reflect changes in settlement patterns as the population ages. Seniors tend to be attracted to places with warm climates, low taxes, cultural opportunities, and other amenities. University towns as well as much of the West and South are hot spots for seniors.

Despite the increase in the Alaska senior population, the net migration rate for Alaska seniors continues to be negative (-39 per 1,000 per year) and the rate of net outflow is higher than any other state except New York. Virtually every part of Alaska has lost seniors to the rest of the nation through net migration. However, the rate of net out-migration is slowing as more older Alaskans choose to remain in the state during their retirement years.

**Regional Patterns.** The highest concentrations of seniors 65+ are in several of the communities in Southeast Alaska. For example, in 2000, seniors aged 65+ comprised 20.5% of the population of Haines. The lowest concentration of seniors 65+ is to be found in the Aleutians.

The population growth rate of seniors also varies across the state. Anchorage had the largest numerical increase in the decade of the 1990s, but the fastest rate of increase was in the Mat-Su Borough, an increase of 88% in the 65+ population.

In general, senior population growth was more rapid in the Railbelt (Anchorage, Kenai, Mat-Su, Fairbanks, and Southeast Fairbanks Census Areas) as compared to the rest of the state. Nonetheless there were more seniors 65+ in every part of the state at the end of the decade compared to the start.

One of the contributors to the relatively rapid growth rate of the senior population in the Railbelt is the movement of seniors from rural to urban Alaska. The Mat-Su Borough had the largest net migration of seniors from other parts of Alaska in the late 1990s. The rest of the Southern Railbelt and a few communities in Southeast Alaska also had positive net migration from other parts of the state during this period. But for the remainder of the state, the number of seniors moving in was less than the number moving out.

**Income and Poverty.** The current senior generation appears to be better off financially than its predecessors. Nationally, the median income of senior-headed households increased by 37% between 1974 and 2002 in inflation-adjusted dollars. The share of older people living below the poverty threshold declined from 35% in 1959 to 10% in 2002. Median net worth of senior-headed households increased 82% between 1984 and 2001 in inflation-adjusted dollars. Most of that additional net worth was in the value of housing. Nevertheless, growth in median family income has stalled and the trend toward defined-contribution (401(k) type) retirement plans imposes greater financial risk for future retirees. As a result, there are concerns about future income adequacy for some of the aging baby boomers.

Studies suggest that about half of boomer households are on track to accumulate enough wealth to maintain their current standard of living if the householders retire as planned. About one-quarter of the households have accumulated very few assets and are likely to find themselves dependent on government benefits in retirement. For the remaining quarter of boomer households, the evidence is mixed.<sup>2</sup>

The most economically vulnerable groups of seniors in the future will include divorced women, never-married men, people of color, high-school dropouts, Social Security non-beneficiaries, those with a limited work history, those with the lowest lifetime earnings, the oldest seniors, and widows.

The average income of Alaska seniors is higher by almost 20% than that of seniors in the U.S. without consideration of cost-of-living differences. (The census does not take into account any variations in the cost of living in different parts of the country.) The poverty rate in Alaska for the entire population is 3% lower than in the U.S. However, the proportion of older seniors (those over 75) living in poverty is higher in Alaska than in any other state except Utah. The same proportion of Alaska seniors as U.S. seniors own their own homes; however, more Alaska seniors have housing debt.

Alaska seniors appear more financially secure than seniors in the U.S. as evidenced by per capita and household income measures. The mean per capita

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<sup>2</sup> Report on the Economic Well-Being of Alaska Seniors, Alaska Department of Health & Social Services and others. 2007

income of Alaska seniors 65+ was 17% above the nation as a whole while the median per capita income of Alaska seniors was 19% higher. Money income per person, or per capita income, tends to increase with age up to a point and then to decline. The mean per capita personal income of Alaska seniors 65+ in 1999 (the year used in the 2000 Census) was \$28,717. Because some individuals have high incomes, the median per capita income of \$17,085 is another useful summary measure. This means half of seniors had an income lower than this amount, and half had an income higher.

In 1999, the mean income of households headed by a senior 65+ was 30% above the U.S. as a whole while the median was 40% higher. Alaskan households headed by a senior 65+ in 1999 had a mean income of \$52,097. As with per capita income, the mean income was higher than the median of \$38,577.

The Alaska-to-U.S. ratio of median income for households headed by seniors 65+ has not changed much over the last 25 years. After adjusting for the higher Alaska cost of living, the ratio was 1.17. The Alaska ratio to the U.S. does not vary much across household types.

The ratios for 1999, however, do not take into account the higher cost of living in Alaska, the decline of the Permanent Fund Dividend in the early 2000s, or the elimination of the Longevity Bonus program in 2003. The Longevity Bonus provided an average cash benefit of \$2,754 to 61% of Alaska seniors. However, an analysis of the impacts of these income losses to the 65+ Alaska population indicates Alaska senior income is still above the U.S. senior income average.

Based on cost of living indices computed by the University of Alaska's Institute for Social & Economic Research (ISER), the cost of living adjustment (COLA) for Anchorage should be about 12% above the U.S. average. For the entire state, taking into account the average of prices in urban and rural Alaska, the COLA for Alaska should be about 22%.

Income distribution describes the proportion of seniors with incomes under \$10,000 and over \$100,000 as a way to understand how income is spread through the senior population. When compared to U.S. seniors, Alaska seniors as a whole are financially better off. In 1999, 23% of Alaska seniors 65+ reported money income less than \$10,000 as compared to 34% for the U.S. as a whole. Proportionately more Alaska seniors (24%) reported money income of \$40,000 or more compared to the nation as a whole (11%).

Of Alaskan households headed by seniors, only 8% reported income less than \$10,000 in 1999, compared to 15% for the entire U.S. In Alaska, 27% reported income under \$20,000. The comparable figure for the entire nation was 38%. The smaller share of Alaska households at the low end of the income distribution results from fewer Alaska seniors living in single person households.

Although only 8% of senior-headed households statewide reported income less than \$10,000, the share was much higher in rural Alaska, and lower than the state

average in much of the Railbelt and parts of Southeast Alaska. The same pattern held for households reporting income less than \$20,000 and less than \$30,000.

Proportionately fewer Alaska seniors were below the poverty threshold when compared to the rest of the U.S. In 1999, 9% of the total Alaska population lived in poverty, as did 12% of the entire U.S. population. Seniors are less likely than other age groups to be living below the poverty threshold. Poverty rates for seniors 65+ are 7% in Alaska and 10% in the U.S. as a whole. This equates to a 45% higher proportion of U.S. seniors in poverty than Alaska seniors. These rates are based on a single poverty threshold used by the Census, and are not adjusted based on cost of living differences.

Although the value of the Census poverty measure is limited by the fact that the threshold is quite low, it is not adjusted for the Alaska higher cost of living, it is not accurately estimated except in Census years, and it does not reflect the needs and resources of seniors well, it does provide some useful comparative information. The share of households defined by the Census as below the poverty level was generally lower in Alaska than in the U.S. Among senior households in poverty, the majority, 59%, were single-person households. The percentage of seniors identified as poor through the use of poverty rates has decreased over time in the U.S. and in Alaska. This trend appears for both persons and households.

The University of Alaska's Institute for Social & Economic Research (ISER) developed a method comparing the share of seniors in Alaska with income less than 1.25 times the poverty threshold to the percentage below the unadjusted poverty threshold in the U.S. This is equivalent to a 25% COLA adjustment for Alaska. The result is an Alaska senior poverty rate of 9.99%, which is almost identical to the rate for the United States of 9.86%.

The Alaska senior poverty rate for both individuals and households varies considerably across the state. Poverty rates are generally lower in the Railbelt and the larger communities of Southeast Alaska, and higher in the outlying regions. This comparison does not take into account cost of living differences among communities within Alaska.

Median incomes of Alaskan seniors vary substantially by race. For example, for white-only households headed by a senior age 65 to 74, the median income for 1999 was \$44,600. For an African-American-only household headed by a senior of the same age, the median income was \$37,458. For an American Indian or Alaska Native-only household headed by a 65 to 74 year-old, median income was \$25,287, and for an Asian-only household headed by a senior of this age, the median was \$21,750 – less than half of that for a white-only household headed by a senior that age.

The most valuable asset for most seniors is their home. Within the U.S. as a whole, half of the net worth of seniors is in their homes. The net worth share in Alaska is unknown. Seventy-nine percent of Alaska seniors 65+ own their homes

and 21% rent. More than half of home owners have no mortgage. The share of seniors who own their homes in Alaska is similar to the share in the U.S., but the portion in Alaska who own their homes free and clear is smaller. In Alaska, 47% of seniors are living in homes they own free and clear, while in the nation as a whole it is 55%.

Retirement financial security is considered to be based on a combination of Social Security, employee pension, and individual savings and investments. The sad reality, however, is that for many older Americans at least one of the three components is missing. The poorest elderly rely almost entirely on Social Security, and even middle income seniors report Social Security as their primary resource, followed by pensions. Most Americans can now expect to live 15 to 20 years past retirement. It is a critical challenge to prepare financially for an increasing number of post-retirement years.

**Role of Poverty in Undermining Senior Well-Being.** For older Americans, achieving a “secure old age” depends upon three pillars, according to an article in the Public Policy and Aging Report<sup>3</sup> - an adequate retirement income, accessible high-quality health care with long-term care, and affordable housing. Appropriately, the top three concerns identified by Alaska seniors in the Alaska Commission on Aging’s 2005 Senior Survey – both for the present time and for the next ten years – were financial security, health care, and housing. There is a growing awareness of the circular relationship among income, housing, and health for older adults. A fixed income and/or poor health may prevent an older adult from making necessary home repairs, while substandard housing conditions may further compromise an individual’s health. For example, having a broken stove or refrigerator can result in a poor diet, which can exacerbate existing health problems such as diabetes or hypertension.

Individuals are more likely to remain healthy when they can afford to live in a clean, safe home environment, just as healthy, financially secure individuals are more likely to be able to maintain their homes and avoid excessive health care expenditures. While today’s seniors are faring better in each of these domains than earlier generations of older Americans, there are still segments of the senior population lacking one or more of these components. There is a view that many older adults are faring better than other age groups, which contributes to a lack of attention to the plight of a significant number of vulnerable older adults who are living in poverty.

The risk of living in poverty in later life varies dramatically by race, gender, marital status, and age. The risk of poverty is far greater for those seniors living alone (19.2%, compared with 5.1% for married couples). The number of poor older women is twice the number of poor older men. Older minority women living alone are the most economically vulnerable. These older Americans in the lower income quintiles have little or no cushion to meet any emergency need,

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<sup>3</sup> *The Economic Well-Being of Older Americans and the Persistent Divide*, Judith G. Gonyea. *Public Policy & Aging Report*, Volume 15, No. 3 (2005).

whether it be food, medicine, utilities, or home repairs.

The same article noted that a similar pattern emerges with housing. During the fifteen-year period from 1987 to 2002, the percentage of household expenditures devoted to housing rose among all older households. The burden is greatest for older persons in the bottom fifth of the income distribution; they now allocate an average of 40 percent of all their expenditures to housing, compared to the 28% among the top fifth of the income distribution. People paying more than 50% of their monthly income for housing costs or occupying a dwelling with severe structural problems are considered “at risk” in terms of housing costs and quality. The strongest predictor of residing in problematic housing is race or ethnicity. Due to discrimination in the housing market and lower lifetime earnings, elders of color often live in the least desirable dwellings and neighborhoods.

Although the poverty rate has declined among older Americans over the past three decades, the economic divide by gender and race remains as great. Poverty rates for elderly women and elderly minorities continue to be more than twice the poverty rates of elderly white men. Income inequality increases steadily after age 44, with inequalities highest from age 65 onward. Policy analysts ascribe this economic disparity to life course inequality. They have documented the existence of “cumulative advantage” and “cumulative disadvantage,” showing that early ascribed characteristics (such as gender and race) and achieved characteristics (such as educational attainment and type of occupation) stratify individuals on accumulation pathways. Attempts to solve the problem of poverty and reduce the economic divide in later life must address the “patterned vulnerability” which occurs in early- and mid-life.

**Alaska Natives.** Approximately 16 percent of Alaskan seniors are Alaska Natives. While many live in extremely remote communities, unconnected by road to the state’s urban centers, there has been an increasing trend for Native elders to migrate to the Railbelt region, particularly Anchorage and Fairbanks, to be closer to more specialized health care, to obtain assisted living or nursing home care, and often to live near family members who have previously migrated to the city for greater opportunity. While many move by choice, others may move to a hub community or urban area for medical or long-term care unavailable in their home villages, despite their desire to continue living in their home communities.

Urban health care and service providers may lack an understanding of Native culture. As members of a collective culture which assigns a deeply meaningful role to its elders, Alaska Native elders do not “retire” or disengage from society; they retain an important role, acting as transmitters of valued cultural knowledge. Native elders can cease to feel a sense of connection and meaning when they are away from their families, communities, and tribes. These elders often speak indirectly in metaphors or stories, as English may not be their first language. Access to traditional Native foods is essential for elders’ health and well-being. Finally, the long-term effects of mass traumas such as: Native children’s forced removal from their homes and communities to distant boarding

schools; the destruction of Native languages, spiritual practices, and cultural traditions; the influence of white commercial culture; and the influenza and tuberculosis epidemics of the early 20<sup>th</sup> century are all traumas still affecting living Natives today.

In the past, Native elders were cared for at home by members of their extended families. Today, with longer lifespans, smaller families, and more geographic dispersion of family members, many elders do not have a traditional support system which would help them to remain living in their villages. Supported senior housing and assisted living facilities are needed in the rural hub communities that serve a network of Native villages. For those elders who do choose to remain at home, the need for help with household chores and shopping has been identified as a priority.

**Labor Force Participation.** More Alaska seniors are in the labor market than are seniors nationally and these seniors are engaged in a wide variety of work. According to the 2000 census, 15.4% of Alaska seniors 65+ reported themselves to be in the labor market, either employed or looking for work, as compared to the U.S. average of 13.3%. Men are more likely to be in the labor force than women. Seniors work in all occupations and industries except computer-related occupations and the military. The occupations employing the highest number of seniors include management, administrative support, sales, construction, and transportation. The largest number of seniors are employed in educational and social services, retail trade, professional and administrative services, and construction.

The majority of Alaska seniors 65+ (78%) reported no earnings from work for 1999, and their average income was much lower than that of working seniors. The average wage for working seniors 65+ was \$45,209 while those not working had incomes averaging \$24,878. The main sources of income for non-working seniors were retirement pensions, Social Security, and dividends/interest/rent. Compared to the United States as a whole, retirement pension income is more important and Social Security is less important in Alaska for non-working seniors. Social Security payments make up 28% of the average per capita income for Alaska seniors (65+) as compared to 37% for U.S. seniors. However, public assistance payments to Alaska seniors are on average much higher than in the U.S.<sup>4</sup>

## Senior Economic Contributions

Seniors make an enormous contribution to Alaska's economy and to the well-being of its communities. It is imperative for policymakers and the public to recognize that at the same time that seniors require continuum of care services to be in place in their communities, they are also playing an irreplaceable role in the economic life of those communities.

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<sup>4</sup> Report on the Economic Well-Being of Alaska Seniors, Alaska Department of Health & Social Services and others. 2007.

In 2004, retired Alaskans age 60 and older brought in \$1.461 billion to Alaska's economy, primarily from retirement income and health care spending. This equates to an average of more than \$28,000 for each retired senior. For the purpose of comparison, the total cost of all State of Alaska programs targeting seniors was estimated to be \$141 million in 2004.<sup>5</sup>

The cash seniors contribute to the economy can be viewed as a separate economic enterprise or industry, more lucrative than other important Alaskan industries such as tourism, mining, seafood, and international air cargo.

Seniors spend their retirement income on a broad range of goods and services in Alaska. This spending has an economic multiplier effect resulting in the creation of Alaskan jobs and the generation of income that further expands the size of the economy. In comparison, for example, the harvest of the fishing industry has an annual value in excess of \$1 billion, with a wholesale value of over \$2 billion after processing. However, Alaska residents hold only 36 percent of the full-time jobs in the seafood industry. A lower share of the income generated by the fishing industry remains in Alaskan communities.

In spite of the amount of public funds spent on services for seniors, the "retirement industry" is a very healthy enterprise for Alaska's economy. Some of its many advantages relative to other industries are:

- **Local spending** – most of the incoming money is spent within Alaska's economy.
- **Diverse job mix** – senior spending creates jobs in trades and services as well as high-paying jobs in health care.
- **Year-round employment** – there is very little seasonality involved in senior spending.
- **Stability** – the level of economic activity in the senior sector is stable from year to year, and does not depend on fluctuating world market conditions.
- **Environmentally benign** – senior spending does not create any significant adverse effects on the natural environment.
- **Compatible with other industries** – senior spending does not compete with other industries for scarce resources.
- **Non-enclave** – the economic impacts of senior spending occur throughout the state; they are not concentrated in remote rural areas.
- **Stable potential tax base** – the incomes of seniors and of service providers, including the health care sector, create an important potential state and local tax base which remains stable from year to year.
- **Economies of scale** – senior spending fosters economies of scale in the provision of goods and services. Especially in the health care industry, it allows fixed costs of operations to be spread over a larger customer base, thus reducing unit costs for all Alaskans.

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<sup>5</sup> *Report on the Economic Well-Being of Alaska Seniors, Alaska Department of Health & Social Services and others. 2007.*

In addition to their cash contributions to the economy, Alaskan seniors act in a wide range of volunteer capacities in service to their communities and provide much unpaid caregiving to family members and friends. The economic value of these contributions is estimated to be \$60 to \$100 million annually.

A 2006 study of all 50 states by the Corporation for National and Community Service (CNCS) found that Alaska had the fifth highest rate of volunteerism, with 38.9% of the population age 16 and older participating in volunteer efforts. A primary motivation for Alaskans' volunteer activity is their commitment to the social network of people living in communities remote from the "lower 48." The 2005 senior survey conducted by the Alaska Commission on Aging found that 56% of the Alaskan seniors responding did volunteer their services to the community on a regular basis. Those who were unable to be as involved as they wanted to be cited poor health or disability as their number one reason.

Many seniors fill the role of family caregiver. Among the ACoA survey respondents, 9% said they cared for elderly family members, 8% cared for a family member with a disability, and 8% provided child care for family members. For all these reasons, in addition to the important role of seniors as keepers of the history and culture of their communities, it is clear that older Alaskans are an invaluable resource for Alaska as well as for its communities and families.

## **Health Care Costs**

Seniors today live longer and remain in better health than their predecessors. Better health and improved medical treatments translate into far fewer deaths from acute causes. Today the most common causes of death are heart disease, cancer, stroke, chronic respiratory disease, injury, and diabetes. Life expectancy at age 65 increased from 12 additional years in 1900 to 18.2 more years in 2002 (that is, an average 65-year-old in 1900 could expect to live another 12 years, till age 77; an average 65-year-old in 2002 could expect to live to another 18.2 years, till he or she is over 83 years old). The senior death rate fell 12% between 1981 and 2001, with rapid declines in the rates for heart disease and stroke; however, death rates for diabetes and lower respiratory disease increased during that period.

A longer life, however, also means that a large share of the senior population may experience dementia and/or a prolonged period of frailty in their later years. The cost of their care may place seniors in an economically sensitive position. Most seniors can expect to be chronically ill for an extended period at the end of their lives. But the health care system traditionally is oriented toward acute care, and has been slow to adapt to the chronic illness and disability that elderly Americans are likely to face.

Even with higher income and wealth, seniors may remain financially vulnerable because of the potential for high out-of-pocket health care costs. The per capita cost of personal health care has increased more than 6% each year, about twice as fast

as the overall rate of inflation, and that rate is projected to continue into the future.

Overall seniors pay about 17% of the cost of their health care expenditures out-of-pocket, or about the same share as persons under 65. Medicare and Medicaid together account for nearly 2 out of every 3 dollars spent on health care for seniors. Private programs pay for about 18%.<sup>6</sup>

## **Long-Term Care**

The greatest potential expense confronting seniors is long-term care services.

Long-term care is distinct from acute care, which focuses on curing an illness or restoring an individual to a previous state of better health. Long-term care encompasses a broad range of help with daily activities needed by chronically disabled individuals for a prolonged period of time. Long-term care includes health care along with a variety of services necessary to maintain quality of life, including housing, transportation, nutrition, and social support to help maintain independent living.

Long-term care is provided in a range of settings known as a “continuum of care” depending on the recipient’s needs and preferences, the availability of informal support, and the source of reimbursement. Seniors living at home or in community-based residential care settings are in the least care-intensive end of the care continuum. Seniors in nursing homes receive the most intensive care. The annual cost of nursing home care is much greater than that of home-based care. Most elderly with long-term care needs live at home.

In a 2006 online survey of the unmet needs of Alaskan seniors conducted by the Alaska Commission on Aging, many of the 92 respondents (mostly senior service providers) listed assisted living facilities as a primary need in their community or region. This lack has also been identified in both provider and consumer focus groups as an unmet need, particularly in Alaska’s regional hub communities and larger villages.

## **Senior Health**

In spite of the fact that Americans pay far more for their health care than residents of any other country, our overall health is relatively poor compared with other developed nations and some developing countries. At least 47 countries have a higher life expectancy than the U.S., including Singapore, Iceland, Guam, Puerto Rico, and Jordan.<sup>7</sup> There are a variety of reasons for the discrepancy between our lofty health care expenditures and our so-so well-being, but two key factors are the American health care system’s focus on crisis management as

<sup>6</sup> *Report on the Economic Well-Being of Alaska Seniors, Alaska Department of Health & Social Services and others. 2007*

<sup>7</sup> *The World Factbook, 2006 estimates.*

opposed to prevention and health maintenance, and the disparities in population groups seen in this country – not only disparities in access to health care but wide gaps in income and opportunity. Research shows that those states or countries with the highest income disparities tend to have poorer health as a whole, regardless of access to care. Living in a highly economically stratified society is hazardous to the health of the affluent and the poor alike. <sup>8</sup>

According to population health specialist Dr. Stephen Bezruchka of the University of Washington School of Medicine in a 2006 presentation, programs such as the Alaska Permanent Fund Dividend, Senior Care program, and Longevity Bonus operate as population-wide income equalizers, and in that sense can be expected to have a positive impact on the health of Alaskans overall.

When comparing age-adjusted death rates, the Alaska rate is 6.5 percent lower than the U.S. rate. The age-adjusted death rate in Alaska has decreased 19.5 percent since 1995. Although males in Alaska and the U.S. have higher age-adjusted death rates than females, male and female death rates have declined by similar percentages since 1995 in Alaska. The risk of death also differs by race in Alaska. Alaska Natives consistently have the highest age-adjusted death rates of any racial group in Alaska, while Asian/Pacific Islanders consistently have the lowest. The age-specific death rate for Natives has declined only 5.3% since 1995, while the age-adjusted death rate for whites has declined 21.0%.

### **Death Rates (per 100,000) by Age Group and Race, All Causes**

Age Group	U.S. Total	Alaska Total	Alaska Asian	Alaska Black	Alaska Native	Alaska White
55-64	940.9	761.0	370.4	1,083.9	1,189.5	705.2
65-74	2,255.0	2,117.8	917.9	1,095.9	2,509.5	2,178.2
75-84	5,463.1	4,935.9	1,629.9	4,719.8	6,660.0	4,922.9
85+	14,593.3	11,565.2	5,785.1	7,407.4	13,768.1	11,844.1

U.S. figures for 2003; AK figures for 2004

Provided by Alaska Bureau of Vital Statistics

<sup>8</sup> *The Health of Nations: Why Inequality is Harmful to Your Health*, I. Kawachi and B.P. Kennedy (2002)

**Death Rates (per 100,000) for Each Age Group's  
Top Five Causes of Death in Alaska**

(Shaded rows indicate causes with higher death rates for that age group than in the U.S. as a whole)

Age Group	Cause of Death	AK Age-Specific Rate	U.S. Age-Specific Rate
55-64	(1) Cancer	306.5	343.0
	(2) Heart Disease	196.3	233.2
	(3) Unintentional Injuries	55.1	32.9
	(4) Chronic Lower Respiratory Disease	34.7	43.3
	(5) Diabetes	30.5	38.5
65-74	(1) Cancer	713.1	770.3
	(2) Heart Disease	501.6	585.0
	(3) Chronic Lower Respiratory Disease	149.1	163.2
	(4) Cerebrovascular Disease	115.2	112.9
	(5) Diabetes	97.6	90.8
75-84	(1) Cancer	1,509.4	1,302.5
	(2) Heart Disease	1,279.7	1,611.1
	(3) Cerebrovascular Disease	508.6	410.7
	(4) Chronic Lower Respiratory Disease	453.9	383.0
	(5) Alzheimer's Disease	199.6	164.4
85+	(1) Heart Disease	3,253.9	5,278.4
	(2) Cancer	1,740.7	1,698.2
	(3) Cerebrovascular Disease	1,285.7	1,370.1
	(4) Alzheimer's Disease	682.4	802.4
	(5) Chronic Lower Respiratory Disease	623.1	635.1
	(5 - tie) Influenza & Pneumonia	623.1	666.1

U.S. figures for 2003; AK figures for 2004  
 Provided by Alaska Bureau of Vital Statistics

**Health Risk Factors.** According to the Behavioral Risk Factor Surveillance System, an ongoing national telephone survey of adults conducted by states in conjunction with the Centers for Disease Control and Prevention, Alaskan seniors (age 65+) are less likely than seniors nationally to have been diagnosed with diabetes or high blood pressure, and are more likely to eat five or more servings of fruits and vegetables per day, engage in at least moderate physical activity, and describe themselves as being in good or better health. Some of these lower risk factors may well help to explain the lower age-specific death rates noted above. Research shows that seniors who begin physical activity have more physical and

emotional improvements than younger people.

On the other hand, Alaska seniors are more likely to say they do not have health care coverage, are more likely to smoke, drink heavily or binge drink, and are more likely to report having a disability that prevents them from doing certain activities.

As the growing number of seniors threatens to strain the health care delivery system both in Alaska and throughout the country, a much greater emphasis needs to be placed on prevention, health promotion, and decreasing risk factors linked to chronic disease. A critical policy shift will not only maximize economic resources but will enhance the quality and length of life for seniors in all age groups.

### 2005 Behavioral Risk Factor Surveillance Data

(Shaded rows indicate risk factors which are higher for the 65+ age group than in the U.S. as a whole).

Risk Factor	AK 65+ Median	U.S. 65+ Median	AK All Ages Median	U.S. All Ages Median
Current Smoker	13.8	8.8	25.0	20.5
Heavy Drinker*	3.3	2.9	5.1	4.9
Binge Drinker**	5.2	3.0	17.5	14.4
Diabetes	16.6	16.9	4.4	7.3
Disability***	29.8	29.5	19.3	18.6
High Blood Pressure	50.0	54.8	21.5	25.5
Exercise#	65.6	65.9	78.6	76.1
Fruits & Vegetables##	33.7	31.0	24.8	23.2
Good or Better Health	74.2	72.6	87.2	85.1
Physical Activity###	51.3	39.0	59.2	48.7
Health Care Coverage	95.1	97.7	82.9	85.5
High Cholesterol	48.5	50.6	32.8	35.6

\* Heavy drinkers: adult men who have more than two drinks per day, and adult women who have more than one drink per day

\*\* Binge drinkers: having more than five drinks on one occasion

\*\*\* Disability: limited in activities because of physical, mental or emotional problems

# Exercise: participated in physical activity during past month

## Fruits and vegetables: eat five or more fruits and vegetables daily

### Physical activity: moderate exercise for 30 minutes or more at least five times a week, or vigorous exercise for 20 minutes or more at least three times a week

Source: Behavioral Risk Factor Surveillance System (BRFSS)

**Injuries.** Injuries are a major cause of pain, distress and costly medical care for Alaskans of all ages – and almost all of them are preventable.

**10 Leading Causes of Non-Fatal Hospitalized Injuries in Alaska, 1999-2003**

Rank	Ages 45-54	Ages 55-64	Ages 65+	All Ages
1	Falls	Falls	Falls	Falls
2	Suicide/Attempt	MV Traffic Occupant	MV Traffic Occupant	Suicide/Attempt
3	MV Traffic Occupant	Suicide/Attempt	Suicide/Attempt	MV Traffic Occupant
4	Assault	Cut	Water Transport	Assault
5	Cut	Snow Machine	Snow Machine	Snow Machine
6	Snow Machine	Assault	Pedestrian	Cut
7	Pedestrian	Machinery	Assault	ATV
8	Machinery	Water Transport	Hypothermia/Frostbite	Sports
9	Bicycle	Pedestrian	ATV, Cut (tie)	Bicycle
10	Hypothermia/Frostbite	ATV	Machinery	Pedestrian

Source: Alaska Trauma Registry (1999-2003)

**Falls.** Falls are a serious public health problem in Alaska. The cost of injury in terms of pain, suffering, disability, and death is immense. Most of the costs of injuries in medical and hospital care, time lost from school or work, rehabilitation, and disability result from non-fatal injuries. In Alaska, falls are the number one source of non-fatal hospitalized injuries in every age group but two (in the 15-24 and 25-34 age groups, suicide attempts are the leading cause of such injuries). Between 1991 and 2000, hospitals reported treating 13,723 fall injuries in Alaska, 184 of which were fatal. Certain types of falls are more prevalent in Alaska (slipping and tripping), and certain groups are at higher risk for falls (those age 70 and older). Alaska Natives were more than twice as likely to injure themselves by falling as non-Natives. Rural Alaskans were at greater risk for fall injuries than Alaskans living in Anchorage, Fairbanks, and Juneau. Men are slightly more likely than women to experience a serious fall. The estimated cost of hospitalization from falls during the ten-year study period averaged about \$15.8 million per year. Fall rates rose during the ten-year period, from 212 per 100,000 in 1991 to 261 per 100,000 in 2000. During the study period there were 1,547 falls (11.3%) that resulted in traumatic brain injuries. In addition, 54 (29%) of the fatalities were due to a traumatic brain injury.

Most falls occurred in or around the home. The number of falls remained fairly

consistent from month to month, but peaked slightly in the month of March. Slipping, tripping, and stumbling caused 36.7% of the falls resulting in admission to the hospital. Falling on stairs or steps caused another 10.4% of the serious falls. Three-quarters of those hospitalized for falls suffered fractures, usually to the lower extremities.

Fall injuries increased steadily with age. Rates ranged from 124 per 100,000 in the 0-4 age group to 3,179 per 100,000 in the 80+ age group. While males had higher fall rates than females in the teen and young adult years, from ages 50-59 on, female rates surpassed male rates. Most elder falls resulted in fractures. One hundred of the 184 fatalities were among elderly Alaskans. Three-quarters (75%) of elder falls occurred at home. Nearly half (48%) were due to slipping, tripping, or stumbling. Eleven percent of elder falls involved slipping on ice or snow. Icy fall locations included sidewalks, driveways, parking lots, steps, and walkways leading to and from hospitals and doctors' offices.

Contributing risk factors to elder falls included pre-existing medical conditions (22%), residing in nursing homes or assisted living facilities, and suspected alcohol use (5.3%). Research indicates that use of narcotic pain-killers, anti-convulsants, or anti-depressants is a significant independent predictor of sustaining a serious fall. According to the Centers for Disease Control and Prevention, taking four or more medications of any kind, or any psychoactive medication(s), is a modifiable fall risk factor and seniors should ask their doctor or pharmacist to review all medications (prescription and over-the-counter) to reduce side effects and drug interactions.

Of all fall-related fractures, hip fractures are considered the most serious and lead to the greatest number of health problems and deaths. Twenty percent of seniors die within a year of a hip fracture. During the ten-year study period, 1,396 Alaskan seniors suffered a hip fracture.

**Disability.** About 47% of Alaska senior women and 45% of men reported one or more disabilities. Alaska seniors report a slightly higher incidence of disabilities than in the U.S. as a whole, according to the 2000 Census. For example, 47% of senior women in Alaska reported one or more disabilities while the comparable figure was 43% for the U.S. as a whole.

**Mental Health.** Suicide among Alaska seniors, while not a leading cause of death, is more common than for seniors nationwide (except for the 85-and-older age group). This parallels the higher risk of suicide among younger Alaskans.

## Senior Suicide Rates (per 100,000 Population)

Age Group:	Alaska Rate	U.S. Rate
55-64	18.5	13.8
65-74	19.6	12.7
75-84	22.3	16.4
85+	***	16.9

AK Data for 2000-2004 (Bureau of Vital Statistics)

U.S. Data for 2003 (National Vital Statistics Reports)

\*\*\* Not enough events to calculate a rate

Reasons for the higher rates of suicide among Alaskan seniors are not known. However, it is difficult for seniors to access basic mental health care, such as treatment for depression, in many Alaskan communities. Seniors may be more likely than younger individuals to live in isolation and to choose not to seek help, particularly if they must come in to a mental health center or complete large amounts of paperwork dealing with eligibility or payment. Programs designed specifically to provide the types of outreach, assessment and treatment to which seniors positively respond are needed. These may include home visitation programs, life skills development, and use of traditional Native healing techniques such as talking circles.

Other issues which have been identified in focus groups include dementia diagnoses among seniors who actually may have a traumatic brain injury or a behavioral health problem or who may be using multiple medications or recreational drugs which are interacting to create cognitive difficulties; individuals with ADRD who also have a mental illness or other behavioral health problem, making their care much more challenging; and the first signs of a trend toward “doctor shopping,” in which some seniors seek large amounts of prescription medications from multiple doctors or pharmacies.

**Alzheimer’s Disease and Related Disorders (ADRD).** Over five million Americans currently have Alzheimer’s Disease. There has been no prevalence study done in Alaska, but Alaska Commission on Aging estimates based on national prevalence rates suggest there are approximately 4,916 older Alaskans with this disease (applying estimated prevalence rates of 2% in the population age 65-74, 19% in those age 75-84, and 42% of those over age 85, to Alaska’s estimated 2006 population in those age groups). In total, eleven percent of Alaskans age 65 and older may have Alzheimer’s.

The number and percentage of the population with Alzheimer’s Disease is expected to increase along with the growing proportion of older individuals in the population, attributable to greater longevity and the aging of the baby boomers. The rate of increase of Alzheimer’s Disease in Alaska is expected to be one of the highest, as Alaska has the second-fastest growing population of seniors. By 2030, some 14,171 Alaskans age 65 and older may have Alzheimer’s, based on age group projections provided by the University of Alaska Institute for Social and

Economic Research.<sup>9</sup> This represents a near-tripling of the number of individuals with ADRD in the state today.

## **Housing**

Most Alaska seniors live in a home they own, and plan to remain there. About one-fifth of the respondents to the 2005 Alaska Commission on Aging Senior Survey said they would prefer to live in a different type of home. Their stated preferences covered a wide variety of options, often depending on their current home. Some of those in tiny apartments in senior housing wished for more space; some living in large family homes wished for single-level senior condos with no stairs; a number of people living in cabins with no indoor plumbing expressed the desire for significant upgrades to their living space.

Seniors of all income levels seek a broad range of housing choices. Some people wish to live primarily around other seniors, while others seek a greater level of integration into an all-ages neighborhood or community. Safety, affordability, accessibility, and resident-centered design are important to all.

According to the Alaska Mental Health Trust Authority, which supports Housing Trust legislation to provide affordable housing to Alaska's homeless population, 11 percent (or about 400) of the homeless in Alaska in 2006 were seniors.

## **Continuum of Care**

The phrase "continuum of care" is used to refer to the full spectrum of care, services, and living arrangements seniors may require as they move from independence to the need for an increasing array of home- and community-based services to the need for skilled nursing care in a nursing facility. It encompasses all of the elements in the chart below.

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<sup>9</sup> *Report on the Economic Well-Being of Alaska Seniors, Alaska Department of Health & Social Services and others. 2007*

## Long Term Care in Alaska The Continuum of Care

Community-Based Services	Home-Based Services	Intensive Home and Community-Based Services	Services in a Residential Care Setting	Most Intensive Institutional Services
<ul style="list-style-type: none"> <li>* Congregate Meals</li> <li>* Public Transportation</li> <li>* Information/Referral/Personal Advocacy</li> <li>* Physical Fitness</li> <li>* Health Promotion/Disease Prevention Classes &amp; Activities</li> <li>* Senior Employment Services</li> <li>* Independent Living</li> <li>* Senior Centers</li> <li>* Senior Volunteer Programs</li> <li>* Legal Services</li> <li>* Health Screening</li> <li>* Social &amp; Recreational Activities</li> </ul>	<ul style="list-style-type: none"> <li>* Home Delivered Meals</li> <li>* Assisted Transportation</li> <li>* Shopping Assistance</li> <li>* Congregate Housing</li> <li>* Supported Housing</li> <li>* Home Repair &amp; Renovation</li> <li>* Senior Companion Volunteers</li> <li>* Homemaker/Chore Service</li> <li>* Companion Programs</li> </ul>	<ul style="list-style-type: none"> <li>* Adult Day Services</li> <li>* In-Home Respite Care</li> <li>* Home Health Care</li> <li>* Personal Care</li> <li>* Hospice Care</li> <li>* Family Caregiver Support</li> <li>* Outpatient Care</li> <li>* Rehabilitation</li> <li>* Counseling</li> </ul>	<ul style="list-style-type: none"> <li>* Assisted Living</li> <li>* Facility Respite Care</li> <li>* Pioneers' Home</li> <li>* Adult Foster Care</li> </ul>	<ul style="list-style-type: none"> <li>* Acute Care</li> <li>* Nursing Home Care</li> <li>* Residential Hospice Care</li> </ul>
Long Term Care Ombudsman: Advocacy for Residents of Long Term Care Facilities				
Care Coordination (Case Management): Personal Assessment/Plan of Care/Follow-Up				
Adult Protective Services: Investigation and Services to Abuse/Neglect Victims				

## Challenges on the Horizon for Older Alaskans

**Income Insecurity.** With the conversion of many employee pension plans from defined benefit plans (designed to last for the employee's entire lifespan) to defined contribution plans (which seniors can outlive), some members of the baby boomer and subsequent generations may reach retirement age with diminished income.

The federal Social Security system, which currently provides a modest monthly income for the majority of seniors, was under pressure in the recent past to convert at least partially to a defined-contribution type system in which the individual would be responsible for investing funds for his or her own retirement. When the federal Social Security system was established in the 1930s, the ratio of workers to recipients was 10 to 1 and life expectancy was two years below retirement age. The ratio is now 3.4 to 1, and is projected to fall to 2 to 1 by 2030.<sup>10</sup> Under those conditions, a pay-as-you-go system of funding benefits was feasible. But as life expectancy has increased and the population has aged, the future growth in the number of seniors drawing Social Security retirement checks is outstripping the number of active workers contributing to the system. The ratio is now 3.4 to 1, and is projected to fall to 2 to 1 by 2030. Although the Social Security system was never meant to provide for the entire retirement needs of workers, in reality it is the major source of income for a large share of seniors.

**Health Care Financing.** Concern is increasing about the ability of the federal government to continue to fund Medicare, which provides medical care to seniors, and Medicaid, which serves low-income persons including seniors. Future program costs, assuming the continuation of current levels of coverage, depend not only on the number of eligible beneficiaries and the current cost of health care but also on the projected level of health among seniors. Public and governmental pressure to trim Medicaid and Medicare program costs through reductions in coverage will likely increase. These reductions could have adverse effects on access to care for seniors and others because they will increase seniors' out-of-pocket costs and impact their financial security.

Currently seniors in some parts of Alaska (including the Anchorage and Mat-Su areas) have difficulty finding primary care physicians who will accept Medicare patients. Physicians say this is a business decision attributable to low Medicare reimbursement rates. Seniors, however, report they are waiting up to 18 months to get an appointment with a primary care physician.

**Long-Term Care.** The ability of society to continue to provide for seniors' long-term care needs will depend on a number of factors such as the ability of family members and others to provide unpaid care, the economic resources of seniors themselves, the ability of Medicaid and other public programs to provide additional funding, and possibly the adoption of new programs or methods of service delivery.

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<sup>10</sup> Report on the Economic Well-Being of Alaska Seniors, Alaska Department of Health & Social Services and others. 2007.

New regulations and lower Medicaid reimbursement rates have resulted in the closure of a number of personal care attendant (PCA) services, particularly those operated by tribal organizations, resulting in fewer PCA services now in rural Alaska than before. The absence of reliable home- and community-based services in a community can impact not only seniors living at home and hoping to avoid institutionalization, but also those in nursing homes who could otherwise be transitioned back to their home and community.

With the population of older Alaskans age 85 and above scheduled to nearly triple by 2030, an increasing number of people with ADRD, and their caregivers, will need home- and community-based services in the coming years. Income-eligible individuals with a primary diagnosis of Alzheimer's Disease and Related Disorders (ADRD) are not currently eligible for the Medicaid waiver in Alaska.

Assisted living homes also are in short supply, particularly in rural areas, because of what providers see as Medicaid reimbursement rates too low to cover costs. Challenges for rural long-term care programs include financial sustainability, the growing number of elders, Medicaid regulations, and the increasing displacement of elders to urban assisted living and nursing homes where they are without access to their traditional food, language, and culture. Public comment favored a re-examination of the freeze on Medicaid reimbursement rates by the State of Alaska, particularly because the rates for seniors are substantially lower than those for other groups of recipients.

Communities must begin now to build their infrastructure to prepare for the rapid increase in senior population they will witness during the next three decades. Now is the time to begin to invest in or create incentives for assisted living facilities, senior housing of all kinds, transportation systems, and even a return to basic winter maintenance of sidewalks, parking lots, and steps. A statewide long-term care strategic plan can help to identify and prioritize the necessary capital investments, funding mechanisms, workforce development goals, and other critical components of an integrated long-term care system at both statewide and community levels.

**Physician Shortage.** A 2006 report by the Alaska Physician Supply Task Force says that Alaska will need nearly twice as many physicians in the next 20 years as it currently has if the state is to meet expected demands from a growing population of older adults. The same task force found that the state currently has 375 fewer physicians than it needs to provide today's Alaskans with the same level of care that is available to patients in other parts of the U.S. The report found that Alaska should have ten percent more physicians per 1,000 residents than the national average because of the challenges of delivering medical care in remote regions, the high risks of many occupations in the state, and other factors that make practicing medicine in the state more demanding than in other parts of the country.

With many of the state's physicians now over age 50 and planning to retire within the next decade, all Alaskans – but especially today's seniors and baby boomers

– may be facing a future in which there are not enough doctors to meet the needs of a rapidly aging population. Planning is underway to identify and implement incentives and other strategies the state can put in place now in order to avert a crisis of physician availability.

**Geriatric Education.** Only one percent of the 650,000 physicians in the U.S. are geriatric specialists, even though 12% of the U.S. population is age 65 or older. Health professionals in all fields will need geriatric training as the nation’s senior population grows during the next 25 years. Unfortunately, Congress eliminated funding for geriatric training programs in December 2005, at the very time the White House Conference on Aging was prioritizing such training by referencing the need for it in two of its top ten recommendations (“Support geriatric education and training for all health professionals, paraprofessionals, health profession students, and direct care workers,” and “Attain adequate numbers of health care personnel in all professions who are skilled, culturally competent, and specialized geriatrics.”) Congressional funding was reinstated in 2007.

**Workforce Development.** The need for all types of health care and long-term care workers, including home- and community-based services workers of all types, will continue to grow. The aging population is expected to increase the demand for physicians per thousand population from 2.8 in 2000 to 3.1 in 2020. Demand for registered nurses per thousand population would increase from 7 to 7.5 (FTE) during the same period.<sup>11</sup> This increase in demand would coincide with a period when large numbers of professionals are retiring and the share of the population in the 18-30 age group will be falling. In 2000 there was an estimated shortage of 6%, or more than 100,000, registered nurses. This shortage is projected to grow to 12% by 2010 and 20% by 2015. An additional problem is that few existing health care professionals are trained in geriatrics, and there are few financial incentives to obtain training or pursue careers in the care of older adults with chronic illness and disabilities.

The situation is similar for nursing aides and home health aides, two of the major occupations responsible for providing patient care of a paraprofessional nature to chronically ill, disabled, and elder persons in nursing homes, other institutional or community-based settings, or at home. The same is true for personal care assistants, who help elders with activities of daily living such as bathing, meal preparation, and chores. Furthermore, high turnover in these occupations is a growing concern. High turnover rates (from 45% to 100%) are attributed to low pay, lack of benefits, absence of potential for career advancement, heavy workloads, lack of professional respect, and other issues. Women between the ages of 25 and 50 without a post-secondary education comprise the pool from which these workers have traditionally been drawn. This pool continues to shrink at the same time that demand is increasing rapidly.<sup>12</sup>

In some cases, a pool of workers may be available but the system of care may have chosen not to invest in their services. For example, it is widely perceived

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<sup>11</sup> *Report on the Economic Well-Being of Alaska Seniors, Alaska Department of Health & Social Services and others. 2007.*

<sup>12</sup> *Report on the Economic Well-Being of Alaska Seniors, Alaska Department of Health & Social Services and others. 2007.*

that more Adult Protective Services workers are needed to ensure timely response to reports of abuse, neglect and exploitation.

**Emergency Planning.** Alaska’s massive size, its extensive coastline, its position along the infamous Pacific “ring of fire,” and the remote location of many of its communities make it both more prone to a variety of natural (and other) disasters and less accessible to help in the event of an emergency. Earthquakes, tsunamis, typhoons, floods, avalanches, coastal erosion, fires, storms, and volcanoes are some of the many threats Alaskans have faced in the past and could expect to witness again in the future. Terrorism linked to any of the military facilities is a possibility. Alaska can also be expected to be one of the first states to witness a pandemic form of the “bird flu,” if it were to develop.

During Hurricane Katrina along the Gulf Coast in 2005, the majority of those who died were seniors and people with disabilities who were unable or unwilling to evacuate their homes. Research has shown that individuals’ reasons for declining to evacuate in advance of a predicted disaster included lack of trust in the source of the information, absence of clear evacuation instructions, lack of evacuation options (including transportation and destination), lack of financial and social resources, illness or physical disability, or the need to care for someone with an illness or disability. Those who have lived in an area for an extended period of time are less likely to evacuate. Individuals with pets are less likely to evacuate if they cannot bring their beloved pets. All of these specific barriers must be taken into consideration and addressed on the community level.

In addition, Katrina destroyed hospitals and other medical facilities, including any medical records they maintained. With more complex and chronic health conditions, seniors are especially vulnerable. Specific attention should be given to their needs for medications, oxygen, personal care, medical records, and other health supports.

Not only must communities have detailed emergency plans in place, but those plans must be made known to vulnerable individuals in the community, including seniors, people with disabilities, the poor, those who do not speak English, those with no transportation, and those with minimal social supports. A level of trust must be built before a disaster occurs. This is best addressed by involving seniors in the planning process. Seniors and their families or caregivers should be assisted in creating their own personal emergency and evacuation plan. There should be community-wide discussion of how individuals will be notified of an emergency, what to do, where to go, how to get there, and who can help. Seniors should be encouraged to practice executing their emergency plan in advance of any disaster. The entire community’s prior knowledge of local plans and provisions will lead to better outcomes should a disaster occur.

**Energy and Utility Costs.** Heating fuel costs, particularly in rural Alaska, can be prohibitive for low- and moderate-income seniors. Utility costs also soar during the winter, leaving seniors vulnerable to the possibility of having their

heat source shut off. While families who meet low-income guidelines may be eligible for the State's Heating Assistance Program, higher fuel costs or colder weather often create more demand for the program, resulting in lower subsidies for each eligible household. A 2006 member survey by AARP Alaska found that 83 percent of their respondents reported that their utility bills had increased in the past year. Forty-seven percent said they had lowered the heat in their home to save on fuel. This pattern raises the specter of seniors risking hypothermia because of their concerns over high heating costs.

**Behavioral Health Diagnosis and Treatment.** As many as 25% of senior citizens may experience a mental disorder that is not a normal part of aging, and as many as 17% of America's aging citizens abuse alcohol or prescription drugs. Higher rates of suicide, heavy drinking, and binge drinking among older Alaskans portray a senior population in great need of access to mental health and substance abuse services addressing the unique concerns of seniors. Some of these include the fear of stigma for seeking treatment; anxiety about maintaining privacy; difficulties with transportation, especially in winter weather; and residential settings (such as assisted living homes) which are not equipped to respond to the special needs of seniors with mental health or substance abuse conditions.

In focus groups conducted by the Alaska Commission on Aging as part of its contribution to a project outlining behavioral health service gaps,<sup>13</sup> seniors and providers reported that: mental health and substance abuse treatment services (other than emergency rooms) are not readily available in most Alaskan communities; providers are seeing an increasing number of seniors with depression, bipolar disorder, and other mental illnesses; substance abuse problems in seniors are going undiagnosed and untreated; assisted living facilities are being overwhelmed by the needs of residents with substance abuse problems and psychiatric disorders; an increasing number of chronically mentally ill seniors with dementia cannot find assisted living care, as those homes licensed and equipped to serve the mentally ill are not able to handle dementia and homes licensed and prepared to deal with dementia are not equipped to deal with mental illness; in-home behavioral health services especially for seniors are unavailable; primary care providers often fail to identify mental health and substance abuse problems among their older patients; seniors often inadvertently combine conflicting medications; and the younger senior population is exhibiting a growing tendency to visit multiple physicians and pharmacies for pain-killers, sleeping pills, and other potent prescription medications. Native elders report difficulty finding support for the traditional healing practices that are known to be more effective in helping elders recover from conditions such as alcohol abuse and depression.

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<sup>13</sup> *Connecting Systems Project, in progress, 2007*

## Other Senior Needs

**Senior Survey.** In 2005, the Alaska Commission on Aging conducted a senior survey to help identify the top issues of concern to seniors in preparation for Alaska's participation in the 2005 White House Conference on Aging. Over 10,000 copies of the survey were distributed through *The Senior Voice*, a statewide senior monthly newspaper, as well as through the five community forums the ACoA held in order to elicit suggestions for topics to address at the White House Conference. The survey was also available on the ACoA's website. The Commission received 1,256 responses from seniors, from almost all areas of the state. While those responding were not a statistically chosen random sample, the ACoA believes they were representative of the views of many Alaska seniors. The survey asked seniors to identify the top issue for Alaska seniors today and looking ahead to the next ten years. They listed financial security as their number one concern, closely followed by health care. Many people noted the link between worries about health care costs and fears that they will lack the money for an adequate lifestyle sometime in the future. Of those responding, 42% said they currently had enough money, 21% said their income was not enough to pay for necessities, and 37% said they were just getting by and could not afford any extras. Social Security was the income source common to the most seniors (89%), and the Permanent Fund Dividend was a close second (85%). Fewer than half the respondents said they receive a pension, and 16% were continuing to work for wages.

Other important issues identified by the senior survey respondents included the lack of political leadership willing to ensure that seniors' needs are taken care of; the availability of senior services when they need them (some feared budget cuts that would severely scale back services just when seniors needed them the most); and transportation (while 81% of respondents reported that they still drive, many noted that they would prefer to have another option, especially at night and during bad winter weather).

About three-quarters of the respondents (whose average age was 77) had not used any senior services. Among the available senior services, the most-used was the senior center congregate meal program, which was also the service with which seniors were most satisfied. Senior transportation was also used more than most of the other services, but had a relatively high dissatisfaction rating (the most common complaints were that the service did not go to certain parts of town, and that scheduling was difficult, with delays not uncommon). Only small numbers of seniors said they had ever used home-delivered meals, personal care assistant services, care coordination, adult day, respite care, or chore. The most dissatisfied of all were those who had used a chore service – 39% said they were unhappy with the service, primarily citing problems with unreliable workers.

Responses to the senior survey provided ACoA's first glimpse that Alaska seniors in some areas of the state were having difficulty accessing primary health care; 24% of seniors said they had a problem getting health care, but it was not a problem the ACoA had anticipated: seniors said that doctors in their area were

not accepting Medicare patients – apparently because the doctors feel that Medicare’s reimbursement rates are too low. A year later, this situation began to receive statewide news coverage, and a Congressional hearing on the matter was held in Anchorage on February 20, 2007 by Alaska’s Senator Lisa Murkowski. Some participants reported they had made more than 100 calls to doctors in the Anchorage area and had been turned down every time. But according to one physician who testified, “As a business, we cannot continue being paid less than 50 cents on the dollar, months late and after much effort and expense on the part of our billing staff.”

The third most frequent concern of seniors was housing. While 68% of those responding own their own home, among whom 90% were happy with their housing, seniors living in rentals or with family members were less satisfied. When we asked what type of housing seniors would like, some typical responses included: a smaller, downsized home; a single-level home; a seniors-only condo or townhouse development; a planned retirement community; more senior housing for middle-income people; a senior community with a continuum of care – independent living, assisted living, nursing home care; independent living apartments with some supportive services; assisted living apartments with personal care and meals; more affordable housing; better maintained rentals; and several seniors living in cabins with no plumbing or running water would like to have some basic amenities as they grow older.

**White House Conference on Aging (WHCOA) Input.** During 2005, the Alaska Commission on Aging held five community forums around the state to solicit input from seniors and senior advocates on solutions to the most important needs of seniors. The purpose of gathering the input was to develop resolutions for Alaska to submit to the 2005 White House Conference on Aging (WHCOA) in Washington, DC. The White House Conference on Aging, held approximately every ten years, is designed to develop recommendations for additional research and action in the field of aging for the following decade.

Some of the suggestions heard most often from Alaska seniors during the WHCOA outreach process included:

**Health and Long-Term Care.**

- (1) Seniors in every forum said they want to see our country adopt universal, single-payer national health care for seniors and everyone else. They feel we have a moral and ethical obligation to provide care for all, and that includes long-term care. They may have Medicare coverage, but worry about children and grandchildren with no health coverage.
- (2) Seniors want to see a system that provides affordable long-term care for everyone, with an emphasis on home- and community-based care.

- (3) Seniors believe some form of cost controls are needed within the health care system.
- (4) Alaskans need a solution to the problem of doctors who refuse to take Medicare patients because of low reimbursement rates.
- (5) Forum participants wanted to see increased emphasis on prevention and disease management.

### **Financial Security.**

- (1) Most seniors were against Social Security privatization of any kind [a topic of interest during 2005].
- (2) Seniors want to bring back the Longevity Bonus [another widely discussed topic, after the termination of the senior benefit in 2003]. In general, people wanted to see financial safety nets for seniors strengthened, rather than eliminated.
- (3) Seniors want to see financial education for people of all ages, in order to facilitate good financial choices across the lifespan.
- (4) Employment opportunities are desired by many seniors; they would like to see incentives or tax credits provided to employers who hire older Alaskans.
- (5) Personal savings and investments should be encouraged via the tax code or with employer incentives (for example, matching contributions).
- (6) The nation needs to recognize the role of rising health care costs in creating financial difficulty for seniors and others, and begin to move in the direction of universal health care for all Americans.

### **Community Resources.**

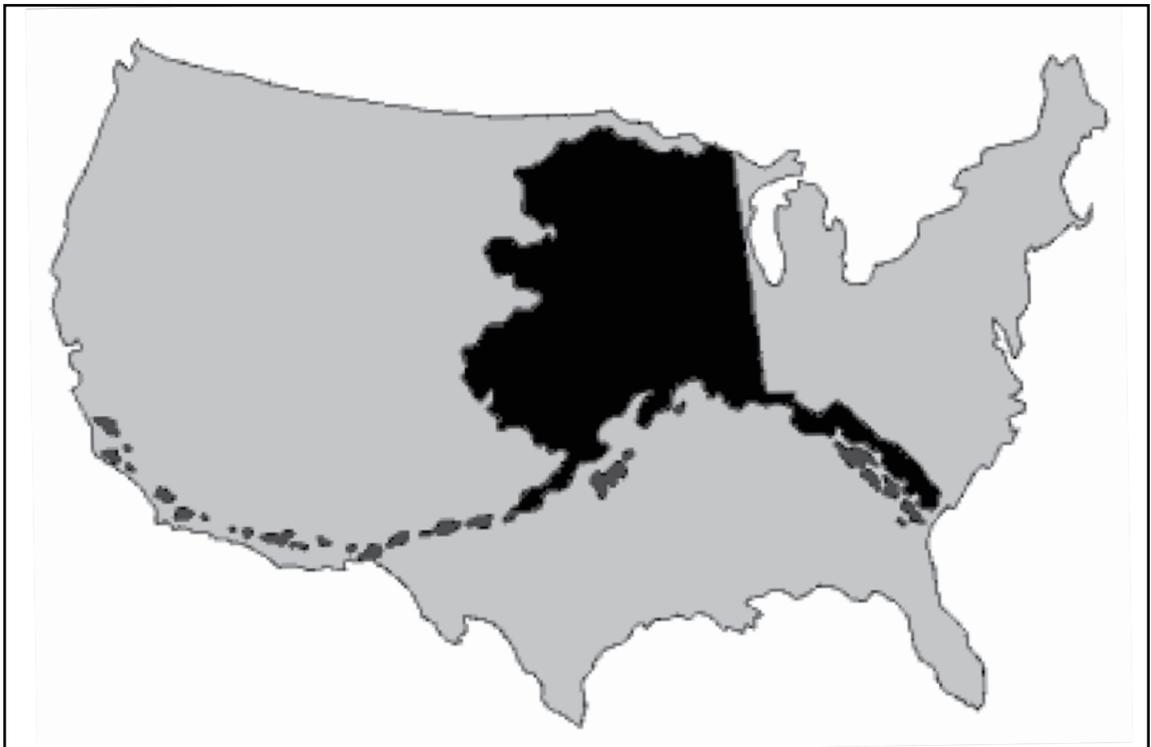
- (1) Seniors want greater access to information and referral assistance to help them locate the programs and services they need when they need them. Many of today's seniors do not want to be required to use a computer to access this information. Most would like to be able to call a toll-free number and speak to someone directly.
- (2) Seniors said they would like to see a clearinghouse for information about senior services and benefits, a "one-stop shop" that would disseminate information and help seniors navigate the system.
- (3) More funding for senior transportation, and expanded services by local senior transportation programs, were seen as an important need.
- (4) Older Alaskans want to have a wider array of housing options, from independent senior housing to housing with a continuum of services available to residents as needed.
- (5) Behavioral health services for seniors were identified as a great need statewide.
- (6) Problems with long waits for Medicaid waiver assessments and delays in payments to providers were mentioned as the source of considerable difficulty in communities' service systems.

## **Social Well-Being.**

- (1) Seniors want more programs that encourage inter-generational activities, such as seniors tutoring youth, and youth showing seniors how to use computers. They feel such programs would encourage younger generations to interact with seniors and be aware of their needs.
- (2) Seniors think the Alaska Commission on Aging should create a public awareness campaign to “put a positive spin on aging,” showing that older people are valuable, skilled participants in the community and encouraging the public to engage in activities with seniors.
- (3) Seniors would like their communities to exhibit more awareness of their needs, and to include them in more community activities. Alaska Native elders need ways to stay involved with their culture.
- (4) Participants had a wide variety of suggestions for communities to do a better job getting information out to seniors about events, activities, programs, and transportation options in a senior-friendly and diversified format that does not solely rely on computer usage.

## Programs and Services for Alaska Seniors

**Overview.** While most Alaskans appreciate the benefits of living in a large, sparsely populated state with very limited infrastructure development to obstruct its mountains, rivers, and forests, providing services to those in Alaska's remote, off-road, and widely scattered communities is a unique challenge. As seen in the figure below, Alaska's communities would stretch from California to Georgia and from New Mexico to Michigan's Upper Peninsula if overlaid on a map of the United States. The state's total land mass covers 570,374 square miles, with an average population density of 1.1 person per square mile. Not only are the distances formidable, but the state's long, harsh winters and rugged terrain greatly increase the costs and difficulties associated with delivering services to all the seniors who need them.



Nevertheless, Alaska's oil wealth has allowed the State to provide an admirable array of safety net programs for seniors. But as the income from North Slope oil development declines from its peak in the late 1970s and the number of senior residents begins to increase rapidly with the aging of the baby boomer generation, the State faces a struggle to maintain current levels of senior services for all those who will need them during the next several decades.

Multiple state agencies are involved in providing services to Alaska seniors, as described in the organizational chart on page 55. As of FY 2004, the Alaska Commission on Aging (ACoA) was moved from the Department of Administration to the Department of Health & Social Services (DHSS), and its grant functions were transferred to the Division of Senior & Disabilities Services

(DSDS) within that department. The role of the Alaska Commission on Aging now centers on planning, advocacy, education and public awareness, while DSDS administers grants (from Title III and other fund sources) which provide home- and community-based services to seniors, through a variety of non-profit community agencies.

Many of the grant programs are provided through local senior centers, which play a key role in the aging network. They offer a community focal point where older adults come together for activities and services. Senior centers enhance the dignity and support the independence of older adults, and encourage their involvement in and with the center and the community. Center programs consist of a variety of individual and group services and activities. Senior centers are also able to link participants with resources offered by other agencies.

Also under the umbrella of DSDS are the Adult Protective Services office, the Medicaid Waiver Services office, and the Nursing Facility Transition Program, which serve many seniors. Other divisions of DHSS also play a critical role in serving seniors, including the Division of Public Health, the Division of Behavioral Health, the Division of Public Assistance, the Division of Alaska Pioneer Homes, and the Division of Health Care Services.

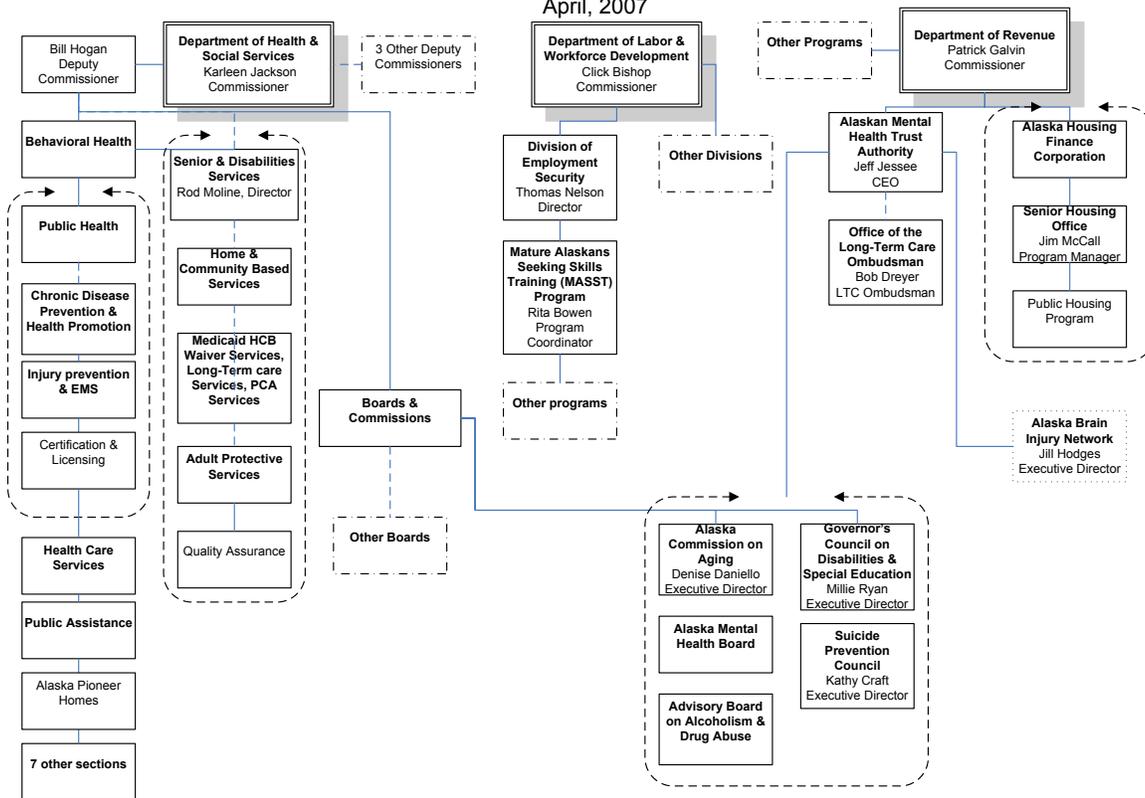
The Department of Health and Social Services (DHSS) is the State of Alaska's designated Sole state agency on aging (SUA). The responsibilities of the SUA are carried out by both the Alaska Commission on Aging (which takes the lead on planning activities) and the Division of Senior & Disabilities Services (which administers OAA funds and the grants that make OAA services possible). (See Appendix C for the Governor's delegation of authority.)

DHSS serves as both the Sole state agency on aging and the Single State Agency for Medicaid in Alaska. Within the Department, the Division of Senior & Disabilities Services is responsible for administering Administration on Aging funds and Medicaid long-term care services, including nursing facilities, home- and community-based service waivers, and personal care services. Division staff work collaboratively to develop policies that, wherever possible, are consistent between the programs.

As the Department moves forward to consider implementing long-term care reform options within the (2005) Deficit Reduction Act, the DSDS will use the expertise of its staff who oversee Administration on Aging programs to develop programs that take full advantage of the existing infrastructure and support coordinated service delivery.

Since FY 2005, Alaska's Title V program is housed within the Department of Labor and Workforce Development, within the Employment Security Division. Known as MASST, or Mature Alaskans Seeking Skills Training, this program helps provide job training opportunities for Alaskans age 55 and older who are entering or re-entering the labor force.

## State of Alaska Programs Serving Seniors April, 2007



By Alaska statute, boards representing beneficiary groups, as well as the Suicide Prevention Council and the Alaska Brain Injury Network, collaborate closely with the Alaska Mental Health Trust Authority to advocate for legislation and funding for beneficiary services, and to develop projects to assist beneficiary groups using start-up funds from the Trust. “The Trust,” located within the Alaska Department of Revenue, was established in 1994 after many years of litigation seeking to enforce the Alaska Mental Health Enabling Act of 1956, which had set aside one million prime acres of land to be managed for the benefit of Alaska citizens requiring mental health services. The law mandated development of a comprehensive integrated mental health program. However, over the years, the Mental Health Lands were commingled with other State lands, often sold off to private interests, and their proceeds not used to provide mental health services. When the court battles finally ended and the Trust was created, its assets consisted of 500,000 acres of original Trust land, 500,000 acres of replacement land, and \$200 million dollars. An independent board of trustees spends Trust income for the benefit of its beneficiary groups, and recommends expenditures of state general funds (“GF/MH”) for comprehensive integrated mental health programs.

Those groups considered Trust beneficiaries, based on the groups of people historically sent “outside” to the “Lower 48” prior to statehood when no programs existed in Alaska to care for them, include people with Alzheimer’s Disease and Related Disorders (ADRD), the developmentally disabled, those

with a mental illness, and people with chronic alcohol and drug abuse behavior. Boards representing these groups, as well as the Suicide Prevention Council and the Alaska Brain Injury Network, collaborate closely with the Trust to advocate for legislation and funding for beneficiary services, and to develop projects to assist beneficiary groups using start-up funds from the Trust. This inter-agency collaborative effort also extends to the presentation of public awareness campaigns designed to bring beneficiary issues into the open and encourage individuals and families to seek the services they need.

The Long-Term Care Ombudsman's Office (LTCO) is also housed within the Department of Revenue, under the management of the Alaska Mental Health Trust Authority. The LTCO office was moved out of the Alaska Commission on Aging to avoid conflicts of interest at a time when the ACoA was managing the senior grants and closely linked to the Division of Pioneers Homes; since the Long-Term Care Ombudsman investigates reports of abuse within various types of residential living facilities that house senior citizens, a portion of the complaints filed with the LTCO office involve the Pioneers Homes or grantees providing senior long-term care services.

Also within the Department of Revenue is the Alaska Housing Finance Corporation's (AHFC) Senior Housing Office. AHFC is a self-supporting public corporation whose mission is to provide Alaskans access to safe, quality, affordable housing. AHFC offers a variety of loan programs for first-time home buyers, low- and moderate-income borrowers, veterans, teachers, nurses and those living in rural areas of the state. The agency also offers services to renters in conjunction with senior and disabled housing, public housing, and housing choice vouchers. AHFC works with multiple partners to tap into the financial resources of federal and private grants or low-income housing tax credits to provide low-interest-rate loans to developers and non-profit organizations for multi-family and senior housing.

AHFC's Senior Housing Office was created in 1990 to promote a comprehensive response to the needs of senior citizens for adequate, accessible, secure and affordable housing in Alaska. The Senior Housing Office provides research, information, and collaboration on senior housing efforts and issues in Alaska. The Senior Housing Office works in conjunction with and supports the efforts of the Alaska Commission on Aging.

## **Senior Program Details**

### **Advocacy, Planning, and Interagency Coordination**

**Alaska Commission on Aging.** The Alaska Commission on Aging is an 11-member board staffed by a small agency (an executive director, two planners, an administrative assistant and – during FY 2007 – one student intern). The ACoA is charged with planning, advocacy, and education on behalf of the needs and

concerns of seniors and their caregivers. By statute, the Alaska Commission on Aging is directed to make recommendations to the Governor, the administration, and the legislature with respect to legislation, regulations, and appropriations for programs or services benefiting older Alaskans; to develop a comprehensive state plan for senior services as required for states receiving funds under the Older Americans Act; and to advise and work with the Alaska Mental Health Trust Authority or AMHTA (along with other Trust beneficiary boards) to identify issues, propose projects, and recommend funding. As of FY 2004, the ACoA no longer administers OAA grant funds; that role is now filled by the Division of Senior & Disabilities Services.

Some of the recent activities and accomplishments of the Alaska Commission on Aging include:

- held quarterly face-to-face meetings, including annual rural outreach visits to areas such as Nome and Unalakleet (2004), the Kenai Peninsula (2005), and Southeast Alaska (Ketchikan, Sitka, Craig, and Klawock) (2006) to receive public input at the community level
- engaged a university research institute (using funds from the AMHTA) in a contract to produce a report on the economic well-being of Alaska seniors, after a number of policy and funding shifts in the early 2000s
- held five community forums in conjunction with preparation for the 2005 White House Conference on Aging, and compiled participant policy suggestions into a set of recommendations for the national conference held in December, 2005
- conducted a senior survey in 2005, which drew 1,256 responses from seniors across the state, and compiled and analyzed the results, which showed that seniors' top concerns now and for the future are financial security, health care, and housing
- worked with a state plan advisory committee consisting of ACoA members and staff as well as other government and non-governmental agency staff to draft a state plan for senior services for the period FY 2008 through FY 2011
- organized a well-received aging advocacy conference in Anchorage in June, 2006, which was attended by over 175 senior advocates from all around Alaska [funded in part by the Center for Medicare and Medicaid Services (CMS) Real Choice Systems Change Grant]
- initiated the Alaska Aging Advocacy Network (AAAN) with approximately 130 members who receive regular detailed updates on legislation and other advocacy issues of interest to seniors; the AAAN also sponsors an online discussion board where advocates can debate approaches to current senior issues

- collaborated with other agencies, boards and commissions on the development of a comprehensive, integrated mental health plan for the State of Alaska
- assisted the Administration on Aging, the Social Security Administration, the Centers for Medicare and Medicaid Services, and the Alaska Department of Health & Social Services in providing information to consumers on the Medicare Part D prescription drug program
- participated in the Real Choice Systems Change Grant (RCSCG) effort, along with the Governor's Council on Disabilities and Special Education and other agencies, to identify system barriers as perceived by consumers of services and to address those barriers directly (three ACoA commissioners served on RCSCG committees, and ACoA staff served in an advisory capacity to the group)
- began dialogue with the Alaska Mental Health Trust Authority and the Long-Term Care Ombudsman's Office to establish a memorandum of agreement (MOA) regarding the Alaska Commission on Aging's role with the Long-Term Care Ombudsman's Office
- held ten or eleven senior legislative teleconferences during each year's state legislative session, presenting updates and background on the many bills which relate directly or indirectly to the concerns of seniors
- advocated for legislation (through legislative visits, letters of support, position papers and talking points) on numerous issues impacting seniors, with success on issues such as the SeniorCare program, establishment of the Office of Elder Fraud and Assistance, adult Medicaid dental enhancement, maintenance of funds for the Flexible Long-Term Care Supports program for FY 2007, and staff augmentation for important senior programs such as the Pioneer Homes, Adult Protective Services, and DSDS Quality Assurance
- conducted a statewide media campaign encouraging the public to honor the knowledge and skills of older Alaskans during Older Americans Month, May 2006; worked with the AMHTA and the Division of Public Health to create the "Healthy Body...Healthy Brain" media campaign which will encourage activities known to have a preventive effect against Alzheimer's disease and related dementias; designed a poster for distribution to senior centers and other service providers to promote Older Americans Month, May 2007, and sent public service announcements to radio and television stations statewide encouraging the public to celebrate the seniors in their community
- participated with other state agencies and the Statewide Independent Living Council (SILC) to guide and support the development of the Aging & Disability Resource Centers (ADRC) project, with ACoA staff attending

a national conference and monthly statewide advisory group meetings and collaborating with the Division of Senior & Disabilities Services to modify its Rural Long-Term Care Coordinator position description to be the lead for coordinating ADRC activities within DSDS and the liaison to non-government organizations such as the ADRC grantee and its sub-grantees

- published a bi-monthly newsletter which is mailed to over 800 subscribers and also posted to the ACoA's website, and provided articles to the Senior Voice, a statewide publication funded in part with OAA funds
- participated with the Governor's Council on Disabilities and Special Education in planning and holding an annual statewide Aging and Disabilities Policy Forum
- participated in many inter-agency activities designed to identify issues and policy options, create plans, direct research, and conduct projects aimed at specific concerns, such as workforce development, transportation, geriatric education, prevention and health promotion, behavioral health, availability of home- and community-based services, and unmet needs of AMHTA beneficiaries
- participated in ongoing dialogue with the Municipality of Anchorage's Senior Citizens' Advisory Committee on the feasibility of establishing an Area Agency on Aging in the Anchorage area

## **Financial Safety Net Programs for Seniors**

**Senior Benefits Program.** The State of Alaska's Senior Benefits Program provides a monthly cash payment to low-income Alaskans age 65 and older. The amount of the payment varies by income (\$250 for those with incomes up to 75% of Alaska's poverty threshold, \$175 for those between 75% and 100% of the poverty threshold, and \$125 for those between 100% and 175% of the poverty threshold). The Alaska poverty threshold is a federally determined amount which is adjusted each year. With support from the Alaska Commission on Aging and other senior advocates, the Senior Benefits Program was created in 2007 to replace the former Senior Care Program, which was established after the Longevity Bonus Program (a previous benefit program for older Alaskans which was based solely on age and residency rather than income) was eliminated in 2003. The new program provides benefits to a broader range of low-income seniors (Senior Care had covered individuals with incomes up to 135% of the 2005 poverty threshold), returns to an annually-adjusted income cap, eliminates asset limits which had prevented some very low-income seniors from participating in Senior Care, and does not carry a program sunset date. Approximately 7,000 older Alaskans had participated in the Senior Care program as of June, 2007. It is projected that over 10,000 individuals will qualify for the Senior Benefits Program.

**Adult Public Assistance.** Low-income seniors with few resources may be eligible for monthly cash benefits from the Adult Public Assistance program. The State of Alaska established this program to provide financial assistance to needy aged, blind, and disabled Alaskans, to help them remain independent. Those eligible must be age 65 or older, or have severe and long-term disabilities that impose mental and physical limitations on their day-to-day functioning. The program is intended to supplement the federal SSI (Supplemental Security Income) program. In 2005, the program served 7,715 seniors (those age 60 and older, including those with long-term disabilities). Although the elderly caseload has grown more slowly than the disability caseload (20% compared to 67%, from 1997 to 2006), about 42% of the program's benefits went to seniors in 2005. The program is administered by the Division of Public Assistance in DHSS.

**General Relief Assistance (GRA).** This program is designed to meet immediate, basic needs of Alaskans facing extreme financial crisis, for example, those lacking funds for shelter and utilities. Limited medical care can be provided and there is funding to provide a dignified burial for the indigent. Paid for with State general funds, the GRA program is a last resort for financially eligible individuals and families who have exhausted all other possible resources. As a short-term program, eligibility is determined on a month-to-month basis. Applicants must demonstrate an emergency need in the month of application. Payments are always made to vendors who can provide the needed services. GRA is a small program, with an average monthly caseload of about 150 households. The share of benefits going to households which include seniors is unknown.

**Food Stamps.** The Alaska Food Stamp Program, funded by the federal government, provides food benefits for low-income households. Of the 20,788 Alaska households receiving food stamp benefits in 2005 in the average month, 2,266 were senior households (age 60 and older). The average senior household benefit was \$197 per month, compared with an average of \$121 per month for all recipients. For the entire year, 3,569 seniors received benefits from the program. Income eligibility for food stamps is complex, with Senior Care benefits and the Alaska Permanent Fund Dividend counted as income for determining eligibility.

Eligible households use the food stamp benefits to buy food products from authorized stores statewide using an Alaska Quest card. The amount a household receives each month depends on the household's size, income, assets, and location. Benefits are adjusted for the higher Alaska cost of living, and Alaska allows for higher food stamp benefits in rural parts of the state as well as for the purchase of certain subsistence hunting and fishing supplies. This program is administered by the Division of Public Assistance, DHSS.

**Heating Assistance Program.** The Alaska Heating Assistance Program, funded by the federal Low-Income Home Energy Assistance Program (LIHEAP) Block Grant, provides seasonal help with home heating costs to low-income households. Benefits are based on family income, heating costs, housing type, and geographical location. An average benefit of \$698 was distributed to 8,300 households,

including 1,800 seniors, during FY 2004. When program funding remains static, a larger number of applicants (for example, in a year of colder weather or higher fuel prices) results in each household receiving a lower level of assistance.

**Alaska Permanent Fund Dividend.** The Alaska Permanent Fund Dividend program has, since 1982, provided an annual payment to every Alaska resident from half the earnings of the \$36+ billion dollar Alaska Permanent Fund. The Permanent Fund, established in 1977, receives at least 25% of the State's royalties from the sale of natural resources, primarily oil and gas. The size of each year's "PFD" depends on the average of the earnings over the previous five-year period and the number of eligible applicants. Partially because of the PFD's role in equalizing income to some degree, Alaska's poverty rate is lower and income distribution more equitable than in other states. Research even correlates greater levels of income equality with higher levels of population health.

About 6% of the applicants for the Dividend are age 65 and older. About 10% are age 60 and older. A decline in PFD amounts from a high of \$1,963 in 2000 to only \$846 in 2004, on account of the Fund's market losses in the early 2000s, may have had a harsh impact on seniors (particularly those with little cash income, such as those not eligible for Social Security).

**Senior Property Tax Exemption.** Alaska law exempts real property owned and occupied as a permanent home by a resident age 65 or older (or by a disabled veteran) from a portion of local property tax. The current exemption applies to the first \$150,000 of assessed valuation. Applicants apply directly to their municipality. The State initially established the program in the 1970s and paid for the cost of the program, but beginning in 1986 the State began to prorate payments to municipalities, and since FY 1997 the entire cost of the program has been paid by local governments. As home valuations have increased in recent years, there are calls from cash-strapped seniors for increasing the amount of assessed valuation exempted from property taxes; at the same time, other forces favor eliminating the program altogether due to its cost to municipalities, and potential program growth with the increasing number of aging baby boomers.

**Mature Alaskans Seeking Skills Training (MASST) Program.** The Alaska Department of Labor & Workforce Development (AK DOLWD), Employment Security Division (ESD) is the grantee of the Senior Community Service Employment Program (SCSEP). In Alaska, the SCSEP program is known as the Mature Alaskans Seeking Skills Training (MASST) program. With its FY 2005 departure from the Alaska Commission on Aging, the program has benefited from being viewed as an employment training program rather than a social services program. Nevertheless, the MASST Program and the Alaska Commission on Aging work together on their respective state plans and on other projects promoting senior employment.

The MASST Program provides training and part-time paid work experience opportunities for low-income individuals 55 years of age and older who desire to

enter or re-enter the mainstream workforce. The program, which is temporary in nature, helps Alaska retain the valuable resources of older workers while enabling them to maintain an independent lifestyle and make meaningful contributions to their communities.

The AK DOLWD ESD promotes employment, economic stability, and growth by operating a no-fee labor exchange that meets the needs of employers, job seekers, and older Americans. By statute, its mission is to promote employment and economic stability by responding to the needs of employers and job seekers. This ensures that job-ready workers are available to meet employer needs. These employment services include job placement, job matching and referral, and job search assistance. The purpose of the one-stop service delivery system is to unify the numerous employment and training programs into a single customer-friendly set of services.

The MASST program is improving daily by being located within the Employment Security Division, as more access to the program has been provided via One Stop Job Centers located in hub towns in rural Alaska. The One Stop Job Centers help to address the following items, among others:

- the awareness that the MASST program is a mandated One Stop Job Center partner;
- the availability of counselors who specialize in older worker issues;
- a commitment to non-discrimination against older workers; and
- space allocation as needed for MASST sub-grantee activities

This vital link with the One Stop Job Centers is beginning to pay dividends as the program becomes more integrated into the Centers. In many areas of the state, the Job Centers themselves host MASST participants for a variety of training positions. Another effective venue for training and integration of the MASST program has been the “One Stop Academy.” These academies are offered several times per year and bring together agencies that are One Stop partners and others that are interested in bringing attention to what their respective agencies can provide to job seekers or those needing assistance. The intention of the academies is to educate and/or remind participating agencies of what services are available. The MASST program continues to become more involved in the academies and bring further attention to the value of older workers.

The One Stops are improving the referral systems for older workers, and are developing an “older worker specialist” approach. The intent of the older worker specialist would be to alleviate fears of older workers when visiting the Job Centers and to help guide the older worker in finding appropriate services, workshops, potential employment opportunities, training, and other needed services to be successful with finding sustainable employment.

MASST funds may also be used to pay for training, but for the most part, 75% of these funds must pay for wages and mandatory payroll deductions of individuals

enrolled in the program. MASST participants are therefore encouraged to participate in vocational skills training to supplement their community service work experience. Whenever possible, funds for training are pursued through the WIA (the Workforce Investment Act, which superseded the Job Training Partnership Act, and contains the Adult Education and Family Literacy Act and the Rehabilitation Act Amendments of 1998). WIA reforms federal job training programs and creates a new comprehensive workforce investment system. The reformed system is intended to be customer-focused, to help Americans access the tools they need to manage their careers through information and high quality services, and to help U.S. companies find skilled workers.

Many times MASST participants are not sure of what line of employment they want to train for and the MASST program allows them to experience many types of work before making a firm decision. Often, participants just want “anything” so they have some income to cover expenses. More motivated older workers know what they want and are inclined to pursue WIA funding for their needs while being co-enrolled in the MASST program. Outreach efforts through the One Stop Job Centers and through the usual means (senior centers, social services programs, food banks, etc.) will be undertaken to target this population for inclusion in the MASST program.

Currently, 34% of all MASST enrollees in Alaska belong to one of the four minority populations. The program is serving minorities above their percentage of the state population and will continue to retain or exceed those numbers. It is important to point out Alaska’s geographical, cultural, and economic diversities as most people have little idea of the complexities of what it takes to administer statewide programs in such a large expanse without a complete road system.

The vast majority of MASST applicants under the age of 65 need paid employment to pay for necessities such as housing, food, transportation, and medical care. Most of those over 65, depending on the amount of Social Security they receive, work to supplement meager retirement benefits. MASST provides essential occupational training and employment referrals to participants both under and over age 65 where there is demonstrated need.

During program year 2005, MASST served 271 older Alaskans who worked in service to the general community and 179 participants who worked in service to the elderly community. The program served an unduplicated 422 clients. Sixty-one percent of participants were female, and 39% were male. Seventy-nine percent of clients were under age 65, and 21% were age 65 and older. As noted above, 34% of participants identified their race as American Indian, Alaska Native, Asian, Black, or Hawaiian/Pacific Islander. Fourteen percent of participants had less education than a high school diploma or equivalent, while 39% had a high school diploma or equivalent, and 19% had some post-secondary education, including 14% with a bachelor’s degree or advanced college degree. Nine out of ten participants (90%) had a family income at or below the poverty level. Thirty-six percent were individuals with disabilities. Fifty-two percent

were individuals with poor employment history or prospects. Six percent were homeless, 9% were displaced homemakers, and 26% were veterans or the spouses of veterans.

For the year, the program exceeded its goal of 40% of participants placed into unsubsidized employment – in fact, a majority (51%) of program participants were able to achieve unsubsidized employment. Fully 78% of those placed into unsubsidized employment were still employed in those jobs six months later, topping the program goal of 54%.

## **Personal Safety and Long-Term Care Supports**

**Long-Term Care Ombudsman’s Office.** The Long-Term Care Ombudsman is a specially-trained and certified state government employee who has been given authority by federal and Alaska statutes to investigate and resolve complaints made by or on behalf of Alaskans who are age 60 and older who are residents of nursing and assisted living homes. The Ombudsman may also investigate complaints for seniors residing in senior housing, public housing, and their own homes under certain circumstances.

A major function of the Long-Term Care Ombudsman is to protect and promote the rights of residents of long-term care homes and assure that people age 60 and older receive fair treatment and the highest quality of care according to their own values. Additionally, the Long-Term Care Ombudsman can provide information and assistance to seniors having difficulty with guardianship, housing, or other long-term care services.

Other duties performed by the Long-Term Care Ombudsman’s office include visiting homes to meet with residents and evaluate conditions; ensuring that residents are receiving legal, financial, social, medical, rehabilitative and other services to which they are entitled; acting as a mediator between residents, family members, facility staff, and long-term care service providers; providing information to the public about long-term care homes and programs; assisting with the establishment of resident and family councils; and representing residents’ interests before local, state, and federal governments by working to change laws, regulations, and policies that negatively affect those who live in long-term care.

The Long-Term Care Ombudsman’s Office receives federal funding under the Older Americans Act as well as State general funds. The LTCO office opened 122 cases in 2006, up from 87 in 2005 – though the increase is attributed to increasing awareness of the office’s presence, thanks to a greater level of outreach. In 2006, 118 cases were closed (compared to 100 in 2005); 12 involved nursing homes, 74 involved assisted living homes, and 32 involved individuals in other settings. There were a total of 268 different complaints in 2006, up from 236 in 2005. In 2006, the categories with the highest number of complaints were:

public or other congregate housing not providing services; personal hygiene; medication administration; food menu (quality, quantity, choice, variation, utensils, condiments); physical abuse; and dignity, respect and staff attitudes. In 2006, there were a total of 100 complaints verified (91 in 2005). Of the verified complaints in 2006, 13 involved nursing homes, 71 involved assisted living homes, and 16 involved other settings. In 2006, there were 99 “friendly” visits to residents of long-term care facilities, that is, visits not prompted by specific complaints.

The LTCO office has three full-time staff and a half-time clerical position to cover the needs of residents of 15 nursing homes (with 708 beds as of December, 2006) and 226 assisted living homes (with 1,869 beds as of December, 2006) statewide. The office also trains and certifies volunteer ombudsmen (3 in 2005, 12 in 2006) to assist in meeting with residents of long-term care facilities and hearing their needs and concerns.

**Nursing Facility Transition Program.** Alaska offers a Nursing Facility Transition Program (within DSOS) which helps families with care coordination to enable seniors and disabled citizens to return to independent or family living. Originally piloted under the Real Choice Systems Change Grant, this program can provide funding for one-time expenses such as home or environmental modifications; travel, room and board to bring caregivers in from a rural community to receive training; security deposits; initial cleaning of a home; basic furnishings necessary to set up a livable home; transportation to the new home; and other needed items or services approved by program coordinators.

To be eligible for this program, a person must qualify both medically and financially for the Medicaid Home- and Community-Based Services Waiver (HCBS) program. The grant is used only for one-time costs associated with the transition; after that, the Medicaid program pays for all services when the HCBS waiver is approved. The nursing facility transition process may take from one to three months to complete.

In the past four years, the program has helped 154 people to transition from nursing facilities. The program’s current goal is to transition 50 people per year out of nursing homes and back into the community. Cost has averaged \$1,650 per person, using State general funds beginning in State fiscal year 2006.

**Adult Protective Services.** The Adult Protective Services office operates within the Division of Senior & Disabilities Services. APS helps to prevent or stop harm from occurring to vulnerable adults. Vulnerable adults are those with a physical or mental impairment or condition that prevents them from protecting themselves or seeking help from someone else. Alaska law requires that protective services not interfere with elderly or disabled individuals who are capable of caring for themselves. Under Alaska law, vulnerable adults include those 18 years old and older, not just the elderly. The harm from which they suffer may be abandonment, abuse, exploitation, neglect, or self-neglect. Some

of the services provided by APS are information and referral, investigation of reports of harm, protective placement, guardianship or conservatorship counseling, linking clients to community resources, and training and designation of community resources to provide services.

In FY 2006, APS received 1,666 intakes (contacts), and conducted 1,427 investigations. Their average response time was 2.6 days. Caseworkers handled an average of 238 cases during the year. Currently they average 70 cases at any given time, roughly twice the recommended caseload of 35 cases per worker. Statewide, Adult Protective Services has 13 staff, including 7 investigators, 2 intake workers, 3 General Relief staff, and one supervisor.

**DSDS Quality Assurance Program.** Within the Division of Senior and Disabilities Services, the Quality Assurance (QA) program seeks to maintain continuous improvement in the services (including Medicaid waiver services and senior grant program services, among others) provided to consumers. QA safeguards the integrity of DSDS' programs by gathering and analyzing stakeholder information.

The QA Unit provides technical assistance and information necessary for service providers to meet complex regulatory requirements. The Quality Assurance Unit strives to strengthen the information network among consumers, service providers and the DSDS staff.

DSDS Quality Assurance activities include:

- informing consumers of their rights and reasonable expectations
- collecting feedback on the quality of services provided
- responding to and investigating complaints of inappropriate service provisions and/or non-compliance with program guidelines
- providing technical assistance
- evaluating program performance through audits and surveys
- collaborating with other DSDS units in the implementation of a DSDS quality assurance plan
- influencing and supporting DSDS quality improvement initiatives

**Office of Public Advocacy.** Located within the State of Alaska's Department of Administration, the Office of Public Advocacy protects the rights of vulnerable Alaskans by providing legal assistance and public guardian representation to abused and neglected children, incapacitated adults, and others. OPA represents only clients for whom the agency is appointed by a court. As of 2006, OPA now includes the Office of Elder Fraud and Assistance (see below).

**Office of Elder Fraud and Assistance.** This office, located in the Office of Public Advocacy (within the Department of Administration) was newly established by legislation passed in 2006. The office is empowered to investigate complaints and file civil actions involving fraud committed against Alaska

residents age 60 and older. “Fraud” includes robbery, extortion, coercion, theft, and exploitation for personal profit or advantage. The office also provides information, referrals and assistance to older Alaskans who are victims of fraud and co-sponsors consumer education efforts designed to help seniors protect themselves from identify theft, credit and debt consolidation scams, predatory lending, Medicare and Medicaid fraud, and other issues of concern.

**Alaska Pioneer Homes.** There are six state-operated Pioneer Homes in Alaska, with a total of 505 licensed beds. Located in Anchorage, Juneau, Fairbanks, Ketchikan, Sitka, and Palmer, the homes are assisted living facilities for Alaskans age 65 and older who have lived in the state for at least one year. Three levels of service are offered, ranging from assurance of a safe environment and occasional help with daily life skills to skilled nursing care. As of January 2007, 441 beds were occupied, with 208 individuals on the active wait list and 2,512 on the inactive wait list. (The active wait list consists of individuals who wish to enter a facility at the earliest opportunity; the inactive wait list includes all Alaskans age 65 and older who have placed themselves on the Pioneer Homes list. Date of placement on the inactive list helps determine their location on the active list when they move to that list.)

The average age of Pioneer Home residents has steadily increased, and with it the percentage of residents who suffer from Alzheimer’s disease and related disorders (ADRD). As of January 2007, approximately 57% of the Homes’ residents have dementia, according to the Division of Alaska Pioneer Homes. In the last ten years the share of residents receiving Level III care has increased from 25% to 60%, with corresponding reductions in Levels I and II. The increasing demands placed on staff by more Level III residents, and the fact that the facilities were not designed for the care of large numbers of individuals with ADRD, have led Pioneer Home administrators to request licensing for a lower number of beds in recent years. Most of the vacant beds are in areas designed for the lower levels of care.

The monthly charge for Pioneer Home residents depends on the level of care provided. Funding comes from a combination of resident payments, State appropriations, Medicaid waivers, and third party payments. Recently the Palmer Pioneer Home was remodeled to create the Alaska Veterans and Pioneers Home, allowing the State to share the cost of care with the federal government. The Pioneer Homes subscribe to the Eden Alternative philosophy. The Eden goal is to create an environment where elders, caregivers, support staff, family members, friends, and volunteers can flourish and grow. Decisions are made by the resident themselves, or by the people closest to them.

Challenges within the Pioneer Home system include ever-increasing repair and maintenance costs as the facilities age, staffing problems related to the increased level of care required by residents, and the growing number of older Alaskans seeking to enter a Pioneer Home as they age.

**Assisted Living Licensing.** Recognizing that an assisted living home can

be a place for seniors and disabled Alaskans to call home and feel a part of a community, thus helping them to stay independent longer, The Assisted Living Licensing program licenses assisted living homes according to State guidelines (those homes that house only one or two residents and do not receive state or federal funding are exempt from licensing requirements); provides orientation on State regulations, licensing and fees; investigates complaints alleging violation of State guidelines; answers questions and maintains a current list of licensed assisted living homes around Alaska; monitors homes to ensure that they are clean, safe, sanitary and are providing appropriate meals and activities for their residents; and provides technical assistance and coordinates training to assisted living home providers.

There are 226 assisted living homes statewide (with 1,869 beds as of December, 2006) licensed for seniors as of early 2007. Additional homes are licensed to care for people with developmental disabilities and individuals with mental illness. The Assisted Living Licensing program is contained within the Certification and Licensing Section of the Division of Public Health, in DHSS.

**Background Check Unit.** The recently-created Background Check Unit of the Division of Public Health's Certification and Licensing Section provides centralized background check support for health, safety and welfare programs that are subject to the licensing and certification authority of the Department, or that are eligible to receive payments (such as grant funds and Medicaid reimbursements) from the Department. All staff serving vulnerable populations in these programs are subject to the background check requirements. Employers may complete online background check applications before hiring personal care attendants or staff for assisted living homes, senior centers, and many other programs serving seniors.

**Emergency Planning and Preparation.** Alaska's Sole state agency on aging will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

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

DPH strives to reach as many special populations as possible in their outreach activities. Workshop topics range from general all-hazards emergency preparedness to specific disease-related topics such as pandemic influenza or norovirus (a virus which causes acute gastrointestinal distress, often found

on cruise ships and in nursing homes and health care facilities). In 2006, the Division's presentations reached representatives from 106 communities in the state. In addition, the State's public health nurses are regular participants in local health fairs statewide where they discuss emergency preparedness, planning and response issues with attendees of all ages.

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

During FY 2008, the Alaska Commission on Aging and the Division of Senior & Disabilities Services will work with both the Division of Public Health and the Department of Military & Veterans Affairs to identify emergency preparedness issues of particular concern to the senior population and to coordinate outreach efforts through senior provider organizations.

## **Information Resources**

**Senior Information Office.** As part of the Medicare Modernization Act (MMA) of 2003, the Senior Information Office was established and housed in the Division of Senior & Disabilities Services. The office provides a toll-free number that seniors may call during business hours for information on financial aid for prescription drugs, local doctors who accept Medicare patients, details on State safety net program eligibility and other aging benefits. As one of the most prominent senior programs offering a toll-free hotline, the office receives calls from at least 20 older Alaskans a day, helping people resolve Medicare issues, insurance claims and appeals, or directing them to the programs most likely to meet their needs.

This office also manages the Alaska SMP (Senior Medicare Project) and the Alaska State Health Insurance Assistance Program, or SHIP, a national program that offers one-on-one counseling and assistance to people with Medicare and their families. All the programs in the Senior Information Office are federally funded.

Part of the ongoing process of informing seniors of programs available within the MMA is nurturing of the State of Alaska's volunteer corps. During 2005 the office provided training for 78 statewide volunteers to assist Medicare recipients, including helping seniors select an optimum prescription drug plan under Medicare Part D. These volunteers come from the community of providers and have daily opportunities to spread the word on preventive services, prescription drug plans, Medicare rights procedures, and other Medicare-covered services. In 2005, Anchorage was chosen as one of ten cities to pilot an initial Enrollment

Assistance Network (EAN) site. Volunteers were trained at the chosen site (Providence Alaska Medical Center) to staff a Medicare Prescription Drug Plan (PDP) enrollment site from November 15, 2005 through May 15, 2006 (the PDP's initial enrollment period). Several other EAN sites were set up within senior centers and Indian Health Service clinics to complete the outreach efforts for the first Medicare PDP enrollment. According to CMS (2007), Alaska enrolled 34,697 individuals into the Medicare PDP during that effort.

A further volunteer training conference in 2006 prepared 38 volunteers from across the state to assist with the next enrollment period, which ran from November 15, 2006 through December 31, 2006. An extensive information campaign was conducted in both urban and rural areas of the state, using both media outlets and materials provided through DMV offices, home-delivered meal programs, and senior centers. The result of this outreach effort was increased enrollment numbers for the Medicare PDP. According to CMS (2007), Alaska had 42,693 enrollees in the PDP as of January 2007.- an increase of 8,014 individuals over those enrolled in the previous (2005-2006) campaign.

Alaska's ongoing approach to maintaining the Medicare Modernization Act (MMA) 2003 programs will continue collaborative efforts to improve services and follow-up assistance with beneficiaries in the provision of MMA-covered services. This includes education to encourage beneficiaries to take advantage of the Medicare preventive services such as bone mass measurements, and screening for colorectal cancer, breast cancer, cervical cancer and diabetes.

Alaska strives to expand the current program activities to enlist volunteers to support and provide assistance to beneficiaries and their care providers throughout the State of Alaska. Consistent monitoring as well as collecting and reporting information on beneficiaries participating in the State's aging programs will help to measure and evaluate the performance of the Medicare projects in reaching and educating beneficiaries about Medicare services.

**Alaska's Aging and Disability Resource Centers.** The State of Alaska was awarded a grant to begin the implementation of Aging and Disability Resource Centers (ADRC) in 2004. The ADRC is a collaborative effort of the Administration on Aging and the Centers for Medicare and Medicaid Services designed to streamline access to long-term care. The ADRC initiative supports state efforts to develop "one-stop shop" programs at the community level to help people make informed decisions about their service and support options and serve as the single point of entry to the long-term care support system. Alaska is using ADRC grant funds to better coordinate and redesign its existing system of information, assistance and access by forming strong state and local partnerships between the State Independent Living Centers, Alaska Housing Finance Corporation, Division of Senior and Disabilities Services, Alaska Commission on Aging, Division of Public Assistance, senior service providers and developmental disability service providers.

In the initial phase, the Alaska Housing Finance Corporation managed the grant through a partnership with the State Independent Living Centers. The Independent Living Centers currently serve as Alaska's ADRC and are located in five regional centers statewide: Juneau, Anchorage/Mat-Su, Fairbanks, Kotzebue, and Kenai. The first phase of this project targeted seniors and individuals with disabilities, working toward the goal of serving all individuals with long-term care needs regardless of their age or disability. These centers provide information and assistance to individuals needing either public or private resources, professionals seeking assistance on behalf of their clients, and individuals needing information or assistance in applying for Medicare Part D. Alaska's ADRCs served 3,031 consumers during 2006, 30 percent of whom were age 60 and older.

During phase two of the grant, management of the ADRCs will be transitioned to the Division of Senior and Disabilities Services (DSDS). Currently, DSDS manages state-funded long-term care programs including the Older Americans Act funds, Medicaid Waiver services, Medicaid Personal Care Attendant services, Pioneer Homes, Adult Protective Services, as well as home- and community-based grant funded programs for seniors and individuals with developmental disabilities who do not qualify for services under the Medicaid programs. DSDS will provide sustainability for the ADRC by consolidating its information and referral system into a single, coordinated system of information and access for all persons seeking long-term care support. Under this plan, the regional ADRCs, currently located in the Independent Living Centers (ILCs), will be the point of contact for individuals as well as local ADRCs to be located in senior centers and community provider agencies. The coordination of information and access services between the ILCs and local agencies will support a "no-wrong-door" approach that allows the consumer to obtain information and access to services where they would most naturally enter the long term care system. Currently 30% of all Alaska's Independent Living Center consumers are seniors and with the implementation of the ADRCs that share is growing.

## **Senior Housing Supports**

**AHFC Senior Housing Office.** By statute, the Alaska Housing Finance Corporation (AHFC) promotes adequate, accessible, secure and affordable housing for low-income Alaskans, including seniors. AHFC provides housing through the provision of public housing, seniors and disabled housing, and Section 8 housing programs.

Seniors age 62 and older or persons with a verifiable disability age 18 and older may apply to rent housing at any of 11 HUD senior housing facilities managed by AHFC and located throughout the state. The facilities have a total capacity of 611 one-bedroom units. Currently all these facilities are fully occupied and there are wait lists for potential residents. As of the end of 2006, there were a total of 1,236 people on wait lists for senior facilities statewide; 625 of them were seniors age 62 or older. According to AHFC, the totals should be reduced by

about 200 people to account for those who are on more than one wait list due to their eligibility for multiple programs. In addition, many seniors prefer to use the Section 8 voucher program, which allows them to live anywhere so long as the landlord accepts the voucher for federally subsidized rent.

Households with incomes below 50% of the area median household income may apply for assistance through the Housing Choice Voucher Program. This program allows families to pay no more than 30% of their income toward rent, with the balance supplied by the voucher. There is also a wait list for this program. Persons with acute need, such as those who are homeless, fleeing domestic violence, or paying more than 50% of their income for rent, have the highest priority on the waiting list.

AHFC also supports privately developed housing projects designed to serve seniors through various grants, loans, and tax credit programs. The Greater Opportunities for Affordable Living (GOAL) program, including the Low Income Housing Tax Credit Program; the HOME program; and the Senior Citizens Housing Development Fund are among the programs which underwrite senior developments, in addition to those housing special needs and low-income families. Senior developments account for about 25% of those total dollars. AHFC also provides smaller pre-development grants from the Senior Citizen Development Fund to provide funding for site control, market studies, and zoning issues. In FY 2004, AHFC awarded \$3.4 million in grants and employed \$20 million in federal tax credits to develop 177 units in seven projects for seniors and other Alaskans with a total development cost of \$32.2 million.

## **Home- and Community-Based Services**

**Home- and community-based services (HCBS)** provide needed care to seniors and individuals with disabilities in their own homes or communities, thus allowing them to remain with their families or in familiar communities, and also vastly reducing the cost of care compared to the care they would receive in a skilled nursing facility.

For individuals who meet income and asset requirements as well as “level of care” requirements (that is, the need for a nursing home level of care), the Medicaid Waiver program provides an array of home- and community-based services. For those with somewhat higher incomes or who do not meet the waiver’s level of care requirements, grant services are available through organizations statewide to help pay the cost of home- and community-based services. The grants are provided through a combination of federal (Older Americans Act) funding, State general funds, and Mental Health Trust Authority funds. Unfortunately, the components of the grant fund sources have not increased in recent years to keep pace with the needs of Alaska’s rapidly growing senior population.

According to the senior advocacy group AgeNet, the cost of providing HCBS

through the grant-funded Flexible Long-Term Care Supports program averages between \$8,000 and \$13,000 per year for an individual with ADRD. Caring for the individual in an assisted living home costs from \$36,000 to \$78,000 per year; and care in a skilled nursing facility costs from \$86,870 (Soldotna) to \$281,780 (Nome) per year. Obviously, helping families to provide needed care at home not only satisfies the preferences of the individual and their family, but saves 90% or more of the cost of skilled nursing care.

These grant-funded services provide adult day care, care coordination, respite care, and in some cases other services such as the AMHTA-funded mini-grants for individuals with ADRD.

The State offers the following HCBS programs:

**Medicaid Personal Care Assistant (PCA) Program.** The Personal Care Assistant (PCA) program provides home care services to Medicaid-eligible seniors and others. These services enable low-income frail elderly Alaskans and functionally disabled, physically disabled, and frail Alaskans to live in their own homes and communities, instead of being placed in a more costly and restrictive long-term care institution. The program provides services that help individuals accomplish activities of daily living such as bathing, dressing and grooming, shopping, cleaning, and other activities that require semi-skilled or skilled care.

Services are provided through two different Personal Care Assistant models. The agency-based PCA program (ABPCA) allows consumers to receive services through an agency in which a registered nurse oversees, manages, and supervises their care. This model has been operational for over 10 years. The consumer-directed PCA program (CDPCA) allows the consumer to manage his or her own care by selecting, hiring, training, and supervising his or her own Personal Care Attendant. The agency provides administrative support to the consumer and the PCA. This model became operational in 2001. Unlike programs using the popular “cash and counseling” model where the consumer is the employer and receives a specific amount of money to cover a given time period, the CDPCA program in Alaska utilizes a PCA agency as the employer; while the consumer makes the decisions about who to hire and how to train that person, the agency turns in the timesheets and bills Medicaid. About half of the clients in each of the personal care assistance programs are seniors.

**Medicaid Waiver Program.** This program gives low-income individuals certified to need the services of a skilled nursing facility the opportunity to “waive” nursing home placement and instead receive home- and community-based services. This allows them to be served in non-institutional settings and have greater choice in the care they receive. The care is also much less expensive than care delivered in a nursing home. The program is administered by the Division of Senior & Disabilities Services.

The Department of Health & Social Services determines an individual’s eligibility

through a rigorous evaluation process. The Department certifies income and performs an assessment of the level of services required by the applicant. Waivers can be applied to services provided in individuals' homes or in assisted living facilities.

The program offers four waivers, each for a specific group of Alaskans. The Older Alaskans (OA) waiver is targeted to seniors. The OA waiver provides services to low-income senior Alaskans who are qualified for the level of care provided to a client in a nursing home but who wish to remain in their own homes or communities. Services include care coordination, private duty skilled nursing, adult day care, meals, respite care, transportation, chore services, and medical equipment. In FY 2004, the OA waiver served 1,294 seniors, with services in 79 communities, at an average cost of \$21,155 per beneficiary. This expenditure helped to avoid the much higher cost of nursing home care, estimated to average about \$155,000 per person per year in 2005.<sup>14</sup>

Alaska is one of a small number of states that does not provide Medicaid waivers to individuals with a primary diagnosis of Alzheimer's Disease and Related Disorders (ADRD).

## Senior Grant Programs

**Home- and Community-Based Services Grants.** For those seniors who do not qualify for the Medicaid waiver because of their income, their diagnosis (those with ADRD or traumatic brain injury with no other qualifying condition, for example, do not qualify for the waiver, which utilizes a medical model of need), or their assessed level of care needed, the home- and community-based care grants help pay for services to help these seniors continue living in their homes. Grant services mirror the services provided under the Older Alaskans waiver. Providers must be Medicaid-certified. Services are provided under the Senior In-Home Services, Adult Day Services, National Family Caregiver Support, ADRD Education, Support and Mini-grants, and Geriatric Education programs. The State of Alaska has received federal Title III (E) funds from the National Family Caregiver Program under the reauthorization of the Older Americans Act since FY 2001.

The home- and community-based care grants operate through non-profit grantee agencies. Funding is distributed through a competitive grant process which is jointly administered by DSOS and the Grants and Contracts Support team unit of DHSS' Division of Finance and Management Services. The program provides services to physically frail individuals 60 years of age and over, individuals of any age with Alzheimer's disease or related disorders (ADRD), and caregivers. The grant programs have no income requirements, but a sliding fee scale is used for client contributions toward the cost of services. The program goal is to help these Alaskans maintain as much independence as possible, and to improve their

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<sup>14</sup> Report on the Economic Well-Being of Alaska Seniors, Alaska Department of Health & Social Services and others. 2007.

quality of life at home or in a community-based setting. The HCB senior grants are partially funded by Title III Older Americans Act funds, with additional funding from State general funds and Mental Health Trust Authority Authorized Receipts (MHTAAR).

## **Grant-Funded Services**

### **Senior In-Home Services:**

Historically, the service components of this program were offered through separate grants for Care Coordination, Respite Care, and Innovative Respite/ ADRD Support Services. Originally the Innovative Respite project was funded by the Alaska Mental Health Trust Authority and focused on services to best meet the needs of individuals with ADRD and their families by increasing the flexibility in the delivery of respite services. Upon completion of the federal Alzheimer's Demonstration Project, it was determined that the provision of case management was a key component for supporting individuals with ADRD and their caregivers. As a result, the Innovative Respite project was expanded to include wrap-around services for the individual and renamed "ADRD Support Services." In July, 2006, thanks to the successful outcomes of the project, DSDS restructured and combined the previous components to create one project called Senior In-Home Services and made it available to a broader population throughout the state. Consolidation also allowed for a more streamlined grant application process for providers.

Services under the Senior In-Home Services project include Care Coordination (Case Management), Chore, Respite and Extended Respite:

- Eligibility for services is to individuals who do not qualify for services under the Choice Medicaid Waiver program and meet criteria of the intended target population and priority of service.
- Services target persons of any age with Alzheimer's disease or related dementia and persons 60 years of age and older with physical disabilities (which includes frail elders) or mental health issues who are at risk of institutional placement.
- Priority of service is given to eligible individuals who are at risk for institutionalization, have greatest social and economic need, are Alaska Native, or are residing in a rural area.

Service Components of the Senior In-Home Services Program include:

- **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. Funding sources include the Older Americans Act Title III(E) funds and State general funds.

- **Chore:** Chore services assist the client in keeping a safe and clean environment to enable them to live independently in their own home. Services can provide assistance to individuals who are unable to perform one or more of the following instrumental activities of daily living (IADL's): meal preparation, shopping for personal items, managing money, using the telephone, performing light housework, performing heavier housework, yard work, or sidewalk maintenance. Funding sources include the Older Americans Act Title III(B) funds and State general funds.
- **Respite Care and Extended 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 Senior In-Home Services 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. Funding sources include the Older Americans Act Title III(E) funds and State general funds.

### **Adult Day Services:**

There are grant funded adult day services located in eleven communities throughout 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 helps individuals maintain function even while the disease progresses. Adult day programs also provide respite, education, and support to caregivers. Funding source is 100% State general funds.

### **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.

Currently, there are eight National Family Caregiver Support programs throughout the state of Alaska. Three of these programs offer services on a statewide basis: (1) services to caregivers serving elderly individuals with no program in their area; (2) services focusing on the legal needs of caregivers; and (3) services to grandparents raising grandchildren. Some of the highlights of the Grandparents Raising Grandchildren program include a statewide “warm-line” or support line for grandparents, a website with resources, a monthly statewide newsletter focusing on topics for grand-families, monthly breakfasts, a Kinship Caregiver’s Resource Guide, voucher-type respite services, and a summer camp that includes respite, support and training for grandparents, and many activities for the children.

In administering federal funds for the National Family Caregiver Support program, 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. The categories are:

- information Services

- access
- individual counseling, support groups and training
- respite
- supplemental Services

Under Title III (E) of the reauthorized Older Americans Act of 2006, eligible populations have been broadened and now include:

- caregivers of individuals with Alzheimer’s disease;
- family caregivers of older adults (60 years of age or older); and
- grandparents or relative caregivers (55 years of age or older) caring for a child related by blood, marriage, or adoption. Child is defined as an individual not more than 18 years of age, or an individual with a disability (e.g., an adult child with a disability).

States are required to give priority consideration to caregivers who are older individuals with greatest social need and/or greatest economic need with particular attention to low-income older individuals; caregivers of older individuals with Alzheimer’s Disease; and/or older individuals caring for individuals with severe disabilities, including children with severe disabilities.

**ADRD Education, Support and Mini-Grants.** The ADRD Education, Support and Mini-grants program provides funding for statewide education and support services to people with Alzheimer’s Disease or Related Disorders and their caregivers as well as providing education about ADRD to the general public, health care professions, professional caregivers, agencies and organizations. These ADRD education and support services include:

- support to families which assists them to maintain the ADRD client at home, forestalling or preventing institutionalization;
- dissemination of information to families and the general public regarding the process, prevalence and research findings of ADRD;
- promotion of general awareness statewide of ADRD and the impact on families and communities; and
- advocacy for services for persons with ADRD

This program is also responsible for the statewide distribution of mini-grants to individuals who experience ADRD. These mini-grants can include, but are not limited to, therapeutic devices, access to medical, vision and dental, special health-care, and other supplies or services that might remove or reduce barriers to an individual’s ability to function in the community and become as self-sufficient as possible. Funding source is 100% Alaska Mental Health Trust Authority funds.

<b>SFY 06 HCB GRANT SERVICES TO SENIORS AND THEIR CAREGIVERS</b>									
Adult Day Services	Number of Individuals Served	Units of Service	% ADRD	% Rural	%Minority	% Below Poverty	# of Service Providers	# of Communities Served	Funding Source
<b>Senior In-Home Services</b>	520	234,759 hours	67%	45%	29%	53%	12	11	State GF/MH
Care Coordination	963	18,726 contacts	32%	58%	44%	40%			State GF/MH & MHTAAR
Chore	225	12,783 hours	44%	73%	29%	54%	13	117	
Respite/Extended Respite	251	41,486 hours							
<b>National Family Caregiver Support Program</b>									
a. Direct Service to Caregivers of Elderly and Grandparents Raising Grandchildren	1661	5698 hrs/sessions	N/A	65%	36%	Not required	8	Statewide	\$777,878 Federal Title III-e 25% State & Grantee match
b. Outreach and Educational Activities	222,309 Potential Caregivers	833 Activities							
<b>Senior Residential Services</b>	20	Assisted Living Facilities	5%	100%	100%	75%	2	Kotzebue & Tanana	\$815,000 State GF

<b>OTHER SENIOR GRANT PROGRAMS</b>			
Services Provided and number of Contacts or Participants	# of Providers	Region's Served	Funding Source
10,021 I & R Contacts; 248 Individuals/family consultations; 619 individuals attended support groups; 403 unduplicated providers were contacted; 196 individuals attended training or education provided	1	Statewide	\$115,443 State GF/MH + 10% grantee match
154 mini grants were dispersed to individuals/families with ADRD			\$260,300 MHTAAR - No match
45 participants in the UAS ADRD Distance Certificate Program; 178 Participants in UAS ADRD Training Conferences; 320 participants in UAA's Geriatric/Gerontology Education Training Series including the Promoting Best Practices in Elder Health and Long Term Supports Conference; 46 Seniors received specialized care coordination and 18 family caregivers were identified and provided services through the Geriatric Education and Training Behavioral Health Emphasis pilot project; 295 participants (mostly direct service staff) received training through the Geriatric Education and Training Mini-Grants program.	UAS, UAA and provider mini-grants	Statewide	\$125,000 MHTAAR

Figures are based on information submitted to the Division of Senior and Disabilities Services by grantees in quarterly programmatic reports. Figures may include unavoidable duplicated counts, as some clients may receive multiple services. The Division of Senior and Disabilities Services has begun using SAMS 2000 to track all data from Senior Grant programs. The National Family Caregiver Program and NTS grantees went on line in the SFY 2006 and all other Home and Community Based services programs went on line SFY 2007. Note: Reporting poverty levels was optional for DSDS programs.

## **Geriatric Education & Training:**

The Geriatric Education and Training project provides training opportunities statewide for care coordinators, direct service caregivers, health professionals, family caregivers and the general public through a variety of activities focusing on strategies and interventions for working with older adults who are beneficiaries of the Mental Health Trust Authority which are individuals who experience ADRD, mental illness, substance abuse or developmental disabilities. Activities are available throughout the year in different communities throughout the state and via distance delivery by the University of Alaska Geriatric Education Center and service providers. Agencies are encouraged to collaborate and to advertise trainings.

## **Senior Residential Services (SRS):**

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. Funding source is 100% State general funds.

## **Nutrition, Transportation and Support Services:**

Nutrition, Transportation and Support Services (NTS) are funded through the Older Americans Act (OAA) under Title III and State general funds, 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 Division of Senior and Disabilities Services (DSDS) solicits for grant proposals every three years, 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 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, 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.

NTS grant funds are distributed statewide based on the State Plan funding guidelines and criteria detailed in the Request for Proposals. Services funded by the Nutrition, Transportation and Support Services grant program include:

congregate and home delivered meals; nutrition education and counseling; health education and services; assisted (escorted) and unassisted transportation, homemaker; outreach and information and assistance; health promotion and disease prevention, statewide legal and media services, and supportive community services such as Senior Companion, Retired Senior Volunteers, and Foster Grandparent/Elder Mentor Programs.

**NTS Cluster 1: Registered Services** (for the most vulnerable seniors) include:

**Homemaker** – Provides assistance to individuals with the inability to perform one or more of the following activities of daily living without personal assistance, stand-by assistance, supervision, or cues:

- prepare meals
- shop for personal items
- assist with paperwork for financial, health care, insurance, other issues
- use the telephone on seniors' behalf, or assist senior with telephone
- escort or assist to medical appointment or other errands (does not include providing the transportation)
- do light housework

**Home Delivered Meals** – Meals that provide a minimum of 1/3 of the USDA daily recommended dietary allowances (each) are delivered hot, cold, frozen, canned, or as supplemental foods to seniors who are unable to travel to a congregate meal site because they:

- reside in an area where congregate meals are not available
- are homebound
- are disabled, physically, mentally, or socially, such that attending a congregate site would negatively impact or risk that person's health or well-being or that of other congregate meal consumers

Adequate nutrition is critical to health, functioning, and quality of life. Meals served under Title III meet the following criteria:

- Providers serve at least one hot or other appropriate meal per day (except under relevant limiting circumstances) and any additional meals which the provider elects to offer.
- Providers solicit the advice of a dietitian or licensed nutritionist to ensure cycle menu plans contain 33 1/3% of the recommended daily allowances per meal and complies with the Dietary Guidelines for Americans.
- Meals are adjusted, to the maximum extent practicable to meet special dietary needs of consumers and appeal to program participants.
- Providers must assure the safe and sanitary holding and transit time for the meals and must comply with applicable State and local laws regarding the safe and sanitary handling of

food, equipment, and supplies used in storage, preparation, service, and delivery of meals.

- Providers offer nutrition screening, record characteristics data of participants, and where appropriate, refer for nutrition education and counseling.

Volunteers and paid staff who deliver meals to homebound seniors often spend some time with them, which helps reduce their feelings of social isolation. Delivery personnel are also trained to check on the welfare of the seniors and report any health or other problems that they may note during the delivery visit.

Seniors receiving Cluster 1 Registered Services are screened to determine if they are unable to perform the following activities without personal assistance, stand-by assistance, supervision, or cues:

Activities of Daily Living (ADLs)

Eating  
Dressing  
Bathing  
Toileting  
Transferring in/out of bed/chair  
Walking

Instrumental Activities of Daily Living (IADLs)

Preparing meals  
Shopping for personal items  
Medication management  
Managing money  
Using telephone  
Doing heavy housework  
Doing light housework  
Using available transportation

**NTS Cluster 2: Registered Services** include:

**Congregate Meals** - These meals are served at sites that are open to the public, including adult day care facilities and multigenerational meal sites (schools). The sites are in as close proximity and as accessible to the majority of participants as feasible. Providers establish policies and procedures including eligibility and wait list criteria and may offer meals to individuals providing volunteer service during meal hours, spouses (of eligible participants) who are under 60, and individuals under 60 with disabilities, residing in a housing facility primarily occupied by eligible adults where congregate meals are offered.

The criteria for Home Delivered Meals 1-5 also apply to Congregate Meals. Under the Older Americans Act (OAA) Title III meal service providers are also eligible to receive a reimbursement per meal through the OAA Nutrition Services Incentive Program. This program provides incentive for the effective delivery of nutritious meals to older adults. There are 29 congregate meal sites across Alaska, primarily at senior centers, and 27 home-delivered meal providers.

**Nutrition Counseling** - This service to seniors (and/or caregivers) provides consultation by a nutrition professional in accordance with state law (licensed

nutritionist), specific to identified nutrition risk due to:

- nutrition and health history
- inadequate dietary intake
- diet prescription by a medical doctor
- medication use
- acute or chronic condition

The State of Alaska Senior Grants Program also employs a Registered Dietician (R.D.) who consults with meal program providers by reviewing their menus to ensure that planned meals include at least one-third of USDA daily recommended dietary allowances.

**Assisted Transportation** - This service provides help, through an escort, for vehicular transportation, to a senior with physical or cognitive difficulty.

### **NTS Cluster 3: Non-Registered Services**

These services do not require screening data and provide services to the over 60 general population. These services help seniors to remain healthy, active, and involved in their community of choice.

**Unassisted Transportation** – A means of vehicular conveyance from one location to another (not including any other activity) is the purpose of this service.

Providers of transportation services are encouraged to become active members in a Coordinated Transportation System in their area. This participation is a requirement for applying for additional grant funding through the Department of Transportation & Public Facilities (DOT&PF) coordinated transportation program, which is funded by federal dollars and the Alaska Mental Health Trust Authority (AMHTA). Coordinated transportation agreements improve the quality and cost effectiveness of local transportation strategies and services by pooling the resources of local programs to increase the transportation services available to elderly and disabled residents. They support the development of comprehensive and coordinated systems of care for seniors.

Informal inquiries to Title III transportation providers indicate that seniors are asking for more transportation and the cost of gas has had a prohibitive effect on increasing services to meet the need.

Currently several entities, including some Title III providers, are submitting proposals for funds made available under individual Federal Transit Administration sections, the Alaska Mental; Health Trust Authority, and the Alaska DOT&PF. Needs assessments are required for the grant applications and a Coordinated Transportation Plan is necessitated by current implementation of SAFETEA-LU (the Safe, Accountable, Flexible, Efficient Transportation Equity Act – a Legacy for Users, which authorizes the federal surface transportation programs for the 5-year

period from 2005 through 2009). The Division of Senior & Disabilities Services collaborates by participating in the Proposal Evaluation Committee.

DOT&PF staff work with communities to create plans for senior transportation, providing technical assistance when needed. Under the United We Ride program, a national program to enforce the president's executive order on human services transportation that was signed in February 2004, Alaska's DOT&PF has asked the commissioners of state departments involved with human services to comment on a draft state executive order and to designate a representative to serve on the new Governor's Coordinated Transportation Task Force.

**Health Promotion and Disease Prevention 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. Medication management is provided to seniors in collaboration with the University of Alaska Geriatric Education Center and the National Council on Alcohol and Drug Dependence.

**Legal Assistance** - This statewide service provides legal advice, counseling and representation by a legal professional or other person operating under the supervision of a legal professional in civil matters. Home visits can be arranged. Each office has a community advisory board which sets priorities. In general, priorities are:

- income maintenance
  - Social Security retirement
  - disability benefits
  - Adult Public Assistance and Food Stamps
  - property tax exemption
- health care
  - Medicare
  - Medicaid
- housing
  - private landlord-tenant
  - public housing
  - nursing homes
  - assisted living
- consumer
  - consumer fraud
  - unfair debt collection practices
  - bankruptcy
- estate planning
  - wills
  - living wills
  - powers of attorney
- family
  - guardianship
  - conservatorship

- assistance for grandparents raising grandchildren
- protection from abus

The legal needs of the target population are also addressed through regular coordination, networking, and referrals from other agencies that serve seniors. Public education services are also offered. Alaska Legal Services provides these services utilizing NTS grant funds and other State and federal resources.

**Information & Assistance** - This service has two components:

- **Information** - Collect and disseminate current and comprehensive information regarding opportunities and services available for participating (and non participating) consumers, including information relating to assistive technology and information relating to mental health services.
- **Assistance** - Assist seniors and their caregivers to obtain services to:
  - Screen for capacities and problems of a senior citizen
  - Link (refer) consumer with opportunities and services available
  - To the maximum extent possible, ensure that consumers are aware of opportunities available and have received the services needed by establishing adequate follow up

**Outreach** - These activities are initiated by a provider for the purpose of identifying potential consumers and/or their caregivers and encouraging the use of comprehensive existing services and benefits. Cooperative agreements are strongly encouraged.

**Media** – Provides a statewide monthly publication (*The Senior Voice*) to inform seniors of legislative issues; events and activities; other relevant news; health issue awareness and information; and provide a forum for seniors and their families and friends to voice their opinions through essays and letters to the editor.

**Community Services** – Title III helps fund the operation of a comprehensive statewide support network for structured community service programs for senior volunteers. Income-eligible volunteers may receive a tax-exempt stipend for acting as a Senior Companion or Foster Grandparent. The programs offered are:

- **Senior Companion Program**– Matches qualified senior volunteers with seniors in need at senior centers, adult daycare facilities, and direct service in homes of seniors.
- **Foster Grandparents/Elder Mentor Program**- Provides tutoring and mentoring to children at risk by coordination with schools and daycare facilities.
- **Retired Senior Volunteers Program** – Matches qualified retirees with a charitable organization and coordinates activities. (RSVP volunteers do not receive a stipend.) This program is run by Volunteers of America – Alaska.

**Service Summary for the period 10/01/2005- 9/30/2006 (FFY 2006):**  
**(Counts are unduplicated by service type)**

Cluster 1 Registered Services	Seniors Served	Service Units
Homemaker	396	11,395 hours
Home Delivered Meals	3,002	444,118 meals

**Cluster 2 Registered Services**

Congregate Meals	8,029	283,297 meals
Nutrition Counseling	1,717	5,454 contacts
Assisted Transportation	1,598	83,199 one-way rides

**Cluster 3 Non-Registered Services**

Unassisted Transportation	2,361	142,506 one-way rides
Legal Assistance	1,006	5,421 hours
Nutrition Education	3,665	7,057 contacts
Information & Assistance	21,362	99,615 contacts
Outreach	4,192	4,812 contacts
Media	15,000 consumers	45,000 editions
Community Services	1,897	274,693 hours

Source: DSDS, 2007

The unduplicated count of seniors receiving Registered Services (clusters 1 & 2) during federal fiscal year 2006 was 10,681; the estimated unduplicated number of seniors receiving Unregistered Services during FFY 2006 was 17,274. The total estimated unduplicated number of seniors served by these programs in FFY 2006 was 24,151.

**Funding for Senior Grants Programs- FY2006-2008**

These numbers represent the total amount of grants awarded during each year of the three year grant cycle.

I. Nutrition, Transportation and Support Services Grants: \$5,399,227

Funding Source: Title III B, C1, C2, and D and State Match

II. Home and Community Based Services Grants

Adult Day: \$1,413,073

Funding Source: State General Funds

ADRD Education, Support, and Mini-grants: \$375,743

Funding Source: State General Funds and MHTAAR

\*Elders with Co-Occurring Disorders: \$90,000  
Funding Source: MHTAAR and Title III D

National Family Caregiver Support Program: \$900,624  
Funding Source: Title III E and State Match  
Nursing Facility Transition Program: \$120,000  
Funding Source: State General Funds  
Senior In-Home Services: \$2,149,985  
Funding Source: State General Funds

Senior Residential Services: \$815,000  
Funding Source: State General Funds

\*Geriatric Education and Workforce Development: \$142,500  
Funding Source: MHTAAR and Title III D

\*No MHTAAR funding after FY2007

**Title VI Programs.** Alaska Native tribal organizations in Alaska receive funding through Title VI of the Older Americans Act for a total of 36 programs. Title VI grants are direct 3-year grants from the federal government to tribal organizations. Current (2007) Alaska Title VI grants range in amount from \$73,620 to \$179,810 annually depending on the number of elders served in the tribe's service area. The Division of Senior & Disabilities Services coordinates closely with these entities; in some cases, Title III and Title VI funds are combined by providers to fund senior meal programs and other common services. There are 15 Title VI programs which also receive Title III funding from the State of Alaska.

Title VI grantees are required to provide nutrition services and information and assistance services. If there are sufficient funds, they may offer additional supportive services such as transportation. Most of the grantees also receive funds under Part C for caregiver services.

Title VI grants are provided to the following organizations in Alaska:

Aleutian Pribilof Islands Association  
Arctic Slope Native Association (Barrow) – contracts with North Slope  
Borough Health Dept. to provide services in villages  
Association of Village Council Presidents (AVCP) (Bethel)  
Bristol Bay Native Association (BBNA) (Dillingham)  
Central Council, Tlingit & Haida (CCTH) (Juneau)  
Chugachmiut (Prince William Sound area)  
Copper River Native Association (CRNA) (Copper Center/Glennallen)  
Denakkanaaga (Interior villages)

Fairbanks Native Association (FNA)  
 Kenaitze Indian Tribe (Kenai)  
 Kodiak Area Native Association (KANA) – 2 grants  
 Kuskokwim Native Association (KNA)  
 Maniilaq Association (Kotzebue)  
 Metlakatla Indian Community  
 Native Village of Barrow – contracts with North Slope Borough Health Dept.  
     to provide services  
 Native Village of Eyak (Cordova)  
 Native Village of Fort Yukon  
 Native Village of Gambell  
 Native Village of Point Hope  
 Native Village of Savoonga  
 Native Village of Unalakleet  
 Seldovia Village Tribe  
 Southcentral Foundation  
 Southeast Senior Services (does not receive Title VI funds directly, but  
     provides services under contract with the communities of Angoon,  
     Craig, Yakutat, Hoonah, Ketchikan, Klawock, Sitka and Wrangell)  
     - 7 grants  
 Tanana Chiefs Conference – 5 grants

**Workforce Development Initiative.** In Alaska, as well as other states, workforce shortages and limited funding to recruit, train, and maintain direct service workers create obstacles to providing home- and community-based services in rural and urban areas throughout the state. In Alaska, this is compounded by the great distances between communities and often their remote locations. The Alaska Mental Health Trust Authority (AMHTA) recognized the growth in its beneficiary populations and the challenges of workforce shortages they face now and in the future. AMHTA beneficiaries include Alaskans who experience mental illness, developmental disabilities, chronic alcoholism, or ADRD. In 2006, the AMHTA began sponsoring a workforce steering committee to work on the AMHTA Workforce Development Initiative, which was prepared by the Western Interstate Commission for Higher Education (WICHE) Mental Health Program.

The purpose of the initiative was “to bring stakeholders together to strategically discuss and examine the workforce trends and demands in Alaska, including recruitment, retention, education, training, and career opportunities. The goal of the project is to expand upon the current workforce efforts and to increase communication between systems and initiatives to foster a more coordinated strategy that maximizes resources and decreases duplication.” In late 2006 the Trust accepted the AMHTA Workforce Development Initiative as one of its focus areas and is committed to providing funding for state fiscal years 2008 and 2009.

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## NOTES

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# **Working for Alaska Seniors: Goals, Objectives, and Strategies**

## **Goal One:**

Alaskan seniors stay healthy, active, and involved in their communities.

## **Goal Two:**

Older Alaskans have access to an integrated array of health and social supports along the continuum of care.

## **Goal Three:**

Families are supported in their efforts to care for their loved ones at home and in the community.

## **Goal Four:**

A range of adequate, accessible, secure and affordable housing options is available to seniors.

## **Goal Five:**

Alaska supports a stable workforce for senior and health care services as well as a range of attractive employment opportunities for seniors.

## **Goal Six:**

Older Alaskans are safe from catastrophic events and protected from personal exploitation, neglect, and abuse.

# Goals, Objectives, and Strategies

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## **Goal One:**

**Alaskan seniors stay healthy, active, and involved in their communities.**

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### **Objective:**

- A. Agencies and organizations will partner to promote healthy lifestyles and develop policies, programs, and activities to enhance the physical, mental, economic and social well-being of Alaskan seniors.
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### **Agency and Community Partnership Strategies:**

- 1.A.1 Partner with State and tribal agencies and local providers to implement statewide health promotion and disease prevention programs that are evidence-based and reduce health disparities. Programs will include nutrition and physical activity education, maintaining a healthy brain, mental health intervention, fall prevention, tobacco use and substance abuse education, chronic disease self management, and medication management.
- 1.A.2 Strengthen partnerships to increase seniors' access to statewide health screening services in order to identify chronic disease.
- 1.A.3 Encourage development of a comprehensive fall prevention program to assess seniors for risk factors, to help them improve balance and coordination, and to provide environmental design strategies to make homes, businesses, and communities safer.
- 1.A.4 Collaborate with senior care providers to develop and promote wellness education programs that emphasize nutrition and physical activity to prevent chronic disease or minimize its impact.
- 1.A.5 Promote the development of multi-generational programs to encourage healthy lifestyles and social well-being in seniors and young people.
- 1.A.6 Support communities and regional organizations in

creating “elder-ready communities” in preparation for the increased senior population expected in the next 25 years. This goal may include upgrading area housing, senior center, transportation and service infrastructure as well as service workforce development and public awareness efforts to build community commitment to such things as winter maintenance of safe sidewalks and parking lots and planning intergenerational activities.

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**Objective:**

- B. Information and education will be available to seniors, their families and communities, and organizations serving seniors to encourage the development of healthy lifestyle habits, financial security, and civic and social involvement.
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**Education and Public Awareness Strategies:**

- 1.B.1 Design and implement a campaign to raise awareness and encourage participation in health promotion and disease prevention programs throughout the state, including fall prevention, nutrition education, chronic disease self-management, physical activity, substance abuse awareness, medication management, and other programs that help keep seniors active and healthy.
- 1.B.2 Support the Division of Public Health and Alaska Commission on Aging’s “Healthy Body....Healthy Brain” campaign to promote lifestyles consistent with decreased risk factors for Alzheimer’s disease.
- 1.B.3 Promote money management classes as well as financial and estate planning classes and consultations which enable older people to make informed decisions about various concerns such as investments, wills, trusts, home sales, long-term care planning, reverse mortgages, and credit issues.
- 1.B.4 Encourage senior participation in a variety of education and support groups targeted to those with or at risk for chronic disease (e.g., diabetes, cardiovascular disease, arthritis), offering information and the opportunity to seek support for concerns.

- 1.B.5 Support health literacy programs for seniors and caregivers to assist them in sharpening reading, listening, math, and system navigation skills to increase their basic health knowledge, in order to help prevent health problems, properly manage chronic diseases, and access the professional care they need.
- 1.B.6 Support lifelong learning for seniors through universities, adult education centers, and other educational organizations.
- 1.B.7 Support programs to teach computer skills and internet information search strategies to seniors, while providing reasonable accommodations (i.e., other forms of information and assistance) to those who prefer not to use computers.
- 1.B.8 Encourage Medicare beneficiaries to take advantage of the Medicare preventive services such as bone mass measurements and screening for colorectal cancer, breast cancer, cervical cancer, and diabetes.

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**Objective:**

- C. Advocates will seek support for policy changes, programs, and activities needed to ensure that seniors can remain healthy, active, financially secure, and engaged in civic and social affairs.
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**Advocacy Strategies:**

- 1.C.1 Support maintaining or expanding current financial benefits and safety nets for seniors (for example, Social Security, SeniorCare, the Longevity Bonus, Energy Assistance, etc.), to enable them to live in their communities without undue financial hardship.
- 1.C.2 Support efforts to increase coverage for health promotion and protection, to safeguard and maintain seniors as healthy and productive members of the community.
- 1.C.3 Support a re-evaluation of state and national health care policies and overall system structure, encouraging a transition to an affordable, accessible system which provides health care for everyone.

- 1.C.4 Advocate for additional funding to provide increased statewide availability of nutrition education and nutrition counseling.
- 1.C.5 Support state and federal legislation to maintain the security of employee pensions.
- 1.C.6 Advocate for increased resources for expansion of transportation options in order to expand participation in the RSVP (Retired Senior Volunteer Program), Senior Companion, and Foster Grandparents programs, as well as volunteer positions with the Long-Term Care Ombudsman's Office and other civic organizations.
- 1.C.7 Advocate for more resources to support volunteer programs serving seniors.
- 1.C.8 Encourage providers of long-term care insurance to enhance their coverage and to offer coverage matching the services available in Alaska.

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**Goal Two:**

**Older Alaskans have access to an integrated array of health and social supports along the continuum of care.**

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**Objective:**

- A. Agencies and organizations will partner to promote awareness of the health and long-term care needs of seniors and to develop policies, programs, and activities to enhance infrastructure development and access to an integrated array of health and social supports along the continuum of care.

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**Community and Agency Partnership Strategies:**

- 2.A.1 Partner with other state agencies to streamline information and referral, eligibility determination, and access to services for seniors, their caregivers, and service providers by utilizing Aging and Disabilities Resource Centers (ADRCs) in conjunction with senior center information and assistance providers.

- 2.A.2 Develop and integrate a comprehensive array of information, intake, referral and counseling services through the ADRCs by developing a joint Medicaid/Older Americans Act screening, referral, and intake process.
- 2.A.3 Expand community-based services options to meet the needs of high-risk seniors who are not eligible for services under the Medicaid Waiver Program, including individuals with Alzheimer’s disease and related disorders (ADRD), developmental disabilities, behavioral health issues, and physical disabilities.
- 2.A.4 Develop a coordinated quality improvement plan that utilizes best practices in service delivery as a measure for quality across all home- and community-based programs for seniors.
- 2.A.5 Encourage senior centers to become nationally accredited as a way of aiming to provide a higher quality of service.
- 2.A.6 Coordinate with the Alaska Mental Health Trust Authority, other Trust beneficiary boards, the Division of Behavioral Health and other organizations to increase community-based behavioral health care options for seniors.
- 2.A.7 Support neighborhood and community gatekeeper programs to help identify seniors in need of services or a health care intervention.
- 2.A.8 Promote innovative efforts to coordinate local transportation services to enhance the mobility and independence of seniors, consistent with the federal coordinated transportation systems guidelines.
- 2.A.9 Expand the availability of legal services to older persons through the coordination of private sector and public sector resources.
- 2.A.10 Provide recommendations to the Governor’s newly-formed Health Care Strategies Planning Council, which is charged with advising the Governor and the Legislature on ways to effectively provide access to quality health care and to help reduce costs of health care for Alaskans.

- 2.A.11 Develop a “gap analysis” for health care, long-term care, and other senior services, to identify those communities and regions lacking access to specific segments of the continuum of care, and work with other agencies as well as consumers and advocates to identify acceptable solutions to these gaps.
- 2.A.12 Work with the Alaska Department of Transportation to promote coordinated transportation systems in communities with Title III grants, and otherwise encourage and support grantees to maximize community or regional resources to meet the service needs of an expanding senior population.
- 2.A.13 Strengthen relationships between senior information and referral service providers and the Aging & Disability Resource Centers (ADRCs).

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**Objective:**

- B. Information and education will be available to seniors, their families and communities, and organizations serving seniors to locate the health care and long-term care services they need.
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**Education and Public Awareness Strategies:**

- 2.B.1 Continue to support and develop Aging and Disabilities Resource Centers (ADRCs) to create a single, coordinated system of information and assistance for all persons seeking access to long-term care support programs, including Medicare and Medicaid. The ADRCs will work closely with the information and assistance programs of the senior centers in their regions, providing a statewide online data base for consumers and professionals as well as trained information professionals available through a toll-free phone service, in order to minimize confusion, enhance individual choice, support informed decision-making, and help individuals and families navigate the system of services.
- 2.B.2 Support classes and other educational materials to help older adults identify and access ways to pay for needed long-term care services, with an emphasis on offering information on long-term care planning, examining the options available under Medicare, Medicaid, and long-term care insurance.

- 2.B.3 Develop outreach campaigns through a wide variety of organizations such as community groups, workplaces, senior housing facilities, and places of worship to inform families, caregivers, and service providers of available services and how to locate them.
- 2.B.4 Streamline access for consumers to long-term care services through the development, expansion, and coordination of the Aging and Disabilities Resource Centers in Alaska.

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**Objective:**

- C. Advocates will seek support for policy changes, programs, and activities needed to ensure that seniors have access to the health care and long-term care services they need at each level along the continuum of care.
- 

**Advocacy Strategies:**

- 2.C.1 Take the lead in a collaborative process to create a long-term care strategic plan for Alaska to guide the development of services to meet the projected needs of seniors through 2030 and eliminate fragmentation of care through a cooperative effort to design, develop, and implement an integrated long-term care delivery system.
- 2.C.2 Research and advocate for incentives (e.g., higher reimbursement rates for physicians) and other solutions to encourage physicians and other health care professionals to provide primary care to Medicare recipients.
- 2.C.3 Identify strategies to address the needs of the medically underserved and reduce health disparities, especially among rural seniors who do not have access to specialists, seniors without health insurance, and seniors who do not have access to Medicaid services.
- 2.C.4 Gather and maintain data on the number of seniors in need of various services and the barriers that prevent them from accessing those services.
- 2.C.5 Advocate for stable funding of senior programs as well as a steady increase in the state funding base for home- and community-based services to parallel the predicted increase in the state's senior population.

- 2.C.6 Support cross-cultural awareness training for medical staff, including the incorporation of health practices from other cultures where appropriate.
- 2.C.7 Support the addition of Medicaid waiver coverage for the care of individuals with Alzheimer's disease and related disorders (ADRD) as well as those with Traumatic Brain Injury (TBI).
- 2.C.8 Conduct surveys of consumers and residents regarding their perceptions of senior services in their communities, and propose a quality assurance program that encourages seniors and others to provide ongoing feedback on the quality and types of senior services offered in their communities, and includes confidential measures for filing complaints (already in place within the Division of Senior and Disabilities Services) and a tracking system for resolutions.
- 2.C.9 Promote geriatric training for health professionals and paraprofessionals, and encourage state-approved PCA training for all those who provide assisted living care or home- and community-based services.
- 2.C.10 Support efforts to create adequate levels of workforce for long term care facilities, assisted living homes, and home and community-based services.
- 2.C.11 Partner with other organizations to develop incentives (including appropriate legislation) designed to attract and keep medical providers in Alaska communities.
- 2.C.12 Support the application of resident-centered models to long term care facilities.
- 2.C.13 Advocate for reduced wait time for provision of services to seniors (create a "fast track" system of eligibility) and for payment to service providers under the Medicaid waiver program.
- 2.C.14 Support a long-term care benefit plan for State of Alaska and other employees and retirees that adequately covers the home-and-community-based services available in Alaska.
- 2.C.15 Seek systems-change options for funding long-term care which are affordable and accessible for seniors at all income levels and circumstances.

- 2.C.17 Support adequate reimbursement to providers for services paid for by Medicare, Medicaid, and third-party insurers.
- 2.C.18 Support appropriate facility upgrades and additional qualified staff as needed to accommodate the increasing number of Alaska Pioneer Home residents with ADRD.
- 2.C.19 Utilize the toolkit developed by the Federal Transit Administration and the Administration on Aging to assess the transportation needs of older Alaskans and to coordinate transportation services for elderly individuals in communities across the state.
- 2.C.20 Encourage a re-examination of the freeze on Medicaid reimbursement rates and its impact on the services available to seniors, and advocate for reimbursement rates that keep pace with the rising cost of care.

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**Goal Three:**

**Families are supported in their efforts to care for their loved ones at home and in the community.**

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**Objective:**

- A. Agencies and organizations will partner to promote awareness of family caregivers' issues and to develop policies, programs, and activities to enhance the well-being of caregivers.

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**Agency and Community Partnership Strategies:**

- 3.A.1 Support family caregivers in their efforts to care for older Alaskans by continuing to provide assistance through a variety of programs, such as family caregiver support, senior in-home services, and adult day care.
- 3.A.2 Coordinate with the ADRCs to increase information and access to services for family caregivers of older Alaskans.
- 3.A.3 Increase support programs for grandparents raising grandchildren and family caregivers age 60 and over caring for or developmentally disabled or mentally ill adult children.
- 3.A.4 Identify the needs of working caregivers, and increase services designed to make it easier for family caregivers to continue working while caring for an older family member in their home.

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**Objective:**

- B. Provide information and education to seniors, their families and communities, and organizations serving seniors regarding programs and activities targeted to the needs of family caregivers.
- 

**Education and Public Awareness Strategies:**

- 3.B.1 Increase family caregivers' awareness about Alzheimer's disease and related disorders (ADRD), and provide educational opportunities for them.
  - 3.B.2 Create a public awareness campaign to highlight the benefits and needs of unpaid family caregivers, including those raising grandchildren and those who work outside the home.
  - 3.B.3 Increase awareness of caregiver support programs by health care providers, family caregivers, grandparents raising grandchildren, the workplace, and the general public.
- 

**Objective:**

- C. Advocates will seek support for policy changes, programs, and activities needed to ensure that unpaid family caregivers are recognized and supported in their role as primary care providers for seniors in need.
- 

**Advocacy Strategies:**

- 3.C.1 Support the creation of selected federal tax credits or other fiscal incentives for family caregivers.
- 3.C.2 Support increased funding for expansion of caregiver programs throughout the state.

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**Goal Four:**

**A range of adequate, accessible, secure and affordable housing options is available to seniors.**

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**Objective:**

- A. Agencies and organizations will partner to promote awareness of senior housing needs and to develop policies, programs, and developments aimed at providing a greater number of affordable, accessible, appropriate housing options for Alaskan seniors across the state.
- 

**Agency and Community Partnership Strategies:**

- 4.A.1 Assemble a statewide senior housing work group along with other state and private agencies to study, support, and develop housing policies and programs that meet the needs of seniors across the state for increased housing options.
- 4.A.2 Support incentives (financial and other) to profit or non profit organizations to construct, remodel, and operate assisted living and nursing care facilities, especially in rural areas, for the growing population of Alaskans who will need supervised care.
- 4.A.3 Assist the private sector in planning and seeking development funds for the creation of long-term care facilities based on innovative resident-centered models by providing supportive services where appropriate.
- 4.A.4 Support partnerships and incentives to profit and non profit organizations to create a range of independent and supported housing options for seniors, including cottage housing, senior condos and apartments, cooperative housing, and retirement communities, as well as assisted living facilities and supportive housing, with a priority on development of housing options for seniors in rural and remote communities.
- 4.A.5 Support and encourage professionals within the building and real estate industries to pursue and obtain professional designations providing them with specialized knowledge of the unique housing needs of older Alaskans statewide.
- 4.A.6 Work with state agencies and service providers to identify

residential solutions for chronically mentally ill seniors who have also developed dementia, as they are unable to be placed in most assisted living homes, including those licensed to serve the mentally ill and those licensed to serve those with dementia.

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**Objective:**

- B. Provide information and education to seniors, their families and communities, and organizations serving seniors about housing options and the supports available to assist them in developing additional senior housing in their community; and provide information about senior housing needs and preferences to building trade groups.
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**Education and Public Awareness Strategies:**

- 4.B.1 Include access to information about senior housing options in all information and assistance programs funded by the State.
- 4.B.2 Educate developers and promote public awareness about Universal Design principles, including the advantage of increased retention of value.
- 4.B.3 Create an information campaign to publicize the definitions and characteristics of various housing types such as independent living, assisted living, supported housing, multiple use supported housing, resident-centered models, cottage housing, continuing care retirement communities, etc.
- 4.B.4 Provide links to and information about federal and State funding sources for pre-development efforts and the development of senior housing.

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**Objective:**

- C. Advocates will seek support for policy changes, programs, and activities needed to ensure that an adequate number and variety of senior housing options are available as the number of seniors in Alaska increases over the next 25 years.
- 

**Advocacy Strategies:**

- 4.C.1 Advocate for adequate levels of management oversight for seniors living in independent and assisted living facilities in order to ensure their safety and well-being, particularly in those facilities serving multiple groups of individuals with special needs.
  - 4.C.2 Develop a list of senior preferences and recommendations to guide both public and private developers of senior housing.
  - 4.C.3 Advocate for broader access to and increased funding for home modification programs to help make seniors' homes safe and accessible in order to allow them to continue to live independently within their communities.
  - 4.C.4 Support low-cost home repair services for seniors in order to minimize in-home hazards to health and safety.
  - 4.C.5 Encourage the creation of incentives for private and/or public organizations to develop assisted living and nursing facilities to meet regional needs.
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**Goal Five:**

**Alaska supports a stable workforce for senior and health care services as well as a range of attractive employment opportunities for seniors.**

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**Objective:**

- A. Agencies and organizations will partner to promote a stable senior services and health care workforce and appealing employment opportunities for seniors, and will develop policies, programs, and activities to work toward these goals.
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**Agency and Community Partnership Strategies:**

- 5.A.1 Continue to partner with state agencies, university, tribal

government, health care and provider groups to increase the recruitment, retention, compensation, and training of direct services workers.

- 5.A.2 Develop innovative methods for recruiting and retaining workers in the villages to meet the need for in-home workers in remote areas.
- 5.A.3 Increase coordination and collaboration with the MASST (Mature Alaskans Seeking Skills Training) program, which provides training and part-time paid work experience opportunities for low-income individuals age 55 and older who desire to enter or re-enter the mainstream workforce.
- 5.A.4 Continue to support seniors in or re-entering the workforce by providing specialized case management, job search assistance, appropriate job training, and placement.
- 5.A.5 Strengthen awareness of and opportunities for business sector partnerships which will benefit senior workers.
- 5.A.6 Encourage comprehensive, coordinated systems at federal, state, and local levels for streamlining access to a wide range of program benefits for seniors seeking work.
- 5.A.7 Develop networking opportunities for older job seekers to locate employment openings.
- 5.A.8 Enhance the focus on training for older job seekers, with more employment outcomes.

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**Objective:**

- B. Provide information and education to seniors, their families and communities, and organizations serving seniors, as well as to educational institutions and employment agencies, about how individuals can access opportunities to become part of the senior services workforce and how seniors can find jobs in their communities.

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**Education and Public Awareness Strategies:**

- 5.B.1 Develop and maintain a website in conjunction with the Department of Labor and Workforce Development to offer seniors a range of employment resources and alert them to job opportunities.

- 5.B.2 Promote the value of older workers and dispel misconceptions about older workers' capabilities.
- 5.B.3 Highlight employers that recognize the contributions and value of older workers, and highlight the accomplishments of older workers themselves.
- 5.B.4 Coordinate services with the aging network, providing information for seniors on finding and keeping employment.

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**Objective:**

- C. Seek support for policy changes, programs, and activities needed to ensure that a stable senior services workforce is in place as increasing numbers of Alaskans join the senior population, and to promote the employment of seniors.
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**Advocacy Strategies:**

- 5.C.1 Advocate for grant funding and Medicaid reimbursement rates adequate to pay a living wage to workers in the senior services field, particularly in remote areas.
- 5.C.2 Support efforts to eliminate age discrimination practices by employers.
- 5.C.3 Support the creation of programs to offer scholarships, reduced-cost loans, and/or loan forgiveness to those who commit to working in health care or direct services jobs.
- 5.C.4 Support an increase in the minimum wage on the federal and/or state levels, sufficient to provide a living wage for all Alaskan workers, including seniors.

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**Goal Six:**

**Older Alaskans are safe from catastrophic events and protected from personal exploitation, neglect, and abuse.**

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**Objective:**

- A. Agencies and organizations will partner to promote awareness of risks to seniors' safety and security, and to develop policies, programs, and activities to enhance the safety and security of seniors in their communities and in their homes.
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**Agency and Community Partnership Strategies:**

- 6.A.1 Collaborate with state and municipal agencies charged with disaster preparedness and planning for catastrophic events, to ensure that seniors – including those with special needs – will be safe and protected to the greatest extent possible in the event of a natural disaster, infectious disease epidemic, or national security emergency.
- 6.A.2 Work with the legal community and Adult Protective Services to expand the availability of legal services to older persons, including help with conservatorships, guardianships, and other services targeted to the prevention of exploitation.
- 6.A.3 Support the activities of the Office of Elder Fraud and Abuse within the Office of Public Advocacy.
- 

**Objective:**

- B. Provide information and education to seniors, their families and communities, and organizations serving seniors to encourage awareness of risks to safety and security as well as knowledge of how to respond and who to turn to in the event of such a threat.
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**Education and Public Awareness Strategies:**

- 6.B.1 Support education and awareness classes and activities that will provide seniors with self-empowerment skills to protect themselves against exploitation and abuse.
- 6.B.2 Gather and disseminate data from law enforcement, hospitals, public health and other data bases to track

crimes and injuries affecting older Alaskans, and encourage better data collection techniques as needed.

- 6.B.3 Continue to support efforts to provide public awareness and education activities on types of elder abuse and how to report it.
- 6.B.4 Increase education and awareness of legal services available to seniors on matters such as conservatorship, guardianship, durable power of attorney, and the tools for planning ahead for health care emergencies and end-of-life issues.
- 6.B.5 Provide support for improved and expanded services to older people for guardianship, conservatorship, health care power of attorney, and other services to safeguard their rights and resources.
- 6.B.6 Encourage seniors and their families to learn about local emergency preparedness plans, to have recommended supplies available in their homes, and to practice a locally approved evacuation procedure.
- 6.B.7 Promote health literacy among health care consumers.

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**Objective:**

- C. Seek support for policy changes, programs, and activities needed to ensure that the safety and security of seniors are protected.
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**Advocacy Strategies:**

- 6.C.1 Advocate for sufficient Adult Protective Services and Long Term Care Ombudsman's Office staff and regional presence to ensure follow-up to reports of elder abuse within 48 hours.
- 6.C.2 Advocate for a stable funding mechanism for legal services and advocacy for older Alaskans.
- 6.C.3 Advocate for continuation of the adult mediation program (for families who are guardians for an adult member) provided through the Office of Public Advocacy and funded by the Alaska Mental Health Trust Authority.
- 6.C.4 Advocate for policies that address ageism and other prejudices among health care professionals (which may result in lower quality health care for seniors).

- 6.C.5 Advocate for additional resources to assist State and federal agencies, communities, senior centers, families and individuals to prepare for a variety of emergencies, including earthquakes, tsunamis, floods, storms, infectious disease epidemics, and national security emergencies.

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**General Information, Education and Advocacy Strategies  
Covering Goals 1 through 6:**

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- (1) Continue to provide Alaska Commission on Aging statewide legislative teleconferences during the legislative session to update seniors, service providers, and the public on the progress of legislation of interest and concern to seniors.
- (2) Continue to publish an Alaska Commission on Aging newsletter alerting seniors to relevant news about health care, consumer advice, legal issues, program activities and other matters of interest.
- (3) Provide updated and regular information about senior demographics and emerging issues affecting older adults on the Alaska Commission on Aging's website.
- (4) Continue to support the Alaska Aging Advocacy Network by supplying advocacy tools, offering a discussion forum, and providing other materials to assist Network members to advocate on behalf of seniors on a variety of issues.
- (5) Seek support and funding to host an annual gathering of interested organizations to create an implementation plan for the coming year based on the goals and objectives in this state plan.
- (6) Publicize the Alaska Commission on Aging's quarterly meetings, encouraging attendance and public comment by seniors and caregivers.

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## NOTES

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## State Plan Funding Framework

**Single Planning and Service Area.** The state of Alaska constitutes a single planning and service area under the Older Americans Act (OAA).

**Funding Framework.** The State of Alaska has in the past used a funding framework in allocating funds to regions of the state formed by grouping together census areas that share common geographic and other conditions.

Beginning in FY 2008, funding allocations will change to the nine-region system adopted by the Alaska Department of Health & Social Services. The state's 27 census areas will be apportioned among nine regions rather than the six regions used in the previous plan. The illustration on the previous page indicates how the census areas are grouped into the nine DHSS regions. (The regions included in the previous state plan were: Northwest – including the North Slope Borough, Northwest Arctic Borough, and Nome census areas; Interior – including the Denali Borough, Fairbanks North Star Borough, Yukon-Koyukuk, and Southeast Fairbanks census areas; Southwest – including the Wade Hampton, Lake and Peninsula Borough, Bethel, Dillingham, Bristol Bay Borough, Aleutian Islands East, and Aleutian Islands West census areas; Southeast – including the Yakutat Borough, Skagway-Hoonah-Angoon, Haines Borough, Juneau Borough, Sitka Borough, Wrangell-Petersburg, Prince of Wales-Outer Ketchikan, and Ketchikan Gateway Borough census areas; Southcentral – including the Matanuska-Susitna Borough, Kenai Peninsula Borough, Kodiak Island Borough, and Valdez-Cordova census areas; and Anchorage.)

The Older Americans Act mandates, in Section 305(a)(2)(C), that each state distribute funds in accordance with “(i) the geographical distribution of older individuals in the state; and (ii) the distribution among planning and service areas of older individuals with the greatest economic need and older individuals with the greatest social need, with particular attention to low-income minority individuals.” The State of Alaska will continue to use a funding formula based on the total number of seniors (age 60+), the number of minority seniors, the number of seniors living in poverty, the number of seniors age 80+ (most likely to be frail), and the number of rural seniors to assign a funding allocation to each of the nine regions.

The State Plan Advisory Committee which worked on creating this document examined a wide variety of funding scenarios that would both accurately reflect the distribution of the target populations among the regions, and yet ensure that no region would be forced to absorb massive funding cuts which might cause the elimination of much-needed services. Because the state's senior population is growing so rapidly, and the growth is not distributed uniformly across the regions, the Committee found it impossible to select a funding framework which would both “hold harmless” each region (guarantee no loss of funding) and also distribute funds on the basis of greater populations of frail, minority, low-income and rural seniors.

## Alaska's Census Areas



## New State Plan Funding Regions



Service Delivery Regions for the Dept. Of Health & Social Services

After receiving public input during the comment period on the plan draft, the Department has chosen a compromise approach. For FY 2008 and FY 2009, we will apply the “hold harmless” option in which each of the nine regions will receive, at a minimum, the same amount of funding they received under the terms of the FY 2003-2007 state plan. However, any additional funds obtained for senior services for the FY 2008 and FY 2009 periods will be distributed according to the FY 2008-2011 plan’s formula, with those regions experiencing the most growth in target populations receiving proportionately more of the additional funding. Use of the “new plan” formula will be phased in during FY 2010 and FY 2011, with 50 percent of the change (increase or decrease) implemented during FY 2010, and the remaining 50 percent during FY 2011.

Since no regions of the state are seeing a decreased population of seniors (though some are seeing a much more pronounced increase), decreasing the amount of money available for services in remote areas (which also have much greater costs) was viewed by many public hearing participants as a poor option. A major concern was the exacerbation of the already-existing trend where scarce services in the remote areas of the state force seniors in need of assistance to move to the more populated regions, despite their desire to continue living in their home communities. Even minor shifts in funding could close some of the small senior organizations that are operating on limited resources and do not have access to additional sources of revenue.

Another concern is compliance with the Older Americans Act requirement that funds spent in rural areas for FY 2008 – 2011 shall not be less than the amount spent in 2000. If funds are shifted away from smaller, more remote communities to the areas of the state experiencing greater population growth, it is possible that the State of Alaska would be out of compliance with this requirement, the intent of which is to ensure the maintenance of adequate services in rural and remote areas.

Nevertheless, the funding framework described above will provide time (two years) for regions to mobilize other funding sources to compensate for any anticipated loss of Older Americans Act dollars, and the change to the new formula will be phased in over a two-year period. Ultimately, there is no doubt that, with a senior population increasing at the rate of five to six percent per year, Alaska needs more resources devoted to providing senior services.

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 line.

*Greatest social need* – refers to need caused by the non-economic factors, which include physical and mental disabilities; language barriers; and cultural, social, or geographic isolation, including isolation caused by racial or ethnic status, that restricts an individual’s ability to perform

normal daily tasks or threatens his or her capacity to live independently.

The weighting factors used in the Alaska funding framework relate to both social and economic need. In addition to total senior population of a region, these factors include the number of low-income seniors, the number of minority seniors, the number of seniors age 80+ (those more likely to be frail), and the number of seniors considered rural.

### **Rural Factor**

After some consideration, the State Plan Advisory Committee chose to retain the definition of “rural” applied in the previous state plan. That definition considers as “rural” 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 is at least 50 statute miles outside of Anchorage and 25 statute miles outside of Fairbanks. “Connected by road” does not include a connection by the Alaska Marine Highway System (state ferry) or international highway. The definition implies that communities connected by road to Anchorage or Fairbanks, outside the 50- or 25-mile boundary, but with a population greater than 1,600 are not to be considered rural. For example, communities such as Kenai, Valdez, and Homer would be considered non-rural.

By this definition, all census areas are 100% rural except for: Fairbanks North Star Borough (60.4% rural – all except residents of Fairbanks, North Pole, and Ester); Anchorage Borough (0% rural); Kenai Peninsula Borough (53.8% rural – all except residents of Kenai, Soldotna, Homer, Seward, and Sterling); Matanuska-Susitna Borough (77.4% rural – all except residents of Palmer, Big Lake, Wasilla, and Willow); Valdez-Cordova Census Area (54.3% rural – all except residents of Valdez); and Juneau Borough (0% rural).

The plan funding framework will continue to use a 25% weight for the rural factor. This definition is used to identify communities that would have difficulty accessing supportive services or incur a higher expense for service delivery than in urban areas.

### **Frail Factor**

A frail older individual is defined under the Older Americans Act in Section 102(a)(22) as one who is functionally impaired because he or she is unable to perform two or more activities of daily living without substantial assistance or who, due to a cognitive or other mental impairment, requires substantial supervision in order to safeguard his or her health or safety or that of other individuals to whom he or she may pose a threat.

The state plan continues to measure frail seniors as those people who are age 80 and older, because increased age can be correlated with a greater likelihood of need for assistance with activities of daily living, greater risk of a cognitive impairment such as ADRD, and greater risk of placement in an institutional

setting if assistance is not available. We have decreased the weight for this factor from 25% (in the previous state plan) to 12.5%, and increased the weight for the minority factor from 12.5% to 25%, to take account of the fact that minority seniors are less likely to live beyond the age of 80.

### **Minority Factor**

Minority is defined as those seniors who are not Caucasian. Beginning with the 2000 census, individuals were asked to report multiple racial and ethnic backgrounds, if applicable. We include all those who report ancestry which is wholly or partly minority, as minority. We have applied a 25% weight to the minority factor, which is an increase from the 12.5% weight applied in the previous state plan, in order to counteract the lower life expectancy which may put areas with a large minority population at a disadvantage in our measurement of the frail factor (see previous paragraph).

### **Poverty Factor**

While Alaska may appear to have lower poverty rates among seniors than many other states based on census data, the census makes no allowance for cost of living by state or area. In reality, costs of commodities and services, including food, fuel, housing, health care, and many other necessities are much higher in Alaska. However, the best measure of poverty available to us remains the 2000 census' count of the number of seniors living below the poverty level in 1999 (the year for which census data was collected). We continue to assign the poverty factor a weight of 25%.

### **Total Senior Population Factor**

The total number of seniors in each region is a major factor in the demand for services in that area. Since 2000, the senior population has grown rapidly, especially in the Railbelt areas of the state, which have become a retirement destination for seniors from the Lower 48 to some extent, and also attract seniors from more remote areas of Alaska in search of greater access to services. Although the younger group of seniors (including the "front wave" of the baby boomer generation) are less likely to need services, their numbers alone will mean that more individuals will need meals, rides, and other senior services. We continue to assign a weight of 12.5% to this factor.

### **Fund Shifts Under New Formula**

The new funding framework, which will be implemented at 50% in FY 2010 and 100% in FY 2011, creates a slight decrease in the percentage of available funds flowing to Region I, Region III, Region VI, and Region VIII, some of the more remote areas of the state; a substantial decrease to Region VII and Region IX, areas from which residents of more rural communities may be moving in to urban areas either within the same region (as with Region IX) or in nearby regions, a slight increase to Region IV (the Anchorage metropolitan area, to which some rural seniors are moving), and substantial increases to Region II and Region V (both also in the Railbelt section of the state, with more populated

communities and a more developed service system).

The Alaska Commission on Aging and its advocacy partners plan to continue working to obtain increased funding for senior grant programs so as not to force an actual decrease in funding on any region. Preservation of rural programs is essential to prevent greater numbers of seniors from moving away from their home communities in order to obtain the services they need. However, given that current population trends are likely to continue into the future, and that by the end of the plan period the shifts among regions are expected to be even greater, this state plan must ultimately adjust funding to support those regions with the greatest growth in the number of new seniors, particularly those who are low-income, minority, frail, or rural. The funding formula with its updated population figures accomplishes this goal. The slow phase-in will allow those regions scheduled for a decreased share of available funding to seek additional resources and join the ACoA in its advocacy efforts to increase the size of the funding pie so that no region need suffer a drastic cut in program support.

**Prior State Plan (FY 2003 – FY 2007) Funding Formula for Title III and Title V Programs – Translated from Six Regions to Nine Regions**

**Regional Proportions to Continue in FY 2008 and FY 2009  
Sample Funding of \$1,000,000**

	<b>FY 2008 – 2009 Allocation</b>	<b>FY 2008 – 2009 Percentage</b>
<b>Region I</b>	\$78,511	7.8511%
Bethel Census Area		
Wade Hampton		
<b>Region II</b>	\$123,589	12.3589%
Denali Borough		
Fairbanks North Star Borough		
Southeast Fairbanks		
Yukon-Koyukuk		
<b>Region III</b>	\$21,098	2.1098%
North Slope Borough		
<b>Region IV</b>	\$279,954	27.9954%
Anchorage Municipality		
<b>Region V</b>	\$177,988	17.7988%
Kenai Peninsula		
Matanuska-Susitna		
Valdez-Cordova		
<b>Region VI</b>	\$19,412	1.9412%
Aleutian Islands East		
Aleutian Islands West		
<b>Region VII</b>	\$64,138	6.4138%
Bristol Bay Borough		
Dillingham		
Kodiak Island		
Lake and Peninsula		
<b>Region VIII</b>	\$55,443	5.5443%
Nome Census Area		
Northwest Arctic		
<b>Region IX</b>	\$179,868	17.9868%
Haines Borough		
Ketchikan Gateway Borough		
Juneau Borough		
Prince of Wales – Outer Ketchikan		
Sitka Borough		
Skagway – Hoonah – Angoon		
Wrangell – Petersburg		
Yakutat Borough		
<b>TOTAL</b>	<b>\$1,000,000</b>	<b>100.0000%</b>

**FY 2010 – 2011 New Funding Formula for Title III and Title V Programs – 50% of Change to be Implemented in FY 2010, 100% of Change in Effect for FY 2011  
(Sample Funding of \$1,000,000)**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<b>60+ Pop. 12.5% (2006)</b>	<b>80+ Pop. 12.5% (2006)</b>	<b>60+ Minority 25% (2006/ 2006)</b>	<b>65+ Pop. in Poverty 25% (2000)</b>	<b>60+ Rural 25% (2006)</b>	<b>Total Allocation</b>	<b>% of Available Funds</b>
<b>Region I</b>	<b>2,105</b>	<b>286</b>	<b>1,853</b>	<b>205</b>	<b>2,105</b>	<b>\$74,439.91</b>	<b>7.4439%</b>
Bethel Census Area	1,503	197	1,296	137	1,503		
Wade Hampton	602	89	557	68	602		
<b>Region II</b>	<b>9,777</b>	<b>1,206</b>	<b>1,887</b>	<b>323</b>	<b>6,659</b>	<b>\$149,890.85</b>	<b>14.9890%</b>
Denali Borough	197	11	39	1	197		
Fairbanks North Star Borough	7,864	989	1,148	241	4,746		
Southeast Fairbanks	887	87	135	34	887		
Yukon-Koyukuk	829	119	565	47	829		
<b>Region III</b>	<b>581</b>	<b>66</b>	<b>505</b>	<b>31</b>	<b>581</b>	<b>\$17,534.20</b>	<b>1.7534%</b>
North Slope Borough	581	66	505	31	581		
<b>Region IV</b>	<b>27,769</b>	<b>3,803</b>	<b>5,443</b>	<b>865</b>	<b>0</b>	<b>\$273,462.10</b>	<b>27.3462%</b>
Anchorage Municipality	27,769	3,803	5,443	865	0		
<b>Region V</b>	<b>17,160</b>	<b>2,122</b>	<b>1,637</b>	<b>440</b>	<b>11,222</b>	<b>\$220,457.94</b>	<b>22.0457%</b>
Kenai Peninsula	7,568	962	711	206	4,074		
Matanuska-Susitna	8,394	1,001	672	198	6,497		
Valdez-Cordova	1,198	159	254	45	651		
<b>Region VI</b>	<b>458</b>	<b>27</b>	<b>308</b>	<b>34</b>	<b>458</b>	<b>\$13,158.54</b>	<b>1.3158%</b>
Aleutian Islands East	155	9	112	19	155		
Aleutian Islands West	303	18	196	15	303		
<b>Region VII</b>	<b>2,112</b>	<b>252</b>	<b>1,182</b>	<b>62</b>	<b>2,112</b>	<b>\$48,579.26</b>	<b>4.8579%</b>
Bristol Bay Borough	136	14	58	0	136		
Dillingham	502	66	380	32	502		
Kodiak Island	1,292	151	614	14	1,292		
Lake and Peninsula	182	21	130	16	182		
<b>Region VIII</b>	<b>1,544</b>	<b>213</b>	<b>1,251</b>	<b>112</b>	<b>1,544</b>	<b>\$48,892.27</b>	<b>4.8892%</b>
Nome Census Area	910	130	708	75	910		
Northwest Arctic	634	83	543	37	634		
<b>Region IX</b>	<b>10,028</b>	<b>1,557</b>	<b>2,477</b>	<b>258</b>	<b>6,252</b>	<b>\$153,584.91</b>	<b>15.3584%</b>
Haines Borough	435	73	65	10	435		
Juneau Borough	3,776	571	797	72	0		
Ketchikan Borough	1,980	314	410	40	1,980		
Prince of Wales – Outer Ketch	802	78	360	28	802		
Sitka Borough	1,363	242	442	41	1,363		
Skagway – Hoonah – Angoon	500	72	174	25	500		
Wrangell – Petersburg	1,090	201	197	39	1,090		
Yakutat Borough	82	6	32	3	82		
<b>TOTAL</b>	<b>71,534</b>	<b>9,532</b>	<b>16,543</b>	<b>2,330</b>	<b>30,933</b>	<b>\$1,000,000</b>	<b>100.0000%</b>

## Explanation of Funding Formula Detail:

- (1) Figures in this column represent the population age 60 and older according to the Alaska Department of Labor's 2006 population estimates.
- (2) Figures in this column represent the population age 80 and older according to the Alaska Department of Labor's 2006 population estimates.
- (3) Figures in this column represent the number of minority (non-white) seniors age 60 and older, by applying 2005 percentages to the AK DOL 2006 senior population estimates. The 2006 minority numbers are not yet available. The numbers are based on the percentage of seniors who are members of a minority race or who are multi-racial.
- (4) Figures in this column represent the number of seniors with incomes under the poverty level in 1999, the year for which incomes were reported in the 2000 census. More recent statewide poverty data is not available.
- (5) Figures in this column represent an estimate of the number of seniors living in rural areas of the state in 2006. They were arrived at using this plan's definition of rural, computing the percentage of individuals in each census area who live in rural areas by that definition, and applying that percentage to the census area's 2006 age 60+ population to arrive at an estimated percentage of each region's seniors who live in rural areas.

All census areas are 100% rural except for: Fairbanks North Star Borough (60.4% rural – all except residents of Fairbanks, North Pole and Ester); Anchorage Borough (0% rural); Kenai Peninsula Borough (53.8% rural – all except residents of Kenai, Soldotna, Homer, Seward, and Sterling); Matanuska-Susitna Borough (77.4% rural – all except residents of Palmer, Big Lake, Wasilla, and Willow); Valdez-Cordova Census Area (54.3% rural – all except residents of Valdez); and Juneau Borough (0% rural).

- (6) This column shows the total amounts allocated to each region from a hypothetical \$1 million in funds available.
- (7) This column shows the percent each region would receive of the total funds available, using this funding framework.

## ATTACHMENT A

### **Listing of State Plan Assurances and Required Activities Older Americans Act, As Amended in 2006**

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

#### ASSURANCES

##### **Sec. 305(a) - (c), ORGANIZATION**

(a)(2)(A) 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.

The State of Alaska's Department of Health & Social Services, the Sole state agency on aging, is the State's sole planning and service area under the Older Americans Act. As of the date of submission of this plan, there are no Area Agencies on Aging within the state of Alaska.

(a)(2)(B) 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.

The State of Alaska assures that it will take into account, in connection with matters of general policy arising in the development and administration of the state plan for FY 2008 – FY 2011, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under the plan.

The draft state plan was available for public comment from February 16, 2007 through April 16, 2007, and four public hearings were held throughout the state to solicit comments on the plan. Individuals were also invited to comment through the Alaska Commission on Aging's website. Notices of the public comment period were placed in the Senior Voice statewide newspaper, and public hearings were advertised in local newspapers.

The Alaska Commission on Aging invites public comment at each of its quarterly board meetings every year, and the staff of both the Commission and the Division of Senior & Disabilities Services are available to listen to the concerns of senior service consumers at any time.

(a)(2)(E) 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 older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

Alaska's Sole state agency on aging assures 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 older individuals, including low income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan.

The plan's funding framework utilizes weighting factors which take into account all of these groups of individuals, with the exception of those with limited English proficiency, for which we have no data to ascertain their numbers in each region.

The Division of Senior & Disabilities Services will include in its grant agreements a commitment that grantees will conduct outreach efforts to those elders in their region with limited English proficiency.

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

The State of Alaska assures that it will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) 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.

The Sole state agency on aging assures 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.

Both the Alaska Commission on Aging and the Division of Senior & Disabilities Services work closely with other senior organizations

to identify the needs of these groups of seniors and the barriers they face in accessing services. Many of the goals, objectives, and strategies outlined in this state plan resulted from just such efforts.

The Alaska Commission on Aging and its Alaska Aging Advocacy Network stay aware of legislation affecting seniors, and the Commission concentrates much of its advocacy work on proposed bills which would have a pronounced impact on low-income, minority, disabled, or rural seniors.

(c)(5) 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.

The State of Alaska's Department of Health & Social Services, the Sole state agency on aging, is the State's sole planning and service area under the Older Americans Act. As of the date of submission of this plan, there are no Area Agencies on Aging within the state of Alaska.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

**Sec. 306(a),  
AREA PLANS**

(2) 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, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), 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.

Alaska's sole state agency on aging assures that an adequate proportion of the amount allotted for part B will be expended for the delivery of (A) access to services, (B) in-home services, and (C) legal assistance.

The State's distribution of Title III (B) funds will include no less than the following percentages dedicated to these categories, based upon past performance and utilization:

(A) Access Services:	50%
(B) In-Home Services:	5%
(C) Legal Assistance	5%

Rationale: Alaska's transportation costs are among the highest in the nation because of its high fuel prices, limited infrastructure, and distances between populations and town centers. In light of this and with the additional funding for in-home services provided by State funds, Alaska has chosen to allocate at least 50% of Title III funds to alleviate transportation costs and assist seniors by providing affordable, accessible transportation to services. Currently in-home services, including case management, respite, and chore, are provided to seniors through additional State funding. The 5% allotted to in-home services is allocated to provide homemaker services, which are not provided by other senior in-home services. Legal services are provided statewide.

- (4)(A)(i)(I) provide assurances that the area agency on aging will—
  - (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
  - (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
- (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
- (ii) 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—
  - (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
  - (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
  - (III) meet specific objectives established by the area agency on aging, for

providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

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

Alaska's Sole state agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and  
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the Sole state agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) 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--

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on agency 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.

The State of Alaska assures that the Sole state agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement; and

(4)(C) The Sole state agency on aging assures 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.

(5) 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, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

Alaska's Sole state agency on aging assures that it will coordinate planning, identification, assessment of needs, and provision of

services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations; Alaska's Sole state agency on aging will:

in coordination with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the Sole state agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations.

(9) 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.

Alaska's Sole state agency on aging assures that, 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.

(11) 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.

Alaska's Sole state agency on aging assures that it 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 Sole state 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 Sole state 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 Sole state agency on aging will make services under the state 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) Alaska does have a significant population of Native Americans, including members of the Yupik, Inupiat, Aleut, Athabaskan, Tlingit, Haida and Tsimshian tribes. Fourteen percent of Alaska’s senior population is Alaska Native.

(B) The Division of Senior & Disabilities Services coordinates closely with Title VI providers to ensure that the needs of Alaska Native seniors throughout the state are met as comprehensively as possible. DSDS’ senior grant agreements include an outreach component which mandates that providers make their programs known to the Alaska Native elders in their communities.

(C) All state plan services are made available to Alaska Native elders to the same extent such services are available to other older individuals across the state.

(13)(A) 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.

The State of Alaska assures that the Sole state 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.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (ii) the nature of such contract or such relationship.

Alaska’s Sole state agency on aging assures that it will disclose to the Assistant Secretary and the State agency--

- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to

providing any service to older individuals; and  
(ii) the nature of such contract or such relationship.

(13)(C) 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.

Alaska's Sole state agency on aging assures that it 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.

(13)(D) 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.

Alaska's Sole state agency on aging assures that it 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.

(13)(E) 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.

Alaska's Sole state agency on aging assures that it 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.

(14) 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.

Alaska's Sole state agency on aging assures 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.

(15) provide assurances that funds received under this title will be used-

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

The State of Alaska assures that funds received under this title will be used-

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

### **Sec. 307, STATE PLANS**

(7)(A) 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.

Alaska's Sole state agency on aging assures 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.

- (7)(B) The plan shall provide assurances that--
- (i) 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;
  - (ii) 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
  - (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

Alaska's Sole state agency on aging assures that --

- (i) 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, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

- (9) 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.

Alaska's Sole state agency on aging 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.

(10) 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.

The special needs of older Alaskans residing in rural areas will be taken into consideration. This is done in part by providing, within the plan's funding framework, a 25% weighting factor for the number of rural residents of each funding region. It is also done by coordinating closely with Title VI providers and other agencies offering services in the rural and remote areas of the state. In order to avoid a sudden drop in funding to some rural regions due to population shifts to more urban areas, Alaska has chosen to phase in its new funding framework over the course of the next four years. It is hoped that this "lag time" will give those regions the opportunity to seek additional fund sources.

(11)(A) The plan shall provide assurances that area agencies on aging will--

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) 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
- (iii) 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.

Alaska's Sole state agency on aging assures that it will --

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) 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

(iii) 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.

(11)(B) 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.

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 sole state 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.

(11)(D) 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;

Alaska's Sole state agency on aging assures that, to the extent practicable, the legal assistance furnished under this 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.

(11)(E) 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.

Alaska's Sole state agency on aging assures that it 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.

(12) 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.

(12) Alaska's Sole state agency on aging assures that it 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.

Alaska's Adult Protective Services office is contained within the Division of Senior & Disabilities Services. Coordination between APS and senior services' education and outreach efforts is ongoing.

(13) 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.

The State of Alaska 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.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for

which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(A) During 2006, it is estimated by the Alaska Department of Labor and Workforce Development that up to 24 percent of Alaska seniors may be considered members of a racial minority group, with 14 percent identified as Alaska Native or American Indian, and the remainder as Asian, Pacific Islander, African-American, or a combination of races including at least one minority race. Many of the census areas with the highest percentages of minority seniors also have the highest rates of poverty. We have little concrete data on Alaskans with limited English proficiency, but anecdotally we believe that this population consists largely of (1) Alaska Native elders in the older (80+) age groups, usually living in remote rural communities; and (2) a variety of immigrants from Asia, Africa, Mexico, Central and South America, and Europe, usually living in the state's larger cities (especially Anchorage).

(B) All grant agreements with senior services provider agencies require outreach to minority, low-income, and limited-English-proficiency individuals and groups in the area. Such outreach can consist of materials and media announcements in the languages of the area's elders, personal contact with groups and individuals by a bilingual service provider, and other methods to encourage them to participate in area programs and take advantage of services they may need.

(15) 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.

While Alaska consists of a single planning and service area, which does not overall have a “substantial number” of seniors of limited English-speaking ability, local service providers utilize the informal assistance of fluent speakers of Native languages, Spanish, and other languages of the elders in their area to assist these older individuals to learn about, participate in, and receive assistance under OAA programs.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

- (i) older individuals residing in rural areas;
- (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
- (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
- (iv) older individuals with severe disabilities;
- (v) older individuals with limited English-speaking ability; and
- (vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

Alaska’s Sole state agency on aging assures that it will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

- (i) older individuals residing in rural areas;
- (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
- (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English

proficiency, and older individuals residing in rural areas;  
(iv) older individuals with severe disabilities;  
(v) older individuals with limited English-speaking ability; and  
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(C) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

These requirements are a part of the State's grant agreements with senior services providers in each region.

(17) 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.

The State of Alaska 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.

(18) 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.

Alaska's Sole state agency 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.

The Nursing Home Transition Program, housed within the Division of Senior & Disabilities Services, works to assist individuals in long-term care facilities to return home and to obtain the home- and community-based services they need in order to continue living outside an institution. The Division's Older Alaskans Medicaid Waiver (for those seniors who are eligible in terms of their income and diagnosis) and its Senior Grant Programs (for those who are not eligible for the waiver) provide home- and community-based care to seniors at risk of institutionalization.

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

The state plan includes the assurance and description required by section 705(a), in this Attachment (Appendix A).

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

Special efforts will be made to provide technical assistance to minority providers of services.

(21) 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.

Alaska's Sole state agency on aging assures that it will--

(A) coordinate programs under this title and programs under title VI; and

(B) 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.

The Division of Senior & Disabilities Services coordinates closely with the Title VI programs operating in the state, with Title III and Title VI funding combined to provide meals and other services in some small Alaskan communities. Grant agreements with senior service providers include commitments for outreach to Native Americans and other minority groups in the area. Many meal programs offer traditional Native foods on a regular basis.

(22) 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).

Because case management services are offered to provide access to supportive services, the Sole state agency on aging assures that it shall ensure compliance with the requirements specified in section 306(a)(8).

(23) 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.

Alaska's Sole state agency on aging assures 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.

(24) 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.

Alaska's Sole state agency on aging assures 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.

(25) 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.  
Alaska's Sole state agency on aging has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) 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.

The State of Alaska assures 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.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Alaska's Sole state agency on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

**Sec. 308,  
PLANNING, COORDINATION, EVALUATION, AND  
ADMINISTRATION OF STATE PLANS**

(b)(3)(E) 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.

The State of Alaska assures 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.

**Sec. 705,  
ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)**

(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.

Alaska's Long-Term Care Ombudsman program, programs for the prevention of elder abuse, neglect and exploitation, and legal assistance development will be administered in accordance with this chapter and each chapter under Section 705 of the Older Americans Act.

The Long-Term Care Ombudsman's Office has established a program to supply training to assisted living and nursing homes

around the state to instruct caregivers in the methods of identifying and properly reporting suspected cases of abuse, neglect and exploitation of elders. This training is incorporated into all training the Office does with long-term care providers and administrators. This training is typically requested by the homes themselves. Two of the Assistant Long-Term Care Ombudsmen are certified trainers in teaching the course, "Prevention of Abuse and Neglect of Vulnerable Adults." To date these instructors have conducted five training sessions and have trained over 70 caregivers in long-term care homes in Southcentral, Southeast, Northwest and Interior Alaska.

(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.

Alaska will hold public hearings, and use other means, to obtain the views of older individuals, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

Alaska's Office of the Long-Term Care Ombudsman regularly solicits input directly from elders and other interested parties concerning programs carried out under this subtitle. In addition, the Office regularly attends Senior Advocacy Coalition meetings, Alaska Mental Health Trust Authority board meetings, Alaska Commission on Aging quarterly meetings, Alaska Native Tribal Health Consortium Advisory Board meetings, Interagency Breakfast meetings, the Coalition of Helpers in Independent Living meetings, and other meetings to gain input and a sense of the current trends and concerns in the area of abuse, neglect and exploitation of seniors.

In addition, the Office attends the State Circle of Care meetings every six weeks with representatives of the Assisted Living Licensing, Nursing Home Licensing, Adult Protective Services, Office of Elder Fraud and Assistance, Medicaid Quality Assurance, and the Department of Law Medicaid Fraud Unit to discuss individual cases of abuse, neglect and exploitation that are being investigated by each applicable agency, to coordinate actions on individual cases, and to develop strategies to combat the abuse, neglect, and exploitation of elders.

(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.

The State of Alaska will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

The Office of the Long-Term Care Ombudsman, as part of its mission, ensures that elders – especially residents in long-term care homes – are receiving legal, financial, social, medical rehabilitative, and other services to which they are entitled. As a result of investigation of complaints involving abuse, neglect and exploitation as well as regular “drop-in” visits at long-term care homes the Office ensures that elders are aware of their rights and the benefits to which they are entitled, and have access to appropriate and consistent care. Additionally, the Office as part of its ongoing quest to be a resource for long-term care homes ensures caregivers and administrators are equally aware of the rights and benefits elders deserve. The Office’s investigations and visits reinforce the important of the quality care of elders, and the prevention of exploitation by care providers, families, or other entities. As trends are noted in the abuse, neglect or exploitation of elders, the Office adjusts its emphasis on visits to long-term care homes and training of care providers.

(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.

The State of Alaska will use funds made available under this subtitle/ 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 elders rights protection activities described in this chapter.

The Office of the Long-Term Care Ombudsman ensures that funds received under this subtitle are appropriately used to enhance the protection of elders from abuse, neglect and exploitation. Monies expended are used directly in formal training of caregivers, education of elders about their rights during visitations, and education of care providers in their responsibility to prevent and report abuse.

(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).

The State of Alaska 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).

Currently the Office of the Long-Term Care Ombudsman has no local ombudsman programs in any region of the state.

(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.

The State of Alaska assures 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.

(A) In carrying out programs concerning the prevention of abuse, neglect and exploitation, the Office of the Long-Term Care Ombudsman is mandated under the State statute for the protection of vulnerable adults, AS Chapter 47.24, Section 47.24.013(a) to investigate “the abandonment, exploitation, abuse, neglect, or self-neglect of a vulnerable adult who is 60 years of age or older that is alleged to have been committed by or to have resulted from the negligence of the staff or a volunteer of an out-of-home care facility” (i.e., assisted living or nursing home), “including a facility licensed under AS 18.20, in which the vulnerable adult resides; the Department [Adult Protective Services] shall transfer the report for investigation to the long-term care ombudsman under AS 47.62.015.” Section 47.24.013(c) further states that “upon receipt of a report... of this section, the long-term care ombudsman and the Department [Adult Protective Services] shall...coordinate and cooperate in their responses and investigations of the report if their jurisdictions overlap.” The Office formally trains caregivers in the prevention and reporting of elder abuse, neglect, and exploitation as well as educating the public and social agencies in recognizing and reporting abuse. Receipts of reports of elder abuse are shared with Adult Protective Services according to statute and with Assisted Living Licensing, Nursing Home Licensing, the Office of Elder Fraud and Assistance, and the State’s Medicaid Quality Assurance office and the Department of Law’s Medicaid Fraud Control unit as appropriate. The Office also has a formalized outreach program with a goal of visiting all long-term care homes in the state at least every six months to give elders an opportunity to voice their concerns about abuse and to reinforce appropriate care by the caregiving staff. Numerous conferences are attended throughout the year in an effort to keep abreast of current and emerging trends locally and nationally in the areas of abuse, neglect and exploitation of elders. Individuals are referred to other social agencies as appropriate for any additional services needed by the elder that the Office cannot provide.

(B) The Long-Term Care Ombudsman’s Office believes strongly that elders have the inherent right to make choices in their lives, even if other agencies, families, care providers or others believe those choices are not good or appropriate, and that they are not to be coerced into making decisions they are not comfortable with. The Office will always advocate for the elder as long as he or she is deemed competent. Even when they have “lost” their rights through guardianship, the Office will always advocate that the elder’s wishes be heard.

(C) All information gathered in the course of receiving reports and making referrals by the Office of the Long-Term Care Ombudsman remains confidential unless the complainant or elder consents in writing to the release of the information. Additionally, per Alaska statute AS 47.62.030, “records obtained or maintained by the Ombudsman...are not subject to inspection or copying under AS 40.25.110 – 40.25.120 and ....may be disclosed only at the discretion of the Ombudsman. The identity of a complainant or an older Alaskan on whose behalf a complaint is made may not be disclosed without the consent of the identified person or the person’s legal guardian, unless required by court order.”

## REQUIRED ACTIVITIES

### **Sec. 307(a) STATE PLANS**

(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’s Department of Health & Social Services, the Sole state agency on aging, is the State’s sole planning and service area under the Older Americans Act. As of the date of submission of this plan, there are no Area Agencies on Aging within the state of Alaska.  
*Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.*

(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;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

Alaska’s Sole state agency on aging:

(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;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title 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 older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

*Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

Alaska's Sole state agency on aging will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title 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 older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

The Division of Senior & Disabilities Services surveys consumers of its senior grant services annually regarding their satisfaction with the services provided. The Alaska Commission on Aging conducts senior surveys every several years, seeking to discover the most pressing concerns of older Alaskans in general and with respect to any senior services in which they participate. The last such survey was in 2005, and the ACoA hopes to conduct another senior survey in 2008. Although the 2005 survey indicated that the majority of older Alaskans do not use any senior services, most of those who do use the services described themselves as satisfied.

(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 Section 316.

Alaska's sole state agency on aging:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, 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 a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(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.

Alaska's Sole state agency on aging 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.

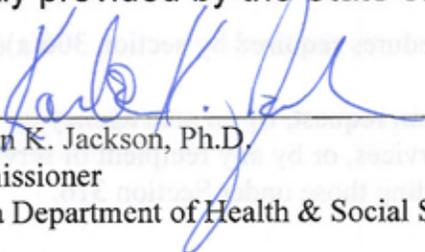
(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is 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.

No supportive services, nutrition services, or in-home services are directly provided by the State of Alaska's Sole state agency on aging.



Karleen K. Jackson, Ph.D.  
Commissioner  
Alaska Department of Health & Social Services

5/3/07

Date

## ATTACHMENT B

### STATE PLAN PROVISIONS AND INFORMATION REQUIREMENTS

The following provisions and information requirements are listed in the indicated sections of the Older Americans Act, as amended in 2006. State Plans may address the provisions and information requirements in a format determined by each State.

#### Section I. 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) – (required only if the State funds in-home services not already defined in Sec. 102(19))**

The term “in-home services” includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

The State of Alaska provides the following State-funded grants for senior in-home services:

**(A)Senior In-Home Services** is a statewide grant program which provides Case Management, Respite, Extended Respite, and Chore services to eligible individuals age 60+ and their families, including older persons with ADRD. (FY 2007 Amount: \$2,131,985)

**(B)ADRD Mini-Grants** is an Alaska Mental Health Trust-funded program which provides mini-grants of up to \$2,500 to assist individuals with ADRD to pay for medical or dental care, supplies, environmental modifications, or other goods and services that are not covered by other programs. (FY 2007 Amount: \$260,000)

##### **Section 305(a)(2)(E)**

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 older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

The State of Alaska assures 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 older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

In addition to the funding formula weighting factors, which cover low-income, minority, and frail seniors as well as seniors who reside in rural areas of the state, the Division of Senior & Disabilities Services will target non-English-speaking seniors throughout the state by requiring successful grantees to provide an outreach plan for targeting non-English-speaking seniors in their area. Currently all providers have an outreach plan that includes at least one of the following to reach non-English-speaking seniors in their service areas:

- Multi-lingual flyers and information brochures describing offered services
- Multi-lingual announcements on radio or television describing offered services
- Outreach through tribal organization newsletters
- Outreach through various ethnic community centers and/or newsletters
- Translation services offered
- Multi-lingual providers matched with recipients
- Innovative outreach to non-English-speaking individuals and groups

### **Section 306(a)(17)**

Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Alaska's Sole state agency on aging will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

The Division of Public Health (DPH) is the lead agency within the Department of Health & Social Services responsible for emergency

preparedness, planning, and response. Division staff work closely with the Department of Military & Veterans' Affairs' Division of Homeland Security and Emergency Management. They routinely conduct emergency preparedness and planning outreach workshops in communities around the state. They also partner closely with the Alaska Native Tribal Health Consortium.

DPH strives to reach as many special populations as possible in their outreach activities. Workshop topics range from general all-hazards emergency preparedness to specific disease-related topics such as pandemic influenza or norovirus (a virus which causes acute gastrointestinal distress, often found on cruise ships and in nursing homes and health care facilities). In 2006, the Division's presentations reached representatives from 106 communities in the state. In addition, the State's public health nurses are regular participants in local health fairs statewide where they discuss emergency preparedness, planning and response issues with attendees of all ages.

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

During FY 2008, the Alaska Commission on Aging and the Division of Senior & Disabilities Services will work with both the Division of Public Health and the Department of Military & Veterans Affairs to identify emergency preparedness issues of particular concern to the senior population and to coordinate outreach efforts through senior provider organizations.

### **Section 307(a)**

(2) The plan shall provide that the State agency will:

(C) Specify 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

(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (*Note: those categories are access, in-home, and legal assistance*).

Alaska's sole state agency on aging assures that an adequate proportion of the amount allotted for part B will be expended for the delivery of (A) access to services, (B) in-home services, and (C) legal assistance.

The State's distribution of Title III (B) funds will include no less than the following percentages dedicated to these categories, based upon past performance and utilization:

(A) Access Services:	50%
(B) In-Home Services:	5%
(C) Legal Assistance	5%

Rationale: Alaska's transportation costs are among the highest in the nation because of its high fuel prices, limited infrastructure, and distances between populations and town centers. In light of this and with the additional funding for in-home services provided by State funds, the State of Alaska has chosen to allocate at least 50% of Title III funds to alleviate transportation costs and assist seniors by providing affordable, accessible transportation to services. Currently in-home services, including case management, respite, and chore, are provided to seniors through additional State funding. The 5% allotted to in-home services is allocated to provide homemaker services, which are not provided by other senior in-home services. Legal services are provided statewide.

### **Section (307(a)(3))**

The plan shall:

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); *(Note: the "statement and demonstration" are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area)*

(B) with respect to services for older individuals residing in rural areas:

- (i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.
- (ii) identify, 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).
- (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

The intra-state funding formula and percentage allocation to each region are detailed in the funding formula section of this plan. As described in that section, Alaska will maintain the funding framework utilized in the previous (FY 2003-2007) state plan during FY 2008 and FY 2009, then gradually transition to the new formula by implementing 50% of the change in FY 2010, and 100% of the changed allocation in 2011. This transition plan is being put in place to ensure that regions have sufficient time to plan ahead for any scheduled funding losses. The fund shifts are largely due to population shifts favoring the Railbelt regions of the state, which are gaining population rapidly (partly from rural-to-urban movement) while more remote rural areas grow at a much slower rate. No region of the state is actually witnessing a decline in senior population.

The State of Alaska assures that the sole state agency on aging will spend, for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

**Current year (FY 2007)** estimated costs of providing senior services in rural Alaska are as follows:

Title III -	\$2,497,662
State's Contribution -	\$440,764
Other Sources -	\$6,795,341
Total -	\$9,773,767

NOTE: Projected cost estimates for FY 2008 through FY 2011 assume an annual one percent increase in funding sources for senior home- and community-based grant services.

**FY 2008:**

Title III -	\$2,522,639
State's Contribution -	\$445,172
Other Sources -	\$6,863,294
Total -	\$9,831,105

**FY 2009:**

Title III -	\$2,547,865
State's Contribution -	\$449,580
Other Sources -	\$6,931,247
Total -	\$9,928,692

**FY 2010:**

Title III -	\$2,573,344
State's Contribution -	\$454,076
Other Sources -	\$7,000,559
Total -	\$10,027,979

**FY 2011:**

Title III -	\$2,599,077
State's Contribution -	\$458,617
Other Sources -	\$7,070,565
Total -	\$10,128,258

In FY 2007, the fiscal year preceding the first year to which this state plan applies, rural and partially rural regions were funded as described in the funding framework section of this document. Funds were provided to non-profit agency grantees in each region for the provision of Older Americans Act programs and other services. The NTS (Nutrition, Transportation, and Support Services) program contracts with 15 Title VI grantees (Alaska Native tribal organizations) to provide food programs, often located in the schools of remote Native villages.

In addition, a Rural Long-Term Care Coordinator located within the Division of Senior and Disabilities Services works with rural communities throughout the state to assist in the development of community-based long-term care services for seniors. This position provides a link to rural communities so that they can develop services needed to allow their elders to age in place. By meeting with community members and services providers, the RLTC Coordinator assesses elder care needs in a community and works with available State, federal and local resources to meet those needs. In addition to assisting with the development of local services, the RLTC Coordinator provides information to the State that is valuable in statewide services delivery efforts.

The Division of Senior and Disabilities Services grants staff conducts outreach to providers during their site visits to educate communities on Older Americans Act services offered and to assess unmet needs in each community.

**Section 307(a)(8)) (Include in plan if applicable)**

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such

agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(B)The State of Alaska does not directly provide case management services as of the date of submission of this plan. Funds for case management are distributed to non-profit grantee organizations, whose staff provide these services.

(C)The State of Alaska's Sole state agency on aging (the Department of Health & Social Services) reserves the right to directly provide information and assistance services and outreach under the Older Americans Act during the time period covered by this plan.

### **Section 307(a)(10)**

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

The State of Alaska assures that the special needs of older individuals residing in rural areas are taken into consideration in allocating resources for senior services.

In addition to following the State funding formula, which allocates funds specifically to rural areas of the state, the Division of Senior & Disabilities Services coordinates with rural providers, including the Alaska Native health corporations, rural non-profit organizations, city and borough governments, and other State agencies to ensure service delivery in rural areas. Multi-lingual outreach to rural areas is conducted through health fairs, public service announcements, and training programs, as well as through popular media such as the Senior Voice (statewide senior newspaper) and the Mukluk Telegraph (bi-monthly newsletter of the Alaska Native Tribal Health Consortium).

### **Section 307(a)(21)**

The plan shall:

(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 (*title III*), if applicable, and specify the ways in which the State agency intends to implement the activities .

The State of Alaska assures that the Sole state agency on aging 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 (*title III*), if applicable, and specify the ways in which the State agency intends to implement the activities .

Specific outreach to Native American elders through coordination with Title VI programs is happening throughout the state. For example, Southeast Senior Services combines Title III and Title VI funds to provide meals and rides throughout the Southeast Region. North Slope Borough combines funds to provide meals and rides for participants in Alaska's far northern region. Bristol Bay Native Association combines funds to provide meals for participants in their area. In total, 15 of Alaska's 36 Title VI agencies also receive Title III funds from the State of Alaska.

Other outreach examples include coordination with Dr. George Charles of the University of Alaska's Native Resource Center, outreach through the Senior Voice (statewide senior newspaper), coordination with Alaska Native health corporations, serving traditional foods in meal programs, having multi-lingual providers, and utilizing multi-lingual media, translators, and presenters to Alaska Native providers.

### **Section 307(a)(28)**

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

See the needs assessment section of this plan for details on the projected growth of Alaska's senior population.

(A)The State of Alaska believes its statewide service delivery model is capable of responding well to the expected increase in the state's senior population during the 2008 – 2018 period, so long as funding resources increase proportionately with the expected increase in the demand for services.

(i)In 2006, the Alaska Department of Labor and Workforce Development estimates that there are approximately 71,534 seniors (individuals age 60 and over) residing in Alaska. By 2020, the University of Alaska's Institute for Social & Economic Research estimates that there will be 127,331 seniors in Alaska, a 178 percent increase. Assuming a constant level of service utilization, the amount of funding for senior services in Alaska would need to increase by nearly 13 percent per year for the next 14 years in order to simply continue the same level of services available today.

(ii)As noted in the needs assessment section of this plan, Alaska is expected to continue to have the second-fastest-growing senior population in the nation during the coming years. Current population trends show a steady flow of older Alaskans from rural remote areas of the state to more urban areas where a greater array of services is available. However, such shifts represent a great loss to the communities whose wise elders migrate to far-away towns, as well as a great individual hardship for the elders themselves, who lose access to their language, culture, and familiar natural environment. An increase in available resources could help provide more services in the smaller communities, thus preventing or slowing the devastating loss of their senior populations.

(iii)Critical to maintaining adequate services for seniors in the coming years is a cohesive, coordinated approach to long-term care services. The Alaska Commission on Aging intends to seek the creation of a long-term care strategic plan which would guide the State and other organizations in preparing for the infrastructure and service needs of Alaska's aging population. In its advocacy role, the Alaska Commission on Aging will continue to fight for additional State and other funds dedicated to senior grant services and other programs that provide for the needs of seniors. An evaluation of progress toward the plan's goals and objectives will be conducted at the end of each year by the Alaska Commission on Aging (ACoA). Data on all state plan topics will be compiled and posted to the ACoA's website on an ongoing basis. An annual implementation plan targeted to the strategies contained in this state plan will be prepared for each year of the plan's term. During a yearly implementation plan development session, other senior organizations (governmental, tribal, non-profit,

and even business) will be invited to join the ACoA and DSDS in selecting several focal points for their activities during the coming year.

(iv) Alaska's age 85+ population is expected to nearly triple in the next 25 years. This is the fastest-growing age group both nationally and in Alaska. National prevalence rates suggest that 42% of the individuals in this age group have Alzheimer's disease or related disorders (ADRD). A tripling of Alaska's ADRD population will place a tremendous strain on the state's senior services programs and direct services workforce, and will dramatically increase the need for assisted living homes and other types of housing appropriate for frail elders.

### **Section 307(a)(29)**

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

See previous response to Section 306(a)(17) on page 151.

### **Section 307(a)(30)**

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Rod Moline, Ph.D., Director of the Division of Senior and Disabilities Services, was appointed to the State of Alaska's Disaster Planning Committee by former Governor Frank Murkowski in April 2005. Along with five other Governor's appointees, Dr. Moline participated in the National Disaster Preparedness Conference in Washington, DC, and co-developed the State's emergency action plan pertaining to elderly and disabled persons. Dr. Moline continues to participate in quarterly desk reviews of State policies and procedures related to disaster planning. He is particularly involved in GIS systems (Geographic Information Systems), specifically the application of real-time locator identifiers for use by emergency personnel (and families) to locate and identify persons affected by emergency situations regardless of cause.

### **Section 705(a)(7)**

In order to be eligible to receive an allotment under this subtitle, a State shall

include in the State plan submitted under section 307:

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).  
*(Note: Paragraphs (1) of through (6) of this section are listed below)*

*In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:*

- (1) 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;*
- (2) 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;*
- (3) 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;*
- (4) 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;*
- (5) 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);*
- (6) 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--*



**Attachment C – Governor’s  
Sole State Agency on Aging Designation**

SARAH PALIN  
GOVERNOR  
GOVERNOR@GOV.STATE.AK.US



STATE OF ALASKA  
OFFICE OF THE GOVERNOR  
JUNEAU

P.O. BOX 110001  
JUNEAU, ALASKA 99811-0001  
(907) 465-3500  
FAX (907) 465-3532  
WWW.GOV.STATE.AK.US

April 17, 2007

RECEIVED

APR 18 2007

Office of the Commissioner  
DHSS - Juneau

Chisato Kawabori, Ph.D.  
Regional Program Director  
U.S. Administration on Aging  
2201 Sixth Avenue, Suite 1202-RX 33  
Seattle, WA 98121

Dear Dr. Kawabori:

As noted in Commissioner Jackson’s memorandum of February 5, I hereby designate the Alaska Department of Health and Social Services as the sole state agency on aging as required under Section 305 of the Older Americans Act.

If you have any questions regarding this designation, please contact Commissioner Jackson directly at (907) 465-3030.

Sincerely,

Sarah Palin  
Governor

cc: ✓ Karleen K. Jackson, Ph.D., Commissioner, Department of Health and Social Services  
Rod Moline, Director, Division of Senior and Disability Services, Department of Health and Social Services  
Frank Appel, Chair, Alaska Commission on Aging, Department of Health and Social Services  
Denise Daniello, Executive Director, Alaska Commission on Aging, Department of Health and Social Services

# STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES  
OFFICE OF THE COMMISSIONER

SARAH PALIN, GOVERNOR

P.O. BOX 110601  
JUNEAU, ALASKA 99811-0601  
PHONE: (907) 465-3030  
FAX: (907) 465-3068

## MEMORANDUM

DATE: February 5, 2007

TO: Sarah Palin, Governor  
State of Alaska

THRU: Karleen K. Jackson, Ph.D.  
Commissioner



SUBJECT: Sole State Agency Designation for State Plan for Senior Services

The Department of Health and Social Services, at the request of the Federal Administration on Aging through the Alaska Commission on Aging, respectfully asks you to formally designate the Department of Health and Social Services, Division of Senior and Disabilities Services as the sole state agency on aging as required under Section 305 of the Older Americans Act. The Commission on Aging is currently engaged in the development of a state plan on aging in cooperation with the Division of Senior and Disability Services, the Division of Public Health, the Long-term Care Ombudsman's Office, Alaska Housing Finance Corporation, and other nonprofit senior provider agencies.

Due to the change in Alaska's gubernatorial administration, the Administration on Aging, Region X office has advised the Alaska Commission on Aging that you must provide a written delegation of authority establishing which entity is to serve as the sole state agency on aging under Section 305 of the Older Americans Act for the upcoming State Plan.

The attached memorandum provides additional information regarding the request. Thank you for your consideration.

# STATE OF ALASKA

## DEPT. OF HEALTH & SOCIAL SERVICES

*Alaska Commission on Aging*

SARAH PALIN, GOVERNOR

P.O. BOX 110693  
JUNEAU, ALASKA 99811-0693  
PHONE: (907) 465-3250  
FAX: (907) 465-1398

Date: January 30, 2007

To: Karleen Jackson, Commissioner  
Department of Health & Social Services

Thru: Bill Hogan, Deputy Commissioner *BH*  
Department of Health & Social Services

From: Denise Daniello, Executive Director  
Alaska Commission on Aging

CC: Rod Moline, Director  
Division of Senior & Disabilities Services

Frank Appel, Chair  
Alaska Commission on Aging

Subject: Sole State Agency Designation Required for the State Plan for Senior Services

*Reviewed & Approved  
1/31/07  
K. Appel*

The Department of Health and Social Services delegated the Alaska Commission on Aging to develop the State Plan for Senior Services 2007 through 2011. Currently, we are engaged in the planning process of the state plan in cooperation with the Division of Senior and Disability Services, the Division of Public Health, the Long-term Care Ombudsman's office, Alaska Housing Finance Corporation, and other nonprofit senior provider agencies. In November 2003, Governor Murkowski designated the Department of Health and Social Services as the sole state agency on aging with its planning and grant-making authorities carried out by the Division of Senior and Disabilities Services (correspondence attached). Prior to that date the ACoA had been the sole state agency. Recently, the Administration on Aging, Region X office advised the ACoA office that Governor Palin must provide a written delegation of authority establishing which entity is to serve as the sole state agency on aging under Section 305 of the Older Americans Act for the upcoming State Plan (statute language attached). Due to the change in Alaska's gubernatorial administration, this formal action is requested by the Administration on Aging.

The U.S. Administration on Aging requires that the officially signed Alaska State Plan be received in the Region X, Seattle, Administration on Aging office by May 1, 2007, 60 days before its effective date of July 1, 2007. We plan to seek public review of the draft plan in mid-February 2007 and would appreciate agency delegation at this time, if possible, for public disclosure purposes.

We thank you for your consideration of this request to ask Governor Palin to formally designate the Department of Health and Social Services as the sole state agency. Please feel free to contact me at 465-4879 should you require further information or support. Thank you.

**Attachment D:  
Support Letter from MASST Program**

STATE OF ALASKA

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
EMPLOYMENT SECURITY DIVISION  
MATURE ALASKANS SEEKING SKILLS TRAINING

*Sarah Palin, Governor*

P.O. Box 115509  
Juneau, Alaska 99811-5509  
Phone: (907) 465-4872  
Fax: (907) 465-4537

April 16, 2007

The Mature Alaskans Seeking Skills Training Program commits to support the Commission on Aging Single State Plan. We acknowledge our collaborative efforts and teamwork in developing the grassroots comments and the desires of all Alaskans incorporating their priorities into its framework. The details required to make this plan flourish will flow forward from many agencies to make today better for all Alaskan elders.

As we live longer, the State of Alaska recognizes the need to train and support the workforce both to enhance equal opportunities and to support the continuum of care required. This plan's vision guides and shows what older Americans need and want.

We are therefore committed to the outcomes and to healthcare as one of our top employment priorities and pledge to work closely with all the partners stated in this plan to ensure successful outcomes.

***Respectfully,***



Rita Bowen  
Mature Alaskans Seeking Skills Training Program Coordinator  
State of Alaska  
Department of Labor and Workforce Development  
Employment Security Division  
PO Box 115509  
Juneau, Alaska 99811-5509  
Phone: (907) 465-4872 Fax: (907) 465-5945

**Attachment E**  
**Public Comments on Alaska’s DRAFT State Plan for Senior Services, FY 2008 – FY 2011**  
**(Submitted to Alaska Commission on Aging, Feb. 16 – April 16, 2007)**

Note: Most of the comments related to funding formula options are NOT included. Most, but not all, favored a “hold harmless” or “no change” option where actual funding to each region would not decline, despite population shifts.

<b>Hearing Location:</b>	<b>Comment or Suggestion:</b>	<b>Response:</b>
Fairbanks, 3/23/07	<p>Show average income of retired Native seniors; in their program, it is only \$12,000 per year.</p> <p>Show range of food stamp benefits – average for those in their program is only \$10 per month! Explain how this benefit is computed.</p> <p>A lot of elders depend on the food box program through the Fairbanks Community Food Bank, but get only two boxes per month (each box contains enough food for 3 days).</p> <p>In strategy 1.C.2, if “billable services” means Medicaid, state that.</p> <p>In strategy 2.A.5, clarify intention behind senior center accreditation.</p> <p>Add a strategy on training and access to today’s technology; for some benefit programs (e.g., unemployment, Medicare Part D, etc.) people now are REQUIRED to apply online.</p> <p>Clarify that technology training is for people who WANT to become more computer-proficient; but recognize that many seniors will NEVER feel comfortable with computers, and ensure that they will have access to I &amp; R services through other avenues or can access help in working through online application processes. Right now, we need both. Add an advocacy strategy for more money to support folks in submitting online applications like those mentioned above.</p>	<p>Added comparative data on senior incomes by race to Income and Poverty section of needs assessment.</p> <p>Computation of food stamp benefit is too complex to explain in state plan. ACoA will investigate senior food stamp benefit amounts, as we hear this complaint often.</p> <p>Will bear in mind as an ACoA advocacy issue.</p> <p>Not referring solely to Medicaid. Changed wording of strategy to focus on “coverage” rather than “billable services.”</p> <p>Added clarifying language to that strategy.</p> <p>See strategy 1.B.7.</p> <p>See strategy 1.B.7 re: I&amp;R services for those who don’t use computers. Strategy 1.C.7 is aimed at obtaining more resources for volunteer programs serving seniors. This would include the Medicare Part D volunteers. The Alaska Dept. of Labor &amp; Workforce Development provides help with employment and unemployment applications.</p>

<b>Hearing Location:</b>	<b>Comment or Suggestion:</b>	<b>Response:</b>
Fairbanks, 3/23/07	Would like to see Senior Companion volunteers emphasized. Provide training for “natural helpers.” Encourage more people to volunteer to help seniors.	See strategy 1.C.6, addressing transportation issues in senior volunteer programs. We understand there is no shortage of volunteers, but that transportation is a make-or-break issue for many.
	Need more equitable distribution of funds within the funding formula regions, for example, between urban and rural areas of Region II.	Outside the scope of the state plan, but comment is noted.
	Have had to deal with flat funding for years. Number of seniors is increasing and needs continue to increase. If there are funding cuts to some regions, agencies could fold.	Total available funding is outside the scope of the state plan, but ACoA views it as an ongoing advocacy issue, to help avoid any region taking a cut in the 3 <sup>rd</sup> and 4 <sup>th</sup> years of the funding framework.
	In goal 5, it’s unclear if the two pieces are connected – i.e., suggesting that seniors become employed in direct service jobs.	Tried to clarify that, no, the two parts of goal 5 are not related in that sense. We seek jobs of all kinds for seniors, and direct service employment for more people to serve seniors.
	Prioritize the strategies under each goal.	We did not do this. It’s difficult to assign a priority to one strategy over another. All the strategies are important, and they are listed in no particular order under the appropriate objective.
	Under goal 6, there is too high a knowledge curve to expect one Adult Protective Services staff person to handle both senior and DD issues. APS has only one person in Fairbanks now – there used to be three.	Additional staff for APS, as appropriate, is an ongoing advocacy issue for the ACoA.
	Agencies are not getting referrals from the Interior ADRC. They also get calls (such as hospital referrals) that should be going <b>to</b> the ADRCs. There has been no effort to make the ADRC the central point of contact locally, and to collaborate with other agencies.	A number of strategies focus on building the capacity and coordination of the ADRCs (Aging and Disability Resource Centers). See strategies 2.A.1, 2.A.2, 2.A.13, and 2.B.1.
	There should be additional federal funding for the ADRCs, if they are federally mandated. Don’t take money away from established senior center information and referral programs.	Funding is not a state plan issue, but the ACoA will advocate for adequate funding of both the ADRCs and the senior center I&R services.

<b>Hearing Location:</b>	<b>Comment or Suggestion:</b>	<b>Response:</b>
Juneau, 3/27/07	With more older Alaskans, we need more places for those who are ill or disabled – more nursing homes, assisted living homes, Pioneer Homes. There are no empty beds in Juneau. Seniors who become ill must be shipped out of town. Would the State consider adding beds and facilities to the Pioneer Home system?	Strategy 2.C.1 supports development of a long-term care strategic plan to carefully evaluate all options and begin to plan for future infrastructure needs.
	Medicaid reimbursement rate for assisted living care for seniors is \$100/day, while it's \$265/day for folks with DD. DD homes are multiplying, while there is a lack of private assisted living homes for seniors in most Alaska communities. Please add an advocacy strategy for equitable reimbursement rates. People can't afford to operate homes on \$100/day.	Added strategy 2.C.20.
	Allow free speech at senior centers for those who wish to collect signatures on petitions or express political views. You could prohibit commercial solicitation but allow political speech.	Not a state plan issue. Each senior center sets its own policy regarding acceptable behavior.
	Suggest hiring a consultant next time to study specific cost factors and create an econometric formula to apportion funding among the regions.	Suggestion duly noted. Will consider doing so for the next state plan.
	The local skilled nursing facility has difficulty discharging patients to their homes because of the lack of home- and community-based services in the community.	This would also be a subject for the long-term care strategic plan. State plan strategies re: workforce issues, data gathering on needs and barriers, long-term care funding, and others also bear on this issue.
	Many long-term care insurance options, such as those offered to retiring state employees, do not cover the senior services we have in Alaska, or even nursing home services.	See strategy 2.C.14. This issue would also be addressed in a long-term care strategic plan.
	Lift the freeze on Medicaid reimbursement rates. Providers are being forced out of business.	See strategy 2.C.20.

<b>Hearing Location:</b>	<b>Comment or Suggestion:</b>	<b>Response:</b>
Anchorage, 3/28/07	<p>Document does not adequately stress the value of senior centers. They provide companionship and something to do for many who would otherwise be isolated and depressed. Senior centers promote health and wellness, mental health, learning, and friendship, all on a very limited budget.</p> <p>Consider encouraging intergenerational activities.</p> <p>Encourage collaboration and coordination among all senior programs and organizations – the non-profits, the State of Alaska, Municipality of Anchorage, the federal government, volunteer groups, etc. Currently there is a lot of duplication of effort and expense.</p> <p>Conditions in senior housing are a major concern. People just want to feel safe. Facilities need a resident manager who is on-site and can check on problems 24/7. Housing near the senior center could be a wonderful senior campus – but priority goes to homeless people over seniors. Many of the residents have unmet mental health needs. This is independent living, not assisted living. Hiring a case manager is not the right approach for these housing units. Seniors want to live in housing just for seniors and those with physical disabilities. They don't want to worry about finding a naked man in the laundry room.</p> <p>Mention food bank distributions under Adult Public Assistance section.</p>	<p>Added some narrative on the role of senior centers.</p> <p>See strategy 1.A.5.</p> <p>Objective A under each of the six goals is intended to encourage partnerships and coordination among multiple agencies serving seniors. The annual implementation plan process will also include as many agencies as possible.</p> <p>See strategy 4.C.1. The ACoA will advocate for additional changes to senior housing as appropriate. We hear similar concerns expressed frequently across the state.</p> <p>Adult Public Assistance does not offer a food bank/ food box program. A Commodity Supplemental Food Program is offered in some communities for low-income seniors over age 60 by the Food Bank of Alaska. This is not a state plan issue.</p>

<b>Hearing Location:</b>	<b>Comment or Suggestion:</b>	<b>Response:</b>
Anchorage, 3/28/07	Plan needs more stress on education in general. It's extremely important for seniors to be constantly learning.	See strategy 1.B.6.
	Stress the education of providers to prevent ageism.	Strategies 2.C.9 and 2.C.6 speak to this issue.
	After Katrina, AARP collected info on best practices (re: emergency management) for senior centers and area agencies on aging. This should be widely distributed.	Not a state plan issue, but ACoA will locate this info and distribute it to all senior centers in Alaska.
	The plan is utopian. The State can't do all this. Where does personal and family responsibility come into the picture?	The plan's goals aim to support individuals and families in maintaining their independence to the greatest extent possible. The intent is not to do for people what they could otherwise do for themselves – but to provide support where they need help, to ensure that seniors can remain in their own homes and communities whenever possible.
	We need better health care at earlier ages. People are not getting adequate health care when they need it. We need to stress nutrition and health much more in our schools. And make sure the Denali Kid Care program is available.	See strategy 1.C.3, among others which stress prevention and health promotion. We hear from many seniors about their desire to see universal health care coverage in the U.S.

<b>Hearing Location:</b>	<b>Comment or Suggestion:</b>	<b>Response:</b>
Statewide	<p>Need recommendations for more adult day care and more assisted living. There is nothing in Sitka. People need help and seniors need good care. Add an advocacy strategy re: helping communities to develop these resources.</p> <p>Give informational support to people considering creating an assisted living home. It's complex. Zoning issues recently kept a local home from opening. We need an centralized information resource for folks planning this type of project. Help with financing is also needed.</p> <p>Need more money for adult day care.</p>	<p>This can be included in the long-term care strategic plan to be developed per strategy 2.C.1. Also, the State has a Rural Long-Term Care Coordinator who is tasked with helping communities to develop long-term care resources.</p> <p>Some information is available from various State agencies; the ACoA can advocate for creation of a centralized information resource. Strategy 4.C.5 addresses the creation of incentives for the development of such projects.</p>
	<p>Need more money for adult day care.</p> <p>Please advocate for an increased presence for Adult Protective Services. There is only one guy for all of Southeast Alaska. It can take six months to get anything done.</p>	<p>Not a state plan issue directly, but ACoA is advocating for increased State funding for senior services such as adult day care.</p> <p>The ACoA will continue to advocate for APS staff increases as appropriate.</p>
	<p>Make sure to include an advocacy goal of increasing funding for senior services.</p>	<p>See strategy 2.C.5.</p>

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## NOTES

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