The Alaska State Plan for Senior Services

FY 2012 – FY 2015

STATE of ALASKA
Department of Health and Social Services

State of Alaska

Department of Health & Social Services

Alaska Commission on Aging

State of Alaska
Department of Health & Social Services

ALASKA COMMISSION ON AGING

State Plan for Senior Services

FY 2012 – FY 2015
(July 1, 2011 – June 30, 2015)

Sean Parnell, Governor
State of Alaska

William J. Streur, Commissioner
Alaska Department of Health & Social Services

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Special thanks to Barbara Lavallee for the use of her beautiful prints entitled "Senior Prom" and "Table Games".

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary
Administration on Aging

Washington D.C. 20201

JUL 28 2011

The Honorable Governor Sean Parnell
State of Alaska
550 West 7th Avenue, #1700
Anchorage, AK 99501

Dear Governor Parnell:

It is my pleasure to inform you that the four-year Alaska State Plan on Aging under the Older Americans Act, beginning July 1, 2011 through June 30, 2015 is approved.

I am particularly pleased with the ongoing efforts in Alaska to coordinate across Title III and Title VI, including that 12 of your state grantees are also Title VI grantees. In addition I appreciate the progress being made on your Aging and Disability Resource Center initiative with four sites now open across the state. As a result of these and similar efforts, the State Plan reflects a sound strategy to deliver quality services to meet the needs of older persons and their caregivers across the state.

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,

Kathy Greenlee
Assistant Secretary for Aging

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Governor Sean Parnell
STATE OF ALASKA

May 19, 2011

Mr. David Ishida
Region X Administrator
United States Administration on Aging
90-Seventh Street, Suite 8 100
San Francisco, CA 94103

Dear Mr. Ishida,

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

If you have any questions regarding this designation, please contact Commissioner Streur directly at 907-269-5195 or william.streur@alaska.gov.

Best regards,

Sean Parnell
Governor

cc: The Honorable William Streur, Commissioner, Alaska Department of Health and Social Services
Duane Mayes, Director, Division of Senior and Disabilities Services, Alaska Department of Health and Social Services
Sharon Howerton-Clark, Chair, Alaska Commission on Aging, Alaska Department of Health and Social Services
Denise Daniello, Executive Director, Alaska Commission on Aging, Alaska Department of Health and Social Services

STATE OF ALASKA
DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER

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

The Alaska Department of Health and Social Services (DHSS) hereby submits the Alaska State Plan for Senior Services for the period of July 1, 2011 through June 30, 2015 (State fiscal years 2012-2015). Governor Sean Parnell has designated the Department of Health and Social Services as Alaska's sole state agency on aging. The Alaska Commission on Aging within DHSS is authorized by Alaska Statute 457.45.240(a)(1) to develop the state plan for senior services in accordance with the provisions of the Older Americans Act and its amendments. The plan, as submitted, documents the needs of older Alaskans and establishes direction for the coordination of all State activities related to seniors, with an emphasis on those efforts related to the Older Americans Act, including the development of a comprehensive and coordinated system for the delivery of supportive services.

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

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

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

5/17/2011
Date

William J. Streur, Commissioner
Alaska Department of Health and Social Services

ALASKA COMMISSION ON AGING
STATE PLAN FOR SENIOR SERVICES
APPROVAL

The Alaska State Plan for Senior Services, FY 2012-2015 is hereby approved by the Alaska Commission on Aging, as the agency authorized by the Commissioner of the Department of Health and Social Services and by Alaska Statute (AS 47.45.240(a)(1)) to develop the state plan on aging in accordance with the provisions of the Older Americans Act and its amendments.

Sharon Howerton, Chair
Paula Pawlowski, Vice Chair
Banarsi Lal, Planning Committee Chair
Barb McNeil, Planning Committee Vice Chair
Patricia Branson
Betty Keegan
Duane Mayes, Designee, Department of Health and Social Services
Iver Malutin
Eleanor Dementi
Marie Darlin
Nita Madsen, Designee, Department of Commerce, Community and Economic Development

May 24, 2011
Date

Sharon Howerton, Chair
Alaska Commission on Aging

Executive Summary

The Alaska State Plan for Senior Services, FY 2012 – FY 2015, is the product of an 18-month process that began with the Alaska Commission on Aging's first elder/senior community forum in Kotzebue in August of 2009. Five other community forums followed, each presenting a series of topic questions for seniors, family members, and service providers to consider. At each step of the process, older Alaskans graced the Commission with their candid assessments of all that needs attention within the system of services for seniors – as well as their ideas for solutions, and even their praise for what's working well. We thank them – without their openness, this process would have been less rigorous and far less engaging.

A state plan steering committee of agency partner representatives gathered for the first time in summer of 2010 to plot the development of the plan and continued to meet, first monthly and ultimately weekly, to resolve the many issues that helped to shape the plan into its final form.

With the help of the steering committee, the Commission developed a widely-distributed survey, to which 2,835 Alaskans age 60 and over responded. The elder/senior community forums, the senior survey, the provider survey, and the ongoing input from our agency partners were the building blocks from which the essence of this state plan (the goals, objectives, and strategies) was constructed.

The initial section of the plan comprises the core information required by the U.S. Administration on Aging, which provides funding for Older Americans Act (OAA) programs. (The State of Alaska adds general funds to boost the reach of the OAA senior services grant programs, and the Alaska Mental Health Trust Authority provides additional funding.) The core section of the plan focuses primarily on describing programs and issues covered by the Older Americans Act, including a set of goals, objectives, strategies, and performance measures designed to help Alaska move forward in its response to senior needs. We chose four overall goals, which are phrased in the form of our vision for older Alaskans:

(1) Alaskan seniors are healthy, safe, financially secure, and make vital contributions to their communities.

(2) Seniors have the choice to remain in their own homes and communities, living with high quality of life for as long as possible through the provision of home- and community-based services, including support for family caregivers.

(3) Seniors have access to safe, affordable housing and supports appropriate to their needs.

(4) Seniors are protected from abuse, neglect, self-neglect and exploitation.

A description of the funding formula selected for this state plan is included in Appendix B. The formula is used for the distribution of State funding as well as federal Older Americans Act funds. It is designed to ensure that priority in funding is given to areas with the most economic and social need, as indicated by advanced age (80+), minority status, low income, and rural residency, with an additional factor for total senior (60+) population and a cost-of-living adjuster to compensate for the much higher cost of living (and doing business) in very remote areas of the state.

Also included in the state plan are a variety of appendices, including organizational charts (Appendix A), a description of the intrastate funding formula (Appendix B), a summary of the demographic make-up of Alaska seniors (Appendix C), a needs assessment based on the elder/senior forums, the senior survey, the provider survey, and the Commission's full-time advocacy work on behalf of older Alaskans – including for the first time a set of regional profiles highlighting the unique settings and challenges of Alaska's nine service regions (Appendix D), a description of the many programs provided for seniors by the State of Alaska (Appendix F), and a short summary of the Older Americans Act in Appendix E.

Assurances required under the Older Americans Act are contained in Appendix G, a sustainability plan for Alaska's ADRCs can be found in Appendix H, a visual representation of the continuum of care along with service definitions is in Appendix I, and a group of emergency preparedness checklists (useful for seniors as well as providers who are now required to work with local emergency planners to ensure the coverage of the needs of vulnerable seniors) is contained in Appendix J.

Finally, the reader can access a list of web links to agencies, reports, studies, and concepts referenced in the plan (Appendix K), a list of decoded acronyms (Appendix L), and the list of state plan steering committee partners and their agencies in Appendix M.

In addition to assisting with the development of the plan, our agency partners also participate in an annual state plan implementation assessment, in which they help the Commission to review the extent to which the plan strategies have been accomplished, and use updated performance measures to set a course for the upcoming year.

As Alaska's senior population continues to expand at the fastest rate in the U.S., the Alaska Commission on Aging looks forward to keeping pace with its needs through planning, advocacy, public awareness efforts, and collaboration with other organizations focused on the well-being of older Alaskans.

The Alaska State Plan for Senior Services, FY 2012 – FY 2015

Alaska Commission on Aging

Introduction

Alaska's State Plan for Senior Services describes the programs and services available to older Alaskans, both those paid for by Older Americans Act funding and those paid for through the State of Alaska. An analysis of the results generated from a senior survey, a provider survey, and six senior/elder community forums provided input to a multi-agency State Plan Steering Committee. From this data, the Committee developed goals, objectives, and strategies intended to give Alaska's senior agencies, advocates, and service providers a shared focus for the next four years.

The state of Alaska constitutes a single planning and service area under the terms of the Older Americans Act. The Alaska Department of Health & Social Services is the State Unit on Aging, with most senior services administered by the Division of Senior & Disabilities Services and with planning, advocacy, and public awareness functions performed by the Alaska Commission on Aging in collaboration with a number of other agency partners.

This core section of the plan describes Alaska's Older Americans Act programs and related efforts, as well as the plan's goals, objectives, strategies, and performance measures for the FY 2012-2015 period. Appendices address a range of supplementary topics.

Our Vision

The Alaska State Plan for Senior Services FY 2012 – 2015 builds on strong partnerships to provide high-quality, respectful, culturally-sensitive support services for older Alaskans to live healthy, independent, and productive lives in the place and manner of their choosing.

Guiding Principles

From a discussion of the key quality of life values of older Alaskans, the State Plan Steering Committee identified the following guiding principles for senior programs and services to be provided under the state plan:

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

2. ***Keep Seniors Strong and Healthy.*** Seniors are given information, education, and resources to assist them in making healthy choices (including good nutrition, physical activity, community involvement, healthy relationships and peer support) that will

reduce their risk of chronic disease, mental illness, and substance abuse and increase their ability to lead healthy and productive lives.

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

4. ***Focus on Partnerships.*** Services are provided in an efficient, economical, streamlined manner by emphasizing coordination with other appropriate agencies as well as communities, families, and individuals.

5. ***Build Community-Centered Agencies.*** Community-based services provided through senior centers and other agencies are safe, accessible, culturally relevant, and responsive to seniors' needs for life enrichment – including favorite foods and activities as well as volunteer, social, and educational opportunities. They reach out to all senior age groups and contingents, always with a vision of inclusion and community.

6. ***Provide Home- and Community-Based Care.*** Services aim to assist seniors to thrive in their own homes and communities for as long as possible through the provision of person-centered, coordinated care.

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

8. ***Individualize the Response.*** Services are flexible, integrated into each community, and designed to respect consumer choice and self-determination, including education for seniors and their families when appropriate.

9. ***Include Younger Generations.*** Wherever possible, services and programs are designed to provide inter-generational interaction, with an emphasis on the sharing of knowledge and appreciation between the generations.

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

11. ***Support High-Quality Staff.*** Services are provided by staff who are trained, understanding, respectful, and culturally aware, who listen carefully to seniors' concerns, and can communicate clearly as they offer person-centered services.

12. ***Respect Rights.*** Services are provided in a manner that respects the legal and human rights of seniors and protects them from all forms of abuse, neglect, and exploitation.

13. ***Aim for Excellence.*** Services are performed to high quality standards, as shown by accessible data measuring performance and client satisfaction.

14. ***Give Fair Reimbursement.*** Services for seniors are reimbursed at a fair rate in consideration of increasing costs of services, rates paid to other types of providers, and impact on availability of services such as assisted living and other types of services often needed by seniors.

Older Americans Act Requirements:

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

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

For organizational charts of the State departments containing these programs, see Appendix A, Organizational Charts.

Older Americans Act Core Programs:

Division of Senior & Disabilities Services

The Division of Senior & Disabilities Services (DSDS) is responsible for the administration of home- and community-based programs for seniors and individuals with developmental and physical disabilities for the State of Alaska. DSDS programs provide necessary services and supports along a continuum of care which allows for individuals to remain independent and in their communities for as long as possible. Programs administered by DSDS include Adult Protective Services, General Relief Program, Senior Community-Based Grant Programs, Community Developmental Disabilities Grant Program, Medicaid Waiver Programs, Medicaid Personal Care Assistant Program, Medicare Information Office and Senior Medicare Patrol, Aging and Disability Resource Center Program, and the Nursing Facility Transition Program.

DSDS also administers the Older Americans Act programs, including grants for home- and community-based services to seniors as well as ADRC (Aging and Disability Resource Center) and RCSC (Real Choice Systems Change) grant funds. Home- and community-based grants provide services for seniors and individuals with developmental disabilities who do not qualify for the Medicaid Waiver. State of Alaska funds also contribute to these programs. The State of Alaska uses State funds for its Adult Protective Services and General Relief programs, which provide a safety net for Alaska's most vulnerable individuals age 18 and over.

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

Senior Home- and Community-Based Grant Programs

As an agency within the State Unit on Aging, the Division of Senior & Disabilities Services uses a combination of Title III and State general funds for the provision of home- and community-based services to meet the needs of individuals who are 60+ years old or have a disability, and may not qualify for Medicaid (or other) services. Home- and community-based services grant programs administered by the Division of Senior & Disabilities Services provide a safety net for individuals who need assistance in order to remain independent, but who do not qualify for other publicly funded programs. Services provided with grant funds mirror those provided through the Medicaid Waiver and PCA programs, and are intended to provide care for individuals who are at risk for institutionalization and wish to remain in their own homes.

Grant funds are awarded to provider agencies statewide through a competitive grant process that prioritizes target populations.

Individuals may access home- and community-based services through a number of grant programs administered by the State, as described below. For FY 2010, the Senior Community Grant Programs served an estimated 26,181 unduplicated individuals, including 10,801 who received registered services under the Older Americans Act. Registered services include those such as meals, assisted transportation, and homemaker services for which client data is maintained, as opposed to unregistered services such as information and referral or unassisted transportation, for which providers track only the number of clients they serve.

Nutrition, Transportation, and Support Services (NTS) Grant Program. The NTS grant program services comprise the largest proportion of services provided under the Older Americans Act Title III grants. (NTS is the Alaskan name for the largest senior grant program, providing funding for meals, rides, information and assistance, and several other OAA

supports.) Title III-B, C1, C2, and D funding is combined with a State match to provide grants to organizations statewide for the provision of essential services to older Alaskans age 60 and over. The Division of Senior & Disabilities Services administers the NTS grants through a competitive grant process that provides funding to partner organizations throughout the state, including non-profits, tribal governments, school districts, and local governments. NTS grants are matched with local funds and provide essential base funding for senior services throughout the state. NTS programs utilize volunteers and Title V enrollees to meet the increasing demand of our growing senior population.

In accordance with the OAA, NTS services target seniors whose health and welfare is at highest risk, including older Alaskans with ADRD, those who have a physical disability, those who are age 80 and older, those with the greatest social or economic need, minority seniors, or those who reside in a rural area. Services provided by the NTS program include:

- Outreach to vulnerable seniors and their families about available services
- Information and assistance
- Congregate and home-delivered meals
- Assisted and unassisted transportation
- Homemaker services
- Nutrition counseling and nutrition education
- Health promotion and disease prevention activities
- Legal assistance
- Community services, including RSVP, Foster Grandparents, and Senior Companion, and
- Media services (The Senior Voice monthly statewide newspaper).

For details on NTS services, see Appendix F, Senior Programs in Alaska.

Senior In-Home Services Grant Program. An array of home- and community-based services are provided throughout the state with State of Alaska general funds. Grant funds are awarded to non-profit agencies to provide services to individuals who qualify under the requirements of the Older Americans Act or who are at risk for institutionalization and who do not qualify for services under the Medicaid Waiver program. Priority of service is given to individuals with ADRD, those who live alone, those with a physical disability, those with the greatest social or economic need, minority individuals, and those who reside in a rural area. Senior In-Home Services provides funding for the following services: Care Coordination, Chore, Respite, and Extended Respite.

Adult Day Service. Adult Day Service (ADS) is the provision of an organized program of services during the day in a center-based group setting. Grants for this program are also provided using State of Alaska general funds. In FY 2010, 12 provider agencies received grant funds for Adult Day programs.

ADS provides supervision and a secure environment for individuals who experience Alzheimer's Disease and Related Disorders (ADRD), as well as those with physical, emotional, and/or cognitive impairments who are not safe staying alone while their caregivers are away. ADS supports an adult's personal independence and promotes social, physical, and emotional well-being. ADS provides a variety of program activities designed to meet the individual's needs and interests, including social, recreational, and therapeutic activities to assist in supporting optimal mental and physical functioning. Services and activities are planned incorporating person-centered planning approaches in response to an assessment of the participant's functional, health, and social needs. Services are flexible to meet the changing needs of the participant and provide continuity of support as defined in the plan of care. ADS is an integral part of the network of services to seniors in the state, providing the opportunity for clients to remain in their homes and communities, preventing or forestalling the need for institutionalization.

National Family Caregiver Support Grant Program. 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. Since the reauthorization of the Older Americans Act in 2000, Alaska has implemented the National Family Caregiver Support Program, whose purpose is to provide relief from the emotional, physical, and financial stress experienced by family caregivers.

Alaska's Family Caregiver programs are funded with a combination of Title III-E and State funds, and administered by the Division of Senior & Disabilities Services through a competitive grant process which allows local providers to develop programs that meet the specific needs of the caregivers in their communities. Ten percent of Family Caregiver funds are dedicated to supporting Grandparents Raising Grandchildren. Services are provided specifically to family caregivers and may include:

- Information about available resources
- Assistance in gaining access to support services
- Counseling, support groups, and training to assist caregivers in making decisions and solving problems related to their caregiving roles
- Respite care, and
- Supplemental services.

ADRD Education and Support Grant Program. The Alzheimer's Disease and Related Disorders (ADRD) Education and Support grant program provides funding to a statewide organization to provide information and education to providers, caregivers, and individuals about the early signs, symptoms, causes, diagnosis, and effects of ADRD on an individual and their family. Availability of information about ADRD is critical to family caregivers or anyone experiencing memory loss and can assist in developing strategies in dealing with the disease. The Alzheimer's Disease Resource Agency of Alaska provides information and education to organizations and individuals throughout the state.

Senior Residential Services Grant. Through designated funding from the Alaska State Legislature, the Division of Senior & Disabilities Services oversees two grants to rural/remote providers in Kotzebue (Maniilaq Association) and Tanana (Tanana Tribal Association) for supported residential living services to frail elders who do not have access to the Pioneer Homes or other long-term care facilities in their community or region. Senior Residential Services facilities supported by these funds served 96 individuals in FY 2010. Many of the residents are Alaska Native elders who have relocated from surrounding villages. The assisted living facilities provide meals and assistance with activities of daily living to enable the elders to remain in or near their community of choice. The Kotzebue facility is scheduled to close with the opening of a hospital nursing home wing in the near future.

FY 2010 Statewide Senior Grant Statistics

Program	# Served	Units	# Units	% ADRD	# Providers
Senior In-Home Services					
Care Coordination	1,039	contacts	13,661	26%	15
Chore	383	hours	33,529	14%	10
Respite	231	hours	29,016	50%	8
Extended Respite	8	days	16	67%	1
Supplemental Services	36	occurrences	66	22%	4

Program	# Served	Units	# Units	% ADRD	# Providers
Adult Day	472	hours	220,662	56%	12

Program	# Served	Units	# Units	% ADRD	# Providers
Family Caregiver	1,242	various	19,085	34%	9

Program	# Served	Units	# Units	% ADRD	# Providers
NTS					
Assisted Transportation	1,573	one-way rides	84,736		18
Congregate Meals	8,166	meals	260,481		30
Health Education	158	contacts	3,856		6
Health Services to Individuals	1,193	contacts	4,108		2
Home Delivered Meals	3,278	meals	273,568		29
Homemaker	332	hours	7,703		7
Information and Assistance	n/a	contacts	99,148		22
Nutrition Education	groups	contacts	34,236		10
Outreach	n/a	contacts	31,059		21
Unassisted Transportation	1,936	one-way rides	121,223		21
Legal Assistance	n/a	hours	10,251		1
Media	17,500	newspapers	210,000		1

Program	Program	Program	Program	Program	Program
NTS *(continued)*					
Senior Companion	91	hours	61,932		1
Foster Grandparent/Elder Mentor	172	hours	110,952		1
Retired Senior Volunteer Program	364	hours	127,135		2

Program	# Served	Units	# Units	% ADRD	# Providers
ADRC – Total Served (Undup.)	8,790				
ADRC – Age 60+ (Undup.)	3,217				
ADRD Info and Assistance					
Individuals/Families	202	consults	226	100%	1
Providers	187	consults	251	100%	1
Training/Educ. Activities		activities	120	100%	1
Support Groups		groups held	197	100%	1
Communities Served	79				

Discretionary Grants

As of FY 2011, the State of Alaska has two AOA or CMS discretionary grants – one Aging & Disability Resource Centers (ADRCs) grant and one Real Choice Systems Change grant.

Aging & Disability Resource Centers (ADRCs)

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

As a part of the New Freedom Initiative, AoA and the Centers for Medicare & Medicaid Services (CMS) view the ADRCs as a critical component of a long-term support system that supports and facilitates consumer choice. Access to service information across the public and private sectors, options counseling, and assistance in linking to services are key in the development of a consumer-driven system.

Alaska's Aging & Disability Resource Centers (ADRCs) are administered by the Division of Senior & Disabilities Services. There are currently four ADRCs in operation, serving four of the nine service areas established by the Alaska Department of Health & Social Services. The ADRCs in operation serve Southeast Alaska (region 9); Bristol Bay and Kodiak (region 7); Kenai Peninsula, Valdez, Cordova, and Mat-Su (region 5); and Anchorage (region 4). Each ADRC has 1.5 FTEs

dedicated to the ADRC who provide options counseling directly to consumers. Each grantee provides information, referral and assistance, care transitions, and presentations to educate people about various aspects of long-term care.

Both the Mat-Su and the Anchorage areas will be evaluated to determine staffing needs to meet the increased demand in these rapidly growing population centers. A statewide marketing and outreach plan and quality assurance plan will be established. A statewide training plan will be drafted. SHIP (State Health Insurance Assistance Program) and ADRC functions will be coordinated to improve efficiency of both programs.

The ADRC Sustainability Plan is included in Appendix H.

Real Choice Systems Change Grant

The Division of Senior & Disabilities Services was awarded a Real Choice Systems Change grant from CMS to implement person-centered planning in the hospital discharge plans for Medicaid-eligible patients with a chronic condition or long-term care need. The ADRCs are utilized to deliver the service in partnership with local hospitals.

The Care Transitions Intervention, an evidence-based practice, was selected to motivate patients to use health care system resources to meet their personal health goals. A patient receives one visit while in the hospital, one in their home, and is contacted two or three times by phone within four to six weeks of discharge. Topics discussed with patients include: what information they need prior to discharge, how to establish personal health goals, how to organize a personal health record, how to communicate effectively with health professionals, medication self-management, and how to make follow-up appointments. Goals of the project include increased patient activation in health care self-management, increased patient satisfaction, and reduced hospital readmission rates.

This is a demonstration grant with an expected end date of September, 2012.

Medicare Information Office (Including SHIP)

As part of the Medicare Modernization Act (MMA) of 2003, the Medicare Information Office was established and housed in the Division of Senior & Disabilities Services. The office provides a toll-free number that anyone may call 24/7 for information on any aspect of Medicare, including enrollment in Medicare Parts A and B, Medi-gap insurance, Medicare Part D prescription drug plans, paying for Medicare programs – including Extra Help and the Medicare Savings Plan, coverage questions, training, finding local Medicare counselors, etc.

As one of the most visible programs offering a toll-free hotline, the office receives approximately 1,000 calls a month, triaging simple questions to local counselors and mentoring

counselors while answering more complex calls and managing the complex calls to prioritize people who need their medications within a week and/or have other emergent health needs.

The Medicare Information Office houses the Alaska SMP (Senior Medicare Patrol), a program that emphasizes identification and prevention of Medicare fraud, waste, and abuse, and the Alaska State Health Insurance Program (SHIP), a national program that offers one-on-one counseling and assistance to people with Medicare and their families. All the programs in the Medicare Information Office are federally funded by the Centers for Medicare & Medicaid Services and the U.S. Administration on Aging, and have a special focus on reaching people with a limited income and people with mental health and other disabilities who are younger than 65 and on Medicare.

Consistent with the spirit of the SHIP and SMP programs, there is a cadre of trained volunteer counselors throughout the state of Alaska to assist the public with all aspects of Medicare and to refer as appropriate. Training occurs via phone mentoring, webinar, in person, and through regional training that the two full-time Medicare experts provide. Alaska's SHIP program is #10 in the nation as measured by the nine CMS performance measures, which include the number of beneficiaries reached to provide assistance, the degree to which partnering agencies assist, and the number of media and outreach events held. In addition to providing Medicare information to recipients in their communities, volunteers also are trained to spot and stop fraud, waste, and abuse in the Medicare program.

Partners providing counselors include many senior centers, all the sites that provide home-delivered or congregate meals, advocates that provide training on Consumer Protection such as the Office of Elder Fraud and Assistance, AARP, Access Alaska, the Salvation Army's Older Alaskans Program, the ADRCs, the Alzheimer's Disease Resource Agency of Alaska, and others.

Alaska's SHIP and SMP continue to develop effective ways to communicate authoritative and current information about Medicare such as websites, e-lists, webinars, and the recruitment of retired teachers and nurses. Grantees include OPAG (Older Persons Action Group), which has a bilingual Medicare counseling program featuring speakers of Spanish, Hmong, Tagalog/Ilocano, Mien, and Malaysian. Within the network of counselors affiliated with the Medicare Information Office there are speakers of many Alaska Native languages serving Medicare beneficiaries from Kotzebue to Ketchikan. Grantees also work closely with the ADRCs and other information and referral agencies to assist seniors and people with disabilities to access resources as efficiently as possible.

Legal Assistance Developer

The Legal Assistance Developer is the individual in each state who is responsible for providing leadership in developing legal assistance programs for persons 60 years of age and older and plays a key role in assisting states in the development and the provision of a strong elder rights

system. The Developer provides oversight of the Older Americans Act (OAA) Title III B legal assistance programs and assures that at-risk older people have access to the civil justice system. The activities of these legal programs and the legal services developer help in supporting those most vulnerable older adults enabling them to retain autonomy and remain in the community, and assist in the prevention of many kinds of abuses against older adults.

The Legal Assistance Developer for the State of Alaska is currently housed at the Division of Senior & Disabilities Services and provides oversight of the OAA Chapter 4 Section 731 legal assistance program through close collaboration with Alaska Legal Services and the Alaska Commission on Aging. The Legal Assistance Developer collaborates with AOA's "Model Approach to Statewide Legal Delivery Systems" grantee, Alaska Legal Services, in the development of recommendations to ensure the provision of a strong elder rights system.

Legal assistance for seniors is provided statewide by Alaska Legal Services and assures that seniors, especially those at greatest social and economic risk, have access to the civil justice system. Access to legal information, advice and assistance helps older Alaskans preserve financial and personal independence, maintain control of their financial and health care decisions, maintain appropriate family relationships, and protect personal assets, clan property, and well-being.

Consumer Choice: Personal Care Assistance

Personal Care Assistance (PCA) services provide support related to Medicaid-eligible individuals who need help with activities of daily living (such as bathing, dressing, and eating) as well as instrumental activities of daily living (like shopping, laundry, and light housework). PCA services are provided in Alaska through private and non-profit agencies, with administration of the program by the PCA Unit of the Division of Senior & Disabilities Services.

Consumers in some communities may choose to receive services through an agency that oversees, manages, and supervises their care. ABPCA (Agency-Based Personal Care Assistance) has been operational for over ten years in Alaska. PCAs working in this program must successfully complete the approved PCA training program, have current CPR/First Aid certification, and pass a criminal history background check. RN supervision of the PCA service plan is provided by the ABPCA agency.

Alternatively, consumers may manage their own care by selecting, hiring, firing, scheduling, and supervising their own personal care assistant. The agency provides administrative support to both the consumer and the assistant. CDPCA (Consumer-Directed Personal Care Assistance) became operational on October 1, 2001. PCAs working in this program must pass a criminal history background check. The recipient may hire a family member (excluding a spouse or minor child) or friend to work as their PCA; the recipient also decides what training, if any, they will require for their PCA. There is no RN supervision provided by the CDPCA agency.

Both types of PCA programs are covered by the Alaska Medicaid program. In Alaska, about 95% of PCA clients utilize the consumer-directed approach, with about five percent choosing the agency-based approach. From testimony of seniors at its quarterly meetings, the Alaska Commission on Aging understands that older Alaskans throughout the state wish to have a choice between the agency-based and the consumer-directed PCA programs. While consumer-directed services fit the needs of many seniors, others have told us they simply lack the energy or focus to manage their own PCA, and would prefer to have an agency to handle the details for them.

Together the ABPCA and CDPCA programs provide support for over 4,000 Alaskan seniors and individuals with disabilities.

Medicaid Waiver Program

The Division of Senior & Disabilities Services provides Medicaid waiver programs, including an Older Alaskans Waiver, for Medicaid-eligible individuals who are age 65 or older and meet a nursing home level of care. In FY 2010, 1,710 older Alaskans received services under the Older Alaskans Waiver program. At an average annual cost per beneficiary of $23,503, this program not only supports seniors in living in their own homes and communities (which is where they wish to be), but does so at a cost equal to about ten percent (10%) of the cost of a skilled nursing facility in Alaska.

On June 26, 2009, CMS (the Centers for Medicare & Medicaid Services) placed a temporary hold on new applications to the waiver programs and Personal Care Assistance services because of a backlog of annual needs re-evaluations and other concerns including staffing, provider training, and assessment accuracy. A corrective action plan was submitted by DSDS, and the moratorium on new applications was lifted in August, 2009.

A long-time concern related to the Medicaid waiver in Alaska is that an individual in the early or middle stages of ADRD (Alzheimer's Disease and Related Disorders) may not be functionally eligible for the waiver if he or she needs primarily cueing or supervision, because they do not meet a nursing facility level of care. For an individual living alone, or even one with a caregiver who works during the day, this creates a great hardship as well as safety concerns. Many of these individuals can and do receive services through the Senior Grants programs, although the need for services exceeds their availability. The Alaska Commission on Aging and its advocacy partners continue to seek ways to meet the needs of persons with ADRD for home- and community-based services.

Nursing Facility Transition Program

Alaska offers a Nursing Facility Transition Program (within the Division of Senior & Disabilities Services) which helps families by offering care coordination to enable seniors and disabled

citizens to return to independent or family living after a stay in a nursing facility. Originally piloted under a Real Choice System 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 (HCBS) Waiver program or the Medicaid-funded Personal Care Assistance 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 or PCA services are approved. The nursing facility transition process may take from one to three months to complete.

In FY 2010, the program helped 42 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. FY 2010 costs averaged $1,286 per person, using State of Alaska general funds. (Note: The average cost of a private room in an Alaska nursing home is $687 a day, three times the average cost for a day of nursing home care in the U.S. as a whole, according to the MetLife Mature Market Institute 2010 Market Survey of Long-Term Care Costs)

Health Promotion, Disease Prevention for Older Alaskans

The Division of Senior & Disabilities Services (DSDS) supports health promotion and disease prevention services for older Alaskans through grants, partnerships, and the provision of technical assistance.

Title III-D provides limited funding for health promotion and disease prevention. These funds can be used for a range of services, including health screening and health risk assessments, health education, physical fitness, and other activities. Physical activity programs can also be provided by using Nutrition Education grant funds. Medication education is currently provided through a partnership with the University of Alaska. DSDS is working to expand coverage of this program so that additional older Alaskans may benefit.

DSDS is introducing evidence-based practices for specific health promotion aims, specifically "A Matter of Balance" for falls prevention, and Chronic Disease Self-Management, currently provided through the Division of Public Health (DPH) as "Better Choices, Better Health: Living Well Alaska." Future DSDS Title III-D grant funding will require that at least a portion of any grant be used for evidence-based programming.
DSDS is expanding older Alaskans' access to health promotion and disease prevention programming beyond what is possible through the grants by collaboration with other agency partners. Activities include work with DSDS' Quality Assurance Unit and other DSDS-funded programs, the Alaska Native Tribal Health Consortium, the Division of Public Health, the Alaska

Pharmacists Association, senior centers and other providers of services for older adults, and other agency partners.

Facilitator training for both "Better Choices, Better Health" and "A Matter of Balance" can be provided by Alaska master trainers to assist agencies in meeting requirements. Health promotion information, tailored for the needs and interests of an older audience, is provided to service providers, including both grant recipients and non-recipients. Useful health-related materials in multiple languages are identified and shared with providers who serve immigrant populations.

Healthy Body, Healthy Brain Campaign. The Alaska Commission on Aging (ACoA) developed a public awareness campaign to publicize four lifestyle factors linked to lower risk of Alzheimer's disease and related disorders (ADRD): healthy eating, physical activity, mental challenges, and social engagement. The Commission ran a series of print ads, movie theatre ads, and bus posters, and also produced bookmarks, handouts and other materials intended to stimulate Alaskans of all ages to think about how their habits today might translate into brain health (or loss of it) tomorrow. The project was funded by the Alaska Mental Health Trust Authority during FY 2007-2008, however, the ACoA continues to promote brain health at every opportunity.

ADRD Mini-Grants. The Alaska Mental Health Trust Authority (a State of Alaska agency) provides mini-grants to individuals who experience ADRD. These mini- grants for up to $2,500 per individual can include, but are not limited to, therapeutic devices, access to medical, vision and dental, special health-care, and other supplies or services that might remove or reduce barriers to an individual's ability to function in the community in the least restrictive environment possible. The Trust's mini-grant program has $260,300 in FY 2011. The program is administered by the Alzheimer's Resource Agency, a statewide non-profit social service provider for individuals and families with a member who has Alzheimer's disease or other related dementia conditions.

Senior Behavioral Health

The Alaska Commission on Aging (ACoA) advocates for behavioral health programs and services targeted to older Alaskans as part of its role as a beneficiary board of the Alaska Mental Health Trust Authority, and also directly to the Alaska Legislature. During the period covered by the current state plan, ACoA helped to formulate and to obtain funding for the SOAR (Senior Outreach, Assessment, and Referral) program within the State's Division of Behavioral Health (DBH). At its current funding level ($300,000 per year), the program is concentrating on training "gatekeepers" in a limited number of communities to identify seniors who may be dealing with depression, other mental illness, or substance abuse issues and to refer them to professionals who can help assess and treat them. ACoA will seek additional funding to expand the program to include additional communities and services.

Other projects for which ACoA advocated and which were begun during this period included two evidence-based systems designed to screen for depression and substance abuse in the primary care setting, where many seniors are comfortable and engaged with trusted care providers. Both IMPACT (Improving Mood, Promoting Access to Collaborative Treatment – for depression screening) and SBIRT (Screening, Brief Intervention, Referral, Treatment – for substance abuse screening) are undergoing limited-scale trials in Alaska, with plans to expand these programs into additional venues.

For more on Alaska's assessment of senior behavioral health needs, see Appendix D, Needs Assessment.

Emergency Preparedness

While the Department of Military & Veterans Affairs' Division of Homeland Security & Emergency Management is the State of Alaska's lead agency for emergency management, the Division of Public Health takes the lead within the Department of Health & Social Services. For the past three years, the Division of Public Health's Section of Emergency Programs has been working with urban, rural, and tribal communities on emergency planning for vulnerable populations. These populations are defined as functional needs populations, the elderly, and anyone who needs more than basic medical care. (Functional needs populations are groups who may not be able to comfortably or safely access and use the standard resources offered in disaster preparedness, response, and recovery. This includes, but is not limited to those who are physically or mentally disabled, the non-English-speaking or those with limited English-speaking ability, the medically or chemically dependent, the geographically or culturally isolated, the frail elderly, and children. The experiences of Hurricane Katrina and other natural disasters highlighted the need to improve disaster response preparedness and planning for vulnerable populations during a disaster.)

To assist with this effort, the Section developed an emergency planning checklist. While the planning for these populations is ultimately a local responsibility, the Section utilized its community outreach workshops to work directly with local emergency planners on plans developed using the checklist. Planning for the elderly population of Alaska is also being managed by the regional emergency preparedness nurses from the Section of Public Health Nursing. They work with each of their Public Health Centers to make sure their plans include strategies for the vulnerable populations they serve.

The Section of Emergency Preparedness also works with the Alaska Pioneer Homes (six long-term care assisted living home facilities operated by the State of Alaska) to assist them in their emergency planning and Continuity of Operations Planning (COOP) for their residents and facilities.

The Division of Senior & Disabilities Services' (DSDS) Senior Grants Program requires recipients of senior services grants to submit an emergency plan for their facility. Beginning with the next

grant cycle, as a condition of their grant, they will also be asked to supply documentation that they are working with their local emergency preparedness planners to ensure consideration of the special needs of seniors. Support and technical assistance is available from DSDS.

A Health Program Manager within the Division of Senior & Disabilities Services (DSDS) serves as the Division's senior emergency preparedness coordinator, with the following duties:

- Ensure that senior services grantees (NTS, SIH, Adult Day, and Family Caregiver) are coordinating with their local emergency preparedness planners to provide for the safety of vulnerable seniors
- Identify a contact person in each grantee agency who will directly communicate information about the safety and needs of seniors to DSDS in the event of an emergency or natural disaster
- Communicate directly with the Administration on Aging regarding local emergency response as well as requests for emergency funding in the event of an emergency or natural disaster, and
- Coordinate with Public Health, the DMVA Division of Homeland Security & Emergency Management, and other State agencies in the development of a statewide emergency preparedness planning process to ensure the safety of vulnerable adults.

The individual currently holding this position holds master's degrees in nursing and public health, and has 20 years of background in health promotion and disease prevention.

Title VI Coordination

The State of Alaska encourages providers of Title III services to collaborate with tribal governments which receive Title VI funds in order to make more services available for older Alaskans. (See Appendix E, Summary of the Older Americans Act, for details on what Title VI, Title III, and other OAA sections cover.) Title VI grantees (there are 46 of them in Alaska) are also encouraged to collaborate with Title III grantees to maximize services available for their elders. In twelve cases (see below), the same organization is the Title VI and the Title III grantee in an area. In a number of other communities, coordination, collaboration, and cooperation between the agencies responsible for these separately-funded services is occurring.

For example, Senior Citizens of Kodiak, Inc. (SCOK) and Kodiak Area Native Association (KANA) have been collaborating for more than a decade to assure that elders in Kodiak Island villages have meals and elder care while they continue to live in their communities. SCOK uses Title III funds and contracts with KANA to provide meals in all six villages on the island. These funds along with Title VI funds assure that at least three meals a week (congregate and home-delivered meals) are available in each village. Family Caregiver Support funds are also used to contract with KANA in providing Elder Caregiver Advocates in the villages as a point of contact and support for elders and their families. By combining Title VI and Title III funds, more consistent programs are being delivered to the six villages on Kodiak Island.

In Southeast Alaska, Southeast Senior Services (SESS), a Title III grantee, approached the area's tribal organizations years ago to help protect the current level of services in various communities, in anticipation of a funding shift of Title III monies to other areas of the state. (Although all regions of the state have seen at least a 20% increase in the number of seniors between 2001 and 2009, funding under the last state plan shifted to the fastest-growing regions, to some degree.) SESS conducts a needs assessment for each tribe, assists with the Title VI grant application, provides the services, and handles the necessary reporting. As it does each tribe's needs assessment, SESS revisits with each tribe how it would like its Title VI Part A (nutrition and supportive services) and Part C (family caregiver support) monies used.

During the period of coverage of this state plan (FY 2012 through FY 2015), the State of Alaska agrees to continue to increase coordination, collaboration, cooperation, and partnerships between Title III and Title VI programs for older Alaskans. Title III grantees are to develop partnerships with Title VI grantees in their communities, and to submit a memorandum of agreement to ensure coordination of services to Native elders. Coordination of Title III and Title VI services is required in order to reduce duplication of services, develop services to address unmet needs, expand resources, and share information with Native elders about additional services, benefits, and resources available to them.

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

Title VI participants within Alaska are shown in the table below. The last column indicates whether or not the tribal government is also a Title III grantee.

Tribe Name	Part A/B	Part C	Title III Grantee?
Aleutian/Pribilof Islands Association	$ 46,720	$ 13,410	
Association of Village Council Pres.	$ 67,450		
Bristol Bay Native Association	$ 67,450	$ 23,470	x
Central Council, Tlingit and Haida Indian Tribes of Alaska	$ 88,560	$ 26,820	
Copper River Native Association	$ 41,140	$ 10,060	
Hoonah Indian Association	$ 36,260	$ 6,700	x
Kodiak Area Native Association (Northern Section)	$ 36,260	$ 6,700	
Kodiak Area Native Association (Southern Section)	$ 36,260	$ 6,700	
Metlakatla Indian Community	$ 46,720	$ 13,410	x
Native Village of Barrow	$ 46,720	$ 13,410	
Tanana Chiefs Conference for Kuskokwim subregion	$ 36,260	$ 6,700	
Tanana Chiefs Conference for Lower Yukon	$ 36,260	$ 6,700	

Subregion			
Tanana Chiefs Conference for Yukon Flats Subregion	$ 36,260	$ 6,700	
Tanana Chiefs Conference for Yukon Koyukuk Subregion	$ 41,140	$ 10,060	
Tanana Chiefs Conference for Yukon Tanana Subregion	$ 36,260	$ 6,700	
Fairbanks Native Association, Inc.	$ 67,450	$ 23,470	
Maniilaq Association	$ 67,450	$ 23,470	**x**
Native Village of Unalakleet	$ 36,260	$ 6,700	
Chugachmiut	$ 41,140	$ 10,060	
Arctic Slope Native Association, Limited	$ 36,260	$ 6,700	
Denakkanaaga, Inc.	$ 41,140	$ 6,700	
Klawock Cooperative Association	$ 36,260	$ 6,700	**x**
Kootznoowoo Inc.	$ 36,260	$ 6,700	**x**
Gwichyaa Zhee Gwich'in Tribal Government	$ 36,260	$ 6,700	
Native Village of Point Hope	$ 36,260	$ 6,700	
Seldovia Village Tribe, IRA	$ 36,260		
Sitka Tribes of Alaska	$ 46,720	$ 13,410	**x**
Yakutat Tlingit Tribe	$ 74,650	$ 14,360	**x**
Ketchikan Indian Community	$ 67,450	$ 23,470	**x**
Kuskokwim Native Association	$ 41,140	$ 10,060	
Southcentral Foundation	$ 88,560	$ 26,820	
Kenaitze Indian Tribe	$ 58,230	$ 20,120	
Wrangell Cooperative Association	$ 36,260	$ 6,700	**x**
Native Village of Savoonga	$ 36,260	$ 6,700	
Native Village of Gambell	$ 36,260	$ 6,700	
Native Village of Eyak	$ 36,260	$ 6,700	
Organized Village of Kake	$ 36,260	$ 6,700	**x**
Chickaloon Native Village	$ 41,140		
Yakutat Tlingit Tribe & Craig Community Association	$ 36,260	$ 6,700	**x**
Galena Village (aka Louden Village Council)	$ 36,260	$ 6,700	
Asa'carsarmiut Tribal Council	$ 36,260		
Orutsararmuit Native Council	$ 46,720		**x**
Total	**$ 1,850760**	**$ 405,580**	

Personal Safety and Long-Term Supports:

Long-Term Care Ombudsman's Office

The Office of the Long-Term Care Ombudsman (OLTCO) is authorized by federal and state law to investigate and resolve complaints made by, or on behalf of, older Alaskans in skilled nursing and assisted living facilities. Alaska Statute 47.62 also authorizes the Long-Term Care Ombudsman to provide assistance to seniors having difficulty with issues impacting their residential circumstances, such as unfair billing practices by utilities, unlawful evictions, neglectful guardians, or poor public housing management. Like other state LTCO programs, Alaska's also provides facility coverage statewide so that seniors have regular and timely access

to ombudsman services. This latter role challenges the Alaska OLTCO, which is a small program serving more than 300 facilities scattered across the largest state in the nation.

The location of the OLTCO in the Department of Revenue is made necessary by the fact that the State of Alaska administers six Pioneer Homes, long-term care facilities that are based within DHSS; because the Pioneer Homes are within the jurisdiction of the OLTCO, the agency is located outside of DHSS.

The Office of the Long-Term Care Ombudsman (OLTCO) is administratively housed by the Alaska Mental Health Trust Authority, but is overseen and legally represented by the State Attorney General. Alaska has no local long-term care ombudsman programs, but only one State office located in Anchorage. The program does train and certify volunteer ombudsmen for service statewide, though as of March 2011, volunteers are only available for homes in Anchorage, Fairbanks, and Juneau.

Alaska is one of five states nationally that mandates the Office of the Long-Term Care Ombudsman to investigate reports of harm involving seniors in residential care; most states defer all such investigations to Adult Protective Services. Thus, Alaska's OLTCO works closely with the Alaska Department of Health & Social Services (DHSS) to coordinate investigations so that seniors are protected and State resources are used efficiently. In FY 2010, DHSS initiated an interagency workgroup that developed an investigative protocol to ensure that all State agencies understand and respect one another's roles and responsibilities.

Between 2006 and 2011, the Alaska OLTCO received a rapidly rising number of complaints, paralleling the rising number of complaints filed with Adult Protective Services for all vulnerable adults. In 2006, the OLTCO received 268 complaints; in FY 2010, the Office received 486 complaints. In the first seven months of FY 2011, the OLTCO had already received 465 complaints, almost as many as in the whole of FY 2010. In both FY 2010 and FY 2011, nearly 90 percent of complaints involved seniors residing in assisted living facilities. The most frequent types of complaints related to poor medication management, falls or improper handling of residents, shortage of staff, and neglectful care.
The Alaska Commission on Aging successfully advocated for legislative approval of a one-time increment for a new OLTCO investigator position in FY 2011, a position the Governor proposed for continued funding in FY 2012. The new position was sorely needed, given the increased number of complaints requiring investigation. As of March 2011, the Alaska OLTCO has 5 FTE staff who are responsible for:

- Investigation and complaint resolution
- Facility coverage
- Consultation with providers and members of the public
- Legislative advocacy
- Monitoring of laws, regulations, and government policies relating to vulnerable seniors
- Volunteer engagement
- Training for caregivers

- Public awareness on issues relating to the safety of seniors

In FY 2011, the OLTCO's annual budget was $642,800. State general funds accounted for approximately $320,900. Thanks to the additional staff investigator position, the OLTCO was able to respond within one working day to 95% of complaints involving threat of imminent harm.

With the hiring of a new State Long-Term Care Ombudsman in August 2010, the Office charted a new direction, focusing on improving its performance in three key areas: facility coverage, volunteer management, and legislative advocacy. By March 2011, staff had accomplished the following:

- Facility Coverage – Between FY 2010 and FY 2011, LTCO staff increased the average number of monthly facility visits from 9 to 17.

- Volunteer Management – The LTCO and her Deputy rewrote the volunteer manual and training curriculum, reconfigured staff to provide more supervision to volunteers, and increased public recognition for the volunteers' work. Twelve volunteers were placed in 25 facilities.

- Legislative Advocacy – The State LTCO assisted the ACoA Executive Director in crafting a legislative resolution promoting the safety of vulnerable older Alaskans, sponsored by Representative Cathy Muñoz, which was passed by the 27th Alaska State Legislature. The LTCO also presented information about the OLTCO to the State House and Senate Health and Social Services Committees, and sent letters to legislators supporting bills that improved protection of vulnerable adults from financial exploitation.

The OLTCO also initiated a quality assurance program to improve the timeliness and accuracy of data submission to Ombudsmanager, the database that is used for annual reporting to the Administration on Aging.
The State Long-Term Care Ombudsman and the Senior Medicare Patrol manager have met and discussed ways to partner productively. Both attended an AoA teleconference that described the ways that other states' SLTCO and SMP programs work together. Additionally, the possibility of "sharing" volunteers was discussed. However, many of the SMP volunteers are actually conducting SMP case management as a part of their employment at senior centers. Thus, since many senior centers also manage long-term care programs, their staff would not be appropriate LTCO volunteers, because of a conflict of interest.

In the next four years, the OLTCO's goals will focus on expanding the volunteer ombudsman corps and improving facility coverage. These goals are intended to provide more frequent monitoring for assisted living homes and to result in a higher quality of life for the seniors who reside in them.

Adult Protective Services

Within the Division of Senior & Disabilities Services, Adult Protective Services (APS) responds to reports of harm to vulnerable adults. Vulnerable adults are those age 18 or older with a physical or mental impairment or condition that prevents them from protecting themselves or seeking help from someone else. Allegations may involve abuse, neglect, self-neglect, or exploitation. Alaska law requires that protective services not interfere with elderly or disabled individuals who are capable of caring for themselves.

In FY 2010, APS received 3,119 intakes (contacts), and conducted 2,763 investigations. Self-neglect was the most frequently alleged type of harm (905 allegations in FY 2010), followed by financial exploitation (543 allegations in FY 2010). The average response time was 5 days. Caseworkers handled an average of 347 cases during the year. Currently they average 95 cases at any given time, roughly three times the recommended caseload of 35 cases per worker. Statewide, Adult Protective Services has 19 staff, including 10 investigators, two intake workers, three General Relief staff, three supervisors and one program manager.

During the past four years, APS has developed and distributed a mandated reporter CD that trains the community and providers about the different types of abuse, what to look for, and how to report.

APS has taken over the role of intake and screening for all Critical Incident Reports that come into Senior & Disabilities Services. Approximately 40% of the Critical Incident Reports received turn into actual APS reports of harm.

APS is developing a data base which, when complete, will provide the ability to track and trend incidents of abuse across the state.

APS has seen significant increases not only in the number of reports of harm that come in, but also in the complexity of the cases. APS resources are not keeping pace with these changes. As a result it is difficult to maintain adequate staffing levels and training. APS investigators in Alaska carry the highest caseloads in the country and have the most geographical challenges and area to cover. Involvement of the criminal justice system and other partners, in particular financial institutions, is not always adequate, impeding APS' ability to resolve cases.

Stronger efforts in coming years will focus on abuse prevention and public education. Public awareness can be part of an overall approach to preventing adult abuse and neglect.

The average age of elders who have been the subject of a substantiated APS report of harm for both FY 2009 and FY 2010 was 75 years old. There was a total of 701 reports of harm towards Alaskan elders in FY 2009. Of these, 308 were substantiated and the remaining 393 were determined to be unsubstantiated. In FY 2010 there were 813 total reports of harm for Alaskan elders. Of those, 343 were substantiated, and the remaining 470 were found unsubstantiated.

Of the substantiated reports of harm against elders in FY 2009, 25.3 percent involved family members. In FY 2010, 26.2 percent of the substantiated reports involved family members. The most common types of substantiated reports of harm were self-neglect (48.6% in FY 2009 and 49.9% in FY 2010) and financial exploitation (21.4% in FY 2009 and 18.7% in FY 2010).

Community Service Employment for Older Americans:

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 Title V Senior Community Service Employment for Older Americans program. In Alaska, the Title V program is known as the Mature Alaskans Seeking Skills Training (MASST) program. 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 workforce. The program's statutory goals are to foster individual economic self-sufficiency, to provide community service opportunities, and to increase participation in unsubsidized employment. The program provides an average of about $155 per week to participants. In Alaska, the program is working extremely well getting older workers back to work.

MASST's vision includes a strong working relationship between other Older Americans Act programs and the Alaska One Stop Network. On the federal level, the Title V program will be transferring to Health & Human Services to foster better coordination between MASST and the many other senior-serving programs at the Administration on Aging, strengthening the focus on improving the comprehensive well-being of seniors, and achieving administrative efficiencies within both MASST and existing Administration on Aging programs. The reason for the transfer of this program is the coordination with other senior programs to better support not only employment, but also health, wellness, and independence for seniors. It is noted that the program works well with its OAA partner agencies in providing services to those most in need statewide.

As currently structured, the MASST program is cost-effective, returning approximately $1.50 for every dollar invested by empowering individuals to become self-sufficient, productive, taxpaying members of their communities. About 80 cents of every dollar is expended on participant wages and fringe benefits; less than 15 cents of every dollar is expended on administration, one of the lowest rates among federal programs. The balance is expended on participant training, counseling, and related expenses.

During State fiscal year 2010, MASST served 271 older Alaskans who worked in service to the general community and 282 participants who worked in service to the elderly community. The program served an unduplicated 492 clients. Fifty-nine percent of participants were female, and

forty-one percent were male. Eighty percent of clients were under age 65, and twenty percent were age 65 and older. Thirty-two percent of participants identified their race as American Indian, Alaska Native, Asian, Black, or Hawaiian/Pacific Islander. Five percent of participants had less education than a high school diploma or equivalent, while forty-five percent had a high school diploma or equivalent, and fifty percent had some post-secondary education, including 14% with a bachelor's degree or advanced college degree. Nine out of ten participants (91%) had a family income at or below the poverty level. Twenty percent were individuals with documented disabilities. Ninety-one percent were individuals with poor employment history or prospects. Twenty-five percent were homeless, six percent were displaced homemakers, and twenty-seven percent were veterans or spouses of veterans.

For State fiscal year 2010, the program exceeded its goal of twenty-three percent of participants placed into unsubsidized employment – in fact, a majority (53.2%) of program participants were able to achieve unsubsidized employment. Fully 81.7% of those placed into unsubsidized employment were still employed in those jobs one year later, topping the program goal of 69.8%. The average earnings were $29,744 for those finding employment, a full nineteen percent higher than the national goal.

MASST's common measures goals for State fiscal year 2011 are:

Entered Employment:	At least 35% will enter employment (federal law states 24%)
Employment Retention:	At least 70% will stay in job for one year after MASST
Service Level:	50%, with at least 10% more than the minimum number of participants required receiving skill-specific on-the-job training
Service to Most in Need:	Program will serve those most in need as evidenced by average number of barriers (at least 1.5)
Average Earnings:	Increase average wages from zero to $7,100 per quarter

Alaska Commission on Aging

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

As part of its continuing commitment to the State Plan for Senior Services, FY 2007 – FY 2011, the Commission held annual implementation and planning meetings with its agency partners, to both identify their accomplishments related to the plan's goals and objectives and also to plan further activities for the coming year. In 2010, the Commission began coordinating planning activities with senior consumers and representatives from public and non-profit agencies serving older Alaskans to develop the Alaska State Plan for Senior Services, FY 2012-FY 2015. The plan fulfills a requirement of the Older Americans Act.

As part of its efforts to develop the needs assessment for the state plan, the ACoA hosted six elder/senior community forums, in Kotzebue, Anchorage, Fairbanks, Juneau, and Bethel, and with the Alaska Native Tribal Health Consortium. The purpose of these forums was to gather first-hand public input concerning access to primary health care, long-term supports, senior housing, financial security, social well-being, and healthy lifestyles to identify "what is working" and "what is not working" in Alaska's communities.

In addition, the ACoA distributed a senior survey and a senior provider survey to learn about the variety of issues related to aging in Alaska. More than 2,800 Alaskans age 60 and older completed the senior survey in paper and electronic formats, providing information about their demographic/socio-economic status, access to primary health care, financial security, housing, use and satisfaction with local home- and community-based services, family caregiving, and other data. The four-page senior survey was enclosed with the August 2010 issue of the Senior Voice, Alaska's statewide senior newspaper. In addition to the 17,500 copies distributed with the paper, packets of surveys were mailed to senior centers and other senior services providers across the state.

The senior provider survey was distributed to community-based senior service provider agencies and community health centers. This survey, to which 50 responses were received, asked providers about the types and amount of services they provide for seniors, their projections of service needs over the next five years, their perceptions of senior concerns, their evaluations of unmet needs of seniors in their service areas, and other information pertinent to primary health care and home- and community-based services.

The ACoA provided an overview of the development of the State Plan to the Alaska State House and Senate Health and Social Service Committees highlighting findings from the elder-senior community forums, provider survey, and senior survey during the FY 2011 legislative session. ACoA's presentations were part of discussions among policy makers regarding the needs of Alaskan seniors, long-term care, and elder protection.

Relationship between AOA Strategic Plan Goals and Alaska State Plan Goals

The Alaska State Plan for Senior Services for FY 2012 through FY 2015 has four goals: a broad health promotion and disease prevention goal which also includes an array of health-promoting elements such as financial security, participation in civic and service efforts, emergency preparedness, engaging senior centers, and positive images of seniors in the media; a long-term care goal focused on supporting seniors to live in their own homes and communities for as long as possible; a housing goal emphasizing the need for many types of housing options for seniors, including a focus on senior-friendly design and accessibility; and an elder safety goal to increase both the public awareness of elder maltreatment and the legal, policy, and financial resources to ensure that older Alaskans are safe.

Many of Alaska's goals, objectives, and strategies parallel the focal points of AOA's own strategic plan, as noted below.

AOA Goal 1	Alaska Goal 1, Objectives A, L; Goal 2, Objectives A, B
AOA Goal 2	Alaska Goal 2
AOA Goal 3	Alaska Goal 1, Objectives B, D, E, H, L
AOA Goal 4	Alaska Goal 4, Objectives A, B, C
AOA Goal 5	Alaska Goal 2, Objectives E, F, I

AOA Goal 1:
Empower older people, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options.

Information and assistance related to long-term care is a top concern for Alaskan seniors. Likewise, access to both health care (in urban areas where few doctors accept Medicare patients) and long-term care (especially in rural and remote areas) is frequently identified as a need.

Issues of access to health care are addressed under our **Goal 1: Alaska seniors are healthy, safe, financially secure, and make vital contributions to their communities, Objective A (Ensure access to primary care)** and **Objective L (Support the outreach and information services of the State of Alaska's Medicare Information Office)**. The top concern among older Alaskans at this time is the lack of access to primary care in parts of the state (including Anchorage) because of the scarcity of physicians willing to accept Medicare patients. Medicare's low reimbursement rates fail to compensate doctors for their costs of care. The Alaska Commission on Aging and its advocacy partners are seeking federal and state solutions to this crisis, which is causing many older Alaskans to contemplate leaving the state.

Access to information and assistance regarding long-term care options is addressed in our **Goal 2: Seniors remain in their own homes with high quality of life for as long as possible through the provision of home- and community-based services, including support for family caregivers, Objective A (Provide convenient access to information and assistance regarding long-term care options, benefits, and assistance).** The strategies under this objective consider both senior centers and ADRCs as natural hubs to which seniors turn for information. The ADRCs are a national information, referral and assistance program supported by the AoA. ADRCs, senior service providers and disability service providers work together at a community and statewide level to ensure consumers have access to information, referral and assistance regarding long-term supports and services and benefits. The Alaska Commission on Aging's 2010 senior survey revealed that senior centers are currently the most-utilized information source for older Alaskans, with 45% turning to someone at their local senior center for the information they need about services and benefits. At this time, only five percent report seeking information from an ADRC. We believe this is because Alaska's ADRCs are currently limited in the areas of the state that they cover, have low levels of funding and staffing, and are not recognized by many seniors as a familiar resource.

Access to long-term care is also a crisis for Alaskan elders in remote parts of the state. Programs such as the Medicaid waiver are unavailable in some areas because of high costs, and not enough senior grant funding is available to cover the needs. Many areas lack assisted living facilities. Elders have told the Alaska Commission on Aging over and over that they do not want to leave their home communities just

to be able to access services in a city such as Anchorage or Fairbanks. It's imperative that we find ways to offer them the care they need in their areas.

This effort is covered under our **Goal 2, Objective B** (**Increase access to flexible, high-quality home- and community-based services (HCBS)**, especially in rural and remote areas of the state). Strategies under this objective cover needs assessment in underserved areas, development of service infrastructure in remote areas, providing access to care for modest-income seniors and elders (who may have a small pension or Native dividend that puts them over the Medicaid Waiver income threshold but who, especially in remote areas, cannot afford the cost of services), and the need to expand available home- and community-based services statewide to meet the needs of Alaska's rapidly growing senior population.

AOA Goal 2:
Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home- and community-based services, including supports for family caregivers.

Alaska's Goal 2 closely parallels AOA's Goal 2. Under this goal, we include objectives focused on information and assistance, increasing access to home- and community-based services (especially in remote areas), providing for the needs of family caregivers, participating in the development and implementation of a statewide long-term care plan, coordinating with Alaska's Title VI programs and with programs serving Alaskan veterans, identifying and meeting seniors' behavioral health needs, building a high-quality direct care senior services workforce, and working to remedy procedural concerns with the senior grants process.

AOA Goal 3:
Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.

AOA's Goal 3 is covered under our **Goal 1: Alaskan seniors are healthy, safe, financially secure, and make vital contributions to their communities**. Health promotion and disease prevention are the focus of our **Objective B, Provide health promotion and disease prevention programs and materials**.

Objective D, Assist seniors in finding good-paying employment opportunities, includes services provided under Title V of the Older Americans Act, which in Alaska are provided through the MASST (Mature Alaskans Seeking Skills Training) Program within the Alaska Department of Labor & Workforce Development. The objective goes beyond the services of this valuable program, though, to include the promotion of the value of older workers, working to eliminate age discrimination by Alaskan employers, and support for an increase in the minimum wage. Alaska has a higher rate of senior employment than the national average, perhaps because of the state's high cost of living. The Alaska Commission on Aging and its agency partners believe that good-paying employment opportunities are of vital importance to the many seniors who remain in the workforce.

Objective E, Expand community transportation options to enable seniors to travel to community events, volunteer work, services, shopping, and medical appointments, highlights one of the most important Older Americans Act services, one which many seniors tell the Alaska Commission on Aging is of the utmost importance in their lives, making the difference in whether they are able to get to a doctor's appointment, grocery store, social event, or scheduled community service commitment.

Much research now shows the importance of civic and social engagement in preserving seniors' health and preventing disease. **Objective H, Encourage and facilitate the engagement of seniors in a wide variety of civic, educational, and service programs**, emphasizes a less direct but equally powerful form of prevention – ensuring that all seniors have the opportunity to live an engaged life of purpose and connection within their community.

Objective L, Support the outreach and information services of the State of Alaska's Medicare Information Office, ensures that Alaska will continue to provide support for this vital information resource which includes SHIP (the State Health Insurance Assistance Program), a program that provides one-on-one personalized counseling, education and outreach to Medicare beneficiaries and their families, allowing them to better understand and utilize their Medicare benefits, including Medicare Part D prescription drug benefits and the new prevention benefits.

AOA Goal 4:
Ensure the rights of older people and prevent their abuse, neglect, and exploitation.

AOA's Goal 4 closely matches the Alaska State Plan's **Goal 4: Seniors are protected from abuse, neglect, self-neglect, and exploitation**. Alaska's Goal 4 includes three objectives, **Objective A, Educate members of the public to recognize signs of elder maltreatment, report harm, and collaborate with authorities to protect vulnerable seniors**; **Objective B, Increase advocacy for statutes, regulations, policies, programs, and funding that protect the safety and rights of older Alaskans**; and **Objective C,** Make legal assistance available to Alaska seniors with a priority placed on providing assistance to those in social and economic need.

In Alaska, the Office of the Long-Term Care Ombudsman, the Adult Protective Services office, and the Office of Elder Fraud and Assistance reside in three different State departments – the Department of Revenue, the Department of Health & Social Services, and the Department of Administration, respectively. All three work closely together, however, to handle the rapidly increasing stream of complaints of abuse, neglect, self-neglect, and exploitation of older Alaskans. The Alaska Commission on Aging and its partners have advocated for budget and staffing increases for these agencies, as well as for clarification and expansion of their statutory jurisdictions, and will continue to do so. ACoA and its partners are also developing statewide educational campaigns to increase the public's ability to recognize the signs of abuse and report possible cases of abuse, as well as to de-stigmatize elderly victims and reporters of abuse.

AOA Goal 5:
Maintain effective and responsive management.

While many of Alaska's goals, objectives, and strategies imply movement toward more effective and responsive activity on behalf of seniors in various context, several strategies in Alaska's State Plan more directly address the management and policies of the State Unit on Aging, the Alaska Department of Health & Social Services.

Goal 2, Objective E (Coordinate with Title VI programs to maximize resources and services available) prioritizes cooperation between the Division of Senior & Disabilities Services, which administers the Title III grants, and the Title VI agencies, tribal entities providing parallel services within their jurisdictions. This coordination is already well-established, with many Title VI providers serving non-Natives in their area via Title III funds as well. During the period covered by this State Plan, DSDS staff will facilitate two teleconferences with Title VI grantees each year and will participate in national meetings held for Title VI and tribal long-term care programs.

Likewise, under **Goal 2, Objective F (Coordinate with programs serving veterans in order to best meet the needs of seniors and veterans with disabilities and chronic health conditions)**, DSDS staff are beginning to coordinate with the Veterans Administration regarding veterans' long-term care programs that help ensure that our veterans have maximum access to home- and community-based services.

The Alaska Commission on Aging, the planning, education, and advocacy arm of the State Unit on Aging, stays in close contact with the needs of older Alaskans. The Commission holds a public comment period at each of its quarterly meetings, held in various locations around Alaska. The Commission also holds extended senior/elder community forums and conducts senior surveys in connection with specific needs assessment directives for projects such as the State Plan for Senior Services (2006-2007 and 2010-2011) and the White House Conference on Aging (2005). In this way, the Commission stays in direct contact with the needs, observations, and suggested solutions of seniors and is able to use this grassroots information in its advocacy and planning work.

Goals, Objectives, Strategies & Performance Measures
State Plan for Senior Services, FY2012-2015

Alaska State Plan Goals

Goal 1:
Alaskan seniors are healthy, safe, financially secure, and make vital contributions to their communities.

Goal 2:
Seniors have the choice to remain in their own homes, living with high quality of life for as long as possible through the provision of home- and community-based services, including support for family caregivers.

Goal 3:
Seniors have access to a range of attractive, safe, affordable housing options.

Goal 4:
Seniors are protected from abuse, neglect, self-neglect, and exploitation.

Alaska State Plan Goals and Objectives

Goal 1:
Alaskan seniors are healthy, safe, financially secure, and make vital contributions to their communities.

Objectives:

A. Ensure access to **health care**.
B. Build capacity to provide **health promotion, disease prevention, and health self-management** programs and materials for more older Alaskans throughout the state.
C. Prioritize the needs of vulnerable populations, including seniors and people with disabilities, in statewide and community **emergency preparedness planning**.
D. Assist seniors in finding good-paying **employment** opportunities.
E. Expand **community transportation** options to enable seniors to travel to community events, volunteer work, services, shopping, and medical appointments.
F. Work to **prevent senior falls**.
G. Support communities in creating **senior-friendly environments**.
H. Encourage and facilitate the **engagement** of seniors **in** a wide variety of **civic, educational, and service programs.**
I. Promote the work of **senior centers** in offering social engagement, classes, health maintenance activities, information, and services.
J. Engage in statewide **outreach** to make seniors aware of available financial **benefits** and health **support programs**.
K. Ensure that seniors have access to information and **education** on **financial literacy, including estate planning, long-term care planning, investments,** and other means of building and sustaining their assets.
L. Support the outreach and information services of the State of Alaska's **Medicare Information Office.**
M. Promote **positive images of senior citizens** in the media, including State publications, portraying seniors as an integral part of our society and fully capable of valuable contributions to their family and community.
N. Promote older Alaskans' access to dental care.

Goal 2:
Seniors have the choice to remain in their own homes, living with high quality of life for as long as possible through the provision of home- and community-based services, including support for family caregivers.

Objectives:

A. Provide convenient access to **information and assistance** regarding long-term care options, benefits, and assistance.

B. Increase **access to flexible, high-quality home- and community-based services (HCBS)**, especially in rural and **remote** areas of the state.
C. Provide **family caregivers** with access to an array of information, education, and supports that allow them to continue to provide care to their loved ones for as long as possible.
D. Participate in the development and implementation of a statewide **long-term care plan** to guide the orderly expansion of facilities, infrastructure, and services to meet the full spectrum of needs of Alaska's fast-growing senior population.
E. Coordinate with **Title VI programs** to maximize resources and services available.
F. Coordinate with **programs serving veterans** in order to best meet the needs of seniors and veterans with disabilities and chronic health conditions.
G. Ensure that seniors with **behavioral health** needs are screened, identified, referred, and treated in a senior-friendly context.
H. Work to increase, support, train, and retain a high-quality senior services **direct care workforce.**

Goal 3:
Seniors have access to a range of attractive, safe, affordable housing options.

Objectives:

A. Increase Alaska's capacity to house seniors in **affordable, safe, and accessible housing** in their own communities.
B. Increase State funding that will **reduce or prevent senior homelessness**.
C. Advocate for the development of **accessible housing with supports** for seniors with physical, behavioral health and cognitive disabilities such as Alzheimer's Disease and Related Dementias.

Goal 4:
Seniors are protected from abuse, neglect, self-neglect, and exploitation.

Objectives:

A. Educate members of the public to **recognize signs of elder maltreatment**, report harm, and collaborate with authorities to protect vulnerable seniors.
B. Increase **advocacy for statutes, regulations, policies, programs, and funding** that protect the safety and rights of older Alaskans.
C. Make **legal assistance** available to Alaska seniors with a priority placed on providing assistance to those in social and economic need.

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Alaska State Plan Goals, Objectives, and Strategies

Goal 1:
Alaskan seniors are healthy, safe, financially-secure, and make vital contributions to their communities.

Objectives:

A. Ensure access to **health care**.

- 1.A.1 Support legislation providing additional resources to health care providers to treat Medicare patients.
- 1.A.2 Support legislation designed to offer loan forgiveness and other financial incentives to medical professionals who practice in Alaska.
- 1.A.3 Identify impediments to health care access and work to reduce the barriers.

B. Build capacity to provide **health promotion, disease prevention, and health self-management** programs and materials for more older Alaskans throughout the state.

- 1.B.1 Work together with the Division of Public Health and other state and local agencies to build statewide and local support for provision of evidence-based health promotion, disease prevention, and health self-management programs.
- 1.B.2 Offer educational presentations on health promotion and disease prevention topics at senior centers, community health centers, and other community locations.
- 1.B.3 Work with State and local public health and community development agencies to identify and implement solutions to water and sewer problems in the many remote villages currently lacking basic sanitation infrastructure.
- 1.B.4 Encourage the offering of medication management information via classes, talks, and consultation with volunteer pharmacists.
- 1.B.5 Develop and offer presentations on identifying and coping with caregiver burnout.
- 1.B.6 Advocate for funding to assist Alaska's aging network in providing Health Promotion, Disease Prevention (HPDP) opportunities for older Alaskans and train local providers on the implementation of HPDP activities.
- 1.B.7 Create a HPDP network in which information about existing HPDP activities can be shared by partner organizations (such as, for example, the Division of Behavioral Health, Division of Public Health, Alaska Native

Tribal Health Consortium, and the Alaska Mental Health Trust Authority).

1.B.8 Advocate for legislation and policies to support HPDP and initiatives.

1.B.9 Promote awareness of the social determinants of health, particularly as they apply to senior health and well-being.

1.B.10 Advocate for policy that encourages primary care providers to support screening seniors for physical and psychological trauma (past or present), and referring them to trauma-informed behavioral health care.

1.B.11 Promote the use of assistive technology and adaptive techniques to help seniors with disabilities remain healthy and independent.

C. Prioritize the needs of vulnerable populations, including seniors and people with disabilities, in statewide and community **emergency preparedness planning**.

1.C.1 Engage with federal, state, and local organizations to create a culture of emergency preparedness that recognizes and incorporates the needs of vulnerable populations including seniors and persons with disabilities.

1.C.2 Disseminate information and support local disaster response organizations and senior organizations in efforts to promote and assist in emergency preparedness activities with seniors and persons with disabilities.

D. Assist seniors in finding good-paying **employment** opportunities.

1.D.1 As funds are available to support the MASST program, increase collaboration with the MASST (Mature Alaskans Seeking Skills Training) program to place Alaskans age 55 and older in work experience opportunities designed to prepare them for successful employment.

1.D.2 Promote the value of older workers by dispelling myths about them and highlighting their advantages.

1.D.3 Support seniors in or re-entering the workforce by providing specialized case management, adaptive skill training and assistive technology for those with disabilities, job search assistance, appropriate job training, and placement. (MASST)

1.D.4 Strengthen awareness of and opportunities for business sector partnerships which will benefit seniors. (ACOA and MASST)

1.D.5 Encourage comprehensive, coordinated systems at the federal, state, and local levels for streamlining access to a wide ranges of program benefits for seniors seeking work. (MASST)

1.D.6 Develop networking opportunities for older job seekers to locate employment openings, including maintaining the ALEXSYS (Alaska Labor Exchange System) website displaying statewide job openings for seniors.

1.D.7 Annually highlight employers who recognize the contributions and value of older workers, and highlight the accomplishments of individual older workers. (ACOA and MASST)
1.D.8 Coordinate services with the aging network, providing information for seniors on finding and keeping employment. (MASST)
1.D.9 Support efforts to eliminate age discrimination practices by Alaskan employers. (ACOA and MASST)
1.D.10 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. (ACOA and MASST)

E. Expand affordable **community transportation** options to increase seniors' access to community events, volunteer work, services, shopping, and medical appointments.

1.E.1 Examine the availability of existing transportation options for older Alaskans throughout the state.
1.E.2 Collaborate with the Governor's Task Force on Coordinated Transportation and with the Alaska Mobility Coalition to help identify and implement long-term solutions to increase seniors' access to comprehensive, convenient transportation options.
1.E.3 Promote the expansion of community transit services to include longer hours, greater geographical range, and more flexible scheduling options.
1.E.4 Advocate for legislation and policies that support increased funding for affordable, appropriate transportation for older Alaskans.

F. Work to **prevent senior falls**.

1.F.1 Continue and expand the Alaska Senior Fall Prevention Coalition.
1.F.2 Work with communities statewide to raise awareness of the need for improved winter maintenance of sidewalks, parking lots, and other access points.
1.F.3 Advocate for legislation and policies to support senior fall prevention and other senior safety initiatives.
1.F.4 Raise awareness of the increased risk of falls due to vision loss or other disabilities and connect at-risk seniors to preventive services.

G. Support communities in creating **senior-friendly environments**.

1.G.1 Partner with communities and senior advisory commissions to promote commitment to safe, ice-free, senior-friendly business and civic spaces.
1.G.2 Work to increase statewide and community awareness of the economic Impact of the senior retirement "industry" as one of Alaska's most lucrative and well-balanced industries.

H. Encourage and facilitate the **engagement** of seniors **in** a wide variety of **civic, educational, and service programs.**

1.H.1 Provide information to older Alaskans on the opportunities and benefits of civic engagement and volunteerism.
1.H.2 Work to ensure that seniors have access to transportation (or a travel stipend) to get them to their service sites.
1.H.3 Honor the efforts of outstanding senior volunteers.
1.H.4 Provide ample opportunities for volunteering in senior centers.
1.H.5 Promote more opportunities for inter-generational contact to promote sharing of knowledge and mutual appreciation.

I. Promote the work of **senior centers** in offering social engagement, classes, health maintenance activities, information, and services.

1.I.1 Encourage senior centers to plan for the needs of seniors representing a range of ages, interests, and ability levels.
1.I.2 Provide training and assistance to senior centers to utilize a logic model or other similar structured approach to strategic planning to evaluate and measure services, improve program quality, maximize program and funding efficiency, and expand access to services.
1.I.3 Develop performance standards for service delivery at senior centers.

J. Engage in statewide **outreach** to make seniors aware of available financial **benefits** and health **support programs**.

1.J.1 Work with the Division of Public Assistance, Alaska Legal Services Corporation, and other agency partners with a rural presence to create outreach opportunities so that all older Alaskans are aware of the Senior Benefits program, Food Stamps, heating assistance, and other public assistance supports and can easily apply for them.

K. Ensure that seniors have access to information and **education** on **financial literacy, including estate planning, long-term care planning, investments,** and other means of building and sustaining their assets.

1.K.1 Identify at least three additional resources for providing education and guidance to seniors regarding how to preserve and protect their homes and financial assets.
1.K.2 Coordinate with ALSC (Alaska Legal Services Corporation) to ensure that seniors receive basic information about the legal issues involved in long-term care planning.

L. Support the outreach and information services of the State of Alaska's **Medicare Information Office.**

1.L.1 Promote and publicize the Medicare Information Office as a source of valuable information to older Alaskans as they join or continue as a Medicare beneficiary.

M. Promote **positive images of senior citizens** in the media, including State publications, portraying seniors as an integral part of our society and fully capable of valuable contributions to their family and community.

N. Promote older Alaskans' **access to dental care**.

1.N.1 Coordinate with the Department's Oral Health Program in developing senior dental assessments and surveys to help identify needs related to access to dental care.

1.N.2 Participate in planning, advocacy, and promotion efforts to increase the number of older Alaskans able to access a full range of dental services.

Goal 2:
Seniors have the choice to remain in their own homes and communities, living with high quality of life for as long as possible through the provision of home- and community-based services, including support for family caregivers.

Objectives:

A. Provide convenient access to **information and assistance** regarding long-term care options, benefits, and assistance.

- 2.A.1 Support the standardization of information, referral and assistance across the state to provide seniors with the highest quality information, referral and assistance services.
- 2.A.2 Continue to build upon the Aging & Disability Resource Center (ADRC) network by strengthening partnerships across senior and disability services, enabling seniors to get all the help they need in the most convenient location.
- 2.A.3 Support Alaska's Aging & Disability Resource Centers (ADRCs) to become fully functional in all core ADRC components: Information, Referral and Awareness, Options Counseling and Assistance, Person-Centered Transition Support, Streamlined Eligibility Determination for Public Programs, Consumer Populations, Partnerships and Stakeholder Involvement, and Quality Assurance and Continuous Improvement.
- 2.A.4 Work with other agencies, including Alaska's ADRC networks, to conduct a public information campaign to make Alaskans aware of all senior services, benefits, and long-term care information and where to go for detailed information.
- 2.A.5 Expand the availability of information and referral to seniors and caregivers through ADRCs and senior centers to include long-term care options counseling, benefits counseling, and streamlined access to public programs.
- 2.A.6 Build upon existing partnerships between the ADRCs and Alaska 2-1-1 so that a coordinated statewide information data base of services and a centralized call center exists to be easily accessed by the public and service providers, both by phone and via the Internet.
- 2.A.7 Coordinate with the Division of Public Assistance to develop a plan for the co-location of the ADRC, Medicare Information Office, and Public Assistance Eligibility office in Anchorage.

B. Increase **access to flexible, high-quality home- and community-based services (HCBS)**, especially in rural and **remote** areas of the state.

2.B.1 Assess the need and capacity to develop HCBS in underserved areas of the state.
2.B.2 Examine options for increasing Medicaid waiver, PCA, and senior grant programs in rural and remote communities.
2.B.3 Present information and education to community groups regarding the hospital discharge grant program and the nursing home transition program.
2.B.4 Increase outreach to older Alaskans and their families on the availability of HCBS in their communities, presenting the information in senior-friendly formats.
2.B.5 Advocate for legislation, policies, and funding that support expansion of HCBS to meet needs of the rapidly increasing population of older Alaskans.
2.B.6 Advocate for funding to develop service infrastructure in underserved areas of the state.
2.B.7 Examine solutions that allow access to care for modest-income seniors and elders who may have a small pension or Native dividend that puts them over the Medicaid Waiver income threshold but who, especially in remote areas, cannot afford the cost of home- and community-based services.
2.B.8 Advocate for the availability of hospice and end of life care in every community.

C. Provide **family caregivers** with access to an array of information, education, and supports that allow them to continue to provide care to their loved ones for as long as possible.

2.C.1 Present education and public awareness efforts to increase the public's knowledge of family caregiver support programs.

D. Participate in the development and implementation of a statewide **long-term care plan** to guide the orderly expansion of facilities, infrastructure, and services to meet the full spectrum of needs of Alaska's fast-growing senior population.

E. Coordinate with **Title VI programs** to maximize resources and services available.

2.E.1 Conduct two teleconferences annually with Title VI grantees to provide an opportunity to discuss their programs, solicit peer support, understand and discuss coordination with Title III programs and grantees, discuss gaps in service in their service area and region, address questions

and discuss additional home-and community-based services and other issues. This will be a coordinated effort between the State of Alaska and the Alaska Native Elder Resource Center.

2.E.2 Participate in national meetings held specifically for Title VI and Tribal Long-Term Care programs annually, and use them as an opportunity for networking with Alaska tribes and strengthening the coordination process.

F. Coordinate with **programs serving veterans** in order to best meet the needs of seniors and veterans with disabilities and chronic health conditions.

2.F.1 Partner with agencies serving Alaska veterans to ensure maximum access to home- and community-based services.

G. Ensure that seniors with **behavioral health** needs are screened, identified, referred, and treated in a senior-friendly context.

2.G.1 Collaborate with the Division of Behavioral Health in order to ensure outreach and response to seniors with behavioral health needs.

2.G.2 Work to integrate behavioral health screening with primary care, including support for increased resources for IMPACT (Improving Mood, Promoting Access to Collaborative Treatment) and SBIRT (Screening, Brief Intervention, Referral to Treatment), screening programs to help identify depression and substance abuse among primary care clients, which have been demonstrated to be especially successful with seniors.

2.G.3 Work with senior centers, care coordinators, and other senior service providers to implement evidence-based home-based depression care management programs such as PEARLS and Healthy IDEAS.

2.G.4 Advocate for more financial resources for behavioral health services and treatment for seniors, including (but not limited to) those with severe disruptive behaviors who cannot be safely served in most assisted living, nursing, or Pioneer homes.

2.G.5 Prioritize the integration of seniors with behavioral health needs into their communities and living facilities wherever possible, by making appropriate treatment and staff training available and providing funding for increased staffing and behavioral health specialization.

2.G.6 Highlight Alaska's elevated senior suicide rates and advocate for funding for programs and research to determine and address the causes and contributing factors of this unnecessary loss of life.

H. Work to increase, support, train, and retain a high-quality senior services **direct care workforce.**

2.H.1 Collaborate and advocate with other agencies, and support the Alaska Health Workforce Development Plan, to ensure the recruitment, retention, and training of a skilled, stable workforce for senior and health care services.
2.H.2 Advocate for greater funding for training for senior direct care workers.
2.H.3 Advocate for initiatives, such as those described by the University of Alaska's Expanding Access to Health Programs project (see Appendix K), that focus on expanding access to education and training via technology for the health workforce that services Alaska seniors.
2.H.4 Offer increased trainings for working with special populations such as those with Alzheimer's Disease and Related Disorders (ADRD) and the seriously mentally ill.
2.H.5 Increase the safety of seniors by providing elder safety training to the caregiving workforce.
2.H.6 Support and encourage implementation of the Alaskan Core Competencies in the design of training programs for assisted living staff, direct service providers, and peer support specialists.

Goal 3:
Seniors have access to safe, affordable housing and supports appropriate to their needs.

Objectives:

A. Increase Alaska's capacity to house seniors in **affordable, safe, and accessible housing** in their own communities.

- 3.A.1 Advocate for an increase in AHFC's Senior Citizen Housing Development Fund (SCHDF) and other public funding sources to reach an annual target of $10 million for the development of senior housing to cover the decreased amount of federal funds, increased development costs, and continued growth of the senior population.
- 3.A.2 Advocate for an increase in the amount of funding available for weatherization, energy upgrades and accessibility modifications that improve housing and accessibility for Alaska seniors.
- 3.A.3 Advocate for the development of senior housing with supportive services.
- 3.A.4 Promote the use of universal design in the construction of homes and apartments.
- 3.A.5 Research affordable, accessible congregate-style senior housing designs appropriate to an arctic environment and educate developers and agencies with an interest in senior housing regarding these choices.

B. Increase state funding that will **reduce or prevent senior homelessness**.

- 3.B.1 Meet with municipal senior advisory commissions annually to discuss the results of AHFC's point-in-time enumeration for senior homeless populations and to develop advocacy strategies on their behalf.
- 3.B.2 Work with municipal senior commissions statewide and with AHFC to develop a joint housing advocacy plan and position paper (with baseline data on senior homelessness and senior housing needs for Alaskans age 60 and over).
- 3.B.3 Mobilize advocates to educate legislators about the housing needs of homeless seniors.
- 3.B.4 Advocate to AHFC and the State of Alaska to create more rental subsidies for seniors who are low income with disabling conditions.

C. Advocate for the development of **accessible housing with supports** for seniors with physical, behavioral health and cognitive disabilities such as Alzheimer's disease and related dementias.

3.C.1 Collaborate and partner with AHFC, the Alaska Mental Health Trust (Trust), Senior & Disabilities Services (SDS), the State Independent Living Center (SILC) and other partners to identify an effective housing model for seniors with physical, behavioral health and cognitive disabilities.

3.C.2 Collaborate and partner with AHFC, the Trust, SDS, the SILC and other Partners to target housing pre-development funds specifically for developing new senior housing with supports for seniors with physical, behavioral health, and cognitive disabilities.

3.C.3 Partner with the Alaska Mental Health Trust and other agencies to provide technical assistance to non-profit housing developers who are willing to develop and manage senior housing with supports for seniors with physical, behavioral health, and cognitive disabilities statewide.

3.C.4 Partner with the Trust to forge housing partnerships between housing managers, service providers, State and local agencies to ensure that senior housing with supportive services is funded and staffed at levels appropriate to the residents' needs.

3.C.5 Reduce the number of seniors with ADRD and challenging behaviors inappropriately admitted to the Alaska Psychiatric Institute (API) by developing more appropriate assisted living options for this population.

Goal 4:
Seniors are protected from abuse, neglect, self-neglect, and exploitation.

Objectives:

A. Educate members of the public to **recognize signs of elder maltreatment**, report harm, and collaborate with authorities to protect vulnerable seniors.

- 4.A.1 Adult Protective Services (APS) provides mandated reporter training to professional groups and organizations as well as service providers statewide.
- 4.A.2 APS and/or Office of Long-Term Care Ombudsman (OLTCO) provide information to Alaskan medical providers to screen routinely for elder maltreatment in emergency and urgent care facilities.
- 4.A.3 ACoA works with Alaska Mental Health Trust Authority, OLTCO, AARP and Other partners on public awareness campaigns encouraging seniors, senior services providers, and members of the public to notice and address isolation of seniors as well as to recognize and report abuse and other rights violations.
- 4.A.4 Office of Elder Fraud and Assistance (OEFA) works with Alaska Legal Services (ALS), AARP, ACoA and other entities to improve seniors' access to civil representation in cases of exploitation.
- 4.A.5 APS and OEFA work with financial institutions to develop elder exploitation prevention training programs for staff.
- 4.A.6 APS and OLTCO work with the Governor's Domestic Violence Data Workgroup to include tracking of elder abuse and exploitation measures for the Governor's "Alaska Dashboard on Domestic Violence."
- 4.A.7 OEFA, APS, and OLTCO work with courts to develop a system to track exploitation in guardianship cases involving seniors.

B. Increase **advocacy for statutes, regulations, policies, programs, and funding** that protect the safety and rights of older Alaskans.

- 4.B.1. ACoA, OLTCO, APS, and OEFA prepare and distribute to legislators an information packet on elder maltreatment and exploitation in Alaska, including data about reports of harm, rates of substantiation, complaint resolution rates, and cases prosecuted.
- 4.B.2. ACoA advocates for adequate funding for APS and OLTCO to ensure that the agencies have the staffing and resources to meet the increasing demand for their assistance.
- 4.B.3. APS, Certification and Licensing, OLTCO, and Alaska Mental Health Trust Authority collaborate to revise and strengthen State licensing regulations for assisted living facilities.

4.B.4. The Trust Training Cooperative, Alaska Mental Health Trust Authority, OLTCO, and Certification and Licensing advocate for training for caregivers in long term care facilities.

4.B.5. ACoA, the Alaska Mental Health Trust Authority, OLTCO, APS and other stakeholders collaborate on a State long term care plan that includes strategies for protection and quality assurance in long term care facilities.

4.B.6 The ACoA will advocate for additional funds to be budgeted to increase training and public awareness regarding elder abuse and exploitation as well as mandatory reporting requirements.

4.B.7 Advocate for State funding for a full-time legal assistance developer position within the State Unit on Aging (at the Division of Senior and Disabilities Services).

4.B.8 The OEFA will work with the Court System to develop a tracking procedure to extract information on abuse from cases, in a manner which would not compromise confidentiality.

4.B.9 Advocate for laws, regulations, policies, and practices that promote the protection of seniors' rights in assisted living facilities.

4.B.10 Support quality assurance programs and strategies to ensure that seniors receive the highest quality long-term care services.

C. Make **legal assistance** available to Alaskan seniors with a priority placed on providing assistance to those in social and economic need.

4.C.1 Alaska Legal Services and other agency partners coordinate community outreach, trainings, and workshops, informing the public of free legal assistance available to Alaska seniors.

Alaska State Plan Performance Measures

Note: Those performance measures for which a current baseline was not available will be tracked using the first available year's data as the baseline.

Goal 1 Performance Measures:

1-PF-1 Increase to 5 the number of seniors evidence-based health promotion/disease prevention programs offered at sites throughout the state.
FY 2011 Baseline: Two (CDSMP; A Matter of Balance)
Reference Strategy: 1.B.1

1-PF-2 Double the number of seniors participating in evidence-based health promotion/ disease prevention programs.
Reference Strategy: 1.B.1

1-PF-3 Increase by 5% the number of seniors participating in volunteer service programs such as RSVP and Foster Grandparents.
Baseline FY 2010: Senior Companion – 91; Foster Grandparents – 172; RSVP – 364
Reference Objective: 1H

1-PF-4 Require all senior grantees utilizing a logic model or similar system to help with defining desired program outcomes and the necessary steps for achieving those outcomes.
Baseline FY 2010: 0
Reference Strategy: 1.I.2

1-PF-5 Increase by 5% the number of seniors accessing assisted transportation.
Baseline FY 2010: 1,573 persons served
Reference Strategy: 1.E.3
Reference Objective: 1E

1-PF-6 Increase by 5% the number of seniors receiving Medicare counseling.
Baseline FY 2010: 7,612 persons counseled
Reference Strategy: 1.L.1
Reference Objective: 1L

1-PF-7 Increase by one percentage point the proportion of the senior population served by the Senior Benefits program.
Baseline FY 2010: 19.3% of seniors
Reference Objective: 1J
Reference Strategy: 1.J.1

1-PF-8 Ensure that at least 35% of MASST program workers enter employment.
Reference Objective: 1D

1-PF-9 Ensure that at least 70% of MASST program workers stay in the job for one year after completing the program.
Reference Objective: 1D

1-PF-10 Provide skill-specific on-the-job training to at least 10% more than the minimum number of MASST program participants.
Reference Objective: 1D

1-PF-11 Maintain an average number of barriers of at least 1.5 for MASST program participants.
Reference Objective: 1D

1-PF-12 Increase average wages per quarter to $7,100 for MASST program participants.
Reference Objective: 1D

1-PF-13 Increase the number of senior centers that offer at least one training or activity per year that increases awareness regarding emergency preparedness.
Baseline FY 2010: None
Reference Objective: 1.C.2
Reference Strategy: 1C

1-PF-14 Require all grantees to submit a copy of a collaborative agreement with their local emergency planning agency which adequately addresses the needs of vulnerable populations (including seniors and persons with disabilities) in emergency preparedness and response activities.
Baseline FY 2011: None
Reference Strategy: 1.C.1

1-PF-15 Decrease by two the number of villages lacking modern water and sewer facilities.
Reference Strategy: 1.B.3

Goal 2 Performance Measures:

2-PF-1 Increase by 2% the proportion of the senior population who receive registered services funding by senior grants.
FY 2010 Baseline: 10,809 served (12.7% of senior population)
Reference Obective: 2B
Reference Strategy: 2.B.4

2-PF-2 Increase by one percent the percentage of seniors indicating satisfaction with grant services received.
FY 2011 Baseline: ACOA 2010 Senior Survey shows –
77% satisfied with congregate meals
78% satisfied with home-delivered meals
78% satisfied with senior transportation
78% satisfied with information & referral
80% satisfied with care coordination
81% satisfied with chore
81% satisfied with respite
81% satisfied with PCA
80% satisfied with caregiver support
84% satisfied with adult day
Reference Objectives: 2B, 2C

2-PF-3 Establish a memorandum of agreement between DSDS and the VA to coordinate services for aging Alaskan veterans.
Baseline FY 2011: No MOA
Reference Objective: 2F
Reference Strategy: 2.F.1

2-PF-4 Increase by 5% per region the number of seniors receiving long-term care services in rural areas.
Reference Objective: 2B

2-PF-5 Increase by 5% the number of seniors receiving help for behavioral health issues, including those served through the SOAR (Senior Outreach, Assessment, and Referral) Project.
Reference Objective: 2G
Reference Strategies: 2.G.1, 2.G.3

2-PF-6 Adoption of a long-term care plan for the State of Alaska.
FY 2011 Baseline: DHSS team forming to produce plan within 12 months
Reference Strategy: 2.B.5

2-PF-7 Hold two State/Title VI teleconferences per year and one face-to-face conference during the term of the plan to increase collaboration among Older Americans Act programs in Alaska.
FY 2011 Baseline: 0
Reference Objective: 2E
Reference Strategy: 2.E.1

2-PF-8 Increase to at least 120,000 the total number of Information & Referral contacts.
FY 2010 Baseline: 99,148 contacts
Reference Objective: 2A

2-PF-9 Increase to 50 the number of memoranda of agreement between the ADRCs and other long-term support service providers.
FY 2011 Baseline: 43 MOAs
Reference Strategy: 2.A.2

2-PF-10 Increase by 500 the number of caregiver contacts for information and referral.
FY 2010 Baseline: 19,085 contacts
Reference Strategy: 2.C.1
Reference Objective: 2C

2-PF-11 Increase by 5% the number of participants in the nursing home transition program. FY 2010 Baseline: 42 individuals
Reference Strategy: 2.B.3

2-PF-12 Increase by at least one facility per year the number of assisted living providers who provide care for seniors with Serious Mental Illness (SMI).
FY 2011 Baseline: 21 facilities serve seniors or persons with developmental disabilities with SMI
Reference Objective: 2G

2-PF-13 Increase by 10% the number of seniors screened for depression and/or substance abuse using IMPACT or SBIRT in a primary care setting.
Reference Strategy: 2.G.2

2-PF-14 Develop standards for all home- and community-based grant and waiver services. (DSDS)
FY 2010 Baseline: No standards
Reference Objective: 2B

2-PF-15 Increase by at least 2% the OAA target populations served by senior grants.

FY 2010 Baseline: 36.53% Minority
79.94% Rural
39.23% Below Poverty
13.09% Age 85+

Reference Strategy: 2.B.2
Reference Objective: 2B

2-PF-16 At least 80% of senior and long-term care direct service staff and their supervisors who participate in or complete Trust Training Cooperative trainings are satisfied or highly satisfied with the training the received.

FY 2010 Baseline:
Reference Strategy: 2.H.1, 2.H.4, 2.H.5, 2.H.6
Reference Objective: 2H

2-PF-17 At least 80% of senor and long-term care direct service staff and their supervisors who participate in or complete Trust Training Cooperative trainings increase their learning objective(s) knowledge level by 20% or more.

FY 2010 Baseline:
Reference Strategy: 2.H.1, 2.H.4, 2.H.5, 2.H.6
Reference Objective: 2H

2-PF-18 Increase the total number of people (including seniors) served through the ADRCs by 15%.

FY 2010 Baseline: 8,790 individuals (unduplicated)
Reference Strategy: 2.A.2, 2.A.3, 2.A.4
Reference Objective: 2A

Goal 3 Performance Measures:

3-PF-1 Increase the annual level of funding in AHFC's SCHDF budget by at least 100%.
FY 2012 Baseline: $4.5 million.
Reference Strategy: 3.A.1

3-PF-2 Increase the number of senior housing units produced under the HUD Section 202 program by 10% annually, if these funds are available.
Reference Objective: 3A

3-PF-3 Increase the number of senior housing units developed by regional housing authorities by 10% annually.
Reference Objective: 3A

3-PF-4 Increase the number of senior housing units produced by private for-profit development entities by 10%.
Reference Objective: 3A

3-PF-5 Reduce the percentage of homeless persons age 62 and over who are identified during the AHFC homeless point-in-time count by 5%.
Reference Objective: 3B

3-PF-6 Increase the number of assisted living units for seniors by 15% annually.
Reference Objective: 3C

3-PF-7 Increase the number of appropriate assisted living facilities licensed to care for seniors with ADRD and challenging behaviors to reduce those admitted to the Alaska Psychiatric
Institute (API) by at least 10%.
Reference Strategy: 3.C.5

Goal 4 Performance Measures:

4-PF-1 Increase by 5% the number of reports of harm to seniors to APS and complaints to OLTCO.
FY 2010 Baseline: 459 OLTCO complaints; 2,433 allegations of harm to APS
Reference Objective: 4A

4-PF-2 Increase by 5% requests for assistance involving seniors to Alaska Legal Services and the Office of Elder Fraud & Assistance.
Reference Strategy: 4.A.4

4-PF-3 Reduce by 5% the number of serious rights violations (gross neglect, abuse, exploitation) in long-term care facilities.
FY 2010 Baseline: 47
Reference Strategy: 4.A.2
Reference Objective: 4A

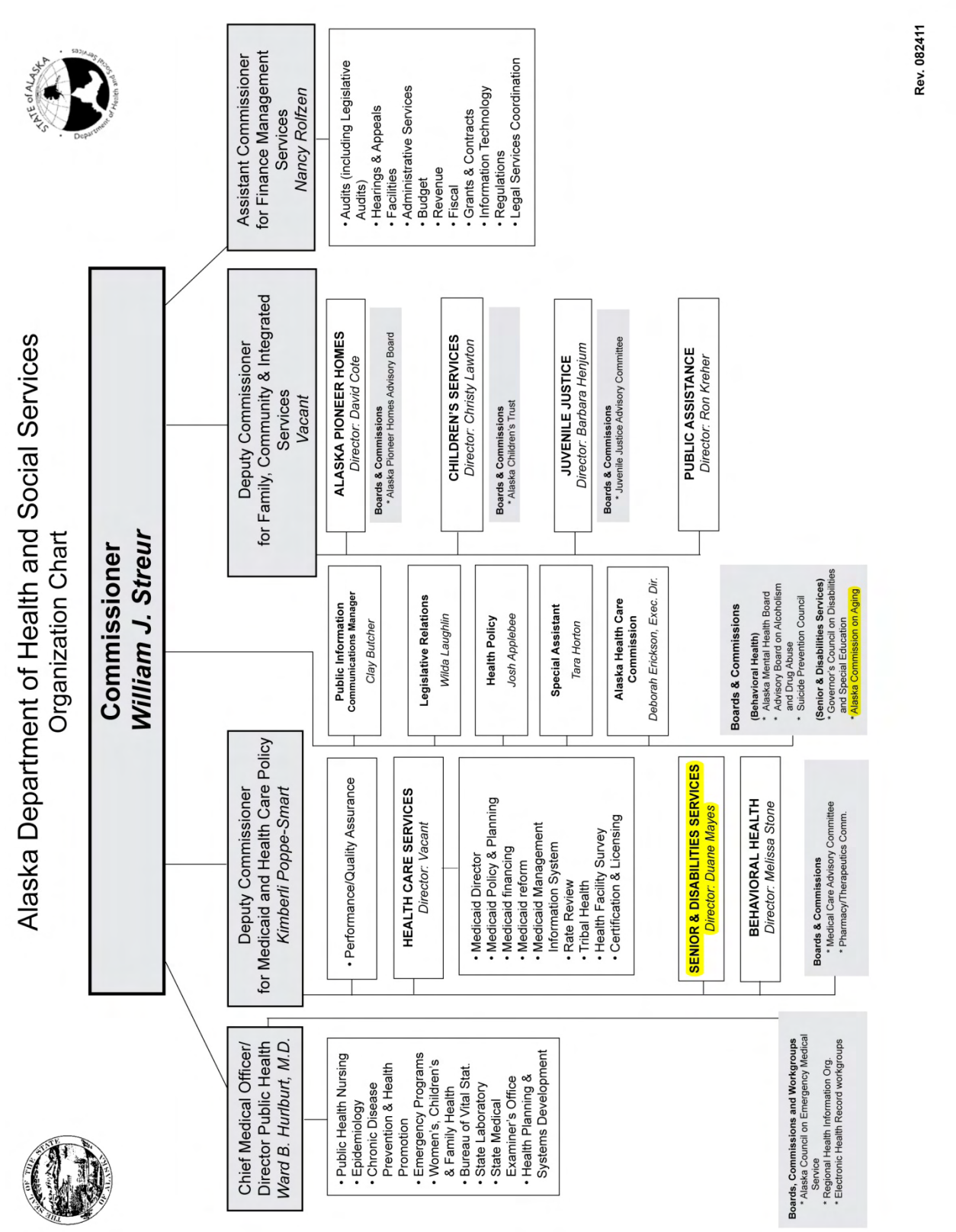
4-PF-4 Increase funding by at least 5% for State staff providing investigation, protection, and complaint resolution in cases involving seniors (OLTCO, APS, OEFA).
FY 2011 Baseline: $642,800 OLTCO budget
Reference Strategy: 4.B.2

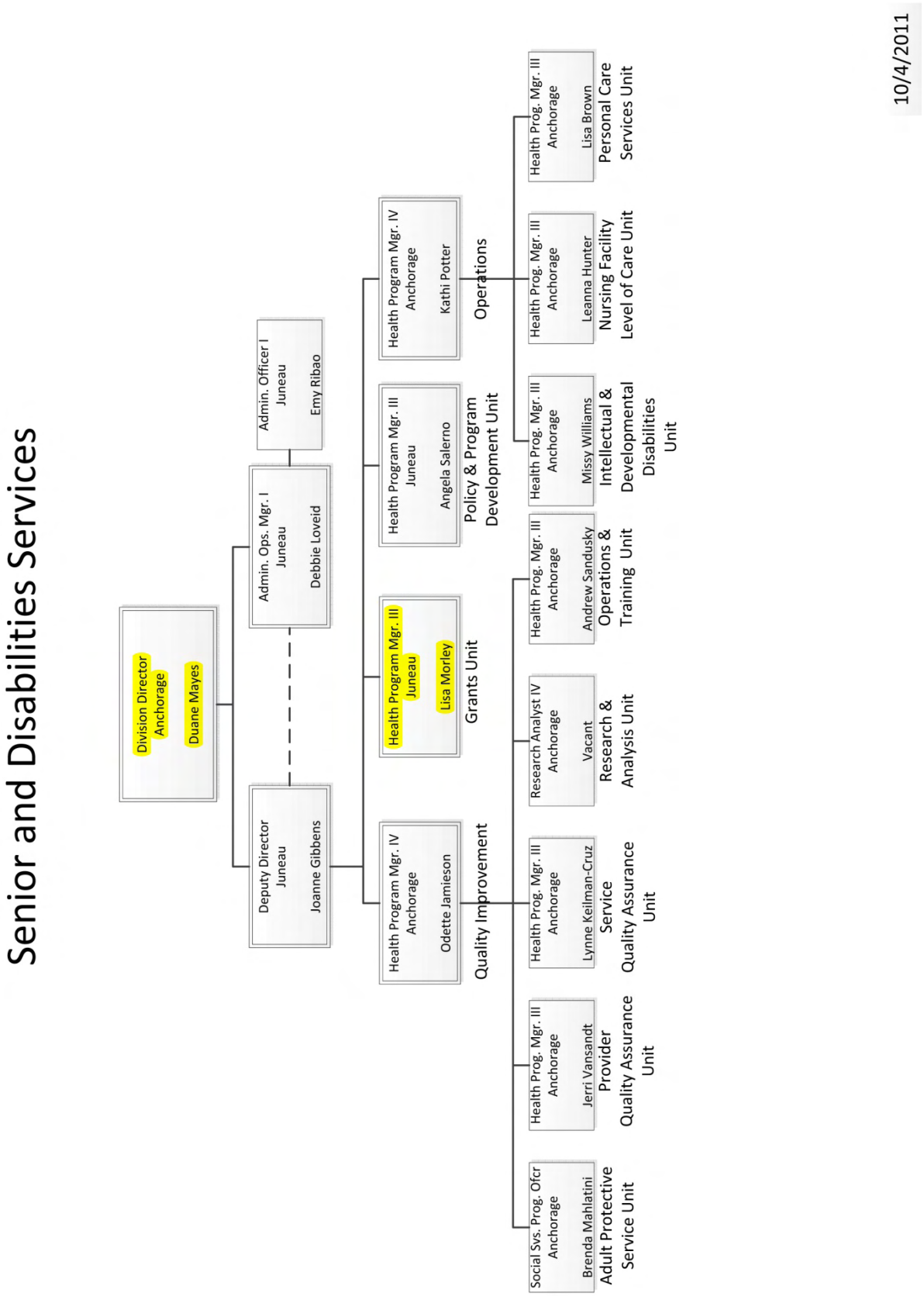
4-PF-5 Increase by at least 5% the number of seniors utilizing ALSC (Alaska Legal Services Corporation) services.
Reference Objective: 4C
Reference Strategy: 4.C.1

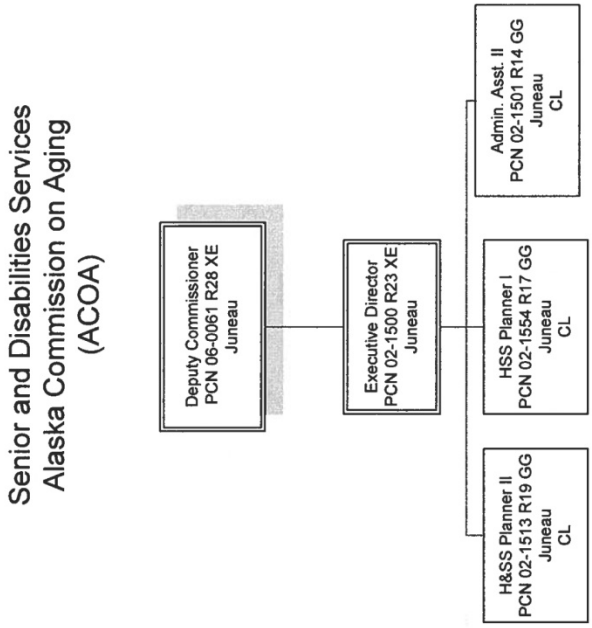
4-PF-6 Increase funding by at least 5% for the senior legal assistance program.
FY 2012 Baseline: $145,375
Reference Objective: 4C

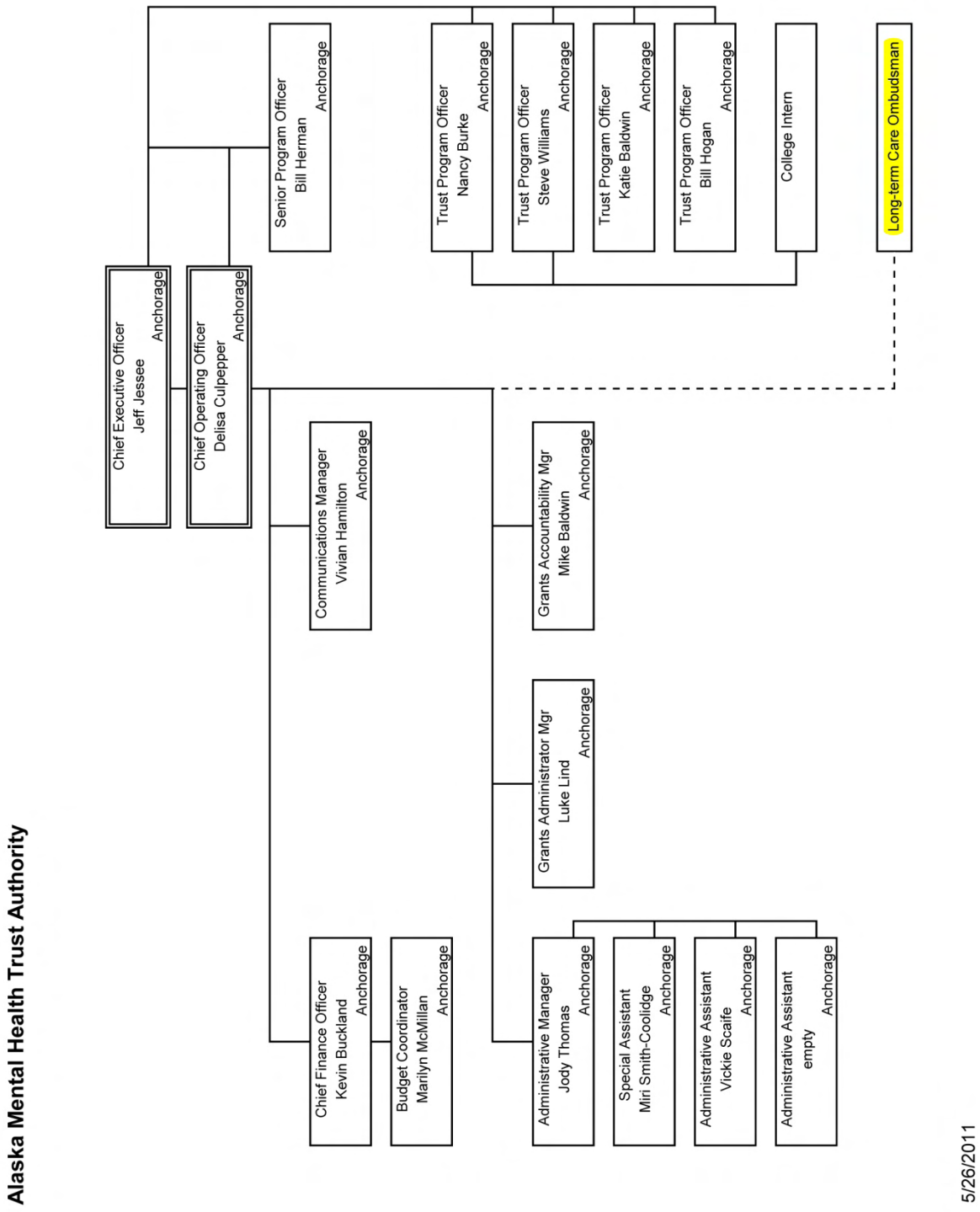
APPENDIX A

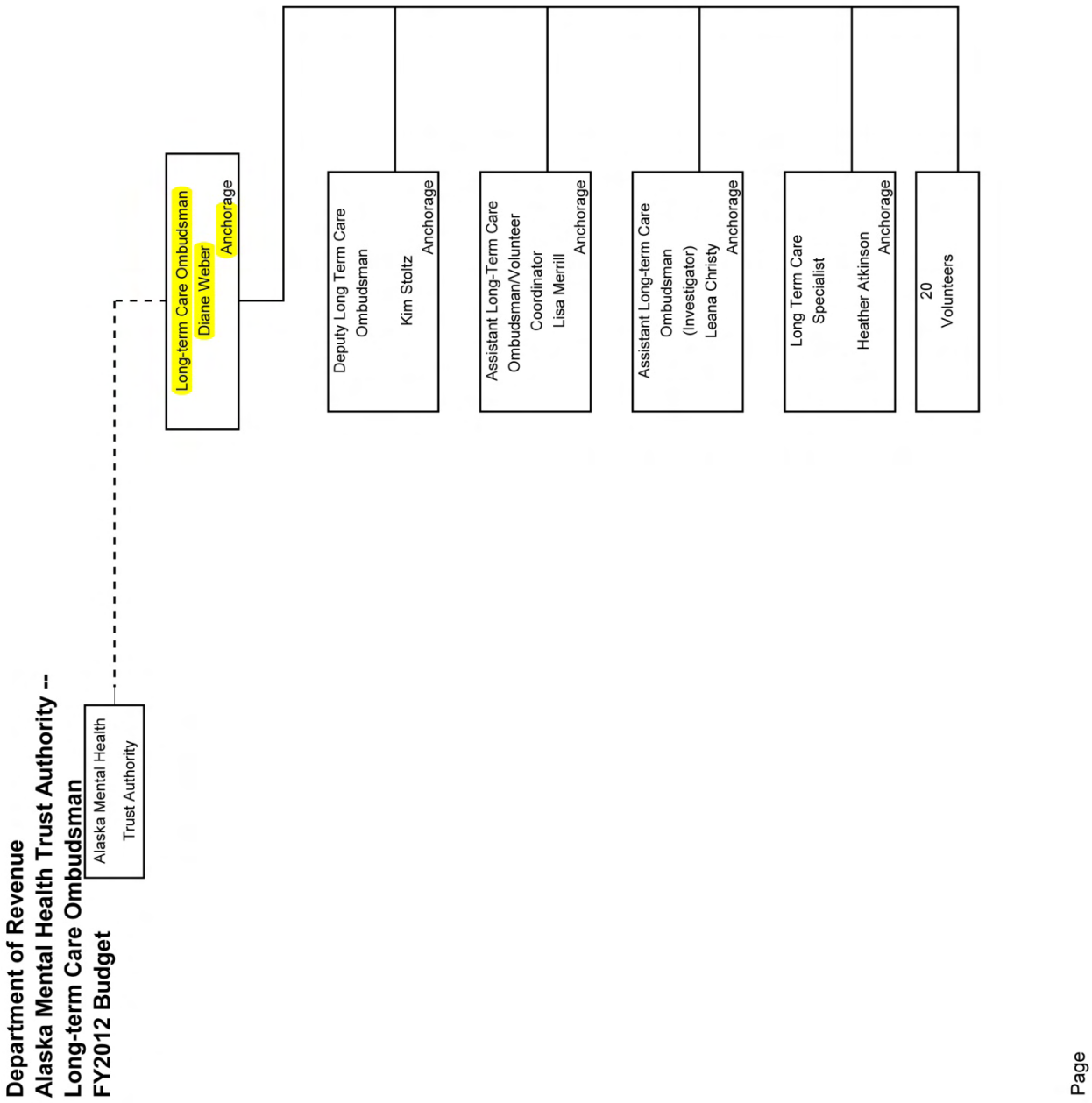
ORGANIZATIONAL CHARTS

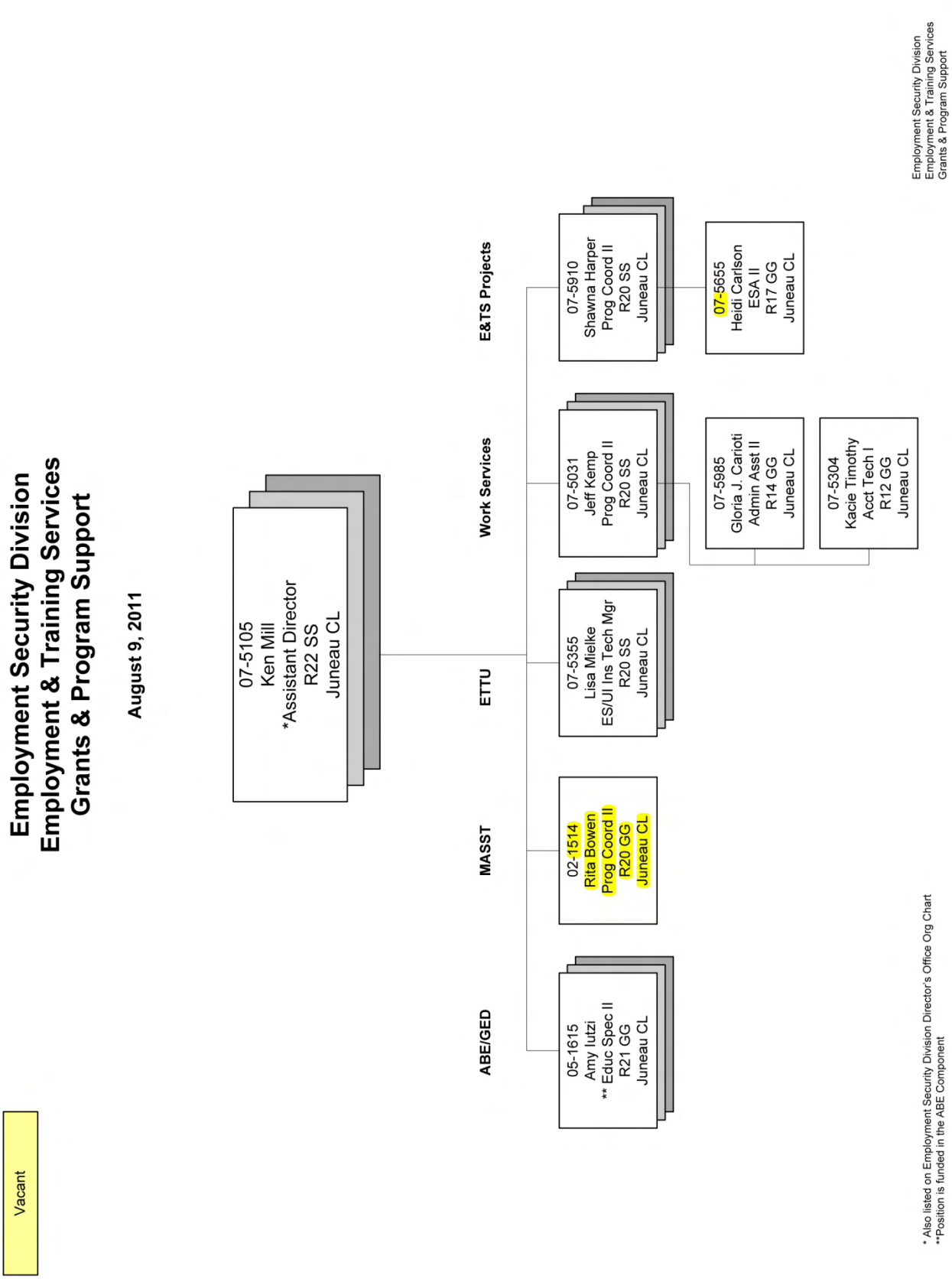

Alaska Department of Health and Social Services
Organization Chart
Commissioner
William J. Streur
Assistant Commissioner for Finance Management Services
Nancy Rolfzen
• Audits (including Legislative Audits)
• Hearings & Appeals
• Facilities
• Administrative Services
• Budget
• Revenue
• Fiscal
• Grants & Contracts
• Information Technology
• Regulations
• Legal Services Coordination
Deputy Commissioner for Family, Community & Integrated Services
Vacant
ALASKA PIONEER HOMES
Director: David Cote
Boards & Commissions
* Alaska Pioneer Homes Advisory Board
CHILDREN'S SERVICES
Director: Christy Lawton
Boards & Commissions
* Alaska Children's Trust
JUVENILE JUSTICE
Director: Barbara Henjum
Boards & Commissions
* Juvenile Justice Advisory Committee
PUBLIC ASSISTANCE
Director: Ron Kreher
Deputy Commissioner for Medicaid and Health Care Policy
Kimberli Poppe-Smart
• Performance/Quality Assurance
HEALTH CARE SERVICES
Director: Vacant
• Medicaid Director
• Medicaid Policy & Planning
• Medicaid financing
• Medicaid reform
• Medicaid Management Information System
• Rate Review
• Tribal Health
• Health Facility Survey
• Certification & Licensing
SENIOR & DISABILITIES SERVICES
Director: Duane Mayes
BEHAVIORAL HEALTH
Director: Melissa Stone
Boards & Commissions
* Medical Care Advisory Committee
* Pharmacy/Therapeutics Comm.
Public Information Communications Manager
Clay Butcher
Legislative Relations
Wilda Laughlin
Health Policy
Josh Applebee
Special Assistant
Tara Horton
Alaska Health Care Commission
Deborah Erickson, Exec. Dir.
Boards & Commissions
(Behavioral Health)
* Alaska Mental Health Board
* Advisory Board on Alcoholism and Drug Abuse
* Suicide Prevention Council
(Senior & Disabilities Services)
* Governor's Council on Disabilities and Special Education
* Alaska Commission on Aging
Chief Medical Officer/ Director Public Health
Ward B. Hurlburt, M.D.
• Public Health Nursing
• Epidemiology
• Chronic Disease Prevention & Health Promotion
• Emergency Programs
• Women's, Children's & Family Health
• Bureau of Vital Stat.
• State Laboratory
• State Medical Examiner's Office
• Health Planning & Systems Development
Boards, Commissions and Workgroups
* Alaska Council on Emergency Medical Service
* Regional Health Information Org.
* Electronic Health Record workgroups
Rev. 082411

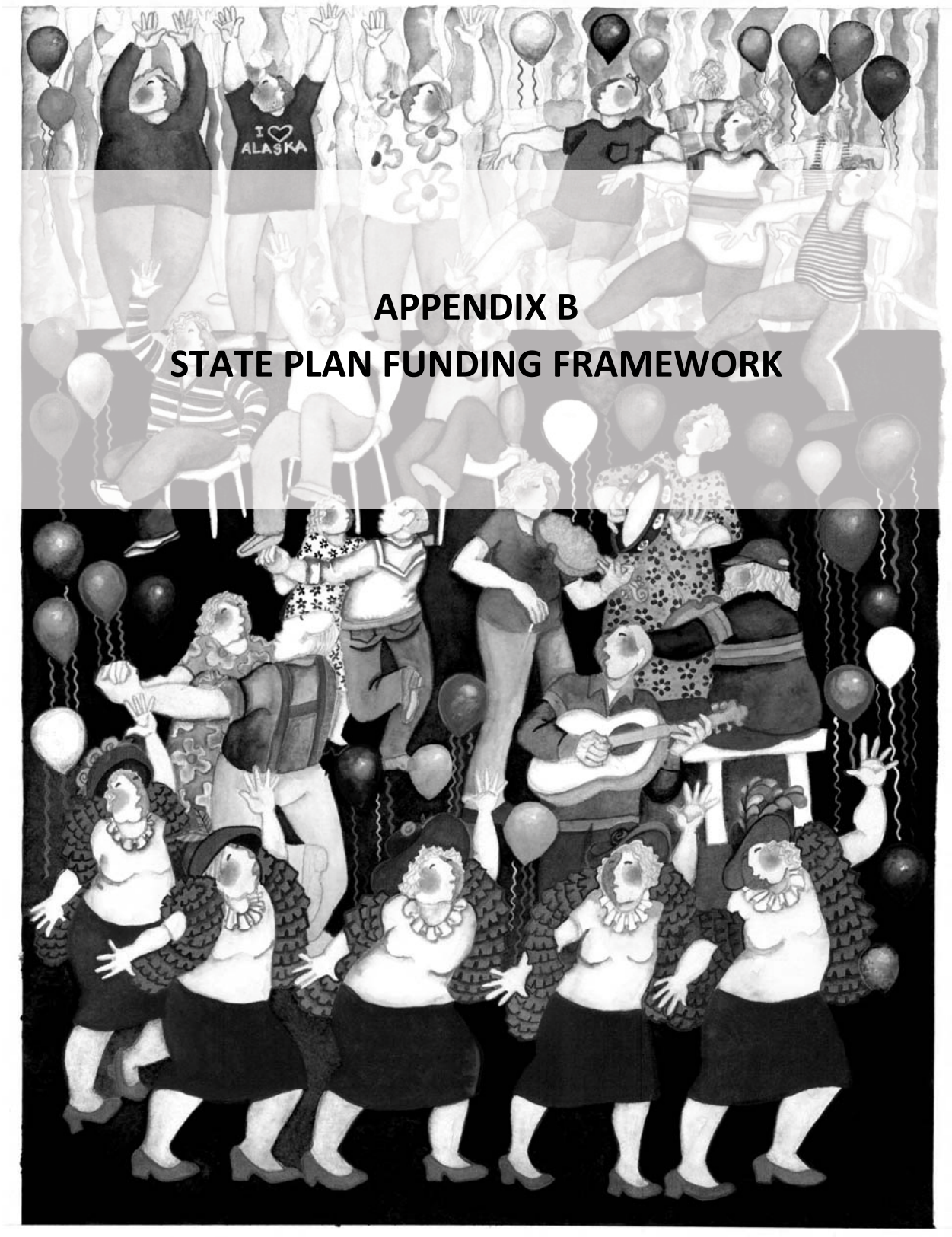

Senior and Disabilities Services
Division Director
Anchorage
Duane Mayes
Deputy Director
Juneau
Joanne Gibbens
Admin. Ops. Mgr. I
Juneau
Debbie Loveid
Admin. Officer I
Juneau
Emy Ribao
Health Program Mgr. IV
Anchorage
Odette Jamieson
Quality Improvement
Health Program Mgr. III
Juneau
Lisa Morley
Grants Unit
Health Program Mgr. III
Juneau
Angela Salerno
Policy & Program
Development Unit
Health Program Mgr. IV
Anchorage
Kathi Potter
Operations
Social Svs. Prog. Ofcr
Anchorage
Brenda Mahlatini
Adult Protective
Service Unit
Health Prog. Mgr. III
Anchorage
Jerri Vansandt
Provider
Quality Assurance
Unit
Health Prog. Mgr. III
Anchorage
Lynne Keilman-Cruz
Service
Quality Assurance
Unit
Research Analyst IV
Anchorage
Vacant
Research &
Analysis Unit
Health Prog. Mgr. III
Anchorage
Andrew Sandusky
Operations &
Training Unit
Health Prog. Mgr. III
Anchorage
Missy Williams
Intellectual &
Developmental
Disabilities
Unit
Health Prog. Mgr. III
Anchorage
Leanna Hunter
Nursing Facility
Level of Care Unit
Health Prog. Mgr. III
Anchorage
Lisa Brown
Personal Care
Services Unit
10/4/2011


Senior and Disabilities Services
Alaska Commission on Aging
(ACOA)
Deputy Commissioner
PCN 06-0061 R28 XE
Juneau
Executive Director
PCN 02-1500 R23 XE
Juneau
Admin. Asst. II
PCN 02-1501 R14 GG
Juneau
CL
HSS Planner I
PCN 02-1554 R17 GG
Juneau
CL
H&SS Planner II
PCN 02-1513 R19 GG
Juneau
CL


Alaska Mental Health Trust Authority
Chief Executive Officer
Jeff Jessee
Anchorage
Chief Operating Officer
Delisa Culpepper
Anchorage
Senior Program Officer
Bill Herman
Anchorage
Trust Program Officer
Nancy Burke
Anchorage
Trust Program Officer
Steve Williams
Anchorage
Trust Program Officer
Katie Baldwin
Anchorage
Trust Program Officer
Bill Hogan
Anchorage
College Intern
Long-term Care Ombudsman
Communications Manager
Vivian Hamilton
Anchorage
Grants Accountability Mgr
Mike Baldwin
Anchorage
Grants Administrator Mgr
Luke Lind
Anchorage
Chief Finance Officer
Kevin Buckland
Anchorage
Budget Coordinator
Marilyn McMillan
Anchorage
Administrative Manager
Jody Thomas
Anchorage
Special Assistant
Miri Smith-Coolidge
Anchorage
Administrative Assistant
Vickie Scaife
Anchorage
Administrative Assistant
empty
Anchorage
5/26/2011


Department of Revenue
Alaska Mental Health Trust Authority --
Long-term Care Ombudsman
FY2012 Budget
Alaska Mental Health Trust Authority
Long-term Care Ombudsman
Diane Weber
Anchorage
Deputy Long Term Care Ombudsman
Kim Stoltz
Anchorage
Assistant Long-Term Care Ombudsman/Volunteer Coordinator
Lisa Merrill
Anchorage
Assistant Long-term Care Ombudsman (Investigator)
Leana Christy
Anchorage
Long Term Care Specialist
Heather Atkinson
Anchorage
20
Volunteers
10/20/2011
Page


Employment Security Division
Employment & Training Services
Grants & Program Support
August 9, 2011
07-5105
Ken Mill
*Assistant Director
R22 SS
Juneau CL
ABE/GED
MASST
ETTU
Work Services
E&TS Projects
05-1615
Amy Iutzi
** Educ Spec II
R21 GG
Juneau CL
02-1514
Rita Bowen
Prog Coord II
R20 GG
Juneau CL
07-5355
Lisa Mielke
ES/UI Ins Tech Mgr
R20 SS
Juneau CL
07-5031
Jeff Kemp
Prog Coord II
R20 SS
Juneau CL
07-5910
Shawna Harper
Prog Coord II
R20 SS
Juneau CL
07-5985
Gloria J. Carioti
Admin Asst II
R14 GG
Juneau CL
07-5304
Kacie Timothy
Acct Tech I
R12 GG
Juneau CL
07-5655
Heidi Carlson
ESA II
R17 GG
Juneau CL
Vacant
Employment Security Division
Employment & Training Services
Grants & Program Support
* Also listed on Employment Security Division Director's Office Org Chart
**Position is funded in the ABE Component



APPENDIX B
STATE PLAN FUNDING FRAMEWORK

APPENDIX B:
State Plan Funding Framework

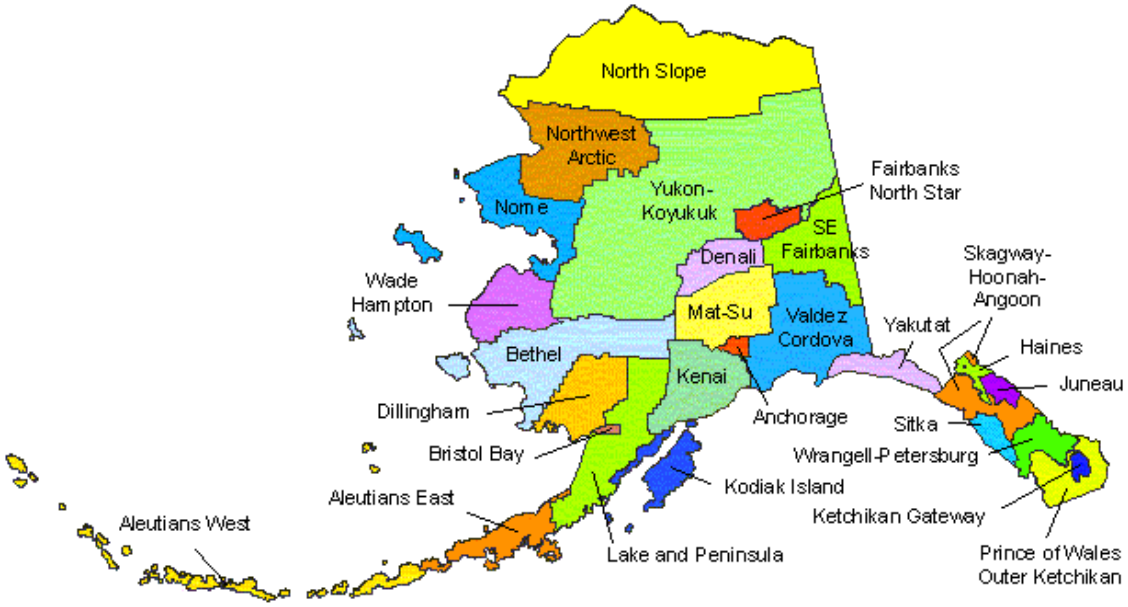
Single Planning and Service Area. The state of Alaska constitutes a single planning and service area under the Older Americans Act.

Funding Framework

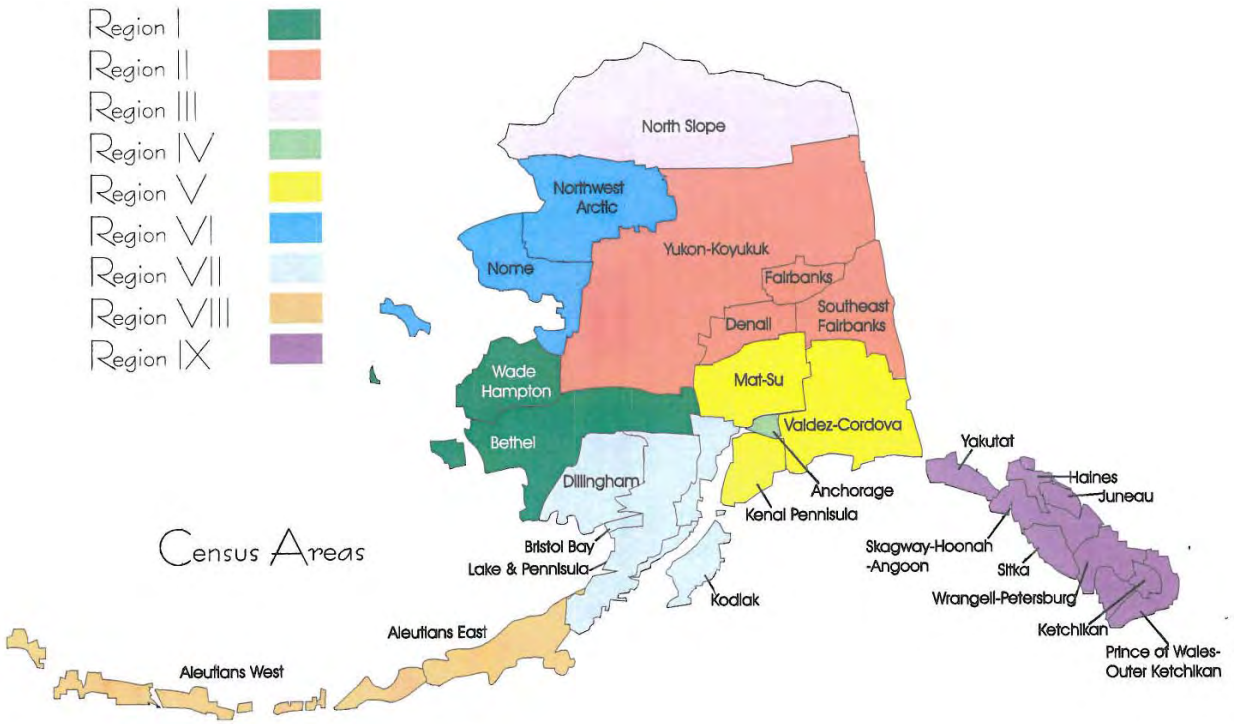
Regions. In past state plans, the State of Alaska has used a funding framework for allocating funds to regions that were formed by grouping together census areas that share common geographic and other conditions. Beginning in FY 2008 with the last state plan, region definitions shifted to the system adopted by the Alaska Department of Health & Social Services, in which the state's 27 census areas are apportioned among nine service regions. This same nine-region framework will be used to allocate funding during the term of this state plan, though the designations of Region VI and Region VIII are reversed from the previous state plan in order to match the official Department region map.

The illustrations below show how Alaska's census areas are grouped into the nine DHSS regions.

Alaska's Census Areas



State Plan Funding Regions



Application of Formula. The state plan funding formula as described below will be applied to both federal and state funds received for the NTS (Nutrition, Transportation, and Support Services), Senior In-Home Services, and Family Caregiver Support grant programs for the FY 2012 – FY 2015 period. As in the FY 2011 actual expenditures, a total of 5.74% will be held out from total funding for statewide programs, including legal services and media services.

Formula Factors. 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."

In the past, the State of Alaska has used a funding formula based on the total number of seniors (age 60+) living in a region, the number of minority seniors, the number of seniors living in poverty, the number of seniors age 80+ (most likely to be frail and in need of services), and the number of rural seniors in the region to assign a funding allocation to each of the nine regions. This state plan's funding formula uses similar factors, with changes to the definitions of "living in poverty" and "rural," and also applies a cost-of-living factor based on a recent statewide study. Because Alaska's communities range from small villages in extremely remote regions

with severe climate challenges and no road access where all supplies must be transported by air or water, to a large metropolitan area with competition for goods and services and concentration of population producing economies of scale, the cost-of-living factor was added to reflect significant differences in costs of doing business among the state's nine regions. These costs were viewed as reflecting more than a simple urban-or-rural differential.

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.

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.

Alaska's state plan continues to quantify 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 increased the weight for this factor from 12.5% in the previous state plan to 16%, following the recommendation received from many of the service providers responding to our provider survey who requested that more weight be given to the oldest group of seniors.

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 seniors. We have applied a 21% weight to the minority factor, somewhat less than the 25% weight this factor received in the last state plan.

Poverty Factor. Using census data (or American Community Survey results), Alaska may appear to have lower poverty rates among seniors than many other areas of the country. Unfortunate-

ly, the census makes no allowance for the variability in cost of living by location. In reality, the costs of commodities and services, including food, fuel, housing, health care, and many other necessities are substantially higher in Alaska. Because the 2010 census did not collect any information on income, and the American Community Survey poverty rates for Alaska seniors appear unusually low relative to participation in State programs serving low-income individuals, we have chosen to use participation in Alaska's Senior Benefits Program as our measure of poverty. The program (which provides a small monthly cash benefit) is available to any Alaskan age 65 and over with an income up to 175% of the Alaska poverty guidelines. We assign the poverty factor a weight of 23%, slightly less than the 25% weight given in the previous plan.

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, Alaska's senior population has grown rapidly, especially in the Railbelt area of the state, parts of which have become a retirement destination, and which also attract seniors from more remote parts of Alaska in search of greater access to services. While younger seniors, including the oldest of the baby boomer generation, are less likely to need services, their numbers alone mean that more individuals are in need of meals, rides, and other senior services. Every one of the state's nine regions has witnessed at least a 20% increase in its total senior population since 2001. We have increased the weight for this factor from 12.5% to 17%, on the recommendation of senior services providers, who see the demand for their services rising rapidly.

Rural Factor. After consideration, the Alaska Commission on Aging decided to apply the U.S. Census Bureau definitions of urban and rural, which is also used by the Division of Senior & Disabilities Services in reporting service data to the Administration on Aging. According to the Census Bureau's definition, urban areas include (1) an urbanized area (a central place and its adjacent densely settled territories with a combined minimum population of 50,000), and (2) an incorporated place or a census designated place with 20,000 or more inhabitants. Rural areas include any areas not defined as urban.

By this definition, the Municipality of Anchorage, the City and Borough of Juneau (served by one governmental entity), and the City of Fairbanks (though not the remainder of the Fairbanks North Star Borough, which includes a number of small cities) are counted as urban, with all other areas designated as rural. Anchorage has a 2010 population of 291,826; the City and Borough of Juneau has a 2010 population of 31,275; and the City of Fairbanks has a 2010 population of 31,535.

Both the Municipality of Anchorage and the City and Borough of Juneau were also considered urban in the previous state plan. The Fairbanks North Star Borough was apportioned into urban and rural areas in the previous plan, based on that plan's rural definition (which took into consideration a community's population, location on or off the road system, and distance from Anchorage or Fairbanks). The biggest change under the new definition of rural is that a number of smaller communities considered urban in the previous plan (including Palmer, Wasilla, Valdez, Kenai, Seward, and Homer) are now considered rural.

The steering committee, in keeping with the intent of the Older Americans Act to encourage the directing of resources toward rural areas, believes that providing home- and community-based services in the rural and remote regions of the state to the greatest extent possible is the best way of helping Alaska seniors age in place and avoid forced moves to far-away cities where they may be isolated from not only family and friends but also from their culture, language, and traditional foods.

The weight for the rural factor has been changed to 23%, a slight change from its former 25%.

Cost-of-Living (COL) Factor. The essence of this factor was a combination of the degree to which a region has the infrastructure to provide services plus the cost of obtaining the necessary commodities and labor to provide those services. The steering committee felt that cost-of-living factors arrived at in a study recently funded by the State of Alaska provided the fairest assessment of a region's cost of providing services. A rural factor alone does not do justice to the difference between two rural areas, for example, a farm community in the Mat-Su Valley area, less than an hour by highway from Anchorage, and a small Alaska Native village in a remote area of the state with no roads, which receives all supplies by air or water but only when the weather is cooperative. Similar cost of living factors, based on the same study, are being used by the Department of Health & Social Services to arrive at Medicaid rates to be paid to providers in different areas of the state. This factor is not a stand-alone factor, but is applied to the subtotal of the other five factors for all nine regions.

"Hold Harmless" Phased-In Approach. Given the great increase in Alaska's senior population and the continuing migration of seniors to population centers, but also the fact that all regions are seeing double-digit percentage increases in their senior populations, the steering 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 the shifting locations of frail, minority, low-income and rural seniors. Again, the committee's goal was, to the greatest extent possible, to have the funding formula accurately reflect the distribution of the target populations among the regions, but also to ensure that no region would be forced to absorb massive funding cuts which might cause the elimination of much-needed services.

As in the last state plan, in which the funding formula was phased in over the course of the plan's four-year period in order to minimize the effects of funding shifts among regions, this state plan also seeks to ensure that no region of the state will receive less funding because of the updated funding formula. This will be accomplished by keeping the current (FY 2011) allocation of funds in place for all regions, with only new funding (increments received for FY 2012 and beyond) distributed according to this state plan's funding formula, for the NTS Grant Program. For the Family Caregiver Grant Program and the Senior In-Home Grant Program, this funding formula will be used from the start of FY 2012. Every region received NTS funding in FY 2011, whereas some regions did not apply for and did not receive funding for Family Caregiver

Support (FCS) or Senior In-Home Services (SIH) in FY 2011; it was felt that since a "hold harmless" provision for FCS and SIH would hold some regions at zero funding, it would be best to simply transition immediately to the new (FY 2012 – FY 2015) formula. The funding formula will not be used to fund Adult Day or Alzheimer's Education programs. Title III (D) funds, for health promotion and disease prevention programs, also are not included in the "hold harmless" designation.

Beginning in FY 2012, all regions will receive at least the same amount of "actual" funding they received in FY 2011 for NTS grants (see Table 1). "Actual" funding for FY 2011 differed from the funding formula percentages shown in the last state plan, because of the receipt of legislative funding specifically for the purpose of eliminating any losses to regions slated to lose funds as the previous funding formula was phased in. Thus the regions which would have lost funding gained in their percentage of "actual funding," while those regions not scheduled to lose money under the final formula ended up with a lower percentage (though they experienced no loss of funds).

Beginning in FY 2012, an amount equal to the NTS grant program funding for FY 2011 (a total of $5,851,235) will be distributed as shown in Table 1 below. Additional funding beyond FY 2011 levels, however, will be distributed according to the percentages in the new FY 2012 – FY 2015 formula, shown in Table 2. ***When total program funding reaches the level where the use of Table 2 percentages no longer results in a funding loss to any region, all grant program funding, including NTS, will be distributed according to the percentages shown in Table 2.***

The funding formula is subject to continuation of funding at current levels or above. With a senior population growing at the rate of five to six percent per year, and as one of the few states with a current budget surplus, it is hoped that Alaska will continue to devote more resources to providing senior services. However, it is always possible that total funding may decrease at some point in the future. In that event, the funding formula would "retreat" in the reverse sequence to its implementation; in other words, if funding had reached the level where the new "Table 2" formula was in use for all grants, and then was decreased, Table 1 would go back into effect for NTS, so that no region would receive less than its FY 2011 allocation. Should total funding drop below the FY 2011 level, funding would be distributed at percentages used in earlier years, as needed.

The FY 2011 "actual" NTS funding amounts (after allotment of 5.74% of total funding - $356,313 - to statewide projects) equal the FY 2012 – 2015 "hold harmless" amounts, which are shown in Table I below:

Table 1: FY 2011 Actual NTS Funding Amounts by Region

Region	NTS Actual $$
Region I	$293,733
Region II	$829,120
Region III	$116,434
Region IV	$1,548,236
Region V	$1,218,814
Region VI*	$283,199
Region VII	$493,848
Region VIII*	$73,142
Region IX	$994,709
Total	$5,851,235

*Using this state plan's region numbers

In FY 2011, an additional $395,965 was allocated to statewide programs.

The FY 2012 – FY 2015 funding percentages are as follows:

Table 2: FY 2012 – FY 2015 Funding Shares Based on Funding Formula

Region	Actual %
Region I	7.7732%
Region II	13.8593%
Region III	1.7152%
Region IV	27.0612%
Region V	24.4741%
Region VI*	4.9955%
Region VII	4.8546%
Region VIII*	1.8071%
Region IX	13.4597%
Total	100.0000%

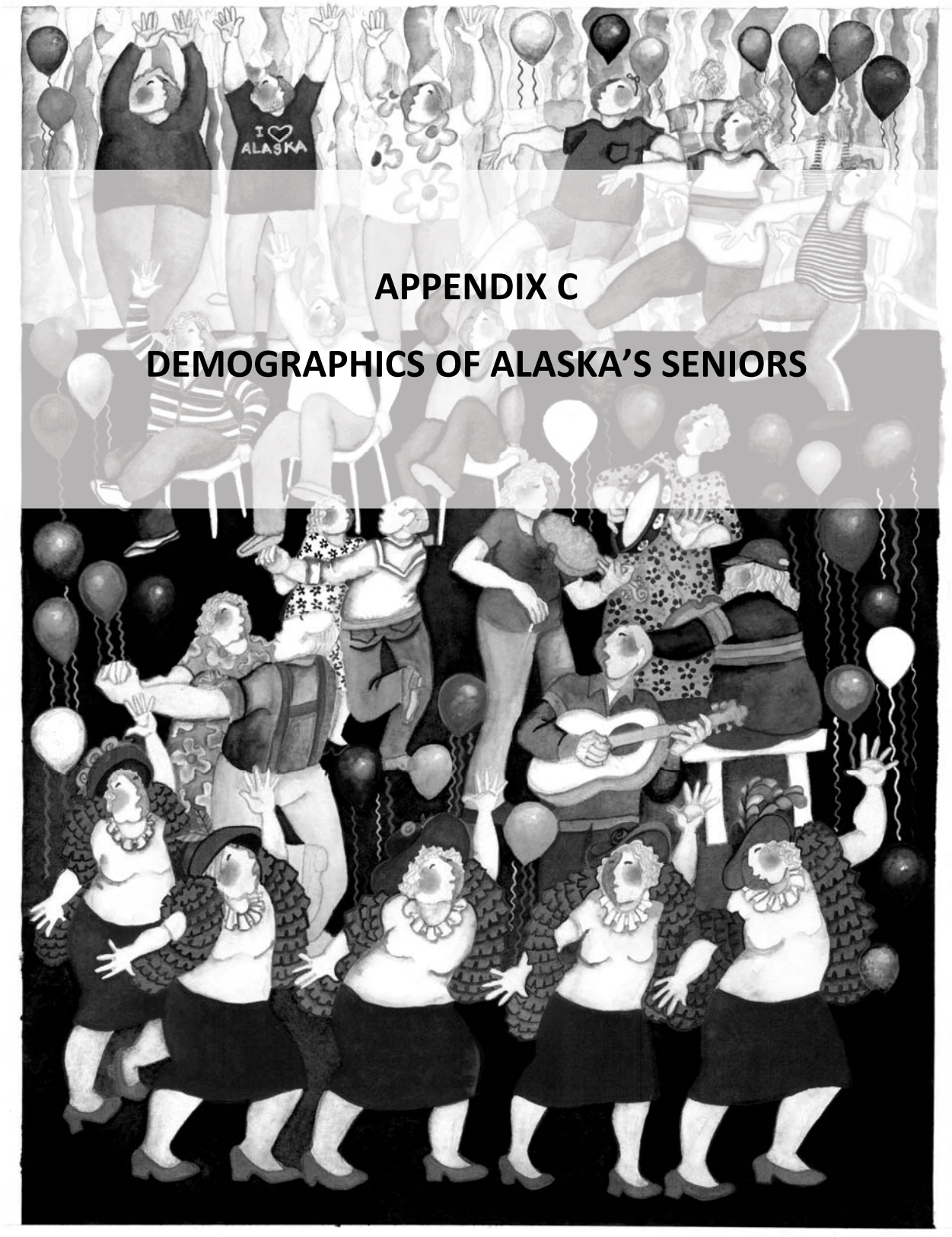
*Using this state plan's region numbers

See Table 3 below for detailed data on the computation of Table 2 formula percentages.

Table 3: FY 2012 – 2015 Funding Formula for Title III Programs

– with NTS Regional funding to be "held harmless" at FY 2011 levels until total funding under the new formula results in no loss to any region; new funding for FY 2012 and beyond for NTS, and all Family Caregiver and Senior In-Home funding beginning in FY 2012, will use this formula. (Sample Funding of $1,000,000; note: formula applies to remaining funds after 5.74% is held out for statewide programs)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	60+ Pop. 17% (2010)	80+ Pop. 16% (2010)	60+ Minority 21% (2010)	65+ 175% Pov. 23% (2010)	60+ Rural Pop. 23% (2010)	5-Factor Subtotal	Cost-of-Living (Applied to Subtotal)	Total Allocation ($1 mil base)	% of Available Funds
Region I	**2,266**	**264**	**1,964**	**812**	**2,266**	$56,883.83	**1.4**	$77,731.95	**7.7732%**
Bethel Census Area	1,644	183	1,375	558	1,644				
Wade Hampton	622	81	589	254	622				
Region II	**13,179**	**1,461**	**2,374**	**1,214**	**9,647**	$143,922.12	**1.05**	$138,593.02	**13.8593%**
Denali Borough	255	8	33	13	255				
Fairbanks North Star Borough	10,950	1,240	1,572	756	7,418 (est.)				
Southeast Fairbanks	1,079	101	156	186	1,079				
Yukon-Koyukuk	895	112	613	259	895				
Region III	**856**	**68**	**512**	**38**	**856**	$12,636.75	**1.48**	$17,152.27	**1.7152%**
North Slope Borough	856	68	512	38	856				
Region IV	**35,079**	**4,348**	**8,293**	**3,642**	**0**	$295,068.33	**1.00**	$270,612.04	**27.0612%**
Anchorage	35,079	4,348	8,293	3,642	0				
Region V	**22,760**	**2,559**	**2,057**	**2,353**	**22,760**	$264,217.55	**1.01**	$244,741.46	**24.4741%**
Kenai Peninsula	9,986	1,172	827	932	9,986				
Matanuska-Susitna	11,353	1,256	948	1,249	11,353				
Valdez-Cordova	1,421	131	282	172	1,421				
Region VI	**1,681**	**206**	**1,359**	**401**	**1,681**	$36,803.73	**1.50**	$49,954.90	**4.9955%**
Nome Census Area	964	109	756	239	964				
Northwest Arctic	717	97	603	162	717				
Region VII	**2,444**	**247**	**1,330**	**421**	**2,444**	$42,688.28	**1.24**	$48,546.16	**4.8546%**
Bristol Bay Borough	139	10	67	7	139				
Dillingham	552	68	415	151	552				
Kodiak Island	1,555	148	702	224	1,555				
Lake and Peninsula	198	21	146	39	198				
Region VIII	**847**	**41**	**617**	**35**	**847**	$13,136.32	**1.48**	$18,071.30	**1.8071%**
Aleutian Islands East	326	22	259	20	326				
Aleutian Islands West	521	19	358	15	521				
Region IX	**11,764**	**1,502**	**2,862**	**1,188**	**7,269**	$134,643.09	**1.09**	$134,596.90	**13.4597%**
Haines Borough	587	62	74	83	587				
Juneau Borough	4,495	545	927	339	0				
Ketchikan Borough	2,192	329	518	251	2,192				
Prince of Wales – Outer Ketchikan	922	67	387	181	922				
Sitka Borough	1,520	267	397	97	1,520				
Skagway – Hoonah - Angoon	642	52	216	67	642				
Wrangell - Petersburg	1,296	168	277	155	1,296				
Yakutat Borough	110	12	66	15	110				
TOTAL	**90,876**	**10,696**	**21,368**	**10,104**	**47,770**	**$1,000,000**		$1,000,000	**100.00%**



APPENDIX C

DEMOGRAPHICS OF ALASKA'S SENIORS

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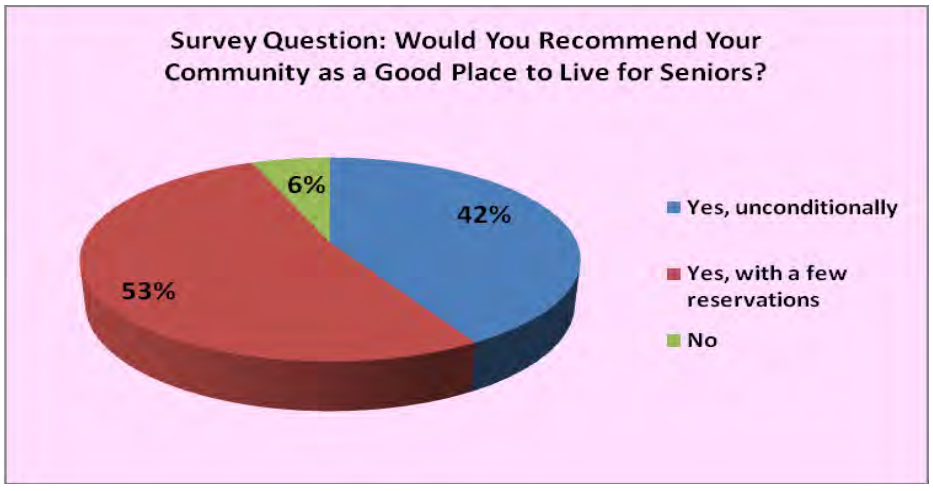
DEMOGRAPHICS OF ALASKA'S SENIORS

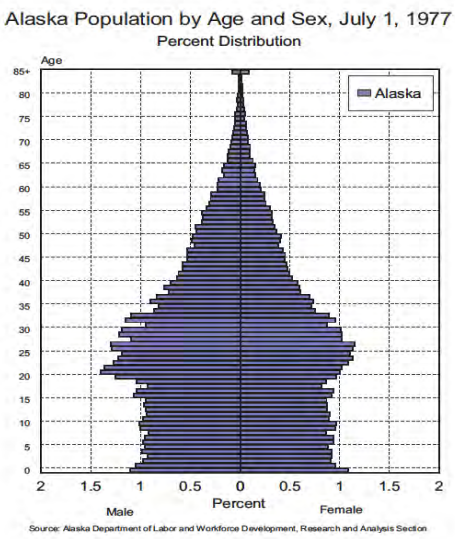
Asked to identify the state with the fastest-growing senior population, most Americans would think of Florida, Nevada, or Arizona. Few would imagine that Alaska, land of frozen tundra and long winters where the sun is not seen for months in parts of the state, is that state. And yet according to the Administration on Aging's "A Profile of Older Americans: 2010," Alaska saw a 52.1% increase in its age 65 and older population in the decade from 1999 through 2009. This was the top growth rate in the U.S., more than 3-1/2 times the national growth rate of 14.6%.

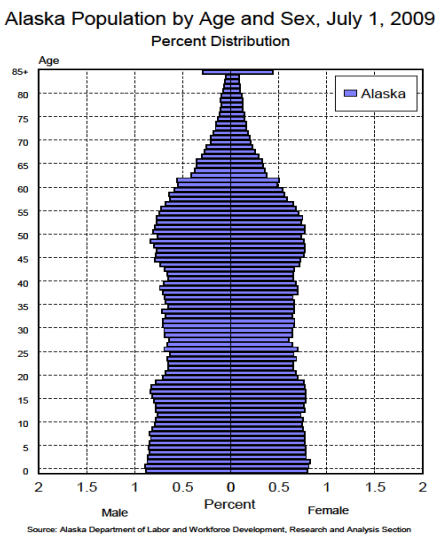
The reason behind the rapid expansion of Alaska's senior population lies in the events of the 1970s – the construction of the Trans-Alaska Pipeline and the economic boom that oil development brought about, drawing thousands of young people to the state for newly-created jobs in every sector. Those young people established homes and families, and grew extremely fond of Alaska's lifestyle. Many of them stayed on for their entire working lives, and are now choosing to retire in the state as well (representing a shift in a long-term pattern where most seniors left the state upon retirement).

The Alaska Commission on Aging's 2010 senior survey provided a glimpse of just how much older Alaskans like living here. Asked whether they would recommend their community as a good place to live for seniors, a whopping 94% said that they would.

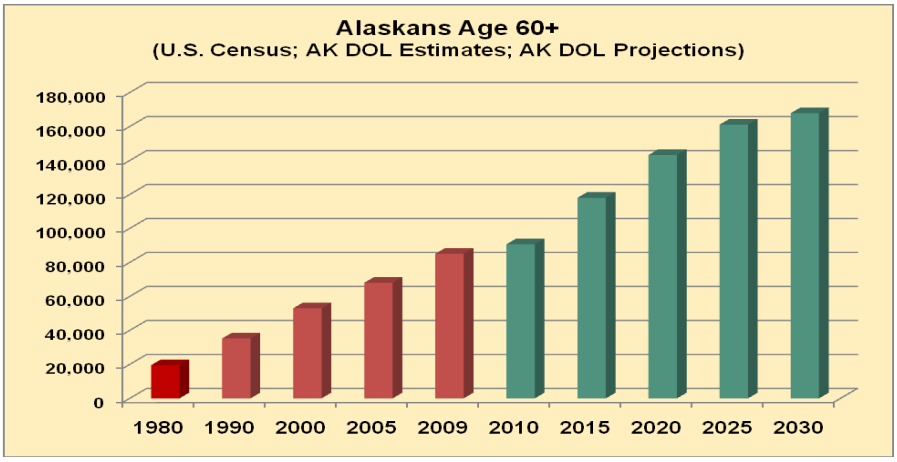


At the time of the 2000 Census, Alaska's population had the largest proportion of baby boomers (32%) of any state. At that time, the boomers (who were born between 1946 and 1964) were still middle-aged – ranging from 36 to 54 years old. By 2011, the older contingent of this population bulge was well into its senior years. The population distribution charts below, for 1977 (left) and 2009 (right), illustrate the aging of Alaska's baby boomer cohort over that 32-year period.

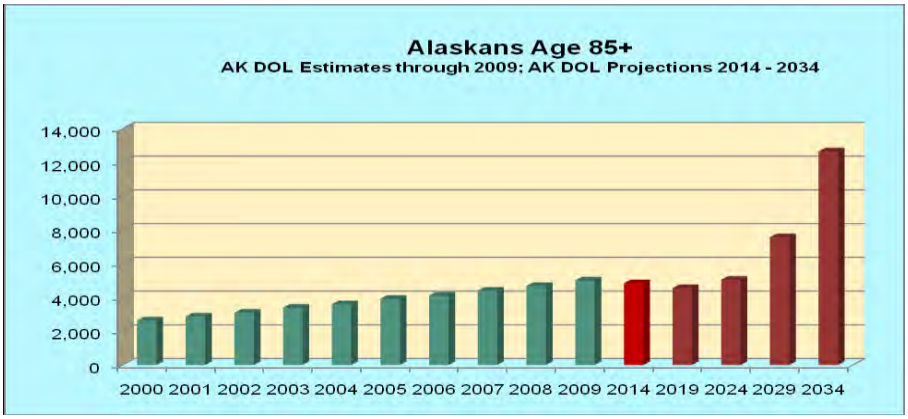




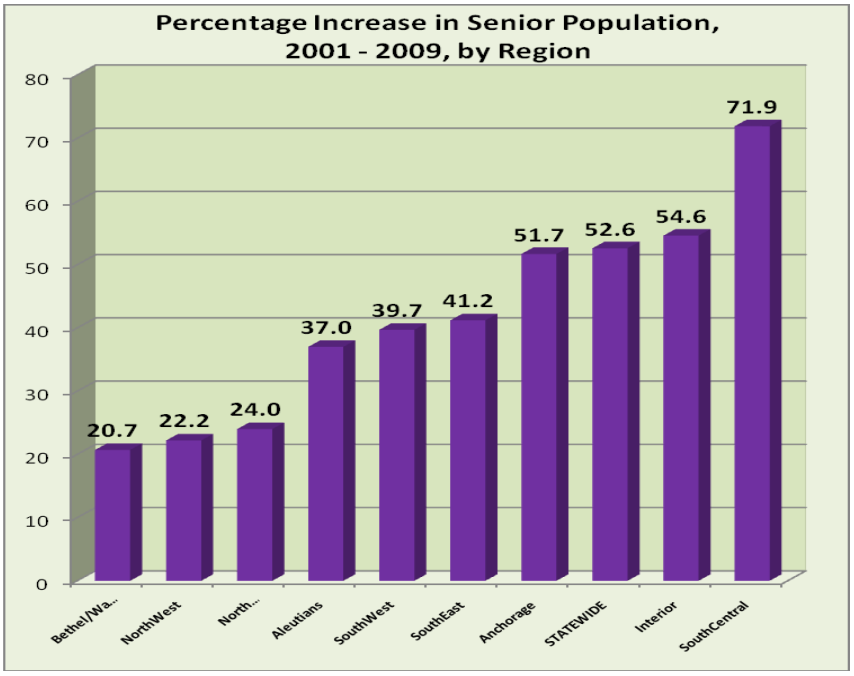
In 2009, there were 85,100 Alaskans age 60 and over, with 52,263 of them age 65 and over. This represents increases of 60.5% and 46.4% in the 60+ and 65+ populations respectively since 2000. In 2000 only 6.3% of Alaska's population consisted of those age 65 and over, the smallest proportion of any of the states; by 2009 that percentage had increased to 7.5%. The Alaska Department of Labor and Workforce Development projects that there will be 155,254 seniors by 2034, and those age 65 and over – an estimated 124,857 individuals - will make up 14.5% of the state's population at that time. (By 2030 the U.S. Census Bureau expects that 20% of the population of the United States will be 65+, with Florida still ranked number one at 27%.)



While Alaska's total senior population is expected to grow very rapidly in the next 20 years, the number of seniors age 85 and over will increase even more dramatically. Because this is the group most likely to need services, including home- and community-based services as well as long-term care, it is especially significant in terms of the need to plan for greater capacity and infrastructure.



All of the Department of Health & Social Services' nine service regions have experienced at least a 20% increase in their senior populations from 2001 through 2009. While some regions saw far more population growth than others, there is no region of the state that is losing senior population.

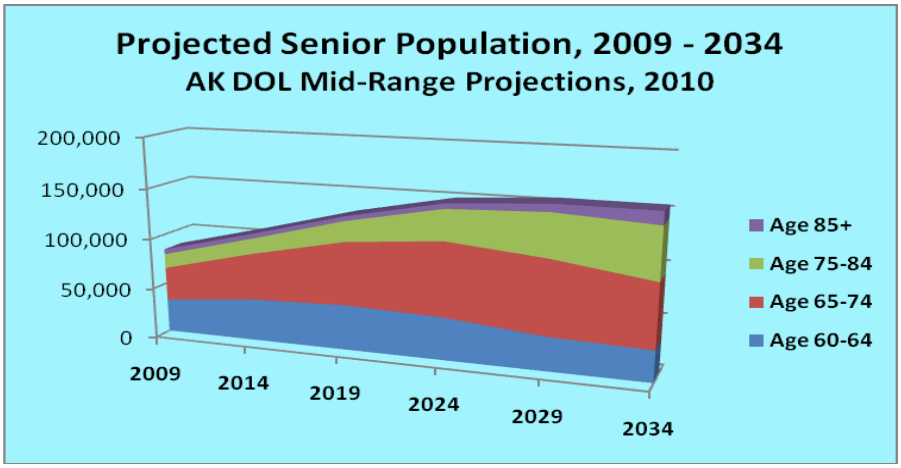


Because of the size of the baby boomer population, as well as historical trends in migration and longevity, the growth of Alaska's senior population is predicted to be strong and continuous over the next 20 years. After 2030, the growth of this segment of the population will slow, but that is when the oldest boomers will begin to reach age 85, a time when their need for services is likely to become more intensive.

According to the Alaska Department of Labor & Workforce Development, "The population aged 65+ is largely composed of retirees. Very strong growth for this age group is expected throughout the projection period. Currently, Alaska's population aged 65+ is estimated to be 52,263 people. The most

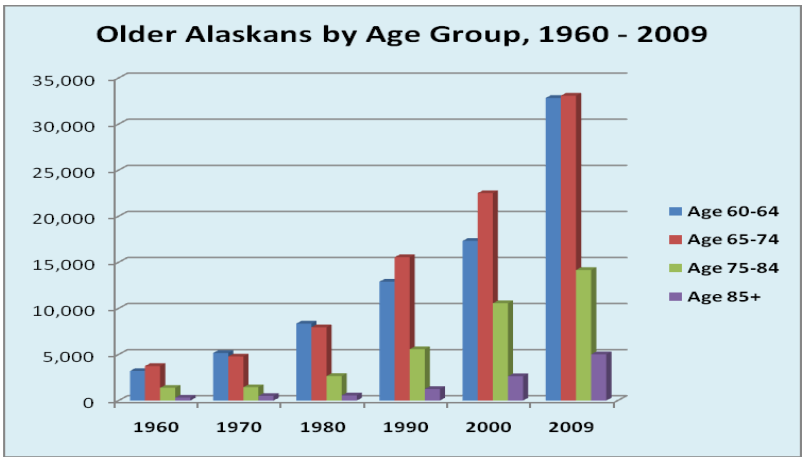
likely scenario for this group projects 124,857 people aged 65+ in 2034… This increase represents a more than doubling in size over the 25-year period. Growth in this age group is fully attributable to the large cohort of baby boomers.

The massive change in the size of the population age 65+ will play a major role in shaping Alaska's future. The growth of the senior population will surely present new challenges to find funding and build infrastructure in support of more retirees."



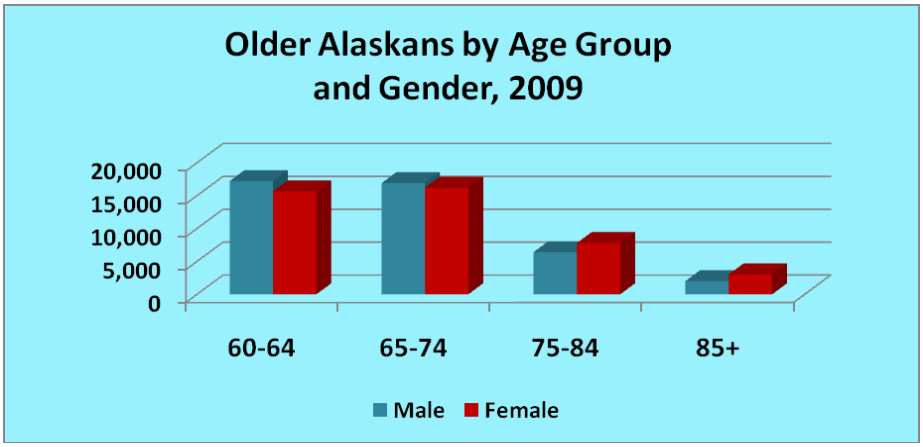
Over the next 25 years, the population age 60+ is projected to grow at an average annual rate of 3.3%. This is more than three times the expected rate of increase of the total population of Alaska over this time period. Already during the period from 2001 through 2009, the growth rate of Alaska's senior population has been 13 times that of the state's under-18 population (52% versus 4%).

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+).

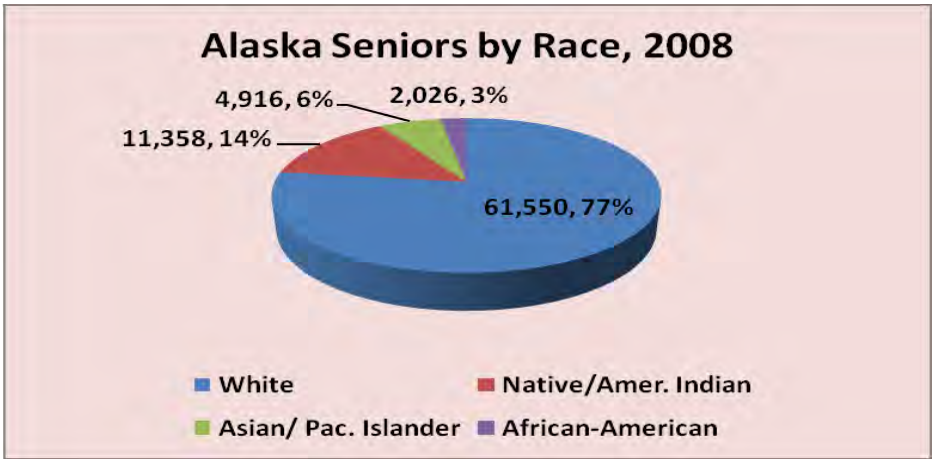


Alaska Seniors' Population Characteristics

Gender. Alaska's 60+ population is evenly divided between men and women, although men predominate in the 60 – 64 and 65 – 74 age groups and women in the 75+ age groups.



Race. Whites and Asians are slightly over-represented among seniors, compared to the total population, while other races are slightly under-represented. For example, 76.5% of seniors 60+ are white, while only 70.4% of the total population is white; and 5.6% of seniors are Asian, compared with 4.2% of the total population. Meanwhile, only 14.9% of seniors are Alaska Native (alone or in combination with other races), although 18% of the state's total population is Alaska Native, according to estimates by the Alaska Department of Labor & Workforce Development (2009) .



African-Americans are also under-represented in the senior population. Some 2.7% of Alaska seniors are African-American while 5% of the state's total population is African-American.

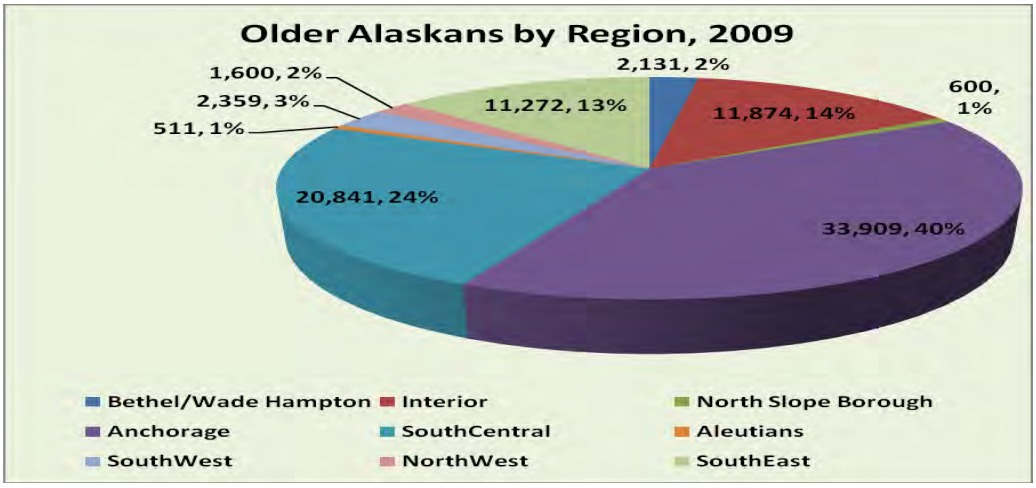
Migration. National demographic trends reflect changes in settlement patterns as the population ages. Seniors tend to be attracted to places with warm climates, low taxes, cultural opportunities, and other amenities. University towns as well as much of the West and South are hotspots for seniors.

The net migration rate for Alaska seniors has traditionally been negative, with many older individuals leaving the state soon after retirement. This pattern is changing as more and more older Alaskans choose to remain in the state as they age, in part because of improved systems of care and support.

Regional Patterns. The highest concentrations of seniors 65+ are in several of the communities in Southeast Alaska, an area of the state with generally milder temperatures. For example, in 2000, seniors aged 65+ comprised 20.5% of the population of Haines. The lowest concentration of seniors 65+ was found in the Aleutians.

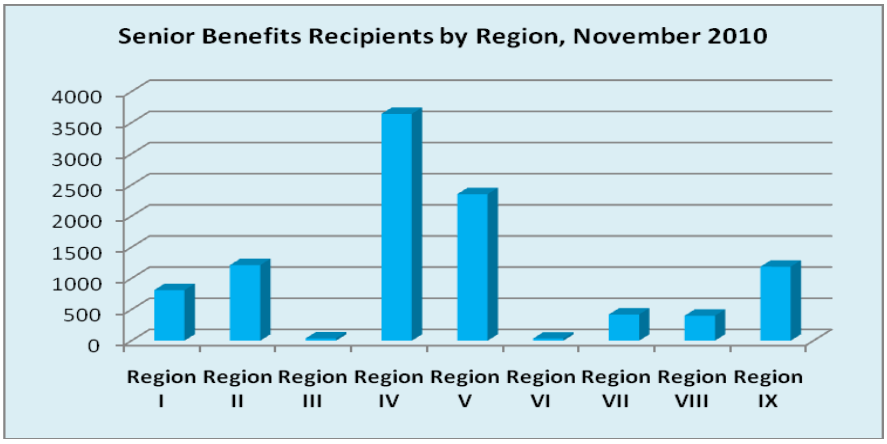
The population growth rate of seniors also varies across the state. Anchorage (the state's largest city) had the largest numerical increase during the 2000s, but the fastest rate of increase was in the Matanuska-Susitna Borough, which experienced an increase of 72% from 2001 through 2009.

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 remainder of the state. Nonetheless there were at least 20% more seniors in every region of the state at the end of the decade compared to the start. There is no area of the state that is losing senior population.



One of the factors contributing to the relatively rapid growth rate of the senior population in the Railbelt is the movement of seniors from rural to urban Alaska, a trend which is projected to continue well into the future.

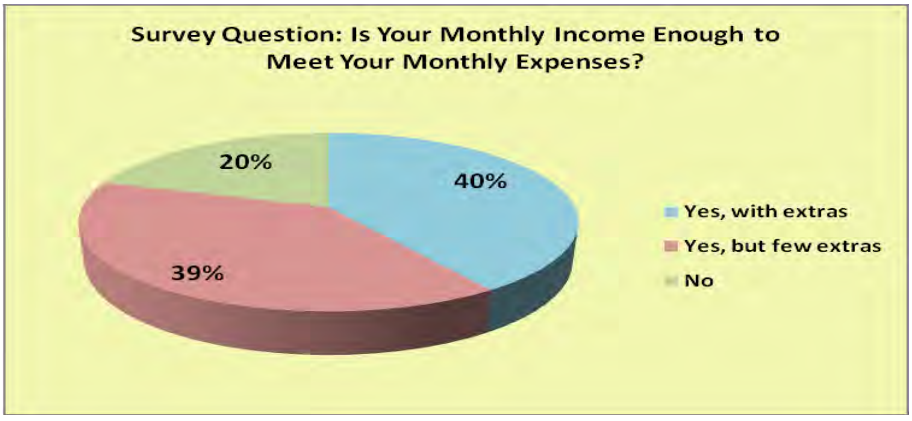
Income and Poverty. Approximately one in five Alaskans age 65 and older receives a monthly cash benefit through Alaska's Senior Benefits Program, which assists those with incomes up to 175% of the Alaska poverty level.



Region I = Bethel/Wade Hampton
Region II = Fairbanks/Interior
Region III = North Slope
Region IV = Anchorage
Region V = Southcentral
Region VI = Aleutians
Region VII = Southwest
Region VIII = Northwest
Region IX = Southeast

NOTE: The Department of Health & Social Services issued a memo on June 10, 2011 clarifying that the Aleutian Region is now considered Region VIII and the Northwest Region is now considered Region VI.

Senior surveys conducted by the Alaska Commission on Aging in 2005 and 2010 also found that about one in five of those responding reported they did not have enough monthly income to pay for all the necessities. Another two in five said they were barely getting by. Changing economic trends, such as elimination of defined benefit pensions, lower retirement savings due to stagnant wages, possible diminishment of Social Security and Medicare benefits, and greater investment volatility, may portend more financial stress for future seniors during their retirement years.



Alaska seniors are more likely to be participants in the labor market (see Labor Force Participation section below). The main sources of income for seniors who are not working include Social Security, retirement pensions, and dividends/interest/rent. Social Security provides a higher proportion of retirement income for low-income seniors than for other groups, frequently helping to prevent a plunge into poverty.

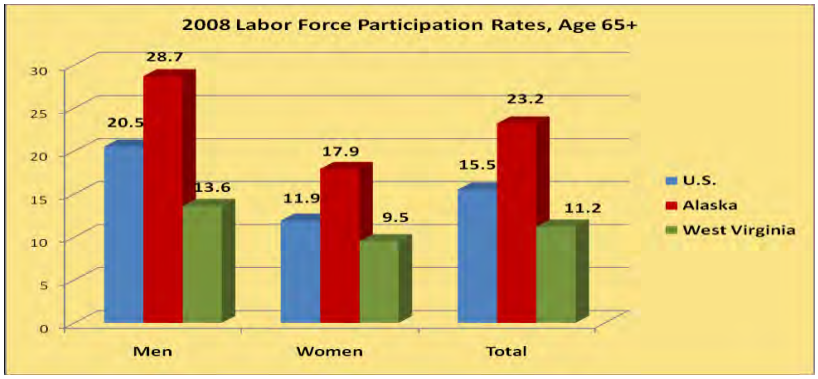
A new Census Bureau analysis which calculated poverty rates by including the costs of medical care and other common costs of living found a poverty rate of 16.1% among Americans age 65 and older. This rate is higher than the 14.3% poverty rate for the overall U.S. population. While Alaska seniors tend to have higher average incomes than U.S. seniors, the cost of living in Alaska (not considered in Census Bureau calculations) is also considerably higher.

Alaska Natives. Approximately 15 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 migrated to the city for greater opportunity. While many move by choice, others move to a hub community or urban area for care unavailable in their home villages, despite their desire to continue living in their home communities where they are immersed in familiar culture, language, foods, and social networks.

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 Natives 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. Elders often speak indirectly in metaphors and 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 trauma 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 western commercial culture; and the influenza and tuberculosis epidemics of the early 20th century are all traumas still impacting living Natives today.

In the past, Native elders were cared for at home by members of their extended families. Today, with longer life spans, 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 elders who remain at home, help with household chores and shopping is a priority.

Labor Force Participation. The labor force participation rate is the proportion of the population that is either working or looking for a job. A striking feature of the current recession has been the decline of labor force participation. However, the one age group in which labor force participation has been increasing rather than declining has been the age 65 and older group. In fact, senior labor force participation rates are now at their highest levels on record. It's likely that people close to or past retirement age feel the need to continue working (or to return to work) because their retirement savings have shrunk during the recent financial crisis. While older women have lower labor force participation rates, their rates are growing much faster than older men's.



More Alaska seniors are in the labor market than are seniors nationally and these seniors are engaged in a wide variety of work. Alaskans age 65 and over have the highest labor force participation rate for that age group in the U.S.; West Virginia residents age 65+ have the lowest rates. Seniors work in all occupations and industries.

Senior Economic Contributions

Seniors make an enormous contribution to Alaska's economy and to the well-being of its communities. While seniors require continuum of care services to be in place in their communities, policy-makers and the public must also recognize the irreplaceable role of older Alaskans in the economic life of those communities.

In 2010, it is estimated that retired Alaskans age 60 and older brought in at least $1.7 billion to Alaska's economy, primarily from retirement income and health care spending. 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 local 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 and 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
  and
- **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.

In addition to their cash contributions to the economy, Alaskan seniors act in a wide range of volunteer capacities in service to their communities in addition to providing much unpaid caregiving to family members and friends. According to the University of Alaska's Institute for Social and Economic Research (ISER) the economic value of these contributions is estimated to be $60 to $100 million annually.

A 2010 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 37.3% of the population age 16 and older participating in volunteer efforts. The 2010 senior survey conducted by the Alaska Commission on Aging found that at least 50% of the Alaskan seniors responding volunteer their services to the community on a regular basis.

Many seniors fill the role of family caregiver. Among the ACoA survey respondents, 22% said they provided this type of care, with ten percent caring for a spouse or partner, four percent caring for a child or grandchild under age 18, three percent caring for a parent, three percent caring for a disabled family member under age 60, three percent caring for a friend age 60 or older, and three percent acting as a long-distance caregiver for an elder who lives elsewhere.

For all these reasons, in addition to the important role of seniors as keepers of the history and culture of their communities, older Alaskans are clearly an invaluable resource for the state, their families, and communities.

Health of Alaskan Seniors

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 49 countries have a longer life expectancy than the United States, including Bermuda, Jordan, Bosnia/Herzegovina, Puerto Rico and Portugal. There are a variety of reasons for the discrepancy between our high U.S. health care expenditures and our underperforming health outcomes, but two key factors include lack of 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 widest 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.

According to population health specialist Dr. Stephen Bezruchka, senior lecturer with the University of Washington Department of Global Health, programs such as the Alaska Permanent Fund Dividend and Alaska's Senior Benefits Program operate as population-wide income equalizers, and in that sense can be expected to have a positive impact on the health of Alaskans overall.

Generally, seniors today do 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.

It is important to note that although people are generally living longer and remaining in better health, several studies have documented the persistent problem of shortened life expectancies for individuals with behavioral health disorders. Adults with serious mental disorders die an average of 25 years earlier than their counterparts (Colton, 2006). Studies have shown that Individuals with serious mental illness have more physical illness and receive worse medical care (Viron and Stern, 2010). Premature death contributes to lower prevalence of behavioral health disorders among the elderly. Though these disparities exists, efforts are underway that have already helped individuals with behavioral health disorders live longer than they have in the past. These two realities place unique challenges on our systems of care.

A longer life means that a large share of the senior population may experience dementia, disabilities, and/or periods of frailty in their later years. The cost of their care may place seniors in an economically stressful 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.

As improvements help individuals with disabilities live longer lives, our systems of care must be redesigned to provide better support as they age. Within families, seniors are increasingly called upon to take care of their adult children with physical, behavioral, and cognitive disabilities. Likewise, seniors are more often faced with the difficult decision of how best to provide for their adult children with disabilities after they, their child's primary care provider, are no longer able to take care of them. Residential care and other support options for adults with chronic severe disabilities in Alaska remain limited.

Initiatives to reform healthcare, whether transforming a system responsive to acute problems to a system better able to support chronic care management, focusing on preventative care, or integrating physical health care with other specialty care to address the whole health needs of the person, these improvements require additional resources.

In 2005, Alaskans had a life expectancy of 78.5 years, slightly higher than the national life expectancy of 78 years. Life expectancy at age 65 increased from 12 additional years in 1900 to 18.6 more years in 2007 (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 2007 could expect to live another 18.6 years, till he or she was over 83 years old).

When comparing age-adjusted death rates for those ages 65 and over, the Alaska rate is 15.4 percent below the U.S. rate (for 2007). (The age-adjusted death rate shows how many people out of every 100,000 in a particular age group died during a given time period.) Male seniors in Alaska and the U.S. have higher age-adjusted death rates than females. 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.

Death Rates (per 100,000) for Age 55+ by Age Group and Race, Alaska and the U.S., 2009

Age Group	U.S. Total	Alaska Total	Alaska Asian	Alaska Black	Alaska Native	Alaska White
55 – 64	871.3	727.4	569.1	869.6	1,220.4	650.5
65 – 74	1,928.5	1,973.9	1,154.0	1,536.3	2,831.6	1,869.5
75 – 84	4,775.1	5,208.2	2,101.2	2,924.0	6,446.2	5,283.4
85+	13,021.1	11,988.8	7,329.8	6,278.0	15,804.6	12,015.1

Death Rates (per 100,000) for Age 65+ by Cause of Death, Alaska and the U.S., 2007

Cause of Death	Alaska Age-Specific Rate	U.S. Age-Specific Rate
Heart Disease	862.8	1,310.1
Cancer	1,011.5	1,029.2
Stroke	286.9	306.2
Chronic Lower Respiratory Disease	291.1	289.3
Cause of Death	**Alaska Age-Specific Rate**	**U.S. Age-Specific Rate**
Alzheimer's Disease	136.0	194.9
Influenza and Pneumonia	74.4	121.3
Diabetes Mellitus	127.5	136.1
Nephritis, Nephrosis, Nephrotic Syndrome	63.8	101.6
Unintentional Injuries (Accidents)	102.0	101.1
Suicide	20.7 (2005 – 2009)	14.3 (2007)
Alcohol-Induced Death	38.8 (2005 – 2009)	11.9 (2007)
Drug-Induced Death	8.0 (2005 – 2009)	4.4 (2007)
All Causes	3,920.8	4,636.1

The above table illustrates Alaska seniors' overall lower age-specific death rate as well as lower disease-specific death rates for most of the major causes of death, with the exceptions of chronic lower

respiratory diseases, unintentional injuries, suicide, and alcohol- and drug-induced deaths. In other words, causes of death involving a behavioral factor (accidents, suicide, alcohol, drugs) are the areas where older Alaskans are at especially increased risk – and, perhaps where we can have the greatest impact in improving health and quality of life.

Health Risk Factors

According to the Behavioral Risk Factor Surveillance System (BRFSS), 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, less likely to describe themselves as being in fair or poor health, and more likely to engage in at least one moderate physical activity.

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, more likely to be obese, and more likely to report having a disability that prevents them from engaging in certain activities.

According to the BRFSS, 38.3% of Alaskan seniors age 65+ say that they are limited in their activities because of a physical, emotional or mental disability. This is 25% higher than the 30.6% rate of U.S. seniors age 65+ who report being disabled. In the Alaska Commission on Aging's 2010 senior survey, 59 percent of seniors indicated that they had an illness or disability that limits the range of activities they can enjoy. This included 35% with a physical disability, 22% with a chronic disease, 20% with other physical health problems, five percent with a mental or emotional problem, and one percent with Alzheimer's disease or other type of dementia (responders could indicate more than one type of disability).

2009 Behavioral Risk Factor Surveillance Data

Risk Factor	AK 65+	U.S. 65+	AK All Ages	U.S. All Ages
Current Smoker	8.6%	8.2%	20.6%	17.9%
Current Drinker	39.9%	41.0%	55.2%	54.4%
Heavy Drinker *	4.1%	3.1%	6.2%	5.1%
Binge Drinker **	5.1%	3.5%	17.9%	15.8%
Obese	30.7%	24.1%	25.4%	26.9%
Diabetes	18.3%	19.0%	5.8%	8.3%
High Blood Pressure	57.5%	59.1%	26.4%	28.7%
Exercise#	67.9%	67.0%	77.6%	76.2%
Fruits & Vegetables##	24.7%	27.6%	23.4%	23.4%
Fair or Poor Health	19.1%	24.7%	11.3%	14.2%
Physical Activity###	48.4%	40.3%	60.7%	51.0%
Health Care Coverage	97.2%	98.2%	82.3%	85.6%
High Cholesterol	55.1%	53.3%	35.0%	37.5%
Disability	38.3%	30.6%	21.4%	18.9%

*Heavy drinkers: adult men who have more than two drinks per day, or 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

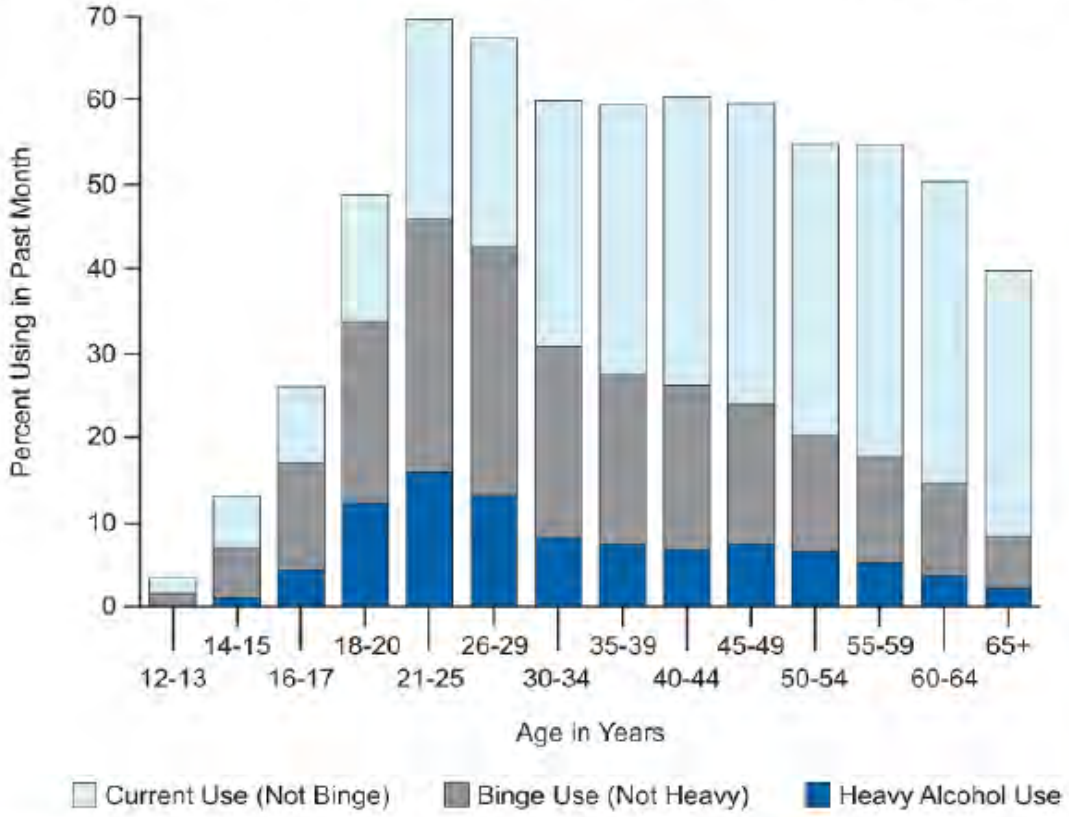
Source: Behavioral risk Factor Surveillance System (BRFSS)

As the table below shows, the National Survey on Drug Use and Health (NSDUH) corroborates the local findings above from our in-state Behavioral Risk Factor Surveillance System.

When surveyed, 39.7% persons aged 65 or older used alcohol in the past month, of these 6.1% are classified as binge drinkers and 2.2% are classified as heavy drinkers.

Prevalence Estimates from the National Survey on Drug Use and Health

Current, Binge, and Heavy Alcohol Use among Persons Aged 12 or Older, by Age: 2008



Source: Substance Abuse and Mental Health Services Administration. (2009). *Results from the 2008 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-36, HHS Publication No. SMA 09-4434). Rockville, MD.
Available online at: http://www.oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.htm#Fig3-1

The State's Epidemiological Profile on Substance Use, Abuse, and Dependency found a strong association between substance abuse here in Alaska and the state's leading causes of premature death (including chronic liver disease, cirrhosis, homicide, suicide, and unintentional injuries). Their study links the behaviors reported in BRFSS and NSDUH (included above) with the consequences we see affecting the longevity and quality of life here in Alaska. An excerpt of the report focusing on senior health follows. The complete report is available online and from the Division of Behavioral Health.

Alaska strives to meet the behavioral health needs of its senior population, though struggles with effective strategies for outreach, early identification, treatment, and recovery supports for this age group.

Indicators of problems with alcohol, drugs, and/or mental illness typically present themselves in school, the workplace, and other public settings. Seniors living with these problems can isolate themselves from

their community, making it difficult to identify seniors with behavioral health needs and support them toward wellness.

Additionally, two prominent forms of stigma work against recovery for seniors with behavioral health disorders. The first is the stigma against mental illness and substance use disorders. Concerns over how friends, family, and the community at large will treat a person following a disclosure of a mental illness and/or substance abuse problem inhibit people from asking for the help they need. This form of stigma is so pervasive that we believe seniors may be under-reporting problems on self-reported surveys (such as those used with BRFSS and NSDUH, and even the senior needs survey used for this State Senior Plan for Services). While the first form of stigma is centered on attitudes surrounding behavioral health, the second is an aspect of the larger disparate treatment of seniors rooted in ageism. Dismissing depression and other mental illness as merely the inevitable result of aging, or passively allowing seniors to isolate from their community as they struggle with alcoholism and addictions by rationalizing it as their right, prevents people from getting the help they need.

Prevalence of Mental Illness, Substance Use Disorders, and Alzheimer's Disease and Related Disorders

The State of Alaska contracted with the Western Interstate Commission for Higher Education (WICHE) to help determine the prevalence of serious behavioral health disorders in Alaska, including serious mental illness (SMI), substance use disorders (SUD), co-occurring disorders (CoD), and serious emotional disturbances (SED).

An excerpt of the report follows. The complete report is available online and from the Division of Behavioral Health.

Prevalence estimates are the basis for estimating need for services. Estimates of the need for services may be combined with counts of individuals served to provide indicators in two areas:

1) Indicators of the equitability of services (penetration rates).
2) Indicators of unmet need.

Indicators of the equitability of services may be assessed by comparing penetration rates for demographic and geographic areas. Penetration rates are calculated by dividing the number served by the number in need. A large discrepancy in the penetration rates for males versus females for instance would lead to discussion among stakeholders and possible analysis of other indicators to validate the discrepancy. This could then potentially lead to some changes to the service system.

Such prevalence rates would be difficult to interpret without having a good understanding of the amount of services provided to clients in addition to the number served. A region might conduct a large number of evaluations but provide very limited services and have a high prevalence rate.

Without assessing the amount of services an inaccurate opinion could be formed. The preferred approach is to add to prevalence estimates either an estimate of the amount of services needed in various groups or a minimum amount that might be considered adequate on average for the group.

Then the next phase looking at the number of clients served would also include the amount of services received. Comparing the data on estimated amount of services needed with the amount received then would provide more valid indicators of disparities in care.

Indicators of unmet need would be calculated by subtracting the number served from the number in need. These indicators would also be calculated for various demographic and geographic groups. Large discrepancies would lead to actions similar to discrepancies in penetration rates. These indicators would be greatly improved by the addition of the amount of services similar to the value for penetration rates.

The prevalence estimates in this report are just the first step in the project. The next phase will add information developing the two indicators identified. Two noteworthy additions being Prevalence Report considered include an assessment of the demand for services and the addition of estimates of the amount of services needed.

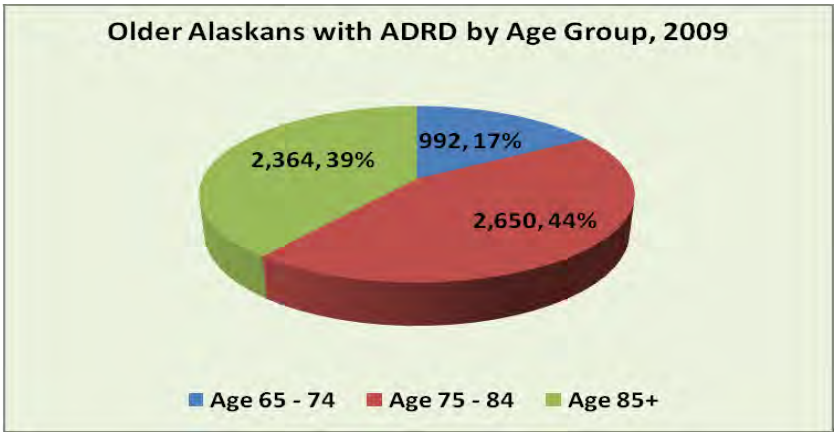
A word of caution is in order prior to any consideration of making changes to the service system. Indicators are only what the word says; they 'indicate' what is going on in the service system. A set of indicators from one source may be supplemented with indicators from other sources and they should always be reviewed and discussed by a knowledgeable group of stakeholders prior to deciding on any action steps. The ultimate goal is to have quantifiable data to build indicators of unmet need and disparities in care for the various target groups across demographic groups in all areas of the State. The final indicators generated in this project may be used for:

- Planning to help target needed services for individuals in geographic areas and for demographic sub-populations (age, sex, race/ethnicity)
- Advocacy for individuals with serious behavioral health disorders who are not served
- Policy discussion

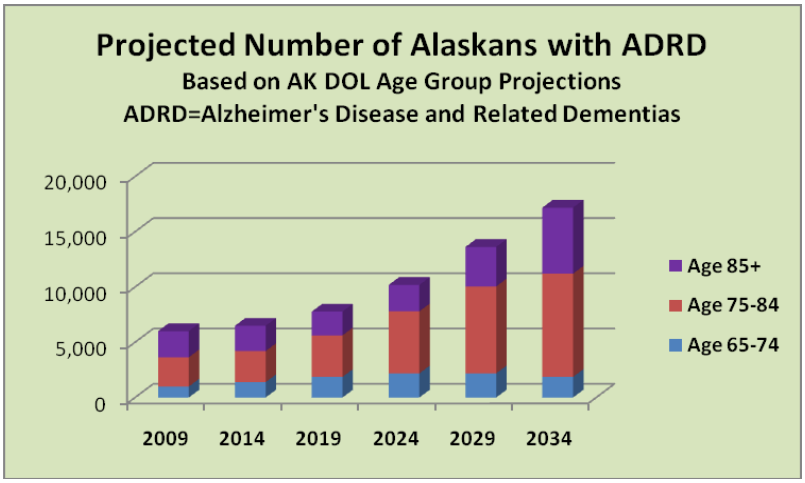
Findings should be integrated with other data and knowledge from stakeholders to inform decision-making. Limitations of findings should be recognized.

Alzheimer's Disease and Related Disorders.

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 that there are approximately 6,000 Alaskans age 65 and older with this disease (applying estimated prevalence rates of 3% in the population age 65 – 74, 18.7% in those age 75 – 84, and 47.2% of those age 85 and older, to Alaska's estimated 2009 population in those age groups). In total, 11.5 percent of Alaskans age 65 and older may have Alzheimer's disease or a related disorder (ADRD).



The number and percentage of the population with ADRD is expected to increase along with the growing proportion of older individuals in the population, attributable to greater longevity and the aging of the baby boomers. The rate of increase of Alzheimer's disease in Alaska is expected to be one of the highest, as Alaska has the fastest-growing population of seniors in the U.S. By 2034, some 17,186 Alaskans age 65 and older may have Alzheimer's, based on application of national prevalence rates to age group projections by the Alaska Department of Labor & Workforce Development. This represents a near-tripling of the number of individuals with ADRD in the state today.



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.

Five Leading Causes of Fatal Injuries in Older Alaskans by Age Group, 2005 - 2009

Rank	Ages 55 – 64	Ages 65 – 74	Ages 75 - 84	Age 85+
1	Suicide	Suicide	Falls	Falls
2	MV Traffic	MV Traffic	Suicide	Suicide
3	Poisoning	Falls	Suffocation	Suffocation
4	Drowning	Poisoning	MV Traffic	
5	Assault	Fire	Hypothermia / Frostbite	

Suicide among Alaska seniors is 45% more common than for seniors nationwide. This parallels the higher risk of suicide among younger Alaskans. While reasons for the higher rates of suicide among Alaskan seniors are not completely known, there is some evidence that colder, darker northern climates are more conducive to depression and it may be difficult for seniors to access behavioral health care, such as treatment for depression, in many Alaskan communities (data on utilization by seniors of behavioral services contracted through the Alaska Division of Behavioral Health is included in Appendix F, State of Alaska Programs and Services for Older Alaskans).

Ten Leading Causes of Non-Fatal Hospitalized Injuries in Older Alaskans by Age Group, 2005 – 2009

Rank	Ages 55 – 64	Ages 65 – 74	Ages 75 – 84	Ages 85+
1	Falls (1,253)	Falls (998)	Falls (1,156)	Falls (796)
2	MV Traffic	MV Traffic	MV Traffic	MV Traffic
3	Suicide	Acc. Struck	Acc. Struck	Acc. Struck
4	Assault	Suicide	ATV	Hypothermia / Frostbite
5	Acc. Struck	Cut	Suicide	
6	Machinery	Hypothermia / Frostbite	Hypothermia / Frostbite	
7	Cut	(Tie) ATV, Fire/Flame	Assault	
8	(Tie) ATV, Bicycle	Snow Machine	(Tie) Fire, Pedestrian, Sports	
9	(Tie) Hypothermia / Frostbite, Pedestrian	Pedestrian		
10	Strain	Sports		

Falls in Alaska are the number one source of non-fatal hospitalized injuries in every age group but two (the 15 – 24 and the 25 – 34 age groups), making falls a serious public health problem. Between 2005

and 2009, hospitals reported treating 4,203 non-fatal falls in Alaskans age 55 and older. During that period, there were 72 fatal falls in those age 55 and older.

Contributing risk factors to elder falls included pre-existing medical conditions, residing in nursing homes or assisted living facilities, and suspected alcohol use. 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 of pharmacist to review all medications (prescription and over-the-counter) to reduce side effects and drug interactions.

Many seniors fear falling and restrict their activities in order to avoid possible risks. In FY 2011, the Division of Senior & Disabilities Services is introducing "A Matter of Balance," an evidence-based eight-session class to help senior participants view falls and fear of falling as controllable; set realistic goals to increase activity; change their environment to reduce fall risk factors; and exercise to increase strength and balance. Senior centers will be encouraged to offer the program with the assistance of trained facilitators.

The Alaska Commission on Aging is a founding member of the Alaska Senior Fall Prevention Coalition, and will continue its efforts to publicize fall prevention information.

APPENDIX D

NEEDS ASSESSMENT

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NEEDS ASSESSMENT

In preparation for development of this state plan, the Alaska Commission on Aging (ACoA) began its needs assessment process in 2009 with the first of six elder/senior community forums held in communities across Alaska. In 2010 the ACoA's survey of older Alaskans drew over 3,200 responses, providing insight on topics ranging from health care to housing, from finances to senior services. Many responders (1,335 seniors) also included open-ended comments on issues of concern to them, sharing their insights and ideas for solutions. The ACoA also surveyed service providers about their perceptions of senior needs now and within the next five years. Responses were received from 50 providers.

In addition to these targeted needs assessment efforts, the ACoA as an organization is constantly refining its own understanding of the issues affecting older Alaskans. As an advocate for seniors in the Alaska legislature and beyond, the Commission is aware of the most critical areas of need among Alaskan seniors. The ACoA itself meets four times a year in different Alaskan communities, including an annual "rural outreach visit" to a remote area. Commission members are in agreement that these visits provide an invaluable glimpse into rural lifestyles and needs. Commission meetings also feature quarterly reports from long-time Commission partner agencies, updating the ACoA on senior consumer topics, housing issues, Alaska Native initiatives, rural long-term care efforts, the direct service workforce, Medicaid developments, and other subjects related to issues impacting older Alaskans. The Commission coordinates all of its efforts with those of other senior-focused agencies both within and outside of state government. Many of these agencies were represented on the inter-agency state plan steering committee which developed this plan.

This needs assessment will look first at the results of the elder/senior community forums, then at the 2010 Survey of Older Alaskans and the ACoA Provider Survey. A much-requested new feature of this state plan is the regional overview of senior needs. While the Commission did not engage in separate planning processes for each region, this statewide plan does present regional profiles which look at the unique features and challenges for senior services in each of the state's nine service regions, which differ markedly in their population, geography, climate, infrastructure, and economic base. Finally this report summarizes the Alaska Commission on Aging's overall view of the greatest challenges facing Alaska seniors in the next five years, based on the ACoA's broad-based ongoing work in statewide advocacy, public awareness, community education, and planning activities.

Highlights from the Elder/Senior Community Forums

Introduction

The following notes highlight the issues raised and strategies proposed by participants who attended the six Elder-Senior Community Forums sponsored by the Alaska Commission on Aging in the following locations: Kotzebue (August 2009 at the Kotzebue Senior Center); Anchorage (December 2009 at the Anchorage Senior Activities Center); Juneau (February 2010 at the Juneau Senior Center); Alaska Native Tribal Health Consortium Elders Committee (April 2010 at the ANTHC offices in Anchorage); Fairbanks (May 2010 at the North Star Council on Aging, Fairbanks Senior Center); and Bethel (September 2010 at the Eddie Hoffman Senior Center and Yukon Kuskokwim Health Center Hospital main conference room).

Participants at the public forums included elders/seniors, family caregivers, representatives from senior provider agencies, senior advocates, and public members. Approximately 10 to 50 people attended each event with the Fairbanks and Bethel forums having the largest number of participants.

All forums posed similar questions to participants addressing the categories of Health Care and Long-term Supports; Senior Housing and Financial Security; and Healthy Lifestyles and Social Well-Being. Issues raised more than once during multiple forums are identified below as a priority for each focus area of discussion. Recommendations from forum participants to address issues are also described.

Health Care & Long-Term Supports: How do you feel about the health care and long-term supports that are available to seniors/elders in your community (or region)? How can care for seniors/elders be improved?

<u>Priority Issues Identified</u>

Access to Primary Health Care: Improve primary care access for seniors insured by Medicare who are challenged to find a provider due to low reimbursement rates. Acute shortage of doctors and other health care providers to care for seniors, particularly those who specialize in geriatric health care. (Anchorage & Fairbanks forums)

Long-Term Support Services: Participants identified the need to increase capacity of long-term support services for seniors and elders across the continuum of care from in-home support services (PCA, chore, respite, home-delivered meals) through assisted living and nursing home care. Family members need more respite, including weekends. Waiver services are limited in some rural communities (for example, in the Interior and Yukon-Kuskokwim regions) due to low reimbursement rates, no local grantee, and absence of a local care coordinator. Training is needed for family caregivers – for those who are not paid and for paid consumer direct providers. Participants noted that the availability of long-term support services is affected by low reimbursement rates to agencies, low pay for direct workers, and the limited ability to recruit, train, and retain a qualified workforce (Rural and Elder forums). When the State establishes reimbursement rates, participants noted the importance of understanding regional

differences in the costs of providing services and time needed to perform tasks in urban versus rural communities. (For example, the absence of running water can significantly affect the time needed to bathe a person, prepare meals, and do laundry. The true cost of PCA service in Bethel, for example, was quoted by the Yukon Kuskokwim Health Corporation to be $57/hour versus current rate of $22/hour). Grant-funded PCA services were available prior to 2004 but were eliminated by the Legislature. Absence of these services greatly impacted Yukon-Kuskokwim Health Corporation, Tanana Chiefs, and Maniilaq to provide in-home services to rural elders in their regions (Anchorage, Fairbanks & Bethel forums). Rural infrastructure of elder services has eroded over time, including small agencies that provided niche services, due largely to rising costs, insufficient funding, and consolidation of services within large agencies to maximize available funding. Hospice services are desired but limited in many rural communities. They help family caregivers provide support to elderly family members at home and allow elders to die at home close to family. (Bethel forum)

Workforce: Recruitment, training and retention of direct service workers is a significant barrier across the long-term support continuum that is directly related to available funding. The pool of potential workers is even more limited in rural communities.

Transportation: Expansion of transportation services for seniors/elders was identified as a need by participants at all forums. Current service has restricted availability (limited evening and weekend service) and rural communities identified the lack of handicapped accessible transit services. Small and remote communities have no transit services. Transportation was identified as a barrier to accessing health care services but also as a factor leading to social isolation that prevents seniors from taking part in community life. (Urban and Rural forums)

Assisted Living Facilities: Participants from all forums noted the need to build more assisted living facilities in their communities to enable seniors and elders to remain close to home rather than having to relocate for these services. Development of assisted living facilities in regional hubs was viewed as a strategy to keep rural elders closer to their homes, families, and traditions. Many rural residents cannot afford to travel to visit elderly family members if they have to leave the community for care. (Urban and Rural forums)

Access to Information/Referral Services: Need to develop a centralized, one-stop-shop place for information and referral services for long-term support services (Fairbanks forum). Elders in rural areas need help navigating the system of care, finding resources, and filling out forms that could be accomplished by an ADRC (Bethel forum).

Promote More Flexibility to Allow for Traditional Foods: Assisted living facilities receiving state funds are prohibited from serving certain types of traditional Native food. Native food is vital for an elder's health and overall well-being. Native food is even more important for rural relocated elders who reside in urban long-term care facilities. Incorporate culturally appropriate personnel, use of language, and practices in assisted living settings that reflect the cultural diversity of residents. (Rural & Urban Forums)

Strategies Proposed by Participants to Address the Need

Access to Primary Care: Increase Medicare reimbursement rates and provide additional incentives to doctors to accept Medicare patients; Build more Medicare clinics for seniors with geriatric providers; Offer a loan forgiveness program for doctors. Promote the use of tele-health practices, particularly in rural settings. Develop and implement a "senior advocate" service to help an older adult navigate the system of care and accompany the senior to medical appointments.

Long-Term Support Services: Adjust methodology for determining reimbursement rates to reflect regional differences in the cost of providing services and the time needed to complete tasks. Implement the pilot Personal Care Attendant (PCA) program proposed by the Alaska Native Tribal Health Consortium (ANTHC) to obtain 100% federal funding for tribal entities providing the service in order to expand services in rural communities. The 100% federal reimbursement would save the state money. Offer additional and stable funding to providers through increased reimbursement rates and grants. Explore the option of using a "sliding fee scale" to provide services to seniors with modest incomes who do not income-qualify for Medicaid and to support an increase in services in rural areas. Consider reinstating the PCA grant-funded service program that was eliminated by the Legislature in 2004 with a "sliding fee scale" that requires recipients to partially pay for services according to their ability to pay. Enhance training for direct service workers. Provide more opportunities for career advancement. Provide educational opportunities to high school students with a focus on health care and long-term care. Relax background check regulations to increase pool of potential workers – especially in rural communities. Advocate for funding for hospice services that allow a dying person to remain at home. Hospice services support family caregivers and reduce the need for providing end of life care in institutional settings.

"Sliding Fee Scale:" Examine the option of a "sliding fee scale" to reinstate PCA grant-funded services to provide services to those who have modest incomes but do not income-qualify for Medicaid. This will also enhance in-home services to elders in rural regions (Bethel forum).

Transportation: Expand transportation to seniors in outlying areas, including handicapped accessible vans in rural communities. Advocate for more state funding and apply for other transportation grants to expand system so that seniors can get to medical appointments and other destinations. Remote communities lack transit services and Elders are not able to get to congregate meal sites. (All forums)

Assisted Living Facilities: Advocate for funding to develop more facilities statewide (in regional hubs) so that elders/seniors can receive care close to their home communities. Expand the number of beds and facilities for the Pioneer Homes statewide and reconfigure the existing levels to include more beds at Levels II and III. Allow refrigerators in the Pioneer Homes so that residents can have their own food. Improve financial supports for assisted living providers. Besides the Pioneer Home, Juneau has no assisted living homes for seniors.

Promote Improved Access to Information & Referral Services: Implement and adequately fund a centralized system for information and referral about long-term supports, health care, and activities for seniors in more communities. Increase the number and capacity of Aging and Disability Resource Centers (ADRCs) to help older Alaskans navigate the long-term care system, identify appropriate resources, fill out forms, and provide other assistance. Provide a web-based portal that is senior-friendly but also continue to have one-on-one assistance for seniors who prefer personal contact. Publish a directory of local and statewide services for seniors.

Promote More Flexibility to Allow for Traditional Foods: Ease state regulations that disallow traditional Native foods to be served in long-term care facilities.

Financial Security and Housing: On the whole, do you think that seniors who live in your community have sufficient income to live on? What ideas do you suggest to improve outreach to seniors to ensure that they know about programs for which they may be eligible?

Is the stock of senior housing adequate to meet local need? If not, what kinds of housing are most needed?

Priority Issues Identified:
Cost of Living: The costs of living, particularly fuel costs, are too high for many seniors to afford, especially in rural Alaska. Some seniors are not aware of the state's energy assistance programs, Senior Benefits, and other forms of public assistance. In some instances, this is due to a language barrier. (All forums)

Limited Housing Stock: Lack of high quality, affordable housing stock is a statewide problem for seniors. Need more affordable housing for low- and moderate-income seniors. Evictions can lead to homelessness.

Need for Home Renovation & Weatherization: Many seniors live in older homes that need renovation and weatherization. Others are in need of accessibility. Ramps are a problem in rural areas where homes are situated on permafrost soils. Many homes do not qualify for AHFC's weatherization program because their property values are too low to meet the required threshold. For older homes, the cost of rehab often exceeds AHFC's weatherization grant.

Homelessness: Growing problem of senior homelessness in urban and rural areas that falls under the radar. Some seniors squat in vacant buildings. Others surf the couches of family and friends without a permanent residence. In rural areas, some elders live with families during summer months and then migrate to urban areas during the winter to obtain services (based on anecdotal reports).

Universal Design: Many homes owned by seniors are older and lack universal design which poses challenges for those who are disabled and are trying to age in place. (Juneau & Fairbanks forums)

Strategies Proposed by Participants to Address the Need

Increase Housing Stock: Build more appropriate and affordable housing for seniors and persons with disabilities. Develop more housing that offers on-site support services and activities. Build condominiums in congregate settings to promote affordable homeownership for seniors. Senior homeowners can rent a room to another senior – This strategy promotes affordable housing, socialization, and safety for occupants.

Improve Outreach Efforts: The State, local communities, and ADRCs must increase their outreach efforts to publicize the Senior Benefits program, energy assistance and other programs that provide assistance to seniors. Improve distribution of all information of interest to seniors. Develop more media outreach to publicize senior programs through radio, newspaper, and TV. Use public service announcements (PSAs) to extend outreach. Publish a brochure listing all senior benefit programs and distribute at senior-friendly places such as health clinics, senior centers, fairs, the library, and other places. Address language barriers in all media formats.

Promote Universal Design: Provide incentives to communities and builders to incorporate universal design in new housing stock. Assign a percentage of new homes built in every neighborhood with universal design features.

Training: Provide resource training for outpatient providers and discharge planners who may encounter seniors with housing problems.

Expand Current Models for Senior Housing: Explore what other states are doing for senior housing. Research affordable, accessible congregate-style senior housing designs appropriate to an arctic environment.

Healthy Lifestyles/Social Well-Being – Do you think your community is a good place to live and grow old? What improvements do you suggest to make your community a better place for seniors and elders to live?

Priority Issues Identified

Seniors Suffer from Isolation & Depression: Participants identified the need to develop appropriate behavioral health services for seniors who suffer from isolation and depression. Substance abuse is more problematic for younger seniors. Participants noted that there are few appropriate service options available. Some seniors do not recognize they have a behavioral health problem (depression or substance abuse), which they view as part of the aging process. (Urban & Rural forums)

Elder Abuse & Mistreatment: Increase in the prevalence of reported elder abuse (financial exploitation, physical & psychological abuse, neglect, and self-neglect) reported at all forums. Loss of respect for elders in rural communities was attributed by participants to growing problem of substance abuse (among caregivers), declining economic conditions (high unemployment and shortage of income), and caregiver burnout (limited respite). Threats of

abuse, food withholding, and general neglect are common examples of abuse that occur within the home. (Bethel forum)

Expand Opportunities for Senior Civic Engagement: Communities must do better to engage seniors and take advantage of their expertise and knowledge.

Strategies Proposed by Participants to Address the Need

Senior Behavioral Health Services: Advocate for funding to support behavioral health services targeted for older adults. Offer appropriate intervention to seniors in their homes or other senior-designated setting. Provide training to gatekeepers (bankers, grocers, hair dressers, home-delivered meal drivers, etc.) to recognize the signs of seniors in distress and to make quick welfare checks (urban and rural forums). Offer culturally appropriate counseling and recruit Native counselors (Bethel forum). Advocate for integration of behavioral health screening and services in primary care settings to reach more seniors.

Expand Opportunities for Senior Civic Engagement: Promote more local support for community volunteerism and improve recognition of senior volunteerism. Educate employers about the benefits of employing seniors and provide financial incentives for hiring seniors. Encourage more employers to take advantage of the Mature Alaskans Seeking Skills Training program that provides financial incentives to employers for providing a training site for seniors. Communities need to develop more meaningful ways for seniors to volunteer that add value to the lives of others.

Enhance Senior Transportation: Explore ways to enhance coordinated transportation efforts that are "senior-friendly." Expand transit services to evenings and weekends. Provide transportation to seniors who live in outlying areas. Seniors can become homebound without having access to transportation, especially during the winter, which leads to depression and feelings of hopelessness. Increased socialization decreases health risks.

Publicize Community Activities: Utilize PSAs available through the newspaper, radio, and television outlets to insure that seniors know about local happenings and participate in community life. Assign a volunteer from the Senior Center to notify seniors/elders of community events and senior activities.

Build emergency domestic violence shelters for seniors: Provide appropriate intervention for seniors who are at risk of abuse or self-neglect. Provide training to local gatekeepers and others to identify signs of potential abuse and how to report suspected cases.

Promote Efforts to Encourage Communities to Become More Senior Friendly: Encourage snow and ice removal of sidewalks and parking lots to prevent falls.

Senior Centers: Offer more activities for seniors. Provide meals that are healthy, nutritious, delicious, and meet dietary restrictions. Promote more opportunities for senior volunteerism. Change the "face" and "name" of senior centers to become more attractive to baby boomers.

Highlights from the 2010 Survey of Older Alaskans

The following narrative by ACoA staff was published as a three-part series in The Senior Voice, Alaska's statewide monthly senior newspaper.

Part 1. Survey Produces Harvest of Information on Older Alaskans. More affordable, accessible housing and some help with living expenses would boost their quality of life, say many Alaskan seniors. In general, though, most are happy with the community in which they're living and productively engaged in volunteer work, family caregiving, and social get-togethers with family and friends.

Older Alaskans recently took the opportunity to share their candid opinions on issues ranging from health care and financial security to senior services and housing. Over 3,000 Alaskans age 50 and older completed the Alaska Commission on Aging's 2010 Survey of Older Alaskans, which was distributed in the August 2010 issue of the Senior Voice. Copies of the survey were also mailed in bulk to senior meal programs and other programs that receive federal or state grant funds. Of the total 3,222 survey responses received, 2,836 came from those aged 60 and over. That's more than twice as many responses as the Commission received to its 2005 survey, also distributed through the Senior Voice.

Why a Survey? The 2010 survey is part of an effort to gather information on senior needs as the Commission develops its new state plan for senior services, which will cover fiscal years 2012 through 2015. The 2005 survey was carried out to help prepare for Alaska's participation in that year's White House Conference on Aging.

In addition to answering questions on issues ranging from finances, housing, and services to care-giving, volunteer work, and social engagement, over 1,300 survey respondents also offered extensive open-ended comments regarding what's working well and what needs attention within Alaska's system of services for seniors.

Because this was a voluntary mail-back survey (internet completion was also an option, chosen by fewer than one in five seniors), and responders were not randomly chosen, their response percentages cannot be said to reflect the situations of all Alaska seniors as precisely as a random sample would. However, the large volume of responses lends credibility to the survey's portrait of Alaska seniors.

Who's Talking? Almost two-thirds of those who responded were female (63.7%), although women comprise only 50.1% of Alaskans age 60 and over. The race of survey responders was more representative of the general population of seniors, with 75.9% Caucasian/White, 15.3% Alaska Native/American Indian, 3.4% Asian/Pacific Islander, and 1.6% African American/Black. (A total of 3.8% checked "Other." People could check more than one race.) Among the whole Alaska senior population, 78.3% are White, 14.9% Native, 6.5% Asian, and 2.7% Black (either alone or in combination with another race).

The largest number of surveys came from the Anchorage region (44.8%), followed by the Southcentral region (23% from the area including MatSu, Kenai Peninsula, and Valdez/Cordova). Southeast Alaskans made up 11.9% of the responders, and Fairbanks/Interior residents comprised 9% of those completing surveys. The North Slope yielded 3.3% of the surveys, Kodiak/Southwestern region 3.2%, and Bethel/Wade Hampton just 2.4%. Only a small number of responses were received from the Northwest region (0.5%) and the Aleutian region (0.7%).

This means Anchorage seniors were slightly over-represented (they actually make up 40% of Alaska's seniors), there was a slight under-representation of Southcentral seniors (they're 24.5% of older Alaskans), Fairbanks/Interior was seriously under-represented (they make up 14% of the total), and Southeast Alaska was moderately under-represented (they're 13.2% overall). Both Fairbanks and Juneau had done their own senior surveys recently, which may explain the less enthusiastic response from those areas. The North Slope makes up only 0.7% of the state's seniors, the Aleutian region 0.6%, Northwest 1.9%, and Kodiak/Southwest is 2.8%. With 2.5% of the state's seniors, the Bethel/Wade Hampton area came closest to matching its actual percentage of the senior population.

The typical senior survey responder has lived in Alaska a long time. The largest group has lived here more than 40 years (40.2% of seniors), while another 15.9% were born here. In other words, the majority of today's seniors have been residents of the state since before the oil boom of the 1970s and 1980s. Another 17.3% have lived here from 31 to 40 years. With 10.8% residing in Alaska from 21 to 30 years, almost 17 of every 20 seniors have been here over 20 years. Only 7.5% have been here 11 to 20 years, 5 percent 5 to 10 years, and 3.3% for less than five years.

A Good Place to Live. More than nine out of ten Alaska seniors are happy with their home towns and would recommend their community as a good place for seniors to live. Slightly over half (52.6%) say they'd recommend their community with a few reservations. Another two in five (41.6%) say they would recommend their hometown unconditionally. Only 5.9% say they would not recommend the community they currently live in to other seniors.

About three out of five seniors (59.7%) frequent their local senior center. Over a quarter (28.3%) visit regularly – at least twice a month, and another third (31.4%) say they visit their senior center occasionally – once a month or less. One in five (20%) report that they are not interested in what their senior center offers. One in ten (11.5%) say they would like to visit their senior center but have difficulty getting there. And about one in twelve (8.5%) have no senior center in their community.

Because seniors' level of social engagement has been identified as a key factor in healthy aging, the survey asked how many times in the past two weeks the individual had gotten together with family, friends, or an organization for events or activities. Seniors fell into three groups of roughly equal size. The largest group of seniors (36.1%) said they had been involved in activities with others two or three times during that period. Another group of about the same size was

more socially active, with 17.1% saying they had done four or five activities with others, and 17.6% reporting they'd had six or more social engagements. The less socially active seniors included those who were involved in only one social activity (13.2%), and a sizable segment (15.8%) who reported they had NO social involvement during the past two weeks.

Money Matters. A large majority of the seniors who completed the survey are no longer working. Of those who continue working, though, more than half do not plan to retire within the next five years. Almost three in four seniors (73%) say they are retired. 9.3% are working full-time; 12.7% work part-time. About half (50.6%) of the 60-to-64 age group are working, where only about one-quarter (26.3%) of the 65-to-74 age group and 11.6% of the 85-to-94 age group are still in the workplace. Of those seniors still working, 28.5% plan to retire within the next two to five years, 11% more than five years from now, 27.4% say they cannot afford to retire, 17.6% expect to retire in the next year or two, and 15.6% don't want to retire even if they can afford to. Outside of paid employment, more than one in five seniors (22.5%) works at subsistence activities (hunting, fishing, and gathering).

Although many seniors declined to specify their actual income, most did respond to a question which was also asked in 2005: Is your monthly income enough to meet all your monthly expenses? In 2010, about two out of five seniors (40.4%) said "Yes, with some left over for extras like vacations." Nearly the same number (39.2%) said "Yes, but there is very little money left for extras in the budget." One in five seniors (20.4%) reported that "No, my income is not enough to pay for food, housing, fuel, clothing, medicine, and other necessities." This profile is very similar to the 2005 responses, in which 42% reported they had money for extras, 37% said they had just enough money for necessities, and 21% told us they did not have enough money to pay for all their monthly needs.

However, a look at this question in terms of race showed dramatic differences: While 43.6% of White seniors say their income leaves them enough money for extras, only 27.7% of Black seniors, 21% of Asian seniors, and 16.4% of Native seniors say that is true for them. On the other hand, those who say their monthly income is not enough to pay for necessities include 36% of Asian seniors, 36.2% of Black seniors, 36.7% of Native seniors – and only 14.8% of White seniors. In other words, minority seniors are more than twice as likely to have an inadequate income. This may reflect the persistent economic effects of racial discrimination across an individual's lifetime; greater difficulty obtaining an education, getting a good job, and receiving promotions translates into lower retirement income. In the case of Alaska Natives, the differences may partially reflect a subsistence culture which is not based on cash exchange, paychecks, or Social Security deposits.

Another question asked whether individuals had had difficulty paying for a variety of items during the past 30 days. Sixty-three percent of seniors said they had no problems paying for any of the listed items in the past month. However, 15.7% had trouble paying for energy costs (utilities, fuel oil, gas); 13.2% had difficulty paying a credit card bill; 12.5% found it hard to pay for their medications or medical bills; 9.8% said it was challenging to afford food to prepare meals; and 7.2% reported trouble making their rent or mortgage payment.

Another 7.9% listed "other" items they'd had problems paying for in the previous month; the range and variety of the items listed give a perspective on the many expenses seniors may face as they struggle to make ends meet. These included: transportation expenses such as car payment, car maintenance, purchase of car, bus pass; home repairs; dentures, glasses, durable medical equipment; home supplies like soap, toothpaste, tissues, cleaning supplies; funeral expenses; pet care expenses; phone bill; bank loans and student loans; insurance; clothing; property taxes; college tuition for dependent child; entertainment; yoga classes; hobby supplies; hunting supplies (gun shells, warm clothing); helping adult children and their families; gifts for the grandkids; food supplements; TV and internet.

Asked about the sources of their income, 84% of seniors report receiving Social Security (many of those who don't may not have reached their age of eligibility yet). Nearly three-quarters (72.9%) said they received a Permanent Fund Dividend. About half (48.3%) reported receiving a pension from their employer or union. And 30% receive income from personal savings or investments. All other income sources affect much lower numbers of seniors. The Senior Benefits program, for example, was reported as an income source by 20.1% of senior respondents age 65 and over (those with an income up to 175% of the poverty level are eligible for this program; data from the program itself suggests that 19.3% of Alaska's age 65+ population receive this monthly cash benefit). Among all seniors, 17.6% report receiving wages from employment (though a total of 22% said they are still working in response to another survey question). Other income sources included Adult Public Assistance (9.2%), Native corporation dividends (9%), disability payments (8.1%), and rental income (7.9%). Only 4.8% of seniors report receiving Food Stamps.

Home Base. Nearly 7 in 10 seniors (69.1%) live in a house or condo they or a family member own. Only about one in ten (9.6%) live in an apartment in a senior housing complex, while about the same number (10.6%) live in a rented apartment, house, or condo that is not part of a senior complex. About two percent (2.2%) live in an assisted living or nursing home facility, and the remaining 7.1% live in some other type of housing, including cabins (often with wood heat and no running water), mobile homes or trailers, house-sitting or caretaker situations, campers, tents and RVs, boats, and cars. A few identified themselves as homeless. Almost one-third of seniors (32.4%) say that their home is in need of modification (by adding a ramp, grab bars, insulation, etc.) in order for them to be safe and comfortable.

Many respondents commented on the need for more senior housing, for both low-income and moderate-income seniors. Other typical housing-related comments focused on long waiting lists for senior housing; accessible housing (some complexes have no elevators or the units are not wheelchair-accessible; others feature flooring choices which are ill-suited to walkers and wheelchairs; seniors also prefer one-level homes); the wish for senior housing to be within walking distance of a grocery store and other shopping; the need to plan for the "silver tsunami of baby boomers" that will need housing within a few short years; and the desire for retirement homes, with on-site managers, housekeeping help, and planned activities.

Seniors offered poignant depictions of issues the Alaska Commission on Aging has heard about in its elder forums during the past year. For example, seniors and elders who live in rural areas don't want to be forced into an urban facility if their health declines. "*Seniors living in Fairbanks' rural hills are chopping wood and hauling water,"* noted one respondent. *"As they age, they cannot maintain this lifestyle. (It's) very difficult to find housing for them to meet their financial abilities, physical abilities, and 'Bush Alaska' values. Getting them remote services, personal care attendants, respite care, etc. is impossible."*

Another issue about which the Commission hears frequently is that of seniors feeling unsafe in some senior housing facilities. "(We are) p*utting seniors at risk in senior housing…,"* wrote another senior. *"Adding alcoholics and mentally unstable people is a recipe for disaster. My mother-in-law is now terrified that something will happen to her and she doesn't sleep anymore because of the drunken brawls/arguments that take place in the building. The manager apparently cannot do anything."*

Asked where they expect to be living in five years, nearly three in every four seniors (73.2%) expect to be living in the same home in which they currently live. Some (7.4%) expect they'll be living in the same community, but in a smaller living space. A small group (5.8%) says they'll be living in another state. Coincidentally, the same number of people (1.7%) plan to be living in a smaller community and living in a larger community, within Alaska. Another small group (4.2%) expect to be a resident of an assisted living or skilled nursing facility (in Alaska) five years from now.

Seniors are about equally likely to live alone as to live with a spouse or partner (43.1% and 42.9%). Some 12.1% share a household with one or more of their adult children, 5.2% live with one or more grandchildren under age 18, and 4.4% live with one or more adult grandchildren. Only 2.4% of seniors are sharing a home with a roommate.

Reaching Out. We know that older Alaskans' insight, competence, dedication, and energy are an invaluable asset to their families and communities, and the survey results reinforce that awareness. About one in four seniors (24.3%) is providing home care for a family member or friend. Of those providing care, 39.5% are providing care for a spouse or partner age 60 or older; 15.1% care for one or more children or grandchildren under age 18; 12.4% consider themselves a long-distance caregiver for an elder who lives elsewhere; 11.4% care for a parent; 11% care for a disabled family member; and 10.6% care for a friend age 60 or older.

Almost half of responding seniors (49.4%) report that they do volunteer work in their community. The most popular volunteer venues are non-profit organizations (25.7%) and churches / houses of worship (25.5%). Civic organizations (like Rotary) are assisted by 11.1% of seniors, while charitable organizations (such as the Red Cross) are helped by 8.3%. Another 8% are active with a library, school, or educational organization.

Of those who said they do not volunteer, the reason was most likely to be disability or ill health (42.8%) or lack of time (32.5%). However, some who currently do not volunteer may be ripe for

recruitment under the right circumstances: 12.8% said they do not volunteer because they don't know how to find the right opening to fit their interests; and 11.9% say that difficulties with transportation prevent them from volunteering.

Part 2. Access to Health Care is Top Senior Concern. Senior survey responders list health care as the number one concern affecting Alaskan seniors. Asked to rate a list of possible issues from 1 (minor importance) to 10 (great importance) for the seniors they know, 80.5% assigned health care a 9 or a 10. (Second highest was financial security, rated 9 or 10 by 69.7% of responders.) Medical care also proved to be the number one topic in the survey's open-ended comment section.

Seniors know that effective health care is key to successful aging. To be unable to get the care they need, or to watch a friend or loved one struggle to get care, can create great personal anxiety as well as a sense of dismay that our society seems incapable of ensuring that the medical needs of older individuals are met.

While 69% of those surveyed say they have not had a problem finding a primary care doctor in the past year, 19% (in the Anchorage region, 25%) say that Medicare payment issues have caused them problems in accessing care. In some communities, primarily in the state's Railbelt corridor, many physicians now refuse to accept patients who are covered by Medicare because reimbursement rates are extremely low. Even seniors with other types of insurance or those willing to pay the difference in cash may be unable to access care, because of federal law making Medicare the primary payer.

Other issues making it difficult for about one in three seniors to find primary care include not enough doctors in their community, not enough money (or no insurance) to pay the doctor – especially among those still under age 65 and thus not yet eligible for Medicare, a doctor who refused to provide treatment until all bills were paid, too long a wait for an appointment, doctors who won't accept Tricare (the health care program serving active and retired military families), uncaring or untrustworthy doctors, and a number of people who see an out-of-state doctor or rely on a nurse-practitioner or naturopath for their primary care.

It's no surprise that many seniors have health problems that require medical supervision. About three in five seniors say that they experience an illness or disability that limits the range of activities they can enjoy. Physical disabilities (such as low vision or knee or hip problems) are the most common, with 35% of the survey responders experiencing this type of limitation. Chronic diseases such as diabetes or heart disease restrict the activities of 22% of these older Alaskans, and 20% cite other physical health problems. A mental or emotional problem such as depression or anxiety affects the lives of five percent of seniors, and one percent reported having Alzheimer's disease or another dementia. (People could check more than one category of illness or disability.)

More than one in five seniors (22%) provides home care for a family member or friend. Ten percent care for a spouse or partner who is a senior; four percent take care of one or more children or grandchildren under age 18. Parents, senior friends, and disabled family members under age 60 are cared for by three percent each. Another three percent are long-distance caregivers for an elder who lives in a different town. (Individuals could check more than one group reflecting those for whom they provide care.)

Responders were asked about their level of satisfaction with any senior services they may have used in the past year. As in the Commission's 2005 senior survey, most seniors had not used any services, and the vast majority of those who did were pleased with the services they received. This suggests that the state's system of home- and community-based services is used by those who need it, when they need it, and meets their needs well. The most widely used service, senior center meals (used by 32% of survey responders), also proved to be the least appreciated – with 77.1% reporting that they were mostly satisfied or very satisfied with the meals. Adult day programs were the most appreciated, with 93.6% of users reporting satisfaction. Home-delivered meals came in at #2, with 83.4% of users in the satisfied range. Approval for all other services clustered in the narrow range between 78% and 82%, including senior transportation, chore service, respite care, care coordination, information and referral, personal care attendants, and caregiver support.

Seniors often tell the Alaska Commission on Aging that they don't know where to go for information about programs and services to help with their needs. The survey asked a couple of questions to help clarify this important topic. One question asked where the respondent actually goes when they have questions about senior services. (They could check more than one response.) Almost half (45%) said they rely on their senior center for information about services. Thirty-eight percent ask a friend or relative for help finding the information they need. And 30% refer to pamphlets or handouts. Two other popular responses were to check the phone book for information sources (27%) and to do an internet search or visit a specific website with service information (27%).

The least-used sources of information included the Alaska 2-1-1 system (a phone referral system provided by United Way – for more information, visit their website at http://www.alaska211.org) or an Independent Living Center, each relied upon by only two percent of seniors. Five percent contact an Aging & Disability Resource Center or ADRC (see the Alaska ADRC website at http://www.hss.state.ak.us/dsds/grantservices/adrc.htm), six percent talk to senior housing staff, and seven percent contact a hospital social services department. Nine percent turn to a local non-profit agency (other than their senior center), and 15% consult a printed directory showing the services available in their community.

A second survey question asked people to check the BEST way to get them information about programs and services (this question allowed only one response). The most popular answer was a toll-free phone number to call, with a live response (34%), reflecting the desire for both convenience and the ability to cut through red tape by accessing a knowledgeable individual.

Others would prefer to speak to someone in person at a senior center or other agency (22%). And 19% would favor a website with search features.

Less popular options included pamphlets, handouts or a printed directory (14%); speaking to someone in person in their housing complex or neighborhood (6%); and the dreaded toll-free number with push-button (non-live-answer) options (two percent).

Clearly Alaska seniors trust their senior centers, not only as sources of information about programs and services but also as hubs of social engagement. Nearly three in five seniors (59%) say they do visit their local senior center, with 28% visiting regularly (at least twice a month) and 31% dropping in occasionally (once a month or less). Another 12% say they would like to visit the senior center but have difficulty getting there. One in five seniors (20%) say they are not interested in what their senior center offers. And nine percent said there is no senior center in their community.

Part 3. What's Bothering Alaska's Seniors. The 2010 ACoA senior survey yielded an array of interesting results, but none as riveting as the open-ended comments older Alaskans included to let the Commission know their views on senior services and needs. A total of 1,335 people offered comments, which are still being processed by Commission staff. The comments present a gold mine of ideas and observations that the Commission plans to draw on in its future advocacy work.

Health Care Scare. The most frequent subject for comment, by far, was health care – particularly access to care and its cost.

The hottest topic for comments was the difficulty finding doctors who will accept patients on Medicare. While only 10% of those surveyed indicated in the survey itself that Medicare issues were preventing them from finding care, the number of comments on this subject point to a more widespread concern. Some, though, made it clear in their comments that they were worried about friends or other seniors they knew who were not able to get care, and others noted that while they do have primary care now they worry about what will be available to them in future.

Seniors not yet old enough for Medicare coverage lamented that they have no way to obtain affordable health insurance. Both the uninsured and those who cannot find a doctor who accepts Medicare pointed out that having to visit the emergency room is a much more expensive form of care, and raises the cost of care for all.

Those still working noted that increasing premiums and deductibles are a hardship, as are insurance companies that refuse to pay for care on the basis of a pre-existing condition or other reason. Some responders worry about children and grandchildren, including those with disabilities and chronic illness, who have no health insurance.

A number of seniors say they don't have access to the type of specialty care they need (such as cardiac care) in their community. A number of seniors expressed the desire for mental health or psychiatric coverage as part of standard health care. In remote areas, elders would like doctors to visit their community rather than have to individually travel to a distant city, which is cost-prohibitive as well as stressful.

A few suggested that the State look at ways to subsidize the cost of medical education in return for an agreement to practice medicine here.

Home Improvement. As with health care, even when answers to specific survey questions showed that a majority of seniors are comfortable with a service or circumstance, a significant minority often drew our attention to some very real problems.

For example, many seniors shared concerns related to housing. While 74% of those surveyed say they expect to be living in the same home five years from now, suggesting that they are relatively content with their living situation, the comments highlighted a number of problems in the housing arena. Many stressed the inadequate quantity of appropriate housing for seniors – pointing out that there's not enough to meet the needs, especially of the aging baby boomers. Interestingly, some focused on the scarcity of affordable housing units, while others noted the lack of more upscale units in a senior-focused environment.

Some people identified the need for a step beyond independent living – where they could continue living in their apartment but get help with medications or perhaps have around-the-clock medical oversight, housekeeping help, and planned activities available. There were many calls for more assisted living options, particularly in communities that currently have few or no assisted living facilities. Several called for more or expanded Pioneer Homes. A number of responders cited the need for the type of retirement community where residents could move from independent living to assisted living to 24-hour skilled care if needed.

Accessibility was an issue for many, some of whom noted that most of the apartments and condos in their area had a lot of stairs and no elevator. Design issues were an irritant as well – for example, a common design for apartments and condos has the only exit on the far side of the kitchen, an obvious problem in the event of a kitchen fire.

While many survey responders were desperately trying to get into senior housing, some who actually live in senior housing reported issues with safety, with other tenants' smoking, drinking, drug use, and untreated mental health issues, and with nonresponsive management.

People living in their own homes had problems too. Many said the increasing property taxes were on the verge of driving them out of their homes. Others who needed to be able to add accessibility modifications (such as a ramp or elevator) to their homes said they either couldn't afford it or ran into bureaucratic resistance.

Workforce Worries. Many seniors expressed concern about the number and quality of senior services workers in the future. Will there be enough of them when the baby boomers need personal care? Will they be properly trained and adequately compensated? "Society pays ditch diggers $25 an hour, yet those who care for us in the home get $10 to $15 an hour with no benefits," one person wrote. Some questioned the qualifications of their current caregivers, and several mentioned their dislike of being called by their first names or referred to as "honey" by a caregiver.

Services: Help Wanted. Many seniors commented on the need for specific services. Affordable and reputable handyman services, a person to do housecleaning or other domestic chores, someone to help with grocery shopping and occasionally pick up medications, someone to help them with their mail were often mentioned. "Assistance is needed in reading mail to elders – Medicaid and SDS letters are lengthy; they do not know why their benefits are cut off," a senior told us. Many noted that although some of these are small things, they may have a large impact on seniors' ability to stay independent and in their own homes for as long as they want: "Having to drag a heavy trash can out to the street may be what forces them out of their home."

Home health care is another service seniors would like. In some cases it's not available in their community. The need for hospice services was mentioned frequently.

Some said that the services they needed were not available in their part of town, and that they might have to move in order to access them. Others said they did not know how to find the services they needed.

While most (about four out of five) who have used senior services such as home-delivered meals, congregate meals, transportation, and other services listed in the survey said they were satisfied, some comments elaborated on sources of dissatisfaction. "Senior center meals are horrible" or "Our senior center needs a new cook" were sentiments expressed by several. One person objected to the policy of not allowing people to take the remainder of their lunch home when they (perhaps for medical reasons) can't eat the whole thing at one time. Another said "We need a whole sandwich, not half a sandwich."

While many people praised their senior centers, some noted they would like to see "some activities besides cards," "some group exercise programs," or "senior social functions, like a dance and dinner." A few noted problems with their senior center's director or staff, saying "They're mean to us" or "The left hand doesn't know what the right hand is doing."

Several people said that family caregivers need more support, and that families need help learning to deal with someone in the early stages of dementia.

Getting through the process of obtaining needed support services is an ordeal for some, and can have tragic consequences. Said one woman: "My husband had a stroke. We applied for personal care assistant services. It was one problem after another. He passed away with no help."

Several seniors mentioned a theme the Alaska Commission on Aging heard often in its senior/elder community forums last year – that many seniors need help paying for home care and long-term care. Their incomes exceed the limit for the Medicaid waiver program or other programs, but are modest enough that they cannot afford to purchase the support services they need. One person suggested a possible solution: "More programs should allow for a sliding fee scale. One must have adequate financial resources to pay for a caregiver or assisted living, or be needy enough to get assistance. In-between incomes leave one out of luck."

A couple of people remarked on the difficulty of getting help from the long-term care insurance they had paid into.

Transportation: (Not) Going My Way. Senior transportation fell into a class of its own, eliciting more comments than any other specific service.

Many said there was no senior transportation in their community, that the service did not serve their neighborhood, or that the existing service was no good. Some said there was no public transit at all in their town. They cited the need for transportation to medical appointments, grocery shopping, church, and cultural events.

Seniors want transit expanded to cover more hours (especially evening hours), run more vans during peak hours, and cover more areas of town; they would like to see more rational prioritizing of rides (medical appointments as top priority, for example). "Senior transportation is not offered during the hours needed, and it's difficult to arrange. Bus routes are terrible for people who can't get to central pick-up sites," noted one person. Several said they also find the costs oppressive, especially for mandatory trips: "I pay $90 a month for transportation to and from dialysis (AnchorRides). Need some relief from this."

Frequently mentioned was the need for bus service between Eagle River/Chugiak and Anchorage, including transit for people with disabilities who need to make that trip.

Beyond buses and vans, there was a suggestion that the new fast ferries (in Southeast Alaska) should have staterooms available for seniors and people with disabilities.

Money Matters. One senior stated the obvious: "Alaska is a tough place to live for those on a limited income."

Several referred to the absence of an increase in Social Security benefits in 2010: "There was no increase in Social Security but the increase in the cost of medical care has caused us to cut back on some needs."

People cited property taxes, food, clothes, gas, and utilities as items that were "too high," and suggested that various programs lower the income limits for financial help. There were even calls to "bring the Longevity Bonus back." One senior pleaded, "Help us! Don't make us leave!"

One woman noted, "I won't be able to keep my home of 45 years due to property taxes, since my husband died." Another noted, "Taxes are higher now than our full year's mortgage used to be!"

As in ACoA's 2005 senior survey, we heard complaints about the minimal amount of help some seniors receive through the Food Stamps program. "Food Stamps need to be at least $50 a month to pay for vegetables for salad or soup. I am thankful I can get food from the Food Bank."

Age discrimination in employment was mentioned by a number of seniors. Some suggested more options for the older worker, such as job training or "more good-paying jobs for seniors." One person suggested: "The State needs to mandate that businesses hire 5% to 10% of their workers age 60 and over. We make excellent employees."

Some noted the need for more financial education and legal advice on trusts and other common senior financial issues.

Isolation: Home Alone. Many responders expressed concern for isolated seniors, and their suggested solutions were surprisingly similar – "we need more socialization and activities," "need fun get-togethers, cultural events, community events – and transportation to these," "need special events and programs, entertainment at lower prices."

One senior described themselves as living far from town and lonely, especially since their dog had died.

Information Please. Many comments mentioned seniors' uncertainty about who to call to find out what services are available and how to access them. "We need to figure out how to convey where assistance can be found," suggested one person. "I often encounter information about programs in a totally random way. There must be a better way!" observed another. Some people mentioned they would like their community to provide a directory of senior services in booklet format.

Some mentioned the need for phone access to public assistance and social services offices. They said their calls are not returned. Another suggested that websites should contain the email address of someone they can contact for information regarding programs in which they are enrolled, such as pension or benefit programs.

Seniors may be facing terrible dilemmas and not know where to turn. One person reported knowing of a case of children and grandchildren stealing an older person's medications. Another said their spouse was in denial about having dementia, will not go to adult day, and is suspicious or paranoid about any strangers coming into the home.

Miscellaneous Irritations. Many seniors cited the need for ice-free sidewalks, stairs, bus stops, and parking lots in their community during the winter. Such treacherous conditions can mean major inconvenience for seniors, and in many cases keep them at home for months on end. Oftentimes a seemingly innocuous decision by a service provider can yield much anxiety for seniors. For example, one senior noted that the Anchorage post office removed its drive-up mailbox, making it hard to get into the post office to mail things.

A variety of other needs surfaced, including:

- More handicap parking spaces – "I am kept from many activities – shopping, theatre, restaurants, etc."
- "A low-cost place to exercise, with a swimming pool"
- "Cheaper mechanics to fix old cars"
- "Need help with paperwork for disabled adult child"
- "More elder education options" and
- "A means of bringing life to an end when it is only pain and frustration"/"allow people to die comfortably at home – it is natural."

Recommendations: How to Treat a Senior. Older Alaskans had some advice for their communities:

- "Let's take care of our people – allow them dignity!"
- "Don't make seniors beg!"
- "We need a respect-your-elders campaign."
- "All should have access to a help button to get emergency help in falls, etc."
- "Our cultures need to be taught to love and care for our elders – this needs to be much more than lip service; it is a matter of moral integrity."

What's Good? Survey comments were not universally negative. In many cases, seniors wanted to point out an agency or program that was doing an outstanding job. To name just a few:

- "Carr's (in Anchorage) still has box-boys to carry your groceries out to the car – they are the only ones to solicit senior business."
- "I visit friends at the Pioneer Home weekly. Am impressed by the level of care provided. Alas, the wait list is long. An expanded facility should be a priority."
- "The food box program is very useful."
- "The Anchorage Neighborhood Health Center clinic is wonderful."
- "Hospice & Home Care lent us equipment – they were very generous and helpful."
- "We love the Anchorage Senior Center."

Others mentioned the merits of the weatherization program and the heating assistance program, and the educational presentations by the Alzheimer's Disease Resource Agency of Alaska.

The Alaska Commission on Aging greatly appreciates the time and energy seniors poured into sharing their views with us, and assures them that their ideas and concerns will be the cornerstone of our advocacy efforts in the coming years.

Highlights from ACoA's 2010 Survey of Alaska Senior Services Providers

Fifty senior services providers responded to an online survey distributed by the Alaska Commission on Aging in the fall of 2010. The survey aimed to gauge the perceptions of providers on issues such as the demand for senior services and the top concerns of their senior clients.

Responders represented all types of agencies (non-profit, municipal, state, tribal, region Native corporation, and for-profit) and all regions except one (the Bethel/Wade Hampton region). They provided many types of services, with the most common types being Information & Referral (68%), Advocacy on Senior Issues (50%), Home- and Community-Based Services (46%), Transportation (44%), Social Enrichment, Classes, and Support Groups (38%), Meals (36%), and Health Promotion/Chronic Disease Management Activities (36%).

Responding programs were funded by a variety of sources, including the Medicaid Waiver program (69%), state grants such as Title III (41%), donations from individuals (39%), donations from businesses (27%), Title VI funds (22%), local grants (22%), budgeted local government funds (20%), other direct federal funds (16%), private insurance payments (8%), and other sources (27%).

Compared to the number of clients their program served five years ago, 32% of providers say they are now serving somewhat more (up to ten percent more), and 43% say they are serving significantly more (an increase of more than ten percent), while 21% say they are serving about the same number of clients. Only one program said they are serving somewhat fewer clients and one is serving significantly fewer clients.

Five years from now, 47% expect to be serving significantly more clients, and another 28% expect to be serving somewhat more (up to ten percent more). In other words, three out of every four programs is expecting an increase in demand for their services in the next five years. Most of the remainder (21%) expect they will have about the same number of clients, and two programs expect somewhat fewer clients by 2015.

Asked if they were familiar with the state plan for senior services, 57% said that they were. Another 17% had heard of it but hadn't seen it, and 26% were unfamiliar with the existence of the plan.

Asked to rate a list of health and financial issues according to whether they had heard concerns expressed by seniors "quite frequently," "occasionally," or "rarely," the following appeared to be the most common concerns: financial security – having enough money to pay for necessities

(66% heard this worry "quite frequently); paying for health care or prescriptions (65%); energy and utility costs (64%); affordable, accessible housing (60%); food – affordability, preparation, access (54%); finding a health care provider (49%); activity limitations due to physical disabilities or chronic disease (47%); getting to health care appointments (43%); paying for home- and community-based services (43%); and falls (40%).

Continuing with a list of "other" (non-health, non-financial) concerns, providers said they "quite frequently" heard seniors mention motor transportation (63%), finding home- and community-based services (60%), caregiving for adults with disabilities (54%), finding assisted living in the community (41%), finding information about community services (36%), and pedestrian transportation – icy sidewalks, etc. (35%).

Asked about elements of the continuum of care for seniors that are missing or inadequate to meet the needs, the most frequent responses included home repair and modification (64%), senior companions (62%), assisted living for mentally ill seniors (58%), legal services for seniors (58%), public transportation (52%), assisted transportation (46%), counseling (44%), volunteer programs for seniors (40%), independent living senior housing (38%), supported housing (38%), in-home respite care (36%), health promotion/disease prevention classes (36%), chore/homemaker assistance (36%), hospice care (36%), nursing home care (36%), and residential hospice care (36%).

The survey asked if the agency was aware of emergency planning and preparation procedures in their community which would come into play in the event of a disaster. (This survey preceded the FY 2012 requirement by the Senior Grants Program that all grantees coordinate with local emergency planners to ensure consideration for seniors and vulnerable adults in local emergency preparedness plans.) Almost half of the providers (48%) said they were aware of their area's emergency plan, are familiar with it, and will follow it in the event of an emergency. Even better, another 16% said they were actually involved in the creation of the local emergency plans. However, 8% said that although they believed their area had an emergency plan, they were not familiar with it; 14% said they were not aware of any local plan but that their program has its own plan; and another 14% said that they were unaware of the existence of ANY emergency plans pertaining to their area.

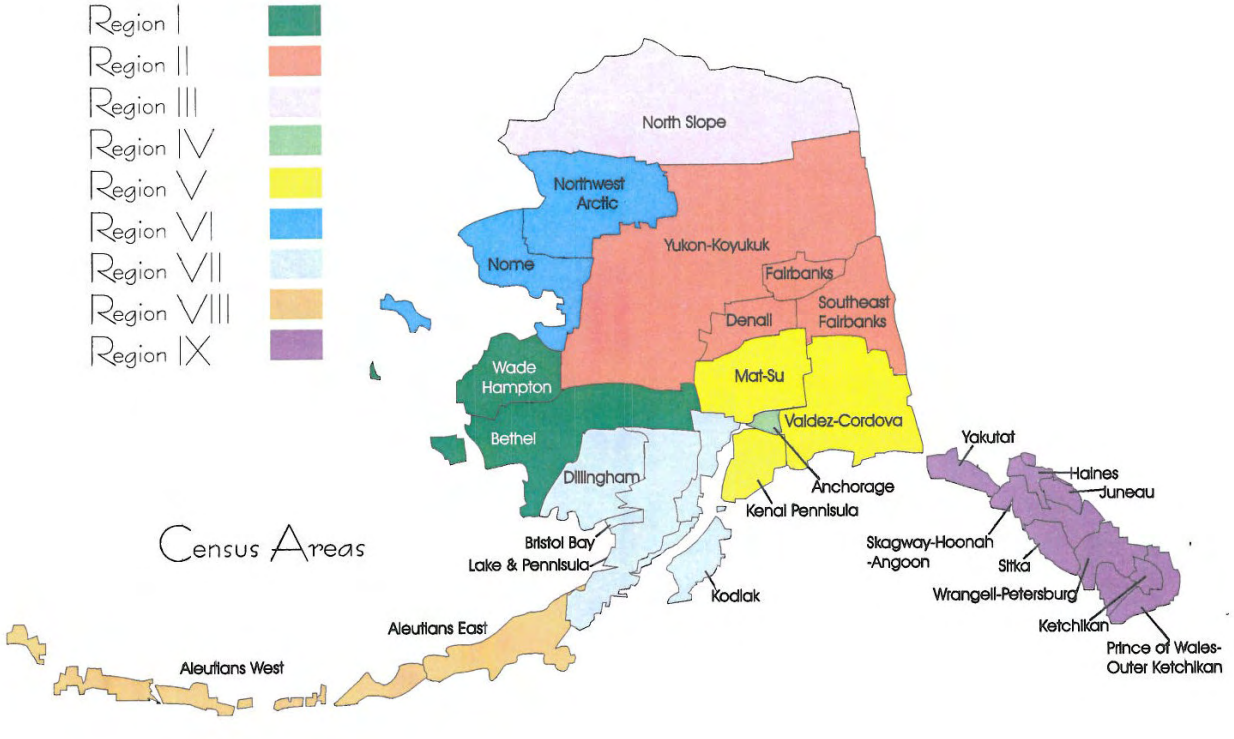
Among those whose area or program does have an emergency preparedness plan, 46% said that the plan includes identification of emergency shelters which will accept frail seniors and people with special needs such as ventilators, oxygen, etc. Plans to pre-identify vulnerable seniors and people with disabilities by current location are included in 43% of the emergency plans. Greater detail, such as directions for personal disaster planning in which specific helpers, preparations, procedures, and shelter locations are to be identified for each vulnerable individual are included in 26% of the plans. Only 22% of the plans discuss how and where people with pets will be sheltered. Forty-one percent of the providers said they didn't know the details of their local emergency plan.

Asked about the six goals represented in the previous (FY 2008 – FY 2011) state plan, and whether the goal should be kept, expanded, narrowed, or dropped – a strong majority of providers wanted to keep or expand each goal, with those goals focusing on home- and community-based services and caregiver supports [now combined into one goal] the most popular.

Providers were also asked to weigh in on the components of the state plan's funding formula. Their responses were as follows:

	Keep It the Same	Increase %	Decrease %	Drop It
Population age 60+	40%	58%	2%	0
Population age 80+	39%	61%	0	0
Minority population	36%	21%	21%	21%
Poverty population	47%	47%	6%	0
Rural population	56%	40%	4%	0

Regional Profiles



Region I
Census Areas: Bethel, Wade Hampton

This region represents the Bethel Census Area, which includes 38 communities and the Wade Hampton Census Area, with 15 communities.

Wade Hampton Census Area is part of the Unorganized Borough. (The Unorganized Borough is the part of Alaska not contained in any of its 18 organized boroughs. It encompasses more than half of Alaska's area, 323,440 square miles (837,710 km²), an area larger than any other US state.) The Wade Hampton Census Area covers 17,193 square miles of Southwestern Alaska. Its largest community is Hooper Bay, population 1,093, on the Bering Sea coast. The census area's population is more than 90 percent Alaska Native and is scattered among 15 small communities. The economies of these mostly Yupik villages are essentially subsistence based. Commercial fishing has traditionally been the mainstay of the area's economy.

The Bethel Census Area encompasses 40,633 square miles in western Alaska. It has a small seasonal economic base focused on natural resources, particularly salmon and herring roe, and a cultural tradition of subsistence. The city of Bethel, with nearly one-third of the census area's population (6,080 people), is the hub of the Yukon-Kuskokwim region. It is the regional center for transportation, retail trade, medical services, and government services. Bethel was first established by Yup'ik Eskimos who called the village ''Mumtrekhlogamute,'' meaning ''Smokehouse People,'' named for the nearby fish smokehouse. As the regional hub, Bethel attracted Native people from surrounding villages. The city was incorporated in 1957.

Yukon Kuskokwim Health Corporation (YKHC) is the Native regional health corporation and serves 50 surrounding villages. It is certified to provide Personal Care Assistance.

There are 39 Independent Living Units in Bethel and, at the present time, no assisted living beds or skilled nursing facility beds.

Many of the outlying villages in this region must self-haul water, lugging their own honey buckets to the city-owned lagoon. Teen suicide in this area is above the national average. The village of Hooper Bay in 2010 had 6 teen suicides in 6 months.

In 2011 YKHC is in the process of building an 18-bed assisted living facility next to the hospital. They also have future plans to build a skilled nursing home since this region does not have any of these facilities for elders.

This region also has the largest percentages of elders who receive support from the Senior Benefits program (57.4% of persons age 65 and over).

In September 2010, the Alaska Commission on Aging held its annual rural outreach meeting in Bethel. The ACoA also convened a senior/elder community forum with one of the largest and

most open groups of participants in the forum series. The issues identified in the community forum are summarized in the following report.

Bethel Elder-Senior Community Forum Discussion & Other Notes
September 22nd - 24th, 2010
Eddie Hoffman Senior Center & Hospital Conference Room
Bethel, Alaska

HEALTH CARE AND LONG-TERM SUPPORTS

How do you feel about health care and long-term supports available to seniors and elders living in Bethel? How can care be improved?

Issues Identified:

- Enhance Home Care Support for Family Caregivers: Need enhanced home care support to prevent family caregiver burn-out. Current services are limited.
- Build Assisted Living Facility: An assisted living facility is needed in Bethel to serve Elders in the region so that Elders do not have to move outside to receive services. Elders experience a negative psychological impact when they have to leave the region for care because they miss their culture, their families, language and traditional food. Most of the time, elders say that they would be cared for by providers who are not Yupik. "I enjoy being Yupik" (elder Yupik woman).
- Increase Home Health Care Services: More funding is needed for home health care in Bethel. Forum Elders asked ACoA to advocate to Legislators and Congressional members for more funding for home health care and senior programs.
- Preserve Bethel Senior Center: Maintain senior center services which are available to all Elders including those who are not qualified for waiver services.
- Hospice: Bethel needs a hospice program (stated on numerous occasions). Families caring for loved ones at home and need more support – especially those who do not know about health care services.
- Medicaid Service Gap: Elders and their family caregivers need some level of home care services for those who do not income-qualify for Medicaid. Elders have worked their entire life and earned pensions but now are not eligible for services, not even PCA. Participants noted that Bethel does not have the range of services like Anchorage. Bethel needs a support system for family caregivers – especially respite. When Elders leave Bethel for a nursing home in Anchorage, they lose contact with their Yupik culture, the language, and miss home/family. Hospice program is needed. "Elders need care, hope, and love. They need to be in their own element at the end of life. We need to keep Elders at home. Family caregivers are exhausted." (Yupik woman who cares for her father with dementia at home.)
- Growing Homeless Problem: Bethel has a number of individuals who are homeless. Some persons have a home but no money for heat and electricity. Others live in vacant buildings. The participant stated that 'there is no room for people without homes. The

State needs to do more for Alaskans without homes in rural Alaska. The state does more for people who are in jail.'

- Donations of Traditional Native Food: Participants appreciated the contribution of traditional Native food to the Senior Center (that is used for the Elder nutrition program). Need to recognize people who donate traditional foods with more than a "thank you." Perhaps the senior center can provide a receipt for the value of the food that donors can use for a tax write-off?
- Health Care Services: Participants noted limited health care services were available for those not income-eligible. Elders with pensions and Social Security earn too much to qualify for services but not enough to live comfortably because of the region's high cost of living.
- Need for Assisted Living: Family caregiver told story of caring for mom with Alzheimer's disease and challenging behaviors who lived in small village. She had to move mom to Anchorage to receive assisted living services because none were available in the region.
- Limited Health Care for Cancer Survivors: People with cancer in Bethel have to move to Anchorage to receive services. Y-K region has high rates of cancer.
- Elders Want to Remain Home: Region wants services to help Elders remain at home in the community. Bethel needs more in-home services, family caregiver support, and assisted living/nursing home in Bethel. This theme was repeated many times during the forum.
- Culturally Appropriate Care: Assisted living homes (in Anchorage and other places) need to be staffed and programmed in culturally-appropriate ways with staff who speak the language and serve traditional and nutritious food (fruits and vegetables). "The Elders leave here and come home in a box" was a phrase used to describe the outcome for families whose elderly loved ones leave the region.
- Enhanced Home Care: Need home care for Elders on Medicaid
- Insufficient Task Times Allotted in Service Plans for Reimbursable Services: Times allotted for tasks do not reflect the time it takes to provide services in rural settings. Everything takes a lot longer in rural areas than in urban settings.
- Limited help exists for people younger than 65 who have modest incomes. Appreciates services provided by the senior center including the opportunities for fellowship, transportation, and meals. Low income residents need money for heating fuel.
- Elder Isolation: Some Elders who have lived in Bethel a long time feel alone and isolated. They appreciate the senior center for socialization. Because of the agency's financial problems last spring, many people expressed concern that the Senior Center might close. Besides meals, the Senior Center provides transportation to the doctor and store.
- Elder Home Visits & Check-Ups: Older people often have problems with vision and hearing and may overlook home repairs. One Elder suggested a monitoring service whereby a person would regularly check-in with them to ensure that their stove is working properly, the thermostat is set at the right temperature, and to fix other things that may need repair in the home to ensure Elder safety and well-being.
- Medicaid Eligibility: Some Elders are not income-eligible for food stamps and Medicaid services. They earn some money through pensions or wages which makes them

ineligible based on income for Medicaid - but they don't earn enough to afford basic necessities because of the region's high cost of living. The Yukon-Kuskokwim region is the region with the highest level of poverty.

- Senior Home Care: Need more home care for the elderly in the region.
- Bethel Assisted Living: Build a nursing home/assisted living facility in Bethel. Elders who have to move to Anchorage for care have no family, no friends, and no traditional foods. 'The Elders come home to Bethel in a box.'
- More Services Needed in Bethel: Few services are available in Bethel. Anchorage has all of the services. Bethel has no transitional housing, assisted living, nursing home, or hospice programs. Bethel Elders who have to move to Anchorage have no family or friends there.
- Need a senior program care coordinator in Bethel (family caregiver). Elders need a senior advocate.
- No Laundromat in Bethel.
- Encouraged by people who live to be 100 years old in Bethel – although the state's budget is dwindling, Elders living to old age emphasizes the importance of taking care of self. Elders have dwindling revenues and resources. (Elder Yupik Man)

Health Care and Long-Term Support "Big Idea" Summary

- Family Caregiver Exhaustion – Families need respite and in-home services.
- Elders appreciate the Senior Center for food, transportation, entertainment and fellowship.
- The State may want to consider a "sliding fee scale" as a strategy to help people obtain some level of service who are not income-eligible for services.
- Elders want to remain at home with their families, friends, in their own culture, speaking the language, and eating traditional foods. People want to age gracefully in their own place with their own people.
- Need an assisted living facility in Bethel to serve Elders in the region.
- Need a mechanism to more than verbally thank donors for traditional food donations to the senior center.
- Help is much needed for Elders in the villages
- Elders need help with home repairs. Home safety is an issue.
- Elders need a senior advocate in Bethel
- Bethel needs a hospice program so that Elders may die at home close to family.
- Elder safety is a growing concern. More protective services for Elders are needed such as Adult Protective Services.
- Services are needed for Elders with ADRD.
- More in-home services are in need, especially chore and respite. Limited grant-funded services and PCA services are provided but there are no waiver services. Choice is important for consumers.

SOCIAL WELL-BEING AND HEALTHY LIFESTYLES

Do you think Bethel is a good place to live and grow old? What improvements do you suggest to make Bethel a better place for older Alaskans to live?

Discussion:

- Bethel is a good place to live and grow old. It is a safe community. (Elder)
- More services are needed for Elders but providers are limited by the amount of funding they receive to provide them. ONC president expressed appreciation to the State for the additional $15,000 to ONC so that Senior Center could continue providing nutrition and transportation services. Cost of services for NTS and adult day is $550.0 annual but ONC receives a total of $191.0 from state for these programs. (ONC President)
- Very happy for the Senior Center that provides food, shelter, and transportation. (Elder)
- Transportation – Senior Center needs a new bus. The current bus is cold. They also need funding for insurance. (Elder)
- Elders' role in community – They share stories with young people about their traditional way of life and the Yupik culture. Elders want to be utilized – "Use us! We are full of information and very, very willing to share" (Elder Yupik woman)
- Elders need to share stories about Native life ways with youth at correctional facilities. (Elder)

  Social Well-Being "Big Idea" Summary:
- Life in Bethel is good but it's expensive to live here.
- Transportation is a need – Limited services exist. Senior Center needs a new bus. Besides taxis, no public transportation in Bethel.
- Vocational training for people who want to work
- There are places in Bethel to help people who want help: prisons and schools.
- Senior Center is a good place for socialization.

FINANCIAL SECURITY AND SENIOR HOUSING

What ideas would you suggest to improve outreach to Bethel Elders and seniors so that everyone will be aware of programs for which they may be eligible?

Is housing adequate to meet the need for Bethel Elders and seniors? If not, what kinds of housing are most needed?

<u>"How to Improve Senior Outreach" Ideas Discussed</u>:

- Publicize services/events of Elder interest in local newspaper (Tundra Drums); radio public service announcements; PSAs on GCI channel; Senior Voice; and TV "runner" on bottom of screen (Senior service information publicized on Channel 1, GCI TV, a free

service). Publicize information for Elders in Yupik. Outreach should be ongoing; not a one-time event.

- Other ideas for improving outreach: Utilize Traditional village councils and ask them to educate Elders on benefits/limits and provide current phone numbers; email tribes (229 tribes in the Yukon-Kuskokwim region) with some communities having more than one tribe. AVCP (Associated Village Council Presidents) has the list of tribal entities.
- Utilize "fee agents" paid by the Division of Public Assistance who have offices in most villages and are paid to help individuals fill out application forms, verify identification for Medicaid, etc.
- Implement a "patient navigator" to help patients/consumers fill out forms and connect them with eligible programs and services.
- Provide outreach without stigma utilizing a confidential process for Elders applying for services. Participants noted that many villagers are shy or proud to ask for help from the fee agent. The Division of Public Assistance has a system that allows people to apply directly for programs to reduce stigma.

<u>Elder Housing Issues Identified</u>:

- Develop congregate group home for four or five Elders who are not necessarily related as an alternate type of senior housing.
- Seniors in private homes have challenges. Implement an emergency fund for repairs like plumbing and heating. (Plumbers can cost $90/hour)
- Kudos to ONC for building senior homes for Elders who own land. These homes are well-constructed. ONC builds 1 to 2 homes a year for elders who own land.
- Elders living in older homes having old pipes may freeze. Does AHFC have a grant program for nonprofits to apply that can be utilized to perform emergency repairs for those in need who live in private homes?
- Tundra Women's Coalition (TWC) received grant through AHFC Homeless Assistance Program (HAP). These funds go fast. Using funds from AHFC's HAP, the TWC was able to provide money to individuals to pay for emergency housing and rental assistance.
- Elders love living in Bethel and the villages but find life challenging because:
    - Financial Need – Elders don't earn enough money to pay for food, fuel, and other life necessities. Cost of living is high and Elders have grandchildren who need things. Elders freely offer food to their grandchildren. Their money is used to support family needs.
    - Problem with homelessness in Bethel – Prevalent couch surfing and people finding shelter in abandoned buildings.
    - Problem with Elder homelessness – Lack of permanent housing. This is an invisible problem because Elders stay with family and friends, moving from house to house, and under the radar.
    - Request ACoA to advocate for more funding to support rural senior services/regional emphasis. Rural areas need a funding boost to pay for higher costs of providing services related to cost of living.

- Problem with alcohol/substance misuse and the impact to Elders/ seniors that leads to "Elder Disrespect." Steady increase in cases involving Elder neglect, physical abuse, and financial exploitation. (Participant told of a local Elder on oxygen battered with bruises.) Nobody reports elder abuse in Bethel because of family interconnections and Elders don't report for fear of losing family caregiving support. Nobody wants to report on or prosecute family members. Elder abuse often caused by intoxicated adult children. Elders want to remain at home and their adult children (with substance abuse problems) to move out.
- Implement an Outreach Elder Campaign Pledge from all Alaskans to end:
    - Elder/Senior Hunger is a state and national issue
    - Elder/Senior Homelessness
    - Elder/Senior Mistreatment and ask Governor to include the prevention of elder abuse in the state's domestic violence initiative
- Need to fill the gap with rate review that provides one/third increase each year during a four-year review. Providers will still be behind, not having sufficient funding for services.
- YKHC identified challenges to providing home care: (1) access to care; (2) insufficient reimbursement; (3) transportation costs; and (4) unfunded mandates. Other challenges include communication/translation problems; cognitive capability issue for consumer direct PCA; service plan task times are insufficient for rural living (bath time is allotted 23 minutes – in rural setting, the water has to be hauled and heated because there is no running water and there is often no bath tub). YKHC plans to apply for in-home services grant in 2012 to serve people who don't qualify for Medicaid services. (Liz Lee)

Bethel Elder quote: "Three things in life … once gone, never come back: time, words, and opportunity." Julius Pleasant

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KYUK Live Radio Call-In Program: Issues identified for Rural Elders living in YK region (September 21, 2010)

- Elderly man called in asking for help to repair the outside of his home damaged by high winds. Uses seal oil to keep his home warm. He is in a wheel chair and needs a ramp to get out of his home.
- High cost of living in the villages especially for food and fuel oil. Elder housing needs repairs. Some homes have bad mildew.
- Seniors/elders should have access to the services they need so that they can remain at home where they are happier with family and can eat Yupik food as a Yupik person. If they can stay home, family and friends can visit them. This is better than having Elders move from the village to live in a nursing home. This enhances the health of an Elder
- Glad this program is on and that people are taking care of Elders. Many Elders do not have much money to live on.
- Bethel is a good place to live but it's hard to get around. There are many problems with transportation.

- Bethel needs a nursing home. Travel outside of area is expensive for family members who want to visit the Elder in a nursing home outside.
- Bethel has a problem with Elder homelessness. Some Elders don't have a safe place to go (being victims of Elder abuse) and others don't have a permanent place. They stay with family and friends going from house to house.
- Bethel needs an emergency shelter for Elders who have been mistreated. An increasing number of Elders are being deprived of food. Loss of respect for Elders which may be due to alcohol and substance abuse. Families utilize Elders for babysitting with no pay.
- Wants to see an assisted living home in Bethel so Elders don't have to leave the region. Instead they can remain close to family and eat traditional foods.
- YK region needs more attention for Elder services in villages. No care transportation in villages. Takes 6 to 12 hours sometimes to get from village to Bethel. Need to hire a care coordinator. More PCA services are needed. Also PCA providers need proper training. Village-based Elders need more in-home services.

Napaskiak Notes:

There are approximately 30 elders over the age of 60 who live in Napaskiak. In Napaskiak, ACoA members met with members of the tribal council, visited the health center, toured the village health center, shopped at the local store, and enjoyed lunch with Elders and youth at the Z John Williams School. Members of the tribal council identified these issues as important for Napaskiak Elders.

- No home-delivered meals for Elders. Traditional Council members use to deliver meals but were not reimbursed for gas. Need a vehicle and someone to deliver services. Discussed possible funding sources including Rasmuson Foundation and Trust for capital funds to purchase two covered four wheelers and the MASST program to enroll eligible participants to deliver meals to homebound elders.
- Transportation – Elders need transportation to get to the congregate meal site, the store, and the health clinic. No public transportation.
- Financial Security – Elders don't earn sufficient income for basic life necessities. Napaskiak has a meter system for electricity that is activated by a prepaid card. If the meter runs out, the electricity is shut off. This is a huge safety issue for Elders. Elders appreciate Senior Benefits but $150 in Napaskiak does not have the same buying power as in Anchorage. There are 741 people on the waitlist for AVCP fuel assistance program.
- Lack of running water in the village. Taking baths and doing laundry are difficult. PCA providers give sponge bath to Elders in bed. PCA attendant has to haul and heat the water before giving the bath.
- Reimbursement Rates do not take into account the extra time needed to perform tasks in rural communities. "One-size fits all model" (by task) does not work for the whole state, especially for rural/remote areas. Rates can be changed through changes either in the assessment tool or pay higher reimbursement rates for rural regions with higher costs. State provides 25 minutes to prepare meals but it takes a lot longer in rural areas without basic services. A local caregiver illustrated this point in the amount of time it

takes to make "duck soup" for dinner. One has to thaw the duck, pluck and butcher duck, haul water, before being able to cook the soup. Doing laundry was provided as another example of a task that takes much longer to do in the village that relies on use of the old-fashioned wringer washing machine. Doing laundry is expensive - $6 wash/$7 dry or $13 total.

Village Health Clinic:

- Dentist comes to clinic to provide service. Last year, he came twice. This year, he has not come at all. No visits have been scheduled.
- No mental health services in Napaskiak. Before had itinerant services.

Local Store Prices:

10 lb sugar - $17.20
Diapers - $82.89 for 176 diapers
Formula (12 oz) - $30.59
No fresh fruit, vegetables, meats or fish on shelves
No fresh milk available
Pack of cigarettes - $9.30

Bethel site visits notes:

Tundra Women's Coalition

- TWC served 6 people age 65+ in the last year and 20 seniors who were 54-65 years old. (Their largest group served are youth aged 0-17 years)
- "Protective orders" is the service most requested by Elders which is usually attributed to a household member taking money from an Elder. Many Elders want the extended family member out but they do not want to leave their home for shelter.
- Lots of extended family members living in the Elder's home.
- Elders want family out if they have substance abuse issues.
- TWC's 3 top problems identified for Elders: (1) Family members abusing Elders due to substance abuse; (2) Financial exploitation and (3) Neglect (lack of food). There is also a lot of verbal abuse and manipulation by family caregivers if Elders don't give them the money they demand.
- TWC also helps Elders obtain protective orders who are sexually abuse. They help these Elders navigate the system (Alaska Legal Services) and advocate for them at the hospital.
- Elders need counseling services provided in their Native language.

YKHC Behavioral Health Services:

- Elder need for behavioral health services fluctuates. Elders suffer from depression and dementia. Alcohol and substance abuse are not issues for Native Elders.
- Family members with substance abuse leads to a loss of respect and mistreatment of Elders.
- Need to have a mature Yupik-speaking counselor for Native Elders. YKHC Behavioral Health had one but that person has moved on.

Region II
Census Areas: Denali Borough, Fairbanks North Star Borough, Southeast Fairbanks, Yukon-Koyukuk

There are 74 communities in this region. Yukon-Koyukuk Census Area includes 39 communities, Fairbanks North Star Borough includes 12 communities, Denali Borough includes 5 communities and Southeast Fairbanks Census Area includes 18 communities.

Geographically, Denali Borough is large. It covers more than 12,000 square miles, making it larger than the state of Maryland. Nearly all of its 1,893 residents live along a 70-mile stretch of the Parks Highway. The earliest inhabitants were nomadic Amerindians who fished, trapped, and hunted through the Interior. The first non-Native settlers were miners, who established a camp at Hoseanna Creek near Healy (later known as Lignite Creek) prior to 1902. Formation of the Denali National Park in 1917 and construction of the Alaska Railroad brought additional settlers to the area in the early 1920s. Coal mining began in the area in 1922. Clear Air Force Base, the Usibelli Coal Mine, and tourism at the Denali Park have brought growth and development. The borough was incorporated in December 1990. The Denali Borough contains North America's highest point, Denali (Mount McKinley), from which it derives its name, at 6,194 m (20,320 ft).

Located in Alaska's Interior, the Yukon-Koyukuk Census Area stretches across more than 145,899 square miles from the Canadian border to the lower Yukon River. Five national wildlife refuges and several mountain ranges lie within this vast landscape. The Yukon River roughly bisects the area, flowing nearly 1,100 miles through it in a southwesterly direction. Most of the area's settlements are located on the Yukon or one of its tributaries. The area's Koyukon Athabascans had spring, summer, fall, and winter camps and moved as the wild game migrated. In the summer, many families would float on rafts to the Yukon to fish for salmon.

The Southeast Fairbanks Census Area lies in eastern Interior Alaska. Most of the area's population lives in the four communities of Deltana, Tok, Delta Junction, and Big Delta. The census area has a total area of 25,061 square miles. Tanana Athabascan Indians occupied this site throughout most of the 19th and early 20th centuries. The peak of the Alaska gold rush was between 1898 and 1903. By 1901, the army had completed the Trans-Alaska Military Road, which extended from Valdez to Eagle City. In 1902, gold was discovered in the Tanana Valley, and, shortly after, a spur trail was created from Gulkana on the Valdez-Eagle route to the new mining camp in Fairbanks. This trail became the Valdez-Fairbanks Trail. It became known as Buffalo Center in 1927 for the American bison that were transplanted there in the 1920s. In 1942, construction of the Alaska Highway began, and a military base (later Ft. Greely) was completed 5 miles to the south.

Fairbanks North Star Borough is part of the 'Fairbanks, Alaska, Metropolitan Statistical Area' which encompasses all of the Fairbanks North Star Borough, and is slightly smaller in size than the state of New Jersey. The borough seat is Fairbanks. There are several significant

unincorporated communities in the Fairbanks area, such as College (home of the University of Alaska Fairbanks) and Eielson Air Force Base. The only other incorporated community in the borough is the city of North Pole, which receives an inordinate amount of mail during the Christmas season addressed to Santa Claus.

There are 219 senior housing units, 188 assisted living home beds and 90 skilled nursing facility beds in Region II.

The Alaska Commission on Aging held an elder/senior community forum in Fairbanks in May 2010. A report on this discussion with local seniors follows.

Fairbanks Elder-Senior Community Forum Discussion Notes
May 10, 2010
Fairbanks Senior Center

HEALTH CARE AND LONG-TERM SUPPORTS

How do you feel about health care and long-term supports available to seniors and elders living in Fairbanks? How can care be improved?

Table 4
Issues: Lack of health and social service support in the Fairbanks North Star Borough and not enough private support for the impending needs.

3 Needs Identified:

- Need for independent living assistance provided in the senior's home.
- Not enough Medicare doctors trained in geriatrics. Limited geriatric providers.
- Need central information/referral center in Fairbanks.

Proposed Solutions:

- Implement an ADRC for Fairbanks with additional funding.
- State needs to offer a loan forgiveness program for doctors.
- Alaska Medicare clinic for seniors with geriatric providers. Maintain $1 million capital increment in budget for clinic in Anchorage. Build more Medicare clinics for seniors.

Table 2
#1 Priority Concern: Seniors having access to primary care. Few doctors willing to accept Medicare patients in Fairbanks.

Other Issues:

- No central place for seniors to go who have problems – medical, social and safety needs.
- Need geriatric providers. Few geriatric providers in Fairbanks.

- Need to have real property tax relief to encourage seniors to remain in Fairbanks. Currently set at $150,000 home value. Need to increase to $200,000 to $300,000 of home value.

Table 5

Issues:

- Need central place for information/referral source for seniors – Fairbanks needs an ADRC.
- Concerned about seniors living outside of Fairbanks. They have limited access to transportation and in-home supports such as PCA and home-delivered meals.
- Retiring doctors don't refer patients to other doctors and leave seniors with no doctors.

Proposed Solutions:

- Implement an ADRC in Fairbanks
- Expand funding to provide transportation services outside of Fairbanks. Apply for the rural transportation grant.
- Need sustainable funding for ADRCs.

Table 6

Issues:

- Need for centralized information/referral for long-term care supports; Medicare & Medicaid; and help with insurance.
- Need more LTC facilities such as assisted living homes. Fairbanks Pioneer Home has a long waiting list. Lost assisted living home in North Pole.
- Need services for seniors with mental health care needs.
- Lack of doctors accepting Medicare patients.

Proposed Solutions:

- Fairbanks ADRC – Implement an easy to navigate website that seniors can use for information/referral. ADRC staff must be appropriately trained. Standardize training for all ADRCs. State's responsibility to provide ADRC training.

Table 7

- Access to primary care for seniors. Not enough doctors and other health care providers to care for seniors. Limited geriatric providers.
- Limited access to information for info/referral services for seniors.
- Transportation and access for seniors living in outlying areas.
- Long-term Care – Costs too high for LTC services for seniors to privately afford.

Proposed Solutions:

- Need a single-point of access for information. Information needs to be well-advertised in senior-friendly ways and places.

Other Group Related Discussion

Proposed Solution – Develop and implement an "elder advocate" program for Fairbanks. (Iver – The Kodiak area elder advocate program receives some funding through the Family Caregiver Program) Seniors who live in outlying areas heavily depend on neighbors/family. If these seniors get sick, they have to either leave their home or become very ill.

Table 3

Issues:

- Lack of primary care physicians who will care for Medicare insured seniors. Low Medicare reimbursement rates.
- Lack of services for seniors in outlying areas.
- No central information place for information/referral.

Proposed Solutions:

- Assemble a directory of appropriate programs and services that includes Medicare/Medicaid services and all other LTC support and senior services.
- Address shortage of LTC and assisted living services.
- Borough does not have health and social service powers. Ask voters to approve. Would involve increased taxes. City of Fairbanks only has health and social service powers.
- Patient Advocate – Accompany senior to doctor to help with communication. Explain doctor's recommendations to patient. Make sure doctor understands patient's needs.

Table 1

Issues:

- Limited number of doctors accepting Medicare patients.
- Limited number of primary care physicians. Must increase the number of geriatric providers.
- Fairbanks needs a one-stop shop for information/referral for medical and support services for seniors.

Proposed Solutions:

- Increase Medicare reimbursement rates.
- Provide incentives to doctors to accept Medicare-insured seniors.
- Increase the number of doctors accepting Medicare patients – All doctors should have to accept Medicare patients.

FINANCIAL SECURITY AND HOUSING

On the whole, do you think that Fairbanks seniors have sufficient income to live on? What ideas would you suggest to improve outreach to seniors living in Fairbanks to ensure that they know about programs for which they may be eligible?

Is housing adequate to meet the need for Fairbanks seniors? If not, what kinds of housing are most needed?

Table 4
Issues:

- Some seniors may live in homes that don't qualify for AHFC's weatherization program because their property values are too low. They need help too.
- Need more senior housing for moderate-income seniors. They also need subsidized housing.
- No activities, no onsite management, no common center, no help with medications in existing senior housing. Improve senior housing design.
- Senior Benefits – Improve marketing of Senior Benefits. Some may be eligible but they don't apply. Some don't apply because they don't want the State to know their business.
- Need to support outlying senior centers. Some that are successful, like the North Pole Senior Center, don't apply for nonprofit status (and therefore are not eligible for State senior grants) because they don't want government interference.

Table 2
Issues & Proposed Solutions:

- Need an Informational website that is senior friendly.
- Re-instate the 30 minute radio program for seniors – "What's Happening for Seniors in Fairbanks"
- Support Fairbanks Senior Center with nutritionist from Pioneer Homes to help with meal planning. Coordinate with Hutchinson Career Center to improve meal program.
- "Senior Scoops" – Develop a new section in the Fairbanks Daily NewsMiner devoted to senior issues and information.

Table 5
Issues:

- Lack of information about energy assistance – unlike weatherization program
- Cost of rehab more than weatherization provides – Seniors live in old homes.
- Need a one-stop information/referral center
- Resource training for outpatient providers and discharge planners who may see problems with seniors before providers.

Proposed Solutions:

- Senior/patient advocate
- Natural gas – Access for Fairbanks and outlying areas for cheap heating & energy.

Table 3
Issues:

- High costs of fuel and not knowing where to go for help. There is a lack of information about energy assistance programs. Need more information about heating assistance (like AHFC's weatherization programs) and subsidies for fuel costs.

Proposed Solutions:

- Publish an information/referral of senior programs and assistance (once a year) like a visitor or "senior guide" that publishes services and benefits for seniors. Pay for directory with business advertisements.
- Educate policymakers about the value of seniors remaining in their homes versus seniors not knowing about energy assistance programs and cash supplements that causes seniors to move away from Fairbanks.
- Need more affordable housing for seniors. Explore development of condos for seniors.

Table 1

Issues:

- Need a colorful brochure that describes services for Fairbanks seniors and number to call for more information. Distribute the brochure to seniors at appropriate places such as medical clinics, Visitors Bureau, and the Tanana Valley Fair.
- Need to implement a 30-minute "senior radio program" to communicate information to seniors.
- Need an informed person at the Senior Center to tell seniors about programs and services available to them.
- Incorporate special menus at the Senior Center to celebrate the diverse senior ethnic populations in town such as "Cinco de May" and celebrate an AARP day too.

Proposed Solutions:

- Fairbanks needs a focal point for information. Seniors call the Senior Center for information but this service needs to be expanded.
- Incorporate forward thinking regarding senior housing. Provide incentives to home builders to promote universal design to age-in-place. Develop a percentage of homes in every neighborhood with universal design. This would help people with disabilities too.

SOCIAL WELL-BEING AND HEALTHY LIFESTYLES

Do you think Fairbanks is a good place to live and grow old? What improvements do you suggest to make Fairbanks a better place for older Alaskans to live?

Table 5

Issues:

- Limited transportation – Leads to senior isolation, depression, and ability to get and stay connected to community activities.

Proposed Solutions:

- Fairbanks needs a larger senior center to house more activities
    - Include an indoor green space with light (which lifts depression) and collaborate with Hospice

    - Hire a volunteer coordinator at the Senior Center to help seniors get connected to volunteer opportunities
    - New senior center should include space for physical fitness, arts, and continuing education/learning activities (such as computer classes)
- Offer free bus passes for seniors
- Provide discounts for senior recreational activities, not just for swimming

Table 2
Issues:

- Snowbirds – It's hard to keep senior programs going in the wintertime because many folks leave during winter.
- Transportation and lack of personal finances for seniors to take advantage of current services and activities. Bus stops at 8 p.m. so seniors can't participate in evening activities. No Sunday transportation service. No evening transportation service. Limited transportation leads to isolation and depression because seniors can't stay socially connected.
- Seniors can't leave town because of their tie to doctors. Need to fully implement "electronic health care records" (already in progress)
- Bad parking at UAF
- Lack of sidewalk maintenance for senior walkers.

Proposed Solution:

- Raven Landing Community Center will offer more activities for seniors.

Table 6
Issues:

- High energy costs for Fairbanks seniors, especially those on limited incomes. High energy costs limit social outlets. Energy assistance is available only to low-income seniors. Need energy assistance for moderate-income seniors.
- Depression & isolation is common due to long, hard winters

Proposed Solutions:

- Strategies to address senior depression & isolation
    - Develop more volunteer placements for seniors
    - Encourage more employers to take advantage of MASST program to increase senior employment opportunities
    - Educate employers about benefits of employing seniors. Provide financial incentives to employers to hire seniors.
    - Address age discrimination
- Enhance transportation for seniors – Explore "CARTS" model for Fairbanks to coordinate local transportation services.
- Provide behavioral health care services for seniors and appropriate fund those services

Table 7

Issues:

- Fairbanks has two types of seniors – Those who are active and those who are isolated (but maybe not by choice). There are seniors who want to be with family and others who do not. Some seniors may not be as engaged as they want to be in the community due to limited opportunities, transportation, and other factors.
- Transportation – In winter, difficult for seniors to get around. Costly to live in Fairbanks. High costs (such as high energy costs) and limited transportation may cause some seniors to leave the community.
- Winter is a challenge for many seniors. Fairbanks needs to place special emphasis on ways to help seniors winter in Fairbanks.

Proposed Solutions:

- Ice Alaska is a good example of a community activity that provides lots of opportunities for seniors to get involved and volunteer. It also provides lots of opportunities for socialization where seniors can visit with other people they normally don't see. Ice AK provides meaningful civic opportunities which decrease isolation. Seniors are in charge. Need more community efforts like Ice AK to increase civic opportunities for seniors. Ice AK is run by seniors – People up to 90 years old are involved. Promotes sense of worth. Ice AK needs better support from Legislature to persuade AK Railroad to provide access to current site. State should persuade AK Railroad to deed property to FNSB for Ice AK.
- Fairbanks needs to provide more volunteering and mentoring opportunities for seniors where seniors are serving, not just being served. Opportunities that add value to others' lives.
- "Care-Line" - Volunteers to check in with homebound on routine basis. This is an example of a strategy to enhance senior civic engagement.
- Need central place in town for information about activities
- More fun activities for seniors – Senior dances, etc.

Table 8

Issues:

- Why Stay in Fairbanks?
    - Small town
    - UAF
    - Osher Lifelong Learning Center
    - Family & Friends
    - Natural Setting
- Why Leave Fairbanks?
    - Cold, harsh climate in winter
    - Desire to visit family who live outside
    - Access to cheaper medication and dental services

Proposed Solutions:

- Fairbanks needs a new senior center
- Current Senior Center does not meet local need.
- Need more activities for seniors
- Improve Transportation – Have to plan weeks in advance to arrange ride with Van Tran
- Improve menus at the Fairbanks Senior Center – Need to offer healthy meals for people with special dietary needs
- Need a senior center that is friendly to seniors

Table 3

Issues:

- Transportation barriers for seniors
- Getting information out to seniors regarding activities through TV, radio, newspaper, etc.
- Two groups of seniors in Fairbanks. Those who want to get involved and others who don't which may not be by choice.
- Isolation for rural elders who live in town. Their families are prohibited from staying the night. Landlord rules don't allow families to spend the night at senior housing.

Proposed Solutions:

- "Telephone Trees" – Elder advocate who checks in with other elders and who provide information about senior activities.
- More use of PSAs through TV, radio, and newspaper. Advertise activities for seniors. Resurrect the radio show for seniors (popular during late 1990s)

Table 1

Attributes of Living in Fairbanks

- Friendly community
- Lots of social activities

Issues:

- Lack of transportation, especially to outlying areas
- Need activity center for seniors – A place that offers pottery, physical fitness, art classes, and other activities for seniors
- Lack of chore, PCA, home-delivered meals and other supports for seniors who live outside of the FNSB
- Help for seniors with depression

Proposed Solutions:

- Advocate for more funding for senior services
- Employ more health care providers in outlying areas. Hire a local-licensed person to help take care of seniors
- Need a subsidized version of Ravens Landing for lower-income seniors

- Implement local geriatric behavioral care service for seniors
- Provide more meaningful volunteer opportunities for seniors. A successful local example is the Homemaker Club which fundraises for organizations who help those in need.

Region III
Census Areas: North Slope Borough

The North Slope Borough area includes 13 villages, Prudhoe Bay (hub of Alaska's North Slope oil production and transport industry), and numerous subsistence camps located within the 89,000 square miles. All communities are involved in subsistence activities. Barrow, with a population of 3,908, is the twelfth largest city in Alaska. Sixty percent of the Borough's population lives in Barrow. The villages exclusive of Barrow and Prudhoe Bay have a combined population of 2,630. The largest village community is Point Hope, with a population of 699. The smallest North Slope village is Point Lay with a population of 192. The borough has a total area of 94,763 square miles. The borough is larger than 39 states. Its western coastline is along the Chukchi Sea, while its eastern shores (beyond Point Barrow) are on the Beaufort Sea.

Borough incorporation provided North Slope residents with a means to levy property taxes on oil and gas industry facilities in the Prudhoe Bay area. With the tax base being the only revenue for the North Slope government, the government became the major employer providing all services to the communities. When the North Slope School District is included in the employment figures, more than 62% of the region's work force is employed by or funded by the Borough. Other major employers are the Arctic Slope Regional Corporation, Ukpeagvik Inupiat Corporation, and other ANCSA village corporations and their subsidiaries.

This region represents the North Slope Borough, which includes 13 communities. In 2009, it is estimated that 600 individuals were age 60 and over in this region. There are 62 independent living units, 12 assisted living home beds and no skilled nursing facility beds in this region.

North Slope Borough receives SDS grant funds to provide assisted and unassisted transportation. The Native Village of Barrow is a Title VI grantee and provides meals, support services and family caregiver supports. Arctic Slope Native Association, Limited and the Native Village of Point Hope are also Title VI grantees and provide meals, support services and family caregiver supports in the region.
Challenges:
Most freight is trucked to the North Slope – causing potential delays of materials and parts.

Since there are no skilled nursing facility beds in this region, elders must be sent to Anchorage when they need a higher level of care.

Drug, alcohol use and teen suicide are very prevalent in this area. The extreme winter months when the sun does not rise contribute to the challenges of living in this remote area.

Region IV
Census Area: Municipality of Anchorage

This region represents the Municipality of Anchorage (population 291,826), which includes 6 communities. In 2009, it is estimated that 33,913 individuals were age 60 and over in this region.
Anchorage is Alaska's largest city. More than 40 percent of the state's population resides within its boundaries. It is the state's financial, commercial, and cultural center as well as the major transportation hub. The City of Anchorage was incorporated on Nov. 23, 1920.

Anchorage's largest economic sectors include transportation, military, local and federal government, tourism, liquidations, and resource extraction. Large portions of the local economy depend on Anchorage's geographical location and surrounding natural resources.

The Ted Stevens Anchorage International Airport is the world's third busiest airport by cargo traffic, surpassed only by Memphis and Hong Kong. This traffic is strongly linked to Anchorage's location along "great circle" routes between Asia and the lower 48 states. In addition, the airport has an abundant supply of jet fuel from refineries in North Pole, Alaska, or Kenai, Alaska. This jet fuel is transported to the Port of Anchorage either by rail or by pipeline to the airport. Either through direct or indirect employment the airport employs around ten percent of the city's workforce.

The Port of Anchorage receives 95% of all goods entering the state. Along with handling these materials the port is a storage facility for jet fuel for Elmendorf Air Force Base as well as the Ted Stevens Anchorage International Airport.

The United States Military has two main bases, Elmendorf Air Force Base and Fort Richardson, as well as the Kulis Air National Guard Base in Anchorage. These three bases employ approximately 8,500 people and military personnel and their families comprise ten percent of the local population.

While Juneau is the official state capital of Alaska, there are actually more state employees who reside in the Anchorage area. Federal government workers also include around 10,000 people, many related to federal lands management.

Tourists are drawn to Alaska every year and Anchorage is commonly the first stop for most travelers. From Anchorage people can easily head south to popular fishing locations on the Kenai Peninsula or north to locations such as Denali National Park and Fairbanks. The economic impact of tourism and conventions in Anchorage totals approximately $200 million annually.

Region IV has 1,011 senior independent living units, 1,286 licensed assisted living home beds. In Anchorage there are 314 skilled nursing home beds of which 90 are at Prestige and 224 at Providence Extended Care.

Southcentral Foundation (SCF) is a Title VI grantee. The Municipality of Anchorage receives grant funds to provide Aging and Disability Resource Center services.

Since there are limited options for elders in surrounding villages for assisted living and nursing home care, Anchorage receives elders who require care on a continual basis. This adds an additional challenge to the provision of senior services in this region.

The Alaska Commission on Aging held an elder/senior community forum in Anchorage in December 2009. A report on the concerns and ideas shared at that forum is included below.

Alaska Commission on Aging
Anchorage Senior-Elder Community Forum
December 3, 2009
Meeting Notes

The ACoA hosted this forum at the Anchorage Senior Center to find out what issues are most important to seniors as they relate these categories of discussion: Health Care & Long-Term Supports; Financial Security & Housing; Senior Well-Being & Healthy Lifestyles. Seniors, providers, and staff from legislator offices attended the half-day forum. Approximately 30 seniors, providers, and legislative staff participated in small group discussion around five tables. Each table had a note taker and person to report out the outcomes from their table's discussions. The following notes highlight the reports from the small group sessions:

Health Care & Long-Term Supports: How do you feel about the health care and long-term supports available to seniors/elders in the Anchorage area? How can care for seniors be improved?

Table 1

- Establish quality control of long-term supports that are outcome-based.
- Provide quality transportation services to support seniors when and where they need to go.
- Improve primary care access for Medicare beneficiaries (a significant problem for Anchorage seniors).

Table 2

- Strategies to increase the limited number of doctors accepting Medicare patients:
    - Advocate for Tort Reform to limit lawsuits against doctors (retention strategy)
    - Provide incentives to recruit more doctors to Alaska (recruitment strategy)
    - Provide scholarships, loan forgiveness, and other subsidies so that doctors can limit their debt and be willing to accept more senior patients who come with lower Medicare reimbursement rates

- Address acute shortage of primary care physicians and home- and community-based (HCBS) providers hard felt in rural communities. Possible strategies include:

  - Increase reimbursement rates and include geographic differentials
  - Create incentives for medical professions and offer higher salaries

Table 3

- Need to expand the number of elder programs and services in rural communities due to insufficient resources. Tribes need support to develop long-term care programs.
  - Tanana Chiefs Conference (TCC) and the Yukon-Kuskokwim Health Corporation (YKHC) are looking for start-up funds to fund a pilot project that would provide tribal PCA services to rural elders. The Feds (through IHS) will reimburse 100% to tribal entities providing services. TCC and YKHC just need start-up funding to launch these services.
  - More training is needed for rural providers, especially care coordination.
  - Desire increased waiver reimbursement rates to include the increased costs of travel (airplane tickets average $500 for round trip between village and Anchorage or Fairbanks) – travel is a huge cost for rural Alaska
  - Provide services locally so that elders don't have to leave their rural home to access services. Tribal providers want to provide services locally so that elders can stay in their villages and homes but need the resources to provide them locally.
  - TCC, YKC, and tribal providers support a fully integrated health care system.
  - Physician shortage more acute in rural communities. Many small villages have no doctors. Health care and home- and community-based service aides receive very low pay. Need incentives to recruit and retain medical providers and aides.

Table 4

- Need improved case management and for all seniors/elders statewide. More advocates and navigators to help seniors find the services they need.
- Provide more help for people to live independently. Those who are not "sick enough" fall through the cracks. Group reporter relayed story of a blind man who was told that he should go to a shelter because he was qualified for an assisted living facility.
- Lack of physicians accepting Medicare patients – Contact Rita Hatch, Older Persons Action Group, for more information.

Table 5

- Build/strengthen the health care workforce by emphasizing primary care and geriatric training.
- Improve outreach and information about resources for health care and other supports.
- Improve information & referral services especially for health care and long-term supports.
- Change public attitude toward seniors and retirees by educating Alaskans about the contributions made by Alaskan seniors including economic ($1.6 billion through retirement, Social Security, and health care expenditures), civic (volunteering), and family caregiving

Financial Security and Housing: What ideas would you suggest to improve outreach to seniors in Anchorage and the surrounding areas so that everyone will be aware of programs for which they may be eligible?

Table 1

- Outreach to people who are newly poor is critical. All populations have poverty issues. Need to do a better job outreaching to diverse populations.
- Many seniors are facing financial hardship. They do not want handouts. They want a job.
- Improve I&R about programs and services that are available. Provide the information in several languages, oral and written, which is especially important in rural areas. Persons whose first language is not English can't understand the information provided.
- Lack of knowledge about benefits and other programs to help people stay in their own homes. Use outreach through whatever outlet is available to get out the most information in each community such as the local grocery store, bulletin boards, post office, church, senior center, newspaper ad, cable TV.

Table 2

- Expand ADRCs. Secure funding to market them.
- Housing: Build new senior housing with universal design, smaller in size, and one level for accessibility.

Table 3

- Affordable Medications: Medicare Part D. Some seniors can't afford their medications and get stuck in the donut hole. Need to advocate to Congress to fix this problem for seniors.
- Housing
    - Expand licensing and quality of care for assisted living facilities.
    - Improve outreach for weatherization programs
    - Improve distribution of information regarding all programs of interest to seniors

Table 4

- Increase funds to build more low-income and moderate-income senior housing
- Increase funding for home maintenance, a real problem for elder housing in rural communities. Seniors' homes often are older and need more weatherization and renovation.
- Increase energy raters in rural Alaska – They are few in number. Advocate for quality, affordable, sustainable housing. "Need elder advocates in every village."
- Build more affordable and sustainable senior housing – Seniors did not receive a Social Security increase this year, but their rent increased.

Table 5: Group discussion focused on financial security.

- Identify what is sufficient livable income

- State retirement system: Advocate for benefits at least to Tier 3 levels for municipal and state employees so that aging baby boomers have sufficient income to retire and cover their living costs.
- Advocate to protect safety net programs and services. Encourage Congress to reauthorize the Older Americans Act (OAA) to meet Project 2020 goals. Senior grant programs put in place in 60s and 70s by OAA and are needed by seniors today.
- Build additional housing for seniors and persons with disabilities. Evictions can lead to being homeless.

Healthy Lifestyles/Social Well-Being: Do you think Anchorage is a good place to live and grow old? What improvements do you suggest to make Anchorage a better place for seniors and elders to live?

Background Discussion – Lack of accessibility can lead to social isolation. There is a lack of urban planning in Anchorage; no sidewalks in some neighborhoods; lack of sidewalk maintenance in winter. Increase social activities and opportunities for socialization for seniors and improve communication about them – put more activities on the web and explore other options.

Table 1

- Many seniors are isolated in their own homes. Proposed strategies:
    - Improve coordinated community transportation so seniors can participate in community life
    - Improve marketing of social activities. People often don't know what is happening in their communities. Senior centers could find an outreach worker to visit seniors at home and provide them with information.

Table 2

- Provide transportation to encourage socialization and engagement with community, not just for medical appointments – but for people to experience life.
- Encourage grassroots efforts to promote socialization.

Table 3

- Encourage more local support for community volunteerism and value of seniors.
- Improve public attitude about seniors and recognize their volunteerism. Communities need to do a better job supporting and encouraging civic engagement within the community and to showcase senior volunteerism to the community. Promote more recognition and honor to seniors and retirees. Fairbanks is a model example. FNSB Senior Advisory Commission recognizes outstanding senior volunteers at their annual May Senior Recognition Day. Volunteering gets you into the community and prevents social isolation at home.

Table 4

- Improve door-to-door transportation for seniors. Seniors have difficulty in winter getting to a bus stop. Some are not stable on their feet. These seniors are at high risk for being at risk for falls.
- Increased socialization decreases health risks and isolation. Cognitive skills go up and health risks go down. Increase operating funds for coordinated senior transit.
- Seniors invest financially in their communities. They volunteer and mentor younger people. Seniors provide leadership. Communities need to improve accessibility for seniors and for them to know about social events. Improve communication and senior transportation to encourage more civic involvement.

Table 5

- Target working seniors – Offer social activities in the evenings and on weekends.
- Improve accessibility for seniors by encouraging businesses, local government and others to be senior-friendly and keep sidewalks, parking lots clear of ice and snow. Folks may want to venture outside of their home but don't for fear of falling.

Region V
Census Areas: Kenai Peninsula, Matanuska-Susitna Borough, Valdez-Cordova

Region V represents the Matanuska-Susitna Borough, which includes 30 communities, Valdez-Cordova Census Area, which includes 25 communities, and Kenai Peninsula Borough, which includes 37 communities. In 2009, it is estimated that 20,841 individuals were age 60 and over in this region.
The Matanuska-Susitna Borough is the third largest borough in the state, both physically and in terms of population. Nine out of ten borough residents live along the road system. The borough is the fastest growing region of the state, largely based on its proximity to Anchorage.

The Matanuska-Susitna Borough lies in the heart of south central Alaska, encompassing about 25,000 square miles of rolling low lands, mountains, lakes, rivers. The Borough includes portions of the Alaska Range to the northwest, portions of the Chugach Mountains to the southeast, and essentially the entire Talkeetna and Clearwater Ranges in its interior. Palmer is located on the Glenn Highway and a spur of the Alaska Railroad. Palmer started as a New Deal colony, the Matanuska Valley Colony, during the depths of the Great Depression. Farm families from Michigan, Wisconsin, and Minnesota were brought to Alaska and settled here in the fertile Matanuska River plain.

The Kenai Peninsula Borough covers the Kenai Peninsula and reaches across Cook Inlet to include a large unpopulated area northeast of the Alaska Peninsula. The Kenai Peninsula is a large peninsula jutting from the southern coast of Alaska. The name Kenai is derived from Kenayskaya, the Russian name for Cook Inlet, which borders the peninsula to the west. The peninsula extends approximately 150 miles southwest from the Chugach Mountains, south of Anchorage. It is separated from the mainland on the west by Cook Inlet and on the east by Prince William Sound. The glacier-covered Kenai Mountains (7,000 feet) run along the southeast spine of the peninsula along the coast of the Gulf of Alaska. Much of the range is within Kenai Fjords National Park. It is home to both the Sargent Icefield and Harding Icefields and numerous glaciers that spawn off them.

Valdez is a fishing port, both for commercial and sport fishing. Freight moves through Valdez bound for the interior of Alaska. Sightseeing of the marine life and glaciers, together with both deep-sea fishing, and heli-skiing support a tourist industry in Valdez. The oil from the Trans-Alaska pipeline is loaded onto ships at the Valdez oil terminal.

Alyeska Pipeline Service Company is one of the biggest employers in town but it has started to move several positions to its headquarters in Anchorage since the town council passed a resolution charging a tax to all the tankers coming into the port to be loaded with oil.

Valdez is connected to the interior of Alaska by the Richardson Highway, and is a port of call in the Alaska Marine Highway ferry system. Just north of Valdez on the highway is Thompson Pass,

which has spectacular waterfalls and glaciers next to the highway. Thompson Pass is also known for treacherous driving conditions during the winter

Employment around the region is very diverse, from government (city, tribal, borough, State & federal) to commercial fishing, seafood processing, mining, and tourism to health care.

Services for Seniors: In Region V there are 648 Independent living units, 458 assisted living home beds and 145 skilled nursing facility beds. The Kenai Peninsula Independent Living Center serves as the region's Aging and Disability Resource Center.

There are many providers in Region V that receive SDS grant funds to provide care coordination, chore, respite, adult day, supplemental services and transportation. There are also providers certified for Older Alaskans (OA)/Adults with Physical Disabilities (APD) waiver care coordination, chore, respite, and transportation services in addition to personal care assistance services. The Seldovia Village Tribe, Chugachmiut , the Kenaitze Indian Tribe, Chickaloon Native Village, Copper River Native Association and the Native Village of Eyak are all Title VI grantees.

Most of the communities have Medical Clinics that provide primary health care, and there are several hospitals in the region.

Challenges in Region V: The Matanuska-Susitna Borough has one of the fastest growing populations in Alaska, which includes seniors. This area is working very hard to try to keep up with demand for services with a limited budget. The Palmer area seniors are just completing a new senior center that should provide more services to the people of the Valley.

The Kenai Peninsula is connected to Anchorage by the road system but in the winter months driving is very dangerous. They have been very diligent in providing senior housing but demand is growing. This area is a very desirable area in which to retire and is struggling to keep up with the number of seniors moving to this area.

Region VI
Census Areas: Nome, Northwest Arctic

This region represents the Northwest Arctic Borough, which includes 12 communities, and the Nome Census Area, which includes 17 communities. In 2009, it is estimated that 1,600 individuals were age 60 and over in this region.

The Northwest Arctic Borough is Alaska's second largest borough. Twelve communities in the borough are spread out over nearly 36,000 square miles. A majority of residents are Inupiat. Kotzebue is the largest city and is the region's service, administrative and transportation hub. This area has been occupied by the Inupiat people for at least 10,000 years. Most of the borough's communities can be found along one of four major rivers, the Noatak, the Kobuk, the Selawik, and the Buckland. These four rivers converge on the coast near Kotzebue. Red Dog is the largest zinc mine in the USA and represents 79% of US zinc mine production.

The Nome Census Area covers an area of 23,000 square miles in western Alaska, and includes St. Lawrence and Diomede Islands in the Bering Sea. The City of Nome serves as the regional transportation and service hub for 15 surrounding villages, which are mostly situated on the coasts of Norton Sound and the Bering Straits.

Nome is a city of 3,598 people located on the southern Seward Peninsula coast on Norton Sound of the Bering Sea. Nome was incorporated on April 9, 1901, and was once the most populous city in Alaska. Nome lies within the region of the Bering Straits Native Corporation (BSNC).

In the winter of 1925, a diphtheria epidemic raged among Inuit in the Nome area. Fierce territory-wide blizzard conditions prevented delivery of a life-saving serum by airplane from Anchorage. A relay of dog sled teams was organized to deliver the serum. The annual Iditarod Trail Sled Dog Race commemorates this historic event.

In Nome, water is heated and pumped to residences via a wooden utilidor; trucks also deliver water. Sewage is piped from most homes. Over 95% of residences currently have complete plumbing. In the outlying communities water is hauled, with honey buckets and outhouses still in use.

The Nome Census area has 39 independent senior housing units which in 34 units in Nome and 5 units in Stebbins. Norton Sound Health Corporation manages Quyanna Care, which includes 15 skilled nursing facility beds.

The Northwest Arctic Borough has 20 independent senior housing units and 1 assisted living home (20 beds), all of which are located in Kotzebue.

The Native Village of Savoonga, the Native Village of Gambell , Maniilaq Association and the Native Village of Unalakleet are all Title VI grantees.

The Alaska Commission on Aging convened the first of its elder/senior community forums during its rural outreach visit to Kotzebue in the fall of 2009. A report on this enlightening community visit is included below.

The Alaska Commission on Aging is pleased to present this report of the highlights from the ACoA rural outreach meeting in Kotzebue that took place August 10th-12th, 2009 with a particular focus on the outcomes from the Elder Community Forum. In addition to our quarterly meeting and the Elders' forum, the ACoA met with members of the Tribal Elders Council, visited Kotzebue health care facilities (which included meeting with Maniilaq hospital administration and discussing plans for the new nursing home wing), toured local senior independent housing complexes, and visited with Kiana elders in their homes (which included an opportunity to observe a tele-health demonstration in an elder's home). Kotzebue, a predominately Inupiat Eskimo community situated on the Baldwin Peninsula in the Kotzebue Sound of the Northwest Arctic Borough in the NANA region, has a population of 3,126 people of which 646 persons (21% of the community's population) are older Alaskans (60 years+) and 33 elders who are 85 years and older (Alaska Department of Labor 2008). Kotzebue serves as the regional hub for twelve surrounding villages.

Overall, ACoA members enjoyed the meeting and site visits as we learned about health care and long-term support services for Kotzebue elders, the integration of traditional health care with western medical practices, and the benefits of aging in place in one's home community surrounded by family and friends, local traditions, and cultural way of life. As a result of the discussion from the Forum, ACoA and its State Planning Committee will consider the idea of developing customized regional plans within the next State Plan for Senior Services to reflect the diversity of Alaska seniors/elders, community infrastructure, and regional needs statewide.

Kotzebue Elders Community Forum

In preparation for developing the next state plan for senior services (FY 2012-2016) and to advise ACoA's advocacy efforts, the Commission hosted an Elders Community Forum (8-10-09) to discuss issues of importance to elders, family caregivers, and providers and learn about the services offered for older Alaskans to find out what is working and what is not working in the region. The forum was intended to cover six focus areas - long-term supports, health care, senior housing, financial security, social well-being, and healthy lifestyles – but because of time constraints, not all topics were fully discussed. In FY2010, ACoA plans to host a series of senior/elder community forums as part of our quarterly meetings based on the Kotzebue model to gather local input for purposes of preparing for the next state plan and for planning advocacy

activities. The Tribal Elders Council offered to interview elders individually who were not able to attend the forum for their input to assist us in this effort. A copy of the Kotzebue Elders Community Forum topics and questions are attached to this report.

Approximately thirty local elders and provider agency staff participated in the Kotzebue Elders Forum which was broadcast on public radio in Kotzebue and to the surrounding twelve villages. Translation services were provided by a local Inupiaq translator. ACoA Commissioners Pat Branson and Betty Keegan facilitated the discussion for long-term supports and health care. Commissioner Paula Pawlowski provided a summation following each topic discussion. Although we were unable to complete discussion of all topic areas, most of them were addressed in some manner during the forum's discussion. The following is a summary of the discussion that occurred formatted to the six forum topics areas and the areas participants noted as community strengths and those in need of improvement.

<u>Long-Term Supports</u>

- Request for Caregiver Training for Local Caregivers: Elders observed that some caregivers often do not understand their needs as an older person (psychological and medical) as well as not knowing how to perform caregiving tasks. Elders also noted that many of the local caregivers are young with little experience and would substantially benefit from training programs.

- Request for Consumer Direct Program Training for Elders: The consumer direct program empowers recipients to direct their own care; however, providers noted that many elders are unaware of their responsibilities as program participants and are in need of training to better utilize the program. Under the consumer direct program, providers noted many elders do not understand the program's provisions that require them to contact and hire caregivers (not rely on agencies to perform that task), request criminal background checks on prospective caregivers, deny employment should the background check fail to meet the state's standards (which is difficult in situations where the potential caregiver is a family member), and to submit the necessary paperwork to the agency (like timesheets) to ensure that the caregiver is paid for their services. The transition from agency programs to a consumer direct program has been difficult for local elders, providers claimed, who have had little training on program expectations and their responsibilities as employers. Communication problems have resulted and in some instances caregivers have not been paid.
- Wait Time for Assessments: In Kotzebue, waiver assessments often require a long wait time which causes undue hardship for the elder. In one situation, the elder had to wait nine months before being assessed for services. To expedite assessments, Charles Stoner, the administrator for Maniilaq Elder Services program, suggested that the Department should contract with Kotzebue nurses to perform the assessments, pending the state's approval, so that local elders can receive the services they need in a timely

manner. Local nurses are employed by the Maniilaq Elder Services program and the hospital.

- Waiver Income Qualifications and Native Corporate Dividends: Dividends from NANA Corporation frequently put elders over the income limit when qualifying for the waiver program. Elders and providers expressed their desire for the State to consider adopting a practice for Medicaid waiver programs that would disregard Native corporate dividends as income for qualifying purposes. (Note: According to the Division of Public Assistance, the state counts all Native corporation dividends that exceed $2,000 for the Medicaid program. As a result, it is very likely that a person's Native corporation dividends might cause them to exceed the Medicaid income limit.)

<u>Health Care</u>

- Maniilaq Hospital and Health Center: Forum participants highly commended the Kotzebue hospital, along with its medical staff, as an important community resource that promotes health and wellness. The hospital has an emergency room and a walk-in health clinic that provides local access to health care services. Although participants were pleased with the hospital's expansion project to build an 18-bed nursing home level of care addition, there was concern due to plans where opening the new wing would bring closure to the existing 20-bed assisted living facility operated by the Maniilaq Kotzebue Senior Center, resulting in the region losing long-term care beds for the elders. Currently, the Maniilaq assisted living facility has all 20 beds occupied, in which 14 of its existing patients are eligible for the new nursing home wing. An additional six elders are on a waitlist. Building more capacity for long-term care is required in the region by maintaining the existing assisted living level of care and adding a new nursing home level of care. ACoA believes that closing the existing assisted living facility operated by the Maniilaq Kotzebue Senior Center will not only result in fewer long-term care beds but will remove the mid-level of care for elders living in that region.

  Following completion of the hospital nursing home expansion project, Maniilaq plans to move the operations of the Kotzebue Senior Center to the new hospital wing and use the unoccupied building for behavioral health programs. Some ACoA members are concerned that a hospital setting may not be conducive for elders to enjoy congregate lunch or to take part in senior center-type activities.

- Transportation and Health Care: Village elders outside of Kotzebue who need to travel by airplane to access health care in Kotzebue (or outside of the region) have problems with transportation to and from the airport. Kotzebue and Point Hope are the only two communities in the region equipped with a handicapped-accessible van. According to members of the tribal elder council, village elders struggle to find a ride to the airport or even to the store in those communities. Senior transportation was also identified as an obstacle for Kotzebue elders because of staffing issues of the Maniilaq Senior Center.

- Integration of Traditional Practices with Western Health Care: According to participants, Kotzebue is the only Native community in Alaska that has tribal doctors who practice alongside nurses and physicians within medical facilities to provide a continuum of modern and traditional health care services for elders and others living in the region. Tribal doctors practice at the Kotzebue Senior Center and village health clinics using traditional naturopathic healing practices. Tribal doctors are seeking professional certification that will allow patient referral between medical and tribal doctors as well as higher salaries for tribal doctors. Participants identified the use of traditional and modern medicine as a real strength in the local health care delivery system.

- Lack of Local Elder Supports Leads to Elder Displacement in the Absence of Services: Due to insufficient local workforce, providers noted that some elders have to travel extensively between Kotzebue, the villages, and to Anchorage in order to receive health care or long-term care services that are not available in their local communities. Transportation is expensive and the extensive travel is physically draining for the elder. Tele-health, being used in some instances, is a strategy to extend local health care services that could become more cost effective with additional application.

- A consistent theme expressed by participants was the desire to provide more services locally so that elders can be happy at home surrounded by family and friends as well as to have access to traditional food. Some elders must relocate to Anchorage if they require extensive long-term supports and those services are not available locally. Elders noted that the move would be very difficult for them, especially at the end of life. They miss their family, friends, Eskimo food, and customs. While access to Eskimo food is identified as critical to an elder's health and well-being, hamburgers and spaghetti are often served in urban-based assisted living facilities. In home health care, the Elders Tribal Council asked the state to relax regulations concerning background checks to help reduce local workforce shortages, improve the local economy, and to allow more elders access to long-term support services in their homes. In some instances, a charge that occurred 20 years ago remains on record making the person ineligible for employment in senior services, according to current regulations. Regulations are needed to ensure the safety of elders but not to enforce rules that prevent workforce development or violate individual rights.

- Limited Workforce in Health Care and Long-Term Support Services: The availability of a well trained, competent, and caring workforce is crucial to the delivery of quality health care and home- and community-based services. According to the participants, the local workforce is insufficient to meet the community's needs as measured by the number of trained providers. Elders observed that local schools should be more responsive to the community's needs and motivate students to pursue career paths in health care, long-term care, and other vocations needed in the community. Students who travel to Anchorage or elsewhere for health care training and return to the village after

completing their studies to work often leave because the pay for these occupations in Kotzebue is low relative to the region's high cost of living and prospects and the opportunity for career advancement is limited.

- Respect for Culture and Tradition: Elders from the Elders Tribal Council expressed their satisfaction with tribal-owned long-term care facilities that provide health care services to elders. They also asked the State to allow for more flexibility in its regulations to build culturally relevant programs for elders. In particular, they stated their concerns regarding regulations that disallow Eskimo food in long-term care facilities because Native food is vital for an elder's health and well-being. As one elder observed, "It is difficult to incorporate Inupiat values into a non-Native health care system… People need to know who we are as a people and what we can do, despite our age."

Senior Housing

- Heating Fuel Costs: Heating fuel costs $9/gallon in Kotzebue and is higher in the villages. The high cost of heating fuel is difficult for elders to manage on a fixed income. Elder homes, even those that are newly constructed, are not well-insulated and elders complain of cold and drafty conditions during the winter. The Maniilaq housing authority and the newly formed volunteer-based Kotzebue Community Emergency Task Force offer weatherization improvements however more weatherization improvements are needed. ACoA contacted Jim McCall, AHFC's senior housing program manager, and passed along these observations concerning Kotzebue elder housing weatherization needs.

- Shortage of Senior Housing: According to statements made by the Elder Tribal Council Chair, Kotzebue has a shortage of senior housing. The supply is insufficient to meet the needs of an increasing elder population in Kotzebue resulting from aging of the local population and in-migration of elders moving from the villages to Kotzebue because of higher costs of living in the bush.

Financial Security

- Making Ends Meet: The Chair for the Elders Council informed the Commission that elders' fixed incomes are not enough to afford the high cost of living in Kotzebue, where milk can cost $10/gallon, particularly for elders who are raising grandchildren. The Chair also noted that improved outreach is needed for Senior Benefits and other State assistance programs. Elders need help filling out forms, especially those who know English as a second language, not just access to the forms.

Social Well-Being

- Aging in Place: Elder participants noted the advantages of living in a small community surrounded by family, friends, and people who care and share a common history as important for healthy aging. When elders are forced to move to Anchorage or Fairbanks to receive services, many become disheartened by the enormous changes they must

make, especially missing their family members and eating Eskimo food, which can lead to major setbacks in their physical and mental health.

Note: The three latter topics were not able to be thoroughly discussed at the Elders Forum due to time constraints. “Healthy Lifestyles,” identified as a forum topic, was not discussed by participants.

With each rural outreach meeting, the ACoA learns more about the differences in the state’s nine regions and the need to develop a state plan that does not treat the state as a single entity but truly reflects this diversity. We appreciate your interest in the Elder/Senior Community Forums and will keep you apprised of future meetings and their outcomes. As always, please feel free to contact me should you have questions or require additional information about ACoA’s meeting in Kotzebue or the Elders Community Forum.

Region VII
Census Areas: Bristol Bay Borough, Dillingham, Kodiak Island, Lake and Peninsula

This region represents the Dillingham Census Area, which includes 10 communities, Bristol Bay Borough, which includes 3 communities, Lake and Peninsula Borough, which includes 18 communities, and Kodiak Island Borough, which includes 11 communities. In 2009, it is estimated that 2,359 individuals were age 60 and over in this region.

The Bristol Bay Borough in Southwestern Alaska is geographically the smallest borough in the state. The economy is highly seasonal and based almost entirely upon harvesting and processing the wild sockeye salmon runs of Bristol Bay. The borough contains three commercial fishing communities: Naknek, King Salmon and South Naknek.

The Dillingham Census Area in Southwestern Alaska consists of ten small communities scattered along the northeast edge of Bristol Bay. The economic base is highly seasonal and mainly based on the harvest and processing of Bristol Bay sockeye salmon. The city of Dillingham is the economic, transportation, governmental, and public service center for western Bristol Bay. The area around Dillingham was inhabited by Yupik people as well as Aleuts and Athabascans and became a trade center when Russians erected the Alexandrovski Redoubt Post in 1818.

The most populous community that actually lies within the Lake and Peninsula Borough is the city of Nondalton (population 164). With an average of 0.0296 inhabitants/km² (0.0767/sq mi), the Lake and Peninsula Borough is the second least densely populated organized county-equivalent in the United States; only the Yukon-Koyukuk Census Area, which is unorganized, has a lower density.

Originally inhabited by Alutiiq Natives for over 7000 years, the city of Kodiak was settled in the 18th century by Russian immigrants and became the capital of Russian Alaska. Harvesting of the area's sea otter pelts led to the near extinction of the animal in the following century and led to wars with and enslavement of the Natives for over 150 years. As part of the Alaska Purchase by the United States in 1867, Kodiak became a commercial fishing center which continues to this day. A lesser economic influence includes tourism, mainly by those seeking outdoor adventure trips. Salmon, halibut, the unique Kodiak Bear, elk, Sitka Deer (black tail), and mountain goats invite hunting tourists as well as fishermen to the Kodiak Archipelago.

In Region VIII there are 81 independent senior housing units, there are 30 assisted living home beds and Providence Kodiak Island Long-Term Care has 19 skilled nursing facility beds. The Bristol Bay Native Association (BBNA) and Kodiak Area Native Association (KANA) are Title VI grantees.

The Dillingham Elders Advocacy Team has been meeting monthly since September 2010 to advocate, educate and network for senior services in the region. The following list reflects the needs the Team identified to improve the lives of seniors in Southwestern Alaska communities:

- Home visits for elders to check on their safety and discuss safety issues (such as fire prevention and emergency measures)
- Durable medical equipment
- More funding for the Dillingham senior center
- Increased funding for senior services in Aleknagik (van, meals)
- Equality of services for residents of rural areas
- Benefit packages and pay increases for personal care assistants (PCAs) to reflect the high cost of living in rural areas so that people will be attracted to work in this field
- Escort support for elders who must travel to Anchorage – they are often needed for personal care and interpretation, but Medicaid won't pay for them
- Medical interpretation (class at UAF)
- Van that will take seniors to social events at schools and church
- Accessibility of public buildings – many doors cannot be opened by a person in a wheelchair and there are stairs to ramps that create barriers to elders and people with disabilities
- An Office of Public Advocacy in Dillingham to help with legal oversight for elders with conservatorships and guardianships
- More senior apartments in Dillingham as there is a waiting list; also concerns with adequate screening and oversight
- Village elder advocate in every village to help with access to resources and to keep in touch with homebound elders
- Home renovations to help elders stay in their homes throughout the region
- Advocacy for our elders on the state level to access more funding for elder services
- Workforce development for PCA training so prospective workers can gain skills (training through UAF in Dillingham or can be done online)
- Address isolation from services – leads to inadequate health care and improper nutrition for elders
- Obtaining traditional foods becomes increasingly difficult as elders age; the cost of food in stores is high, while elders' income remains fixed and inadequate
- Family support for hospice care in the home so elders can die there instead of in the hospital in Anchorage

Region VIII
Census Areas: Aleutian Islands East, Aleutian Islands West

This region represents the Aleutians East Borough, which includes 9 communities, and Aleutians West Census Area, which includes 8 communities. In 2009, it is estimated that 511 individuals were age 60 and over in this region.

The Aleutian Islands are a chain of more than 300 small volcanic islands, forming part of the Aleutian Arc in the Northern Pacific Ocean, occupying an area of 6,821 sq miles and extending about 1,200 miles westward from the Alaska Peninsula toward the Kamchatka Peninsula thus marking a line between the Bering Sea and the Pacific Gulf of Alaska. The islands, with their 57 volcanoes, are in the northern part of the Pacific Ring of Fire. The Alaska Marine Highway (State ferry system) passes through the islands, but they are unconnected by road to the rest of the state.

Most of the economy is cash-based. Commercial fishing (year round) and fish processing dominate. Sand Point has the largest fishing fleet in the Aleutian Chain. The Peter Pan cannery in King Cove is one of the largest operations under one roof in Alaska and provides year-round employment.

Aleutians East Borough comprises the westernmost portion of the Alaska Peninsula and a number of the Aleutian Islands, from which the borough's name is derived. According to archaeological evidence, the area has been inhabited by the Unanga since the last ice age. During World War II, the area was a strategic military site for the Aleutian Campaign, and many locals were forcibly evacuated to Southeast Alaska. Commercial fishing and seafood processing are the driving force of the region's economy. Salmon, crab, pollock, halibut, rockfish, and other species are harvested by both local and non-resident fishermen and processed in local facilities.

Most of the Aleutian Islands West economy is based on commercial fishing (year round) and fish processing. The region's pollock fishery is not only the largest fishery in Alaska, but also the largest in the world in terms of volume. Much of the pollock harvest is converted to surimi, and marketed as imitation crab. Dutch Harbor (located within the City of Unalaska) is located on Unalaska Island and is the center of the area's population and economic activity.

Aleutians West has 29 independent senior housing units, which includes 14 units in St. Paul and 15 units in Unalaska.

The Aleutian Pribilof Islands Association (APIA) is a Title VI grantee and provides meals, support services and Family Caregiver Support services. APIA also receives Division of Behavioral Health grant funds to provide the Senior Outreach, Assessment and Referral (SOAR) project.

Region IX

Census Areas: Haines Borough, Juneau Borough, Ketchikan Gateway Borough, Prince of Wales –Outer Ketchikan, Sitka Borough, Skagway-Hoonah-Angoon, Wrangell-Petersburg, Yakutat Borough

Southeast Alaska is a narrow strip of coastline and offshore islands next to the province of British Columbia, sometimes referred to as the Alaska Panhandle. The region south of Glacier Bay consists of thousands of islands of various sizes which are collectively known as the Alexander Archipelago. These islands protect the more inland coastal waters, called the Inside Passage, from large waves, making them relatively easy to navigate.

Most areas of Southeast Alaska below 500 meters elevation are heavily forested with conifers. With 100-300 inches of rain per year, the region is a temperate rainforest. Water is everywhere in the form of streams, lakes, bogs, and soggy vegetation. The forest undergrowth is lush with ferns and mosses. The scenery of this coastal paradise is truly spectacular, but local residents complain that living for months without seeing the sun can lead to depression! Most of the land area of Southeast Alaska is encompassed by Tongass National Forest, Misty Fiords National Monument, and Glacier Bay National Park.

The steep, rocky terrain and the many islands and fjords make Southeast Alaska very difficult to navigate. Because of the sparse population, there are only local road systems except for the northern mainland towns of Haines and Skagway, which are connected to the Alaska Highway System. Travel between the islands and mainland cities is limited to boat and aircraft.

There are a total of 43 communities from the northernmost tip of the City and Borough of Yakutat to the only Indian Reservation in Alaska, Metlakatla. The largest community in Southeast Alaska is the capital city, Juneau, with a population of approximately 30,000 people. There are several very small communities, for example, Meyers Chuck, with a population of 20. In 2009, it is estimated that 11,271 individuals were age 60 and over in this region.

Losses through out-migration are expected to continue for Haines Borough, City and Borough of Yakutat, and Skagway-Hoonah-Angoon Census Area. City and Borough of Juneau and City and Borough of Sitka populations are expected to decline slightly but remain relatively stable.

Infrastructure:
The majority of homes have indoor plumbing or individual wells and septic tanks. Electricity is derived from hydroelectric plants.

Industry:
Major industries in Southeast Alaska include government, commercial fishing, tourism, mining and service industries. Logging has been an important industry in the past, but has been steadily declining with competition from other areas and the closure of the region's major pulp mills. Government plays a larger role in Southeast employment than in the state as a whole,

and not just because the capital is in Juneau. Local and regional government — including school districts and city, borough, and tribal government — make up 17 percent of regional employment compared to 13 percent statewide.

Services for Seniors:
In Southeast Alaska there are 526 independent senior housing units, and 6 assisted living homes (210 beds), including Pioneer Homes in Ketchikan, Sitka, and Juneau. There are 5 nursing home/skilled nursing facilities with 107 beds available. The Southeast Alaska Independent Living Center receives SDS grant funds to provide Aging and Disability Resource services.

There are several providers in Southeast Alaska that receive SDS grant funds to provide care coordination, chore, respite, adult day, supplemental services and transportation. There are also providers certified for Older Alaskans/Adults with Physical Disabilities waiver care coordination, chore, respite, and transportation services in addition to personal care assistance (PCA) services. Rendezvous Senior Day Services receives SDS grant funds to provide adult day services in Ketchikan and is certified for OA/APD waiver adult day services and transportation. Metlakatla, the Organized Village of Kake and Central Council of Tlingit and Haida are Title VI grantees providing senior support services.

Challenges in Southeast Alaska:
Travel is very expensive and there is only one air carrier, Alaska Airlines, which provides service to Anchorage and Seattle. Since everything must be shipped by either barge or plane food is very expensive. Because of the relatively high cost of living, it can also be very difficult to hire quality people on the modest wages available to those who serve seniors.

Juneau is in need of additional assisted living providers besides the Juneau Pioneer Home, which has a long waiting list.

The Alaska Commission on Aging held an elder/senior community forum in Juneau in February 2010. A report on this proceeding is included below.

Alaska Commission on Aging

Juneau Elder-Senior Community Forum Discussion Notes
February 8, 2010
Juneau Senior Center

HEALTH CARE AND LONG-TERM SUPPORTS

How do you feel about health care and long-term supports available to seniors and elders living in Juneau? How can care be improved?

Table 1

- More education is needed for elderly life planning – Wills, Powers-of-Attorney, etc. Host informational events to help people prepare their wills.
- Dementia – Besides the Pioneer Home, there are no long-term care facilities in Juneau for people with dementia. They can't stay at home alone.
- Need assisted living facilities in Juneau. Have 14-16 beds in Wrangell, Petersburg and Haines. Long waitlists for Juneau Pioneer Home and there is an asset requirement. Need to build capacity for all Pioneer Homes statewide.

Table 2

- Need more assisted living in Juneau.
- Inadequate amount of in-home services
- Need a centralized directory of programs and resources for seniors in Juneau
- There is no cardiac care for persons living in Juneau. Folks who need this care have to leave Juneau for care. Bartlett has plans to recruit a cardiologist which will help situation.

Proposed Solutions

1. Bring together provider agencies and others interested to have a discussion about senior needs in Juneau and brainstorm solutions.
2. There is no problem for Juneau seniors finding doctors who accept Medicare like there is in other parts of the State.

Table 3

- Mountain View (senior housing apts.) and all of Juneau needs improved accessibility
- Growing senior population and shrinking budget for services. Medicaid covers little that is not medical-related. Seniors need help with shopping, chore, and bathing.
- Senior home-and-community based services require more funding to meet the need.
- Access to primary care is not a problem for SE seniors at this time.

Proposed Solution

- Build and encourage more development of assisted living and nursing homes in Juneau. Improve financial support for senior assisted living facilities so that they can stay in business.

Table 4

- Juneau needs a cardiologist. Those who need cardiac care have to go south to get it.
- Juneau has a huge need for assisted living facilities. The Juneau Pioneer Home has long waitlist. Seniors have to leave Juneau to have access to long-term care facilities.
- Need to re-configure Pioneer Home Level 1 and Level 2 beds. More demand for Level 3.
- Adult Day Care – Need adult day care on weekends to provide respite for family caregivers.
- Inadequate supply of in-home services in Juneau.
- Insufficient information about services available. Juneau needs a directory of senior services.
- Need gerontologists, dentists, and audiologists. Have good ophthalmologists in Juneau.
- "Going from independent to dependent comes as a great surprise to many and to their families. It goes unnoticed." "Old age is something we don't remember. Keeping in touch is very important to an older person – not just the holidays" (Bob Thibedeau, Chair, Juneau Commission on Aging)

Table 5

- Lack of assisted living – Huge need
- Improve cardiac care so that seniors don't have to leave Juneau to get the care they need.
- Must build capacity for in-home supports due to lack of assisted living facilities in Juneau
- Build level of community awareness – Need to have this kind of community forum quarterly and offer them at health fairs.
- Observing some teens are now supporting their parents to help them with their parents.

Proposed Solutions

- Need a "Community Action Plan" to raise public awareness to help families do more for their elderly more effectively.
- Need to promote intergenerational forums and to ensure any community planning involves seniors and report on senior needs. Without seniors' voice, reports to policymakers do not reflect senior needs.
- Advocate for more funding and program support for family and paid caregivers.
- Need to take the "show on the road" and increase education and outreach about advanced directives, Power-of-Attorney (POA) and wills so that families are not taken by surprise when dementia creeps in.

Additional Group Discussion

- We need to build more capacity for Pioneer Homes to support long-term care needs for the elderly.
- Lower Medicaid waiver criteria so that more seniors can be eligible.
- Increase funding for home modifications to increase accessibility for the senior trying to live independently at home.
- Offer counseling services for seniors – Depression is a growing problem for seniors.
- Transportation for seniors works well in Juneau (All tables agreed)

FINANCIAL SECURITY AND HOUSING

On the whole, do you think that Juneau seniors have sufficient income to live on? What ideas would you suggest to improve outreach to seniors living in Juneau to ensure that they know about programs for which they may be eligible?

Is housing adequate to meet the need for Juneau seniors? If not, what kinds of housing are most needed?

Table 1

- Reinstate Longevity Bonus for all seniors.
- Fuel costs are high in Juneau and villages in Southeast
- Need for more affordable, accessible housing with some in-home supports in Juneau and all of Southeast. Why can't we build funding for these services when refinancing homes? (Reverse mortgages)
- Build "intentional communities" – Communities that are Intergenerational and multi-diversified. Look at Sweden model.

Proposed Solution

- Senior homeowners can rent a room to another senior for cheap rent or other person to help with chores. This is a good idea for an elderly person with a big house who needs help with chores and wants to have company - Enhances senior socialization.

Table 2

- Build more ground-level retirement housing to enhance accessibility.
- Remodeling Homes – How do seniors find reliable and trusted contractors? Need to have local contractors who are certified to convert homes for "aging in place."
- Remodeling – Need to engage community to promote development of housing with universal design.
- Improve financial supports for assisted living facilities so that these businesses can survive.

Table 3

- Need additional resources for safety renovations for existing senior housing in Juneau.
- Encourage people to take personal responsibility early on and incorporate accessibility in their homes.

- Encourage folks to use agency services (instead of consumer directed) to promote elder safety and reduce financial exploitation.
- Agencies need additional funds to increase care coordination. Have waitlist in Juneau and all of Southeast for care coordination.
- Most seniors in Juneau know about heating assistance programs. Unsure about elders living in Southeast rural communities.
- Make senior assisted living facilities viable businesses. Improve waiver rates for senior services.
- Increase in COLA (cost-of-living allowance) in Social Security and other benefits make some seniors ineligible for programs. Support and advocate for legislation that amends the income threshold for these programs from a fixed dollar ($1,656) amount to 300% SSI (Social Supplemental Income).
- Need to address problem of senior homelessness. Many seniors couch surf or live on the couch at their family's home.
- Lack of affordable housing in Juneau for everyone. Average rent is $1,500/month. Many seniors live on a fixed income of $1,000 – high rent makes it hard to have enough money to eat and to purchase medicine.

Proposed Solution: Look at other models and alternatives for senior housing outside of Juneau.

Table 4

- Eden model and socialization need to be incorporated into Southeast senior housing
- Word of mouth is now the best source to get information about available housing and services. Need to improve outreach and educational efforts.
- Pioneer Home rooms need to include fridge so that seniors can have their own food.
- Kudos for Care-A-Van program – Great transportation program for seniors.
- Need to increase communication and outreach about senior programs and services.

Table 5

- Use vacant motels for senior housing – Many seniors just want a small place to live with a bathroom, fridge, and stove. This strategy would provide additional affordable senior housing for Juneau. Make rents affordable at $500 month.

SOCIAL WELL-BEING AND HEALTHY LIFESTYLES
Do you think Juneau is a good place to live and grow old? What improvements do you suggest to make Juneau a better place for older Alaskans to live?

Table 1

- Lack of winter maintenance makes it difficult for seniors and those with disabilities to get out. Icy and snowy sidewalks, roads and parking lots make it especially challenging for persons in wheelchairs.

- For seniors who don't drive, many of them cannot access activities available in town. Do seniors know about the UA waiver tuition? (UA policy mandates that seniors can only take classes if there is room for those under the tuition waiver.
- Diabetics have a difficult time eating home-delivered and congregate meals served at the senior center. Senior center should offer meals for persons with dietary restrictions.
- Improve outreach to seniors especially those who don't come to the senior center.

Table 2

- Decreased daylight during winter makes it difficult to drive. Expand lighting on Eagan Drive and increase lighting in the neighborhoods.
- Icy parking lots are a problem for seniors and others. Retailers should de-ice parking lots.
- Juneau has lots of opportunities for seniors to volunteer and agencies to improve outreach to seniors about their volunteer opportunities.

Table 3

- Alaska Airlines and the State's ferries should be encouraged to offer senior discounts. Getting in and out of Juneau is a problem.

Table 4

- Juneau is not senior friendly, especially if you don't have a car. Business community is scattered and so are social events. Juneau has a good library system. Seniors need to use more city resources like the swimming pool and library.
- Expand bus system and upgrade.
- Isolated seniors - Encourage them to volunteer. Juneau needs to recognize its volunteers, like Fairbanks. Wrangell has a hospice program that is volunteer-based. Seniors are the volunteers. Juneau has a hospice program that is well-used and should recruit seniors as volunteers.
- Need to improve accessibility in Juneau. Need more parking. Theatres should provide more assistance for the hearing impaired. Install handrails on steps. Make Juneau safer for seniors. More snow and ice removal on sidewalks, streets, and parking lots.

Table 5

- Gatekeeper Program – Provide training to bankers, police, service providers (like plumbers) to make quick welfare checks on seniors to improve their safety.
- Increase senior volunteers in the community – Provide more opportunities for civic engagement.
- Loneliness and depression are senior problems. Need to provide in-home counseling. SE Senior Services provide in-home counseling and need to do more.
- Encourage seniors to volunteer. Improves their self-satisfaction. Lots of opportunities in schools and Meals-on-Wheels volunteer drivers.

Challenges Facing Alaska Seniors

The Alaska senior population, persons age 60 and older, continues to grow rapidly with the aging of the baby boomers, those born between 1946 and 1964 (who begin turning 65 in 2011), along with a steep increase in the number of Alaskans age 85 and older. This demographic transition affects many aspects of our society, challenging us to meet the needs of aging individuals through comprehensive and thoughtful planning to provide services in a respectful manner and to help older Alaskans maintain their health, financial security, and well-being. Some notable challenges are listed below:

Long-Term Services and Supports Capacity. The majority of older Alaskans use no senior services at all. However, as they age, seniors are more likely to need in-home services (such as home-delivered meals, chore assistance, and respite care), community services (like congregate meals, care coordination, and senior center programs), and more intensive care in assisted living and skilled nursing facilities. Alaska will need increased capacity to provide all levels of home- and community-based care as well as institutional care – and we'll require an expanded workforce to staff these programs. Investment in home- and community-based care helps seniors remain at home in their communities, where they prefer to be. Such services provide support for family caregivers, help prevent the development or progression of disease and disability, and postpone the need for much more costly nursing home care. Investment "upstream" in long-term care services and supports helps prevent or delay much greater costs "downstream" for individuals too ill or incapacitated to safely remain at home. However, it can be challenging to convince funders to increase their expenditures on supportive services today in order to save costs on institutionally care tomorrow.

Long-Term Care Planning. Our growing senior population will require more long-term services and supports of all kinds – more home- and community-based services in both urban and rural communities, more assisted living (including more Pioneer Home beds), and more skilled nursing facilities. Among the home- and community-based services, we'll need additional transportation, congregate and home-delivered meals, care coordination, home health care, personal care assistance, caregiver support services, and the many other types of support that help seniors remain in their own homes and communities for as long as possible. We'll need additional workforce, infrastructure, and funding in order to continue to support our senior population. Statewide planning which encourages partnership among all organizations concerned with senior services will be a critical initial step.

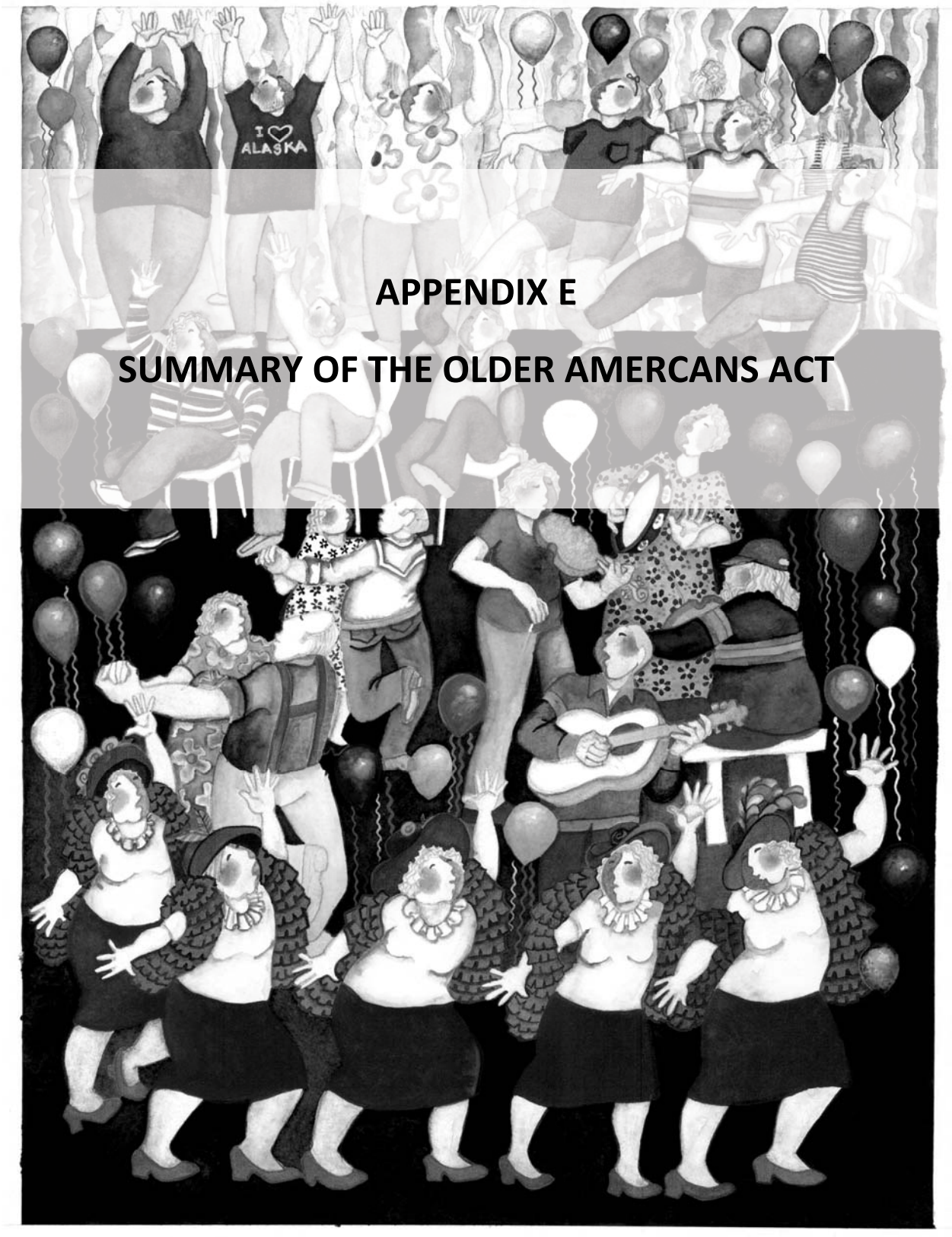
Workforce Development. Like the rest of the U.S., Alaska faces a growing need for health care and long-term care workers, from physicians and nurses to all types of home- and community-based services workers. The pool of qualified workers is shrinking at the very time that demand for services is increasing. Many boomer-age health care professionals are beginning to retire. Particularly for senior service workers, a tradition of low pay, limited benefits, heavy workloads, and absence of advancement potential operates to discourage workers from entering the field or making it a career choice.

Transportation. Most older Alaskans drive their own vehicles, but others need rides to medical appointments, grocery shopping, social and cultural events, and many other destinations. While many Alaskan communities offer assisted and unassisted transportation for seniors, overall demand is increasing as well as demand for service to additional areas of town, expanded hours, and more flexible scheduling of trips. Past provider surveys have established that as the price of gas increases, more seniors opt for senior transportation. Alaska is one of only three states to provide no state funding for operating community transportation, even as the federal government mandates coordinated transportation among local agencies in order to increase efficiency and access. Particularly during less robust economic times, local governments have limited funds available for additional equipment and operating costs.

Service Gaps. The Commission often hears from seniors alerting us to issues about which agency officials are not always aware. Particularly in the past year, as we held a number of senior/elder community forums around the state in preparation for developing our new state plan for senior services, we noted some repeating themes with respect to gaps in services. Some rural areas now have few Medicaid waiver services available, because providers cannot afford to offer them at the rates at which they are reimbursed. Medicaid personal care services provide strict time limitations for tasks, which do not take into consideration the lifestyle of many rural elders; for example, before they can be bathed, sometimes their caretaker must chop wood in order to heat water on a wood stove. Individuals with a primary diagnosis of Alzheimer's disease or related disorders (ADRD) are often unable to access Medicaid waiver services unless they have a medical condition which would require a nursing home level of care; this makes it difficult for those in the early or middle stages of the disease to get the help they need to remain at home. Finally, we hear from many seniors whose modest incomes – often including a small pension – place them just above the Medicaid income eligibility limit; they are not eligible to receive Medicaid waiver services regardless of their need, and must pay the full cost themselves. Many would like to see a sliding fee scale implemented, where elders could contribute according to their ability to pay but would be guaranteed the help they need. Besides Medicaid-related issues, other significant service gaps include primary care for Medicare recipients in some communities (where doctors are refusing to take on Medicare patients because of low reimbursement rates), and behavioral health care for seniors (depression is more common in northern climates, and older Alaskans have a suicide rate 45% higher than the average for U.S. seniors).

Senior Homelessness. During its elder community forums this past year, and in its senior survey as well, the ACoA heard stories about homeless seniors – men and women alike – couch-surfing among family and friends, living in abandoned buildings, or perhaps living in their cars. In a sluggish economy, older individuals may often be among the first to lose their jobs and the last hired for new positions. Some may be wrestling with substance abuse or mental health disorders. With long wait lists for senior housing and other supports such as housing vouchers, those who lose their homes and are unable to move in with family can find themselves in the precarious position of trying to survive on the streets as best they can or moving from one temporary arrangement to another. Communities and statewide organizations must work together to provide the housing and services needed by this vulnerable population.

End-of-Life Care. Growing almost as fast as the youngest group of seniors, those age 85+ will require an array of end-of-life services – more intensive health care, personal care, home help such as chore service, caregiver support, skilled nursing care, and hospice care. In addition, rural seniors want to die in their own homes and communities; they emphatically do not want to spend their final days in an urban facility where the people, food, and language are unfamiliar.



APPENDIX E

SUMMARY OF THE OLDER AMERCANS ACT

APPENDIX E

SUMMARY OF THE OLDER AMERICANS ACT

Older Americans Act (OAA) Programs in a Nutshell

Title I: Declaration of Objectives and Definitions
Title II: Administration on Aging
Title III: Grants for State and Community Programs**
- Part A: General Provisions
- Part B: Supportive Services and Senior Centers**
- Part C: Congregate and Home-Delivered Meals**
- Part D: Disease Prevention and Health Promotion**
- Part E: National Family Caregiver Support Program**

Title IV: Training, Research, and Discretionary Projects & Programs
Title V: Community Service Employment for Older Americans**
Title VI: Grants for Native Americans**
Title VII: Allotments for Vulnerable Elder Rights Protection Activities**

** indicates programs for which Alaska receives OAA funding

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. Nearly half a century later, the OAA's vision of Americans aging with honor, dignity, freedom, and independence still inspires nearly 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 (age 60 and over) are eligible. Service providers must follow priorities set by the Area Agency on Aging (or sole state agency on aging, in the case of single planning and service area states such as Alaska) 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. Kathy Greenlee 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.

In 2011 Congress will again consider reauthorization and amendment of the Older Americans Act. A number of potential changes are under consideration, including a focus on creating livable communities for all ages, an expanded role in affordable housing with supportive services, enhanced coordination between Title V (Community Service Employment for Older Americans) and the Workforce Investment Act, greater authority to protect older adults' legal rights, transfer of SHIP (the State Health Insurance Assistance Program) to the Administration on Aging from CMS (Centers for Medicare and Medicaid Services), capacity-building for Title VI programs, and increased coordination with emergency management agencies to better serve the needs of older adults during disasters. 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. In order for a state to receive these funds, its governor must designate

an agency as the state unit 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 state plan development delegated to the Alaska Commission on Aging. Like its federal counterpart, the state agency 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 the state unit on aging responsible for assessing the needs of all older persons within the state. The AAA (or sole state agency on aging) must have an advisory council of older persons. In Alaska the Alaska Commission on Aging (ACoA) is an eleven-member commission appointed by the governor, with four 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.

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 program 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 (funded under Title III, 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. Nutrition programs (funded under Title III, Part C) 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. In Alaska funds for senior transportation, meals, and other Title III support services are provided under the Nutrition, Transportation, and Support Service Program, widely known as "NTS."

Each state's unit on aging provides disease prevention and health promotion services (funded under Title III, Part D) and information and referral services 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.

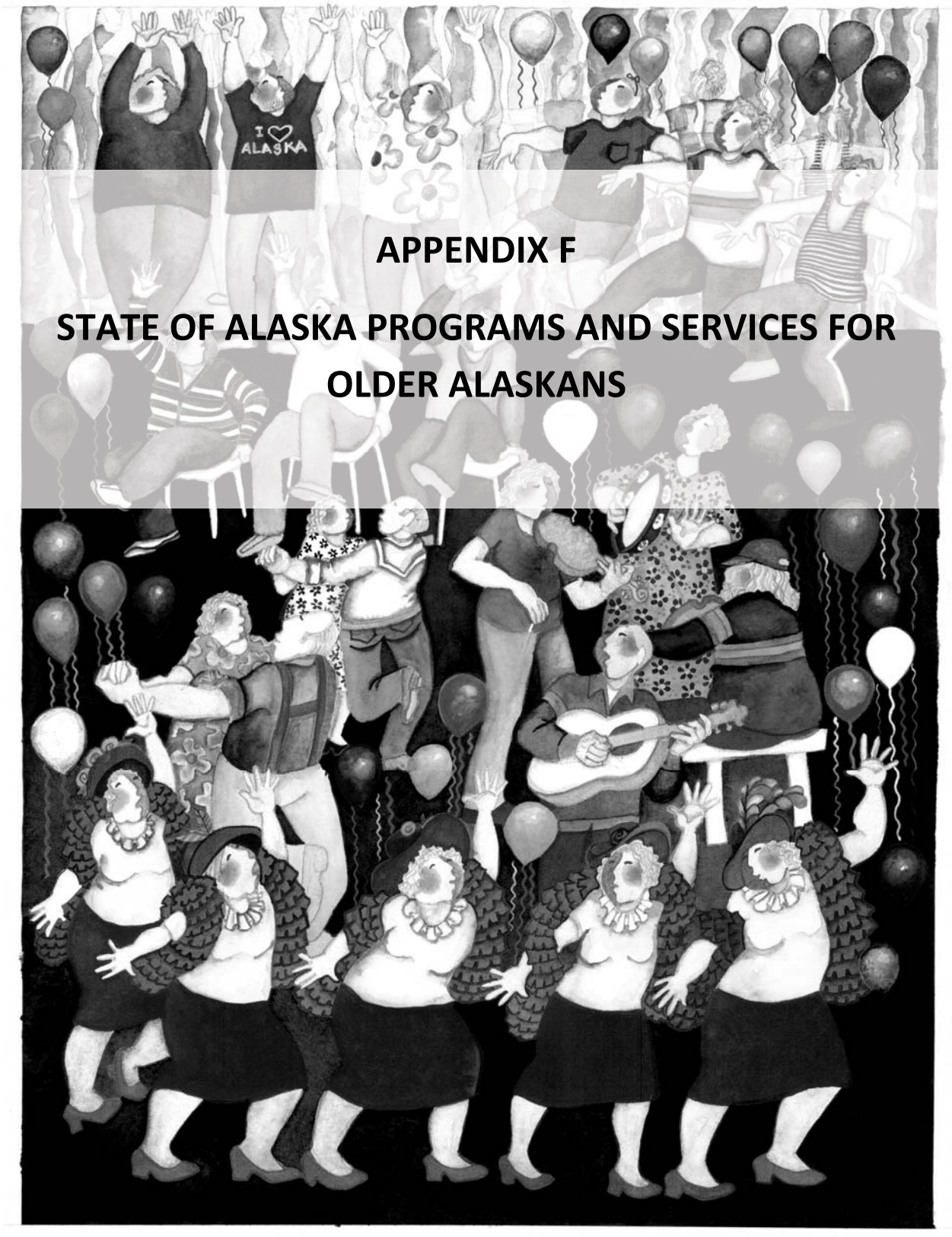
The National Family Caregiver Support Program (NFCSP), established by the OAA amendments of 2000 (Title III, Part E), was modeled after several successful state long-term care programs. States provide five basic services for family caregivers: information about available services; assistance in gaining access to supportive services; individual counseling, help in organizing support groups, and caregiver training to assist in making decisions and solving problems related to 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.

Title V of the Older Americans Act provides for programs that foster and promote useful part-time work 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 is 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 statewide planning and service area through the state unit on aging 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.



APPENDIX F

STATE OF ALASKA PROGRAMS AND SERVICES FOR OLDER ALASKANS

APPENDIX F:

State of Alaska Programs and Services for Older Alaskans

Overview. Since the 1970s, Alaska's oil wealth has allowed the State to provide an array of safety net programs for seniors. But as the flow of oil from North Slope developments declines from its peak just as the aging of the baby boomers greatly increases the senior population, the State of Alaska may struggle to maintain current levels of senior services and benefits for all those who may need them in the next several decades.

While multiple state agencies provide services to Alaska seniors, the Department of Health & Social Services (DHSS) is the State of Alaska's designated state unit on aging (SUA). The state is a single planning and service unit; at this time there are no Area Agencies on Aging within the state of Alaska. The responsibilities of the SUA are carried out by both the Alaska Commission on Aging (which takes the lead on planning activities, and also advocates for increased resources for senior programs) and the Division of Senior & Disabilities Services (which administers Older Americans Act funds and issues the grants to community agencies that make OAA services possible).

In 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-making functions were transferred to the Division of Senior & Disabilities Services (DSDS).

Many of the grant program services 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 the center and the community. Center programs consist of a variety of services and activities. Senior centers also are able to link participants with resources offered by other agencies.

Under the umbrella of DSDS are the Adult Protective Services office, the Medicaid Waiver Services office, the Personal Care Assistance program, Quality Assurance program, Senior Grants program, Aging & Disability Resource Centers (ADRCs), Rural Long-Term Care Developer, and the Nursing Facility Transition Program. 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.

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 waivers, and personal care services. Division staff work collaboratively to develop policies that, wherever possible, are consistent between

the programs, take full advantage of existing infrastructure, and support coordinated service delivery.

Since FY 2005, Alaska's Title V program has been housed within the Department of Labor & Workforce Development, within the Employment Security Division, in order to enhance coordination between the Workforce Investment Act and its mandated partners.
Known as MASST, or Mature Alaskans Seeking Skills Training, Alaska's Title V program helps provide job training opportunities for Alaskans age 55 and older who are entering or re-entering the labor force.

The Alaska Commission on Aging is a beneficiary board associated with the Alaska Mental Health Trust Authority ("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 comingled 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.

Groups considered Trust beneficiaries are based on the groups of people historically sent "outside" to the "Lower 48" prior to statehood (1959) when no programs existed in Alaska to care for them. They include people with Alzheimer's Disease and Related Disorders (ADRD), the developmentally disabled, those with a mental illness, and people with chronic alcoholism. Beneficiary groups and the boards representing them include the Alaska Commission on Aging, the Governor's Council on Disabilities and Special Education, the Alaska Mental Health Board, and the Advisory Board on Alcohol and Drug Abuse (ABADA). Associated boards include the Suicide Prevention Council and the Alaska Brain Injury Network (ABIN).

These groups 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. Commission members and staff serve as representatives on the following Trust committees and focus area work groups: Housing, Workforce Development, Disabilities Justice, Trust Beneficiary Group Initiatives, Coordinated Communications, and the Trustee Applicant Review Committee. 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 Office of the Long-Term Care Ombudsman (OLTCO) is also housed within the Department of Revenue, under the management of the Alaska Mental Health Trust Authority. The OLTCO was moved out of the Alaska Commission on Aging years ago to avoid conflicts of interest at a time when ACoA was managing the senior services grants and closely linked to the Division of Pioneer Homes. The Long-Term Care Ombudsman investigates reports of abuse within various types of residential living facilities that house seniors, and some of the complaints filed with the OLTCO involve the Pioneer 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 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 (ACoA) is an 11-member board with staff (an executive director, two planners, and an administrative assistant). The ACoA is charged with planning, advocacy, and education on behalf of the needs and concerns of seniors and their caregivers. By statute, the ACoA 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 (along with other Trust beneficiary boards) to identify issues, propose projects, and recommend funding. As of FY 2004, the ACoA no longer directly administers OAA grant funds; that role is now filled by the Division of Senior & Disabilities Services.

Some of the activities and accomplishments of the ACoA during FY 2008 through FY 2011 include:

- Held quarterly face-to-face meetings, including annual rural outreach visits to remote areas such as Kodiak (2007), Dillingham (2008), Kotzebue (2009), and Bethel (2010) to receive public input at the community level
- After a successful "sunset review" by the Alaska Division of Legislative Audit in 2007, received an eight-year extension of ACoA's sunset date (to June 30, 2016) at the recommendation of the auditors
- Initiated the Healthy Body, Healthy Brain Campaign, a public outreach and education effort to increase public awareness of the relationship between positive lifestyle choices (healthy eating, physical activity, mental challenges, and social engagement) and a reduced risk for development of Alzheimer's disease and related disorders (ADRD)
- Held annual state plan implementation meetings with agency partners in which, using state plan goals, objectives, and strategies, prior year accomplishments were celebrated and focal points for the coming year identified
- Held six elder/senior community forums in 2009/2010 in Anchorage, Fairbanks, Juneau, Kotzebue, Bethel, and with the Alaska Native Tribal Health Consortium, to gather input on the needs of elders in preparation for development of the state plan

The Alaska State Plan for Senior Services, FY 2012 – FY 2015

Alaska Commission on Aging

- Compiled and analyzed results from the 2010 senior survey, which drew 2,836 responses from seniors across the state, and presented them to the Alaska Legislature, the Alaska Mental Health Trust Authority, and other audiences

- Worked with a state plan steering committee consisting of ACoA Planning Committee members as well as a large group of representatives of other government and non-governmental agencies to draft a new state plan for senior services for the period FY 2012 through FY 2016

- Held ten or eleven senior legislative teleconferences during each year's state legislative session, tracking and presenting in-depth discussion of 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 adding over $2 million in State general funds to the Senior Grants program, extending the Senior Benefits program, obtaining additional staff for the Office of the Long-Term Care Ombudsman and Adult Protective Services

- Obtained funding for a behavioral health program with targeted outreach to seniors (SOAR, or Senior Outreach, Assessment, and Referral), now administered by the Division of Behavioral Health

- Successfully advocated for more than $1.9 million of state funds in support of Nutrition, Transportation and Support grant-funded services

- Helped secure an increase in reimbursement rates for the provision of Medicaid waiver services benefiting Alaska seniors and persons with developmental disabilities

- Successfully advocated for capital funds for the Senior Citizen Housing Development Fund administered by the Alaska Housing Finance Corporation to develop senior housing projects statewide

- Supported passage of a bill to adjust the income eligibility limits for the Medicaid waiver program from a fixed dollar amount to 300% of the Supplemental Security Income amount in order to allow for small cost of living adjustments to Social Security, retirement benefits, and other public benefit amounts

- Assisted in obtaining additional State funding for the Low-Income Home Energy Assistance Program (LIHEAP) and a newly-created Alaska Heating Assistance Program which offers heating assistance to Alaskan households with slightly higher incomes

- Helped obtain the re-authorization of the Medicaid Adult Dental program and a further enhancement of the program allowing payment for upper and lower dentures in a single year

- Supported the passage of new legislative protections against identity theft and consumer fraud

- Supported the enactment of new safeguards applying to professional guardians and conservators representing seniors and other vulnerable Alaskans

- Successfully supported funding for Alaska's Community Health Centers (CHCs), to let seniors know that primary care for Medicare beneficiaries is available at the CHCs, as well as funding to help establish a private Medicare clinic in Anchorage

- Celebrate Older Americans Month in May of each year with a proclamation signed by the governor and, if possible, a joint celebration with a local senior advisory commission (Anchorage in 2008, Anchorage in 2009, Fairbanks in 2010) highlighting the work of senior community volunteers
- Successfully supported passage of resolutions to recognize the value of family and professional senior caregivers

- Published a quarterly newsletter which is mailed to over 800 subscribers and also posted to ACoA's website, and provided articles on a variety of topics to the Senior Voice, a statewide publication funded in part with OAA funds

- 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 Trust beneficiaries (agency partners include the Alaska Mental Health Trust Authority, Aging & Disability Resource Centers or ADRCs, Alaska Brain Injury Network

- Participated as a resource to the Department of Health & Social Services and the Trust in development of the Comprehensive Integrated Mental Health Plan by providing information, materials, data, and other resources addressing the behavioral health needs of older Alaskans

- Spearheaded the creation of the Alaska Senior Fall Prevention Coalition to help reduce accidental falls, which are the number one cause of injury to Alaskans age 65 and older; distributed a fall prevention toolkit of education materials for senior centers and developed media promotions

- Initiated a public awareness campaign highlighting the prevalence of senior depression with the Trust and the Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse by developing a checklist for the signs of senior depression, implementing a media campaign that included print and radio ads, and participating in the development of the Senior Behavioral Health Coalition

- Participated in the development and implementation of projects to promote disease prevention and healthy lifestyles and encourage senior participation in programs designed to help older Alaskans achieve a higher level of health and wellness, through partnerships with the Division of Public Health, Senior & Disabilities Services, Alzheimer's Disease Resource Agency of Alaska, the Trust, and senior services providers

- Delivered numerous public presentations to a variety of groups on topics such as the course of Alzheimer's disease and related disorders, the demographics of Alaska seniors, the results of ACoA's senior survey and elder-senior community forums, the value of older workers, and various other issues
- Advocated for a range of health care workforce development legislation, including an increase in Alaska's participation in the WWAMI (Washington, Wyoming, Alaska, Montana, Idaho) medical school program, and other bills to support recruitment and retention of health care providers

- Partnered with the Alaska Department of Labor's Mature Alaskans Seeking Skills Training (MASST) Program to celebrate "Employ Older Alaskan Workers Week" in 2009 and 2010, including a governor's proclamation to honor older workers and their contributions to strengthen a diversified workforce

- Served on an intra-agency advisory committee that provided oversight for the development of the Department's long-term care plan prepared by a contractor

- Strengthened grass roots advocacy partnerships with the Fairbanks North Star Borough Senior Advisory Commission, the Juneau Commission on Aging, and the Anchorage Senior Advisory Commission, who worked with their local governing bodies to pass resolutions of support of the Commission's legislative priorities

- Advocated successfully with numerous community partners for a capital budget appropriation of $1.1 million to support coordinated transportation to improve service for older Alaskans, persons with developmental disabilities, and other vulnerable Alaskans

For more information on the Alaska Commission on Aging, see page 24 in the core section of the state plan.

DHSS Long-Term Care Planning. Alaska is one of many states with significant projected growth in the elderly and disabled populations requiring long-term care. Currently Alaska has the fastest-growing senior population in the country. National prevalence data indicates that 22% of adults in America have some form of disability. Within Alaska's population of 710,000 people, there are an estimated 156,200 individuals in Alaska with some form of disability.

Alaska is one of the leading states in supporting people in community settings rather than institutional settings. Alaska operates a wide variety of programs that provide long-term care services ranging from institutional care to home- and community-based services. Alaska is one of eight states that do not have a large state facility for persons with developmental disabilities and the only state to have no Intermediate Care Facilities for Persons with Mental Retardation (ICF-MR).

The expected increases in long-term care utilization and expenditures in Alaska threaten the sustainability of these programs. As the state ages, the health and safety of Alaskans need to be maintained regardless of where they live. Home- and community-based services provide needed care to seniors and Alaskans with disabilities within their own homes and communities. This in-home care allows them to remain with their families in familiar surroundings while significantly reducing the cost of care compared to equivalent care they would receive in a skilled nursing facility or other institutions.

Over the past ten years the State of Alaska has conducted or contracted for at least ten different long-term care analyses. These analyses and reports have resulted in a variety of recommendations. In the most recent study, completed in 2008, HCBS Strategies, Inc. provided recommendations for an Alaska LTC plan.

None of these studies were adequately comprehensive. The Department of Health & Social Services now plans to take the lead in reviewing past studies and identifying recommendations that can be offered to the Governor through the Commissioner of DHSS.

The process DHSS will pursue to issue final recommendations will be as follows:

- Review and analyze plans/studies that have been compiled in the last ten years for common threads and themes;
- Discuss findings with key stakeholders (including Department leadership, long-term care community, community leaders);
- Research what other states have done;
- Draft, revise, and distribute the plan;
- Conduct stakeholder forums and open a public comment period to gather feedback on the proposed plan; and
- Revise the plan and prepare and issue a final report.

The first meeting of the planning group will be in late spring 2011. Participants in the planning process will include representatives of the Alaska Health Care Commission, the Alaska

Commission on Aging, the Alaska Native Tribal Health Consortium, the Division of Senior & Disabilities Services, the Alaska Mental Health Trust Authority, and the Community Care Coalition. The projected timeline will result in a final report within 12 months. The Alaska Mental Health Trust Authority has agreed to pay the costs associated with hiring a contractor who can perform the day-to-day work required to produce a final report with specific long-term care recommendations.

Financial Safety Net Programs for Older Alaskans

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 had been established after the Longevity Bonus Program (a previous benefit program for older Alaskans which was based solely on age and residency, with no income requirement) was eliminated in 2003. The Senior Benefits 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, and eliminates asset limits which had prevented some very low-income seniors from participating in Senior Care. Over 10,000 older Alaskans participated in the Senior Benefits Program as of November, 2010. The program is administered by DHSS' Division of Public Assistance.

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 FY 2010, the program served 8,531 seniors (those age 60 and older, including persons with long-term disabilities). Although the elderly caseload has grown more slowly than the disability caseload (8% compared to 36%, from FY 2000 to FY 2010), about 42% of the program's benefits went to seniors in FY 2010. 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. It is administered by the Division of Public Assistance.

Food Stamps. The Alaska Food Stamp Program, funded by the federal government, provides food benefits for low-income households. Of the 29,471 Alaska households receiving food stamp benefits in FY 2010 in the average month, 3,691 were senior households (age 60 and older). The average senior household benefit was $302 per month, compared with an average of $446 per month for all households. For the entire year, 5,631 seniors received benefits from the program. Income eligibility for Food Stamps is complex, with Senior Benefits payments 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.

Heating Assistance Program. The Alaska Heating Assistance Program (HAP) currently administers three programs. The Low Income Home Energy Assistance Program (LIHEAP), for households with income up to 150% of the federal poverty income guidelines, is funded through a federal block grant. In FY 2010 an average benefit of $1,306 was distributed to 11,124 households. Twenty-six percent (2,875) of the households included an elder.

The Alaska Affordable Heating Program (AKAHP), for households with income 151% to 225% of the federal poverty income guidelines, is funded through the State's General Fund. In FY 2010 an average benefit of $712 was distributed to 2,261 households. Thirty-four percent (776) of the households included an elder.

The third program is the Subsidized Rental Housing Utility Deposit (SRHUD), which is available to assist tenants with a minimum deposit to establish gas or electric utility service required to participate in subsidized housing. To qualify for this deposit the housing program must fully subsidize the household's home heating costs and meet other eligibility criteria. Eleven households that included an elder participated in FY 2010.

LIHEAP and AKAHP are open from October 1 through April 30. The SRHUD is available on a year-round basis. Applicants may receive a benefit from only one of these programs, depending upon their individual circumstances. All three programs administered by HAP use the same application and eligibility process.

LIHEAP and AKAHP are also administered by 11 tribal organizations across Alaska, including the Association of Village Council Presidents, Aleutian/Pribilof Island Association, Bristol Bay Native Association, Kenaitze Indian Tribe, Kodiak Area Native Assocation, Kuskokwim Native Association, Orutsaramiut Native Council, Seldovia Village Council, Tanana Chiefs Conference, Tlingit-Haida Regional Housing Authority, and Yakutat Tlingit Tribe. Cook Inlet Tribal Council has expressed the desire to also administer the program beginning in FY 2012.

General Relief (not to be confused with General Relief Assistance, above). This State-funded program is used to assist adults (age 18 and over) with physical or mental impairments who have been harmed due to abandonment, abuse, exploitation, or self-neglect. General Relief, which is administered by Adult Protective Services, funds protective placement in licensed assisted living homes, where the vulnerable adult may reside until a permanent support system can be put into place.

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 $40 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.

All Alaskans who resided in the state for the entire calendar year are eligible to apply for a PFD. Dividend amounts vary widely, ranging in recent years from a low of $845.76 in 2005 to a high of $2,069.00 in 2008. Dividends are extremely important to Alaska's economy and to individual seniors, particularly those with little cash income, such as those not eligible for Social Security benefits.

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 established the program in the 1970s and initially 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 entities 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, is the grantee of the Senior Community Service Employment Program (SCSEP) under Title V of the Older Americans Act. 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.

For more information on the MASST program, see page 23 of the core section of this state plan.

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.

For more information on the Long-Term Care Ombudsman program, see page 19 in the core section of this state plan. (Please see Appendix N for the Memorandum of Agreement between the Office of Long-Term Care Ombudsman with Adult Protective Services.)

Adult Protective Services. The Adult Protective Services (APS) 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. The harm from which they suffer may be abandonment, abuse, exploitation, neglect, or self-neglect. Alaska law requires that protective services not interfere with elderly or disabled individuals who are capable of caring for them.

For more information on Adult Protective Services, see page 21 in the core section of this state plan.

DSDS Quality Assurance Program. Within the Division of Senior & Disabilities Services (DSDS), 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.

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 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. The State of Alaska operates five Alaska Pioneer Homes and one Alaska Veterans' and Pioneer Home for individuals age 65 and older who have lived in the state for at least one year. In addition, the Alaska Pioneer Homes operates its own pharmacy, which is located in Anchorage and provides medications to all six homes located throughout the state (in Anchorage, Fairbanks, Juneau, Palmer, Sitka, and Ketchikan). All six Alaska Pioneer Homes are licensed assisted living facilities which are supportive housing facilities specifically designed for those who need extra help in their day-to-day lives but who do not require the 24-hour skilled nursing care found in traditional nursing homes.

The monthly charge for Pioneer Home residents depends on the level of care provided (facilities offer three levels of care). Funding comes from a combination of resident payments, state appropriations, Medicaid waivers, and third-party payments. As of January 1, 2011, the Pioneer Homes has 95 residents on the Older Alaskans Medicaid Waiver, 131 residents on the Division's Payment Assistance Program, and 228 residents who are full pay or private insurance, which equates to roughly 50% public funds and 50% private funds.

All six of the Alaska Pioneer Homes are registered "Eden Alternative" Homes, based on the core belief that aging should be a continued stage of development and growth rather than a period of decline. The Eden Alternative is a universally recognized approach to elder care that emphasizes enlivening an elder's environment to eliminate loneliness, helplessness, and boredom. Important facets of the approach include opportunities for interaction with members of the community, plant life, animals, and children, and assuring the maximum possible decision-making authority remains in the hands of the residents or in the hands of those closest to them.

As of December 10, 2010 the average age of current Pioneer Home residents is 85.6 years. (In 1998, the average age was 76 years.) As of January 1, 2011, the resident census was 454 individuals. A total of 258 residents, or 57% of the entire Pioneer Homes population, had some form of dementia. As of March 18, 2011, the Pioneer Homes had 315 female residents and 146 male residents.

The Pioneer Homes facilities were originally designed to accommodate a continuum of care featuring three levels of professional services, ranging from assurance of a safe environment and occasional help with daily life skills to assistance with health care, personal care and other support services, including end of life care. In some homes there are distinct neighborhoods for the level of care an individual requires. Since the development of the home- and community-based services program, which enables elders to have support to live in their homes, the Pioneer Homes have seen increasing numbers of elders entering the Homes at the higher acuity end of the spectrum and/or needing end of life care. The homes were designed before the creation of the Medicaid waiver and thus all levels of care were incorporated into the Homes' design. Today, with more demand for a higher level of care coupled with an increase in Alaska's senior population, the Pioneer Homes are unable to accommodate the demand for services; this is reflected in an ever-increasing wait list as shown in the table below:

	Level I	Level II	Level III	Active Wait List*	Inactive Wait List**
August 2004	46	135	273	138	2,780
January 2011	55	146	259	362	3,073
Change	9	11	-14	224	293

Wait list applicants age 65 and over are selected for admission on a "first come, first served" basis. The date and time an application is received is the application date for that person. People must opt to be on the Active (ready to enter a Pioneer Home within 30 days) or Inactive (not ready yet) wait lists. When a vacancy becomes available in a particular level of care, the applicant offered admission is the first person on the Active Wait List requiring that level of care.

Challenges within the Pioneer Home system include ever-increasing repair and maintenance costs as the facilities age, staff challenges 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. 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 in the Section of Certification and Licensing recently moved from the Division of Public Health to the Division of Health Care Services. The office 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 approximately 256 assisted living homes statewide as of February 1, 2011 (with 2,095 beds) that are licensed to provide services to seniors. Additional homes are licensed to care for people with developmental disabilities and individuals with mental illness.

Background Check Unit. The Background Check Unit within the Division of Health Care Services' 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. 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 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 also 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. The Division's Emergency Preparedness Coordinator provides guidance and assistance to grantees in promoting the needs of seniors and other vulnerable Alaskans within the local planning process.

For more information on Emergency Planning and Preparation, see page 16 in the core section of this state plan.

Rural Long-Term Care Development. Rural Long-Term Care Development (within the Division of Senior & Disabilities Services) assists in the development of a variety of services in rural areas so that elders can remain as close to home as possible when they need extended care. Funded by a grant from the Alaska Mental Health Trust Authority, its goal is to assist rural communities to develop home- and community-based services, such as care coordination, chore and respite services, personal care assistance programs, adult day centers, and other home- and community-based waiver services. The program provides training and technical assistance to communities. Rural Long-Term Care Development also has a grant from the Robert Wood Johnson Foundation Coming Home Program to promote affordable, sustainable assisted living homes in rural parts of the state.

Information Resources

Medicare 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. This office manages the Alaska SMP (Senior Medicare Patrol) 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. 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.

For more information on the Medicare Information Office, see page 10 in the core section of this state plan.

Alaska's Aging and Disability Resource Centers (ADRCs). 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. Currently there are four ADRCs in Alaska: the Kenai Peninsula Independent Living Center in Soldotna, the Southeast Alaska Independent Living Center in Juneau, the Municipality of Anchorage, and Bristol Bay Native Association in Dillingham. The coordination of information and access services between the ADRCs and local agencies will support a "no-wrong-door" approach that allows the consumer to obtain information and access to services wherever they would most naturally enter the long term care system. Currently 37.6% of all Alaska's ADRC clients are seniors.
For more information on Alaska's ADRCs, see page 9 in the core section of this state plan.

Senior Housing and Facility Supports

AHFC Senior Housing Office. Alaska Housing Finance Corporation's (AHFC) mission is to provide access to safe, quality, and affordable housing. Within AHFC, the Senior Housing Office works with seniors and others to promote adequate, accessible, secure and affordable housing. In addition to advocacy efforts and industry relationships, developing senior housing is accomplished either through the use of competitive grant awards or qualifying loans, or both, which assist developers who seek to build affordable senior housing in the state. Within AHFC's public housing division, seniors may pursue either senior/disabled housing or the Housing Choice Voucher program.

Seniors age 62 or older, or persons with a verifiable disability age 18 or older, may apply to rent housing at one of the eleven HUD senior housing facilities managed by AHFC and located across the state. The facilities have a total capacity of 611 units and all are currently occupied, with wait lists for potential residents. As of the end of 2010, there were a total of 1,281 people on wait lists for senior facilities statewide. Many seniors pursue the Housing Choice 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 approximately 30% of their income toward rent, with the balance supplied by the voucher. There is also a wait list for this program. As of the end of 2010, there were 5,874 Housing Choice Voucher applicants statewide, although some within that total have applied in more than one location. Persons with acute need, such as those who are homeless, fleeing domestic violence, or paying more than 50% of their income for rent, among others, have the highest priority on the wait 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 includes Low Income Housing Tax Credits, HOME funds, and the Senior Citizens Housing Development grant fund. Each of these programs plays a critical role in the development process for senior housing, but applicants must compete with others who are likewise providing housing for special needs populations and low-income families. Since 1994, the Senior Citizen Housing Development Fund, one component of the GOAL program, has provided $42.5 million for the creation of 49 separate senior developments (a total of 826 units) across Alaska.

Weatherization and Energy Rebate Programs. The Alaska Housing Finance Corporation (AHFC) was awarded $300 million in 2008 by the State of Alaska for weatherization and energy rebate programs. The funding was intended to help Alaskans reduce their energy bills by making energy-efficient improvements to their homes. Many older Alaskans have benefited from these programs. AHFC hopes to receive additional funding for the weatherization program in FY 2012.

The Weatherization Program is for individuals who meet certain income guidelines (formerly up to 60% of area median income, now up to 100% of area median income) for eligibility. Those who qualify receive free weatherization assistance. After an assessment, which determines the weatherization measures to be performed on the home, an individual is added to a wait list. When the person reaches the top of the list, his or her home is scheduled for the weatherization work.

The Home Energy Rebate Program is not based on income. The program rebates up to $10,000 to homeowners who improve the energy efficiency of their homes. To qualify, a homeowner

needs to improve the energy efficiency of the home at least one step using the energy rating system. This is a one-time rebate for any one family or home. The amount of the rebate is determined by the points and step increase in the home's energy rating.

Alaska Mental Health Trust Authority Affordable Housing Focus Area. The Alaska Mental Health Trust Authority administers the Mental Health Trust to improve the lives of beneficiaries. Trustees have a fiduciary responsibility to protect and enhance Trust assets in perpetuity for the beneficiaries. The Trust provides leadership in advocacy, planning, implementing and funding of a Comprehensive Integrated Mental Health Program and acts as a catalyst for change. Beneficiaries are those who experience a mental illness, chronic alcohol addiction, developmental disabilities, Alzheimer's disease and related dementia conditions, and traumatic brain injury.

The Trust has identified housing as a critical area for planning and resource investment in Alaska. The Trust beneficiaries have many unmet housing needs: lack of affordable decent options, rising costs for rent and utilities, social challenges, disruptions in housing stability, etc. The Alaska Mental Health Trust Authority has identified affordable housing as a priority area for funding and advocacy. Safe, decent, affordable, accessible, and appropriate housing is often the key for Trust beneficiaries in maintaining a healthy lifestyle and participating in rehabilitation and recovery activities, or in receiving supportive services through a dignified end of life.

The statewide shortage of affordable, safe, accessible, and appropriate housing disproportionately affects seniors and Trust beneficiaries due to the rising costs of rent and utilities, combined with challenges associated with disabling conditions or health problems. These problems will only be amplified as we see the increase of seniors in the state as the baby boomer generation ages and chooses to remain in Alaska.

The Trust's Affordable Housing Focus Area pursues the following strategies targeted toward Trust beneficiaries who are elderly and/or require long-term care services:

- Policy advocacy to bring together necessary funding sources to support the supported housing stock in the state. This work includes efforts to replicate aspects of a housing trust used in several other states that would assist in providing on-site support services.
- Increasing capital resources for supportive housing for seniors and those with cognitive and behavioral challenges due to mental illness, dementia, or other related cognitive disorders.
- Increasing the availability of long-term care supports and community-based services for those beneficiaries who are at risk of institutionalization.
- Increasing the availability of technical assistance through the State's Department of Health & Social Services, Alaska Housing Finance Corporation, and the Pre-development Program (operated by the Foraker Group) for development and maintenance of safe, affordable housing at the community level.

Facilities Capital Grants. The Department of Health & Social Services' Facilities Section has several capital grant programs that can be used to help provide services to Alaska's seniors. Alaska Mental Health Trust Authority beneficiaries, which can include seniors who suffer from Alzheimer's disease and related disorders or are experiencing chronic alcoholism, developmental disabilities, mental illness, or brain injury, are served through these capital grant programs.

The Department's Deferred Maintenance Capital Grant program allows eligible providers of services to Trust beneficiaries to apply through the Request for Proposal (RFP) process. If awarded, the provider can procure deferred maintenance and accessibility improvements to the buildings housing treatment offices, residential services, administrative offices, and similar services. For example, Senior Citizens of Kodiak was awarded $57,350 to replace windows and fire alarm systems within its senior center facility.

The Department's Essential Program Equipment Capital Grant program is for one-time equipment purchases for eligible applicants for program equipment needs including, but not limited to, therapeutic equipment, computers, fax machines, copiers, general office equipment and furnishings, kitchen equipment, and security systems. An example of an Essential Program Capital Grant was an award of $23,451 to the Alzheimer's Disease Resource Agency of Alaska for new computers and office equipment to assist in its services.

The Department's Home Modifications Capital Grant program seeks to provide eligible service providers with the resources to ensure Trust beneficiaries and special needs populations are able to experience increased mobility and accessibility in their home environment. The overall goal of this capital grant program is to fund capital projects which initiate, enhance, or extend an eligible service provider's system of delivering the resources required to provide home modifications for Trust beneficiaries or individuals with special needs. Access Alaska was recently awarded $400,000 from this capital grant program. With a limit of $20,000 per home modification project, this grant alone will help upwards of 20 recipients.

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.

According to the 2011 Genworth Cost of Care Survey, the cost of providing one year of adult day service in Alaska is $23,376. This compares with an average of $66,000 for a private room in an assisted living facility and $227,760 for a private room in a nursing home in Alaska. Helping families to provide needed care at home not only satisfies the preferences of the individual and their family, but saves almost 90% of the cost of skilled nursing care. 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. Unfortunately, total grant fund sources have not kept pace with the needs of Alaska's rapidly growing senior population.

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 Assistant. 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 meet 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 has offered four waivers, each for a specific group of Alaskans, although some changes to this configuration will be implemented in FY 2012. The Older Alaskans (OA) waiver was traditionally targeted to seniors. The OA waiver provides services to low-income senior Alaskans (age 65+) 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 may include care coordination, private duty skilled nursing, adult day care, meals, respite care, transportation, chore services, and medical equipment. In FY 2010, the OA waiver served 1,721 seniors at an average cost of $43,214 per beneficiary. This expenditure helped to avoid the much higher cost of nursing home care (at an average annual cost of $227,760 per year in Alaska.

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).

Nursing Facility Transition Program. Alaska offers a Nursing Facility Transition Program (within DSDS) 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.

For more information about the Nursing Facility Transition Program see page 13 in the core section of this state plan.

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, and ADRD Education & Support programs.

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 DSDS 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 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

Older Americans Act Programs: Title III

Programs funded by Title III of the Older Americans Act are administered and coordinated with a blend of federal, State, and local funding. These programs cover information and assistance, adult day, congregate and home-delivered meals, legal assistance, transportation, nutrition education, outreach, health promotion and disease prevention, medication management, community services, homemaker services, care coordination/case management, and caregiver services. Older Americans Act programs are administered by the Division of Senior & Disabilities Services with federal and state funds distributed through grants to provider organizations throughout the state, based on the funding formula developed by the state plan for senior services steering committee.

The Older Americans Act provides the framework for delivery of services along the continuum of care to meet the social and nutritional needs of seniors throughout the state. In addition, the Older Americans Act programs administered by DSDS provide the basis for coordination of services for seniors which would otherwise be fragmented. Partnerships between senior grant programs funded through the Older Americans Act (Title III) and other entities include: Title VI programs, Office of the Long-Term Care Ombudsman, Medicare Information Office, Legal Assistance, Division of Public Health, Division of Behavioral Health, Independent Living Centers, Pioneer Homes, Medicaid Programs, Division of Public Assistance, local senior services providers, municipalities, and tribal health organizations.

The Senior Grant Programs (as described on page 4 in the core section of this state plan) provide critical supports and opportunities for seniors and their caregivers so that they may live independently in their homes and communities for as long as they are able. In addition to services authorized under Title III of the Older Americans Act, Senior Grant Programs offer additional services targeted to individuals with Alzheimer's disease and related disorders (ADRD) and their caregivers.

The array of services available in each community differs based upon the unique characteristics of the community and the needs of its seniors. Older Americans Act programs ensure participation by seniors in the development and delivery of services and technical assistance is provided by the State Unit on Aging to communities who need help developing a viable plan for service delivery to meet the needs of seniors in their area.

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
• manage money
• use the telephone on seniors' behalf, or assist senior with telephone
• 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.

The State of Alaska Senior Grants Program 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.

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, standby 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
- Making use of available transportation without assistance

NTS Cluster 2: Registered Services include:

Congregate Meals - Congregate 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 (shown above under Cluster 1) also apply to congregate meals. There are 30 congregate meal sites across Alaska, primarily at senior centers, and 30 home-delivered meal providers.

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.

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

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.

Nutrition Education - A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.

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.

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.

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. DOT&PF staff work with communities to create plans for senior transportation, providing technical assistance when needed. The Governor's Coordinated Transportation Task Force produced a comprehensive report in February 2010, and will move forward to implement its recommendations. The director of the Division of Senior & Disabilities Services and a member of the Alaska Commission on Aging serve on this task force.

Health Promotion and Disease Prevention Services – Title III-D provides limited funding for health promotion and disease prevention. These funds can be used for a range of services, including health screening and health risk assessments, health education, physical fitness, and other activities. Physical activity programs can also be provided by using Nutrition Education grant funds. Medication education is currently provided through a partnership with the University of Alaska. DSDS is working to expand coverage of this program so that more older Alaskans can benefit.

For more information on Health Promotion and Disease Prevention Services, see page 14 of this state plan.

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
    - o Social Security retirement
    - o disability benefits
    - o Adult Public Assistance and Food Stamps
    - o property tax exemption
- health care
    - o Medicare
    - o Medicaid
- housing
    - o private landlord-tenant
    - o public housing
    - o nursing homes
    - o assisted living
- consumer
    - o consumer fraud
    - o unfair debt collection practices
    - o bankruptcy

- estate planning
    - o wills
    - o living wills
    - o powers of attorney
- family
    - o guardianship
    - o conservatorship
    - o assistance for grandparents raising grandchildren
- protection from abuse

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:
    - o Screen for capacities and problems of a senior citizen
    - o Link (refer) consumer with opportunities and services available
    - o 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 – This service helps fund 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. This program is run by Alaska Community Services.

• **Foster Grandparents/Elder Mentor Program**- Provides tutoring and mentoring to children at risk by coordination with schools and daycare facilities. This program is run by Alaska Community Services.
• **Retired Senior Volunteers Program** – Matches qualified retirees with a charitable organization and coordinates activities. (RSVP volunteers do not receive a stipend.) These programs are run by Alaska Community Services and Volunteers of America – Alaska.

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 program 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 program are provided according to the following framework:
• Eligibility for services is limited to individuals who do not qualify for services under the 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 re-evaluated 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.

• **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.

• **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.

The Senior In-Home Services program is funded with 100% 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. The National Family Caregiver Support Act, part of the reauthorized Older Americans 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 and Support. 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

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.

Funding for Senior Grants Programs- FY 2010
I. Nutrition, Transportation and Support Services Grants: **$6,218,852**
Funding Source: Title III B, C1, C2, and D and State Match

II. Home- and Community-Based Grants
Adult Day: **$1,554,511**
Funding Source: State General Funds

ADRD Education & Support: **$127,118**
Funding Source: State General Funds and MHTAAR

National Family Caregiver Support Program: **$1,026,575**
Funding Source: Title III E and State Match

Nursing Facility Transition Program: **$120,000**
Funding Source: State General Funds

Senior In-Home Services: **$2,492,265**
Funding Source: State General Funds
Senior Residential Services: **$815,000**
Funding Source: State General Funds

Medicare Information Office: **$52,500**
Funding Source: Federal and State General Funds

Aging & Disability Resource Centers: **$648,685**
Funding Source: Federal, State General Funds, and MHTAAR

Total FY 2011 Funding for Senior Grant Programs: **$13,055,506**

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. Alaska Title VI grants vary in amount 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 12 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.

For more information on Title VI Programs and a list of current Alaska Title VI grantees, see page 18 of this state plan.

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.

Trust Training Cooperative (UAA Center for Human Development). The Alaska Mental Health Trust Authority (Trust) provides sole funding for the Trust Training Cooperative (TTC) housed at the University of Alaska Center for Human Development. The TTC is a strategy of the Trust Workforce Development Initiative focus area since FY 2008. The program has the directive to "promote career development opportunities for direct service workers and their supervisors engaged with Alaska Mental Health Trust Authority beneficiaries, by ensuring that technical assistance and training is accessible and coordinated." (Direct service workers are defined as individuals whose job requires a bachelor's degree or less and who work at least 75% directly with consumers.)

The TTC has three programmatic goals:

1. Leading and partnering with training entities
2. Brokering and facilitating non-academic training based on identified training gaps and provider need
3. Utilizing tools that assist with training delivery

The TTC staff provides technical assistance in the delivery of provider training by agencies, organizations, businesses, and associations to a broader audience via distance delivery (audio and video conferencing, web-based training), sharing of training materials, and coordination of shared training. In addition, technical assistance services include help with identifying resources, existing training, and possible solutions to address identified training needs.

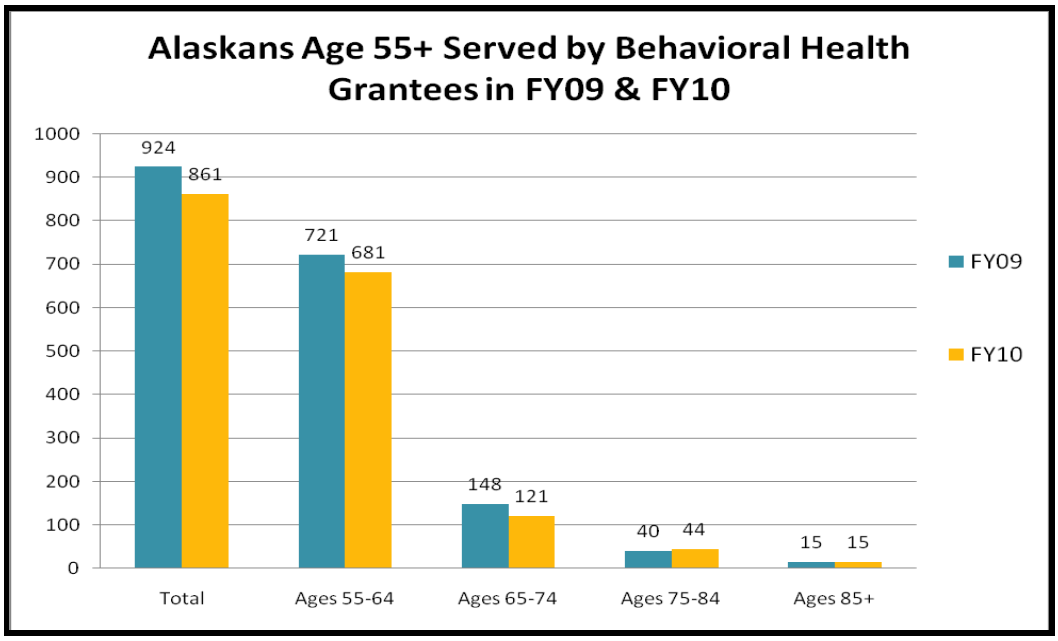
Alaska Division of Behavioral Health
Service Utilization Data
2009-2010

AKAIMS data compiled by the Alaska Mental Health Board and Advisory Board on Alcoholism & Drug Abuse with support from the State of Alaska Division of Behavioral Health.

The Alaska Commission on Aging works with the Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse, Governor's Council on Disabilities and Special Education, the Alaska Mental Health Trust Authority, other state planning councils and boards, seniors, concerned family and friends, and other partners to advocate for programs and services that help Alaskans lead healthy lives.
A combination of federal and state funds help support a system of care that provides for the behavioral health needs of seniors. Alaska's Department of Health and Social Services manages the one state psychiatric hospital. Most other publicly funded services are provided for through contractual agreements between community behavioral health centers and the State. Those services are either delivered in residential settings or in outpatient settings, according to the most appropriate to the level of care.

Client data, conforming to federal privacy and security guidelines outlined in the Health Insurance Portability and Accountability Act (HIPAA), is collected and reported in a state operated system called AKAIMS. The following senior-specific data was collected and reported for the service period 2009-2010. It represents behavioral health services delivered throughout Alaska by behavioral health providers funded in whole or in-part by publicly funded sources (predominantly Medicaid and state grants).

Fiscal Year 2009 and 2010 Mental Health and Substance Abuse Treatment of Alaskan Seniors Aged 55+ In Behavioral Health Agencies



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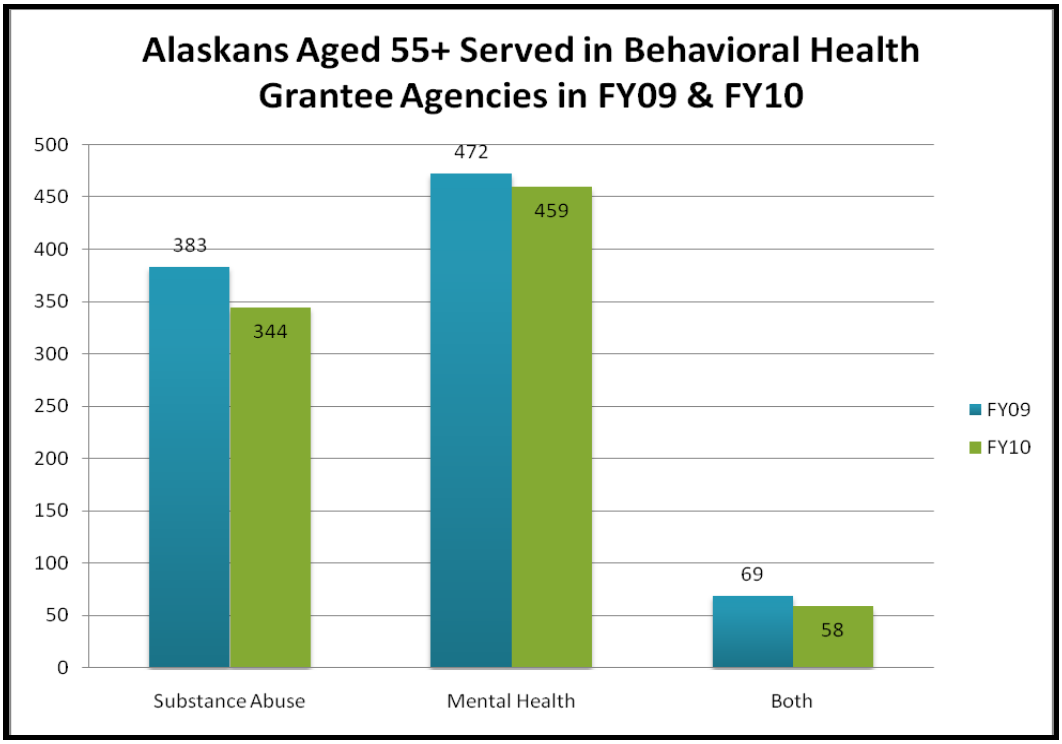

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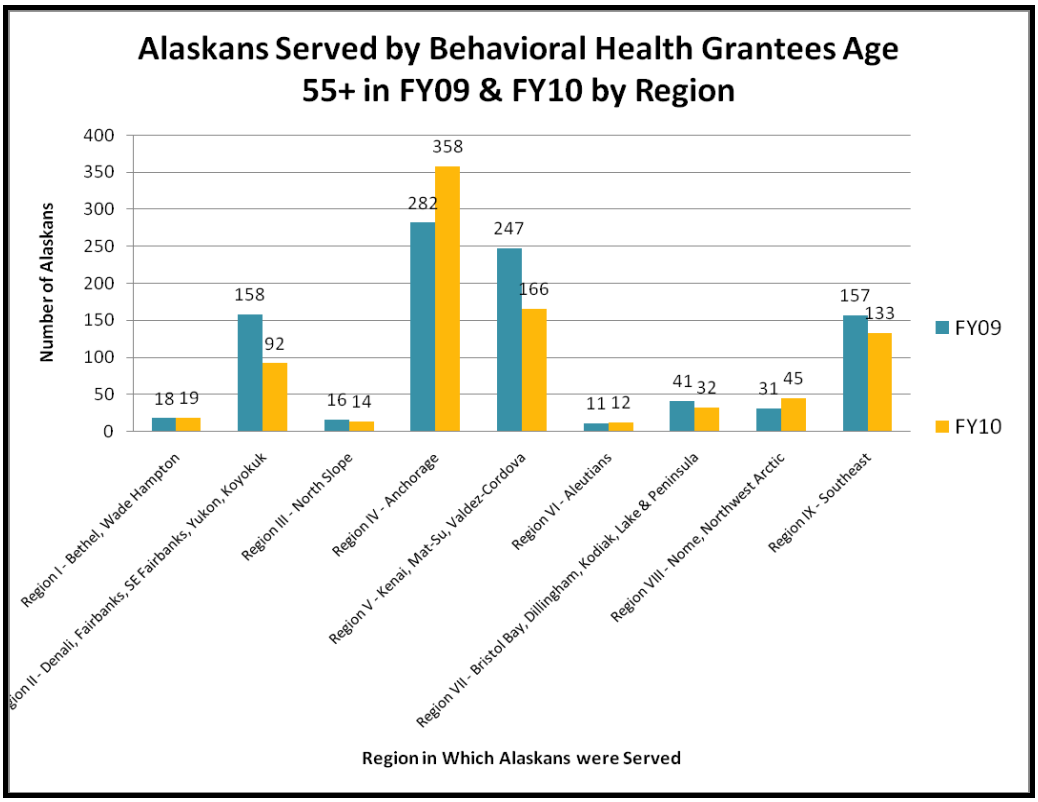

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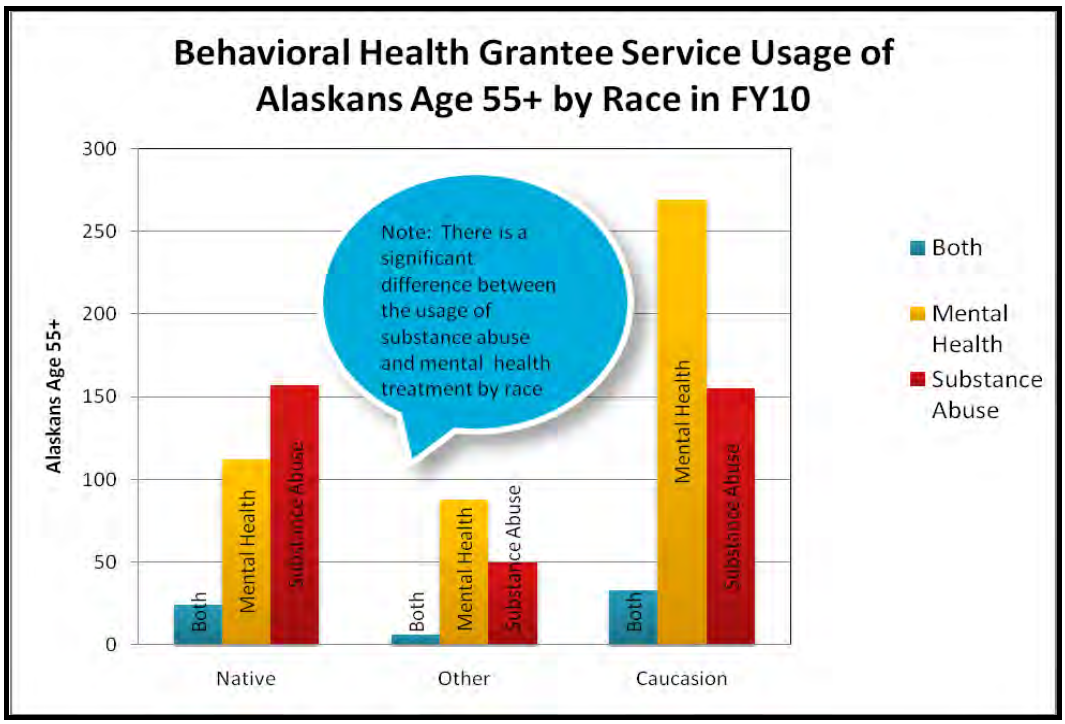

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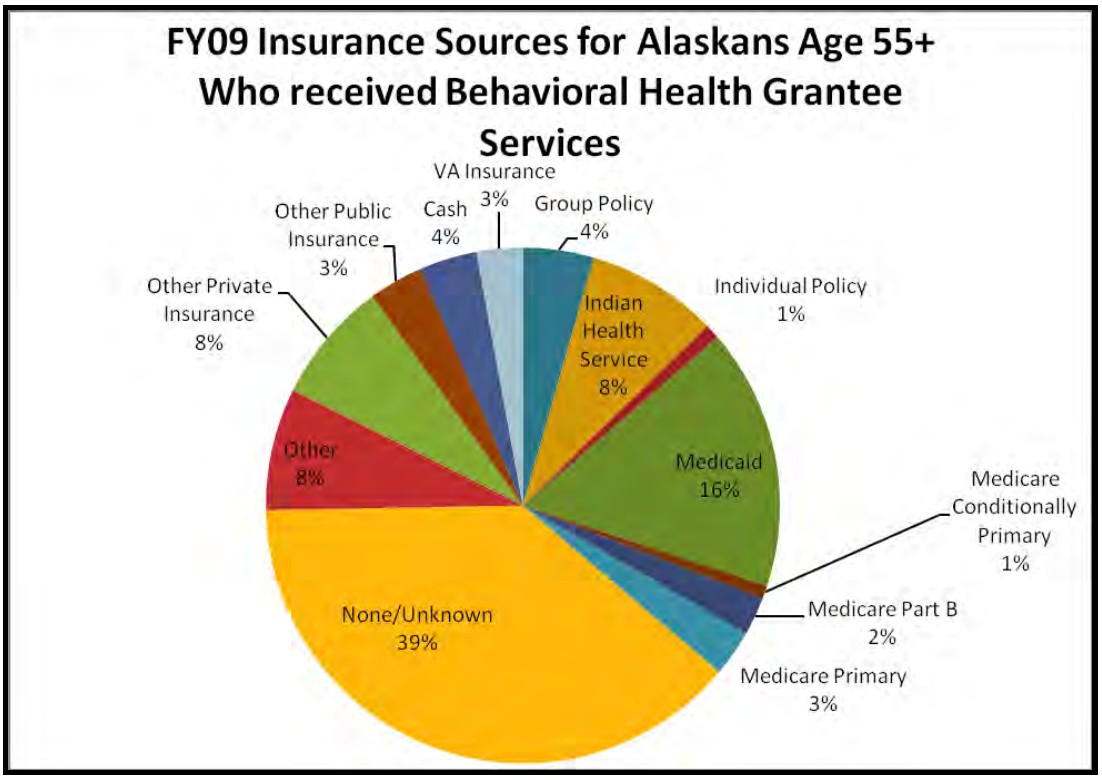
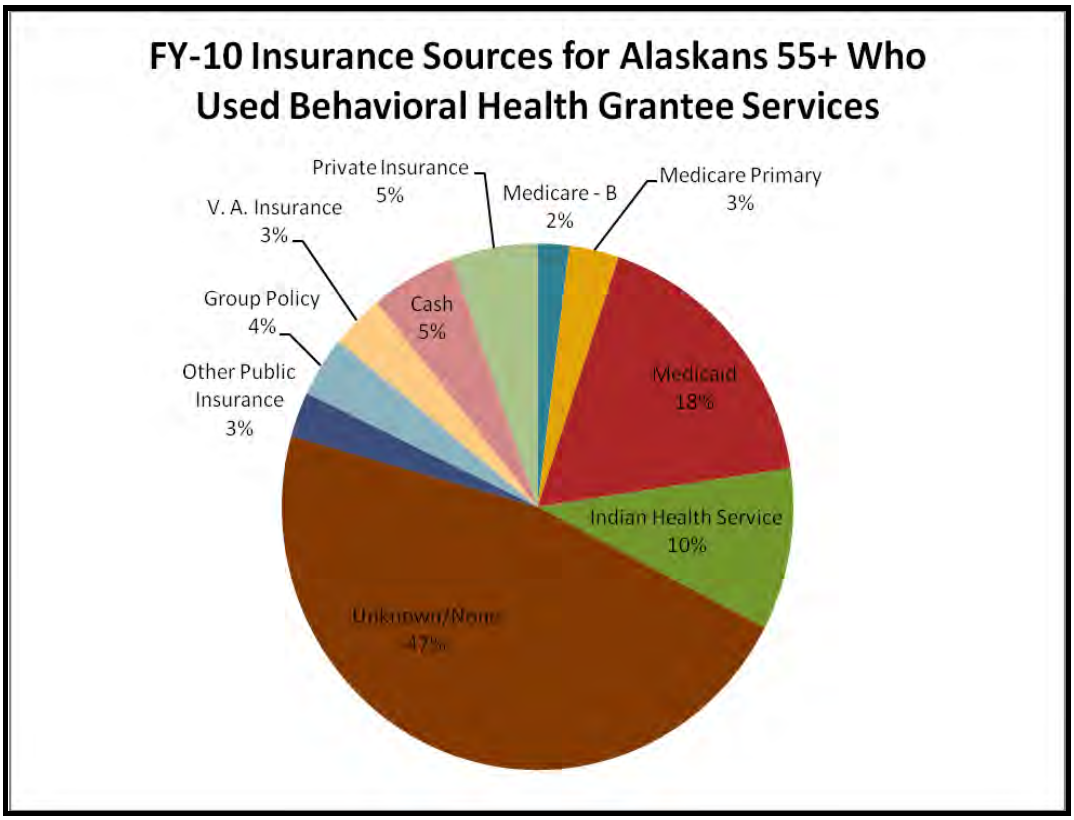
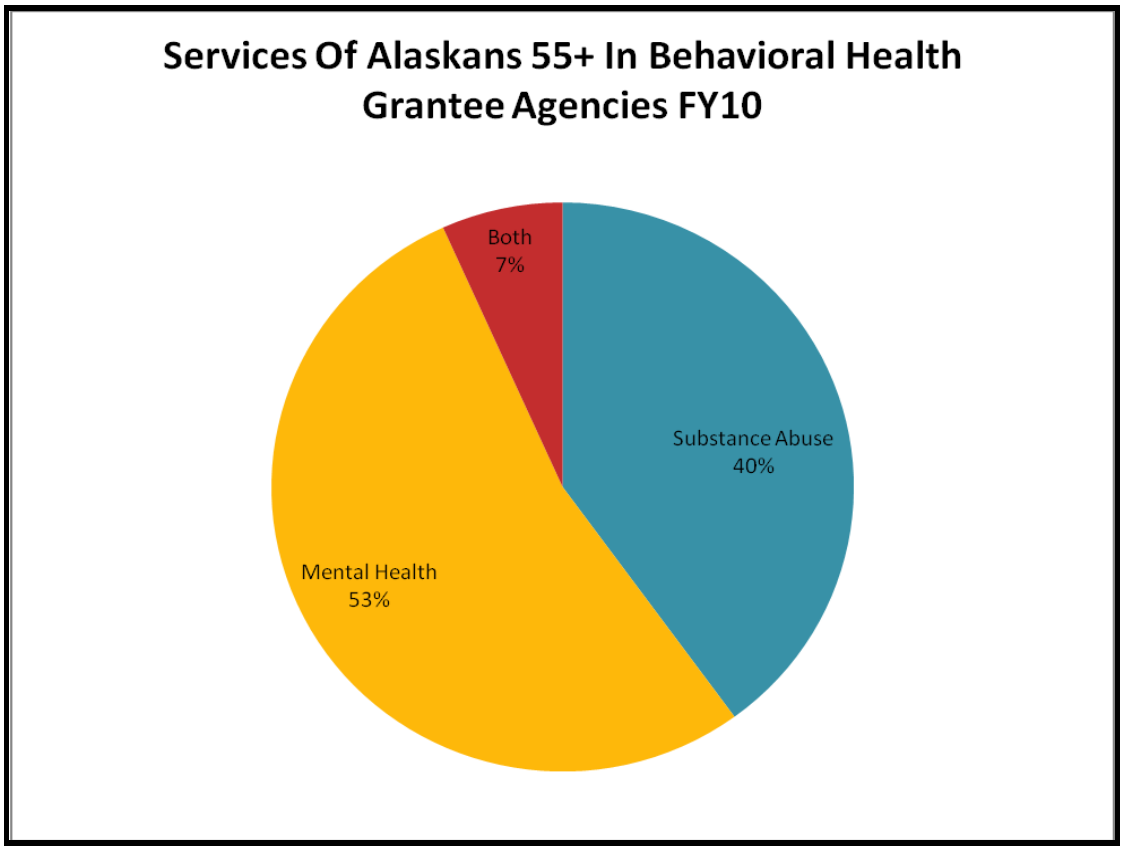


Source: AKAIMS FY09



Source: AKAIMS **Note: N= 861**

Fiscal Year 2010 Mental Health and Substance Abuse Treatment of Alaskan Seniors Aged 55+ In Behavioral Health Agencies



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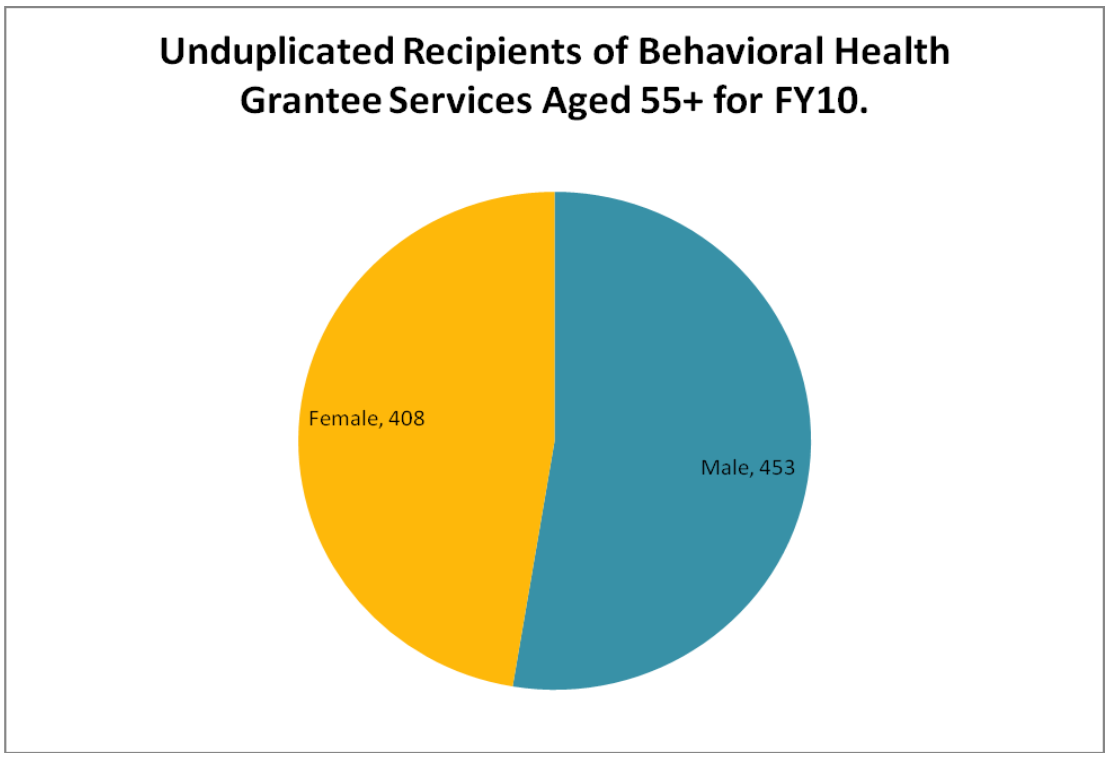

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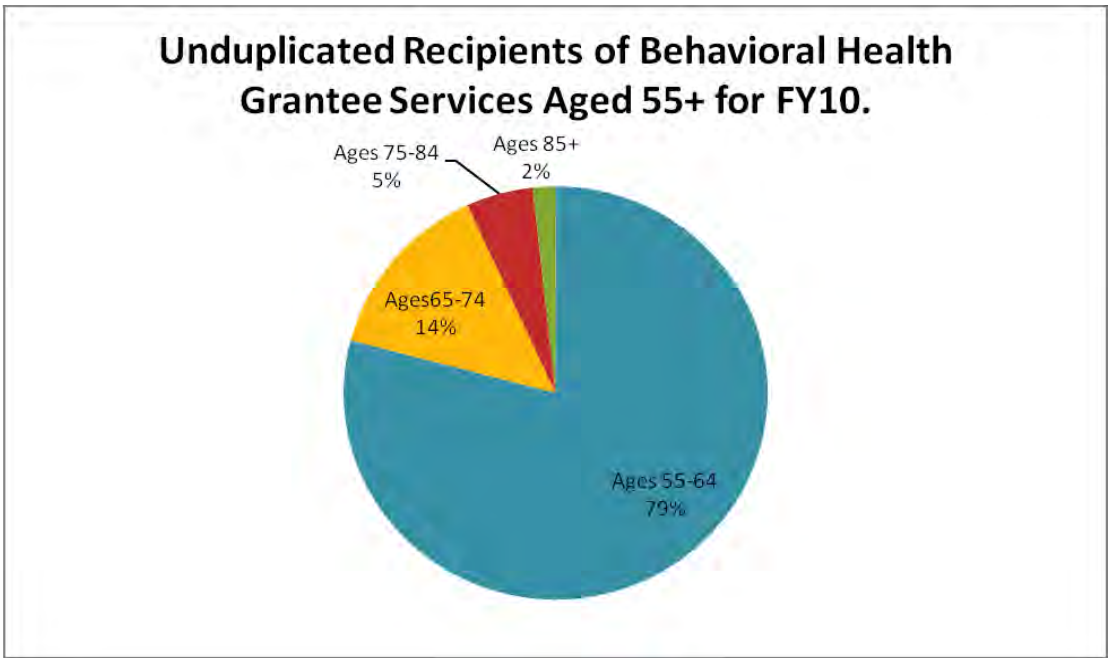

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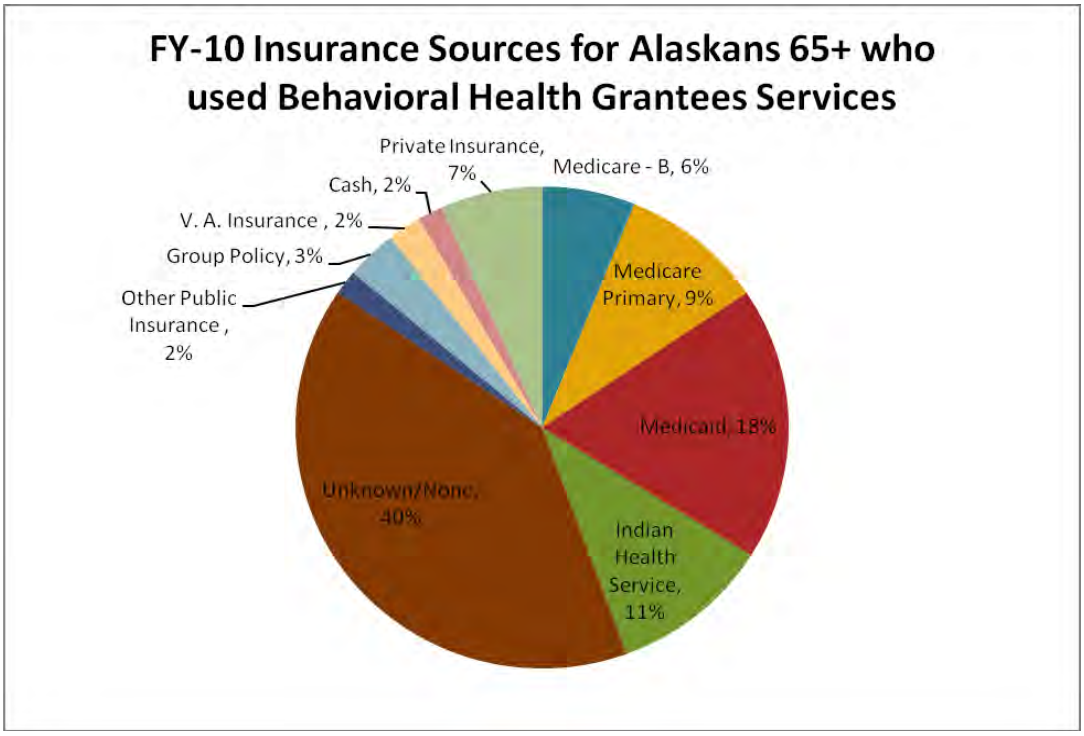

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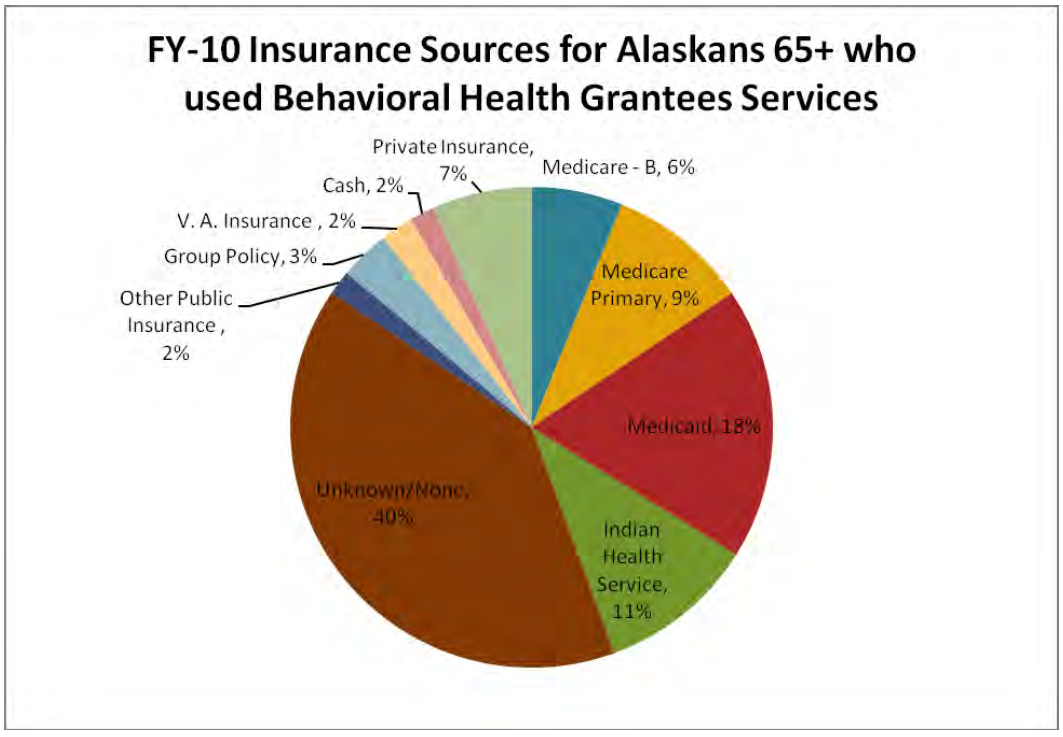

Source: AKAIMS **Note: N=180**

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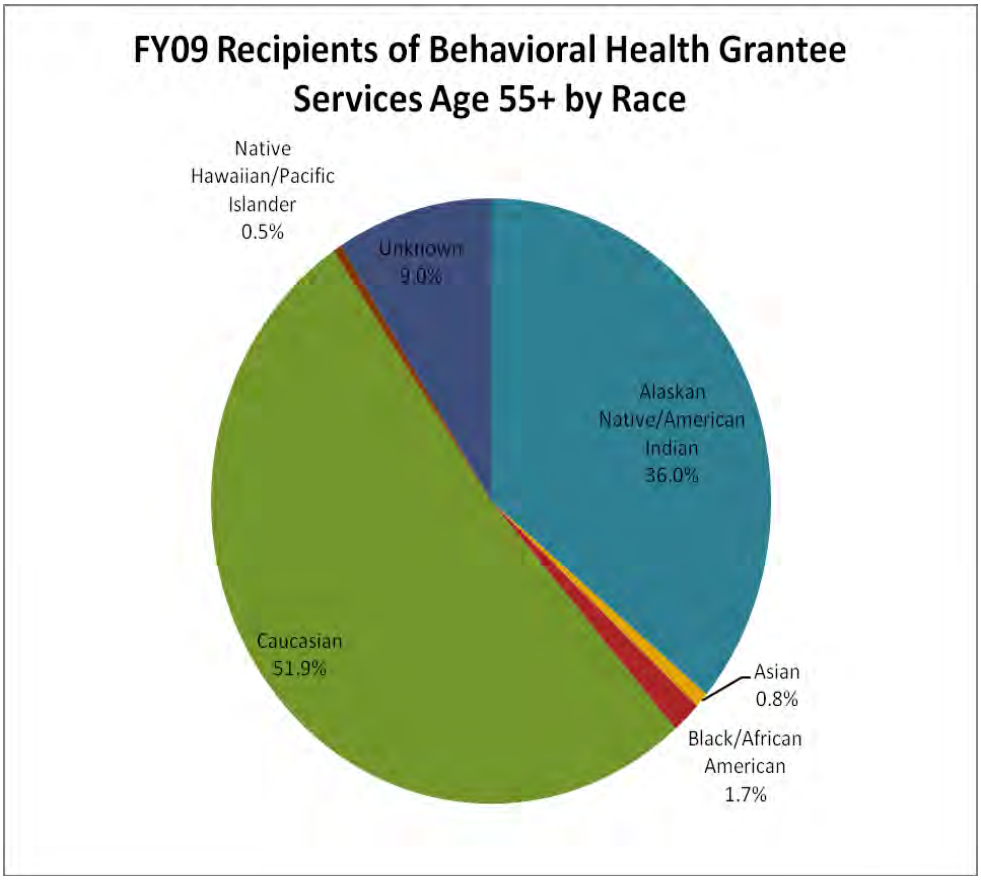
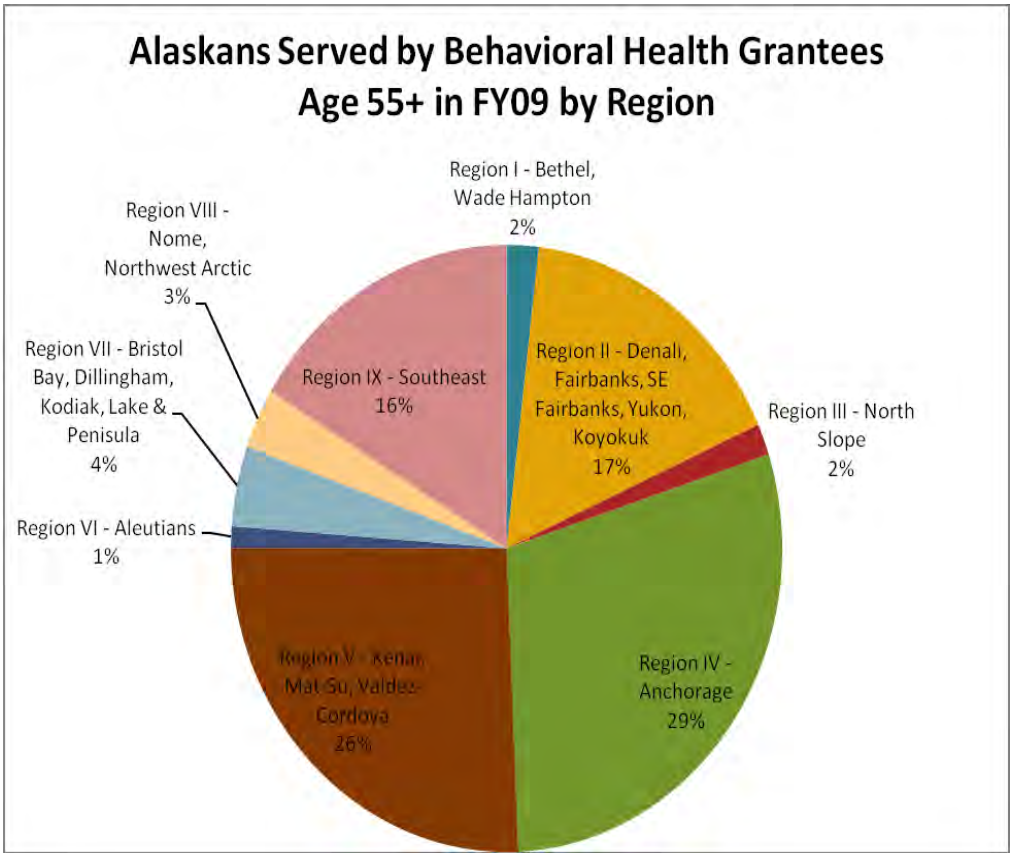


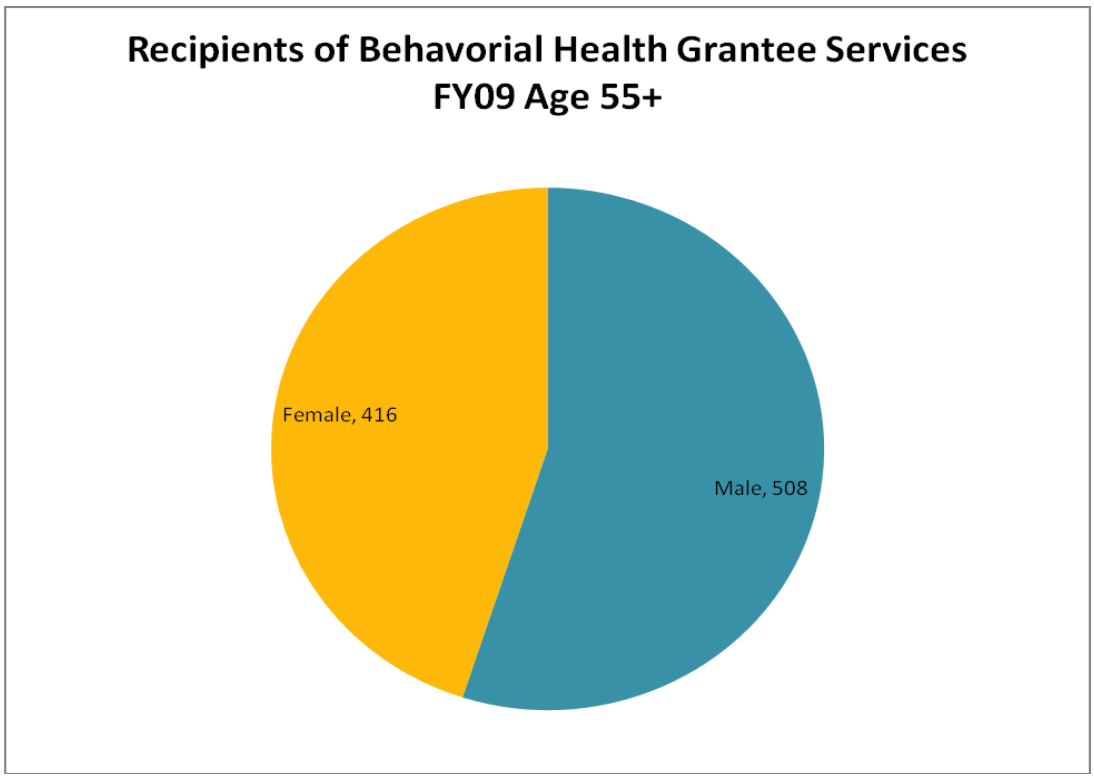
Source: AKAIMS

Note: 924 Unduplicated Individuals were counted. 988 Individual Races were found as some individuals have multiple races listed leading to double or triple counting those individuals.



Source: AKAIMS

Note: 924 Unduplicated Individuals were counted. 961 agency/individual matches were found as some individuals have multiple agencies listed leading to double or triple counting those individuals.



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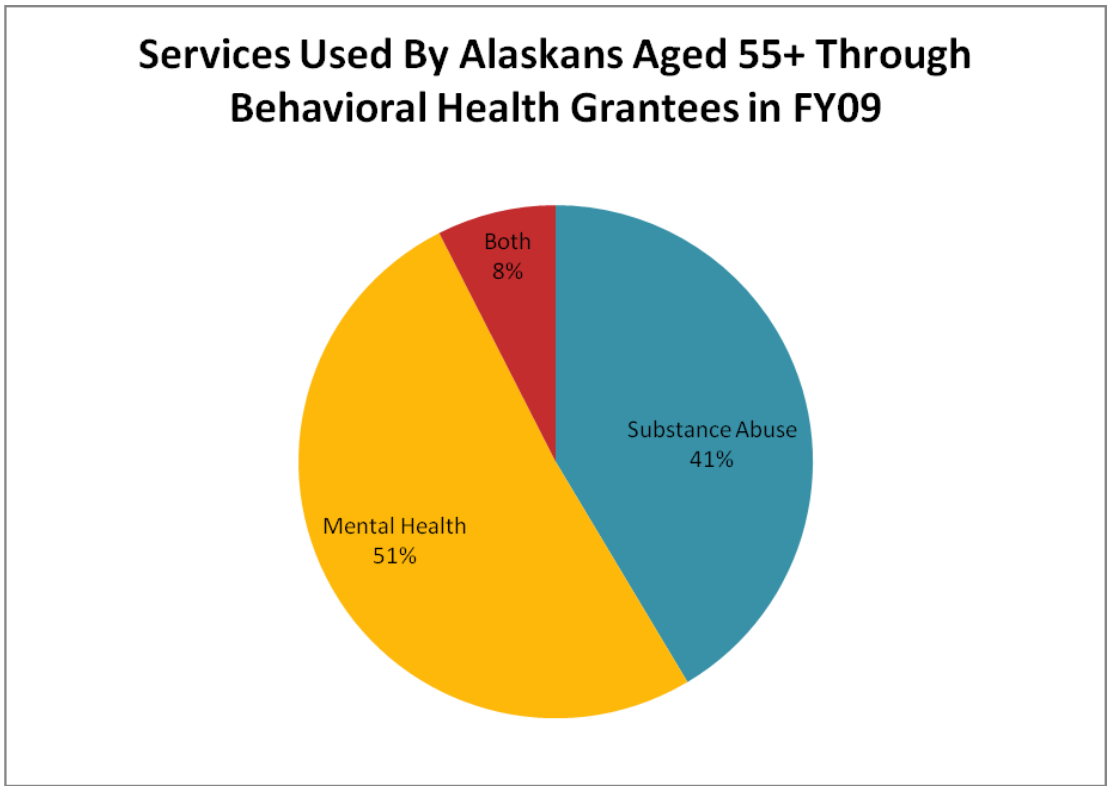


APPENDIX G

ASSURANCES

APPENDIX G:

State Plan Assurances, Required Activities, and Information Requirements Older Americans Act, As Amended in 2006

By signing this document, the authorized state official commits the State Agency on Aging to performing all listed assurances, required activities, and information requirements as stipulated in the Older Americans Act as amended in 2006.

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.

Alaska is a single planning and service area state, with no area agencies on aging at this time. The Alaska Department of Heath & Social Services is the State's sole agency on aging as defined within the Older Americans Act.

(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 senior services for FY 2012 – FY 2015 the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under the plan.

The draft state plan will be available for public comment during May, 2011. The plan will be made available to the public on the Alaska Commission on Aging's website and feedback sessions will be arranged with a number of senior centers across the state. Notice of the public comment period and public hearings will be sent to senior centers and a variety of email lists and advertised in local media.

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 and Disabilities Services are available to listen to the concerns of senior service consumers at any time.

In preparation for the development of this state plan, the Commission held elder community forums in Kotzebue, Anchorage, Juneau, Fairbanks, Bethel, and with the Alaska Native Tribal Health Consortium. The Commission also conducted a statewide mail-in survey, receiving over 3,200 responses from older Alaskans. Seniors were asked to rate the quality of any senior services they had used in the past year. While all services received high ratings (with about four out of five users reporting that they were satisfied or very satisfied), both the elder forums and the survey results helped identify significant overall areas of concern among significant minorities of Alaskan seniors. In response to requests from seniors and agency partners in the past, this edition of Alaska's state plan adds a regional perspective on senior circumstances and needs.

(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 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).

The plan's funding framework utilizes weighting factors which take into account each region's number of older individuals, number of low-income older individuals, number of minority older individuals, number of individuals age 80 and older (the group most likely to be frail and in need of services), number of rural older individuals, and regional cost-of-living factors (reflecting costs and level of infrastructure in each region).

Alaska does not have a region-by-region count of older individuals with limited English proficiency. The Division of Senior & Disabilities Services includes in its grant agreements a commitment that grantees will conduct outreach efforts to those elders in their region who have 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 the outreach efforts described in section 307(a)(16) of the Older Americans Act in its grant agreements with providers of senior services.

Section 307(a)(16) requires outreach efforts that will:

(A) Identify individuals eligible for assistance under the Older Americans 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 greater 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.

The State of Alaska assures outreach to AoA target populations for all services offered through Title III and other Senior Grant funding. A proposal for outreach to target populations is required as part of the grant application process by all senior providers. Outreach proposals are evaluated as part of the grant-making process. Outcomes for increasing services to target populations are measured through SAMS data and evaluated on an annual basis.

(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.

Alaska's state agency on aging assures that it 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 as well as the Division of Public Assistance work closely with other senior organizations to identify the needs of these groups of seniors and the barriers they face in accessing

services and benefits. Many of the goals, objectives, and strategies outlined in this state plan focus on just such efforts.

The Alaska Commission on Aging and its network of senior advocates 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, and/or rural seniors. The Commission holds one rural outreach meeting each year, in remote hub communities such as Kotzebue, Nome, Bethel, and Dillingham, with site visits to the smaller villages in the area. Commission members agree that these meetings result in an especially valuable understanding of the unique needs of rural Alaskan seniors and elders.

(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 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 aging, 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.

The State of Alaska's Department of Health & Social Services, the state agency on aging, is the State's sole planning and service area under the Older Americans Act. The Department 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:

Access to Services: 50%
In-Home Services: 5%
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 fact 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 care, and chore service, 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 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 assurance 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) 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 state agency on aging assures that it 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) The state agency on aging will include in each agreement made with a provider of any service under this title, a requirement that each 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 state 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 provider's service area; and

(4)(a)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, the state agency on aging will –

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in each region of the state;

(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 state agency on aging met the objectives described in clause (4)(A)(i).

During FY 2010, data for registered services , including NTS (Title III-B) and Caregiver services, reflect the following:

Total Registered Clients:	***10,809***
Percent Minority:	***36.53%***
Percent Rural:	***79.94%***
Percent Below Poverty:	***39.23%***
Number Age 85+:	***1,415***

For the four-year period of this state plan, the State of Alaska will aim to increase these percentages by one percent per year.

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

The State of Alaska assures that the state agency on aging (with a single planning and service area) and its grantees 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

The 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 state agency on aging, a single planning and service area, 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.

In Alaska, the Division of Senior & Disabilities Services provides services for both seniors and individuals with disabilities, enabling the most appropriate services to be identified and efficiently provided to older 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;

The Alaska Department of Health & Social Services, Alaska's state agency on aging, a single planning and service area, will:

in coordination with the Alaska Division of Behavioral Health (the State agency responsible for mental health services) and the Alaska Mental Health Trust Authority, increase public awareness of mental health disorders among seniors, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the Department with mental health services provided by community health centers and by other public agencies and nonprofit private organizations.

The Alaska Commission on Aging sought and received State funding for the SOAR (Senior Outreach, Assessment, and Referral) Project now administered by the Division of Behavioral Health. The Commission also works together with the Alaska Mental Health Trust Authority and its other agency partners to implement programs such as IMPACT (Improving Mood, Promoting Access to Collaborative Treatment) and SBIRT (Screening, Brief Intervention, Referral to Treatment), which screen for depression and substance abuse issues within the primary care setting, making them ideal avenues for identifying seniors with these problems.

(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 state agency on aging assures that, in carrying out Alaska's Long-Term Care Ombudsman program under section 307(a)(9), it will not expend less than the total amount of funds appropriated under the Older Americans Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title. The Alaska Office of the Long-Term Care Ombudsman (OLTCO) is located within the Alaska Department of Revenue and shares space and resources, in Anchorage, with the Alaska Mental Health Trust Authority; the OLTCO is housed in a different department to avoid any possible conflict of interest from its jurisdiction over resident concerns in the Alaska Pioneer Homes, publicly-owned long-term care facilities administered by the Alaska Department of Health & Social Services. OAA funds are transferred from DHSS to the OLTCO within the Department of Revenue via a reimbursable services agreement.

(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 state agency on aging assures that it shall provide information and 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 state. Alaska does have a significant population of older Native Americans, including members of the Yupik, Inupiat, Aleut, Athabaskan, Tlingit, Haida, and Tsimshian peoples. Fifteen percent of Alaskans age 60 and over are Alaska Natives or American Indians. The state agency on aging assures that it will pursue activities, including outreach, to increase access by those older Native Americans to programs and benefits provided under this title;

(B) The state agency on aging assures that it will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under Title VI. The Division of Senior & Disabilities Services coordinates closely with Title VI providers to ensure that the needs of Alaska Native elders throughout the state are met as comprehensively as possible. The Division of Senior & Disabilities Services' (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) The state agency on aging assures that it makes all services under the state plan available to older Native Americans to the same extent as such services are available to other older individuals within the state (a single planning and service area).

(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 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 state agency on aging assures that it will disclose to the Assistant Secretary –

(i) the identity of each nongovernmental entity with which it has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

The Division of Senior & Disabilities Services, as a State agency, does not have any commercial relationships. All Older Americans Act funds are provided as grants to local, tribal, or non-profit entities which provide services to seniors.

(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 state agency on aging assures that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title has not resulted and will not result from any non-governmental contracts or commercial relationships. As a state agency, it has no commercial relationships. It provides grants only to local, tribal, or non-profit agencies which provide senior services.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of 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 state agency on aging assures that it has no commercial relationships and no non-governmental contracts which would diminish the quantity or quality of services to be provided under this title by the State or its grantee agencies.

(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 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 it 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 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 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 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 state agency on aging assures that –
(i) no individual (appointed or otherwise) involved in the designation of the State agency or in the designation of the head of any subdivision of the State agency is subject to a conflict of interest prohibited under this Act;
(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.

The State of Alaska will carry out, through the Office of the Long-Term Care Ombudsman, a State Long-Term 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 of Alaska with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State of Alaska with funds received under Title VII for fiscal year 2000.

In Alaska, the Long-Term Care Ombudsman's Office is located in the Alaska Department of Revenue, rather than in the State agency on aging, the Department of Health & Social Services, in order to avoid any possible conflict of interest resulting from the fact that the OLTCO is responsible for monitoring conditions in the Alaska Pioneer Homes, long-term care facilities administered by the Department of Health & Social Services.

(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 State of Alaska assures that its state plan takes into consideration the needs of older Alaskans residing in rural areas of the state. This is done in part by providing, within the plan's funding formula, a rural factor reflecting the number of seniors in each region who reside in an area considered rural (all areas of the state except for Anchorage, Juneau, and the City of Fairbanks) as well as a cost-of-living factor (based on a recent study funded by the State of Alaska) which adjusts for the higher costs of living (or of doing business) in remote areas of the state. In the cost-of-living factor, Anchorage, the state's largest urban area, is allotted a COLA factor of 1.00, while other regions have a COLA based on their costs relative to those of Anchorage. Special consideration for older Alaskans in rural areas is also accomplished by coordinating closely with the Title VI providers and other agencies offering services in the rural and remote areas of the state. In order to avoid a possible sudden drop in funding to some rural regions due to population shifts to more urban areas of the state, Alaska has chosen to include a "hold harmless" provision in its funding formula to ensure that no region of the state receives less than the amount of funding it received in FY 2011.

(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 of 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 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.

The state agency on aging assures 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 State's single 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 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 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 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 of 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.

Alaska's 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 onging. The Alaska Commission on Aging regularly engages in legislative advocacy and public awareness campaigns pertaining to elder abuse.

(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 has assigned one staff member, to be known as a legal assistance developer, to provide State leadership in developing legal assistance programs for older individuals throughout the state. As of the start of FY 2012, that individual will be the Health Program Manager III who administers the senior grants program. However, the Alaska Commission on Aging will seek funding from the Alaska legislature for a full-time legal assistance developer position in the future.

(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 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 2009, it is estimated by the Alaska Department of Labor and Workforce Development that approximately 23.5 percent of Alaska seniors are considered members of a racial minority group. Fifteen percent of Alaska seniors are identified as Alaska Native or American Indian, and another 10.5 percent of seniors are identified 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 Anchorage, the state's largest city.

(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 as well as other benefit programs offered by the State of Alaska.

(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 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
(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.

These requirements are a part of the State's grant agreements with senior services providers in each region. Outreach proposals are monitored as part of the grant-making process. Outcomes for increasing services to target populations are measured through SAMS data and evaluated on an annual basis.

(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. Since 2003, the Division of Senior & Disabilities Services has been the agency with responsibility for services to both seniors and Alaskans with disabilities, administering a variety of programs to meet the special needs of both groups.

(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 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 Division of Senior & Disabilities Services' Older Alaskans Medicaid Waiver (for those seniors who are eligible in terms of their income and required level of care) and its senior grant programs (for those who are not eligible for waiver services) provide home- and community-based care to seniors at risk of institutionalization. A hospital discharge project focuses on the needs of newly-discharged patients for home- and community-based services. 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.

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

Alaska's state plan includes the assurance and description required by section 705(a).

Section 705(a). ELIGIBILITY. 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;

The State of Alaska, 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.

The State of Alaska's state unit on aging (the Dept. of Health & Social Services) 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 is a single planning and service area with no area agencies on aging.

(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;

The State of Alaska, a single planning and service area, 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;

The State of Alaska 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);

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).

(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 –
(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; and

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.

(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).

Adult Protective Services provides outreach, information, and training to the public on the prevention of elder abuse, neglect, and exploitation and the process for reporting incidents. The Division of Senior & Disabilities Services utilizes a Critical Incident Reporting policy by which service providers are required to report and refer incidents to Adult Protective Services for further investigation.

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

The state agency on aging assures that special efforts will be made to provide technical assistance to minority providers of services. The Division of Senior & Disabilities Services employs a full-time staff person (a Rural Long-Term Services Coordinator) to assess the availability of services and unmet needs of seniors who are minorities and may be living in rural areas of the state, and to assist, where needed, in the development of additional services for minority and rural populations.

(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 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, 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 a number of 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).

Case management services are offered to provide access to supportive services, and Alaska's 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 advisors in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

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

In the Division of Senior & Disabilities Services (DSDS), the Quality Assurance (QA) Unit is the lead agency seeking to maintain continuous improvement of services provided to consumers. QA safeguards the integrity of DSDS programs by gathering and analyzing stakeholder information. To ensure the delivery of quality services, the QA Unit provides technical assistance and information necessary for service providers to meet complex regulatory requirements. The Quality Assurance Unit values collaboration and 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***

(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 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 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 (LTCO), programs for the prevention of elder abuse, neglect, and financial 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 LTCO only expands existing services, or develops new services, after reviewing the provisions of the Older Americans Act and consulting with partner State agencies. The LTCO also consults with staff at the National Ombudsman Resource Center and, in some cases, with the AoA's Director of Long Term Care Ombudsman Programs. This process ensures that all the LTCO's activities are in keeping with the requirements of the Older Americans Act provisions.

(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 title.

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. Most notably, the Alaska Commission on Aging holds regularly scheduled meetings around the state to encourage the public, stakeholders, and other agencies to testify about the needs and concerns of vulnerable seniors.

The Long-Term Care Ombudsman seeks input from older Alaskans, partner agencies, the legislature, and members of the public on the operation and outcomes of its program. The LTCO participates in several coalitions and groups, including the Alaska Mental Health Trust Authority legislative advocacy group, the State interagency investigative coordination group, the Senior Behavioral Health Coalition, and two assisted living provider coalitions. Additionally, the LTCO publishes a monthly article in the Senior Voice, distributed throughout Alaska; these articles often prompt older Alaskans and others to contact the LTCO to discuss their concerns. Finally, the LTCO presents information about the program and elder rights protection issues to State legislators throughout

the year. Legislators hear concerns from their constituents, which they pass on to the LTCO.

(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 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.

Additionally, the LTCO is expanding its volunteer ombudsman corps to ensure that the Office has a regular presence in long-term care facilities across the State. The LTCO also meets with:

- ***Assisted living administrators during a licensing orientation to ensure that providers understand residents' rights and how to avoid common violations***
- ***Skilled nursing facility administrators during survey exit interviews to determine which facilities need additional posters, brochures, and presentations informing residents of their rights***
- ***Family members who need technical assistance in forming councils to ensure good advocacy for residents of skilled nursing facilities***
- ***Providers, residents, family members, and others who need technical assistance in securing benefits and services***

(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 elder rights protection activities described in the 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. Funds are allocated for LTCO staff, travel, and services to support the operations of the office, including investigations, facility visits, volunteer training/management, and consultation with the public. Additional State general fund monies have been appropriated by the State Legislature to add another position to the Office so as to keep pace with a rising number of complaints.

(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 program 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) 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 program 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…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."

Receipts of reports of elder abuse are shared with Adult Protective Services according to State and federal law. Individuals are referred to other social agencies as appropriate for any additional services needed by the elder that the Office cannot provide, but their participation in such services is not coerced in any way.

The Office also has a formalized outreach program with a goal of visiting all long-term care homes in the state at least once annually to give elders an opportunity to voice their concerns about abuse and to reinforce appropriate care by the caregiving staff. Older Alaskans also participate in the program as volunteer ombudsmen.

(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's wishes as long as he or she is deemed competent and capable of informed consent. Even when an elder has a guardian, the Office will always advocate that the elder's wishes be heard and respected as far as possible.

(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.
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.

The State of Alaska's Department of Health & Social Services, the 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. The State Plan Steering Committee includes representatives of most regions of the state, and this state plan also features a region-specific examination of conditions and needs to help guide the development of policy and practice in response to the variety of circumstances in which Alaskan seniors live.

(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 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 Community Service Employment for Older Americans participants, and programs and services of voluntary organizations) have the capacity and actually meet such need.

The Alaska Commission on Aging conducted a statewide senior survey in 2010, collecting data on the extent to which seniors use and have been satisfied with a range of supportive services, including information and assistance, transportation, nutrition services, and senior centers.

(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" (definite in 45 CFR Part 1321.3) means, at a minimum, once each fiscal year.*

Alaska's 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. A survey was conducted in 2010, yielding over 3,000 responses. Although this senior survey, like the one in 2005, indicated that the majority of older Alaskans do not use any senior services (such as transportation or meals), over three-quarters of those who do use the services described themselves as satisfied. More than half of those responding to the survey say they visit their local senior center on a regular basis.

(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 state agency on aging:
(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.

(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 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 state agency on aging. There are no area agencies on aging in the state.

INFORMATION REQUIREMENTS

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 2011 Amount: $2,492,265)

(B) Adult Day Services is a statewide grant program which provides funding to 12 grantees throughout the state for the provision of community-based care provided in a therapeutic group setting specifically for individuals at risk of institutionalization. (FY 2011 Amount: $1,554,511)

(C) 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 2011 Amount: $260,300)

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, rural, and frail seniors as well as a cost-of-living factor which considers the higher cost of doing business in remote areas, 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 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 is the lead agency within the Alaska Department of Health & Social Services responsible for emergency

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

DPH strives to reach as many special populations as possible in their outreach activities. Workshop topics range from general all-around hazards emergency preparedness to specific disease-related topics such as pandemic influenza or norovirus (a virus which causes acute gastrointestinal distress, often found on cruise ships and in nursing homes and health care facilities). 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.

The Senior & Disabilities Services Emergency Preparedness Coordinator is located in the Grants Unit of DSDS, within the Department of Health & Social Services (the state unit on aging). This position coordinates with state and local entities to provide information and guidance to senior services providers and seniors on how to prepare for an emergency or natural disaster. Each grantee is required to have an agency board-approved emergency response plan. They are asked to coordinate with other local agencies, local government, tribal organizations and Native health corporations in their efforts to prepare for and respond to a natural disaster or other emergency.

The Health Program Manager responsible for administering this program has experience implementing and coordinating public health programs. This position is also responsible for increasing older adults' access to health promotion and disease prevention programming. Nancy Jamieson, the current incumbent of the position, has both an M.P.H. and an M.S. in nursing, as well as more than 20 years experience working with non-profit and government public health programs.

The DSDS Emergency Preparedness Coordinator position includes the following duties:

- ***Ensure that senior services grantees (NTS, SIH, Adult Day, and Family Caregiver) are coordinating with their local emergency preparedness planners to provide for the safety of vulnerable seniors***
- ***Identify a contact person in each grantee agency who will directly communicate information about the safety and needs of seniors to DSDS in the event of an emergency or natural disaster***
- ***Communicate directly with the Administration on Aging regarding local emergency response in the event of an emergency or natural disaster***
- ***Coordinate with Public Health and other State agencies in the development of a statewide emergency preparedness planning process to ensure the safety of vulnerable adults***

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 state agency on aging assures that an adequate proportion of the amount allotted for part B will b 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 to 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 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 (Appendix B).

Current year (FY 2011) estimated costs of providing grant-funded long-term care services for seniors in rural Alaska are as follows:

Title III – $2,673,359
State's Contribution – $5,312,295
Other Sources – $47,545
Total – $8,033,199

NOTE – Projected cost estimates for rural services for FY 2012 through FY 2015 assume an annual one percent increase in funding sources for senior home- and community-based grant services. However, any actual increase in funding will depend on successful advocacy to obtain increments for senior services.

FY 2012:
Title III – $2,700,093
State's Contribution – $5,365,418
Other Sources – $48,020
Total – $8,113,531

FY 2013:
Title III – $2,727,094
State's Contribution – $5,419,072
Other Sources – $48,500
Total – $8,194,666

FY 2014:
Title III – $2,754,365
State's Contribution – $5,473,263
Other Sources – $48,985
Total – $8,276,613

FY 2015:
Title III – $2,781,909
State's Contribution – $5,527,996
Other Sources – $49,475
Total – $8,359,380

In FY 2011, the fiscal year preceding the first year to which this state plan applies, rural and partially rural regions were funded as described above. Funds were provided to non-profit agency grantees in each region for the provision of Older Americans Act programs and other services.

A Rural Long-Term Care Coordinator located within the Division of Senior & 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 service 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 & 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)

(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) Alaska's 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 provides for a rural factor as well as a cost-of-living (COLA) factor by region (with higher COLA factors generally assigned to the more remote 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 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.

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, 12 of Alaska's 44 Title VI agencies collaborate with or receive Title III funds from the State of Alaska.

Other outreach examples include coordination with the University of Alaska's Native Resource Center, outreach through the Senior Voice (statewide senior newspaper), coordination with individual Alaska Native regional health corporations and the Alaska Native Tribal Health Consortium, serving traditional foods in many 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 change in the number of individuals age 85 and older in the state is expected to affect the need for supportive services.

See the Demographics section of this plan (Appendix C) for details on the projected growth of Alaska's senior population.

According to AOA's Profile of Older Americans 2010, Alaska has had the fastest-growing population of seniors age 65 and older during the past decade. The Alaska state demographer expects that trend to continue into the future. The trend is the result of a large in-migration of young people which took place in the 1970s and 1980s during the rapid expansion of Alaska's economy associated with the oil pipeline boom. Those who made up that "population bulge" are now entering their senior years, and choosing to retire in Alaska rather than to return to the states of their origin.

(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 2012 – 2022 period, so long as funding resources increase proportionately with the expected increase in the demand for services. At present Alaska is one of only a few states with a healthy budget surplus.

(i) In 2009, the Alaska Department of Labor and Workforce Development estimated there were 85,100 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. The mid-range population projection of the Alaska Department of Labor & Workforce Development for 2019 estimates that there will be 131,514 seniors in Alaska at that time. Over the next decade, therefore, Alaska can expect to see a 50 to 55 percent increase in its senior population.

(ii) As noted elsewhere in this plan, Alaska is expected to continue to have the 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, no region of the state has seen less than a 20 percent increase in its senior population between 2001 and 2009. And such rural-to-urban shifts represent a great loss to individual elders (who may lose access to family, friends, culture, familiar surroundings, traditional foods, and even the use of their language) as well as to the communities whose elders migrate to far-away towns. 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.

The Alaska Commission on Aging's 2010 senior survey showed that 20% of older Alaskans lack the monthly income to pay for the necessities of life. That figure is very similar to the 21% in this category in our 2005 survey. These are the older Alaskans who may need help with food, fuel, and transportation, and depend on services provided by Older Americans Act programs. With this "economically needy" percentage remaining steady as the senior population grows, we can expect to see a growing number of seniors turning to community programs and services for help with their basic needs. While 20% of today's senior population equals about 17,000 seniors, 20% of tomorrow's (2020's) older Alaskans could equal more than 26,000 seniors in financial need – if economic conditions remain the same. The Commission's senior survey showed that minority seniors are more likely than non-minorities to say that they are having trouble affording the necessities of life.

(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 participate in the development 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. An annual implementation plan targeted to the strategies contained in this state plan will be prepared for each year of the plan's term, as was done during the term of the FY 2008 – FY 2011 plan. 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 more than double in the next 25 years. Currently there are just over 5,000 Alaskans in this age group. By 2034, the Alaska Department of Labor & Workforce Development projects there will be 12,660 of the "oldest old," according to its mid-range projection. National prevalence rates suggest that 47% of the individuals in this age group may have Alzheimer's disease or related disorders (ADRD). A 250% increase in 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 305(a)(17) on page 30.

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.

The Division of Public Health, within the Alaska Department of Health & Social Services (the state unit on aging), is the state unit on aging's lead agency with respect to emergency preparedness, working closely with the Alaska Division of Homeland Security and Emergency Management as well as with local community emergency planners.

The Emergency Preparedness Coordinator within the Division of Senior & Disabilities Services focuses specifically on assisting senior centers and other grantees to coordinate with their local emergency planners in order to ensure that the community plans for the needs of seniors and other vulnerable adults in the event of a natural disaster or other emergency.

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) 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;

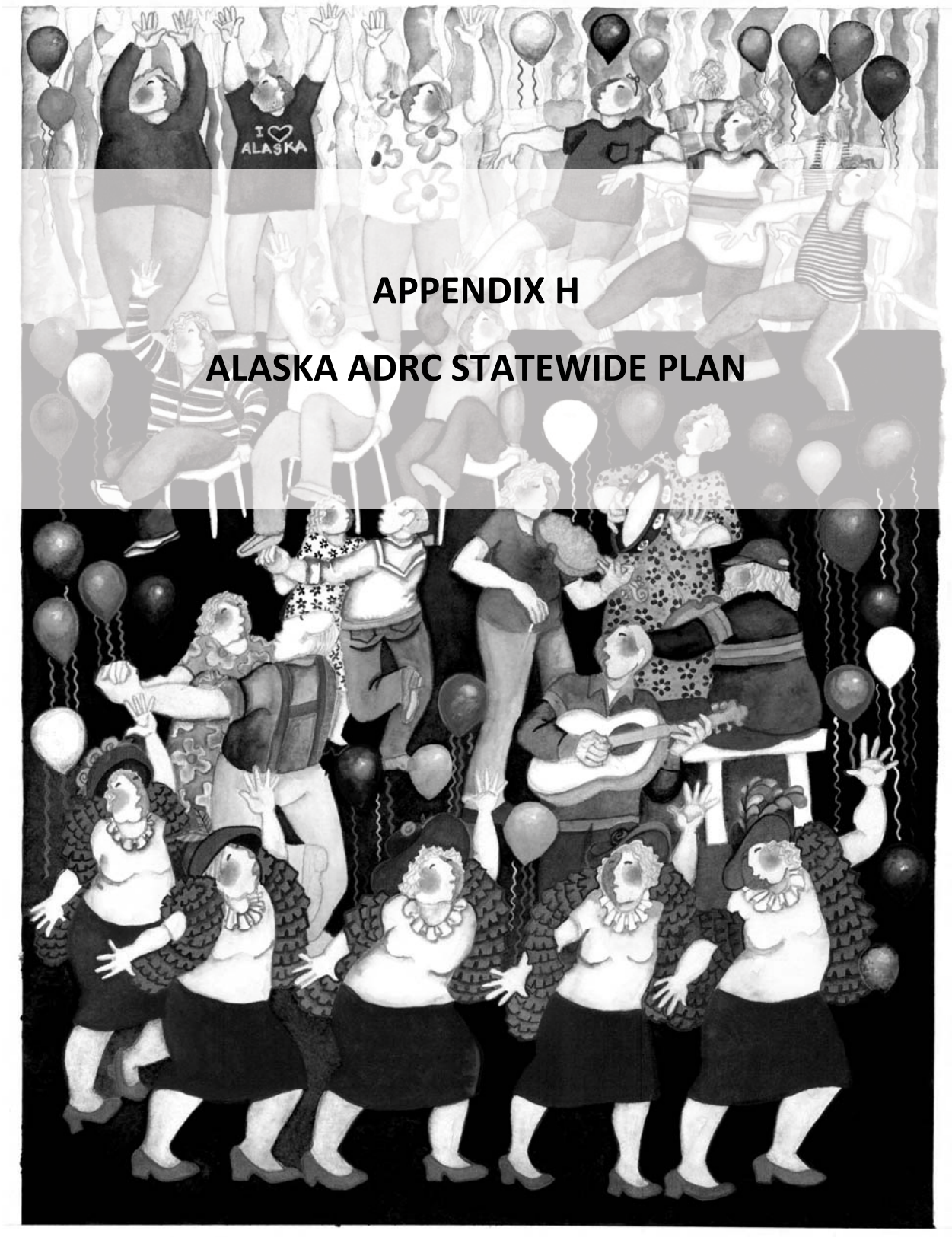
(4) An assurance that the state will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any federal or state law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable 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;



APPENDIX H

ALASKA ADRC STATEWIDE PLAN

Alaska ADRC Statewide Plan SFY 2012-2015

Contact Information

State Name	Alaska
Grantee contact person	Kelda Barstad
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*Participants in ADRC Statewide Plan Development**

Name & Title	***Organization***
Kimberli Poppe-Smart, Deputy Commissioner	DHSS, State Medicaid Agency (required)
Duane Mayes, Director**	SDS, State Unit on Aging (required)
Duane Mayes, Director**	SDS, State Disability Agency (required)
Millie Ryan, Executive Director**	Governor's Council on Disabilities and Special Education, GCDSE
Denise Daniello, Executive Director**	Alaska Commission on Aging, ACOA
Kate Burkhart, Executive Director**	Advisory Board on Alcoholism and Drug Abuse, ABADA and Alaska Mental Health Board, AMHB
Andi Nations, Executive Director**	Centers for Independent Living, SILC
Judith Bendersky, Program Manager**	SHIP/Medicare Information Office
Karen Bitzer, Director**	Alaska 211

*** The above participants have indicated that they have actively participated with the planning of the ADRC Statewide Plan and agree with its content. Letters of support are also acceptable for documenting active participation and support.**

**Indicates ADRC Advisory Council participation by agency. Designee appointed as determined applicable by organization's director.

Section I: Vision and Goals

National Vision

The national vision of ADRCs is the creation of a single, coordinated system of information and access for all persons seeking long term support services. Such centers will be highly visible and trusted places where people of all incomes, ages and disabilities can turn for information on the full range of long term support options, public and private. The goal of these centers is to minimize confusion, enhance individual choice, support informed decision-making and increase the cost effectiveness of long term support systems. As a part of the New Freedom Initiative, AoA and CMS see the ADRCs as a critical component of a long term support system that supports and facilitates consumer choice. Access to service information across the public and private sectors, options counseling and assistance in linking to services underpin a consumer driven system.

Need for Systems Change:

From a system standpoint, AoA and CMS recognize the future need for long term supports as the population continues to age, waiting lists for home and community-base services for persons with disabilities continue to grow, and long term care costs mushroom. Additionally, federal and state agencies are concerned about the ability of the federal government (as the primary payer for long term care) to meet this growing challenge. It becomes more critical that consumers become wise users of the long term supports, knowing what is available and using them in a cost efficient manner. However, persons in need of long term support services and their families are faced with disconnected services, redundant and confusing application forms and a lack of consolidated easy-to-understand information on available options. Faced with such daunting barriers, people spend too much time and money on the wrong services or course of action, or find themselves in a care setting they do not prefer. ADRCs, through options counseling and integration of information about private as well as public resources, are a powerful tool for empowering consumers. Alaska plans to follow the national vision adding a commitment to provide unbiased information to consumers. The structure of service delivery for both senior and disability services in Alaska is primarily through private service providers. It is necessary to avoid conflict of interest to maintain this standard.

State Administration:

The Alaska Aging and Disability Resource Centers (ADRCs) are administered by the Division of Senior and Disabilities Services. Senior and Disabilities Services is both the state agency on aging and state disability agency. There are currently four ADRCs in operation, serving four of the nine service areas established by the Alaska Department of Health and Social Services. Please refer to Goal #2 for more information about the individual sites and service areas. A draft of this plan was reviewed and adjusted by the ADRC Advisory Council and

sent out for public comment as a part of the Alaska statewide plan for senior services. The ADRCs have an Advisory Council meets quarterly, with additional email updates or discussion as needed. Any referenced Fiscal Years (FY) are by state fiscal year which runs from July 1st through June 30th.

State ADRC Vision Statement:

Alaska ADRCs are an unbiased coordinated system of information and access for all persons statewide seeking long term support services, public and private. ADRCs will improve the long term support service system by minimizing confusion, enhancing individual choice, supporting informed decision-making and increasing the cost effectiveness of long term support systems.

State ADRC Goal #1:

Alaska ADRCs will be fully functional providing all core program components: 1. Information, Referral and Awareness, 2. Options Counseling and Assistance, 3. Streamlined Eligibility Determination for Public Programs, 4. Person-Centered Transition Support, 5. Partnerships and Stakeholder Involvement and 6. Quality Assurance and Continuous Improvement.

Description of Approach

The ADRCs in operation serve Southeast Alaska, Bristol Bay and Kodiak, Kenai Peninsula, Valdez, Cordova, MatSu and Anchorage (service regions 9, 7, 5 and 4). An interactive map is located at: http://hss.state.ak.us/dsds/grantservices/adrcmap/default.htm Each ADRC has 1.5 FTEs or more dedicated to the ADRC work. Two agencies are Centers for Independent Living, one is a Municipality and one an Alaska Native Association.

Each site provides Information, Referral and Awareness through face-to-face meetings, phone calls and presentations to the public. The Alaska ADRCs have contracted Alaska 211 to provide and manage the resource database for the state. This database meets AIRS standards. This partnership has led to cooperative training events, cooperative outreach trips and a refined referral protocol to serve the public more efficiently. A statewide outreach and marketing plan is in development with a product expected by the end of 2011.

Each site has hired an ADRC Specialist who provides options counseling directly to consumers. Each agency has staff able to respond to inquiries and complete enrollment for Medicaid, Medicare and other public benefit programs. Staff describe the long term support services available regionally and objectively provide referrals that are based on individuals needs and preferences. Each agency is prepared to triage crisis calls and

situations as they arise. There are occasional requests for futures planning, but this service is not well developed. The work to be done in this area focuses on establishing statewide standards and protocols for options counseling and ensuring follow up is conducted for every consumer on a regular basis. Futures planning would be the next service to define and standardize in this service array once options counseling is formalized.

A single entry point ADRC could do the following: every person needing long term care or with long term support needs would be referred to an ADRC and would be the only place people could receive a screening for public long term care waiver services. This would improve the accuracy of people being referred to public programs. Because each individual's situation is considered person by person with an emphasis on independence and personal responsibility, that person will be able to make an informed choice about what the best services will be to meet their needs out of all of their options and know the impact of each choice. People who request to apply for public services would not be denied the option to do so, but would be informed of the likelihood of being accepted and if that person does not qualify they will still be assisted in finding other ways to meet their needs. People who are likely to qualify or are in crisis will benefit from a streamlined eligibility process through which financial and programmatic determination can be obtained quickly through the ADRCs in a manner that appears seamless to the consumer. This can be done by co-locating staff from various agencies or delineating the responsibility for these functions to the ADRC offices and staff. The Advisory Council has approved of the ADRCs doing this work.

The State of Alaska is currently exploring how the ADRCs can be used for streamlining eligibility determination for public programs. ADRCs are capable in assisting consumers with benefits applications and guidance through the many benefit enrollment processes. A pilot project has been proposed for the ADRCs to complete the intake and screening for the Medicaid waiver programs and to connect people with co-occurring disorders of substance abuse and any other disability to services via the ADRC. The success of this submission will be known in the fall of 2011. The ADRCs have received permission from the Division of Public Assistance (DPA) to utilize their database to check and track application status for public assistance programs. In Anchorage, plans are moving forward for the co-location of DPA, the Medicare Information Office and Anchorage ADRC by the end of 2011. It is expected that the already strong partnership between these agencies will continue to grow.

The three established ADRC sites for Anchorage, Southeast and Kenai Peninsula have staff trained as transition coaches for the Coleman Model. Partnerships with hospitals and health organizations have been established, standards and protocols have been developed and a small number of transitions have been made to date. Each area has established

criteria for patient selection and is working within the constraints of Medicaid Eligible as designated by a demonstration grant received form CMS. This grant will end in FFY 2012. However it is expected this work will continue as the foundation has been established for continued partnership between the hospitals and ADRCs. All of the ADRCs are designated as the Local Contact Agencies for Section Q in reference to nursing home transition. Once these transition processes are strong components of the ADRC service array, additional opportunities for transition support will be sought out such as collaborating on a hospital discharge project to support Medicare patients or other groups identified as needing this service.

Partnerships are discussed in a later section. Please refer to the information listed in Section II: Partner Involvement.

A quality assurance plan will be established to provide standardization and guidance to each site. A statewide training plan will also be drafted. These tools are expected to be developed in the next fiscal year; completion estimated around 7/12. The ADRCs have extensive reporting requirements however the effectiveness of this information is limited due to the disconnected databases utilized across systems and programs. The ADRC Program Manager will continue to advocate for the state to purchase a database that has consumer tracking and reporting ability across waiver and grant services that can incorporate the ADRC functions as well. This will allow for easier coordination of services for consumers and provide more meaningful data on the impact of services.

How will you measure progress toward your goal?

Through FY12 the University of Alaska, Anchorage, Center for Human Development has been contracted to evaluate the expansion work of the ADRCs. To date this grant has had quarterly formative progress reports. A customer feedback survey and provider feedback survey is in development and a summative report will be produced by October 2012. It is desirable to continue a contract with an outside evaluator to objectively track progress. If this is not possible, the Division of Senior and Disabilities Services will collect quarterly quantitative and qualitative data and report through the federal SART reporting system to track implementation progress toward stated goals. The Division of Senior and Disabilities Services will collaborate with the Lewin group and other partners to develop a quality assurance plan and tools in FY12. The plan will be adjusted as needed based on this information. Reports on statewide implementation progress for the State plan period will be completed by 8/30/13 and 8/30/15 at a minimum.

What are your anticipated barriers? How will you address these challenges?

Streamlined access to benefits is an area where the ADRCs would like to serve the public. Some provider agencies do not support this work as they are currently paid to conduct the screenings for the Medicaid waiver programs. The existing system has problems with conflict of interest with this process in place as the providers completing the screenings would also be the providers administering the long term care coordination service. Currently the screenings are yielding only a 50% acceptance rate based on functional assessment with anecdotal reports of clients not being fully informed of the assessment process or services requested. This identifies both a potential cost savings and improvement in customer service to eliminate this conflict of interest. The State of Alaska would need to determine whether or not the ADRCs would be participating in this initial benefits screening work and CMS would need to approve this change in process for the waiver programs. The Personal Care Assistant Program is another program where the ADRCs could serve as the screening agency to improve acceptance rates and better match people with needed services.

The State of Alaska does not currently have electronic benefit applications and requires an original signature for applications (though faxes are now accepted). This can cause delays in service if a person must be mailed an application or directed to one or more locations to complete necessary applications. Due to complex eligibility requirements, most programs require lengthy forms and multi-step processes that can be difficult to navigate. The Division of Senior and Disabilities Services and the Division of Public Assistance will continue to identify where systems change can benefit consumers through streamlined eligibility processes. Monthly meetings have been established to further this work.

There also exists opportunities to work with the Division of Behavioral Health, Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse as the Alaska ADRCs broadly define disability. The potential of these relationships has only initially been explored. This type of systems change is key to improving service delivery yet is expected to be the most difficult endeavor due to the complexity of the work that requires the involvement of multiple Divisions within the Department of Health and Social Services. It is likely this area of work will be explored with implementation of integrated service occurring beyond the time period specified in this state plan.

Presently, our State has multiple opportunities to make system changes that yield not only a better served public, but reduce the initial costs of care. This shows a need for a change in practice. No one program or intervention will fix all areas in need of improvement, however the ADRCS can significantly improve how Alaskans obtain and consider their available choices for long term supports.

What is your overall timeline and key dates?

Please refer to the attached work plan.

State ADRC Goal #2:

Alaska ADRCs will provide statewide coverage in the most effective and efficient manner possible.

Description of Approach

The ADRCs in operation serve Southeast Alaska, Bristol Bay and Kodiak, Kenai Peninsula, Valdez, Cordova, MatSu and Anchorage (service regions 9, 7, 5 and 4). These service areas include 75% of the population of Alaska. An interactive map is located at: http://hss.state.ak.us/dsds/grantservices/adrcmap/default.htm Each ADRC has at least 1.5 FTEs dedicated to the ADRC work. Each agency has varying ADRC experience, expertise and challenges in their service region. Initial attempts to expand statewide were not successful due to a lack of community readiness and budget issues at the division level. Presently the Alaska ADRCs have work to be done both in expanding statewide to cover areas with no ADRC and ensuring adequate service provision to the populations where ADRCs are established.

The Municipality of Anchorage serves a small area in geography but serves roughly half of the state's population in Alaska's most metropolitan area. The Anchorage ADRC has been in operation since 2009 with only base funding available. The Anchorage ADRC has developed excellent marketing tools and has developed and administered a consumer satisfaction survey for the past two years. This ADRC has worked closely with homeless initiatives, emergency preparedness, assisted living homes and other housing issues. It is recognized that the Anchorage area population is underserved due to staffing limitations. Anchorage is also the medical service hub for the state and the primary location for the business office of many statewide services. The Anchorage area has many services available and the coordination and networking of the services is challenging.

The Kenai Peninsula Independent Living Center serves the Kenai Peninsula, Valdez and Cordova and MatSu census areas for their service region. This ADRC was established in 2004 and has considerable expertise in delivering the service components. The Peninsula ADRC has been active in integrating community services and local networking. Valdez and Cordova are served by phone and on an outreach basis due to geographic separation and travel costs however depending on frequency, that structure may meet local needs based

on the small population of the area. This ADRC is trying out the use of webcams to deliver services "face-to-face" without incurring the cost of travel each time an individual need arises. Though the population of the MatSu census area is quite large, it has been served primarily by phone and outreach trips. It has been recognized that the area has been underserved with only base funding available. The MatSu area has been underserved and may not be a good fit in this region due to geographical separation and rapid population growth in the last decade. The MatSu community has conducted a local assessment identifying an ADRC as a solution to improve coordination of services in the area and is interested in having more ADRC services available locally. SDS, KPILC and MatSu community providers and other organizations will be meeting over the course of FY12 to determine how to best serve this area.

The Southeast Alaska Independent Living Center serves Southeast Alaska. This ADRC was established in 2004 and also has considerable experience in delivering the service components. This ADRC initiated the first care transitions for the State in 2010 and has a close partnership with Bartlett Regional Hospital. The Southeast ADRC is networked throughout the community and conducts regular outreach trips to the areas of Southeast where they do not have a physical office. Southeast Alaska is a grouping of islands and peninsulas that are not connected by road so travel must be done by boat or plane.

The Bristol Bay and Kodiak ADRC services the Bristol Bay area and Kodiak Island. This ADRC was established in 2010 and is in the process of building its infrastructure and delivering a basic ADRC service array. Kodiak is underserved and may not be a good fit for the service area. The Bristol Bay area has a very small population with a central hub community and many small villages. These communities are not connected by road and travel by small plane is necessary to reach them. The frequency of travel to the villages in order to provide needed ADRC services has not yet been determined due to the newness of this ADRC site.

All of the ADRC sites are committed to working toward full ADRC functionality in their communities and to work with the state and other organizations to assess the needs of each service area to serve the population as effectively as possible.

How will you measure progress toward your goal?

Through FY12 the University of Alaska, Anchorage, Center for Human Development has been contracted to evaluate the expansion work of the ADRCs. To date this grant has had quarterly formative progress reports. A customer feedback survey and provider feedback survey is in development and a summative report will be produced by October 2012. It is

desirable to continue a contract with an outside evaluator to objectively track progress. If this is not possible, the Division of Senior and Disabilities Services will collect quarterly quantitative and qualitative data through the federal SART reporting system to track implementation progress toward stated goals. The Division of Senior and Disabilities Services will collaborate with the Lewin group and other partners to develop a quality assurance plan and tools in FY12. The plan will be adjusted as needed based on this information. Reports on statewide implementation progress for the State plan period will be completed by 8/30/13 and 8/30/15 at a minimum.

What are your anticipated barriers? How will you address these challenges?

Serving the population of Alaska statewide is a challenge due to limited staff and high transportation costs in rural areas. The ADRCs currently have approximately 1.5 FTEs dedicated to four of nine service areas in the state. This leaves vast areas underserved even within areas that presently have an ADRC. Travel costs are high with remote locations requiring travel by plane or boat to reach. The population, especially the aging population, has increased significantly over the past ten years. Areas with high growth rates feel the strain of regionally funded services the most.

An analysis of how to deliver ADRC services effectively to balance consumer focus and cost will need to be completed. What services must be in person, what can be conducted over the phone or video service, how can standardization and local customization be balanced to ensure a person-centered approach, how can partnerships be leveraged to benefit consumers and provide better service and how can the ADRC services show cost neutrality and savings in a statewide system are just some of the questions that need to be part of the service delivery discussion. Additional resources will be needed to conduct these analyses beyond what the ADRC program manager has readily available. All expansion activities are dependent on future funding.

These challenges are not unique to the ADRCs. The Statewide Independent Living Council has contracted consultants to analyze the challenges of providing statewide services and make recommendations as how to best identify service areas and fund services in regions that have vastly different populations and costs of living and travel. It is anticipated that this study will be issued the final quarter of 2011 and will provide valuable information to both the CILs and the ADRCs about how to better deliver statewide services. The MatSu area released its plan for senior services in May of 2011. Other communities are expected to complete like needs assessments and analyses. More detailed census data is being released which will greatly assist with planning as well. The ADRC program will incorporate applicable information in statewide planning as it becomes available.

ADRC programs are granted out to local agencies that meet request for proposal requirements for the service area. It is necessary that the local agency not be a paid provider of Home and Community Based Services through the Medicaid Waiver or Personal Care Assistance programs in order to provide unbiased information, referral and assistance and options counseling services. Locating an ADRC in an agency that provides care coordination, case management or personal care assistant services would give that agency a competitive business advantage and has great potential to influence the referrals given or not given to consumers. An agency must present a plan that eliminates conflict of interest in the situation where a large organization that runs multiple programs wishes to apply. Specifics will be outlined in a request for proposal as they have in past requests. In order to maximize the choice and independence of consumers, unbiased referrals must be available to them. This can be a challenge in smaller communities since the State of Alaska grants out most of its waiver and HCBS services. Some communities have not been able to locate an appropriate unbiased agency that is ready to be an ADRC and the 2010 request for proposal did not receive many responses. A regional development or community hub approach may be a better mechanism for the ADRC grant than a traditional competitive bid due to the complexity of the work to be done. The ADRC Program Manager will work with grants and contracts through DHSS to explore alternative equitable processes.

What is your overall timeline and key dates?

Please refer to the attached work plan.

Section II: Partner Involvement

Who are the key players and responsible parties?

The ADRC program for the state of Alaska is fortunate to have excellent partners. Existing partnerships with Alaska 211 and the Medicare Information Office have helped ensure that consumers receive accurate and timely information and assistance while working together to ensure a reduction in the duplication of service. Current grantees include two Independent Living Centers, an Alaska Native Association and a Municipality. State agency partners include: the Division of Senior and Disability Services including the Medicare Information Office, the STAR program for people with developmental disabilities and Adult Protective Services, the Division of Health Care Services, the Division of Behavioral Health, the Division of Public Assistance, the Alaska Commission on Aging, the Governor's Council on Disabilities and Special Education and the Advisory Board on Alcoholism and Drug Abuse and Alaska Mental Health Board. Additional statewide partners include the Alaska Mental

Health Trust Authority, Statewide Independent Living Council, Alaska Native Tribal Health Consortium, AGENET, Mountain-Pacific Health QIO, the United Way of Alaska via Alaska 211 and The University of Alaska Anchorage Center for Human Development. The ADRC grantees are comprised of two centers for independent living, a municipality and an Alaska Native association. There are also dozens of partners that collaborate with the ARDCs at a local and regional level including senior centers, skilled nursing facilities and many other organizations that serve people with disabilities, seniors or provide a broader array of community based services or crisis intervention.

Coordination with key partners will take place all four years. The ADRC Program Manager will provide recommendations for a coordinated data system that would improve service coordination and data tracking system wide. In coordination with this effort the ADRCs will continue to advocate for and assist with developing a screening tool that will streamline access to appropriate services and decrease unnecessary assessments and denials for ineligible individuals. This work will be done with the Division of Senior and Disabilities Services and the Division of Public Assistance so that both financial and functional eligibility can be coordinated more efficiently for the consumer. There is a large unmet need of behavioral health services specific to seniors and people with disabilities. The ADRCs will increase involvement and coordination with the Division of Behavioral Health to improve systems efficiencies for mental health screenings. Collaboration with the Veteran's Administration is expected to increase toward the end of this planning period with 2014 being the target year for implementing veteran directed HCBS federal program. Within the Division of Senior and Disabilities Services, the consolidation of Information and Assistance efforts will be examined with an end goal of standardization of entry into the Long Term Care system across services for all beneficiaries throughout the continuum of care. Senior management will be meeting at a Department level in July 2011 and at a Division level in August 2011 to identify these priorities.

Section III: Financial Plan – Resources to Sustain Efforts

What existing funds/programs are currently being used to carry out ADRC activities?

Funding that is currently in place:

Administration on Aging ADRC Expansion Grant (Award No. 90DR0035); Centers for Medicare and Medicaid Services Real Choice Systems Change (Award No. 1LOCMS030305) to implement care transitions; Alaska Mental Health Trust Authority grant; and State of Alaska general funds. Local agency grantees also provide matching funds as a grant requirement.

What additional programs and service offerings are necessary to operate fully functional ADRCs across the state?

The Alaska ADRCs are ready to begin the work of streamlined eligibility into public long term care services, but do not yet have the approval from the state to do so. Barriers specific to functionality and statewide coverage are addressed earlier in the goals section.

What is your estimated cost to expand statewide (e.g., new MIS purchase)?

Establishing a new ADRC for a service region with one dedicated specialist is estimated at a cost of $110,000 per year with an additional match requirement expected. This cost is estimated to be the same for a statewide ADRC Specialist position covering sparsely populated areas including a small travel budget. This is based on the initial ADRC site establishment through SDS into an established organization and provides a basic level of ADRC services including I&R, options counseling and benefits counseling.

The 2011 Mat-Su Regional Plan for Service Delivery used the Wisconsin ADRC Cost Model Budgeting Tool to determine a total program cost to operate an ADRC. This has some application to Alaska, but does not include transition services, public presentations or account for travel costs. A halftime director may not be needed depending on the existing agency structure. This plan does have a good consideration of the population served, estimating an average utilization rate of 1.55% in 2012 and details staff costs per service of the ADRCs. If the Mat-Su plan rates are used based on population the regional cost estimates would be as follows.

Service Area – Based on DHSS Regions	**Population Est. 18+****	**Total salary $ *****	**Total non-salary**	**Total (90%)********
1. Wade Hampton, Bethel	15,153	$35,761	$75,070	$99,748
2. YK, Denali, Fairbanks and SE Fairbanks	83,211	$196,378	$75,070	$244,303
3. North Slope	7,179	$16,942	$75,070	$82,811
4. Anchorage	216,040	$509,854	$75,070	$526,432
5. Kenai Peninsula, Valdez and Cordova (w/o MatSu)	49,577	$117,002	$75,070	$172,865
6. NW Arctic and Nome	11,101	$26,198	$75,070	$91,141
7.Bristol Bay, Dillingham,	14,861	$35,072	$75,070	$99,128

Kodiak and Lake and Peninsula				
8. Aleutians East and West	7,516	$17,738	$75,070	$83,527
9. Southeast Alaska	54,939	$129,656	$75,070	$184,253
MatSu Borough *	63,276	$149,344	$75,070	$201,973
			Total	$1,786,180

*Source: McDowell Group, Inc./HDG, Mat-Su Regional Plan for Senior Service Delivery, pgS.75-79. 2012 calculations used for population. 2013 non-salary costs used as it is expected for an ADRC to be placed in an established organization.
** Though ADRCs serve people with disabilities of all ages, few children and youth are served so the utilization rates are based on the adult population.
***Other estimates are based on this funding formula in proportion to MatSu costs, approximation of ADRC services by population only as compared to MatSu. Limits of this approach are that it is based on Wisconsin service model and does not directly reflect all services provided and non-salary costs do not reflect different staff sizes or travel costs. This assumes that an ADRC would be present in each DHSS region and that Mat-Su would have its own physical ADRC site.
****Currently a 10% match is required from the grantee.

Additional evaluation to take place in FY 2012 may show that these amounts are not an accurate reflection of necessary funding. In the next fiscal year, service areas will be scrutinized as to the best fit for service delivery. The estimated costs could also change based on how the service regions are broken out. More analysis is needed in identifying how to implement quality service in areas that have small populations and determining a true service cost across varied areas considered urban, rural and remote both on and off of the road system.

How will you access the resources and create the revenue opportunities necessary for sustainable ADRC implementation on a statewide basis?

Continued funding will be requested as opportunities arise from various sources. The program manager will continue to seek out new grant funding opportunities as they match ADRC mission and readiness and gain approval from the Office of the Governor. Some of these potential grants include Money Follows the Person, care transitions, Benefit Enrollment Center and other like opportunities. The process for obtaining Medicaid Administrative funding for the ADRCs will be reviewed.

SDS is considering combining grant programs with similar functions for the developmentally disabled with the ADRC, especially in rural and remote areas. Existing AoA grants that provide I&A through Title IIIE, SHIP and SMP funds will be explored. An increased match requirement is also being considered. These discussions will occur over FY12 as the next RFP cycle for the grants begins in FY13.

SDS has received a capital grant to upgrade its management information system to combine the separate databases in the division. One of the upgrades will be incorporating the ADRC consumer tracking and reporting needs into this system. This will be an incredible resource for the ADRCs. The upgrades are expected to be completed within 3 to 5 years.

What are the estimated projected cost savings/offsets of having fully functional ADRCs statewide?

Every choice has a monetary and opportunity cost. Public programs are appealing because there is usually no direct cost to the consumer when receiving them. Qualifying for public programs can greatly impact a person's life from everything from where they live, how much money they can make to who can assist them. Often only the benefits of obtaining a public program are discussed without taking into account what a person is giving up in order to receive the benefit.

Alaska's public long term care system has evolved to placing the responsibility of helping people decide what services are needed with the service providers themselves or with eligibility specialists and coordinators who are trained to assess a person primarily for public programs. Reports from Senior and Disability Services show that as high as 50% of all Older Alaskans and Adults with Physical Disabilities waiver requests are denied due to not meeting financial or level of care eligibility. The cost of these bad referrals goes beyond the screening fee when you factor in all of the State of Alaska staff necessary to support the application and review process. The reduction of inappropriate referrals would be a cost savings to the State even when taking into consideration the increase needed in ADRC staff.

The community and State of Alaska would benefit from having a routine referral process and agency to refer non-eligible consumers to so that they can be served outside the state system. Many workers are not aware of services outside what their agency provides and do not have the time allocated or mission to serve community members who are not eligible for services. Centralizing long term care service denial referrals to the ADRCs would ensure a minimum level of support to serve those not eligible for public programs and have the ability to track service demand trends as well as areas of need for particular communities.

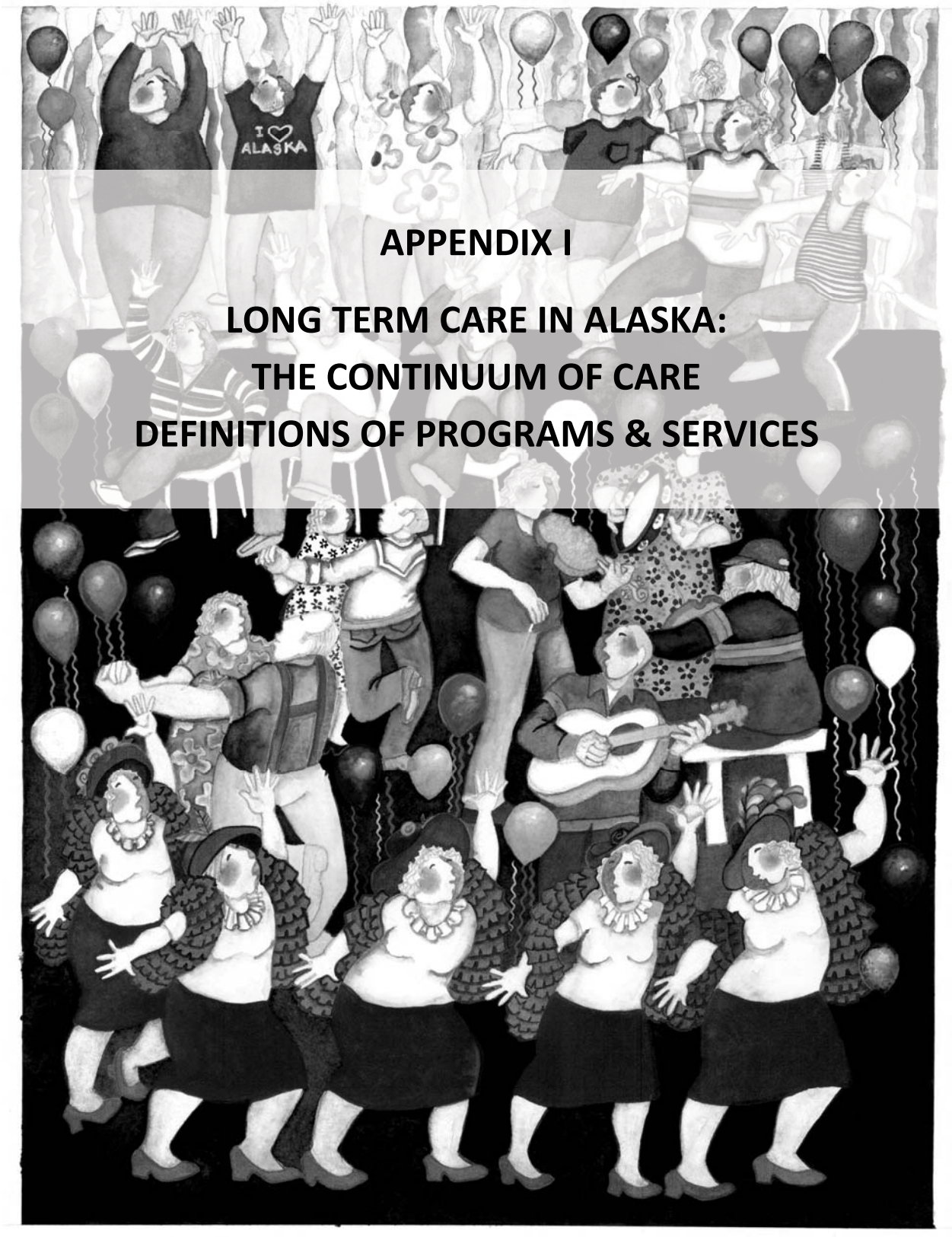
The ADRCs would then communicate these needs both to the State and local partners to address filling the gaps of service.

A fully functioning ADRC will also inform the public at large of the long term care system and service options. A long term goal of the centers is to perform more public education and individual futures planning so that people can best prepare for long term service needs before a crisis occurs. Emphasizing health and wellness in all areas of life to best prepare for aging is a key component of futures planning. It is far cheaper to serve a planned need than a crisis need and much more likely for a person to receive the type of services desired and be satisfied if planning can occur. Understanding the breadth of long term services and supports is invaluable to caregivers and family members so they can receive the support they need to assist with caring for their family member or friend even if that work has not yet begun.

The public is generally unaware of long term care supports and services and many people falsely believe that assisted living or nursing home care is an inevitable part of aging. The average payment for assisted living care is $5,000 a month and nursing home care is $12,000 a month. Should a family choose home and community based services and/or caregiver support services instead there is typically a cost savings of thousands of dollars each month that a person is able to remain in their home. For a person with Medicaid insurance, switching from or avoiding nursing home care (with an average annual cost of $109, 476 to OA or APD waiver services with an average annual cost of $24,495) the annual savings would be $77,389. The State of Alaska would see an annual savings of $38,695 per person per year based on a 50% match rate. If the ADRCs assist 26 people to remain in their own home there would be a cost savings to the state of over 1 million dollars. This is considering only two of the existing waiver programs. This does not include additional savings for improving system efficiencies. There certainly are times where assisted living home or nursing home care is the best option for a person, however most people prefer to remain in their own homes in their home communities as they age with or without a disability.

The knowledge, experiences and contributions that people share with their family, friends and community when they remain integrated within their communities are invaluable benefits that are critical to consider. Our elders, persons with disabilities and caregivers – our friends, family and community members – deserve the respect of a person centered service system that is efficient and informative, supporting people to live healthy productive lives and giving each person the freedom and responsibility of choice.

Project Checklist	Yes	No
Are these goals reflected in the State Plan on Aging?	x	
Do these goals require changes that must be proposed through the current budget cycle?	x	
Does implementing these goals require regulatory, legislative, or statutory changes?	x	
Does your plan seek private funding to augment public resources to support sustainability?		x
Have the necessary stakeholders been identified and contacted?	x	x
Are your data systems prepared to track progress towards these goals?		x



APPENDIX I

LONG TERM CARE IN ALASKA:
THE CONTINUUM OF CARE
DEFINITIONS OF PROGRAMS & SERVICES

Long Term Care in Alaska
The Continuum of Care

Community-Based Services	Home-Based Services	Intensive Home & Community-Based	Services in a Residential Care Setting	Most Intensive Institutional Services
*Congregate Meals	*Home Delivered Meals	*Adult Day Services	*Assisted Living	*Acute Care
*Transportation	*Assisted Transportation	*In-Home Respite Care	*Facility Respite Care	*Nursing Home Care
*Information/Referral			*Pioneer's Home	*Residential Hospice Care
*Physical Fitness	*Shopping Assistance	*Home Health Care	*Adult Foster Care	
*Health Promotion/ Disease Prevention Classes & Activities	*Congregate Housing	*Personal Care	*CCRC: Continuing Care Retirement Community	*Psychiatric Hospital
*Senior Employment Services	*Supported Housing	*Palliative & Hospice Care		
*Independent Living	*Home Repair & Renovation	*Family Caregiver Support		
*Senior Centers	*Senior Companion Volunteers	*Outpatient Care		
*Senior Volunteer Programs	*Homemaker/Chore Service	*Rehabilitation		
*Legal Services	*Companion Programs	*Counseling		
*Health Screening	*Tele-health	**Long Term Care Ombudsman: Advocacy for Residents of Long Term Care Facilities**		
*Social, Recreational & Educational Activities	**Care Coordination (Targeted Case Management), Assessment/Plan of Care/Follow-up**			
Office of Elder Fraud & Assistance				
Adult Protective Services: Investigations and Services to Abuse/Neglect Victims				

Long-Term Care in Alaska
The Continuum of Care
Definitions of Programs & Services

Community-Based Services

Congregate Meals. Congregate meal programs provide at least one hot or other appropriate meal per day to qualified individuals in a group setting. Congregate nutrition programs may also provide nutrition education and, based on a Nutrition Risk Assessment, referral to a dietitian for counseling (if available).

Transportation. Transportation includes assisted and unassisted rides provided by bus, van, taxi, boat or any other vehicle for a maximum of five days a week. All vehicles must comply with Department of Transportation vehicle safety standards. Rides are scheduled according to the following priorities: 1) Medical services, 2) Congregate meal site, 3) Adult Day Care, 4) Employer/Volunteer site, and 5) Other.

Information and Referral. Information, assistance, and referral services provide information about services available to seniors (health care, social, legal, financial, counseling, and other home- and community-based services) for continued independent living or for locating appropriate long-term care, and include follow-up to the maximum extent possible.

Physical Fitness. Programs include a wide range of senior-appropriate exercises to promote cardio-vascular health, strength, balance, flexibility, endurance, and overall physical well-being.

Health Promotion/Disease Prevention Classes & Activities. Activities include routine health screening, nutritional counseling and education services, health promotion programs, physical fitness, group exercise, music, art, and dance-therapy programs, home injury control services, fall prevention awareness and balance training, mental health screenings, preventive health services, medication management screening and education, diagnosis, prevention, treatment and rehabilitation information.

Senior Employment Services. Mature Alaskans Seeking Skills Training (MASST), a program under Alaska's Department of Labor, is the grantee of the Community Service Employment for Older Americans (OAA Title V) program. The MAAST 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 intent of this program is to place older individuals in community service positions and provide job training to help them become self-sufficient, provide much needed support to organizations that benefit from increased civic engagement, and strengthens the communities that are served by such organizations. 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.

Independent Living. Independent senior housing offers apartments for seniors and adults with disabilities. Facilities may have common space for group activities, but usually other services are not provided. For more information please see the Alaska Housing Finance Corporation website at: http://www.ahfc.us/home/senior_guide.cfm

Senior Centers. Senior Centers are social institutions that address the needs of older individuals, their families, and their caregivers as a vital and inclusive part of the community. They provide a variety of services including nutrition, recreation, social and educational services, and comprehensive information and referral to help seniors help themselves through assistance in finding appropriate services and care.

Senior Volunteer Programs. Volunteer opportunities benefit seniors by keeping them active and involved, and adding to seniors' self-esteem and social value as well as providing benefits to the communities they serve. Examples of volunteer programs include Retired Senior Volunteers (RSVP), Senior Companions (SCP), Foster Grandparent/Elder Mentor Program (FG/EM), and other local volunteer opportunities.

Legal Services. The legal services program for seniors provides legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. Activities include legal advice, representation, and investigation related to resolution of civil legal matters and protection of civil rights; assistance with administrative hearings and small claims court preparation; and community legal education presentations. For further information please see Alaska Law Help at http://www.alaskalawhelp.org/AK/index.cfm or Alaska Legal Services at: http://www.alsc-law.org/

Health Screening. Activities include routine, non-invasive screening for conditions such as hypertension, high cholesterol, diabetes, iron deficiency, under- or overweight, and other common medical or physical conditions, generally performed by a nurse or other health care professional or paraprofessional.

Social, Recreational & Educational Activities. Activities, often provided through senior centers, range widely to include classes, games, arts and crafts, dances, study groups, exercise programs, travel opportunities, and many other one-time or ongoing gatherings which encourage social interaction, exchange of ideas, and/or physical activity.

Home-Based Services

Home Delivered Meals. Home-delivered meals are an in-home nutrition service that provides for at least one hot, cold, frozen, dried, canned, or supplemental-food meal with the number of meals per week determined by local service providers in their grant proposals. Recipients of home delivered meals must have documented need for the service based on eligibility criteria (inability to perform ADLs and IADLs). Provider agencies "target" those with the greatest need. Home delivery includes social contact and informal checks on the senior's well-being.

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

Shopping Assistance. Volunteers provide shopping assistance to homebound senior citizens. Shopping assistants have a flexible schedule coordinated directly between volunteer and senior. Some of the seniors are able to shop for themselves; however, they may need assistance with transportation to the store and/or assistance carrying packages into their home. Other seniors are not able to shop due to physical limitations. In this case, the senior would prepare a shopping list for the assistant.

Congregate Housing. Congregate Housing is similar to independent living except that it may provide some supportive services like information and referral, meals, housekeeping, and transportation in addition to rental housing.

Supported Housing. Supported housing is available to individuals who, for health, safety, or other reasons, choose not to remain in their own homes. In the past, leaving one's home for these reasons usually meant living with a relative or going into a nursing home. Today, people have a variety of other arrangements to choose from, including this option, in which a range of supportive services targeted to the individual's need are provided on-site in a congregate housing living arrangement.

Home Repair & Renovation. Provides adaptation and/or renovation to the living environment intended to increase ease of use, safety, security, and independence. Modifications that would make a home more accessible include widening doorways, adding wheelchair ramps, and adding hand rails in bathrooms. For more information please see the Alaska Housing Finance Corporation website at:
http://new.ahfc.state.ak.us/Grants/accessibility_modification.cfm

Senior Companion Volunteers. Senior volunteers are matched with frail seniors who need assistance with everyday tasks such as shopping, reading mail, and running errands, or perhaps just someone to talk to or to keep them company on a regular basis. The social contact as well as the assistance with needed household tasks helps the individual maintain the ability to live on his or her own.

Homemaker/Chore Service. Homemaker service can include meal preparation, shopping, light housekeeping, assisting with paperwork for financial, health care, insurance or other issues, making telephone calls on the senior's behalf, or assisting with using the telephone, escorting and assisting the senior to medical appointments, shopping, and other errands (does not include general transportation). Chore services assist the client in keeping a safe and clean environment to enable them to live independently in their own home. Chore helps individuals who are unable to perform one or more instrumental activities of daily living (IADLs): meal preparation, shopping, managing money, housework, yard work, or sidewalk maintenance.

Companion Services. Include cueing and support to individuals with mild to moderate dementia living at home. Such services include assistance with activities of daily living including meal preparation, dressing, grooming, and other daily tasks.

Tele-health. Tele-health is the delivery of health-related services and information via telecommunications technologies. Tele-health is an expansion of telemedicine, but unlike telemedicine (which more narrowly focuses on the curative aspect) it encompasses preventive, promotive *and* curative aspects. Tele-health stresses a myriad of technology solutions, from physicians using email to communicate with patients to remote monitoring of a patient's health status to a teleconference session with a behavioral health professional located 500 miles away.

Intensive Home & Community-Based

Adult Day Services. Adult day services provide supervised care in an organized program of services during the day in a community group setting for the purpose of supporting an adult's personal independence and promoting social, physical and emotional well-being. A variety of program activities is offered, designed to meet individual needs and interests. These services help seniors remain in their communities and offer respite for family caregivers on a planned or scheduled basis.

In-Home Respite Care. Respite care service provides temporary relief to non-paid caregivers and family members who are caring for seniors. Services are provided in the client's home.

Home Health Care. Skilled health-related services are provided by a nurse or certified nursing assistant on an intermittent or short-term basis at home under the home health program. Individuals must be determined "home-bound" to qualify for home health services.

Personal Care. A personal care assistant (also known as a PCA) performs tasks of a non-technical medical nature which help individuals remain safely at home. Personal care includes assistance with personal hygiene, going to the bathroom, incontinence care, medication reminders, taking vital signs, and care of bed-bound and chair-bound clients (skin care, turning, positioning). To qualify for PCA services, individuals must require extensive assistance with two

or more ADLs (activities of daily living). For Further information please see the State of Alaska Division of Senior and Disabilities Services at:
http://www.hss.state.ak.us/dsds/pca/default.htm

Palliative & Hospice Care. Hospice care is a coordinated program of palliative care for individuals with a terminal illness. There is focus on symptom management rather than recovery. Programs include nursing care and support, pain management, and training for family and friends. More information is available at the following national website:
http://www.hospicenet.org/

Family Caregiver Support. The National Family Caregiver Support Program offers support services to non-paid family caregivers of older adults (age 60 years and older) and grandparents and relative caregivers, 55 years and older, of children not more than 18 years of age (including grandparents who are sole caregivers of children and those individuals who are affected by mental retardation or who have developmental disabilities). Services include information, assistance, caregiver counseling, caregiver support groups, caregiver training, respite care, and supplemental services. A family caregiver is defined as an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual.

Outpatient Care. Patient follow-up care is delivered to a senior outside of a medical facility, generally in a doctor's or other medical provider's office.

Rehabilitation. Services (such as physical therapy, occupational therapy, and other approaches) designed to promote recovery from an injury, surgery, other physical trauma, or addiction and a return to normal functioning are provided, usually at a rehabilitation facility.

Counseling. Provides appropriate behavioral health intervention to older adults who experience depression, anxiety, substance abuse and other behavioral conditions in senior-friendly settings.

Services in a Residential Care Setting

Assisted Living. Assisted living homes provide 24-hour care for individuals who are not able to live in their own homes. This service provides assistance with activities of daily living and supervision of individuals who require it. Often transportation to outside activities is included by the home. Pioneers' Homes are a unique type of assisted living home which specializes in caring for individuals who experience dementia. A list of licensed assisted living homes is available at the State of Alaska Division of Public Health website at:
http://www.hss.state.ak.us/dph/CL/default.htm

Facility Respite Care. Respite care service provides temporary relief to non-paid caregivers and family members who are caring for seniors. Facility respite services can be provided in an adult day center or a licensed assisted living facility.

Pioneer's Home. Assisted living homes administered by the State of Alaska which provide 24-hour care for individuals who are not able to live in their own homes. This service provides assistance with activities of daily living and supervision of individuals who require it. Pioneers' Homes are a unique type of assisted living home which specializes in caring for individuals who experience dementia. A list of licensed assisted living homes is available at the State of Alaska Division of Public Health website at:
http://www.hss.state.ak.us/dph/CL/default.htm
The Pioneers' Home information including waitlist registry information is available at:
http://www.hss.state.ak.us/dalp/

Adult Foster Care. This service provides care in a safe home setting for vulnerable adults who may have experienced abuse, neglect, self-neglect or exploitation.

CCRC (Continuing Care Retirement Community). A type of living arrangement in which a senior may smoothly transition from independent living to supported living to assisted living and skilled nursing care within the same home or complex as his or her needs change. CCRCs provide a model for the way many seniors would like to age – with an assurance that they will be able to stay in their homes and obtain the services they need, rather than facing the disruption of a physical move at a time when their health may be declining.

Most Intensive Institutional Services

Acute Care. Generally provided in a hospital or other skilled nursing facility, acute care provides needed medical support for an individual suffering from a life-threatening health crisis.

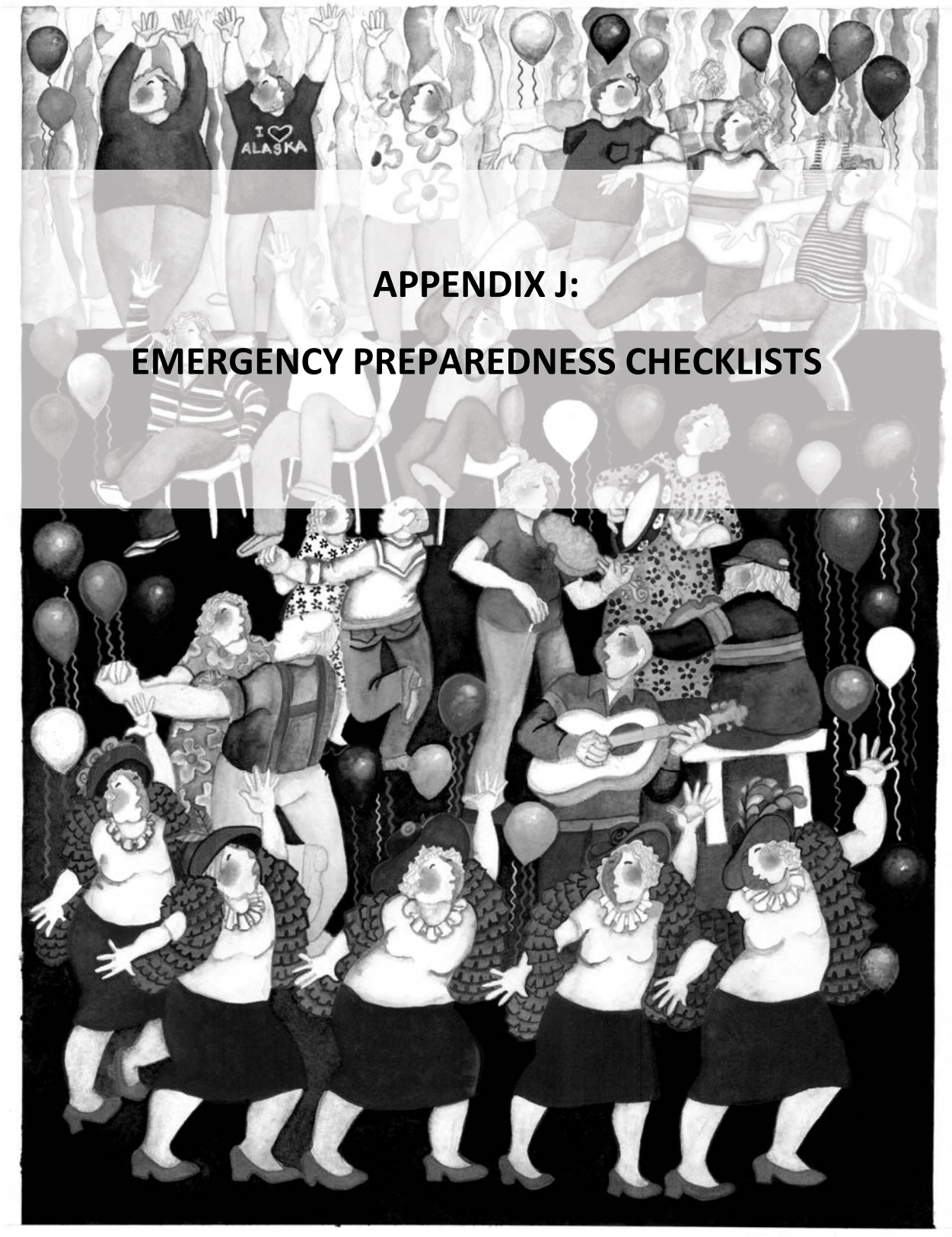
Nursing Home Care. Nursing homes provide a cost-effective way to enable patients with injuries, chronic diseases, some acute illnesses or postoperative care needs to recover or remain medically stable in an environment outside a hospital. They are staffed by medical professionals on a 24-hour basis and offer rehabilitative services as well as social and recreational opportunities for long-term residents.

Residential Hospice Care. Hospice care is a coordinated program of palliative care for individuals with a terminal illness. There is focus on symptom management rather than recovery. Programs include nursing care and support, pain management, and training for family and friends. Rather than a home-based hospice program, residential hospice provides a facility in which palliative care takes place.

Psychiatric Hospital. Alaska Psychiatric Institute, Alaska's only psychiatric hospital, provides assessment, diagnostic, and therapeutic services to support individuals whose ability to function is severely limited by mental health problems.

NOTE: Medicaid Waivers are a type of payment arrangement rather than a specific service. Waiver programs allow people who would otherwise need an institutional level of care to live in their home or community and receive the array of services they need. These "waivers" are approved by the federal government and allow Alaska Medicaid to provide expanded services to people who meet the eligibility criteria for the specific waiver (as well as Medicaid income guidelines). For further information please see the State of Alaska Division of Senior and Disabilities Services at:
http://www.hss.state.ak.us/dsds/hcbcwaivers.htm

Guardianship. Guardianship is a legal arrangement where a person or institution is appointed as a guardian to make decisions for an incapacitated person - decisions about housing, medical care, legal issues, and services. For more information please see the Alaska Court System Family Law Self-Help Center at:
http://www.state.ak.us/courts/guardianship.htm



APPENDIX J:

EMERGENCY PREPAREDNESS CHECKLISTS

EMERGENCY PREPAREDNESS CHECKLISTS

Contents: **Page:**

COOPERATIVE EXTENSION SERVICE
UNIVERSITY OF ALASKA FAIRBANKS

Emergency Preparedness for Alaskans

by Richard D. Seifert
Extension Energy and Housing Specialist

SAL-00007

Alaska is an area of natural beauty and magnificent landscapes. Natural forces loom large in our history and in our daily lives. Because of this, our lives are subject to a wide range of natural disasters. Floods, earthquakes, wildfires, severe storms, tidal waves (tsunamis) and volcanic eruptions are normal routines. Being prepared for these eventualities is just a matter of a little time and effort to pull together some supplies to help you adjust to emergencies without undue stress.

Stocking up now on emergency supplies can add to your safety and comfort during and after any natural disaster. Store enough supplies for at least 72 hours.

Emergency Supply Checklist

Survival
- ❑ Water — 2 quarts to 1 gallon per person per day
- ❑ First aid kit, freshly stocked
- ❑ First aid book
- ❑ Food (packaged, canned, no-cook and baby food, and food for special diets)
- ❑ Can opener (non-electric)
- ❑ Blankets or sleeping bags
- ❑ Portable radio flashlight and spare batteries
- ❑ Essential medication and glasses
- ❑ Fire extinguisher A B C type
- ❑ Food and water for pets
- ❑ Money

Sanitation Supplies
- ❑ Large plastic trash bags for trash, waste, water protection
- ❑ Large trash cans
- ❑ Bar soap and liquid detergent
- ❑ Shampoo
- ❑ Toothpaste and toothbrushes
- ❑ Feminine and infant supplies
- ❑ Toilet paper
- ❑ Household bleach
- ❑ Newspaper to wrap garbage and waste

Safety and Comfort
- ❑ Sturdy shoes
- ❑ Heavy gloves for clearing debris
- ❑ Candles and matches
- ❑ Change of clothing
- ❑ Knife or razor blades
- ❑ Garden hose for siphoning and fire fighting
- ❑ Tent

Cooking
- ❑ Camp stove, propane appliances
- ❑ Fuel for cooking (camp stove fuel, etc.)
- ❑ Plastic knives, forks, spoons
- ❑ Paper plates and cups
- ❑ Paper towels
- ❑ Heavy duty aluminum foil

Tools and Supplies
- ❑ Axe, shovel, broom, woodcutting saw
- ❑ Crescent wrench for turning off gas
- ❑ Screwdriver, pliers, hammers
- ❑ Coil of ½-inch rope
- ❑ Plastic tape and sheeting
- ❑ Toys for children

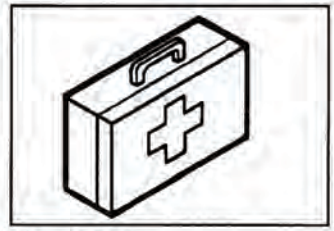
For more information, contact your local Cooperative Extension Service office or Richard D. Seifert, Extension Energy and Housing Specialist, at 907-474-7201 or rdseifert@alaska.edu.Technical review by Richard D. Seifert in January 2011.

Visit the Cooperative Extension Service website at www.uaf.edu/ces or call 1-877-520-5211

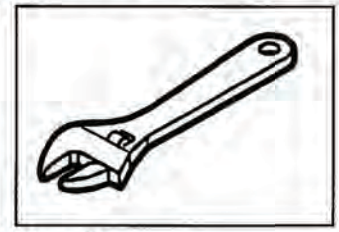
Emergency Supplies To Be Stored

After a major earthquake, electricity, water and gas may be out of service. Emergency aid may not reach you for several days. Make sure you have the following items in your home, at your office or in your car.

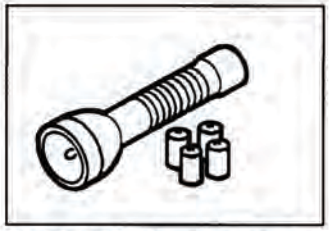
Fire extinguisher
Your fire extinguisher should be suitable for all types of fires and should be easily accessible.



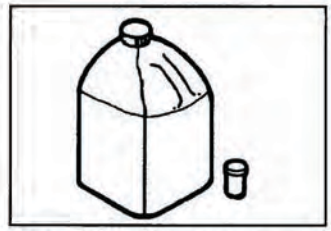
First aid kit
Your first aid kit should be in a central location and should include emergency instructions.



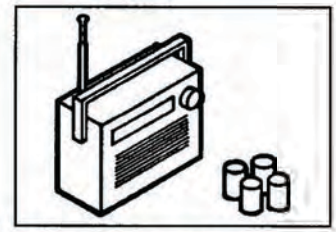
Wrench
Have crescent or pipe wrench to turn off gas and water valves if necessary.



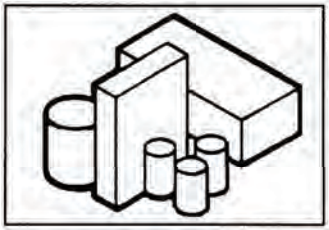
Flashlight and extra batteries
Keep flashlights in several locations in case of a power failure. Extra batteries last longer if you keep them in the refrigerator.



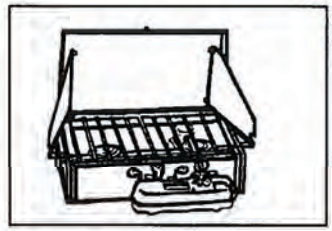
Water and disinfectant
Store several gallons of water for each person. Keep a disinfectant such as iodine tablets or chlorine bleach to purify water if necessary.



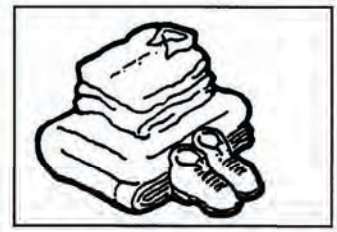
Radio and extra batteries
Transistor radios will be useful for receiving emergency broadcasts and current disaster information.



Dry or canned food
Store a one-week supply of food for each person. It is preferable to store food that does not require cooking.



Alternate cooking source
Store fuels and appliances and matches for cooking in case utilities are out of service.



Blankets, clothing and shoes
Extra blankets and clothing may be required to keep warm. Have shoes suitable for walking through debris.

3/93/RDS/1500 Reprinted March 2011

America's Arctic University
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Recommended Items to Include in a Basic Emergency Supply Kit:

- Water, one gallon of water per person per day for at least three days, for drinking and sanitation
- Food, at least a three-day supply of non-perishable food
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both
- Flashlight and extra batteries
- First aid kit
- Whistle to signal for help
- Dust mask, to help filter contaminated air and plastic sheeting and duct tape to shelter-in-place
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Can opener for food (if kit contains canned food)
- Local maps
- Cell phone with chargers, inverter or solar charger

Additional Items to Consider Adding to an Emergency Supply Kit:

- Prescription medications and glasses
- Infant formula and diapers
- Pet food and extra water for your pet
- Important family documents such as copies of insurance policies, identification and bank account records in a waterproof, portable container
- Cash or traveler's checks and change
- Important family documents such as copies of insurance policies, identification and bank account records in a waterproof, portable container. You can use the Emergency Financial First Aid Kit (EFFAK) - PDF, 277Kb) developed by Operation Hope, FEMA and Citizen Corps to help you organize your information.
- Emergency reference material such as a first aid book or information from www.ready.gov.
- Sleeping bag or warm blanket for each person. Consider additional bedding if you live in a cold-weather climate.
- Complete change of clothing including a long sleeved shirt, long pants and sturdy shoes. Consider additional clothing if you live in a cold-weather climate.
- Household chlorine bleach and medicine dropper – When diluted nine parts water to one part bleach, bleach can be used as a disinfectant. Or in an emergency, you can use it to treat water by using 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.
- Fire Extinguisher
- Matches in a waterproof container
- Feminine supplies and personal hygiene items
- Mess kits, paper cups, plates and plastic utensils, paper towels
- Paper and pencil
- Books, games, puzzles or other activities for children

Pandemic Influenza & Emergency Preparedness 7 Day Survival Kit

Take the next 24 weeks and build a 7 Day Survival Kit!

Be Prepared!

Some find it difficult to put together a disaster preparedness kit, but using this easy-to-follow Preparedness Supplies Calendar will help you and your family take the anxiety and frustration out of preparing for emergencies or disasters by ensuring you have enough supplies to last seven days or until help arrives.

STATE of ALASKA
Department of Health and Social Services

Week 1

- ☐ 1 gallon of water*
- ☐ 1 jar peanut butter
- ☐ 2 large cans juice*
- ☐ 2 cans meat*
- ☐ 1 hand-operated can opener
- ☐ Permanent marker
- ☐ Pet food
- ☐ Diapers
- ☐ Baby food

Things To Do:

- ☐ Date perishable items with marker
- ☐ Decide on and notify out-of-area contact who can coordinate information for scattered family members

*Per Person

Week 2

- ☐ Heavy cotton or hemp rope
- ☐ Duct tape
- ☐ 2 flashlights with batteries
- ☐ Waterproof matches for outside use ONLY with appropriate stove or grill
- ☐ Leash or pet carrier
- ☐ Extra set of I.D. tags

Things To Do:

- ☐ Sign up for First Aid/CPR classes at your local Red Cross location

Week 3

- ☐ 1 gallon of water*
- ☐ 2 cans meat*
- ☐ 2 cans fruit*
- ☐ Feminine hygiene supplies
- ☐ Paper & pen
- ☐ Local map
- ☐ Pain reliever
- ☐ Laxative
- ☐ 1 gallon of water for each pet

Things To Do:

- ☐ Find out about what kinds of disasters can happen in your area
- ☐ Encourage your neighbors to develop their own plans

*Per Person

Week 4

- ☐ Flashing safety light or light wand
- ☐ Compass
- ☐ Medicines/ perscriptions marked "For Emergency Use"
- ☐ Contact lens supplies

Things To Do:

- ☐ Develop a family disaster plan including where to meet if seperated, name and number of out-of-area contact, kinds of information to give that contact in an emergency

Week 5

- ☐ 1 gallon of water*
- ☐ 2 cans fruit*
- ☐ 2 cans vegetables*
- ☐ 2 cans meat*
- ☐ 4 rolls of toilet paper*
- ☐ Extra toothbrush*
- ☐ Travel-sized toothpaste
- ☐ Special foods for special dietary needs

Things To Do:

- ☐ Identify escape routes from house for all family members
- ☐ Identify safe places to go in case of fire, flood, earthquake, or other disaster

*Per Person

Week 6

- ☐ Deluxe First Aid kit
- ☐ Safety pins
- ☐ Sunscreen

Things To Do:

- ☐ Practice a drill for each of your evacuation plans
- ☐ Identify storage area for your supplies, such as a closet along an inside wall or several heavy-duty watertight plastic garbage cans that can be stored outside. If using outside storage, ensure that containers are weather and animal proof.

Week 7

- ☐ 2 cans ready-to-eat soup* (Not Concentrated)
- ☐ 2 cans fruit*
- ☐ 2 cans vegetables*
- ☐ Sewing kit
- ☐ Disinfectant
- ☐ 1 gallon water
- ☐ Extra baby supplies (bottles, formula, diapers)

Things To Do:

- ☐ Place a pair of shoes, a flashlight, a whistle, and a pair of work gloves in a plastic grocery bag and tie the bag to your bed frame

*Per Person

Week 8

- ☐ Scissors
- ☐ Tweezers
- ☐ Thermometer
- ☐ Liquid antibacterial hand soap
- ☐ Disposable hand wipes
- ☐ Sewing needles
- ☐ Petroleum jelly or other lubricating cream
- ☐ 2 tongue depressers
- ☐ Extra eye glasses

Week 9

- ☐ 2 cans ready-to-eat soup* (Not Concentrated)
- ☐ Liquid dish soap
- ☐ Household chlorine bleach with medicine dropper for water treatment
- ☐ 1 box heavy-duty garbage bags with ties
- ☐ 1 bottle antacid tablets
- ☐ 1 gallon of water*

Things To Do:

- ☐ Test smoke detectors and replace batteries

*Per Person

Week 10

- ☐ Waterproof portable container for important papers
- ☐ Battery-powered radio
- ☐ Wrench to turn off utilities

Things To Do:

- ☐ Make sure everyone knows where to find the gas and water meter shut-off valves and how to turn them off
- ☐ Attach a wrench near each shut-off valve so it is there when needed

Week 11

- ☐ 2 large cans juice*
- ☐ Large plastic food bags
- ☐ 2 boxes high-energy snacks
- ☐ 3 rolls paper towels

Things To Do:

- ☐ Keep extra battery for cell phone or change for pay phone usage in disaster supplies
- ☐ Locate several pay phones that are near your house

*Per Person

Week 12

- ☐ Pet litter and box
- ☐ Extra water
- ☐ Pet First Aid kit

Things To Do:

- ☐ Make sure that all pet vaccinations are current and obtain medical records from veterinarian for disaster records
- ☐ Keep emergency supply of any special pet medication needs
- ☐ Photocopy important papers and store them safely

Week 13	Week 14	Week 15	Week 16	Week 17	Week 18
Things To Do: ☐Add a change of clothes and a pair of shoes for each person in the family to your emergency supplies ☐Put together packets of your favorite and most used spices: salt, pepper, sugar, etc. ☐Put aside utensils, cups, plates, and bowls for each person ☐Make sure all perishables have been dated ☐1 gallon of water* ***Per Person**	☐Whistle ☐Extra batteries for flashlights and radio ☐Pry bar **Things To Do:** ☐Check with your children's day care center or school about their disaster plans and how parents will be contacted if a disaster happens during business hours	☐Pliers ☐Screwdrivers (Phillips & Slotted) ☐Hammer ☐Strapping and fasteners for water heater, bookcases, and computers **Things To Do:** ☐Secure water heater, bookcases, computers, and other heavy items that could fall over in an earthquake	☐2 cans fruit* ☐2 cans meat* ☐2 cans vegetables* **Things To Do:** ☐Develop a disaster supply kit for your vehicles or buy a ready-made kit from your local automotive store ☐Find out if you have a neighborhood safety group and become involved ***Per Person**	☐"Child-proof" latches or fasteners for cupboards ☐Quakehold museum putty to secure moveable items of shelves **Things To Do:** ☐Secure doors and moveable items	☐2 boxes graham crackers ☐Assorted plastic containers with lids ☐2 boxes dry cereal ☐Special equipment, such as hearing aid batteries, etc. **Things To Do:** ☐Arrange for someone to help your children if you are at work and not able to return home during a disaster
Week 19	**Week 20**	**Week 21**	**Week 22**	**Week 23**	**Week 24**
☐Rubbing alcohol ☐Anti-diarrhea medication ☐Antiseptic ointment **Things To Do:** ☐Make sure you have a sleeping bag and a blanket for each member of your family	☐2 cans meat* ☐2 cans vegetables* ☐2 boxes facial tissue ☐2 boxes quick energy snacks ☐Dried fruits and nuts **Things To Do:** ☐Assemble an activity box with playing cards, games, and other favorite toys ***Per Person**	☐Plastic bucket with tight lid for toileting needs* ☐Plastic sheeting ☐Any denture care supplies **Things To Do:** ☐Review your insurance coverage with your insurance agent to be sure you are covered for whatever disasters may occur in your area ***Per Person**	☐2 boxes quick-energy snacks ☐Comfort foods (candy bars, cookies, etc.) ☐Plastic wrap ☐Aluminum foil **Things To Do:** ☐Purchase and install emergency escape ladders for upper floor windows	☐Camping or utility knife ☐Work gloves ☐Safety goggles ☐Disposable dust mask* **Things To Do:** ☐Photograph or video tape the contents of your home and send them to an out-of-town friend or relative to store ***Per Person**	**Things To Do:** ☐Begin rotating water and food stores, replacing those purchased during Week One. Check that storage area is safe and dry. Continue rotation each month so that fresh stores are always on hand.

Disaster Supply Kit for Pets

Be Prepared for Disasters!!!

The most important thing you can do to protect your family and pets from the unexpected is to be prepared!

Here's what you should include for your pet:

Always have a collar with ID, city license, and rabies tags on your pet.

Store current shot and health records in a waterproof containter, such as a freezer bag.

Food and water bowls with enough food and water for seven days. Remember, keep the food in a watertight container.

Manual can opener for canned food.

Plastic bags to dispose of pet droppings and other waste.

Current photo of your pet	**Pet carrier with plenty of bedding**
Leash	**Toys**
Medications	**First Aid kit**
Grooming Supplies	**Paper Towels/Wet Wipes**
Flashlight and spare batteries	**Cat litter and litter box**

To find a hotel or motel that accepts pets, check out www.petswelcome.com or www.takeyourpet.com!

For more information on disaster preparedness:

Alaska Division of Homeland Security and Emergency Management

1-800-478-2337

www.ak-prepared.com

Information Specific for people who are deaf or hard of hearing

Hearing aids

- ☐ Store hearing aid(s) in a consistent and secured location so they can be found and used after a disaster

For example, consider storing them in a container by your bedside, which is attached to a nightstand or bedpost using a string or Velcro. Missing or damaged hearing aids will be difficult to replace or fix immediately after a major disaster.

Batteries

- ☐ Store extra batteries for hearing aids and implants. If available, store and extra hearing aid with your emergency supplies.
- ☐ Maintain TTY batteries. Consult your manual for information
- ☐ Store extra batteries for your TTY and light phone signaler. Check the owner's manual for proper battery maintenance.

Communication

- ☐ Determine how you will communicate with emergency personnel if there is no interpreter or if you don't have your hearing aids. Store paper and pens for this purpose.
- ☐ Consider carrying a pre-printed copy of important messages with you , such as: "I speak American Sign Language (ASL) and need an ASL interpreter
- ☐ If possible obtain a battery-operated television that has a decoder chip for access to signed or captioned emergency reports.
- ☐ Determine which broad casting systems will be accessible in terms of continuous news that will be captioned and/or signed. Advocate so that television stations have a plan to secure emergency interpreters for on-camera emergency duty.

Alarms

- ☐ Install both audible alarms and visual smoke alarms. At least one should be battery operated.

Special Considerations for Those With a Disability

- Find two friends or family members that would be willing to help you in the event of evacuation

Emergency Checklist

- Learn what to do in case of power outages and personal injuries. Know how to connect or start a back-up power supply for essential medical equipment
- Teach those who may need to assist you in an emergency how to operate necessary equipment you may need
- Learn your community's evacuation routes
- Listen to battery-operated radio for emergency information.

Disaster Supply Kit

In addition to the general supply kit listed above persons with disabilities might want to include:

- Extra wheelchair batteries, oxygen, medication, catheters, food for guide or service dogs, or other special equipment you might need.
- A stock of Non-perishable food items that may be necessary for diet restrictions
- A list of the style and serial numbers of medical devices such as pacemakers
- Store back-up equipment, such as a manual wheelchair, at your neighbor's home, school, or your workplace.

Special Considerations When Caring for Persons with Disabilities and Elderly

Caring for those with special needs in the event of an evacuation can be easy if preparation is done ahead of time. Following are suggestions on how you can prepare for an evacuation.

Use the Buddy System

If you have a special needs family member or friend and are planning in assisting them in evacuation remember it is not easy to do it alone. Prepare by designating at least two people to help in the evacuation.

Special Checklist Considerations

Remember your special needs family member or friend is under stress and may be preoccupied during the event of an evacuation and may not pack everything they need. Following is a checklist of important items to remember in an evacuation in addition to the checklist stated above.

- Medications—have a list of all prescription medications, times they are to be taken, and an extra supply of these medications.

- ☐ Have the names and phone numbers of their doctors, pharmacy and home health agency
- ☐ Pack all of their personal hygiene articles, including denture cleansers and adhesives.
- ☐ Valuable documents and jewelry including:
  - Will, insurance policy, contracts, deeds, stocks and bonds
  - Passports, social security cards, immunization records
  - Bank account numbers
  - Credit card account numbers and companies
  - Family records (birth, marriage, death certificates)

  Have a location or box ready ahead of time for them to store valuables themselves
- ☐ Draw sheets for persons with mobility issues
- ☐ Adult diapers/depends
- ☐ Plastic hospital-type urinal

SPECIAL CARE SHELTERS
Definition of A Person with Special Needs and Special Care Shelter (SCS) Eligibility Guidelines

1) A person with special needs is someone, who during periods of evacuation or emergency, requires sheltering assistance, due to physical impairment, mental impairment, cognitive impairment, or sensory disabilities, that exceeds the basic level of care provided at a general population shelter, but does not require the level of care provided at a skilled medical facility. A person with special needs is not a person residing in a facility required by state law to have an evacuation and emergency management plan for natural and man-made disasters.

2) Eligibility guidelines for Special Care Shelter client may include, but not limited to:

   a) A person with a stable medical condition that requires periodic observation, assessment, and maintenance (i.e. glucose readings, vital signs, ostomy care, urinary catheter)
   b) A person requiring periodic wound care assistance (i.e. dressing changes).
   c) A person with limitations that requires assistance with activities of daily living
   d) A person requiring and needing assistance with oral, subcutaneous or intramuscular injectable, or topical medication
   e) A person requiring minimal assistance with ambulation, position change and transfer (i.e. able to move more than 100 feet with or without an assistive device)
   f) A person requiring oxygen that can be manually supplied
   g) A person medically dependent on uninterrupted electricity for therapies including but not limited to oxygen, nebulizer, and feeding tubes. Ventilator dependent persons and persons with multiple special needs requiring a higher level of care, may need to be referred to a skilled medical facility
   h) A person with mental or cognitive limitations requiring assistance who is accompanied by an appropriate fulltime caregiver for the duration of their stay in the shelter
   i) A person requiring fulltime care who is accompanied by an appropriate fulltime caregiver for the duration of their stay in the shelter
   j) A person whose weight does not exceed the safety weight restrictions of provided cots.
   k) A person who can be safely transferred and does not require specialty lifting or transferring equipment. A person requiring a stretcher to be transported may need to be referred to a higher skilled medical facility

3) Every reasonable effort shall be made to avoid admitting a person with a known communicable condition or a condition that requires airborne precautions, i.e. Methicillin Resistant *Staphylococcus aureus* (MRSA) or persons who require respiratory isolation such as infectious Tuberculosis (TB).

4) Communities with special care shelters with resources that can safely accept a person exceeding the above criteria may choose to do so.

SPECIAL CARE SHELTERS - LEVELS OF CARE
Examples of Eligibility Guidelines

Condition	Level By Shelter Type		
	General Shelter Area	Special Needs Area (SCS)	Medical Management Facility (Hospital or Nursing Home)
Alzheimer's Disease/Dementia	Early	Progressive	Advanced/Total Care
Ambulation (walker, cane, crutches, wheelchair) • Arthritis • Osteoporosis • Parkinson's Disease • Multiple Sclerosis • Muscular Dystrophy • Neuromuscular Disorders	✓	Assistance required	Bedridden
Aphasia (difficulty communicating)	✓	Combined with other conditions	
Cardiac abnormalities	Stable	Controlled	Unstable
Contagious diseases or infection *MRSA		Consult with local PHC	✓
Dialysis	✓	Combined with other conditions	
Diabetes/Hyperglycemia	Insulin and diet controlled	Requires assistance	
Eating and swallowing disorders	✓	Require assistance/ Tube feeding	
Ileostomy/Colostomy	✓	Combined with other conditions	
Neurological Deficit		✓	Incoherent/Total care
Psychosis	Controlled	Requires caregiver	Uncontrolled
Respiratory • Asthma/Chronic Obstructive Pulmonary Disease (COPD) • Emphysema	✓	Oxygen Dependent	Ventilator Dependent
Seizures	Controlled	Medication assistance required	Uncontrolled
Sleep Apnea	Not-mechanically dependent	Mechanically dependent	
Wheelchair Transferable	Mobile with minimal assistance	Wheelchair bound with complicating conditions	
Wounds *MRSA	Uncomplicated	Open draining wounds, dressing changes, complicated treatments	

*-Wounds infected with MRSA are not appropriate for General or Special Care Shelters

Special Care Shelter (SCS) Assessment

Commmunity_____Visit Date: _____
Participants:_____

Assessment Criteria	Comments/Assignments (Please include the page & paragraph # where this element can be located in your SCS plan.)
1. Physical location of SCS	
2. Shelter Capacity	
3. Anticipated Shelter Census	
4. Who maintains facility?	
5. Is facility structurally secure?	
6. Does facility have a generator for: A. Emergency Lighting? B. Emergency Outlets? C. HVAC Operation?	
7. Who operates and maintains the generator? A. Type of fuel? (diesel, gasoline, natural gas, propane gas) B. Duration sustained operation without refueling?	
8. Who supplies O2 during an event? A. Type, (Liquid, bottled, Concentrator)?	
9. Is food prepared on site and who prepares the food?	
10. Who supplies the food?	
11. Do the SCS locations have available refrigeration?	
12. Where are the shelter's supplies maintained during the year? (On/Off site)? A. If not on site, how are they transported for an event? B. Who maintains the supplies?	
13. Is EMS support on site?	
14. Is there a back up water supply available? A. Potable (drinkable) water. B. Utility (non-drinkable) water (i.e. toilet flushing).	
15. Are clients pre-registered?	
16. Is client information maintained in a database?	
17. Who maintains the database?	
18. Is standard written admission criteria used to determine if client is SCS appropriate?	
19. Who determines admission criteria?	
20. Are clients triaged at pre-registration?	
21. Who does the triage?	
22. Do you have computer support on site?	
23. Do you have laptops or handhelds for client registration?	
24. How are clients identified and registered upon arrival at SCS during an event? (i.e. armbands)	

Assessment Criteria	Comments/Assignments (Please include the page & paragraph # where this element can be located in your SCS plan.)
25. Are staff family members allowed in the shelter?	
26. Is child care available?	
27. Does the staff have written assignments and schedules?	
29. What is the normal work schedule and who makes the assignments?	
30. Are there teams? How are they comprised?	
31. How is staff identified? (i.e. badge, vest, armband)	
32. When activated, how are team members contacted?	
33. Who represents the shelter at the EOC?	
34. Which agency takes the lead for the SCS?	
35. Who manages the Shelter?	
36. Is there written nursing criteria?	
37. Are there stocked medications? A. Over the counter? B. Prescribed?	
38. Where are the medications stored? Are they rotated?	
39. Is physician support available on site?	
40. If you have a staff physician available, do they write treatment orders or prescribe medications?	
41. How are supplies inventoried and stored securely?	
42. Does the shelter have separate eating and sleeping facilities for staff?	
43. Do you have Standard Operating Guideline for activation, operation, and deactivation of SCS? Does it address: A. Media Management B. Mortuary Procedure C. Security D. Discharge Planning E. Resource Management F. Communication with EOC	
44. Do you actively recruit staff to work in the SCS?	
45. Do you have shelter training programs for your staff?	
46. Are clients allowed to bring pets to the shelter?	
47. Do hospice clients come to the shelter?	
48. Are hospice clients required to have a hospice nurse in attendance?	
49. Do home health agencies participate in SCS staffing/planning?	
50. Are social work services available? Trained in CISM?	
51. Is public transportation provided?	
52. Do all transports arrive at the same entrance?	
53. Are stretcher clients brought to the SCS?	
54. Do you have or participate in a SCS committee? A. Which agencies are represented?	

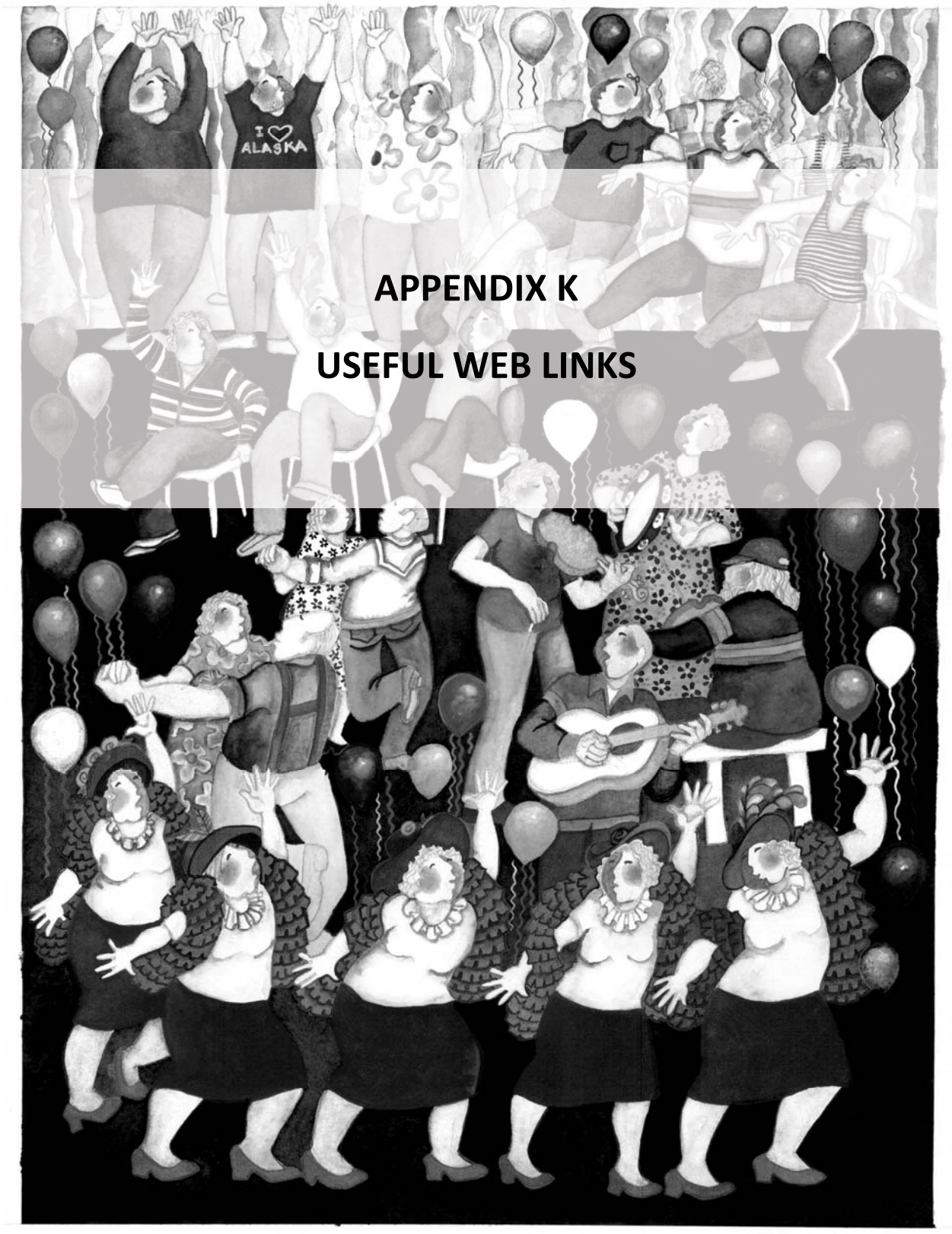
Special Care Shelter

Special Care Shelter (SCS) Individual List of Evacuees

Date/time SCS Opened:				**Fax: Community EOC**				**Event:**		**SCS Name:**	
Date/time SCS Closed:				**Community EOC Phone:**				**Community:**		**Shelter Capacity** *(Number of shelter spaces based on 60 sq. ft. per client and care giver combined.)*:	**SCS Physical Address:**
Admit Date	**Name of SCS client (Last name, first)**	**Age of client**	**Electrically Dependent?**	**Oxygen Dependent?**	**Caregiver present?**	**# of people in party, including client**	**Client's home address and zip code**			**Type of transport D/C date N = none W = W/C van A = ambulance O = other**	**D/C date**
			Y N	Y N	Y N						
			Y N	Y N	Y N						
			Y N	Y N	Y N						
			Y N	Y N	Y N						
			Y N	Y N	Y N						
			Y N	Y N	Y N						
			Y N	Y N	Y N						
			Y N	Y N	Y N						
			Y N	Y N	Y N						

Special Care Shelter

Admit Date	Name of SCS client (Last name, first)	Age of client	Electrically Dependent?	Oxygen Dependent?	Caregiver present?	# of people in party, including client	Client's home address and zip code	Type of transport D/C date N = none W = W/C van A = ambulance O = other	D/C date
			Y N	Y N	Y N				
			Y N	Y N	Y N				
			Y N	Y N	Y N				
			Y N	Y N	Y N				
			Y N	Y N	Y N				
			Y N	Y N	Y N				
			Y N	Y N	Y N				
			Y N	Y N	Y N				
			Y N	Y N	Y N				
			Y N	Y N	Y N				
			Y N	Y N	Y N				
			Y N	Y N	Y N				



APPENDIX K

USEFUL WEB LINKS

APPENDIX K:
USEFUL WEB LINKS

Other State of Alaska Plans:

- Alaska in Action: Statewide Physical Activity and Nutrition Plan (2005):
  http://www.hss.state.ak.us/dph/chronic/obesity/pubs/AlaskaInAction.pdf

- Alaska Arthritis Plan (June, 2008);
  http://www.hss.state.ak.us/dph/chronic/arthritis/documents/ArthritisStatePlan.pdf

- Alaska Behavioral Health Emergency Response Plan:
  http://www.hss.state.ak.us/dbh/resources/initiatives/dp/emergency_response_plan.pdf

- Alaska Comprehensive Cancer Control Plan, 2005 – 2010:
  http://www.hss.state.ak.us/publications/alaskaComprehensiveCancerControlPlan.pdf

- Alaska Diabetes Strategic Plan (2005):
  http://www.epi.hss.state.ak.us/pubs/diabetes.pdf

- Alaska Health Workforce Development Plan, February 2010:
  http://labor.state.ak.us/awib/2010-feb-mtg-binder/AlaskaHealthWorkforceDevPlan1stDraft.pdf

- Alaska Oral Health Plan, 2008 – 2012:
  http://www.hss.state.ak.us/DPH/wcfh/Oralhealth/docs/Oral-Health-Plan.pdf

- Alaska Pandemic Influenza Response Plan (July 2010):
  http://www.hss.state.ak.us/dph/DPHPP/pandemicflu/panfluplan.pdf

- Alaska Pioneers' Homes: Planning for Tomorrow, December 2009 (Information Insights):
  http://hss.state.ak.us/dalp/docs/plan.pdf

- Alaska Suicide Prevention Plan:
  http://www.hss.state.ak.us/suicideprevention/pdfs_sspc/sspcfollowback2-07.pdf

- Alaska's Medicaid State Plan:
  http://www.hss.state.ak.us/commissioner/medicaidstateplan/default.htm

- Governor's Council on Disabilities & Special Education, 2006 – 2011 State Plan:
  http://www.hss.state.ak.us/dph/healthplanning/movingforward/default.htm

- Healthy Alaskans 2010 (several volumes and update):
  http://www.hss.state.ak.us/dph/targets/ha2010/default.htm

- Making It Work: Behavioral Health in Alaska, 2007 – 2011:
  http://www.hss.state.ak.us/ABADA/pdf/making_it_work073007.pdf

- Moving Forward: Alaska's Comprehensive Integrated Mental Health Plan, 2006 - 2011:
  http://www.hss.state.ak.us/dph/healthplanning/movingforward/default.htm

- Transforming Health Care in Alaska – 2009 Report / 2010 – 2014 Strategic Plan:
  http://hss.state.ak.us/healthcommission/docs/report.pdf

Programs and Resources:

- AARP Alaska:
  http://www.aarp.org/states/ak/

- Adult Protective Services:
  http://www.hss.state.ak.us/dsds/aps.htm

- Alaska Aging & Disability Resource Centers (ADRCs):
  http://www.hss.state.ak.us/dsds/grantservices/adrc.htm

- Alaska Center for the Blind & Visually Impaired:
  www.alaskabvi.org

- Alaska Commission on Aging:
  http://www.alaskaaging.org

- Alaska Division of Homeland Security and Emergency Management:
  http://www.ak-prepared.com/

- Alaska Division of Senior & Disabilities Services:
  http://www.hss.state.ak.us/dsds/

- Alaska Food Coalition:
  http://www.alaskafood.org/

- Alaska Health Workforce Coalition:
  https://sites.google.com/site/alaskahealthworkforcecoalition/home

- Alaska Housing Finance Corporation Senior Housing Office:
  http://www.ahfc.state.ak.us/home/senior_guide.cfm

- Alaska MASST (Mature Alaskans Seeking Skills Training) Program:
  http://labor.state.ak.us/masst/home.htm

- Alaska Medicare Information Office:
  http://www.hss.state.ak.us/dsds/medicare/

- Alaska Mental Health Trust Authority:
  http://www.mhtrust.org/

- Alaska Mobility Coalition:
  http://alaskamobility.org/

- Alaska Native Health Board:
  http://www.anhb.org

- Alaska Native Tribal Health Consortium:
  http://www.anthc.org/

- Alaska Office of the Long-Term Care Ombudsman:
  http://www.akoltco.org/

- Alaska Pioneer Homes:
  http://www.hss.state.ak.us/dalp/

- Alzheimer's Disease Resource Agency of Alaska:
  http://www.alzalaska.org/

- Benefits CheckUp Alaska (through National Council on Aging):
  https://www.benefitscheckup.org/index.cfm?partner_id=74&source_id=5

- Expanding Access to Health Programs Project (University of Alaska Anchorage);
  http://www.uaa.alaska.edu/hpd/eahp.cfm

- Healthy Aging at a Glance, 2011 (Centers for Disease Control & Prevention):
  http://www.cdc.gov/chronicdisease/resources/publications/aag/aging.htm

- Mat-Su Regional Plan for Delivery of Senior Services:
  http://www.matsuhealthfoundation.org/PDFs/2011%20Mat-su%20Regional%20Plan%20for%20Delivery%20of%20Senior%20Services%20Final.pdf

- Office of Elder Fraud & Assistance:
  http://doa.alaska.gov/opa/oefa/

- Older Persons Action Group & Senior Voice Newspaper:
  http://www.opagak.com/OPAGSV2011/

- Public Health Preparedness:
  http://www.hss.state.ak.us/commissioner/medicaidstateplan/default.htm

- Senior Benefits Program:
  http://www.hss.state.ak.us/dpa/programs/seniorbenefits/default.htm

Reports and Studies:

- Affordable Assisted Living in Alaska: Honoring Traditions by Keeping Our Elders Close to Home: http://www.hss.state.ak.us/dsds/rural/pdfs/assistedlivingbusinessplanguidebook.pdf

- Alaska Commission on Aging 2010 Annual Report: http://www.alaskaaging.org/documents/ACOA_FY2010.pdf

- Alaska Department of Health & Social Services 2010 Annual Report: http://www.hss.state.ak.us/publications/DHSS_AnnualReport.pdf

- Alaska Forward: Phase I Situational Analysis (Prepared for the Alaska Partnership for Economic Development): http://alaskapartnership.net/wp-content/uploads/2011/01/Alaska-Forward-Project-Situational-Analysis.pdf

- Alaska Health Care Strategies Planning Council Final Report: Summary & Recommendations (December 2007): http://www.hss.state.ak.us/commissioner/legislature/pdf/HCSPC_report.pdf

- Alaska Long-Term Care and Cost Study, 2006 (Public Consulting Group): http://hss.state.ak.us/dsds/docs/alaskaLongTermCareCostStudy.pdf

- Alaska Suicide Follow-Back Study Final Report: http://www.hss.state.ak.us/suicideprevention/pdfs_sspc/sspcfollowback2-07.pdf

- Alaska Tribal Health System: Tribal Long-Term Care Service Development Plan, December 2008: http://www.anthc.org/chs/wp/elders/upload/ATHS-LTC-Plan.pdf

- Alaskan Core Competencies for Direct Care Workers in Health & Human Services: http://www.annapoliscoalition.org/core_competencies.aspx

- 2006 Behavioral Health Prevalence Estimates in Alaska: http://www.hss.state.ak.us/dbh/perform_measure/PDF/200804_rept_prevalence.pdf

- A Blueprint for Action: Developing a Livable Community for All Ages: http://www.n4a.org/pdf/07-116-n4a-blueprint4actionwcovers.pdf

- Economic Costs of Alcohol and Drug Abuse in Alaska, 2005 Update: http://www.hss.state.ak.us/dbh/prevention/docs/ABADA_05update.pdf

- Establishment of a Rate Setting Methodology for Home and Community Based Services in Alaska (Myers and Stauffer, 2008):

http://www.hss.state.ak.us/dsds/docs/AK_HCBS_recommendations.pdf

- Fairbanks North Star Borough Senior Quality of Life Assessment, 2009:
  http://www.slideshare.net/kdodge/fairbanks-north-star-borough-senior-quality-of-life-assessment

- Frontier Community Services Behavioral Health Senior Needs Assessment, 2009-2010:
  http://thomasdlonner.com/Community%20Assessment,%20Impact%20Assessment,%20and%20Actions/Tom%20Lonner%20&%20Ken%20Duff%20-%20Behavioral%20Health%20Senior%20Needs%20Assessment%202010.pdf

- Global Age-Friendly Cities: A Guide:
  http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf

- Governor's Coordinated Transportation Task Force Recommendations Report;
  http://www.dot.state.ak.us/stwdplng/cttf/docs/CTTF_recommendations_report_signed_021101.pdf

- Hunger in America 2010: Local Report Prepared for Food Bank of Alaska:
  http://www.alaskafood.org/materials/Hunger_in_America_2010.pdf

- Long-Term Forecast of Medicaid Enrollment and Spending in Alaska: 2005 – 2025:
  http://dhss.alaska.gov/fms/Documents/AK_Long_Term_Medicaid_Forecast_2005-2025%20Report.pdf
  2009 Supplement:
  http://dhss.alaska.gov/fms/Documents/MESA_2029.pdf

- Recommendations for the Alaska Long-Term Care Plan (HCBS Strategies), 2008:
  http://www.hcbsstrategies.com/AK%20Docs/AK%20Long%20Term%20Care%20Plan%20-%20Final%20Report%20-%20HCBS%20Strategies-10-23-08.pdf

- Recommended Priorities for Assisted Living Development in Rural Alaska:
  http://www.hss.state.ak.us/dsds/rural/pdfs/recommendedprioritiesforaldevelopment.pdf

- Report on the Economic Well-Being of Alaska Seniors, 2007:
  http://www.hss.state.ak.us/acoa/documents/seniorWellbeingReport.pdf

- A Report to the Nation on Livable Communities: Creating Environments for Successful Aging (AARP):
  http://assets.aarp.org/rgcenter/il/beyond_50_communities.pdf

- Return on Investment for Primary Prevention: Measuring & Demonstrating Real Cost Savings (Providence Health and Services Alaska, April 2008):
  http://www.hss.state.ak.us/dph/chronic/pubs/assets/goetzel-042508.pdf

- Securing an Adequate Number of Physicians for Alaska's Needs, Report of the Alaska Physician Supply Task Force (August 2006);
  http://www.alaska.edu/health/downloads/PSTFweb.pdf

- Senior Snapshot: Older Alaskans in 2010 (Alaska Commission on Aging):
  http://www.alaskaaging.org/documents/Snapshot2010.pdf

- Supporting Healthy Practices at Work – Building Healthy Businesses: An Alaska Guide:
  http://www.hss.state.ak.us/dph/chronic/worksite/assets/worksiteCollaborativeGuide.pdf

- A Tale of Two Older Americas: Community Opportunities and Challenges (AdvantAge Initative):
  http://www.vnsny.org/advantage/ai_nationalsurveyreport.pdf

Reference Information:

- Alaska Behavioral Health Risk Factor Publications:
  http://www.hss.state.ak.us/dph/chronic/hsl/brfss/publications.htm

- Alaska Bureau of Vital Statistics – Data and Statistics:
  http://www.hss.state.ak.us/dph/bvs/data/default.htm

- Alaska Department of Labor & Workforce Development Research and Analysis (Census Data, Population Estimates and Projections):
  http://almis.labor.state.ak.us/

- Alaska Economic Trends (monthly publication of the Alaska Dept. of Labor & Workforce Development):
  http://labor.alaska.gov/trends/
  Articles cover a variety of topics including cost of living, industry and occupation forecasts, population projections, older workers, migration, and social assistance.

- Alaska Health Care Data Book: Selected Measures, 2007:
  http://www.hss.state.ak.us/DPH/Healthplanning/publications/healthcare/default.htm#download

- Alaska Health Education Library Project:
  http://www.ahelp.org/

- Alaska Population Projections, 2010 to 2034 (Alaska Dept. of Labor & Workforce Development):
  http://labor.alaska.gov/research/pop/projected/pub/popproj.pdf

- Behavioral Risk Factor Surveillance System (BRFSS) Prevalence and Trends Data:
  http://apps.nccd.cdc.gov/BRFSS/

- Dr. Stephen Bezruchka's Talks and Articles:
  "From Womb to Tomb: The Influence of Early Childhood on Adult Health":
  http://www.unnaturalcauses.org/assets/uploads/file/BEZS2-Womb.pdf
  "Inequality is Unhealthy" (Interview with Amy Goodman):
  http://www.democracynow.org/2009/3/30/as_recession_deepens_how_is_the
  "Health and Poverty in the U.S.":
  http://www.zcommunications.org/health-and-poverty-in-the-us-by-stephen-bezruchka
  "Damaged Care: What We Get for Our Health Care Spending":
  http://www.zcommunications.org/damaged-care-what-we-get-for-our-health-care spending-by-stephen-bezruchka
  "Is Globalization Dangerous to Our Health?":
  http://www.hartford-hwp.com/archives/28/059.html
  (Dr. Stephen Bezruchka, continued)

"Mental Health Hits Home":
http://www.realchangenews.org/index.php/site/archives/735/

- Genworth 2011 Cost of Care Survey:
http://www.genworth.com/content/etc/medialib/genworth_v2/pdf/ltc_cost_of_care.Par.14625.File.dat/2010_Cost_of_Care_Survey_Full_Report.pdf

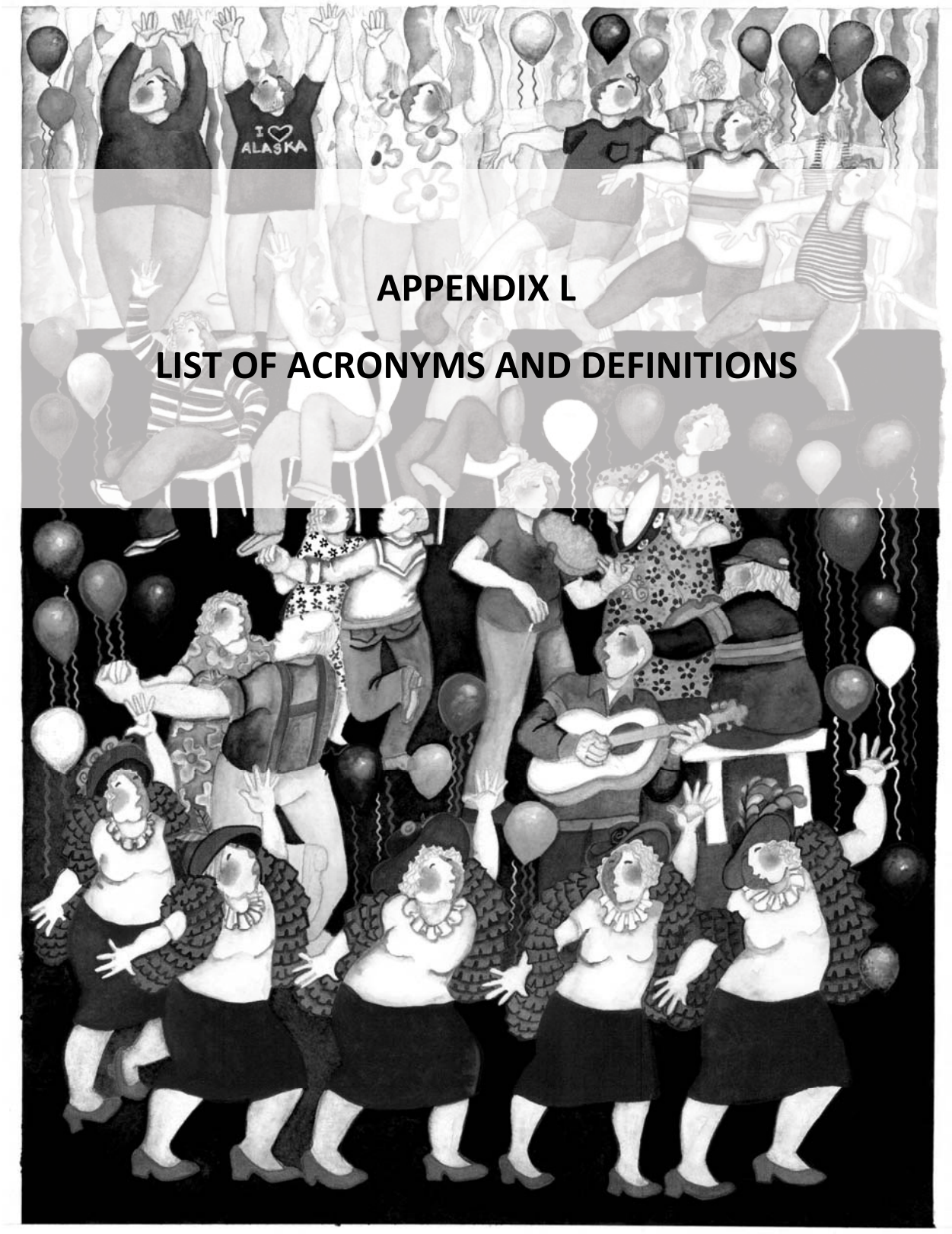
- How the Affordable Care Act Can Help Move States Toward a High-Performing System of Long-Term Services and Supports, March 2011 (Health Affairs);
http://content.healthaffairs.org/content/30/3/447.full?ijkey=fLwyW.oOALhZM&keytype=ref&siteid=healthaff

- Older Americans Act (Administration on Aging):
http://www.aoa.gov/AOARoot/AoA_Programs/OAA/index.aspx

- A Profile of Older Americans: 2010 (U.S. Administration on Aging):
http://www.aoa.gov/aoaroot/aging_statistics/Profile/2010/docs/2010profile.pdf

- Senior Centers (National Council on Aging Resource Page):
http://www.ncoa.org/strengthening-community-organizations/senior-centers/

- Senior Center Standards and Accreditation (NCOA):
http://www.ncoa.org/strengthening-community-organizations/senior-centers/nisc/NISC-accreditation.html



APPENDIX L

LIST OF ACRONYMS AND DEFINITIONS

APPENDIX L:

LIST OF ACRONYMS and DEFINITIONS

Alaska State Plan for Senior Services, FY 2012-2015
List of Acronyms and Definitions

ABPCA – Agency-Based Personal Care Assistance

ACoA – Alaska Commission on Aging

ADRC's – Aging & Disability Resource Centers

ADRD – Alzheimer's Disease and Related Disorders

AK DOLWD – Alaska Department of Labor & Workforce Development

ALEXSYS – Alaska Labor Exchange System

AMHTA – Alaska Mental Health Trust Authority

ANTHC – Alaska Native Tribal Health Consortium

AOA – Administration on Aging

APS – Adult Protective Services

BRFSS – Behavioral Risk Factor Surveillance System

CDPCA – Consumer-Directed Personal Care Assistance

CMS – Centers for Medicare & Medicaid Services

COL – Cost of living

COOP – Continuity of Operations Planning

DBH – Division of Behavioral Health

DHSS - Department of Health & Social Services

DPH – Division of Public Health

DSDS – Division of Senior & Disabilities Services

ESD – Employment Security Division

HCBS – Home and Community Based Services

HPDP – Health Promotion, Disease Prevention

IMPACT – Improving Mood, Promoting Access to Collaborative Treatment

KANA – Kodiak Area Native Association

LTCO – Long-Term Care Ombudsman

MASST - Mature Alaskans Seeking Skills Training

MIPPA – Medicare Improvements for Patients and Providers Act

MMA – Medicare Modernization Act

NTS – Nutrition, Transportation, and Support

OAA – Older Americans Act

OLTCO – Office of the Long-Term Care Ombudsman

OPAG – Older Persons Action Group

PCA – Personal care attendant

RCSC – Real Choice Systems Change

RSVP – Retired & Senior Volunteer Program

SBIRT – Screening, Brief Intervention, Referral, Treatment

SCOK – Senior Citizens of Kodiak, Inc.

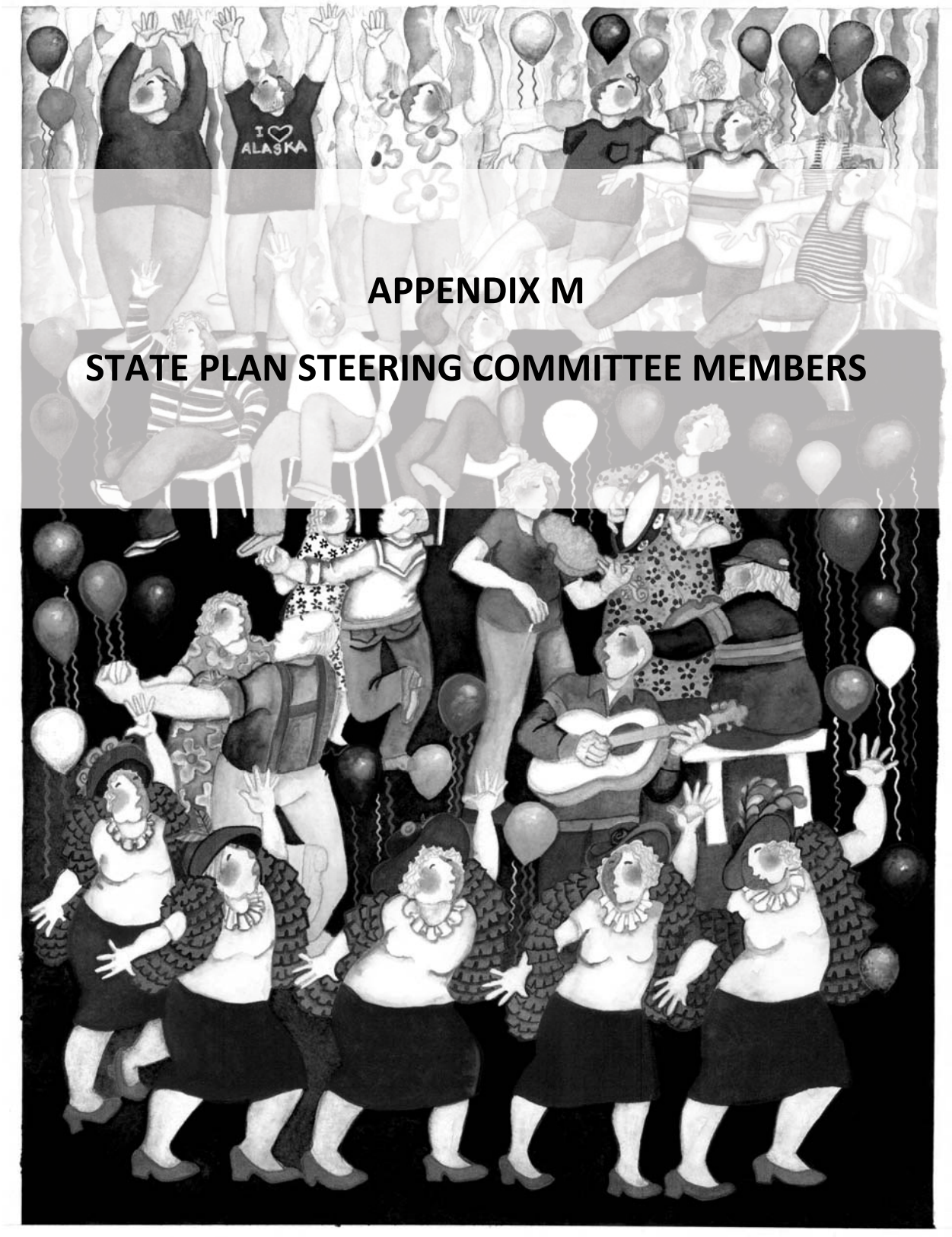
SCSEP – Senior Community Service Employment Program

SESS – Southeast Senior Services

SHIP – State Health Insurance Assistance Program

SMP – Senior Medicare Project

SOAR – Senior Outreach, Assessment, and Referral



APPENDIX M

STATE PLAN STEERING COMMITTEE MEMBERS

APPENDIX M:

STATE PLAN STEERING COMMITTEE MEMBERS

Alaska State Plan for Senior Services Steering Committee Members

Name	Affiliation	Role
Pete Andrew	Bristol Bay Native Association	Elderly Services Program Manager
Bill Black	Citizen	Consumer
Rita Bowen	Mature Alaskans Seeking Skills Training Program	Program Coordinator
Kay Branch	Alaska Native Tribal Health Consortium	Elder Care Program Coordinator
Pat Branson	Alaska Commission on Aging	Commissioner
Nancy Burke	Alaska Mental Health Trust Authority	Program Officer
Ruth Butts	Citizen	Consumer
Tom Chard	Alaska Mental Health Board & Advisory Board on Alcoholism & Drug Abuse	Planner
Dave Cote	Division of Alaska Pioneer Homes	Director
Denise Daniello	Alaska Commission on Aging	Executive Director
Marie Darlin	Alaska Commission on Aging	Commissioner
Joanne Gibbens	Division of Senior and Disabilities Services	Chief of Operations
Karen Godnick	Alaska Legal Services	Attorney, Senior Outreach Program
Rachel Greenberg	Palmer Senior Center	Deputy Director
Sharon Howerton-Clark	Alaska Commission on Aging	Chair
Betty Keegan	Alaska Commission on Aging	Commissioner
Banarsi Lal	Alaska Commission on Aging	Chair, Steering Committee
Amanda Lofgren	Division of Senior and Disabilities Services	Rural Long-Term Care Coordinator
Pat Luby	AARP	Advocacy Director
Jim McCall	Alaska Housing Finance Corporation	Senior Housing Program Officer
Barbara McNeil	Alaska Commission on Aging	Vice Chair, Steering Committee
Lynda Meyer	Municipality of Anchorage	Senior Services Coordinator
Marianne Mills	AgeNet	Member
Lisa Morley	Division of Senior and Disabilities Services	Senior Grants Manager
Dulce Nobre	Alzheimer's Disease Resource Agency of Alaska	Executive Director
Carrie Predeger	Governor's Council on Disabilities & Special Education	Planner
Barbara Stillwater	Division of Public Health	Nurse Consultant II
Lesley Thompson	Alaska Commission on Aging	Planner
MaryAnn VandeCastle	Alaska Commission on Aging	Senior Planner
Diana Weber	Office of the Long-Term Care Ombudsman	Long-Term Care Ombudsman

APPENDIX N

MEMORANDUM OF AGREEMENT BETWEEN THE OFFICE OF THE LONG-TERM CARE OMBUDSMAN AND ADULT PROTECTIVE SERVICES

COOPERATIVE AGREEMENT
BETWEEN
STATE OF ALASKA, ADULT PROTECTIVE SERVICES
AND
STATE OF ALASKA, OFFICE OF THE LONG TERM CARE OMBUDSMAN

Pursuant to AS 47.62.060, the Office of the Long Term Care Ombudsman (OLTCO) enters into this agreement between the State of Alaska, Adult Protective Services (APS). It is the intent of the parties to continue to develop and expand a framework of cooperation to investigate and resolve complaints that involve the health, safety, welfare or rights of vulnerable adult Alaskans.

Both parties, APS and OLTCO, seek to ensure each is able to investigate allegations of abuse, neglect, and exploitation pursuant to their separate statutory duties as provided in Public Law 109-365, §712, Alaska Law AS 47.62, and AS 47.24. Both parties recognize the mutual obligation they have under federal and state law to protect confidential information. Without compromising their statutory duties or obligations under these laws, the parties enter into the following Cooperative Agreement to share information relating to complaints alleging abuse, neglect, exploitation or abandonment. The intent of both parties in entering this Cooperative Agreement is to maximize the provision of a public service to the citizens of the State of Alaska by minimizing duplication of activities, to efficiently allocate resources, and to provide guidance between agencies as to scope of responsibility where APS and the OLTCO authority may overlap.

APS SHALL:

Investigate reports of abandonment, exploitation, abuse, neglect, or self-neglect of vulnerable adults per AS 47.24.013 and AS 47.240.15

Investigate reports of abandonment, exploitation, abuse, neglect, or self-neglect of a vulnerable adult who is less than 60 years old that is alleged to have been committed by or to have resulted from negligence of the staff or volunteer of an out of home care facility in which the vulnerable adult resides.

Transfer to the OLTCO, for investigation, reports of abandonment, exploitation, abuse, neglect, or self-neglect of individuals aged 60 years old or older when it has been alleged to have been committed or to have resulted from the negligence or the staff or a

volunteer of an out-of-home care facility, including a facility licensed under AS 18.20, in which the vulnerable adult resides.

Cooperate with the OLTCO in conducting investigations per AS 47.24.013.

Review this agreement with the OLTCO no less than annually, and modify as necessary.

THE OLTCO SHALL:

Investigate reports of abandonment, exploitation, abuse, neglect, or self-neglect of individuals aged 60 years old or older when it has been alleged that the perpetrator is staff or a volunteer of an out-of-home care facility, including a facility licensed under AS 18.20, in which the vulnerable adult resides. In cases where complainant or vulnerable adult has not given consent to share identifying information with APS, the OLTCO may pursue administrative, legal or other appropriate remedies on behalf of an older Alaskan who resides in a long term care facility in the state.

Provide reports regarding abandonment, exploitation, abuse, neglect or self-neglect of a vulnerable adult in an out-home care facility to APS and the results of the OLTCO's actions or investigations in response to the report. In cases where a resident has not given consent to share information, the OLTCO shall provide a redacted report to protect the identity of complainant and resident

Have the authority to investigate public agency or social service agencies per Older Americans Act Section 712(a)(3) and AS 47.62.015. If APS is the subject of such investigation, the OLTCO shall inform APS in writing prior to requesting records of specific reports of harm and seeking cooperation.

Cooperate with APS in conducting investigations per AS 47.24.013.

Review this agreement with APS no less than annually and modify as necessary.

Report to the APS Central Intake all cases of suspected abuse, neglect, or exploitation, so long as there is consent from either the complainant or resident, or a court order, as mandated by Public Law 109-365, §712.

Request and record consent for release of information of every complainant or resident making a direct complaint to the OLTCO.

If requested by APS, participate in the training of APS staff by providing information regarding AS 47.62, and the functions of the Long Term Care Ombudsman program.

Delegate authority to DHSS to make fitness determinations for eligibility to be a volunteer ombudsman in contact with vulnerable adults in accordance with AS 47.05.300–390 and 7AAC 10.900-990.

MUTUAL AGREEMENTS:

MODIFICATION. Modification within the scope of this Cooperative Agreement shall be made by mutual consent of the parties, by the issuance of a written modification, and signed and dated by all parties.

PARTICIPATION IN SIMILAR ACTIVITIES. This instrument in no way restricts APS or the OLTCO from participating in similar activities with other public or private agencies, organizations, and individuals.

TERMINATION. This agreement shall remain in effect for five years from the date of signing by both parties unless either party terminates it in writing prior to the date of expiration.

PRINCIPAL CONTACTS. The principal contacts for this instrument are:

OLTCO CONTACT:
Diana Weber, LTCO
Phone: (907) 334-4483
Fax: (907) 334-4486
E-mail: Diana.weber@alaska.gov

APS CONTACT:
Brenda Mahlatini
Phone: (907) 269-3655
Fax: (907) 269-3648
E-mail: Brenda.mahlatini@alaska.gov

NON-FUND OBLIGATING DOCUMENT. This instrument is neither a fiscal nor a funds obligation document. Any endeavor or transfer of anything of value involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors

will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority. This instrument does not provide such authority.

IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the last written date below.

DATED: 11-18-11

Diana Weber

Diana Weber
State of Alaska
Office of the Long-Term Care Ombudsman

DATED: 11-18-11

Duane Mayes

Duane Mayes, Director
Department of Health and Socials Services
Senior and Disabilities Services


I ♥
ALASKA