

# The Alaska State Plan for Senior Services

FY 2016 – FY 2019



State of Alaska  
Department of Health and Social Services  
Alaska Commission on Aging

## **Dedication to Rie Muñoz**

We thank Juan Muñoz of the Rie Muñoz Gallery of Juneau for the use of his mother's paintings for the front and back covers of the Alaska State Plan for Senior Services, FY2016-FY2019. Rie was not only an important member of the Juneau community but well known throughout the state as an artist whose works always brought a smile. From her first days in Alaska in 1950 with the Juneau Empire until her death at age 93 on April 6<sup>th</sup>, 2015, she was a well-loved member of our state. Rie held many positions as teacher, museum curator, journalist, mother and grandmother, and always an artist showing how Alaskans live – from life in Tenakee Springs, "Bear in Town," (copyright 2005 – front cover) to traveling on the ferry, "Heading Home on the MV Columbia" (copyright 1992 – back cover).

# Table of Contents

---

<b>Letter from Assistant Secretary Greenlee</b> .....	<b>i</b>
<b>Letter from Governor Designating DHSS Commissioner</b> .....	<b>ii</b>
<b>DHSS Commissioner signed approval</b> .....	<b>iii</b>
<b>ACoA signed approval</b> .....	<b>iv</b>
<b>Executive Summary</b> .....	<b>1</b>
<b>Introduction and Context</b> .....	<b>3</b>
<b>Focus Areas</b> .....	<b>8</b>
A. Older Americans Act (OAA) Core Programs & State of Alaska Senior Services .....	8
B. ACL Discretionary Grants.....	13
C. Participant-Directed/Person-Centered Planning .....	14
D. Elder Justice .....	16
<b>Emerging Initiatives</b> .....	<b>18</b>
<b>Vision, Guiding Principles, and Goals</b> .....	<b>23</b>
<b>Strategic Objectives and Performance Measures</b> .....	<b>24</b>
<b>Quality Management</b> .....	<b>30</b>
<b>Appendix A. Needs Assessment Activities and Findings</b> .....	<b>32</b>
<b>Appendix B. Intrastate Funding Formula</b> .....	<b>66</b>
<b>Appendix C. State Plan Assurances and Required Activities</b> .....	<b>70</b>
<b>Appendix D. Information Requirements</b> .....	<b>94</b>
<b>Appendix E. Demographics</b> .....	<b>102</b>
<b>Appendix F. Advisory Committee List</b> .....	<b>121</b>
<b>Appendix G. Programs and Services Descriptions</b> .....	<b>123</b>
<b>Appendix H. Summary of Older Americans Act (OAA)</b> .....	<b>152</b>
<b>Appendix I. Acronyms and Definitions</b> .....	<b>157</b>
<b>Appendix J. Public Comments</b> .....	<b>160</b>



September 16, 2016

The Honorable Bill Walker  
Governor of Alaska  
P.O. Box 110001  
Juneau, AK 99811-0001

Dear Governor Walker:

I am pleased to inform you that the Amendment to the Alaska's State Plan on Aging under the Older Americans Act for July 1, 2015 through June 30, 2019, has been approved.

With Alaska's challenging geography, changing demography, and current fiscal difficulties, it is a daunting task to design an Intrastate Funding Formula which is perceived as equitable by all interested parties. Review of the new formula and the constituent comments indicates that you have successfully met that challenge and continue to appropriately target those socioeconomic groups defined in the Older Americans Act.

The Seattle Regional Office staff of the U.S. Administration for Community Living look forward to working with you, your Alaska Commission on Aging and Alaska Department of Health and Social Services, in the implementation of the amended State Plan. If you have any questions or concerns, please do not hesitate to contact David A Ishida, Regional Administrator at 415-437-8780. I appreciate your dedication and commitment toward improving the lives of older persons in Alaska.

Sincerely,

A handwritten signature in blue ink, appearing to read "Edwin L. Walker".

Edwin L. Walker  
Acting Assistant Secretary for Aging

# Letter from Assistant Secretary Greenlee

---



DEPARTMENT OF HEALTH & HUMAN SERVICES

Administration for Community Living

Washington, DC 20201

August 11, 2015

The Honorable Bill Walker  
Governor of Alaska  
P.O. Box 110001  
Juneau, AK 99811-0001

Dear Governor Walker:

I am pleased to inform you that the Alaska State Plan on Aging under the Older Americans Act for July 1, 2015 through June 30, 2019, has been approved.

The approved State Plan outlines a continued commitment to ensure the preferred value of Alaskan seniors to remain as independent as possible and in their own homes and communities for as long as possible. It is commendable to see that despite the rapidly growing demographic demands of a senior population in Alaska and coupled with the challenges of reduced Alaska state budget revenue, the plan demonstrates a continued evolution towards systems change and innovation opportunities. We support your vision to maintain a balanced long-term services and supports system and an incorporation of person-centered planning principles and values throughout your aging and disability service delivery systems. Your continued state support and enhanced, comprehensive approach to services offered to seniors and people of all disabilities through your network of ADRCs is also quite noteworthy, as is the extensive public and stakeholder participation evident in the development process of your new State Plan on Aging.

The Seattle Regional Office staff of the U.S. Administration for Community Living looks forward to working with you and the Alaska Commission on Aging and Alaska Department of Health and Social Services, in the implementation of the State Plan. If you have any questions or concerns, please do not hesitate to contact David A. Ishida, Regional Administrator at 415-437-8780. I appreciate your dedication and commitment toward improving the lives of older persons in Alaska.

Sincerely,

A handwritten signature in blue ink that reads "Kathy Greenlee".

Kathy Greenlee,  
Administrator and Assistant Secretary for Aging

# Letter from Governor Designating DHSS Commissioner

---

STATE CAPITOL  
P.O. Box 110001  
Juneau, AK 99811-0001  
907-465-3500  
fax: 907-465-3532



Governor Bill Walker  
STATE OF ALASKA

550 West Seventh Avenue, Suite 1700  
Anchorage, AK 99501  
907-269-7450  
fax 907-269-7461  
www.Gov.Alaska.Gov  
Governor@Alaska.Gov

July 16, 2015

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


Dear Ms. Greenlee:

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

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

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

Sincerely,

  
Bill Walker  
Governor

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

## DHSS Commissioner signed approval

---

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

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

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

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

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

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

7/9/15  
Date

  
\_\_\_\_\_  
Valerie Davidson, Commissioner

## ACoA signed approval

---

### ALASKA COMMISSION ON AGING STATE PLAN FOR SENIOR SERVICES APPROVAL

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

Mary E. Shields, Chair

Rolf Numme, Vice Chair

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

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

Eleanor Dementi, Public Member

Edna DeVries, Public Member

Anna Frank, Public Member

Rachel Greenberg, Senior Service Provider

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

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

Bob Sivertsen, Pioneer Home Advisory Chair

6/30/2015

Date



Mary E. Shields, Chair



## Executive Summary

---

Seniors are vital to the future of Alaska. By sharing their lifetime of experience, knowledge, and wisdom, seniors enrich the lives of all Alaskans, young and old. The economic impact of the retirement industry in Alaska cannot be overlooked. Seniors bring significant cash flow into the state's economy from their retirement income, health care spending, other income, and job earnings that total an estimated \$2.4 billion annually – a figure that compares favorably with other economic enterprises such as fishing (\$2.2 billion), construction (\$2.1 billion), retail trade (\$2.1 billion), tourism (\$1.9 billion), and manufacturing (\$1.7 billion). The retirement industry creates approximately 13,000 jobs in health care, long-term care supports, housing, and other employment sectors. Seniors in the labor force (estimated to be 20% of Alaskans age 65+) contribute an additional \$633 million. For the most part, seniors spend locally throughout the year, which increases the size of the economy and fosters economies of scale. In addition, retirees comprise about 24% of all volunteers in Alaska contributing an estimated 86 hours per person annually (or 4 million hours in total), which is equivalent to \$90 million (estimated at \$22 per volunteer hour of services rendered). Retired seniors can be viewed as a social and economic asset to be cultivated (UA Institute of Social and Economic Research, Power of Aging in Alaska Symposium 2014).

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

### **The Planning Process**

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

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

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

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

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

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

## The Plan Format

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

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

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

are addressed by measurable strategic objectives.

- **Quality Management:** A quality management strategy for the FY2016-2019 period, including data collection to assess ongoing program implementation, remediation of problem areas, and continuous improvement of programs and services.

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

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

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

### **Next Steps**

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

## **Introduction and Context**

---

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

### **Alaska Department of Health and Social Services**

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

## Division of Senior & Disabilities Services

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

## Alaska Commission on Aging

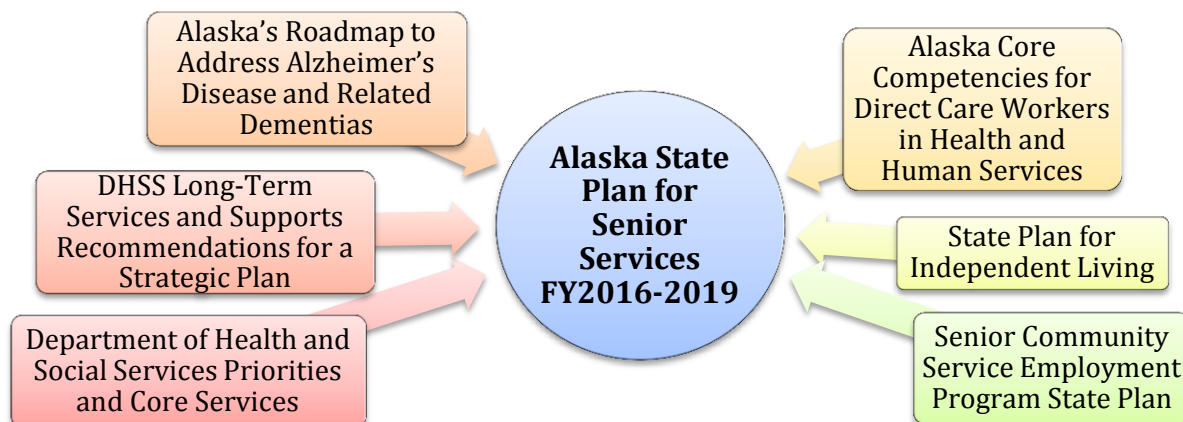
Since 1982, the Alaska Commission on Aging, an agency within the Department of Health & Social Services), has served to ensure the dignity and independence of all older Alaskans by addressing their needs through planning, advocacy, education, and interagency cooperation.

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

## Coordination with Existing Planning Efforts

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

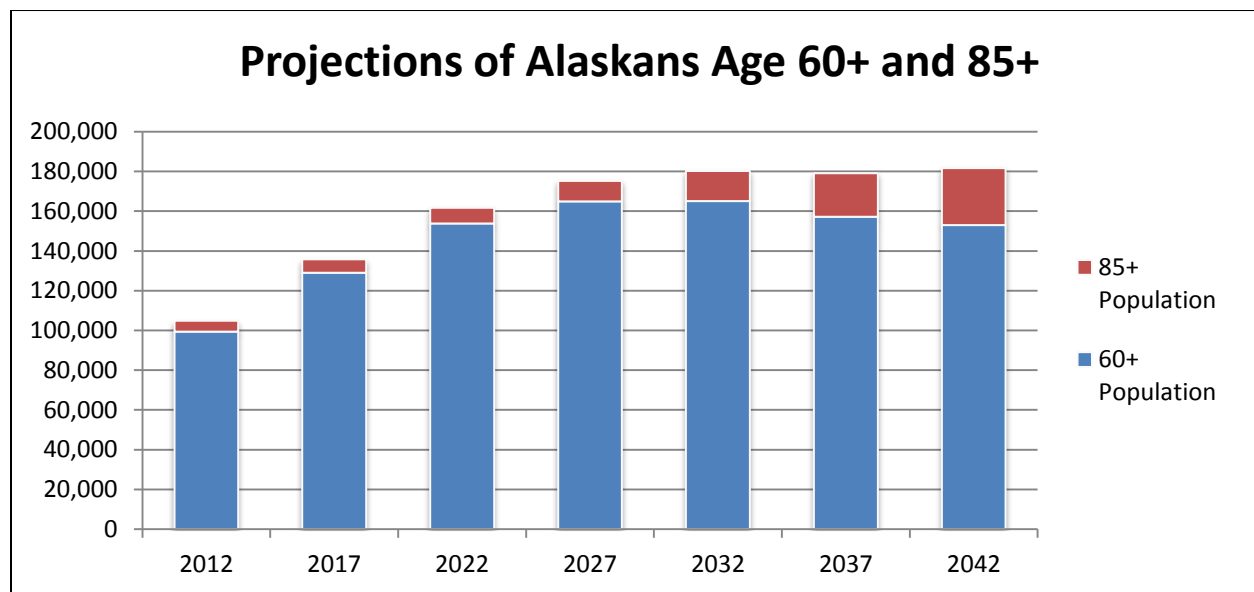
- Department of Health and Social Services Priorities and Core Services
- Alaska’s Roadmap to Address Alzheimer’s Disease and Related Dementias (December 2014)
- Alaska Core Competencies for Direct Care Workers in Health and Human Services
- Department of Health & Social Services (DHSS) Long-Term Services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



## Demographic Trends

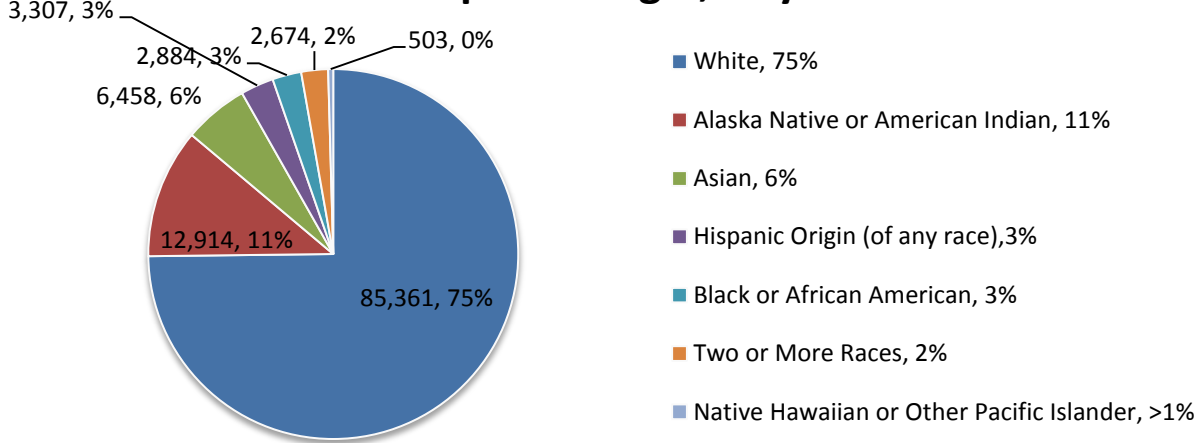
Alaska has the fastest growing senior population rate in the U.S. Although people in the state are living longer and many are active, this comes with a rise in the number of seniors with dementia, chronic health conditions, and behavioral health needs.

Alaska's total senior population is expected to grow very rapidly in the next 15 years because of the size of the baby boomer population, as well as historical trends in migration and longevity. The reason behind the rapid expansion of Alaska's senior population lies in the events of the 1970s – the construction of the Trans-Alaska Pipeline and the economic boom that oil development brought about, drawing thousands of young people to the state for newly-created jobs in every sector. Those young people established homes and families, and grew extremely fond of Alaska's lifestyle. Many of them stayed on for their entire working lives, and are now choosing to retire in the state as well, representing a shift in a long-term pattern where most seniors left the state upon retirement. The number of seniors age 85 and over will increase even more dramatically in the same time frame. After 2030, the growth of this segment of the population will slow, but the oldest boomers will begin to reach age 85, a time when their need for services is likely to become more intensive. Planning for greater capacity and infrastructure across the spectrum of senior services, including home- and community-based services and long-term care, is especially significant for this segment of the population. The graph below indicates the senior population projections from 2012 to 2042 (Alaska Department of Labor and Workforce Development, Research and Analysis).



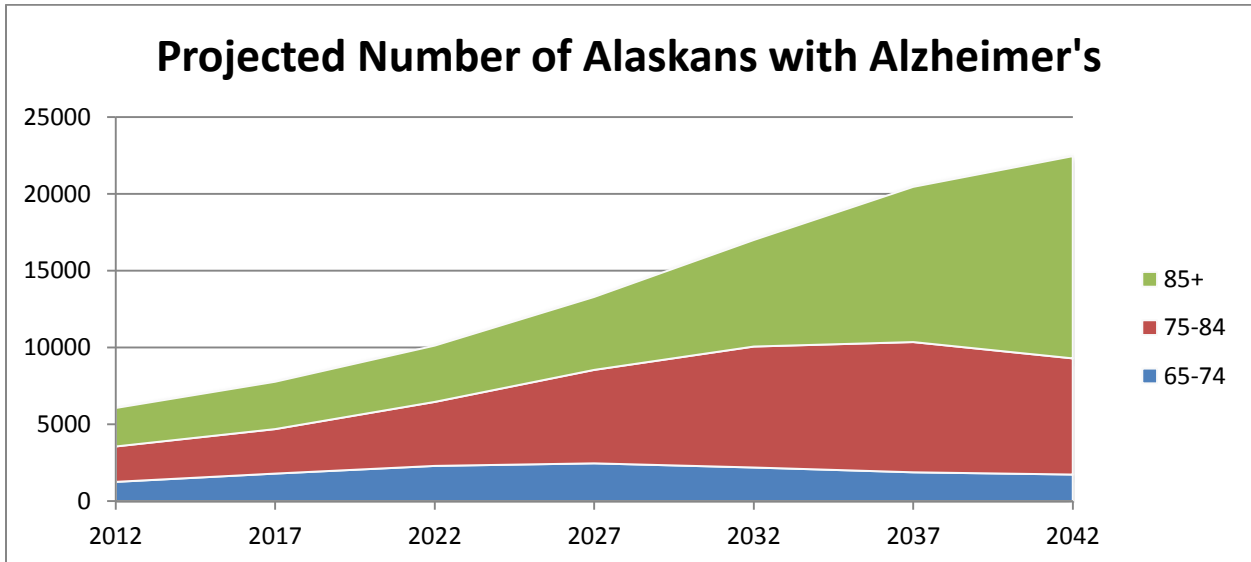
Whites and Asians are slightly over-represented among seniors, compared to the total population, while other races are slightly under-represented. For example, 75% of seniors 60+ are white, while only 67.3% of the total population is white; and 6% of seniors are Asian, compared with 5.9% of the total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

## Alaska Senior (60+) Population by Race (Alone) and Hispanic Origin, July 2013



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

## Projected Number of Alaskans with Alzheimer's



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

## **Needs Assessment Activities and Findings**

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

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

### **Health Care**

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

### **Financial Concerns**

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

### **Elder Justice**

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

### **Housing**

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

### **Sense of Community**

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

### **Home and Community Based Long Term Support Services**

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

## Focus Areas

---

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

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

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

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

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

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

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

#### **Division of Senior and Disabilities Services Programs**

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



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

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

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

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

- **Nutrition, Transportation, and Support Services (NTS) Grant Program**

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

- **National Family Caregiver Support Grant Program (NFCSP)**

Since the reauthorization of the Older Americans Act in 2000, Alaska has implemented the National Family Caregiver Support Program, with the purpose to provide relief from the emotional, physical, and financial stress experienced by family caregivers. This program provides services such as information about available resources; assistance in gaining access to support services; counseling, training, and support groups; respite care; and supplemental services. Caregivers often make it possible for disabled adults to remain in their home setting rather than moving into a long-term care facility. Ten percent of Family Caregiver funds are dedicated to supporting "Grandparents Raising Grandchildren." In Alaska, there are an estimated 7,089 Alaska seniors who report they are responsible for the care of grandchildren living with them (American Community Survey, 2009-2013). Often they assume this responsibility with neither of the children's parents present in the home. Many grandparents raising grandchildren live on fix incomes, are isolated, and lack information about the range of support services available to help them fulfill their caregiving role. The Family Caregiver Support program provides funding for case management, peer support, information/referral, legal assistance, and other support services provided by Volunteers of

America, Alaska and Alaska Legal Services, statewide agencies providing these services. Services are provided specifically to elderly caregivers and may include the same services noted above for family caregivers of elderly individuals at home.

- **Health Promotion and Disease Prevention (HPDP) for Older Alaskans and Grant Program**

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

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

- **Senior In-Home Services Grant Program**

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

- **Adult Day Service (ADS)**

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

- **Alzheimer's Disease & Related Dementia (ADRD) Education and Support Grant Program**

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

- **ADRD Mini-Grants**

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

- **Senior Residential Services Grant Program**  
 Through designated funding from the Alaska State Legislature, SDS oversees three grants to rural/remote providers in Dillingham (Grandma’s House), Tanana (Tanana Tribal Association), and Galena (Yukon-Koyukuk Elder Assisted Living Facility) for supported residential living services to frail elders who do not have access to the Pioneer Homes or other assisted living facilities in their community or region.
- **General Relief Program**  
 General Relief Assistance (GRA) provides for the most basic needs of many Alaskans without the personal resources to meet an emergent need and ineligible for assistance from other programs. GRA is designed to meet the immediate, basic needs of Alaskans facing extreme financial crisis and is a temporary funding source for assisted living home placement.
- **Nursing Facility Transition Program**  
 Alaska offers a Nursing Facility Transition Program (within SDS), which helps families by offering support and funds to enable seniors and disabled citizens to return to independent or family living after a stay in a nursing facility.
- **Senior Outreach, Assessment and Referral (SOAR), Division of Behavioral Health (DBH)**  
 The SOAR Program continues to provide gatekeeper training throughout the state to individuals who potentially have contact with older persons who may be somewhat isolated, so that they can identify seniors who may be experiencing depression, substance abuse, or other behavioral health issues, as well as loneliness, isolation, malnutrition, or elder abuse. The Gatekeeper then refers the vulnerable older person to the appropriate professional or, in most cases, to the SOAR provider, who contacts the senior and/or goes to visit them to assess their needs and ensure that they receive the necessary services.
- **Medicaid Programs**

  - **Alaskans Living Independently Waiver**  
 On July 1, 2011, the Older Alaskans waiver and the Adults with Physical Disabilities waiver program were restructured. The Alaskans Living Independently (ALI) serves income-eligible adults who are age 21 years and older and meet nursing facility level of care. In FY2014, 2,384 seniors received services through the Alaskans Living Independently waiver (Senior & Disabilities Services, December 2014).
  - **Personal Care Assistance (PCA)**  
 PCA services provide support for seniors and persons with disabilities related to an individual’s activities of daily living (bathing, eating, dressing, and other activities) as well as instrumental activities of daily living (such as shopping, laundry, and light housework). The DSOS PCA Unit administers these services.
- **Medicare Information Office, including Senior Medicare Patrol (SMP) and State Health Insurance Assistance Program (SHIP)**  
 The Medicare Information Office provides a toll-free number that anyone may call 24/7 for information on any aspect of Medicare. This office houses the Alaska Senior Medicare Patrol (SMP), a program that emphasizes identification and prevention of Medicare fraud, waste, and abuse, and the Alaska State Health Insurance Program (SHIP), a national program that offers one-on-one counseling and assistance to people with Medicare and their families.

## Other Older Americans Act Related Programs:

- **Emergency Preparedness**

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

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

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

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

- **Mature Alaskans Seeking Skills Training (MASST) Program, Department of Labor**

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

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

were displaced homemakers, and nineteen percent were veterans or spouses of veterans.

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

### **Coordination of Title III programs with Title VI Native American programs**

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

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

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

### **B. ACL Discretionary Grants**

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

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

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

penalties, coverage, Medigap, how to keep themselves safe from identify theft, healthcare fraud and other senior scams, thus encompassing the emphasis of the SMP project.

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

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

### **Aging and Disability Resource Center Program (ADRC)**

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

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

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

### **C. Participant-Directed/Person-Centered Planning**

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

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

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

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

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

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

### **Medicaid Personal Care Assistance Program**

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

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

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

provided by the consumer-directed PCA agency.

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

#### **D. Elder Justice**

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

##### **Office of the Long-Term Care Ombudsman (OLTCO)**

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

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

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

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



facilities.

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

### **Adult Protective Services (APS)**

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

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

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

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

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

country and have the most geographical challenges and areas to cover. Involvement of the criminal justice system and other partners, in particular financial institutions, is not always adequate, 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.

### **Office of Elder Fraud and Assistance**

Located in the Office of Public Advocacy, within the Department of Administration, the Office of Elder Fraud and Assistance 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 identity theft, credit and debt consolidation scams, predatory lending, Medicare and Medicaid fraud, and other issues of concern.

### **Legal Assistance Developer**

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

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

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

## **Emerging Initiatives**

---

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

## **Positive and Meaningful Aging**

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

## **Alzheimer's Disease and Related Dementias (ADRD)**

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

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

## **Senior Behavioral Health**

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

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

### **Suicide Prevention**

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

### **Alcohol and Drug Abuse**

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

### **Senior Fall Prevention**

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

Through public awareness, seniors are encouraged to begin a program of regular exercise, discuss their medications with their health care provider, have their vision and hearing checked, and review their homes for hazards. Public awareness campaigns have been successful in the past, and future campaigns are in the planning stages. In 2014, the Commission requested and received a Governor's Proclamation to designate May 2014 as "Older Americans Month in Alaska." The theme was "Safe Today, Healthy Tomorrow" and focused on the importance of senior fall prevention. September 23rd is the National Falls Prevention Awareness Day, which the Commission expanded with a Governor's Proclamation that

designated September 21-27, 2014 as “Senior Falls Prevention Awareness Week: Strong Today, Falls Free Tomorrow.” Events in the past have included Tai Chi: Moving for Better Balance and Stay Active and Independent for Life (SAIL), programs designed to help seniors stay healthy and balanced. Successful fall risk screening prevention clinics and train-the-trainers events for falls prevention exercise programs have also been offered. Exercise information and programs such as “A Matter of Balance” and “Alaska Workout to Go” are also available in pamphlet and video forms that help seniors improve their balance.

### **Tele-health**

The DSDS implemented a tele-health pilot project in FY14 to conduct reassessments for rural Alaskans who currently are receiving PCA and home and community-based services (HCBS). DSDS is required to conduct re-assessments to determine level of need for PCA as well as continued eligibility for HCBS recipients. A full time tele-health coordinator oversees this project, and conducts these re-assessments. Yukon Kuskokwim, Norton Sound, and Tanana Chiefs Conference have signed agreements with the State of Alaska whereby DSDS uses their video conferencing equipment to connect to rural village health clinics video conferencing equipment to conduct re-assessments. Using tele-health services reduces travel costs and increases efficiency to conduct re-assessments.

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

### **Medicaid Expansion**

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

### **Medicaid Reform**

Alaska currently funds its Medicaid Home and Community Based Services (HCBS) Waivers under the 1915(c) waiver authority. The program permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization, which benefit many seniors. The Centers for Medicare & Medicaid Services (CMS) published final rules

that were effective on March 17, 2014 and apply to 1915(c) HCBS Waivers, such as those operated by DSDS and 1915(i) State Plan HCBS. There are similar rules that are in place for 1915(k), also known as the Community First Choice (CFC) Option.

Alaska's current case management structure (called "care coordination" in Alaska) for its 1915(c) waivers, which allows service providers to also provide service planning and case management, violates the new CMS requirements. Although there are exceptions which apply to Alaska such as, "except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS," Alaska still needs to move forward with a Conflict-free Case Management (CFCM) System Design to ensure compliance with the new rules. Even in areas that are granted exceptions, "the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS." Therefore, the state is currently moving forward with a compliance plan in coordination with federal and state agencies, care coordinators, and current participants.

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

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

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

## **End of Life Care**

Older people of advanced age require an array of end-of-life services including palliative and hospice care. End-of-life care can increase quality of life at the end of life for the person and their caregivers, yet is an unmet need across the state. Elders living in both rural and urban areas often want to spend their remaining days at home and in their own communities surrounded by family and friends where the people, food, and language are familiar. Currently, there is no provision for hospice care in the State-funded portion of the long-term care system. Hospice care is funded by Medicare, provided on a voluntary private pay basis, or partially covered by private insurance.

Hospice not only provides a cost savings by keeping people out of the hospital and skilled nursing facility at the end of life, but also honors the dignity of a person at the end of life.

Hospice provides the older person with the means to die a "good death" in the comfort of their own home or in a home-like environment where only palliative care is provided to relieve pain and discomfort. Long-term care facilities are not currently required to have end of life policies and procedures in place. Their focus is on providing care to the dying patient by following doctors' order or

plans of care. However, family members are sometimes unfamiliar with the end of life process for their loved one. Patients, family members, and facilities are better served when they are helped to identify and articulate their personal spiritual and philosophical concerns and desires in the dying process.

## Vision, Guiding Principles, and Goals

---

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

### Vision

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

### Guiding Principles

1. **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.
2. **Keep Seniors Strong and Healthy.** Seniors are given information, education, and resources to assist them in making healthy choices (including good nutrition, medication use, 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. **Target Services to the Most Vulnerable Seniors.** Service providers focus on outreach to frail elders, low-income seniors, minority seniors, non-English-speakers, and those living in rural areas, ensuring that they are aware of and able to access services.
4. **Offer a Full Continuum of Care and Housing.** Services are provided in each community or region to supply what seniors need at each stage of the continuum of care, from independent living through supportive home- and community-based services, to assisted living and nursing facility care.
5. **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.

## Goals

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

## Strategic Objectives and Performance Measures

---

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

#### Strategic Objectives:

- A. Seniors have access to healthy food.
  - Measure: Number of seniors receiving Supplemental Nutrition Assistance Program (SNAP) assistance program
    - Lead: DHSS Division of Public Assistance
    - Baseline: 6,548 recipients (State FY2014)
  - Measure: Number of seniors receiving congregate meals (Title III)
    - Lead: Division of Seniors and Disabilities Services
    - Baseline: 7,579 recipients (State FY2014)
  - Measure: Number of seniors receiving home delivered meals (Title III)
    - Lead: Division of Seniors and Disabilities Services
    - Baseline: 3,359 recipients (State FY2014)
  - Measure: Number of elders receiving meals (Title VI)
    - Lead: Division of Seniors and Disabilities Services
- B. Health promotion and disease prevention activities are available statewide.
  - Measure: Track the number of evidenced-based health promotion and disease prevention grants.
    - Lead: Division of Senior and Disabilities Services (DSDS), Division of Public Health (DPH)
    - Baseline: 6 DSDS Grant Programs (State FY2014)
  - Measure: Track the number of seniors participating in those programs statewide.
    - Lead: Division of Senior and Disabilities Services, Division of Public Health
    - Baseline: 299 seniors participating in DSDS Programs (State FY2014)



- C. Services integrate behavioral and primary health care.
  - Measure: Initiate and implement Senior Mental Health First Aid training focused on primary care providers, senior services providers, community members, and caregivers as a strategy for integrating behavioral health and primary care services. Target 25 participants trained first year (FY2016), with 5% increase in participants per year.
    - Lead: Trust Training Cooperative (TTC)
    - Baseline: 0 (State FY2015)
  
- D. Increase the number of seniors with behavioral health needs who report improvement in key life domains. (Department of Health and Social Services (DHSS) Objective 1.2.4)
  - Measure: Percent of senior behavioral health recipients (age 60 years and older) who report improvements in quality of life (DHSS Performance Measure 1.2.4.1a)
    - Lead: Division of Behavioral Health
  - Measure: Number of seniors who receive services through senior outreach assessment referral (SOAR) program
    - Lead: Division of Behavioral Health

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

**Strategic Objectives:**

- A. Support safety net programs that benefit seniors such as core senior grant-funded services, Senior Benefits, and Heating Assistance programs.
  - Measure: Maintain or increase safety net programs for seniors.
    - Lead: DSDS, ACoA, AgeNET, AARP, ADRCs
  
- B. Seniors and caregivers understand financial and economic security/planning.
  - Measure: Attendance at AARP financial security seminars.
    - Lead: AARP Alaska and Medicare Information Office
    - Baseline: 500 participants (State FY2014)
  
- C. Provide training and opportunities for senior employment.
  - Measure: Maintain or increase the number of Mature Alaskans Seeking Skills Training (MASST) program participants providing service to the elderly community.
    - Lead: MASST
    - Baseline: 138 participants (State FY2014)
  - Measure: Maintain or increase total number of MASST program hours worked in service to the elderly community.
    - Lead: MASST
    - Baseline: 63,578 hours (State FY2014)
  - Measure: Maintain or increase the number of MASST participants age 75 and over.
    - Lead: MASST
    - Baseline: 10 participants (State FY2014)

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

#### **Strategic Objectives:**

- A. Promote primary prevention of elder abuse, neglect, and exploitation and reduce the rate of recidivism through education and awareness.
  - Measure: Expand existing education/outreach/awareness efforts through website, newsletter, presentations, and other activities to include prevention of abuse, neglect and exploitation.
  - Measure: Adult Protective Services (APS) recidivism rates decrease, percentage of seniors who make two or more reports of harm.
    - Lead: Adult Protective Services
    - Baseline: 540 (State FY2014)
- B. Promote awareness and identify issues pertaining to elder justice by developing a resource directory for seniors.
  - Measure: Construct a resource directory for seniors to promote elder justice.
    - Lead: OLTCO, APS, AgeNET, ACoA
- C. Improve access to quality legal assistance for seniors.
  - Measure: Number of seniors who receive legal assistance
    - Lead: Alaska Legal Services
    - Baseline: 850 seniors (State FY2014)
- D. Coordinate with the Elder Justice Taskforce to review Alaska’s guardianship and conservatorship systems to ensure they meet the needs of seniors.
  - Measure: Revise and update the Alaska guardianship training video.
    - Lead: Alaska Mental Health Trust Authority (AMHTA), OLTCO
- E. Improve recruitment for the OLTCO volunteer program that trains and certifies volunteer ombudsmen in order to increase the number of OLTCO visits to long-term care facilities.
  - Measure: By 2020, the OLTCO will train and maintain a volunteer ombudsman base of 30 volunteers who will be able to make an additional 300 annual visits to facilities over the next 5 years.
    - Lead: OLTCO
    - Baseline: 16 OLTCO volunteers made 147 facility visits (State FY2014)

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

#### **Strategic Objectives:**

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

- Lead: ACoA, AHFC Senior Housing Office, AMHTA
- B. Educate Alaskans about renovation loan options to make accessibility modifications to their homes now while they are employed or have equity to pay off these improvements.
  - Measure: Offer four events annually to diverse groups
    - Lead: AHFC Senior Housing Office
    - Baseline: 4 events (State FY2014)
  - Measure: Number of seniors who receive home maps to assess their home for aging in place.
    - Lead: Statewide Independent Living Council
- C. Advocate for continuing development of affordable and accessible housing statewide.
  - Lead: Alaska Association of Housing Authorities (AAHA), ACoA, AgeNET
- D. Educate private contractors and public members about the value of universal design for both new construction and renovation housing projects.
  - Measure: Number of public awareness events
    - Leads: AHFC, Statewide Independent Living Council of Alaska, ACoA

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

**Strategic Objectives:**

- A. Promote awareness to the public and seniors about the positive value of aging, specifically the benefits and characteristics of healthy communities that encourage aging in place
  - Measure: Hold at minimum one Power of Aging Forum to educate the public, seniors, and policy makers about the economic impact of the growing aging demographic during this state plan.
    - Lead: ACoA, AARP, AgeNET, regional Senior Advisory Commissions
  - Measure: Develop toolbox that seniors can use for advocacy
    - Lead: ACoA and AARP
- B. Seniors have opportunities for meaningful civic engagement.
  - Measure: Increase participation in senior center and senior volunteer activities through Retired and Senior Volunteer Program (RSVP), Foster Grandparent, Senior Companions, and Rural Alaska Community Action Program (RurAL CAP) Elder Mentor Program
    - Lead: Rural Elder Mentor Program and Serve Alaska (Department of Commerce, Community, and Economic Development)
    - Baseline: 2,003 participants in RSVP, 122 participants in Foster Grandparent, and 0 Senior Companions (State FY2014)
  - Measure: Promote awareness about the value of the older worker to businesses and civic groups through media activities and community presentations.
    - Lead: MASST, ACoA
  - Encourage seniors to actively engage in both local and statewide policy discussions and decision-making.
    - Design a community forum that can be implemented at the local level to encourage senior engagement.
      - AARP, ACoA

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

### **Strategic Objectives:**

- A. Services are targeted to those seniors who are more vulnerable and at risk for nursing home placement.
  - Measure: Increase or maintain the percent of individuals receiving services within the target population (Needing assistance with two or more Activities of Daily Living and/or ADRD, frail using age 85+ as a proxy).
    - Lead: DSDS
    - Baseline: 11% receiving Congregate Meals, 20% receiving Assisted Transportation, and 20% receiving Home Delivered Meals, Homemaker, Chore, and Adult Day (State FY2014)
- B. Develop a direct service workforce to meet the in-home services needs of the increasing senior population, especially in rural Alaska.
  - Measure: Increase by 10% the number of Senior and Long-Term Care Service agencies accessing Alaskan Core Competencies training for their staff by 10% annually.
    - Lead: Trust Training Cooperative
    - Baseline: 10 Senior and Long-Term Care Service agencies (State FY 2014)
- C. Senior services are more accessible and culturally appropriate.
  - Measure: Increase capacity for sustainable senior service providers
    - Lead: DSDS, ANTHC, AgeNET
  - Measure: Increase utilization of tele-health and other forms of technology for purposes of increasing access to quality services in rural areas
    - Lead: DSDS, ANTHC
    - Baseline: 36 tele-health Host Sites (State FY2014) 24 tele-health assessments (State FY2014)
  - Measure: Increase coordination between Title III and Title VI programs to maximize resources and services available to target under-served populations and enhance partnerships.
    - Lead: UAA National Resource Center for American Indian, Alaska Native, and Native Hawaiian Elders
- D. Family and other informal caregivers have training and resources to provide quality care.
  - Measure: Maintain or increase, if possible, the number of individuals participating in National Family Caregiver Support Program
    - Lead: DSDS, ACoA, AARP, Alzheimer's Resource of Alaska (training and supports for ADRD, respite care), DSDS (Title III and State funds: National Family Caregiver Support Program)
    - Baseline: 864 Caregivers and 34 Grandparents (State FY2014)
  - Measure: Maintain in-home respite and adult day services to meet (family and other informal) caregiver needs for appropriate breaks in providing care (Alzheimer's Disease and Related Dementia (ADRD) Roadmap Strategy 5.1.2)
    - Lead: ACoA, AgeNET
  - Measure: Strengthen supports for family caregiver programs, measured by advocacy efforts, including a campaign that focuses on the needs of family caregivers and explore

- possible legislation
    - Lead: AARP, ACoA, DSDS
  - Measure: Increase training to caregivers about ADRD, resources available and approaches and strategies for providing care and reducing stress and fatigue. (ADRD Roadmap strategy 5.1.1.)
    - Lead: AARP, Alzheimer’s Resource of Alaska
  
- E. Streamline access to senior services by strengthening the Aging and Disability Resource Centers (ADRCs), case management, and the senior center network.
  - Measure: Number of seniors using ADRCs
    - Lead: DSDS
    - Baseline: 3,608 seniors (State FY2014)
  - Measure: Numbers of seniors served with Medicare counseling
    - Lead: DSDS
    - Baseline: 8,796 seniors (State FY2014)
  - Measure: Identify those villages lacking access to services by developing a list of senior centers as well as case managers by community who serve older Alaskans.
    - Lead: DSDS, AgeNET
  - Measure: Number of seniors using senior centers for information.
    - Lead: DSDS
  
- F. Create systems change to improve services for seniors with behavioral health and ADRD in the community.
  - Educate Alaskans about prevention, diagnosis, treatment, costs and appropriate care for people with ADRD through all possible media, in-person presentations, and policy advocacy (ADRD Roadmap Strategy 1.1.1)
    - Measure: Identify the opportunities to improve education for Alaskans affected by ADRD.
      - Lead: Alzheimer’s Resource of Alaska, Trust, ACoA
  - Assess feasibility and design an implementation plan for a potential 1915(i) and 1915(k) HCBS State Medicaid Plan amendments to address the needs of people with dementia (ADRD Roadmap Strategy 2.1.1)
    - Measure: Feasibility design and implementation complete
      - Lead: AMHTA
  - Identify older Alaskans with behavioral health concerns as well as gaps in services to ensure their health, safety, and independent living.
    - Measure: Number of seniors identified by Senior Assessment, Outreach and Referral (SOAR) programs.
      - Lead: Division of Behavioral Health
  
- G. Develop and implement regulations for quality standards for assisted living homes and other residential settings so that caregivers’ skills are appropriate to the population they serve (ADRD Roadmap Strategy 3.2.1)
  - Measure: Complete review of draft Assisted Living Home regulations to ensure they align with DSDS levels of care and the Roadmap’s recommendations (Strategy 3.2.1).
    - Lead: Division of Health Care Services (DHCS) Residential Licensing, OLTCO, AMHTA
  - Measure: Complete the regulation approval process for the draft Assisted Living Home regulations.
    - Lead: DHSS Residential Licensing, OLTCO, AMHTA

- H. Increase the number of older Alaskans who live safely in their communities. (DHSS Core Service Objective 1.2.2)
  - Measure: Number of months Long Term Services and Supports recipients are able to remain in their home before institutional placement (DHSS Performance Measure 1.2.2.1a)
    - Lead: DSDS
  - Measure: Average cost of Long Term Services and Supports per recipient (DHSS Performance Measure 1.2.2.1b)
    - Lead: DSDS
    - Baseline: \$470.18 average cost per senior, grant funds only; \$14,894,610/31,679 seniors (State FY2014)
  
- I. New legislation, policy, or funding approved to support increased access to affordable transportation options.
  - Measure: Increase or at least maintain the number of seniors accessing assisted transportation.
    - Lead: AgeNET, ACoA
  
- J. Senior Centers, Community Centers and/or Schools that offer senior programs and services remain viable in communities across Alaska.
  - Measure: Conduct a baseline survey in FY2016 of senior centers, community centers and schools that offer senior services across Alaska to determine funding needs for sustainable operations, programs, and services. Follow up survey to be conducted in FY2019 for baseline comparison.
    - Lead: ACOA, SDS, AgeNET

## Quality Management

---

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

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

The Quality Assurance Unit is responsible for the following activities:

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

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

[intentionally left blank]

# Appendix A. Needs Assessment Activities and Findings

---



# Needs Assessment Activities and Findings

---

## Table of Contents

---

**Executive Summary ..... 34**

**Elder-Senior Listening Sessions..... 37**

**Senior Survey ..... 40**

**Provider Survey ..... 55**

**Conclusion & Next Steps ..... 66**

## Executive Summary

---

In preparation for development of this state plan, the Alaska Commission on Aging (ACoA) began its needs assessment process in 2013 with the first of six elder/senior listening sessions held in communities across Alaska. In 2014, ACoA's survey of Alaskans age 55 years and older drew nearly 2,300 responses, providing insight on topics ranging from health care to housing, from finances to senior services. Many responders 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, hearing from 85 providers in Alaska.

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 to policymakers, 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. 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 the main planning document.

This needs assessment recaps the results of ACoA's elder-senior listening sessions, the 2014 Survey of Alaska Seniors, and the Senior Provider Survey. Consequently, 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 leading up to now.

### **Elder-Senior Listening Sessions**

Six elder-senior listening sessions were held in Copper Center, Juneau, two in Fairbanks (one hosted by the Fairbanks North Star Borough Senior Advisory Commission and Raven Landing Senior Community and one hosted by Denakanaaga), Homer, and Anchorage. The purpose of these listening sessions was to gather first-hand public input on elder/senior issues and to identify "what is working" and "what is not working" in Alaska's communities. Also, during most of the listening sessions an exercise was facilitated in which participants were given hand held devices to answer questions posed by the leader, and this information added to the quantitative data available.

### **Senior and Provider Surveys**

Two surveys were conducted which gathered a significant amount of quantitative data. The first survey targeted Alaskans age 60 and older to learn about priorities from a senior perspective. The results of the survey illustrate priorities of Alaska's seniors including health care, financial concerns, elder justice, housing, and services. The second survey was conducted to service providers, further demonstrating similar needs service providers consider important in Alaska.

### **Highlights**

This needs assessment process produced a substantial amount of useful qualitative and quantitative data. In January 2015, this information was compiled and analyzed, with findings presented to the Alaska State Plan for Senior Services Advisory Committee as a primer for a facilitated planning process

carried out from January to April 2015. This document provides a detailed report of results and findings of the needs assessment process. In summary, the elder- senior listening sessions, the senior survey and the provider survey highlight the following issues which serve as a framework for the FY16-19 State Plan document:

### **Health Care**

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

### **Financial Concerns**

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

### **Elder Justice**

The issue of elder abuse and neglect is an important priority for Alaska. During the elder-senior listening sessions, half of the participants indicated that they personally or someone they knew had experienced elder abuse and of those that answered “yes,” 69% indicated financial exploitation as the most common. The senior survey responses similarly support the need for attention around this issue, with 29.4% indicating they or someone they knew had experienced abuse, with financial exploitation as the top ranking form.

### **Senior Housing**

During the elder-senior listening sessions, nearly all communities listed availability of senior housing as an issue in need of improvement. The provider survey ranked housing as the #3 most pressing issue facing older adults today. The provider survey also identified assisted living for mentally ill seniors that can be compounded by dementia and independent living senior housing as the #1 and #2 services lacking in the continuum of care for seniors in Alaska.

### **Sense of Community**

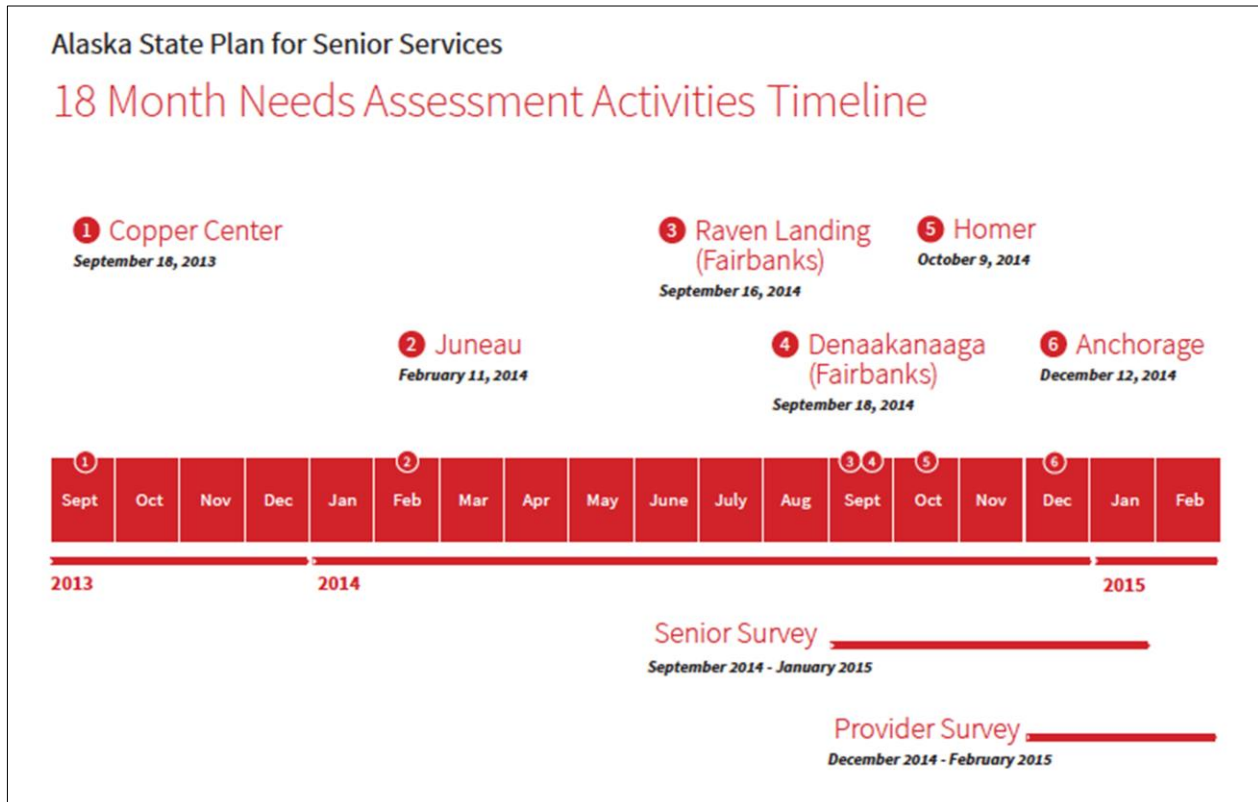
During the elder-senior listening sessions, the importance of a strong sense of community was raised in several sessions. Senior Centers are utilized significantly, with 31% of the senior survey responses stating they visited their centers at least twice monthly. Senior Centers are also used as a source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

### **Home and Community Based Long Term Support Services**

“Services for seniors that promote aging in place” was a recurring theme heard through the elder- senior listening sessions. According to the senior survey, the top five support services used by respondents included senior centers/elder centers; Medicare Information Office; congregate and home-delivered senior meals; senior transportation; education; and training and supports for persons impacted by Alzheimer’s.

## Needs Assessment Timeline

The following graphic is a timeline of the needs assessment activities that serve as background and supporting information to the Alaska State Plan for Senior Services FY2016-2019.



## Elder-Senior Listening Sessions

Six elder-senior listening sessions were held statewide, with meetings held in Copper Center (September 2013), Juneau (February 2014), two meetings in Fairbanks (September 2014), Homer (October 2014), and Anchorage (December 2014). The meeting agendas included demographics, array of services provided for seniors, housing, elder safety, and health background information followed by facilitated discussions on local priorities. In four of the six meetings, interactive polling was available for participants in order to poll their opinions on senior issues. The results of the four meetings were compiled into one data set. A summary of the meeting results that included local priorities and results from the interactive polling further demonstrate support for the recurring themes of importance to Alaska’s seniors. During all listening sessions, participants were led through a prioritization process to identify “what’s working well” and “what needs improvement.”

### What’s Working Well?

In each of the elder-senior listening sessions participants were asked to share those elements in their communities that are working well. The following issues were identified as the #1 area working well for each location:

- Anchorage – senior property tax exemption
- Fairbanks – Free transportation and community based services
- Fairbanks, Alaska Native Elder outreach – dementia services (Alzheimer’s agency)
- Kenai Peninsula – services and socialization activities
- Juneau – Care-A-Van transportation
- Copper Center – sense of community

The following graphic represents the top areas by listening session.

Anchorage	Fairbanks	Fairbanks: AK Native Elder Outreach	Kenai Peninsula	Copper Center	Juneau
#1 Senior Property Tax Exemption	#1 Free & low cost senior transportation services	#1 Services for seniors with dementia (Alzheimer’s Resource Agency)	#1 Senior Center services & socialization opportunities	#1 Strong sense of community	#1 Care-A-Van Transportation
#2 Muni Aging & Disability Resource Center	#1 Community-based senior services	#2 Fairbanks Senior Center services	#2 Continuum of Senior Services	#2 Access to health care	#2 Free transportation for seniors (CBJ)
#3 Anchorage Senior Activities Center	#2 Fairbanks Native Association Elder Program services	#3 Fairbanks Native Association Elder Program services	#3 Recreational & cultural programs	#3 Churches & civic organization who help persons less fortunate	#3 Senior Property Tax Exemption & Sales Tax Exemption
#4 Trails & Outdoor Recreation	#3 Access to health care	#4 FNSB Parks & Recreation Senior Activities	#3 Close sense of community	#4 Local emergency network	#4 Juneau Senior Center
#5 Alzheimer’s Resource of Alaska		#4 Denaakanaaga	#4 Hospital	#5 Subsistence lifestyle	#4 SAIL Taxi Voucher Program

**Recurring Themes: What’s Working Well**

While each session had unique responses to this question, a number of recurring themes are seen throughout the process. Seniors value community and recreation activities, which appear to be occurring across the state. Senior Centers are named in most communities as working well. Certain senior services such as community based services and others along the continuum were mentioned in most sessions. Tools that assist with financial matters such as tax exemptions and living a subsistence lifestyle were also noted. Transportation services in several communities appear to be working well, and in several places access to health care services is working well.

**What Needs Improvement?**

Participants in each of the elder-listening sessions were asked to share what areas of improvement existed in their communities. The following areas were identified as the #1 area in need of improvement by each location:

- Anchorage – accessible housing
- Fairbanks – access to primary care
- Fairbanks, Alaska Native Elder outreach – high cost of living/economy
- Kenai Peninsula – affordable senior housing
- Juneau – Personal Care Assistance
- Copper Center – necessities like firewood, food, and heating fuel

The following graphic represents the top areas by listening session.

Anchorage	Fairbanks	Fairbanks: AK Native Elder Outreach	Kenai Peninsula	Copper Center	Juneau
#1 Shortage of accessible housing	#1 Limited access to primary care	#1 High cost of living/economy	#1 Lack of affordable senior housing	#1 Seniors having necessities like fire wood, food, heating fuel	#1 Need for Personal Care Assistance, PCA
#2 Transportation	#2 Lack of appropriate, affordable senior housing	#2 Lack of long-range planning for Native elders	#1 Rising utility costs	#2 In-home support services	#2 Limited options for senior assisted living
#3 Limited mental health services for seniors	#3 Transportation	#3 Long-cold winters	#2 High cost of living	#3 Transportation	#2 Need larger senior center
#4 Access to primary health care	#4 Air quality	#4 Lack of inter-agency cooperation	#3 Distance from family	#3 Access to medical specialty care	#3 Affordable senior housing
#4 Lack of specialized housing for seniors with dementia		#5 No centralized source for information on services	#3 Long, cold icy winters	#3 Assisted living	#4 High cost of living

**Recurring Themes: What Needs Improvement?**

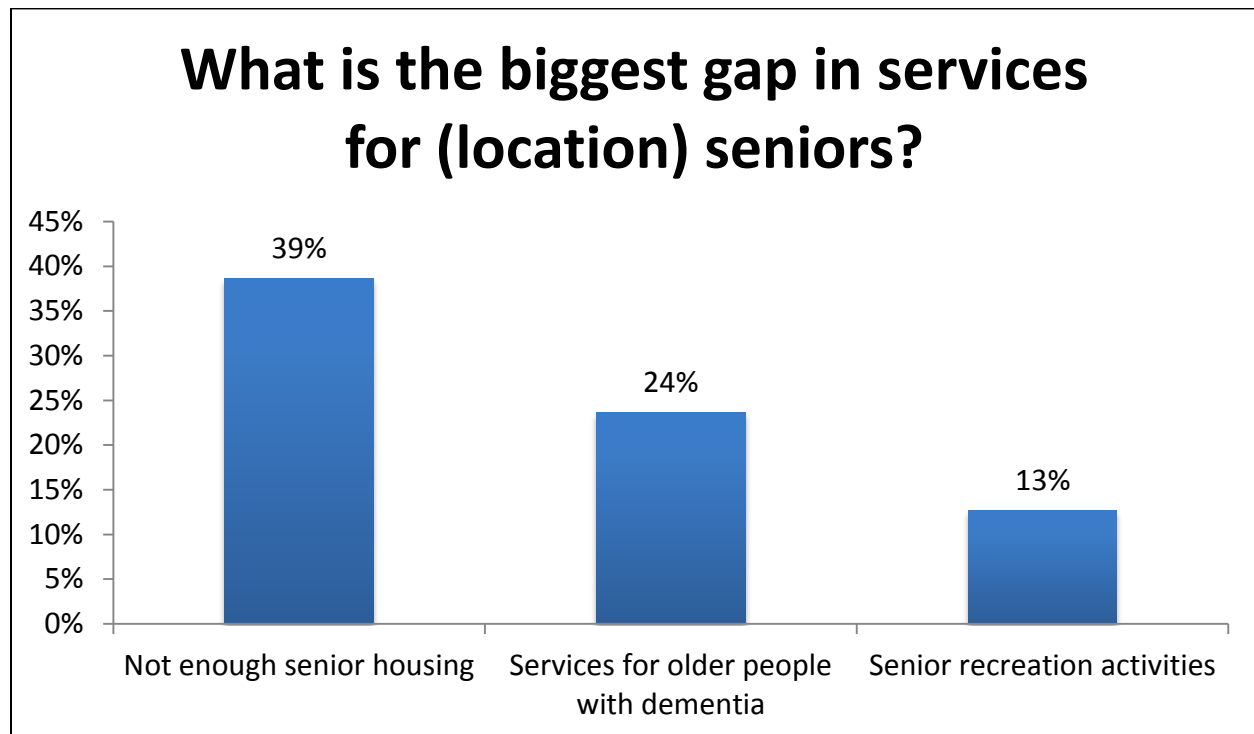
Similarly, when participants were asked for areas of improvement in their communities there were several unique responses with certain themes that show up statewide. Senior housing is a major concern. Financial concerns such as the high cost of living and utility costs were voiced in most sessions. Access to health care and transportation were also themes that most communities indicated could use improvement.

## Interactive Polling

During four of the six listening sessions, a series of questions were posed to the group with responses gathered through interactive polling devices. The information was instantaneously tabulated for each meeting, and then all responses were later combined to show all responses in one graphic.

Cumulatively, when asked to identify the biggest gap in senior services, the following top three were identified (cumulative results from the four sessions with interactive polling):

1. Not enough senior housing (39%)
2. Services for older people with dementia (24%)
3. Senior recreation activities (13%)



## Summary

In summary, the elder-senior listening sessions provide insight on local issues while validating themes that are important to seniors statewide. Through the facilitated prioritization discussions and the interactive polling, the values held by Alaska's seniors are represented by common threads. Access to health care is important. Alaska's seniors value a strong sense of community, and senior centers provide a community focal point that promotes camaraderie. Senior centers connect older adults with services that help them stay healthy and independent. Seniors are concerned about financial matters, availability of housing and the continuum of services available in their communities. These topics represent the overall importance that a continuum of senior services in Alaska.

## Senior Survey

---

The FY2015 Senior Survey is part of an effort to gather information on senior needs as the Alaska Commission on Aging develops Alaska's new state plan for senior services, which will cover fiscal years 2016 through 2019. Surveys were completed in 2005 and 2010 as well, both to help prepare for Alaska's participation in the yearly White House Conference on Aging and also to guide the previous state plans.

### Methods

The Senior Survey was distributed through the Senior Voice, Alaska's statewide senior newspaper, and packets of surveys were mailed to senior centers and other senior services providers across the state. This was a voluntary survey and responders were not randomly chosen, therefore 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.

There were 2,280 senior survey responses from Alaskans age 55 and older 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.

Survey instrument and collection:

- Survey Monkey platform was used for on-line surveys and hard copy for mailed in responses
- Thirty-five questions were asked in total, including nine open-ended questions (Note: Some of the questions are ranked based on their rating average. Rating Scale questions calculate a weighted average based on the weight assigned to each answer choice, so the most preferred overall answers can be determined. The answer choice with the smallest rating average is the most preferred choice.)
- Hard copies of the survey, along with a self-addressed stamped envelope, were distributed through the October 2014 Senior Voice, mailed in bulk to senior centers, tribal providers, and Pioneer Homes. The senior survey was also distributed by email, using on-line Survey Monkey.
- Survey responses were gathered from October 2014 thru January 2015.
- Approximately 10% of participants responded online and 90% responded via mail-in hard copy.
- 2,280 surveys were received in total.

### Respondents

Of the 2,280 survey respondents, there was a relatively equal distribution of age. Close to one-fifth of the respondents fell into each of the following age ranges: 60-65 (20.4%), 66-70 (19.9%), 71-75 (18.1%), and 76-84 (22.5%). A few of the respondents were 55-59 (7.8%) and 85+ (11.3%). Almost two-thirds of those who responded were female (65.1%), although women comprise only 49.2% of Alaskans age 60 and over. The race of survey responders was more representative of the general population of seniors with 79.7% being Caucasian/White, 15.2% Alaska Native/American Indian, 2.0% Asian/Pacific Islander, 1.7% African American/Black, and 1% Hispanic. (A total of 1.6% checked "Other" and 3.1% checked "Prefer not to answer." People could check more than one race.) Among the whole Alaska senior population, 75% are White, 11% Native, 6% Asian, 3% Hispanic, 3% Black, 2% two or more races, and >1% Native Hawaiian or other Pacific Islander.



The typical senior survey responder has lived in Alaska a long time. Thirty-nine percent of the respondents stated having lived in the state for more than 40 years (39.1% of seniors), while another 12.9% 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 20.6% have lived here for 31 to 40 years. With 11.2% residing in Alaska for 21 to 30 years, almost 17 of every 20 respondents have lived in Alaska for over 20 years. Only 8.2% of the respondents have lived in the state for 11 to 20 years, 5 percent 5 to 10 years, and 2.9% for less than five years.

The respondents indicated Alaskan seniors perceive themselves as very healthy. Four-fifths of respondents rated their overall health as Good, Very Good, or Excellent (39%, 31.6%, and 10.4%, respectively). Another 15.5% of respondents rated their health as Fair, and only 3.5% rated their health as Poor. A similar pattern of responses to self-perception of health has been reflected in other larger surveys of the Alaska population as a whole.

## **Results and Highlights**

### **Top Concerns for Alaskan Seniors**

The overarching concern for Alaskan seniors is access to health care, with financial security, affordable and accessible housing, having enough food to eat, and fuel costs rounding out the top five senior priority areas of concerns. Programs and services – and information about those programs and services – for seniors were top concerns as well, including availability of in-home services, programs to help prevent elder abuse and exploitation, and programs to help seniors with dementia and their families. Another top issue for seniors is transportation.

Please rate the following senior concerns based on how much you think they affect Alaskan seniors.

Answered question: 2228

Answer Options	Very Important	Somewhat Important	Less Important	Don't Know	Rating Average	Response Count
<b>Health Care</b>	<b>2058</b>	<b>126</b>	<b>10</b>	<b>3</b>	<b>1.07</b>	<b>2197</b>
<b>Financial Security</b>	<b>1854</b>	<b>314</b>	<b>29</b>	<b>1</b>	<b>1.17</b>	<b>2198</b>
<b>Affordable and accessible housing</b>	<b>1644</b>	<b>415</b>	<b>102</b>	<b>2</b>	<b>1.29</b>	<b>2163</b>
<b>Having enough food to eat</b>	<b>1490</b>	<b>524</b>	<b>144</b>	<b>1</b>	<b>1.38</b>	<b>2159</b>
<b>Fuel costs</b>	<b>1387</b>	<b>632</b>	<b>129</b>	<b>6</b>	<b>1.42</b>	<b>2154</b>
Availability of in-home services for seniors	1371	623	139	7	1.43	2140
Programs to help prevent Elder abuse and exploitation	1347	552	204	10	1.47	2113
Programs to help seniors with dementia and their families	1271	631	180	9	1.49	2091
Transportation	1241	773	163	2	1.51	2179
Information about programs and services	1155	755	215	6	1.56	2131
Assisted living facilities	1115	765	206	7	1.57	2093
Training for unpaid caregivers	976	755	305	17	1.69	2053
Programs that give families a break (Adult Day and Respite)	900	777	361	12	1.75	2050
Support for grandparents raising grandchildren	899	726	364	16	1.75	2005
Senior center programs and activities	867	838	358	7	1.76	2070
Help with depression	786	776	464	23	1.87	2049
Senior job training/employment	617	809	578	20	2.00	2024

**Top Five Responses**

● Very Important   
 ● Somewhat Important   
 ● Less Important   
 ● Don't Know



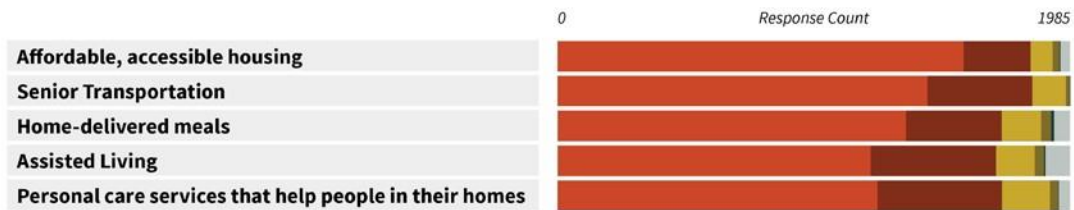
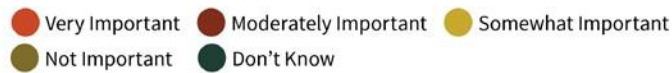
The most important services for seniors' quality of life reflect similar responses to their top concerns, and also their desire to remain in their own home as long as possible. Affordable, accessible housing is the most important service identified. Senior transportation, home-delivered meals, assisted living, personal care services, personal care services, and programs that help people with dementia were among the other important services recognized.

Below is a list of services for seniors offered in Alaska. How important do you believe each of the following services is to the quality of life for older Alaskans?

Answered question: 2106

Answer Options	Very important	Moderately important	Somewhat important	Not important	Don't Know	Rating Average	Response Count
<b>Affordable, accessible housing</b>	1622	268	87	27	3	1.27	2007
<b>Senior Transportation</b>	1481	414	133	16	1	1.36	2045
<b>Home-delivered meals</b>	1400	373	158	42	11	1.43	1984
<b>Assisted Living</b>	1258	493	155	37	3	1.48	1946
<b>Personal care services that help people in their homes</b>	1276	495	190	35	2	1.49	1998
Programs that help people with dementia	1249	482	177	37	4	1.49	1949
Services to prevent elder abuse and exploitation	1254	441	204	34	11	1.51	1944
Help with information qualifying for Medicare, Medicaid	1235	495	196	40	4	1.52	1970
Fall prevention	1208	485	213	33	4	1.53	1943
Meals at a senior meal site	1206	480	248	41	8	1.57	1983
Information and referral	987	476	247	57	6	1.66	1773
Help with household chores	1021	608	272	52	3	1.67	1956
Senior center activities (recreation, exercise classes)	998	611	321	45	4	1.71	1979
Programs that give a family a break (such as respite care programs)	974	572	262	72	13	1.72	1893
Adult Day services	920	604	310	56	8	1.75	1898
Lifelong learning opportunities	868	559	333	102	8	1.84	1870
Senior mental health services, drug and alcohol treatment	861	582	336	99	14	1.85	1892
Support for grandparents/other relatives who are raising children	845	584	314	112	16	1.86	1871
Social/volunteer opportunities	717	627	385	109	7	1.95	1845
Help finding older adult job training and placement	557	628	474	182	14	2.17	1855
Other (please specify)							47

**Top Five Responses**

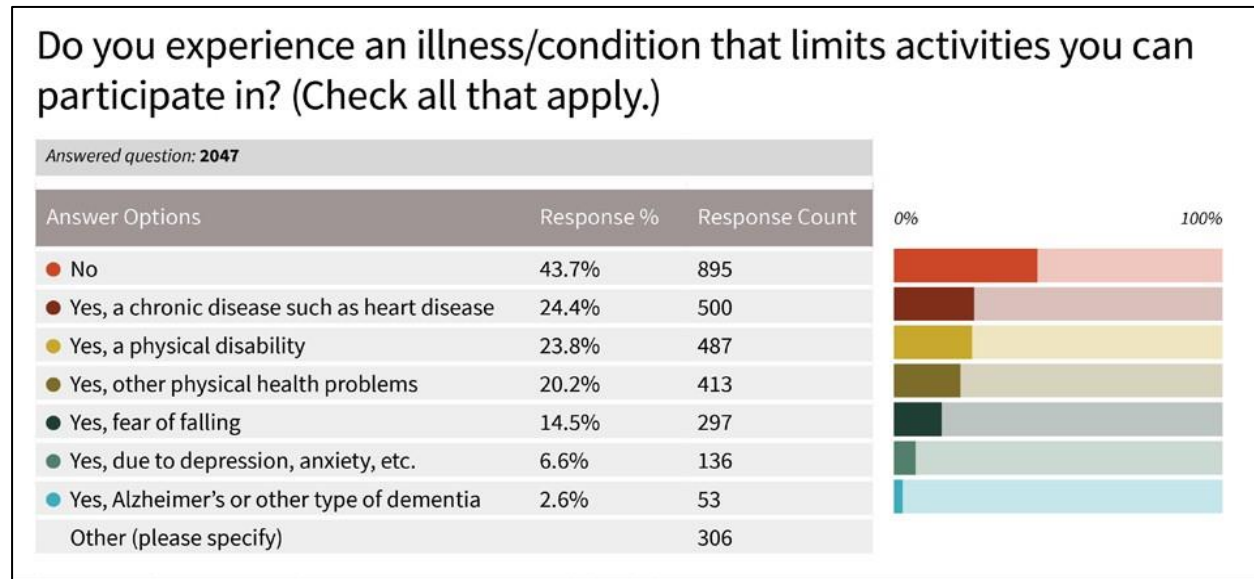


**Health**

Senior survey responders list health care as the number one concern affecting Alaskan seniors, rated as “very important” by 93.7% of respondents. 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.

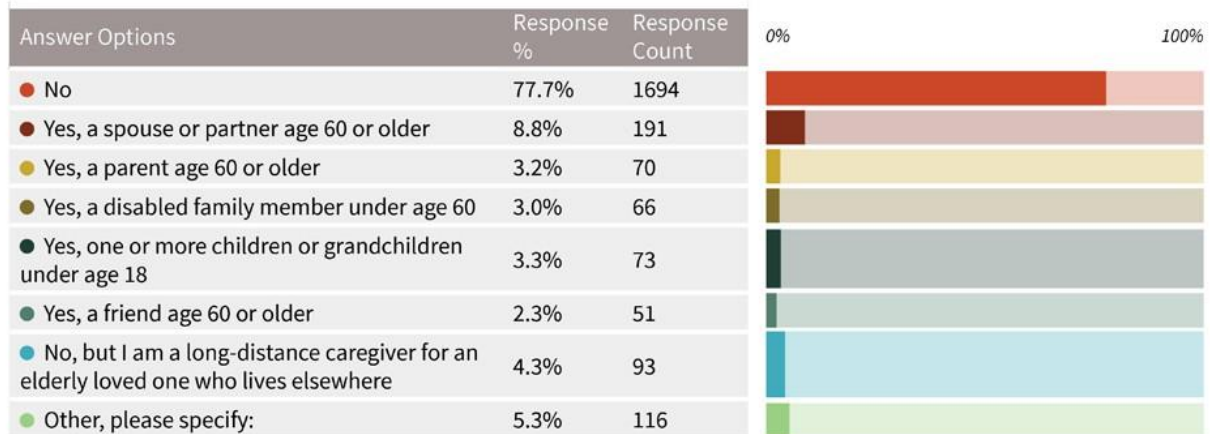
It's no surprise that many seniors have health problems that require medical supervision. About three in five seniors say that they experience an illness or disability that limits the range of activities they can enjoy. Chronic disease, such as heart disease and physical disabilities are the most common, with 24.4% and 23.8% of the survey responders experiencing these types of limitation, respectively. Other physical health problems are experienced by 20% of the respondents, and 14.5% of those who responded indicate a fear of falling. A mental or emotional problem such as depression or anxiety affects the lives of 6.6% of seniors who responded to this survey, and 2.6% reported having Alzheimer's disease or another dementia. (Respondents could check more than one category of illness or disability.)



More than one in five seniors (22.3%) provide home care for a family member or friend. Close to nine percent care for a spouse or partner who is a senior. Parents, disabled family members under age 60, and children or grandchildren under 18 are cared for by three percent each. A senior friend is cared for by 2.3% of seniors, and another 4.3% are long-distance caregivers for an elder who lives elsewhere. (Individuals could check more than one group identifying those for whom they provide care.)

## Do you provide home care for a family member or friend? (Check all that apply.)

Answered question: 2181

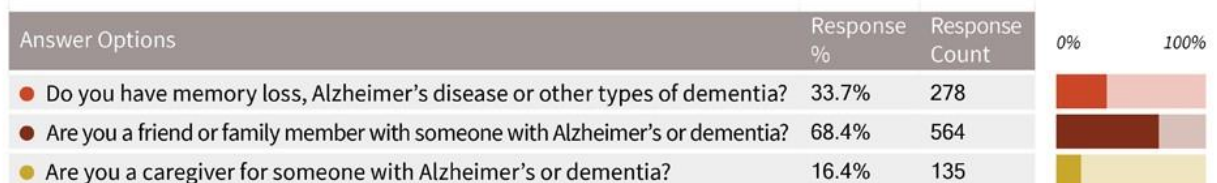


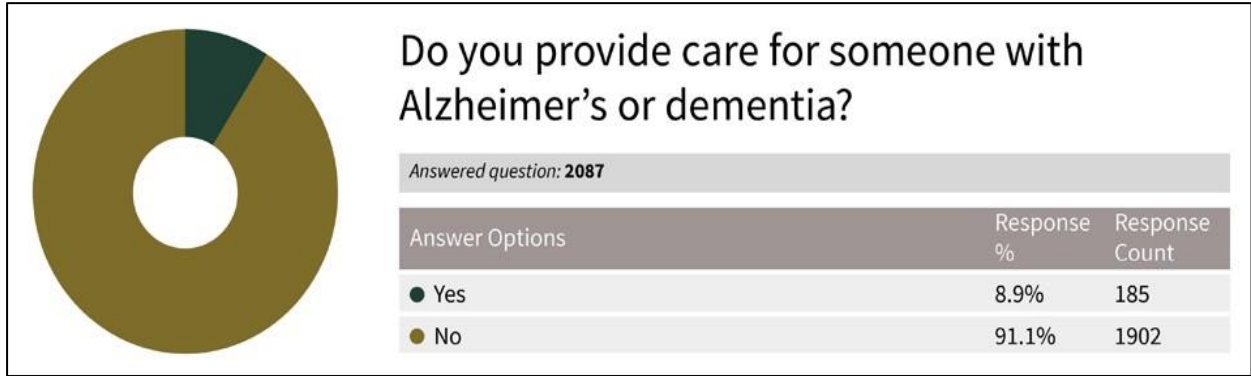
The population of Alaskans with Alzheimer’s disease will almost double in the next decade. Alzheimer’s disease rates increase from 3 percent of the population at ages 65 to 74, to 46 percent of the population age 85 and older. Of the seniors who responded to this survey, 33.7% indicated they have memory loss, Alzheimer’s disease or other types of dementia. Another 68.4% of respondents reported having a friend or family member with Alzheimer’s disease or dementia.

Stakeholders have pointed out gaps in the existing system of support services and residential options to serve individuals and caregivers, particularly as the number of people living with ADRD increases in the coming years. The following two questions reflect different numbers of seniors as caregivers for individuals with Alzheimer’s or dementia, but this can be attributed to the large difference in number of respondents who answered each question. The second question, “do you provide care for someone with Alzheimer’s or dementia?” was answered by the majority (92%) of respondents, so the answers to that question are more likely to reflect reality. The responses to the second question indicate that 8.9% of seniors care for someone with Alzheimer’s or dementia. (Individuals could check more than answer.)

## Alaska is developing a State plan to address the needs of Alaskans affected by Alzheimer’s disease. Please check the boxes below that apply to you.

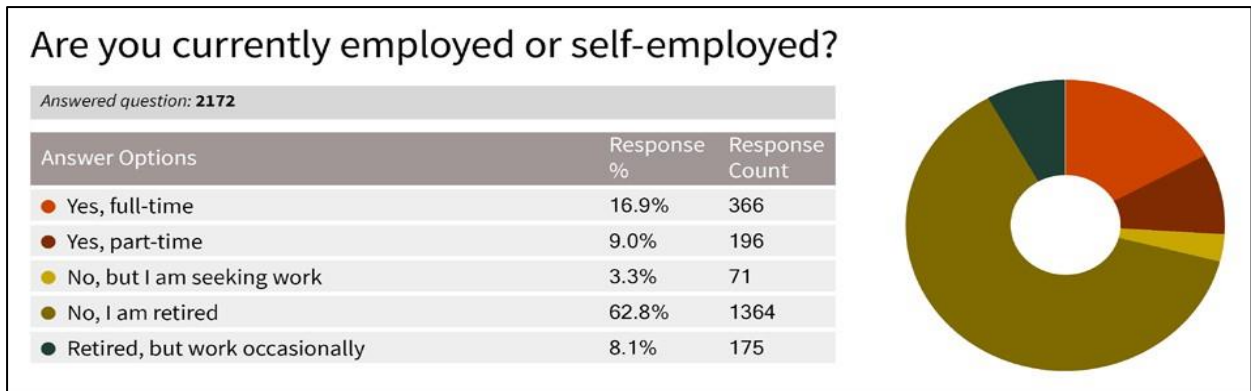
Answered question: 824





### Financial Security

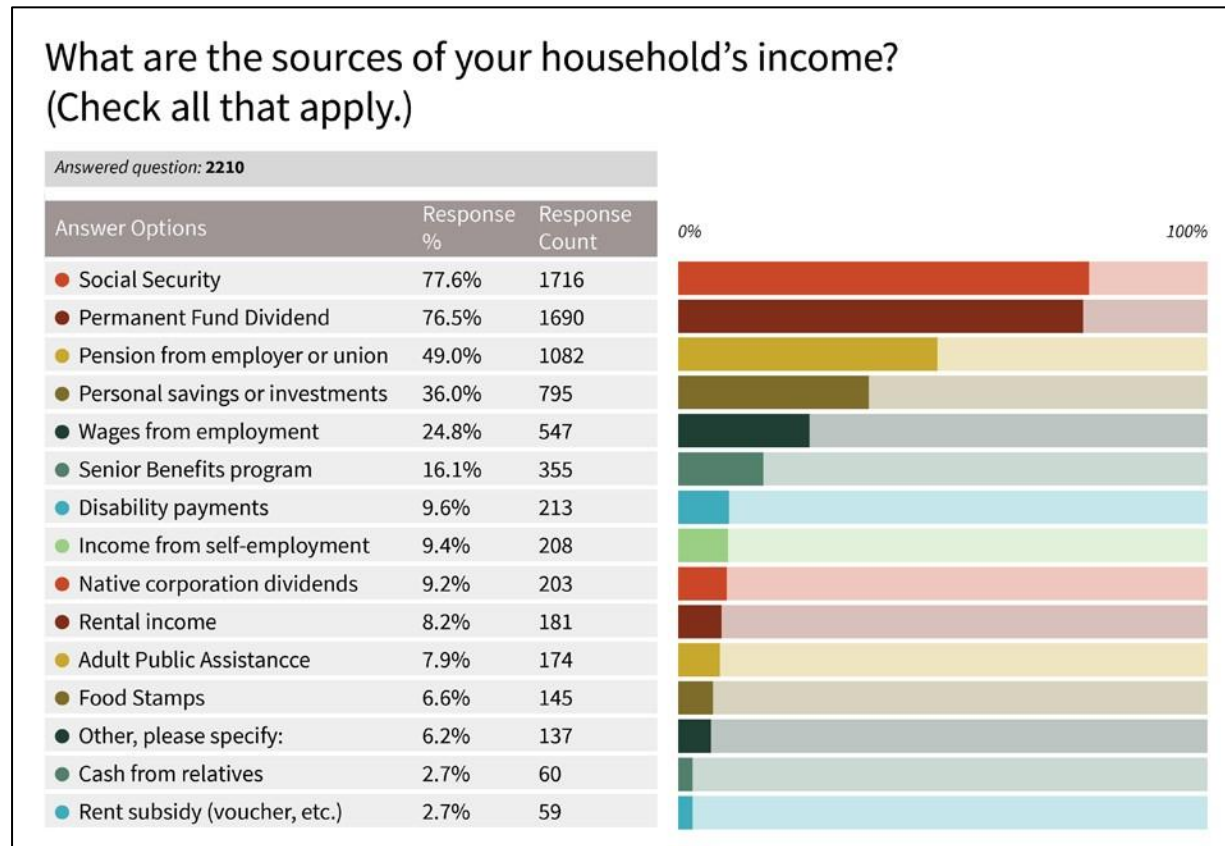
Financial security is rated second by respondents among concerns affecting Alaskan seniors. Although many seniors are retired (62.8% of respondents), over one-third of seniors still work full-time, part-time, or occasionally and another 3.3% are seeking work.



Of those seniors still in the workforce, there is almost an even split between those who responded that they would be retiring within five years or less and those that planned to either retire in more than five years or had no plans to retire regardless of financial need.



Seniors receive income from a variety of sources. The main sources of income for older Alaskans are Social Security and the Permanent Fund Dividend. Almost half of the respondents receive a pension from their employer or union, and another 36% draw from personal savings or investments. Financial assistance provided by the Senior Benefits Program, disability payments, Adult Public Assistance, Food Stamps, and rent subsidy account for close to 43% of the income sources based on responses. (Individuals could check more than answer.)

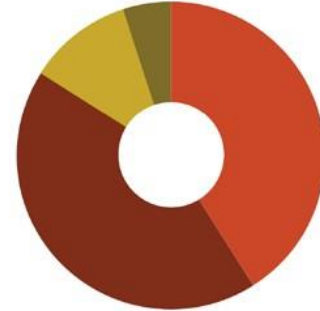


As suggested earlier, many older Alaskans struggle with financial security. Only 40.8% of Alaskan seniors have enough income to meet all their monthly expenses and can afford extras. Another 43.7% of respondents have enough to cover monthly living expenses but have very little left over for anything extra, especially to pay for an unexpected emergency expense. More than one in ten reported not having enough to cover living expenses some months and another 4.7% reported not having sufficient income to pay for their monthly living expenses.

## Is your monthly income enough to meet all your monthly expenses?

Answered question: 2103

Answer Options	Response %	Response Count
● Yes, I have more than enough money to cover living expenses and can afford extras like vacations	40.8%	859
● Yes, I have enough to cover living expenses, but very little for anything extra	43.7%	919
● No, some months I don't have enough to cover basic living expenses	10.7%	226
● No, I do not have enough to cover living expenses	4.7%	99



Related to financial security and in line with Alaskan culture, nearly one-third of Alaskan seniors participate in subsistence activities directly or by proxy.



## Do you participate in subsistence activities or does someone provide subsistence food to you?

Answered question: 2172

Answer Options	Response %	Response Count
● Yes	28.5%	619
● No	71.5%	1553

### Housing

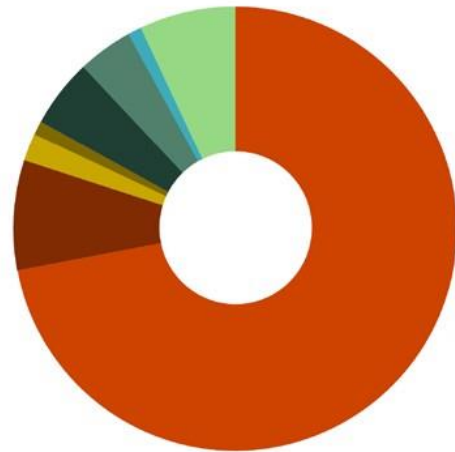
Many seniors shared concerns related to housing – specifically affordability and accessibility. Identified as a major issue in the needs assessment for the last plan as well, housing concerns still range from quantity to quality, and include interest in more facilities that have a spectrum of independent to assisted living on one campus. While 72% of those surveyed say they expect to be living in the same home five years from now and 75% plan on remaining in Alaska, suggesting that they are relatively content with their living situation, the reasons for leaving Alaska highlight the same top three senior concerns: access to healthcare, appropriate housing, and cost of living.



## Where do you expect to be living five years from now?

Answered question: 2167

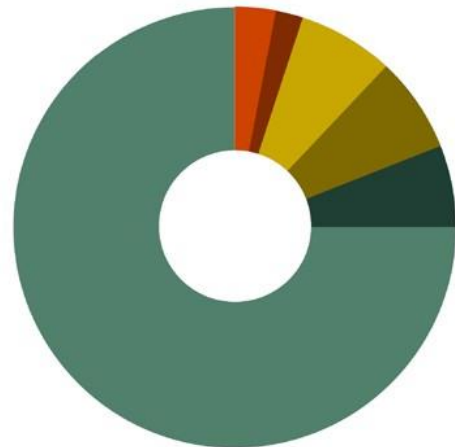
Answer Options	Response %	Response Count
Same home as I live in now	72.0%	1561
Same community, but smaller living space	7.8%	169
Living independently in a larger community in Alaska	1.7%	36
Living independently in a smaller community in Alaska	1.5%	32
Living independently in a different state	5.1%	110
Move to an assisted living or nursing facility in Alaska	3.7%	80
Move to an assisted living or nursing facility outside	1.0%	21
Other, please specify:	7.3%	158



## If you are planning to move out of Alaska please tell us why? (Check the most important reason)

Answered question: 1470

Answer Options	Response %	Response Count
Limited access to primary health care	3.0%	44
Problems finding appropriate housing	2.2%	32
High cost of living	7.3%	107
Want to be near family living out of state	6.4%	94
Want to live in different climate	6.1%	90
I am planning to remain in Alaska	75.0%	1103
Other (please specify)		88

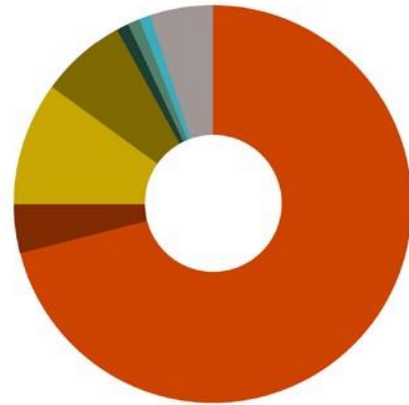


Responses show 70.6% of seniors live in a house or condo that they or a family member owns. Seniors also live in a variety of other housing situations, ranging from apartments in senior housing complexes to nursing homes and assisted living facilities to homeless shelters.

## What type of housing do you live in?

Answered question: 2101

Answer Options	Response %	Response Count
House/condo that I or a family member own	70.6%	1531
House/condo that I rent	3.9%	84
Apartment in senior housing complex	10.4%	225
Apartment not in senior complex	6.5%	140
Assisted living facility	1.4%	31
Nursing home	.8%	17
Rooming house or hotel	.6%	13
Homeless shelter	.1%	2
Other, please specify	5.8%	125

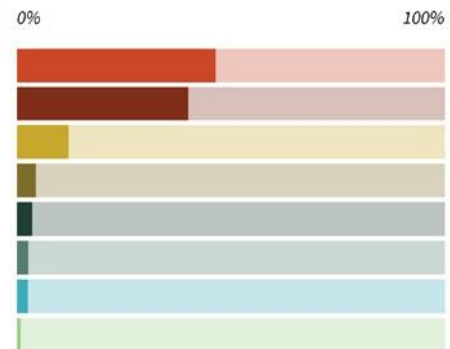


A contributing factor to senior loneliness is that fact that many seniors live alone, including 40% of those that responded to this survey. Almost half of the respondents live with their spouse or partner (46.4%), and 21.5% live with a family member or roommate/renter. (Individuals could check more than answer.)

## Besides yourself, who lives in your household? (Check all that apply.)

Answered question: 2143

Answer Options	Response %	Response Count
My spouse or partner	46.4%	994
Just myself	40.0%	858
One or more adult children	12.1%	259
Other, please specify:	4.4%	95
One or more grandchildren under age 18	3.5%	74
Roommate(s) or renter(s)	2.6%	55
One or more adult grandchildren	2.5%	53
Parent	0.8%	17



### Support Services

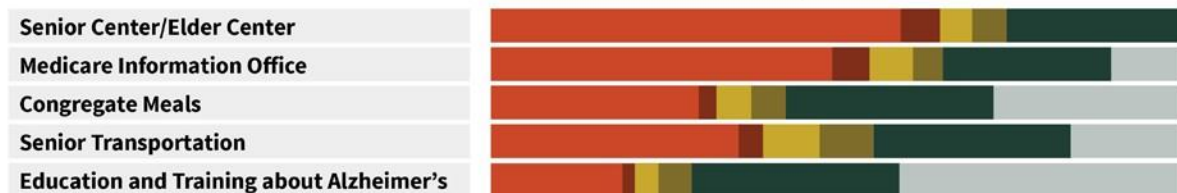
Responders were asked about the senior services they may have used in the past year. The responses, similar to the ACoA 2005 and 2010 surveys, suggest that the state's system of home- and community-based services is used by those who need it, when they need it. The most widely used service by survey responders was senior centers (used by 41% of survey responders). Senior centers were mailed packets of the survey, which may have contributed to this number. Other highly-used services include the Medicare Information Office, congregate meals, senior transportation, Alzheimer's education and training, chore service, respite care, care coordination, information and referral, personal care attendants, and caregiver support. (Individuals could check more than answer.)

## Have you or the person you care for used any of the following support services? (Please check all boxes that apply.)

Answered question: 1518

Answer Options	Self	Spouse	Other Family Member	Friend	N/A	Rating Average	Response Count
<b>Senior Center/Elder Center</b>	<b>560</b>	<b>53</b>	<b>42</b>	<b>47</b>	<b>228</b>	<b>1.40</b>	<b>930</b>
<b>Medicare Information Office</b>	<b>463</b>	<b>51</b>	<b>57</b>	<b>39</b>	<b>217</b>	<b>1.46</b>	<b>827</b>
<b>Congregate Meals</b>	<b>298</b>	<b>26</b>	<b>44</b>	<b>47</b>	<b>266</b>	<b>1.61</b>	<b>681</b>
<b>Senior Transportation</b>	<b>351</b>	<b>34</b>	<b>73</b>	<b>73</b>	<b>255</b>	<b>1.75</b>	<b>786</b>
<b>Education and Training about Alzheimer's</b>	<b>178</b>	<b>16</b>	<b>30</b>	<b>45</b>	<b>250</b>	<b>1.78</b>	<b>519</b>
Support Groups	193	23	43	49	257	1.83	565
Information/Referral/ADRC	156	21	37	43	258	1.87	515
Home Modification	172	41	53	46	267	1.91	579
Caregiver Training and Supports	140	21	35	43	259	1.92	498
Home Health Care	191	58	78	47	255	1.95	629
Home Delivered Meals	193	20	58	62	276	1.97	609
Homemaker/Chore Services	170	26	61	58	266	2.02	581
Personal Care Assistance	172	48	91	64	265	2.13	640
Case Management/Care	129	38	59	60	257	2.17	543
Adult Day	63	25	50	44	294	2.41	476
Respite	49	20	38	42	287	2.49	436
Hospice	41	39	61	54	270	2.66	465

### Top Five Responses

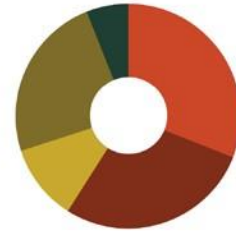


Clearly Alaska seniors trust their senior centers, not only as sources of information about programs and services but also as hubs of social engagement. Nearly three in five seniors (59%) say they do visit their local senior center, with 31% visiting regularly (at least twice a month) and 28.4% dropping in occasionally (once a month or less). Another 10.4% say they would like to visit the senior center but have difficulty getting there. Only one in four seniors (24.3%) say they are not interested in what their senior center offers. There is no senior center in 5.9% of the respondents' communities.

## Do you visit your senior center?

Answered question: 2093

Answer Options	Response %	Response Count
Yes, regularly - at least twice a month	31.0%	648
Yes, occasionally - once a month or less	28.4%	594
No, I would like to but have difficulty getting to the senior center	10.5%	220
No, I am not interested in what the senior center offers	24.3%	508
There is no senior center in my community	5.9%	123

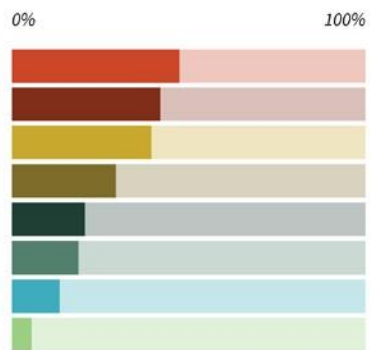


Seniors often tell the Alaska Commission on Aging that they don't know where to go for information about programs and services to help with their needs. The following question asked where the respondent goes when they have questions about senior services. (They could check more than one response.) Almost half (47.4%) said they rely on their senior center for information about services. Forty-two percent ask a friend or relative for help finding the information they need, and 39.5% do an Internet search. Two other popular responses were to refer to pamphlets or handouts (29.4%) and to check the phone book for information sources (20.6%). The least-used source of information was 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>). Aging & Disability Resource Centers (see the Alaska ADRC website at <http://www.hss.state.ak.us/dSDS/grantservices/adrc.htm>) are used by 13.5% of the survey respondents for information, and 18.8% consult a printed directory showing the services available in their community. (Individuals could check more than one answer.)

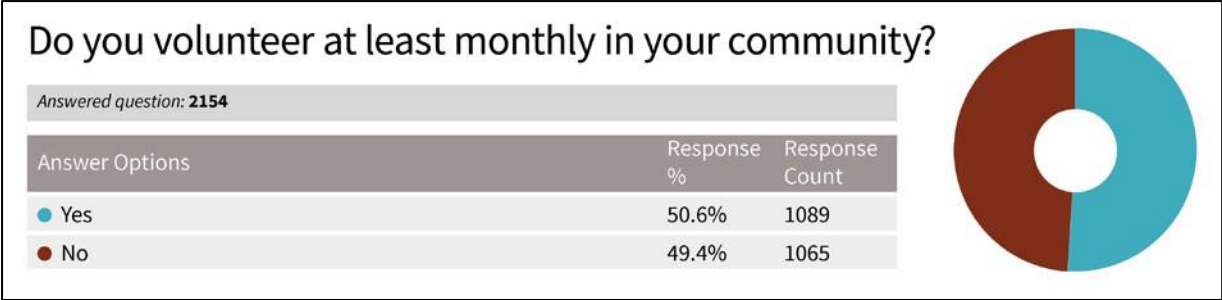
## Where do you go when you have questions about the services available for seniors? (Check all that apply.)

Answered question: 1857

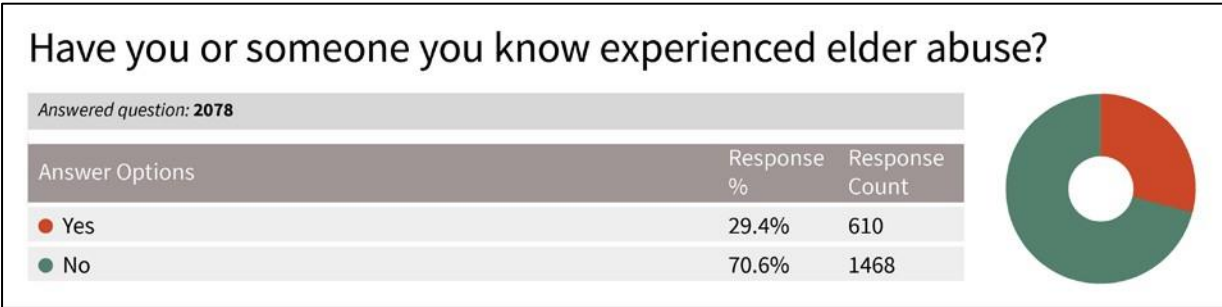
Answer Options	Response %	Response Count
Local senior center	47.4%	903
Ask a friend or relative	42.0%	801
Internet search	39.5%	753
Pamphlets and handouts	29.4%	560
Check the phone book	20.6%	393
Directory showing services by community	18.8%	359
Aging and Disability Resource Center	13.5%	258
Dial 2-1-1	5.6%	107
Other (please specify)		356



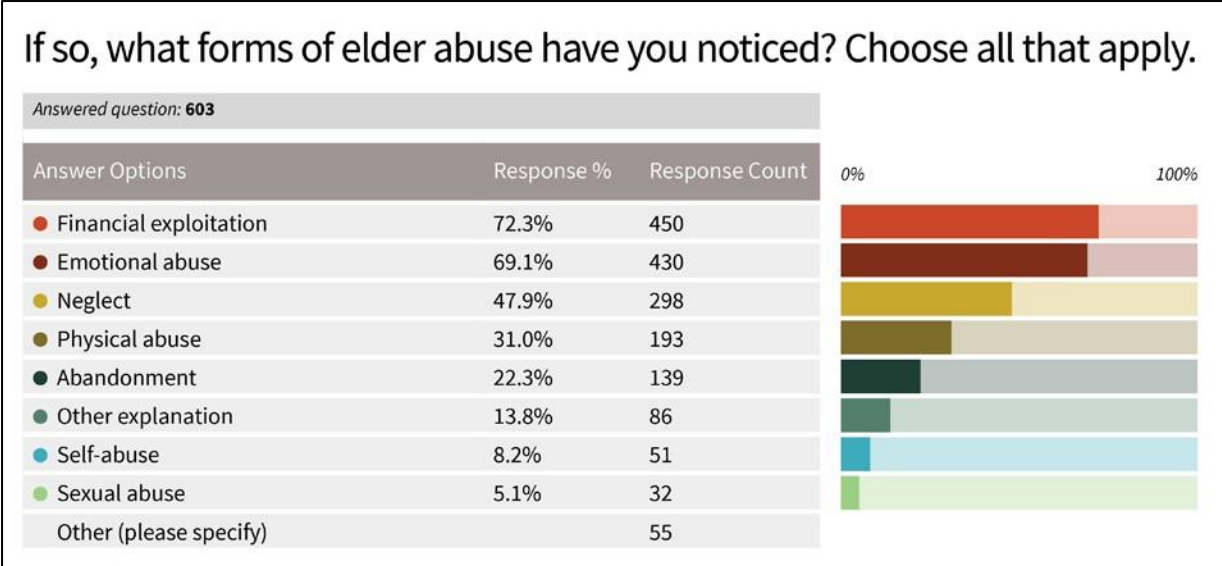
When asked if they volunteer at least monthly in their community, survey responders were split almost evenly between those who do and persons who do not.



**Elder Abuse**  
 A major focus area of this state plan is elder justice. The seniors who responded to this survey indicated 29.4% had either personally experienced elder abuse or knew someone who had.



Elder abuse can take many forms. The two most common forms of elder abuse noted by the respondents are financial exploitation (72.3%) and emotional abuse (69.1%). Other forms of elder abuse noticed by respondents included neglect (47.9%), physical abuse (31%), abandonment (22.3%), self-abuse (8.2%), and sexual abuse (5.1%). Other explanations were provided by 13.8% of the responses, and individuals could check more than answer.



### **Open Ended Responses**

In addition to the substantial quantitative information resulting from the Senior Survey, outlined below, a review of the open-ended questions was done. The following top three most pressing issues for seniors were identified throughout the comments, mirroring the ranking from the multiple-choice question response:

1. Health care
2. Financial security
3. Housing

Additionally, other open-ended questions expanded on the following issues:

- Access to health care
- Healthy food
- Housing modification needs (especially weatherization)
- Additional services needed to help seniors stay in their homes
- Transportation needs
- Fear of falling

# Provider Survey

---

## Methods

The senior provider survey was distributed to community-based senior service provider agencies and community health centers. This survey, to which 85 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.

Survey instrument and collection:

- All responses were submitted using Survey Monkey on-line platform
- Nineteen questions in the survey, including a place to provide comments
- Distributed to senior centers, senior providers, and long term care facilities
- Survey responses were gathered from December 2014 to February 2015
- 85 surveys received in total, all online

## Results and Highlights

The Provider Survey highlighted the same top issues related to seniors in Alaska, including:

1. Access to health care
2. Financial security
3. Housing

Other top senior concerns identified by the Provider Survey include:

- Finding Home- and Community-based Services
- Finding information about Community Services
- Transportation (motor)
- In-home Services
- Assisted living for mentally ill seniors and persons with ADRD

Providers responding to this survey represented non-profit, state, tribal, and for-profit agencies, but no municipal/local agency or Regional Native corporations.

## What type of organization is it?

Answered question: 83

Answer Options	Response %	Response Count
● Non-profit, providing services to seniors only	15.7%	13
● Non-profit, providing services to non-seniors as well as seniors	31.4%	26
● Municipal or local agency (part of local government)	0.0%	0
● State agency	8.4%	7
● Tribal entity	12.0%	10
● Regional Native corporation	0.0%	0
● Private for-profit entity	25.3%	21
● Other, please specify	7.2%	0

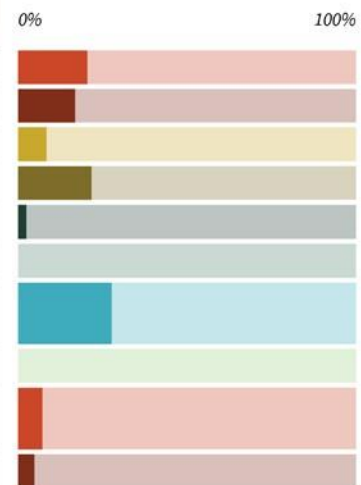


All regions of the state were represented except for North Slope Borough and the Aleutian Islands.

## Which areas of the state does your parent agency serve?

Answered question: 83

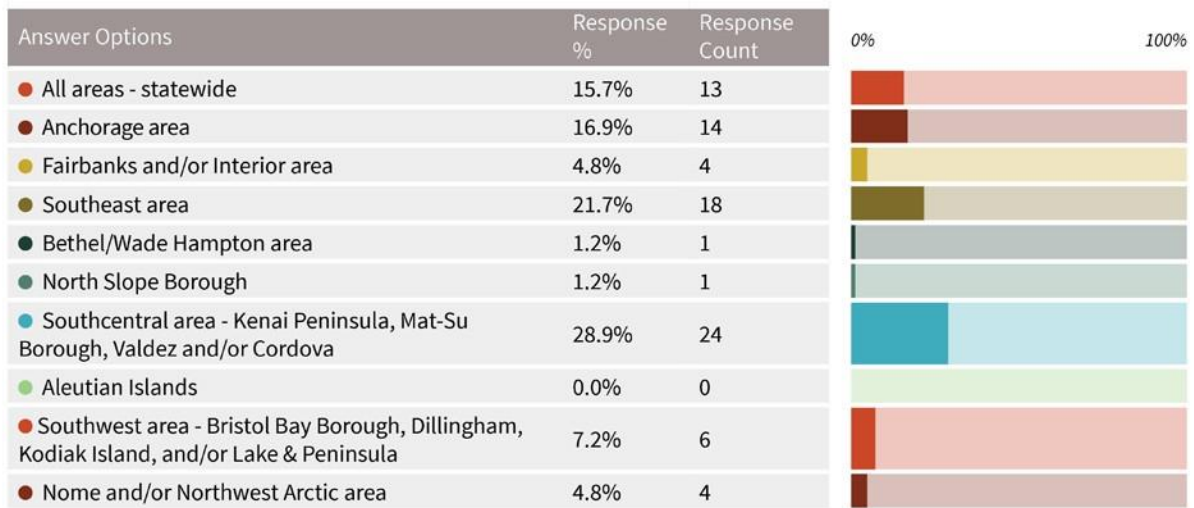
Answer Options	Response %	Response Count
● All areas - statewide	20.5%	17
● Anchorage area	16.9%	14
● Fairbanks and/or Interior area	8.4%	7
● Southeast area	21.7%	18
● Bethel/Wade Hampton area	2.4%	2
● North Slope Borough	0.0%	0
● Southcentral area - Kenai Peninsula, Mat-Su Borough, Valdez and/or Cordova	27.7%	23
● Aleutian Islands	0.0%	0
● Southwest area - Bristol Bay Borough, Dillingham, Kodiak Island, and/or Lake & Peninsula	7.2%	6
● Nome and/or Northwest Arctic area	4.8%	4





## Which areas of the state does your program serve?

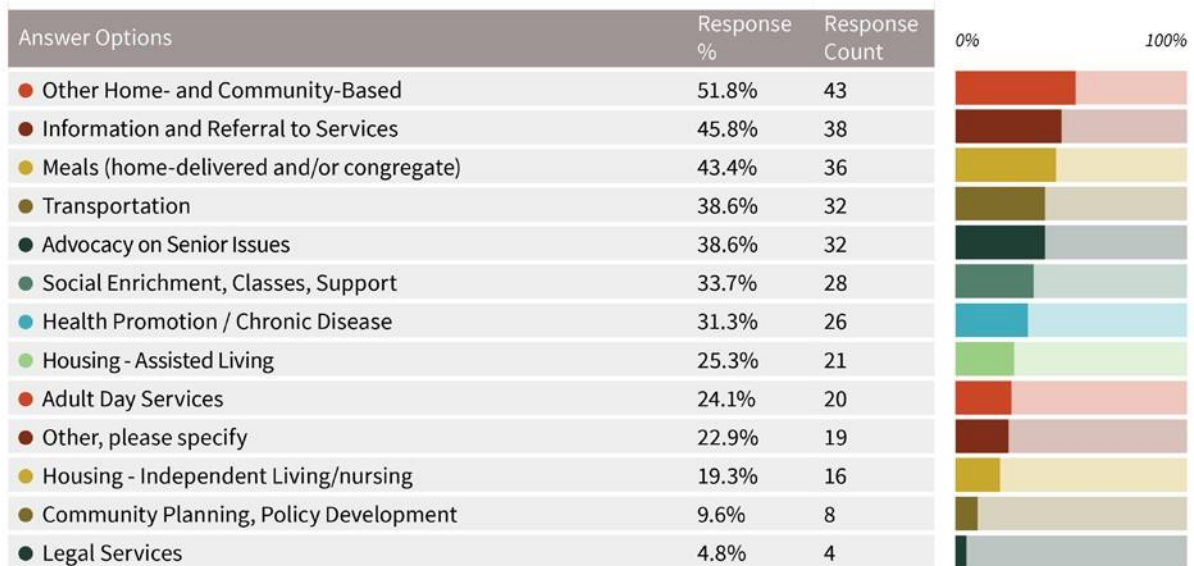
Answered question: 83



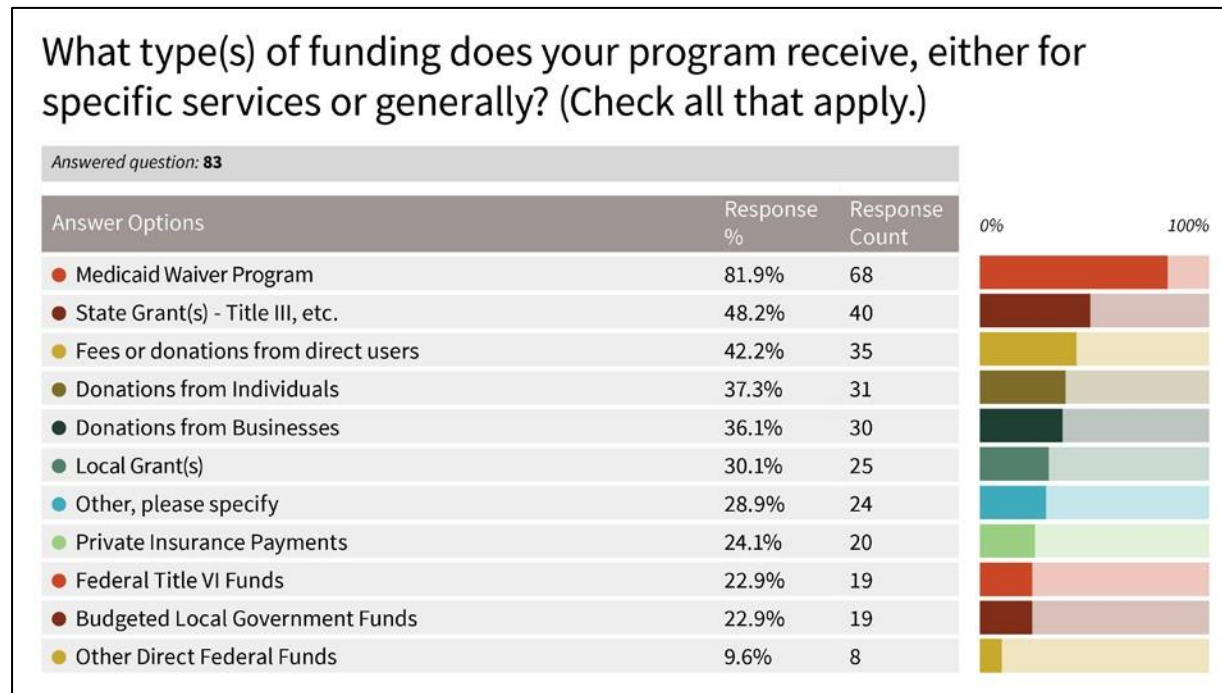
Many types of services are provided by those that responded to this survey, with the most common types being Home- and Community-Based Services (51.8%), Information & Referral (45.8%), Meals (43.4%), Transportation (38.6%), Advocacy on Senior Issues (38.6%), Social Enrichment, Classes, Support Groups (33.7%), and Health Promotion/Chronic Disease Management Activities (31.3%).

## What type(s) of services does your program provide for seniors? (Check all that apply.)

Answered question: 83



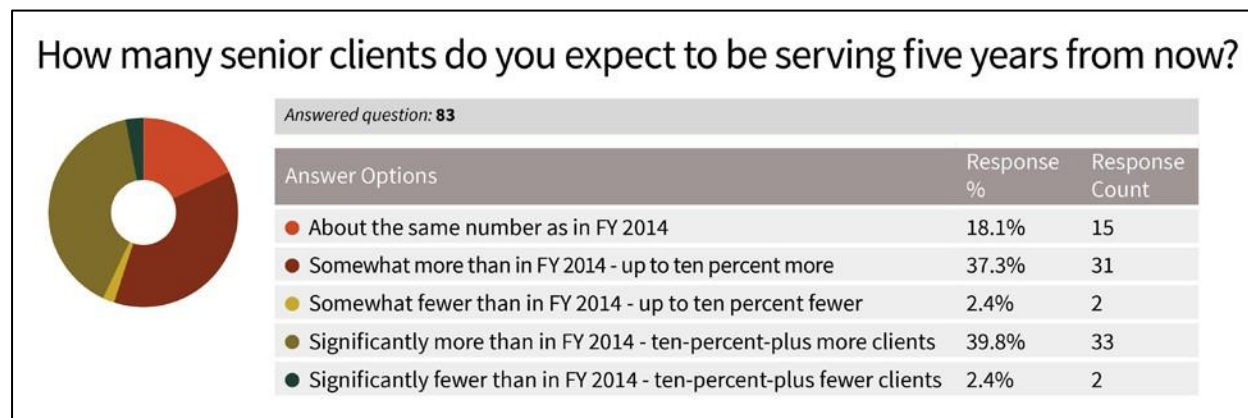
Responding programs were funded by a variety of sources, including the Medicaid Waiver program (81.9%), state grants such as Title III (48.2%), fees or donations from direct users (42.4%), donations from individuals (37.3%), donations from businesses (36.1%), local grants (30.1%), private insurance payments (24.1%), Title VI funds (22.9%), budgeted local government funds (22.9%), other direct federal funds (9.6%), and other sources (28.9%).



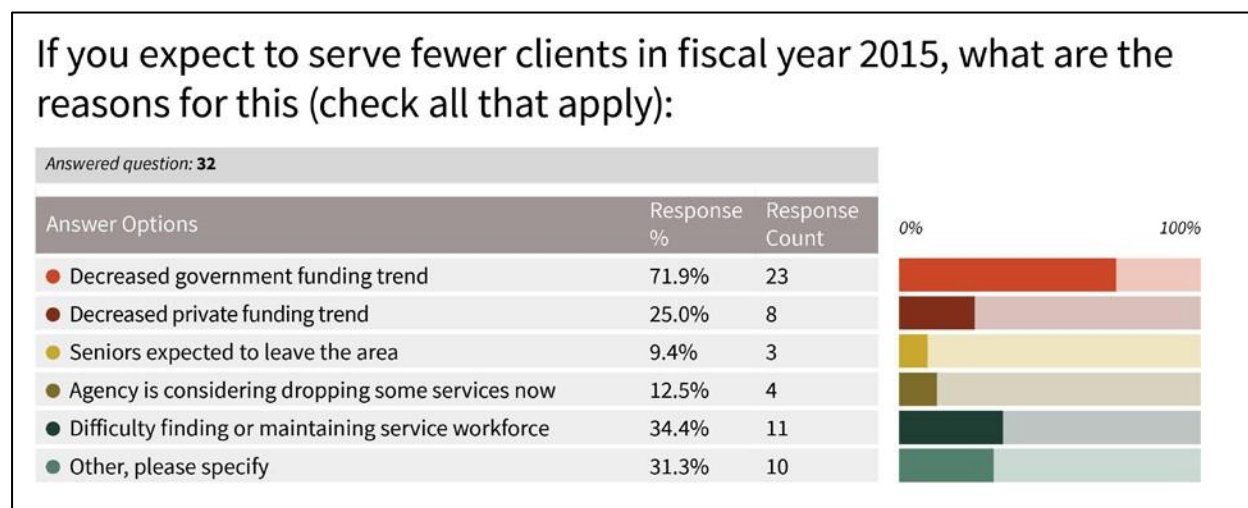
Compared to the number of clients their program served five years ago, 25.9% of providers say they are now serving somewhat more (up to ten percent more), and 34.6% say they are serving significantly more (an increase of more than ten percent), while 23.5% say they are serving about the same number of clients. Only six programs said they are serving somewhat fewer clients and seven are serving significantly fewer clients.



Five years from now, 39.8% expect to be serving significantly more clients, and another 37.3% expect to be serving somewhat more (up to ten percent more). In other words, three out of every four programs are expecting an increase in demand for their services in the next five years. Most of the remainder (18.1%) expect they will have about the same number of clients, and two programs expect somewhat fewer clients in five years and another two programs expect significantly fewer clients in that time.



A trend towards decreased government funding was the main reason (71.9%) providers expected to be serving fewer clients in fiscal year 2015. Difficulty finding or maintaining service workforce was also highly referenced (34.4%). One-fourth of the responses to this question indicated decreased private funding was also a reason. Few providers responded that reasons for fewer clients would be due to seniors expected to leave the area (only 3 responses) or agency considering dropping some services (4 responses).



Providers were asked about their familiarity with the State Plan for Senior Services. Fifty-eight percent indicated they were familiar with the plan, 18.1% reported knowing of the plan but had not seen it before, and 24.1% were unfamiliar with the existence of the plan.

## Are you familiar with the State Plan for Senior Services, FY 2012 - FY 2015? (Check the best answer.)

Answered question: 83

Answer Options	Response %	Response Count
● Yes, I've used it as a reference document	22.9%	19
● Yes, I've glanced at it or flipped through it	34.9%	29
● No, I've heard of it but haven't seen it	18.1%	15
● No, I'm unfamiliar with the state plan	24.1%	20
● Other (please specify)		1

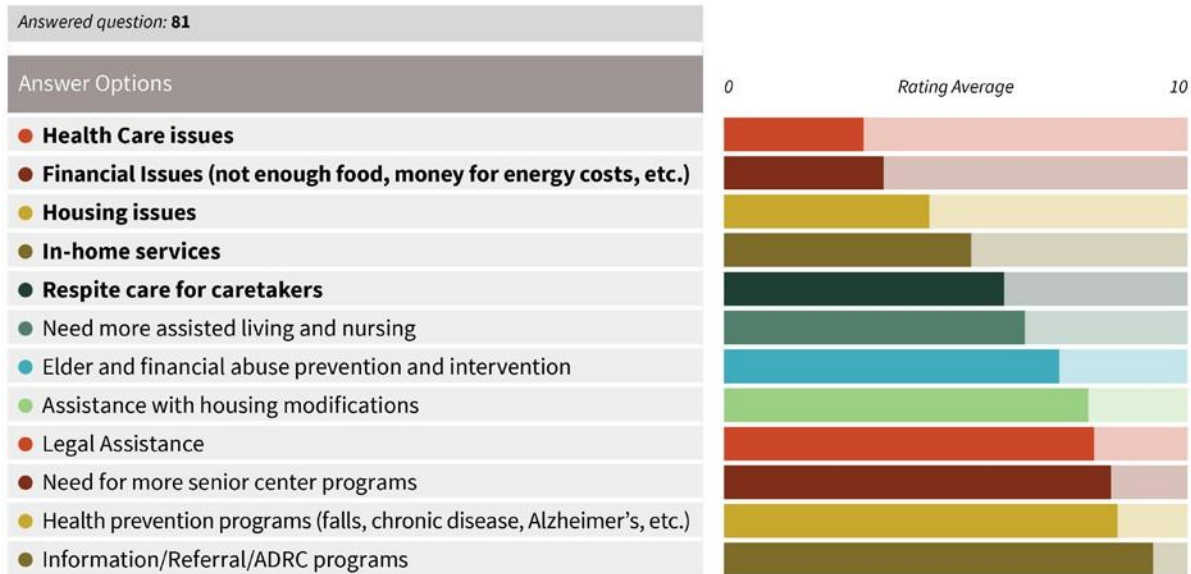


Asked to rate a list of pressing issues facing older adults on a scale of 1-12 with #1 being the most pressing and #12 being the least pressing, the following appeared to be the most common concerns in order of rating average: health care issues; financial issues (not having enough food, money for energy costs, etc.); housing issues; in-home services; respite care for caregivers; need for more assisted living and nursing in the community; elder and financial abuse prevention and intervention; assistance with housing modifications; legal assistance; need for more senior center programs; health prevention programs (falls, chronic disease, Alzheimer's, etc.); and information/referral/ADRC services.

Please rank the four most pressing issues facing older adults today with #1 being the most pressing, #2 being less pressing, #3 being less pressing and #4 less pressing. When choosing your options, they will be placed on the top of the answers.

Answered question: 81

Answer Options	1	2	3	4	5	6	7	8	9	10	11	12	Rating Average	Response Count
<b>Health Care issues</b>	25	16	13	9	8	4	2	3	0	1	0	0	3.01	81
<b>Financial Issues (not enough food, money for energy costs, etc.)</b>	16	22	15	11	4	2	1	2	5	3	0	0	3.44	81
<b>Housing issues</b>	3	10	18	17	9	11	7	2	2	2	0	0	4.43	81
<b>In-home services</b>	15	14	8	8	5	3	4	1	1	1	17	4	5.33	81
<b>Respite care for caretakers</b>	3	6	3	9	15	10	12	9	8	2	2	2	6.04	81
Need more assisted living and nursing	12	3	8	2	2	8	5	14	11	7	6	3	6.49	81
Elder and financial abuse prevention and intervention	0	1	6	6	18	8	5	10	6	6	5	10	7.23	81
Assistance with housing modifications	0	1	2	2	7	9	12	17	10	9	8	3	7.86	80
Legal Assistance	0	0	1	2	6	16	16	8	6	12	9	5	7.98	81
Need for more senior center programs	4	3	1	3	2	4	4	5	20	20	11	4	8.35	81
Health prevention programs (falls, chronic disease, Alzheimer's, etc.)	1	2	4	7	3	3	6	7	17	17	18	9	8.49	81
Information/Referral/ADRC programs	2	3	2	5	2	3	7	3	1	1	5	40	9.28	81



Other priorities listed in order of rating average, providers said they “quite frequently” heard seniors mention finding home- and community-based services, motor transportation, finding information about community services, finding assisted living in the community, caregiving for adults with disabilities, and social engagement opportunities.

**OTHER PRIORITIES.** Based on your contact with senior clients, please rank the following issues according to how often seniors ask for help with these issues:

Answered question: 83

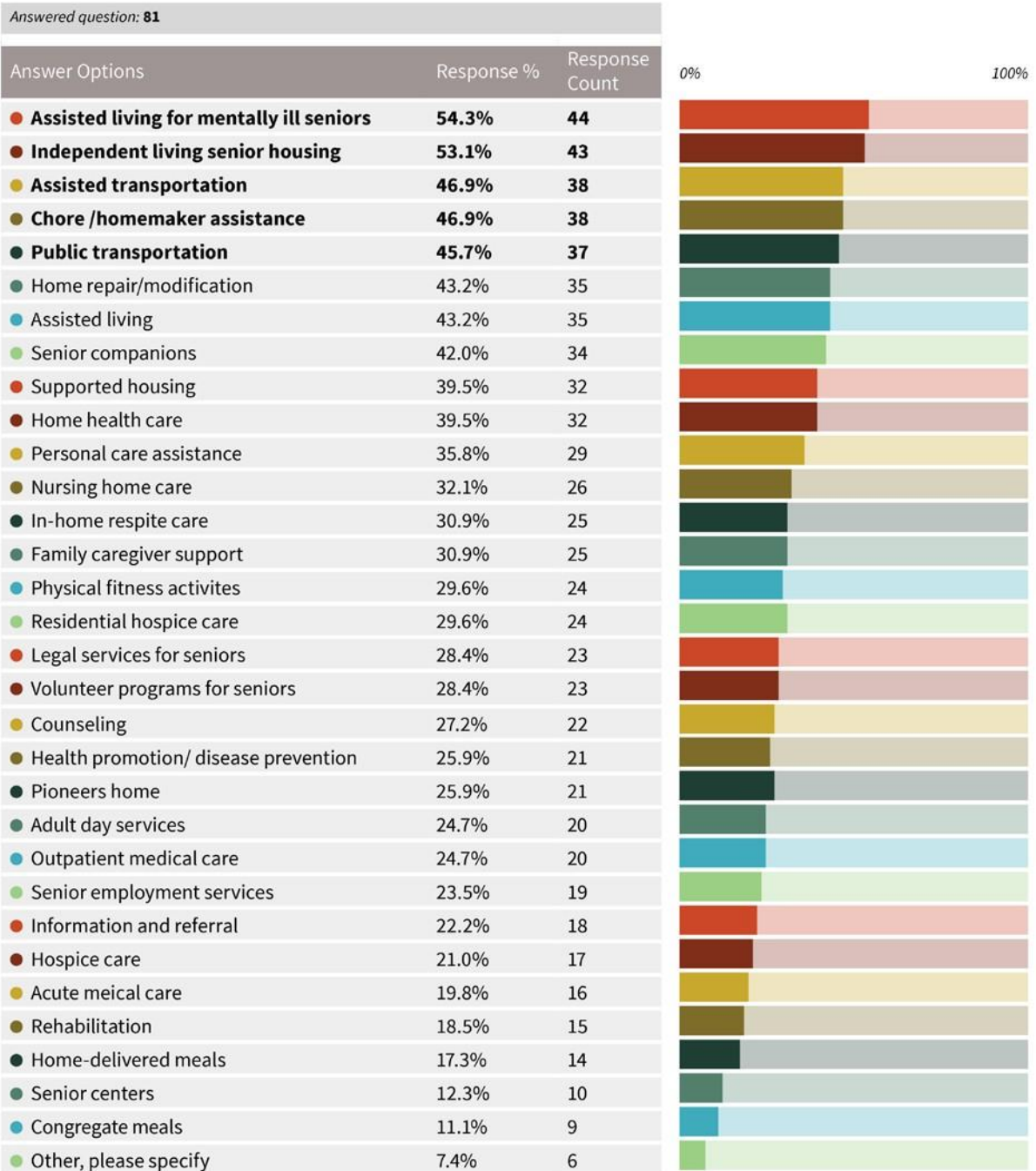
Answer Options	Quite Frequently	Occasionally	Rarely	Rating Average	Response Count
<b>Finding Home- and Community-Based Services</b>	<b>62</b>	<b>15</b>	<b>5</b>	<b>1.30</b>	<b>82</b>
<b>Transportation - Motor</b>	<b>53</b>	<b>18</b>	<b>6</b>	<b>1.39</b>	<b>77</b>
<b>Finding Information About Community Services</b>	<b>54</b>	<b>21</b>	<b>5</b>	<b>1.39</b>	<b>80</b>
<b>Finding Assisted Living in the Community</b>	<b>39</b>	<b>32</b>	<b>9</b>	<b>1.63</b>	<b>80</b>
<b>Caregiving for Adults with Disabilities</b>	<b>37</b>	<b>31</b>	<b>10</b>	<b>1.65</b>	<b>78</b>
Social Engagement Opportunities	35	29	13	1.71	77
Transportation - Pedestrian (Icy Sidewalks, No Sidewalks, etc.)	17	25	33	2.21	75
Emergency Planning and Preparedness	11	31	34	2.30	76
Community Inclusion and Leadership Opportunities	9	28	38	2.39	75
Senior Services Workforce - Recruitment, Retention, Training	13	14	49	2.47	76
Raising Grandchildren	8	23	44	2.48	75

**Top Five Responses**



Asked about elements of the continuum of care for seniors that are missing or inadequate to meet the needs, the most frequent responses included assisted living for mentally ill seniors (54.3%), independent living senior housing (53.1%), assisted transportation (46.9%), chore/homemaker assistance (46.9%), and public transportation (45.7%). An additional 26 services were also missing or inadequate to meet the needs by at least 10% of the responses.

**CONTINUUM OF CARE. Which services for seniors are lacking (either missing or inadequate to meet the needs) in the community(ies) your program serves? (Check all that apply.)**



Asked about the four goals represented in the previous (FY 2012 – FY 2015) state plan, and whether the goals should be kept, expanded, narrowed, or dropped – a strong majority of providers wanted to keep or expand each goal.

**GOALS. The current state plan has four goals. Please tell us whether you think we should keep each one as-is, modify it, or drop it.**

Answered question: 82

Answer Options	Keep it as-is	Drop it	Modify it - narrow the focus	Modify it - expand the focus	No opinion	Response Count
<b>Goal 1:</b> Alaskan seniors are healthy, safe, financially secure, and make vital contributions to their communities.	69	1	9	26	4	109
<b>Goal 2:</b> 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.	78	0	3	26	0	107
<b>Goal 3:</b> Seniors have access to a range of attractive, safe, affordable housing options.	68	1	6	34	1	110
<b>Goal 4:</b> Seniors are protected from abuse, neglect, self-neglect, and exploitation.	75	0	4	27	2	108

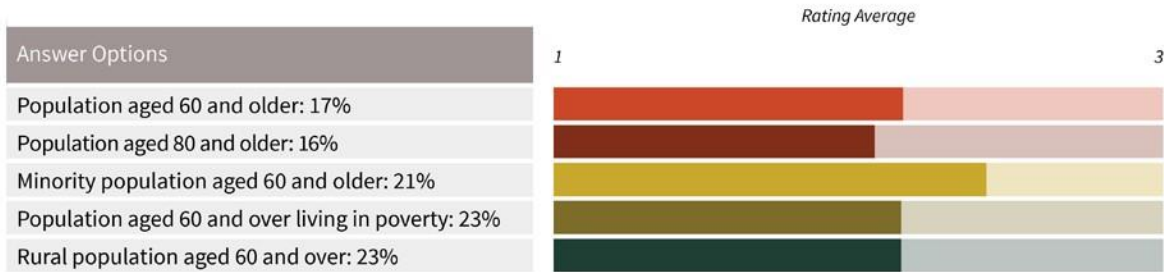
Providers were also asked to weigh in on the components of the state plan’s funding formula. Their responses indicated an interest to maintain or increase the percentage of all of the components.



**FUNDING FORMULA.** Currently, the state plan funding formula contains the following components in the percentages shown. (If a component represents, say, 25% of the funding formula, that means 25% of the available funds will be apportioned to each region based on its share of individuals in that component.) Federal regulations require that we allocate funding based on greatest social and economic need. Please tell us if you think each component’s percentage should remain the same, increase, decrease, or if you think that component should be dropped.])

Answered question: 79

Answer Options	Keep it the same	Increase the percentage	Decrease the percentage	Drop this component	Rating Average	Response Count
Population aged 60 and older: 17%	25	46	4	0	1.72	75
Population aged 80 and older: 16%	35	40	1	1	1.58	77
Minority population aged 60 and older: 21%	28	24	10	14	2.13	76
Population aged 60 and over living in poverty: 23%	24	51	1	0	1.70	76
Rural population aged 60 and over: 23%	29	41	6	0	1.70	76



## Conclusion & Next Steps

The Needs Assessment process was a successful undertaking that was very inclusive, carried out across the state over the course of 18 months. Both qualitative and quantitative data is available to assist in updating the four-year plan process, however it is also available for a wide range of uses include program planning, development of services, and public awareness.

The Needs Assessment provided the Advisory Committee with extensive quantitative and qualitative input from the public, primarily seniors and providers, on what is important to them. The Advisory Committee met in January 2015 and reviewed this information prior to participation in a facilitated planning session that began the planning process for the new four year plan. The planning process timeline was conducted from January to April 2015 using the needs assessment information as a framework for developing this state plan.

# Appendix B. Intrastate Funding Formula

---

# Alaska Intrastate Funding Formula FY2017-2019

---

## Background

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

*Greatest economic need* – refers to need resulting from an income level at or below the poverty line.

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

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

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

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

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

## Transition Period

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

in revising the funding formula to meet changing factors across the state, however, it was recognized that this could not be accomplished in time for the FY 2016-2019 State Plan submission. The State Plan Advisory Committee decided to postpone this work to FY2016 using a Funding Formula Task Force (“Task Force”) that would be comprised of members from the State Plan Advisory Committee who expressed interest in continuing work on the funding formula. The Task Force has amended the funding formula effective July 1, 2016 for FY2017-2019.

<b>Year One (State FY 2016)</b>	Hold Harmless factor remains in place, and FY 2016-2019 State Plan funding formula methodology is applied that utilizes the FY2012-2015 funding plan.
<b>Year Two (State FY 2017)</b>	Hold Harmless phased out, and FY 2016-2019 State Plan funding formula methodology is amended.

### **FY2017-2019 Funding Formula Methodology**

The state plan funding formula as described below will be applied to both federal and state funds received for the Nutrition Transportation and Support Services (NTS) and Senior In-Home Services for the FY2017-2019 period. As in the FY2016 actual expenditures, a total of 5.74% will be held out from total funding for statewide programs, including legal services and media services. Actual funding to any region is dependent upon capacity within a region to deliver senior services. In the event that a region does not have the capacity to deliver services to its entire population, any remaining funds will be redistributed statewide.

The Task Force, in keeping with the intent of the Older Americans Act to encourage the directing of resources toward older people who are most in social and economic need, believes that providing home and community based services to those most vulnerable to health and economic stresses is the best way of helping Alaska seniors age in place in their communities of choice. In this way, elders may stay close to family, friends, culture, language and traditional foods and live with dignity and independence for as long as possible.

The Task Force approved the following revisions for the FY2017-2019 period:

**1) Modernize the definition of “rural” to include a “remote” classification.**

Alaska is the nation’s largest state by measure of land mass, with many communities being geographically dispersed and having low population densities. Service delivery in communities off the road system is more expensive due to higher transportation costs and there are fewer service providers in those communities as a result. The application of “rural” used in previous funding plans does not distinguish between small communities on the road system versus those that are remote and only accessible by air or water. The Task Force decided to expand the former urban-rural distinction to an “urban-rural-remote” continuum that employs the classification system developed by the Office of Management and Budget (OMB) for *Metropolitan, Micropolitan, and Neither*

([http://www.whitehouse.gov/sites/default/files/omb/assets/fedreg\\_2010/06282010\\_metro\\_standards-Complete.pdf](http://www.whitehouse.gov/sites/default/files/omb/assets/fedreg_2010/06282010_metro_standards-Complete.pdf))

The taskforce compared the OMB census areas designations and found that the definitions used for *Metropolitan, Micropolitan, and Neither* matched the wide variety of conditions and classification systems used to define urban, rural, and remote for purposes of the funding formula. Using the OMB census area designations Anchorage, Fairbanks North Star Borough, and Matanuska-Susitna Borough are considered urban; Juneau City and Borough and Ketchikan Gateway Borough are considered rural; and the remaining census areas, with the exception of the Kenai Peninsula Borough are considered remote.

Although the Kenai Peninsula Borough is not classified as a Mircropolitan area per OMB, the taskforce unanimously agreed that its characteristics were more similar to the rural census areas rather than remote census areas due to being on the road system and having a lower cost of of living.

The Alaska State Plan uses a funding framework that is based on the nine regions adopted by the Alaska DHSS in which the state's 27 census areas are apportioned. Census areas considered urban will receive a *zero value*, census areas considered rural will receive *half value*, and census areas considered remote will receive the *full value* of this weighting factor. Remote census areas are a new classification for this State Plan. In addition, the cost of living factor that was used in the former plan will be removed using this new classification system in order to prevent a duplicative weight for the rural factor and address the public comment received regarding this matter.

**2) Subdivide Alaska's Region V into two subsets to include the Matanuska-Susitna as Region V(a) and Kenai/Valdez/Cordova as Region V(b).**

While Alaska's senior population continues to grow at unprecedented rates with every one of the state's nine regions witnessing at least a 20% increase in its total senior population from 2010 to 2015, based on population estimates from the Alaska Department of Labor and Workforce Development, Research and Analysis, certain regions are growing considerably faster than others. This population increase is attributed to the natural growth of a population aging in place as well as to in-state migration trends that show a growing number of older people moving from rural, remote communities to urban areas for access to health care and other amenities. Moreover, service providers in areas with the highest senior growth report great difficulty in providing continuing services with existing funds.

Alaska's Region V, that includes the Matanuska-Susitna Borough, is the census area with the fastest growing senior population in Alaska. Being an urban location, the senior population growth in the Matanuska-Susitna is largely due to aging of the resident population in addition to an in-state migration trend of rural-based seniors relocating to the Mat-Su for improved access to services. The demographic profile of the Matanuska-Susitna census district makes it distinct from other census districts in Region V. The Matanuska-Susitna is not only geographically separate from the other census districts in Region V, it is now classified as "urban" based on recent population growth. Further, this recommendation addresses public comment received requesting Matanuska-Susitna to be its own subset of Region V.

**3) Implement a "base funding allocation" using federal Older American Act funds appropriated for Alaska to replace the hold harmless provision.**

Under the "hold harmless" provision of the former plan, the majority of funds were held in place at the FY2011 funding levels leaving only new base funding to be distributed using the state plan's funding formula. While the hold harmless guaranteed no loss of funding to regions, the funding formula became unresponsive to the shifting locations of frail, minority, low-income, and rural seniors. For these reasons, the hold harmless provision was phased-out in the current plan. The Task Force, however, recognizes the need to provide some funding stability through a base funding allocation to ensure that no region would be forced to absorb massive funding cuts due to the phase-out of the hold harmless which might cause the elimination of much needed services. Under this recommendation, the proposed base funding amount is the federal Older Americans Act appropriation for Alaska leaving the state funds to be regionally distributed through the intra-state funding formula. In this manner, every region of the state will have a designated base funding amount to minimize the effects of funding shifts among regions and Alaska will have a funding formula that is responsive to its changing senior demographics. Moreover, Alaska's intrastate funding formula will no longer require a special plan for reduced base funds as reductions to federal funds are less at risk in the coming years, given the recent passage of the Older Americans Act and increased federal appropriations for the next three years.

#### 4) **Weights for the Funding Formula Factors.**

A two-step process is used to apply the weight factors of the funding formula. The first step in applying the weight factors is to update the demographics. In this plan the 2014 Alaska Department of Labor population estimates (<http://labor.state.ak.us/research/pop/estimates/data/AgeBySexByRaceAloneHispBCA.xls>) and the 2014 Alaska Senior Benefits Program recipient numbers were used (Alaska Division of Public Assistance). Once this information is updated, the second step is to multiply the demographic data by the respective weight factor. This total is used as the percent of available funds allocated to each region.

The Task Force considered the findings from the Senior Provider Survey, which was used as one of the needs assessment measures for the current state plan, in order to adjust the values for the weight factors and update the funding formula. According to those findings, poverty and frail were identified as factors most important in targeting seniors with the greatest economic and social need.

### **Definitions of Funding Formula Factors**

The following descriptions provide detail on the five weighting factors used in the FY 2017-2019 state plan funding formula and their amended values.

1. **Total Senior Population Factor** - The total number of seniors in each region is a major factor in the demand for services in that area. Every one of the state's nine regions has witnessed at least a 20% increase in its total senior population since 2001. Formerly weighted at 17%, the Task Force amended the weight to **12.5%** as many younger seniors are healthy, currently employed, and not in need of services.
2. **Minority Factor** - Minority is defined as those seniors who reported either a race other than white alone, or Hispanic ethnicity. The Census Bureau categorizes Hispanic origin as an ethnicity, separate from race. We include all those who report ancestry which is wholly or partly minority, as minority seniors. The Task Force lowered this weight from 21% to **12.5%** because (1) large numbers of non-white seniors live in urban areas with close access to services and (2) Alaska Native Elders, the largest minority population in Alaska, have access to services provided by Title III and Title VI funds.
3. **Poverty Factor** - Participation in the Alaska's Senior Benefits Program is used as the measure of poverty in this State Plan. The program (which provides a small monthly cash benefit) is available to any Alaskan age 65 and over with an income up to 175% of the Alaska poverty level. The Task Force increased the weight on poverty from 23% to **27.5%** to target additional resources to this population of seniors with the greatest economic need. The number of seniors receiving public assistance has been on the rise in recent years.
4. **Frail Factor** - 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 cognitive impairment such as Alzheimer's disease and related dementia, and greater risk of placement in an institutional setting if assistance is not available. This weight factor was increased from 16% to **25%**, following recommendations received through the provider survey.
5. **Rural Factor** - The Task Force recommends the value of **22.5%** for rural, slightly down from the 23% factor previously assigned. The weight will be allocated using the new urban-rural-remote classification as follows: urban (0%), rural (11.25%), and remote (22.5%).

### **Expected Impacts on Service Delivery**

The State Plan Advisory Committee Funding Formula Task Force anticipates that the proposed methodology will result in a more responsive intrastate funding formula that will direct the limited funding available to Alaska seniors with the greatest economic and social need. The urban-rural-remote reclassification, for example, will target funding to provide enhanced compensation to communities where the cost for providing services is the highest and access to services is the most challenging due to a limited number of providers. Alaska's senior population is growing at an annual rate of more than 4%. The growth of the oldest seniors, persons most in need of health care and long-term care, has increased 29% over the last five years. This trend is expected to continue over the next 25 years. A growing number of seniors living in poverty is evidenced by the increasing numbers of seniors receiving Senior Benefits, Adult Public Assistance, heating assistance, and food stamps. The funding formula will strategically target the limited resources to serve the most vulnerable older Alaskans in order to protect their health and safety, promote their dignity and ability to age in place, and reduce the utilization of more expensive health and long-term care services.

Table 1		7.19.16					FINAL Amended Funding Formula				↓	
Weight Factor		12.5	25	12.5	27.5	22.5	A	B	C	D	E	F
Region	Census community	60+ 2014	80+ 2014	Minority 2014	65+ 175% Poverty 2014	Adjusted Rural	Regional Distribution	Regional Distribution w/o Base	Base Funding Amount and % (FY2016)		GF Funds Regional Distribution	FINAL Base + Regional Funding
	Bethel	1,937	211	1,638	564	1,937						
	Kusilvak	698	80	655	244	698						
<b>1</b>	<b>Total</b>	<b>2,635</b>	<b>291</b>	<b>2,293</b>	<b>808</b>	<b>2,635</b>	4.79%	\$ 307,002	\$199,820	4.87%	\$111,243	<b>\$311,063</b>
	Fairbanks NSB,	14,135	1,445	2,358	870	0						
	SE Fairbanks	1,294	125	228	200	1,294						
	Denali	369	24	64	14	369						
	Yukon-Koyukuk	1,055	153	723	270	1,055						
<b>2</b>	<b>Total</b>	<b>16,853</b>	<b>1,747</b>	<b>3,373</b>	<b>1,354</b>	<b>2,718</b>	12.57%	\$ 806,158	\$551,864	13.45%	\$292,114	<b>\$843,978</b>
<b>3</b>	<b>North Slope Borough</b>	<b>1,001</b>	<b>65</b>	<b>652</b>	<b>38</b>	<b>1,001</b>	1.46%	\$ 93,612	\$71,394	1.74%	\$33,921	<b>\$105,314</b>
<b>4</b>	<b>Muni of Anchorage</b>	<b>43,727</b>	<b>5,226</b>	<b>11,714</b>	<b>4,231</b>	<b>0</b>	29.91%	\$ 1,919,016	\$1,081,161	26.35%	\$695,362	<b>\$1,776,523</b>
	Kenai Peninsula	12,827	1,404	1,302	1,151	6,414						
	Valdez/Cordova	1,693	128	384	175	1,693						
<b>5a</b>	<b>Total</b>	<b>14,520</b>	<b>1,532</b>	<b>1,686</b>	<b>1,326</b>	<b>8,107</b>	14.63%	\$ 938,540	\$621,616	15.15%	\$340,083	<b>\$961,700</b>
<b>5b</b>	<b>Mat-Su,</b>	<b>15,659</b>	<b>1,648</b>	<b>1,697</b>	<b>1,524</b>	<b>0</b>	9.55%	\$ 612,565	\$390,203	9.51%	\$221,965	<b>\$612,168</b>
	Aleutians East,	401	28	325	32	401						
	Aleutians West	765	29	555	33	765						
<b>6</b>	<b>Total</b>	<b>1,166</b>	<b>57</b>	<b>880</b>	<b>65</b>	<b>1,166</b>	1.75%	\$ 112,327	\$40,210	0.98%	\$40,702	<b>\$80,912</b>
	Bristol Bay	174	15	86	10	174						
	Dillingham,	684	74	505	129	684						
	Kodiak	1,951	168	887	224	1,951						
	Lake & Peninsula	239	28	171	44	239						
<b>7</b>	<b>Total</b>	<b>3,048</b>	<b>285</b>	<b>1,649</b>	<b>407</b>	<b>3,048</b>	4.63%	\$ 297,259	\$325,374	7.93%	\$107,713	<b>\$433,087</b>
	Nome,	1,177	113	855	250	1,177						
	Northwest Arctic	819	120	678	191	819						
<b>8</b>	<b>Total</b>	<b>1,996</b>	<b>233</b>	<b>1,533</b>	<b>441</b>	<b>1,996</b>	3.40%	\$ 218,387	\$176,843	4.31%	\$79,133	<b>\$255,976</b>
	Prince of Wales	1,274	97	586	222	1,274						
	Sitka	1,833	293	513	115	1,833						
	Skagway	217	14	18	8	217						
	Haines	709	96	105	88	709						
	Hoonah/Angoon	601	41	252	89	601						
	Juneau	5,711	572	1,314	346	2,856						
	Ketchikan	2,778	349	714	284	1,389						
	Petersburg	743	86	101	86	743						
	Wrangell	657	80	137	92	657						
	Yakutat	152	20	87	16	152						
<b>9</b>	<b>Total</b>	<b>14,675</b>	<b>1,648</b>	<b>3,827</b>	<b>1,346</b>	<b>10,431</b>	17.32%	\$ 1,110,922	\$644,594	15.71%	\$402,546	<b>\$1,047,140</b>
							100%	\$ 6,415,787	4,103,079	100%	\$2,324,782	<b>\$6,427,861</b>
<b>10</b>	<b>Statewide</b>						5.74%	\$ 390,692	\$237,049		\$141,569	<b>378,618</b>
	<b>Total</b>	<b>115,280</b>	<b>12,732</b>	<b>29,304</b>	<b>11,540</b>	<b>31,101</b>		\$ 6,806,479	\$4,340,128		\$2,466,351	<b>6,806,479</b>



# Appendix C. State Plan Assurances and Required Activities

---

# State Plan Assurances and Required Activities

---

## Older Americans Act, As Amended in 2006

*By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities 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 Health & 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 2016 – FY 2019 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, 2015. 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 Copper Center, Juneau, Homer, Fairbanks (2), Bethel, and Anchorage. The Commission also conducted a statewide online survey, receiving over 2,280 responses from older Alaskans. Seniors were asked to rate the quality of any senior services they had used in the past year. Both the elder forums and the survey results helped identify significant overall areas of concern among significant minorities of Alaskan seniors. This edition of Alaska's state plan includes regional perspectives 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 that are outlined in this state plan focus on these 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 agencies, or by the State in the case of single planning and service area states.**

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

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded. ***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 area agency on aging will—

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

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

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

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

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

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

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

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

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

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

***Alaska's 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 sub-clause (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 2014, data for registered services, including (Title IIIB, C1, C2, and D) reflect the following:*

*Total Clients: 34, 839*

*Total Registered Clients: 11,719 Percent Minority: 36.94%*

*Percent Rural: 78.35%*

*Percent Below Poverty: 39.80% Number Age 85+: 1,587*

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

*The State of Alaska assures that the 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 nonprofit agencies that 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 the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

**Alaska's 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;
- (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.

***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 or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

***Alaska's 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 ongoing. 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 2015, that individual will be the Health Program Manager III who administers the senior grants program.**

(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 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' Alaskans Living Independently Waiver (for adults age 21 years and older who qualify that includes 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).**

(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.**

(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 advisers 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 advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.***

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

***Alaska's 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, in addition to legal assistance will be administered in accordance with this chapter and each chapter under Section 705 of the Older Americans Act. The LTCO also consults with staff at the National Ombudsman Resource Center and with the Ombudsman Program Specialist at the Administration on Aging in the U.S. Department of Health and Human Services. This process ensures that all the LTCO's activities meet 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 subtitle.

***Alaska will hold public hearings, and use other means, to obtain the views of older individuals,***

*recipients of grants under Title VI, and other interested persons and entities regarding programs carried out under this subtitle. 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, and two assisted living provider coalitions. Additionally, the LTCO publishes articles in the Senior Voice, a statewide senior newspaper. 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 often hear concerns from their elderly constituents, in which they ask the LTCO to provide assistance.*

(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 (OLTCO), 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 unannounced facility visits at long-term care facilities (assisted living homes and nursing facilities), the OLTCO ensures that elders are aware of their rights and the benefits to which they are entitled.*

*Additionally, the OLTCO is expanding its volunteer ombudsman corps to ensure that the OLTCO has a regular presence in long-term care facilities across the state. The OLTCO 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.**

(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). In Alaska, all Long Term Care Ombudsman services are provided out of the State Long Term Care Ombudsman office.**

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

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

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

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order

**The State of Alaska assures that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3 –**

**(A) 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(OLTCO) is mandated under the State statute for the protection of vulnerable adults, Alaska statute 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 OLTCO 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 in which they are not comfortable. The OLTCO 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 OLTCO will always advocate that the elder’s wishes be heard and respected to the greatest extent 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 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 Advisory 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, also known as the *Mature Alaskans Seeking Skills Training Program* in Alaska, 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 2014, 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" (defined in 45CFR 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 2014, yielding 2,280 responses. Although this senior survey, like the one in 2010 and 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.

**(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.**

# Appendix D. Information Requirements

---

## Information Requirements

---

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

*Describe the mechanism(s) for assuring 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)**

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

***DPH strives to reach as many special populations as possible in their outreach activities. Workshop topics range from general all-around hazards emergency preparedness to specific disease-related topics such as pandemic influenza or norovirus (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.*

*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). Provide specific minimum proportion determined for each category of service.*

*Alaska's state agency on aging assures that an adequate proportion of the amount allotted for part B will be expended for the delivery of (A) access to services, (B) in-home services, and (C) legal assistance. The State's distribution of Title III(B) funds will include no less than the following percentages dedicated to these categories, based upon past performance and utilization:*

*(A) Access 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:

...

(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). Rural census areas receive an extra weight factor as well as a cost of living allowance. Approximately 60% of Title III funding, including state matching funds, are distributed to rural areas of the state. Total state funding for FY2015 was \$14,894,610. Current year (FY 2015) estimated costs of providing grant-funded long-term care services for seniors in rural Alaska are as follows:***

***Total costs for providing services in rural areas: \$8,896,766 Title III:***

***\$3,240,000***

***State Match: \$5,656,766***

***NOTE – Projected cost estimates for rural services for FY 2016 through FY 2019 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.***

***In FY 2015, 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 (RLTC), 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)(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 nonprofit 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)(14)**

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

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

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

***(A) There are at least 11,412 low-income older individuals in Alaska, based on the Senior Benefits Recipients (SFY2015).***

***(B) Meal providers are required to provide outreach to low income senior housing about the availability of congregate and home delivered meals in the community. All seniors are required to complete a consumer characteristic form once per year for NAPIS data collection. In addition to requesting demographic information, the consumer characteristic form provides an opportunity for consumers to respond to an optional section that lists other services available in the community that are available to low income seniors. All seniors who check that they are interested in food boxes, Medicare, Information, transportation, or other services are referred to the appropriate agency.***

#### **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)(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. 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 this year, 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**
- 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**

### **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) of through (6) of this section are listed below)*

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

*(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;*

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

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

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

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

*(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--*

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

*(i) public education to identify and prevent elder abuse;*

*(ii) receipt of reports of elder abuse;*

*(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and*

*(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;*  
*(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and*  
*(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--*  
*(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.*  
**See previous response to section 705(a)(1) through (6) on pages 89-92 in the Assurances appendix. The State Plan Assures all these requirements are met.**

---

*Signature and Title of Authorized Official*

---

*Date*

# Appendix E. Demographics

---

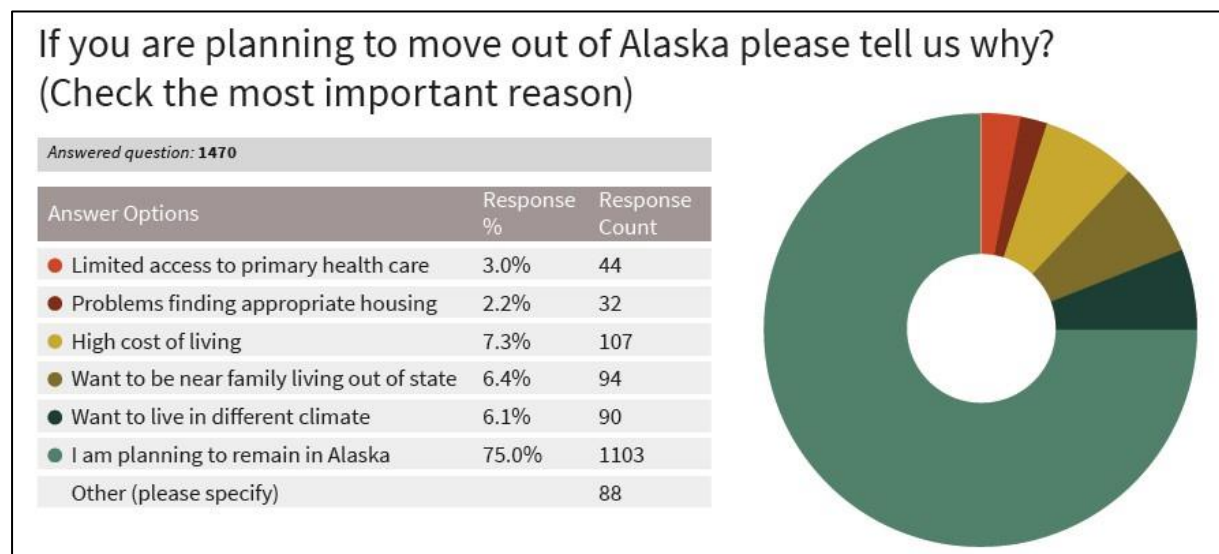
## Demographics

---

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: 2014," Alaska saw a 61.7% increase in its age 65 and older population in the decade from 2003 through 2013. This was the top growth rate in the U.S., more than 2-1/2 times the national growth rate of 24.7%.

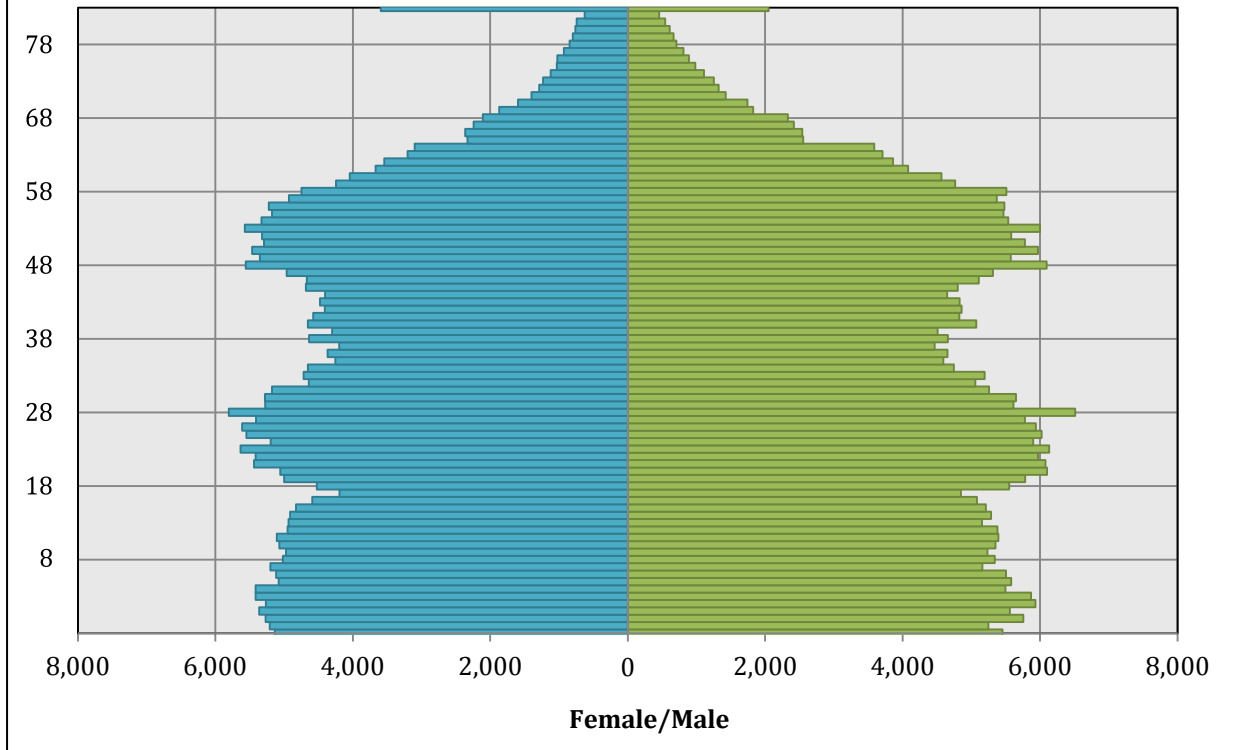
The reason behind the rapid expansion of Alaska's senior population lies in the events of the 1970s the construction of the Trans-Alaska Pipeline and the economic boom that oil development brought about, drawing thousands of young people to the state for newly-created jobs in every sector. Those young 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 2014 senior survey provided a glimpse of just how much older Alaskans like living here. When asked why they would move out of Alaska, 75% plan to stay in Alaska.





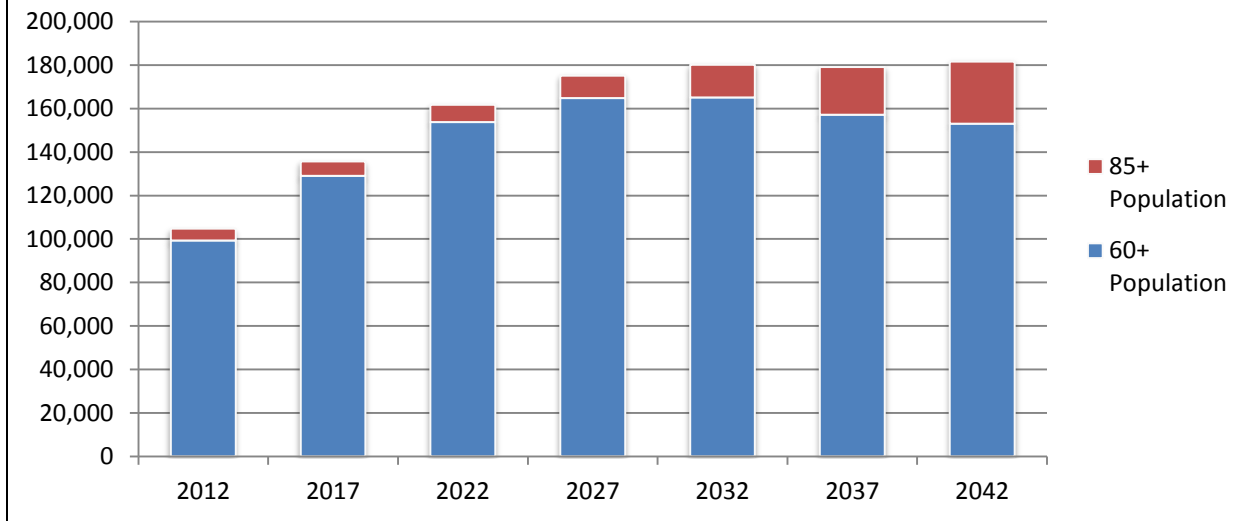
## Alaska Population by Sex, 2013



In 2014, there were 115,280 Alaskans age 60 and over, with 71,080 of them age 65 and over (Alaska Department of Labor and Workforce Development, Research and Analysis, hereafter DOL). Since just 2010, the 60+ population has increased by 26.9%, and the 65+ population has increased by 29.4%, while the population in AK has only increased by 3.6% (DOL). In 2010, 7.7% of Alaska's population consisted of persons age 65 and over, the smallest proportion of any of the states; by 2014 that percentage had increased to 9.7% (DOL). The Alaska Department of Labor and Workforce Development projects that there will be 181,649 seniors by 2042, and those age 65 and over - an estimated 140,340 individuals - will make up 15.2% of the state's population at that time, as shown in the figure below. By 2040 the U.S. Census Bureau expects that 32.6% of the population of the United States will be 65+.

According to the Alaska Department of Labor & Workforce Development, "The population aged 65+ is largely made up of retirees. We project strong growth for this age group through most of the projection period, fueled by the large cohort of aging baby boomers. Alaska's current population aged 65+ is 63,832 and is projected to more than double by 2042, reaching 140,340 people. Near the end of the projection period, all baby boomers will have entered this age group and the group will decline somewhat."

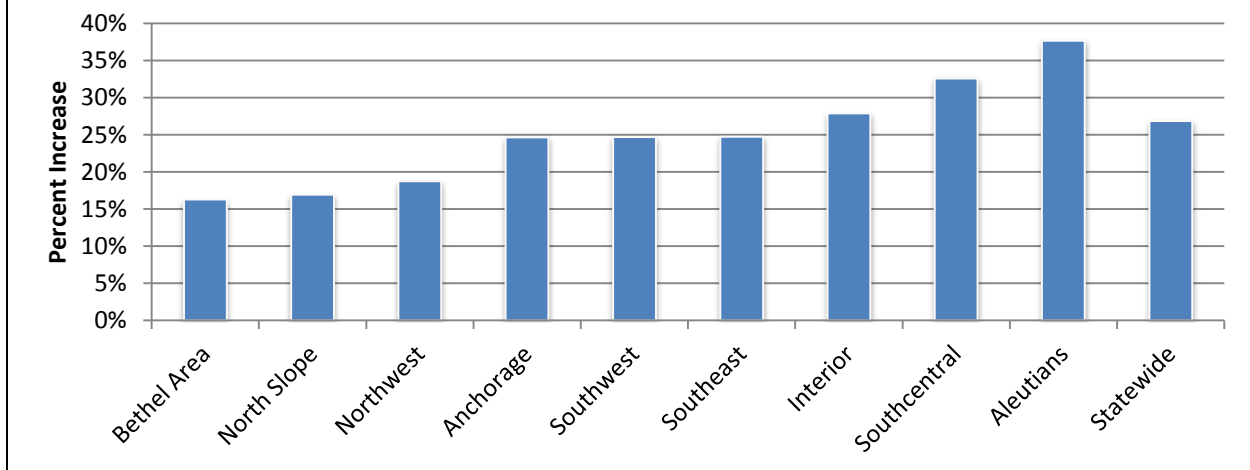
## Projections of Alaskans Age 60+ and 85+



Alaska's total senior population is expected to grow very rapidly in the next 15 years, because of the size of the baby boomer population as well as historical trends in migration and longevity. The number of seniors age 85 and over will increase even more dramatically in the same time frame. After 2030, the growth of this segment of the population will slow, but the oldest boomers will begin to reach age 85, a time when their need for services is likely to become more intensive (DOL). Planning for greater capacity and infrastructure across the spectrum of senior services, including home- and community-based services as well as long-term care, is especially significant for this segment of the population.

All regions of the state have experienced at least a 15% increase in their senior populations from 2010 through 2014. While some regions saw far more population growth than others, there is no region of the state that is losing senior population.

## Percent Increase in Senior Population by Region, 2010-2014

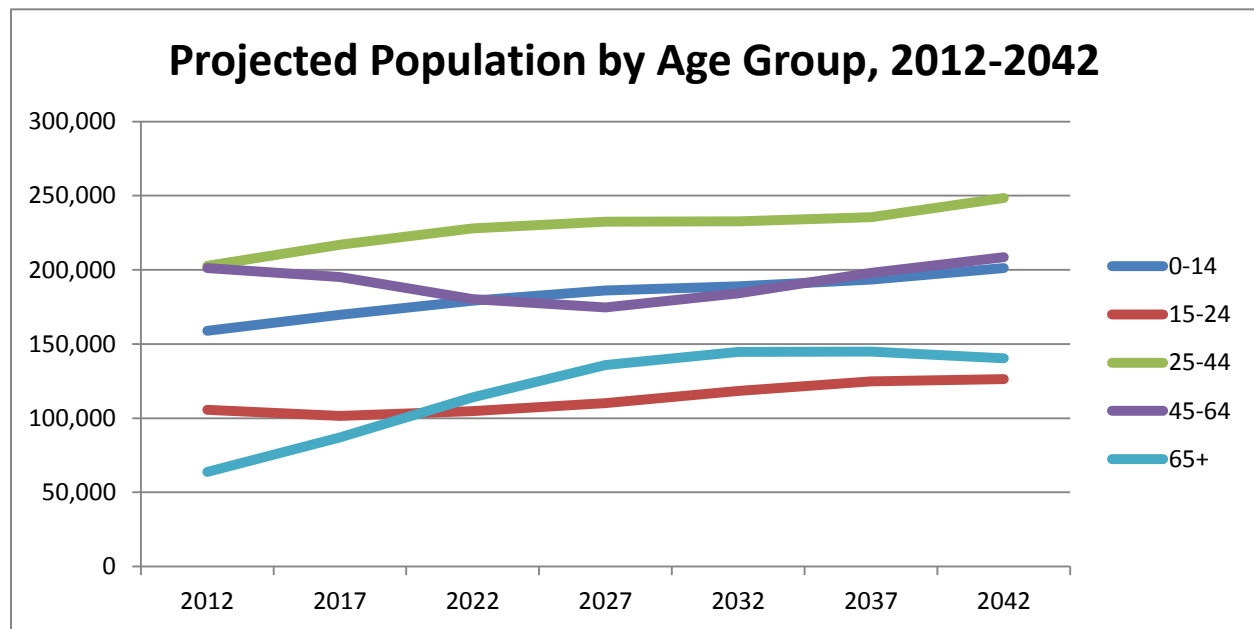


The highest concentrations of seniors age 60+ are in several of the communities in Southeast Alaska where more than one in four residents is a senior age 60+. Haines, for example, had the highest concentration of seniors age 60+ in 2014 of almost 28%. The lowest concentration of seniors age 60+ is to be found in Bethel, where approximately 10% of the residents are age 60+.

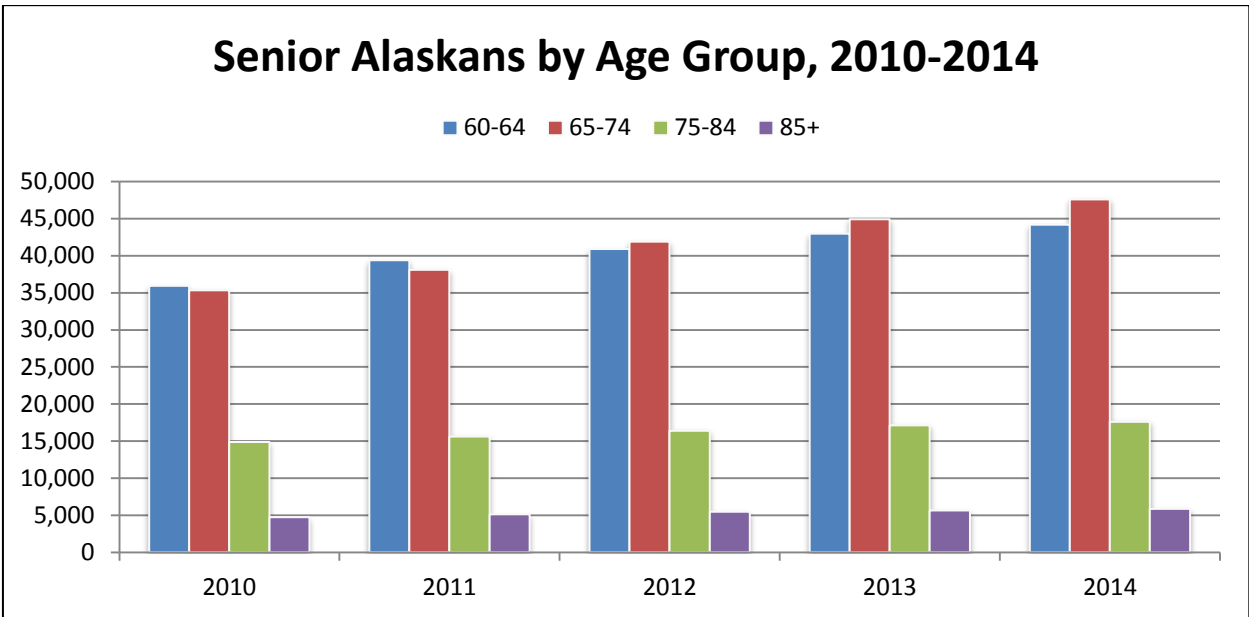
The population growth rate of seniors also varies across the state. While Anchorage has the largest number of seniors, the fastest rate of increase was in the Mat-Su Borough, an increase of 117% in the 60+ population from 2000 to 2010.

In general, senior population growth was more rapid in the Railbelt (Anchorage, Kenai, Mat-Su, Fairbanks, and Southeast Fairbanks Census Areas) as compared to other areas of the state. Since 2000, every region of the state has increased more than 50% in their senior populations. One of the contributors to the relatively rapid growth rate of the senior population in the Railbelt is due to the migration of seniors from rural to urban areas that began in the late 1990s and continues today. Aging of the resident population is by far the largest factor in determining the size of Alaska’s senior population through 2030, not the in-migration of new seniors from outside the state. Between 2000 and 2010, there were 1,273 people age 65+ who moved to Alaska and 1,744 Alaskan seniors who left the state.

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. The population age 65+ is projected to grow at an average annual percentage rate of 4.0%. This is more than four times the expected rate of increase of the total population of Alaska over this time period. Already during the period from 2010 through 2014, Alaska’s senior population grew an average of 6.7% per year while the under-nineteen age group shrank a total of 0.6% during those four years.



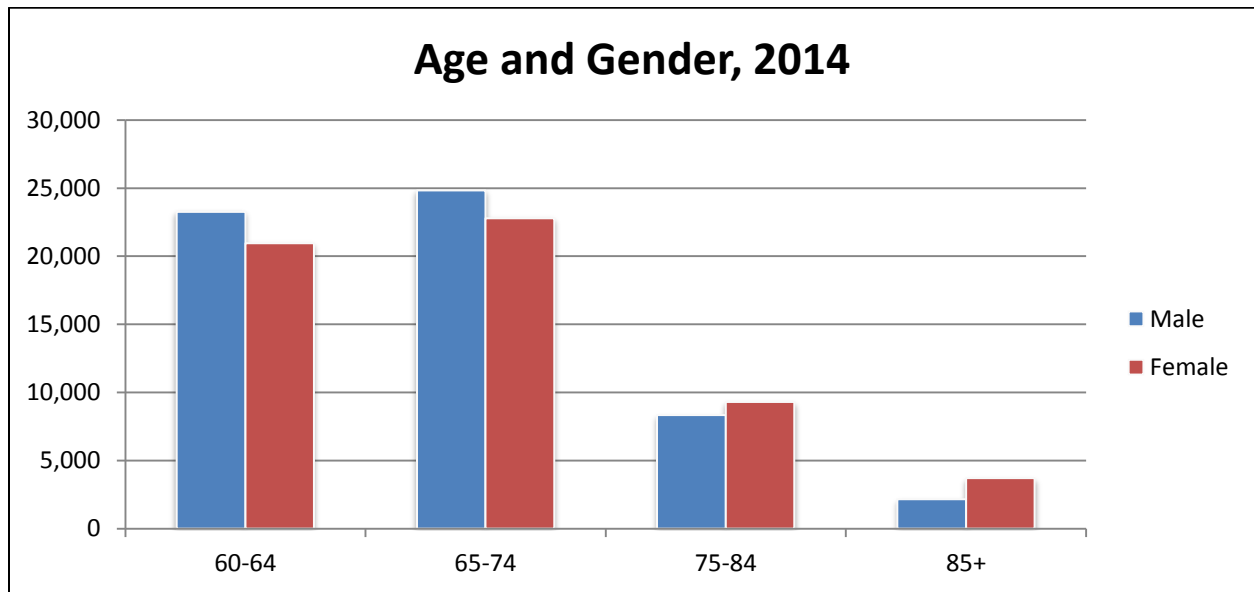
Because the characteristics of the senior population change with age, for purposes of discussion the population is sometimes divided into four groups: 60-64, 65-74, 75-84, and 85+ (DOL).



## Alaska Senior Population Characteristics

### Gender

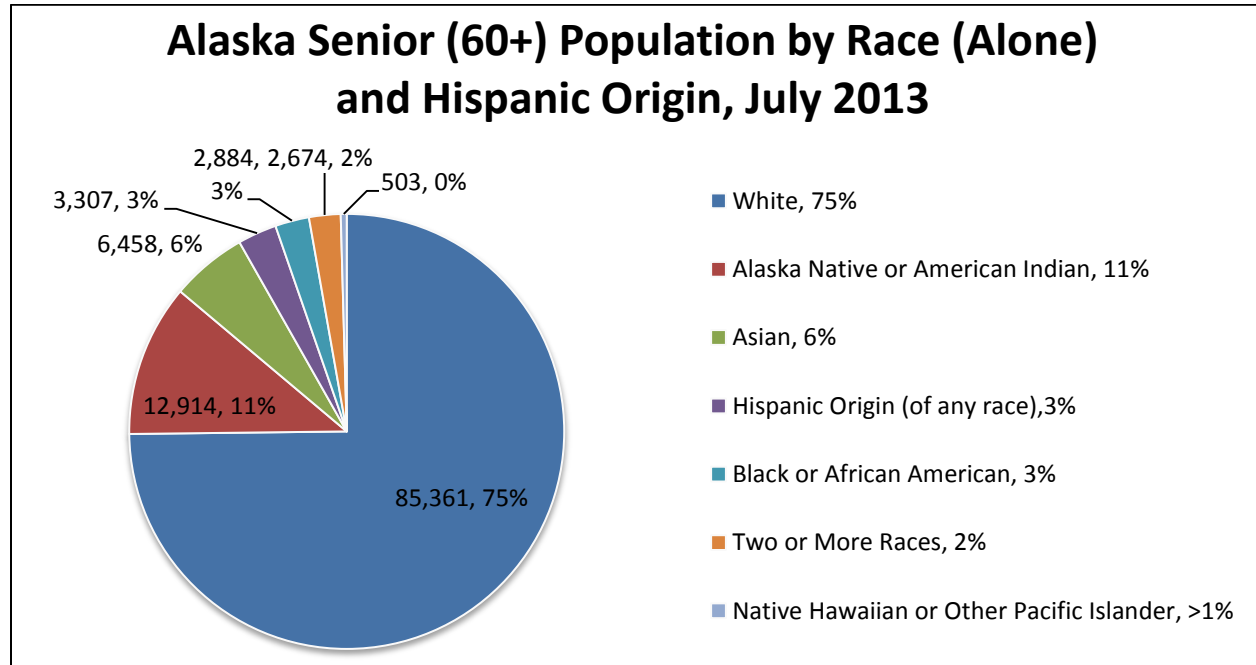
Alaska's 60+ population is almost evenly divided between men and women, although men predominate in the 60 – 64 and 65 – 74 age groups and women in the 75+ age groups (DOL).



### Race

Whites and Asians are slightly over-represented among seniors, compared to the total population, while other races are slightly under-represented. For example, 75% of seniors 60+ are white, while only 67.3% of the total population is white; and 6% of seniors are Asian, compared with 5.9% of the total population. Meanwhile, only 11% of seniors are Alaska Native (alone or in combination with other

ances), although 14.8% of the state’s total population is Alaska Native, according to estimates by the Alaska Department of Labor & Workforce Development (2013). African-Americans are also under-represented in the senior population. Some 3% of Alaska seniors are African-American while 3.8% of the state’s total population is African-American (DOL).



**Migration**

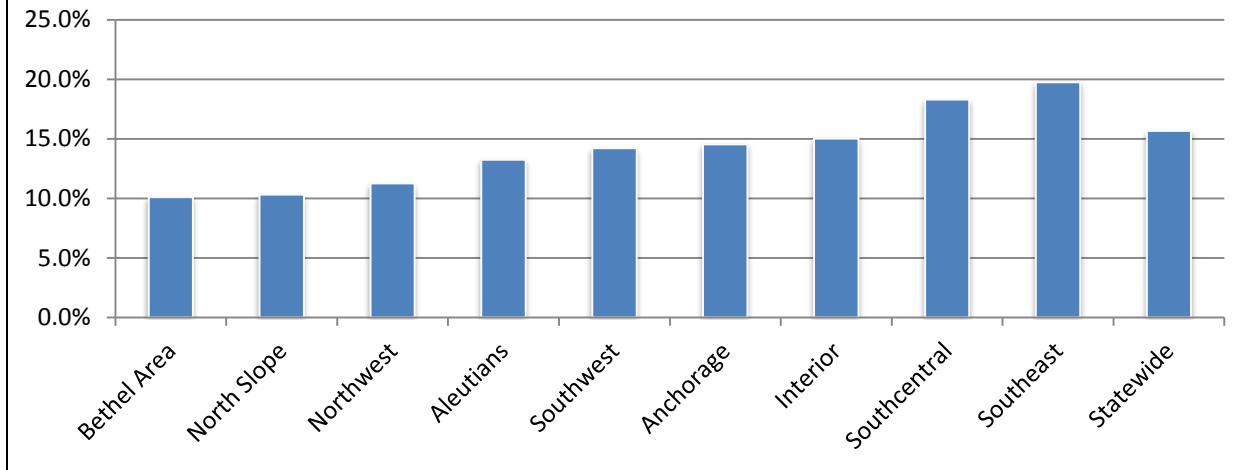
National demographic trends reflect changes in settlement patterns as the population ages. Seniors tend to be attracted to places with warm climates, low taxes, cultural opportunities, and other amenities. University towns as well as much of the West and South are hotspots for seniors.

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 a growing number of older Alaskans choose to remain in the state as they age, in part because of improved systems of care and support.

**Regional Patterns**

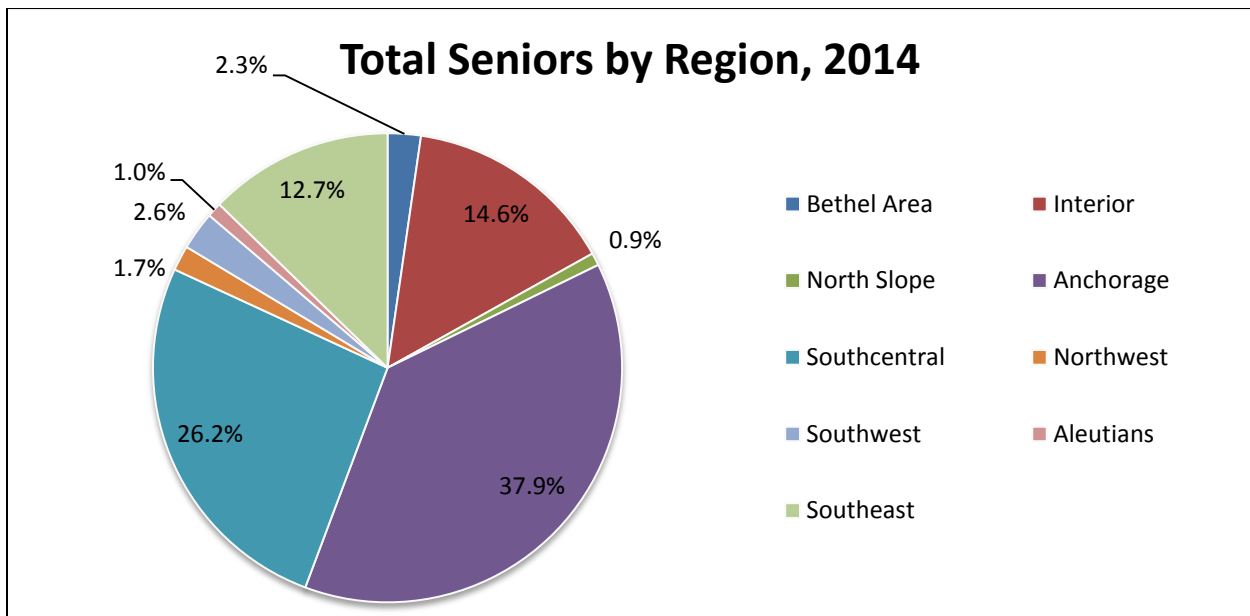
The highest concentration of seniors 60+ is in the Southeast, 19.8%, and the highest concentrations of seniors are in several of the communities in that same region, an area of the state with generally milder temperatures. For example, seniors comprised 27.9% of the population of Haines in 2014. The lowest concentration of seniors was found in the Wade Hampton Census Area, 8.7%.

## Regional Percentage and Senior Population (Age 60+), 2014



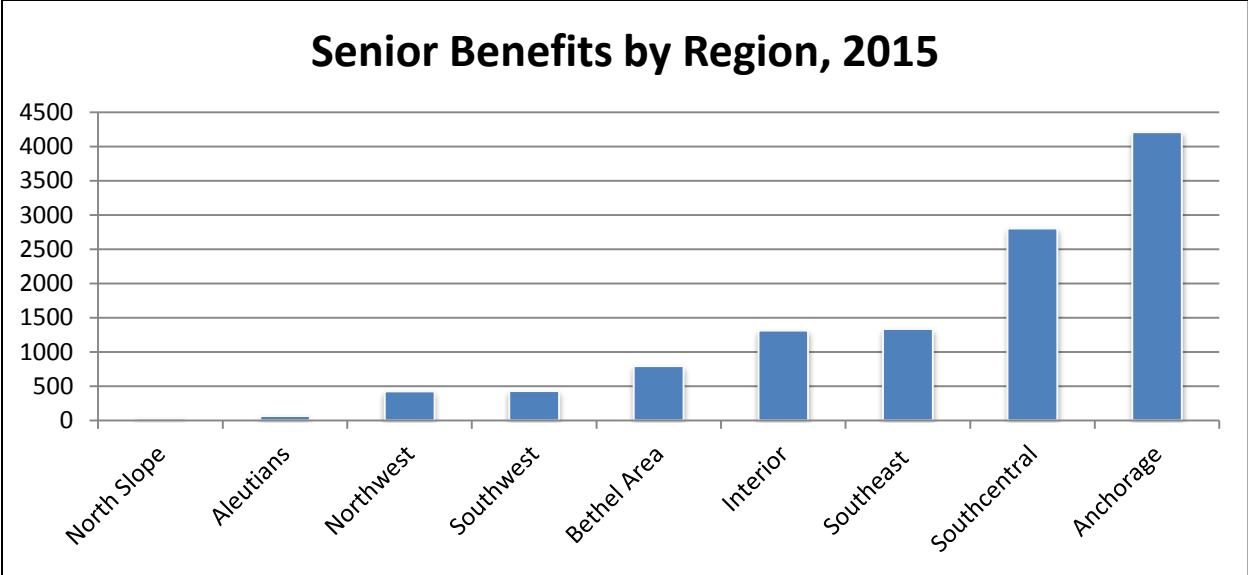
The population growth rate of seniors also varies across the state, although there is no region of the state that has a decreasing trend in senior population. Anchorage (the state's largest city) had the largest numerical increase of 8,648 during the years between 2010 and 2014 (see figure on page 4).

## Total Seniors by Region, 2014

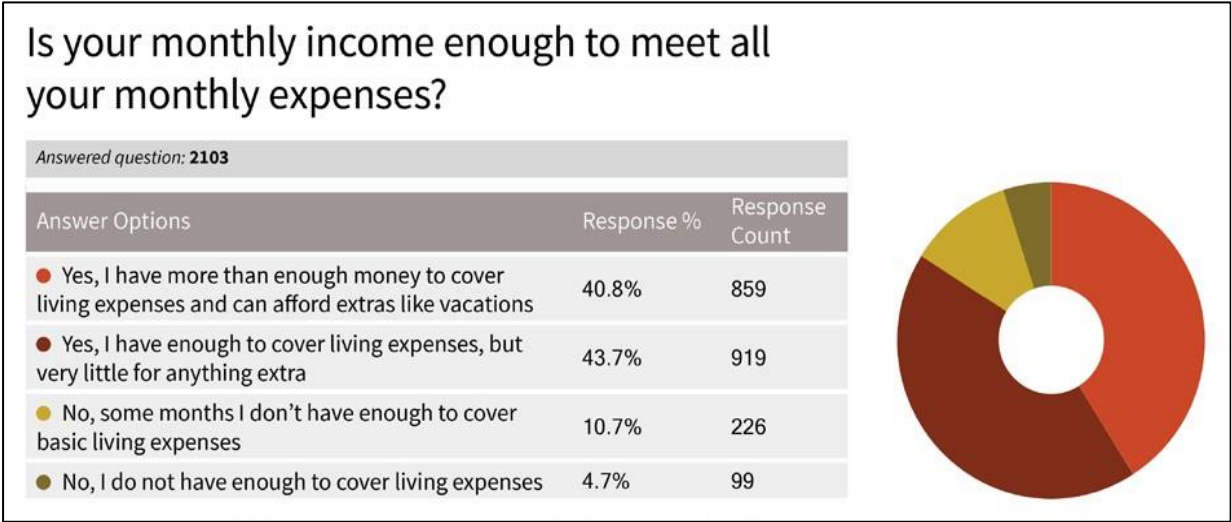


### Income and Poverty

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 (DHSS 2015).



Senior surveys conducted by the Alaska Commission on Aging in 2005, 2010, and 2014 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 (Administration on Aging Report). The U.S. poverty rate for the 65+ population in 2012 was 9.1% however; the Alaska poverty rate for the 65+ population in 2012 was only 4.4% (U.S. Census Bureau). While Alaska seniors tend to have higher average incomes than U.S. seniors, the cost of living in Alaska is also considerably higher.

**Alaska Natives**

Approximately 11 percent of Alaskan seniors are Alaska Native (DOL). 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.

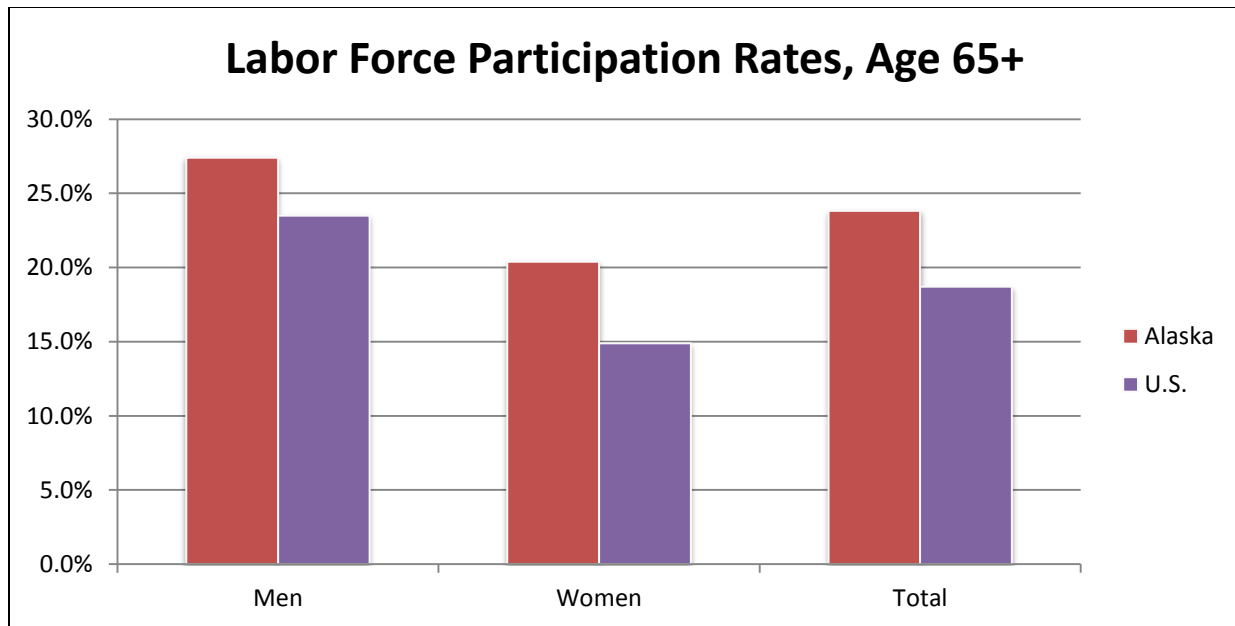
Urban health care and service providers may lack an understanding of Native culture. As members of a collective culture, which assigns a deeply meaningful role to its elders, Alaska Natives do not "retire" or disengage from society. Rather, they retain an important role, acting as transmitters of valued cultural knowledge. Native elders may 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, and English may not be their first language. Access to traditional Native foods is essential for elders' health and well-being. 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 Alaska Native people 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. The 65 and older age group has been increasing in labor force participation, and senior labor force participation rates are now at their highest levels on record. While older women have lower labor force participation rates, their rates are growing much faster than older men's.





In 2013, 18.7% (8.1 million) of Americans 65+ were in the labor force, (4.5 million) 23.5% men and (3.6 million) 14.9% women (American Community Survey). Alaska, in comparison, has 23.8% (14,063) of the 65+ population in the labor force, divided between 27.4% men (7,931) and 20.4% women (6,132). More Alaska seniors are in the labor market than are seniors nationally and these seniors are engaged in a wide variety of work in all occupations and industries.

#### Senior Economic Contributions

Seniors make an enormous contribution to Alaska’s economy and to the well-being of their 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 2014, Alaskan seniors contributed an estimated \$2.4 billion to Alaska’s economy, primarily from retirement income, health care spending, and wages from employment (UA Institute of Social and Economic Research, Power of Aging in Alaska Symposium, 2014). 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 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 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 condition.
- Environmentally benign – senior spending does not create any significant adverse effects on the natural environment.
- Compatible with other industries – senior spending does not compete with other industries for scarce resources.

- Non-enclave – the economic impacts of senior spending occur throughout the state; they are not concentrated in remote rural areas.
- Stable potential tax base – the incomes of seniors and of service providers, including the health care sector, create an important potential state and local tax base which remains stable from year to year, 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 unpaid caregiving to family members and friends. A 2013 study of all 50 states by the Corporation for National and Community Service (CNCS) found that Alaska had the tenth highest rate of volunteerism, with 34.1% of the population age 16 and older participating in volunteer efforts. The 2014 senior survey conducted by the Alaska Commission on Aging (ACoA) 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 nine percent caring for a spouse or partner, three 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, two percent caring for a friend age 60 or older, and four 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. 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 (JAMA Psychiatry, February 2015). Studies have shown that Individuals with serious mental illness have more physical illness and receive worse medical care (DeHert & Correll, 2011). 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, 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 require additional resources, 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.

In 2010, Alaskans had a life expectancy of 78.1 years, slightly lower than the national life expectancy of 78.7 years (National Center for Health Statistics, Alaska Population Overview). An average 65-year-old in 1900 could expect to live another 12 years, till age 77; an average 65-year- old in 2011 could expect to live another 19.2 years, till he or she was over 84 years old (AoA, 2013).

When comparing age-adjusted death rates for those ages 65 and over, Alaska is 7.5 percent below the U.S. rate in 2013. (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 (Centers for Disease Control and Prevention, hereafter CDC).

**Death Rates (per 100,000) for Age 55+ by Age Group and Race, Alaska and the U.S., 2013 (CDC)**

Age Group	U.S. Total	Alaska Total	Asian or Pacific Islander	Black or African American	American Indian or Alaska Native	White
55-64	849.9	791.0	496.6	1,077.4	1,272.6	728.3
65-74	2,058.2	2,008.2	1,292.8	1,967.4	2,847.1	1,902.2
75-84	5,141.1	5,163.2	2,868.3	4,354.4	6,770.1	5,050.4
85+	14,506.2	13,327.3	9,887.3	12,634	16,220.9	13,044.7

**Death Rates (per 100,000) for Age 65+ by Cause of Death, Alaska and the U.S., 2013 (CDC)**

Cause of Death	Alaska Age-Specific Rate	U.S. Age-Specific Rate
Heart Disease	667.3	1,092.0
Cancer	882.1	911.7
Stroke	220.9	245.2
Chronic Lower Respiratory	227.0	284.5
Alzheimer's Disease	105.9	187.4
Influenza and Pneumonia	74.1	107.4
Diabetes Mellitus	104.4	120.2
Nephritis, Nephrosis, Nephrotic	48.4	87.4
Unintentional Injuries	81.7	102.8
Suicide	22.3 (2010 – 2013)	16.1
Alcohol-Induced Death	23.6 (2010 – 2013)	13.1
Drug-Induced Death	10 deaths (2010 – 2013)	6.1
All Causes	3,315.2	4,260.6

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 suicide, and alcohol-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**

The following table outlines data from the 2013 Behavioral Risk Factor Surveillance System (BRFSS), comparing Alaskan and US seniors and adults.

### 2013 Behavioral Risk Factor Surveillance Data

Risk Factor	AK 65+	U.S. 65+	AK All Adults (18+)	U.S. All Adults (18+)
Current Smoker	9.9%	8.7%	21.8%	19.0%
Current Drinker	48.9%	41.2%	55.0%	54.4%
Heavy Drinker	6.6%	0.0%	7.7%	6.2%
Binge Drinker	7.7%	4.4%	18.5%	16.8%
Obese	30.5%	26.7%	29.5%	28.9%
Diabetes	17.0%	20.9%	7.0%	9.8%
High blood pressure	60.1%	62.7%	30.0%	31.4%
Exercise	66.6%	66.5%	77.5%	74.5%
2+ Fruit per day	32.3%	33.6%	30.7%	30.0%
3+ Vegetable per day	18.3%	13.8%	19.9%	15.5%
Fair or Poor Health	64.4%	24.5%	14.6%	16.9%
Physical Activity	51.8%	52.2%	55.0%	50.5%
Health Care Coverage	97.8%	98.7%	83.0%	83.2%
High Cholesterol	59.8%	55.4%	37.9%	38.4%
Disability	37.1%	34.7%	21.4%	21.5%

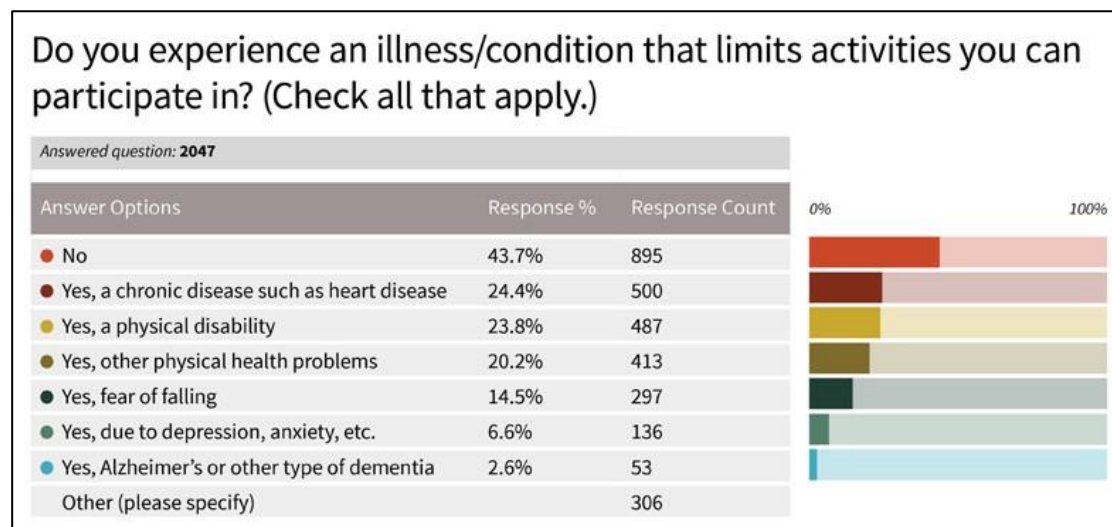
Note: change in weighting methodology overall, addition of cell phone surveys in 2011.

Disability: Limited in activities because of physical, mental or emotional problem or health problem that requires use of special equipment

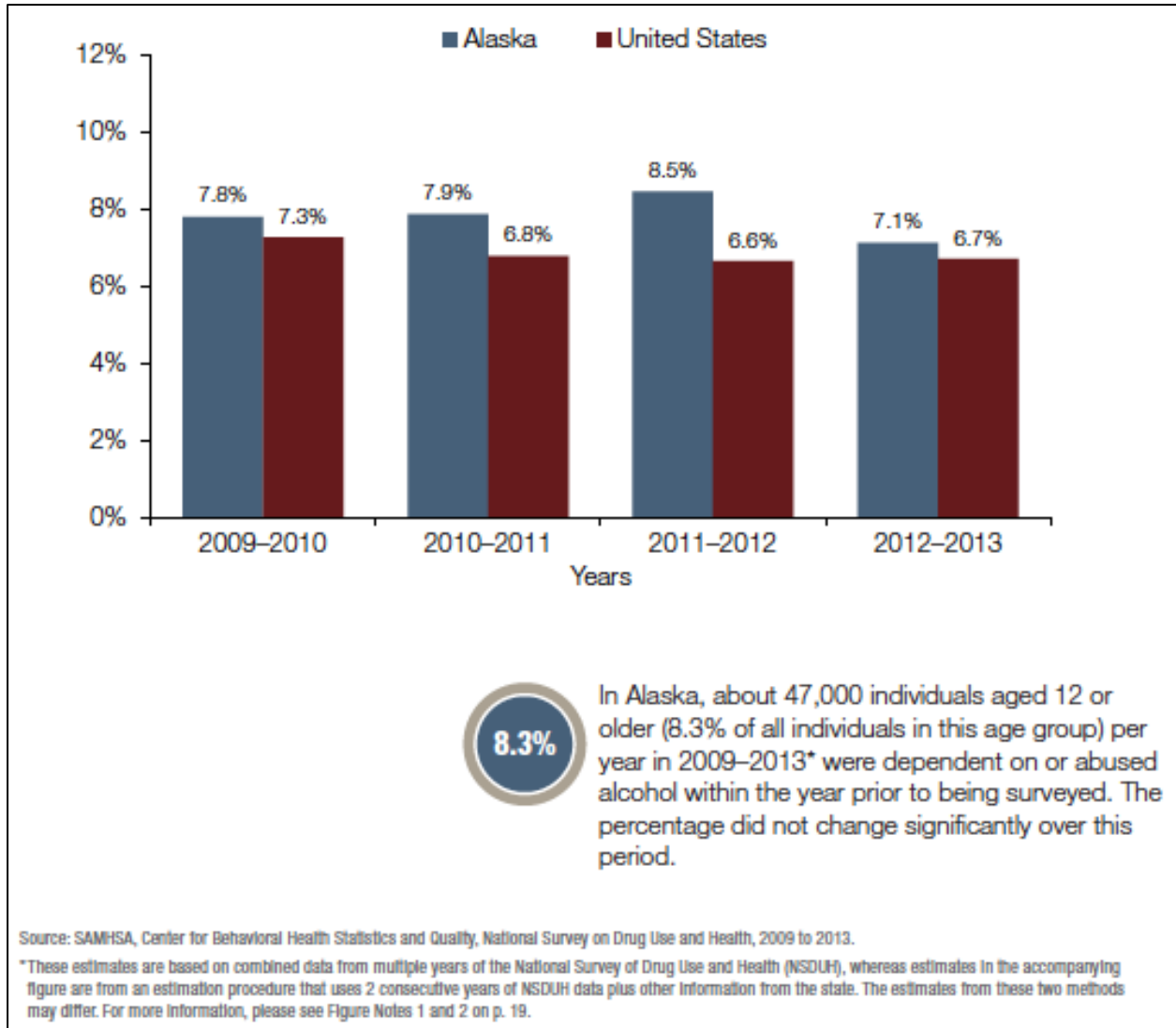
Binge drinking: 5 or more drinks for men or 4 or more drinks for women on one occasion in the past 30 days Fruits and Vegetables: change in questions starting in 2011; now track Eat fruit 2 or more times per day or eat vegetables 3 or more times per day

Physical Activity: change in questions in 2011; use 2008 PA Guidelines - 150 minutes moderate or 75 minutes vigorous or combination where 1 minute vigorous = 2 minutes moderate

In the Alaska Commission on Aging's 2014 senior survey, 56 percent of seniors indicated that they had an illness or condition that limits the range of activities they can enjoy. This included 23.8% with a physical disability, 24.4% with a chronic disease, 20.2% with other physical health problems, 14.5% with a fear of falling, 6.6% with a mental or emotional problem, and 2.6% with Alzheimer's disease or other type of dementia. (Responders could indicate more than one type of disability).



**Past-Year Alcohol Dependence or Abuse Among Individuals Aged 12 or Older in Alaska and the United States (2009–2013)**

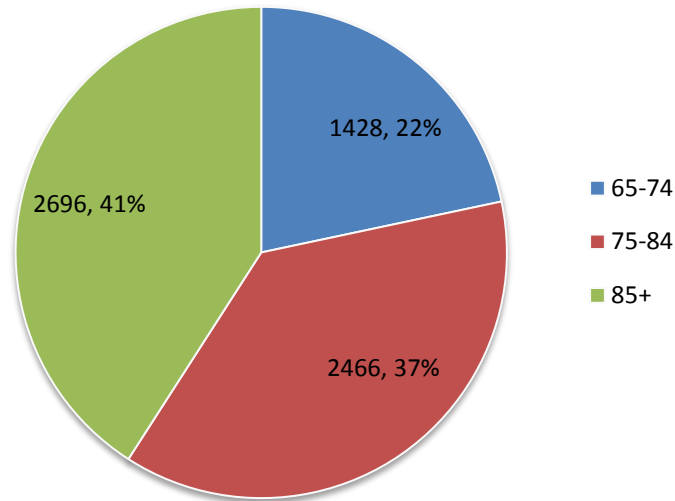


The State’s Epidemiological Profile on Substance Use, Abuse, and Dependency found a strong association between substance abuse here in Alaska and the state’s leading causes of premature death (including chronic liver disease, cirrhosis, homicide, suicide, and unintentional injuries). Their study links the behaviors reported in BRFSS and NSDUH (National Survey of Drug Use and Health) (included above) with the consequences we see affecting the longevity and quality of life here in Alaska.

**Alzheimer’s Disease and Related Dementias**

Over five million Americans currently have Alzheimer’s disease. Based on national prevalence rates, there are approximately 8,000 Alaskans age 65 and older with ADRD in 2014. Alzheimer’s rates increase from 3% of the population aged 65-74, to 14% of the population age 75-84, to 46% of the population 85+. In total, approximately 9% percent of Alaskans age 65 and older may have Alzheimer’s disease (Alaska’s Roadmap to Address ADRD, 2014).

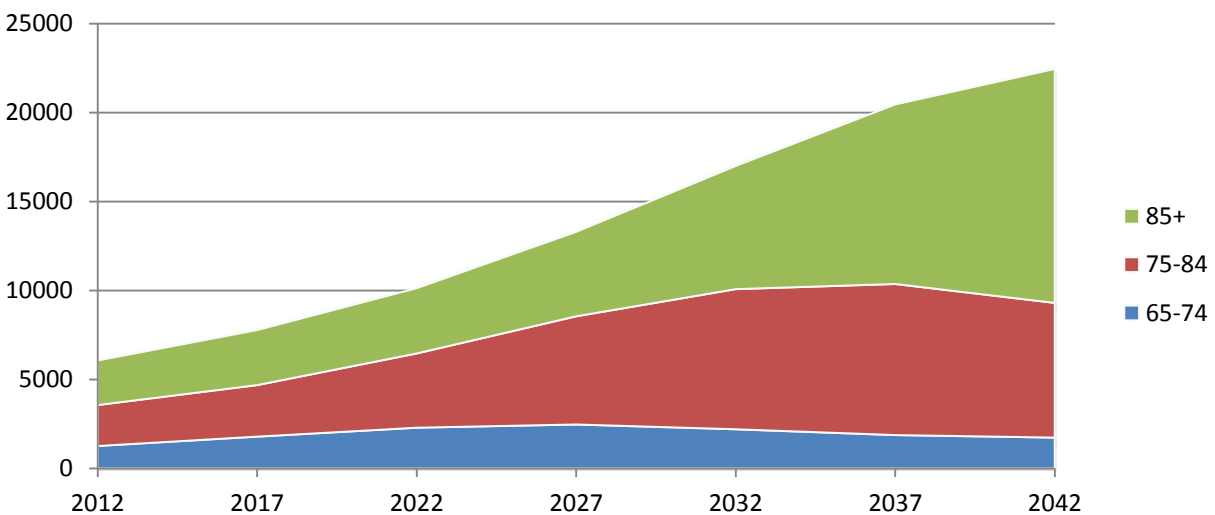
## Alaska Seniors with Alzheimer's, 2014



(Alaska's Roadmap to Address ADRD, 2014)

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. (2015 Alzheimer's Disease Facts and Figures). By 2042, some 22,442 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 more than a tripling of the number of individuals with Alzheimer's in the state today (Alaska's Roadmap to Address ADRD, 2014).

## Projected Number of Alaskans with Alzheimer's



## 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.

### Leading Causes of Fatal Injuries in Older Alaskans by Age Group, 2010 - 2013

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

Source: CDC WISQARS

Suicide among Alaska seniors is 25% more common than for seniors nationwide (CDC WISQARS). 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. More information on Suicide Prevention can be found on page 25 of the plan document.

### Ten Leading Causes of Non-Fatal Hospitalized Injuries in Older Alaskans by Age Group, 2009 – 2013

Rank	Ages 55 – 64	Ages 65 – 74	Ages 75 – 84	Ages 85+
1	Falls (1,517)	Falls (1,315)	Falls (1,300)	Falls (975)
2	MV Traffic	MV Traffic	MV Traffic	MV Traffic
3	Assault	Acc. Struck	Acc. Struck	Acc. Struck
4	Suicide	Assault	Assault/ATV/ Overexertion (tie)	MV Non-Traffic
5	Bicycle	Cut/Snow Machine	MV Non-Traffic/Suicide	Pedestrian
6	Acc. Struck	Suicide	Fire/Flames	
7	Motorcycle	Bicycle/Fire/Flames/ Motorcycle (tie)	Bicycle/Pedestrian (tie)	
8	ATV	ATV	Hypothermia/Frostbite / Snow Machine (tie)	
9	Snow Machine	MV Non-traffic		
10	Cut	Hypothermia/ Frostbite		

Source: DHSS, DPH, Section of Emergency Programs, Alaska Trauma Registry: Admitted to the hospital for 24 hours or greater. Occurrences less than 5 not listed. Created April 21, 2015

Falls in Alaska are the number one source of non-fatal hospitalized injuries in every age group except for two categories, (persons between the ages of 15 – 24 and 25 – 34 years old) making falls a serious public health problem. Between 2009 and 2013, hospitals reported treating 5,107 non-fatal falls in Alaskans 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 (CDC). According to the Centers for Disease Control and Prevention, taking four or more medications of any kind, or any psychoactive medication(s), is a modifiable fall risk factor and seniors should ask their doctor or pharmacist to review all medications (prescription and over-the-counter) to reduce side effects and drug interactions.

Many seniors fear falling and restrict their activities in order to avoid possible risks. In FY 2011, the Division of Senior & Disabilities Services introduced "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 were 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. More information on senior Fall Prevention can be found in on page 25 of the plan document.

# Appendix F. Advisory Committee List

---

## Advisory Committee List

---

<b>Name</b>	<b>Agency</b>
Kathy Allely	Governor's Council on Disabilities & Special Education
Steve Ashman	PHIP Division Manager, Municipality of Anchorage
David Blacketer	Co-Chair of Steering Committee, Commission member
Rita Bowen	Program Coordinator, MASST
Jeanette Burket	Aging Services Program Specialist, U.S. Dept. of Health and Human Services
Lisa Cauble	Director, Trust Training Cooperative
Ella Craig	Anchorage Senior Advisory Commission and senior
Denise Daniello	Executive Director, Alaska Commission on Aging (ACoA)
Marie Darlin	Co-Chair of Steering Committee, ACoA Commission member
Joan Fisher	Chair, Anchorage Senior Advisory Commission
Karl Garber	Executive Director, Alzheimer's Resource of Alaska
Rachel Greenberg	Deputy Director, Palmer Senior Center, ACoA Commission Member
Mellisa Heflin	Alaska Native Tribal Health Consortium
Ken Helander	Advocacy Director, AARP Alaska
Teresa Holt	Long Term Care Ombudsman
Heidi James Frost	Executive Director, Statewide Independent Living Council of Alaska
Amanda Lofgren	Program Officer, Alaska Mental Health Trust Authority
Jim McCall	Alaska Housing Finance Corporation Senior Housing Office
Banarsi Lal	Chair, Fairbanks North Star Borough Senior Advisory Commission
Lisa Morley	Grant Unit Manager, DSDS
Cyndi Nation	Project Director, Tanana Chiefs Conference
Mary Shields	Chair, Alaska Commission on Aging
Lesley Thompson	Planner, Alaska Commission on Aging
Albert Wall	Director, Division of Behavioral Health
Marianne Mills	Director of the Southeast Senior Services (SESS) Program Division of CCS (Catholic Community Service) & AgeNET Chair
Lisa Donat	Home Care Program Coordinator, Tanana Chiefs Conference
Sheila Soule	Assistance Vice Provost, UAA Office of Health Programs
Joan Houlihan	Behavioral Health Specialist, Division of Behavioral Health
David Levy	Senior Services Coordinator, Municipality of Anchorage, Department of Health & Human Services
Beth Goldstein	Supervising Attorney, Alaska Office of Public Advocacy, Office of Elder Fraud and Assistance
Brenda Mahlatini	Adult Protective Services Program Manager, Senior and Disabilities Services
Jane Urbanovsky	Administrator, Residential Licensing and Background Check Programs, Health Care Services, DHSS
Shaun Wilhelm	Chief of Risk and Research Management, Division of Behavioral Health
Barbara Crane	Tanana Chiefs Conference

# Appendix G. Programs and Services Descriptions

---

## Programs and Services Descriptions

---

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).

### Advocacy, Planning, and Interagency Coordination Programs

#### Alaska Commission on Aging

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

As part of its continuing commitment to the Alaska State Plan for Senior Services, FY 2012–FY 2015, the Commission held annual implementation and planning meetings with its agency partners, to both identify their accomplishments related to the plan's goals and objectives and also to plan further activities for the coming year. In 2013, the Commission began coordinating planning activities with senior consumers and representatives from public and non-profit agencies serving older Alaskans to develop the Alaska State Plan for Senior Services, FY 2016-FY 2019. The plan fulfills a requirement of the Older Americans Act.

#### FY 2014 ACoA Activities

The Alaska Commission on Aging carried out the following activities in FY2014 pursuant to its core service areas of planning services for seniors, educating the public about issues affecting seniors, and advocating for policies, programs and services that help older Alaskans maintain a high quality of life and ability to participate meaningfully in their communities. The Commission collaborates with public and private partners to work toward a common goal of healthy and successful aging for all Alaska seniors.

- Planning activities related to this State Plan included publication of "Alaska's Roadmap to Address Alzheimer's Disease and Related Dementias" (January 2015)."
- Advocacy activities during the FY2014 legislative session included monitoring a total of 41 bills and resolutions and actively supporting eight pieces of legislation with committee testimony, legislative visits, and letters of support to bill sponsors, legislative committees, and Congressional members. Advocacy efforts resulted in extension of the Senior Benefits program to provide cash assistance to seniors who are income eligible and establishment of a self-sustaining statewide Immunization program that includes access to pneumonia, influenza, and shingles vaccines for seniors. In addition, ACoA and advocacy partners successfully advocated for an increase of \$545,000 of general funds for the Nutrition, Transportation & Support Services senior grant program administered by the Division of Senior and Disabilities Services and base funding for the Complex Behavior Collaborative in the amount of \$525,000 to continue training and consultation services for community providers and caregivers who serve vulnerable Alaskans with challenging behaviors – such as persons with Alzheimer's disease and related dementia.

- Public awareness and community education work in FY2014 of ACoA included the following: Coordinating the Power of Aging in Alaska Symposium; presenting at the National Alzheimer's Advocacy Forum; participating in the Alaska Senior Fall Prevention Coalition; celebrating Older Alaskan's Month and Employ Older Alaskan Workers; and conducting statewide Legislative Advocacy Teleconferences.

## **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. The Alaska poverty threshold is a federally determined amount that is adjusted each year.

With support from the Alaska Commission on Aging and other senior advocates, the Senior Benefits Program was established by Alaska's Legislature in 2007 to replace the former Senior Care Program, which had been implemented 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 that had prevented some very low-income seniors from participating in Senior Care. 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. The program is administered by the Division of Public Assistance in DHSS.

### **General Relief Assistance Program**

General Relief Assistance (GRA) provides for the most basic needs of many Alaskans without the personal resources to meet an emergent need and ineligible for assistance from other programs. GRA is designed to meet the immediate, basic needs of Alaskans facing extreme financial crisis and is a temporary funding source for assisted living home placement. This program is administered by the Division of Senior & Disabilities Services.

### **Food Stamps**

The Alaska Food Stamp Program, funded by the federal government, provides food benefits for low-income households. 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**

Heating assistance is provided to eligible Alaskans through three programs administered by the Division of Public Health. 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.

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.

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.

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.

### **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 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. 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. 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 (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. Participants must be at least 55, unemployed, not work ready and have a family income of no more than 125% of the federal poverty level. Enrollment priority is given to veterans and qualified spouses, then to individuals who are over 65, have a disability, have low literacy skills or limited English proficiency,

reside in a rural area, are homeless or at risk of homelessness, have low employment prospects, or have failed to find employment after using services through the American Job Center system.

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 \$175 per week to participants. In Alaska, this 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. It is also noted that the program works well with its OAA partner agencies in providing services to those most in need.

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 70 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 employment expenses.

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

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

MASST's common measures goals for State fiscal year 2016 are:

- Entered Employment: At least 56% will enter employment (federal law states 25%);
- Employment Retention: At least 66.7% will stay in job for one year after MASST;
- Service Level: 175%, 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 2.06); and
- Average Earnings: Increase average wages from zero to \$8,755 per quarter.



## Personal Safety and Long-Term Care Supports

### Office of the Long-Term Care Ombudsman (OLTCO)

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

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

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

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

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

### Adult Protective Services

Within the Division of Senior and Disabilities Services, Adult Protective Services (APS) responds to reports of harm to vulnerable adults who are defined as those age 18 years or older with a physical or cognitive 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 to care for themselves.

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

The majority of reports of harm received by APS involved Alaskans age 60 years and older. Specifically, there were a total of 3,379 reports of harm involving seniors/elders or 51% of the total reports received in FY2014. The average age of elders who have been the subject of APS FY2014 reports of harm was 74 years old. Reports of harm involving seniors/elders generated 1,099 new investigations, 875 became part of an already open investigation, and 810 reports were requests for information and referral. Comparing FY2010 to FY2014, there has been 110% increase in the total number of APS reports of harm regarding vulnerable adults and almost a four-fold increase (382%) in those involving seniors/elders. Self-neglect, financial exploitation, and neglect were the three most frequent reports of harm involving seniors. Of the founded investigations involving older adults in FY2014, 312 investigations (58%) reported allegations of self-neglect; 84 investigations (16%) related to financial exploitation allegations, and 51 investigations (9.5%) corresponded to neglect allegations. A family member was most often reported as the perpetrator for non-self-neglect investigations involving an older adult when a perpetrator was indicated (65.6% for elders/seniors).

APS has experienced substantial increases not only in the number of reports of harm that come in, but also in the complexity of cases, due to improved public awareness about the signs of elder abuse and the fast-growing senior population. APS resources are not keeping pace with these changes, particularly during recent fiscal constraints. 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 areas 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.

#### **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 Alaska Pioneer Homes and 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 homes located throughout the state (in Anchorage, Fairbanks, Juneau, Palmer, Sitka, and Ketchikan). 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 Pioneer Homes specialize in the care of older persons with Alzheimer's disease and related dementia. The average age of residents is 86.5 (2014).

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.

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.

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.

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. 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 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.)

The Section of Emergency Preparedness 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.

### **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, including Senior Medicare Patrol (SMP) and State Health Insurance Assistance Program (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, Medigap 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, and other assistance.

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 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 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 #13 in the nation as measured by the eight 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 or liaisons 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, the Alaska Native Tribal Health Consortium, 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 efficiencies to communicate authoritative and current information about Medicare such as the use of their website, e-list, webinars, and the recruitment of retired teachers and nurses. Grantees include one in Anchorage, Fairbanks, Juneau, Kenai and Wasilla serving the regions with the most Medicare beneficiaries in the state and providing coverage to all 75,000 beneficiaries in Alaska. 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.

### **Aging and Disability Resource Centers Program**

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 and are funded with a combination of state, Federal, and local funds. There are currently 5 ADRCs in operation, serving four of the nine service areas established by the Alaska Department of Health & Social Services. The ADRCs serve five regions in the state. They include Southeast Alaska (region 9); Bristol Bay and Kodiak (region 7); Kenai Peninsula, Valdez, Cordova (region 5a) and Mat-Su (region 5b); and Anchorage (region 4). Each ADRC has 1.5 FTEs dedicated to the ADRC who provide options counseling directly to consumers. Alaska's Aging and Disabilities Resource Centers provide information, referral, and assistance with accessing public and private long term care services; counseling on Medicare, insurance, and other benefits; pre-screening for long term care programs; assistance in accessing behavioral health or housing services; and other assistance as needed. ADRCs also provide outreach presentations to educate people about various aspects of long-term care.

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

## **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. 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.

The Housing Choice Voucher 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. 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.

#### **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.

The Weatherization Program is for individuals who meet certain income guidelines 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. 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, who 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. 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.

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.

### **Senior Residential Services Grant**

Through designated funding from the Alaska State Legislature, the Division of Senior & Disabilities Services oversees three grants to rural/remote providers in Galena (Yukon-Kuskokwim Elder Assisted Living Home), Tanana (Tanana Tribal Association), and Dillingham (Bristol Bay Housing Authority) for supported residential living services to frail elders who do not have access to the Pioneer Homes or other assisted living facilities in their community or region. Senior Residential Services (SRS) facilities supported by these funds served 44 individuals in FY 2014. Many of the residents are Alaska Native elders who have relocated from surrounding villages. These SRS funded assisted living facilities provide meals, community event for socialization, transportation, and assistance with activities of daily living to enable the elders to remain in or near their community of choice.

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

### **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 and may have a disability, and may not qualify for Medicaid (or other) services. Home- and community-based grant programs administered by the Division of Senior & Disabilities Services provide a safety net for older individuals who need assistance in order to remain independent, but who do not qualify for other publicly funded programs, and are intended as a safety net 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 and are targeted to meet the needs of individuals with ADRD (Alzheimer's Disease and Related Disorders), those who are non-English-speaking, those living in rural areas, those age 80 and older, seniors who are experiencing poverty, and those at risk of institutionalization.

Individuals may access home- and community-based services through a number of grant programs administered by the State, as described below. In FY 2014, all of the Senior Community Grant programs combined served an estimated 31,679 unduplicated individuals, including 11,719 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 estimate the number of clients they serve.

### **Medicaid Personal Care Assistance Program**

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

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

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

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

### **Medicaid Waiver Programs**

The Division of Senior & Disabilities Services provides Medicaid waiver programs, including an Alaskans Living Independently Waiver (formerly Older Alaskans Waiver), for Medicaid-eligible individuals who are age 21 years or older and meet a nursing home level of care. In FY 2014, 2,853 Alaskans received services under the Alaskans Living Independently Waiver program. At an average annual cost per beneficiary of \$23,848, this program not only supports seniors to live in their own homes and communities (where they desire to be), but also does so at a cost equal to about ten percent of the cost of a skilled nursing facility in Alaska.

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) as a primary diagnosis may not be eligible for the waiver because they do not meet nursing facility level of care. While the person may be functionally able to perform tasks, he or she needs requires prompting and cueing to know when and how to perform these tasks. For an individual living alone, or even one with a caregiver who works during the day, not having access to appropriate services can create a great hardship as well as safety concerns for that person to be at home alone. 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 by advocating for options to the Medicaid State Plan to serve persons with ADRD and other cognitive impairments.

### **Nursing Facility Transition Program**

Alaska offers a Nursing Facility Transition Program (within the Division of Senior & Disabilities Services),

which helps families by offering support and funds to enable seniors and disabled citizens to return to independent or family living after a stay in a nursing facility. 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 2014, the program helped 47 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 2014 costs averaged \$1,433 per person, using State of Alaska general funds. (Note: The median cost of a private room in an Alaska nursing home is \$771 a day, three times the average cost for a day of nursing home care in the U.S. as a whole, according to the Genworth 2015 Cost of Care Survey in Alaska).

### **Services for Alaskan Veteran Seniors**

Alaska is the state with the highest veteran ratio. According to estimates from the U.S. Department of Veteran Affairs (2014), 27,778 Alaskan Veterans are age 60 and older.

The Alaska Office of Veterans Affairs, under the Department of Military and Veterans Affairs, serves as the primary advocate for Alaska's Veterans by offering assistance to determine eligibility, connecting veterans with appropriate services, completing paperwork, and providing general resource direction on all veteran benefit issues. All primary services are provided free of charge and range from helping Veterans file claims for education, medical or other benefits to assisting them in obtaining earned military awards. Located throughout the state are Veterans Service Officers who are trained to help veterans find the benefits they are entitled to and assist them in claiming those benefits.

The Alaska Veterans and Pioneers Home in Palmer, built in 1971, was approved by the Legislature as the state's only Certified State Veterans' Home in Alaska. This Home has 79 beds of which 75% are designated for Veterans with the remainder of beds available for non-veterans. Veteran residents are eligible for several benefits including a per diem from the VA Office to offset costs of their care, transportation to VA appointments, access to special support from VA health, social services and other community-based services, in addition to other special benefits.

The newly developed Alaska Veteran-Directed Long-Term Care Program, a collaboration of the Alaska Veterans Affairs and the Aging and Disability Resource Center of Homer, allows Veterans to receive the home- and community-based services they need in a self-directed manner. Veteran enrollees are given a budget for services that is managed by the Veteran or their designee. Services provided may include personal care services, medication cueing, light housework, home-delivered meals, congregate meals, and other services. This program supports functionally impaired Veterans to remain in supportive home environments; provides an opportunity for Veterans to direct their own care; improves the quality of life for Veterans through service provision; and provides support and respite for family and other informal caregivers.

Other programs for Alaska Veterans include assistance for homeless Veterans, Veterans with post-traumatic stress disorder (PTSD), behavioral health programs, and programs and services specifically designed for Alaska Native Veterans.

### **Veterans Advisory Council**

The Alaska Veterans Advisory Council consists of 13 members appointed by the governor. The Alaska Veterans Advisory Council's mission is to address the needs and concerns of all of Alaska's Veterans, their dependents, and survivors and to improve recognition of Alaska's Veterans. The Council carries out its mission by making prioritized recommendations on suggested, existing or pending state legislation, regulations, administration policy, and the budget to ensure the delivery of needed state and federal Veterans' entitlements, benefits and services.

The Council advises the Department of Military and Veterans Affairs and, through the governor, other departments and agencies of the state on matters concerning state Veterans, their dependents, and their survivors. The council annually meets with and makes recommendations to the Governor and the Department concerning the needs of and benefits for the State's Veterans, for developing public and private partnerships to meet those needs, for providing information regarding Veterans' benefits and services, for improving recognition of State Veterans, and on other matters. The Council is dedicated to the concerns of the Alaska Veterans community as a whole, and does not take action on individual Veteran concerns.

### **Senior Outreach, Assessment and Referral (SOAR)**

The SOAR Program continues to provide Gatekeeper training to an expanded number of communities throughout the State, many of them rural villages and island communities. This training is provided to individuals who potentially have contact with older persons who may be somewhat isolated such as bank tellers, taxi drivers, store clerks, and mail deliverers so that they can identify the signs of seniors who may be suffering from depression, substance abuse, or other behavioral health disorders, as well as loneliness, isolation, and malnutrition. The Gatekeepers then refer the vulnerable senior to the appropriate professional or, in most cases, to the SOAR provider, who contacts the senior and/or goes to visit them to assess their needs and ensure that they receive the necessary services.

SOAR grantees also provide education and outreach via media, community gatherings, and conferences, potentially educating thousands of Alaskans about the signs of behavioral health needs or elder abuse and what to do if abuse or another problem is suspected.

SOAR providers gather information about the numbers of persons served, trainings conducted, and referrals made. They also provide follow-up with their clients served to determine what impact these services had on their quality of life and well-being. Many communities in Alaska do not receive SOAR services.

### **Older Americans Act Title III Grant-Funded Programs and Services**

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 described in this State Plan for Senior Services, FY2016-2019.

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 that 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 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 (NTS) Grant Program**

Federal Funds are awarded to the State by the Administration for Community Living (ACL), Administration on Aging (AoA), in accordance with Title III of the Older Americans Act (OAA). In addition to the Federal and State funds, applicants provide additional matching funds including senior donations and use volunteers and Title V MASST volunteer participants, to meet the growing demand and ensure successful programs.

In accordance with the Older Americans Act, NTS services target seniors (age 60+) whose health and welfare is at highest risk to help seniors maintain their health and independence and prevent the need for costly medical and institutional care. While there is never a fee charged for services, seniors may voluntarily donate to the cost of services.

Provider organizations, including non-profits, school districts, and tribal and local governments, choose from an array of services to best meet the needs of the older Alaskans they serve. These services help seniors maintain their quality of life, and promote active, meaningful, and involved lifestyles. They help older individuals sustain their dignity and well-being, and remain safely and productively in their homes and communities.

Services provide an entry point and increased awareness and use of social supports for challenging situations and lay a foundation for individuals to help sustain cognitive, physical, and social health and independence. ACL statistical studies confirm that services reach the vulnerable target population and help mitigate the effects of declining health and functional ability.

Services provided by NTS programs (descriptions of these programs are included below, under the Continuum of Care):

- Congregate Meals
- Home Delivered Meals
- Nutrition Education and Counseling
- Assisted and Unassisted Transportation
- Homemaker
- Information & Assistance, Outreach
- Community Volunteers
  - Retired Senior Volunteer Program
  - Senior Companions
  - Foster Grandparent/Elder Mentor
- Statewide
  - Legal Services
  - Monthly Newspaper
- Health Promotion & Disease Prevention

### **Health Promotion and 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

DSDS requires 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.” All other DSDS Title III-D grant funding requires 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 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.

### **Health Promotion and Disease Prevention Grant Program**

Health Promotion Disease Prevention (HPDP) Grant program provides grant funds to local provider agencies for evidence based interventions to improve the health and wellness of seniors. HPDP grants are funded through a combination of Title III-D and state funds and administered by the Division of Senior & Disabilities Services. HPDP is based on the evidence that ongoing physical activity can prevent disease, slow the progress of disease, and reduce the impact of disease. Physical activity has a positive

impact on physical illness, depression, and cognitive loss.

Personal goal setting and tracking is required and has been found to contribute to motivation and adherence to physical activity and wellness behaviors. Participants can measure improvement and experience the rewards of increased fitness and confidence.

### **Senior In-Home Services Grant Program**

Home and community-based services are provided throughout the state with the goal of decreasing the need for seniors to be moved to more costly out-of-home placements. State of Alaska general funds are competitively 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, administered by DSDS, provides funding for case management, chore, respite, extended respite, and supplemental services.

### **Adult Day Services**

Adult Day Services (ADS) is 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 as administered by SDS. In FY 2014, thirteen provider agencies received grant funds for Adult Day programs. ADS provide 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. Adult Day Services support an adult's personal independence and promote social, physical, and emotional well-being. ADS provide 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. The Adult Day Services program 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
- Comprehensive assessment, if needed
- 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
- Supplemental services

**Alzheimer’s Disease & Related Dementia (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 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 assists in developing strategies in dealing with the disease. The Alzheimer’s Resource Agency provides information and education to organizations and individuals throughout the state. SDS administers this senior grant program.

### **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 within 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.

### **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. Title VI grantees (there are 44 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 well underway.



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. 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 2016 through FY 2019), 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.

### **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, and 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.

### Continuum of Care for Alaska Seniors

Community-Based Services	Home-Based Services	Intensive Home and Community-Based Services	Services in a Residential Care Setting	Most Intensive Institutional Services
<ul style="list-style-type: none"> <li>* Congregate Meals</li> <li>* Public Transportation</li> <li>* Information/Referral/Personal Advocacy</li> <li>* Physical Fitness</li> <li>* Health Promotion Activities</li> <li>* Senior Employment Services (MASST)</li> <li>* Independent Living</li> <li>* ADRCs and Options Counseling</li> <li>* Senior Centers</li> <li>* RSVP/Foster Grandparent Volunteers</li> <li>* Legal Services</li> </ul>	<ul style="list-style-type: none"> <li>* Home Delivered Meals</li> <li>* Assisted Transportation</li> <li>* Shopping Assistance</li> <li>* Home Repair</li> <li>* Senior Companion Volunteers</li> <li>* Homemaker/Chore</li> </ul>	<ul style="list-style-type: none"> <li>* Adult Day Services</li> <li>* Counseling</li> <li>* Family Caregiver Support</li> <li>* In-Home Respite Care</li> <li>* Home Health Care</li> <li>* Hospice Care</li> <li>* Personal Care</li> </ul>	<ul style="list-style-type: none"> <li>* Assisted Living Homes</li> <li>* Pioneers’ Homes</li> </ul>	<ul style="list-style-type: none"> <li>* Acute Care (aka Hospital)</li> <li>* Nursing Home Care (aka Skilled Nursing Facility)</li> <li>* Residential Hospice Care</li> </ul>
		Long Term Care Ombudsman: Advocacy for Residents of Long Term Care Facilities		
		Care Coordination (Case Management): Personal Assessment/Plan of Care/Follow-Up		
Adult Protective Services: Investigation and Services to Abuse/Neglect Victims				

## Continuum of Care Definitions of Programs and 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 cardiovascular 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:** See Mature Alaskans Seeking Skills Training (MASST) program description above.

**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.state.ak.us/home/senior\\_guide.cfm](http://www.ahfc.state.ak.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:

**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](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, operation, 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 that 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 that 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 that 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.

**Continuing Care Retirement Community (CCRC):** 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 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>

## FY2014 Grant Funding by Component and Program and Number of Alaskans Served

Program Name	Senior Community Based Grants	Number of Alaskans Served
Adult Day	\$ 1,757,011	416
Aging and Disability Resource Centers	\$ 859,690	7,709
ADRD Education and Support	\$ 357,118	n/a
Family Caregiver (III E)	\$ 1,026,575	1,118
Nutrition Services Incentive Program	\$ 320,721	n/a
Nutrition, Transportation and Support Services for Seniors (III B, C1, C2)	\$ 6,437,548	11,719
Senior In-Home	\$ 2,917,265	1,528
Medicare Info Office	\$ 180,000	8,796
Nursing Facility Transition	\$ 120,000	50
Health Promotion and Disease Prevention (III D)	\$ 103,682	299
Senior Residential Services	\$ 815,000	44
<b>Total Senior</b>	<b>\$ 14,894,610</b>	<b>31,679</b>
Senior Grant: 1% MHTAAR, 41% Federal, 58% GF		



## Appendix H. Summary of Older Americans Act (OAA)

---

## Summary of Older Americans Act (OAA)

---

### 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 (OAA) 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, Administration on Community Living (ACL). Since 1993, the

ACL/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 ACL/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.

Beginning in 2011, Congress has been considering 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 ACL/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 a small staff to carry out the Commission's directives on planning, education and public awareness, and advocacy. The current state plan for services is available for review on the ACoA's website at [www.AlaskaAging.org](http://www.AlaskaAging.org).

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

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

**Title III** of the Older Americans Act outlines the types of supportive services funded by the Act, services which have remained fairly constant for nearly a decade. Title III services, provided through the Senior Community Based Grants 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 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 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 I. Acronyms and Definitions

---

## Acronyms

---

**ABPCA** – Agency-Based Personal Care Assistance

**ACL** – U.S. Administration on Community Living

**ACoA** – Alaska Commission on Aging

**ADRCs** – Aging & Disability Resource Centers

**ADRD** – Alzheimer’s Disease and Related Disorders

**ADS** – Adult Day Services

**AK DOLWD** – Alaska Department of Labor & Workforce Development

**AMHTA** – Alaska Mental Health Trust Authority

**ANTHC** – Alaska Native Tribal Health Consortium

**AoA** – U.S. 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

**PCA** – Personal care attendant

**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 J. Public Comments

---



## Public Comments

Public Comments on Alaska’s DRAFT State Plan for Senior Services, FY2016-2019, submitted to Alaska Commission on Aging May 29, 2015 – June 29, 2015. A total of six public comment sessions were held in Fairbanks, Anchorage, Juneau, Palmer, Homer, and a statewide teleconference. Sixty-two participants attended these sessions. We received a total of 66 items of public comment.

Note: The State Plan received many positive comments. Overall, many stated that the State Plan was comprehensive and included a rich data set describing the health and wellness of seniors and the issues of concern to them.

Location:	Comment or Suggestion:	Response:
Fairbanks, 6/4/2015	Include the need for readily available information/resources on a variety of senior issues.	Please see Strategy 6.E. to strengthen the Aging and Disability Resource Centers and the senior center network as sources for information and referral.
	Include that the Medicaid waiver program should not be reduced.	Please see Strategy 6.H. to increase the number of seniors who live safely in their communities. ACoA advocates for the protection of safety net services for seniors which includes Medicaid waiver services.
	Include the need for culturally relevant medical care in Fairbanks, as Interior hub, specifically a Native assisted-living facility.	Outside the scope of the state plan, but comment is noted.
	Emphasize that affordable housing for seniors is needed.	Strategy 4.C. targets advocacy to continue development of affordable and appropriate senior housing and is an ongoing advocacy issue for ACoA and other advocacy partner organizations.
	Include the need for Medicaid expansion.	Please see the section on “Emerging Initiatives” where Medicaid Expansion and Reform are identified as initiatives to strengthen the foundation of home- and community based services for seniors, provide health care for older adults who are not age-eligible for Medicare, and to produce cost savings for the state.
	Include Programs to help seniors who don’t know the Internet.	The Aging and Disability Resource Centers, the senior center network, and the Medicare Office are programs identified in this State Plan that provide help to seniors by answering questions and connecting people to appropriate services either in-person or over the phone. The Mature Alaskans Seeking Skills Training program (MASST) provides computer training for qualifying seniors seeking employment.
	Clarify the total federal and state funding for seniors.	In FY2015, the total funding was \$14,675,865 of which \$5,836,959 federal, \$8,713,906 state General Funds (GF), and \$125,000 Alaska Mental Health Trust Authority Mental Health Trust Authorized Receipts (MHTAAR). With the exception of \$500,000 (or 5.74% of the total funding) for administration, the remainder of funds is used to provide services for seniors.
	Address how a \$5 million cut will affect senior benefits program.	The Legislature restored \$2.8 million of the \$5 million reduction originally proposed for Senior Benefits. The Division of Public Assistance will determine how the reduction will be implemented. Strategy 2.A. identifies ongoing advocacy to support Senior Benefits and other safety net programs by ACoA, AgeNet, and AARP.

	Increase the attention on and programs for grandparents raising grandchildren.	ACoA recognizes the increasing role of grandparents raising grandchildren in our education and advocacy efforts in support of funding for services provided by the Family Caregiver Senior Grant program administered by the Division of Senior and Disabilities Services. Language was added to describe the special needs of grandparents filling this important family role under Appendix G, Programs and Services Descriptions, Older Americans Act Title III Grant-Funded Programs and Services.
	Raise taxes to fund senior services and promote private businesses to be involved.	These are examples of options proposed by the Administration to address the increasing fiscal gap for state services. This comment is noted.
	Emphasize that Alaska is a great place for seniors.	ACoA agrees and includes this message in our public education activities.
	Add public awareness of senior financial security.	Findings from the needs assessment activities noted in this plan ranked financial insecurity as the #2 issue of highest concern for seniors today. A number of strategies focus on building supports for safety net programs and affordable housing. Please see 1.A., 2.A., 2.B., 2.C., 4.C., 6.a., and 6.l. ACoA and our advocacy partners understand the importance of Senior Benefits and other assistance programs for seniors in financial need and advocates for the protection of these core safety net services.
Anchorage 6/9/2015	Address whether the increase in senior population could be related to grandparents moving to be closer to their children/grandchildren.	The Department of Labor and Workforce Development (DOLWD) tracks migration patterns. ACoA referred this comment to the state demographer for further research and learned that while DOLWD does not have any direct survey data on motives for moving to/from Alaska, they believe that moving to be close to family is a justifiable reason for some seniors moving into the state.
	Address whether the increase in Alzheimer's is related to the high rate of heavy drinking/alcoholism.	ACoA referred this question to the Division of Behavioral Health (DBH) requesting data related to the number of Alaskans age 60 and older with Korsakoff syndrome, a form of dementia related to long-term alcohol misuse that leads to severe thiamine deficiency. DBH is researching this question using Medicaid and Medicare claims data. Korsakoff syndrome may sometimes be associated with disorders other than alcohol use including AIDS, poor nutrition, kidney dialysis, and other factors. Nationally, there is limited prevalence data about Korsakoff syndrome, according to the national Alzheimer's Association.
	Explain in the Needs Assessment which areas of the state think each issue is important.	Unfortunately, this analysis was not possible using the statewide senior survey data however the Elder Senior Listening Sessions do identify specific challenges and strengths for their respective communities that are described in Appendix A, Needs Assessment Activities and Findings.
	Explain how housing was presented in the survey/listening sessions.	Senior housing was described as the continuum of housing for seniors that include independent housing, senior housing with supportive services, assisted living, and nursing home care. Local examples of senior housing were provided in the Elder-Senior Listening sessions.

	<p>Explain whether MatSu is now considered urban and other details of the funding formula including when the hold harmless is phasing out and whether the funding formula is prepared for a drastic reduction in funds. Explain the state match for the federal funding.</p>	<p>The funding formula in this state plan identifies Anchorage, Fairbanks and Juneau as urban with the remainder of the state, including Mat-Su, as rural. The funding formula also states that the hold harmless provision from the FY2012-FY2015 funding plan will be phased out beginning in Year Two of the FY2016-FY2019 plan to be completed by FY2019, the final year of this plan. In the event that funding is reduced, funding would be distributed at percentages used during FY2011, as needed. The Administration on Community Living requires a 15% state match for the majority of the Title III programs and a 25% state match for the Family Caregiver program. The State match far exceeds these required federal amounts. The funding formula applies only to the regional distribution of funds for the Nutrition, Transportation, and Supports; Senior In-Home Services; and the National Family Caregiver Grant programs.</p>
	<p>Include the funding for Senior Grant-funded services.</p>	<p>The FY2015 total funding for senior grant-funded services was \$14,675,865 comprised of \$5,836,959(federal), \$8,713,906 (state GF) and \$125,000 (Alaska Mental Health Trust Authority, Mental Health Trust Authority Authorized Receipts) This funding is used primarily for direct service delivery statewide with \$500,000 held out to cover administration costs.</p>
	<p>Explain whether Senior Benefit program is part of Senior Grants.</p>	<p>No, they are two separate programs. The Senior Grants programs, administered by the Division of Senior &amp; Disabilities Services, provide essential services including meals, rides, homemaker services, information/referral and other services for Alaskan seniors age 60 years and older, targeting the most vulnerable seniors. The Senior Benefits program, a separate program administered by the Division of Public Assistance, provides tiered monthly cash assistance to seniors age 65+ who income-qualify for the program.</p>
	<p>The plan needs more details in terms of full funding, cuts in funding, and what happens when cuts are involved.</p>	<p>Clarifying language was added to Appendix B, Intrastate Funding Formula. We understand the importance of preserving funding for the core senior services.</p>
	<p>The plan needs to include benefits that seniors in Alaska provide and that their dollars are spent on Alaskans in Alaska by providers in Alaska.</p>	<p>The Executive Summary and Appendix E describe the social and economic benefits of seniors and the retirement industry to the state. The ACoA identifies these benefits in our public education and advocacy activities to promote awareness of the value of seniors to Alaska.</p>
	<p>Keep track of benchmarks and assigned responsibilities.</p>	<p>The Plan's goal section include strategies and performance measures for each strategic objective and the lead agency(ies) responsible for coordinating efforts to address them. The majority of performance measures include baseline data to track efforts during this state plan timeline. The State Plan Implementation Committee will meet annually to review data gathered as the result of implementation activities and discuss steps for moving forward with implementation efforts involving as many agencies as possible. An annual report of implementation activities will be prepared with ACoA providing leadership to</p>

		coordinate those efforts.
	Include that the senior population is the fastest growing segment.	Please see the Executive Summary and Appendix E that address this comment.
	Include an increase in training to improve the limited services for seniors.	This state plan includes a focus on strategies to strengthen the direct service workforce for seniors by promoting awareness of training opportunities provided by the UA Trust Training Cooperative. Please see strategies 1.C. and 6.B. In addition, the Alzheimer’s Resource Agency and the Trust Training Cooperative work together to improve training for family caregivers caring for elderly loved ones at home, particularly those with Alzheimer’s disease and related dementias as described in Strategy 6.D.
	Emphasize financial abuse of elders by family.	Elder Justice is a primary focus for this state plan as cases of elder abuse continue to increase as reported by Adult Protective Services, the Office of Elder Fraud and Assistance, and the Office of the Long-Term Care Ombudsman. Elder abuse was also identified as a growing concern of the survey respondents and Elder-Senior Listening Session participants. Strategies 3.A., 3.B., 3.C. and 3.D. aim to promote awareness and issues related to elder abuse and exploitation in order to prevent abuse and reduce the rate of recidivism.
	Include the diabetes classes offered by the Senior Center and add a focus on education and prevention.	Please see Strategy 1.B. that focuses on health promotion and disease prevention activities. Access to healthy food, nutrition counseling, and senior exercise are evidence-based strategies to promote healthy aging and reduce the risk of diabetes. Funding for these programs offered by local provider agencies is provided by the Health Promotion and Disease Prevention Senior Grant Program, administered by Senior and Disabilities Services.
Mat-Su Borough, Palmer 6/9/2015	Include information about veterans and the Veterans Advisory Council.	Information about services for Alaska senior Veterans and the Veterans Advisory Council was added under Appendix G, Programs and Services Descriptions.
	Include the need for more support for public transit so that seniors can remain independent seniors.	Please see Strategy 6.I. regarding advocacy for legislation and policies that support access to affordable senior transportation.
	Emphasize the need for independent living housing with non-smoking Personal Care Assistants (PCAs) and more training for PCAs in general.	Access to appropriate, accessible, and affordable senior housing is a goal of this state plan and an ongoing advocacy issue for ACoA. Although there are no regulation restrictions on smoking, ACoA has forwarded this concern to the Quality Assurance Unit and to the PCA training program, Division of Senior and Disabilities Services to encourage PCA training that is person-centered and respectful. The University of Alaska Trust Training Cooperative (TTC) provides training for direct service professionals and supervisors. The TTC states that all of their trainings are recommended for Personal Care Assistants in addition to the Alaska Core Competencies, Mental Health First Aid, Dementia Essentials, and others.
	The website and Senior Voice need to include more information about future meetings.	ACoA notes this comment and will provide more information about our meetings.

	Address the issue that Meals on Wheels participants are taking advantage of the program.	ACoA has forwarded this comment to Senior and Disabilities Services (SDS) for further investigation.
	Abuse by neglect is an important current issue.	This comment is noted. Adult Protective Services (APS) initiated 1,099 investigations involving elders in FY2014. The three most frequent allegations reported were self-neglect, neglect, and financial exploitations, according to APS.
	Emphasize the capacity of Pioneer Homes to care for individuals with ADRD.	Clarifying language was added describing the Pioneer Homes under Appendix G, Programs and Service Descriptions.
	Collaborate with the MatSu Health Foundation for data from their annual report.	We appreciate the good work of the Mat-Su Health Foundation in funding services for seniors. The Mat-Su Health Foundation annual reports summarize the foundation's grant-making activities to address the region's health care needs that include programs serving seniors. The Mat-Su Regional Health Plan for Delivery of Senior Services published in 2011 is a wealth of information about the region's senior population and service needs.
	More rural Natives are moving to urban areas like the MatSu area and more funding is needed to serve an increasing senior and Alaska Native elder population.	This comment is noted. Strategy 6.C. has been revised to improve the availability of culturally appropriate services statewide to address the needs of local communities with an increasing number of ethnically diversified seniors.
	Include that MatSu is Alaska's fastest growing community, and this is forecasted to continue.	New language describing regional demographics patterns has been added to Appendix E. The Mat-Su borough's senior population is estimated to increase 71% over the next ten years, according to Department of Labor and Workforce Development population projections.
	The funding formula is double-weighted with rural and cost-of-living adjustment, which harms seniors of the Mat-Su borough and is not in line with the state's current population. The hold harmless factor is antiquated and the timeline for funding formula discussion by the Advisory Committee was rushed. The urban/rural U.S. Census definitions are not reflective of reality in the MatSu Borough. Additionally, rural and urban identifiers throughout the state plan cause concern because the need is unilateral. There was specific citation of the April 27 Advisory Committee teleconference regarding the funding formula.	<p>The decision to use both "rural" and "cost-of-living" factors takes into account that the cost of providing services to small, remote communities with no roads and limited infrastructure is significantly more expensive where all supplies are received by air or water transport as compared to rural communities on the road system. The Older Americans Act requires services be targeted to seniors with the greatest economic need and social need (resulting from geographic isolation and other factors) as a way to help seniors age in place and avoid forced relocation to urban areas where they may be isolated from family, friends, and cultural ways of life.</p> <p>All comments received regarding the funding formula including definitions for rural, weighting factors, the cost of living allowance (COLA), and regional allocations are important and will be taken into consideration when the State Plan Steering Committee evaluates these comments and possibly make recommendations to amend the funding formula in FY2016.</p>
	The use of Rural/Urban identifiers through the State Plan: These terms are divisive and there is no place for these terms in the plan.	The Older Americans Act requires funding plans to give preference to seniors in economic and social need. The Administration on Community Living requires states to provide assurances that they target older individuals in rural areas, older persons in rural areas with social need (with particular attention to low-income minority individuals),

		and requires states to designate a certain allocation of funds for services to rural older adults. This State Plan includes reference and targeted outreach to “rural” as required by the Older Americans Act. Please see Appendix C, State Plan Assurances and Required Activities.
	Under Goal 2C, the word <i>increase</i> should not be used. Additionally, with the increase in minimum wage, the limited amount of funding will need to be spread to fewer participants.	Measures under Goal 2C have been revised and now state “maintain or increase” to reflect reduced federal funding for the Mature Alaskans Seeking Skills Training program.
	Under Goal 6.I., it is unclear what the role of AgeNet is in transportation measure, and the measure should be ‘increased access to affordable transportation options’	AgeNet defined this role and volunteered to advocate for continued funding and policies supporting senior transportation in order to ensure that seniors have affordable, safe, and reliable transportation services. The measure tracks the number of assisted rides for vulnerable seniors identified in SAMS.
	There were 6 elder listening sessions for the needs assessment, however none occurred in MatSu. There is an open invitation for quarterly ACoA meetings in the MatSu Borough so that this will not be repeated.	ACoA appreciates this invitation and will plan for future meetings in the Mat-Su.
Juneau 6/16/2015	Include the Medicaid waiver program in the plan.	Please see Appendix G which describes programs and services for Alaskan seniors, including the Medicaid waiver program and other Medicaid services that are available for seniors. Medicaid reform options are described in the plan’s Emerging Initiatives section.
	Emphasize the need to continue Elder services in remote Village communities.	The Older Americans Act requires state funding plans to give preference to seniors in economic and social need, including older people who are isolated due to geographic and other social factors. The funding formula includes a rural factor and a cost-of-living factor for rural and remote communities that have limited infrastructure, limited workforce, and high costs of providing services in order to provide services that help seniors to age in place in their communities of choice.
	Encourage seniors to advocate for themselves and educate seniors on the issues addressed in the plan.	Please see strategy 5.A. that identifies ACoA to hold a follow-up Power of Aging Symposium and provide seniors with a tool box they can use for advocacy in their communities.
	Recommend that Medicaid expansion should add marriage and family therapists as providers.	Although not a state plan issue, this recommendation is noted.
	Emphasize the need for a variety of senior housing loan options.	This comment is noted as a program that would help seniors age in place in their homes. ACoA plans to hold a second Senior Housing Summit during this state plan timeline that will include discussion about senior housing needs and resources available. AHFC’s Senior Access Program provides grants for Alaskans age 55+ who meet eligibility requirements to increase accessibility in their home however funding was not approved in the FY2016 capital

		budget.
	Address the lack of senior care support in smaller communities, such as PCA, contractors, and general resources.	The State has a Rural Long-term Care Development office tasked with helping communities to develop long-term care resources.
	Positive comments were provided that the state plan is well-done.	Thank you!
Homer/ Kenai Peninsula 6/17/2015	Address the reason for the Kenai Peninsula and Matanuska-Susitna Boroughs to be part of the same region.	The funding formula employs the same framework used by the Department of Health and Social Services for allocating funds to regions in which the state's 27 census areas are apportioned among nine service regions.
	Include a back-up plan in the case that Medicaid expansion does not go through and a back-up plan if the state budget is not maintained at the current levels.	The request for a back-up plan if Medicaid expansion fails is outside the scope of the state plan. Please see Appendix B, Intrastate Funding Formula that describes how funding reductions will be addressed.
	Emphasize the need for Medicaid expansion to help agencies and providers pay for senior care employee healthcare. All age groups are needed to care for seniors, especially when considering family caregivers.	Please see Medicaid expansion under the section "Emerging Initiatives" which describes health care coverage for senior care employees, family caregivers, and other benefits for seniors.
	Positive comments were noted that the plan is comprehensive and includes a lot of good information.	Thank You!
Statewide 6/17/2015	Address how the Needs Assessment information can be broken down by regions of the state.	Unfortunately, this analysis was not possible using the statewide senior survey data however findings from the Elder Senior Listening Sessions do identify specific challenges and strengths for their respective communities that are described in Appendix A, Needs Activities and Findings. We will work to develop a strategy to produce findings at the regional level for the next state plan.
	Explain how 'rating average' is calculated for the Needs Assessment data.	The senior survey included a question that asked the respondent to rank the importance of services on a scale from 1 to 4 with "1" being "very important and "4" being "least important." A computed average was calculated to note the importance of services for respondents with those rated closest to "1" being the most important.
	Include more detail about the aging summits that are a performance measure of this plan.	The purpose of the power of aging summit is to provide Alaska seniors and those who care about them with the knowledge and tools to have a strong voice to make Alaska the best place to live and grow old with dignity. The next summit will emphasize how seniors can become more involved in local and statewide policy discussions to encourage communities to become more senior friendly and will include an advocacy tool box.
	Address the current cuts to senior services by the state legislature.	In FY2015, the Legislature reduced the amount of senior grant-funded services by \$33,800. In addition there was a \$2.3 million reduction for the Senior Benefits program. The Division of Senior and Disabilities Services and the Division of Public Assistance are working to implement these changes in funding levels.
	Emphasize homemakers and PCAs in the plan.	Please see Appendix G for a description about these services for seniors.

	Positive comments were offered for the plan.	Thank you!
Written comments – Statewide	The Coalition for Service Members, Veterans, and Families on Tuesday expressed a concern that the plan does not mention the large number of senior Veterans. They noted a figure of 27,000 Veterans that are senior in Alaska.	Information about services for Alaska senior veterans and the Veterans Advisory Council was added under Appendix G, Programs and Services Descriptions.
Fairbanks	We need to promote the message that “Alaska is the state that seniors love” across all media forms and stated in public meetings. Seniors choose to remain in Alaska – which is a cause for celebration, not a crisis, because seniors contribute so much. We must encourage the private sector to get involved and provide services for seniors. Nonprofit agencies cannot do it all as the cost for providing services is high. I am an Independent Conservative; I don’t believe in raising taxes for programs or for supporting able bodies, but I do believe in the social responsibility of making sure our elders have EVERYTHING they need and more.	This comment is noted and appreciated. The State Plan calls attention to the economic and social contributions of seniors and this message is central to ACoA’s advocacy efforts. The growing senior population requires public and private enterprises to work together in partnership and deliver appropriate, high quality services. Alaska’s seniors deserve no less!
This is a summary of the written comments submitted by Mat-Su Senior Services, the Coalition of Mat-Su Senior Centers, the Mat-Su Council on Aging, and the Mat-Su Health Foundation.	<ul style="list-style-type: none"> <li>• Strategic Objectives and Performance Measures – Goal 4 C. Please remove “in urban and rural Alaska.” Affordable and accessible housing across the continuum is needed all over Alaska. The way this is written, this creates a rural-urban divide when are all Alaskans. Also, I am unclear about AgeNet’s role as a lead.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Strategic Objectives and Performance Measures – Goal 6.B. Please remove “especially in rural Alaska.” Developing direct service workforce is necessary in all parts of Alaska. The way this is written, this creates a rural-urban divide when we are all Alaskans.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Strategic Objectives and Performance Measures – Goal 6 C. Please remove “Rural.” Senior Services should be accessible and culturally appropriate all over Alaska, not just in Rural Alaska. The way this is written, this creates a rural-urban divide when we are all Alaskans.</li> </ul> <hr/>	<p>Strategy 4.C. has been revised to read “Advocate for continuing development of affordable and accessible senior housing statewide.” AgeNet volunteered as an advocacy lead as they are concerned about the need for appropriate senior housing and advocate for funding to support AHFC’s Senior Citizen Housing Development program.</p> <hr/> <p>We agree that a strong workforce is needed throughout the state. The State Plan Advisory Committee’s intent of calling attention to rural workforce needs is to bring attention to the limited supply of qualified workers to fill positions in communities with small populations and off the road system.</p> <hr/> <p>Strategy 6.C. is revised to read “Senior services are accessible and culturally appropriate.”</p> <hr/>



	<ul style="list-style-type: none"> <li>• Strategic Objectives and Performance Measures – Goal 6 E. Please add measure: Number of seniors using senior centers to access information. Lead: DSDS. Baseline can be derived from SAMS. Also, I am unclear about AgeNet’s role as a lead under the third measure.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Strategic Objectives and Performance Measures – Goal 6 I. How is AgeNet going to assist with this measurement? Since transportation is clearly identified as a problem all over the state, it is unclear if this measure is realistic or how it relates to the advocacy effort. The measure should be that there is legislation or a policy to support increased access to affordable transportation options.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Alaska Intrastate Funding Formula FY 2016-2019 – the rural factor or cost of living factor is essentially double-weighted. There is no question it costs more in some of the rural or remote areas of Alaska; however it is unfair and inequitable if the rural factor <b>and</b> cost of living are included in the funding formula. Additionally, the population shifts need to be taken into account quickly. Areas with the highest senior growth are experiencing difficulty in providing continuing services. We appreciate the phased out approach of the hold harmless clause, however, the soon it is implemented the better. It is also recommended that the funding formula is applied within the region as well as by region.</li> </ul>	<p>We agree that senior centers are an important source for information about senior programs. Over the next four years, we plan to develop a method to define and measure services provided by senior centers that are not captured in the current SAMS tracking system. AgeNet, the statewide coalition of senior providers, includes members serving rural communities. AgeNet volunteered to help with this project.</p> <hr/> <p>Strategy 6.I. adds the recommended measure “new legislation, policy, or funding approved to support increase access to affordable transportation options.” The measure of seniors accessing assisted transportation is one way to show the outcomes of advocacy efforts that target the most vulnerable seniors. This measure remains intact.</p> <hr/> <p>We hear concerns statewide about the limited availability of funding to serve the growing numbers of seniors in larger communities as well as limited funds to support rural and remote providers with high costs of doing business. The cost of living factor is the same one used by the Department of Health and Social Services to arrive at Medicaid rates 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. The Plan’s goals aim to support seniors in maintaining their health and independence to the greatest extent possible in their communities of choice as all areas of the state are experiencing double-digit growth in senior population.</p> <p>All comments received regarding the funding formula including definitions for rural, weighting factors, the cost of living allowance (COLA), and regional allocations are important and will be taken into consideration when the State Plan Steering Committee evaluates these comments to possibly make recommendations to amend the funding formula in FY2016.</p>
--	--	---

# Public Comments on Alaska State Plan for Senior Services, FY2016-2019

## Amended Funding Formula

---

Public Comments received on Alaska’s DRAFT Amended Funding Formula for the Alaska State Plan for Senior Services, FY2016-2019, were submitted to Alaska Commission on Aging during a 30-day public comment session, May 9, 2016 to June 10, 2016. Two statewide sessions were held that included a webinar on May 19, 2016 and a teleconference on May 24, 2016. Both sessions included a presentation describing the proposed revisions, a question and answer session, and time for providing public comment. Fifty participants attended the webinar and an unspecified number joined the teleconference. Both presentations received positive review by participants who noted that the information helped them to better understand how the funding formula methodology is used to determine regional funding amounts. We received a total of 41 items of public comment and questions.

Session Type	Comment or Suggestion:	Response:
<b>Section A</b>  <b>Statewide Webinar</b> <b>5.19.2016</b>	(A1) Proposed definitions of the urban, rural, remote continuum appear to be “subjective” in that every community in Alaska could argue that they have rural and remote sections. Definitions for this continuum should include a population count.	The “urban-rural-remote” employs the classification system developed by the federal Office of Management and Budget (OMB) for Metropolitan, Micropolitan, and Neither Statistical areas (please see <a href="http://www.whitehouse.gov/sites/default/files/omb/assets/fedreg_2010/06282010_metro_standards-Complete.pdf">http://www.whitehouse.gov/sites/default/files/omb/assets/fedreg_2010/06282010_metro_standards-Complete.pdf</a> ). According to OMB’s delineation, a Metropolitan Statistical Area comprises at least one urbanized area of 50,000 or more, plus adjacent outlying counties; a Micropolitan Statistical Area includes at least one urban cluster that has a population of at least 10,000 population but less than 50,000; and Neither is associated with counties having population clusters of less than 10,000. These definitions were applied respectively to urban, rural, and remote delineations for Alaska’s State Senior Plan amended funding formula. In developing this continuum for the funding formula, we also took into account proximity to an urban area and whether communities are on or off the road system. This definition acknowledges that most census areas will contain combinations of rural and remote areas. We have revised the definitions described in the amended funding formula narrative to include the population counts as presented above.
	(A2) Show regional funding levels for FY2016 and FY2017 in the amended funding formula spreadsheet so that changes in regional funding amounts resulting from application of the revised funding formula can be easily discerned.	We have included a supplemental comparison page to show FY2015, FY2016 and the proposed FY2017 levels. This comparison, however, should be viewed in light of changes due to budget action on base funding levels for federal and state funds as opposed to being caused solely by modifications to the State Senior Plan’s amended funding formula.  Please see Table 2 – NTS Funding by Region for Comparison
	(A3) Clarify why the total amount available in the current state	The difference in base funding amounts (\$175,785) is due to a budget reduction of State General Funds for senior community-based grants in FY2016.

	plan's funding formula (\$6,982,264) is different from the amount shown in the amended funding formula (\$6,806,479).	
	(A4) Please post an audio of this presentation with the power point for later review. This presentation is very informative.	The power point and audio of the webinar's presentation (5.19.2016) has been posted on the Commission on Aging's website.
<b>Section B</b> <b>Statewide Teleconference, 5.24.2016</b>	(B1) A math error is noted in Region 5a (Valdez/Cordova) for the total urban, rural, remote factor.	The correct number (8,106.5) will be reported in the final funding formula spreadsheet with adjustments made to the related tallies. Thank you for this observation.
	(B2) Explain what factors were used to calculate the NTS base funding 2016 amount for Region I.	Base funding was calculated using the percentage of actual funding for each Region in FY2016. That percentage was then applied to only the Federal funds and that number is the base funding amount for each region. For example, Region 1 received a 4.87% of the total NTS funds in FY2016, so that percentage was applied to the Federal dollars to come up with the base funding amount of \$194,794. Please see Table 1, Columns C and D for Base funding percentages and dollar amounts. In addition, please see Table 2, FY2016 for dollar amounts and percentages of funding by region. These percentages were applied to the base funding to determine the regional base funding amounts.
	(B3) How does removal of the hold harmless provision affect regional funding amounts?	As stated in the current State Senior Plan (pp 69-70), the hold harmless provision will be removed beginning in FY17 for the remainder of this plan so that the funding formula can be responsive to the shifting locations of frail, minority, low-income, and rural seniors in addition to addressing the needs of regions that have senior populations growing faster than others. Under the base funding provision, each region will have a designated funding amount using a percentage of federal funds calculated for each region. This provision is intended to provide funding stability and minimize the impact of large funding shifts.
	(B4) How many regions would lose money by not having the hold harmless provision?	Please see Table 2, NTS Funding by Region for Comparison. The hold harmless provision was in place during FY2015 and FY2016 and then removed in FY2017. Four regions will gain funding and six regions will lose funding in FY2017 in comparison to FY2016. Regions 4 (Anchorage Muni), 5(b) (Matanuska-Susitna Borough), 6 (Aleutians) and 9 (Southeast) will gain funding in FY2017 in comparison to FY2016. Regions that will lose funding include Regions 1 (Yukon-Kuskokwim); 2 (Interior); 3 (Northern); 5(a) Kenai, Valdez, Cordova; 7 (Bristol Bay/Kodiak); and 8 (Northwest). The hold harmless provision was in place during FY2015 and FY2016 and then removed in FY2017.
	(B5) How will the proposed elimination of funds for the Senior Benefits program affect the percentage of funds designated for poverty?	The poverty factor uses the FY2014 number of Senior Benefit recipients in order to maintain consistency across all of the funding formula factors of the base year from which population data is derived. We used 2014 population data for senior population, minority, frail, rural, and poverty because this is the most current year in which the information is broken down by age and census district for all of the factors used. This method of using a base year is based on the recommendation

		provided by the Administration on Community Living for funding formula calculations.
(B6) Why is the Mat-Su Borough now considered “urban” when there are many small communities within its boundaries?		The Matanuska-Susitna Borough is considered “urban” for purposes of the State Plan funding formula principally for the following reasons: (1) The Mat-Su has an urban area with a population of more than 50,000 and (2) is within driving distance to Anchorage (as measured by distance for commuting to work). Rural and remote regions in Alaska typically have a longer commuting distance to the nearest urban area for persons commuting to work. For example, the Fairbanks North Star Borough (FNSB) also includes rural communities in its boundaries; however, the FNSB also receives the “urban” designation in the funding formula.
(B7) Please explain why the OMB definition for Metropolitan, Micropolitan, and Neither was used for this funding formula instead of the U.S. Census Bureau’s definition.		The U.S. Census Bureau’s definition uses “communities” as opposed to <i>census areas</i> in its classification. The Department of Health and Social Services utilizes a regional classification based on census areas for distributing funding. Secondly, the U.S. Census Bureau uses population data collected every ten years. The most recent census data is 2010. In contrast, the OMB definition is based on population data gathered in 2013. The OMB definition includes other distinctions such as geographic entities that include one or more counties, those containing an urban core area, as well as any adjacent counties that have a high degree of social and economic integration (as measured by commuting to work) with the urban core. Other classifications were also considered, such as the USDA Rural Urban Continuum Code, however, this system could not be applied to census areas.
(B8) Are there other State programs that use the OMB designation?		None that we are aware of at this time.
(B9) Will 2015 demographics be used in the amended funding formula?		All of the data used for the funding formula weight factors must use data from the same year. While 2015 data is available for the senior population count by region, the breakdown of age for minority by region is not available. Therefore, we are using the 2014 population counts as the base year for all of the funding formula factors to achieve data consistency in determining the FY2017 regional funding amounts. The base year will be updated annually to determine regional funding amounts for FY18 and FY19.
(B10) Disagree with use of the OMB designation for purposes of the State Plan’s funding formula. According to the OMB, this designation is not designed for use in program funding formulas. Agree with using an urban-rural-remote continuum and recommend use of the Census Bureau’s definition for purposes of the State Plan’s funding formula.		<p>According to the Census Bureau, <i>the urban-rural classification is fundamentally a delineation of geographical areas, identifying both individual urban areas and rural areas of the nation. The Census Bureau’s urban areas represent densely developed territory, and encompass residential, commercial, and other non-residential urban land uses. For the 2010 Census, an urban area will comprise a densely settled core of census tracts and/or census blocks that meet minimum population density requirements, along with adjacent territory containing non-residential urban land uses as well as territory with low population density included to link outlying densely settled territory with the densely settled core. To qualify as an urban area, the territory identified according to criteria must encompass at least 2,500 people, at least 1,500 of which reside outside institutional group quarters.</i></p> <p><i>The Census Bureau identifies two types of urban areas:</i></p> <ul style="list-style-type: none"> <li>• <i>Urbanized Areas of 50,000 or more people</i></li> </ul>

		<ul style="list-style-type: none"> <li>• <i>Urban Clusters of at least 2,500 and less than 50,000</i></li> </ul> <p><i>“Rural” encompasses all population, housing, and territory not included within an urban area.</i></p> <p><a href="https://www.census.gov/geo/reference/urban-rural.html">https://www.census.gov/geo/reference/urban-rural.html</a></p> <p><i>Urbanized areas and urban clusters form the urban cores of metropolitan and micropolitan statistical areas, respectively. Each metropolitan statistical area will contain at least one urbanized area of 50,000 or more people; each micropolitan statistical area will contain at least one urban cluster of at least 10,000 and less than 50,000 people. Metropolitan and micropolitan statistical areas represent the county-based functional regions associated with urban centers (hence, the generic term “core based statistical area”).</i></p> <p><a href="http://www.whitehouse.gov/sites/default/files/omb/assets/fedreg_2010/06282010_metro_standards-Complete">http://www.whitehouse.gov/sites/default/files/omb/assets/fedreg_2010/06282010_metro_standards-Complete</a></p> <p>The Census Bureau’s delineation of urbanized areas and urban clusters supports the OMB delineation of metropolitan and micropolitan statistical areas which is why the Task Force believes that the census area based delineation used by OMB is an acceptable method to determine urban-rural-remote classification for purposes of the funding formula.</p>
<b>Section C</b>  <b>Written Public Comments Received</b>	(C1) Support the proposed urban-rural-remote continuum along with specific definitions for rural and remote that includes a population count and designation of remote for communities off the road system.	This comment is noted. Thank you.
	(C2) Overwhelmingly support the separation of Region V into two subsets as this was done successfully for the Aging and Disability Resource Centers. Although the Kenai Peninsula and Valdez/Cordova Census area are a great distance apart, geographically, the regions share similar industries, distance from urban areas, and a population	This comment is noted. Thank you.

	base.	
	(C3) Support the “base funding allocation” as it recognizes the need for a base level of funding and would be responsive to population shifts. Would the funding formula still use a cost of living differential to acknowledge the difference in cost of service delivery in urban, rural, and remote areas of Alaska?	The cost of living differential is removed under the terms of the amended formula because the weighting factor for the urban-rural-remote continuum takes into account the higher cost of providing services in rural and remote areas.
	(C4) Concerned that the increased weights for poverty and frail funding factors may create a delivery system that is crisis driven whereby seniors with moderate needs would be forced to wait until their needs are emergent.	The decision to increase weights for the poverty and frail factors was based on (1) the direction from the Older Americans Act that requires state funding plans to give preference to seniors with the greatest economic and social need, and (2) recommendations from senior providers in their response to the State Plan’s provider survey that requested input of how to improve the funding formula.
	(C5) Embrace the decision to increase the weight factors for “poverty” and “frail” as these two categories often represent our most vulnerable senior citizens.	This comment is noted. Thank you.
	(C6) Please find increased funding for senior services. Seniors who live on a fixed income depend on these services, particularly the reduced rate for transportation that helps older people to get to the doctor’s office, for shopping, the bank, and other destinations.	Thank you for your comment. The Alaska Commission on Aging and other advocates for senior services appreciate knowing that these services make a difference and will continue to advocate for funding to support them.
	(C7) Strongly oppose use of the Office of Management and Budget’s (OMB) definition to define urban, rural and remote communities in Alaska because (1) many seniors residing in the	Please see responses for B6, B7, and B10.  The Funding Formula Task Force acknowledges that the majority of Alaska is rural. In order to recognize the increased costs and limited resources for areas not on the road system or near a large population center, the Metropolitan, Micropolitan definition was used to describe urban and rural. Census areas such as the Mat-Su may not consider themselves to be urban, and yet received that designation as a

	Matanuska-Susitna Borough live outside the core area of Palmer and Wasilla in communities that are not urban and (2) OMB states that the designation of Metropolitan, Micropolitan and Neither is designed for statistical purposes and not funding formulas.	Metropolitan area in contrast to other rural or remote census areas with smaller populations, not connected to a road system, and not near an urbanized area of 50,000 or more.
	(C8) Support elimination of all provisions of the hold harmless, regardless of the funding source.	As stated in the State Plan for Senior Services, the hold harmless provision will be phased out beginning in FY2017 when the base funding methodology is implemented.
	(C9) Review and correct 2014 population counts for Regions 5a, Region 2 senior minority, Region 9 senior minority, statewide Frail count, and senior population count statewide.	These numbers have been adjusted using 2014 population counts from the Alaska Department of Labor and Workforce Development, Research and Analysis Section (Please see <a href="http://labor.alaska.gov/research/pop/popest.htm">http://labor.alaska.gov/research/pop/popest.htm</a> .)
	(C10) Recommend using the most current population data for the funding formula regardless of whether or not data from the same year is available across all weighting factors in order to keep pace with the annual growth of the senior population.	We checked with the US Administration on Community Living (ACL), who administers the federal Older Americans Act funds to states, regarding this question. The ACL recommends that we use a recognized source of information to report the most current data that contains all the factors used in the funding formula as opposed to using mixed data sets from different years which may lead to problems with data consistency.
	(C11) Recommend caution in reducing the weight factor for the total senior population as the senior population increases and grows older.	The weight for the frail factor (defined as the number of people age 80 years+) was increased to reflect the need for services by the growing number of older seniors and to be responsive to the requirement of the Older Americans Act to target services to seniors with the greatest economic and social need.
	(C12) Update the population counts annually used in the funding formula.	We will update the population counts annually using the base year that contains all of the factors used for the funding formula as described in the response noted above for C10.
	(C13) Identify which senior grant programs are included in the funding formula calculations.	The funding formula applies to the federal and state funds received for the Nutrition, Transportation, and Support Services (NTS) and to the state funds for the Senior In-Home Services programs. (Please see page 68 of the State Plan for Senior Services, FY2016-2019 Appendix B.)

	(C14) Provide a written step-by-step example of the funding formula in use.	<p>Each region receives a percentage of the total funding based on the application of the funding formula as described below:</p> <ol style="list-style-type: none"> <li>1. Each Region receives a percentage of the total funding based on the application of the funding formula.</li> <li>2. Multiply the total number by region times each weight factor and add them all together. Using Region 1 as an example: <math>2,675 * 12.5\% + 298 * 25\% + 2,295 * 12.5 + 808 * 27.5\% + 2,675 * 22.5\% = 1,519.76</math>.</li> <li>3. Divide that number by the state total multiplied each weight factor State Total: <math>118,230 * 12.5 + 13,014 * 25\% + 29,441 * 12.5\% + 11,540 * 27.5\% + 32,019 * 22.5\% = 32,089.14</math>.</li> <li>4. Do this for each Region to get the % by region.</li> <li>5. Start with Base funding by region (See B2) Using Region 1 as an example: \$199,820.</li> <li>6. Take the remaining funding and apply the percentages from the funding formula. Remaining funding <math>\\$2,324,782 * 4.74\% = \\$110,104</math>.</li> <li>7. Add the Base funding to the remaining funding allocated for each region. Region 1: <math>\\$199,820 + \\$110,104 = \\$309,924</math>.</li> </ol> <p>The total equals the amount of funding for each region.</p>
	(C15) Provide more time for the State Plan Advisory Committee to discuss the State Plan Funding Formula.	This comment is noted and will be implemented. Thank you.
	(C16) Explain the methodology used to calculate the base funding for each region used for the Nutrition, Transportation, and Support Services (NTS) program.	Please see response B2 in this appendix. The same methodology was used to calculate the base funding for all regions.
	(C17) Explain how the base funding is allocated for the division of Region V into Region Va (Kenai Peninsula/Valdez/Cordova) and Region Vb (Matanuska-Susitna Borough).	Please see response B2 in this appendix. Base funding uses the actual funding for each region. For Region V, the percentage was calculated based on the actual funding allocated to Va for Kenai, Valdez, and Cordova, and the actual funding going to Vb for the Matanuska-Susitna Borough.
	(C18) Support the decision to increase weight factors for poverty and frail.	This comment is noted. Thank you.
	(C19) Recommend using the most current population data for the	Please see responses stated in B9, C10, and C12.



	funding formula, even if different years are used.	
	(C20) Eliminate all portions of the hold harmless provision.	The hold harmless provision will be eliminated in FY2017 and replaced with the base funding allocation that uses a percentage of federal funds while allowing all State General Funds to go through the funding formula. Base funding allocates a designated amount of funding for each region to provide funding stability and continuation of services for their senior residents. Many states utilize base funding in their funding plans to ensure that seniors, regardless of where they live, have access to services.
	(C21) Recommend using the most current data available to account for demographic changes of Alaska's fast growing senior population and update demographic data used annually.	The most current year of which all data elements are available will be used for the funding formula and updated annually.  Please see responses B9, C10, and C12.
	(C22) Recommend using the most current data available to account for demographic changes of Alaska's fast growing senior population and update demographic data used annually.	Please see responses B9, C10, and C21.
	(C23) Eliminate all portions of the hold harmless provision.	Please see response C20.
	(C24) Use consistency in data sources used to report population data. Observed that population statistics were used from the Office of Management and Budget as well as the Department of Labor in the funding formula.	The definition of urban-rural-remote for this funding formula was based on the delineation from the Office of Management and Budget for the Metropolitan, Micropolitan, and Neither Statistical Areas which uses a range of minimum and maximum population numbers to determine this classification system. (Please see response A1.) The OMB classification was then applied to the 29 census areas that are included in the nine service regions for the Department of Health and Social Services to designate which census areas are urban, rural and remote.  The population data used for the weight factors was taken from the Alaska Department of Labor, Research and Analysis Section (Please see <a href="http://labor.alaska.gov/research/pop/popest.htm">http://labor.alaska.gov/research/pop/popest.htm</a> .)
	(C25) Eliminate all portions of the hold harmless provision.	Please see response C20.
	(C26) Recommend using the most current data available to account for demographic changes of Alaska's fast growing senior population and update	The most current year of which all data elements are available will be used for the funding formula and updated annually.  Please see responses B9, C10, and C12.

	demographic data used annually.	
	(C27) Eliminate all portions of the hold harmless provision.	Please see response C20.



**State of Alaska  
Department of Health and Social Services  
Alaska Commission on Aging**

240 Main Street  
Court Plaza Building  
PO Box 110693  
Juneau, AK 99811-0693

Phone: (907) 465-3250  
Fax: (907) 465-1398