

# The Alaska State Plan for Senior Services

FFY 2024 – FFY 2027

*{Date} DRAFT*

State of Alaska

Department of Health

Alaska Commission on Aging



# Letter from Administration for Community Living

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THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

## Department of Health

ALASKA COMMISSION ON AGING

P.O. Box 110693  
Juneau, Alaska 99811-0693  
Main: 907.465.3250  
Fax: 907.465.1398

April 11, 2023

Ms. Ryan  
Regional Administrator  
Administration for Community Living  
701 Fifth Avenue, M/S RX-33  
Suite 1600  
Seattle, WA 98104

Dear Ms. Ryan,

As Governor of the State of Alaska, I hereby designate the Alaska Department of Health 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 Hedberg directly at 907-269-7800 or at [heidi.hedberg@alaska.gov](mailto:heidi.hedberg@alaska.gov).

Sincerely,

Governor Michael Dunleavy

cc: The Honorable Heidi Hedberg, Commissioner, Alaska Department of Health  
Tony Newman, Director, Division of Senior and Disabilities Services, Alaska Department of Health  
Bob Sivertsen, Chair, Alaska Commission on Aging, Alaska Department of Health  
Jon Haghayeghi, Executive Director, Alaska Commission on Aging, Alaska Department of Health



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

The Alaska Department of Health (DOH) hereby submits the Alaska State Plan for Senior Services for the period of July 1, 2024, through June 30, 2027 (State fiscal years 2024-2027).

Governor Mike Dunleavy has designated the Department of Health as Alaska's sole state agency on aging. The Alaska Commission on Aging within DOH is authorized by Alaska Statute 45.45.240(a)(1) to develop the state plan for senior services in accordance with the provisions of the Older Americans Act and its amendments. The plan, as submitted, documents the needs of older Alaskans, and establishes direction for the coordination of all State activities related to seniors, with an emphasis on those efforts related to the Older Americans Act, including the development of a comprehensive and coordinated system for the delivery of supportive services.

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Heidi Heidberg, Commissioner



THE STATE  
of **ALASKA**  
TAUPPERRUM, WILHELMSSUND, WITREDAVIT

## Department of Health

### ALASKA COMMISSION ON AGING

P.O. Box 110693  
Juneau, AK 99811-0693  
Phone: 907.465.3250  
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### ALASKA COMMISSION ON AGING STATE PLAN FOR SENIOR SERVICES APPROVAL

*The Alaska State Plan for Senior Services, FY2024–2027 is hereby approved by the Alaska Commission on Aging, as the agency authorized by the Commissioner of the Department of Health and by the 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.*

Bob Sivertsen, Chair

Paula Pawlowski, Vice Chair

Nona Safra

Darleen Supplee

Pamela Samash

Janet Engan

Bob Pawlowski

Lisa Von Borgen

Tony Newman

Date \_\_\_\_\_

\_\_\_\_\_  
Bob Sivertsen, Chair

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

*The Alaska State Plan for Senior Services, FFY 2024 - FFY 2027 is hereby approved by the Alaska Commission on Aging, as the agency authorized by the Commissioner of the Department of Health and by the 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.*

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\_\_\_\_\_  
Date

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Bob Sivertsen, Chair

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# 1. Executive Summary

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## **The Alaska State Plan for Senior Services**

Since the Alaska State Plan for Senior Services was last updated four years ago, the population of seniors age 60 and older in Alaska has increased by approximately 14,000 people.<sup>1</sup> This trend will continue through 2030, when Alaska's senior population age 60 and older population will again increase by 18,000, growing to a projected population of 165,000 Alaskans age 60 and older.<sup>2</sup> At the same time, the State of Alaska resources for funding senior services and housing are flat or declining, due to primarily to inflation. Alaska must plan for how to provide services for active seniors, those needing assistance to live independently, and those with more complex medical and social needs. People are living longer and the numbers of seniors with dementia, chronic health conditions, and behavioral health needs are also increasing proportionately. The population age 80 and older, who often require the most support to live independently, will almost triple over the next 30 years. Some people will be able to age well at home with support from family, friends or paid caregivers. Others will benefit from community resources such as senior centers, meals, respite, transportation that are often funded by a combination of grants, Medicaid, and community contributions.

The Alaska State Plan for Senior Services is the roadmap that guides the provision of senior services in Alaska over the next four years. It provides a comprehensive plan for senior services including meals, transportation, safety and protection, adult day services, senior housing, vocational training, legal assistance, the Senior Voice newspaper and more. This plan also satisfies a federal requirement for all states receiving federal funds under the Older Americans Act for their senior programs and services. It includes a vision statement, a core set of goals, objectives, and strategies, as well as an intrastate funding formula for federal funds and the State of Alaska General Fund. Through this effort, the Alaska Commission on Aging aims to keep pace with senior needs through planning, advocacy, and public awareness efforts, in collaboration with all organizations focused on the well-being of older Alaskans.

## **Vision**

The Alaska State Plan for Senior Services for Federal Fiscal Year (FFY) 2024-2027 builds on strong partnerships to provide high-quality, culturally sensitive, accessible services for Alaskans age 60 and above to live healthy, independent, meaningful lives in the place and manner of their choosing.

## **Planning Process**

The State of Alaska constitutes a single planning and service area under the terms of the Older Americans Act. The Alaska Department of Health (DOH) is the State Unit on Aging. The Alaska Commission on Aging (ACoA) conducts planning, community outreach, and advocacy for the DOH. The Alaska State Plan for Senior Services is the product of a planning process beginning in 2021 that included more than 40 facilitated conversations with seniors in Kenai, Anchorage, Southeast Alaska, the Matanuska-Susitna Borough, Fairbanks, Kodiak and Nome. These sessions included assessment questions to identify opportunities and gaps in services for seniors in Alaska communities. The planning process also included a survey of Alaska's seniors, and a survey of organizations providing senior services in order to identify the top issues of concern to seniors. This plan builds on the vision and work conducted as part of the Alaska State Plan for Senior Services FFY 2020 – FFY 2023. The ACoA convened

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<sup>1</sup> Alaska Department of Labor and Workforce Development Population Estimates, Published in 2022

<sup>2</sup> Ibid.

an Advisory Committee (listed in Appendix F) in January 2023 to guide the process and discuss changes and updates to the plan. At the direction of the advisory committee, this plan builds on the vision and principles of the previous plan, with an updated set of goals and objectives.

The public review draft is posted for public comment for 10 days, with an advisory committee meeting to address how public comments would be incorporated in the final plan. The ACoA will submit the final plan document to the Governor, Commissioner of DOH, and U.S. Administration on Community Living/Administration on Aging in June of 2023. The plan takes effect July 1, 2023.

## Plan Format

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), the main body of the plan is limited to 30 pages. Supporting background information is provided through Appendices. The main body of the plan is as follows:

- **Chapter 1: Executive Summary**
- **Chapter 2: Context** includes a summary of the demographics, needs assessment activities and important findings as well as critical issues considered in the plan. Appendix A provides additional results from the senior survey, the provider survey, and 40 senior/elder listening sessions.
- **Chapter 3. Quality Management + Implementation** includes a quality management strategy for the FFY 2024 - FFY 2027 period, including data collection to assess ongoing program implementation, remediation of problem areas, and continuous improvement of programs and services. This chapter also includes details on the implementation of the plan.
- **Chapter 4: Goals, Objectives, Strategies and Outcomes** describes the strategic direction in which the state is moving and identifies attainable, specific and measurable steps the state will take to achieve its goals. The goals in this chapter reflect issues identified by needs assessment activities and the key topic areas identified by the ACL, providing Alaska's senior agencies, advocates, and service providers a shared focus for the next four years. The seven goals include:
  1. Promote healthy aging in place and provide access to comprehensive and integrated health care.
  2. Encourage seniors are financially secure.
  3. Promote opportunities to protect vulnerable seniors from abuse, neglect, self-neglect, and exploitation in home, community and LTC facilities.
  4. Promote improved access for seniors to quality, affordable, accessible, safe, and appropriate housing, including senior housing, across the continuum of care.
  5. Promote opportunities for meaningful aging, intergenerational connectivity, and civic engagement, and address impacts from social isolation, particularly due to COVID-19.
  6. Promote person-centered, quality and affordable home-based and community-based support services that provide seniors with the highest quality of life, targeted to individuals with the greatest economic and social need.
  7. Promote opportunities to support family caregiving to provide care and support to seniors without putting their own physical, emotional and financial well-being on hold and at risk.

There are a variety of appendices included with this state plan to provide detailed information to support the plan document.

- **Appendix A** includes the State Plan Assurances and Required Activities including statutory assurances and activities related to the development and implementation of the Alaska's state plan.
- **Appendix B** includes information requirements including specific requirements related to the development and implementation of Alaska's state plan.
- **Appendix C** includes a description of the intrastate funding formula selected for this state plan. The formula is used for the distribution of state and federal funds to ensure funding priority is given to areas having seniors with the most economic and social need; factors for the formula include total senior (60+) population, advanced age or "frail" (80+), minority status, low income, and rural residency.
- **Appendix D** summarizes the needs assessment activities and analysis, which form the foundation for the goals and objectives of this plan. This section includes a summary of the information collected through the senior survey, provider survey, and elder listening sessions.
- **Appendix E** summarizes demographic data about Alaska seniors, including population growth, income, insurance, health indicators and program utilization.
- **Appendix F** includes a list of the Alaska State Plan for Senior Services Advisory Committee members and their affiliations.
- **Appendix G** describes the programs provided for seniors by the State of Alaska.
- **Appendix H** summarizes the continuum of care for long-term services and supports.
- **Appendix I** list the acronyms and definitions found throughout this document.
- **Appendix J** includes public comments received during the planning process and responses.

## Next Steps

Public and private partners will continue to work together on implementation and ongoing needs assessment of the Alaska State Plan for Senior Services. As the new plan takes effect on July 1, 2023, implementation through key leads for each performance measure will be the new focus.



## 2. Context

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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 relevant planning efforts to identify the key issues that inform the plan.

### Description of the Alaska State Unit on Aging

#### State of Alaska

The State of Alaska constitutes a single planning and service area under the terms of the Older Americans Act. In Alaska, the State Unit on Aging is the Department of Health (DOH). Older Americans Act Title III and some Title VII services are provided to seniors through the DOH Division of Senior & Disabilities Services (SDS). The Division of Senior & Disabilities Services (SDS) 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. Senior home and community grant-funded services provide expanded services for older adults who need assistance 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 SDS include Adult Protective Services, General Relief Assisted Living program, Community-based Grant programs for seniors and caregivers, Medicaid Home and Community-based Waiver programs, Medicaid Personal Care Assistant program, Medicaid Community First Choice program, Medicare Information Office and Senior Medicare Patrol, Aging and Disability Resource Center program, Developmental Disabilities Resource Centers and the Nursing Facility Transition program.

The Alaska Commission on Aging, also an agency within DOH, 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.

#### Alaska Commission on Aging

Since 1982, the Alaska Commission on Aging, an agency within the Department of Health, 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 commitment to the Alaska State Plan for Senior Services FFY 2024 – FFY 2027, the Commission held several implementation meetings with agency partners to identify accomplishments related to the plan's goals and objectives and to plan further activities. In 2022, the Commission began coordinating planning activities for the Alaska State Plan for Senior Services FFY 2024 - FFY 2027 with consumers and agency representatives. The plan fulfills a requirement of the Older Americans Act for all states which receive these funds.

## Coordination with Existing Planning Efforts

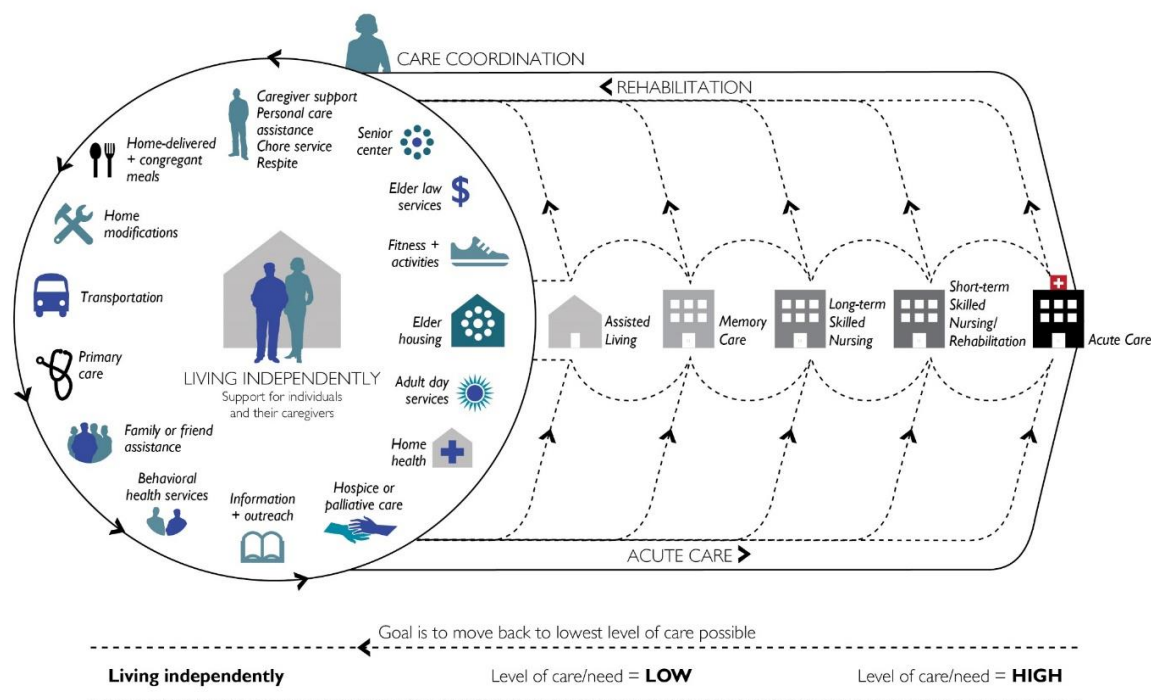
This plan is developed alongside several existing and collaborating planning efforts:

- Alaska's Roadmap to Address Alzheimer's Disease and Related Dementias
- Alaska Core Competencies for Direct Care Workers in Health and Human Services
- State Plan for Independent Living
- Alaska Workforce Innovation and Opportunity Act (WIOA) 2018
- Comprehensive Integrated Mental Health Program Plan
- Alaska Health Workforce Coalition 2017-2021 Action Agenda

## Long-term Services and Supports Continuum of Care for Seniors

To help seniors maintain their independence for as long as possible, housing, services and supports for seniors are typically provided along a continuum of care from services provided in homes and communities to more intensive services provided in assisted living and, at the highest level of care, in skilled nursing facilities and acute medical hospitals. Assistance at lower levels of care (shown in the circle wrapping around the senior living independently in Figure 1) can prevent or delay seniors from requiring more costly, institutional levels of care.

Figure 1: Long-term Services and Supports Continuum of Care for Seniors



Graphic Credit: Agnew::Beck Consulting, 2019

Aging Disability Resource Centers (ADRC) and care coordinators help individuals and caregivers access necessary services. Matching seniors to the right level of care is good for seniors, their caregivers, families, communities and the state. When pieces of the continuum are missing, seniors often end up in inappropriate care settings. For example, Alaska Native seniors can be placed in nursing facilities or even hospital long-term care "swing beds" in rural hubs because they are not able to receive a lower level of care in their home communities. Appendix H provides more detail on the continuum of care.

Older Americans Act and other state funding sources allow the state to provide grants and Medicaid-billable services to support a full continuum of care. This includes home-delivered and congregate meals, transportation, information and outreach, adult day services, fitness and activities, elder-law services, senior center programming and operations, caregiver support, personal care assistance, chore services, respite, care coordination, home modifications, home health and assisted living. Medicaid is the primary funding source for skilled nursing care. A detailed list of State programs is in Appendix G.

## Demographic Trends

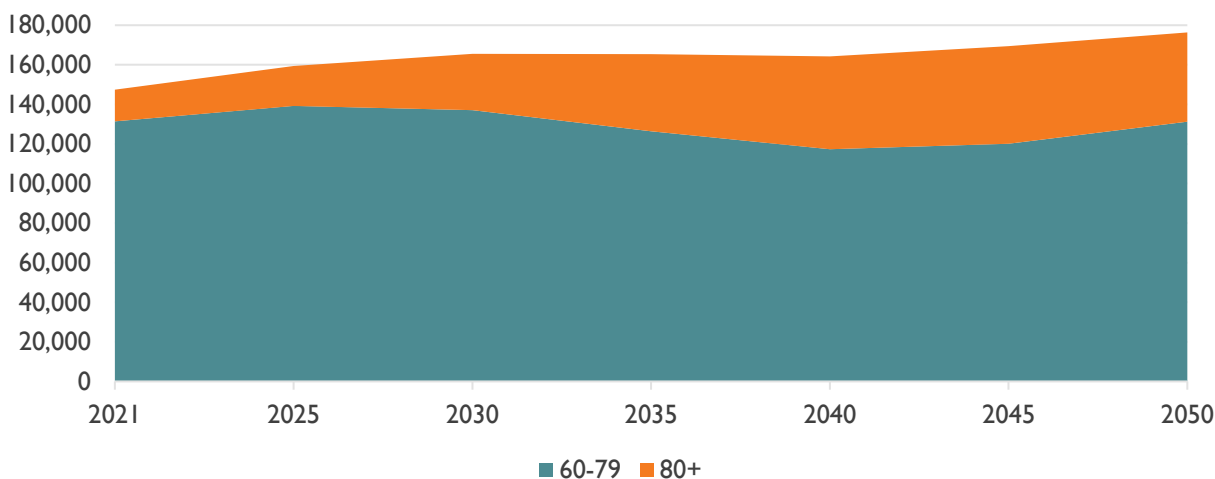
Additional relevant demographic information is shared in Appendix E.

### Population Growth

Alaska's senior population 60 and older reached an estimated 152,967 in 2022, representing 21 percent of the state's total population. Of Alaska's senior population, 17,037 individuals are 80 years of age or older.<sup>3</sup> From 2012 to 2022 the state's 60 and older population grew an average of 4.1 percent each year meaning that the state's senior population increased by 48,000 more seniors over the past ten years.<sup>4</sup> The Administration on Aging's "A Profile of Older Americans: 2021" identified a 73 percent increase in Alaska's population 65 and older from 2010 to 2020. This was the top growth rate in the United States and more than twice the national growth rate of 33 percent.<sup>5</sup>

Growth in Alaska's senior population 60 and older is expected to continue over the next 30 years. The population ages 60-79 is forecasted to peak in 2025 while the population 80 and older continues to grow through 2050. 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 older seniors who typically require more support services. Figure 2 indicates senior population projections from 2021 to 2050.<sup>6</sup>

Figure 2: Population Projections for Alaska's Senior Population, 2021-2050



Source: Alaska Department of Labor and Workforce Development Population Projections, 2021-2050

<sup>3</sup> Alaska Department of Labor and Workforce Development Population Estimates, 2022.

<sup>4</sup> Alaska Department of Labor and Workforce Development Population Estimates, 2010-2022.

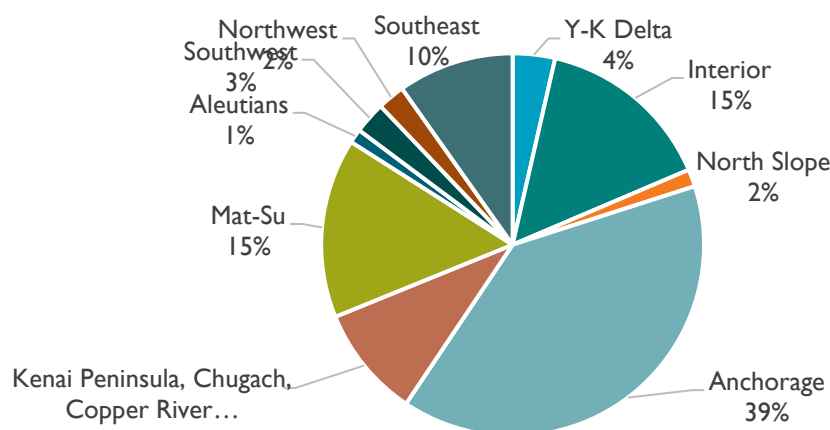
<sup>5</sup> The Administration for Community Living: 2021 Profile of Older Americans, 2022

<sup>6</sup> Alaska Department of Labor and Workforce Development Population Projections, 2021-2050.

## Geography

Alaska's seniors age 60 and older live primarily in the state's most populated regions – Anchorage, the Interior (which includes Fairbanks and surrounding areas) and the Matanuska-Susitna Borough. As a percentage of the total population, seniors represent a larger share of individuals living in Southeast Alaska and the Kenai Peninsula, Valdez and Cordova region.<sup>7</sup> Figure 3 below depicts where seniors 60 and older live as a percentage of all seniors in the state.

Figure 3: Percentage of All Seniors 60+ in Alaska by Region, 2022

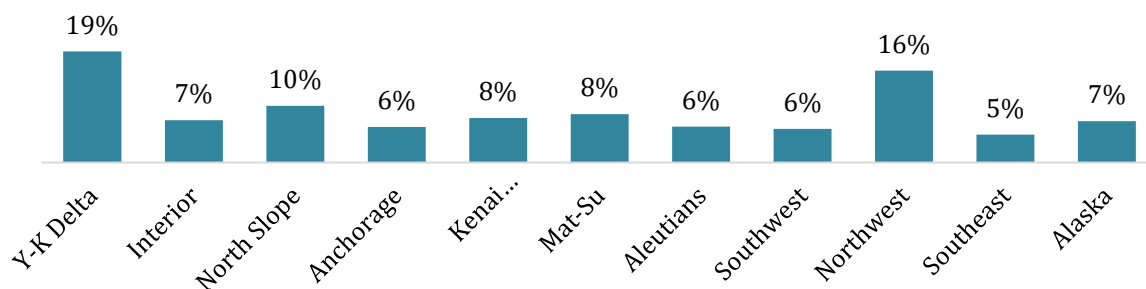


Source: Alaska Department of Labor and Workforce Development Population Estimates, 2022.

## Income and Poverty

In Alaska as a whole, seven percent of the 60 and older population lives in poverty (roughly \$15,000-\$25,000 per year depending on household size). The percentage of seniors living in poverty ranges from just five percent in Southeast Alaska to 19 percent in the Yukon-Kuskokwim (Y-K) Delta. Seniors in poverty in the most populous regions of the state (Anchorage, the Interior and the Matanuska-Susitna Borough) ranges from six to eight percent of the population.<sup>8</sup>

Figure 4: Percent of Seniors 60+ Living in Poverty, 2021



Source: Alaska Department of Labor and Workforce Development Population Estimates, 2022; U.S. Census Bureau.

<sup>7</sup> Alaska Department of Labor and Workforce Development Population Estimates, 2022.

<sup>8</sup> American Community Survey 5-Year Estimates, 2021.



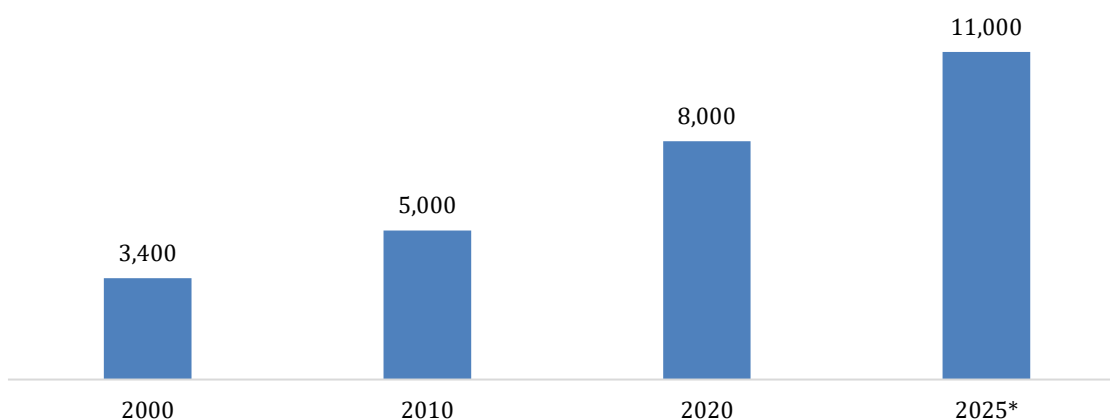
## Race and ethnicity

Alaska is renowned for its diverse people and rich cultural heritage. The Aleut, Athabaskan, Inuit, Tlingit, and Yup'ik peoples, each with their own distinctive traditions, dialects, and customs, are among the indigenous communities that call the state home. A growing number of people from a variety of racial and ethnic groups, including Asian, Black, Hispanic, and Pacific Islander cultures, live in Alaska alongside the Native population. It is crucial that we consider the many needs and viewpoints of all people and communities, especially those from different racial and ethnic backgrounds, as we plan for senior care in Alaska. We must work to develop inclusive and culturally sensitive programs that address the particular difficulties experienced by seniors from all backgrounds.

## Dementia

Alzheimer's Disease and Related Dementias (ADRD) are estimated to affect 10 percent of Alaskans over the age of 65. It is estimated that by 2025 the number of seniors with ADRD will grow to 11,000 seniors in the state.<sup>9</sup> Rates of Alzheimer's disease increase with age. Just five percent of the 65- to 74-year-old population experience Alzheimer's disease, while 33 percent of seniors 85 and older do.<sup>10</sup> Impacts of cognitive decline, as reported by individuals 60 and older, include giving up day to day household activities, needing assistance with day-to-day activities, being less able to work or engage in activities outside the home and having household, work or social functional limitations.<sup>11</sup> While rates of ADRD rise, the availability of potential caregivers declines. In 2021 there were 13.8 potential caregivers age 40 to 64 for every senior over 80. By 2040, this will decrease to just 5 potential caregivers for each senior over age 80.

Figure 5: Prevalence of Alzheimer's Disease and Related Dementias in Alaskans 65+



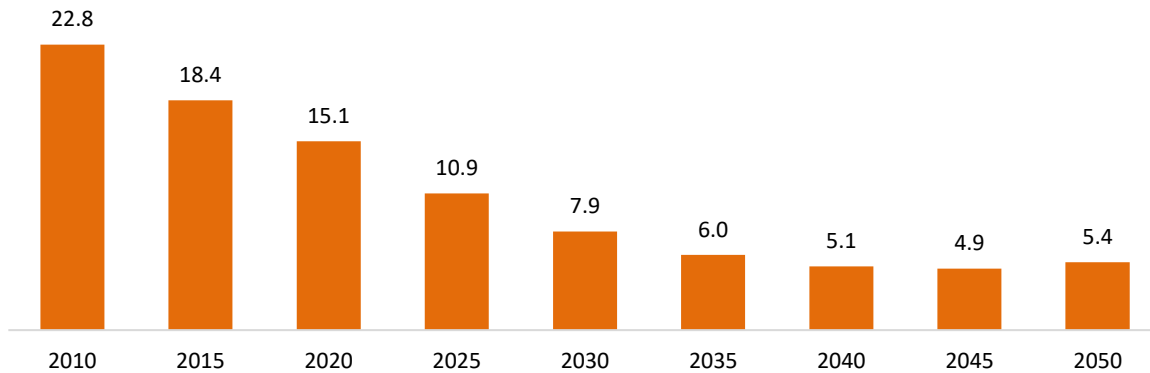
Source: Alzheimer's Association, 2022 Alaska Alzheimer's Statistics

Figure 6: Ratio of Potential Caregivers 40-64 to Older Seniors 80+ in Alaska

<sup>9</sup> Alaska Alzheimer's Statistics, 2022; Alaska Department of Labor and Workforce Development, 2022;

<sup>10</sup> Alzheimer's Association, 2022 Alzheimer's Statistics Facts and Figures Report. Projections. Note: Estimates do not include the related dementias that are not considered Alzheimer's.

<sup>11</sup> Alaska Behavioral Risk Factor Surveillance System – Cognitive Decline Module, 2020.

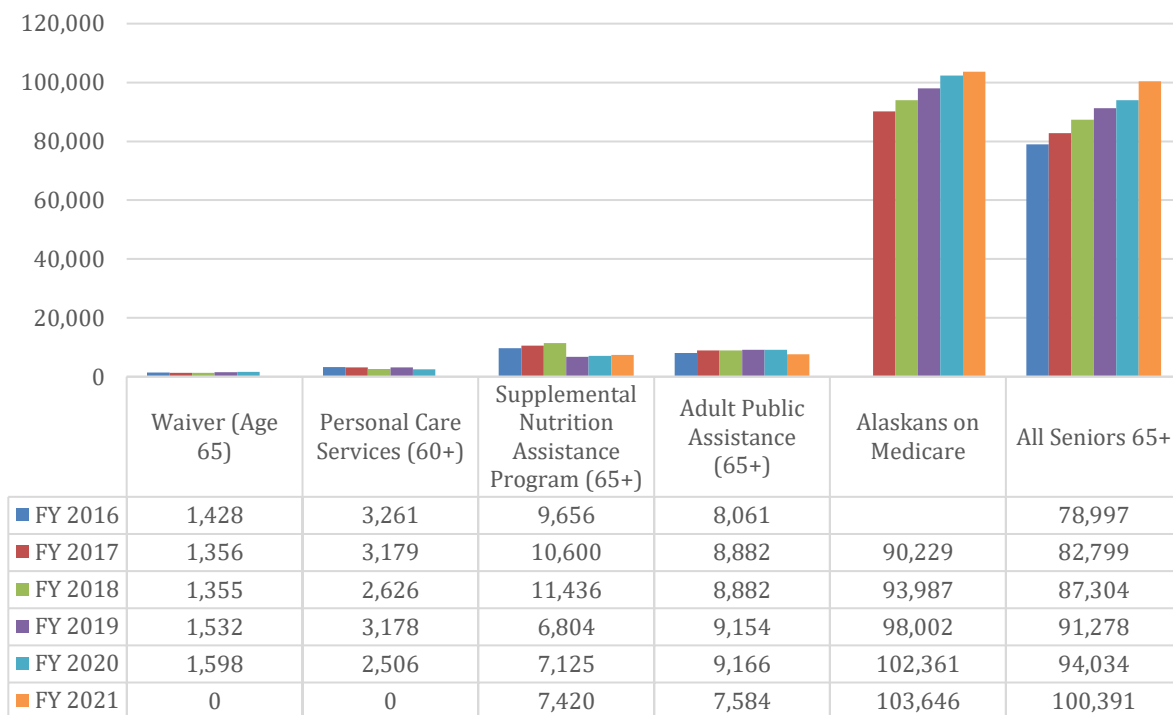


Source: 2022 Alaska Department of Labor and Workforce Development Population Estimates; U.S. Census Bureau

### Program Utilization and Expenditures

Over recent years utilization of services for seniors has remained relatively steady across most areas of service with a noticeable drop in the utilization of some in-person services in response to the COVID-19 pandemic starting in FY2019. Medicare saw the largest growth in utilization with 13,417 more users in fiscal year 2021 than in fiscal year 2017.<sup>12</sup>

Figure 7: Alaska Senior Services Utilization, FY16-FY21



<sup>12</sup> Center for Medicare & Medicaid Services <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAAdvPartDENrolData/Monthly-Enrollment-by-State>

*Source: Alaska Commission on Aging Senior Snapshot, 2022; Alaska Department of Labor and Workforce Development Population Estimates, 2016-2021*

## **Needs Assessment Activities and Findings**

The Needs Assessment began occurred between 2021 and 2023 and included facilitated conversations with seniors and other public members. These listening sessions included questions to identify opportunities and gaps in services for seniors in Alaska communities. The planning process also included a survey of seniors and a survey of those providing services to seniors, in order to identify the top issues of concern for seniors. Appendix A provides additional detail on the needs assessment methodology and findings.

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

The Alaska Commission on Aging (ACoA) held more than 40 facilitated elder-senior listening sessions between 2021 and 2023, with sessions taking place in in Kenai, Anchorage, Southeast Alaska, the Matanuska-Susitna Borough, Fairbanks, Kodiak and Nome. 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. The listening sessions ranged in attendance from 3 to 34 seniors, resulting in a total of more than 500 participants. The listening sessions were formatted as facilitated discussions around a set of targeted questions. Seniors across Alaska are concerned about access to healthcare, housing and assisted living/coordinated care; however, they have a strong desire to remain in their communities and more broadly Alaska.

### **2022 Survey of Alaska Seniors**

The ACoA’s survey of Alaskans age 55 years and older received 5,943 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. Access to healthcare and financial security are the greatest concerns for respondents of the 2022 Senior Survey.

### **2022 Provider Survey**

The ACoA also surveyed service providers about their perceptions of senior needs now and within the next five years. Ninety providers in Alaska responded. Senior service providers are more concerned about ensuring access to independent housing, assisted living and family caregiver supports than respondents of the Senior Survey and identified transportation and dementia care services as broader concerns facing Alaska’s senior population.

### **Needs Assessment Key Findings**

This needs assessment process produced a substantial amount of useful qualitative and quantitative data. In December 2022, this information was compiled and analyzed, with findings presented to the Alaska State Plan for Senior Services Advisory Committee during the kick-off meeting in January 2023. The Needs Assessment highlighted the following issues that directly inform the seven goals that frame the Alaska State Plan for Senior Services FFY 2024-FFY 2027.

**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 most important concern of seniors in the senior survey. Additionally, seniors are concerned about access to healthcare becoming a bigger issue as the senior population in the state grows and employers continue to struggle recruiting healthcare workforce. The provider survey identified difficulty finding or maintaining a service workforce

and the increase in senior population as the top two potential barriers limiting delivery of services to older Alaskans.

**Financial Concerns.** Throughout the needs assessment process, several concerns about financial security were raised. Elder-listening session participants discussed everything from the value of living a subsistence lifestyle to worries about the rising cost of living. The senior survey showed financial security as the second most important concern of seniors in Alaska and 60 percent of survey respondents said they did not feel financially secure to handle unanticipated expenses.

**Elder Justice.** The issue of elder abuse and neglect is an important priority for Alaska. Fourteen percent of respondents to the senior survey indicated they knew someone or have personally experienced some form of elder abuse or exploitation. However, 86 percent of these respondents indicated that they did not report the abuse. Elder abuse and exploitation can occur in many ways, with the most common instances being financial exploitation, emotional abuse, and neglect (according to the Senior Survey).

**Senior Housing.** During the elder-senior listening sessions, nearly all communities listed availability of affordable senior housing as an issue in need of improvement. The provider survey ranked independent senior housing as the most important service area that is insufficient throughout Alaska. The provider survey also identified assisted transportation and assisted living as the second and third most important issues facing seniors and their families today.

**Sense of Community.** During the elder-senior listening sessions, the importance of a strong sense of community was raised in several sessions. The COVID-19 pandemic exacerbated the issue of social isolation among the senior population and survey respondents, providers and listening session participants all emphasized the importance of rebuilding the sense of community among older Alaskans. The percentage of survey respondents who visit a senior center dropped significantly since the FY 2020-2023 survey, from 42 percent in 2019 to only 21 percent in 2022. Volunteering and doing work in their community was also something that seniors valued, with 38 percent of respondents saying they volunteer at least once a month.

**Home-Based 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 agency supportive services used by respondents included senior exercise, senior meals served at a senior center, senior center recreation activities, transportation and homemaker/chore services. These services all help individuals to age in place longer. The top three concerns for senior survey respondents who wish to age in place were declining health, limited income to afford necessities, and declining mental abilities.

**Family Caregivers.** Promoting opportunities to support family caregiving can have a significant positive impact on both seniors and their caregivers. By providing resources and support, caregivers can better balance their responsibilities with their own well-being, reducing the risk of burnout and physical or emotional strain. This can ultimately result in better care for seniors and a healthier, more sustainable caregiving experience for their loved ones.

### **Key Issues for the Alaska State Plan for Senior Services 2024-2027**

As Alaska’s senior population continues to increase, the demand for services also increases. The goals and objectives in this plan were developed to address the following key issues identified by the advisory



committee based on current trends in population demographics, program utilization, and the results of needs assessment activities.

### **Abuse, Neglect and Exploitation**

For seniors living in the community and those living in assisted living facilities, financial exploitation of seniors through internet marketing, scams, and fraud is a growing concern. Particularly for those seniors or caregivers seeking in-home assistance using un-vetted internet sources or providers who are not affiliated with a certified agency, consumers and caregivers report receiving sub-standard care. Public education is needed to bring awareness to seniors and to help them to be wise consumers of in-home supports and other services and the resources available to respond to elder abuse, neglect and exploitation.

### **Food Security and Senior Hunger**

Having consistent and reliable access to affordable and nutritious foods is an important factor for both the overall health and quality of life for seniors. 57 percent of seniors participating in the survey rated “having enough food to eat” as “very important”. Barriers to healthy food access can be magnified for seniors who, in many cases, live on fixed income, have less reliable access to transportation, and are affected by chronic illness. Seniors in Alaska who may have at one point supplemented their food budget with subsistence living practices, may find themselves less physically able to engage in these activities, further straining food affordability. Most communities have local agencies which help prevent and alleviate senior hunger, such as food banks, home-delivered meals and supplemented assistance programs.

### **Transportation**

Seniors, especially those who can no longer drive, need reliable, affordable and accessible transportation to activities, medical appointments and visits to family and friends. Transportation provides access to resources and community life that is essential to keep seniors both mentally and physically healthy. However, transportation services are often patchy and uncoordinated, as many providers are limited by funding source or mission. For example, a van transport may only be available for rides to medical appointments, but not the grocery store. Further, many places seniors live in the state are not accessible by foot, so car or bus may be the only means of mobility. Winter conditions, such as snow berms and ice, impede seniors from accessing bus routes that do exist. During the COVID-19 pandemic, additional interruptions to services exacerbated an existing problem and made it more difficult for seniors to access the transportation they needed.

### **Financial Security**

Financial concerns for seniors range from paying monthly bills for food, utilities and rent to planning and paying for long-term care services. Most seniors live on a fixed income, so when utility prices increase, the amount of money seniors have for spending on things like food and activities decreases. Seniors living on limited fixed incomes are less able to handle unanticipated expenses or the increases in the overall cost of living. Long-term care services are difficult to plan because senior needs for support can be variable and unpredictable. Furthermore, the cost of assisted living is prohibitive for many Alaskan families.

### **Family Caregiver Supports + Quality of Care**

Family caregivers need resources to help them identify the questions to ask when selecting service providers. Many are unaware of the Aging and Disability Resource Centers, the state's agency for referral sources and credible information. The ADRCs can help them understand the difference between

certified and private providers and the available options for senior services. While agencies providing grant-funded or Medicaid-billable services are regulated by the State of Alaska, many private providers are not. Given the limited workforce available in Alaska to provide for in-home care needs, there are often few choices and limited information of quality to guide seniors and their caregivers in selecting private-pay service providers.

### **Increased Resources to Meet the Needs of a Growing Senior Population**

From 2012 to 2022 the state's 60 and older population, on average, grew 4.1 percent each year. In short, Alaska's senior population increased by 48,000 more seniors over the past ten years.<sup>13</sup> Continued growth in Alaska's 60 and older population is expected until 2030, and the 80 and older population will continue to grow over the next thirty years. Planning for increased capacity and infrastructure across the continuum of care for seniors, including home and community-based services as well as long-term care, is especially significant for older seniors who typically require more support services. While the senior population continues to grow, funding for services is flat.

### **Positive and Meaningful Aging**

In the last century, average life expectancy increased by nearly 30 years in the United States. Many people can expect to live eight or nine decades. This is a great achievement and should be celebrated, however, this newly created stage of life also creates new challenges. As we move forward, the importance of attitudes towards aging should not be underestimated. A positive outlook can drastically affect health, resilience, and even the length of lives. There are many positive aspects about aging that have traditionally been celebrated including wisdom, self-confidence, 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 an excitement about the freedom it provides. Because social isolation and loneliness have such a negative impact on physical health, overall well-being and lifespan, finding something meaningful to do is important. Great effort and thought should be put behind creating meaningful opportunities for this new generation.

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

Alzheimer's Disease and Related Dementias (ADRD) are estimated to affect 10 percent of Alaskans over the age of 65. It is estimated that by 2025 the number of seniors with ADRD will grow to 11,000 seniors in the state.<sup>14</sup> However, the lack of facilities and funding for seniors with ADRD often results in seniors living in care settings that are not appropriate to meet their needs. The Alaska Roadmap to Address ADRD identified goals related to improved access to appropriate housing, services and supports for individuals with ADRD and development of a workforce trained in dementia care. The ADRD Roadmap lays out an implementation plan to achieve these goals. There has been considerable progress since 2014.

### **Senior Behavioral Health**

One in five older adults experience a mental illness but are less likely to receive treatment, and mental health issues are often unrecognized and unaddressed.<sup>15</sup> COVID-19 was particularly difficult for seniors due to social isolation. While mortality rates for Alaskan seniors are lower than the national average for most leading causes of death, there is a higher mortality rate due to causes linked to behavioral health

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<sup>13</sup> Alaska Department of Labor and Workforce Development Population Estimates, 2010-2022.

<sup>14</sup> Alaska Alzheimer's Statistics, 2022; Alaska Department of Labor and Workforce Development, 2022.

<sup>15</sup> National Council on Aging Older Adult Mental Health Awareness Symposium Impact Reports, 2022.

conditions.<sup>16</sup> Access to behavioral health services can allow seniors to live independently and improve their quality of life. 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 directly to the Alaska Legislature.

### **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. Mortality rates for fatal falls are higher for the Alaska senior population than national averages and in 2021, 54 older adults died from injuries caused by a fall.<sup>17</sup> Falls are expensive, with the average fall costing \$80,000 for acute services, including emergency medical services, intensive care units and hospital charges.<sup>18</sup> 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 sight 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. Events in the past have included *Tai Chi: Moving for Better Balance* and *Stay Active and Independent for Life* as well as other programs designed to help seniors stay healthy and maintain equilibrium. Successful fall risk screening prevention clinics and train-the-trainer events for falls prevention exercise programs have also been offered. Exercise information and programs that help seniors increase their balance, such as *A Matter of Balance* and *Alaska Workout to Go* are also available in pamphlet and video forms.

### **Senior Housing Continuum**

A full housing continuum with appropriate supports is needed to help seniors age in place, remain securely housed and avoid homelessness. Services along the senior housing continuum include home modifications, senior housing, specialized supportive housing for people with dementia and other cognitive impairments, and coordination to assist with transitions between levels of service.

Maintaining the existing ratio of senior housing beds to senior citizens requires an estimated 4,450 new beds be built or converted by 2030, approximately 318 per year. Current services do not address present deficits in senior housing faced by regions throughout the state.<sup>19</sup>

### **Workforce for Providing Health Care and Supports**

Alaska has a very limited pool of available workers to provide supportive services for seniors. In the larger communities, it is also very difficult to find primary care providers who will accept Medicare. There is a limited number of primary care providers who specialize in geriatrics. The Alaska Health Workforce Coalition 2017-2021 Action Agenda identified Direct Support Professionals/Direct Care Workers as the highest priority healthcare occupation; primary care providers are also one of the top

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<sup>16</sup> Alaska Commission on Aging Senior Snapshot, 2022.

<sup>17</sup> Alaska Division of Public Health, Health Analytics and Vital Records, 2021.

<sup>18</sup> Alaska Senior Fall Prevention Coalition, Alaska Department of Health, 2016.

<sup>19</sup> AHFC Housing Needs Assessment 2018

priority occupations for Alaska.<sup>20</sup> The direct caregiver workforce for home health services is an important issue across all aspects of the workforce including recruitment, retention, training, oversight and quality of care. Growth in the direct care workforce has not kept pace with the growth in the senior population. Oversight and quality of care are especially an issue for those paying privately as the quality controls from grant and Medicaid waiver funded services are not in place for private pay services. Agency direct care staff are sometimes not trained or certified for providing in-home care. The direct care workforce often does not have the appropriate training to work with people with ADRD.

One possible strategy to address the limited workforce is to use technology to support seniors in their homes and communities as much as possible and appropriate in order to optimize the available workforce for tasks that must be provided in-person.

### **End of Life Care**

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 and is an unmet need across the state. Elders living in both rural and urban areas often want to spend their remaining days at home 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 either funded by Medicare, provided on a voluntary private-pay basis, or partially covered by private insurance. Hospice provides the older person with the means to die a “good death” whereas palliative care is provided to relieve pain and discomfort at all stages of living. 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.

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<sup>20</sup> Alaska Health Workforce Coalition 2017-2021 Action Agenda, [https://www.alaska.edu/research/wp/plans/health/AHWC-2017-2021-Action-Agenda-September-2017-Final-With-Cover-\(2\).pdf](https://www.alaska.edu/research/wp/plans/health/AHWC-2017-2021-Action-Agenda-September-2017-Final-With-Cover-(2).pdf) Accessed May 2019.



### 3. Quality Management + Implementation

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#### **Quality Assurance**

The Division of Senior and Disabilities Services (SDS) Grants Unit provides on-site and documentation monitoring of all agencies receiving state or federal funding for implementation of community-based grant services, including recipients of Title III funds. This monitoring ensures compliance with state and federal program requirements, builds relationships between the state unit on aging and providers, creates opportunities for technical assistance and program improvement, and strengthens communication. Program Managers in the Grants Unit strive to conduct an on-site review of each assigned grantee agency once every three years. Travel schedules may be constrained by staffing levels and available funding; however, the Grants Unit will partner with ACoA staff to collaborate on travel schedules where possible to maximize available resources.

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 percent 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 three-year grant cycle by SDS program managers. The performance measures in this plan track outcomes that indicate progress towards the six goals. Data related to the utilization of funding described in this plan is updated annually as part of the Alaska Commission on Aging's Annual Report.

#### **Implementation**

The State Plan for Senior Services Advisory Committee 2024-2027 (listed in Appendix F) aims to convene two implementation meetings during the 2024-2027 planning period. The purpose of this meeting will be to update the performance measures, review progress towards the goals and adjust any objectives or strategies.

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## 4. Vision, Guiding Principles, and Goals

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The Advisory Committee for the FFY 2024 – FFY 2027 Alaska State Plan for Senior Services reviewed these plan components from the FFY 2020 – FFY 2023 State Plan and adjusted them as needed to address the needs and opportunities over the coming four years.

### **Vision**

The Alaska State Plan for Senior Services FFY 2024 – FFY 2027 builds on strong partnerships to provide high-quality, culturally-sensitive, affordable, accessible services for Alaskans 60 and above to live healthy, independent, meaningful lives in the place and manner of their choosing.

### **Social Need, Equity and Diversity**

The State of Alaska takes a broad approach to ensuring services are reaching older adults in greatest social need in line with recent Executive Orders by President Biden. These populations include: individuals who are Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; and persons who live in rural areas. The commission is dedicated to obtaining materials or training on equity for commissioners, staff of the Alaska Disability and Resource Centers, and for providers across the state.

In line with the State of Alaska's commitment to inclusivity and equity, it is essential that OAA grantees to create an environment that is accommodating and welcoming to all individuals with the greatest social need. This approach is crucial to ensure that older adults from diverse backgrounds feel valued and supported. By embracing the principles outlined in recent Executive Orders by President Biden, which prioritize reaching marginalized communities, including Black, Latino, Indigenous, and Native American individuals, Asian Americans and Pacific Islanders, and other persons of color, religious minorities, LGBTQ+ persons, individuals with disabilities, and residents of rural areas, grantees can foster a sense of belonging and ensure that seniors from all walks of life can access the support and care they deserve. It is essential that grantees proactively seek out resources, materials, and training on equity, both for their own staff and commissioners, as well as for providers throughout the state. By doing so, they can effectively address disparities, promote diversity, and create a truly inclusive senior services network in Alaska.

Additionally, the commission plans to endorse candidates to serve on the commission who add to the diversity of the commission, as we recognize the importance of representing the diverse aging population in Alaska. By endorsing candidates from various ethnicities, cultures, genders, and backgrounds, we strive to create a commission that truly reflects the richness of our aging community. We believe that diverse perspectives and experiences will enhance our ability to address the unique challenges and needs faced by older adults in Alaska, and to develop inclusive policies and programs that promote their well-being and quality of life. Embracing diversity in our commission ensures that all voices are heard, valued, and considered, leading to more effective and equitable outcomes for our aging population.

In line with our commitment to equity, we recognize the need to ensure outreach efforts that effectively reach underserved communities, including those who may not speak English as their primary language. To address this, we will implement a comprehensive strategy that includes the translation of materials into multiple languages commonly spoken within these communities. By providing accessible and culturally appropriate information, we aim to bridge language barriers and ensure that vital resources and services are available to everyone.

Moreover, our focus on equity extends to rural areas, where unique challenges and limited access to resources may exist. To address this, we have designated a dedicated rural outreach staff person who will actively engage with communities in remote areas. This staff member will work closely with local organizations, community leaders, and stakeholders to understand the specific needs and concerns of these underserved populations. By highlighting their work and incorporating their insights into our decision-making processes, we aim to ensure that the voices and experiences of rural communities are represented and valued.

These initiatives are integral to our mission of fostering equity within the Alaska Commission on Aging. By taking proactive measures to engage underserved communities, overcome language barriers, and recognize the distinct obstacles encountered by rural populations, we are committed to promoting inclusivity and fairness. By integrating these strategies into various objectives, we aspire to establish a commission that genuinely caters to the diverse needs of all senior citizens in Alaska. Through these concerted efforts, we aim to build a more equitable and accessible commission that addresses the unique needs and aspirations of all Alaskan seniors, leaving no one behind.

### Guiding Principles

1. **Keep Seniors Strong, Healthy and Secure.** Seniors can access information, education, and resources to help them make healthy choices about nutrition, physical activity, community involvement, relationships and peer support to reduce their risk of chronic disease, mental illness and substance misuse, leading to healthy and productive lives. Seniors have access to financial planning tools and a safety net to ensure they can age with dignity and choice.
2. **Promote Independence, Empowerment, and Choice.** Older Alaskans are recognized as a valuable resource and a powerful economic and political force. Wherever possible, strengthen the voice and participation of seniors on issues affecting them.
3. **Target Services to Seniors with the Greatest Social and Economic Need.** Service providers focus on outreach to seniors who are frail, low-income, members of minority communities, non-English-speakers, and those living in rural areas, to ensure that they are aware of and able to access services and supports.
4. **Offer a Full Continuum of Community Based Care and Housing.** Services are provided in each community or region to meet the needs of seniors at each stage of the continuum of care.
5. **Address the Impacts from Social Isolation.** The COVID-19 pandemic highlighted the overall importance of the services that make it possible for older Alaskans to live independently, created a national awareness of the impacts of social isolation on older adults and caregivers and increased awareness around the need to plan for future disasters.

### Goals

1. Promote healthy aging in place and provide access to comprehensive and integrated health care.
2. Encourage seniors to be financially secure.
3. Promote the protection of vulnerable seniors from abuse, neglect, self-neglect, and exploitation in home, community, and long-term care facilities.
4. Promote improved access for seniors to quality, affordable, accessible, safe, and appropriate housing, including senior housing, across the continuum of care.
5. Promote opportunities for meaningful aging, intergenerational connectivity, and civic engagement and address the impacts from social isolation, particularly due to COVID-19.
6. Promote person-centered, quality and affordable home-based and community-based long-term support services to provide seniors with the highest quality of life, targeted to individuals with the greatest economic and social need.

7. Promote opportunities to support family caregivers to provide care and support to seniors without putting their own physical, emotional, and financial well-being on hold and at risk.

### Key Topic Areas

In addition, to addressing the Older Americans Act (OAA) core programs, the Biden Administration has articulated four key priorities that were used to guide the development of the FY 2024-2027 state plan: COVID-19 recovery, advancing equity, expanding access to home and community-based services (HCBS), and building a caregiving infrastructure that supports both paid and unpaid caregivers. The table below shows the five key topic areas and the corresponding goals that address each of the key topic areas.

Table 1. Key Topic Areas

Topic Area	Goal Category
Older Americans Act Core Programs Topic Area	Goal 1 and throughout
COVID-19 Topic Area	Goal 1, Goal 5
Equity Topic Area	Goal 2, Goal 3, Goal 4, Goal 6
Expanding Access to HCBS	Goal 4, Goal 6
Caregiving Topic Area	Goal 7

### Goals, Objectives and Outcome Measures

#### Goal 1: Promote Healthy Aging and Provide Comprehensive and Integrated Healthcare for Seniors

- Objective 1: Aim to improve food security by providing seniors better access to healthy food. We will encourage participation in the Supplemental Nutrition Assistance Program (SNAP) to support vulnerable seniors and urge communities to support food banks and pantries that provide bridge services while seniors apply for and receive SNAP benefits. We will also support providers in addressing the increasing demand for congregate, home-delivered, or Title VI meals and encourage them to offer culturally-considerate medically-tailored meals and to assist those with language barriers. Furthermore, we will support increased utilization of locally produced and/or processed food to ensure food security. Our outcome measures include:
  - Increase utilization of SNAP proportionate to the increase in the senior population. (long term)
  - The provision of congregate meals returning to pre-COVID levels (intermediate term) Lead: SDS/ACoA
- Objective 2: As part of our comprehensive approach to promoting senior health, we aim to increase education, availability, and accessibility of preventative health services, including screenings and vaccinations, throughout the state. This objective also aligns with the goal of screening for fall-related traumatic brain injury (TBI) outlined in the state plan for aging (Sec. 321(a)(8)).

To achieve these goals, we will actively encourage seniors to participate in preventative health programs. By partnering with community health clinics and healthcare providers, we will establish senior health clinics or organize health fairs, offering convenient access to screenings and vaccinations. Furthermore, we will develop and distribute educational materials that emphasize the importance of preventative health services, including fall prevention strategies and TBI screening.

To ensure that seniors remain informed and engaged, we will leverage various communication channels. We will encourage the use of social media platforms, reminder apps, automated phone calls, and radio broadcasts to help seniors stay on track with recommended screenings and vaccinations. Additionally, we will incorporate falls prevention classes and case management screening into our efforts, addressing the specific objective of screening for fall-related TBI.

Through these combined efforts, we aim to empower seniors with the knowledge and resources necessary to prioritize their health and well-being. By increasing the accessibility and awareness of preventative health services, we can make a significant impact on senior health outcomes and enhance their overall quality of life. Our outcome measures include:

- increasing the number of seniors who receive screenings and vaccinations each year
  - increasing in healthcare providers offering preventative health services to seniors
  - the increase in healthcare clinics or community organizations offering senior health clinics or health fairs and increasing the number of public service announcements surrounding preventative healthcare measures. Lead: ACoA/SDS
- Objective 3: Our objective is to advocate for access to integrated behavioral health and primary care for seniors. We will provide opportunities for Senior Mental Health First Aid training for primary care providers, senior services providers, community members, and caregivers. We will advocate for medical providers to accept more Medicare patients and for increased capacity among primary care physicians and behavioral health providers to serve seniors. We will also encourage increased coordination between providers of Title III and Title VI funding and promote the use of Medicare code 99483 for dementia care planning. Our outcome measures include:
  - Increase the number of seniors with behavioral health needs who report improvement in key life domains; use BRFFS data or senior survey (long term)
  - Increase mean number of days Alaska adults 65 and older report being mentally healthy over the past 30 days: use BRFFS data or senior survey (long term)
  - Work with medical providers and elected officials to increase rates for Alaska Medicare recipients. (Intermediate term) Leads: AMHTA/ACoA
- Objective 4: We will advocate for improved access to affordable health care for seniors, including affordable prescription drugs. To achieve this, we will advocate for additional funding for the Medicare Information Office, provide education around changes to Medicare and prescription drug costs, increase awareness and utilization of the Extra Help Program, research how other states are increasing the number of Medicare providers, encourage the availability of long-term care pharmacies that offer “Med Sets,” and advocate for Centers for Medicare & Medicaid Services (CMS) to enable the Medicare Advantage plan in Alaska. Our outcome measures include Increase understanding of Medicare, measured by responses to the senior survey (short term)
  - Increase the number of Medicare beneficiaries that review their Medicare Part D plan each year so that their plan works for them. (short term)



- Engage in dialog with elected officials regarding affordability of senior medical services and commodities. (short term)
- Objective 5: We will promote and advocate for a comprehensive response to future natural disasters, pandemics, or public health crises for senior providers. To achieve this, we will work with partners to offer training for providers related to pandemic public health or natural disaster mitigation measures and raise awareness by providers of the impacts of isolation on seniors due to the COVID-19 pandemic. Our outcome measure is:
  - To incorporate provider survey questions regarding emergency preparedness plans.
- Objective 6: Our goal is to encourage increasing the number of health care providers trained in geriatric care. We will encourage the development of incentives, such as loan repayment programs, to encourage healthcare providers to specialize in geriatric care, including advocating for the continuation of the Support for Services to Health Care Practitioners (SHARP) program. We will evaluate gaps in local training programs or continuing education courses that focus on geriatric care for healthcare providers and staff and implement new programs if feasible. We will also evaluate opportunities to establish partnerships between medical schools and senior service organizations to offer geriatric training and education opportunities for students and healthcare providers in Alaska. Our outcome measures include:
  - Percentage increase in the number of healthcare providers specializing in geriatric care. (long term)
  - Number of organizations offering staff training or education for geriatric care (intermediate term)
- Objective 7: We aim to encourage healthy behaviors and lifestyle choices, such as physical activity and healthy eating, among seniors. We will continue to support state and federally funded health and wellness awareness programs, increase regular wellness classes at senior centers or community centers, and encourage the development and distribution of educational materials to seniors and their caregivers about healthy lifestyle choices and how to make positive changes. Our outcome measures include:
  - Number of seniors participating in fitness and nutrition programs each year. (intermediate term)
  - Percentage increase in the number of seniors reporting healthy lifestyle choices; measure through Behavioral Risk Factor Surveillance System (BRFSS) or the senior survey. (short term)
  - Number of wellness classes offered at senior centers or community centers. (intermediate term)
- Objective 8: As advocates, we will push for greater access to telehealth services for seniors, which aligns with the objective in our state plan regarding the dissemination of information about the state assistive technology entity and access to assistive technology options for serving older individuals (Sec. 321(a)(11)). We recognize the importance of advocating for the development of new partnerships with healthcare providers to offer remote consultations or virtual appointments for seniors. Additionally, we will actively support existing partnerships to ensure the continuity of such services. To address the challenges faced by seniors in rural and remote areas, we will lend our

support to the State of Alaska's broadband initiative, which aims to provide high-speed internet access to these regions. Furthermore, we will prioritize the growth and development of both existing and new training programs that empower seniors and caregivers to effectively utilize telehealth technology and equipment. By combining these efforts, we can work towards improving telehealth accessibility and enhancing the quality of care for older individuals throughout our state. Our outcome measures include:

- Increase in utilization of telehealth use proportional to the growth in senior population. (intermediate)
  - Growth in the geographic broadband footprint across the State of Alaska. (long term)
  - Observe greater use and comfort in technology among seniors completing the Senior Survey. (long term)
- Objective 9: We will prioritize efforts to address malnutrition among seniors. This includes screening for malnutrition risk, providing nutrition education, and offering specialized interventions or support for seniors at risk of experiencing malnutrition. (Lead: SDS/ACoA)

In partnership with Senior Disability Services, we will work to achieve these strategies and objectives, leveraging their resources, data, and expertise in grant issuance to support our advocacy efforts and improve the lives of seniors across the state.

## **Goal 2: Encourage seniors to be financially secure.**

- Objective 1: We will advocate for safety net options that support the financial security of older Alaskans. Our strategies include advocating for the maintenance or increase in funding levels for programs, services, and financial supplements that address financial security for older Alaskans. We will also advocate for increased funding and capacity for Alaska Aging and Disability Resource Centers (ADRCs) and support increased collaboration and enhancement of partnerships between the Division of Public Assistance and other organizations assisting Medicaid recipients. Our outcome measures include:
  - Increase the utilization rate of seniors accessing the ADRCs, proportionate to the growth in the senior population. (intermediate term)
- Objective 2: We will provide education to help seniors and caregivers understand financial and long-term care planning. Our strategies involve partnering with organizations like AARP and financial institutions to develop financial education classes for seniors, developing and distributing educational materials on financial planning and management, sharing information about the waitlist process for Alaska Pioneer Homes and other assisted living facilities, and partnering with the Social Security Administration Public Affairs Specialist to increase awareness of Social Security. Our outcome measures include:
  - Increase awareness of financial and long-term care planning; measured through the senior survey (short term)
  - Increase the percentage and diversity of Alaskans age 65 and older registering for the Pioneer Homes and other assisted living and nursing homes at age 65. (intermediate term)
- Objective 3: We will work to increase access and equity in employment opportunities for seniors. Our strategies involve advocating for training programs focused on workforce development that

help seniors develop new skills and transition into new careers or positions, educating seniors and providers about the Mature Alaskans Seeking Skills Training (MASST) program, and conducting outreach to local businesses and organizations to offer part-time or flexible employment opportunities for seniors. Our outcome measures include:

- An increase in the number of seniors who re-enter the workforce and a decrease in the number of senior survey responses concerning senior employment/training opportunities.
  - Decrease in the number of senior survey responses concerning senior employment/training opportunities
- Objective 4: We will promote opportunities to reduce the cost and lack of availability of transportation and other services for seniors. Our strategies include advocating for federally supported public transportation programs that benefit seniors, building on existing partnerships and establishing new partnerships with ride-sharing services and public transit to offer discounted or free rides to seniors, and encouraging local Nutrition, Transportation & Support Services (NTS) providers to build and partner with other organizations to develop and promote community ride-sharing programs that allow seniors to carpool or share rides with others in their area. Our outcome measures include:
    - Increase in the number of seniors who report feeling financially secure; measure through senior survey. (short term)
    - Decrease in senior survey response rate concerning transportation costs and availability in addition to comfort with technology that provides access to ride-share.

In collaboration with Senior Disability Services, we will leverage their expertise in grant issuance and data collection to support our advocacy efforts, to encourage seniors across the state to achieve financial security and maintain a high quality of life.

**Goal 3: Safeguard vulnerable seniors from abuse, neglect, self-neglect, and exploitation in home, community, and long-term care (LTC) facilities.**

- Objective 1: We will promote primary prevention of elder abuse, neglect, and exploitation and reduce the rate of recidivism through education and awareness. We will also work to raise awareness about the unique challenges faced by minority seniors in Alaska, ensuring that they receive equitable treatment and support. Our outcome measures include a decrease in Adult Protective Services (APS) recidivism rates, increased awareness of abuse, neglect, and exploitation in Long-Term Care settings, particularly for minority seniors. These minority groups include:
  - Alaska Native
  - Black
  - Latino
  - Indigenous
  - Native American
  - Asian American
  - Pacific Islanders
  - Other persons of color
  - Members of religious minorities
  - Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons
  - Persons with disabilities
  - Persons who live in rural areas

Outcome Measures include:

- Decrease Adult Protective Services (APS) recidivism rates as measured by the percentage of seniors who are the subject of two or more reports of harm related to separate incidents, or a measure developed by APS. (long term)
  - The Office of Long Term Care Ombudsman will train and maintain a volunteer base of 20 volunteers who will make an additional 200 visits to LTC facilities over the next five (5) years. (long-term)
  - Increase the awareness of abuse, neglect and exploitation for seniors in LTC settings through participation in an annual virtual educational forum hosted by LTCO and APS on *Abuse, Neglect and Exploitation* during World Elder Abuse Awareness Month in May.
  - Disseminate *Residents Rights* Brochures in multiple languages to residents in 200 Long-Term Care facilities across Alaska. (long term)
- Objective 2: We will work to improve the reporting of elder abuse and neglect by implementing various strategies. These include augmenting existing and/or creating new training programs for professionals who work with seniors, as well as establishing partnerships with community organizations to provide education and resources on identifying and reporting elder abuse and neglect. Additionally, we will promote reporting hotlines or other resources for seniors and caregivers to report suspected cases of abuse or neglect. We will coordinate with the Elder Fraud & Assistance department within the State Department of Administration to devise strategies related to elder abuse and neglect. Furthermore, we aim to support and enhance multi-disciplinary responses to elder abuse, neglect, and exploitation by collaborating with adult protective services, LTC ombudsman program, legal assistance programs, law enforcement, health care professionals, financial institutions, and other essential partners across the state. Outcome measures include:
  - Number of elder abuse and neglect reports received increases proportionate to the increase in the senior population. (intermediate)
  - Increase in the percentage of elder abuse and neglect cases resulting in convictions or other legal action. (long term)
- Objective 3: Work to increase the adoption of language access services provided by the CCS Alaska Office for Refugees. Recognizing the significance of language access in promoting inclusivity and equity, our goal is to ensure that individuals with limited English proficiency have increased access to vital services. To achieve this objective, we will focus on expanding the availability of qualified interpreters and translators through our programs and services. By raising awareness and promoting the benefits of language access, we aim to encourage more individuals to utilize these services. Through increased adoption, we can create a more inclusive and supportive environment that values diversity and ensures effective communication for all individuals, irrespective of their language backgrounds.

To achieve these objectives, we will work closely with Senior Disability Services, leveraging their expertise in grant issuance and data collection to support our advocacy efforts. By promoting awareness and providing resources to vulnerable seniors, we aim to ensure their safety and well-being in Alaska.

**Goal 4: Enhance access to quality, affordable, accessible, safe, and appropriate housing for seniors across the continuum of care.**

- Objective 1: We will promote successful models for aging in place and senior housing options. Our strategies include advocating for the senior housing property exemption, conducting forums to share successful models for aging in place and housing options, and educating seniors on senior housing opportunities. Our outcome measure is:
  - Seniors are more aware of aging in place, and senior housing, options; implement through senior survey (short term)  
Lead: ACoA
- Objective 2: We will share information about programs and opportunities to assist seniors in renovating their homes to age in place and explore other residential options. Our strategies involve offering in-person and virtual events to increase awareness of programs for improving homes as seniors age, sharing information on other residential options like assisted living and senior independent living, and building capacity within the contractor community to provide home modifications for seniors. Our outcome measures include:
  - Increase awareness by seniors of programs to improve housing and allow seniors to age in place, measured by the senior survey (short term)
  - Program utilization related to home modifications increases commensurate with increase in seniors, measured in terms of program utilization divided by the number of seniors age 55+ (intermediate and long term)  
Lead: ACoA/SDS/AFHC
- Objective 3: We will advocate for the continued development of affordable and accessible housing statewide for seniors. Our strategies include advocating for increased funding for senior housing development programs, conducting outreach to developers on the need for senior housing, offering opportunities for senior housing developers and assisted living home operators to access business planning and financing assistance, partnering with Tribally Designated Housing Entities (TDHEs), making public land available for affordable senior housing, promoting modular and low-cost housing for development, encouraging local communities to adjust land use regulations, and advocating for funding and promoting development budgets that allow for safety measures and security. Our outcome measures include:
  - New affordable senior housing units built in Alaska, measured by the number of new age restricted housing units for seniors in the state (intermediate)
  - Reduction in the percent of seniors 60+ living in rental housing with costs that are less than 30% of median household income, which is considered affordable  
Lead: ACoA
- Objective 4: We will advocate for continued funding for affordable housing that helps seniors stay in their homes and preserves existing affordable housing for seniors statewide. Our strategies include advocating for increased funding for AHFC Public Housing Division, supporting programs through the Alaska Housing Finance Corporation, advocating for increased funding for State General Relief and continued use of Medicaid for assisted living, and advocating for increased income limits and asset allowances for seniors to utilize Medicaid and be self-sufficient. Our outcome measures include:

- Proportion of seniors accessing housing vouchers increases, measured in terms of the percentage of overall vouchers that go to seniors (intermediate)
- General Relief utilization increases commensurate with increase in seniors, measured in terms of program utilization divided by the number of seniors age 55+ (intermediate and long term)
- Number of licensed assisted living beds increases (intermediate and long term)  
Lead: AHFC/ACoA

- Objective 5: We will address and reduce homelessness among seniors. Our strategy is to encourage local network providers and partners to coordinate and collaborate with homelessness coalitions to address senior homelessness and increase affordable housing stock, focusing on prevention. Our outcome measure is ensuring that seniors as a percentage of the overall number of people experiencing homelessness do not increase
- Objective 6: We will promote quality and availability across the continuum should seniors need to leave their homes for rehabilitation or additional supports. Our strategies include identifying and assessing existing senior care facilities and supporting providers to expand their capacity as needed and working with a range of partners to develop new senior care facilities using public-private partnerships and financing mechanisms. Our outcome measure is:
  - Seniors as a percentage of the overall number of people experiencing homelessness does not increase (intermediate)

Through intrastate collaboration, ensuring seniors in Alaska have access to quality, affordable, and appropriate housing options remains a high priority that is essential to allowing the population to age in place and/or receive necessary supports toward the end of the continuum of care.

**Goal 5: Enhance opportunities for meaningful aging, intergenerational connectivity, civic engagement, and address impacts from social isolation, particularly due to COVID-19.**

- Objective 1: We will promote access to lifelong learning and personal growth opportunities. Our strategies include tracking and maintaining the number of continuing education programs for seniors, promoting online classes and workshops, partnering with local schools, colleges, and universities, and providing financial assistance, scholarships, or course audit options for seniors. Our outcome measure is:
  - Seniors' level of awareness related to targeted education programs increases; track as part of the senior survey (short term)
- Objective 2: We will encourage intergenerational interaction to promote understanding and support. Our strategies include encouraging increased participation in senior center and senior volunteer activities through various programs and encouraging local partnerships with schools to develop intergenerational mentoring programs. Our outcome measure is:
  - Seniors are participating in activities and experiences across multiple generations; ask relevant question in on of ACOAs reoccurring senior surveys (intermediate)
- Objective 3: We will promote opportunities for seniors to participate in meaningful civic engagement or volunteerism. Our strategies include promoting awareness about the value of older



workers, encouraging seniors to actively engage in policy discussions and decision-making, promoting voter registration for those 60+, building partnerships with mission-driven organizations, and developing and promoting a volunteer matching service for seniors. Our outcome measures include:

- New voter registration for seniors as a share of voter registration is maintained or increases (intermediate)
  - Increases in level of senior volunteering; measured through the senior survey (intermediate)
  - Share of 60+ individuals on Statewide Boards and Commissions are maintained or increases; possibly work with Alaska Municipal League to track similar data at the local level (intermediate)
- Objective 4: In addition to our commitment to promoting social connectedness and combatting isolation among seniors, which aligns with the objective in our state plan on aging regarding screening for suicide risk (Sec. 102(14)(G)), we will implement various strategies to address this issue. Recognizing the impact of the COVID-19 pandemic, we understand the urgency of supporting seniors in maintaining social connections. To achieve this, we will develop and promote programs and services that facilitate social interactions, such as senior centers and social clubs. Moreover, we will actively promote in-home volunteer programs that provide valuable social connections for seniors, helping them combat feelings of isolation. Furthermore, we recognize the specific challenges faced by homebound seniors or those residing in rural areas. To ensure their social well-being, we will promote services such as telephone reassurance programs, which offer regular check-ins and friendly conversations. Additionally, we will encourage the participation of seniors in virtual social events, leveraging technology to create engaging and inclusive social opportunities. By combining these efforts, we aim to address social isolation among seniors comprehensively. Alongside promoting social connections, we will prioritize screening for suicide risk, recognizing the importance of early identification and intervention. Through a multifaceted approach, we can provide support, promote mental health, and enhance the overall well-being of older individuals in our communities across the State of Alaska. Outcome measures include:
  - Seniors perception of Covid-19 impacts and social isolation improves; measure through senior survey and through local senior center surveys. (short term)
  - Restoration of congregate meal count to pre-Covid levels

By collaborating with various stakeholders, we aim to ensure seniors in Alaska have opportunities for meaningful aging, intergenerational connectivity, civic engagement, and social connectedness, while addressing the impacts of social isolation caused by the COVID-19 pandemic.

**Goal 6: Promote person-centered, quality, and affordable home-based and community-based support services that provide seniors with the highest quality of life, targeted to individuals with the greatest economic and social need.**

- Objective 1: We will promote services targeted to seniors with the greatest economic and social need, vulnerable seniors, and those at risk for long-term care placement. Our strategy involves:

- Advocating for increased NTS funding proportionate to senior growth. (long-term)
- Objective 2: We will encourage the State of Alaska to address workforce shortages to meet the in-home service needs of the increasing senior population, especially in rural Alaska. Our strategies include:
  - Increase the percentage of providers who access the Alaskan Core Competencies training by at least 10 percent per year from current levels. (long term)
  - Share of the labor force that is 60+ is maintained or increases.; utilize MASST program for data. (long term)
- Objective 3: We will encourage the availability and cultural appropriateness of senior services. Our strategies include:
  - Providers are serving culturally appropriate foods, such as subsistence foods; track through provider survey or through menus (intermediate term)
  - 100% of staff and volunteers are trained on person centered planning and on cultural competency which will enhance the advocacy efforts of LTC Ombudsmen for seniors in LTC settings.
- Objective 4: We will foster access to senior services by strengthening the Aging and Disability Resource Centers (ADRCs), case management and/or care coordination, and the senior center network. Our strategies include:
  - Increased utilization rate of seniors served with Medicare counseling increases (long term).
  - Increased utilization rate of seniors using senior centers for information increases (long term)
  - Increased utilization rate of seniors using ADRCs for information increases (long term)
- Objective 5: We will encourage the improvement of services for seniors with higher care needs, such as Alzheimer's and Related Dementia (ADRD) and behavioral health. Our strategies include supporting and growing capacity for the Dementia Action Collaborative, educating Alaskans about ADRD, increasing opportunities to educate and train providers regarding best care practices for seniors with ADRD, and increasing the availability of less restrictive alternatives to acute care settings for seniors with complex behaviors and care needs. More specifically:
  - Utilization of services across the continuum by those with ADRD increases proportionate to the growth in the senior population. (long term)
- Objective 6: We will advocate to the Alaska legislature to develop and implement regulations for quality standards for long-term services and supports, including residential and in-home settings, ensuring caregiver skills are appropriate to the population they serve. Our strategies involve completing the review of draft Assisted Living Home regulations, completing the regulation approval process for the draft Assisted Living Home regulations, and completing a policy or position paper related to the regulation of in-home services outside of Medicaid waiver-certified providers.

By working with various stakeholders, we aim to ensure seniors in Alaska have access to person-centered, quality, and affordable home-based and community-based support services, allowing them to have the highest quality of life while targeting those with the greatest economic and social need.

**Goal 7: Promote opportunities to support family caregivers in providing care and support to seniors without compromising their own physical, emotional, and financial well-being.**

- Objective 1: We will seek to raise awareness of and outreach to family caregivers. Our strategies include evaluating the State and partner organizations' outreach to family caregivers, considering a survey of family caregivers to assess resource needs, partnering with ADRCs and Senior Centers to distribute information about caregiver support networks, educating policy makers and community leaders on the benefits of and need for informal family caregivers, and supporting Title VI programs in providing support to unpaid/informal caregivers. Our outcome measures include:
  - Increased utilization of family caregiver for information and referral; measured by senior survey (intermediate)
  - New caregiver survey/questions administered (short term)
- Objective 2: We will promote strengthened services and supports for family caregivers. Our strategies involve advocating for policies and funding that support family caregivers, promoting existing caregiver support programs such as the National Family Caregiver Support Program, maintaining in-home respite and adult day services to meet family and other informal caregiver needs, developing and promoting intergenerational caregiving programs that connect seniors with younger generations who may need caregiving support, and exploring options for respite care in state Pioneer Homes and other assisted living facilities. Our outcome measures include maintaining or increasing the utilization of individuals participating in the National Family Caregiver Support Program and increasing the number of public service announcements promoting support for caregivers.
  - Maintain or increase, if possible, the utilization of individuals participating in National Family Caregiver Support Program. (intermediate)
  - Increase the number of public services announcements promoting support for caregivers. (short term)
- Objective 3: We will expand data, research, and evidence-based practices to support family caregivers. Our strategies include participating in a task force to guide research and best practices to support family caregivers and exploring how Alaska and other states and federal programs (e.g., VA) are working to promote financial and workplace security for family caregivers. Our outcome measure is:
  - New ideas to support family caregivers are identified for future implementation. (short term)

By working with various stakeholders, we aim to ensure family caregivers in Alaska have access to support and resources, allowing them to provide care for seniors without compromising their own well-being. This will help maintain a strong support system for seniors and contribute to their overall quality of life.

## Appendix A. Assurances + Required Activities

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### State Plan Guidance Attachment A

### STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

### Older Americans Act, As Amended in 2020

*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 2020.*

#### Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such 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;

(B) 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; . . .

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)

(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) 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;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—...

(5) in the case of a State specified in subsection (b)(5), the State agency;

and 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. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

*Note: States must ensure 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, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be

approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) 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 and behavioral 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 with 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;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including



multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals 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 (i).
  - (B) provide assurances that the area agency on aging will use outreach efforts that will—
    - (i) 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, specifically including survivors of the Holocaust; and
    - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
  - (C) contain an 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.
- (5) 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;
- (6) provide that the area agency on aging will—
  - (A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C) (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to

assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) 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 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—  
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(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;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) 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;

(C) 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 contract or such relationship;

(D) 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 contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

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

(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;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area 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 any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

- (A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and
- (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) 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 those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

- (A) the projected change in the number of older individuals in the planning and service area;
- (B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and
- (D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

- (A) health and human services;
- (B) land use;
- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled

with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

## Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require 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) be based on such area plans.

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

(A) evaluate, 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) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(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 section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

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

(i) provide assurances that the State agency will spend for each fiscal year, 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);  
and

(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.

(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).

(5) The plan shall provide that the State agency will—

(A) afford an opportunity for a 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) issue guidelines applicable to grievance procedures required by section 306(a)(10);  
and

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any 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 plan shall provide that 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.

(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.

(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.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be 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.

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

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

(9) The plan shall provide assurances that—

(A) 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 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(10) The plan shall provide assurances 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.

(11) The plan shall provide that with respect to legal assistance —

(A) the plan contains 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 (i) 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;

(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.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(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; and

(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.

(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 —

(A) 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—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(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 where appropriate and consented to by the parties to be referred; and

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

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

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



remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(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.

(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.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(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.

(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.

(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.

(19) The plan shall include the assurances 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.

(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.

(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).

(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.

(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.

(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.

(26) 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.

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

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

(28) 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.

(29) 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.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

(b)(3)(E) No application by a State under subparagraph (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.

#### Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

(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...

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*Signature and Title of Authorized Official*

*Date*

## Appendix B. Information Requirements

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### **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 uses the above criteria as a scoring metric in soliciting for competitive grant applications.**

### **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 Unit 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 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.**

**The Division of Senior & Disabilities Services (SDS) within the Alaska Department of Health 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 an emergency or natural disaster.**

### 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 Unit 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 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); and*



(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.

**Alaska's State Unit on Aging assures that the state agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000.**

<b>Funding Source</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>
Title III	\$5,538,080	\$5,538,080	\$5,538,080	\$5,538,080	\$5,538,080
State General Funds	\$7,740,158	\$7,740,158	\$7,740,158	\$7,740,158	\$7,740,158
Total	\$13,278,238	\$13,278,238	\$13,278,238	\$13,278,238	\$13,278,238

**The intra-state funding formula and percentage allocation to each region are detailed in the funding formula section of this plan (Appendix C). Current year (FY 2023) allocated costs of providing grant-funded long-term care services including all Title III grants, Adult Day, Aging and Disability Resource Centers, and Senior In-Home, for seniors in Alaska are below. These totals do not include supplemental American Rescue Plan Act funding. Projected costs for each of the remaining fiscal years covered under the plan remain steady, unless Alaska sees an increase in either federal or state funds allocated to these programs.**

**Title III: \$5,538,080**

**State's Contribution: \$7,740,158**

**Total: \$13,278,238**

**In FY 2023, 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 Services and Support Coordinator (RLTSSC), to be housed within the Commission on Aging , will work 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 RLTSSC 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 RLTSS Coordinator will provide 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. 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) .**

### **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*

**76 percent of seniors 60 and older are white, while only 65 percent of the total population is white. Meanwhile, only 12 percent of seniors are Alaska Native although 16 percent of the state's total population is Alaska Native. Eight percent of the total population identify as two or more races, while just three percent of the senior population are two or more races. Three percent of seniors of any race are of Hispanic origin, compared to seven percent of the total population.<sup>21</sup>**

**Approximately seven percent of the 60 and older population lives in poverty (roughly \$15,000-\$25,000 per year depending on household size). The percentage of seniors living in poverty ranges from just five percent in Southeast Alaska to 19 percent in the Yukon-Kuskokwim (Y-K) Delta. Seniors in poverty in the most populous regions of the state (Anchorage, the Interior and the Matanuska-Susitna Borough) ranges from six to eight percent of the population.<sup>22</sup>**

(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.*

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<sup>21</sup> Alaska Department of Labor and Workforce Development Population Estimates, 2021; U.S. Census Bureau.

<sup>22</sup> American Community Survey 5-Year Estimates, 2021.

**The State of Alaska assures services meet the needs of low-income minority older individuals by requiring grantee providers target services to the most vulnerable seniors. Grantees are required to submit an outreach plan and are measured on the % served within the target population of low income, minority, with limited English proficiency. Grantees report this in the required database through client characteristics and it is a performance measure in our State Program report. Grantees report on the number of clients served in each category by % of Minority, Rural, and below poverty. They also report the number served with 3+ ADL needs and at high nutrition risk. Each year Alaska's performance is measured against the previous year.**

### **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, if applicable, *and specify the ways in which the State agency intends to implement the activities.*

**The State of Alaska assures that the State Unit 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. More outreach and coordination support between Title III and Title VI grantees will be provided by the Title III Program Manager. Section 307(a)(28)**

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

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

Things that can be addressed: Challenges accessing health care, cost of health care, limited physicians who accept Medicare, workforce, housing, growth of Medicaid and how reductions will affect home and community-based services providers, increasing support for caregivers to help meet the needs of the growing senior population.

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

**The State of Alaska addresses this section as part of the planning process for updating the State Plan for Senior Services. The context section of this plan includes quantitative data about the current and anticipated number of seniors in Alaska and the planning regions. The needs assessment gathered qualitative data from seniors and providers about current and anticipated future needs. The context section also includes a summary of the key issues for seniors in Alaska.**

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

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

**See previous response to section 306(a)(17).**

### **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 (DPH) is a partner organization within the Alaska Department of Health. DPH is the 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 designated 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 \.**

### **Section 705(a) Eligibility --**

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

*(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)*

**The State agency assures that this title will be carried out in accordance with the assurance described in paragraphs (1) through (6).**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*(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).**

## Appendix C: Alaska Intrastate Funding Formula FY 2024-2027

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The Alaska Intrastate Funding Formula FY 2024-2027 allocates approximately \$4.5 million in Older American Act federal funding across Alaska for home and community-based during the fiscal year. The Older Americans Act (OAA) 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.

The Advisory Committee is tasked with determining and updating the funding formula. The Advisory Committee for the Alaska State Plan for Senior Services for FFY 2024 – FFY 2027 designated a subcommittee to review and revise the funding formula.

The funding formula submitted as part of this state plan, FFY 2024 - FFY 2027 is the same as the funding formula approved for the FFY 2020 - FFY 2023 period with one notable change. Previously the state and federal funds were allocated using two separate methodologies and the FFY 2024 – FFY 2027 funding formula brings these two allocations in alignment by applying the formula previously applied only to the federal funds to both federal and state funding source. The goal of this change is to make the funding formula more transparent and equitable. The details of this change are included in Funding Formula Factors section in the following pages.

### State Plan Guidance

Per 2021 AOA State Plan Guidance section 305(a)(2) the state 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 (DOH) 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 DOH 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.



## Funding Formula Overview

The funding formula allocates a percent of the total estimated \$4.5 million in funding to ten regions. Each of the state's 27 census areas are apportioned into the ten funding regions using the formula.

- Region 1: Bethel Census Area, Kusilvak Census Areas
- Region 2: Denali Borough, Fairbanks North Star Borough, South East Fairbanks Census Area, Yukon-Koyukuk Census Area
- Region 3: North Slope Borough
- Region 4: Municipality of Anchorage
- Region 5a: Chugach Census Area, Copper River Census Area, Kenai Peninsula Borough
- Region 5b: Matanuska-Susitna Borough
- Region 6: Aleutians East Borough, Aleutians West Census Area
- Region 7: Bristol Bay Borough, Dillingham Borough, Kodiak Island Borough, Lake and Peninsula Borough
- Region 8: Nome Census Area, Northwest Arctic Borough
- Region 9: Haines Borough, Hoonah-Angoon Census Area, Juneau City and Borough, Ketchikan Gateway Borough, Petersburg Borough, Prince of Wales-Hyder Census Area, Sitka City and Borough, Skagway Borough, Wrangell City and Borough, Yakutat City and Borough

A total of 5.74 percent is 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. If a region does not have the capacity to deliver services to its entire population remaining funds are redistributed statewide.

Both State General Funds and federal funds are distributed using five weighted factors that are used to determine the percent of funds that will go to each region each year based on current data.

Title III-E funds are distributed via a competitive award process that takes into consideration the proposed services provided to the funding's target population groups.

## Funding Formula Factors to Allocate State General Funds

The following descriptions provide detail on the five weighting factors used to allocate both the state general fund and federal funding through a standardized formula. The weighting factors total to 100 percent. Previously these weighting factors have only been applied to federal OAO funds. The FY 2024-2027 State Plan applies the same five weighting factors to the State General funds as well with the goal of making Alaska's funding formula more transparent and equitable.

### Total Senior Population Factor

The total number of seniors in each region is a major factor in the demand for services in that area. All of the state's ten regions have witnessed at least a 10 percent increase in its total senior population since 2018. This factor is weighted at 12.5, as many younger seniors are healthy, currently employed, and not in need of services. The data source for this factor is the Alaska Department of Labor and Workforce Development Population Estimates.

### **Minority Factor**

Minority is defined as those seniors who reported either a race other than white alone, or a Hispanic ethnicity. The Census Bureau categorizes Hispanic origin as an ethnicity, separate from race. This weighting includes all those who report ancestry which is wholly or partly minority, as minority seniors. This factor is weighted at 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. The data source for this factor is the Alaska Department of Labor and Workforce Development Population Estimates.

### **Poverty Factor**

This factor is calculated using the American Community Survey Five-Year Estimate of seniors age 60 and older living at or below poverty level. This factor is weighted at 27.5 to target additional resources to this population of seniors with the greatest economic need. The data source is a changed from previous plans in which participation in the Alaska's Senior Benefits Program was used as the measure of poverty in the State Plan. This program provides a small monthly cash benefit to any Alaskan age 65 and over with an income up to 175 percent of the Alaska poverty level and meets residency requirements. However, the Advisory Committee decided that the American Community Survey would be a more accurate data source given the unpredictability of funding and the voluntary nature of the Senior Benefits program.

### **Frail Factor**

Frail is quantified as those people who are age 80 years and older. 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 factor is weighted at 25. The data source for this factor is the Alaska Department of Labor and Workforce Development Population Estimates.

### **Rural Factor**

The rural factor is calculated using a two-step process. First, each census area is designated as urban, rural or remote based on whether the census area is considered metropolitan, micropolitan or neither, respectively, by the Office of Management and Budget (OMB).<sup>23</sup> According to the OMB definition, a metropolitan area contains a core urban area of 50,000 or more population. A micropolitan area contains an urban core of at least 10,000, but less than 50,000, population. According to the OMB, Anchorage, Fairbanks North Star Borough, and Matanuska-Susitna Borough are considered metropolitan and by extension urban in the funding formula. Juneau City and Borough and Ketchikan Gateway Borough are considered micropolitan and by extension rural in the funding formula. The remaining census areas are "neither" and therefore designated as remote in the funding formula.

The second step is for the Advisory Committee to adjust designations based on local geography. Although the Kenai Peninsula Borough and the Kodiak Island Borough are not classified as a Micropolitan area per OMB, the Advisory Subcommittee agreed that its characteristics were more

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<sup>23</sup> <https://www.census.gov/programs-surveys/metro-micro.html>

similar to the rural census areas rather than remote census areas due to having a lower cost of living. The rural factor assigns a weighting value of 22.5 for remote census areas, 11.25 for rural census areas and 0 for urban census areas. These weights are then applied to the census area's total senior population 60 and older.

## **Methodology**

A multi-step process is used to apply the weight factors of the funding formula to the census areas and regions. The first step in applying the weight factors is to update the demographics data in the formula using the Alaska Department of Labor and Workforce Development Population Estimates (for population and ethnicity) and the American Community Survey 5-Year Estimates (for income). Then the census area demographic data associated with each factor is totaled for the region. These region totals are then multiplied by each weight factor. These five numbers are totaled for that region and divided by the weighted state total to determine a percent that is used to allocate state general funds to that region.

The funding formula also employs a base funding allocation by region using federal Older American Act Funds to provide stability in budgeting and reduce the risk of having to eliminate much needed services in a region if funding is significantly reduced. State and federal sources of funding are then summed together to yield a total funding allocation for each region.

## **Expected Impacts on Service Delivery**

The State Plan Advisory Committee anticipates that this 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, targets 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 approximately six percent. The growth of the oldest seniors, age 80 and older, most in need of health care and long-term care, has increased 36 percent over the last eight 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.

## **Future Changes to the Funding Formula**

The State Plan Advisory Committee will revisit the funding formula ....

Other changes the Advisory Committee will consider include:

- Adding additional factors, such as cost of living;
- Adjusting how the weights are applied to each factor to give more weight to factors such as poverty and frailty; and

- Whether factors should be used to allocate all funding sources, rather than just the state portion of the funding

As an interim measure, SDS may use performance-based measures to increase funding to regions serving more seniors than planned as a result of senior population growth and need, pending funding availability.

Figure 8: Funding Formula

ALASKA INTRASTATE FUNDING FORMULA WEIGHT FACTORS, POPULATION STATISTICS, AND FEDERAL ALLOCATIONS							
	Senior Population Factor (60+)	Frail Population Factor (80+)	Minority Population Factor	Poverty Population Factor	Rural Population Factor	Weighted Percentage	Projected Allocation
Percentage Weight Factors	12.5%	25.0%	12.5%	27.5%	22.5%	(%)	(\$)
Bethel Census Area	2,472 <sup>[2]</sup>	225 <sup>[3]</sup>	1,955 <sup>[4]</sup>	254 <sup>[5]</sup>	2,472 <sup>[6]</sup>	3.3%	\$146,377.12
Kusilvak Census Area	919	72	795	86	919	1.2%	\$54,808.13
<b>Region 1 Total</b>	<b>3,391</b>	<b>297</b>	<b>2,750</b>	<b>340</b>	<b>3,391</b>	<b>4.5%</b>	<b>\$201,185.25</b>
Denali Borough	409	45	62	2	409	0.4%	\$19,273.32
Fairbanks North Star B	18,783	1,945	2,719	832	0	9.0%	\$403,093.11
Southeast Fairbanks	1,655	209	274	58	1,655	1.8%	\$80,753.67
Yukon-Koyukuk	1,334	157	877	106	1,334	1.7%	\$76,397.33
<b>Region 2 Total</b>	<b>22,181</b>	<b>2,356</b>	<b>3,932</b>	<b>998</b>	<b>3,398</b>	<b>12.9%</b>	<b>\$579,517.42</b>
North Slope	1,263	54	834	67	1,263	1.5%	\$68,496.10
<b>Region 3 Total</b>	<b>1,263</b>	<b>54</b>	<b>834</b>	<b>67</b>	<b>1,263</b>	<b>1.5%</b>	<b>\$68,496.10</b>
Anchorage	56,875	6,874	12,821	2,204	0	29.1%	\$1,307,387.27
<b>Region 4 Total</b>	<b>56,875</b>	<b>6,874</b>	<b>12,821</b>	<b>2,204</b>	<b>0</b>	<b>29.1%</b>	<b>\$1,307,387.27</b>
Kenai Peninsula	17,170	1,998	1,575	364	8,585	12.8%	\$577,411.81
Chugach	1,562	120	338	39	1,562	1.7%	\$74,590.82
Copper River	767	63	161	25	767	0.8%	\$36,864.52
<b>Region 5A Total</b>	<b>19,499</b>	<b>2,181</b>	<b>2,074</b>	<b>428</b>	<b>10,914</b>	<b>15.3%</b>	<b>\$688,867.14</b>
Matanuska-Susitna	23,224	2,371	2,054	1,151	0	10.7%	\$482,013.62
<b>Region 5B Total</b>	<b>23,224</b>	<b>2,371</b>	<b>2,054</b>	<b>1,151</b>	<b>0</b>	<b>10.7%</b>	<b>\$482,013.62</b>
Aleutian Islands East	627	30	458	17	627	0.8%	\$34,219.91
Aleutian Islands West	861	22	566	36	861	1.0%	\$45,902.96
<b>Region 6 Total</b>	<b>1,488</b>	<b>52</b>	<b>1,024</b>	<b>53</b>	<b>1,488</b>	<b>1.8%</b>	<b>\$80,122.87</b>
Bristol Bay Borough	222	21	106	3	222	0.3%	\$11,493.51
Dillingham	836	88	602	39	836	1.1%	\$47,451.81
Kodiak Island	2,630	269	1,119	97	1,315	2.3%	\$101,688.37
Lake and Peninsula	278	18	194	7	278	0.3%	\$15,159.82
<b>Region 7 Total</b>	<b>3,966</b>	<b>396</b>	<b>2,021</b>	<b>146</b>	<b>2,651</b>	<b>3.9%</b>	<b>\$175,793.51</b>
Nome Census-Area	1,395	118	1,005	133	1,395	1.8%	\$80,546.36
Northwest Arctic	1,018	110	792	55	1,018	1.3%	\$58,983.82
<b>Region 8 Total</b>	<b>2,413</b>	<b>228</b>	<b>1,797</b>	<b>188</b>	<b>2,413</b>	<b>3.1%</b>	<b>\$139,530.18</b>
Haines Borough	878	107	129	110	878	1.0%	\$45,064.86
Juneau Borough	7,472	828	1,471	121	3,736	5.8%	\$260,462.26
Ketchikan Borough	3,520	378	832	132	1,760	2.8%	\$126,846.16
Prince of Wales	1,518	127	584	87	1,518	1.7%	\$78,180.14
Sitka Borough	2,220	339	566	49	2,220	2.5%	\$112,059.48
Skagway	278	31	28	3	278	0.3%	\$12,956.48
Hoonah-Angoon	847	91	331	43	847	1.0%	\$44,114.22
Petersburg	1,019	119	137	19	1,019	1.1%	\$48,420.22
Wrangell	736	96	149	24	736	0.8%	\$36,346.26
Yakutat Borough	179	27	89	0	179	0.2%	\$9,538.93
<b>Region 9 Total</b>	<b>18,667</b>	<b>2,143</b>	<b>4,316</b>	<b>588</b>	<b>13,171</b>	<b>17.2%</b>	<b>\$773,988.99</b>
<b>Region 10 Statewide</b> <sup>[1]</sup>							\$273,840.65
<b>Totals:</b>	<b>152,967</b>	<b>16,952</b>	<b>33,623</b>	<b>6,163</b>	<b>38,689</b>	<b>100%</b>	<b>\$4,496,902.35</b>

[1] This amount reflect the amount of statewide funds in Region 10, or 5.74% of the overall federal allocation amount.

[2] Because age/sex data for 2020 Census are not yet released, April 2020 data are Department of Labor estimates based on Census 2020 total population numbers. Alaska Department of Labor and Workforce Development, Research and Analysis Section. 2022.

[3] Because age/sex data for 2020 Census are not yet released, April 2020 data are Department of Labor estimates based on Census 2020 total polupation numbers. Alaska Department of Labor and Workforce Development, Research and Analysis Section. 2022.

[4] Alaska Department of Labor and Workforce Development, Research and Analysis Section; and U.S. Census Bureau. 2021.

[5] See American Community Survey Series ACSDT5Y2021.

[6] Values in this column reflect senior population, 50% of the senior population, and 100% for rural designations. Micropolitan. See last plan language.

[7] The rural factor is calculated using a two-step process described in the Appendix C.

[8] For regions that experience a significant change in allocated funding compared to prior state plans, the changes will be noticed in advance to allow impacted regions to prepare for the funding changes.

## Appendix D. Needs Assessment Activities and Findings

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### Executive Summary

The needs assessment appendix includes findings from three efforts: the Elder-Senior Listening Sessions, the 2022 Survey of Alaska Seniors, and the 2022 Senior-Provider Survey. 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 per year, with three of those meetings held by teleconference/videoconference, including a “rural outreach visit” to a remote area typically held every other year. Commission members agree that the rural outreach visits provide an invaluable glimpse into rural lifestyles and needs. The Commission coordinates all its efforts with those of other senior-focused agencies both within and outside of state government. Many of these agencies were represented on the state plan advisory committee, which developed the main planning document. See Appendix F for the list of advisory committee participants.

### 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 FY 2024-2027.



#### Needs Assessment (May 2021 – December 2022)

20+ Elder-Senior Listening Sessions; 5,943 responses to senior survey; 90 responses to provider survey



#### Data Collection + Analysis (January 2023)

Demographic and health data, program utilization, past plan performance



#### Plan Development (January – April 2023)

Review prior year planning, Advisory Council Meetings + Input, Draft + Revise Plan

### Elder-Senior Listening Sessions

The Alaska Commission on Aging (ACoA) held more than 40 facilitated elder-senior listening sessions between 2021 and 2023, with sessions taking place in in Kenai, Anchorage, Southeast Alaska, the Matanuska-Susitna Borough, Fairbanks, Kodiak and Nome. 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. The listening sessions ranged in attendance from 3 to 34 seniors, resulting in a total of more than 500 participants. The listening sessions were formatted as facilitated discussions around a set of targeted questions. Seniors across Alaska are concerned about access to healthcare, housing and assisted living/coordinated care; however, they have a strong desire to remain

in their communities and more broadly Alaska.

**Key Finding** – Elders across Alaska are concerned about access to healthcare, housing and assisted living/coordinated care, however they have a strong desire to stay in their community of choice and more broadly Alaska.

### 2022 Survey of Alaska Seniors

The ACoA survey of Alaskans age 55 years and older received 5,943 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.

**Key Finding** – Access to healthcare and financial security continue to be the greatest concerns for respondents of the 2022 Senior Survey. For others in the community, respondents identified access to health care and affordable/accessible housing as the greatest needs.

### 2022 Provider Survey

The ACoA also surveyed service providers about their perceptions of senior needs now and within the next five years, hearing from 90 providers in Alaska.

**Key Finding** – Senior service providers identified independent senior housing, assisted transportation, assisted living and family caregiver supports as the most important senior services that are currently missing or insufficient. Difficulty finding and maintaining service workforce, increasing senior populations and flat funding sources were the top three barriers limiting delivery of services available for older Alaskans.

### Needs Assessment Key Findings

This needs assessment process produced a substantial amount of useful qualitative and quantitative data. In December 2022, this information was compiled and analyzed, with findings presented to the Alaska State Plan for Senior Services Advisory Committee during the kick-off meeting in January 2023. The Needs Assessment highlighted the following issues that directly inform the seven goals that frame the Alaska State Plan for Senior Services FFY 2024 – FFY 2027.

**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 most important concern of seniors in the senior survey. Additionally, seniors are concerned about access to healthcare becoming a bigger issue as the senior population in the state grows and employers continue to struggle recruiting healthcare workforce. The provider survey identified difficulty finding or maintaining service workforce and the increase in senior population and the top two potential barriers limiting delivery of services to older Alaskans.

**Financial Concerns.** Throughout the needs assessment process, a number of concerns about financial security were raised. Elder-listening session participants discussed everything from value of living a subsistence lifestyle to worries about the rising cost of living. The senior survey showed financial security as the second most important concern of seniors in Alaska and 60 percent of survey respondents said they did not feel financially secure to handle unanticipated expenses.



**Elder Justice.** The issue of elder abuse and neglect is an important priority for Alaska. Fourteen percent of respondents to the senior survey indicated they knew someone or have personally experienced some form of elder abuse or exploitation, however 86 percent of these respondents indicated that they did not report the abuse. Elder abuse and exploitation can occur in many ways, with the most common instances being financial exploitation, emotional abuse, and neglect (according to the Senior Survey).

**Senior Housing.** During the elder-senior listening sessions, nearly all communities listed availability of affordable senior housing as an issue in need of improvement. The provider survey ranked independent senior housing as the most important service area that is insufficient throughout Alaska. The provider survey also identified assisted transportation and assisted living as the second and third most important issues facing seniors and their families today.

**Sense of Community.** During the elder-senior listening sessions, the importance of a strong sense of community was raised in several sessions. The COVID-19 pandemic exacerbated the issue of social isolation among the senior population and survey respondents, providers and listening session participants all emphasized the importance of rebuilding the sense of community among older Alaskans. The percent of survey respondents who visit a senior center dropped significantly since the last survey from 42 percent in 2019 to only 21 percent in 2022. Volunteering and doing work in their community was also something that seniors valued, with 38 percent of respondent saying they volunteer at least once a month.

**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 agency supportive services used by respondents included senior exercise, senior meals served at a senior center, senior center recreation activities, transportation and homemaker/chore services. These services all help individuals to age in place longer. The top three concerns for senior survey respondents who wish to age in place were declining health, limited income to afford necessities, and declining mental abilities.

## **Elder-Senior Listening Sessions**

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

The Alaska Commission on Aging (ACoA) held more than 40 facilitated elder-senior listening sessions between 2021 and 2023, with sessions taking place in in Kenai, Anchorage, Southeast Alaska, the Matanuska-Susitna Borough, Fairbanks, Kodiak and Nome. 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. The listening sessions ranged in attendance from 3 to 34 seniors, resulting in a total of more than 500 participants. The listening sessions were formatted as facilitated discussions around a set of targeted questions. Seniors across Alaska are concerned about access to healthcare, housing and assisted living/coordinated care; however, they have a strong desire to remain in their communities and more broadly Alaska.

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

There were several reoccurring themes across all listening sessions. 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. Transportation services in several communities appear to be working well, as well as access to health care in communities outside of the Railbelt.

## **Recurring Themes: What Needs Improvement?**

Participants in each of the elder-listening sessions were asked to share what areas of improvement existed in their communities. Seniors in the listening sessions identified the following items as core areas for improvement: Limited and accessible medical care/mental health care; affordable and accessible housing opportunities to age-in-place, including independent senior housing and assisted living facilities; transportation services including paratransit; and in a few communities the need to address isolation and a lack of age-appropriate activities.

## **Summary**

The elder-senior listening sessions provide both insight on local issues while validating themes that are important to seniors statewide. Through these facilitated discussions 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 comradery. 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 of a continuum of senior services in Alaska.

## **Senior Survey**

The Alaska Commission on Aging (ACoA) administered the 2022 Senior Survey as part of an effort to gather information on senior needs and update the Alaska State Plan for Senior Services FFY 2024 – FFY 2027.

## **Methods**

The 71-question senior survey was conducted in October and November 2022 by paper and on-line formats. The paper survey was distributed through Senior Voice, a statewide monthly newsletter, as well as through bulk mailings sent to senior provider organizations, tribal providers, and the Pioneer Homes for distribution to seniors. Envelopes were included to increase response rates. The online survey was posted on the ACoA's website and on Facebook. In total, there were 5,943 responses from Alaskans age 55 and older from all regions of the state. Survey respondents provided information about their demographic/socio-economic status, access to primary health care, financial security, housing, use of and satisfaction with local community-based services, family caregiving, and other data. 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.

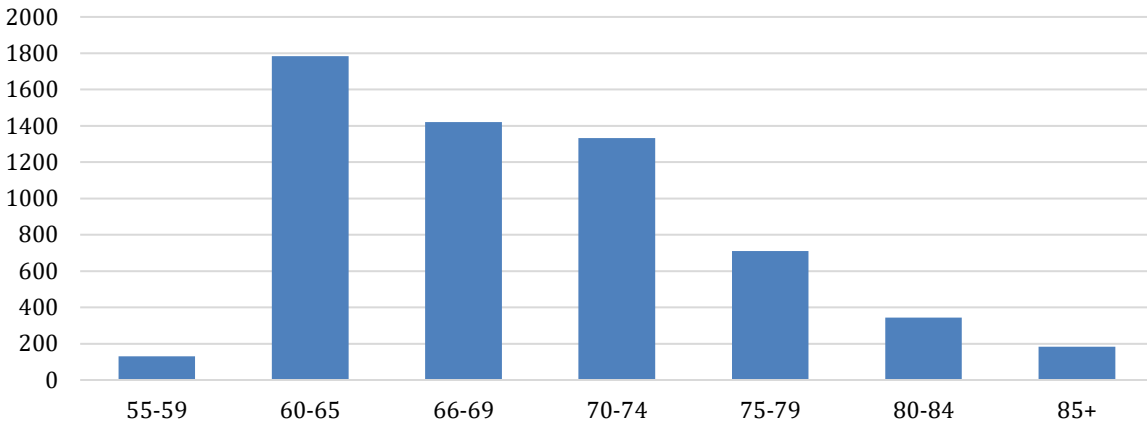
This was a voluntary survey and responders were not randomly chosen; therefore, their response percentages cannot be said to reflect the situations of all Alaska seniors as precisely as a random sample would. However, the large volume of responses lends credibility to the survey's portrait of Alaska seniors. Additionally, distributing the survey via providers, the Senior Voice and the internet probably allowed for a more comprehensive picture of Alaska's seniors than would otherwise be collected by a simple randomized telephone survey.

## **Respondents Demographics**

Of the 5,943 survey respondents, the distribution of age tracked close to the state's overall senior population. The respondents fell into each of the following age ranges: 55-59 (2.2 percent), 60-65, (30.0

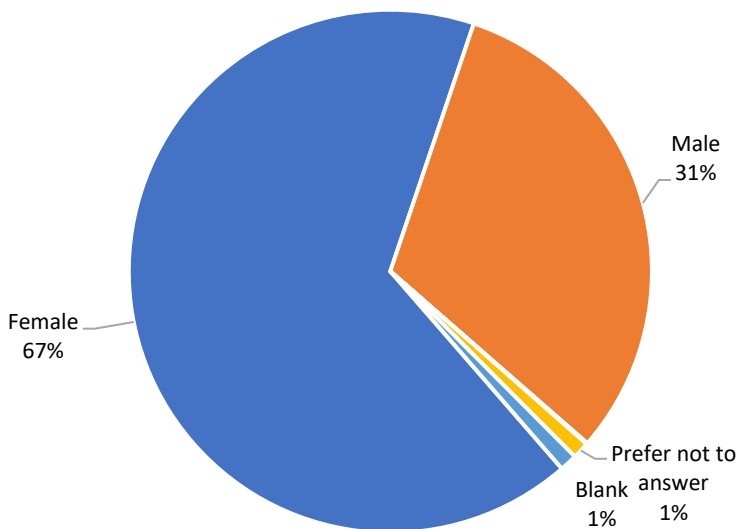
percent) 66-69 (23.9 percent), 70-74 (22.4 percent), 75-79 (11.9 percent), 80-84 (5.8 percent) and over 85 (3.1 percent)

Figure 9: Senior Survey 2022 - Age Distribution



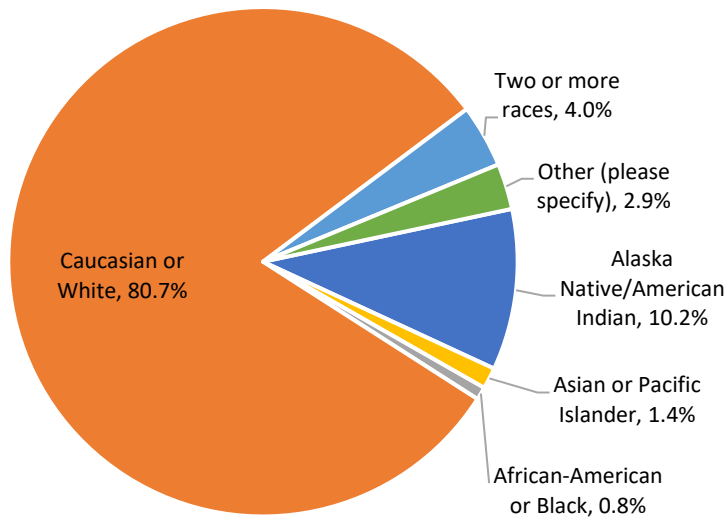
Almost two-thirds of those who responded were female (66.6 percent), although women comprise only 50 percent of Alaskans age 60 and over.

Figure 10: Senior Survey 2022 - Sex Distribution



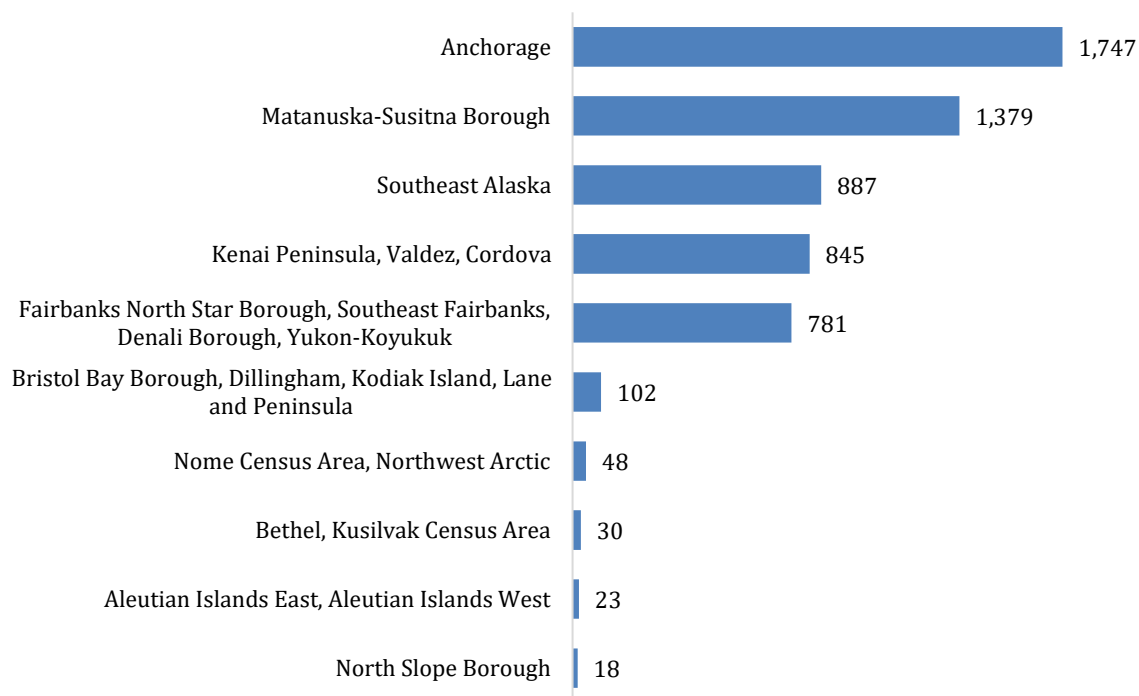
The race of survey responders was more representative of the general population of seniors, with 80.7 percent Caucasian/White, 10.2 percent Alaska Native/American Indian, 1.4 percent Asian/Pacific Islander, 0.8 percent African American/Black, and 2.2 percent Hispanic. (A total of 2.9 percent checked "Other"). Among the whole Alaska senior population, 76 percent are White, 12 percent Native, 6 percent Asian, 5 percent Hispanic, 3 percent Black, 3 percent two or more races, and less than 1 percent Native Hawaiian or other Pacific Islander.

Figure 11: Senior Survey 2022 - Race Distribution



Respondents were asked to indicate what geographic region they lived in or lived closest to. Response distribution was representative of larger population centers and included 29.4 percent from Anchorage, 23.2 percent from the Matanuska-Susitna Borough, 14.9 percent from Southeast Alaska, 14.2 percent from Kenai Peninsula Valdez and Cordova, and 13.1 percent from the Fairbanks North Star Borough, Southeast Fairbanks, Denali and Yukon-Koyukuk region.

Figure 12: Senior Survey 2022 - Geographic Distribution



Note: A total of 83 respondents did not respond to this question.

The majority of survey respondents plan to stay in Alaska for the foreseeable future (88 percent) and 75 percent expect to be living in the same home five years from now. A smaller number of survey respondents (7 percent) indicated that they would like to live in a smaller home in the same community five years from now. Only 5 percent of survey respondents plan on living in a different state in the next five years.

Alaskan seniors perceive themselves as very healthy. Nearly half (47 percent) of respondents rated their overall health as Very Good or Excellent. Another 34 percent of respondents rated their health as Good, 15 percent as Fair, and only 4 percent 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.

Other characteristics of respondents include:

- 84 percent have lived in their current home for more than 3 years
- 31 percent live alone
- 20 percent provide care for a family member or friend in some capacity
- 5 percent are currently raising grandchildren
- 54 percent are retired and 15% are employed full-time
- 25 percent are veterans
- 38 percent do volunteer work at least once a month in their community
- 29 percent participate in subsistence activities, and 14% have someone else who provides meat, fish and berries to them

### Top Concerns for Alaskan Seniors

*“I struggle with the desire to live independently in my home and the difficulties of cost, maintenance, cooking and safety versus the high cost of assisted living.” – Senior Survey 2022 Respondent*

*“It is truly scary getting older. As an Alaskan, I’ve been used to relying on myself and my spouse. We’ve both been very independent, but as we age simple tasks require more effort. We are beginning to need services, but we still need to learn where they are in our community.”- Senior Survey 2022 Respondent*

The overarching concerns for Alaskan seniors are maintaining physical health and access to health care, with financial security, fuel costs and having enough food to eat rounding out the top five concerns. Additionally, seniors were concerned about transportation, affordable and accessible housing, memory loss, access to information about long-term support services and caregiver supports.

Survey respondents were asked to rank their concerns regarding how much they affect other seniors in the community, to which the highest responses were access to healthcare, affordable and accessible housing, services for seniors with dementia, elder protection/preventing elder abuse and transportation. The table below shows the full response to concerns affecting other senior (note that these use weighted scores, and the lower the score the more of a concern the issue is to seniors in Alaska).

Figure 13: Senior Survey 2022 – Services need in your Community

Area of Concern	Weighted Score
Health Care Services	1.19

Area of Concern	Weighted Score
Affordable and accessible housing	1.38
Services for seniors with dementia and support for their families	1.43
Senior protection	1.45
Transportation	1.49
Caregiver Supports	1.53
Programs that give families a break in caregiving (Adult Day & Respite)	1.58
Senior center programs and activities	1.58
Assisted living facilities	1.60
Information about housing and other private/public long-term care services	1.64
Support for grandparents raising grandchildren	1.69
Health promotion and fall prevention activities	1.64
Age-appropriate recreational activities	1.68
Behavioral health services	1.73
Lifelong learning and educational opportunities	1.80
Senior job training/employment	2.11

Survey respondents were also asked to rate their top three concerns related to financial security. The cost of daily essentials such as food, housing, heat/utilities and transportation was the top concern for 45 percent of respondents. The cost of health care and medications was the second biggest financial concern (27 percent of respondents) follow by high taxes (16 percent of respondents), and budget reductions to programs serving seniors (12 percent of respondents). The table below shows the full response to the top concerns related to financial security.

*Figure 14: Senior Survey 2022 – Top Concerns Related to Financial Security*

Agency Provided Service	Weighted Score
Costs of daily essentials such as food, housing, heat/utilities, transportation	2.57
Costs of health care and medication	2.26
High property taxes and/or other taxes	1.92
Budget reductions to programs serving seniors	1.74

## Health

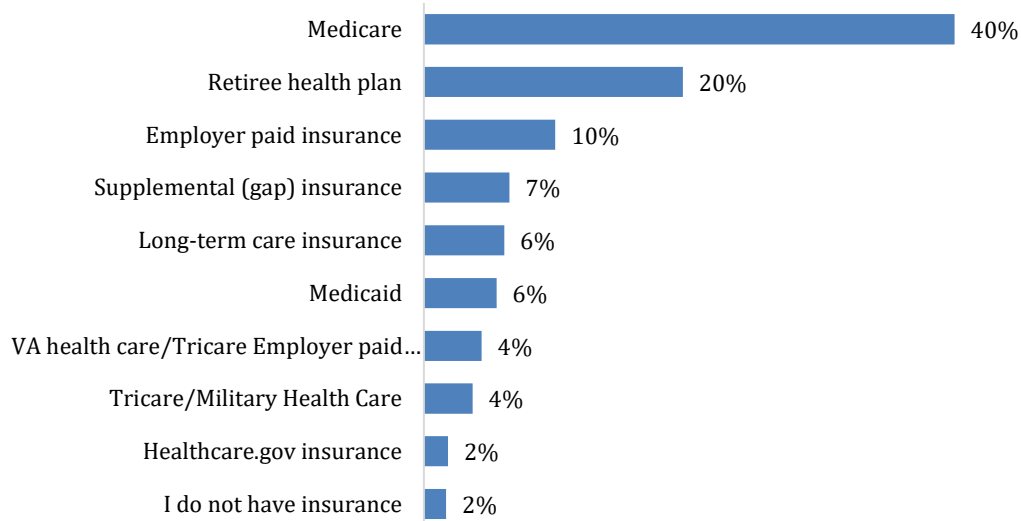
*“The state needs to actively promote and financially support all health/medical services recruiting. The pandemic exacerbated the need for nurses as well as drove many away from the profession due to inadequate staff levels.”- Senior Survey 2022 Respondent*

*“Access to healthcare and services is severely limited. Many elderly (and non-elderly) patients have to be medevacked to other cities such as Seattle or Anchorage, Alaska putting great financial and logistical strain on the elderly patients and the family members who have to arrange time off work and the financial loss that this time off requires for them to be able to accompany their senior members to other cities.” - Senior Survey 2022 Respondent*

Senior survey responders list health care as the number one concern affecting Alaskan seniors and was rated as “very important” by 86 percent of respondents. Seniors know that effective health care is essential 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.

Respondents were asked about what type of health insurance they utilized, to which 40 percent indicated at least some of their health insurance needs were covered by Medicare. Just under 20 percent utilize a retiree health plan, and 18 percent rely on some form of employer paid health insurance/VA health/Tricare program.

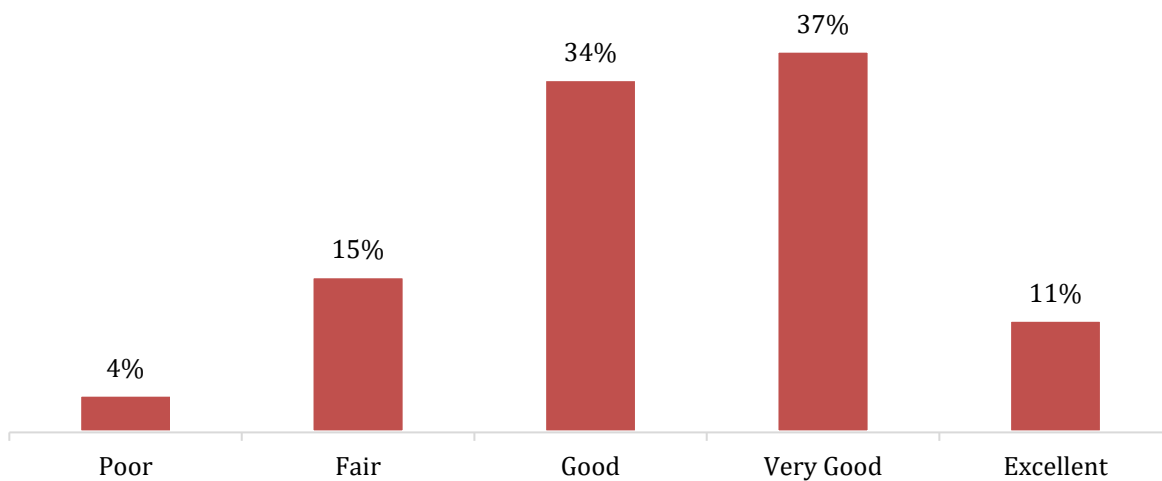
Figure 15: Senior Survey 2022 - Health Insurance Coverage



Despite the concerns about accessible health care, respondents indicated overall good health with 81 percent of respondents indicating their health was either good, very good or excellent. Only four percent of respondents indicated poor health, while 15 percent are experiencing only fair health.

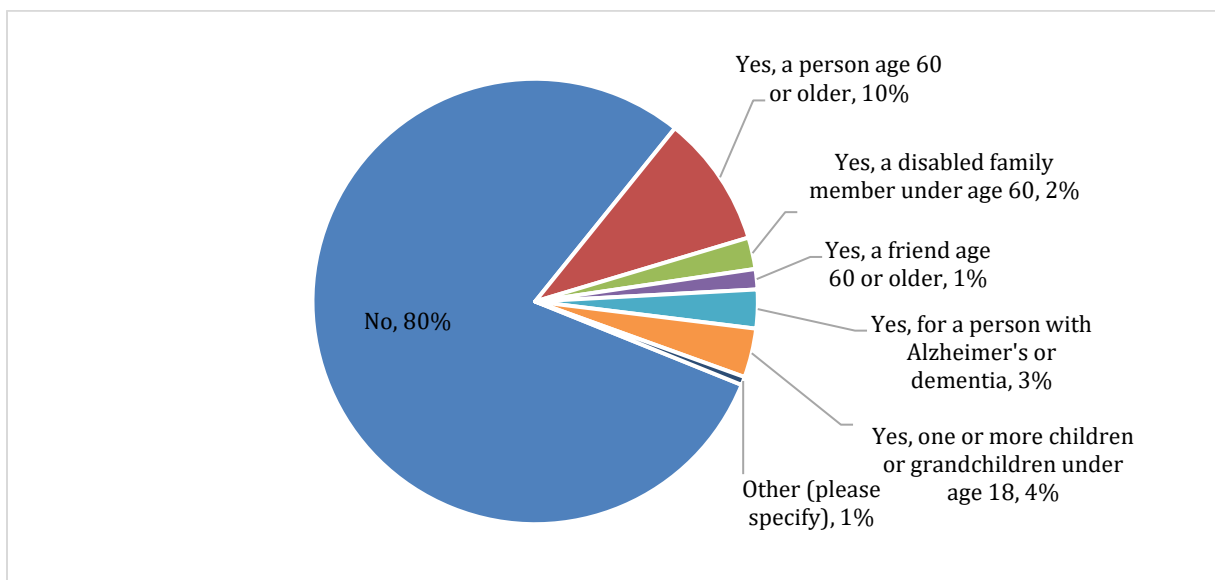
Figure 16: Senior Survey 2022 - Self Reported Health Status





About one in five seniors (20.3 percent) provide home care for a family member or friend. Nine percent care for a spouse or partner who is a senior. Eleven percent provide care for someone age 60 or older and 4 percent provide care to one or more children under the age of 18. Three percent of respondents provide care to someone with Alzheimer’s or dementia and another two percent provide care to a person with a disability under the age of 60. (Individuals could check more than one group identifying those for whom they provide care.)

Figure 17: Senior Survey 2022 - Do you Provide Care for a Family Member or Friend?



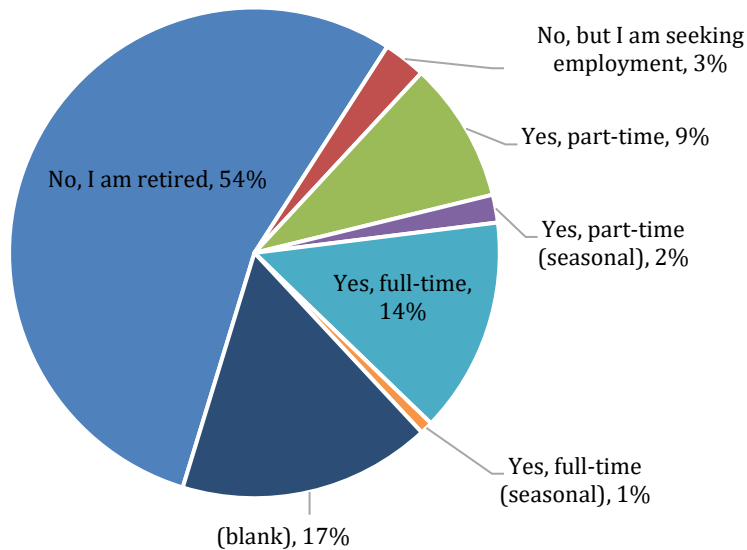
## Finance

*“Healthcare costs are the highest in the nation. When I retire I will have to relocate to the lower 48 because I will not be able to afford to live in Alaska due to high costs. Alaska is my home and it makes me really sad that I will have to leave to live the rest of my life somewhere else.” – Senior Survey 2022 Respondent*

*"I am concerned about the rising cost basic living expenses and the effect long term that it might have on fixed based income. I am still working right now, and it has given us the benefit of extra income, but at some point, I do want to retire. Just not sure if it will be feasible."* – Senior Survey 2022 Respondent

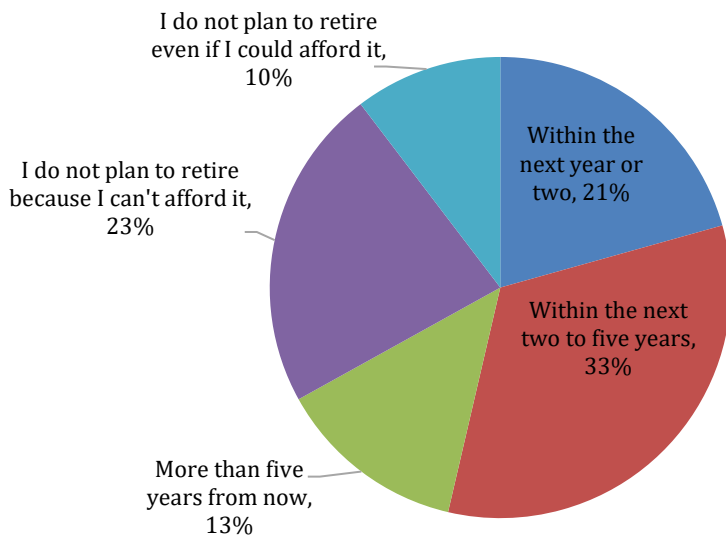
Financial security is rated second by respondents among concerns affecting Alaskan seniors. Although many seniors are retired (54 percent of respondents), over 26 percent of respondent still work full-time or part-time. Nearly three percent of respondents are not retired, but are not currently working, and are actively seeking employment.

Figure 18: Senior Survey 2022 - Employment Status



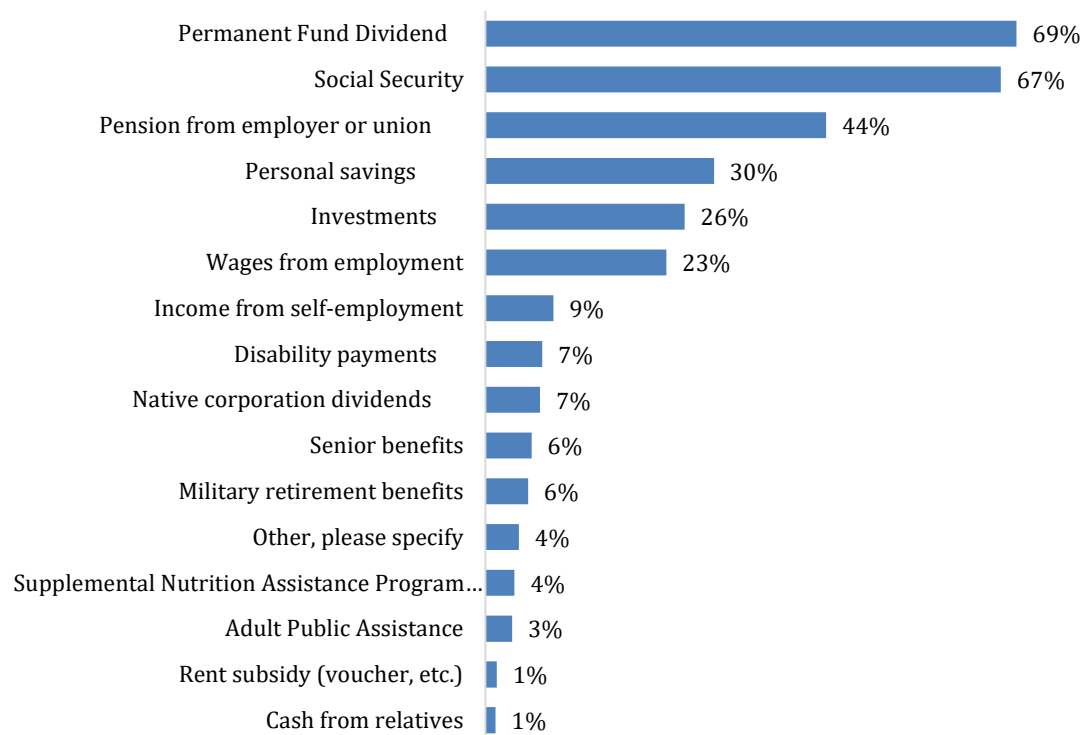
Of those seniors still in the workforce, 21 percent indicated that they would be retiring within the next year or two, 33 percent within the next two to five years and 13 percent in more than five years. About 10 percent of respondents indicated that they do not plan on retiring despite being able to afford it and 23 percent of respondents do not plan to retire because they can't afford it.

Figure 19: Senior Survey 2022 - Plans for Retirement



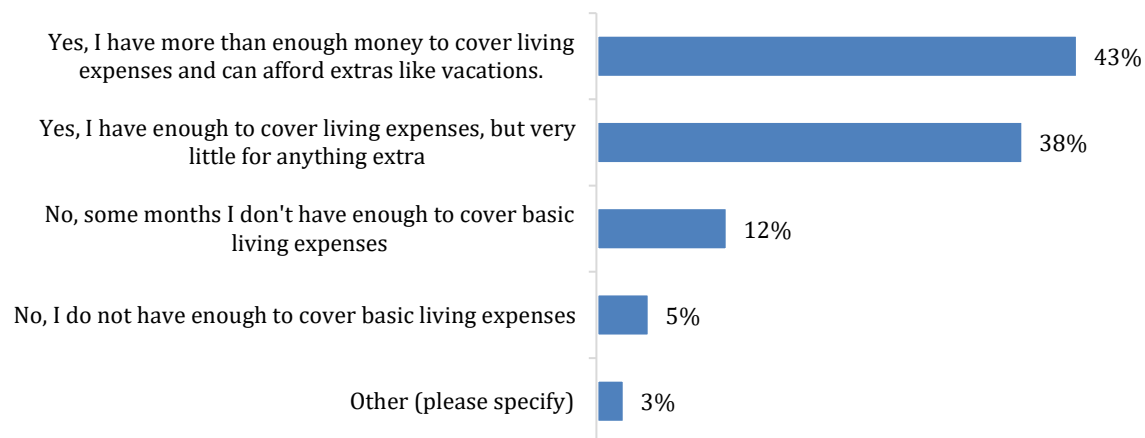
Seniors receive income from a variety of sources. The main sources of income for older Alaskans are Social Security (67 percent) and the Permanent Fund Dividend (69 percent). Nearly half (44 percent) respondents receive a pension from their employer or union, and another 30 percent draw from personal 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 22 percent of the income sources based on responses. The table below shows the full representation of income sources for respondents.

*Figure 20: Senior Survey 2022 - Sources of Income*



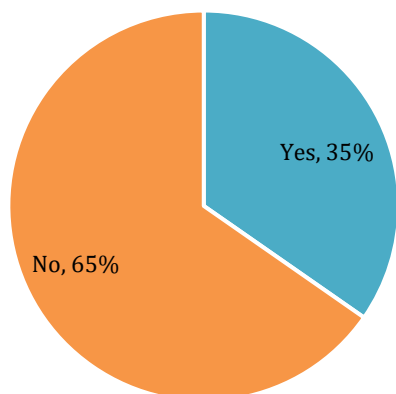
As suggested earlier, many older Alaskans struggle with financial security. Only 43 percent of Alaskan seniors have enough income to meet all their monthly expenses and can afford extras. Another 38 percent of respondents have enough to cover monthly living expenses but have very little left over for anything extra. More than one in ten (11.7 percent) reported not having enough to cover living expenses some months and another 5 percent reported not having enough income to pay for their monthly living expenses on a regular basis.

Figure 21: Senior Survey 2022 - Does Your Monthly Income Meet Your Expenses?



Related to financial security and in line with Alaskan culture, just over one-third of Alaskan seniors (35 percent) participate in subsistence activities directly or by proxy.

Figure 22: Senior Survey 2022 - Do You Participate in Subsistence Activities?



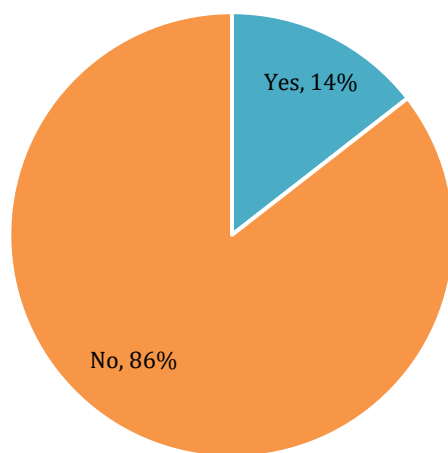
### Elder Abuse

*“Please continue offering seminars for estate and will planning. Include in this training the reporting methods in place for reporting elder abuse, neglect, and exploitation, and how to avoid getting into these situations.” – Senior Survey 2022 Respondent*

*“Abuse is a highly sensitive subject, and people cover up their own vulnerabilities and would not admit to being an abused.” – Senior Survey 2022 Respondent*

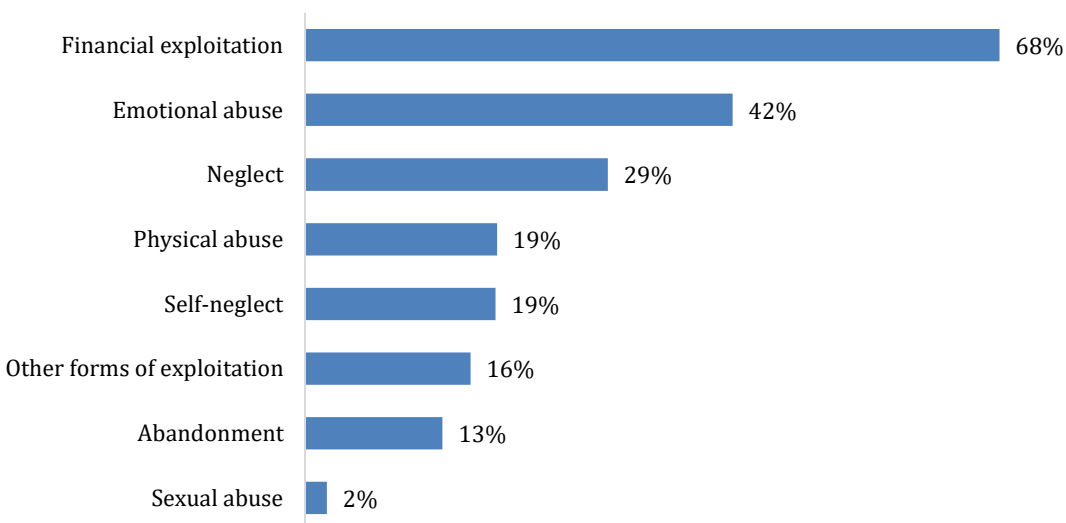
A major focus area of this state plan is elder justice. The seniors who responded to this survey indicated 14 percent had either personally experienced elder abuse or knew someone who had. This is a slight decrease from the 2018 Senior Survey that reported closer to 19 percent of seniors had personally or know someone who had experienced elder abuse.

Figure 23: Senior Survey 2022 - Have You or Someone You Know Experienced Elder Abuse?



Elder abuse can take many forms. The two most common forms of elder abuse noted by the respondents are financial exploitation (68 percent) and emotional abuse (42 percent). Other forms of elder abuse noticed by respondents included neglect (29 percent), physical abuse (19 percent), self-neglect (19 percent), abandonment (13 percent), and sexual abuse (2 percent). Other explanations were provided by 16 percent of the responses. Respondents could select more than one answer.

Figure 24: Senior Survey 2022 - Type of Elder Abuse for Those Who Have Experienced or Known Someone Who Was Abused?



## Housing

*"Affordable housing for seniors is hard for those forced to work. Though native housing is based on income, there are those that can't qualify for native housing because of their race. The housing list for seniors is long. Add in the high cost of utilities, and I am worried that soon I will be forced to move out of state."* — Senior Survey 2022 Respondent

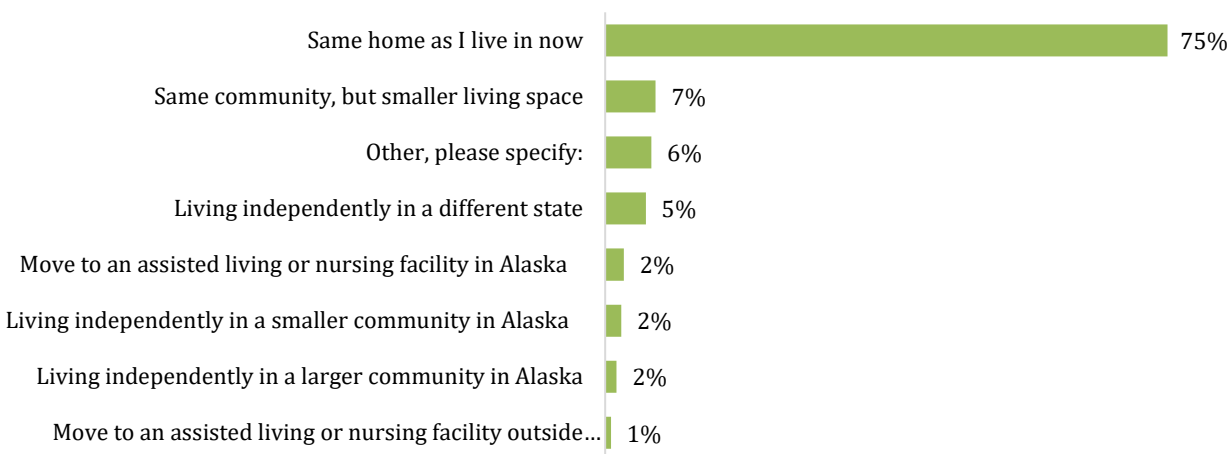
*"Affordable single-family homes/cottages for seniors. Many of us have been in our own homes for decades and the thought of being crammed into a busy apartment due to rent costs is horribly sad. Affordable housing is critical."* — Senior Survey 2022 Respondent

*"Housing is crucial. Affordability is an issue but lack of rentals is at a critical level. Seward Senior Center is a blessing and does a wonderful job with assisting us. The income level for senior assistance in 2022 and beyond is not realistic and the cut off mark for senior help should be higher."* — Senior Survey 2022 Respondent

*"I see a critical need for affordable senior housing in the state as our population continues to age."* — Senior Survey 2022 Respondent

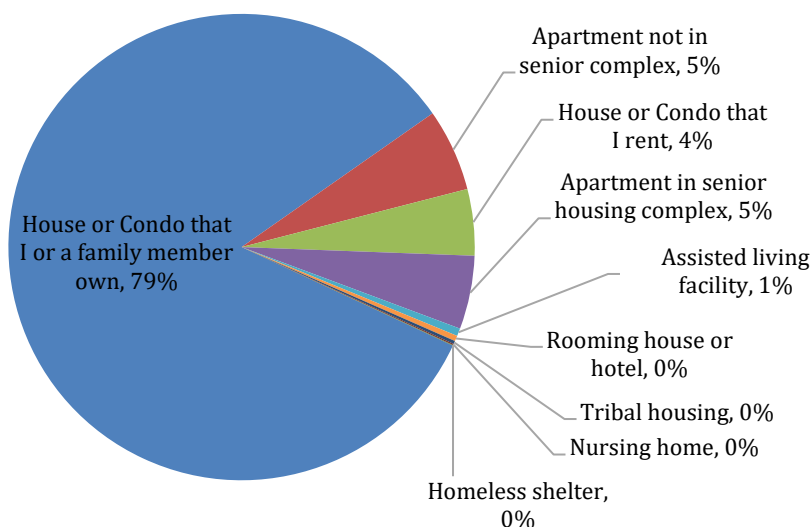
Many seniors shared concerns related to housing, specifically affordability and accessibility. Housing concerns range from housing availability, affordability, accessibility, and quantity of assisted living opportunities. Seventy-five percent of those surveyed say they expect to be living in the same home five years from now and 88 percent plan on remaining in Alaska. This suggests that seniors are relatively content with their living situations and hope to remain in Alaska long-term.

Figure 25: Senior Survey 2022 - Future Housing Expectations



Responses show 79 percent of seniors live in a house or condo that they or a family member owns. Survey respondents 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.

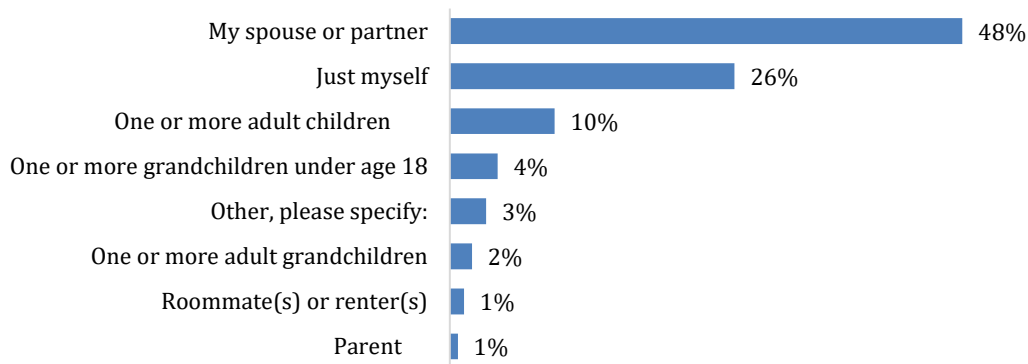
Figure 26: Senior Survey 2022 - Current Housing Status



A contributing factor to senior loneliness is the fact that many seniors live alone, including 32 percent of those that responded to this survey. Nearly half of the respondents live with their spouse or partner (48 percent), and 18 percent live with a family member or roommate/renter.

Figure 27: Senior Survey 2022 - Who Lives in Your Household?





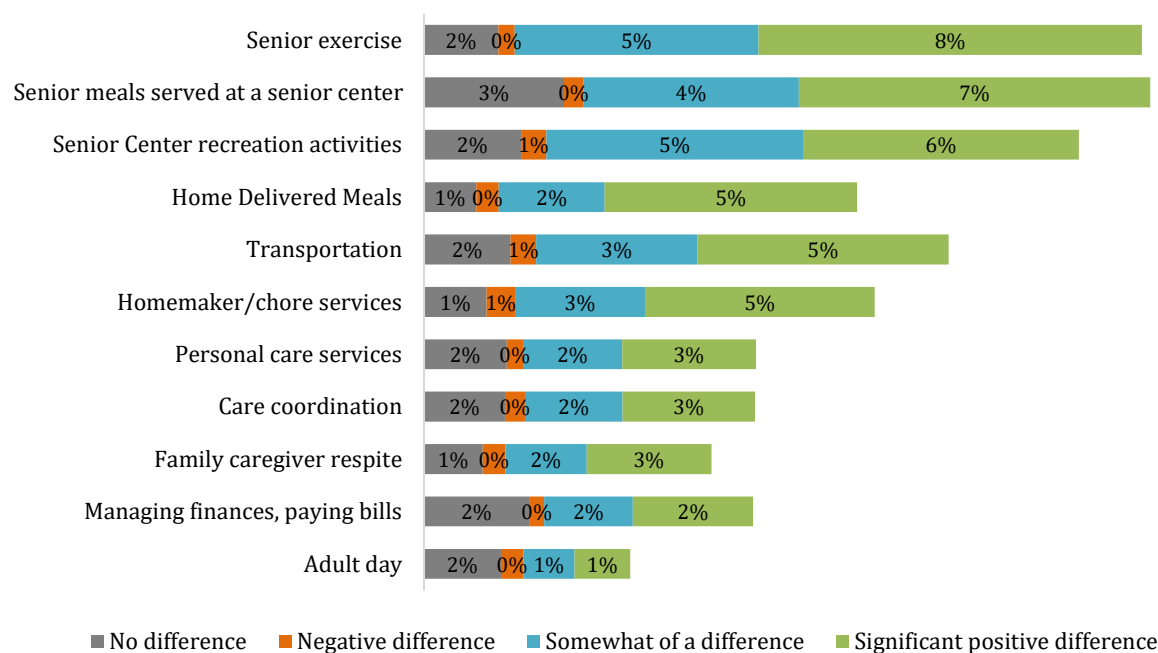
### Support Services

*"I'd like to see more services and activities geared specifically for the 65-75 age groups. The senior activities I have experienced recently is geared towards MUCH older groups. Such as music my own grandmother would have listened to! Folks in the 65-75 range are still young and think young but are beginning to develop health problems, search for services, and look for activities to alleviate depression caused by isolation, boredom and financial barriers." – Senior Survey 2022 Respondent*

*"I have helped several family members and elder friends access/coordinate assisted living, low-income housing and transportation services. I am very concerned about the shortage of assisted living and in-home supports for seniors in Anchorage. Transportation is also very limited. I often provide rides in my own car for seniors who need help getting to medical appointments or evening activities." – Senior Survey 2022 Respondent*

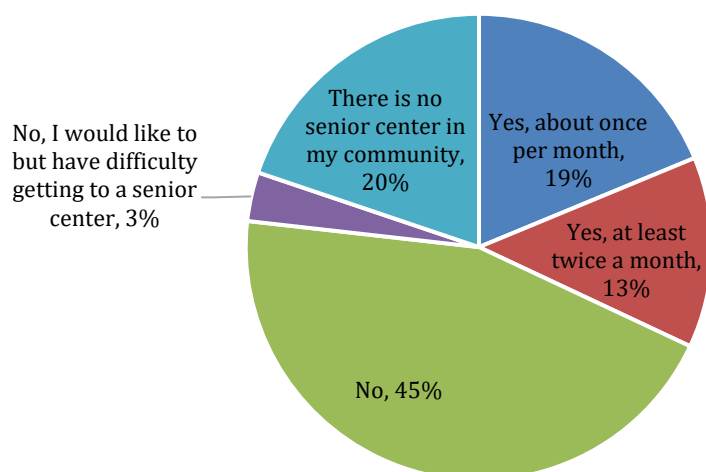
Responders were asked about the senior services they may have used in the past year and how those services have affected their quality of life. The most widely used service by survey responders was senior meals served at senior centers (used by 15 percent of survey responders) and 78 percent of survey respondent who used this service said it made a positive difference in their lives. Senior exercise also was highly utilized (15 percent of survey respondents) and was reported to have a positive impact by 87 percent of the respondents who utilized this service. Other highly used services include senior center recreational activities, transportation services, homemaking services, home delivered meals and care coordination.

*Figure 28: Senior Survey 2022 - What Senior Services Do You Currently Use and How Do They Affect Your Quality of Life?*



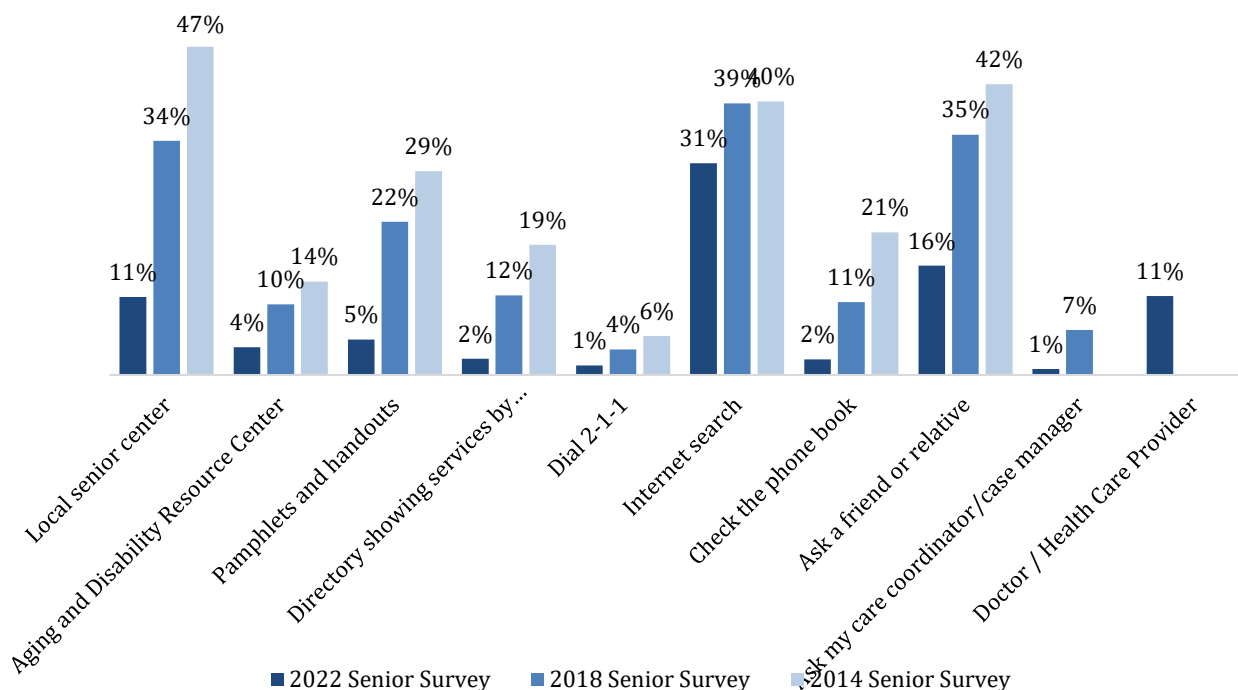
Clearly Alaska seniors trust their senior centers, not only as sources of information about programs and services but also as hubs of social engagement. Nearly a third (32 percent) say they do visit their local senior center, with 19 percent visiting regularly (at least twice a month) and 13 percent dropping in occasionally (about once a month). Another 3 percent say they would like to visit the senior center but have difficulty getting there. Roughly one fifth of respondents (20 percent) said there is not a senior center in their community for them to visit. Forty-two percent of respondents do not regularly visit the senior centers.

Figure 29: Senior Survey 2022 - Do You Visit a Senior Center in Your Community?



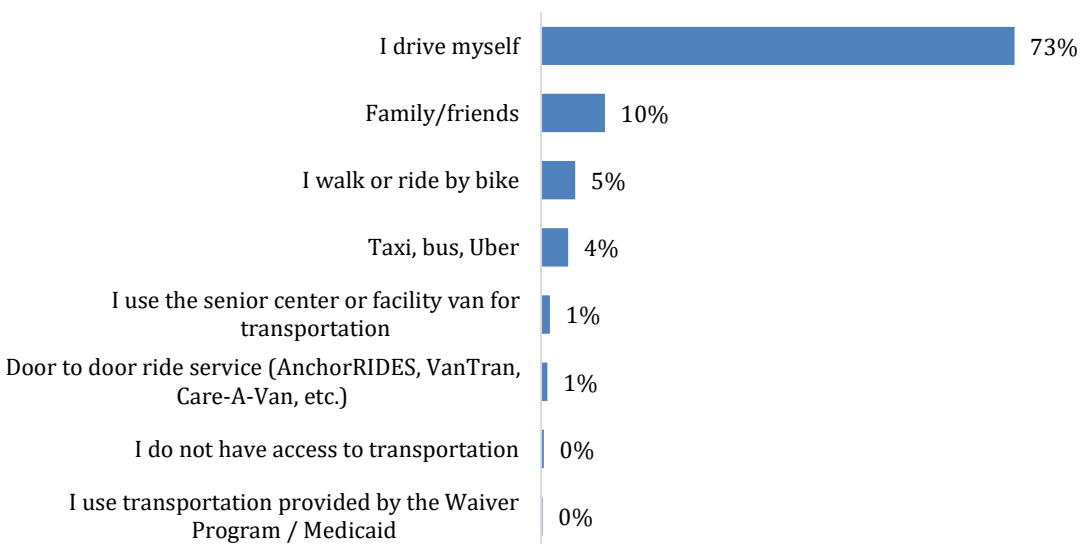
Seniors often tell the Alaska Commission on Aging that they don't know where to go for information about programs and services to help with their needs. The most common place seniors access information is the internet (31 percent) followed by relying on friends and relatives (16 percent). Only about 11 percent of seniors rely on the local senior center for information regarding long term supportive services. Doctors and Health Care Providers were also a common place for seniors to access information about programs and services (11 percent).

Figure 30: Senior Survey 2014-2022 - Where Do You Get Information About Long Term Supportive Services?



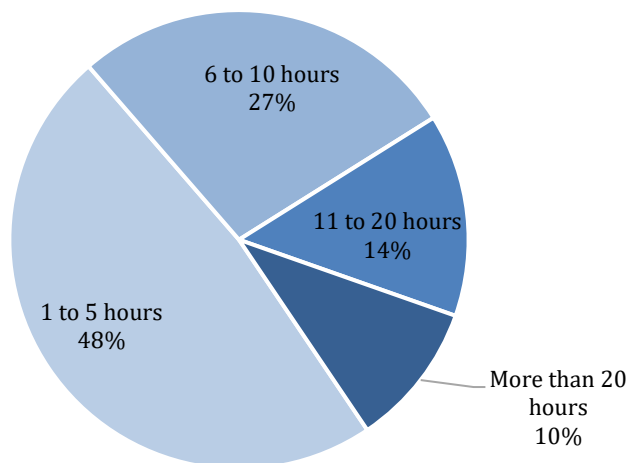
A majority of respondents drive themselves as a primary mode of transportation (73 percent). Alternatives to driving were mostly auto centric including receiving rides from friends and family members (10 percent), taking a taxi or bus (4 percent) or using transportation services provided by a senior center or assisted living facility (1 percent). Five percent of respondents use non-motorized transportation, either walking or riding a bike as their primary source of transportation.

Figure 31: Senior Survey 2022 – What Transportation Do You Use Regularly?



Just under half (43 percent) of respondents do volunteer work at least once a month in their communities. Of those seniors who volunteer, 10 percent volunteer more than 20 hours each month.

Figure 32: Senior Survey 2022 – How many hours do you volunteer each month?



## Providers Survey

### Methods

The Alaska Commission on Aging (ACoA) distributed an online survey to community-based senior service provider agencies, the Alaska Pioneer Homes, assisted living and long-term care facilities and community health centers. This online survey was distributed via the Survey Monkey on-line platform in November of 2022. The survey 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. One-hundred and 26 people responded.

### Key Findings

The Provider Survey highlighted many of the same top issues raised in the elder-senior listening sessions and Senior Survey. Some of the key barriers identified by providers that limit or impact the delivery of services to older Alaskans include:

- Difficulty finding or maintaining service workforce
- Senior population expected to increase in the service area
- Funding sources are flat funded
- Lingering impacts of the COVID-19 pandemic on service delivery
- Decreased government funding

The most important senior services that are missing or insufficient in provider service areas include

- Independent living senior housing
- Assisted Transportation
- Assisted Living
- Chore/homemaker assistance
- Home health care

### Respondent Profile

Providers responding to this survey represented non-profit, state, municipal, tribal, and for-profit agencies. These providers see only a subset of the senior population in any given area, and this subset of individuals likely has higher needs for services including coordinated care and financial assistance. Of the provider respondents:

- 60 percent work for a non-profit and 18% work for a for-profit organization
- 20 percent work with an assisted living home or long-term care facility
- 39 percent provide transportation and 38 percent provide congregate or home-delivery meals
- 52 percent receive funding from State Grants
- 57 percent receive funding through the Medicaid Waiver
- 46 percent received funding through the American Rescue Plan Act (ARPA)

Figure 33: Provider Survey 2022 - Geographic Service Area

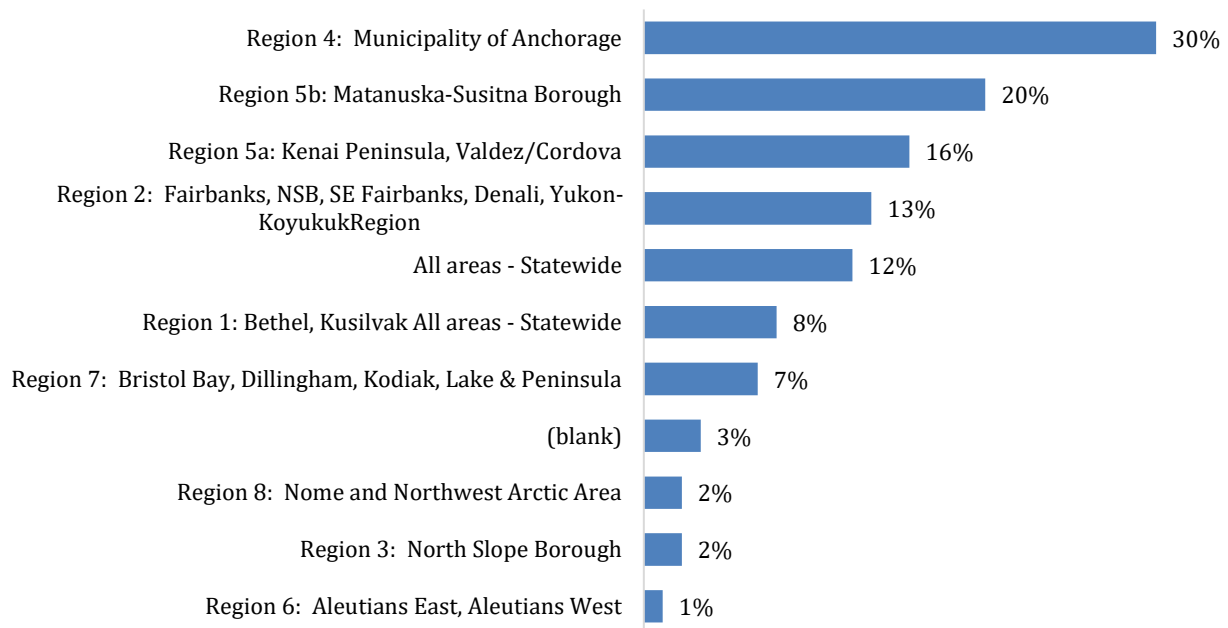
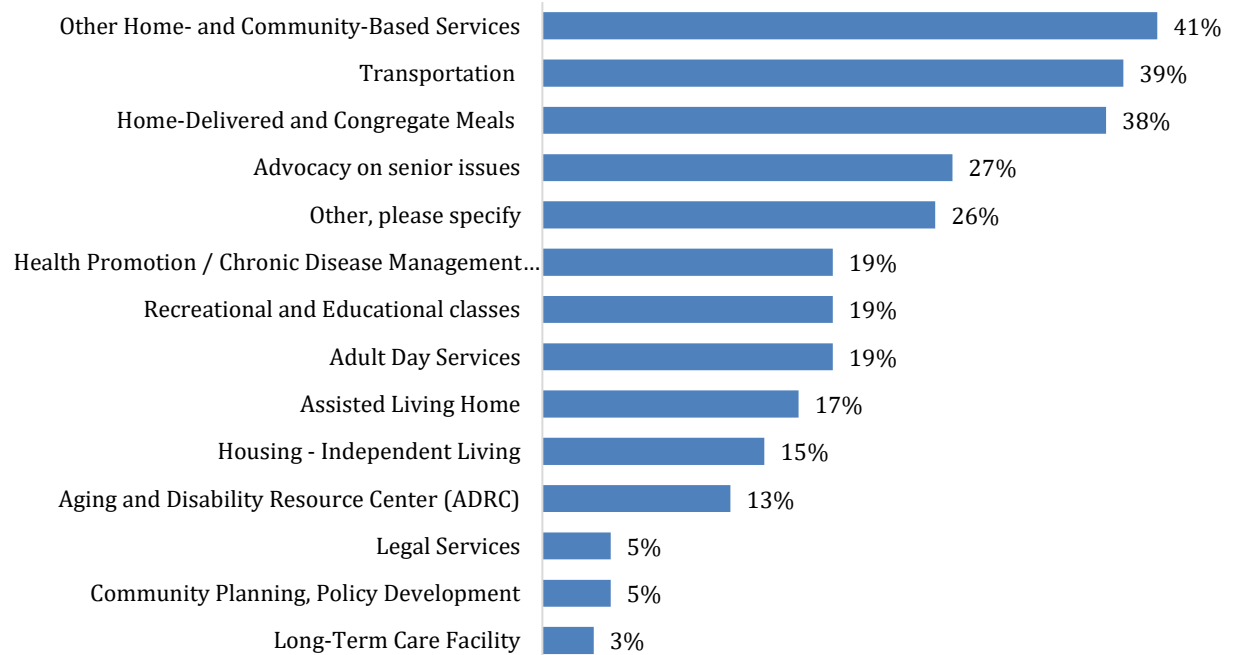


Figure 34: Provider Survey 2022 - Services Provided



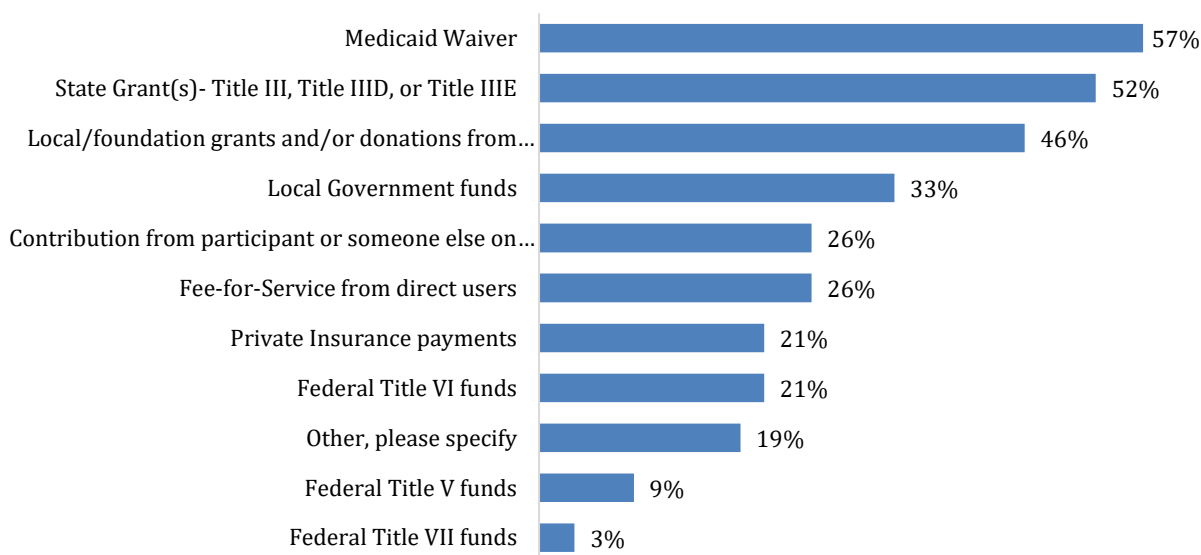
Many types of services are provided by those that responded to this survey, with the most common types being home and community-based services (41 percent), transportation (39 percent), home

delivered and congregate meals (38 percent), advocacy on senior issues (27 percent) and health promotion/chronic disease management (19 percent).

### Funding Sources

Responding programs were funded by a variety of sources, including the Medicaid Waiver program (57 percent), state grants such as Title III (52 percent), local or foundation grants (46 percent), local government funds (33 percent), contributions from participants (26 percent), fee-for-service from direct users (26 percent), and private insurance payments (21 percent).

Figure 35: Provider Survey 2022 - Agency Funding Sources



### Conclusions + Next Steps

The Needs Assessment findings provided the Advisory Committee with extensive quantitative and qualitative input from seniors and providers on what is important to them. The Advisory Committee met in January 2023 to review the information during a facilitated planning session to update the Alaska State Plan for Senior Services FY 2024-2027. The Needs Assessment is also available for a wide range of uses include program planning, development of services, and public awareness.

The Needs Assessment reveals information as to the perceptions and needs of seniors and senior services providers across Alaska. Issues of healthcare, housing, assisted living, coordinated care, financial need, assistance with activities of daily living, and transportation remain top issues for seniors across Alaska. Ensuring that services and supports are in place that address the concerns and interests of these survey respondents and focus group participants will help to create a more effective network of services for seniors.

The data collected in this Needs Assessment guides recommendations in the FY 2024-2027 Senior Services Plan. Future needs assessments should reflect upon the results of these surveys and listening sessions and should adapt their questions/methods to cover any information gaps missing from this assessment.



## Appendix E: Demographics

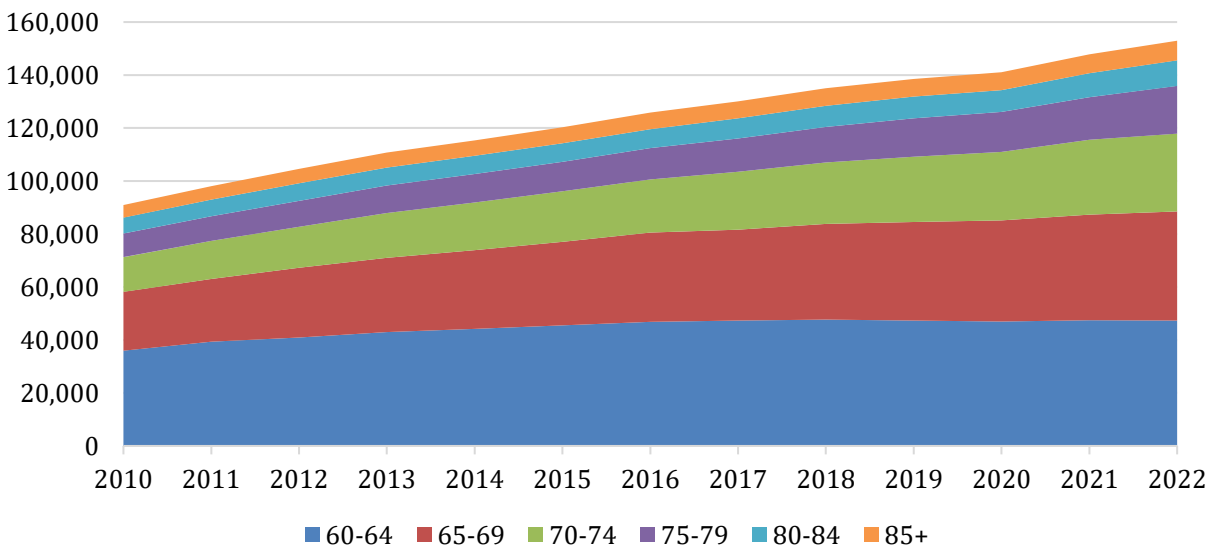
This appendix provides additional detail to the demographics summary provided in the context chapter of the main body of the plan.

### Population Growth

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, leads the nation in senior population growth. The Administration on Aging's "A Profile of Older Americans: 2021" identified a 72.5 percent increase in Alaska's population 65 and older from 2010 to 2020. This was the top growth rate in the United States and twice the national growth rate of 38 percent. The average annual growth rate for Alaska's 60 and older population between 2010 and 2022 was 6 percent (Figure 36). Alaska's senior population 60 and older reached an estimated 152,967 in 2022, representing 21 percent of the state's total population. Of Alaska's senior population, 17,037 individuals are 80 years of age or older.<sup>24</sup>

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). Senior population growth is also fueled by the aging of the baby boomer generation.

Figure 36: Alaska's Senior Population 60+, 2010-2022

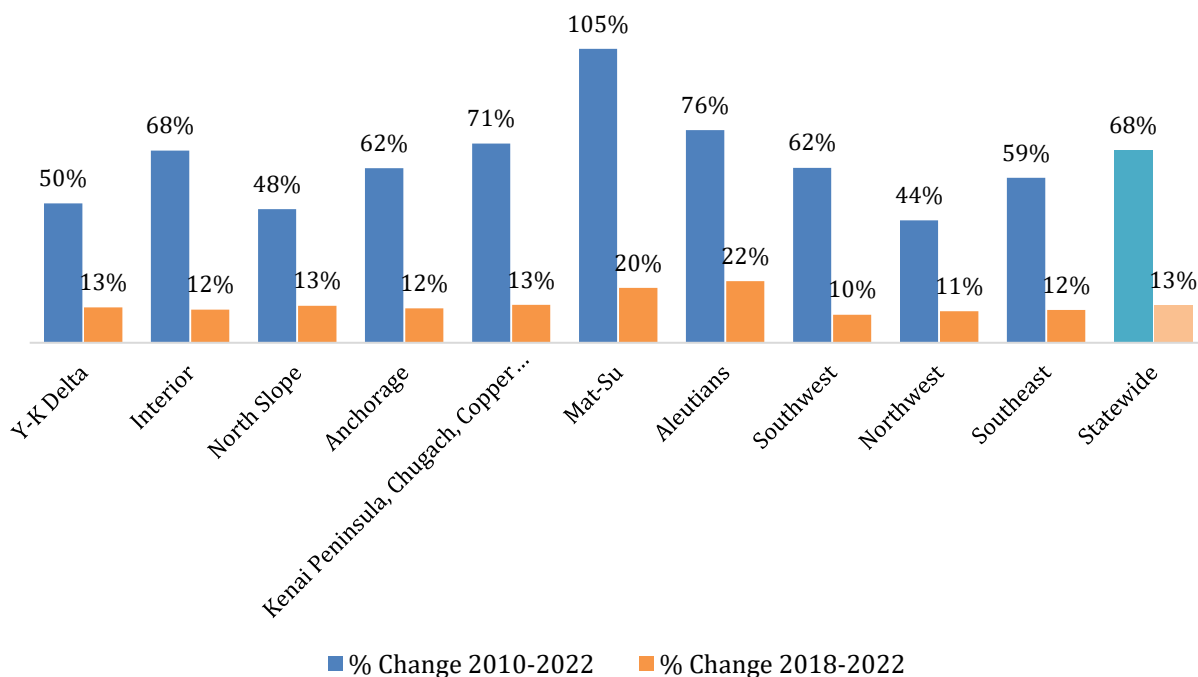


Source: Alaska Department of Labor and Workforce Development Population Estimates, 2010-2022

<sup>24</sup> Alaska Department of Labor and Workforce Development Population Estimates, 2022.  
Alaska State Plan for Senior Services FFY 2024 - FFY 2027 Appendices

The rate of growth in the 60 and older population is not uniform across the state. The statewide growth rate was 68 percent between 2010 and 2022 with more growth seen in the Matanuska Susitna Borough (105 percent) and the Aleutians (76 percent) and the Kenai Peninsula (71 percent) and less growth seen in the rural regions of Northwestern Alaska, the North Slope and the Yukon-Kuskokwim Delta.<sup>25</sup>

Figure 37: Percent Growth of 60+ Population by Region, 2010-2022



Source: Alaska Commission on Aging, Senior Snapshot FY2022

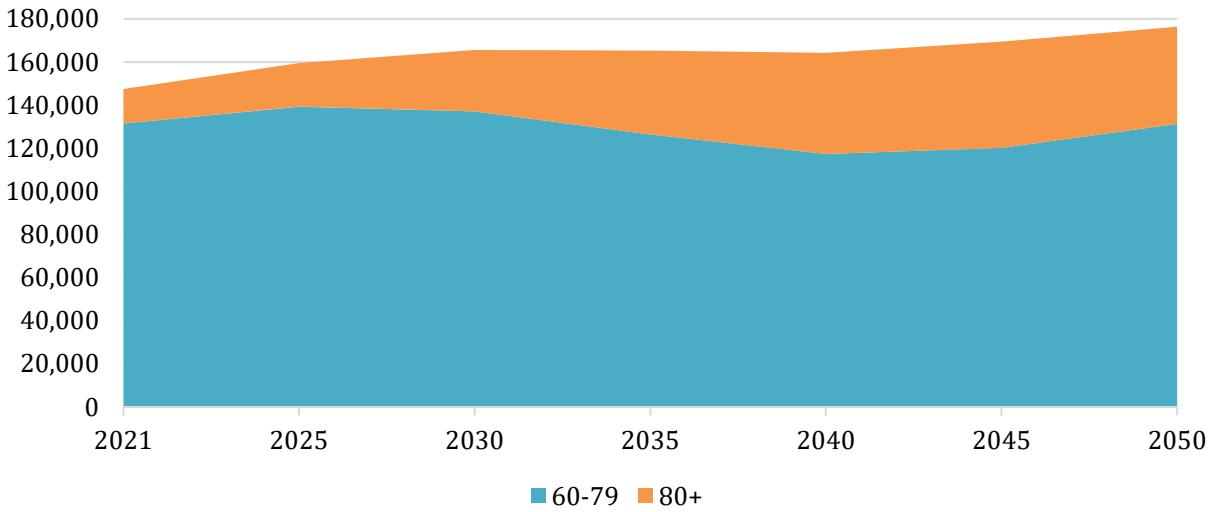
Alaska's senior population 60 and older is expected to increase significantly through 2050, with the number of seniors 80 and older continuing to account for a greater share to the total senior population (Figure 38).<sup>26</sup> Planning for greater capacity and infrastructure across the spectrum of senior services, including home and community-based services and long-term care, is especially significant for the 80 and older segment of the population who typically require more supports than younger seniors. Figure 39 shows growth of the senior population relative to growth in other age groups between 2021 and 2050. The number of seniors in the state surpassed the number of young people ages 15 to 24 in 2021.<sup>27</sup>

<sup>25</sup> Alaska Department of Labor and Workforce Development Population Estimates, 2010-2022.

<sup>26</sup> Alaska Department of Labor and Workforce Development Population Projections, 2021-2050.

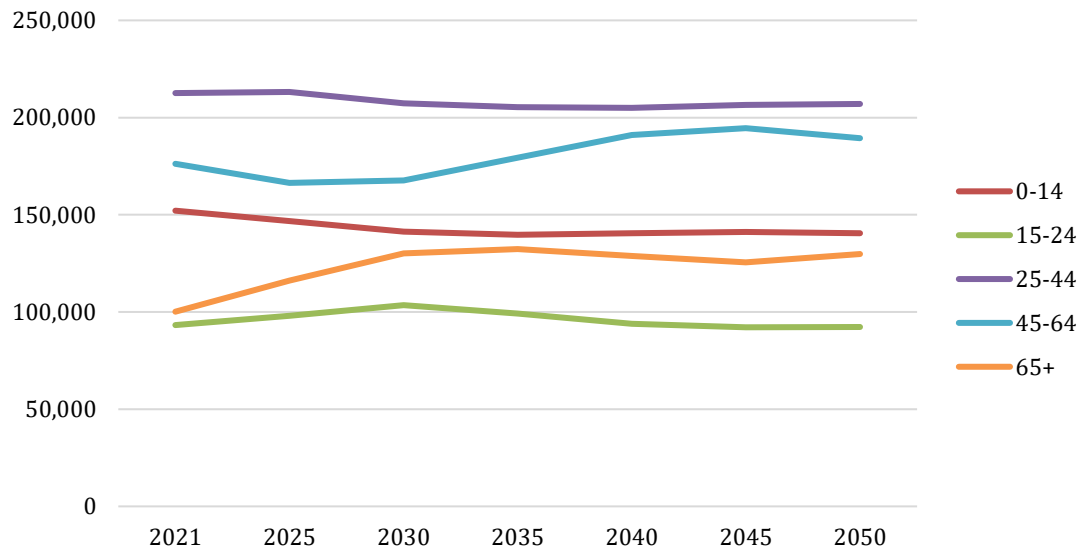
<sup>27</sup> Alaska Department of Labor and Workforce Development Population Projections, 2021-2050.

Figure 38: Population Projections for Alaska's Senior Population, 2021-2050



Source: Alaska Department of Labor and Workforce Development Population Estimates, 2021-2050.

Figure 39: Projected Population by Age Group, 2021-2050



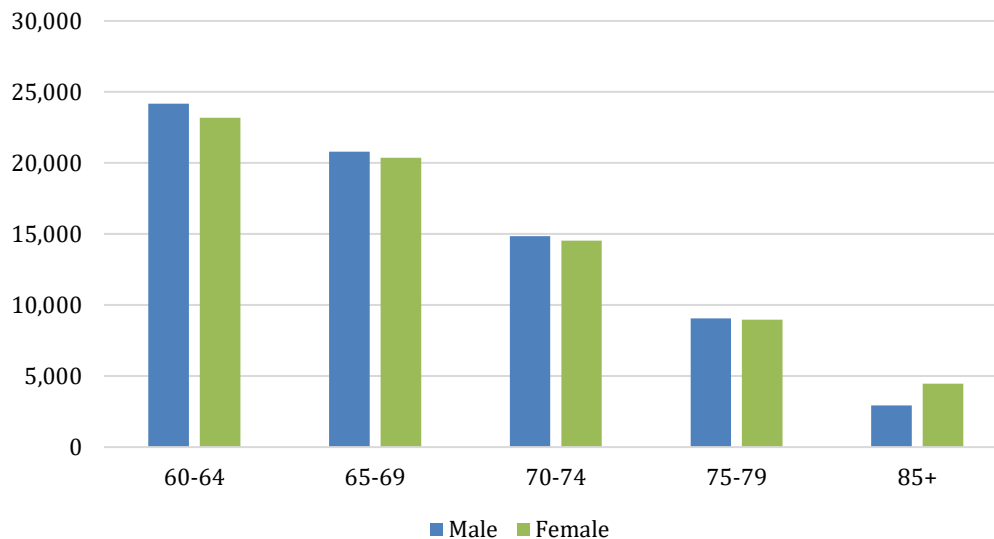
Source: Alaska Department of Labor and Workforce Development Population Projections, 2021-2050.

## Senior Characteristics

### Gender

Alaska's 60 and older population is almost evenly divided between men and women, although men predominate in the 60 to 64 and 65 to 74 age groups and women in the 75 and older age groups.<sup>28</sup>

Figure 40: Gender of Alaska's 60+ Population, 2022



Source: Alaska Department of Labor and Workforce Development Population Estimates, 2022.

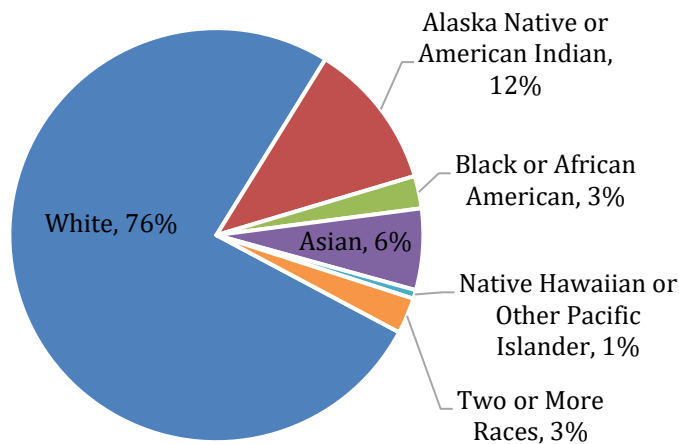
### Race

White seniors are over-represented compared to the total population, while other races are slightly under-represented. For example, 76 percent of seniors 60 and older are white, while only 65 percent of the total population is white. Meanwhile, only 12 percent of seniors are Alaska Native although 16 percent of the state's total population is Alaska Native. Eight percent of the total population identify as two or more races, while just three percent of the senior population are two or more races. Three percent of seniors of any race are of Hispanic origin, compared to seven percent of the total population.<sup>29</sup>

Figure 41: Race of Alaska's 60+ Population, 2021

<sup>28</sup> Alaska Department of Labor and Workforce Development Population Estimates, 2017.

<sup>29</sup> Alaska Department of Labor and Workforce Development Population Estimates, 2021; U.S. Census Bureau.



*Source: Alaska Department of Labor and Workforce Development Population Estimates, 2021.*

### 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.

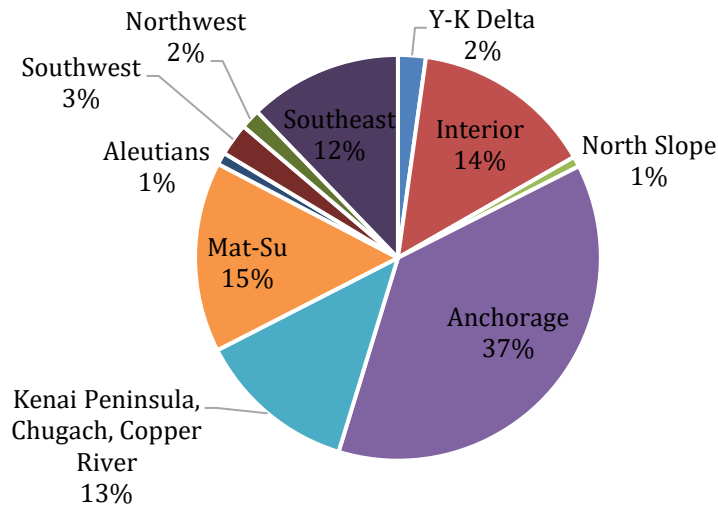
The net migration rate for Alaska seniors has traditionally been negative, with many older individuals leaving the state soon after retirement. This pattern is changing as a growing number of older Alaskans choose to remain in the state as they age, in part because of improved systems of care and support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

### Geography

Alaska's seniors age 60 and older live primarily in the state's most populated regions – Anchorage, the Interior (which includes Fairbanks and surrounding areas) and the Matanuska-Susitna Borough.<sup>30</sup> A slightly larger percentage of seniors 80 and older live in Anchorage, but the percentage of seniors by region remains mostly constant between older and younger seniors, possibly indicating a desire by seniors to remain close to family and community as they age.

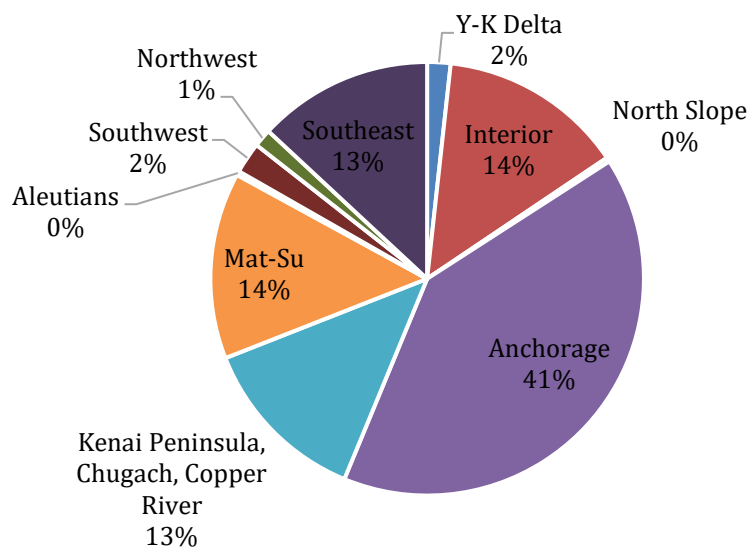
*Figure 42: Alaska's Senior Population 60+, 2022*

<sup>30</sup> Alaska Department of Labor and Workforce Development Population Estimates, 2022.  
Alaska State Plan for Senior Services FFY 2024 - FFY 2027 Appendices



Source: Alaska Department of Labor and Workforce Development Population Estimates, 2022.

Figure 43: Alaska's Senior Population 80+, 2022

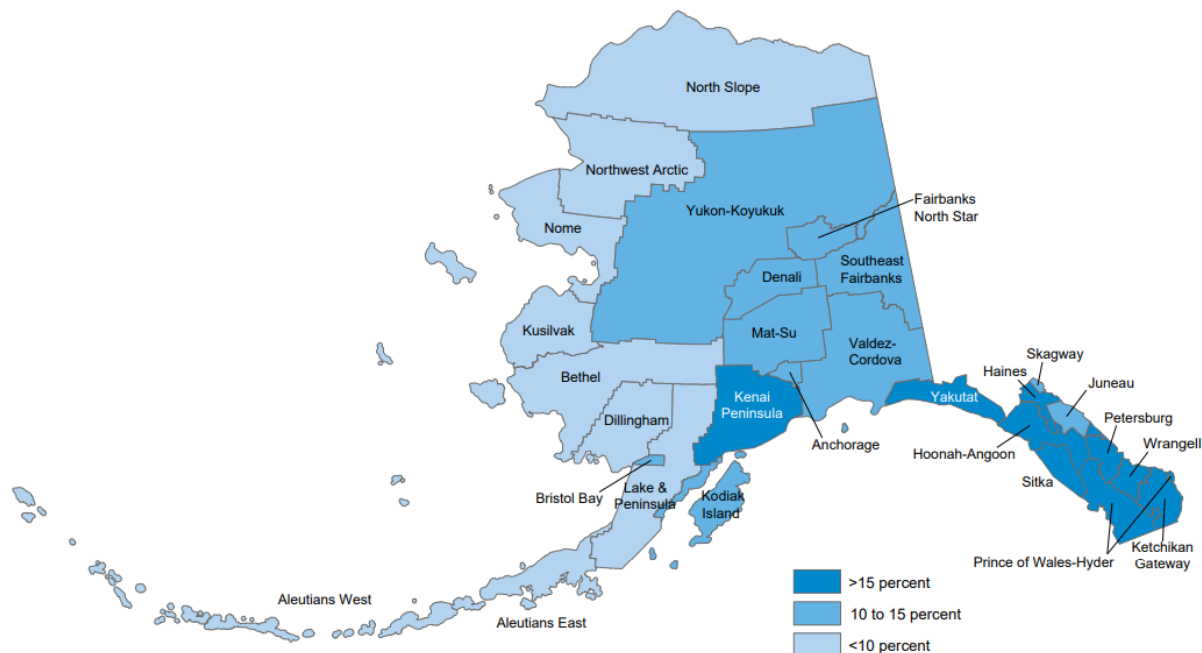


Source: Alaska Department of Labor and Workforce Development Population Estimates, 2022.

The relative percentage of seniors varies by region. Statewide, seniors 60+ make up 21 percent of the total population, but Kenai Peninsula, Chugach and Cooper River seniors comprise around 28 percent of the total population. In the rural northern and western regions of the state (North Slope and Yukon-Kuskokwim Delta), seniors comprise just 12 to 13 percent of the population.<sup>31</sup>

Figure 44: Seniors 60+ as a Percent of Total Population by Region, 2022

<sup>31</sup> Alaska Department of Labor and Workforce Development Population Estimates, 2022.  
Alaska State Plan for Senior Services FFY 2024 - FFY 2027 Appendices



Source: Alaska Department of Labor and Workforce Development Alaska Economic Trends June 2019

## Income and Benefits

### Income

The American Community Survey provides household income estimates by age group. These estimates were used to identify the percentage of Alaska seniors who fall within one of three possible payer categories:

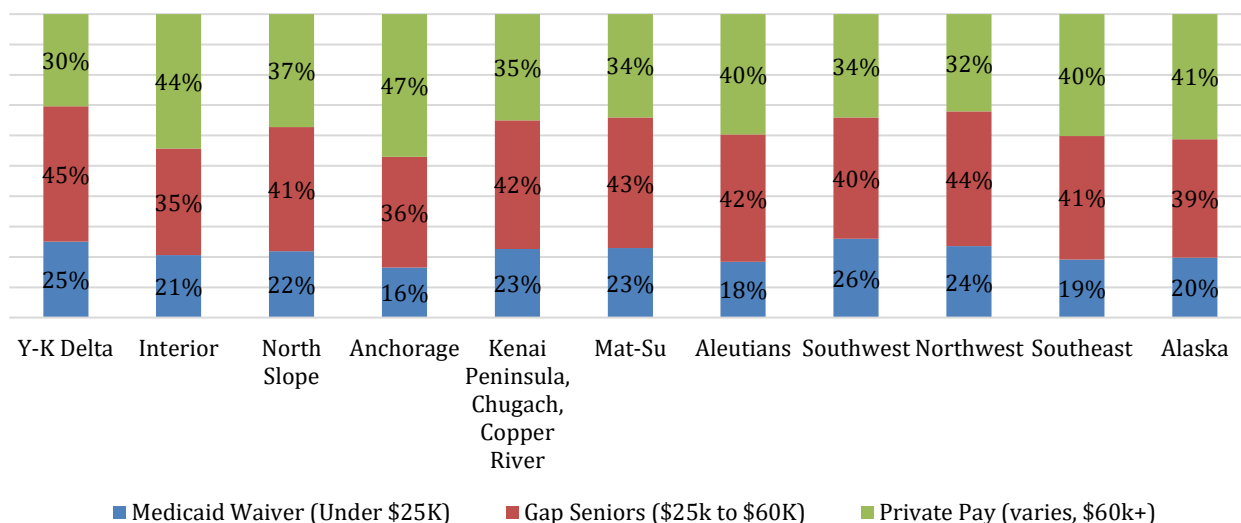
1. Income eligible Medicaid Waiver, those with annual household incomes less than \$24,999;
2. Gap seniors, those with annual household incomes between \$25,000 and \$74,999; and,
3. Private pay, those with annual household incomes of more than \$75,000.

Gap seniors are those with incomes that likely exceed the Medicaid Waiver income limit but are not sufficient to pay privately for assisted living. In Alaska, private pay seniors are estimated to make up the largest proportion of the senior population. The Southwest has the highest percentage of Medicaid Waiver seniors at 26 percent, the Yukon-Kuskokwim Delta has the highest percentage of gap seniors, and Anchorage and Interior Alaska both have higher numbers of private pay seniors than the statewide average.<sup>32</sup>

<sup>32</sup> American Community Survey 2017-2021, 5 Year Estimates.



Figure 45: Household Income by Census Area, 2017-2021 5 Year Estimates



Source: American Community Survey 2017-2021, 5 Year Estimates.

## Insurance

Most Alaskans over age 65 have health coverage. Ninety-four percent have Medicare alone or in combination with another form of coverage, and just 15 percent of seniors are covered only by Medicare.<sup>33</sup>

Figure 46: Insurance Coverage Alone or in Combination, Age 65+

Coverage Type	Alaska
No Coverage	1%
Medicare	94%
Medicaid	15%
Employer-Based Private Insurance	48%
Direct-Purchase Health Insurance	15%
VA Health Care Coverage	13%
Tricare/Military Health Insurance	11%

Source: 2017-2021 American Community Survey 5-Year Estimates

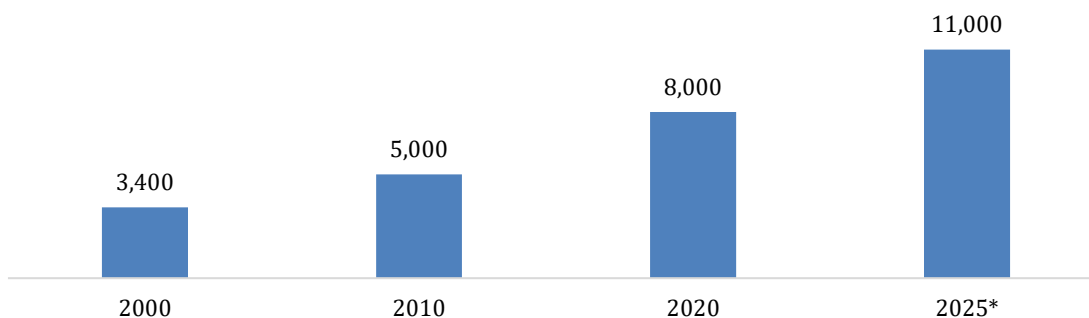
## Health

### Alzheimer's Disease and Related Dementias

Alzheimer's Disease and Related Dementias (ADRD) are estimated to affect 9 percent Alaskans over the age of 65 or roughly 9,600 Alaskans in 2022. It is estimated that the number of seniors with ADRD in the

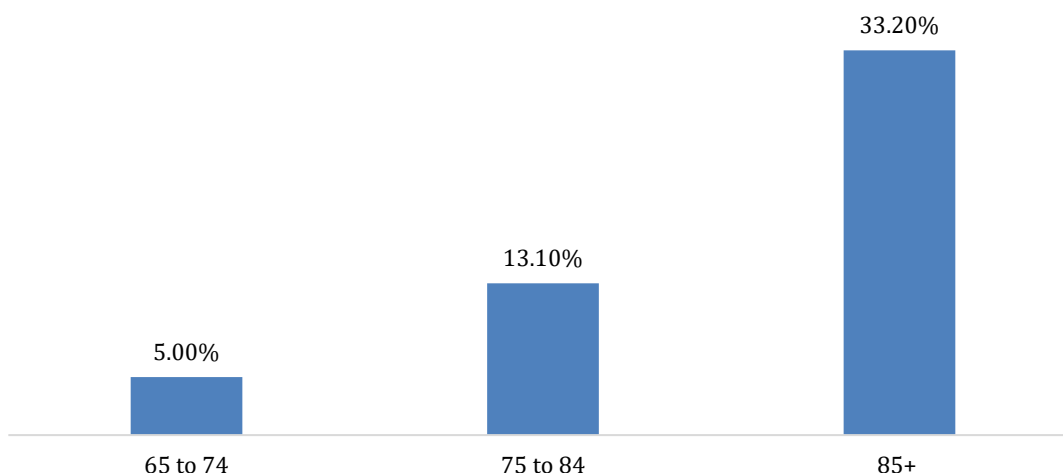
state will continue to increase, affecting over 11,000 seniors by 2025.<sup>34</sup> Rates of Alzheimer's Disease increase with age. Younger seniors, those 65 to 74, have just a five percent rate of Alzheimer's Disease while the oldest seniors, those over 85, have a 33 percent chance of Alzheimer's Disease.<sup>35</sup>

Figure 47: Estimated Number with Alzheimer's Disease in Alaska, Ages 65+



Source: Alzheimer's Association, 2022 Alaska Alzheimer's Statistics, AK Department of Labor and Workforce Development, Aging.com, Agnew::Beck analysis

Figure 48: Rates of Alzheimer's Disease by Age

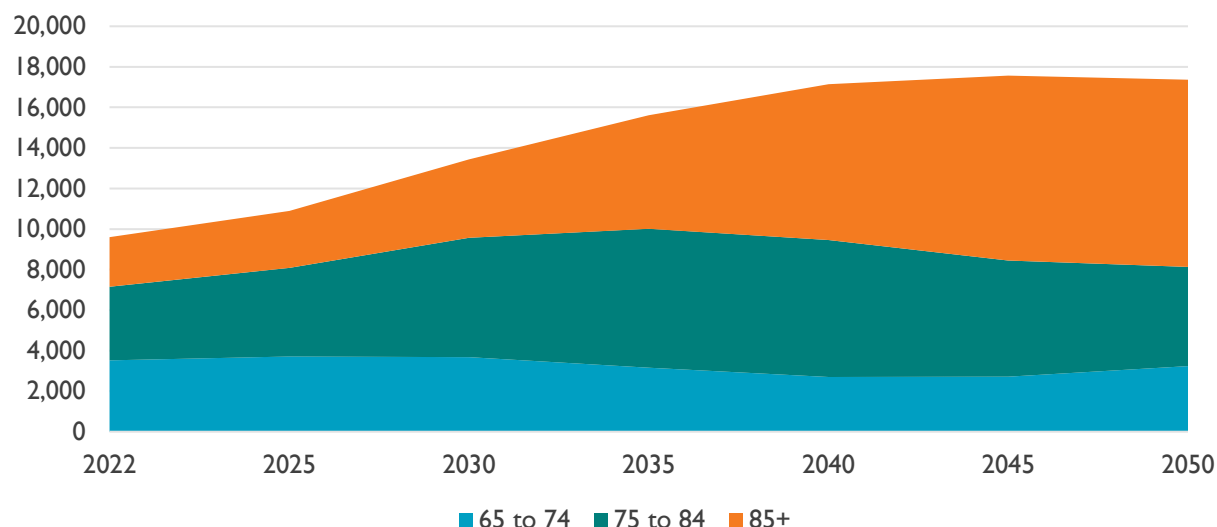


Source: Alzheimer's Association, 2022 Alzheimer's Statistics Facts and Figures Report. Projections. Note: Estimates do not include the related dementia that is not considered Alzheimer's.

<sup>34</sup> Alzheimer's Association Statistics, 2022; Alaska Department of Labor and Workforce Development, 2022.

<sup>35</sup> Alzheimer's Association, 2022 Alzheimer's Statistics Facts and Figures Report. Projections. Note: Estimates do not include the related dementia that is not considered Alzheimer's.

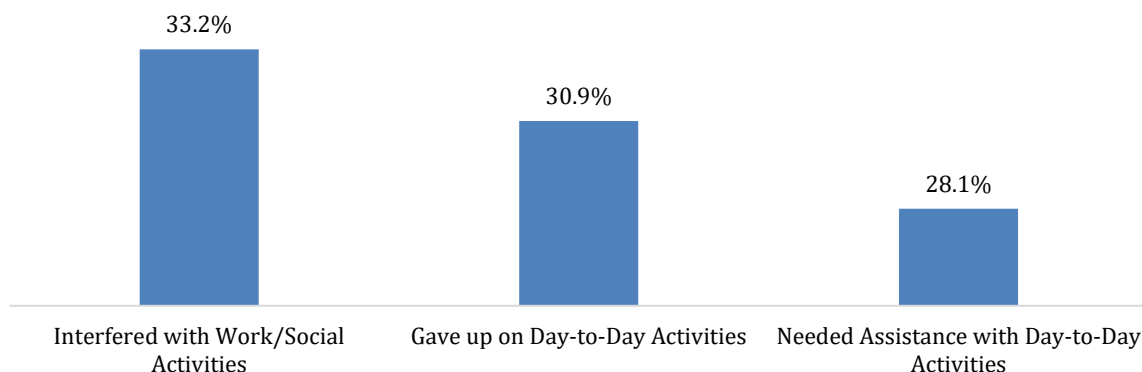
Figure 49. Estimated Alaskans Affected by Alzheimer's Disease by Age



Source: Alzheimer's Association, 2022 Alaska Alzheimer's Statistics, AK Department of Labor and Workforce Development, Aging.com, Agnew::Beck analysis

The 2020 Alaska Behavioral Risk Factor Surveillance Survey (BRFSS) contained a module about cognitive decline. When asked about their cognitive decline, people 60 and older who self-reported as experiencing cognitive decline noted impacts on their ability to perform day-to-day activities both in and outside of the home.

Figure 50: Subjective Cognitive Decline in Alaska, Age 60+



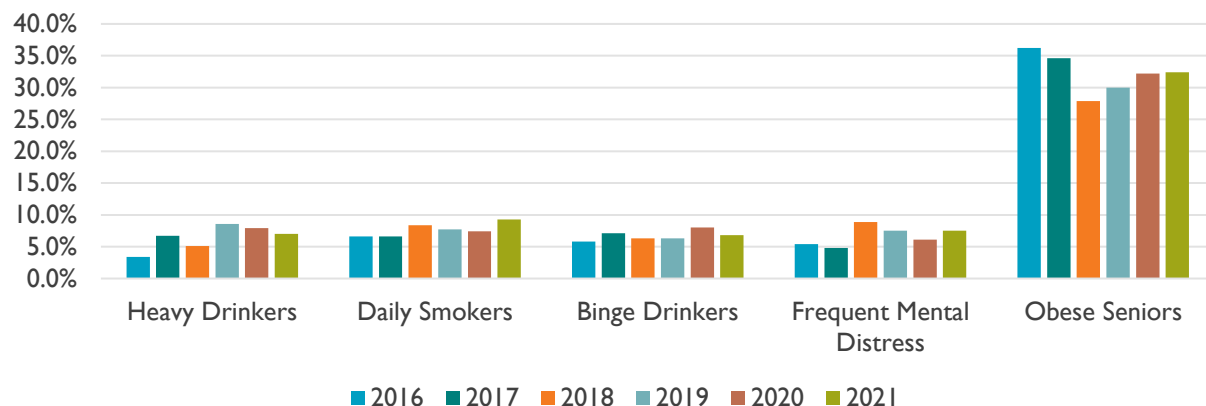
Source: Behavioral Risk Factor Surveillance System – Cognitive Decline Module, 2020

### Health + Behavioral Health

Alaska 2021 BRFSS data provides insight into the health of the 65 and older population in Alaska. Rates of binge drinking (five or more drinks on an occasion for men or four or more drinks on occasion for women) and daily smoking are lower in Alaska for this age bracket than the United States population as a whole. However, rates of heavy drinking (two or more drinks per day for men or one or more drinks per day for women), obesity and frequent mental distress are higher in Alaska. Seniors reporting frequent mental distress are those who say they are limited in their activities because of physical,

mental or emotional conditions have also been steadily increasing from 5.4 percent of senior in 2016 to 7.5 percent of seniors in 2021.

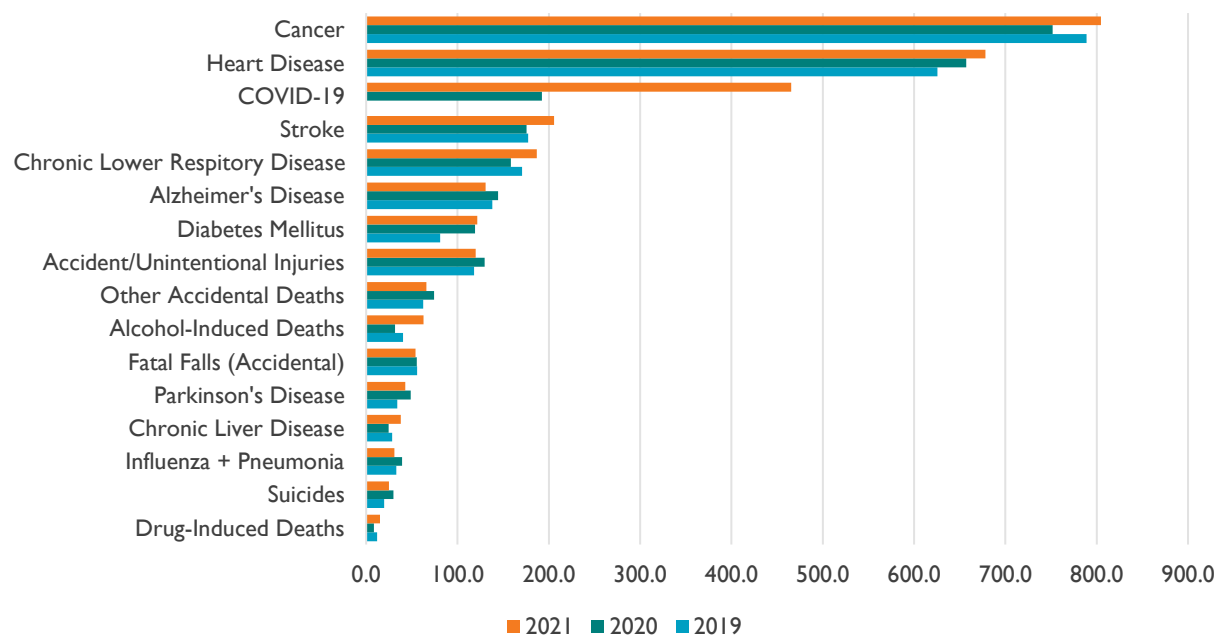
Figure 51. Health and Behavioral Health of Seniors, Age 65+



Source: Behavioral Risk Factor Surveillance System, 2016-2021.

Between 2019 and 2021, the leading causes of death for individuals 65 and older per 100,000 population, both in Alaska and in the United States as a whole, are heart disease, cancer, COVID-19 and stroke. While Alaska sees fewer fatalities due to cancer, heart disease and Alzheimer's Disease, there are more senior deaths per 100,000 for accidents/unintentional injuries, chronic liver disease and cirrhosis, alcohol induced deaths, fatal falls and suicides.

Figure 52: Leading Causes of Death, Rates per 100,000 for 65+ Population, 2019-2021



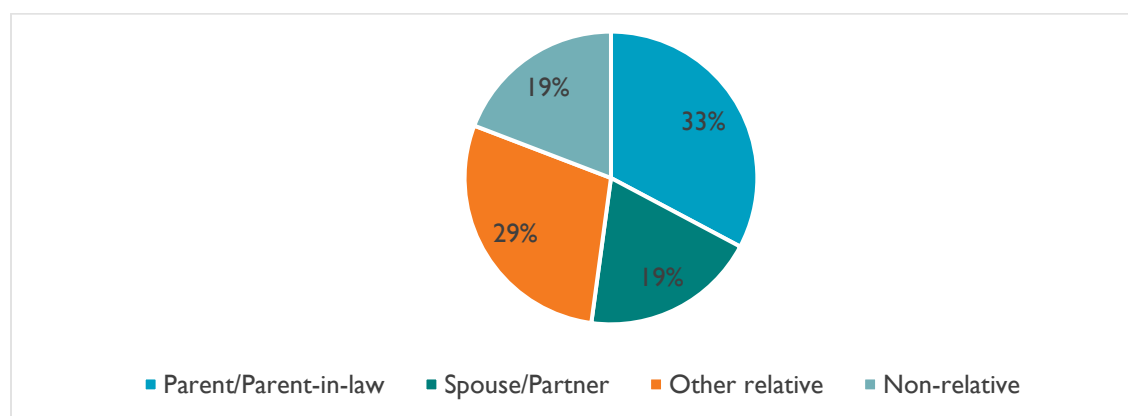
Source: Alaska Bureau of Health Analytics & Vital Records 2019-2021, as reported in the ACoA 2022 Senior Snapshot.

## Caregiving

An estimated 94,000 Alaskans provide care to a family member or friend to help them age in place. These unpaid services have an estimated worth of 1.7 billion dollars per year.<sup>36</sup> It is estimated that 12,000 Alaskans provide 21 million hours of care each year to a family member or friend with ADRD. The value of this unpaid care is estimated at 409 million dollars per year.<sup>37</sup>

Most caregivers in Alaska provide care for a family member. Just over five percent of caregivers provide care for someone with dementia and 15 percent of people who are not currently caregivers expect to provide care to someone due to a health problem or disability within the next two years.<sup>38</sup>

Figure 53: Care Recipient's Relationship to Caregiver, 2017



Source: Behavioral Risk Factor Surveillance System – Caregiver Module, 2017

Eighty-three percent of caregivers assist with household tasks and 54 percent help with managing personal tasks. Over half of caregivers provide zero to eight hours of caregiving per week, while 20 percent report providing 40 or more hours. Many caregivers (39 percent) have been caregiving for over five years, while 19 percent have been caregiving for 30 days or less.<sup>39</sup>

Figure 54: Length of Time as a Caregiver

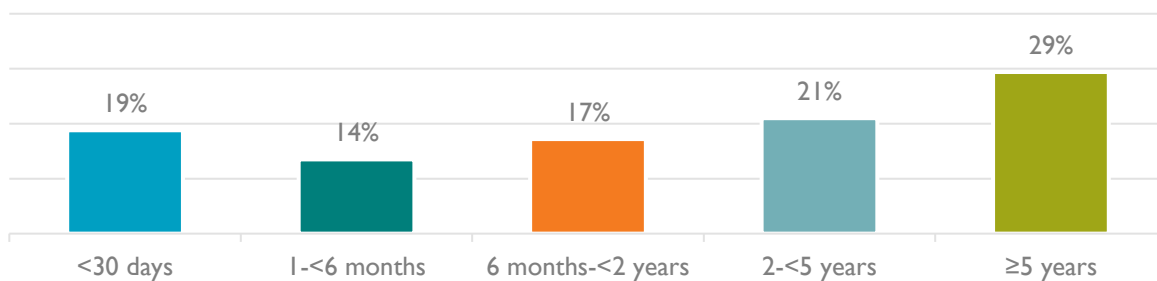
<sup>36</sup> AARP Alaska (2023) <https://states.aarp.org/alaska/family-caregivers-key-to-aging-in-place>

<sup>37</sup> Alzheimer's Association. 2022 Alzheimer's Disease Facts and Figures

<https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf>

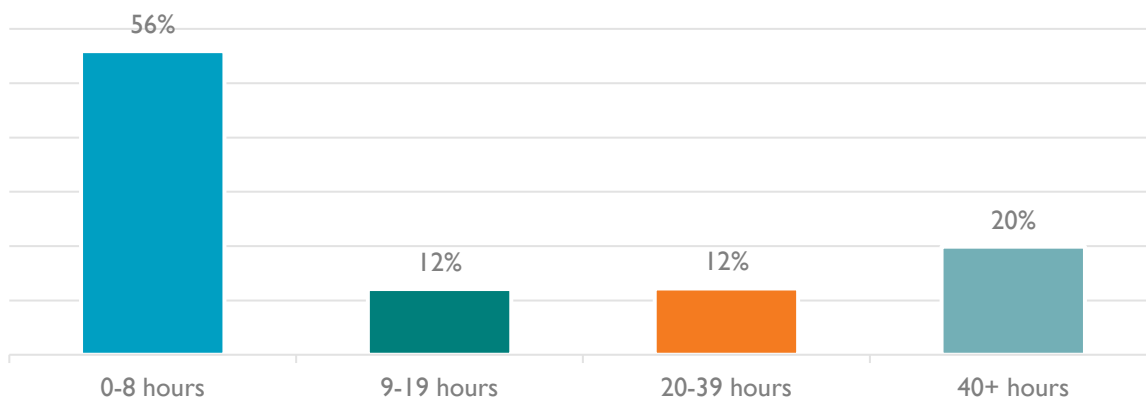
<sup>38</sup> Alaska Behavior Risk Factor Surveillance System – Caregiver Module, 2020.

<sup>39</sup> Behavioral Risk Factor Surveillance System – Caregiver Module, 2017



Source: Behavioral Risk Factor Surveillance System – Caregiver Module, 2017

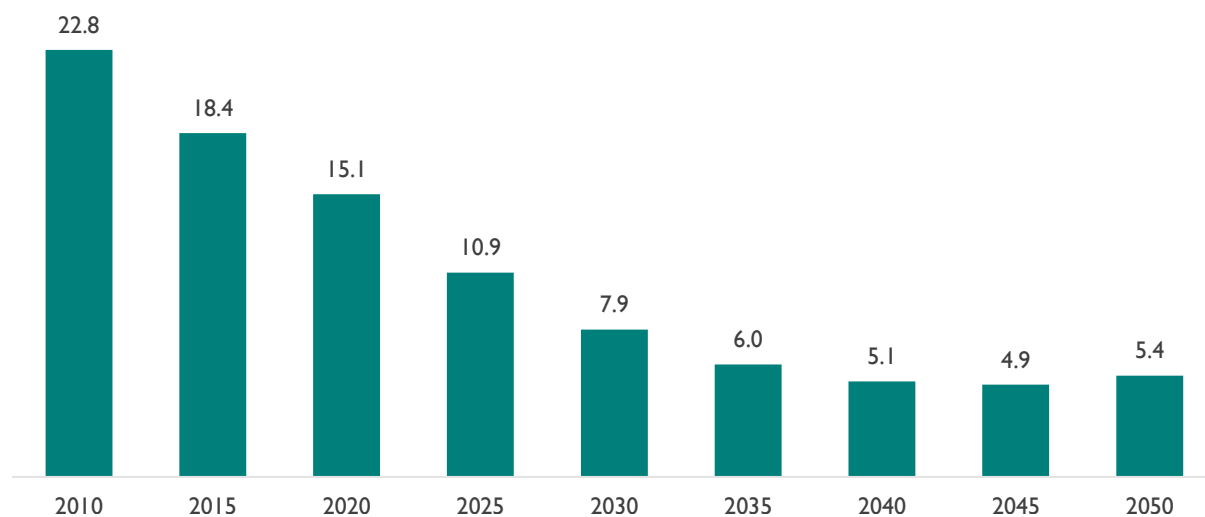
Figure 55: Hours of Care Provided per Week



Source: Behavioral Risk Factor Surveillance System – Caregiver Module, 2017

As the number of seniors in Alaska rises, the availability of potential caregivers declines. In 2020 there were 15.1 potential caregivers aged 40 to 64 for every senior over 80. By 2035, this will decrease to just 6 potential caregivers for each senior over age 80.

Figure 56: Alaska Ratio of Potential Caregivers 40-64 to Older Seniors 80+

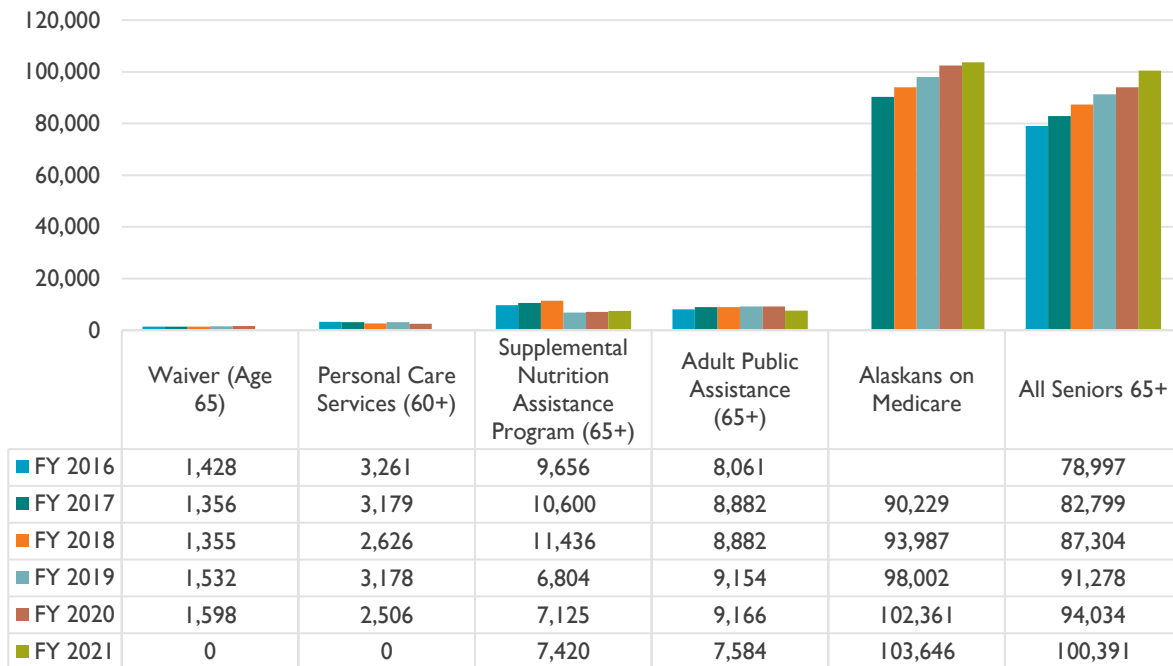


Source: 2022 Alaska Department of Labor and Workforce Development Population Estimates; U.S. Census Bureau

## Program Utilization

Over recent years utilization of services for seniors has remained relatively steady across most areas of service with a noticeable drop in the utilization of some in-person services in response to the COVID-19 pandemic starting in FY2019. Medicare saw the largest growth in utilization with 13,417 more users in fiscal year 2021 than in fiscal year 2017.<sup>40</sup>

Figure 57. Alaska Senior Services Utilization, FY16-FY21



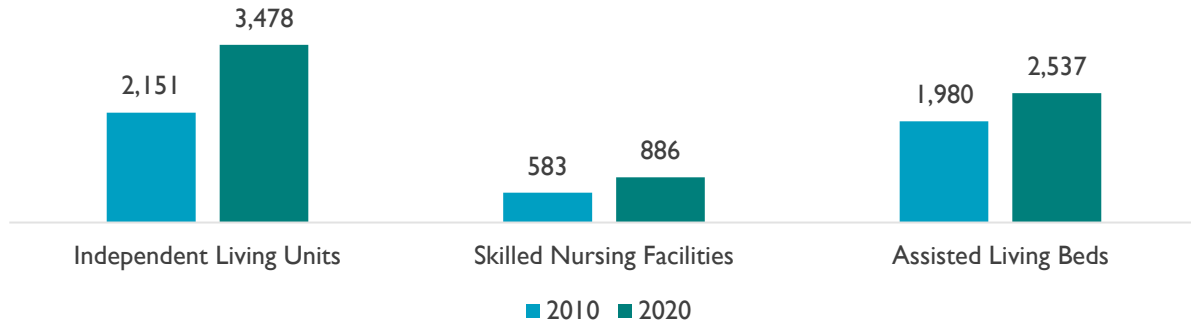
Source: Alaska Commission on Aging, 2022 Senior Snapshot; Alaska Department of Labor and Workforce Development Population Estimates, 2016-2021

## Housing Utilization

Between 2010 and 2020 a total of 1,327 independent living units, 303 skilled nursing facilities and 557 assisted living beds have been added to the Alaska market. In order to keep up with the rapidly growing senior population in Alaska, this trend will need to increase to keep up with demand over the next decade.

<sup>40</sup> Center for Medicare & Medicaid Services <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAAdvPartDENrolData/Monthly-Enrollment-by-State>

Figure 58: Housing Utilization



	Independent Living Units	Skilled Nursing Facilities	Assisted Living Beds
2010	2,151	583	1,980
2020	3,478	886	2,537
Units Added	1,327	303	557
% Change	62%	52%	28%



## Appendix F. Advisory Committee + Planning Team

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The core planning team for the Alaska State Plan for Senior Services FFY 2024 – FFY 2027 included:

- Robert Sivertsen, Alaska Commission on Aging Member, Chairman, Ketchikan
- Jan Engan, Alaska Commission on Aging Member, Advisory Committee Chair, Anchorage
- Jon Haghayeghi, Executive Director, DOH, Alaska Commission on Aging
- Martin Lange, Rural Outreach Coordinator, DOH, Alaska Commission on Aging

The Advisory Committee included:

Name + Title	Organization
Paula Pawlowski - Vice Chair ACoA	ACoA, Public Member
Kelda Barstad - Program Officer	Alaska Mental Health Trust Authority
Mike Coons - ACoA Commissioner	ACoA, Public Member
Pat Branson - Director	Senior Services of Kodiak, Inc.
Rita Gray - MASST Director	MASST Mature Alaskans Seeking Skills Training
Teresa Holt - Executive Director	AARP
Jim McCall - Senior Housing	Alaska Housing Finance Corporation
Nona Safra - ACoA Commissioner	ACoA, Public Member
Pamela Kelly - Executive Director	Alzheimer's Resource of Alaska
Heidi Hamilton - Division Director	Alaska Pioneer Homes
Patrick Reinhart - Executive Director	Governor's Council on Disabilities and Special Education
Beverly Schoonover - Executive Director	Alaska Mental Health Board, Suicide Prevention
Michael Christian - Executive Director	Statewide Independent Living Council
Ellen Hackenmueller - Grants Manager	State of Alaska Senior and Disabilities Services
Antony Newman - Division Director	State of Alaska Senior and Disabilities Services
Lisa Von Bargen - Senior Project Manager	Commerce, Community and Economic Development

Jon Haghayeghi - Executive Director	ACoA, Executive Director
Kimberley Strong - Tribal Council President	Alaska Native Tribal Health Consortium
Norma Dahl - Board Secretary	Tanana Chiefs Conference
Duane Mayes – Division Director- PX	Division of Vocational Rehabilitation
Darlene Supplee - Executive Director	Fairbanks Senior Center
Marianne Mills - Program Director	Southeast Senior Services for CCS
Pamela Samesh - ACoA Commissioner	ACoA, Public Member
Millie Ryan	

## Appendix G. Programs and Services Description

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While multiple state agencies provide services to Alaskan seniors, the Department of Health (DOH) is the State of Alaska's designated state unit on aging (SUA). The state is a single planning and service unit. Currently, 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, advocates for increased resources for senior programs, and promotes public awareness about senior matters) 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 (formerly 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 2024-2027, the Commission held implementation and planning meetings with its agency partners, to both identify their accomplishments related to the plan's goals and objectives and to plan further activities for the coming year. The plan fulfills a requirement of the Older Americans Act.

#### FY 2022 ACoA Activities

The Alaska Commission on Aging carried out the following activities in FY2022 pursuant to its core services of planning services for older adults, 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 Alaskan seniors.

- **Planning activities** - ACoA conducted several needs assessment activities – a senior survey of Alaskans age 55+; a senior provider survey, and Elder-Senior Listening Sessions – all designed to gather information about senior needs to inform the development of the new Alaska State Plan for Senior Services, FFY 2024 - FFY 2027. ACoA also collaborated with the Alaska Mental Health Trust Authority, the national Alzheimer's Association, and other agencies, and participated in the update of the Comprehensive Mental Health Plan.
- **Advocacy activities** - Along with other agencies, ACoA advocated for senior issues to the legislature. An example of this was the "Lunch and Learn" presented in collaboration with the Alaska Long-Term Care Ombudsman, AARP and AGEnet. Commissioners met with individually with dozens of legislators, reminding them of the needs of Alaska's senior population. ACoA produced and distributed the ACoA Senior Snapshot, a compilation of statistics and data designed to highlight the issues facing today's Alaska Seniors.

- **Public awareness and community education work** – Encouraging advocates who champion senior issues was a priority for the Commission in the last year. ACoA also partnered with the Governor’s Office to recognize September 22 as Senior Fall Prevention Awareness Day, and the month of November as both Alzheimer’s Awareness Month and Family Caregiver Awareness Month. In addition, ACoA updated its website to present current information relevant to seniors and make the public aware of Commission meetings.

## **Financial Safety Net Programs for Older Alaskans**

### **Senior Benefits Program**

The Senior Benefits Program was established on August 1, 2007 and is administered by the Division of Public Assistance. It pays cash benefits to Alaskan seniors who are age 65 or older and have low to moderate income. Resources, such as savings, do not count for Senior Benefits.

Payment levels depend on available state funding and how many people apply and qualify for the program. If the state budget cannot support the original amounts of \$125, \$175, and \$250, regulations allow for changes to be made for all eligible program participants. Cuts come from the highest income tier first, then the second, then the third. The income limits for each payment level are tied to the Alaska Federal Poverty Guidelines and change each year as the poverty level changes.

Beginning August 1, 2016, individuals in that highest income bracket received \$76 per month based on available funding at that income bracket. These income payment levels continued for state fiscal years 2018 - 2023.

### **Adult Public Assistance**

The Adult Public Assistance (APA) program provides cash assistance to needy aged, blind, and disabled Alaskans to help them remain independent. The APA program gives cash to Supplemental Security Income (SSI) recipients and others who have income and resources within APA income and resource limits. APA recipients are also eligible for Medicaid benefits. This program is administered by the Division of Public Assistance.

### **General Relief Assistance Program**

General Relief Assistance (GRA) is designed to meet basic needs of Alaskans in emergency situations. Basic needs include shelter, utilities, food, and clothing. Limited funds for a dignified burial of a deceased needy person may also be provided. The GRA program is 100% state funded. Because state funds are limited, the program is used as a last resort in providing basic needs to an individual or household. GRA is only available if a household's emergency need cannot be met by any other programs or agencies. Except for burial assistance, payment is limited to a maximum of \$120 for each household member. Payments are always provided to a vendor; they are never provided directly to the GRA household. This program is administered by the Division of Public Assistance.

### **General Relief Assisted Living Home Program**

The General Relief program provides temporary financial assistance for assisted living home placement to eligible adults who require the protective oversight of an assisted living home. General Relief services include supportive and protective services in the activities of daily living and in the instrumental activities of daily living but does not include nursing or medical care. The financial assistance provided by the General Relief program includes a financial contribution by the participant towards the care

provided based on the participant's countable income. Participants in the General Relief program retain \$100 of their countable monthly income as a personal-needs allowance. The remainder of their monthly countable income goes towards their cost of care for General Relief services and is paid directly to the assisted living home by the participant. General Relief participants receive a calculation sheet that contains the participant daily rate and the program daily rate when they move into an assisted living home. The General Relief program is 100% funded by State of Alaska General Funds as appropriated each year by the Alaska State Legislature.

Eligible adults are Alaska state residents age 18 and older who are at risk of abuse, neglect, and exploitation by others. Applicants must meet income and resource limits and must apply for alternative financial assistance, including Medicaid and Adult Public Assistance. This program is administered by the Division of Senior and Disabilities Services.

### **Alaska Supplemental Nutrition Assistance Program (SNAP aka "Food Stamps")**

The Alaska Supplemental Nutrition Assistance Program provides food benefits to low-income households. The federal government funds 100% of the SNAP benefit. The State pays half the costs of operating the Supplemental Nutrition Assistance Program in Alaska.

Eligible applicants must pass income and assets tests. The gross monthly income test is based on 130% of the current Alaska poverty standard.

The Division of Public Assistance issues SNAP benefits via the Alaska Quest card. The amount a household receives each month depends on the household's countable income and size of the household. Eligible households use SNAP benefits to buy food products from authorized stores statewide. Alaska has special rules that allow for higher SNAP benefits in rural areas, and the use of benefits to purchase certain hunting and fishing subsistence supplies.

### **Heating Assistance Program**

The Heating Assistance Program assists households with income at or below 150% of the federal poverty income guidelines, who have a minimum of \$200 in out-of-pocket heating costs per year and meet all other eligibility criteria. The benefit is a one-time payment to the household's vendor, sent to the vendor, and applied to the customer's account as a credit. It is open to homeowners and renters.

One benefit is issued per "season" which runs from October 1 through September 30. The last day to apply for heating assistance each season is September 30. The new benefit year begins on October 1, at which time residents can reapply for a benefit for the new season.

The program can also assist with deposits to establish service in subsidized rental buildings in which heat is included in the rent, but the tenant pays for their own electric or gas for cooking. This component is known as the Subsidized Rental Housing Utility Deposit (SRHUD). Applications for the Subsidized Rental Housing Deposit are accepted year-round. This program is administered by the Division of Public Assistance.

### **Alaska Permanent Fund Dividend**

The Alaska Permanent Fund Dividend program has, since 1982, provided an annual payment to every Alaska resident from half the earnings of the Alaska Permanent Fund. The Permanent Fund, established in 1977, receives at least 25 percent 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. 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. In opposition, 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.

### **Senior Community Service Employment Program**

The Senior Community Service Employment Program (SCSEP) is administered by Department of Labor and Workforce Development, Division of Vocational Rehabilitation (VR) and serves unemployed, low-income persons who are at least 55 years of age, are not work ready, and have a family income of no more than 125 percent of the federal poverty level. Enrollment priority is given to veterans and qualified spouses, then to individuals who are over 65, have a disability, low literacy skills or limited English proficiency, and who reside in a rural area, are homeless or at risk of homelessness, have low employment prospects, have failed to find employment after using services through the Alaska Job Centers (AJCs), have been incarcerated within the last 5 years, or are under supervision following release from prison or jail within the last 5 years.

The program assists seniors in developing skills and experience to facilitate their transition to unsubsidized employment. Its long-term strategy is to ensure that Alaska's job opportunities are available to older workers and that the program continues to engage workforce development partners, the business community, and senior service partners to provide successful outcomes for seniors and Alaskan businesses alike. SCSEP fosters individual economic self-sufficiency and promotes useful part-time opportunities in community service assignments.

SCSEP is a required One-Stop partner under Workforce Investment and Opportunities Act (WIOA) and, as such, it is part of the Alaska Job Center Network. When acting in their WIOA partner capacity, SCSEP staff and sub-recipients are required to follow all applicable rules under WIOA and its regulations. The WIOA operational requirements do not apply to SCSEP operations, but as required partners under WIOA, grantees are obligated to be familiar with WIOA requirements. These regulations enable grantees and sub-recipients to better concentrate on the core missions of the SCSEP by providing community service assignments to hard-to-serve older individuals. The state intends that AJCs will provide services both to older individuals who are not eligible for the SCSEP and to those who are eligible but need the career services that the SCSEP is unable to provide.

SCSEP staff work directly with mandated partners to co-enroll participants in state training and employment programs and other needed Older American social service programs. This ensures that

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SCSEP is an integrated, effective, job-driven workforce program for both State plans. DOLWD continues to solidify its commitments to public/private partnerships to refine strategies and increase the responsiveness of SCSEP by providing oversight and technical assistance activities to improve program performance.

Alaska's plan stresses the importance of education, training, credentials, and skill attainment. Its joint plan addresses economic self-sufficiency of workers by aligning workforce development with education and economic development. SCSEP service delivery is integrated into both the state's workforce investment system as well as the senior service system. Skilled AJC and project operator staff provide quality services to older workers, and employers have reported high satisfaction levels with SCSEP participants who have entered unsubsidized employment with them. Alaska's strategy is to continue to reach out to workforce development partners, the business community, and the senior service partners to ensure successful outcomes for older workers and Alaskan businesses.

Regional economic challenges facing older Alaskans include income insecurity, the need for more reliable access to health care and long-term care supports, a shortage of sufficient senior services and health care services workforce to meet future needs, the need for emergency preparedness for a wide range of potential disasters. The supportive services needed for SCSEP participants is employment assistance, transportation, congregate meals, information referrals, housing, health care, utility bill assistance, training in use of emerging technologies, food assistance, and eyeglasses. The groups working with SCSEP on meeting senior needs are the Alaska Department of Health, Senior and Disabilities Services, Governor's Council on Disabilities and Special Education, Alaska Mental Health Trust, faith-based organizations, food banks, senior centers, vocational training centers, and the University of Alaska.

Partners are committed to the provision of co-enrollment to deliver customer-focused, integrated, and coordinated services. This includes the sharing of relevant customer program information and records such as referral information, assessment results, training plans, progress reports, and job-development strategies. Co-enrollment is encouraged to coordinate cohesive and consistent services that complement and strengthen the services offered by each individual program. The coordination of services, including referrals, is supported by DVR/AWIB/DETS Policy 07-5051, which is designed to promote cooperative partnerships to maximize resources. The policy encourages program staff and grant sub-recipients to develop procedures for the provision of co-enrollment.

The long-term strategies to improve joint program goals and services gives the program an opportunity to work directly with its partners in education, industry, workforce development, economic development, and the public. SCSEP strategies include identifying competencies that workers must have to do their jobs effectively, helping workers build specific skills, and assessing their work to ensure that they have the capacity to perform duties or tasks competently. Many of the participants' former work skills are transferable; however, most participants need computer training to be able to apply for work and transition into today's workforce. The long-term strategy to improve SCSEP services is to link course work and training to ensure that participants understand what is expected in the workplace and the type of work demands that are required of the body.

Another long-term strategy to improve SCSEP services is to include discussion with seniors on financial and work incentives, to provide information on Social Security 1619b Medicaid While Working, and to explore specialized work incentives through programs including Ticket to Work, Impairment-Related Work Expenses, Blind Work Expenses, and Plan to Achieve Self-Support, and to provide referrals to



those in need of these services to DVR or Alaska Aging and Disability Resource Centers. The State's strategy for continuous improvement includes collaboration and integration into the state's larger workforce development system and other program data to drive decisions on services offered and industries targeted. Incorporating these elements into program planning and operations prepares SCSEP participants for self-sustaining employment and economic stability after program exit.

The planned action to coordinate activities includes following labor and education directives and guidance from health programs in developing the workforce needs. SCSEP is aligned with the state's commitment to economic development, and its workforce development programs rely on the broad strategic policy decisions of the Alaska Workforce Investment Board (AWIB) and Alaska Commission on Aging (ACoA). Partners collaborate to develop policies, procedures, and best practices to facilitate the integration of services to ensure job seekers' needs are being met and referrals to other resources are successful.

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

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

#### **Mission of the Long-term Care Ombudsman**

The Long-term Care Ombudsman Program is mandated by the Older Americans Act and state law to provide resident centered advocacy designed to protect the rights, health, safety, and welfare of Alaskans living in nursing facilities and assisted living homes. In Alaska, the OLTCO program also provides advocacy to seniors with complaints about their residential circumstances.

#### **What does a Long-term Care Ombudsman do?**

- Visit older Alaskans who are 60 years of age or older who live in assisted living homes or nursing homes
- Educate older Alaskans and their families about their rights in a facility
- Support and empower older Alaskans to advocate for themselves
- Assist older Alaskans in resolving issues and concerns
- Provide Information and Referrals to older Alaskans having difficulty with guardianship, financial exploitation or housing
- Create Systems Change that improves the lives of older Alaskans

The Office of the Long-term Care Ombudsman works hard to make visits to facilities statewide so that seniors have regular and timely access to ombudsman services. In FY 2022, the OLTCO made 620 unannounced visits to all 290 long term care facilities in Alaska, visiting more than 3,200 seniors. There are long term care facilities in 27 different communities in Alaska, including communities in remote in rural Alaska. Resolving complaints, visiting facilities, providing information and referrals, and making community education presentations in Alaska is challenging with only 6 staff. To help with these duties, the OLTCO trains and certifies volunteer ombudsmen to assist with making regular visits to facilities. In FY2022, Alaska's OLTCO investigated 307 complaints from seniors across the state, resolving the complaint to the senior's satisfaction 80 percent of the time.

#### **Top 5 Complaints in Nursing Facilities**

1. Quality of Care Issues
2. Discharge and Eviction
3. Autonomy, Rights and Choices
4. Issues with Service Providers outside of the Facility



## 5. Abuse, Neglect and Exploitation

### **Top 5 Complaints in Assisted Living Homes**

1. Autonomy, Rights and Choices
2. Issues with Service Providers outside of the Facility
3. Quality of Care Issues
4. Discharge and eviction
5. Personal property lost or destroyed

The OLTCO works closely with the licensing and certification agencies for both nursing facilities and assisted living homes daily to prevent abuse and neglect of seniors living in long term care facilities. The OLTCO works collaboratively with partners in the aging community to resolve systems issues at the state level, including the Alaska Commission on Aging, the Alaska Mental Health Trust Authority, Senior and Disability Services, Elder Fraud unit, and AARP. These partners have worked on the following issues: understanding residents rights, facility discharge process, dementia caregiver information and supports as well as training on fall prevention and abuse, neglect and exploitation for seniors and long-term care facilities.

### **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 FY2022, APS received a total of 6,177 reports of harm. These reports to APS resulted in 1,640 investigations, and 1,516 information and referrals. The majority of reports of harm received by APS involved Alaskans age 60 years and older. Specifically, there were a total of 4,351 reports of harm involving seniors/elders or 70% of the total reports received in FY2022.

In 2022 self-neglect, financial exploitation, and neglect were the three most frequent reports of harm involving seniors. In 2022 APS investigated 1,083 case of abuse involving senior /elders over 60 and made 1,214 information and referrals involving senior /elders over 60.

Of the investigations with founded allegations involving older adults in 2022, the top three founded allegations were self-neglect, neglect and financial exploitation. Specifically, there were 324 investigations that involved founded allegations of self-neglect; 70 investigations that involved founded neglect allegations, and 49 investigations that had founded financial exploitation allegations.

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, public education, and up-to-date technology and updated assessment tools to help close the gap on the growing demands of Alaska's APS. Public awareness can be part of an overall approach to preventing adult abuse and neglect.

### **Division of Senior and Disabilities Services Quality Assurance Program**

The Division of Senior and Disabilities Services (SDS) Quality Assurance Unit works to ensure the health and welfare of recipients through the monitoring and oversight of services to participants and their families. 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 the mission of promoting health, well-being and safety for individuals by facilitating access to quality services.

### **Office of Public Advocacy**

Located within the State of Alaska's Department of Administration, the Office of Public Advocacy (OPA) protects the rights of vulnerable Alaskans by providing legal assistance and advocacy to abused and neglected children and public guardian representation to incapacitated adults. 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 aged 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 Division of Alaska Pioneer Homes consists of six licensed assisted living homes that are owned and operated by the State of Alaska. The Pioneer Home system has a proud history of service to Alaskans that predates statehood, with the first home opening in Sitka in 1913. Since then, it has expanded to an additional five locations to provide elder Alaskans care in Anchorage, Fairbanks, Juneau, Ketchikan, and Palmer. The Alaska Pioneer Home system is licensed to serve a total of 497 elders with a wide range of services including 24-hour care and assistance with activities of daily living, medication assistance, memory care services, pharmacy services, recreational opportunities, social work services, meals, laundry, and housekeeping. In addition to memory care services offered in each of the six Pioneer Homes, a specialized wing has recently been added to the Anchorage Pioneer Home dedicated to elders with dementia who are displaying complex behaviors: a vulnerable demographic with limited care facilities currently available in-state. The Alaska Pioneer Homes system utilizes the Eden Alternative and Positive Approach to Care philosophies to guide staff together with volunteers, friends, and family members in creating a supportive, vibrant, and engaging community where the elders are truly the heart of the home.

Entrance into a Pioneer Home is predicated by application to the waitlist, which is comprised of the "inactive" and "active" branches and organized by application date. The inactive waitlist is for individuals who are not yet ready to enter a Pioneer Home yet but want to establish their application date, while the active waitlist is reserve for those interested in moving into a Pioneer Home upon receiving a room

offer. Applicants are welcome to transfer between the two branches of the waitlist as needed with no obligation or cost associated. Elders interested in the Alaska Pioneer Home system are encouraged to apply to the inactive waitlist early to establish their application date; eligibility requirements include a minimum age of 60 years and being an Alaskan resident for one year prior to applying.

### **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. Assisted living homes in the State of Alaska are licensed by the Residential Licensing program with 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. For the past three years, the Division of Public Health's Section Rural and Community Health Systems 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 ability speaking English, the medically or chemically dependent, the geographically or culturally isolated, the frail, the 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 Rural and Community Health Systems 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 for their residents and facilities.

The Emergency Preparedness Coordinator participates in the Alaska Disability Advisory Group. ADAG is an Emergency Preparedness (EP) workgroup that addresses the functional and access needs of Alaskans with Disabilities during an emergency. The IP group consists of 35 partners and agencies, including Red Cross of Alaska, FEMA region 10, State of Alaska Emergency Management, Independent Living Centers, and multiple disability agencies. There are monthly meetings to discuss address the functional and access needs of Alaskans with Disabilities during an emergency and is advisory to the SEOC during a declared disaster. Additional goals of the ADAG include: Integrate into the EOP, local EOPs, and SCERPs the inclusion of people with disabilities and Elders, create a communications plan and response group that attends to drills and scenarios (representing ADAG), and outreach efforts.

### **Rural Long-Term Services and Support Coordinator**

Rural Long-Term Care Development (to be placed with the Alaska Commission on Aging with oversight provided by 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 and Medicaid administrative claiming funds, the goal is to assist rural communities to develop home-based and community-based services, such as care coordination, chore and respite services, personal care assistance programs, adult day centers, and other home-based and community-based waiver services. The program provides training and technical assistance to communities.

## **Information Resources**

### **Medicare Information Office, including Senior Medicare Patrol, State Health Insurance Assistance Program and Medicare Improvement for Patients and Providers Act**

As part of the Medicare Modernization Act 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 Senior Medicare Patrol (SMP), a program that emphasizes identification and prevention of Medicare fraud, waste, and abuse. 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. The Medicare Improvement for Patient and Providers Act (MIPPA) helps older adults, individuals with disabilities, and their caregivers apply for special assistance through Medicare by outreach and application assistance to those who may be eligible for the Low-Income Subsidy program, Medicare Savings Program, and the Medicare Part D Prescription Drug Program. 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, SMP and MIPPA 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 three full-time Medicare experts provide. 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 Aging and Disability Resource Centers (ADRC), the Alzheimer's Disease Resource Agency of Alaska, and others.

Alaska's Medicare Information Office SHIP, SMP and MIPPA 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 Anchorage, Southeast Alaska, and the Kenai Peninsula serving the regions with the most Medicare beneficiaries in the state and providing coverage to all 110,000 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**

Alaska's Aging and Disability Resource Centers (ADRCs) serve as a centralized resource for information and assistance related to long term services and supports to seniors, people with disabilities, and their caregivers and families accessing public and private long term care services. Core functions include information, referral and assistance, Person Centered Intake (PCI), options counselling, streamlined benefits screening, person-centered transition support, outreach and training. In 2020, Senior and Disabilities Services initiated an ADRC standardization project to create uniform guidance and data tracking procedures across all ADRC programs. This project has included changes to workflows and revisions to the Person-Centered Intake form that were implemented in August of 2022. Emerging data from this effort capture a more complete picture of the volume of contacts processed by ADRC staff, as well as more specific screening data for LTSS needs. ADRC Specialists are trained to provide Options counseling after the PCI and can provide a follow up call to ensure the individual was able to access services and provide assistance as needed.

Alaska's ADRCs are administered by the Division of Senior & Disabilities Services and are funded partially with state funds and through Medicaid Administrative Claiming. With a growing senior population in Alaska and the rising cost of long-term care support services, the need for expertise of available options coupled with supported decision making is increasingly essential. Six ADRCs provide statewide coverage and are operated by a variety of non-profit, government and Tribal organizations. ADRCs are required to be "conflict free" meaning they are not allowed to provide Medicaid home and community-based services. As part of the standardization project described above, new data tracking processes have been put into place for the ADRC network. As the transition to new data metrics is still ongoing, ADRCs do not yet have an accurate annual total for consumer contacts or individuals served. Based on the second quarter of State Fiscal Year 2023, however, ADRCs served an average of 1,100 consumers per month. The large majority of these contacts were regarding Medicaid eligibility and services, waiver programs, Care Coordination, and Housing.

### **Developmental Disabilities Resource Connections (formerly known as STAR)**

Similar to the Aging and Disability Resource Centers (ADRCs), Developmental Disabilities Resource Connections (DDRC) serve as the primary resource for individuals who experience an intellectual and/or developmental disability and their families. With an increasing aging Alaskan demographic, comes an aging IDD population and aging caregivers of individuals who experience IDD, who may experience changing needs due to aging. DDRCs collect information about the individual using the Person-Centered Intake (PCI) and if needed, assists them in applying for long term services and supports available through the Division of Senior and Disabilities Services as well as provide assistance connecting with other state and local resources. There are 7 DDRCs providing statewide coverage operated by non-profit and tribal health organizations. In FY2022 DDRCs served 2,192 individuals. In coordination with the ADRCs in 2020, Senior and Disabilities Services initiated a DDRC standardization project to create uniform guidance and data tracking procedures across all DDRC programs. This project has included changes to workflows and revisions to the Person-Centered Intake form that were implemented in August of 2022.

### **Centers for Independent Living (CIL)**

The federal Rehabilitation Act describes a Center for Independent Living (CIL) as a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities and provides an array of independent living services. CILs serve people of all ages. In the last completed fiscal year, the four Alaska CILs served 1,217 individuals aged 60 and older residing in more than 70 communities scattered across the state. Most frequently provided services provided by CILs include assistive devices; independent living skills training; transportation; advocacy; recreation and community engagement; employment; transition services; and housing and home modifications supporting safely aging in place in the environment of choice. Home Modifications for Aging in Place, HomeMAP®, is a comprehensive, person centered, home assessment and resource tool developed by Alaska Independent Living (SAIL) to deliver the program. HomeMAP® is available statewide as a fee-for-service.

## **Senior Housing and Facility Supports**

### **Alaska Housing Finance Corporation 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 aged 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 percent of their income toward rent, with the balance supplied by the voucher. There is also a wait list for this program.

Alaska Housing Finance Corporation 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, Senior Citizen Development Funding, among others. 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.

### **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 a Comprehensive Integrated Mental Health Program and acts as a catalyst for change. Beneficiaries are those who experience a mental illness, chronic alcoholism and drug dependence, developmental disabilities, Alzheimer's disease and related dementia conditions, and brain injury.

The Trust has identified housing and home and community-based services 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, and other challenges. The Alaska Mental Health Trust Authority has identified affordable housing as a priority area for funding and advocacy. Safe, decent, affordable, and accessible 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.

Equally important, is having Home and Community Based Services (HCBS) that are person-directed to achieve maximum independence, autonomy, and dignity. HCBS are types of person-centered care delivered in the home and community. HCBS assist a person with their activities of daily living (e.g., eating, bathing, toileting) and instrumental activities of daily living (e.g., making phone calls, paying bills, managing medication) or support the person to become more independent and engaged in their community.

The statewide shortage of affordable, safe, and accessible housing and home and community-based services 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 Housing and Home and Community Based Services Focus Area pursues the following strategies targeted toward Trust beneficiaries who are elderly and/or require long-term care services:

- coordination of policy and capacity development,
- beneficiaries having safe stable housing with tenancy supports,
- beneficiaries have access to effective and flexible person centered HCBS, and
- optimization of information technology and data analytics.

### **Facilities Capital Grants**

The Department of Health (DOH) 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 include older adults who live with Alzheimer's disease and related dementias or are experiencing chronic alcoholism, developmental disabilities, mental illness, or brain injury, are served through these capital grant programs.

The DOH, Finance and Management Services, Facilities Section administers three Capital Grant Programs to meet the needs of Trust Beneficiaries and other vulnerable Alaskans.

- The Deferred Maintenance Capital Grant program allows eligible service providers of 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 Essential Program Equipment Capital Grant program is for one-time equipment purchases for eligible applicants for program equipment needs. Example of eligible program equipment needs include, but are not limited to, therapeutic equipment, computers, fax machines, copiers, general office equipment and furnishings, and kitchen equipment.
- The 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 (SRS 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 Unalakleet (Native Village of Unalakleet) 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 facilities supported by these funds served 20 individuals in FY 2022. 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 the designated State Unit on Aging, the Division of Senior & Disabilities Services uses a combination of Title III, state general funds and local match 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 (HCB) 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 AD/DR (Alzheimer's Disease and Related Disorders), those who are non-English-speaking, older adults living in rural areas, those age 60 and older, seniors who are experiencing poverty, and those at risk of institutionalization.



Individuals may access home-based and community-based services through several grant programs administered by the State. Senior HCB grant programs include Senior In-Home Services, Nutrition, Transportation and Support Services, Adult Day Services, Health Promotion and Disease Prevention, and National Family Caregiver Support. Services provided through these grant programs include: adult day care, meals, transportation, respite, chore, case management, information and assistance, homemaker, legal assistance, and other supportive services. In FY 2022, the Senior HCB grant programs combined served 11,128 unique individuals.

### **Medicaid Personal Care Services Program (formerly Personal Care Assistance)**

Services provided through the Personal Care Services (PCS) 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. Personal Care Services are provided in Alaska through private and nonprofit agencies, with administration of the program by the PCS Unit of Senior and Disabilities Services. Personal Care Services are provided through two different qualified models that include agency-based PCS and the Consumer Directed PCS.

- Agency-based PCS: Consumers may choose to receive services through an agency that oversees, manages, and supervises their care. PCAs (Personal Care Assistants) working in an Agency-Based PCS program must be at least 18 years of age, have successfully completed a 40-hour PCS 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 PCS service plan is provided by a registered nurse in the Agency Based PCS program.
- Consumer Directed PCS: 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, possess current CPR/First Aid certification, 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 PCS 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 PCS 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 PCS and consumer-directed PCS programs are available in most communities in Alaska. Together the programs provide support for about 4,000 Alaskan seniors and individuals with disabilities.

### **Community First Choice Program**

In October 2018, Senior and Disabilities Services brought a new state plan service online called Community First Choice (CFC). Seniors can also receive personal care services through this state plan option. They must first meet an Institutional level of care and income eligibility requirements. There are

additional Personal Care Assistance services available through this option including time for supervision and cuing, skill building, and worker supervision training. Personal Emergency Response systems and chore services are also available through this program.

### **Medicaid Waiver Programs**

The Division of Senior & Disabilities Services provides Medicaid waiver programs, including the 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 2022, 2,262 Alaskans received services under the Alaskans Living Independently Waiver program. At an average annual cost per beneficiary of \$34,379, 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 Alzheimer's disease and related dementias (ADRD) 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 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-based 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**

SDS offers a Nursing Facility and Assisted Living Home Transition Program), 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 or assisted living home. 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.

The Centers for Independent Living (CILs) administer the Nursing Facility and Assisted Living Home Transition program and work with the individual, discharge planner, family members, and service providers to develop a transition plan back into the community. The grant is used only for one-time costs associated with the transition.

In FY 2022, this program helped 7 people to transition from nursing facilities. The program's current goal is to transition 15 people per year out of nursing homes and back into the community. FY 2022 costs averaged \$2,521 per person, using State of Alaska general funds. (Note: The median cost of a private room in an Alaska nursing home is \$907, more than three times the average cost for a day of nursing home care in the U.S. as a whole, according to the Genworth 2018 Cost of Care Survey in Alaska).

## **Services for Alaskan Veteran Seniors**

According to estimates from the U.S. Department of Veteran Affairs (2022), 22,569 Alaskan Veterans are age 65 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 in determining eligibility, connecting them 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 percent 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 Alaska Veteran-Directed Home-Based and Community-Based Services program was established in 2015 and is a collaboration of the Alaska Veterans Affairs, the Aging and Disability Resource Centers serving the Kenai Peninsula, Kodiak Island, Southeast Alaska, and soon the Matanuska Susitna Valley, and a fiscal agent located in Vermont. This program allows Veterans to receive the home-based and community-based services they need in a self-directed manner. Based on their level of care needs, Veteran enrollees are given a budget for services that is managed by the Veteran or their designee. Services are selected by the Veteran, and if the need is in-home support services such as personal care, chore, and respite, the Veteran (or designee) acts as an employer, and is responsible for recruiting, hiring and establishing a wage for their employees. The budget can also include home-delivered meals, adult day services, and other services identified by the Veteran. This program supports Veterans enrolled in VA Healthcare who need hands on assistance 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, allowing Veterans to remain in their own homes longer by preventing the need for higher level of care services.

## **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 meets annually and makes recommendations to the Governor and the Department concerning the needs of and benefits for the State's Veterans, developing public and

private partnerships to meet those needs, 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.

### **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, FFY 2024-2027.

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 SDS 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 dementias (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 Grant Program**

Federal funds for the Nutrition, Transportation and Support Services (NTS) Grant Program 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 funds through other fundraising activities, community volunteers, and volunteer participants through the Title V Mature Alaskans Seeking Skills Training program to meet the growing demand and ensure successful programs.

In accordance with the Older Americans Act, NTS services target seniors (age 60 and older) whose health and welfare are 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 also assist older individuals to 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 maintain independence. ACL statistical studies confirm that these services reach the vulnerable target population and help mitigate the effects of declining health and functional ability.

Eligible services provided by NTS programs may include the following (descriptions of these programs are included below):

- 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
- Other Services
  - Assistive Technology/Durable Equipment
  - Consumable Supplies
  - Group and Individual Socialization
  - Home Modifications/Repairs
- Statewide
  - Legal Services
  - Monthly Newspaper
- Health Promotion & Disease Prevention

### **Health Promotion and Disease Prevention for Older Alaskans**

The Division of Senior & Disabilities Services (SDS) 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. All SDS Title III-D grant funding requires evidence-based programming.

Facilitator training for Tai Chi can be provided in Alaska by visiting 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 do not qualify for services under the Medicaid Waiver program.

Priority of service is given to individuals with Alzheimer's disease and related dementias, those who live alone, persons with a physical disability, seniors with the greatest social or economic need, minority individuals, and those who reside in a rural area. Senior In-Home Services, administered by the Division of Senior and Disabilities Services, 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 offered during the day in a center-based group setting. Grants for this program are provided using State of Alaska general funds as administered by Senior and Disabilities Services. In FY 2022, ten 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 dementias, 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. Adult Day Services 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 ADS 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 many 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 Relative Family Caregivers. 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
  - Legal Services
  - Assistive Technology/Durable Equipment
  - Consumable Supplies
  - Home Modifications/Repairs
  - Chore
  - Transportation
  - Nutrition

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

The Alzheimer's Disease and Related Dementia (ADRD) Education and Support grant program provides funding to a statewide organization to provide information to organizations and individuals throughout the state about the signs, symptoms, causes, diagnosis, and effects of ADRD on an individual and their family. In addition, the grant funds provider training in evidence-based dementia care practices and skills development, as well as support education and socialization activities for persons with dementia and their informal caregivers. Availability of information about ADRD is critical to caregivers and anyone experiencing memory loss. Senior and Disabilities Services 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 support the most vulnerable older adults by enabling them to retain autonomy, 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.

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 to make more services available for older Alaskans. Title VI grantees (there are 43 of them in Alaska) are also encouraged to collaborate with Title III grantees to maximize services available for their elders. In eight 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 established.

For example, Senior Citizens of Kodiak, Inc. (SCOK) and Kodiak Area Native Association (KANA) have collaborated 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. Senior Citizens of Kodiak, Inc. 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. During the pandemic SCOK and KANA collaborated to establish an emergency stockpile of shelf-stable meals.

In Southeast Alaska, Southeast Senior Services (SESS), a Title III grantee, approached 10 of 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. Southeast Senior Services conducts a needs assessment for each tribe, assists with the Title VI grant application, provides the services, and handles the necessary reporting.

During the period of coverage of this state plan (FFY 2024 through FFY 2027), 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 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 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 Services and Support Coordinator. Regional elder 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 in other states, workforce shortages and limited funding to recruit, train, and maintain direct service workers create obstacles to providing home-based 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 and The Trust) recognized the growth in its beneficiary populations and the challenges of workforce shortages they face now and in the future. Trust beneficiaries include Alaskans who experience mental illness, developmental disabilities, substance use disorders, traumatic brain injury, and Alzheimer's disease and related dementias. In 2006, The Trust 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 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.

The Trust utilizes the workforce development area to support recruitment and retention of healthcare employees across Alaska who provide in-patient and community-based care to its beneficiaries. Keeping a focus on improving and increasing the workforce is integral to maintaining The Trust's efforts to ensure Trust beneficiaries have access to quality services in the least restrictive environments, as close to home as possible. A robust continuum of care helps beneficiaries across the lifespan by enhancing quality of life and ability to remain in the community.

The Alaska Health Workforce Coalition (AHWC) is a group of industry associations, tribal health, state departments, and universities who come together monthly to develop a coordinated, cohesive, and effective approach to address the critical needs for health workers in Alaska. The Alaska Department of Labor and workforce Development predicts the health care industry will increase 21.4 percent by 2026, which equates to over 10,000 new jobs. At the same time, Alaska's provider workforce demographic, those age 18 to 64, is declining. As a state, this means we not only need to focus on growing our own workers but recruit heavily from outside Alaska at the same time. Forty-seven of Alaska's 50 fastest-growing occupations are in the healthcare sector, and the AHWC is leading and supporting that job growth. Health care workforce development is essential to maintain the state's overall economic health during this period of low oil prices and associated impacts.

## **Alaska Training Cooperative (ATC)**

The Trust is one of the primary funders for the Alaska Training Cooperative (AKTC) housed at the University of Alaska Center for Human Development. The AKTC 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 support professionals (DSPs) and their supervisors engaged with Alaska Mental Health Trust Authority beneficiaries, by ensuring that technical assistance and training is accessible and coordinated." (DSPs are defined as individuals whose job requires a bachelor's degree or less and who work at least 75 percent directly with consumers.)

The AKTC 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 AKTC 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 provide assistance with identifying resources, existing training, and possible solutions to address recognized training needs.

## Appendix H. Continuum of Care Definitions of Programs and Services

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				

### Community-Based Services

**Congregate Meals:** Congregate meal programs provide at least one hot or other appropriate healthy meal per day to qualified individuals in a group setting to promote good nutrition and provide opportunities for socialization. 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-based 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 age-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, 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:** The Mature Alaskans Seeking Skills Training (MASST) program provides vocational training and placement in community service organizations for unemployed, low-income Alaskans age 55 and older to help them become self-sufficient and make meaningful contributions to their communities.

**Senior Independent Housing:** Independent senior housing offers age restricted 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: <https://www.ahfc.us/>

**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 <https://alaskalawhelp.org> or Alaska Legal Services at <https://www.alsc-law.org/>.

**Health Screening:** Activities include routine, non-invasive screening for conditions such as hypertension, high cholesterol, diabetes, iron deficiency, under- or overweight, and other common medical or physical conditions, generally performed by a nurse or other health care professional or paraprofessional.

**Social, Recreational & Educational Activities:** Activities, often provided through senior centers, range widely to include classes, games, arts and crafts, dances, study groups, exercise programs, travel opportunities, and many other one-time or ongoing gatherings which encourage social interaction, exchange of ideas, and/or physical activity.

## **In-Home Services**

**Home Delivered Meals:** Home-delivered meals are an in-home nutrition service that provides 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 who are homebound. 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 the volunteer and the 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 handrails in bathrooms. For more information, please see the Alaska Housing Finance Corporation website at: <https://www.ahfc.us/pros/homelessness/assistance-grants/senior-access-program-sap>

**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 having someone to talk to or 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 may include meal preparation, shopping, light housekeeping, assisting with paperwork for financial, health care, insurance or other needs, 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 with 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) that include 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 such as meal preparation, dressing, grooming, and other daily tasks.

**Tele-health:** Tele-health is the delivery of health-related services and information via electronic information and telecommunications technologies. Tele-health is an expansion of telemedicine, but unlike telemedicine (which more narrowly focuses on the curative aspect), tele-health allows long-distance communication that encompasses preventive, promotive and curative aspects. Tele-health involves 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 in a different location.

### **Intensive Home & Community-based Services**

**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 and designed to meet the individual's 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: <https://health.alaska.gov/dsds/Pages/pca/default.aspx>

**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: <https://www.nhpc.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 treatments provided usually at a rehabilitation facility, designed to promote recovery from an injury, operation, other physical trauma, or addiction with the goal of returning the person to normal functioning.

**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 persons who require this care. Often transportation to outside activities is included by the home. Pioneers' Homes are a unique type of assisted living home that allow residents to age in place and also specialize 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:  
<https://health.alaska.gov/dhcs/Documents/Residential-Licensing-Background/ALH/ALHHomes.xls>

**Facility Respite Care:** Respite care 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 by a licensed assisted living facility.

**Pioneer Homes:** Assisted living homes administered by the State of Alaska that provide 24-hour care for older Alaskans 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 specialize in caring for individuals who experience dementia. The Pioneers' Home information including waitlist registry information is available at:  
<https://dfcs.alaska.gov/daph/Pages/default.aspx>

**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. The focus of care is 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:  
<https://health.alaska.gov/dsds/Pages/HCBWprogram.aspx>.

Guardianship is a legal arrangement where a person or institution is appointed as a guardian to make decisions for an incapacitated person for housing, medical care, legal issues, and other services. For more information, please see the Alaska Court System Family Law Self-Help Center at  
<http://www.courts.alaska.gov/shc/guardian-conservator/>.

## **FY 2022 Grant Funding by Component and Program and Number of Alaskans Served**

<b>Program Name</b>	<b>Senior Community Based Grants</b>	<b>Number of Alaskans Served</b>
Adult Day	\$ 1,302,332	242
Aging and Disability Resource Centers	\$ 826,161	6116
ADRD Education and Support	\$ 346,036	1651
Family Caregiver (III E)	\$ 1,540,635	920
Nutrition, Transportation and Support Services for Seniors (III B, C1, C2)	\$ 9,872,600	9,459
Senior In-Home	\$ 2,662,963	940
Nursing Facility Transition	\$ 17,648	7
Health Promotion and Disease Prevention (III D)	\$ 237,317	292
Senior Residential Services	\$ 468,083	20
<b>Total Senior</b>	<b>\$ 17,273,775</b>	<b>19,647</b>



## Appendix I. Acronyms and Definitions

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**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

**DBH** – Division of Behavioral Health

**DOH** - Department of Health

**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

**LTCO** – Long-Term Care Ombudsman

**MASST** - Mature Alaskans Seeking Skills Training

**NTS** – Nutrition, Transportation, and Support

**OAA** – Older Americans Act

**OLTCO** – Office of the Long-Term Care Ombudsman

**PCA** – Personal care assistant

**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

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## Appendix J. Public Comments

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Public Comments on Alaska’s DRAFT State Plan for Senior Services, FFY 2024 – FFY 2027, submitted to the Alaska Commission on Aging May 19 through June 2, 2023.



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