

## **Introduction to the Division of Senior and Disabilities Services**

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### ***Mission***

To promote health, well-being and safety for individuals with disabilities, seniors and vulnerable adults by facilitating access to quality services and supports that foster independence, personal choice and dignity.

### ***Overview***

The Division of Senior and Disabilities Services (SDS) provides community grants, and home- and community-based services for older Alaskans and persons with disabilities as well as protection of vulnerable adults. The division administers four Medicaid waiver programs: Personal Care Assistance, Traumatic Brain Injury services, Senior Services and Community Developmental Disabilities grants programs.

### ***Core Services***

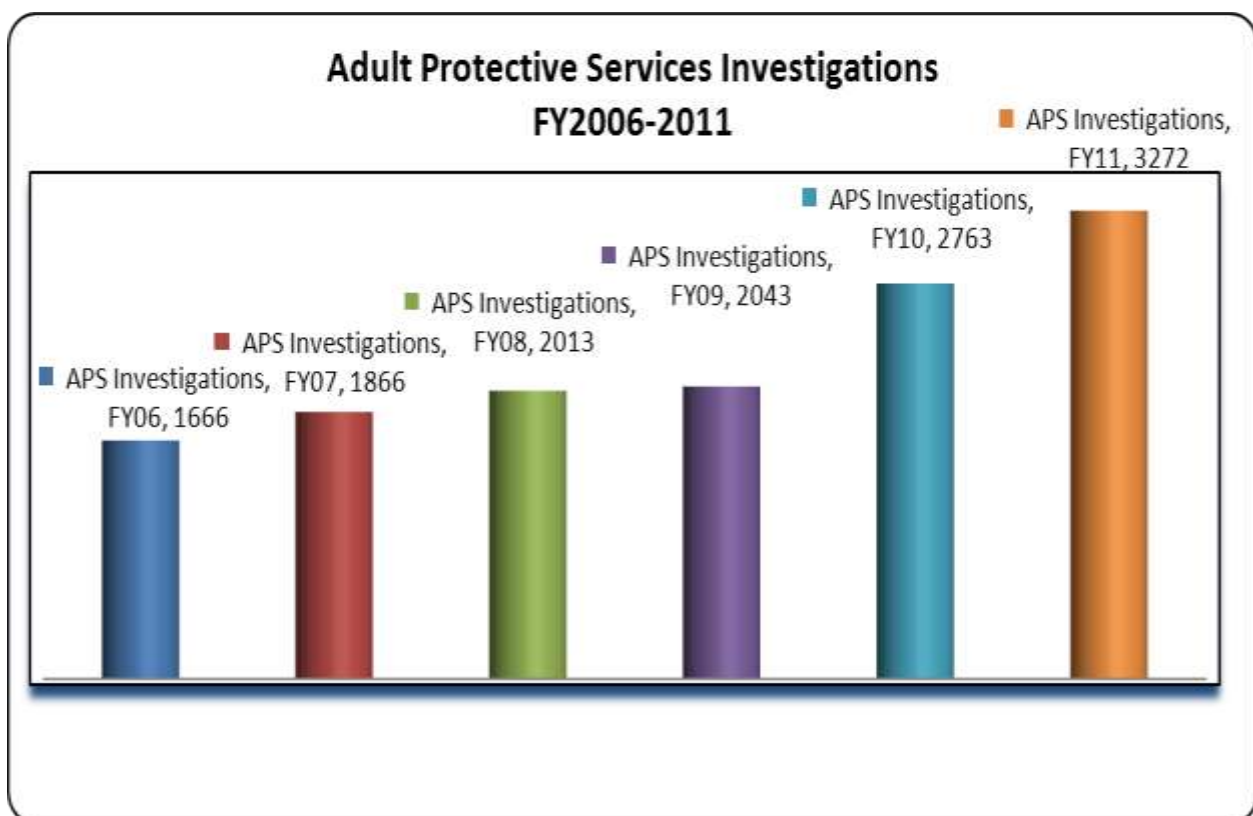
- Provide protection of vulnerable adults.
- Provide Nursing Facility Services that include placement in a nursing institution which provides either an intermediate or skilled level of nursing care.
- Provide Personal Care Services that support non-technical, hands-on assistance with activities of daily living (such as bathing, dressing, or grooming) and related instrumental activities of daily living (such as shopping or cooking) necessary to maintain the health and safety of the client in a home setting.
- Medicaid services include care coordination, chore services, adult day services, day habilitation, environmental modifications, meals, respite care, residential care in alternatives such as assisted living or group homes, specialized medical equipment, specialized private duty nursing, supported employment, and transportation.
- Provide Older Alaskan Waiver Services to Medicaid eligible persons aged 65 and older that need the level of care provided in a nursing home.
- Provide Adults with Physical Disabilities Waiver services to Medicaid eligible persons between the ages of 21 and 64 who need the level of care provided in a nursing home.
- Provide Intellectual and Developmental Disability Waiver services to Medicaid eligible persons with an intellectual disability, autism, cerebral palsy, seizure disorder, or a condition that means the person functions as if having an intellectual disability.
- Provide Children with Complex Medical Conditions Waiver services to Medicaid eligible persons age 21 or younger having a severe, life threatening, chronic physical condition that is expected to continue for more than 30 days. The child also must be dependent upon medical care or technology and need the level of care provided in a nursing home or hospital.
- Provide temporary assisted living for vulnerable adults over the age of 18, as referred by Adult Protective Services investigators or community health professionals.

- Provide grants to a statewide network of local agencies that provide a range of community-based services to individuals 60 and over who are at risk of institutionalization due to declining health, disability, social isolation, poverty, or self-neglect. Services provide vulnerable seniors with basic necessities that dramatically increase their quality of life and allow them to “age in place.”
- Provide grants to rural-remote providers for supported residential living services to frail elders who do not have access to Pioneer Homes or other Long Term Care facilities in their community or region.
- Certification, monitoring and oversight of qualified Home and Community-Based service providers.
- Investigation of critical incidents and provider complaints related to the delivery of Home and Community-Based services.

## Services Provided

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

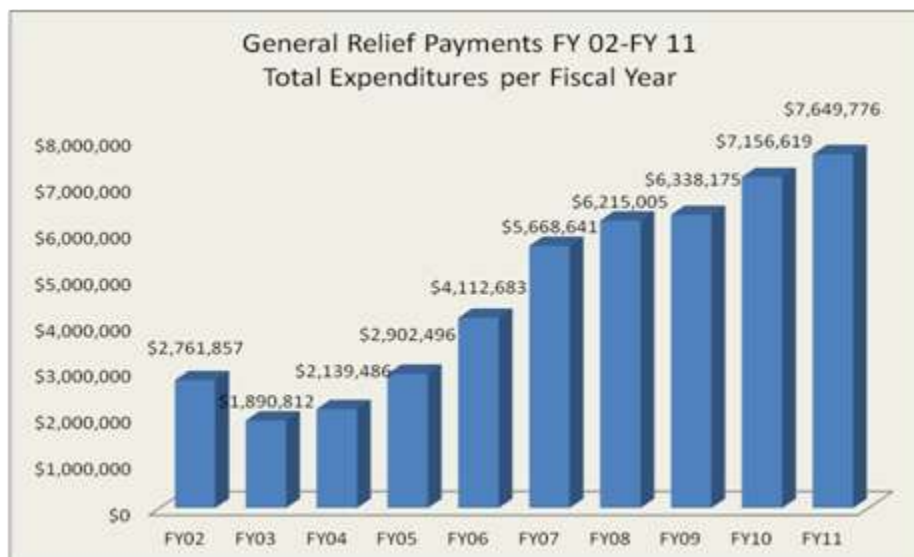
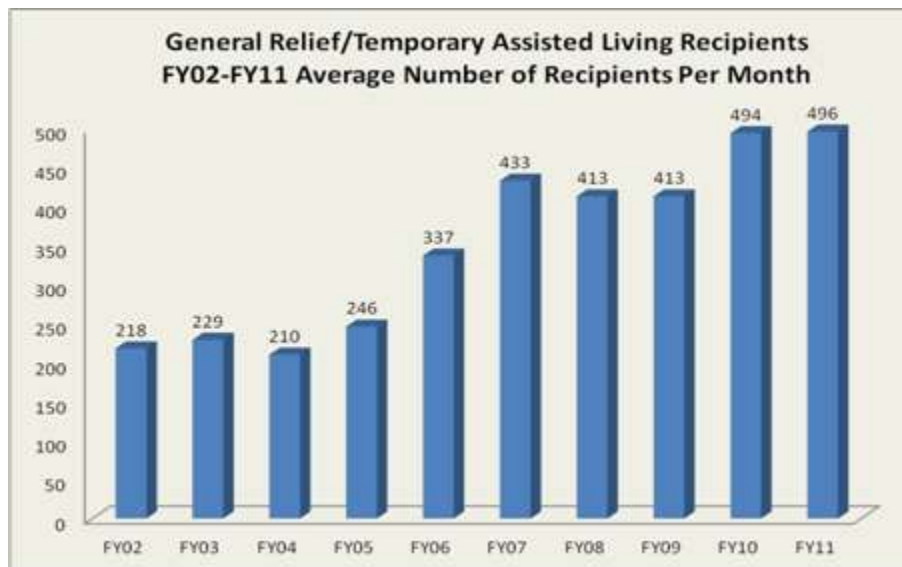
The Adult Protective Services Unit protects vulnerable adults over the age of 18 from abuse, neglect, and exploitation. APS staff investigate incidents in which a vulnerable adult suffers harm from abandonment, abuse, exploitation, neglect or self-neglect. Upon investigation of reports of harm, APS staff take appropriate action (up to and including removal from the client's home) to ensure that vulnerable adults are safe. The SDS APS Unit has responded to an increased number of reports over the past several years. APS investigations increased 12% from FY2006 to FY2007 and an additional 8% to FY2008. The number of investigations increased another 1% in FY2009, 35% in FY2010 and 18.4% in FY2011. The increase in FY2010 and FY2011 is attributed to SDS policies requiring reporting by Home and Community-Based waiver providers and enhanced education to mandatory reporters.



### ***General Relief Temporary Assisted Living Program***

The Adult Protective Services unit administers the General Relief/Temporary Assisted Living program to provide assisted living care to adults who need protective services, under the authority granted by AS 47.24.017. The General Relief program is intended to meet the most basic needs of many Alaskans who lack the personal resources to meet an emergent need and who are ineligible for assistance from other programs. The program provides residential care and financial assistance to needy adults who require the protective oversight of an assisted living home. The overall objective of the program is to enable these adults to obtain the level of care they would otherwise receive in their own home from friends or relatives and to live in the least restrictive setting possible.

In FY2011, SDS served an average of 496 individuals monthly through the General Relief / Temporary Assisted Living Program. The net expenditure, after recoupment efforts, was \$7,649,776.



Total expenditures for the General Relief Program increased 12.9% between FY2009 and FY2010 with an additional 6.9% increase between FY2010 and FY2011.

### ***Senior Community-Based Grants***

Programs funded through Senior Community-Based Grants provide supportive services that assist individuals age 60 and older and their caregivers to remain independent in their homes and communities for as long as possible. These grant programs are developed under the Community-Based grants umbrella for seniors and follow the guidelines of the approved Alaska State Plan on Aging. Services target populations with the greatest social and economic need. This includes

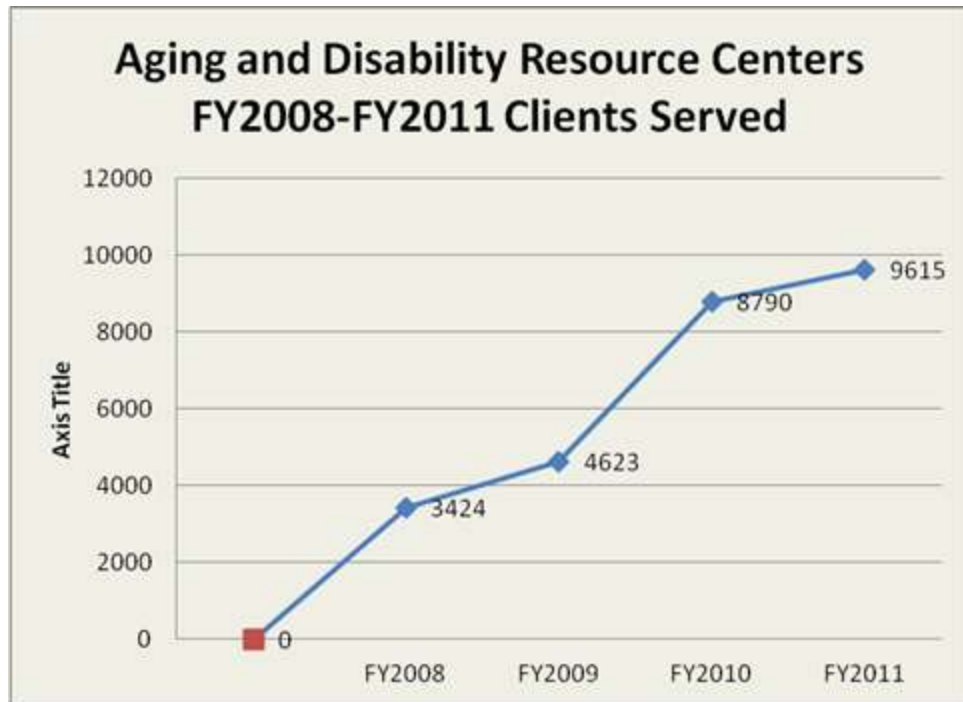
seniors who live in rural areas, are members of minority groups, or are physically frail. Grants are awarded to local provider organizations through a variety of grant programs administered by the Division of Senior and Disability Services. Senior Community-Based Grant programs include: Nutrition, Transportation and Support Services, Senior In-Home, Senior Adult Day, Aging and Disability Resource Centers (ADRC's), National Family Caregiver Support Program, and the Alzheimer's Disease and Related Dementia (ADRD) Education and Support program.

Senior Community-Based Grants provide a safety net for seniors and their caregivers who wish to remain in their homes and would not otherwise qualify for services under the Older Alaskans Medicaid Waiver program. Grants for these services are provided by state general funds, GF mental health funds, Administration on Aging Title III federal funds, and ADRC grant funds.

The Senior and Community-Based Grants programs have seen a steady increase in the number of clients served over past three years while the average funds available per client for the same time period has decreased. In FY2009, the estimated number of individuals served was 15,590. The number of clients served through the Senior and Community-Based Grants program rose from FY2009 to FY2010 to 21,261 clients served, at a total cost of \$11,603,300, for a per client funding level of \$546. In FY2011, the estimated number of unduplicated clients served through the Senior Community-Based grants programs grew to 25,000 with additional funding coming from the Aging and Disability Resource Centers included in the expenditures (not included in previous years), for a total amount of funding in FY2011 of \$12,264,006, for a cost of \$491 per senior.

The Aging and Disability Resource Center is a federal initiative developed nationwide by the Centers for Medicare and Medicaid Services and the Administration on Aging to provide a viable trusted entity for seniors, individuals with disabilities, and their caregivers to receive information and assistance with accessing both public and private community-based long-term care services. This grant is currently funded by the Real Choice Systems Change, ADRC federal grants, state general funds and Mental Health Trust funds, and will be in its fourth year of development in FY2012.

The Alaska ADRCs continue to coordinate and collaborate within their communities and with statewide partners to build a strong network of providers, agencies, consumers, and caregivers so consumers can access long term support services through multiple entry points. The ultimate long term goal of the ADRCs is to centralize eligibility screening, comprehensive assessment, programmatic eligibility, financial eligibility determination, and access to long-term support services for consumers. The number of individuals ADRCs has provided information and assistance regarding long term care services increased to 181% between FY2008 and FY2011. The growth in the number of clients served is attributed to a number of factors including additional staffing for existing ADRCs, increased outreach and networking to providers and community members and coordination with other community-based services. SDS anticipates the number of clients served in FY2012 to increase but at a less significant rate.



The Real Choice Systems Change (RCSC) Grant was awarded to SDS in FY2008 from the Centers for Medicare and Medicaid Services to develop and implement a person-centered Hospital Discharge Model and to enhance and expand Aging and Disability Resource Centers. Participating hospitals in three areas of the state are collaborating with the Aging and Disability based programs to provide assistance once they are released from the hospital. The Real Choice Systems Change grant is increasing communication between hospitals and Aging and Disability Resource Centers to bridge the gap between hospitalization and community-based services. The RCSC project has begun implementation of the Coleman Model, an evidence-based Care Transitions Intervention utilized at discharge that is shown to improve patient health outcomes and reduce hospital readmission rates. This pilot project will run through the end of 2011 with study results to be released in the Spring of 2012.

Through the U.S. Department of Health and Human Services, Administration on Aging, SDS purchases Nutrition, Transportation and Support grant services for Alaskan seniors. With these grants community agencies provide a variety of needed services and supports to include congregate meals, homemaker services, and information and assistance. Grantees deliver nutritious meals to groups and to seniors in private homes, assist with transportation to enable seniors to maintain mobility and independence and promote health, nutrition and medication management. Foster Grandparent/Elder Mentor, Senior Companion, and Retired and the Senior Volunteer Programs further provide critical resources to Alaska's seniors and youth. Without these services many older adults would not be able to continue living at home and would need more expensive, less personal care.

Other important Senior Community-Based grant programs include Adult Day Services, which are furnished at a center for adults with impairments, primarily Alzheimer's disease or related disorders, and provided in a protective group setting that is facility-based. Therapeutic and social activities are designed to meet and promote the client's level of functioning through individual

plans of care. Adult Day services provide support, respite and education for families and other caregivers, provide opportunities for social interaction and serve as an integral part of the aging network.

National Family Caregiver Support Program's services are available to the caregiver of anyone 60 and over or grandparents who are 55 and over raising grandchildren. Services include information and assistance accessing services, respite, caregiver support groups, caregiver training and supplemental services.

Senior In-Home Services include care coordination, chore, respite, extended respite and supplemental services.

The Alzheimer Disease and Related Disorders (ADRD) Education and Support Program provides outreach, information and referral, education, consultation and support to individuals with ADRD, their family caregivers, professionals in the field and the general public about ADRD.

### ***Senior Residential Services***

Through designated funding from the Alaska State Legislature, the division of Senior and Disabilities Services oversees two grants to rural-remote provider in Kotzebue (Maniilaq Association) and Tanana (Tanana Tribal Association), for supported residential living services to frail elders who do not have access to Pioneer Homes or other Long Term Care facilities in their community or region. Senior Residential facilities supported by these funds served 23 individuals in FY2011. By definition, assisted living facilities provide meals and assistance with daily activities to enable seniors to remain in or near their community of choice.

Maniilaq Association closed their Assisted Living Home in October 2011 to begin operation of their new Skilled Nursing Facility. In FY2013, Senior Residential Services Grant funds will provide support to up to four rural senior residential assisted living facilities. In addition, Senior Residential Services funds will be made available through provider agreements to pay for travel expenses for individuals residing in Senior Residential Services homes who are eligible to receive residential supported living through the Medicaid Waiver. This mechanism will increase sustainability of the Senior Residential Services homes in rural areas and provide additional support to seniors in rural areas.

### ***State Health Insurance Assistance Program***

The State Health Insurance Assistance Program, or SHIP, offers one-on-one counseling and assistance to people with Medicare and their families. Through a federal grant from the Centers for Medicare and Medicaid Services, the SHIP program provides these services via telephone and face-to-face interactive sessions, public education presentations and programs, and media activities. The program maximizes partnerships with dozens of community-based and tribal organizations to build capacity in the state to help people with Medicare. Public outreach and education about Medicare services are provided through two Senior and Disabilities staff and a network of Certified Medicare Counselors working in the aging and disabilities network. There were 7,022 encounters with individuals during FY2011.

### ***Senior Medicare Error Patrol***

The Senior Medicare Error Patrol (SMP) program is funded by a federal grant that is awarded to Senior and Disabilities Services from the U.S. Administration on Aging (AOA). These funds support a variety of outreach strategies used by SDS staff to educate and empower Alaskans to identify, prevent and report health care fraud. The SMP program empowers seniors through increased awareness and understanding of how to track and review billing statements for medical encounters. This knowledge helps seniors to protect themselves from the economic and health-related consequences of Medicare and Medicaid fraud, error and abuse. These activities support AOA and the division's goals of promoting increased choice and greater independence among older adults. The activities of the SMP program also serve to enhance the financial, emotional, physical and mental well-being of older adults — thereby increasing their capacity to maintain security and independence in retirement, and to make better financial and healthcare choices. This program assisted over 5,000 beneficiaries in FY2011.

### ***Nursing Facilities Transition Program***

The Nursing Facilities Transition program provides support for services to elderly persons or individuals with a disability to transition from a nursing facility back into the community. Funds are available for one-time costs associated with the transition and may include items such as home or environmental modifications that will enable the client to get into their home, travel including room and board for caregivers to receive training, and the cost of trial trips home or to an assisted living home. The program also funds security deposits, the initial cleaning of a home, basic furnishings and other items that may be approved by the program's coordinator.

In FY2011, 51 individuals transitioned from a nursing facility back to the community, at an average cost of \$1,750 per person. This is an increase of 19% in the number of transitions and an increase of 29.6% in the average cost per individual. The division believes the increased focus on nursing facilities transitions across the state, due to remediation efforts and monitoring of clients, plays a key role in the increase in transitioned individuals and costs.

### ***Community Developmental Disabilities Grants***

The Community Developmental Disabilities Grant (CDDG) program minimizes institutionalization and provides care for people with developmental disabilities. These grant services are available to individuals with a developmental disability in need of assistance, who are on the Developmental Disabilities Registry, and who do not receive services through any of the four Medicaid Waiver programs.

In FY2011, developmental disabilities grants provided services to 1,036 recipients with conditions such as an intellectual disability, autism, or cerebral palsy. Services funded by these grants result in the acquisition or maintenance of skills to live with independence and improved capacity and reduce the need for long-term residential care.

Services include supported employment, respite care, care coordination, day habilitation, case management, specialized adaptive equipment and independent living along with in-home supports. Behavioral training, intensive active treatment and vocational services may be provided through the program.

For those beneficiaries that meet the diagnostic and income limits, one of the division's Home- and Community-Based Waiver programs may provide similar services. However, not everyone

with a developmental disability qualifies for Medicaid or meets the threshold for long-term supports that the Intellectual and Developmental Disability Waiver is designed to provide.

Other grant programs under the Community Developmental Disabilities Grant umbrella include the Short-Term Assistance and Referral Programs (STAR). In FY2011, 12 organizations were awarded funds to operate a STAR program to assist people with developmental disabilities and their families. Services were designed to address short-term needs before a crisis occurs and to defer the need for more expensive residential services or long-term care. In FY2011, 826 individuals accessed services provided by the STAR programs.

Mental Health Trust Authority funds support mini grants that provide one-time awards to beneficiaries with developmental disabilities. The awards, not to exceed \$2,500 per recipient, are for health and safety needs not covered by grants or other programs to help beneficiaries attain and maintain healthy and productive lifestyles. In FY2011, 192 mini-grants were awarded to assist individuals with developmental disabilities.

In the Community Developmental Disabilities Grant component, Behavioral Risk Management Services addresses difficult behaviors through technical assistance and training. These services are designed for personnel working in community developmental disability programs or family members and guardians. Additionally, funds are used for personal safety training for women with a developmental disability.

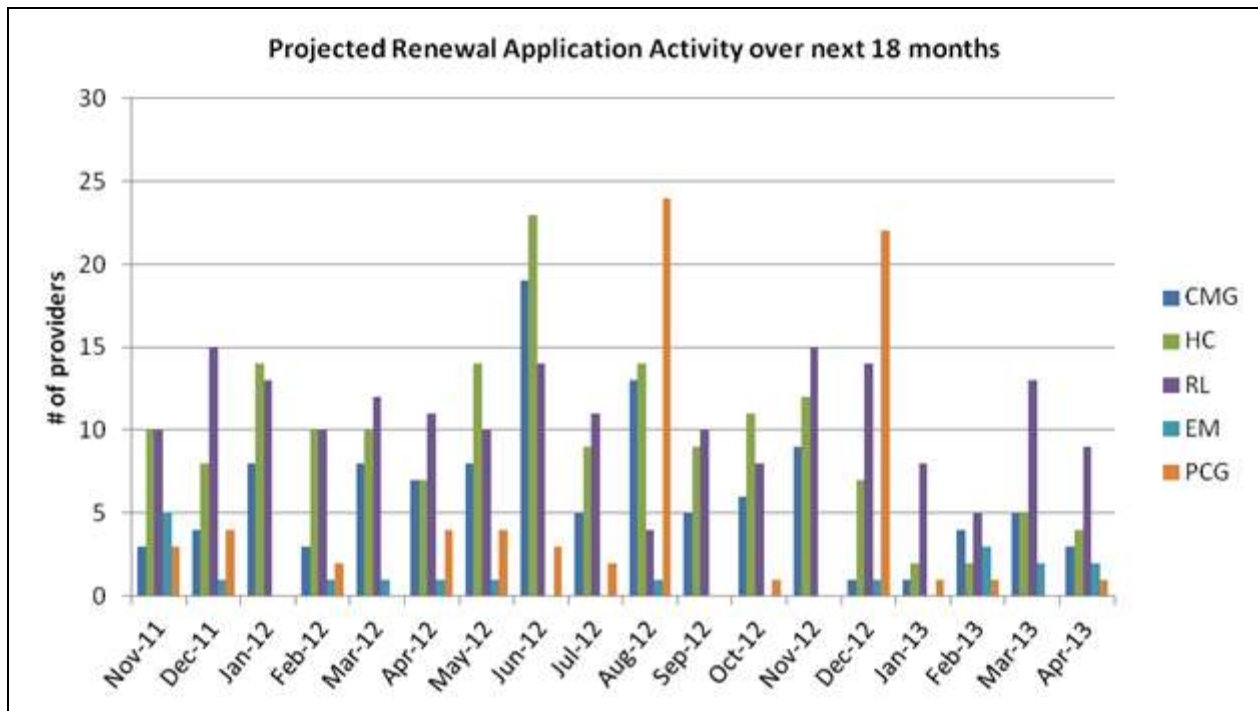
| FY2011 SDS Non-Medicaid Grant Services   |                |                   |
|--|----------------|-------------------|
| Grant                                    | Clients Served | Total Expenditure |
| Community Develop Disability Grants      | 1,036          | 11,446,119        |
| General Relief/Temporary Assisted Living | 5,952          | 7,649,776         |
| Nursing Facilities Transition Grant      | 51             | 120,000           |
| Senior Community-Based Grants            | 25,000         | 12,264,006        |
| Senior Residential Grants                | 23             | 815,000           |
| State Health Insurance Assistance Prog   | 7,022          | 26,250            |
| Total                                    | 39,084         | 32,321,151        |

### ***Provider Quality Assurance***

In the Division of Senior and Disabilities Services, the Provider Quality Assurance Unit ensures safe and quality services are provided to Alaskan seniors, disabled individuals, and vulnerable adults. This unit monitors providers of Home and Community-Based Waiver and Personal Care Attendant services through application evaluations, provider desk and site reviews, and critical incident or complaint investigations. The unit may issue sanctions to achieve provider compliance with requirements. Some common sanctions are mandatory provider education, restrictions on Medicaid payments, and up to and suspension and including termination from the Medicaid program.

The unit monitors 848 active service types that are provided by 562 provider agencies located across the state of Alaska. Provider agencies may be certified for multiple service types.

Providers are required to reapply every two years to continue to be certified. The chart below illustrates the number of renewal application evaluations that are expected to be evaluated and processed by the unit over the next 18 months.



The oversight responsibilities continue to grow for the unit. In FY2011, over 150 new certifications were issued which included 90 new certifications for individual care coordinators.

Provider reviews were implemented in April 2011 and initially all service types were to be randomly selected for desk or onsite reviews. Due to lack of evidence of compliance in provider files; requiring more time to remediation each provider review and due to staffing constraints; only residential supported living service and adult day care services are subject to provider review at this time.

The unit also partners with multiple state agencies such Health Care Services, Office of Long Term Care Ombudsman, Program Integrity, and the Medicaid Fraud Control Unit as part of the larger state efforts to protect the health and welfare of participants and the integrity of state and federal funding.

## ***Medicaid Waiver Services***

### ***Home and Community-Based Waiver Programs***

In response to the high costs of institutional care, Medicaid Home and Community-Based Waivers allows the state to provide long-term care in less restrictive, more cost effective home- and community-based settings. If determined eligible by meeting specific target population criteria, level of care, and financial guidelines, a person may apply to receive services under one of the four Medicaid waiver programs described below. Reimbursable waiver services include care coordination, chore services, adult day care, day habilitation, environmental modifications, intensive active treatment, meals, respite care, residential care alternatives such as Assisted Living or Group Homes, specialized medical equipment, specialized private duty nursing, supported employment, and transportation to waiver services. The four waivers that the division administers are:

#### ***1. Children with Complex Medical Conditions (CCMC) Waiver***

The CCMC waiver is for children, birth through age 21, who have a severe chronic physical condition that is expected to continue for more than 30 days. The physical condition must be life threatening and need extraordinary supervision and observation. The child must be dependent upon medical care or technology and requires the same sort of care delivered in a hospital or nursing home.

#### ***2. Intellectual and Developmental Disability (IDD) Waiver***

The IDD waiver is specifically for individuals with an intellectual disability, autism, cerebral palsy, a seizure disorder, or other related condition. In addition to these diagnoses, the individual must have serious limitations on how they function in everyday life. For example, it might be difficult for the person to make safe decisions or take care of personal needs without direct support. Also, the person must require the same level of care provided in an Intermediate Care Facility for the Mentally Retarded.

#### ***3. Older Alaskan (OA) Waiver***

The current OA waiver provides services to those applicants who meet nursing home level of care but wish to remain in their own homes and communities. The applicant must be at the level of need provided to a recipient in a nursing home and be financially eligible for Medicaid to access the program. A federal review has resulted in the redesign of this waiver. As soon as new regulations are in place, the minimum age limit for this waiver will be changed from 65 to 21 years of age and rename the waiver "Alaskans Living Independently (ALI)."

#### ***4. Adults with Physical Disabilities (APD) Waiver***

The APD waiver provides services to those applicants who meet nursing home level of care but wish to remain in their own homes and communities. The program serves participants between the ages of 21 and 64 years of age. A federal review has resulted in the redesign of this waiver. As soon as new regulations are in place the targeting criteria for this waiver will be changed to include adults who have either intellectual or developmental disabilities, as well as physical disabilities that qualify the individual for a nursing home level of care, and will rename the waiver "Adults with Physical and Developmental Disabilities (APDD)."

In addition to the four Medicaid waivers above, the division offers Personal Care Assistance and Nursing Home Authorization Medicaid programs.

## ***Personal Care Assistance***

Services are provided statewide in Alaska through Personal Care Assistance (PCA) services. The level of need for services is determined by assessment to evaluate functional limitations in the performance of activities of daily living, which may include bathing, dressing, and grooming, and limitations with instrumental activities of daily living such as shopping and cleaning. This assessment and subsequent service plan determines which services a recipient is eligible to receive and “prior authorizes” them to receive these services. The assessment and service plan are both completed by division staff. The division certifies qualified agencies as PCA providers.

PCA services are typically provided in a participant’s home by health care paraprofessionals called personal care attendants. These services enable functionally disabled Alaskans of all ages, and frail elderly Alaskans, to live in their own homes, instead of being placed in a more costly and restrictive long-term care setting. Recipients have a choice between two different options of PCA services. The Agency-Based PCA model allows participants to use one of the qualified agencies that oversee, manage and supervise their care; or, participants may choose the Consumer Directed PCA model that allows them to select, train, supervise, and discharge their PCA.

## Annual Statistical Summary of Services Provided in FY2011

### Senior and Disabilities Medicaid and Waiver Services

The Senior and Disabilities Services Medicaid program funded benefits for 9,169 Medicaid beneficiaries during FY2011, with total expenditures of \$400,248.7. This equates to an average annual claim cost of approximately \$44,000 per recipient during FY2011.

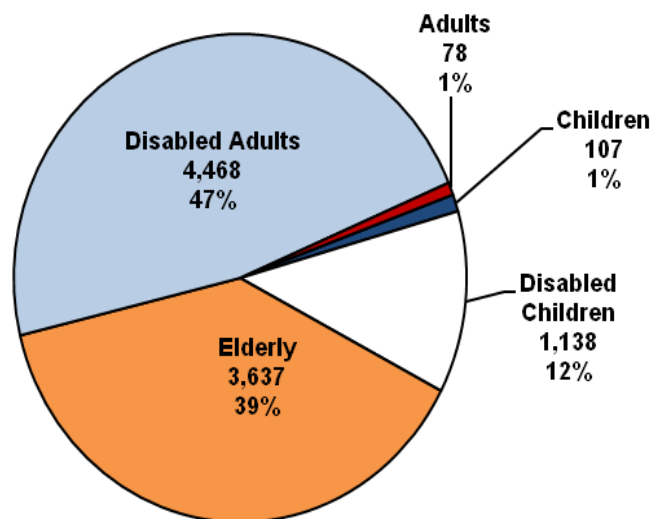
#### FY2011 SDS Medicaid Services by Benefit Group

| Benefit Group                                | Percent of Beneficiaries | Number of Beneficiaries | Percent of Payments | Claim Payments (thousands) | Cost Per Beneficiary |
|--|--------------------------|-------------------------|---------------------|----------------------------|----------------------|
| Children Disabled                            | 1.1%                     | 107                     | 0.4%                | 1,498.6                    | \$14,006             |
| Children                                     | 12.1%                    | 1,138                   | 4.5%                | 17,920.5                   | \$15,747             |
| Elderly                                      | 38.6%                    | 3,637                   | 38.9%               | 155,833.4                  | \$42,847             |
| Disabled Adults                              | 47.4%                    | 4,468                   | 56.0%               | 224,332.4                  | \$50,209             |
| Adults                                       | 0.8%                     | 78                      | 0.2%                | 663.7                      | \$8,509              |
| Unduplicated Annual Clients                  |                          | <b>9,169</b>            |                     |                            |                      |
| Total Medicaid Claim Payments (thousands)    |                          |                         |                     | <b>\$400,248,680</b>       |                      |
| Average Annual Medicaid Cost per Beneficiary |                          |                         |                     |                            | <b>\$43,652</b>      |

Source: MMIS/JUCE . The benefit category "disabled adults" includes disabled persons between 19 and 20 years of age as well as adults.

In FY2011 in excess of 87% of Medicaid services were provided to adults, with 47% of those beneficiaries disabled and 39% elderly. The division provided 13% of Medicaid services in FY2011 to children. 12% of those children were disabled.

**FY2011 Senior and Disabilities Services Medicaid Beneficiaries by Benefit Group**

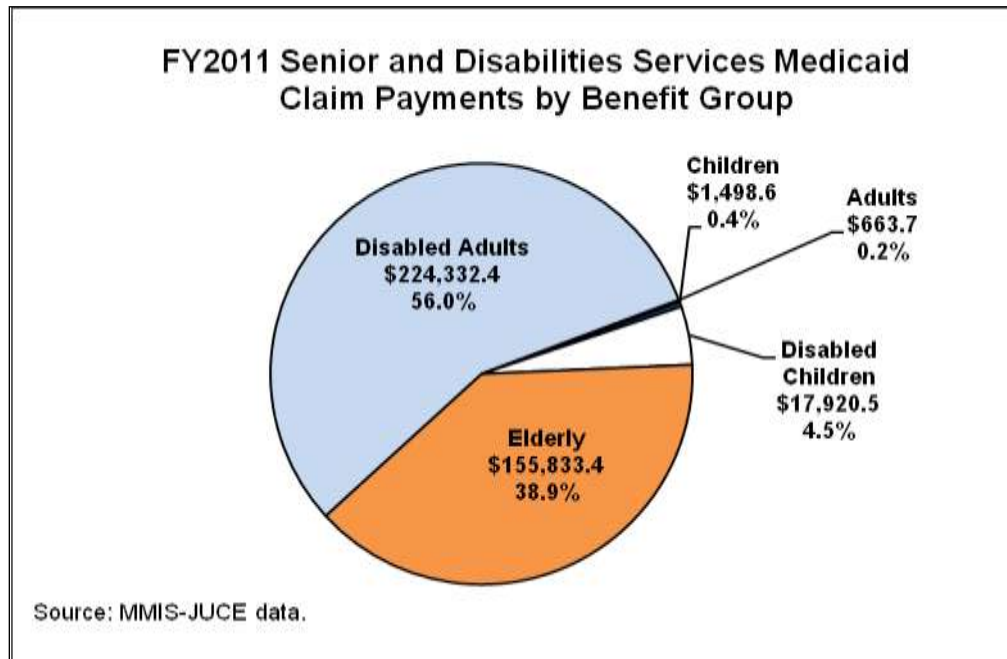


Source: MMIS-JUCE data.

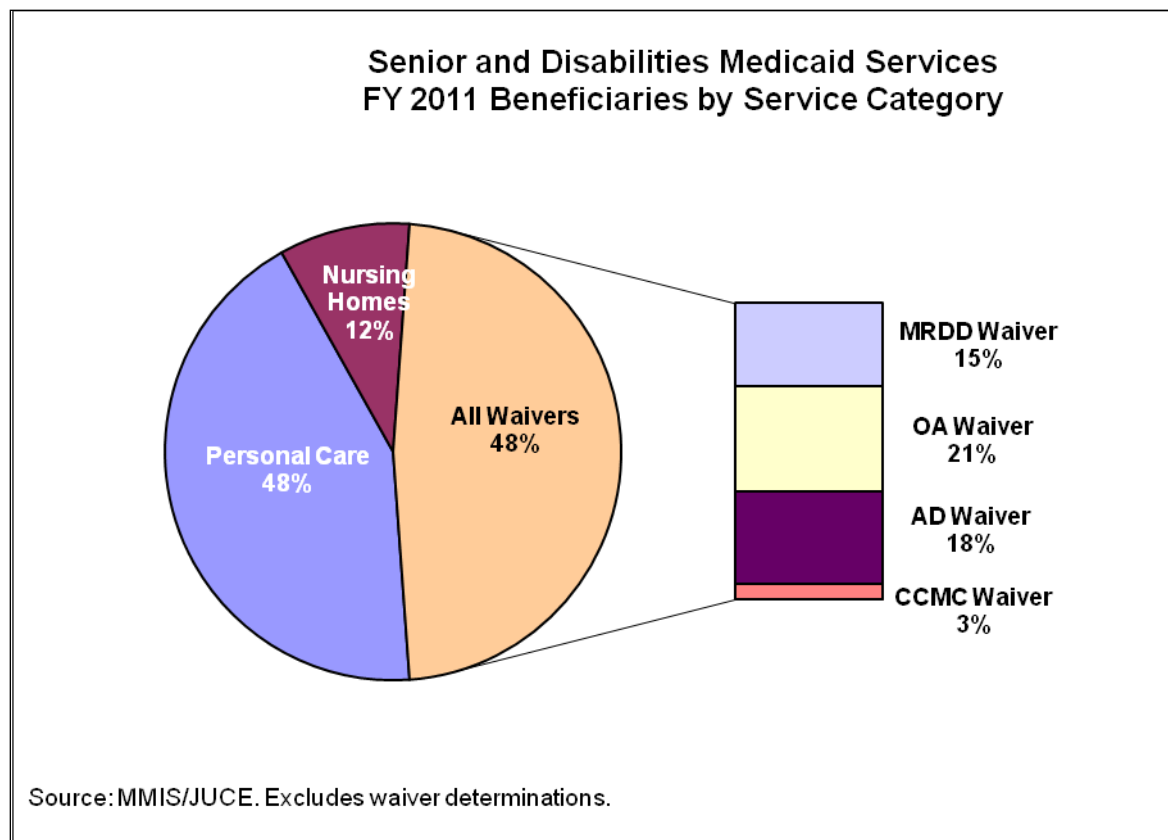
Senior and Disabilities Medicaid serves Alaskans of all ages. For all programs, in FY2011, 84.5% of all beneficiaries were 21 years of age or older, and they were served at a total cost of \$362,733.3 or \$44,783 per beneficiary. In FY2011, 15.5% of all beneficiaries were under 21 years of age. These clients were served at a total cost of \$30,524.6 for a per-beneficiary cost of \$20,016.

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Benefits provided to children comprised 4.9% of claim payments, while benefits provided to adults comprised 56.2%. Services provided to the elderly were 38.9% of the Senior and Disabilities Services Medicaid claim payments.



The Division of Senior and Disabilities Services served 1,587 recipients through the Adult with Physical Disabilities Waiver program at a cost of \$23,800 per recipient. Approximately 280 participants were served through the Children with Complex Medical Conditions Waiver program at a cost of \$37,885 per participant. Through the Intellectual and Developmental Disabilities Waiver program, 1,445 recipients were served at a cost of \$73,650 per recipient. SDS also served 1,820 seniors through the Older Alaskans Waiver program at a cost of \$24,104 per senior. Of the services managed by the Senior and Disabilities Services Medicaid component, more Medicaid clients used home- and community-based waiver services than nursing home or personal care assistance services.



Nursing home care is by far the most expensive long-term care service per person at an annual average Medicaid cost of \$93,100 per beneficiary. This increase is approximately 8% over FY2010, when the average Medicaid cost was \$86,200 per beneficiary. Medicaid costs per beneficiary for Skilled Nursing beds were more than four times the average costs for Adults with Disabilities, Children with Complex Medical Conditions and Older Alaskans waiver services combined and also nearly four times the average for personal care assistance services. The per beneficiary cost for personal care assistance services **decreased** slightly from an average of \$23,750 in FY2010 to an average of \$23,300 in FY2011. The division also saw a **decrease** in the per-beneficiary cost of Home and Community-Based Waiver Services. In FY2010 these services averaged \$41,800 per beneficiary. In FY2011 the services reached \$38,700 per beneficiary, a decrease of 7.4%. The average cost of all Senior and Disabilities Medicaid services per beneficiary also decreased slightly from FY2010 to FY2011. In FY2010 average cost per beneficiary of \$43,800 decreased to \$43,700 in FY2011, or approximately .23%.

| <b>Home and Community-Based Waiver</b>      | <b>Cost per Beneficiary per Year</b> | <b>Percent of Waiver Beneficiaries</b> |
|---|--------------------------------------|--|
| Adults with Disabilities                    | \$23,800                             | 30.9%                                  |
| Children with Complex Medical Conditions    | \$37,900                             | 5.5%                                   |
| Intellectual and Developmental Disabilities | \$73,700                             | 28.1%                                  |
| Older Alaskans                              | \$24,100                             | 35.4%                                  |
| All Home and Community-Based Waivers        | \$38,700                             | 100.0%                                 |

Source: MMIS/JUCE for claims paid during fiscal year 2011.

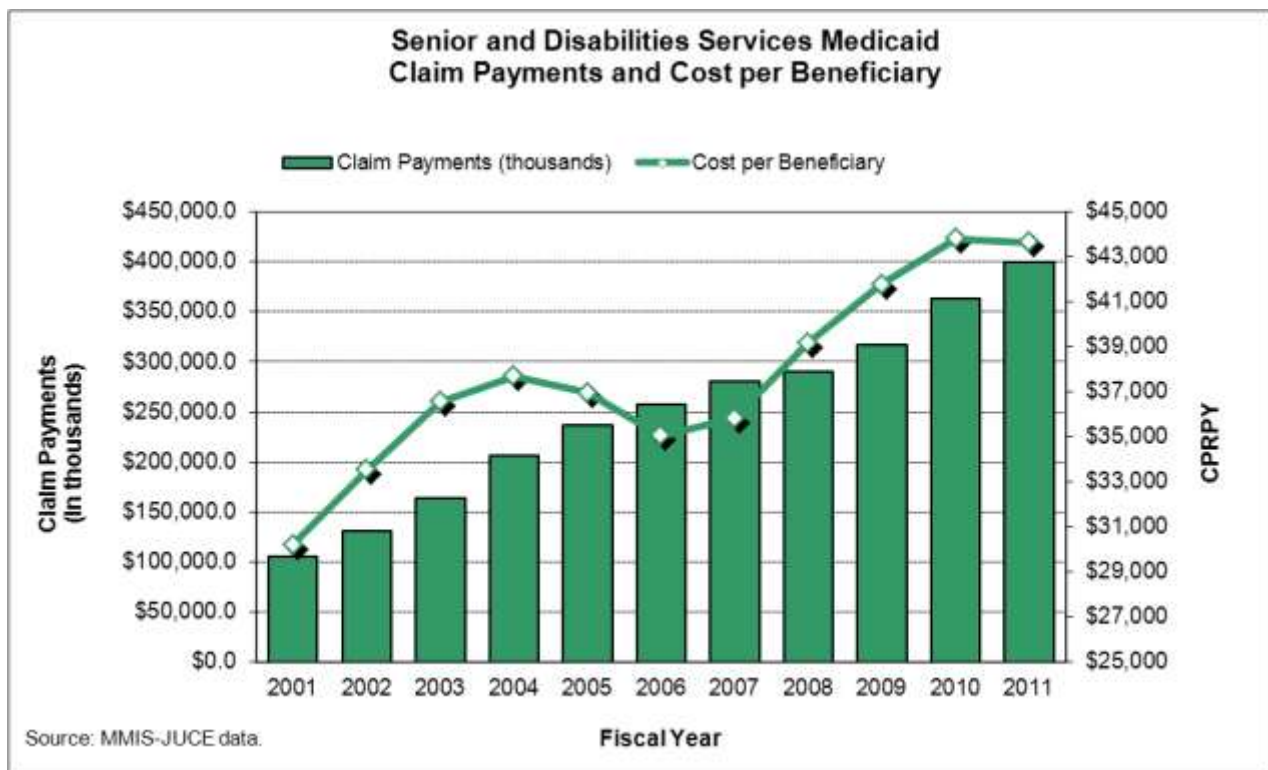
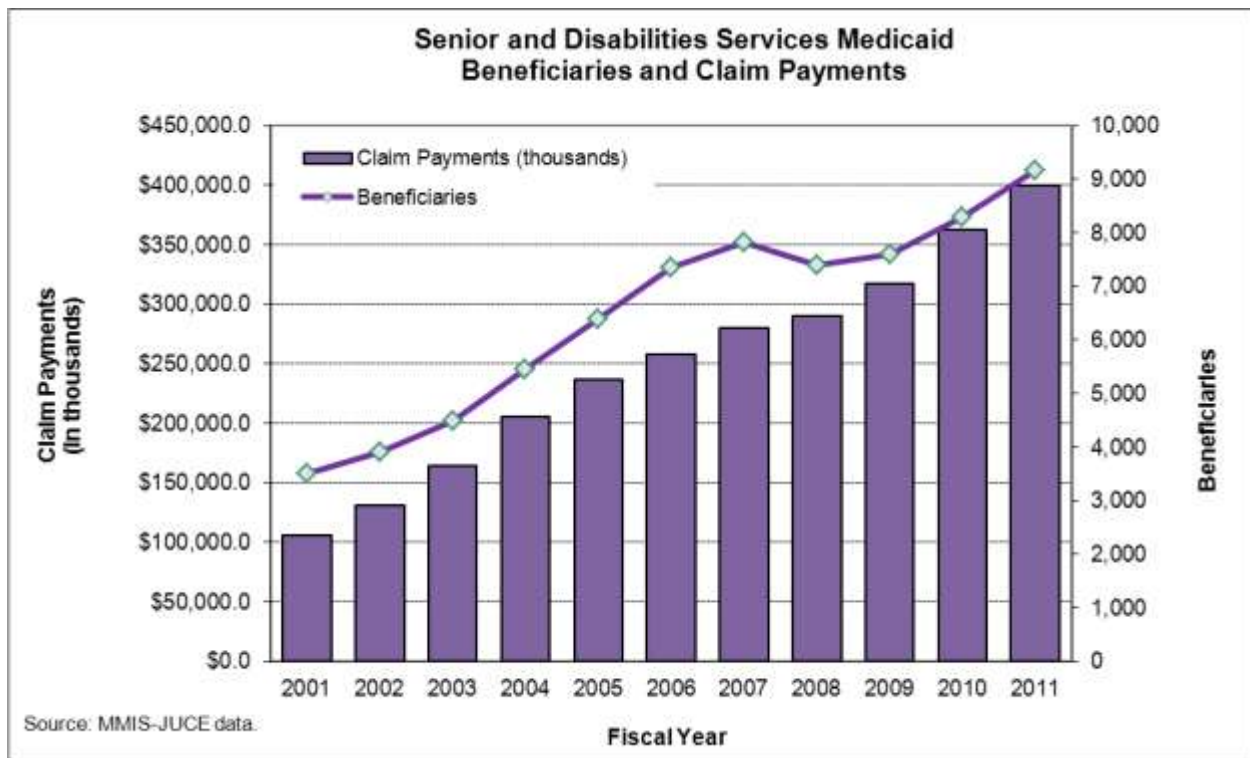
Within all waiver programs, the Older Alaskans waiver served the greatest percentage of waiver beneficiaries, 35.4%, in FY2011, followed closely by Adults with Physical Disabilities, 30.9% and Intellectual and Developmental Disabilities, 28.1%. The Children with Complex Medical Conditions waiver had the lowest number of participants with only 5.5% of waiver beneficiaries.

The Home and Community-Based Waiver program costs per beneficiary ranged from \$23,800 for Adults with Physical Disabilities Waiver services to \$73,700 for Intellectual and Developmental Disabilities Waiver services.

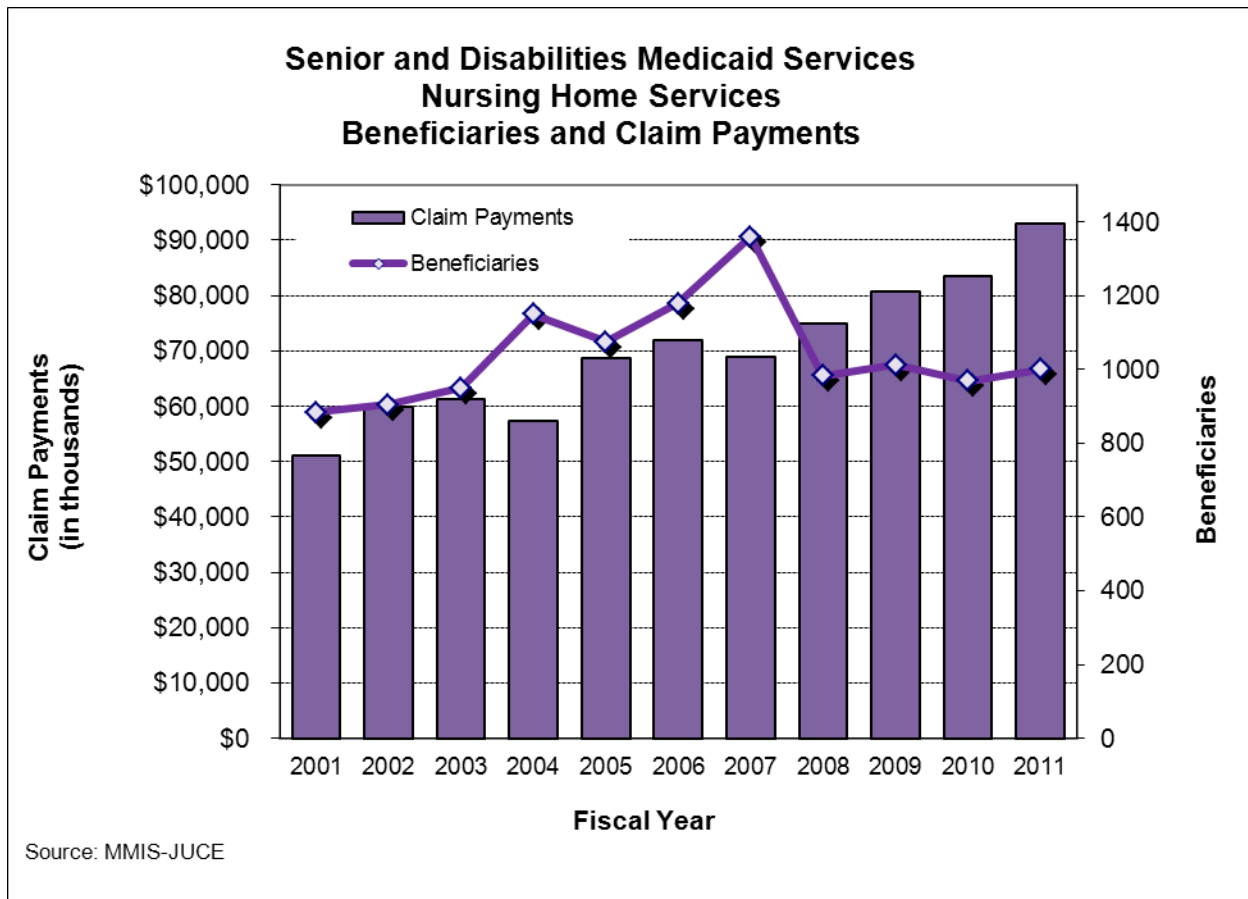
| <b>Home and Community-Based Waiver</b>      | <b>Cost per Beneficiary per Year</b> | <b>Percent of Waiver Beneficiaries</b> |
|---|--------------------------------------|--|
| Adults with Disabilities                    | \$23,800                             | 30.9%                                  |
| Children with Complex Medical Conditions    | \$37,900                             | 5.5%                                   |
| Intellectual and Developmental Disabilities | \$73,700                             | 28.1%                                  |
| Older Alaskans                              | \$24,100                             | 35.4%                                  |
| All Home and Community-Based Waivers        | \$38,700                             | 100.0%                                 |

Source: MMIS/JUCE for claims paid during fiscal year 2011.

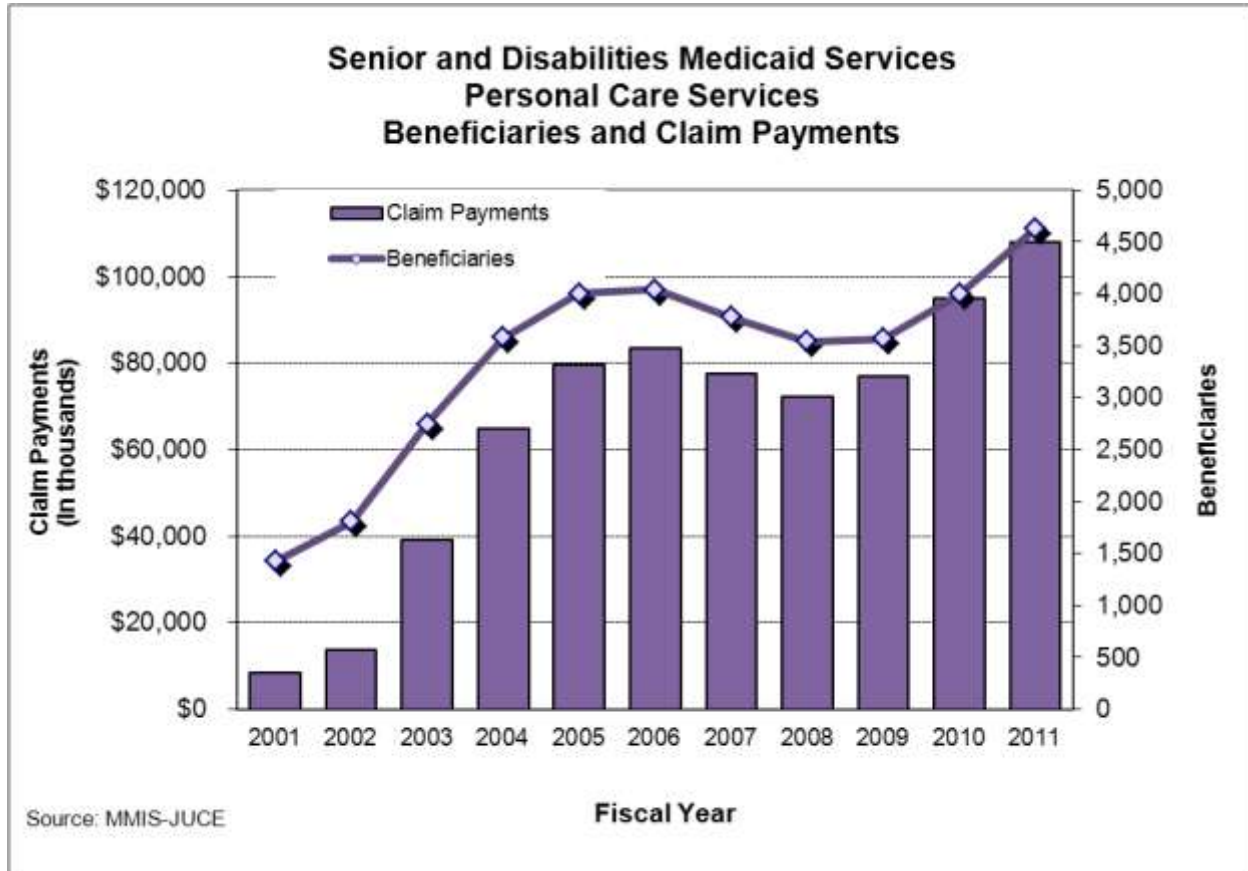
Total claim payments for Senior and Disabilities Medicaid services in FY2011 increased by 10.3% from FY2010. The number of beneficiaries using any Senior and Disabilities Medicaid service increased in excess of 10% while the annual cost per beneficiary **decreased** by 0.3% to \$43,652.



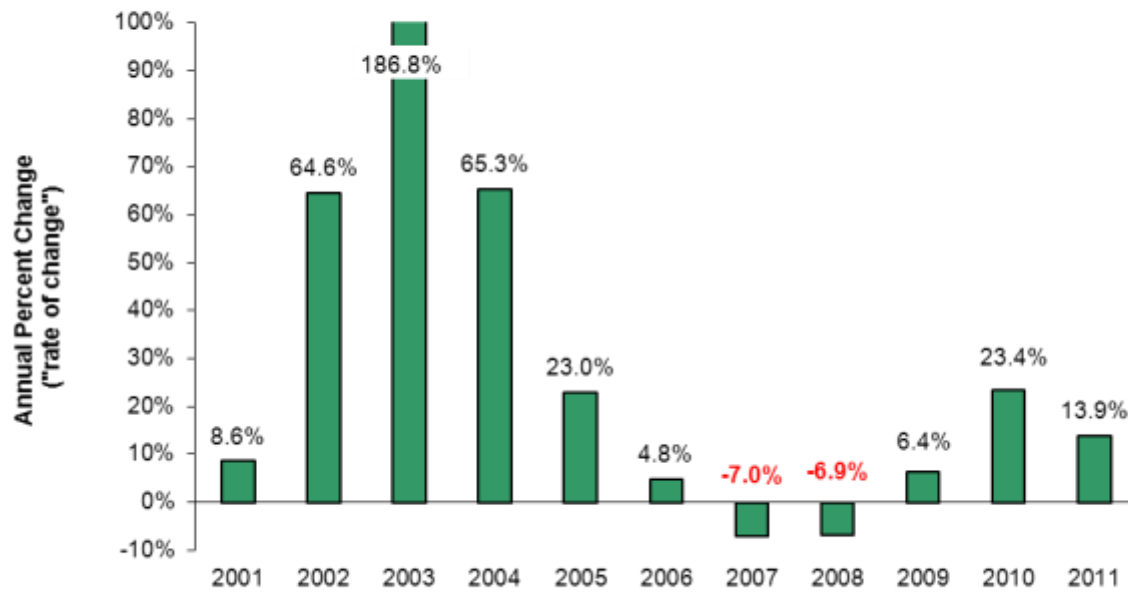
Total nursing home costs increased 11.9% in FY2011 to \$92,511.4. The number of Medicaid beneficiaries using nursing home services increased by 3.2% and the annual nursing home Medicaid cost increased by 8% per beneficiary.



Between FY2010 and FY2011 the number of PCA recipients increased by 15.9%. The average utilization per recipient in FY2011 **decreased** by 1.7% over FY2010. SDS, in collaboration with Health Care Services (HCS), has instituted PCA renderer enrollment. Enrollment of individual Personal Care Attendants will allow improved oversight by SDS and HCS in the areas of qualified providers and utilization of services. The increased number of recipients had the net effect of a 14% increase in paid claims.

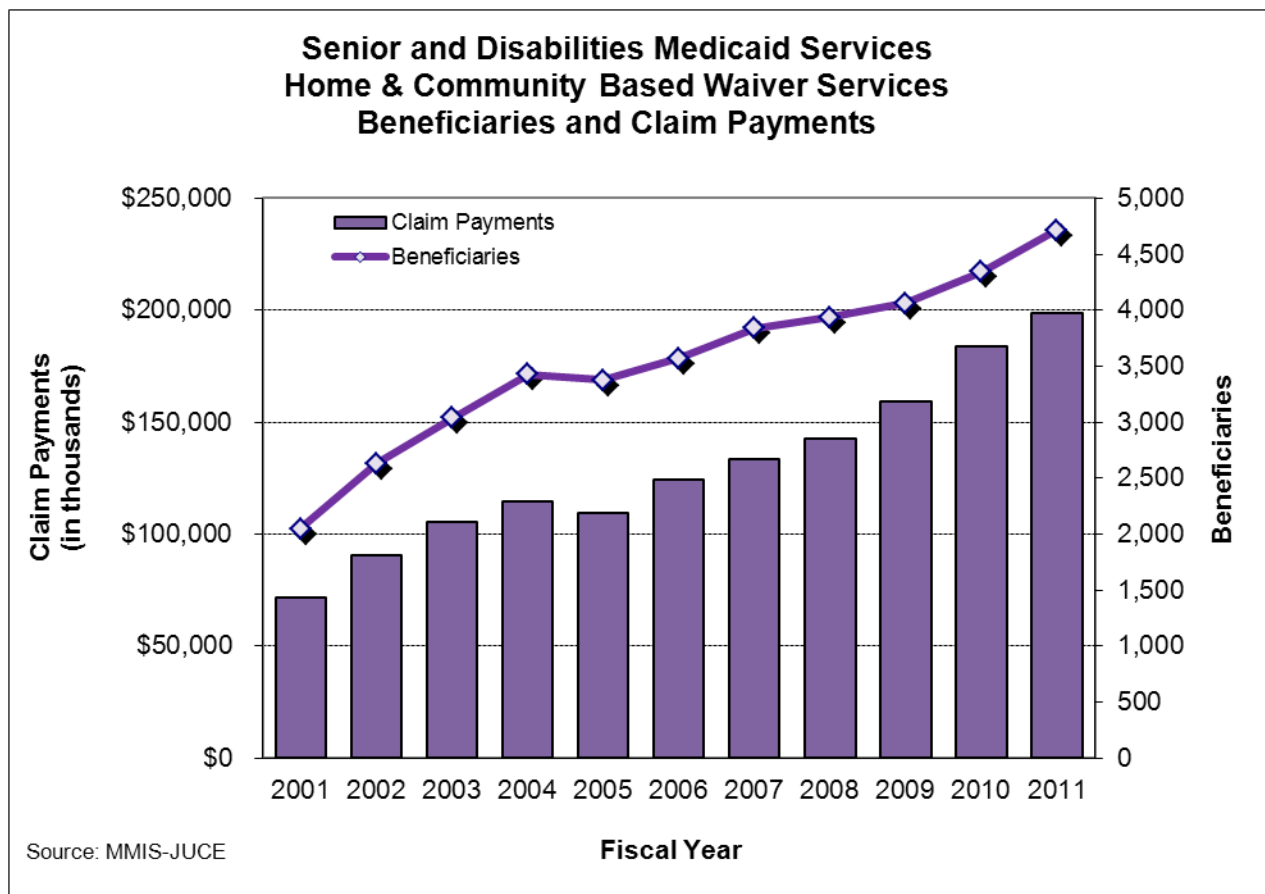


**Personal Care Services  
Senior and Disabilities Medicaid Services  
Annual Change in Cost of Benefits**



Source: MMIS-JUCE

Combined claim costs for all home- and community-based waiver services increased by 15% between FY2009 and FY2010. These waiver services increased 8% between FY2010 and FY2011. The number of beneficiaries using any waiver service at some time during the fiscal year increased by about 6%.



## **Introduction to the Alaska Commission on Aging**

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### ***Mission***

To ensure the dignity and independence of all older Alaskans, and to assist them to lead useful and meaningful lives through planning, advocacy, education, and interagency cooperation. Our vision for older Alaskans is based on the belief that older people should have the opportunity to fully participate in all aspects of society and community life, be able to maintain their health and independence, and live in their own homes and communities for as long as possible in the least restrictive setting.

### ***Introduction***

The Alaska Commission on Aging (ACoA) was established in 1982. The ACoA plans services for older Alaskans and their caregivers; educates Alaskans about senior issues; and advocates for the needs of all older Alaskans. The Department of Health and Social Services is the federally designated State Unit on Aging. The responsibilities that come with this designation are carried out by the Division of Senior and Disabilities Services (DSDS) with the Alaska Commission on Aging. The Commission is an agency of DHSS under the Commissioner's Office.

The ACoA consists of eleven members, seven of whom are public members (with six members being 60 years and older) appointed by the Governor to serve four-year terms. Two seats are filled by the Commissioners of the Departments of Health and Social Services (DHSS) and Commerce, Community and Economic Development, or their designees. The remaining seats are reserved for the Chair of the Alaska Pioneer Homes Advisory Board and a senior services provider, regardless of age. The Commission is supported by an office staff of four that includes the Executive Director, two Planners, and an Administrative Assistant.

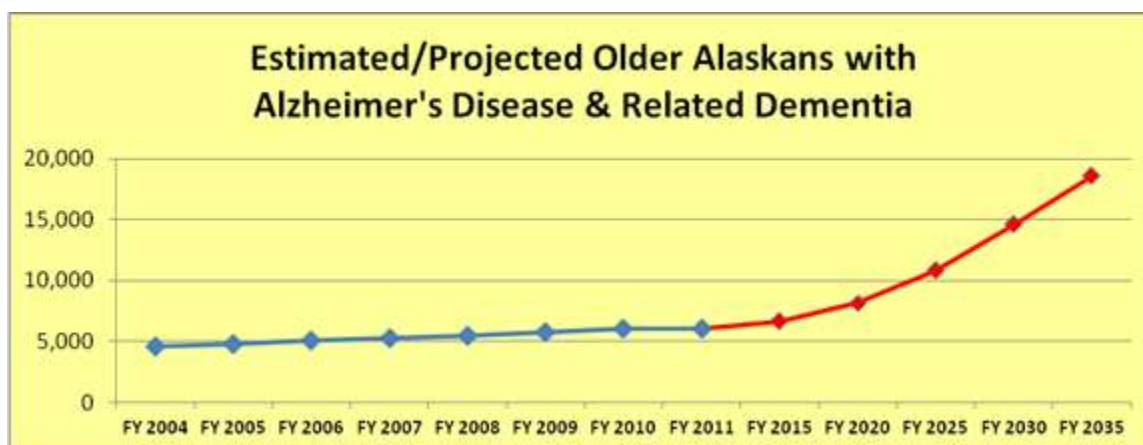
### ***Core Services***

- The ACoA provides five core services to help older Alaskans retain their dignity and independence while living in their homes and communities for as long as possible. These core services include:
  - Providing advisory recommendations to the Governor, the Legislature, and Administration for policies, programs and services that serve the needs of older Alaskans and their family caregivers.
  - Preparing a comprehensive four-year state plan for senior services in accordance with the Older Americans Act, implementing the Plan in collaboration with agency partners, as well as participating in the ongoing planning and implementation of the Comprehensive Integrated Mental Health Plan.
  - Collaborating with the DHSS, the Alaska Mental Health Trust Authority (AMHTA), and other stakeholders on policy development.
  - Advocating for laws, policies and programs to improve services for all older Alaskans.
  - Promoting public awareness of aging issues and trends and providing information to the public and policy makers on senior issues including health, financial security, and housing.

## Services Provided

ACoA's services are organized under its mission areas of planning, advocacy, public awareness/community education, and inter-agency collaboration.

**Planning.** Alaska's senior population continues to grow at accelerated rates. Not only is Alaska the state with the fastest-growing population of people age 65 years and older (currently number 54,938), Alaska seniors are by far the fastest-growing age sector in our state. From 2000 to 2010, Alaskans age 60 years and older (with a current population of 90,876) grew by 71.4%, while seniors age 85 and older increased by almost 79%. Senior growth rates are substantially higher than those for younger populations including youth up to age 17 (-1.8%), young adults from age 18 to 34 years (+21.3%), middle-age adults from 35 to 59 years (+7.4%), and the state's total population (13.3%). By 2030, the proportion of seniors 65+ will double to comprise 13% of the Alaska population with those of age 60+, making up 17% of the population. The oldest group of seniors, those age 85 and older, is expected to almost triple during the next 25 years, significantly increasing the number of Alaskans with Alzheimer's disease and related dementias.



**Alaska State Plan for Senior Services.** The ACoA's most important planning accomplishment this year was completion of the new Alaska State Plan for Senior Services, FY 2012-2015, which was approved by the U.S. Administration on Aging and developed with input from an interagency Steering Committee comprised of partners representing state agencies, service providers, and senior consumers. The state plan satisfies a federal requirement for all states to allow the DHSS to draw down federal funding through the Older Americans Act to support home- and community-based grant-funded senior services, elder protection, vocational training for modest-income seniors, legal assistance, and other important programs serving older Alaskans. The ACoA conducted surveys of seniors and service providers and hosted six elder-senior community forums to identify needs and gaps in service that were used to develop the plan's needs assessment. More than 2,800 Alaskans age 60 years and over responded to the senior survey. The new plan seeks to address the emerging needs of the growing numbers of older Alaskans statewide and their caregivers, taking into account that the baby boomers are aging into their senior years and that our state is home to an increasing number of older people of advanced age. The duration of the new plan is July 1, 2011 through June 30, 2015. Implementation of the new plan has begun in FY2012.



The ACoA also advises the Alaska Mental Health Trust Authority on policy and funding for programs that serve individuals with Alzheimer's disease and related dementia (ADRD), seniors with behavioral health needs, and older adults with mental illness.



**Advocacy.** ACoA advocates on behalf of older Alaskans and their caregivers to ensure they have access to services when and where they need them, allowing them to live with dignity and independence for as long as possible. The ACoA works in partnership with state agencies, the Legislature, and the Governor to provide resources, recommendations, and support on behalf of Alaska seniors. We also work closely with senior advisory commissions and stakeholder groups to ensure that the voices of older Alaskans and their caregivers are heard.

In FY2011, the ACoA and other partners advocated successfully for passage of the four-year extension for the Senior Benefits program, which assists more than 10,000 modest-income seniors by providing a cash supplement to pay for life necessities; an increment for the senior meal program that provides home-delivered and congregate meals to more than 11,000 older Alaskans; funding for community transportation; funding to establish the Alaska Complex Behavior Collaborative Hub pilot project to improve care for persons with cognitive impairments (such as Alzheimer’s disease and related dementia) who are at risk for institutional or out-of-state placement due to aggressive behavior and other complex behavior management needs; funding for AHFC’s Senior Citizen Housing Development Fund to develop new and improve existing senior housing stock; and supported passage of *Promoting the Safety and Protection of Older Alaskans* (HCR 3).

The Commission is committed to representing the interests of and promoting the well-being for all older Alaskans age 60 and older. Board members and staff testify at legislative hearings, prepare letters of support, and communicate regularly with legislators, legislative staff, the Governor and executive staff, as well as with Alaska’s federal delegation to convey the perspectives of older Alaskans and their caregivers throughout the year. Through ACoA’s legislative teleconferences, newsletters, website, and other media, the Commission provides information and support to seniors, family caregivers, and senior advocates so that they may have the tools to effectively communicate their points of view to their elected officials.

**Inter-Agency Coordination.** The ACoA partners with the DHSS, the Alaska Mental Health Trust Authority (AMHTA), DHSS divisions, and other advisory bodies in preparing and implementing the state plan for senior services, developing projects to promote disease prevention and healthy lifestyles that encourage senior participation, participating in long-term care planning efforts, and implementing evidence-based strategies to address senior behavioral health conditions.

**Public Awareness/Community Education.** The ACoA uses a variety of methods to educate the public, the administration, and elected officials about the needs of Alaska's elderly citizens and the social and economic resources that older Alaskans bring to improve the communities where they live. Promoting efforts to prevent elder abuse and reduce risks for senior falls are examples of public awareness efforts that focus on ways to promote health and reduce injury for Alaska seniors. ACoA collaborates annually with senior advisory commissions to celebrate May as "Older Alaskans Month" and with the Mature Alaskans Seeking Skills Training Program to recognize "Employ Older Alaskan Workers Week." We also participate in the "You Know Me Campaign" with the AMHTA and advisory boards to reduce stigma associated with ADRD, mental illness, and substance abuse and to encourage all Alaskans to seek treatment and services.



## On the Horizon: Challenges & Opportunities

Although the majority of older Alaskans use no senior services, as seniors age they are more likely to need in-home supports (such as home-delivered meals, assistance with activities of daily living, and respite for family caregivers) and home- and community-based services (like congregate meals, care coordination, assisted transportation, and adult day) to help forestall the need for more intensive care in assisted living and skilled nursing facilities. Preparing for the future will require: more intensive planning to design quality and cost-effective long-term support services; implementation of a patient-centered medical home model that utilizes innovative tele-medicine technologies to address seniors' medical and behavior health needs; greater investment in home- and community-based services that encourage health, wellness and choice; support for family caregivers, who provide the majority of long-term care for older Alaskans; and greater social awareness of the importance of healthy aging. These evolving opportunities will help to assist older Alaskans to age successfully in their chosen communities with the support of family, friends, and community.

The growth of the senior population is an important asset for Alaska as retired Alaskans constitute one of the largest and healthiest sectors of Alaska's economy. Senior retirees contribute an estimated \$1.7 billion of revenue annually to the state's economy from their pensions, Social Security, investments, and health care payments – which is almost ten times the total cost of State programs targeting seniors. The retirement industry is an economic engine that creates jobs, particularly in public and private health care services, long-term care, and housing and helps to foster new business opportunities. Moreover, seniors play a huge role in providing knowledge and transmitting cultural values to following generations through mentoring, teaching, and professional expertise.

# **Introduction to The Governor's Council on Disabilities and Special Education**

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## ***Mission***

To create change that improves the lives of Alaskans with disabilities

## ***Overview***

The Governor's Council on Disabilities and Special Education (Council) conducts capacity building, systems change and advocacy activities that help Alaskans with developmental and other severe disabilities, students receiving special education services and infants and toddlers with disabilities live safe, healthy and productive lives in their local communities. The Council is comprised of 27 members appointed by the Governor; of these 27, a minimum of 60% must be individuals with developmental disabilities and/or family members. The remaining 40% are policymakers or representatives of entities designated in federal law.

## ***Core Services***

- Advocate the needs of individuals with disabilities before the executive and legislative branches of state government, the congressional delegation and the public.
- Advise the executive and legislative branches of state government, the congressional delegation and the private sector on programs and policies pertaining to current and potential services to individuals with disabilities and their families and the development of appropriate early intervention and special education programs and services for children with disabilities.
- Review and comment on, prior to adoption, state plans and proposed regulations relating to programs and services for persons with disabilities.
- Provide recommendations to the Alaska Mental Health Trust Authority for the integrated comprehensive mental health program and the use of funds on the mental health trust settlement income account; and submit budget recommendations for services provided to individuals with disabilities.
- Implement the capacity building, systems change and advocacy activities outlined in the Council's five-year strategic plan to improve services for Alaskans with disabilities and their families.
- Monitor and evaluate budgets or other implementation plans and programs for individuals with disabilities to assure non-duplication of services and encourage efficient and coordinated use of federal, state and private resources in the provision of services.
- Collect and analyze data about programs and services impacting the quality of life of people with developmental and other severe disabilities, students receiving special education services, and infants and toddlers with disabilities.
- Evaluate programs for consumer satisfaction, efficiency and effectiveness.
- Assist individuals with disabilities and their families to speak on their own behalf and on behalf of others in the development of regulations and legislation.
- Provide support to assist individuals with developmental disabilities to become leaders and to participate in cross-disability coalitions.

## **Services Provided**

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Services provided by the Council, in collaboration with many stakeholders, can be grouped into three main categories: Capacity Building, Systems Change and Advocacy.

### ***Capacity Building***

Capacity building is activity that seeks to enhance or increase the ability and skills of individuals, organizations, service providers and communities to support Alaskans with disabilities to live safe, healthy and productive lives in their local communities.

Major accomplishments in FY2011 include helping plan and/or co-sponsor the Alaska State Special Education Conference, the Stone Soup Group Parent Conference, the Early Childhood Networking Forum, the Healthcare and Human Services Career Fair, the Full Lives Conference, Career X – A Career Exploration Day (formerly Disability Mentoring Day); training for the one-stop job center staff; piloting two Project SEARCH sites in Anchorage and Mat-Su; and helping coordinate the Real Economic Impact Tour (of the 559 individuals who received free tax assistance, 119 or 21.3% identified themselves as having a disability and 13.8% of the 80 people who participated in Super Saturday had a disability; both of these figures are well above the national average. Earned Income Tax Credits for all participants exceeded \$1 million).

### ***Systems Change***

Systems change is activity focused on creating sustainable, permanent change across systems (i.e., developmental disabilities, early intervention/infant learning program, special education, vocational rehabilitation) to better meet the needs of Alaskans with disabilities.

Major accomplishments in FY2011 assisting Dillingham and Ketchikan to develop strategic plans for better meeting the needs of women with disabilities who are victims of sexual or physical assault or stalking; transitioning responsibilities for recruitment of direct service staff serving beneficiaries of the Alaska Mental Health Trust Authority to the Department of Labor & Workforce Development; the United Way Financial Stability Workgroup has agreed to take the lead on asset building activities; and a rapid rural response system to better meet the needs of young children with autism is now in place (previously, children residing in rural and remote areas of the state were diagnosed one-three years later than children living in urban areas).

### ***Advocacy***

Advocacy is activity focused on informing policymakers about the needs of Alaskans with disabilities, proposing policy solutions and mobilizing stakeholders to participate in the democratic process.

Major accomplishments in FY2011 include providing public comment to the Medicaid Task Force on proposed cost savings recommendations; testifying before the State Board of Education & Early Development on restraint and seclusion; Council members met with every legislator and/or staff during the January Council meeting; for the first time ever, \$1 million allocated for Public Transit Programs State Match, which was distributed to partially fund federal match requirements; and a \$325.0 OTI increment (half-year funding) was secured for the Complex Behaviors Collaborative Hub to establish a high-level consultation group that provides intensive support & intervention services to people with complex behaviors who are at risk of being institutionalized.

## Annual Statistical Summary of Services Provided in FY2011

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The Council collects and reports data on a federal fiscal year (October 1 – September 30) for the federal Administration on Developmental Disabilities (ADD); an annual Performance Program Report is submitted by January 1 of each year.

### *Capacity Building*

The following graph reports the number of people who received training as a result of Council activities. The Council works with a variety of different entities and organizations to plan, sponsor or co-sponsor, and/or provide training across a number of life domain areas, including employment, housing, health care, early intervention, education, health, community participation, transportation, workforce development, self-determination and advocacy.

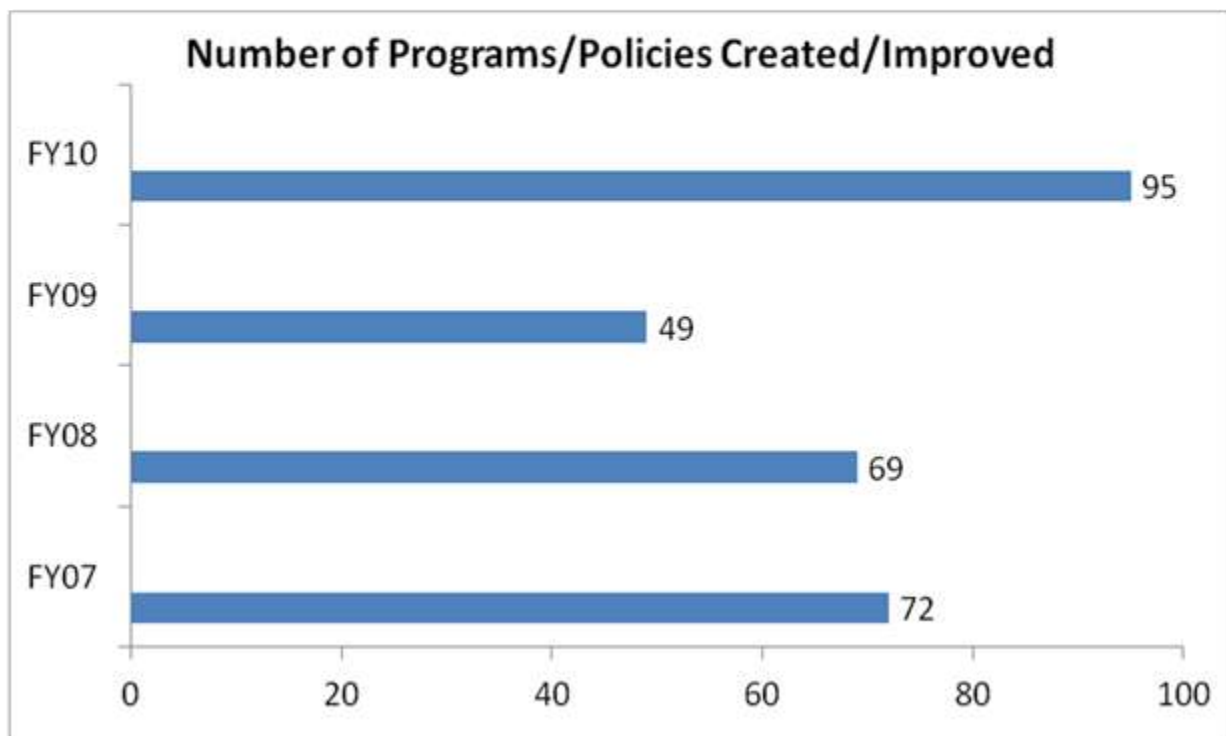


As can be seen, the number of people trained increased significantly over the past four years. This has most likely occurred because of new partnerships the Council has entered into to increase the number of people with disabilities who are self-employed, increase the number of people with disabilities who use the one-stop job centers to secure employment, better meet the needs of Alaskans with Autism Spectrum Disorder, increase access to assistive devices and services that will enable people with disabilities and seniors live more independently at less cost in the community and better meet the needs of women with disabilities who are the victims of sexual assault, physical assault or stalking.

## *Systems Change and Advocacy*

The next graph reports the number of programs and/or policies created or improved as a result of Council's systems change and advocacy activities. The Council works with a variety of stakeholders to improve service delivery systems for people with disabilities, including systems designed specifically for people with disabilities as well as those available to all Alaskans, including but not limited to employment, housing, health care, early intervention, education, health, community participation and transportation.

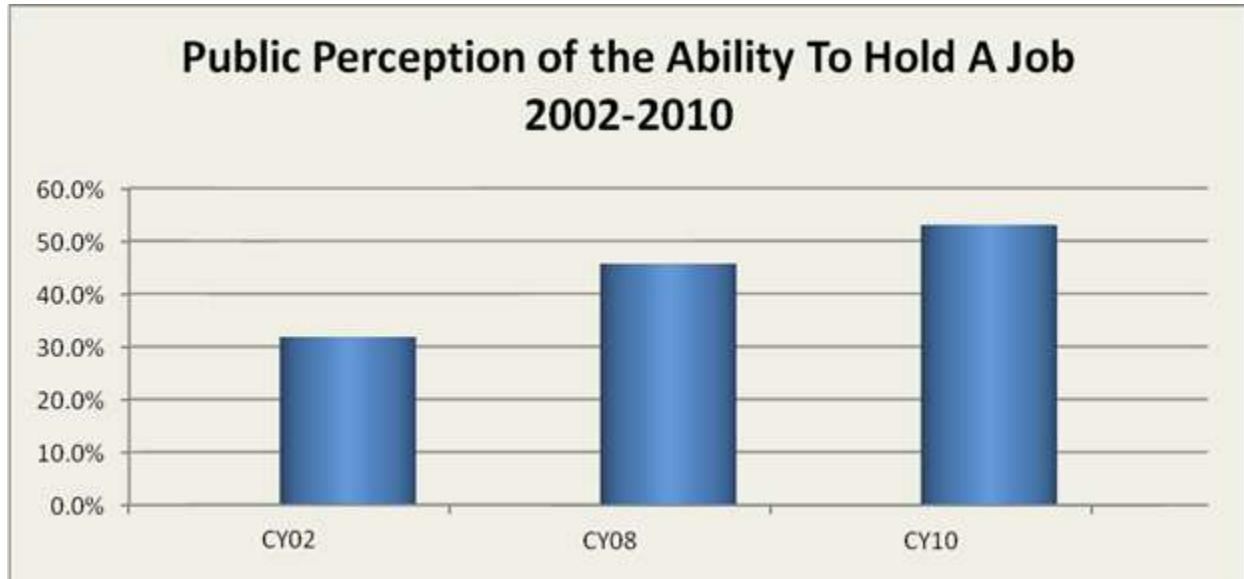
### **SYSTEMS CHANGE**



As can be seen, the number of programs and policies created or improved increased considerably over the past four years, after a dip in FY2009. This may reflect the significant amount of time and advanced preparation it takes to make systems change. Advocacy alone is not enough to make systems change; viable solutions to barriers must also be identified so they can be presented to policymakers for consideration and hopefully, adoption. The Council anticipates that the number of programs and policies created or improved will increase in state fiscal years 2012 and 2013. Several initiatives and projects the Council has spearheaded over the past several years, such as the StartUp Alaska project, the Five-Part Autism Initiative, the Alaska Works Initiative and the Alaska Safety Planning Empowerment Network have shifted or are shifting from a focus on capacity building to a focus on sustainable systems change.

## ***Public Awareness***

The following graph show changes in attitudes toward Alaskans with developmental disabilities. The Alaska Mental Health Trust Authority commissioned several random telephone studies to measure public attitudes toward its beneficiaries, which include people with developmental disabilities, mental illness, Alzheimer's disease or other dementias, brain injury or alcoholism.



As can be seen, the public perception of the ability of Alaskans with developmental disabilities to hold down a job improved considerably since 2002. Although part of this change is most likely due to the Alaska Mental Health Trust Authority's media campaign, some is also attributable to the Council's capacity building, systems change and advocacy work. One of the Council's major initiatives over the past 10 years has been focused on increasing the employment rate of Alaskans with disabilities and increasing the awareness of the ability of people with disabilities to work.

## **Explanation of FY2013 Operating Budget Requests**

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The Council has received funding from the Centers for Medicare and Medicaid Services to increase the employment rate of Alaskans with disabilities for the past 10 years; as a result, there was a 59.3% increase in the number of people on SSDI whose benefits were withheld due to earnings and a 13.2% increase in the number of people on SSI who worked from 2005 to 2010. These dedicated funds end December 31, 2012, which will severely impact the ability of the Council to maintain momentum around its employment-related capacity building, systems change and advocacy agenda. The consequences of the Council's inability to adequately address these issues means that the high unemployment rate of Alaskans with disabilities compared to the general population is unlikely to continue to decrease as it has in recent years.

The Council will receive \$150.0 from the Alaska Mental Health Trust Authority to work with one-two communities to replicate its process for better meeting the needs of women with disabilities who are the victims of sexual or physical assault or stalking.

## Challenges

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In FY2013, the Council will be implementing a new strategic plan that outlines its capacity building, systems change and advocacy agenda for the next five years. The goals, objectives and strategies are based on input received directly from Alaskans with disabilities and their families, advocates, service providers, state agencies and other stakeholders. Although the State of Alaska can be justifiably proud of its commitment to serving people with disabilities in their homes and communities rather than in costly institutions, more remains to be done.

According to the new survey sponsored by Kessler Foundation and National Organization on Disability, lifestyle and economic gaps still remain between Americans with and without disabilities. Although there have been substantial improvement reported in education attainment and political participation since 1986, large gaps still exist between people with and without disabilities with regard to employment, household income, transportation, health care, socializing, going to restaurants and satisfaction with life. Although the size of the gaps may be different in Alaska, the same gaps likely exist between Alaskans with and without disabilities.

The major challenge not only for the Council, but also for the State of Alaska, is translating these findings into actions and policies that will improve the lives of thousands of Alaskans with disabilities in the future. Emphasis needs to be placed on properly equipping Alaskans with disabilities with tools, skills and opportunities they need to succeed and live the same everyday lives as Alaskans without disabilities. As Rodger DeRose, President and Chief Executive Office of Kessler Foundation stated, “A great deal of innovation and passion exists, but we have yet to come together as a community to talk through these issues and deliver solutions for the largest minority group in the nation.” This will most likely require the Council to develop new partnerships with non-traditional organizations and groups that are not part of the disability community.

## List of Primary Programs and Statutory Responsibilities

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|  |  |
|--|--|
| AS 14.30.231   | Education, Libraries and Museums, Advisory Panel                     |
| AS 14.30.610   | Education, Libraries and Museums, Governing Board                    |
| AS 44.29   | Department of Health and Social Services                             |
| AS 47.05   | Administration of Welfare, Social Services and Institutions          |
| AS 47.07   | Medical Assistance for Needy Persons                                 |
| AS 47.24   | Protection of Vulnerable Adults                                      |
| AS 47.25   | Public Assistance  |
| AS 47.33   | Assisted Living Homes  |
| AS 47.45.200-290   | Alaska Commission on Aging   |
| AS 47.65   | Service Programs for Older Alaskans and Other Adults                 |
| AS 47.65.100   | Adult Day Care and Family Respite Care                               |
| AS 47.80.010 – 900   | Persons with Disabilities  |
| AS 47.80.030-090   | Welfare, Social Services and Institutions, Persons with Disabilities |
|  |  |
| PL89-73 Title III  | Older Americans Act, as Amended                                      |
| PL 98-459  | Public Law, Title III Older Americans Act, as Amended                |
| PL 100 – 203   | Omnibus Budget Reconciliation Act of 1987                            |
| PL105-17   | Part B and C Individuals with Disabilities Education Act             |
| PL106-402  | Administration on Developmental Disabilities Act                     |
|  |  |
| Title XVIII  | Medicare   |
| Title XIX  | Medicaid   |
|  |  |
| 7 AAC 100  | Medicaid Eligibility   |
| 7 AAC 105  | Medicaid Provider and Recipient Participation                        |
| 7 AAC 43.125.010-199   | Personal Care Services   |
| 7 AAC 130.200-319  | Home and Community-Based Waiver Services                             |
| 7 AAC 72.010 – 900   | Civil Commitment   |
| 7 AAC 78.010 – 320   | Grant Programs   |
|  |  |
| 42 CFR, Part 400 to End  |  |
| 42 CFR, Part 440 Code of Federal Regulations, Services: General Provisions |  |
| 45 CFR, Part 1321 Code of federal Regulations                              |  |

## **Explanation of FY2013 Operating Budget Requests**

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

#### ***Budget Requests***

| <b>Senior and Disabilities Services</b> | <b>FY2012</b>     | <b>FY2013 Gov</b> | <b>Difference</b> |
|---|-------------------|-------------------|-------------------|
| Unrestricted General Funds              | \$39,450.2        | \$40,561.0        | \$1,110.8         |
| Designated General Funds                | 0.0               | 0.0               | 0.0               |
| Federal Funds                           | 17,452.3          | 17,962.7          | 510.4             |
| Other Funds                             | 2,439.5           | 2,650.1           | 210.6             |
| <b>Total</b>                            | <b>\$59,342.0</b> | <b>\$61,173.8</b> | <b>\$1,831.8</b>  |

#### ***Senior and Disabilities Services Administration***

##### **Adult Protective Services and Provider Quality Assurance: \$550.0 Total - \$275.0 GF Match, \$275.0 Federal Receipts**

The Division of Senior and Disabilities Services (SDS) requests \$550.0 to ensure compliance with the Centers for Medicare and Medicaid Services (CMS) requirements to protect the health and welfare of persons receiving waiver services and to deliver improved and measurable services to vulnerable adults.

The Adult Protective Services Program provides services designed for the protection of vulnerable adults suffering from exploitation, abuse, neglect or self-neglect and abandonment. This unit also functions as statewide Central Intake for all Reports of Harm as well as all Critical Incident Reports for Senior and Disabilities Services. In FY2011, including Assisted Living Home reports, APS received 4,425 Reports of Harm and investigated 3,272 of these reports for abuse and/or risk of abuse. With only nine investigators statewide, it is becoming increasingly difficult to meet statutory requirements for protection of vulnerable adults across the state, especially in the rural areas.

Caseloads per worker are approximately triple (75) the recommended average (25). The number of Reports of Harm has increased 183% over the last five years and is expected to continue to climb as the Baby Boomers continue to age. The lack of adequate staffing levels, as well as extremely high caseloads, have resulted in slower response times, worker burnout, inability to follow-up on interventions to ensure that safety provisions are adequate and the inability to close cases. APS is no longer able to provide information and referral services to vulnerable adults due to the lack of resources.

The division has and will need to continue to rely on long term non-permanent Social Services Specialists positions to allow for smaller case loads and enable the permanent investigators to conduct full and comprehensive investigations to ensure safety and well-being for vulnerable

adults. Long term non permanent staff would also allow APS to promote public policies to effectively and efficiently recognize, report, and respond to the needs of the increasing number of older persons and adults with disabilities who are abused, neglected, and exploited, and to prevent such abuse whenever possible; and to increase public awareness of abuse of elders and adults with disabilities.

As part of its administration of four Home and Community-Based Services (HCBS) waivers approved by the Centers for Medicare and Medicaid Services (CMS), SDS is required to assure the federal government that necessary safeguards have been taken to protect the health and welfare of persons receiving services under the waivers. These safeguards include adequate operating standards for all provider types as well as licensing and certification standards. Monitoring of provider compliance with these standards requires the capability to conduct on-site reviews of provider agencies.

Provider oversight activity is essential to: 1) meet CMS and regulatory requirements; 2) provide technical assistance; 3) reach consistent outcomes with non-compliant providers; 4) and protect the health and welfare of participants and fiscal integrity of the programs. In addition, the number of new provider applications is expected to continue to climb approximately 10% per year, adding approximately 100 new applications annually. Quality Assurance standards for the Personal Care Attendant (PCA) program also need to be developed and monitored.

Current staffing levels are inadequate to meet this federal requirement. Contractual agreements for services are needed to provide the oversight activity that is required to monitor provider compliance with quality standards. The division needs “boots on the ground” to be out in the community conducting on-site reviews of HCBS providers. These additional services will provide better quality evaluation of new providers, onsite reviews at provider locations, technical assistance and training, timely completion of complaint investigations, reports of findings and sanctions when applicable.

Failure to fund this increment will severely impact the health and welfare of vulnerable adults. Inadequate and untimely response by APS carries insurmountable consequences for those that are most in need of help and intervention. In addition, the health and safety of recipients/ participants will be compromised, as well as the integrity of the overall HCBS and PCA programs without this funding. The waiver assurances to CMS will not continue to be met. There will be significant delays in the processing of provider applications and renewals as well as responding to general provider issues.

#### **MH Trust: Housing - Rural Long Term Care Development: \$140.0 MHTAAR**

This project has been a technical assistance resource through DHSS Senior and Disabilities Services for several years. It has successfully worked with rural communities to analyze long-term care needs and locate resources to meet those needs. The Division will continue to provide outreach, education and intensive community-based work to assist in meeting the needs of people with Alzheimer's Disease and Related Dementias and other cognitive disability conditions. Activities include participation in the Aging and Disability Resource Center project and ongoing technical assistance for development and operational issues, to ensure successful feasibility analysis of projects and to result in an increase in home and community-based service delivery capacity in rural Alaska.

**MH Trust: Brain Injury - Acquired & Traumatic Brain Injury Program Research Analyst & Registry Support: \$136.0 MHTAAR**

Managed by DHSS/Senior and Disabilities Services, this increment will continue to fund a Research Analyst III as lead staff for all data development, collection, analysis and reporting activities associated with the planning and implementation of the Alaska Acquired and Traumatic Brain Injury (ATBI) program. The increment will be maintained at \$136.0 MHTAAR. The passage of SB 219 in 2010 established an Acquired/ Traumatic Brain Injury program and registry within the Department. This has given DHSS statutory and regulatory authority to address the many service gaps. Funding, staffing, planning infrastructure, and development expertise, are imperative to successfully meet the requirements of SB 219. These requirements will provide the foundation to then work (collaboratively) to reduce the incidence of brain injury and minimize the disabling conditions through the expansion of services and supports for TBI survivors and their families.

***Senior Community-Based Grants***

**MH Trust: ACoA - Aging and Disability Resource Centers: \$125.0 MHTAAR**

Older Alaskans, persons with disabilities, and family caregivers require a reliable source for information and referral on how to access a wide range of services (related to health, home care, financial support, housing, transportation, equipment and other needs) which is critical to help individuals through a crisis or change in circumstance. With the rapidly increasing number of older Alaskans, demand for access to this information is growing, while the current ADRCs are minimally funded and staffed. ADRCs are federally mandated as the entrance into the state's long-term care services delivery system and are identified as a strategy under the Department of Health and Social Services' priority for long-term care. ACoA recommends an increment to SDS's budget to continue the ADRCs and to build their capacity to provide formalized options counseling, eligibility screening, assessment procedures, and to expand services into an area not covered by the existing ADRCs.

**MH Trust: ACoA -Adult Day Services: \$225.0 GF/MH**

Administered by the Division of Senior and Disabilities Services, this funding will increase multiple year grants to Adult Day Service (ADS) Providers to serve additional older Alaskans with Alzheimer's Disease and Related Dementia, those with physically disabling conditions, and older persons with other cognitive impairments who are not safe staying alone unsupervised; provide critical respite for unpaid family caregivers; and provide start-up funds for one new program in an underserved area. Twelve grant-funded ADS programs served 472 seniors in FY2010, of whom 56% have dementia. ADS activities include age-appropriate structured activities including exercises, games, art projects, outings, assistance with personal care, and lunch/snacks.

**MH Trust: ACoA -Senior In-Home Services (SIH Services): \$250.0 GF/MH**

Administered by the Division of Senior and Disabilities Services, this funding will increase multiple year grants to Senior Home and Community-Based Service Providers to provide care coordination, chore, and respite services for seniors and unpaid family caregivers to address growing waitlists for SIH services (142 seniors who qualify for services but receive none and 108 seniors who receive partial services), to reduce the need for nursing home placement by providing appropriate supports that allow elderly persons to maintain their health and independence in their homes, and to provide start-up funds for one new program in an

underserved area. This project targets adults with Alzheimer's disease and related dementia and Alaskans age 60 years and older with physical disabilities or mental health conditions who are at risk for institutionalization; older persons having greatest social and economic need; Alaska Native elders; and older Alaskans living in rural areas. In FY2010, this program served 1,308 older Alaskans.

### ***Community Developmental Disabilities Grants***

#### **MH Trust: Gov Cncl- Services for the Deaf: \$150.0 GF/MH**

Administered by the Division of Senior & Disabilities, these funds will be used for the provision of services to improve employment and housing outcomes for Alaskans who are deaf or hard of hearing and reduce the number of placements in correctional institutions or the Alaska Psychiatric Institute. Services designed specifically for the deaf community have gradually disappeared over the past six years due to funding limitations and a lack of understanding regarding service provision. With the elimination of the Anchorage deaf and hard of hearing center, deaf individuals with multiple disabilities are attempting to access generic disability services with minimal success; communication is a constant barrier and many individuals report that services are fragmented. This increment will add \$150.0 to the \$14,498.8 base for developmental disabilities community grants.

#### **MH Trust: Benef Projects - Mini Grants for Beneficiaries with Disabilities: \$227.5 and \$25.0 MHTAAR**

The Mini-grants for Beneficiaries with Disabilities program has been funded by the Trust since FY1999 and is administered through Senior and Disabilities Services grantees under the Short Term Assistance and Referral projects. Mini-grants provide Trust beneficiaries with a broad range of equipment and services that are essential to directly improving quality of life and increasing independent functioning. These can include, but should not be limited to, therapeutic devices, access to medical, vision and dental, and special health care, and other supplies or services that might remove or reduce barriers to an individual's ability to function in the community and become as self-sufficient as possible.

The FY2013 MHTAAR increment maintains the momentum of effort.

### ***Commission on Aging***

#### **MH Trust: Cont - ACOA Planner: \$91.0 and \$18.1 MHTAAR**

This project funds one of the two Alaska Commission on Aging (ACOA) planner positions. The planner is responsible for supporting the Executive Director in coordination between the ACOA and the Trust, including gathering data for reporting, coordination of advocacy and planning, and preparing ongoing grant progress reports to the ACOA and the Trust. The planner also works with staff to maximize other state and federal funding opportunities for MHTAAR projects and to ensure effective use of available dollars. In addition, the planner position acts as liaison with the other beneficiary boards, including participating in the development of state plans, working on collaborative projects, and other duties. Outcomes and reporting requirements are negotiated with the Trust annually.

## ***Governor's Council on Disabilities and Special Education***

### **MH Trust: Dis Justice - AK Safety Planning & Empowerment Network (ASPEN): \$150.0**

#### **MHTAAR**

This project is a collaborative effort between the Alaska Network on Domestic Violence, the Governor's Council on Disabilities and Special Education, the Alaska Native Justice Center and the UAA Center for Human Development. The effort seeks to build capacity of the service delivery system in targeted communities by: 1) resolving barriers to safety, empowerment, access to non-judgmental services provided by disability & DVSA service providers; 2) fostering local collaborations to link survivors with services and resources; 3) providing cross-training and technical assistance; and 4) developing policies and procedures designed to prioritize safety, empowerment, and access.

The FY2013 MHTARR increment for this project builds upon the Governor's Domestic Violence and Sexual Assault Initiative.

### **MH Trust: Benef Projects - Microenterprise Capital: \$125.0 MHTAAR**

The Trust Microenterprise fund has provided beneficiaries with a unique avenue to access startup funding for microenterprises. The fund was designed to provide an option for beneficiaries that might not be eligible for startup funding assistance through traditional paths including banks, credit unions and other traditional lending sources. This project provides resources for small business technical assistance and development to provide ongoing support to individuals with a disability establishing small businesses and self-employment. The Governor's Council on Disabilities and Special Education will administer this grant. Microenterprise is a component of services being developed under the Trust's Beneficiary Projects Initiative that will provide alternative and innovative resources, and greater options for beneficiary self-employment and economic independence. Due to the success of this program, FY2012 funding recommendation is increasing to allow for more beneficiary small business start-up grants.

### **MH Trust: Cont - Research Analyst III: \$110.0 and \$5.0 MHTAAR**

The Research Analyst III is a continuing project to provide the Governor's Council on Disabilities & Special Education with information about the needs of individuals with developmental disabilities. The position and associated travel and operating funds help ensure Council activities are conducted within the framework of the Mental Health Trust Authority's guiding principles while still meeting Congressional requirements. The Research Analyst is a staff member of the Governor's Council and funds go directly to the Council.

The Council is federally funded to fulfill specific roles mandated by Congress. It is an expectation of the Trust that the Council will participate in planning, implementing and funding a comprehensive integrated mental health program that serves people with developmental disabilities and their families. The position enables the Council to provide up-to-date, valid information to the Trust on consumer issues, identify trends, participate in Trust activities, enhance public awareness, and engage in ongoing collaboration with the Trust and partner boards.

The FY2012 MHTAAR increment (\$110.0) maintains the FY2011 funding level and momentum of effort.

## Challenges

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The Division of Senior and Disabilities Services faces many on-going and new challenges in FY2013. Ongoing challenges include eliminating the Developmental Disabilities waitlist registry and implementing timely eligibility assessments for Medicaid applicants.

Capacity development is a key need for many Alaskan communities. The U.S. Census Bureau predicts that the senior population in Alaska will increase from 26,000 in 1993 to over 90,000 by the year 2015, an average annual increase of 11%. The fraction of this population that requires significant assistance from the state will grow proportionately to the overall senior population. The rapid growth in the Alaskan senior population results in the increased need for long-term care services; however, the current service provider capacity is insufficient to meet these needs. The division will continue its work with Alaskan communities to help ensure that an adequate number of service providers are available to provide services required in each community.

The Division of Senior and Disabilities Services endeavors to conduct timely Personal Care Assistance assessments to get vulnerable Alaskans on the program initially and conduct the annual assessment to ensure the recipients continue to meet program requirements and receive the care that meets their health and welfare needs. In FY2012 SDS hired a contractor to take the lead in the design and development of a new Community First Choice Option program that will successfully meet fiscal and service delivery goals. This redesign of the existing Personal Care Assistance program will serve to keep individuals out of the higher cost institutional care settings, address the need to implement quality assurance strategies, address gaps in the current delivery system and promote a service array that meets the needs of vulnerable Alaskans.

Maintaining compliance with federal and state requirements to manage the Older Alaskans and Adults with Physical Disabilities waiver programs and meet documentation and timeline requirements is an additional challenge. This includes the required paperwork including the assessments, level of care determinations and completed plans of care that must be mailed to each participant.

## Performance Detail

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### **A: Result - The quality of life for seniors and persons with disabilities is enhanced through cost-effective delivery of services.**

**Target #1:** The use rate of nursing home bed days per year for seniors 65 years and older in skilled nursing facilities will not increase.

**Status #1:** The target to reduce the number of nursing home bed days for seniors 65 years and older was met in 2009. Seniors averaged 4.35 bed days per year, down from 6 bed days a year in 2002.

### **A1: Strategy - Long-term care service array**

**Target #1:** Percentage of participants who have adequate and appropriate service plans based on needs identified in the waiver assessment process.

**Status #1:** In July, 2011, 93.5% of Medicaid waiver participants had adequate and appropriate service plans based on the needs identified in the waiver assessment process.

### **A2: Strategy - Quality**

**Target #1:** Percentage of participants who received services in the amount, duration and frequency prescribed in their plan of care (POC).

**Status #1:** In July 2011, 100% of Medicaid waiver participants received services in the amount, duration and frequency prescribed in the service plan.

### **A3: Strategy - Access**

**Target #1:** Percentage of applicants who receive a level of care (LOC) determination within 30 days of submission of a complete application.

**Status #1:** In July, 2011, 90.3% of applicants for Medicaid waiver services received a level of care determination that verified their eligibility within 30 days of submission of a complete application.

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**Target #2:** Increase by 10% the number of disabled and elderly Alaskans utilizing Aging and Disability Resource Centers (ADRC).

**Status #2:** In FY2010, 8,790 individuals used ADRCs to access information and to apply for long-term services and supports. In FY2011 that number rose to 9,615, an increase of 9.14%.

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**A4: Strategy - LTC Facility and Program Safety**

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**Target #1:** Percentage of participants with plans of care (POC) that address health and safety factors.

**Status #1:** In July 2011, 98.9% of Medicaid waiver participants had service plans that address health and safety factors.

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**A5: Strategy - LTC Workforce**

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**Target #1:** Percentage of home and community-based services providers who are compliant with provider certification standards.

**Status #1:** In July 2011, 98% of Medicaid waiver home and community-based service providers were compliant with provider certification standards.

## FY2013 Governor's Request Increment and Decrement Fund Breakout

| <b>DHSS FY2013 Governor's Request for <u>Senior and Disabilities Services</u></b><br><b>General and Other Funds</b><br>(Increase, Decrease and OTI Items Only) |                 |             |                 |                   |                   |
|--|-----------------|-------------|-----------------|-------------------|-------------------|
| Item   | UGF             | DGF         | Federal         | Other             | Total             |
| Adult Protective Services and Provider Quality Assurance   | \$ 275.0        | \$ -        | \$ 275.0        | \$ -              | \$ 550.0          |
| MH Trust: ACoA - Adult Day Services  | \$ 225.0        | \$ -        | \$ -            | \$ -              | \$ 225.0          |
| MH Trust: ACoA - Senior In-Home Services (SIH Services)  | \$ 250.0        | \$ -        | \$ -            | \$ -              | \$ 250.0          |
| MH Trust: Dis Justice - AK Safety Planning & Empow erment Netw ork (ASPEN)   | \$ -            | \$ -        | \$ -            | \$ 150.0          | \$ 150.0          |
| MH Trust: Gov Cncl - Services for the Deaf   | \$ 150.0        | \$ -        | \$ -            | \$ -              | \$ 150.0          |
| MH Trust: ACoA - Grant 1927.04 Aging and Disability Resource Centers   | \$ -            | \$ -        | \$ -            | \$ 125.0          | \$ 125.0          |
| MH Trust: Benef Projects - Grant 124.08 Mini Grants for Beneficiaries w ith Disabilities   | \$ -            | \$ -        | \$ -            | \$ 252.5          | \$ 252.5          |
| MH Trust: Benef Projects - Grant 200.09 Microenterprise Capital  | \$ -            | \$ -        | \$ -            | \$ 125.0          | \$ 125.0          |
| MH Trust: Brain Injury - Grant 3178.02 Acquired & Traumatic Brain Injury Pgm Research Analyst & Registry Support   | \$ -            | \$ -        | \$ -            | \$ 136.0          | \$ 136.0          |
| MH Trust: Cont - Grant 105.08 Research Analyst III (06-0534)   | \$ -            | \$ -        | \$ -            | \$ 115.0          | \$ 115.0          |
| MH Trust: Cont - Grant 151.08 ACOA Planner (06-1513)   | \$ -            | \$ -        | \$ -            | \$ 109.1          | \$ 109.1          |
| MH Trust: Housing - Grant 68.09 Rural Long Term Care Development   | \$ -            | \$ -        | \$ -            | \$ 140.0          | \$ 140.0          |
| Reverse FY2012 Mental Health Trust Recommendation  | \$ -            | \$ -        | \$ -            | \$ 969.8          | \$ 969.8          |
| <b>Senior and Disabilities Services Total</b>  | <b>\$ 900.0</b> | <b>\$ -</b> | <b>\$ 275.0</b> | <b>\$ 2,122.4</b> | <b>\$ 3,297.4</b> |