

ALASKA LEGISLATURE COMMITTEE FILES 1981-1982 86/2

1567 SHESS HB 17

1567

ACUTE CARE HOSPITALS

HOSPITAL

DEFINITION: A hospital is any public or private institution which provides facilities to the general public over a continuous period of 24 hours each day for the bedside treatment and care for conditions requiring medical and/or surgical services. Individuals would be admitted by a physician to a hospital for medical emergencies, for diagnosis and treatment of illnesses, and for surgeries, for example.

FUNDING: Payment for hospital care is generally covered by insurers such as Blue Cross or Blue Shield, by Medicare or Medicaid, by general relief medical funds or by the individual's personal finances.

AVAILABILITY: Alaska has 17 public hospitals, 7 U. S. Public Health Service Hospitals and 3 military hospitals located throughout the state (see Figure 2). These hospitals range in size from 6 beds at Faith Hospital in Glennallen to 250 beds at Providence Hospital in Anchorage.

The major problems with respect to health care for the elderly are listed below:

1. Lack of coverage for dental care;
2. Lack of coverage under Medicare for costs of drugs and medications. This can be a pretty substantial cost in a course of a year for an individual on a fixed income;
3. a tendency on the part of people with marginal incomes to delay seeking of health care to the point that when they finally do, they wind up with truly tremendous bills. This is accounted for by the fact that even individuals with Medicare coverage do have substantial out-of-pocket payments to make; and
4. the lack of alternatives to institutionalization. Alternatives include attendant care, day care, respite care, residential care; which would tend to keep a person at home or at least in a less restrictive setting.

The problems with medicare are numerous. Medicare does not cover dental care, hearing aids, pharmaceuticals or routine refractions or eye glasses in most cases. Medicare also requires that the beneficiary pay a deductible (currently \$16 .00 in a given year) plus a co-insurance amount for physician costs which is currently 20% of the reasonable cost. In ambulatory care the failure of Medicare to cover costs of medications is a particularly glaring gap.

Also in Medicare there is the problem of "assignment". A participating physician can, on an individual basis, accept assignment which means that he accepts Medicare payments plus a 20% co-insurance collected from the patient as the total reimbursement due. If he does not accept assignment he receives whatever Medicare will pay and then is free to attempt to collect from the individual patient up to the physician's usual and customary fee.

Neither Medicare or GR Med covers routine dental work. They do cover pharmaceutical costs for out-patient care.

Financing of long-term institutional care at the skilled nursing or intermediate levels is very difficult to obtain under Medicare. Quoted recent study in-state which showed that only about 2% of individuals who are admitted to nursing homes with the anticipation that they would be covered by Medicare actually wound up covered by Medicare. In other words there was a 98% denial rate. Current rates for nursing care in the state are about \$3,200 per month at a skilled nursing facility and about \$3,000 per month in an intermediate care facility.

The current income level for Medicaid in the state is \$714.00. For General Relief Assistance, the level is \$752.00 per month. Both of these figures are arrived at after juggling the patient's income, assets, etc., in a rather complicated manner. However, it is worth noting that there is relatively little

difference between Medicaid and GR Med levels so that GR Med covers only a relatively small proportion of the population whose income is \$38.00 a month higher than an individual eligible for Medicaid.

Recommendations for addressing the cost and accessibility of health related services for the elderly are briefly described below:

1. Expansion of the Catastrophic Illness Program or the addition of special provisions for the elderly;
2. development of a State funded comprehensive health insurance program (at the present time this is being addressed by the Medical Management Information System Study and the Health Care and Financing Study);
3. establishment of financial eligibility criteria for existing services which are provided free of charge without regard to income, e.g., homemaker and home health aide services;
4. establishment of sliding fee scales for various ambulatory and in-home service programs which are provided free of charge without regard to income; and

5. development of reimbursement mechanisms for health promotion and prevention programs as a means of avoiding costly hospital and long-term care.

This outline of health care services and programs is not intended to be comprehensive. Additional information on any program or service is available from:

Commissioner
Department of Health and
Social Services
Pouch H-01
Juneau, Alaska 99801
(907) 465-3030

LONG TERM CARE FACILITIES IN ALASKA

Key



Long Term Care Facilities
Within General Hospitals



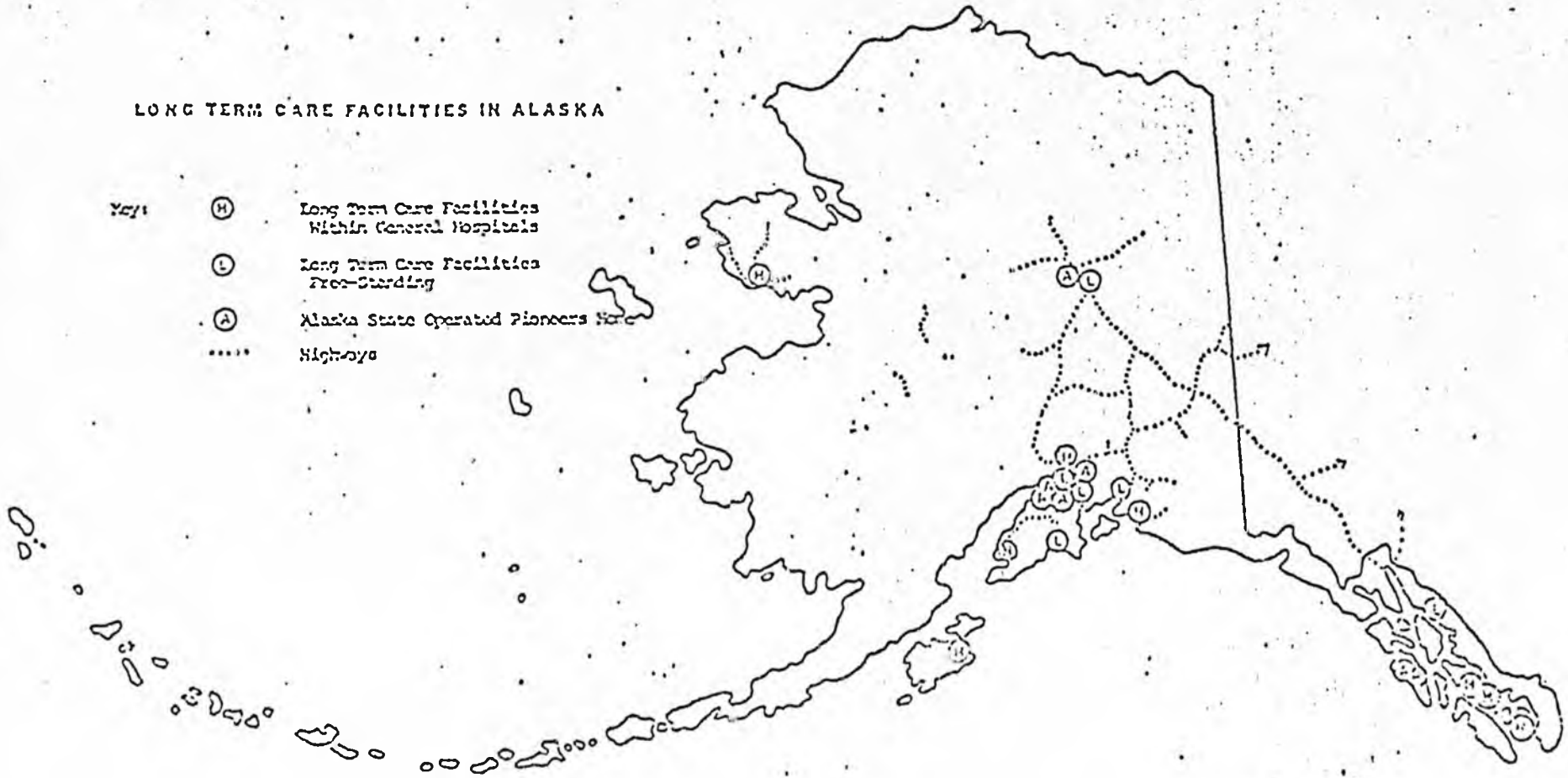
Long Term Care Facilities
Free-Standing



Alaska State Operated Pioneer's Home



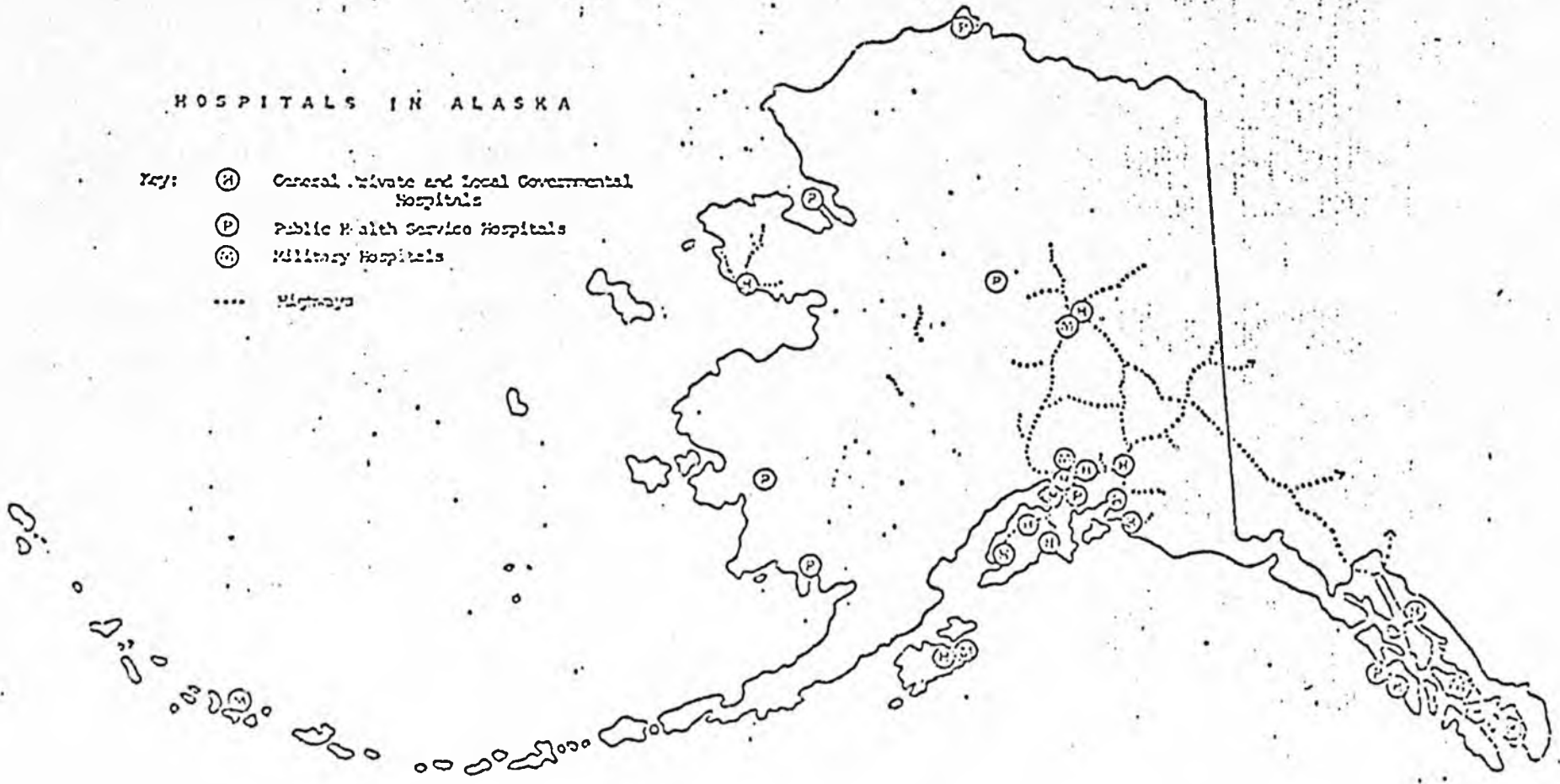
Highways



Source: State Center for Health and Social Statistics, Alaska Department of Health and Social Services, 1980 Annual Hospital Survey.

HOSPITALS IN ALASKA

- Key:
- ⊙ General, Private and Local Governmental Hospitals
 - Ⓟ Public Health Service Hospitals
 - ⊕ Military Hospitals
 - Highways



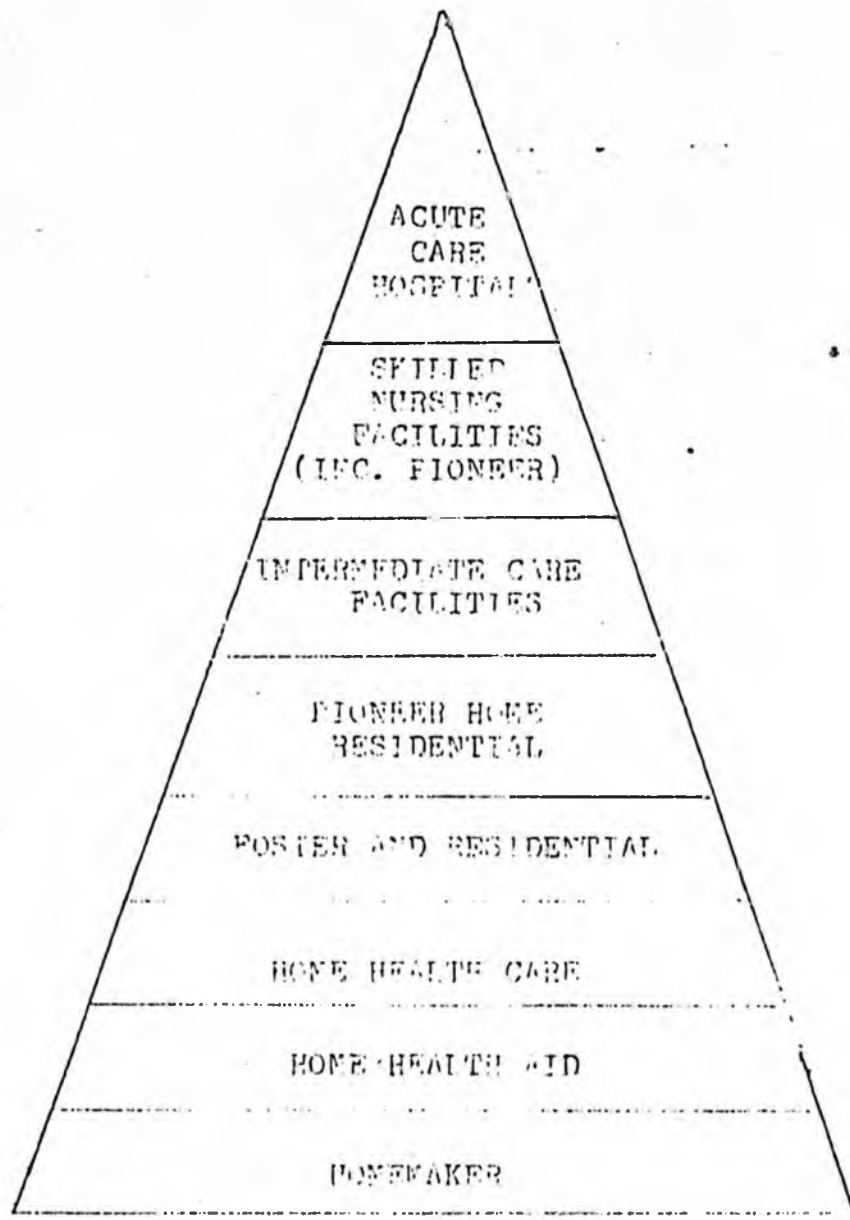
Source: State Center for Health and Social Statistics, Alaska Department of Health and Social Services, 1960 Annual Hospital Questionnaire.

FIGURE 2

III. NEW AND EXPANDED PROGRAM CONCEPTS

A. Health Needs of the Elderly

CONTINUUM OF CARE



IN-HOME CARE

HOMEMAKER

DEFINITION: Homemaker support is available to assist adults who are at risk and who are capable of independent living with homemaker assistance on a limited basis to maintain a level of care that will promote physical and emotional well-being and allow the adult to safely remain in his home. Homemaker tasks include assistance in home management, household chores, meal planning, purchasing and preparation, and non-health related personal care tasks.

FUNDING: Homemaker support is provided to Adult Protective Services clients without regard to income through a contract with the Easter Seal Society on an individual client basis depending on availability of units of service. Homemaker support may also be purchased directly from a provider by an individual.

AVAILABILITY: Statewide

HOME HEALTH AIDE

DEFINITION: Home Health Aide Support is available to adults who are at risk and who are in need of health related personal care services to remain in their own homes. It is provided to Adult Protective Service clients whose overall medical plan indicates that this service is appropriate to meet the adult's health care needs. Home health aide tasks include personal care, toileting, transfers, exercise, and other duties. The home health aides are supervised by licensed registered nurses.

FUNDING: Home Health Aide Support is provided to Adult Protective Service clients without regard to income through a contract with Easter Seal Society. Home health aide support may also be purchased directly from a provider by an individual.

AVAILABILITY: Anchorage, Fairbanks, Juneau, Bethel, Nome, and Ketchikan. In 1981, services will be expanded to include other communities, depending upon the availability of nursing supervision of home health aides. It is also available in Anchorage as a part of the Anchorage Municipality's Home Health program.

HOME HEALTH

DEFINITION: Home Health care is the provision of part-time skilled nursing care and other therapeutic services to individuals and families in their place of residence. The services are applicable to persons suffering from diseases and disabilities of all kinds. They apply to the acutely ill, convalescent and chronic long-term illnesses. Home care may be used instead of institutional care or may be an intermediate step to enable the person to move from hospital dependency to relative independence in their place of residence. The service may be designed to assist a person to achieve optional adjustment to chronic illness or permanent disability.

FUNDING AND AVAILABILITY: The service is provided by Division of Public Health staff in Fairbanks, Juneau, and Ketchikan without regard to income. In Anchorage home health care is available through the Anchorage Municipality's Home Health Program and payment is made under Medicaid, private pay and health insurance.

DRAFT

Discussion Paper:

HEALTH NEEDS OF THE ELDERLY

Introduction

The number of Alaskans over the age of 60 is estimated to be about 20,000 but, pending the results of the decennial census, these figures should be regarded with some skepticism. If correct, older Alaskans would account for about 4.8 percent of the total population in contrast to approximately 3.9 percent in the 1960 and 1970 censuses.

Health Status of the Elderly

In considering health programs for the elderly, prevalence and severity of disability should be taken into account. Unfortunately, data on disability are unavailable for the state but perhaps national figures can be used to indicate some probable magnitude of health problems in this population segment.

Older people, of course, suffer from many of the same acute illnesses and injuries to which the general population is subject. Recovery from such illnesses may perhaps take longer in the older person and thus contribute to greater period of relative disability. However, chronic conditions occur more frequently in the older age groups. National figures indicate a prevalence of 20 percent or greater for arthritis, vision and hearing impairments, heart conditions and hypertension. Dental problems are common. Estimates in 1971 indicated that about half

the people over age 65 had no natural teeth. Of these, six percent had no false teeth and 28 percent reported that their dentures needed refitting or replacement.

The proportion of elderly people whose activity is limited due to illness differs with demographic variables, particularly age. Only about 42 percent of people aged 65-74 report limitations in activity in contrast to 56 percent of those 75 years or older. Since the number of individuals in this latter population group is growing relatively rapidly with increases in life expectancy, at least on the national scene, the proportion of older individuals with some degree of disability can be expected to increase during the decade.

Utilization of nursing homes increases rapidly with age. In 1974, nationally, the utilization rate for persons aged 65-74 was only 12 per 1,000 population in that age group. At ages 75-84 there were 59 residents per 1,000 persons. Among persons who had reached their 85th birthday, 237 per 1,000 (nearly a quarter) were in nursing homes.

Health Care Financing

Health status can reasonably be expected to be affected by costs and accessibility of health care. Since prevalence of chronic conditions and disability increases with advancing age, costs of preventive, curative and rehabilitative services can also be expected to rise. These high health care costs occur at a time when many older people are least

able to afford them since incomes tend to be fixed or to decline in later years.

For some individuals, attainment of age 65 brings eligibility for medicare coverage. However, coverage is not universal and some Alaskans, although eligible, have failed to enroll. In 1976, the number of Alaskans age 65 and older who were enrolled in medicare hospital insurance was reported to be 8,585. An even smaller number (7,174) was enrolled in the supplemental medical insurance coverage (Part B) of the medicare programs..

These figures seem suspiciously low. However, even if all older individuals were enrolled, it should be borne in mind that benefits are limited. There are deductibles for hospital insurance (currently \$160 per year) and co-insurance costs for supplemental medical coverage (currently 20 percent of reasonable charges) which must be paid by the individual. In long term illnesses, there are limits to the total period of coverage. Moreover, some common conditions are not covered at all including routine refractions, purchase of eyeglasses or hearing aids and the cost of prescribed medications.

In order to be eligible for medicaid coverage, an older person must also be eligible for one of the categorical assistance programs such as Old Age Assistance, Aid to the Blind or Aid to the Disabled. Currently there are about 2,200 Alaskans enrolled in OAA while Aid to the Blind and Aid to the Disabled cover 63 and 2,000 individuals respectively and

these numbers include persons of all ages. Older persons may also be eligible for the General Relief and Catastrophic Illness programs.

Approximately four percent of the Native population is over age 65. These individuals are eligible for health care through the Alaska Native Health Service. Under P.L. 94-437, ANHS health facilities may receive 100 percent federal reimbursement for care given to the medicaid eligible Indians and Alaska Natives.

Current Service Programs

The elderly may participate in any of the programs offered by the State. In recent years, a number of programs have been developed which are intended to provide a continuum of care in the most independent environment possible to all Alaskans needing some form of assistance. Many of these programs are used primarily by the older age groups. The continuum ranges from services designed to help an individual remain in his own home through foster and residential care programs to various levels of institutional care. The programs are described in the paper entitled "Continuum of Care". Health care is a part of the continuum.

It should be pointed out that there are some services which are unavailable, particularly in alternatives to institutional care. At present, there are few organized preventive health programs designed specifically for the elderly. An exception is the nutrition program. There is no adult day care program and attendant care and respite care programs do.

not exist. In the minds of the elderly even some existing programs such as homemaker and home health programs carry with them a certain stigma of "welfare" because of their categorization as adult protective services.

Comments

State policy governing development of health programs and services for the elderly has largely been predicated on the idea that it is preferable to maintain the older person in his or her home because of the value of maximum independence and because aggregate costs to the individual and the state are thought to be less. Through other programs in the state such as the Pioneer Home System and various income maintenance schemes, state policy seems to recognize a positive value for the individual, the family and society in enabling older Alaskans to remain in the state rather than forcing out-migration due to high costs of continued residence. In general, however, there has been little deliberate examination of policy.

In the relatively short term, some actions can be suggested to address some of the more obvious problems. These include:

1. A greater emphasis on preventive health services to avoid or minimize disability. Such programs could focus on the probable prevalent conditions affecting the elderly and could include, for example, general nutritional education and counseling, maintenance of mobility, weight control, hypertension detection and control and

- the use and abuse of prescription medication. The possibility of grants to community groups to design and implement such programs should be investigated.
2. Pilot projects could be considered in order to obtain experience with costs and service delivery problems in providing services such as dental care and vision and hearing services for the elderly in both urban and rural locations.
 3. The Health Care Financing Study, now underway, should be encouraged to take a specific look at the needs of the elderly, particularly at the problem areas which impede care in early stages of illness or disability and at the adequacy of coverage in cases of catastrophic illness.
 4. A projection should be made of probable requirements for nursing home and other long term care institutions by location. State policy needs to address the roles of the private sector and of the state in the direct operation of such facilities.

In the longer term, some difficult decisions will have to be made regarding policy. The interaction of physical and emotional needs, service demands, abilities to pay and rights to services based on age or residence will have to be addressed. Overall philosophical views will have to be balanced against probable costs. The upcoming White House Conference on Aging and its antecedent statewide conference plus the results of the 1980 census may help provide guidance in this regard.

III. NEW AND EXPANDED PROGRAM CONCEPTS

B. Catastrophic Health Insurance Program

WILLIAM M.
MERCER
INCORPORATED

Benefit Services / Consulting Actuaries
December 10, 1980

Mr. Fred Muller
Deputy Commissioner
Department of Administration
State of Alaska
Post Office Box C
Juneau, Alaska 99811



Catastrophic Health Program
For All Alaska Residents

Dear Fred:

This is a follow-up to conversations you have had with Bob Richardson and Art Weatherford of our offices, regarding the possibility of providing a Catastrophic Health Program for all Alaska residents.

To our knowledge, this type of program has never been done before. Therefore, we would be breaking new ground.

Our thoughts regarding establishing this type of program are as follows:

- The design would encompass some type of Catastrophic wrap-around Health Care Program for all Alaska residents. It would probably have a front end deductible of \$5,000, \$10,000 or \$15,000 with specific benefits paid after the deductible is satisfied.
- The benefit plan, after satisfaction of the front end deductible, would probably pay 80% of all covered charges. The plan design would cover a broad base of medical benefits.
- The design of the plan and the administration would be very important. We would have to differentiate between those Alaska residents that now have a group employee benefits program (such as the State of Alaska employees) and residents that are not covered by a group program. The residents that are covered by a group program would have coordination of benefits among their employer's underlying group plan and the Catastrophic Health Program.
- There would probably need to be specific legislation set up to offer this plan unless the State of Alaska was in a position to act as the "employer". In this case, the State of Alaska would be signator to the contract and would make all the decisions regarding funding, benefits, eligibility, etc.

Mr. Fred Muller
December 10, 1980
Page Two

- After the benefit program had been designed, we would then need to bid the program to the eligible health carriers licensed to do business in the State of Alaska. Based upon the responses received, we would provide you with our analysis and recommendations regarding the selection of the carrier to underwrite this new program.

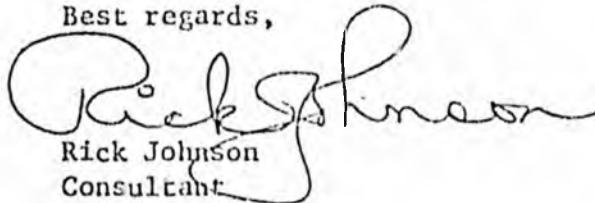
Since this would be a new program, I feel it would take approximately two months to design the system. This would include, but not be limited to, discussions with you and Paul Arnoldt, designing the benefits and administrative procedures of the plan, designing the bid specifications, and deciding whether or not specific legislation is needed.

We are ready to begin this project immediately.

I would be pleased to discuss this with you further, at your convenience.

Thank you.

Best regards,


Rick Johnson
Consultant

RJ/cmw

cc: Paul Arnoldt
Bob Richardson

III. NEW AND EXPANDED PROGRAM CONCEPTS

C. Congregate Housing for the Frail Elderly

THE FRAIL ELDERLY

A PROPOSAL FOR CONGREGATE HOUSING WITH RESIDENTIAL ENVIRONMENT AND A HOLISTIC APPROACH

Rapid increase in the aging population in the United States has led to a sharp change in the traditional methods of care of the aging. These changes are made in the light of new knowledge. The present figure of 25,000,000 citizens age 65 and over will double in the next fifty years. Simultaneously, controlled population is decreasing the number of younger persons who chiefly assume part or full upkeep of the aging through personal resources and government programs.

Older people are being encouraged to keep mentally and physically fit, provide a maximum of self-care and enjoy independence or semi-independence as long as possible. Throughout the United States, gerontologists, as Dr. Robert Butler, Director of the National Institute on Aging, are serious advocates of home health, or in-home care which is less traumatic for the aging and less expensive for the government.

WHO ARE THE FRAIL ELDERLY?

Recently Dr. Butler stated that 25% of the aging, because of lack of suitable facilities, suitable services, careful planning and screening, are placed in nursing homes. These are the frail elderly. My friends who become frail through strokes, heart attacks or decreasing physical strength, need an alternative to the nursing home. They are still ambulatory and semi-independent - two strengths to build around. As soon as a wheel chair is slipped under them, they cease walking and doing the things for themselves that they can do. An institution is operated for the convenience of the staff, not to encourage self help. HEW is just now beginning to see and change the fact that persons in institutions have no civil rights. They have no control over their own lives. They are victims of routine and staff efficiency. Frail elderly persons need, first of all, a patient-focused evaluation for service that will enhance their ability for self care. In a nursing home, they are deprived of the right to retain personal property. They suffer the loss of a familiar environment, the loss of self determination and involvement in their services and daily activities. Some begin to lose their sense of reality; and so they drift into a haze.

If they exhibit disturbance, chemical restraints may be used.

Often the frail elderly live in a nursing home which includes severely mentally deficient and retarded persons of varying ages. Physical and visual nearness to these persons is depressing and hastens the deterioration of the frail elderly. They are victims

of the vestigial remnants of the Old Elizabethan Poor Law which our ancestors brought with them from Europe. Their special needs cannot be met in this kind of care.

HOW CAN WE MEET THEIR NEEDS?

Alaska can meet their needs by careful planning and utilization of local, state and federal resources. Alaska now has these resources including qualified personnel.

Connecticut, a faraway neighbor, enacted a statute that requires the Commissioner of Community Affairs and the Commissioner of Aging to be responsible together for designing, implementing, operating and monitoring a program of congregate housing that includes a residential environment. Vermont and Ohio are moving toward this plan.

HOME HEALTH CARE in the home or in congregate housing is rapidly becoming an international policy as in Sweden and Great Britain. Institutionalization is reserved only for three to five percent of the elderly citizens who require skilled nursing care.

The ideal location for congregate housing is within walking distance of a shopping center or on a bus line. Only state funds should be used to insure use of the facility for the frail elderly - not as housing for mixed groups.

A residential environment will be achieved by architectural designs that are supportive and suited to the home health services. Rail guards, grab bars in bath rooms, lowered cabinets and windows, stoves with front (not back) switches, and an alarm system in case of emergency are a few of the supportive features.

Two special rooms will be constructed; one for the services of the nurse, health aide and physical therapist - for check-ups and exercise. This room will be designed with parallel bars, bicycles, and weight lifting equipment. Another room will be designed for arts and crafts and occupational therapy. A potter's wheel can be included. Provisions will be made for programs in nutrition, stress management and self responsibility.

Each living unit will include a kitchen; however, a congregate kitchen will provide one nutritious meal daily, and equipment for preparation of meals on wheels and, as in Juneau, meals for each of the four senior centers. A greenhouse will furnish incentives to grow flowers and vegetables.

As a multi-service facility, a general recreation room will provide social entertainment and group meetings. Homemaker - home health aide service will be available, as needed, by the tenants.

ADD TO THIS PLAN: A holistic approach to health through comprehensive interdisciplinary teamwork and assessment of the tenant's medical, physical and psycho-social needs including involvement of all health professionals including dietitians, physicians, nurses, and

RESULT: A supportive housing facility for the frail elderly who will be helped to live their own lives in a healthy environment removed from sickness and disability.

This plan is presented to concerned commissioners for discussion, and consideration as an alternate plan of care for the frail elderly.

Proposed by:

Dove M. Kull

Mrs. Dove M. Kull, M.S.W., A.C.S.W.
Chairperson, Senior Citizens Advisory Board to
the Mayor and Assembly of Juneau
October 27, 1980

INPUT

For four years I have been gathering information to develop this plan. As Chairperson of the Senior Citizens' Advisory Board for the Mayor and Assembly of Juneau (the Board of five is drawn from the membership of the Juneau Chapter of AARP) I have had individual and group cooperation. As a member of the State Committee of Services for the Elderly 1970 - 1980, I participated in seven hearings throughout Alaska. I listened to the elderly's wishes about how to live their frail years. As a member of Senator Rodey's Committee, I received the plans for the aging of other states and talked long distance with some of the personnel involved.

This concept, the Board and I presented to groups of older persons including the tenants of Mt. View Apartments, who approved enthusiastically. They asked that two special rooms with covered runway be added to Mt. View.

Resources for this plan include the National Council on Aging, ASHA and HUD. Community and Regional Affairs has granted a sum of money for planning for a 20-unit facility to be constructed 1/3 mile from Douglas. The plan will provide money for a consultant with expertise in architectural designing for congregate housing with residential environment. Two informative forums will be held; one in Juneau soon, and one in Anchorage in March, 1981 at the State Planning Meeting for the White House Conference on Aging.

ASHA is ready to let the contract for 20 units in Juneau. The Chief of Nurses and the Director of Holistic Health have expressed their interest in this concept and a desire to participate in planning and providing services.

Dove M. Kull

Dove M. Kull

October 27, 1980

**PLEASE NOTE: THE PRECEDING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT.**

those circled were adopted 3.30.81

Amendment # 1:

Amend title to read: "An Act establishing an Older Alaskans Commission; relating to Older Alaskans Service Programs; and providing for an effective date."

Amendment # 2:

Add to Section 1, a new subsection (c) on line 19, page 2 to read: (c) It is the intent of this Act to exclude the Alaska Pioneers' Homes and the longevity bonus program from the provisions of this act, and to exempt the Alaska Pioneers' Homes and the longevity bonus program from the scope of the authority and responsibility of the Older Alaskans Commission.

Amendment # 3:

Amend lines 14-15, page 6 to read: (1) the programs conducted under the Older Americans Act [OF 1965 (42 U.S.C. 3001 - 3056 (F))] , P.L. 89 -93, as amended and the persons who administer those programs in...

Amendment # 4:

Add to line 1, page 7 to read: meeting of the Older Alaskans Commission [.] , but no later than 60 days after this Act takes effect.

Amendment # 5:

Amend Sec. 7, line 6, page 7 to read: Section 4 of this Act takes effect: [JULY 1] January 1, 1982.

Amendment # 6:

Add a new section to read: AS 47.65.040 is repealed.

Amendment # 7:

Add a new section to read: AS 39.25.120 is amended by adding a new paragraph to read: (19) the executive director, but not other staff, of the Older Alaskans Commission located in the Department of Administration.

Amendment # 8:

Add a new section to read: AS 47.65.060 (4) is amended by adding a new subsection to read (C) an educational institution.

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER

JAY S. HAMMOND, GOVERNOR

POUCH H 01
JUNEAU, ALASKA 99813
PHONE:

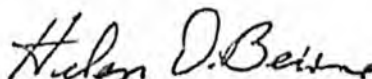
Dear Concerned Citizen:

Attached is the FY 1981-83 State Plan on Aging as it was submitted to and has been approved by the Federal government, subsequent to provisions being made as a result of the public hearing process. A summary of changes made to the Plan prior to its submission is attached.

Although this plan document is for a three-year period, there are provisions for annual updates. Scheduling of the first annual amendments is pending receipt of Federal guidelines about the annual process. In addition, we will be pursuing action to amend the Plan prior to the first of the annual updates, to reflect the recent creation of the Division of Adult and Aging Services. All proposed amendments to the Plan will be subject to public hearing. Senior citizens' programs will be kept apprised of our planning process to ensure that persons interested in our services and programs have an adequate opportunity to provide us with input.

We appreciate your interest in the aging program and welcome your suggestions at any time during the year. Please feel free to contact me or Elizabeth Muktarian, Director of the Division of Adult and Aging Services.

Sincerely,



Helen D. Beirne
Commissioner

Attachments

Summary of Changes Made to the FY 1981-83 State Plan on Aging
As a Result of Public Comment

and

Federal Guidelines

Section 1 - General Assurances - has been added.

Section 2 - Program Specific Assurances - has been added.

Section 3 - Administrative Structure

Exhibit 3.A.1 - Internal Organizational Chart - has been revised to show functional assignments.

Exhibit 3.C.2 - Planning and Service Area Map - all community names removed; communities where we have programs are too numerous to place all of them on such a small map.

Section 4 - Program Plan

Exhibit 4.A.1 - Advocacy Plan: Policies and Priorities - Advocacy Priority Issues section has been expanded to include more discussion of each of the priorities and the rationale for their selection.

Exhibit 4.B.1 - Service Development Plan: Policies and Priorities - Service Development Policies 6 and 7 have been modified to provide clarification and eliminate confusion; 11 has been added to reflect the developmental attitude of the Division. Service Development Priorities have been expanded to include discussion of each of the priorities.

Exhibit 4.B.2 - Service Development Plan: Goals and Objectives

Goal I, Objectives B and H have been revised to clarify their intent re: better serving socially and economically needy persons.

Goal I, Objectives I and K have been modified to show their purposes.

Goal II, Objective C has been revised to clarify its intent.

Goal IV has been revised to clarify that it was not intended as an in-home services goal.

Goal IV, Objective E has been revised to clarify the intent of the hemoglobin lab work.

Goal VI, Objective C has been revised to clarify its purpose and timeframe.

Exhibit 4.C.1 - Systems Development Plan: Policies and Priorities - Systems Development Policy statement has been revised to show numbers of clients currently served. Systems Development Priorities have been expanded to discuss needed services and methods of giving preference to the socially and economically needy.

Exhibit 4.C.2 - Systems Development Plan: Goals and Objectives

- Goal I, Objective B has been revised to show more extensive dissemination of needs assessment information.
- Goal II, Objective B has been added re: more dissemination of information.
- Goal II, Objective C has been added re: increasing information to potential service providers.
- Goal II, Objective D has been revised to speed up the process for designation of community focal points on aging.
- Goal II, Objective F has been added to reflect increased coordination with Regional Native Corporations.

Section 5 - Financial Plan - no changes; format Federally required.

Section 6 - State Plan Appendix

Exhibit 6.C.2 - Service Priorities - has been added to show service priorities and discussion of the rationale for each, as well as discussion of additional resources needed and services for which resources are not available.

Section 7 - State Plan Attachments

Exhibit 7.A - Intrastate Funding Formula - Several changes were made in the formula in response to public comment. A listing of the specific comments and the response to each is provided as part of Exhibit 7.A on pages 56 and 57 of the final Plan.

Exhibit 7.B - Coordination - has been added to provide information about a number of the coordinative activities in which the Division of Adult and Aging Services is involved.

**STATE PLAN ON AGING^{*}
UNDER
TITLE III OF THE
OLDER AMERICANS ACT**

for

ALASKA

(Name of State)

*Combined State/Area Plan

FISCAL YEARS 1981-83

OMB 085-R0364

State: Alaska

State Agency: Department of Health & Social Services

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VERIFICATION OF INTENT

The State Plan on Aging is hereby submitted for the State of Alaska for the period October 1, 1980 through September 30, 1983. It includes all assurances and plans to be conducted by the Department of Health & Social Services under provisions of the Older Americans Act, as amended, during the period identified. The State Agency identified has been designated the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the coordination of all State activities related to the purposes of the Act, i.e. the development of comprehensive and coordinated systems for the delivery of social services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the elderly in the State.

(name of State Agency)

This Plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the Commissioner, Administration on Aging.

The State Plan on Aging hereby submitted, has been developed in accordance with all rules and regulations specified under the Older Americans Act.

September 23, 1980
(Date)

(Signed)

M. J. Holbeck
(State Unit on Aging Director)

(Signed)

A. E. Beine
(State Agency Director,
where applicable)

The State Advisory Council on Aging has had the opportunity to review and comment on the State Plan on Aging. (Review comments are attached.)

September 8, 1980
(Date)

(Signed)

Betty W. Warkner
(Chairperson of State Advisory
Council on Aging)

I hereby approve this State Plan on Aging and submit it to the Commissioner on Aging for approval.

September 29, 1980
(Date)

(Signed)

[Signature]
(Governor)

Section 1: . General Assurances

The State Agency must maintain documentation to substantiate all of the following assurance items. Such documentation will be subject to Federal review for adequacy and completeness.

A. General Administration

1. Compliance with Requirements

The State Agency agrees to administer the program in accordance with the Act, the State Plan and all applicable regulations, policies and procedures established by the Commissioner or the Secretary.

2. Efficient Administration

The State Agency utilizes such methods of administration as are necessary for the proper and efficient administration of the Plan.

3. General Administrative and Fiscal Requirements

The State Agency's uniform administrative requirements and cost principles are in compliance with the relevant provisions of 45 CFR Part 74 except where these provisions are superseded by statute.

4. Training of Staff

The State Agency provides a program of appropriate training for all classes of positions and volunteers, if applicable.

5. Management of Funds

The State Agency maintains sufficient fiscal control and accounting procedures to assure proper disbursement of and accounting for Federal funds under this Plan.

6. Safeguarding Confidential Information

The State Agency has implemented such regulations, standards and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations.

7. Reporting Requirements

The State Agency agrees to furnish such reports and evaluations to the Secretary or the Commissioner as may be specified.

8. Standards for Service Providers

All providers of service under this Plan operate fully in conformance with all applicable Federal, State, and local fire, health, safety and sanitation and other standards prescribed in law or regulations. The State Agency provides that where the State or local public jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed.

9. Amendments to State Plan

State Plan amendments will be made in conformance with applicable program regulations.

10. A-95 Review

The State Agency has submitted this Plan and any amendments to the Governor for review and comments as required by OMB Circular A-95.

B. Equal Opportunity and Civil Rights

1. Equal Employment Opportunity

The State Agency has an equal employment opportunity policy, implemented through an affirmative action plan for all aspects of personnel administration as specified in 45 CFR Part 70.4.

2. Non-Discrimination on the Basis of Handicap

All recipients of funds from the State Agency are required to operate each program activity so that, when viewed in its entirety, the program or activity is readily accessible to and useable by handicapped persons. Where structural changes are required, these changes shall be made as quickly as possible, but by June 30, 1980 at the latest, in keeping with 45 CFR 84.

3. Civil Rights Compliance

The State Agency has developed and is implementing a system to ensure that benefits and services available under the State Plan are provided in a non-discriminatory manner as required by Title VI of the Civil Rights Act of 1964 as amended.

C. Provision of Services

1. Needs Assessment

The State Agency has a reasonable and objective method for determining the needs of all eligible residents of all geographic areas in the State for allocating resources to meet those needs.

2. Priorities

The State Agency has a reasonable and objective method for establishing priorities for service and such methods are in compliance with the applicable statute.

3. Eligibility

The activities covered by this State Plan serve only those individuals and groups eligible under the provisions of the applicable statute.

4. Residency

No requirements as to duration of residence or citizenship will be imposed as a condition of participation in the State's program for the provision of services.

5. Coordination and Maximum Utilization of Services

The State Agency to the maximum extent coordinates and utilizes the services and resources of other appropriate public and private agencies and organizations.

Section 2: Program Specific Assurances

STATE AGENCY ORGANIZATION

Section 305(a)(1), 1321.13

The State Agency is the sole State responsible for the administration of the State Plan on Aging. Where the State Agency is a multipurpose Agency, it delegates all authority and responsibility for administration of the State Plan to a designated organizational unit in the Agency unless a waiver of this requirement is granted by the Commissioner.

STATE ALLOTMENT

Section 308(a)(1), 1321.199(a)

A State Agency will use its allotment for State Plan administration to pay not more than 75 percent of the costs of administering the State Plan.

Section 304(d)(1)(A), 1321.199(b)

Such amount as the State Agency determines but no more than 8.5 percent of the State's allotment will be used for paying such percentage as the State determines but no more than 75 percent of the cost of administration of Area Plans.

Section 304(d)(1)(B), 1321.199(c)

The portion of the State's allotment* not used for paying the cost of administration of Area Plans will be available only for paying such percentage as the State determines, but not more than 85 percent of the cost of social services and nutrition services authorized under Title III, Parts B and C, in Planning and Service Areas for which there is an Area Plan approved by the State Agency.

Section 309, Section 304(d), 1321.113, 1321.201, 1321.203, 1321.205

The State Agency will fulfill all requirements for meeting the non-Federal share.

STATE AGENCY RESPONSIBILITIES

Section 305(a)(1)(D), 1321.41

In addition to current duties the State Agency will serve as an effective and visible advocate by reviewing and commenting upon all State Plans, budgets, and policies which affect the elderly and providing technical assistance to agencies, organizations, associations, and individuals serving the elderly.

* Excepting the provision of funds for the Long-Term Care Ombudsman program [Section 307(a)(16)].

Section 305(a)(1)(E), 1321.53(c)

The State Agency will divide the State into Planning and Service Areas according to statutory and regulatory requirements.

Section 305(a)(2)(C)(D), 1321.49

The State Agency will, in accordance with guidelines issued by the Commissioner, develop, publish, and submit to the Commissioner for review and comment a formula for the distribution of Title III funds within the State.

Section 305(a)(2)(E), 1321.25(g)(4)

The State Plan contains proposed methods of carrying out the preference to older individuals with the greatest economic or social need in the provision of services.

Section 305(b)(1), 1321.53

Upon request the State Agency will provide an opportunity for a hearing to any unit of general purpose local government, including units of 100,000 or more, if such unit(s) make(s) an application for PSA designation and is denied designation by the State Agency.

STATE PLANS

Section 307(a), 1321.23

The State Agency will submit a State Plan for three-year period with such annual revisions as are necessary.

Section 307(a)(1), 1321.29

The State Plan will be based on Area Plans developed by the State with Area Agencies on Aging.

Section 307(a)(1), 1321.25(b)(6), 1321.45(a)(10)

The State will prepare and distribute a uniform format for use by Area Agencies in developing Area Plans under Section 306.

Section 307(a)(2), 1321.71, 1321.73

Each Area Agency will develop and submit to the State Agency for approval an Area Plan which complies with Section 306 of the Act.

Section 307(a)(3)(A), 1321.25(b)(4), 1321.45(a)(8)

The State Agency will evaluate the need for nutrition services and multipurpose senior centers and will include legal services in its evaluation of the need for social services.

Section 307(a)(3)(B), 1321.185

The State Agency will spend in each fiscal year, for services to older individuals residing in rural areas in the State assisted under this Title, an

amount not less than 105 percent of the amount expended for such services (including amounts expended under Title V and Title VII) in FY 1978.

Section 307(a)(4), 1321.15

The State Agency will, where necessary in providing for the use of proper and efficient methods of administration, also provide for the reorganization and rearrangement of functions, to assure efficient administration.

Section 307(a)(5), 1321.51

The State Agency will grant a hearing upon request to any Area Agency on Aging submitting a Plan under Title III, to any provider of a service under such a Plan, or to any applicant to provide a service under such a Plan.

Section 307(a)(7), 1321.15

The State Agency will provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this Title to the State, including any such funds paid to the recipients of grant or contract.

Section 307(a)(9), 1321.45(a)(16)

The State Agency will provide for establishing and maintaining information and referral services in sufficient numbers to assure that all older individuals in the State who are not furnished adequate information and referral services under Section 306(a)(4) will have reasonably convenient access to such services.

Section 307(a)(10), 1321.103

No social services, including nutrition services, will be directly provided by the State Agency or an Area Agency on Aging, except where, in the judgement of the State Agency, provision of such services by the State Agency or an Area Agency on Aging is necessary to assure an adequate supply of such services.

Section 307(a)(11), 1321.17(c)

Subject to the requirements of merit employment system, the State Agency gives preference to individuals age 60 or older for any staff positions in State and Area Agencies for which such individuals qualify.

Section 307(a)(12), 1321.43

With respect to the Long-Term Care Ombudsman program the State assures that statutory and regulatory provisions concerning establishment and operation of the program; defining "similar adult care homes"; appointing an ombudsman; access requirements; confidentiality and disclosure requirements and a Statewide reporting system will be met.

Section 307(a)(13), 1321.141-1321.147

With respect to nutrition services the State assures that statutory and regulatory provisions concerning nutrition services, selection of nutrition services providers, special requirements for nutrition services providers and food requirements for all nutrition services providers will be met.

Section 307(a)(14), 1321.121-1321.137

With respect to multipurpose senior centers the State assures that all statutory and regulatory requirements concerning the purpose of making awards; health and safety and construction requirements, Federal labor standards, length of use of an acquired or constructed facility, special conditions for acquiring by purchase, or constructing a facility; prohibition on sectarian use of a facility, and funding and use requirements will be met.

Section 307(a)(15), 1321.151

With respect to legal services the State assumes that statutory and regulatory provisions concerning purpose of making the awards; conditions legal service providers must meet; case priorities; and limitations on information about income and resources are met.

Section 307(a)(16), 1321.189

From funds allotted under Section 304(a) for Part B of Title III (relating to social services), the State Agency will use an amount equal to 1 percent of this allotment or \$20,000, whichever is greater, for the purpose of carrying out the Long-Term Care Ombudsman program (Section 307(a)(12)) unless for any fiscal year, a State spends from State or local sources an equivalent amount for this purpose.

(This assurance is not required of American Samoa, Guam, Virgin Islands, the Trust Territory of the Pacific Islands, and the Northern Mariana Islands.)

SINGLE STATE PLANNING AND SERVICE AREA

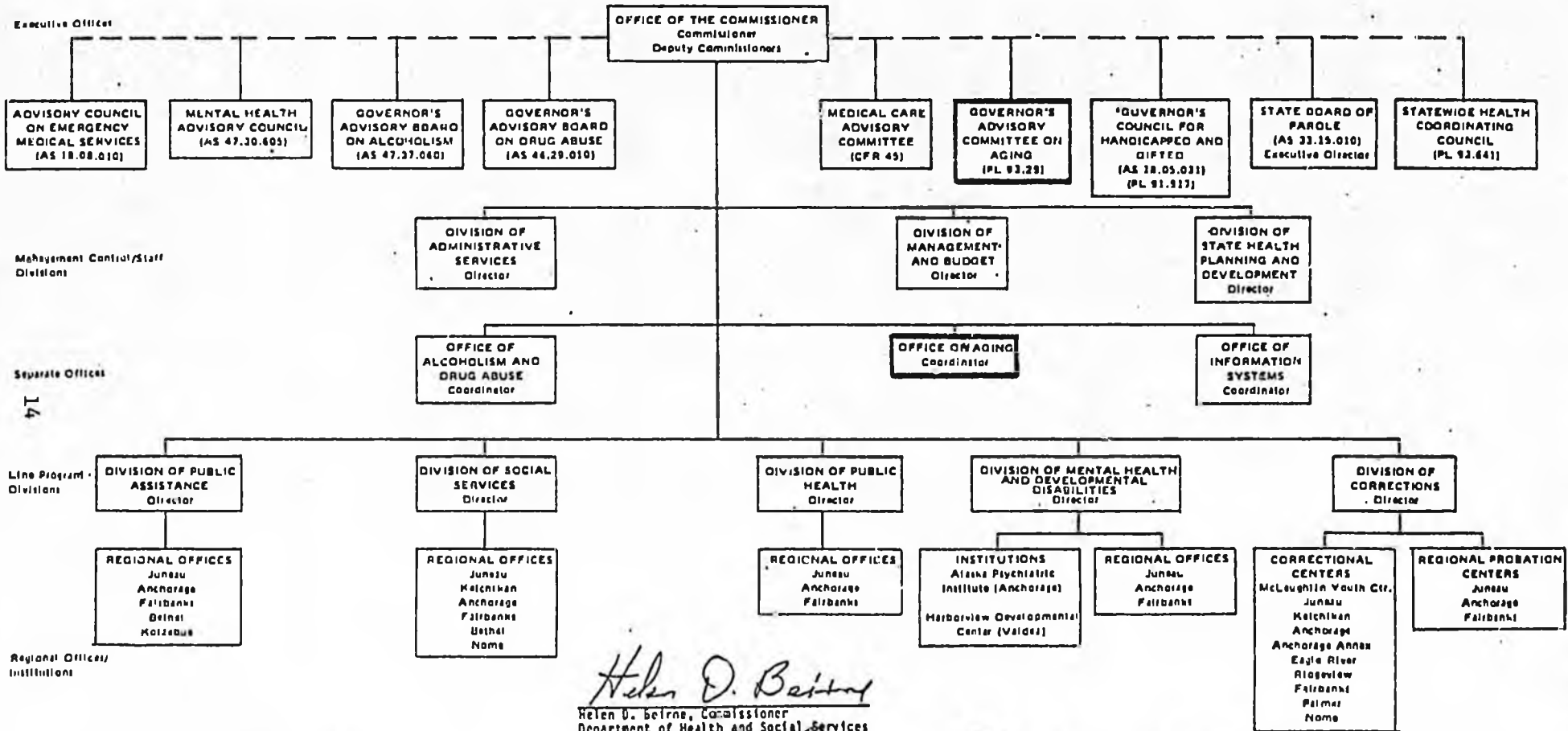
Section 305(a)(1)(E), §1321.59

A State may apply to the Commissioner for approval to designate the entire State as a Single Planning and Service Area. If the Commissioner approves the application, the State agrees to develop a Single State Planning and Service Area Plan and to meet all State and Area Agency function requirements specified in the regulation.

Section 3: Administrative Structure

3.A.1 ORGANIZATION OF STATE AGENCY

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
 UNIT ORGANIZATION CHART



EXPLANATORY NOTE:
 *Also advisory to the Department of Education.

Helen D. Beitner
 Helen D. Beitner, Commissioner
 Department of Health and Social Services

William Hudson
 William Hudson, Commissioner
 Department of Administration

[Signature]
 GOVERNOR OF ALASKA

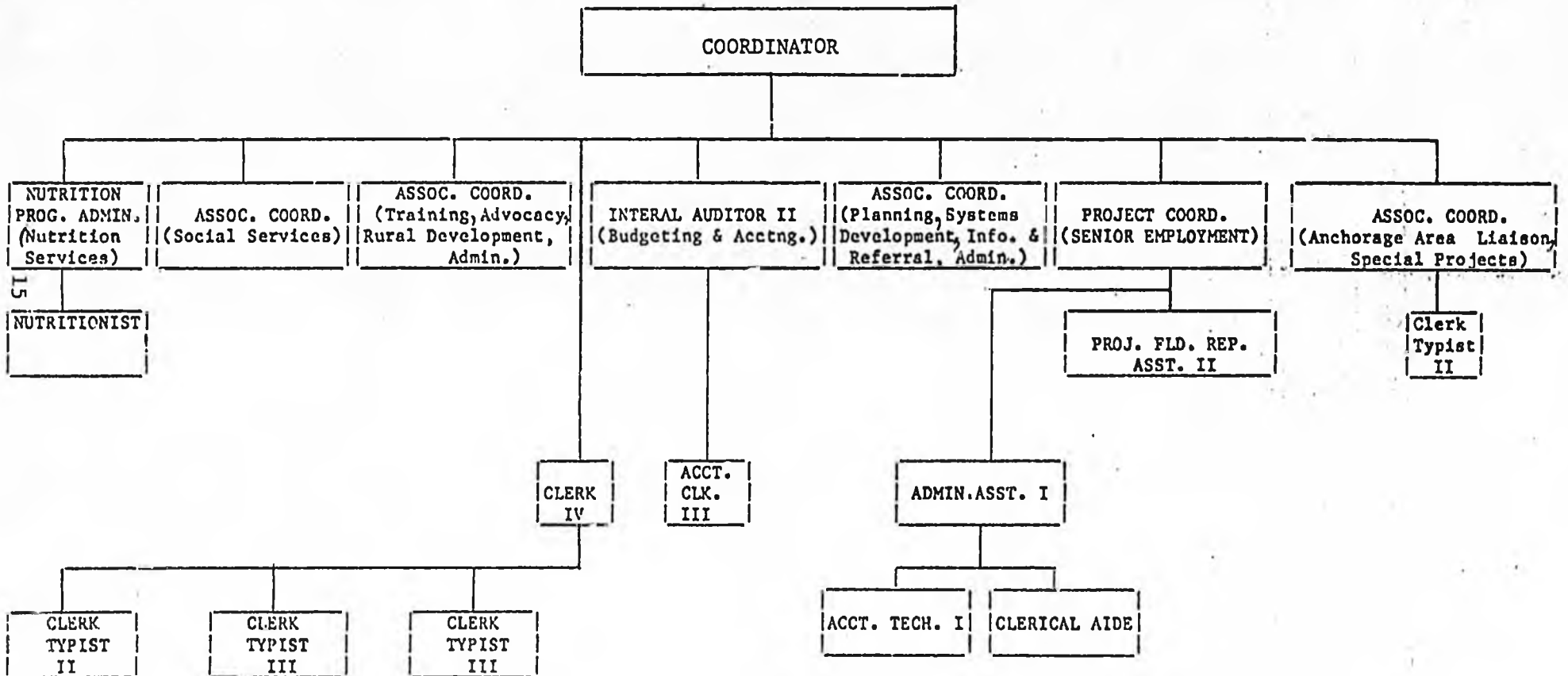
Effective February 20, 1980

State: Alaska

State Agency: Department of Health & Social Services

2 of 2 Forms

OFFICE ON AGING STAFFING



Revised 9/80

State: Alaska

State Agency: Department of Health & Social Services

3.C.1 AREA AGENCIES ON AGING DESIGNATED TO ADMINISTER
THE OLDER AMERICANS ACT PROGRAM
AT THE SUBSTATE LEVEL

Below is an identification of Area Agencies within the State, including the Agencies' names, addresses, and PSA map reference key.

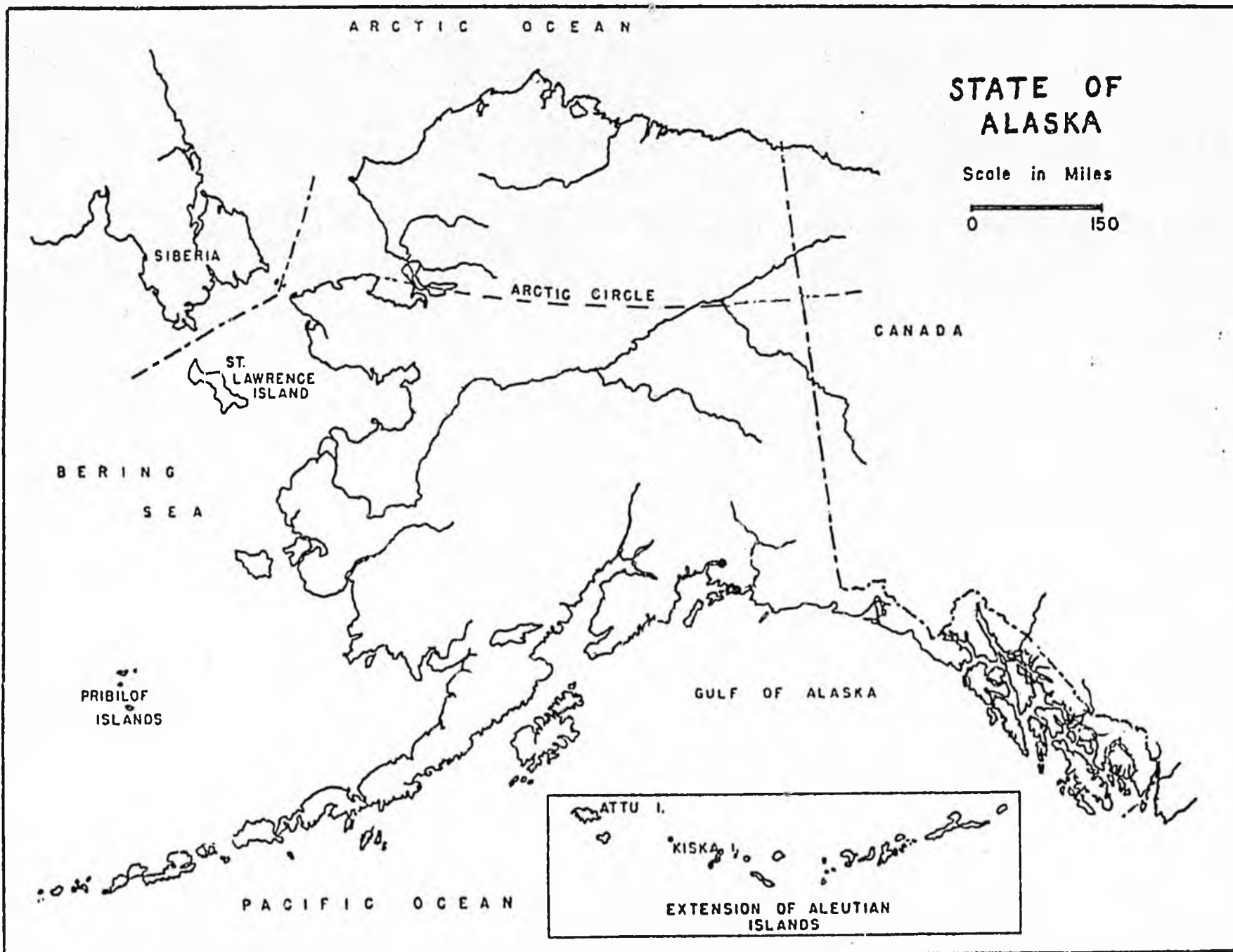
Office on Aging
Department of Health and Social Services
Porch H-01C
Juneau, Alaska 99811

Phone: (907) 465-4903

State: Alaska
State Agency: Department of Health & Social Services

2 of 2 Forms

3.C.2 PLANNING AND SERVICE AREA MAP



Section 4: Program Plan

State: Alaska

State Agency: Department of Health & Social Services

4.A.1 ADVOCACY PLAN: POLICIES AND PRIORITIES

Policies and priorities are presented below regarding the State's role as an advocate for the elderly.

Advocacy Policy: It is the policy of the Office on Aging to actively promote the improvement and/or maintenance of the social/emotional/physical/economic well-being of all older Alaskans, especially those in the greatest social and economic need, so that each may achieve his or her optimum level of independence and dignity and receive the rights and benefits to which he or she is entitled. The Office on Aging intends to carry out this policy in three major ways: by becoming a stronger advocate itself; by strengthening the Governor's Advisory Committee on Aging's advocacy capacity; and by making assistance available through the local programs (including assistance such as legal services) and through the Long Term Care Ombudsman to those who may not be able to look after their own interests to help them do so more effectively or to represent their interests, and by further developing legal services for older Alaskans.

The Office on Aging has defined "Adult Care Home," for purposes of the Long Term Care Ombudsman Program, as an "Adult Residential Care Facility (Level I or Level II)" or an "Adult Foster Home," as defined in the Alaska Administrative Code 7AAC51. Pioneer Homes are exempt from this definition. Long Term Care Ombudsman services for Pioneer Home residents are provided through the State Ombudsman's Office.

Advocacy Priority Issues: The following Advocacy priority issues are arranged in order from the highest priority to the lowest. These issues were identified and their priorities established by the Office on Aging staff, utilizing input from the Governor's Advisory Committee on Aging, staff experience with the program, and Federal regulatory and policy requirements. Consideration was also given to the relative likelihood of the Office's being able to impact upon conditions affecting each particular area.

- 1) Securing more State resources to support the Social and Nutrition Services and the Senior Employment Programs, both of which promote independent lifestyles among older Alaskans. For FY 81, the Office on Aging had requests for community grants totaling \$1,202,894 for Social and Nutrition Services and for 150 Senior Employment Program jobs that it did not have resources to fund. The substantial Legislative appropriation for State FY 81 is already exceeded by demand.
- 2) Better coordinating aging program planning with that of other agencies, in order to promote new and expanded benefits for older Alaskans. For several years, the Office on Aging concentrated its efforts on getting very basic services which it had resources to fund in place throughout much of the State (e.g., transportation, meals, information and referral, etc., and more recently employment). It has been quite successful at doing this; 42 communities now have Social and Nutrition Services programs, and 35 communities now have Senior Employment Program participants. Since basic services have been fairly well established, efforts have been redirected toward expanding basic services and

developing additional kinds of services and benefits, which necessitates increased coordination of planning with other agencies over that which was needed at a much earlier date. The Office on Aging is currently in contact with many agencies regarding various program planning and other program matters. (For a listing of these agencies and the areas in which coordination is taking place, refer to Attachment 7.B.) The Office on Aging anticipates working even more closely with several of these agencies in the future.

- 3) Securing input by and on behalf of more older Alaskans into plans, policies, budgets, programs, hearings, community actions, levies, and legislation which affect them. The Office on Aging plans to facilitate this through substantially increasing and broadening its distribution of program and issues information
- 4) Developing additional and more appropriate housing alternatives for older Alaskans, especially those in the greatest social and economic need, and affordable housing for those on lower-middle fixed incomes. The Alaska Comprehensive Study on Aging (1972), the State Policy Workshop on Aging (1976), the Office on Aging's Legal Needs Survey (1980), have all documented that housing is a problem for many older Alaskans, and especially for rural older Alaskans. Many housing units have been built, but waiting lists for many more and a general lack of housing availability in the bush indicate still more need.
- 5) Implementing a Statewide Long Term Care Ombudsman Program which meets Federal requirements, to assist residents of long term care facilities whom are adversely affected by administrative, policy, or regulatory decisions by agencies or facilities owners/operators. The greatest need for this service is in the Anchorage area, where there are the most long term care beds; the program, however, will provide services statewide.
- 6) Breaking down barriers which prevent older Alaskans, especially those in the greatest social and economic need, from obtaining services and resources otherwise available to them. Such barriers include not only physical barriers, but also social and psychological barriers such as age discrimination and the lack of knowledge and/or confidence that many older persons experience which inhibits their capacity or willingness to seek assistance they may desperately need.

State: Alaska

State Agency: Department of Health & Social Services

4.A.2 ADVOCACY PLAN: GOALS AND OBJECTIVES

The State's overall advocacy goal and related objectives are presented below.

Advocacy Goal I.

Advocacy Goal: Significant improvements will have been effected in the programs and services affecting the lives of both institutionalized and noninstitutionalized older Alaskans (especially those in the greatest social and economic need), and an increased number of older Alaskans will be receiving the public benefits to which they are entitled.

Objectives:

**Fiscal
Year**

- | | |
|---|---------|
| A. <u>As it becomes available</u> , the Office on Aging will, as appropriate, comment and/or testify to promote legislation which will favorably affect older Alaskans and increase services and resources available to them. | 1981-83 |
| B. <u>On 3/13-15/81</u> , the Alaska State Conference on Aging will be held to discuss issues pertaining to older Alaskans, in preparation for the 1981 White House Conference on Aging, scheduled for November 30 - December 4, 1981. | 1981 |
| C. <u>By 3/31/81</u> , the Office on Aging will have formalized its system for performing its mandated review and comment function on plans, policies, budgets, programs, hearings, community actions, levies, and legislation affecting older Alaskans. | 1981 |
| D. <u>By 3/31/81</u> , the Governor's Advisory Committee on Aging will have received training to help members more effectively fulfill their roles as community liaisons and solicitors of senior citizens' input into the policies and programs affecting them. | 1981 |
| E. <u>By 9/31/81</u> , Social and Nutrition Services projects, as appropriate, will be monitored for compliance with Section 504 of the Rehabilitation Act of 1973, as Amended, which mandates accommodations for handicapped individuals. | 1981 |
| F. <u>By 9/30/81</u> , the Office on Aging will have revised its guide to services for older Alaskans. | 1981 |
| G. <u>By 9/30/82</u> , the Office on Aging will have provided training designed to build the capacity of the members of the Governor's Advisory Committee on Aging to advocate even more effectively for services to meet the needs of senior citizens, including the development of additional housing alternatives. | 1982 |
| H. <u>By 9/30/82</u> , the Office on Aging will have developed a mailing list of State and other agencies, organizations, and resource persons | 1982 |

State: Alaska
State Agency: Department of Health & Social Services

Form 4.A.2
Advocacy

Objectives (Cont'd):	Fiscal Year
<p>to receive mailings of information about aging programs and issues.</p> <p>I. <u>By 9/30/83</u>, the Office on Aging will have rerevised its guide to services for older Alaskans.</p>	1983

State: Alaska
 State Agency: Department of Health & Social Services

4.A.2 ADVOCACY PLAN: GOALS AND OBJECTIVES

The State's overall advocacy goal and related objectives are presented below.

Advocacy Goal II.

Advocacy Goal: Long Term Care Ombudsman services will be available to help older Alaskans in long term care facilities whose health, safety, welfare, or rights are adversely affected by administrative actions of the facility owners/operators, or government agencies whose actions affect the provision of services to such residents.

Objectives:	Fiscal Year
A. By <u>10/1/80</u> , the Statewide Long Term Care Ombudsman Program required by the Older Americans Act will be established.	1981
B. By <u>3/31/81</u> , the Office on Aging will have in place a written agreement with the State Ombudsman's Office regarding long term care complaints of persons in State long term care facilities..	1981
C. By <u>4/30/81</u> , a midyear report of Long Term Care Ombudsman Program progress will be completed, to be used for analysis and planning for future program direction.	1981

State: . Alaska

State Agency: Department of Health & Social Services

4.B.1 SERVICE DEVELOPMENT PLAN: POLICIES AND PRIORITIES

Policies and priorities that represent the State's plan to implement service delivery requirements identified in the Act are presented below. This policy statement includes policy for defining methods to be used in giving preference to those with greatest economic or social need.

Service Development Policy: It is the policy of the Office on Aging to facilitate: (a) fuller utilization of limited resources; (b) equalization of the distribution of resources (especially to rural older Alaskans, who are in the greatest social and economic need); (c) improved quality of existing services; and (d) development of new or expanded services to meet identified needs of high priority. In order to help it carry out this policy, the Office on Aging has established several "subpolicies":

- 1) Because the Office on Aging's resources for the provision of services for older Alaskans are limited, it is the policy of the Office on Aging to assure that, in their use, preference is given for those older persons in the greatest social and economic need.
- 2) In order to avoid fragmentation and duplication of services, it is the policy of the Office on Aging to use its resources to supplement other resources.
- 3) Because other resources for the provision of various services for older Alaskans are extremely limited, it is the policy of the Office on Aging to direct as many of its program resources as possible toward the provision of social services (including employment) and nutrition services.
- 4) So long as existing services funded by the Office on Aging are effective, efficient, and meet high priority existing needs, and do not contribute to duplication or fragmentation of services, it is the policy of the Office on Aging to give priority consideration to the continued funding of these existing services.
- 5) In order to avoid fragmentation and duplication of services, it is the policy of the Office on Aging to fund only one local program of a given type in any single community, where feasible, and only one grantee in any single community, to the extent feasible.
- 6) In order to conserve Title III resources for needed social and nutrition services, it is the policy of the Office on Aging to continue to encourage that multipurpose senior center facility construction, alteration, renovation, and operation expenses be paid from other sources; however, the Office on Aging, through its monitoring process, will encourage the projects to obtain in-kind resources to upgrade and improve the attractiveness of their facilities.
- 7) In order to conserve limited resources, it is the policy of the Office on Aging to promote delivery of services in the most cost-effective and efficient manner possible.

- 8) It is the policy of the Office on Aging to ensure that the Older Americans Act requirement to "spend in each fiscal year, for services to older individuals residing in rural areas in the State assisted under this title [Title III], an amount equal to not less than 105 percent of the amount expended for such services (including amounts expended under [former] Title V and [former] Title VII in fiscal year 1978," is met. For purposes of this requirement the Federal regulations define "rural area" as "any area outside a Standard Metropolitan Statistical Area (SMSA) as defined by the Department of Commerce." In Alaska, therefore, all areas except the Municipality of Anchorage are defined as "rural areas."
- 9) Because social and economic needs are the greatest and services are least available in the bush, it is the policy of the Office on Aging to expand and develop services in the bush, to the greatest extent feasible and equitable.
- 10) It is the policy of the Office on Aging to promote the development of new or expanded services targeted to meet identified needs of high priority, giving preference to those older Alaskans in the greatest social and economic need, subject to the availability of resources.
- 11) In order to facilitate the development of new services and the equalization of the distribution of resources, it is the policy of the Office on Aging to provide technical assistance upon request to prospective grantees and to promote the development of programs for the elderly, especially in communities where few or no services are available.

Service Development Priorities: The following Service Development priorities of the Office on Aging are arranged in order, with the highest priority item listed first. These priorities relate only to services available through the Office on Aging. Their order has been established by the Office on Aging staff, taking into consideration input from the Governor's Advisory Committee on Aging, project monitoring results, Federal regulatory requirements, and local priorities as expressed in requests for funding.

- 1) Giving preference to those in the greatest social and economic need. Not only is this a Federal mandate, but it is a means of assuring that resources will have the greatest impact for those who most need assistance. Methods for giving preference are discussed in the Systems Development Priorities section of this Plan.
- 2) Increasing employment of low-income seniors. Not only does such employment provide emotional satisfaction for many individuals and help them to maintain a better standard of living than might otherwise be possible, but it also is the deciding factor for many which keeps them off the welfare rolls.

- 3) Reaching hard-to-find seniors. The Office on Aging program is currently reaching about half of the persons 60 years of age or over in the State. Increased outreach is needed to help locate the other half, especially those persons who are very much in need of services but who, for various reasons are not getting them.
- 4) Increasing coordination and efficiency of transportation services. Transportation is one of the most expensive services to deliver and, therefore, one in which it is the most important to operate efficiently. It is also one of the services in which inefficiencies can be the most difficult to overcome. This is especially true in larger scale programs.
- 5) Filling gaps in health care. Audio, visual, and dental care have been particularly lacking (with the one exception of a pilot dental project in State FY 1980). These services, along with expansion of home health services, respite care, and health screening services, need to be developed and expanded extensively.
- 6) Developing cost-effective alternatives to existing nutrition service delivery methods, to facilitate delivery of services to ethnic minorities and in rural areas. The cost of providing meals in the bush in the traditional congregate site manner for small numbers of people is prohibitive. The Office on Aging has been and will continue to explore other possible means of delivering nutrition services in the bush.

State: Alaska

State Agency: Department of Health & Social Services

4.B.2 SERVICE DEVELOPMENT PLAN: GOALS AND OBJECTIVES

This chart specifies the State's overall service development goals and objectives for fostering comprehensive and coordinated systems of services through the State. A State may list more than one goal; but each goal should contribute to the overall responsibility to foster comprehensive and coordinated systems of services. Each of the objectives which the State lists must be identified as related to one of the major categories of the comprehensive and coordinated system as described in §1321.75, that is: (1) services which facilitate access; (2) services provided in the community; (3) services provided in the home; (4) services provided to residents of care providing facilities.

Service Delivery Goal 1.

Service Delivery Goal: New or revised mechanisms will be in place to help assure effective and efficient delivery of services by Office on Aging-funded service providers.

Objectives:

**Fiscal
Year**

- | | |
|--|------|
| A. By <u>12/31/80</u> , an alternate Program Report procedure, to be used by Social and Nutrition Services projects for which the standard statistical Title III Program Report form is unsuitable, will be implemented. | 1981 |
| B. By <u>12/31/80</u> , the Office on Aging's Social and Nutrition Services Program Monitoring Instrument will be revised to reflect more emphasis on the quality of services provided and the extent to which services being provided are reaching those in the greatest social and economic need. | 1981 |
| C. By <u>12/31/80</u> , a Senior Employment Program Enroller Handbook will be completed. | 1981 |
| D. By <u>12/31/80</u> , a Senior Employment Program Worksite Supervisor Handbook will be completed. | 1981 |
| E. By <u>1/31/81</u> , operating instructions previously sent out as Program Instructions and Information Memoranda and program policies for the Senior Employment Program will be incorporated as applicable, and further developed into a Senior Employment Program Subgrantee Manual of Standard Operating Policies and Procedures. | 1981 |
| F. By <u>3/31/81</u> , the Senior Employment Program Subgrantee Manual will be printed and distributed to all subgrantees. | 1981 |
| G. By <u>3/31/81</u> , Alaska Elderly Nutrition Services Program policies will be developed and implemented. | 1981 |

Objectives (Cont'd):	Fiscal Year
H. <u>By 3/31/81</u> , the Office on Aging will have a revised policy manual, which, among other things, will address increased services to those in the greatest social and economic need.	1981
I. <u>By 4/30/81</u> , the Office on Aging's Social and Nutrition Services grant review criteria and procedures will be revised to conform with revised Department of Health and Social Services grant procedures, Federal requirements, and program emphases.	1981
J. <u>By 6/30/81</u> , units of service definitions will be developed for at least five services.	1981
K. <u>By 9/30/81</u> , the Office on Aging's Senior Employment Program Monitoring Instrument will be revised to place more emphasis on job development and training aspects of the program.	1981
L. <u>By 12/31/81</u> , an Older Worker Specialist Handbook will be provided to the Older Worker Specialists in the Job Service Centers.	1982
M. <u>By 12/31/81</u> , desk guides for existing Senior Employment Program staff positions will be revised and new guides developed for new positions.	1982
N. <u>By 6/30/82</u> , the Senior Employment Program staff internal operating procedures and policies will be compiled and further developed into a manual.	1982
O. <u>By 9/30/83</u> , an Alaska State Menu Pattern for Elderly Nutrition Services Programs will be implemented.	1983
P. <u>By 9/30/83</u> , if adequate resources are available, the nutritional status of participants in the Elderly Nutrition Services Programs will be assessed in selected senior centers before the implementation of the Alaska State Menu Pattern for Elderly Nutrition Services Programs.	1983
Q. <u>By 9/30/83</u> , methods of serving cultural, traditional foods will have been introduced and implemented in at least one appropriate congregate meal center.	1983
R. <u>Within 90 days after notification that revisions in the Federal Title III program reporting system are in effect, the Office on Aging will have revised its reporting system as needed and have notified Office on Aging projects of changes, as appropriate.</u>	Within 90 Days

State: Alaska

State Agency: Department of Health & Social Services

4.B.2 SERVICE DEVELOPMENT PLAN: GOALS AND OBJECTIVES

This chart specifies the State's overall service development goals and objectives for fostering comprehensive and coordinated systems of services through the State. A State may list more than one goal; but each goal should contribute to the overall responsibility to foster comprehensive and coordinated systems of services. Each of the objectives which the State lists must be identified as related to one of the major categories of the comprehensive and coordinated system as described in §1321.75, that is: (1) services which facilitate access; (2) services provided in the community; (3) services provided in the home; (4) services provided to residents of care providing facilities.

Service Delivery Goal II.

Service Delivery Goal: Older Alaskans will have better knowledge of and access to services and resources available to them.

Objectives:	Fiscal Year
A. By <u>12/31/80</u> , the Office on Aging's instrument for assessing the nature and quality of project Information and Referral services will be revised and implemented.	1981
B. By <u>12/31/80</u> , the Office on Aging will have developed a formal transportation policy.	1981
C. By <u>3/31/82</u> , the Office on Aging will have monitored in depth each information and referral site in the Senior Citizens' Information and Referral System and have identified improvements needed in the individual sites and in the System as a whole.	1982
D. By <u>9/30/83</u> , the method and quantity of outreach services throughout existing Social and Nutrition Services projects will be assessed.	1983

State: Alaska

State Agency: Department of Health & Social Services

4.B.2 SERVICE DEVELOPMENT PLAN: GOALS AND OBJECTIVES

This chart specifies the State's overall service development goals and objectives for fostering comprehensive and coordinated systems of services through the State. A State may list more than one goal; but each goal should contribute to the overall responsibility to foster comprehensive and coordinated systems of services. Each of the objectives which the State lists must be identified as related to one of the major categories of the comprehensive and coordinated system as described in §1321.75, that is: (1) services which facilitate access; (2) services provided in the community; (3) services provided in the home; (4) services provided to residents of care providing facilities.

Service Delivery Goal III.

Service Delivery Goal: More older Alaskans who need in-home services will find them available.

Objectives:

Fiscal
Year

A. By 9/30/81, the number of home-delivered meals served will be increased by 5% over the Federal FY 1980 level.

1981

B. By 9/30/82, Food Selection Assistance services will be included in the home-delivered meals program.

1982

C. By 9/30/82, an evaluation of the kinds and availability of in-home services provided through Office on Aging-funded programs will be completed.

1982

D. By 9/30/83, a plan of action to improve and/or increase in-home services, based on the evaluation, will be developed.

1983

State: Alaska

State Agency: Department of Health & Social Services

4.B.2 SERVICE DEVELOPMENT PLAN: GOALS AND OBJECTIVES

This chart specifies the State's overall service development goals and objectives for fostering comprehensive and coordinated systems of services through the State. A State may list more than one goal; but each goal should contribute to the overall responsibility to foster comprehensive and coordinated systems of services. Each of the objectives which the State lists must be identified as related to one of the major categories of the comprehensive and coordinated system as described in §1321.75, that is: (1) services which facilitate access; (2) services provided in the community; (3) services provided in the home; (4) services provided to residents of care providing facilities.

Service Delivery Goal IV.

Service Delivery Goal: Older Alaskans will have more community and neighborhood services available to support their effort to live in noninstitutional community settings.

Objectives:

Fiscal
Year

- | | |
|--|------|
| A. <u>By 9/30/81</u> , the number of congregate meals served to low-income minority persons will be increased by 5% over the Federal FY 1980 level. | 1981 |
| B. <u>By 12/31/81</u> , the Office on Aging will have developed, in conjunction with the Alaska Legal Services Corporation and the Alaska Project Directors' Association, a plan for the further development of legal services for older Alaskans. | 1982 |
| C. <u>By 9/30/82</u> , the Office on Aging will have contacted each community with funding for a new senior center to offer technical assistance to help implement fuller ranges of services in preparation for designation as a "Community Focal Point" on aging. | 1982 |
| D. <u>By 9/30/83</u> , the Senior Employment Program will have met the Federal requirement for equitable geographic distribution of enrollees, to the greatest extent feasible. | 1983 |
| E. <u>By 9/30/83</u> , hemoglobin lab work will be implemented as a health screening service to detect iron deficiencies, for participants at twenty-five congregate meal centers. | 1983 |

State: Alaska

State Agency: Department of Health & Social Services

4.B.2 SERVICE DEVELOPMENT PLAN: GOALS AND OBJECTIVES

This chart specifies the State's overall service development goals and objectives for fostering comprehensive and coordinated systems of services through the State. A State may list more than one goal; but each goal should contribute to the overall responsibility to foster comprehensive and coordinated systems of services. Each of the objectives which the State lists must be identified as related to one of the major categories of the comprehensive and coordinated system as described in §1321.75, that is: (1) services which facilitate access; (2) services provided in the community; (3) services provided in the home; (4) services provided to residents of care providing facilities.

Service Delivery Goal V.

Service Delivery Goal: Older Alaskans living in both small and large facilities will have services available to support their efforts to live in the least restricted manner possible.

Objectives:

Fiscal
Year

A. By 9/30/82, the Office on Aging will have identified additional services needed by residents of congregate elderly housing facilities.

1982

B. By 9/30/82, the Office on Aging, through its long term care ombudsman service, will have identified additional supporting social services needed by residents of long term care facilities.

1982

State: Alaska

State Agency: Department of Health & Social Services

4.B.2 SERVICE DEVELOPMENT PLAN: GOALS AND OBJECTIVES

This chart specifies the State's overall service development goals and objectives for fostering comprehensive and coordinated systems of services through the State. A State may list more than one goal; but each goal should contribute to the overall responsibility to foster comprehensive and coordinated systems of services. Each of the objectives which the State lists must be identified as related to one of the major categories of the comprehensive and coordinated system as described in §1321.75, that is: (1) services which facilitate access; (2) services provided in the community; (3) services provided in the home; (4) services provided to residents of care providing facilities.

Service Delivery Goal VI.

Service Delivery Goal: The knowledge and skills of Office on Aging service provider staff, advisory council members, and volunteers; of the Governor's Advisory Committee on Aging; of the Office on Aging staff; and of senior citizen advocates will be enhanced through training to facilitate better planning/delivery of service and improve the capability of older Alaskans to look after their own interests.

Objectives:

Fiscal
Year

A. According to the time schedule set forth therein, the Office on Aging's Title IV-A Training Program will be implemented

1981-
1983

B. By 3/31/80, the Senior Employment Program staff will have established a plan for specialized training in gerontology as related to employment services, to be provided to Older Worker Specialists and others at Job Service Centers.

1981

C. By 12/31/81, the Senior Employment Program training plan will be implemented in coordination with other statewide conferences or workshops for Job Service Center staff, in order to conserve funds and expose staff from Job Service Centers that do not have Older Worker Specialists to gerontological concepts as related to employment.

1982

State: Alaska

State Agency: Department of Health & Social Services

4.C.1 SYSTEMS DEVELOPMENT PLAN: POLICIES AND PRIORITIES

Policies and priorities are presented below regarding the State's responsibility for developing comprehensive and coordinated service delivery systems.

Systems Development Policy: It is the policy of the Office on Aging to support the development of a comprehensive continuum of coordinated social and health care services which will assist older Alaskans to be as independent as possible and will, ultimately, afford them at least some choice regarding the support or care they may receive. Services funded by the Office on Aging are seen as part of this continuum and as part of the overall continuum of services being developed by the Department of Health and Social Services to maximize self-sufficiency and prevent or reduce inappropriate institutionalization among all Alaskans. They are specifically intended to help older Alaskans to remain integrated in their communities and to support the efforts of their families and friends to help them continue living in community settings. Office on Aging Social and Nutrition Services reached approximately 9,700 persons (of Alaska's approximately 20,000 persons 60 years of age or over) during the State FY 1980, and 207 seniors 55 years of age or over were provided jobs under the Senior Employment Program.

Recognizing that Office on Aging-funded service providers comprise the only major network which provides a variety of supporting services exclusively for senior citizens, it is the policy of the Office on Aging to support the further development of this network through such means as arranging for training; providing technical assistance; monitoring and evaluating service providers' programs; establishing criteria, standards, and/or definitions pertaining to various services; assisting service providers to implement results-oriented management techniques; promoting coordinated policies, programs, and resources at the State level; and encouraging similar coordination at the local level.

Because of Alaska's large geographic area and the diversity in conditions from community to community, local level planning, in order to be effective, must be done by each individual community (rather than areawide); and State level planning must also address communities individually. Planning and service delivery uniformity across all Alaskan communities is, in the view of the Office on Aging, neither feasible nor desirable. Therefore, it is the policy of the Office on Aging to support and to utilize for State planning purposes the planning of its local service providers, most of whom have already been functioning essentially as "community focal points" for aging and, in this role, have already developed considerable local level planning capacity.

Systems Development Priorities: Based on information from a variety of sources, the Office on Aging is keenly aware that, even with the range of services already available to older Alaskans, there are still needed services which are either not available or not widely available. Adult day care and respite care, for example, are services which are still not available even to seniors in Anchorage. Geriatric mental health outreach services are available only in Anchorage. Adult foster care is just being initiated, as is dental/audio/visual care. Home health care is still limited in its availability, and other in-home services are just

beginning to be more widely available. Also, there is still demand for more transportation and more congregate housing with varying types of support services. Physical fitness programs are also not yet widely available.

Therefore, in the area of Systems Development, it is the priority of the Office on Aging to promote the development of services to fill missing links in the long term care system so that, ultimately, there will exist a continuum of services which will provide older Alaskans care or support appropriate to their individual needs and encourage and enable them to function as independently as possible. In the development of this continuum of services, the Office on Aging is working to assure that preference is given to those older persons in the greatest social and economic need. Some of the methods used to implement this include: consideration of the geographic location of socially and economically needy persons in the development of new Office on Aging programs, consideration of socially and economically needy persons in determining types of services to be funded, monitoring existing programs to assure that reasonable numbers of socially and economically needy persons are being served, and encouraging and assisting local programs to provide outreach to locate more socially and economically needy persons. Additionally, the Office on Aging will give consideration to the socially and economically needy in its designation of "Community Focal Points" on aging. In order to facilitate the kind of systems development the Office on Aging wishes to promote, the Office on Aging has identified two areas, planning and coordination, in which it is necessary to achieve additional progress. It is these two areas that the Systems Development goals and objectives address.

State: Alaska
 State Agency: Department of Health & Social Services

4.C.2 SYSTEMS DEVELOPMENT PLAN: GOALS AND OBJECTIVES

The State's overall systems development goals and related objectives are presented below.

Systems Development Goal I.

Systems Development Goal: The Office on Aging will have in place new or improved mechanisms through which to obtain the planning information it needs, for use in establishing systems development/service delivery priorities.

Objectives:	Fiscal Year
A. <u>By 3/31/81</u> , the Office on Aging will have in place an improved program data system capable of efficiently providing accurate, up-to-date information.	1981
B. <u>By 7/31/81</u> , published results of the needs assessment currently underway will be disseminated to Social and Nutrition Services projects and members of the Governor's Advisory Committee on Aging, as technical assistance to them in fulfilling their planning functions, and will also be widely disseminated to other organizations involved in assisting senior citizens.	1981
C. <u>By 3/31/82</u> , the Office on Aging will have in place a mechanism for assessing needs of older Alaskans, especially those in the greatest social and economic need, on a regular basis between major needs assessments.	1982

State: Alaska

State Agency: Department of Health & Social Services

4.C.2 SYSTEMS DEVELOPMENT PLAN: GOALS AND OBJECTIVES

The State's overall systems development goals and related objectives are presented below.

Systems Development Goal II.

Systems Development Goal: Services delivered to older Alaskans will be better coordinated, and a more comprehensive range of services will be available.

Objectives:	Fiscal Year
A. Cooperative agreements between the Senior Employment Program (Title V) and the following agencies will have been signed:	
1) <u>By 12/31/80</u> - Division of Public Health, Department of Health and Social Services	1981
2) <u>By 12/31/80</u> - Community Employment and Training Assistance (CETA) Division, Department of Community and Regional Affairs	1981
3) <u>By 3/31/81</u> - Governor's Manpower Council	1981
4) <u>By 3/31/81</u> - Employment Security Division, Department of Labor	1981
5) <u>By 6/30/81</u> - Division of Vocational Rehabilitation, Department of Education	1981
B. <u>By 12/31/80</u> , the Office on Aging will have devised and implemented an improved mechanism for disseminating AOA information to Social and Nutrition Services projects funded by the Office, as well as to Regional Native Corporation health and social service agencies and other agencies, as appropriate.	1981
C. <u>By 2/28/81</u> , in order to promote a more comprehensive range of services, the Office on Aging will expand its grant solicitation procedure to reach a wider diversity of prospective applicants than are already solicited from.	1981
D. <u>By 9/30/81</u> , the Office on Aging will have designated at least fifteen "Community Focal Points" on Aging.	1981

State: Alaska
State Agency: Department of Health & Social Services

Form 4.C.2
Systems Development

Objectives (Cont'd):	Fiscal Year
E. <u>By 12/31/81</u> , the Office on Aging will have published its first Annual Report, addressing program status and accomplishments, as a means of promoting better understanding of the aging program, especially among other agencies.	1982
F. <u>By 9/30/83</u> , Office on Aging staff will have met with representatives of at least eight nonprofit Alaska Regional Native Corporations with health and/or social services functions to coordinate planning efforts and exchange information concerning available services.	1983

1914

Section 5: Financial Plan

State: AlaskaState Agency: Department of Health & Social Services

S.A. ALLOTMENT REVISIONS AND ADJUSTMENTS FOR FY <u>81</u>								
MODIFICATIONS	ALLOTMENTS	State Agency Administration Allotment	Social Services Allotment	Congregate Nutrition Services Allotment	Home Delivered Nutrition Services Allotment	SPECIAL APPLICATIONS		TOTAL
						Area Plan Administration	Ombudsman Program	
1. Formula Allotments		300,000	1,222,650	1,460,250	272,250			3,255,150
2. Increases 1321.197; 1321.197(b)(2)		+ -0-	+ -0-	+ -0-	+ -0-			+ -0-
3. Deductions 1321.197; 1321.197(b)(2); 1321.203		(-0-)	(-0-)	(-0-)	(-0-)			(-0-)
4. Revised Allotments		300,000	1,222,650	1,460,250	272,250			3,255,150
5. Additional Funds for Administration* 1321.193		+ -0-	(-0-)	(-0-)	(-0-)			
6. Supplement Area Plan Administration 1321.197(a)(2)		(-0-)				+ -0-		
7. Supplement Social and Nutrition Services** 1321.197(3)		(-0-)	+ -0-	+ -0-	+ -0-			
8. Support Long Term Care Ombudsman Program*** 1321.193			(20,000)				+ 20,000	
9. Title III Funds for State Agency Expenditure		300,000					20,000	320,000
10. Shift Congregate to Home Delivered Nutrition**** 1321.192				(219,037)	+ 219,037			
11. Shift Home Delivered to Congregate Nutrition**** 1321.192				+ -0-	(-0-)			
12. Title III Funds for Allocation to Area Agencies			1,202,650	1,241,213	491,287	-0-		2,935,150

* Approval may be given to use up to 3/4 of 1% of social and nutrition services allotment for State Agency Administration.

** Commissioner's decision.

*** Up to 1% of the social services allotment of \$20,000 whichever is greater, may be used for the Long Term Care Ombudsman program.

**** State decision if amount shifted is 15% or less of source allotment; if shift is greater than 15%, application must be made to Commissioner for approval.

State: Alaska

State Agency: Department of Health & Social Services

5.B STATE AGENCY OPERATING BUDGET FOR FY 81

TOTAL RESOURCES TO BE USED AT STATE AGENCY LEVEL

	<u>Title III</u>	<u>Match to Title III</u>	<u>Other Agency Resources</u>	<u>Total Agency Budget</u>
• Title III: State Admin.	\$ <u>300,000</u>			\$ <u>300,000</u>
• Title III: (Part B) Long-Term Care Ombudsman Program*	\$ <u>20,000</u>			\$ <u>20,000</u>
• Other Older Americans Act Funds			\$ <u>250,800</u>	\$ <u>250,800</u>
• Other Federal Funds		\$ <u>-0-</u>	\$ <u>-0-</u>	\$ <u>-0-</u>
• State		\$ <u>286,800</u>	\$ <u>150,000</u>	\$ <u>436,800</u>
• Local Public		\$ <u>-0-</u>	\$ <u>-0-</u>	\$ <u>-0-</u>
• Other		\$ <u>-0-</u>	\$ <u>-0-</u>	\$ <u>-0-</u>
TOTAL	\$ <u>320,000</u>	\$ <u>286,800</u>	\$ <u>400,800</u>	\$ <u>1,007,600</u>

* Title III social service funds (Part B) are used directly by the State Agency only for purposes of operating the Long-Term Care Ombudsman Program.

State: Alaska
 State Agency: Department of Health & Social Services

5.C STATE PROGRAM ALLOCATIONS BY PLANNING AND SERVICE AREA FOR FY 81

(1) <u>Planning and Service Area</u>	(2) <u>AAA Title III</u>	(3) <u>AAA Other</u>	(4) <u>Other Agencies</u>	(5) <u>Total</u>
State of Alaska	\$2,935,150	\$1,698,100	-0-	\$4,633,250

PSA Subtotals	\$ 2,935,150	\$ 1,698,100	\$ -0-	\$ 4,633,250
Other (Undifferentiated)			\$ -0-	\$ -0-
TOTAL ALLOCATIONS	\$ 2,935,150	\$ 1,698,100	\$ -0-	\$ 4,633,250

Section 6: State Plan Appendix

TO BE COMPLETED FOR SINGLE STATE PSAs ONLY

State: Alaska

State Agency: Department of Health & Social Services

6.C.1 IDENTIFICATION OF COMMUNITY FOCAL POINTS

Following is an identification of community focal points where designated.

No community focal points have yet been designated.

TO BE COMPLETED FOR SINGLE STATE PSAs ONLY

State: Alaska

State Agency: Department of Health & Social Services

6.C.2 SERVICE PRIORITIES

In the space below the State Agency should identify service priorities for FY81-83 and describe the method used to establish these priorities.

Service Priorities for FY 81 - 83

National service priorities for the Federal FY 1981-83 period are established in the 1978 Amendments to Title III of the Older Americans Act. In addition to congregate and home-delivered nutrition services (which are funded separately under Title III-C), priority is on the provision of access types of services, in-home services, and legal services (which are funded under Title III-B, with a requirement that at least 50% of the Title III-B allotment be expended on these services). Fortunately, the Alaska Office on Aging's service priorities fall within these Federally established priorities.

The Office on Aging's service priorities are:

Access Services - Transportation, Information and Referral, and Outreach are the Access Services upon which the Office on Aging places priority:

- Transportation - The Alaska Comprehensive Study on Aging (1972) identified transportation as a significant need of many older Alaskans. Although the Office on Aging has, over the past several years, devoted a large proportion of its available resources on transportation services, the need to further expand transportation services is documented in the grant applications of local programs which have requested funds to expand their transportation services for State FY 1981. At least 11 communities requested funds to expand their transportation services for FY 1981. Therefore, transportation is a continuing priority.
- Information and Referral - Information and Referral is a continuing service priority, based on high usage of the existing service. Office on Aging programs provided approximately 2,700 persons Information and Referral services during State FY 1980.
- Outreach - Outreach is also a continuing service priority of the Office on Aging. The Office on Aging program statistics show that approximately 9,700 older Alaskans have been reached by Office on Aging Programs. This means, however, that there are approximately another 10,300 who are not being reached. Many of these are elderly Alaska Natives who live in scattered locations in the bush and are among those in the greatest social and economic need. It is a priority of the Office on Aging to extend services to reach these older Alaskans as well as to assure that more socially and economically needy older

Alaskans in communities where services are already available are informed about and encouraged to use the services and resources available to them.

Employment - Employment is one of the most critical needs of the elderly in Alaska, especially those on low incomes. With nearly one out of every three persons 65 years and over receiving Old Age Assistance in 1978, it is obvious that income is a documented need of at least 35% of older persons in this age group. Employment, which supplements Social Security or in itself provides sufficient income permits a decent standard of living in the form of adequate housing, food, clothing, transportation (if otherwise available) and recreation or travel (which are especially important in an area where the confinement of bad weather contributes heavily to "cabin fever"); and it permits a person to live with dignity, endowing him with feelings of well-being and self-worth which contribute to mental and general health. There are many barriers to employment for the older person, over and above those experienced by younger persons. These barriers are especially addressed by the Office on Aging's Senior Employment Program, which provides an excellent "stepping-stone" to unsubsidized employment in some cases and an income in all cases. The value of this employment program is evident from the constantly increasing demand. The program has grown from 17 participants in December, 1977 to 150 in September, 1980. For the grant period beginning July, 1980, applications were made for an additional 150 positions for which funding was unavailable, and there are continuing inquiries for information. This demonstrates the need for senior employment and the availability of more than enough seniors at or near the poverty level to fill the positions.

Nutrition Services - This includes the maintenance and expansion of both congregate and home-delivered meal services. The steady increase in the number of participants in the existing congregate meals program, whether it be to meet nutritional or social needs of participants, is a strong indicator that continuation of this service should be a priority. The number of participants has grown from 2,372 in FY 76 to 5,162 for the first three quarters of Federal FY 1980. In addition, the demand for home-delivered meals has, over the past few years, exceeded the resources available to meet it. With the 1978 Amendments to the Older Americans Act, more resources can be directed to meet the need for home-delivered meals.

In-Home services - Increasing the availability of In-Home Services is a priority of the Office on Aging. Two of the primary In-Home Services, homemaker and home health services, are funded by the Divisions of Social Services and Public Health. The Office on Aging uses its resources to supplement the availability of those services, providing such services as chore service, limited home health aide services where none are otherwise available, telephone reassurance, shopping, companionship, letterwriting, and reader services. The demand for In-Home Services, although it is being partially met with resources of the three agencies, is still great. It was identified as a need in the Alaska Comprehensive Study on Aging in 1972, and has been reiterated as a need since by senior citizens' program personnel, advisory council representatives, and the Governor's Advisory Committee on Aging; and it has continuously been expressed in public comment to the Office on Aging. Home

health services gradually are becoming more widely available. Although there is only one Medicaid-certified home health agency in Alaska (Anchorage), there are also three other home health agencies (Juneau, Ketchikan, and Fairbanks) funded under the Division of Public Health. Although the Division of Social Services has funding for homemaker-home health aides, they do have a waiting list of clients whom they do not have adequate resources to serve.

Legal Services - Legal Service is a Federally mandated priority. The development of legal services is a secondary priority of the Office on Aging, which is working to develop cost-effective legal services. In 1980, the Office on Aging completed a survey of the legal needs of older Alaskans. The survey identified that the most pressing needs for legal assistance are in the areas of estate planning and housing/home ownership. Of those surveyed, 33.1% requested assistance with estate planning, approximately 15% indicated a need for legal assistance with home ownership problems, and approximately 15% indicated a need for legal assistance with housing difficulties. The Office on Aging will be working with Alaska Legal Services Corporation and the Alaska Project Directors' Association, in particular, to design and implement expanded legal services delivery, especially in these two areas. Title III Project Directors have already been provided some legal training through the Office on Aging and the National Paralegal Institute.

Health Services - The development of additional Health Services is another priority of the Office on Aging. Health Services which the Office has established as priority for development with its funds include the purchase of dental, audio, and visual aids and the development of additional health screening services. During State fiscal year 1980, the State Legislature funded for the first time a small pilot program for the purchase of dentures for older Alaskans. The program was resoundingly successful, and 55 persons were treated. The Office on Aging wishes to extend this service, along with purchase of audio and visual aids, to other older Alaskans as funds are available, since other funding sources for these purposes are extremely limited, and for dental aids nonexistent. In addition, health screening services are also very limited in availability. Many senior centers and meal sites offer blood pressure screening, but other health screening services for seniors are not generally available through senior programs. Since health maintenance is one of the top concerns of older Alaskans, as documented in the Alaska Comprehensive Study on Aging (1972), in the State Policy Workshop on Aging (1976), by the Governor's Advisory Committee on Aging, and by public comment, it is a priority of the Office on Aging to increase the availability of health screening services.

The Office on Aging also recognizes the need for increased availability of a number of existing services and for the full development of services which are either just being initiated or are still nonexistent in Alaska. However, the Office also recognizes that adequately addressing these needs requires

resources well beyond those available to the Office (and, in many cases, to any agency for such purposes) and that many of them are outside the Office on Aging's jurisdiction except in terms of advocating for them to be addressed. The following are examples of services/resources for which the Office on Aging would like to see funding expanded or initiated:

All services currently funded by the Office on Aging, with special emphasis on the bush (transportation, meals, employment, information and referral, outreach, in-home services, health services, legal services, etc.)

Homemaker Services

Home Health Services

Income Assistance

Adult Day Care

Respite Care

Adult Foster Care

Mental Health Outreach

Volunteer Programs

Counseling

Home Repair and Renovation

Housing

Multipurpose Senior Centers (construction, renovation, maintenance, equipping)

The Office on Aging, within the constraints imposed upon it, will continue to promote the development of these and other services and resources to meet the needs of older Alaskans, especially those in the greatest social and economic need.

TO BE COMPLETED BY SINGLE STATE PSAs ONLY

State: Alaska
 State Agency: Department of Health & Social Services

6.C.3 ANNUAL SERVICE DELIVERY OUTPUT AND BUDGET FOR FY 81

SERVICE DELIVERY UTILIZATION

<u>Services</u>	<u>Title III Federal</u>	<u>Title III Match</u>	<u>Other Aging Funds And Match</u>	<u>Total Aging Plan Budget</u>
o Access Services	\$ 794,626	\$ -0-	\$ 60,000	\$ 854,626
- Information and Referral ¹				
- Transportation ¹ /Escort				
- Outreach ¹				
- Case Management				
-				
-				
o In-Home Services	\$ 589,087	\$ -0-	\$ 142,796	\$ 731,883
- Homemaker-Home Health Aide ¹				
- Visiting/Phone Reassurance ¹				
- Chore Maintenance ¹				
- Home Delivered Meals				
-				
-				
o Community Services	\$ 1,539,212	\$ 143,400	\$ 1,351,904	\$ 3,034,516
- Nutrition (Congregate)				
- Senior Center Facilities				
- Legal Services ¹				
- Social/Recreational Services				
- Employment Services				
-				
-				
o Services to Residents of Care Providing Facilities	\$ 12,225	\$ -0-	\$ -0-	\$ 12,225
-				
-				
 TOTAL	 \$2,935,150	 \$ 143,400	 \$ 1,554,700	 \$ 4,633,250

¹ At least 50% of the Title III social and nutrition service allotment, less amounts for administration, must be allocated to these services. At least some Title III expenditures must be identified for these services within each category, i.e., access, in-home, and legal, per §1321.187(n).

Section 7: State Plan Attachments

State: Alaska

State Agency: Department of Health & Social Services

7.A INTRASTATE FUNDING FORMULA

Following is a description of the formula used to allocate resources in accordance with §1321.49 and a summary of comments received on it. This material is not subject to Plan approval.

In order to comply with the intent of Subpart 1321.49 of the Grants for State and Community Programs on Aging Federal regulations, the Alaska Office on Aging has developed an intrastate funding formula for the equitable distribution of funds throughout the State. Under this formula, a small percentage of funds is reserved for statewide programs, and the balance is distributed on a regional basis. The formula considers statewide services, 60+ population, cost of doing business, social need, economic need, and rural areas. Since Alaska is a single planning and service area, the requirement of Subpart 1321.49(b)(1) for an "identical base subgrant to each area agency in the State" does not apply.

The formula will be applied as follows:

- A. A maximum of 5% will be set aside from the total allocation for Social Services for funding services that the Office on Aging determines are statewide in nature. These funds will not be considered as part of any regional allocations, except for any portion not needed for statewide programs.
- B. The percentage distribution of the remaining 95% of the allocation for Social Services and the Nutrition Services allocations will be distributed among the Southeast, Southcentral, Municipality of Anchorage, Interior, Southwest, and Northwest regions as follows, subject to any adjustments necessary to meet the provisions of Part C of this formula:
 - 1) 60% based on proportion of 60+ population in each region
 - 2) 15% based on factors indicating economic need in each region
 - 3) 15% based on factors indicating social need in each region
 - 4) 10% based on factors indicating cost of doing business in each region.
- C. Special provisions which apply to both Parts A and B of this formula are:
 - 1) Any one 60+ person counted for Older Americans Act Title VI (Grants for Indian Tribes) purposes will not be counted for Older Americans Act Title III purposes.
 - 2) In keeping with the Older Americans Act requirement of Section 307(a)(3)(b), rural areas will receive at least 105% of the amount spent under Titles III, V, and VII of the Older Americans Act for services in rural areas in Federal fiscal year 1978. For purposes of this requirement, "rural area" is Federally defined as "any area outside a Standard Metropolitan Statistical Area." In Alaska, the only SMSA is the Municipality of Anchorage, so the entire State of Alaska except for the Municipality of Anchorage is defined as a rural area. Since \$ were spent in parts of Alaska other than the Municipality of Anchorage

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Form 7.A
Intrastate Funding Formula

in Federal fiscal year 1978, then at least \$ (105% of \$) must be spent in the rural area in each succeeding fiscal year.

- 3) If there is not enough demand for the entire block of funds set aside for statewide purposes or for a particular region, the unallocated portion will be distributed to the remaining regions on the same formula basis as the total allocation.
- 4) If applications submitted from any given region (or regions) do not en toto propose to serve a reasonable proportion of the older persons in that region (or regions) (as determined by the Office on Aging and the Governor's Advisory Committee on Aging), then a prorated proportion of that region's (or those regions') allotment will be redistributed among the remaining regions on the same formula basis as the total allocation. Prorating will be on the basis of 60+ population in the region (or regions) for whom services will, as opposed to will not, be reasonably available.

For purposes of this formula:

- a) "Regions" of the State are: Southeast, Southcentral, Municipality of Anchorage, Interior, Southwest, and Northwest. Boundaries are along Census Division lines. Regions comprise the following Census Divisions:

Southeast - Skagway-Yakutat Haines Juneau Sitka Angoon Wrangell Ketchikan Outer Ketchikan Prince of Wales	Northwest - Barrow Kobuk Nome
Southcentral - Matanuska-Susitna Kenai-Cook Inlet Seward Kodiak Valdez-Chitina-Whittier Cordova-McCarthy	Interior - Upper Yukon Yukon-Koyukuk Fairbanks Southeast Fairbanks
Southwest - Wade-Hampton Bethel Bristol Bay Borough Aleutian Island Kuskokwim	
Municipality of Anchorage - Greater Anchorage Area Borough	

See map on last page of this exhibit.