



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Division of Aging and Adult Services

Arizona State Plan on Aging 2015–2018 (October 1, 2014–September 30, 2018)

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Signed Verification of Intent

The State Plan on Aging is hereby submitted for the State of Arizona for the period October 1, 2014, through September 30, 2018. It includes all assurances and plans to be conducted by the Arizona Department of Economic Security, Division of Aging and Adult Services under provisions of the Older Americans Act, as amended, during the period identified. The state agency named above has been given the authority to develop and administer the State Plan on Aging, in accordance with all requirements of the Act. It is primarily responsible for the coordination of all state activities related to the purposes of the Act, the development of comprehensive and coordinated systems for the delivery of supportive services, and to act as the effective and visible advocate for the older individuals in Arizona.

The State Plan on Aging is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan if approved by the U.S. Department of Health and Human Services, Assistant Secretary on Aging.

The State Plan on Aging, hereby submitted, has been developed in accordance with all federal statutory and regulatory requirements.

June 5, 2014
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I hereby approve this State Plan on Aging and submit it to the Assistant Secretary for Aging for approval

July 3, 2014
(Date)

Janice K. Brewer
Janice K. Brewer, Governor

Arizona State Plan on Aging 2015 - 1018

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Executive Summary

Arizona is home to over one million individuals over age 60 and, as in many other parts of the country, that number is only growing. Many of our residents have come to the state from elsewhere, seeking to benefit from Arizona's unique attributes. The state benefits from the rich diversity of this population, but it must also ensure that communities are livable and accessible. Transportation is a challenge for many older individuals; others need assistance with activities of daily living or nutrition in order to remain safe and live independently in their own homes for as long as possible. The Older Americans Act (OAA) provides funding and guidance for the establishment of an infrastructure in each state that helps to provide such supports, along with information on aging and advocacy. In Arizona, this infrastructure – the aging network – includes the Arizona Department of Economic Security (ADES) Division of Aging and Adult Services (DAAS), eight Area Agencies on Aging (AAA), and their networks of providers.

As Arizona's designated State Unit on Aging, the DAAS has prepared the *Arizona State Plan on Aging 2015-2018* with a focus on person-centered planning and promoting the independence and well-being of older adults, adults with disabilities, and their families throughout the state. The State Plan reflects the work that is done at the state and local levels to expand aging services and improve the way Arizonans access information and long term services and supports. The DAAS envisions Arizona as a state where all older adults are able to age safely with dignity, choice and independence.

The AAAs and the DAAS scheduled public meetings throughout the state to learn first hand from the community we serve about the needs and concerns of older adults. Most frequently mentioned were accessible, affordable health and dental care, affordable supportive in-home services and caregivers, and transportation. Financial security, social isolation, home maintenance, and affordable legal assistance were also listed. While some of these needs go beyond the reach of the State Plan on Aging, the objectives and strategies set forth in this plan attempt to address those within the scope of the OAA and the capability of the aging network.

Another significant source of input was the Arizona Alzheimer's Task Force (AATF), initiated in 2012 to address the growing human and financial cost of dementia in Arizona and specifically to provide input for this plan. Many of the preliminary recommendations of the AATF are included in this plan. Among them are awareness campaigns to educate the public about young-onset dementia, early warning signs and strategies for obtaining a diagnosis or treatment. These efforts will be coordinated with activities of the Family Caregiver Support Program and the Arizona Caregiver Coalition.

The following eight goals provide the framework for this State Plan along with numerous objectives and strategies. The goals were originally drafted for *Aging 2020, Arizona's Plan for an Aging Population*, created in 2005, and follow the guiding set of principles put forth in the OAA.

1. Make it easier for older Arizonans to access an integrated array of state and aging services.
2. Increase awareness and understanding of aging issues and help prepare Arizona for an aging population.
3. Increase the ability of older adults to remain active, healthy and living independently in their communities.
4. Increase the safety and well-being of older Arizonans.
5. Strengthen Arizona's economy by capitalizing on an integrated and well-trained informal, paraprofessional, and professional workforce.

6. Enhance the state's capacity to develop and maintain the necessary infrastructure to deliver services in a culturally appropriate, timely and cost effective manner.
7. Promote quality of care in all aging services.
8. Promote effective and responsive management for all aging services.

These goals were also used in the prior state plan on aging for the period 2011-2014 and have been updated here with strategies and performance measures that address the changing needs of our community for this planning cycle. This facilitates continuity and coordination with ongoing activities, but also allows for course corrections and new initiatives. The goals are also consistent with the national agenda and vision for a supportive system that provides efficient services, enables older adults and their families to make informed decisions, offers additional choices for high risk individuals, encourages older adults to stay active and healthy, and establishes an effective system to promote and protect the safety and rights of older Arizonans.

Access to information, assistance and services is one of the primary goals. AZ Links, Arizona's Aging and Disability Resource Consortium (ADRC) initiative coordinates information services across the state, assisting with resource finding, learning about options, and navigating the wide array of services that are available. The AZ Links website, www.AzLinks.gov, is being revised and will offer a statewide searchable database for aging and disability resources. The State Health Insurance Assistance Program (SHIP) will increase its efforts to assist Medicare beneficiaries access benefits. The DAAS' partnership with the Arizona Caregiver Coalition has resulted in the Caregiver Resource Line, a service for informal and family caregivers who need information and supports.

Independence and choice are fundamentally important to all Arizonans. For older adults, there is no greater wish than to age in place, in their own home and chosen community. Another key goal of this plan is to ensure that the aging network can continue to offer home and community based services that support aging in place. With funding becoming scarce and the number of individuals needing assistance growing, collaboration and effective use of resources are more critical than ever. To address this, the plan includes a range of strategies, with higher emphasis on person-directed service delivery, use of volunteers and informal caregivers, and supportive technology. The expansion of preventive measures such as disease prevention and health promotion, exercise classes, and chronic disease self-management all play a role. Self-directed options will include vouchers for respite so that families can select the person who will provide the service – perhaps a family member, a friend or a neighbor. The Arizona Respite Locator, operated by Rewarding Work, is a new website that allows individuals providing direct care and support services to post their resumes, which enables families seeking a provider to search for a good match.

Safety and elder justice constitute a further goal for this plan. While elder justice is a focus of the entire DAAS, three programs take on a leadership role in ensuring the protection of some of our state's most vulnerable: Adult Protective Services (APS), the Long-Term Care Ombudsman Program (LTCOP), and the Legal Services Assistance Program (LSAP). APS continues to investigate a growing number of allegations of abuse, neglect and exploitation, and it has created a special unit tasked with the investigation of complex cases of financial exploitation. The LTCOP investigates complaints from residents in long term care facilities, and it works on a systems level to advocate for and protect the rights of residents. An overarching vision for these programs and their partners is to decrease the prevalence of abuse, neglect and exploitation within Arizona. To achieve this, these programs will focus on three main strategies: increasing capacity within the newly established Exploitation Unit within APS, providing outreach and education to increase awareness, both to the public and to other aging network partners, and

ensuring better coordination with aging network partners and services. The LSAP plays an important role in regard to educating the public about legal issues pertaining to older adults and assisting with accessing affordable legal services.

In support of objectives related to workforce development, the Mature Worker Programs are designed to assist individuals age 50 and over with securing job training and job search assistance as well as civic engagement opportunities. The direct care workforce Initiative, a focus of the previous planning period, has resulted in the establishment of a new training requirement for workers who provide in-home services. In the coming planning period, emphasis will be on training for dementia care and ensuring that the aging network is capable of serving the need of individuals and families dealing with Alzheimer's disease and related disorders.

Supporting the programmatic initiatives is the DAAS quality management process, including data collection, evaluation, and continuous improvement. Programmatic data is captured in the DAAS information management system, which is being upgraded to a web-based system in 2014. The new system will allow for easier and timelier creation of reports on usage, eligibility and trends, assisting AAA management with supervision, monitoring and planning and allowing DAAS staff to review the data to provide oversight and allow for technical assistance when needed. A comprehensive quality management plan will include a monitoring schedule and regular reviews of program activities and expenditures.

In conclusion, for this planning cycle the DAAS, in partnership with the AAAs and the Governor's Advisory Council on Aging and Governor's Office on Aging, is focused on keeping as many in-home and community based services available to older Arizonans as possible and furthering the goal that all older Arizonans are able to live safely, with dignity, choice and independence.



The DAAS mission:

To support at-risk Arizonans to meet their basic needs and to live safely,
with dignity and independence.

Section One: Introduction and Context

Arizona is home to more than one million individuals over the age of 60 and, as in many other parts of the country, that number is only growing. Good weather, affordable housing and comprehensive health services make Arizona attractive to retirees; however, the growing share of older adults also brings challenges for the state to ensure that communities are livable and accessible. For those individuals who need assistance, the state provides information and services through the aging network: regional AAA and their community partners, supported by ADES/DAAS. This plan describes the programs and special initiatives of the aging network; it also summarizes the goals and objectives developed by the DAAS for the next four years.

Aging in Arizona¹

"National demographic trends are also evident in Arizona, with people living longer, healthier lives and spending more time in retirement."² Baby Boomers are more educated than past generations, have fewer children, and expect to stay active in retirement and live in their own homes. Since many Arizonans are originally from someplace else, they may be living apart from their families, having fewer informal caregivers available to provide assistance.

Age and Health Status

- In 2012, 19 percent of Arizonans were over age 60; by 2020, approximately 23.4 percent of the population will be over age 60. By 2030, it will be about one in four Arizonans.
- More than 30 percent of adults age 60 and over have one or more disabilities, including disabilities that affect self-care.

Diversity

- In 2012, nearly 30 percent of the state population was of Hispanic or Latino origin.
- Twelve percent of Arizonans over age 60 were of Hispanic or Latino origin (any race).
- American Indians, Black or African Americans and Asian Americans each comprise two percent of the population over age sixty.

Geography

- Sixty percent of the total population in Arizona reside in Maricopa County, which includes the Greater Phoenix area. Pima County, which includes the Greater Tucson area, is home to 15 percent of the population and the remaining 25 percent of the population reside in the other 13 counties.
- Over 160,000 individuals age 60 and over, approximately 13 percent, lived in rural areas.³
- Arizona has one of the "oldest" county populations in the country – LaPaz County has 41.9 percent of individuals over the age of 60.

¹ Unless noted otherwise, demographic information provided by the U.S. Census: 2008-2012 American Community Survey 5-Year Estimates; 2005 American Community Survey 3-Year Estimates; and the Arizona Department of Administration, Office of Employment and Population Statistics.

² Adapted from Aging 2020, Arizona's Plan for an Aging Population, August 2005, p. 4.

³ Source: 2010 U.S. Census.

Families

- Of persons age 60 and older in Arizona, 64 percent are married, while 20 percent are widowed and 12 percent are divorced.
- Of persons age 60 and over, there were 119,736 with income below the poverty level in 2011, approximately 9.3 percent,⁴ compared to 12.4 percent of all Arizonans.
- Arizona unemployment for ages 55-64 was 4.8 percent and 9.2 percent for those 65 and over in 2013, compared to 7.6 percent for all Arizonans (seasonally adjusted January 2014).⁵
- There are 855,000 family caregivers in Arizona providing \$9.4 billion worth of unpaid care to loved ones, helping them to remain living at home, often avoiding costly institutional placements.⁶
- A rapidly growing subset of family caregivers are grandparents raising grandchildren. In Arizona, almost 60,000 grandparents are raising over 100,000 children.⁷

The Aging Network in Arizona

Arizona's aging network is comprised of the DAAS, eight AAAs and their community providers. The Governor's Advisory Council on Aging is a statewide body of 15 members, which advises the Governor, legislature and state departments on matters relating to aging, including the administration of the State Plan on Aging.⁸ In addition, there is collaboration with numerous statewide and regional governmental and community agencies.

The DAAS is housed in the ADES and is responsible for the administration and oversight of programs and services for Older Americans Act (OAA) funded programs (see Attachment G for the DAAS organizational chart). The DAAS Independent Living Supports (ILS) unit provides program support and technical assistance to the AAAs as well as oversight through its policies and procedures and regular monitoring activities. The ILS unit also works collaboratively with other DAAS units, such as Adult Protective Services (APS), the Refugee Resettlement Program, and the Community Services Program. In addition, the DAAS contracts with four AAAs and the Pima County Workforce Investment One-Stop to provide the Senior Community Service Employment Program (SCSEP). The Long-Term Care Ombudsman Program (LTCOP), the Legal Services Assistance Program (LSAP), the State Health Insurance Assistance Program (SHIP), and Senior Medicare Patrol (SMP) are also housed in the DAAS. The co-location of these programs at the state level and the local and regional implementation of corresponding programs by the AAAs, supported by additional networking through the Aging and Disability Resource Consortium (ADRC), help maintain a statewide network of intensive community-based services. The aging network partners and Arizona's Medicaid agency, the Arizona Health Care Cost Containment System, Arizona Long Term Care Services (AHCCCS-ALTCS) share a philosophy of providing home and community-based supports whenever possible, in an effort to avoid unnecessary institutionalization.

As the State Unit on Aging, the DAAS receives federal funds for the State of Arizona to administer the State Plan on Aging and OAA services. These federal funds are matched with

⁴ Administration on Aging, AGing Integrated Database (AGID), <http://www.agid.acl.gov/>.

⁵ Sources on unemployment were the Arizona Department of Administration, Office of Employment and Population Statistics and the United States Census Bureau; United States Department of Labor/Employment and Training Administration.

⁶ AARP, "[Valuing the Invaluable: 2011 Update](#)."

⁷ AARP, "[Arizona GrandFacts](#)."

⁸ Jan Brewer, Governor of Arizona, Advisory Council on Aging, <http://azgovernor.gov/gaca/>.

state funds and allocated to the eight AAAs in contracts based on its intrastate funding formula (see Attachment C). Sequestration at the federal level have resulted in funding reductions that have caused aging network partners to examine their resources and infrastructure capacity available to carry out the requirements and services authorized under these federal programs. Continued funding decreases will change the service delivery capability of the DAAS and negatively impact the provider network. Due to the sequestration reductions in FFY 2014, the AAAs closed many home and community-based services (HCBS), which resulted in the development of waitlists across the state. Individuals and their families had to turn to other resources such as private agencies for assistance, often depleting their financial assets. In SFY 2015 partial sequestration funds were restored in OAA funds which may enable the AAAs to remove individuals from waitlists. Any new funding decreases, for example, sequestration cuts to Social Services Block Grants, may further challenge the service delivery capability and negatively impact the provider network.

"I work full-time and try to take care of both my disabled husband and my 88 year-old father. It is incredibly difficult to manage both financially and emotionally. I don't have time to go to support groups or volunteer, although I would like to."
(Attendee at a focus group)

The eight Arizona AAAs are responsible for a wide range of functions at the local level, including planning, advocacy and evaluation. They maintain local provider networks and relationships with community-based organizations, senior centers, and local governments in support of comprehensive and coordinated community based systems that support the mission and objectives of the OAA. The AAAs also maintain comprehensive case management systems, which coordinate services and oversee implementation of eligibility requirements.

The AAAs are made up of three councils of government, three non-profit organizations, and two that represent federally recognized tribes (see Attachment E for additional information on AAAs). All AAAs have an advisory council composed of members of the community, and they

maintain policies and procedures in compliance with the OAA and the DAAS policy and procedures. They submit area plans that address the needs of their individual planning and service areas and provide assurances that programs and services meet the requirements of the OAA.

Programs and Services

Programs for older adults in Arizona include OAA-funded services, grant-funded programs, and numerous local initiatives aimed at maintaining independence and avoiding institutionalization. The programs serve to protect the rights of older adults and prevent fraud, errors and abuse, and they provide information and assistance on rights, benefits and options, such as HCBS, which can assist with many aspects of independent living.

The AAAs provide information and assistance, and for individuals needing additional supports, they offer the following services either directly or through their provider networks:

- Home delivered and congregate meals;
- Home and community based services, such as adult day care and personal care;
- Family caregiver support;
- Assistance with accessing legal information and services;
- Ombudsman services for residents of long term care facilities;
- Mature worker services;
- Exercise and healthy living programs;
- Health insurance assistance; and

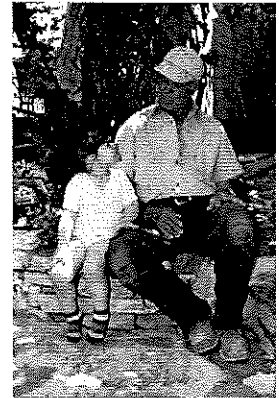
- Case management.

In Federal Fiscal Year (FFY) 2013, 14,455 persons received in-home services.⁹ These individuals had the following characteristics:

- 14,225, or 98 percent, were age 60 or older.
- 4,218, or 29 percent, were age 85 or older.
- 8,280, or 57 percent, were considered to be nursing home eligible.¹⁰
- 9,543, or 66 percent, were female.
- 7,883, or 55 percent, lived alone.
- 5,738, or 40 percent, were rural residents.
- 7,595, or 53 percent, had incomes that were below poverty.

Failure to provide basic supportive services can result in rapid deterioration of the abilities of older adults, often forcing them to enter long term care facilities when individual or family resources, both physical and financial, have been exhausted. Unfortunately, some older adults have no options except institutional care – even if it is premature and not their choice – because the home care services they rely on to maintain their independence in later life are steadily diminishing.

For Arizona's aging network it is important to sustain the infrastructure for this growing population, ensuring that providers and qualified staff are available in adequate numbers and that family caregivers have the supports structure they need. The goals and strategies presented in this plan are designed to facilitate that infrastructure.



About the Plan

Under the requirements of the OAA, Arizona is required to submit a State Plan on Aging to the U.S. Department of Health and Human Services, Administration for Community Living (ACL). When approved, the State receives federal funds to administer the State Plan on Aging. Arizona's plan is for a four year period beginning October 1, 2014, and concluding on September 30, 2018.

As Arizona's designated State Unit on Aging, the DAAS has prepared the *Arizona State Plan on Aging 2015-2018* with a focus on person-centered planning, promoting the independence and well-being of older adults, adults with disabilities, and their families throughout the state, building upon the work that is done at the state and county levels to sustain or expand services and improve the way the public accesses information and long term services and supports. The plan gives the DAAS the opportunity to examine and measure its past performance and to look to the future to find ways to continue to meet the changing needs of older adults in Arizona.

The *Arizona State Plan on Aging 2015-2018* addresses key socio-demographic factors that will shape funding needs and the priorities and promising practices identified by the DAAS and the AAAs. The plan identifies the DAAS' goals, objectives and strategies for working with the AAAs

⁹ Source: 2013 National Aging Program Information System (NAPIS) - State Program Report. In-home services include personal care, homemaker, home delivered meals, adult day care, and case management.

¹⁰ Nursing home eligible is defined as being deficient in three or more activities of daily living including eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking.

and others to provide cost-effective, high quality services to Arizona's older adults, adults with disabilities, and their caregivers.

The development of the State Plan on Aging was a cooperative effort involving the input from Arizona's eight AAAs, the Governor's Advisory Council on Aging, the general public, and other concerned agencies and organizations throughout the state. Information from the U.S. Census Bureau and the Arizona Department of Administration, Office of Employment and Population Statistics were also used to identify population trends.

Public Input

Public input was collected in various ways by the DAAS and the AAAs throughout the state beginning in the fall of 2012 and continued through the spring of 2013. Focus group meetings were conducted throughout the state; additional methods were on-line surveying of older adults and other individuals, collaborative efforts with local government agencies, surveying of contracted providers, and mining data from the U.S. Census. Another significant source of input was the Arizona Alzheimer's Task Force (AATF). Many of the preliminary consensus recommendations of the AATF are incorporated into this document (see also goal two).

The DAAS scheduled 16 focus group meetings to help identify issues affecting the quality of life and well-being of older adults and their caregivers. The target audiences for the focus group meetings were caregivers; boomers who need to plan ahead; individuals with a disability; tribes; faith-based groups, and other underserved populations. The information gathered was then used to help shape strategies for the *Arizona State Plan on Aging 2015-2018*.

"Both of my kids are on the East Coast and busy with their lives, so I want to know what's available for me in my situation when I can no longer stay by myself."
(Attendee at a focus group)

The findings from all sources of public input agreed on the top three concerns among those surveyed:

1. **Health care** (access to services, affordable health and dental care, concern about the cost of care and medications, screening),
2. **In-home care** (affordable in-home services, availability of caregivers, ability to live at home); and
3. **Transportation** (access to public and private transportation, affordability, services that cross city limits or county borders).

Additional concerns were financial security, prevention of social isolation, affordable housing and adequate home maintenance. Access to affordable legal assistance and the need to address the fear of injury from falling were also cited (see Attachment D for the schedule of public meetings and the complete report on the findings from needs assessment).

Section Two: Goals, Objectives, Strategies and Performance Measures



Goal One:

Make it easier for eligible older Arizonans to access an integrated array of state and aging services.

Access to Information, Assistance and Services

An important function of the aging network is to improve access to information and services. The AAAs offer information and assistance to the public through telephone help lines or printed directories and websites. In addition, each AAA publishes a local phone number for the SHIP, where staff and trained volunteers provide assistance at no cost to the public on Medicare and insurance questions. At the DAAS, additional trained volunteers respond to inquiries made to the toll-free statewide SHIP hotline and to the Caregiver Resource Line. The Caregiver Resource Line, developed in a partnership with the community-based Arizona Caregiver Coalition in 2012, assists family caregivers across the lifespan and connects them to supportive resources. The use of volunteers increases capacity for these programs and helps the individual volunteers gain skills and experience.

Aging and Disability Resource Consortium (ADRC). In Arizona, the ADRC is known as AZ Links, utilizing networking and training to foster collaboration and coordinated service delivery. Key partners in AZ Links are the ADES Division of Developmental Disabilities; the Arizona Health Care Cost Containment System (AHCCCS)/Arizona Long Term Care System (ALTCS); the AAAs, and the Centers for Independent Living. At the regional level, partners include APS, Veterans Affairs and Arizona State Veterans Services, behavioral health agencies, long term care service and medical providers, and advocacy groups.

The AAAs are the lead agencies of the six regional AZ Links partnerships, providing coverage for all 15 counties except for the tribal areas, and co-locating many of the services in the same agencies. Preliminary discussions have taken place with the AAA of the Navajo Nation, and it remains a goal to achieve coverage of the tribal communities. By design, the ADRC is integrated with the aging network and OAA programs. Funding from grants has been used to expand AZ Links statewide and to introduce ADRC initiatives such as options counseling and care transitions (see goal three).

The website of AZ Links, www.AzLinks.gov, serves as the portal for all partners and programs, with contact information and program descriptions. More and more individuals and family members use electronic communication, and the AZ Links website is being revised to include a database of services, searchable by topic and county. The database will be linked to the DAAS client information management system, allowing for better tracking and follow-up with callers. These integrated tools will allow the AAAs to broaden their outreach to various population segments, potentially including private-pay individuals.

Going forward, the AAAs will continue to work towards integration of ADRC activities with OAA core programs. Options counseling is offered statewide by AAAs and by two Centers for Independent Living. The program offers objective information, and counselors help guide individuals in the process of making informed decisions regarding long term services and supports. Standards for options counseling were developed with the aid of the 2010 ADRC grant. The current ADRC grant funding of \$168,688 was awarded to six AAAs to help expand

AZ Links. Grant objectives and outcomes include increased awareness in the public about the benefits of options counseling, specifically for families and/or caregivers concerned with Alzheimer's disease and related disorders (ADRD), implementation of Veterans-Directed HCBS in Maricopa County, and improving collaboration with the Medicaid agency in regard to options counseling for individuals before they complete Medicaid applications.

Assistance for Medicare Beneficiaries

State Health Insurance Assistance Program (SHIP). This grant supports locally accessible counseling services to individual beneficiaries in coordination with the Centers for Medicare and Medicaid Services (CMS) and community partners. Arizona is home to over 1,039,285 Medicare and Medicaid beneficiaries, including 156,155 beneficiaries with a disability (as defined by CMS). Other special population groups include low-income and limited English proficiency individuals. SHIP counselors are trained in providing personalized one-on-one counseling to an

In FFY 2012, grant funded activities helped process 2,536 applications. The total value of benefits obtained for these Medicare beneficiaries added up to over six million dollars. (MIPPA Data Report)

increasing number of Medicare and Medicaid beneficiaries and assisting beneficiaries in identifying, understanding and enrolling in programs and healthcare plans, when eligible and appropriate. Local SHIPs also provide outreach and public forum education services to Medicare beneficiaries in understanding Medicare program benefits, and they raise awareness of issues related to healthcare.

SHIP programs are co-located with the AAAs, facilitating referrals to OAA programs when appropriate, and vice versa. Since SHIP counselors have direct contact with the public, they are able to provide information and suggest referrals within the AAAs. SHIP is highlighted on the AZ Links webpage, and SHIP materials bear the AZ Links logo and website address. A toolkit developed for senior and community centers helps to publicize Title III and Title VII programs and displays the AZ Links logo and website address.

Senior Medicare Patrol (SMP). The basic SMP grant enables the Arizona SMP project to continue to provide education and resources on how to address healthcare errors, fraud and abuse to all Medicare and Medicaid beneficiaries, particularly isolated, hard-to-reach, underserved, un-served, limited English proficiency and American Indian elders. The specifically targeted populations in rural areas consist of 668,977 beneficiaries. In addition, individuals with disabilities in Maricopa County and Pima County account for an estimated 546,495 beneficiaries.

The SMP Outreach/Volunteer Expansion grant has as its objective the expansion of the current capacity of the SMP project through recruitment, training and supporting the SMP volunteer network in targeted areas with high risk for fraud. Additional funding also enables new focused efforts to increase community outreach and education activities throughout the 15 counties of the state. Projected outcomes for this grant include the recruitment of 18 new volunteers and an estimated 18 outreach events in identified rural areas. Educational outreach will also be focused on individuals with disabilities.

Medicare Improvements for Patients and Providers Act (MIPPA). This grant will enable the local SHIPs, AAAs, and the ADRC partners to continue to provide outreach and enrollment assistance to Arizona beneficiaries for Limited Income Subsidy, Medicare Savings Program, and Medicare Part D benefits. An anticipated outcome of the project is to provide enrollment assistance to an estimated 2,000 new applicants. In addition, development of educational materials about Medicare annual wellness visits and preventive services will be products of the outreach efforts by the Arizona SHIPs, AAAs, and the ADRC.

Objectives and Strategies for Goal One

Objective 1.1: Facilitate an interagency approach towards a comprehensive system that allows older adults to remain as independent as possible.

- Continue to strengthen ADRC partnerships.
- Maintain relationships with other agencies that offer aging services.
- Utilize and leverage a three-year federal dementia-capability grant to develop an integrated system of support for families dealing with ADRDs (see also goal two).
- Leverage funding from several caregiver-related discretionary grants from the ACL to bring community partners together to create infrastructure within the ADRC that provides easy access for caregivers seeking support (see also goal two).

Objective 1.2: Increase access to healthcare and other social services for seniors of all socio-economic levels.

- Evaluate and conduct a statewide gap analysis of the ADRD service delivery system, with an emphasis on unserved and underserved areas and populations in the state including ethnic, immigrant, special needs and tribal communities, to determine if the capacity of state and private services (both formal and informal) will meet anticipated increased needs during the next decade. The analysis will include recommendations (short term and long term) for building capacity for identified gaps in public and private services.
- Strengthen the capacity of SHIP providers in rural areas and with low-income and non-English speaking populations.
- In coordination with other legal aid entities and law schools, help to provide legal assistance on a sliding fee scale to older adults.
- Work with AAAs to determine and share best practices for moving older individuals with greatest social need, greatest economic need, and individuals at risk for institutional placement off of waitlists for services.

Objective 1.3: Provide information and promote understanding of options, benefits, and available services through a variety of formats.

- Improve public benefit outreach to older adults and individuals with disabilities through the aging network to continue to expand enrollment assistance with Medicare Savings Programs, Extra Help and Medicare Part D, and other public benefits.
- Work with AAAs to expand options counseling as part of the dementia capability grant.
- Provide information and materials to AAAs and other providers and agencies for dissemination, including information on the AZ Links website and SHIP toolkit.
- Strengthen the statewide Caregiver Resource Line, utilizing additional volunteers to reach caregivers statewide.

Performance Measures and Milestones with Timeframes for Goal One

Schedule at least one regional meeting/training per AZ Links partnership and one statewide meeting.	Annually
Renew dialogue with two tribal communities on joining AZ Links.	SFY 2016
Increase the number of new enrollments of Medicare beneficiaries with Medicare Part D, Low Income Subsidy and Medicare Savings Programs by a combined total of 2,500 a year.	Starting SFY 2015

Increase the number of Benefits Checkup reports processed by 200 a year.	Starting SFY 2015
Track the number of information, referral and assistance calls to AAAs.	Semi-Annually
Record and analyze the number of calls to the Caregiver Resource Line.	Semi-Annually
Record and analyze the number of individuals receiving options counseling.	Semi-Annually
Track the number of calls to the SHIP hotline.	Monthly
Track the number of non-English speakers requesting SHIP assistance.	Monthly
Analyze trends for hits to the AZ Links website, including the resource database.	Monthly
Record and analyze the number of events where information is disseminated to the public (including health, fraud prevention, legal issues, caregiving, end-of-life planning, AZ Links).	Annually



Goal Two:
Increase awareness and understanding of aging issues and help prepare Arizona for an aging population.

Awareness and Education

Information and services alone cannot address all the needs of older individuals. All of Arizona needs to be aware of the effects of aging and how our environment and our behavior can be supportive or create additional barriers.

A specific area of emphasis will be awareness related to ADRD. The AATF has developed recommendations on training, research, and public awareness, which are incorporated into this plan. To meet the needs of this population, the DAAS has scheduled training for staff and begun a review of policies and procedures. The AAAs have already incorporated strategies for supporting this population, an effort that sometimes goes unnoticed because preserving the privacy of individuals is of utmost importance.

Arizona will continue its collaboration with the Arizona Caregiver Coalition to promote awareness of issues and resources related to caregiving; The *Give Caregivers a Hand* campaign is now in its third year, and the third annual Arizona summit on respite care is planned for SFY 2015. Programs such as SHIP and SMP will continue their efforts to educate the public about Medicare and frauds and scams, and tools and programs mentioned elsewhere will be employed in support of this goal, including the AZ Links website, the Arizona Respite Locator, and partnerships with educational and advocacy organizations.

Focus on Alzheimer's Disease and Related Disorders

Lifespan Respite Program. Even though this grant is scheduled to end early in the upcoming planning period, the products of the project will definitely continue to impact Arizona's efforts to support family caregivers. The Caregiver Resource Line and the new respite vouchers, with the associated Arizona Respite Locator, were all developed as part of the Lifespan Respite Program, and these resources will provide the mechanisms related to much of the caregiver support activity proposed in this plan. As the grant closes in SFY 2015, additional products,

such as public service announcements produced in partnership with the Arizona Caregiver Coalition, will become available to assist in outreach efforts.

Alzheimer's Disease Supportive Services Program (ADSSP). Arizona was awarded a new grant in September 2013 that runs through September 2016. The goal of the grant is to create and sustain a dementia-capable HCBS system that includes Single Entry Point/No Wrong Door access for individuals with the disease and their caregivers. This will ensure access to a comprehensive, sustainable set of quality services that are dementia capable and provide innovative services to the population with dementia and their family caregivers. Services offered will be evidence-based or evidence-informed to the extent possible, including programming sustained from previous ADSSP grants such as Care Partners Reaching Out (CarePRO) and Early-stage Partners in Care (EPIC).

Arizona Alzheimer's Task Force (AATF). According to data from the Alzheimer's Association, the number of people with Alzheimer's disease in Arizona rose 24 percent from 2000 to 2010 and is expected to rise by 67 percent by 2025. The AATF was initiated in 2012 to address the growing human and financial cost of dementia in Arizona and to provide input for this plan. The AATF consists of statewide stakeholders who work in a broad spectrum of areas serving individuals with ADRDs, including policy makers, government officials, medical providers and researchers. Importantly, individuals and families directly impacted by the disease are also part of the AATF. The AATF will produce a separate public document in early 2015 that will summarize the group's assessment and planning process and be integral to the execution of the ADRD-specific strategies that are part of this State Plan on Aging. Beyond that, the AATF will remain an active entity that will help with the outreach related to the overall awareness of the impact of ADRD in Arizona.

Objectives and Strategies for Goal Two

Objective 2.1: Provide culturally appropriate information in a variety of formats to older adults and their families to promote a broad understanding of issues that arise as we age and how to address them.

- Conduct targeted outreach to partner organizations that focus on working with low-income, minority, and other underserved populations.
- Increase awareness of the LTCOP in assisted living facilities statewide.
- Increase awareness and public understanding of relevant legal issues through new resources and outreach.
- Continue to focus on training for caregivers through the FCSP.
- Develop and implement diversified approaches in education and training for professionals and caregivers serving the ADRD population, focused on sensitivity to cultural and religious norms, income, geographical variables, family constellations and community supports.
- Increase awareness about younger-onset dementia with the goals of increasing early detection and accurate diagnosis, providing access to specialized care to address the unique needs of this population, and developing collaborative programs among state, non-profit and for-profit organizations.

Objective 2.2: Promote gerontological studies in all disciplines to address aging issues through a multidisciplinary approach.

- Ensure that professional and academic communities are aware of programs and issues related to the aging network.

- Continue data collection and analysis related to ADRD programming and participate in ADSSP Cluster Calls that review findings from similar projects in various states.
- Develop and update an Arizona Alzheimer's disease research priority agenda focused on creating opportunities for increased collaboration among researchers across universities, colleges, institutes, as well as health and human services providers.
- Promote research awareness and recruitment campaigns for clinical trials, including, but not limited to, the Banner Alzheimer's Prevention Initiative and the Alzheimer's Association TrialMatch program.

Objective 2.3: Educate and prepare the public and private sectors about the value and needs of older Arizonans.

- Continue promotion of *Give Caregivers a Hand!* campaign.
- Work with AAAs and advocacy organizations to educate private sector businesses (for example home builders) about the needs of older adults.
- Continue cooperation with Governor's Advisory Council on Aging on outreach to the public and raising awareness of aging issues.
- Develop and implement a statewide public awareness campaign to address issues across the spectrum of ADRDs, including early warning signs; risk factors; the importance of early diagnosis; effective strategies for obtaining diagnosis, treatment and support; available treatments; and resources to support persons with ADRDs, their caregivers and families.

Performance Measures and Milestones with Timeframes for Goal Two

Track the number of events where information is disseminated to the public (including health, fraud, legal issues, caregiving, end-of-life planning, AZ Links).	Annually
Increase the percentage of assisted living facilities visited on a quarterly basis by the LTCOP statewide (base is 11 percent in 2013).	SFY 2016
Create and maintain a database of pro-bono attorneys for the LSAP.	SFY 2015
Post Arizona-specific lay fiduciary guides on a public website.	SFY 2016
Create a list of professional associations and alliances for the purpose of information sharing and collaboration.	SFY 2015
Collect and analyze data related to ADRD.	Starting SFY 2016



Goal Three:
Increase the ability of older adults to remain active, healthy and living independently in their communities.

Non-Medical Home and Community Based Services

The Non-Medical Home and Community Based Services (NMHCBS) system is designed to establish the necessary support services to retain functionally impaired individuals within their community and avoid premature institutionalization. Services are case-managed, ensuring an overall assessment of an older adult's strengths and needs. Case managers also help the

Mr. C. was an elderly man living alone in an RV Park, receiving home delivered meals and housekeeping assistance. He had to climb up steps without a hand rail to get into his trailer and stand on a step stool to step up into his bathtub which was on a raised platform. He spoke very little and had no neighbors to talk to. A case manager discussed having grab bars installed in the bathroom but also suggested senior housing. When she noticed a sign on one of the complexes that apartments were available, she contacted Mr. C.'s niece with the information. Within a couple of weeks, Mr. C. had moved into one of the apartments, which has an emergency alarm system, accessible bathroom, laundry in the building, and more space than his trailer. Mr. C. thanked his case manager for telling his niece about the apartment. "It's so nice here, and best of all, here, I have friends". (WACOG Area Agency on Aging)

person navigate the system and serve as gatekeepers to services. The DAAS contracts with all AAAs for provision of NMHCBS under the OAA Title III and Title VII. These services address many of the most often cited needs of older adults in Arizona: assistance with in-home care, transportation, and nutrition.

Results of the economic downturn have had a significant impact on these core programs. Most AAAs have waitlists for Title III services; some have stopped offering selected services in order to concentrate funding on programs of highest importance in their planning and service areas. Changes in service delivery are required to help compensate for funding reductions, for example, the weekly delivery of frozen meals instead of daily hot meals. Each AAA will review its funding streams and collaborative partnerships in light of the needs of the population in its particular planning and service area. Waitlists for some services may have to continue; selected services may need to be discontinued at least temporarily.

One of the needs consistently identified by older Arizonans is transportation, which will continue to be a focus for the AAAs. All eight agencies collaborate with local and regional providers and advocacy organizations to develop strategies for maximizing resources available for transportation. Although transportation to nutrition sites is available, rides to medical appointments and routine needs like shopping are lacking. The scarcity of transportation can also limit a person's ability to remain socially active, to attend public meetings, or engage in volunteer activities.

Another continuing challenge is the availability of providers in rural areas; at times there is only one provider in a given region. The aging network will continue to explore delivery models that may rely more on self-direction, generally utilizing informal supports, including family, friends, neighbors, faith-based organizations, and other

volunteers to the extent possible.

Nutrition Services. Nutrition services provide adequate nutrition to older adults by way of home-delivered meals, congregate meals, and nutrition education. In FFY 2013, Arizona provided nutritious meals in a congregate setting to 19,876 participants. In the same year, participants receiving home-delivered meals totaled 10,104. Arizona will continue to maintain this participation level and seek further ways to meet any unmet nutrition need of older Arizonans. Providing technical assistance in the form of menu-costing trainings and sharing best practices for Title III nutrition programs can help address this concern.

Twelve of Arizona's 15 counties are designated as rural. Several AAAs use frozen meals that are delivered weekly by commercial delivery services, allowing for service to rural areas where daily delivery of hot meals by volunteers is not feasible. This eliminates the daily in-person wellness-check; however, AAAs are using innovative methods to compensate, such as daily wellness phone calls by volunteers and weekly wellness phone calls by case managers.

Disease Prevention and Health Promotion (DPHP) Services. DPHP Services are intended to reduce the impact of disease, chronic conditions, and minimize health-related risk factors associated with aging. Evidence-based DPHP programs are shown to be effective at helping participants adopt healthy behaviors and reduce their use of hospital services and emergency

room visits. Moreover, such programs enable older adults to take control of their health by maintaining a healthy lifestyle through increased self-efficacy and disease self-management, thereby reducing healthcare costs and improving their quality of life.

As a result of resources often becoming stretched to meet the needs of rural and/or low income and minority older adult populations in Arizona, delivery of DPHP services can be a challenge. Continued collaboration amongst AAAs and other agencies in Arizona in targeted outreach is helping to address this concern. This includes targeted recruitment of leaders and trainers, promotion of self-management programs, such as the Chronic Disease Self-Management Program (CDSMP) and the Diabetes Self-Management Program (DSMP), fall prevention programs, such as A Matter of Balance and Tai Chi, and other programs aimed at empowering older Arizonans to sustain independent lives, such as Enhance Fitness. For example, in one region with a large proportion of Spanish speaking older Arizonans, targeted recruitment of Spanish-speaking leaders for the Spanish-language version of CDSMP (*Tomando Control de su Salud*) in collaboration with that region's County Health Department has resulted in the expansion of the program region-wide. Sharing such best practices throughout the state helps ensure that DPHP services are accessible to rural and/or low-income and minority older adult populations, particularly those at highest risk for chronic disease and other age-related health conditions that threaten independence and quality of life.

Chronic Disease Self-Management Education (CDSME). The Arizona Department of Health Services (ADHS) Bureau of Tobacco and Chronic Disease works in partnership with the DAAS and other key stakeholders to increase the systemic development and delivery of CDSME programs to at-risk populations in Arizona, particularly within underserved populations such as rural and racial/ethnic populations. Participants are often made aware of CDSME programs through referral from their case manager if they are already receiving HCBS or at the congregate meal site where CDSME workshops are regularly promoted and conducted. Family Caregiver Support Program (FCSP) participants who manage a chronic disease are also encouraged to participate in CDSME programs. This training will increase their ability to remain active and healthy in their community, as well as boost coping skills, decrease stress levels, and generally improve their quality of life.

Over 500 Arizona participants completed a CDSME workshop in the last year and learned techniques for managing a chronic condition, such as diabetes or heart disease.

Care Transitions. The concept of care transitions was introduced with the 2009 ADRC grant, and the six non-tribal AAAs have completed demonstration or pilot projects. The objective of these projects was to establish closer relationships with medical centers in order to reduce unnecessary re-hospitalizations. Success has been mixed, with hospital systems not always able to continue projects or eventually starting their own care transition initiatives. However, the AAAs were able to gain valuable experience with various delivery models and deepen relationships with the medical community. Health Services Advisory Group, Arizona's Medicare quality improvement organization, has actively supported transitions activities and raised awareness about the importance of transition support and the role of community-based organizations such as the AAAs. The two largest AAAs in Arizona were chosen to participate in the Centers for Medicare and Medicaid Services funded care transitions initiative with hospital systems in Maricopa and Pima counties. The AAAs in Northern and Western Arizona have been able to build care transitions programs with medical system and health plans respectively, positioning the AAA as the community-based provider of NMHCBS.

Participant-Directed and Person-Centered Planning

Person-centered planning and choice have been an integral part of the NMHCBS in Arizona for many years. Case managers use a strength-based approach to assessment, and provider agencies in Arizona solicit varying degrees of consumer input regarding scheduling or service delivery. The DAAS and AAAs conducted informational meetings in 2012-2013 and reviewed options, ranging from vouchers to agency-with-choice and self-directed models. In 2013, the AHCCCS-ALTCS created guidelines for providers and members on the agency-with-choice model, which formalizes the role of the client in regard to input into the service plan. The DAAS will work with the AAAs to consider adopting a similar model, an approach that is feasible since most of the service providers are the same as for the ALTCS program.

The FCSP and the Lifespan Respite Program have implemented several innovations that directly support clients and their families, applying person-centered and participant-directed principles. The FCSP established the Caregiver Resource Line in 2012, operated by volunteers to handle telephonic inquiries from caregivers statewide. Callers receive information that is researched and tailored to their needs; referrals to the AAAs and other agencies can also be made by the volunteers. In 2014, vouchers for respite services were phased in and will be expanded in the coming years. Vouchers allow caregivers to select their own respite providers and manage the services, a process that also eases the administrative burden for the AAAs.

The Lifespan Respite Program has created an online application for caregivers available for respite and other direct care services. The Arizona Respite Locator, operated by Rewarding Work, is a new website, www.arizonarespitelocator.org, that invites individuals providing direct care and support services to post their resumes, which allows families seeking a provider to search for a good match. Further opportunities for growth include potential uses by independent providers for other public programs and for individuals with a physical disability. The Respite Locator will also support other core programs, assist private-paying individuals, and become a tool for AAAs provider agencies. In addition, provider agencies will be able to post their business information and utilize the website to search for workers.

The promotion of residents' rights to self-determination is one of the primary tenets of the LTCOP, and ombudsmen must ensure that the residents they serve are equipped with the tools necessary to become effective self-advocates. The State Long-Term Care Ombudsman (SLTCO) will institute new training for all state designated ombudsmen that focuses on person-centered care and underscores the importance of using care planning as an advocacy tool. As resident and family councils exist to ensure that residents and their families are involved in influencing decisions that affect them, the SLTCO will ensure more active and frequent participation by local programs in resident and family council meetings statewide.

Coordination of Title III Programs and Title VI Programs for American Indians.

Arizona is unique in that two of the eight AAAs serve American Indian tribes. There has been coordination between OAA Title III and Title VI programs for years; it is central to maximizing resources and avoiding

An elderly man caring for his wife with Alzheimer's disease was referred to the "Friends and Neighbors" program. This is a participant directed respite program offered by the Area Agency on Aging, Region One in Maricopa County. A longtime neighbor and friend of the family agreed to provide eight hours of respite a week at a rate of nine dollars per hour. He was well received by the wife since he was an old friend, even though the wife was at times combative with strangers. The husband uses the respite time to go shopping or to his own doctor appointments, along with getting an occasional haircut and visit with friends.
(Area Agency on Aging, Region One, Inc.)

duplication of services. In addition, Arizona provides Social Services Block Grant (SSBG) funds to 17 tribes.

AAA Region VII is administered by the Navajo Nation and serves over 15,000 individuals. Title III funding is used primarily for nutrition programs, personal care, housekeeping, chronic disease and health prevention programs, and family caregiver support services. For example, a substantial portion of the funding for the Navajo Nation is used for transportation, since many tribal communities are located in rural areas of the state. Transportation to congregate meal sites is one of the ongoing challenges for service delivery and critical for the nutrition programs as well as socialization and inclusion of health and nutrition programs. AAA Region VIII is administered by the Inter-Tribal Council of Arizona, Inc. (ITCA), which serves 17 of its 20 member tribes in Arizona by providing technical assistance and Title III funds for nutrition programs, personal care, housekeeping, caregiver services, chronic disease and health prevention programs, and case management for approximately 1,500 individuals.

The DAAS provides technical assistance and monitoring to help improve service delivery. Among the strategies for this planning period are activities designed to improve regular communication with the tribes and development of tribal policies for programs that are not provided via the AAAs.

Objectives and Strategies for Goal Three

Objective 3.1: Promote healthy lifestyles, resulting in less long term illness and reduced mortality from preventable and chronic diseases.

- Ensure older Arizonans have access to high-quality and affordable chronic disease prevention measures.
- Expand outreach to include preventive health benefits available under Medicare.
- Refer FCSP clients who manage a chronic condition to the CDSMP and track the number of completers.
- Promote the use of the Medicare Annual Wellness Visit for the detection of cognitive impairment so that treatment and support can begin as soon as possible.
- Utilize the ADSSP grant funds to provide evidence-based tools, training and coping skills for families dealing with Alzheimer's disease and improve the care recipient's ability to remain active and healthy.

Objective 3.2: Support aging services and programs that promote independence and self-determination of choices for older adults.

- Strive to maintain NMHCBS in the face of funding constraints.
- Strengthen participant-directed service options, expanding the use of vouchers for respite and introducing the agency-with-choice model.
- Continue emergency services for individuals referred by APS in Maricopa County.
- Continue to advocate for the rights of residents to make choices to direct their care and life in long term care facilities.
- Improve direct communication with American Indian tribes for purposes of technical assistance and monitoring.

Performance Measures and Milestones with Timeframes for Goal Three

Increase the number of host organizations offering CDSME to 60.	SFY 2017
Track the number of individuals referred from OAA core programs who complete CDSME workshops.	Starting SFY 2016
Increase the number of Arizona counties which provide at least twice annually: English CDSMP from 14 to 15; Spanish CDSMP from 7 to 12; DSMP (English and Spanish) from 0 to 7.	SFY 2017
Increase the number of education events for older adults about Medicare preventive benefits by 300 events per year, with an estimated outreach to 6,300 additional beneficiaries.	Starting SFY 2015
Track the referrals of FCSP clients who manage a chronic disease to CDSMP.	Annually
Implement respite vouchers statewide.	SFY 2015
Develop policy on participant direction for NMHCBS.	SFY 2016
Increase the number of resident and family council meetings attended by the LTCOP by 20 percent.	SFY 2018
Track the number of individuals served in participant-directed options.	Annually
Track the number of low-income and rural individuals receiving Title III services as a percentage of total enrollment.	Annually
Increase the number of users of the online respite worker locator and the number of workers listed by ten percent annually.	Annually



**Goal Four:
Increase the safety and well-being of older Arizonans.**

Community Safety

Maintaining a safe environment starts in the home and community. The DAAS and its aging network partners participate in numerous initiatives that promote the safety of older adults. The installation of lockboxes at the homes of older individuals, which allow emergency personnel quick access in case of emergencies, is a good example of a successful program instituted to promote safety. All AAAs have prepared an emergency response plan, and on a broader scale, the state of Arizona is engaged in disaster planning and emergency preparedness. APS and several OAA-funded programs are designed to assist with advocacy for and the protection of older adults.

Emergency Preparedness. The Arizona Division of Emergency Management oversees emergency activities statewide. The ADES participates in readiness and preparedness activities to ensure personnel can continue essential functions in an all-hazard/threat environment. In case of an emergency or a disaster, the ADES Public Information Office will ensure that information is communicated accurately and timely to both internal and external audiences, including individuals receiving services (see Appendix B for more detail). The standardized client assessment instrument used by the AAAs to determine clients' strengths, needs and eligibility for services includes a determination of whether the individual would need assistance in an emergency situation. The AAAs have access to these lists and work with local partners to remain abreast of any emergency or disaster information, for example, regarding wildfires or

electricity outages. They also prepare a plan for the case of a pandemic in order to address potential shortages of staff or services.

Legal Services Assistance Program (LSAP). Arizona's LSAP was established under the OAA to offer information, advice, assistance, and advocacy to persons 60 years of age and older, who may be unable to appropriately manage their own affairs or need assistance with civil legal matters. The goals of the LSAP are to promote and preserve the autonomy, dignity, independence and financial security of older persons, provide access to the justice system, and advocate for the preservation of the rights and benefits of older persons. Common legal issues for older adult include drafting wills, assisting with filing bankruptcy and assisting with landlord tenant issues.

Given the limited funding available to the LSAP, it is not possible to serve every older adult that has a legal issue and has a great economic need. Therefore, the program plans to collaborate with other entities to provide legal assistance on a sliding fee scale to older adults and provide training and education to legal providers serving older adults. Additionally, the LSAP will continue to assist underserved populations with the greatest economic and social need, while adhering to the OAA provision that prohibits means testing for legal services.

Long-Term Care Ombudsman Program (LTCOP). The LTCOP is responsible for protecting, advocating for and promoting the rights of residents in long term care facilities statewide. In FFY 2013, the program investigated 3,714 complaints and either partially or fully resolved 80 percent of those to the satisfaction of the resident or complainant. The LTCOP is actively engaged in building capacity within the program to ensure quality and consistency in service provision through increased training of all state designated ombudsmen and effective performance assessment. The program will continue to strengthen person-centered planning and seeks to become a leader in this effort. The LTCOP is also committed to ensuring the provision of culturally appropriate services to all residents of long term care facilities. This includes strengthening tribal ombudsman programs statewide and ensuring that American Indians in long term care facilities have access to culturally appropriate ombudsman services. The LTCOP will also work to increase awareness of access to service issues for special populations and provide training to facility staff about the unique needs of these residents.

Elder Justice

While elder justice is a focus of the entire DAAS, three programs take on a leadership role: APS, the LTCOP, and the LSAP. It is generally accepted that elder abuse is grossly underreported and, with increased awareness and education, that number of reported cases is likely to continue to increase nationwide. Every year in Arizona, APS receives thousands of reports alleging that a vulnerable adult is the victim of abuse, neglect or exploitation. Arizona has seen a marked increase in the number of reported allegations of abuse, neglect and exploitation, particularly in the last three years¹¹:

- For SFY 2011, there were 10,695 inquiries of which 6,889 were reports
- For SFY 2012, there were 13,395 inquiries of which 8,781 were reports
- For SFY 2013, there were 16,635 inquiries of which 11,161 were reports- a historic high

APS Centralized Intake provides the public with the ability to report such incidents 24 hours a day, seven days a week. APS works in partnership with law enforcement, the courts and

¹¹ Arizona Department of Economic Security, Adult Protective Services, Annual Activity Report for State Fiscal Year 2013.

community based service providers, to assist in facilitating services and supports that help protect vulnerable adults from abuse, neglect and exploitation, and help them live as independently as possible.

Despite the fact that long term care facilities are subject to state and/or federal oversight, residents in these facilities are not immune to abuse, neglect and exploitation and often become victims. In FFY 2013, roughly 11 percent of complaints investigated by the LTCOP involved abuse, neglect or exploitation. Along with individual complaint investigations, ombudsmen advocate for system level changes that work to ensure better quality of long term care facilities, thereby preventing potential cases of abuse, neglect and exploitation.

The LSAP works to protect older adults against elder abuse issues, which include financial exploitation, fiduciary abuses and consumer fraud. The LSAP refers cases to APS Centralized Intake that involve physical abuse, neglect, self-neglect and in some cases financial exploitation. In addition, the SHIP and the SMP project (see goal one) also raise awareness on healthcare fraud and abuse.

Adult Protective Services Exploitation Unit. APS recognized that existing resources were not sufficient to investigate some of the most egregious crimes that dealt with the financial exploitation of vulnerable adults. To respond to this, the program created a unit focused on investigating cases of financial exploitation. These cases have been challenging in that they require workers with particular types of expertise, are not as easy to prove, and take significantly longer to investigate than allegations of abuse and neglect. The potential end result of these investigations will be a well-packaged case that can be sent to law enforcement and, in turn, investigated and prosecuted. It is anticipated that an increase in prosecutions of financial exploitation cases statewide will act to deter those who might otherwise financially exploit Arizona's vulnerable adults. During the next planning cycle APS will work to increase the number of AAAs prioritizing APS clients for service.

Outreach and Education to Increase Awareness. The DAAS plans to increase outreach and education efforts to members of the general public about what elder abuse is and ways to prevent it. APS, the LTCOP and the LSAP will work together to increase both the distribution of educational materials and give presentations about elder abuse to the general public. Groups of the general public that will be targeted include pre-retirement individuals, Social Security representative payees, banks, family caregivers, long term care facility staff and health care professionals.

The Phoenix Branch of the Federal Bureau of Investigation lists health insurance fraud as second in their list of top ten types of fraud. Medicare cards contain social security numbers; therefore, seniors may become easy victims of identity theft and insurance fraud. Older persons are more vulnerable because they must show their Medicare cards when they see a doctor, go to the hospital, have an x-ray, lab work, or fill their prescriptions. Since the inception of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), which included the provision for Part D Prescription Drug benefits, older persons rely heavily on Medicare for their health care coverage making them susceptible to unscrupulous individuals targeting Medicare beneficiaries with fraudulent activities. The most common types of fraud schemes experienced in Arizona are the following: billing for medical services or goods that were not provided; billing for old items as if they were new; billing for more hours than there are in a day; billing for tests that the patient did not need; overcharging for health care services or goods that were provided; and double billing for health care services or goods that were provided. The goal for the Arizona Senior Medicare Patrol (SMP) Project is to continue to

provide a uniform message about Medicare waste, fraud, and abuse throughout the state. To accomplish this, the program fosters national and statewide program coverage, improves beneficiary education and inquiry resolution, fosters national program visibility and consistency, improves the efficiency of the Arizona SMP program while increasing results for both operational and quality measures, and targets training and education to isolated and hard-to-reach populations. Expanding Arizona SMP activities serves to enhance the financial, emotional, physical, and mental well-being of older adults, thereby increasing their capacity to maintain security and independence in retirement and to make better financial and health care choices.

Better Coordination with Aging Network Partners. In an effort to more efficiently and effectively detect, assess, intervene, and investigate elder abuse, neglect and exploitation, the DAAS will take steps to ensure strong coordination between those programs on the front lines of investigation along with other aging network partners. To ensure better coordination with the aging network partners, APS, the LTCOP and the LSAP actively participate and support the efforts of both the Statewide Elder Abuse Coalition and the Attorney General's Taskforce Against Senior Abuse, both of which are groups comprised of multidisciplinary professionals involved in the protection of the rights of older adults in cases of elder abuse. Planned efforts include coordination between the programs to provide training across the different programs within the DAAS and with the aging network partners. With the creation and inception of the Agreement of Cooperation between the ADES and the ADHS in 2010, which outlined the responsibilities of APS, the LTCOP, and the ADHS in sharing information and identifying trends in systemic issues, the state has already made significant progress toward working together, when allowed by law, to ensure the best possible outcomes.

Objectives and Strategies for Goal Four

Objective 4.1: Promote new and existing strategies to improve community safety for older adults.

- Reduce the risk of falls through education, awareness and outreach.
- Continue to strengthen emergency preparedness procedures and ensure that persons with ADRDs and caregivers' unique needs are included in the development and planning process of state and local emergency plans.
- Create a dementia-capable emergency service personnel force that is skilled at identifying people with ADRDs, knowledgeable about the kinds of services that can help people with dementia and their caregivers, and capable of providing linkages to other agencies and community organizations.

Objective 4.2: Strengthen efforts to prevent and respond to reports of elder mistreatment.

- Strengthen the LTCOP through increased training and new systems of communication (Intranet system and webinar technology).
- Develop performance assessment methodologies for the LTCOP and assess performance of local programs.
- Continue to collaborate with the state Medicaid agency in exploring the potential for LTCOP funding through Medicaid.
- Initiate collaboration between the Arizona Caregiver Coalition and APS to identify and serve caregivers to mitigate the potential for abuse before it happens.
- Increase collaboration among APS, the LTCOP and the ADHS to improve accurate trending of allegations of abuse, neglect and exploitation in long term care facilities statewide.

- Educate and increase awareness of APS intake staff with regard to legal issues that arise and should be referred to the LSAP.
- Continue participation by APS, the LTCOP and the LSAP in the Statewide Elder Abuse Coalition and the Attorney General's Task Force Against Senior Abuse.
- Increase training on abuse, neglect and exploitation for aging network partners.
- Research and implement best practices as appropriate and relevant to APS, such as new tools for the public to interact with the program.
- Increase outreach and awareness to the public in an effort to curtail the incidence of abuse, neglect and exploitation of vulnerable adults.
- Increase the number of AAAs prioritizing APS clients for service.

Performance Measures and Milestones with Timeframes for Goal Four

Develop an emergency preparedness plan for the LTCOP that incorporates responsibilities of state and local ombudsmen related to emergencies that affect residents of long term care facilities.	SFY 2017
Track the number of APS allegations investigated.	Annually
Track the percentage of APS staff trained on legal and ombudsman services.	Annually
Track the percentage of LSAP, LTCOP and SHIP staff / volunteers trained on APS services and signs of potential abuse and neglect.	Annually
Establish a virtual reporting system for reports to APS.	SFY 2018



Goal Five:
Strengthen Arizona's economy by capitalizing on an integrated and well-trained informal, paraprofessional and professional workforce.

Caregivers

The services offered by the aging network represent only a fraction of the caregiving and supportive services actually provided. Family members, friends and neighbors help in countless ways, be it to give a ride to the supermarket or to help with chores around the house. The state could not begin to offer all these services, much less pay for them. Besides, for many people it is important to be able to assist a loved one or a friend, although they may need some help themselves. Training for informal caregivers is as important as for the professional workforce, such as direct care workers, nurse aides, social workers and other allied professions.

Direct Care Workforce. In 2012, the ADES and the AHCCCS-ALTCS adopted a training requirement for direct care workers employed by a provider agency. Direct care workers provide much of the hands-on care for older adults and persons with a disability. It is the culmination of a collaborative initiative to strengthen the workforce and improve the professional status of direct care workers through training and development of career opportunities. In addition to having a coordinated curriculum with standardized competencies and tests, Arizona has seen the establishment of several entities that offer the training, including an online course, and associations for home care agencies and direct care workers, which offer seminars and networking. The AHCCCS-ALTCS is in the process of implementing an online database to house training records, making the training of direct care workers portable when they change employment. Previously, workers were trained repeatedly by new employers.

New requirements for training of caregivers in assisted living facilities were adopted in 2013, expanding the training from 62 to 104 hours, including 16 hours in a lab setting. The Arizona Board of Nursing Care Institution Administrators and Assisted Living Facility Managers oversees the training of these caregivers and approves training programs. Certified nurse aides can waive most of the training but have to take the tests; they are also exempt from the direct care worker training. Going forward, a new focus for training will be the skills and knowledge needed to provide care for individuals with ADRD. The number of Arizonans with Alzheimer's disease and other dementias will grow each year as the number and proportion of the population age 65 and older continue to increase. Advancing age is the number one risk factor for the disease that is currently the sixth leading cause of death in the U.S. Of those with Alzheimer's disease, an estimated 4 percent are under age 65, 13 percent are 65 to 74, 44 percent are 75 to 84, and 38 percent are 85 or older.¹²

Family Caregiver Support Program (FCSP). The FCSP provides services to family caregivers of adults over 60 or a person of any age with Alzheimer's disease, as well as grandparents and other relative caregivers of children not more than 18 years of age. Families are the major providers of long term care, providing nearly 80 percent of the care that allows individuals to remain living independently outside of facilities. According to an AARP study, there are 855,000 family caregivers in Arizona that provide \$9.4 billion in unpaid care, an amount larger than the entire state fiscal budget for 2014. Other research has shown that caregiving exacts a heavy emotional, physical and financial toll, especially for family caregivers who work and provide care at the same time and those that are caring for more than one individual. In this era of the "sandwich" generation, 22 percent of caregivers are assisting two individuals, while eight percent are caring for three or more. Almost half of all caregivers are over age 50, making them more vulnerable to a decline in their own health, and one-third describe their own health as fair to poor.¹³

A successful partnership with the Arizona Caregiver Coalition has led to the development of new resources that will be critical to reaching the goals and objectives in this planning period. The new **Caregiver Resource Line** described in goal one will dramatically improve access to resources for the specific population served by the FCSP, and the new online **Respite Locator** (see goal three) will provide caregivers choices related to service delivery they did not have previously.

Mature Workers

Arizona's Mature Worker Programs are designed to assist all individuals age 50 and over with securing job training and job search assistance as well as civic engagement opportunities. The expected outcome is that mature workers will obtain the necessary skills to re-enter the workforce and become employed in occupations that are projected to be available in their local job market.

The **Senior Community Service Employment Program (SCSEP)** provides paid, part-time training opportunities in community service activities for unemployed, low-income persons who are 55 years of age or older who have poor employment prospects. The goal of the

Ms. Rose S., 82, enrolled in the SCSEP in September 2009 and was assigned to the ADES to fulfill her training needs. She performed the tasks of a receptionist. In May 2013, Ms. S. was offered (and accepted) a permanent position as a Clerk-Typist in the ADES where she remains employed to date. She credits her exceptional training experience and the support and encouragement provided by ADES staff and staff from the Area Agency on Aging, Region One, as the primary reasons for her successful re-entry in the workforce.

¹² Alzheimer's Association, 2013 Alzheimer's Facts and Figures.

¹³ The MetLife Study of Working Caregivers and Employer Health Care Cost, June 2011, www.metlife.com.

SCSEP training is individual economic self-sufficiency through placement in unsubsidized employment in both the public and private sector. While in training, participants receive an assessment to determine individual needs for training, supportive services and potential for employment. Eligible participants help develop a plan with stated employment related activities with the goal of obtaining either part-time or full-time employment. Training occurs through a community service assignment at a non-profit or government agency for approximately 20 hours per week. Participants receive the higher of the federal or state minimum wage. For SFY 2014, SCSEP was allocated a total of 116 training slots. As of the writing of this document, 20 SCSEP participants have secured unsubsidized employment for SFY 2014. A major focus of the SCSEP in this planning period will be the alignment of host agency recruitments and participant's hard-skills training with the local labor market demand to ensure the participant is employable upon program exit.

The SCSEP works with the Governor's Advisory Council on Aging's Mature Workforce Committee, which developed the web portal www.azmatureworkers.com. It also created the **mature worker friendly certification** to acknowledge employers that maintain policies, practices and programs consistent with employment of people age 50 and older based solely on their proficiency, qualifications and contribution, and terms and conditions comparable to younger individuals. As of January 2014, 70 employers were mature worker friendly certified.

Objectives and Strategies for Goal Five

Objective 5.1: Provide support for families in their efforts to care for their loved ones at home and in the community.

- Expand older adult services for individuals with ADRDs that promote and preserve independence allowing individuals to safely remain in their own homes and communities as long as possible. Services would include socialization programs, quality of life therapies, transportation services, and respite for families.
- Expand and develop new systems of support for family members assisting loved ones living with ADRDs, including creating collaborations with non-profit organizations dedicated to assisting those living with dementia and their families.
- Maintain and strengthen FCSP statewide.

Objective 5.2: Promote a stable and competent workforce sufficient to meet the growing care needs in Arizona.

- Utilize the Arizona Respite Locator to recruit and educate potential workers.
- Develop strategies to connect employers with caregiver support and elder care resources in continuing efforts to educate the employer community regarding the need for such resources for an aging workforce.
- Build a workforce with the skills to provide high-quality care to individuals living with ADRDs through collaboration and cross-training with organizations, including the Arizona Board of Nursing Care Institution Administrators and Assisted Living Managers, the Arizona Chapter of the Assisted Living Federation of America and others.
- Develop and implement diversified approaches in education and training for professionals and caregivers serving the ADRD population, focused on sensitivity to cultural and religious norms, income, geographic variables, family constellations and community supports.
- Promote the viability of a career as a direct care professional and other health services related occupations to SCSEP participants.

Objective 5.3: Promote a coordinated workforce development approach between public and private entities to benefit from the capabilities and experiences of a mature workforce.

- Facilitate the coordination of the Governor’s Advisory Council on Aging Mature Workforce Committee and Local Workforce Investment Areas to assist with the development of public awareness efforts on promoting the utilization of mature workers.
- Strengthen partnerships and collaborations among SCSEP grantees and Workforce Investment Act service providers to ensure a seamless system of service delivery.
- Establish a varied network of host agencies to provide training that aligns with SCSEP participant employment goals.

Objective 5.4: Support older Arizonans’ efforts to remain engaged in the workforce and civic engagement activities.

- Collaborate with community entities on identifying volunteer opportunities for older adults.
- Work with AAAs and subcontractors to promote access to financial and computer literacy resources for older adults.
- Develop strategies for identifying unmet service needs in small communities that can be carried out by local SCSEP providers.

Performance Measures and Milestones with Timeframes for Goal Five

Track the number of caregivers served through training and education.	Annually
Track the number of SCSEP participants who transition to unsubsidized employment.	Annually
Track the number of workforce staff serving SCSEP participants who are trained on special service needs and accessible resources.	Starting SFY 2015
Increase the number of individuals employed six months after exiting the SCSEP to meet program targets.	SFY 2017



Goal Six:
Enhance the state’s capacity to develop and maintain the necessary infrastructure to deliver services in a culturally appropriate, timely and cost effective manner.

Note: Due to the present economic situation and the loss of capacity building funds, the objectives in the goal have been streamlined, resulting in a single objective.

Cost-Sharing and New Business Models

Service delivery and allocation of resources require continual review and adaptation to meet growing needs in an environment of scarce funding. While AAAs are either non-profit or governmental/tribal organizations, there are opportunities for collaboration and raising revenues. The DAAS provides leadership and technical assistance for these initiatives and seed money from discretionary grants where available. One avenue for expansion is collaboration through service agreements with other programs that use federal and state funds. For example, the Veterans-Directed HCBS program is funded by the Department of Veteran Affairs and allows AAAs to utilize their infrastructure to provide options counseling, assessment and case

management through a contractual agreement. The Area Agency on Aging, Region One Inc. in Maricopa County and the Phoenix Veterans Affairs Health Care System are ready to implement this program, a direct outcome of the 2012 and 2013 ADRC Sustainability grants. Two other Veterans Affairs medical centers in Arizona are currently not able to participate, but dialogue will continue. The state Medicaid program may have funds to pay for options counseling provided by the AAAs, and this will be explored in conjunction with the Alzheimer's Disease Integration grant, awarded to Arizona in 2013 as part of the Alzheimer's Disease Supportive Services Program.

Consumer contributions to the cost of services will be emphasized during this planning period. The DAAS implemented a cost-sharing requirement for selected NMHCBS in compliance with the OAA and will continue to provide technical assistance on implementation and administration of the process. A review of operational procedures and related training and planning activities will continue into SFY 2015. Some of the AAAs, specifically the non-profits, are also ready to explore the potential role of private pay services. Using the experience from ADRC grant activities, including the 2010 Options Counseling Grant Part B and the 2009 ADRC grant that was used to establish care transitions programs, these AAAs are planning to use the processes developed and the expertise of their staff to offer these and similar services to individuals who are able to pay for their services. ADRC evaluation and reporting activities have shown that some AAAs are reviewing their marketing plans and may be able to position themselves as experts in aging services in addition to the traditional target audience of socially or economically disadvantaged individuals.

The use of technology may offer additional possibilities to provide services. Boomers are becoming more accepting of new means of communication and may be able to use e-mail, web-based teleconferences, monitoring systems and other applications to communicate with their case managers and providers. While technology cannot replace the in-person interaction, it may be able to substitute for some wellness checks or home visits and could even increase the frequency of interaction.

Objectives and Strategies for Goal Six

Objective 6.1: Develop programs and approaches to close the gaps in the state's current aging services infrastructure and delivery system especially to underserved areas.

- Generate service delivery reports on underserved areas and populations in Arizona.
- Develop plans for targeting identified underserved populations.
- Provide technical assistance to AAAs and share best practices for Title III Nutrition Services on innovative service delivery models.
- Work with partners and contractors to optimize volunteer service, with emphasis on underserved, rural, and non-English speaking populations.
- Strengthen the SHIP and SMP in rural areas and among American Indians and non-English speaking individuals.
- Continue to implement cost-sharing.
- Develop strategies to address the health care capacity challenges that are barriers in meeting the needs of rural Arizonans living with ADRDs.
- Research use of technology, such as e-mail, mobile phone technology and other technological innovations, such as monitoring systems, for service delivery.
- State agencies involved in Aging 2020 will continue to collaborate on aging issues and focus on streamlining current infrastructure.

Performance Measures and Milestones with Timeframes for Goal Six

Track the number of individuals not eligible for Title III services referred to other resources, including private pay.	SFY 2017
Track the number of individuals put on a waitlist for Title III services referred to other resources, including private pay.	SFY 2017
Track program income from cost-sharing.	Annually
Create a report on gaps in infrastructure and underserved populations.	SFY 2016



	<p>Goal Seven: Promote quality of care in all aging services.</p>
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Quality Management

The goals of the *State Plan on Aging* are monitored by the Governor's Advisory Council on Aging, as required by ARS § 46.184 B, and the DAAS. The Council requests semi-annual updates from the DAAS. Quarterly reviews will also be conducted within the DAAS to evaluate achievements of strategies within each goal and objective. Semi-annual updates are used to report on *Aging 2020* activities to the Governor's Office.

The DAAS will further monitor the State and Area Plans through the contract monitoring process. This monitoring will ensure compliance with administrative, programmatic, and fiscal requirements. Service delivery will be reviewed against contract scopes of work (service specifications), terms and conditions, and agency service methodologies. Fiscal reviews will verify actual costs, and compliance with fiscal procedures. The DAAS maintains policies and procedures for its contractors to ensure adherence to the requirements of the OAA and other federal and state rules and statutes. Policies and procedures are updated when needed, for example, with training or reporting requirements. The DAAS will continue the process of regular review in response to innovations and/or the requests of the AAAs as services are adapted to meet the needs of the changes in the population.

Supporting the programmatic initiatives is the DAAS quality management process, including data collection, evaluation and continuous improvement. Data on Title III and VII services is collected by the DAAS through its Aging Information Management System (AIMS), which comprises data on clients being assessed and receiving services, along with provider data and billing information. The Division of Aging and Adult Services Reporting System (DAARS), a web-based application, will go live on October 1, 2014, and replace AIMS. The AAAs enter client, program, and financial data directly into the system, and DAAS staff will have immediate access to the data. DAARS will allow for easier and timelier creation of reports on usage, eligibility and trends, assisting AAA management with supervision, monitoring and planning and allowing DAAS staff to do the same. The monitoring site-visits to AAAs by DAAS staff can be supplemented by regular desk-monitoring, allowing for timely identification of problem areas and remediation. The DAARS information and referral module can be used by AAAs to record information and referral activity, by name or anonymously, allowing for tracking of inquiries by need and demographic characteristics. It will also enable better follow-up with features such as

reminders to staff and tracking of information provided. Clients can also be transferred from one service area to another within the system.

The DAAS ILS unit will expand its quality management that currently focuses on monitoring and monthly reviews of program expenditures. The development of a comprehensive quality management plan, building on the objectives and performance measures of this State Plan on Aging, will help to formalize this process. A key component will be a schedule of reports generated by DAARS and a process that requires program staff to review activities before payment of invoices is approved. The plan will also include strategies for addressing any issues that are identified, such as new delivery methods (e.g. vouchers and the agency-with-choice model), programmatic changes (e.g. the AZ Links database and cost-sharing), or acute issues that may arise from unforeseen events (e.g. wild fires or bedbug infestations). One additional proposed activity for the 2015-2018 planning period is a review of the impact of the performance measures added to the scopes of work under the 2011-2014 plan, specifically the increased emphasis on serving individuals with a higher level of frailty.

The on-site monitoring will continue with program and contract staff visiting each AAA twice in a five-year contract period. Monitoring has been successful in identifying and remediating problems with program eligibility and case file documentation. The site visits also provide opportunities for technical assistance, building relationships and identifying issues and trends. Each AAA has its own quality improvement plan, and selected components are reviewed during monitoring, for example, feedback from clients regarding programs. The DAAS has a process for remediation that will be further formalized through the proposed quality management plan. Program and contract staff work with AAA staff directly to address problems, and when necessary management is included. Bi-weekly conference calls with all agency directors make it possible to identify and discuss issues regularly.

Objectives and Strategies for Goal Seven

Objective 7.1: Ensure regulations and policies promote high quality of care.

- Establish rules for the LTCOP.
- Create tribal policies and procedures.
- Update DAAS internal procedures for monitoring, data tracking and ongoing review of programs as part of the regular contract renewal cycle.
- Develop standards for information, referral and assistance calls, including follow-up and tracking of data.

Objective 7.2: Ensure the highest quality of care and service through active, monitoring, assessment, and training.

- Use DAARS to track, monitor, and prepare reports that allow for better continuous improvement.
- Develop a comprehensive plan for quality management.
- Formalize schedules and procedures for providing technical assistance and following up to tribes.

Objective 7.3: Streamline policies, procedures, regulations, and statutes that reflect the changing nature of an aging population.


- Review and update Scopes of Work as part of the regular contract renewal cycle.
- Implement steps to serve designated populations, such as boomers, individuals with dementia or behavioral health issues.

- Review use of technology, such as e-mail and mobile phone technology and other technological innovations, such as monitoring systems, for service delivery.
- Identify high-quality dementia care guidelines to implement, align, and measure for training and licensing across care settings.

Performance Measures and Milestones with Timeframes for Goal Seven

Track the number of individuals requesting information, referral or assistance (from ADRC semi-annual reporting tool) and receiving a follow-up contact.	Annually, starting SFY 2016
Publish DAAS tribal policies and procedure.	SFY 2017
Develop a comprehensive quality management plan and measure progress annually.	SFY 2016



	<p>Goal Eight: Promote effective and responsive management for all aging services.</p>
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The DAAS will continue to emphasize effective and responsive management that promotes a coordinated and comprehensive service delivery system for older Arizonans. Coordination and collaboration with aging network partners and other state agencies is essential. This includes state agencies, such as the Medicaid agency and the ADHS, as well as the academic and research communities, providers and advocacy organizations.

Assisting with the continuous improvement of management processes are surveys and regular meetings with the AAAs. The DAAS conducts the Home-Based Services Survey and the Legal Services Assistance Program Customer Satisfaction Survey. The surveys are sent to clients to gauge their satisfaction with the services received. Contracted providers are also surveyed to receive feedback regarding administrative, fiscal, and contractual functions within the DAAS. Recommendations for programmatic improvement are made based on survey results. In addition, the ADRC semi-annual report and the annual National Aging Program Information System report are submitted regularly and analyzed for trends.

Objectives and Strategies for Goal Eight

Objective 8.1: Maximize resources to address the needs of a growing aging population.

- Encourage partnerships with the medical community and potential payers (i.e. insurance companies, Medicaid) to build a sustainable funding and delivery system for self-management programs.
- Secure public/private funding to strengthen and enhance aging services in the state.
- Raise awareness regarding private financial tools that can be used for long term care funding, such as life insurance, annuities, long term care insurance, reverse mortgages, particularly for individuals who may have a greater likelihood of developing ADRDs.
- Support continued federal funding of the Lifespan Respite Program. This will help grow information and referral networks, as well as build a sustainable infrastructure for the Caregiver Resource Line, which provides trained volunteers to work with caregivers who need assistance navigating the system of supports available to them.

Objective 8.2: Streamline administrative processes and increase coordination.

- Use advanced technology to enhance communication and improve management.
- Improve program administration through use of DAARS reporting and desk-top monitoring capability.
- Research feasibility of adding password-protected pages to DAAS or AZ Links websites.
- Continue use of customer satisfaction surveys.

Objective 8.3: Promote training and professional development of staff and managers.

- Continue emphasis placed on OAA programs staff attending national conferences to stay abreast of innovations.
- Provide training opportunities that assist with monitoring, e.g. relevant rules and regulations and budgeting.

Performance Measures and Milestones with Timeframes for Goal Eight

Develop materials to raise awareness regarding financial tools.	SFY 2017
Conduct and analyze customer satisfaction surveys.	Bi-Annually

Looking Ahead

During the next four years, Arizona's aging network will face significant challenges as resources are becoming scarcer while the number of older adults in the state continues to grow. The *State Plan on Aging 2015-2018* sets the general direction to confront those challenges. The strategies identified in this plan include collaboration and partnerships within the aging network and beyond in order to sustain the infrastructure for HCBS. Key areas are the development of a dementia-capable aging network, policies and tools that foster person-centered planning and participant direction, and caregiver support. The focus area of Elder Justice will require close collaboration among different programs and agencies to address a wide range of issues affecting older adults. Ensuring access to information and education is another central component of the plan, providing the tools so that individuals can plan ahead, engage in activities that support their health and well-being, and make informed decisions about Medicare and long term care options.

The DAAS will use this plan in the coming years to move forward and to measure progress. The plan is a living document, and the strategies will be reviewed and updated as needed; the specific action steps outlined in the draft action plan (see appendix H) will be amended annually. Similarly, the AAAs will regularly review and update their area plans to ensure that emerging trends and changes in the environment are being considered. Additional review and feedback on accomplishments will come from the Governor's Advisory Council on Aging. In conclusion, for this planning cycle the DAAS, in partnership with the AAAs and the Governor's Council on Aging, is focused on keeping as many in-home and community based services available to older Arizonans as possible.

SECTION III: APPENDIX

Attachment A: State Plan Assurances and Required Activities Older Americans Act As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

Assurances

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State Plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a) (16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b) (5), the State agency and area agencies on aging shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306 (a), AREA PLANS

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

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

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

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will:

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

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

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

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

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

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

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

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

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

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

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

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and
(4)(C) Each area agency on aging shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

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

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long Term Care Ombudsman Program under section 307(a) (9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency:

- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency on aging will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency on aging will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency on aging will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used;

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that:

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long Term Care Ombudsman, a State Long Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will:

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

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished

with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -

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

receipt of reports of abuse of older individuals;

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

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

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

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

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

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

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

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

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

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

(16) The plan shall provide assurances that the State agency will require outreach efforts that will:

(A) identify individuals eligible for assistance under this Act, with special emphasis on:

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
(iv) older individuals with severe disabilities;
(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community based, long term care services, pursuant to section 306(a)(7), for older individuals who:

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long term care facilities, but who can return to their homes if community based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall:

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made:

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at risk youth intervention, juvenile delinquency treatment, and family support programs.

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

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

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

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State Plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older

individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency:

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

Clarence H. Carter, Director, DES

Date

Attachment B: Information Requirements

States must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

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

Arizona Response:

- The Arizona Department of Economic Security (ADES), Division of Aging and Adult Services (DAAS) Policy and Procedure Manual requires assurances that preference is given to older individuals who are most in need.
 - Chapter 2000 states that each request for proposals and contract with a provider must include a requirement that providers specify how to satisfy the service needs of these individuals.
 - Operational procedures in Chapter 3000 state that the highest priority shall be given to individuals 60 years of age or older, with the greatest social and economic need with particular attention to older individuals who are low-income minority, older individuals residing in rural areas, older individuals with severe disabilities, older individuals with limited English speaking abilities and any individuals with Alzheimer's disease or related dementias.
- The DAAS tracks data on individuals served to allow comparison with demographic characteristics.
 - Of persons 60 years of age and older, there were 119,736 with income below the poverty level in 2011, or 9.4 percent.¹
 - 161,142 individuals 60 years of age or older, approximately 13 percent, lived in rural areas.²
 - 14,455 persons received in-home services³ in FFY 2013. These individuals had the following characteristics:
 - 14,225, or 98 percent, were over age 60;
 - 4,218, or 29 percent, were age 85 or older;
 - 8,280, or 57 percent, were considered to be nursing home eligible;⁴
 - 9,543, or 66 percent, were female;
 - 7,883, or 55 percent, lived alone;
 - 5,738, or 40 percent, were rural residents; and
 - 7,595, or 53 percent, had incomes that were below poverty.
- DAAS will take the following steps to assure that preference will be given to providing services to older adults by:
 - Conducting monitoring and assessment of AAAs in responding to the needs of these individuals.

¹ Source: 2011 American Community Survey; U.S. Census Bureau

² Source: 2010 U.S. Census

³ Source: 2013 National Aging Program Information System (NAPIS) - State Program Report. In-home services are Cluster 1 services that include personal care, homemaker, home delivered meals, adult day care, and case management.

⁴ Nursing home eligible is defined as being deficient in three or more activities of daily living including eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking.

- Providing technical assistance to the AAAs and service providers in meeting the needs of these individuals.
 - Allowing for direct service waivers as needed to ensure availability of support to those most in need.
 - Ensuring that important documents or program information is translated into the client's native language (as needed) and available through appropriate media formats.
 - Ensuring that individuals in rural areas are given the opportunity for input by completing annual client surveys.
 - Continuing to coordinate with American Indian tribes and tribal AAAs to ensure that core services are provided.
 - Continuing to coordinate as needed with the Governor's Advisory Council on Aging to ensure information on services and resources to reach this target population.
- The AAA Area Plan and annual goal and strategies update must assess and describe the target population within the AAA PSAs. The AAAs must also develop specific service goals and objectives that meet the needs of targeted populations and reduce barriers to services and have provided the following examples for this planning cycle:
 - The AAA in PSA I contracts with a local service that provides translation on demand as needed. The AAA also operates the Mosaic Senior Center, which provides meals and socialization to American Indians and low-income refugee populations 60 years of age or older.
 - The AAA in PSA V is asking providers to participate in developing the agency's cultural competence policy and provider procedures.
 - The AAA in PSA VI became the contract provider for Commodity Supplemental Food Program (eligibility is 130 percent of poverty) and distributes flyers on programs to participants, including SHIP and health promotion.
 - Several AAAs are using training materials from the National Association of Area Agencies on Aging and other organizations on cultural competence.
 - Several AAAs are providing funding to organizations specifically serving low-income minorities, including senior centers targeted to Hispanic and Asian populations.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Arizona Response:

- Contracts with AAAs specify that contractors shall submit a written plan that illustrates how the contractor shall perform up to contractual standards in the event of a pandemic. At a minimum, the pandemic performance plan shall include:
 - Key succession and performance planning if there is a sudden significant decrease in contractor's workforce.
 - Alternative methods to ensure there are services or products in the supply chain.
 - An up to date list of company contacts and organizational chart.

- Pandemic plans were submitted by the AAAs during the 2011-2012 monitoring cycle and were reviewed by the DAAS.
- The Arizona Standardized Client Assessment Plan (ASCAP) used for intake of clients includes a series of questions that is used to determine if a client would require assistance in an emergency. The DAAS Aging Information Management System generates a list of clients by PSA that is made available to each AAA.

Section 307(a)(2)

The plan shall provide that the State agency will:

(C) *Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (Note: those categories are access, in-home, and legal assistance). Provide specific minimum proportion determined for each category of service.*

Arizona Response:

- The DAAS' Area Plan guidance requires AAAs to describe in their Area Plans how they establish priorities for the planning cycle, the factors influencing their priorities, and their plans for managing increased or decreased resources. The Area Plan must include the AAA process for establishing an adequate proportion of funding for Title III legal assistance, in-home services and access, in keeping with federal and state requirements. The minimum proportion required is four percent for legal services, eight percent for in-home services, and 16 percent for access. DAAS' Policy and Procedure and contract specifically require that AAAs meet the adequate proportion requirements for priority services.
- The DAAS validation worksheet of the contract amendment template specifies the Title III-B minimum percent required. These fields are populated automatically when a contract amendment is completed, allowing DAAS to track compliance with this requirement.
- Waivers
 - Inter-Tribal Council of Arizona Inc., PSA VIII, has an Adequate Proportion Waiver (0 percent for legal services) in place since the tribes provide legal services with other fund sources either tribal or federal funds, or in-kind contributions. Each tribe has established legal service offices where elders can go to receive assistance with legal issues.

Section (307(a)(3)

The plan shall:

...

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

- (i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.
- (ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).*

Arizona Response:

- Each AAA receives annually at least as much funding as it received in the year 2000. The year 2000 is used as the base for annual planning levels, and the difference between planning levels for the coming year and the base is calculated.
- In addition, the Intrastate Funding Formula (IFF) recognizes the cost of serving rural individuals by assigning greater weight when allocating funds to individuals who are geographically isolated. The projected costs of providing such services will vary by the service.

(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

Arizona Response:

The DAAS and AAAs' data collection and analysis assists with determining the size and location of the rural population(s) in each PSA and supports targeted outreach and service delivery. AAAs target services for older individuals residing in rural areas through their requests for proposals and contracts. AAAs monitor subcontractors who provide service to rural individuals to ensure they meet program and performance requirements. AAAs collaborate with community-based organizations in rural areas to assess needs and develop responsive services and service systems. Different methods of outreach are used, including word of mouth, flyers, and collaboration with local organizations, such as nutrition sites, health care providers and faith-based groups. AAAs also make extensive efforts to educate elected officials, private foundations, and the general public about the needs of older individuals residing in rural areas.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

Arizona Response:

- Six PSAs in Arizona are considered rural, comprising 25 percent of the state's population. 161,142 individuals age 60 or older lived in rural areas according to the 2010 Census.⁵ A total of 14,455 persons received in-home services⁶ in FFY 2013. Of these, 5,738, or 40 percent, were rural residents.
- The IFF provides greater weight to individuals who are 60 years of age and older and geographically isolated (i.e., rural) than those who are not. Within rural areas, low-income minority individuals receive the highest relative importance. Older individuals residing in rural areas are among those individuals to whom AAAs target services through their request for proposal (RFP) and contracting processes.

⁵ Source: 2010 U.S. Census

⁶ Source: 2013 National Aging Program Information System (NAPIS) - State Program Report. In-home services are Cluster 1 services that include personal care, homemaker, home delivered meals, adult day care, and case management.

- In FFY 2013 there were 16,578 rural persons age 60 and over who were served Cluster 1 and 2 services out of a total of 32,169, or 51.5 percent.⁷ Overall, the state rural population age 60 and older represents 13.1 percent of the total population. The parity is 396.18 percent for services provided to the rural population age 60 and over.
- A percentage is calculated for each PSA that identifies the rural proportion of each planning and service area compared to the statewide rural 60 years of age and older population counts. The percentage is applied to the total population, resulting in a rural population for each PSA, including tribal areas. In the funding formula, a weight is not established for the rural factor. Instead, the rural proportion of each AAA is applied to the eight and one-half percent rural set-aside for rural PSAs. PSA I and PSA II are considered urban, and they do not receive this funding.

Section 307(a)(14)

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

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

Arizona Response:

- In 2012 there were estimated to be 98,411 persons 60 years of age or older that speak English less than “very well.”
- There were also estimated to be 122,080 racial minorities and 148,240 Hispanic or Latino persons 60 years of age and older in 2012.⁸

and

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

Arizona Response:

- Each AAA describes in its Area Plan how it will target low-income minority older individuals in outreach and service delivery.
- DAAS in collaboration with the AAAs will continue to host outreach and benefits enrollment activities to promote the Medicare Savings Program and Low-Income Subsidy, and other public and federal benefits available for older individuals with limited English proficiency.
- DAAS will continue to maintain and expand partnerships with cultural civic organizations, faith-based groups, and other professional and community development groups that offer extensive services in both urban and rural areas of low-income individuals.

⁷ Source: 2013 NAPIS-State Program Report. Cluster 2 Services include congregate meals.

⁸ Source: 2008-2012 American Community Survey 5-Year Estimates; U.S. Census Bureau

Section 307(a)(21)

The plan shall:

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (*title III*), if applicable, *and specify the ways in which the State agency intends to implement the activities.*

Arizona Response:

- Coordination between the DAAS and American Indian tribes in Arizona has been strong for many years. Two of eight AAAs in Arizona are tribal organizations, and Title III funds are provided to these AAAs. In PSA VIII, the Inter-Tribal Council of Arizona Inc. works with 17 of its member tribes regarding aging services.
- DAAS will continue to work closely with American Indian tribes in Arizona and the tribal AAAs to increase access and ensure that the needs of older American Indian individuals are met.
- In SFY 2013, over 16,000 American Indians were served with Title III funds; see also goal three in this document.
- The Arizona Parity Report (see Appendix F) indicates that individuals reporting American Indian as their race (American Indian only) receive services at a significantly higher rate than members of any other race.
- The DAAS will continue to provide training and technical assistance to the tribes and the tribal AAAs.
- The DAAS will continue to implement strategies to expand outreach activities and healthcare Medicare benefits enrollment with American Indian tribal communities and the Navajo Nation in Arizona. New outreach approaches will include the development and deployment of educational media campaigns in Native languages, such as Navajo and Hopi, with emphasis on public service announcements in radio and video media formats.
- The DAAS will continue to host numerous trainings for tribal leaders, health directors, patient benefit coordinators, and senior center staff and other community networks to bring awareness of the State Health Insurance Assistance Program and Senior Medicare Patrol project.
- The DAAS will develop tribal policies during this planning period.

Section 307(a)(29)

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

Arizona Response:

- The Arizona Division of Emergency Management (ADEM) oversees emergency activities statewide. A part of the ADEM is the State of Arizona Emergency Response and Recover Plan (SERP), which is designed to complement and coordinate preparedness, emergency response, and recover activities by integrating with the National Response Plan, the ADES' disaster plan (called the Continuity of Operations Plan [COOP]), county, local, and tribal emergency operations plans and procedures. An emergency call center statewide known as the Emergency Bulletin System provides hourly updates on damage and response. Example: 2/3/2010, 11:00 A.M. State Opens Assistance Center in Gila County; 1/30/2010, 6:57 P.M. Emergency Supplies Available for Distribution by Chapters in Navajo Nation.
- The ADES will participate in the full spectrum of readiness and preparedness activities to ensure personnel can continue essential functions in an all-hazard/threat environment.
- Upon the decision to activate the COOP, the ADES will notify all concerned personnel, as well as affected interdependent entities with information regarding continuity activation and relocation status, operational and communications status, and the anticipated duration of relocation.
- In order to cover the 15 counties in Arizona, the ADES utilizes six Coordinating Program Managers (CPM), with one in each of six districts. The CPM is responsible for coordinating department-level issues and strategies that affect districts, and is part of the chain of command in addressing infrastructure issues, unusual events, or disasters within the districts. These duties are in addition to their regular programmatic duties and responsibilities. The ADES preparedness incorporates hazard/threat warning systems, which includes postings and instructions to staff and the Emergency Procedures Handbook on the Department intranet web pages for all employees (<http://intranet.azdes.gov/appFiles/Administrative%20Forms/pdf/ISA-1003B.pdf>).

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Arizona Response:

- The DAAS is part of the ADES COOP. The COOP identifies key staff persons, systems or processes that will be needed and the activities that will occur to restore services to those most in need. The COOP is structured to meet the basic roles and responsibilities for disaster preparedness spelled out in the SERP. The DAAS Assistant Director is the key point person in the COOP and will coordinate with internal and external staff and agencies to initiate the emergency response actions. The plan is designed for coordination between SERP, the DAAS, the AAAs and their providers.
- The Arizona Department of Health Services (ADHS) coordinates the State Public Health Emergency Preparedness and Response Plan. ADHS works with state and community partners as needed, including the ADEM described above.

Section 705(a)(7)

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

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

Arizona Response:

- (1) The Office of the State Long Term Care Ombudsman (SLTCO) is located within the DAAS and provides oversight to eight local Long Term Care Ombudsman Programs (LTCOP). The AAAs provides these programs directly, or by subcontract. The Office of the SLTCO, including all representatives of the Office, investigate and resolve complaints made by or on behalf of these residents and seek to protect, advocate for and promote the resident rights. Approximately 100 state certified ombudsmen staff and volunteers provide services to the residents of over 2000 assisted living facilities and 147 nursing care institutions.
- (2) The DAAS holds public hearing meetings to obtain stakeholder input on these programs during the State Plan development process. An online survey was also utilized during the development of the state plan for the 2015-2018 planning period. All AAAs also hold public hearing meetings to obtain input from these older Arizonans, and findings from such hearings are included in their Area Plans.
- (3) The SLTCO and Legal Services Assistance Program (LSAP) actively consult with the AAAs to identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights. The DAAS reviews the Area Plans and annual goals and strategies updates to determine how the AAAs are planning to meet the needs of older individuals regarding benefits, rights and entitlements.
- (4) The DAAS reviews funds expended under Title VII and certifies these expenditures to the Administration for Community Living.
- (5) The State and the DAAS impose no restrictions, other than the requirements referred to in clauses in (i) through (iv) of section 712(a)(5)(c) on entities seeking designation as local ombudsman programs.
- (6) The AAAs provide programs for the prevention of abuse, neglect and exploitation, including training, public education, and dissemination of educational materials. All AAAs work closely with Adult Protective Services (APS) to coordinate service activities and make appropriate referrals; regional APS offices are also involved with regional Aging and Disability Resource Consortium (ADRC) partnerships. The DAAS also provides public education and outreach directly through the Offices of the SLTCO, LSAP, and Senior Medicare Patrol to the general public in collaboration with community partners and to partner agencies as appropriate.
- The DAAS Policy and Procedure Manual, Chapter 3000 section for the LTCOP is reviewed regularly to ensure compliance with the provisions of the OAA. Policies, procedures and/or scopes of work specify that:
 - Involuntary or coerced participation in these programs is not permitted.
 - All information shall remain confidential except if all parties involved in a complaint consent in writing to the release of such information, or if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system, or upon court order.

Attachment C: Intrastate Funding Formula (IFF) Requirements

State Agency Operating Budget For SFY 2015			
Funds Used for the Division of Aging and Adult Services	Title III	Other	Total Agency
Title III: State Administration	\$ 1,214,506	\$ -	\$ 1,214,506
Other Federal Funds (SCSEP, SSBG, SHIP, SENIOR PATROL, Title VII)	\$ -	\$ 4,139,930	\$ 4,139,930
State	\$ 339,041	\$ 4,023,108	\$ 4,362,149
TOTAL	\$ 1,553,547	\$ 8,163,038	\$ 9,716,585

Legend
SCSEP = Senior Community Services Employment Program
SSBG = Social Services Block Grant
SHIP = State Health Insurance Assistance Program

OAA budgets for federal fiscal years 2016 through 2018 will be developed on an annual basis.

Arizona Planning and Service Areas

- Region I: Maricopa County
- Region II: Pima County
- Region III: Apache, Coconino, Navajo, Yavapai counties
- Region IV: La Paz, Mohave, Yuma counties
- Region V: Gila, Pinal counties
- Region VI: Cochise, Graham, Greenlee, Santa Cruz counties
- Region VII: Navajo Interstate Planning and Service Area
- Region VIII: Inter-tribal Council of Arizona: Ak-Chin, Cocopah, Colorado River, Fort McDowell, Fort Mohave, Gila River, Havasupai, Hopi, Hualapai, Kaibab-Paiute, Quechan, Pascua Yaqui, Salt River, San Carlos, San Juan Southern Paiute, Tohono O'odham, Tonto Apache, White Mountain Apache, Yavapai-Apache, and Yavapai-Prescott reservations.

Program Allocation by Planning and Service Areas

CONTRACT OPERATING BUDGET				
By Planning and Service Area (PSA) for Fiscal Year 2015				
	*	**		
Planning and Service Area	Title III & VII	Title III - E	Other Federal & State	Total Agency
PSA I	\$8,557,451.00	\$1,339,497.00	\$7,884,167.00	\$17,781,115.00
PSA II	\$3,008,445.00	\$458,680.00	\$3,792,247.00	\$7,259,372.00
PSA III	\$1,762,987.00	\$259,432.00	\$2,011,440.00	\$4,033,859.00
PSA IV	\$1,797,339.00	\$265,956.00	\$1,683,469.00	\$3,746,764.00
PSA V	\$1,386,187.00	\$200,956.00	\$1,334,767.00	\$2,921,910.00
PSA VI	\$957,430.00	\$133,035.00	\$1,185,881.00	\$2,276,346.00
PSA VII	\$1,144,452.00	\$161,230.00	\$730,862.00	\$2,036,544.00
PSA VIII	\$929,948.00	\$129,588.00	\$335,957.00	\$1,395,493.00
STATE TOTAL	\$19,544,239.00	\$2,948,374.00	\$18,958,790.00	\$41,451,403.00
<p>* Does not include III-E (Family Caregiver Support Program), includes funds for administration</p> <p>**Includes Title III-E (Family Caregiver Support Program) administration funds.</p> <p>For PSA II and IV the Senior Community Service Employment Program allocates funding to agencies other than the Area Agencies on Aging.</p>				

OAA budgets for federal fiscal years 2016 through 2018 will be developed on an annual basis.

The DAAS revised the funding formula for this planning cycle based on the 2010 Census data that was available. The funding formula outlined below is for the 2015-2018 State Plan and is provided to show the data elements that will be used.

Data elements used in the Arizona Intrastate Funding Formula (IFF)

- 2010 U.S. Census figures for the Arizona population 60 years of age or older.
- Population 60+ by county is then broken down into Non-Minority and Minority categories.
- Within the Non-Minority and Minority categories, population 60+ is then broken down into Above Poverty and Below Poverty categories (poverty is calculated at 100 percent of Federal Poverty Level).
- Deduct reservation from population 60+ by Non-Minority and Minority and by Above Poverty and Below Poverty (to determine the tribal regional breakout).
- Data then put into planning and service area (regional) breakout with (tribal regional breakouts include all applicable counties for Navajo Nation and ITCA which is the difference between the total 60+ population and less reservation).
- Non-reservation, rural population counts for 60+ are separated by county. The counties are then categorized into non-tribal planning and service areas. A percentage is then calculated for each planning and service area that identifies the rural proportion of each planning and service area to the statewide rural 60+ population counts.
- The percentage is applied to the total population (unweighted factors). The result is a rural proportion for each planning and service area, including tribal planning and service areas.
- The rural proportion is then applied to the 8.5 percent set-aside as the rural factor.

Factors included in the Arizona IFF

- Population of 60+ who are non-minority, non-poverty.
- Population of 60+ who are non-minority, poverty.
- Population of 60+ who are minority, non-poverty.
- Population of 60+ who are minority, poverty.
- Population of 60+ who reside in "rural" Arizona.

Weights applied to the Arizona IFF

- Weights are applied to the first four factors for the non-tribal AAAs (PSAs 1-6):
 - Population of 60+ who are non-minority, non-poverty = 1.00
 - Population of 60+ who are non-minority, poverty = 1.75
 - Population of 60+ who are minority, non-poverty = 1.10
 - Population of 60+ who are minority, poverty = 3.00
- Higher weights are applied to tribal AAAs (Navajo = 5.00 and ITCA = 6.00) for the four factors. The ITCA has a higher weight due to the vastness of their geographic coverage.
- A weight is not established for the rural factor. Instead, the rural proportion of each AAA is applied to the 8.5 percent rural set-aside.

Base funds applied to the Arizona IFF

- A minimum administration base of \$60,000 for each AAA.
- A minimum program base of \$50,000 for each AAA.

How is the IFF applied?

The current funding formula only applies to Older Americans Act funds. The funding formula takes into account the distribution of persons age 60 and over, as well as those in greatest social and economic need in each PSA per the weights described above. The base year is 2000. A minimum program base is maintained at \$50,000 for each PSA. A minimum administration base is maintained at \$60,000 for each PSA. The formula sets aside a rural factor of 8.5 for the rural portions of all PSAs.

When a "Title III and VII Alert" is distributed, it comes with a variety of supporting documents. This includes the Title III Formula Allocations, Planning Levels, Comparison of Differences between the previous and current Alerts, and the Comparison of the Federal Fiscal Year Grant Awards. The following explanation walks through the "Title III Formula Allocations" as identified in the Title III and VII Alert.

- **Available Federal:** Begins with the available Federal funds – 1/4 is taken from the prior federal fiscal year and 3/4 from the current federal fiscal year separated by OAA Titles. The current year is an estimated amount.
- **Navajo Transfer:** Add the Navajo Transfer to the available federal funds. This is also known as the Interstate Transfer and is applicable only to the Navajo Nation. This transfer is received from New Mexico and Utah and reflects the allotment transferred to Arizona for administering an interstate plan and service area.
- **Total Available:** Identifies the total federal funds available.
- **Less 1.5 percent Ombudsman:** Deduct 1.5 percent for Ombudsman from the total federal funds available. This is taken from Title IIIB. The deduction is not included when calculating the AAA administration.
- **Less State (DAAS) Admin:** Deduct .5 percent of the total Titles IIIB, C1, C2, D, (noted in and paid for out of C1 column) and IIIE (noted under Family Caregiver column) for state (ADES) administration.
- **Less ten percent AAA Admin:** Deduct ten percent for AAA administration from the total federal funds available less the state administration.
- **Less Navajo Transfer:** Deduct Navajo Transfer.
- **Total Fed Program:** Identifies the total program funds available, excluding funds for state and AAA administration and the Navajo Transfer.
- **Less PSA Base Program:** Deduct Program Base at \$50,000 per region. This is spread among Titles IIIB, C1, and C2.
- **Rural Factor (F2) = 8.5 percent Program Total:** 8.5 percent of the available total program funds are set aside for the "rural factor." The rural factor amount is then allocated proportionally to each region based on its share of persons in rural areas within the PSA.
- **Program Balance Factors (F1):** All weighted factors broken out by PSA and proportion applied by PSA. This is taken after the program base and rural factor are applied.
- **AAA Admin Fed:** Taken from "Less ten percent AAA Admin" above. This is noted in C1 and Family Caregiver columns.
- **AAA Admin Base:** Deduct the administration base at \$60,000 per PSA.
- **AAA Admin Balance:** Identifies the total AAA administration balance. This is noted in C1 and Family Caregiver columns. F1 percentage is applied.

Attachment D: Needs Assessments and Public Forums

Attachment D-1: Public State Plan Focus Group Meeting Schedule

Sixteen State Plan on Aging public focus group meetings were held at the following locations:

Counties	Date & Time	Location	Attendees
Pinal	1/29/13 9:30 A.M. to 11:30 A.M.	Apache Junction Active Adult Center 1035 N. Idaho Rd Apache Junction, Arizona 85119	12
Pima	1/31/13 1:00 P.M. to 3:00 P.M.	Sun City Vistoso 1495 E. Rancho Vistoso Blvd. Oro Valley, Arizona 85755	13
Pima	2/15/13 10:00 A.M. to 12:00 P.M.	Tucson Medical Center Senior Services 1400 N. Wilmot (Senior Classroom) Tucson, Arizona 85712	27
Cochise	2/27/13 9:30 A.M. to 11:30 A.M.	Ethel Berger Center 2950 E. Tacoma Sierra Vista, Arizona 85635	15
Mohave	3/4/13 2:00 P.M. to 4:00 P.M.	Mohave County Admin Bldg, Saguaro Room A and B 700 W. Beale St. Kingman, Arizona 86402	14
Mohave	3/5/13 2:30 P.M. to 4:30 P.M.	Mohave County Library 1770 N. McCulloch Blvd Lake Havasu, Arizona 86403	8
Yuma	3/6/13 1:00 P.M. to 3:00 P.M.	Yuma North End Community Center 160 E. First St Yuma, Arizona 85364	20
Gila	3/22/13 1:00 P.M. to 2:00 P.M.	Payson Multipurpose Senior Center 514 W. Main Street Payson, Arizona 85541	19
Coconino	4/11/13 9:00 A.M. to 11:00 A.M.	Tuba City Senior Center 1100 Maloney St. Tuba City, Arizona 86045	86
Maricopa	4/16/13 10:15 A.M. to 11:30 A.M.	Inter-Tribal Council of Arizona, Inc. (25th Annual Arizona Indian Council on Aging Conference), Talking Stick Resort 9800 E. Indian Bend Road Scottsdale, Arizona 85256	20

Maricopa	4/17/13 10:15 A.M. to 11:30 A.M.	Inter-Tribal Council of Arizona, Inc. (25th Annual Arizona Indian Council on Aging Conference), Talking Stick Resort 9800 E. Indian Bend Road Scottsdale, Arizona 85256	45
Coconino	4/18/13 1:00 P.M. to 3:00 P.M.	Northern Arizona Council of Governments 119 Aspen Ave. Flagstaff, Arizona 86011	7
Graham	4/25/13 1:30 P.M. to 3:30 P.M.	Board of Supervisors Meeting Room 921 Thatcher Blvd. Safford, Arizona 85546	15
Yavapai	5/10/13 1:30 P.M. to 3:30 P.M.	City Hall 201 S. Cortez Prescott, Arizona 86305	8
Santa Cruz	5/21/13 2:00 P.M. to 4:00 P.M.	Board of Supervisors Room 2150 N Congress Dr, Room 120 Nogales, Arizona 85621	8
Maricopa	5/30/13 9:30 A.M. to 11:30 A.M.	Banner Olive Branch Senior Center 11250 N. 107th Ave. Sun City, Arizona 85351	20
Total:			337

Attachment D-2:

Analysis of DAAS Focus Groups, On-line Survey and Area Agency on Aging Needs Assessments for the State Plan on Aging 2015 – 2018

Introduction

Activities designed to gather public information about needs and gaps in existing services were conducted throughout the state beginning in the fall of 2012 and continued through the spring of 2013. Public input was collected in various ways by the Division of Aging and Adult Services (DAAS) and eight Area Agencies on Aging (AAAs). The methods used to gather information on needs of seniors included conducting focus group meetings throughout the state, on-line surveying of seniors and other individuals, collaborative efforts with local government agencies, surveying of contracted providers, and mining data from the U.S. Census.

Methodology

Three main sources produced information that was used in the needs analysis –

- *Focus group meetings* - The DAAS scheduled a total of 16 community focus group meetings in various statewide locations where the public was invited to voice their ideas about senior services. In all there were 337 attendees who spoke up at the focus group sessions to give their input.
- *On-line survey* - The DAAS developed an on-line survey that attendees at focus group meetings were invited to complete. Announcements of the survey also went out to numerous faith-based organizations and assisted living facilities throughout the state inviting public input. There were 204 persons who provided their input through the on-line survey.
- *Needs assessments* - Seven AAAs collected information on needs and issues surrounding senior services through a variety of methods including conducting diverse focus groups in their respective communities, e.g. individuals suffering from dementia and their caregivers; low-income and minority groups; caregiver support group; rural residents; veteran's groups; on-line, mail, and phone surveys and surveys of contracted providers. The number of persons who gave their feedback through the AAA needs assessments totaled 4,256.

Analysis proved challenging due to the lack of a standardized instrument or subgroups of common questions in the surveys used by DAAS and the regional AAAs in conducting needs assessments. Lack of a standardized instrument meant that respondents were asked about their needs and issues in various ways. Open-ended questions elicited responses that were ambiguous and required interpretation for placement in a specific issue category. The effort also proved to be time-intensive due the large variety and number of possible survey responses to examine and interpret. In addition, some survey results were reported in percentages which required calculation to derive compatible numerical data needed for analysis.

Results

A macro view of the results reveals agreement among the three sources of public information that needs related to (1) health care, (2) in-home services and (3) transportation, in that order, are of highest priority among those surveyed.

Health care-related items received the highest rate of response in the DAAS on-line survey, DAAS focus group meetings, and the AAA needs assessments. Among the individual topics mentioned under health care are; access to quality care; assistive devices such as hearing aids,

glasses, and dentures; cost of health care service; affordable dental care; cost of medications; mental and behavioral health and counseling needs. DAAS focus group attendees mentioned needs related to health care 31.7 percent of the time while the DAAS on-line survey health care related responses were 28.9 percent of the total. The AAA survey respondents mentioned needs related to health care 20.8 percent of the time.

Many views concerning health care were heard in the DAAS community focus group meetings, including these statements:

“No specialists (neurologist) in Payson.”

“Medications are my biggest problem. I take care of someone and I need to give him pills. I’m not sure what’s going to happen when I start losing my memory.”

“The lesbian, gay, bisexual, and transgender community is just as in the dark about thinking that there will be financial safety net for them in place in the form of Medicare and insurance for long term care as everyone else.”

The DAAS on-line survey yielded comments, including the following:

“Will need more support as spouse when Alzheimer’s progresses.”

“Understanding health care changes and how to seek appropriate and necessary medical services.”

In-home Services also received a significant portion of the total responses indicating the importance of services that help individuals retain their living independence. Services such as home delivered meals, personal care, housekeeping, shopping, safety and wellness checks, and supportive caregiver services were among those receiving many mentions by the public. Among DAAS focus group attendees 22.4 percent of the people mentioned needs related to in-home services and 20 percent of the responses obtained from the AAA survey respondents likewise mentioned in-home service needs. Also, the related “ability to live at home” item was ranked highly by a majority of DAAS on-line survey respondents.

Comments regarding in-home services and care were voiced by many in the DAAS community focus group meetings, including these statements:

“I get home delivered meals and I know somebody has to be home to get the lunch, but a lot of elders can’t walk and can’t hear, and the valets (are) honking over there and if they don’t come out and they can’t leave the meal. A lot of elders, they rely on that food. They’re homebound.”

“No continuity in the help that is sent to you in the home. I think it would behoove them to have the same person come to provide the service.”

“Both of my kids are on the East Coast and busy with their lives, so I want to know what’s available for me in my situation when I can no longer stay by myself.”

“Spouses and children are the two primary groups that provide care for older adults. Older lesbian and gay adults, especially gay men, are specifically less likely to have children, which means they are less likely to have caregivers.”

Related comments collected through the DAAS on-line survey included the following:

“Our elderly need handicap ramps and home renovations to keep warm in the winter and cool during the summer.”

Access to transportation was also consistently identified as an important need by AAA and DAAS survey respondents and DAAS focus group participants. This issue was noted as a major concern in all but one of the 16 DAAS focus group sessions and was prominent in all survey responses. The importance of safe and reliable transportation to senior centers located in tribal areas was stressed by many participants in the Navajo AAA needs assessment process.

DAAS community focus group attendees commented frequently on transportation needs. These views were recorded:

“I am ADA certified and I can get a certified cab, but I can only travel in Youngtown and Sun City. The cab has a limited range. I want to be able to go to Glendale/Peoria, and they won't take me to Wal-Mart.”

“I can't get to Costco. I get my lower cost medications at Costco.”

“I think all of us want to stay in our own homes for as long as we can, and in this community I think it will be possible. As long as you are able to get around and be mobile, you can age in place.”

DAAS on-line survey comments included the following:

“Ability to remain at home is directly related to public transportation.”

“I used to drive for the DAV, taking veterans to the Tucson VA Hospital, until I had two back surgeries. Now, I'm not able to sit for extended time periods, so had to quit.”

“I have a disabled daughter who needs transportation to doctors, for prescriptions, grocery shopping, etc. She can drive, but can't afford a car as she is on disability.”

“Interesting situation, if the local fire department comes to your home for a lift assist and discovers an individual requires an ambulance to the local hospital they will have one come to your home. However, if you need an ambulance to return home that is an out-of-pocket expense. The staff at the ED (emergency department) provided lift assistance into the vehicle, and the fire department was called and provided lift assistance from vehicle into the wheel chair.”

“I had a brain tumor that left me blind in one eye and half blind in the other. I cannot drive. I would love transportation. Buses do not come this far. Thank you.”

- The most highly ranked issues *across the three sources* came under the general category of **Health Care**:

Health Care Category	Source & Frequency
Access to affordable health care, dental care, and assistive devices	AAA Surveys - ranked 2 nd (13% of 4,256 respondents)
Affordability of health care	DAAS Survey – ranked 2 nd (68.1% of 203 respondents)
Access to professional health care, including dementia care and testing	DAAS Focus Groups – ranked 2 nd (raised in 11 of 16 group sessions)
Preventative health screenings and programs	DAAS Focus Groups – ranked 3 rd (raised in 10 of 16 group sessions)
Access to health care	DAAS Survey – ranked 4 th (53.4% of 203 respondents)
High cost of health care and medications	DAAS Focus Groups – ranked 4 th (raised in 9 of 16 group sessions)
Access to mental and behavioral health services and counseling	AAA Surveys – ranked 7 th (4.2% of 4,256 respondents)
Access to mental and behavioral health services	DAAS Focus Groups – ranked 7 th (raised in 6 of 16 group sessions)

- The second most highly ranked need that surfaced *across all three sources* came under the **In-Home Services** category:

In-Home Services Category	Source & Frequency
Availability of caregivers	DAAS Focus Groups – ranked 2 nd (raised in 11 of 16 group sessions)
Access to quality, affordable in-home services and care	AAA Surveys – ranked 3 rd (8.5% of 4,256 respondents)
Adequate funding for aging services, especially in-home services	DAAS Focus Groups – ranked 3 rd (raised in 10 of 16 group sessions)
Ability to live at home	DAAS Survey – ranked 4 th (53.4% of 203 respondents)
Access to affordable, licensed in-home care	DAAS Focus Groups – ranked 5 th (raised in 8 of 16 group sessions)
Availability of in-home meals	DAAS Focus Groups – ranked 6 th (raised in 7 of 16 group sessions)

- **Access to Transportation** was the third highest need across the three sources of information:

Transportation Category	Source & Frequency
Access to public and private transportation	DAAS Focus Groups – ranked 1 st (raised in 15 of 16 group sessions)
Access to transportation	DAAS Survey – ranked 5 th (52.5% of 203 respondents)
Access to convenient, affordable transportation	AAA Surveys – ranked 6 th (4.9% of 4,256 respondents)

Concerns regarding financial security/benefits and social isolation were heard in many of the DAAS community focus group meetings, including the following statements:

“I worked really hard, I saved as much as I could, but it’s not enough for today’s living.”
“Everyone has died that they know - our main goal is companionship.”

“An issue in this area is that elders’ family members are not local because they are retired here. It leads to isolation, and seems to be a chronic problem in this community.”

The DAAS on-line survey comments were similar, including the following:

“Just want to have peace of mind and not worry about running out of money.”

“Don’t need outside help at this time. Know I will need help in future. Hope I can afford the services.”

“Funding. Lack of employment has reduced contributions. Future care will not be available to retirees.”

“We are concerned that we will never be financially able to retire. Also concerned about the physical and emotional demands of parenting again.”

“I work full-time and try to take care of both my disabled husband and my 88 year-old father. It is incredibly difficult to manage both financially and emotionally. I don’t have time to go to support groups or volunteer, although I would like to.”

“Public transportation is lacking in Star Valley.”

“Provide funding support for senior centers as they are primary providers of important social interaction among seniors.”

- Items related to **Financial Security** were highly ranked by respondents to the DAAS on-line and Regional AAA surveys:

Financial Security Category	Sources*
Overall financial security	DAAS Survey – ranked 1 st (68.6% of 203 respondents)
Social Security	DAAS Survey – ranked 3 rd (53.9% of 203 respondents)
Sufficient income and benefits to meet basic needs	AAA Surveys – ranked 5 th (7% of 4,256 respondents)

- **Prevention of Social Isolation** was ranked highly among DAAS focus group session participants and regional AAA survey respondents. The topic was not available as a primary selection in the DAAS survey:

Social Isolation Category	Sources*
Prevention of social isolation, need for family and community involvement	AAA Surveys – ranked 4 th (7.6% of 4,256 respondents)
Prevention of social isolation	DAAS Focus Groups – ranked 5 th (raised in 8 of 16 group sessions)

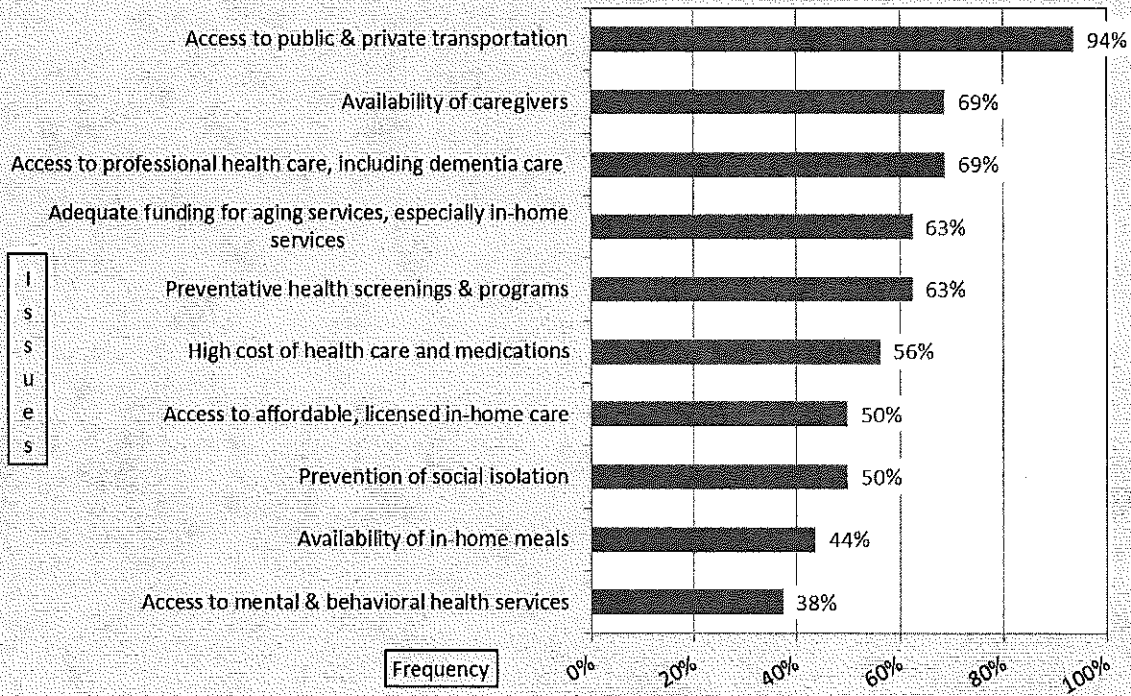
Several issues were quite prominent in the regional AAA surveys but were not identified through the DAAS survey or the DAAS focus group sessions. For example, **availability of safe, affordable housing** and **adequate home maintenance** were clearly important to many AAA survey respondents. These were the highest ranked concerns in several regional surveys.

Likewise, **access to affordable legal assistance** and the **need to address the fear of injury from falling** were cited in large numbers of regional AAA surveys, but these issues did not receive significant attention in DAAS focus group sessions or the DAAS survey.

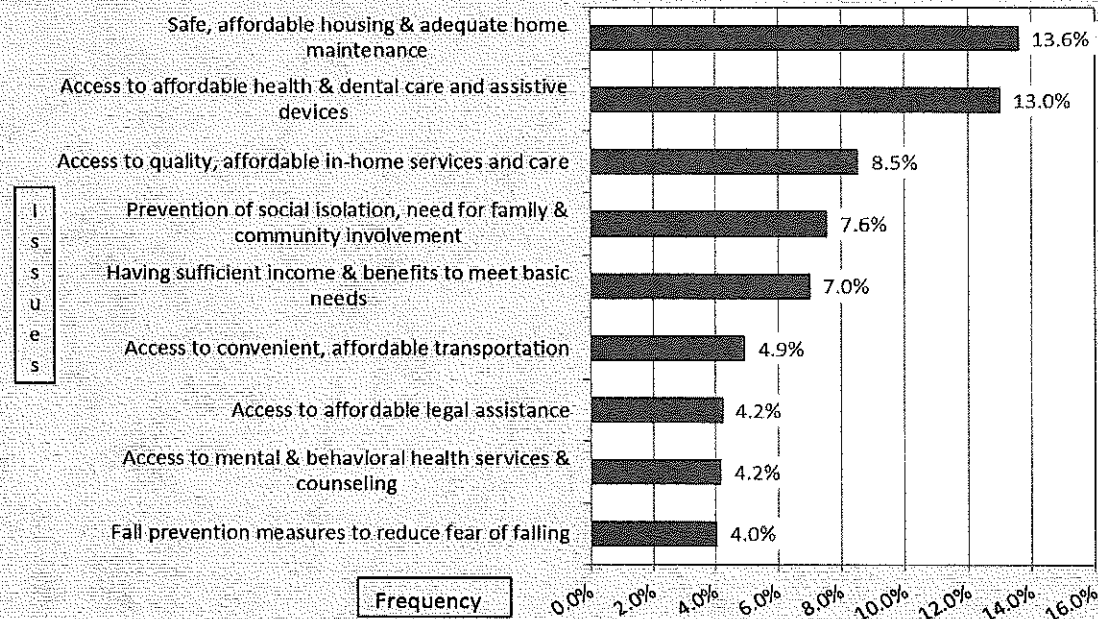
Finally, even though a large proportion of respondents to the DAAS on-line survey selected **personal safety** as an important concern, this issue was not a high priority for DAAS focus group participants or among those surveyed by the regional AAAs.

Please refer to the charts for further data on the issues of greatest concern to focus group participants and survey respondents.

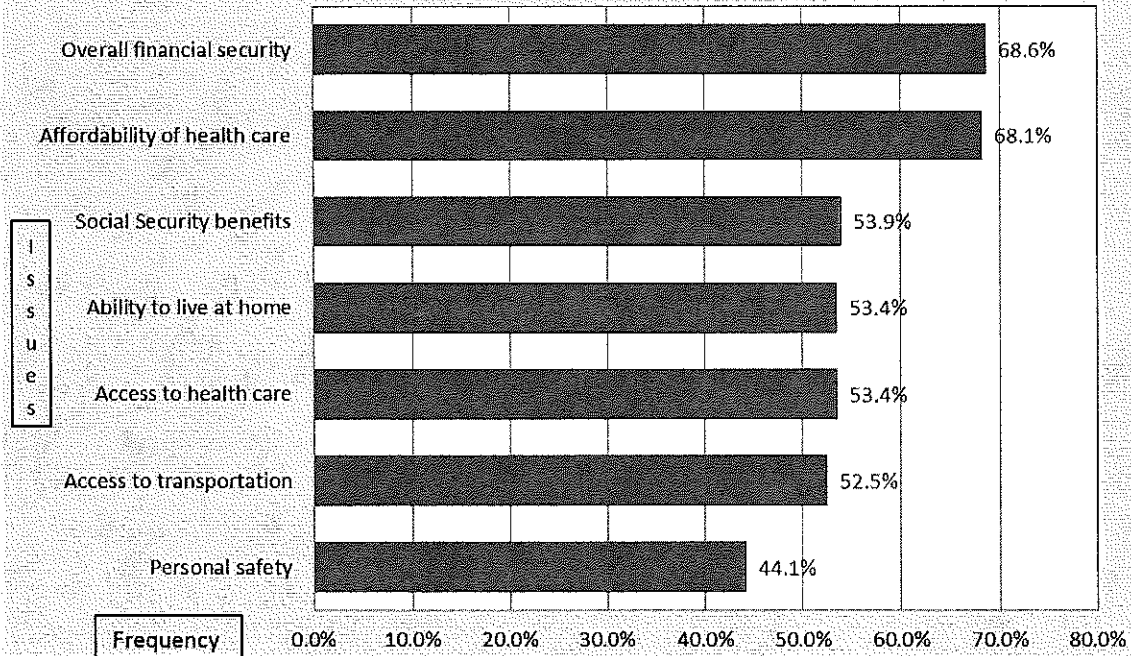
DAAS ILS Focus Group Issues
Ranked by percentage of sessions in which issue was raised



Area Agencies on Aging Area Plan Survey Responses
Issues cited most frequently as "some" or "serious" problem by 4,256 respondents statewide



DAAS Aging State Plan On-line Survey
Most important issues selected by at least 20% of 203 respondents



Attachment D-3: Public Hearing Schedule

Four State Plan on Aging Public Hearings were held at the following locations:

Counties	Date & Time	Location	Attendees
Pima	4/04/14 9:30 A.M. to 11:00 A.M.	Tucson Medical Center Senior Services 1400 N. Wilmot (Senior Class room) Tucson, Arizona 85712	25
Yuma	4/16/14 1:30 P.M. to 3:00 P.M.	Yuma North End Community Center 160 E. First St Yuma, Arizona 85364	8
Yavapai	4/18/14 1:30 P.M. to 3:00 P.M.	City Hall 201 S. Cortez Prescott, Arizona 86305	0
Maricopa	4/23/14 9:30 A.M. to 11:00 A.M.	Banner Olive Branch Senior Center 11250 N. 107th Ave Sun City, Arizona 85351	40
Total:			73

Attachment D-4: Summary of Public Comments
Collected at the Public Hearings on the State Plan on Aging 2015-2018

Pima County – April 4, 2014

Goal 1: Make it easier for eligible older Arizonans to access an integrated array of state and aging services.

Objective 1.1: Facilitate an interagency approach towards a comprehensive system that allows older adults to remain as independent as possible.

Question from public: Are there any plans to help the visually impaired?

Answer by DAAS staff: Surrey Association for Visual Impairment (SAVI) works with individuals that are visually impaired and the Pima Council on Aging (PCOA) also connect the aging adults to them and other centers (i.e. Senior Centers).

Question from public: How do you transition from what did not work in the previous plan? Share an example of what will be different and its success.

Answer by DAAS staff: The Caregiver Resource Line (CRL) is a resource that was not available before this year. The CRL is now available to the public and will continue to be supported in the plan moving forward.

Question from public: Can you provide a brief synopsis of what a caregiver does?

Answer by DAAS staff: A caregiver can play many roles, for example it could be someone who may help with activities of daily living. A different role could be an adult child that may shop for a parent. It is not always someone that provides formal or medical caregiving.

Goal 3: Increase the ability of older adults to remain active, healthy and living independently in their communities.

Objective 3.1: Promote healthy lifestyles, resulting in less long term illness and reduced mortality from preventable and chronic diseases.

Question from the public: Does living independently include public transportation?

Answer by DAAS staff: It has been acknowledged that transportation is a major issue. The State Plan on Aging addresses this issue as well as PCOA's State Plan.

Objective 3.2: Support aging services and programs that promote independence and self-determination of choices for older adults.

Question from the public: When funding is cut how will the services be provided?

Answer by DAAS staff: One solution is what neighbors can do to assist neighbors. Funds are needed to bring in professionals to assist with things such as hygiene. Another solution is Neighborhood Care Alliances (United Way, Interfaith Community Services, etc.).

Yuma County – April 16, 2014

Goal 2: Increase awareness and understanding of aging issues and help prepare Arizona for an aging population.

Objective 2.1: Provide culturally appropriate information in a variety of formats to older adults and their families to promote a broad understanding of issues that arise as we age and how to address them.

Question from the public: Would it be considered elder abuse if someone that falls under the LGBT category is being discriminated against?

Answer by DAAS staff: In order for an act to be considered elder abuse it must be a knowing, intentional, or negligent act by a person that causes harm or a serious risk of harm to a vulnerable adult.

Goal 3: Increase the ability of older adults to remain active, healthy and living independently in their communities.

Objective 3.1: Promote healthy lifestyles, resulting in less long term illness and reduced mortality from preventable and chronic diseases.

Comment from public: Some of the evidence based programs are very costly and time consuming. It is more and more of a challenge as funds continue to be cut.

Goal 4: Increase the safety and well-being of older Arizonans.

Objective 4.1: Promote new and existing strategies to improve community safety for older adults.

Comment from public: Mental health needs to be stressed to the public that there are mental health power of attorneys (i.e. dementia patients).

Comment from public: Safety is an issue. There needs to be something in place for seniors that need immediate attention if they were to fall for example (i.e. a safety button).

Yavapai County – April 18, 2014

No one in attendance.

Maricopa County – April 23, 2014

No comments

Attachment E: Arizona Area Agencies on Aging

PSA I Maricopa County	Area Agency on Aging, Region One, Inc.
	1366 East Thomas Road, Suite 108 Phoenix, Arizona 85014
	602.264.2255; 602.230.9132 Fax
PSA II Pima County	Area Agency on Aging, Region II Pima Council on Aging
	8467 East Broadway Blvd. Tucson, Arizona 85710-4009
	520.790.0504 or 520.258.5068; 520.790.7577 Fax
PSA III Apache, Coconino, Navajo & Yavapai Counties	Area Agency on Aging, Region III Northern AZ Council of Governments
	43 S. San Francisco Street Flagstaff, Arizona 86001-5296
	928.774.1895; 928.214.7235 Fax
PSA IV La Paz, Mohave & Yuma Counties	Area Agency on Aging, Region IV Western AZ Council of Governments
	224 S. 3rd Avenue Yuma, Arizona 85364
	928.782.1886; 928.329.4248 Fax
PSA V Pinal & Gila Counties	Area Agency on Aging, Region V Pinal-Gila Council for Senior Citizens
	8969 W. McCartney Road (P.O. Box 10530) Casa Grande, Arizona 85222
	520.836.2758 /ext. 191 or 529.424.2801; 520.421.2033 Fax
PSA VI Cochise, Graham, Greenlee & Santa Cruz Counties	Area Agency on Aging, Region VI SouthEastern AZ Governments Organization
	300 Collins Road Bisbee, Arizona 85603
	520-432-2528; 520.432.9168 Fax
PSA VII Navajo Nation	Navajo Area Agency on Aging, Region VII
	P.O. Box Drawer 1390 Window Rock, Arizona 86515
	928.871.6868 or 928.871.6783; 928.871.6793 Fax
PSA VIII Inter-Tribal Council of Arizona	Area Agency on Aging, Region VIII Inter-Tribal Council of Arizona, Inc.
	2214 N. Central, #100 Phoenix, Arizona 85004
	602.258.4822 - 602.258.ITCA; 602.258.4825 Fax

Attachment F: Geographic and Demographic Characteristics⁹

Demographic Characteristics

- Arizona was home to an estimated 6,410,979 persons in 2012.
- Arizona's total population increased by 9.7 percent from 2005 to 2012.
- Sixty percent of the total population in Arizona resides in Maricopa County which includes the Greater Phoenix area. Pima County which includes the Greater Tucson area is home to 15 percent of the population and the remaining 25 percent of the population resides in the balance of the state.
- Arizona's Hispanic or Latino population grew by 236,727 from 1,667,334 in 2005 to 1,904,061 in 2012, or a 14 percent increase. Hispanic or Latino persons accounted for 29.7 percent of the state population in 2012.
- In 2012 Arizona was ranked 13th nationally in percent of population age 65 and older.¹⁰
- In 2012, there were 1,245,714 persons age 60 and older, or 19 percent of the population of Arizona.
- The projected growth of the population 60 years and older is expected to reach 1,752,150 or 23.4 percent of the total population by 2020, and 2,282,650, or 25.8 percent of the total population by 2030.
 - Of the number of persons 60 years and older, 81 percent are white (not of Hispanic or Latino origin) and 12 percent are Hispanic or Latino origin (of any race).
 - The racial make-up of those persons 60 years and older are:
 - 90 percent are white (including Hispanic or Latino origin);
 - 2 percent are Black or African American;
 - 2 percent are American Indian/Alaskan Native;
 - 2 percent are Asian American;
 - 0.1 percent Native Hawaiian and Other Pacific Islander
 - 2 percent some other race; and
 - 2 percent 2 or more races.

Socioeconomic Status¹¹

- In 2012, there were 1,074,986 persons with income below the poverty level in Arizona, or 17.2 percent of the total population.
- Among Arizona families in 2012, 12.4 percent had incomes below the poverty level.
- Of those persons age 60 and older, there were 119,736 with income below the poverty level in 2011, or 9.3 percent.
- Of the persons age 60 and older in Arizona, 64 percent are married while 20 percent are widowed and 12 percent are divorced.
- There are 855,000 family caregivers in Arizona providing \$9.4 billion worth of unpaid care to loved ones, helping them to remain living at home, often avoiding costly institutional placements.¹²

⁹ Demographic information provided by the U.S. Census: 2008-2012 American Community Survey 5-Year Estimates; 2005 American Community Survey 3-Year Estimates; and the Arizona Department of Administration, Office of Employment and Population Statistics.

¹⁰ Certain information in the age 60 and older category is not reported by the Census Bureau.

¹¹ Demographic information provided by the U.S. Census: 2008-2012 American Community Survey 5-Year Estimates; Aging Integrated Database (AGID); and the Arizona Department of Administration, Office of Employment and Population Statistics.

¹² AARP, "Valuing the Invaluable: 2011 Update."

- A rapidly growing subset of family caregivers are grandparents raising grandchildren. In Arizona, almost 60,000 grandparents are raising over 100,000 children.¹³

Employment Related Status¹⁴

- As of January 2014, the seasonally adjusted unemployment rate for Arizona was 7.6 percent as compared to the national rate of 6.6 percent.
- 2013 Arizona unemployment age 55-64 is 4.8 percent and 9.2 percent for those 65 and older.

Independent Living Supports Parity Report

The Parity Report displays the distribution of client service populations for Congregate Meals and Cluster 1: Registered Services.¹⁵ The report provides an unduplicated client count of persons served for FFY 2013 by ethnicity, race, economic need, and minority economic need. The report is a comparison of target groups in the state population with those same groups that utilize services.

DIVISION OF AGING AND ADULT SERVICES PARITY REPORT FOR SFY 2014					
STATE TOTAL	2012		2013		PERCENT OF PARITY
	60+ POPULATION ¹⁶		PERSONS SERVED ¹⁷		
	NUMBER	PERCENT	NUMBER	PERCENT	
CONGREGATE MEALS					
White (Alone) – Non-Hispanic	1,011,520	89.23%	9,050	45.53%	51.03%
White (Alone) - Hispanic	-	-	1,301	6.55%	-
American Indian or Alaskan Native (Alone)	29,897	2.64%	7,741	38.95%	1,476.73%
Asian (Alone)	22,423	1.98%	218	1.10%	55.45%
Black / African American (Alone)	27,406	2.42%	337	1.70%	70.13%
Native Hawaiian or Other Pac. Islander (Alone)	1,246	0.11%	17	0.09%	77.81%
Persons Reporting Some Other Race	29,897	2.64%	467	2.35%	89.09%
Persons Reporting 2 or More Races	11,211	0.99%	74	0.37%	37.65%
Race Missing	-	-	671	3.38%	-
Total	1,133,600	100.00%	19,876	100.00%	
Hispanic or Latino origin (of any race)	148,240	13.08%	2,129	10.71%	81.91%
Total Minority	122,080	10.77%	10,826	54.47%	505.77%
Economic Need (Total)	110,884	9.78%	9,249	46.53%	475.73%
Minority Economic Need ¹⁸	38,610	3.41%	7,252	36.49%	1,071.25%
75+	391,070	34.50%	8,542	42.98%	124.58%

¹³ AARP, "Arizona GrandFacts."

¹⁴ Sources used in this category were provided by the Arizona Department of Administration, Office of Employment and Population Statistics and the United States Census Bureau; United States Department of Labor/Employment and Training Administration

¹⁵ Cluster 1: Registered Services include Personal Care; Homemaking; Home Delivered Meals; Adult Day Care; and Case Management

¹⁶ Source: 2008 – 2012 American Community Survey 5 - Year Estimates, U.S. Census Bureau

¹⁷ Source: National Aging and Program Information System – 2013 State Program Report which is compiled from data contained in the DES Aging Information Management System and the AG-031-N Social Service Report.

¹⁸ Source: 2007 – 2011 American Community Survey Special Tabulation on Aging – Population Characteristics, U.S. Census Bureau; 2013. Minority Economic Need statistics are not available for Cluster 1: Registered Services.

CLUSTER 1: REGISTERED SERVICES					
White (Alone) – Non-Hispanic	1,011,520	89.23%	8,795	59.37%	68.19%
White (Alone) - Hispanic	-	-	886	3.76%	-
American Indian or Alaskan Native (Alone)	29,897	2.64%	2,514	22.44%	659.45%
Asian (Alone)	22,423	1.98%	77	0.31%	26.93%
Black / African American (Alone)	27,406	2.42%	706	4.31%	202.02%
Native Hawaiian or Other Pac. Islander (Alone)	1,246	0.11%	28	0.06%	176.23%
Persons Reporting Some Other Race	29,897	2.64%	1,007	3.77%	264.15%
Persons Reporting 2 or More Races	11,211	0.99%	10	.03%	7.00%
Race Missing	-	-	432	5.90%	-
Total	1,133,600	100.00%	14,455	100.00%	
Hispanic or Latino origin (of any race)	148,240	13.08%	2,221	15.36%	117.50%
Total Minority	122,080	10.77%	5,660	39.16%	363.59%
Economic Need (Total)	110,884	9.78%	7,595	52.54%	537.16%
Minority Economic Need	38,610	3.41%	-	-	-
75+	391,070	34.50%	9,151	63.31%	183.51%

Attachment H: Draft Action Plan for the Arizona State Plan on Aging 2015-2018

Lead	Support	Start	End
Goal 1: Make it easier for eligible older Arizonans to access an integrated array of state and aging services.			
Objective 1.1: Facilitate an interagency approach towards a comprehensive system that allows older adults to remain as independent as possible.			
Strategies			
A. Continue to strengthen ADRC partnerships.			
a.1 Work with regional AZ Links networks to maintain and strengthen regional partnerships, to include public health, VA, and behavioral health representatives.	AZ Links	SFY 2015	ongoing
a.2 Identify two tribes, including Navajo Nation, with whom to discuss the feasibility of establishing an AZ Links site and conduct at least one meeting with each.	AZ Links	SFY 2016	SFY 2017
a.3 Request that AAAs schedule at least one meeting or training annually per region with partners. Track the number of AZ Links regional meetings per year with ADRC partner agencies, including AHCCCS/ALTCS, DDD, AAAs, VA, CILs, APS and behavioral health.	AZ Links	SFY 2015	ongoing
a.4 Schedule at least one AZ Links meeting with key partners per year at the state level.	AZ Links	SFY 2015	ongoing
a.5 Develop work plan for ADRC members to explore caregiver supports.	AZ Links	SFY 2015	SFY 2016
B. Maintain relationships with other agencies that offer aging services.	ILS		ongoing
b.1 Attend Maricopa Association of Governments meetings.	ILS		ongoing
b.2 Collaborate with ADHS and Arizona Living Well Institute.	HCBS	LTCOP	ongoing
b.3 Attend Falls Coalition meetings.	HCBS		ongoing
b.4 Coordinate with AHCCCS-ALTCS.	ILS		ongoing
b.5 Collaborate with Arizona Caregiver Coalition.	FCSP		ongoing
C. Utilize and leverage a three-year federal dementia-capability grant awarded to Arizona to develop an integrated system of support for families dealing with ADRDs (see also goal two).	FCSP		
c.1 Assess the dementia capability of the aging network in SFY 2017.	FCSP	SFY 2017	SFY 2018
D. Leverage funding from several caregiver-related discretionary grants from the ACL to bring community partners together to create infrastructure within the ADRC that provides easy access for caregivers seeking support (see also objective 1.2).	FCSP		
d.1 Review and strengthen synergy between FCSP and options counseling.	FCSP	SFY 2016	
d.2 Develop strategies to direct individuals to options counseling and FCSP as an alternative to AHCCCS-ALTCS.	FCSP	SFY 2015	SFY 2017
Objective 1.2: Increase access to healthcare and other social services for seniors of all socio-economic levels.			
Strategies			
A. Evaluate and conduct a statewide gap analysis of the ADRC service delivery system, with an emphasis on un-served and under-served areas and populations in the state including ethnic, immigrant, special needs and tribal communities, to determine if the capacity of state and private services (both formal and informal) will meet anticipated increased needs during the next decade. The analysis will include recommendations (short term and long term) for building capacity for identified gaps in public and private services.	FCSP	SFY 2017	SFY 2018
B. Strengthen capacity of SHIP providers in rural areas and with low-income and non-English speaking populations.	SHIP		on-going
b.1 The SHIP will work with the Area Agencies on Aging to maintain service target locations, and to identify and expand counseling site services in underserved areas.	SHIP		on-going
b.2 The SHIP will work with faith-based organizations, Family Caregiver Resource centers, Latino and other cultural community groups, medical clinics and other organizations on scheduling education events and to provide one-on-one counseling.	SHIP	SFY 2015	

	b.3 Recruit and train 10 bilingual SHIP counselors in rural and underserved areas on a yearly basis.	SHIP	SFY 2015
	b.4 Increase the number of BenefitsCheck Up reports processed by 500 per year.	SHIP	SFY 2015
	b.5 Increase the number of Medicare beneficiaries with Medicare Part D, Low Income Subsidy and Medicare Savings Programs enrollments by a combined total of 2,500 new enrollments per year.	SHIP	SFY 2015
	b.6 Track the number of bilingual SHIP counselors in rural and underserved areas on a yearly basis.	SHIP	SFY 2015
	C. In coordination with other legal aid entities and law schools, help to provide legal assistance on sliding fee scale to older adults.	Legal	SFY 2016
	c.1 Schedule at least one legal training through the National Elder Rights Training Project for the Legal Coordinators and Legal Service Providers throughout the state per year.	Legal	SFY 2015
	D. Work with AAAs to determine and share best practices for moving older individuals with greatest social need, greatest economic need, and individuals at risk for institutional placement off of waitlists for services.	HCBS	SFY 2015
	d.1 Identify and provide technical assistance.	HCBS	on-going
	d.2 Develop a survey that will be circulated among all AAAs to determine what methods are being used to manage waitlists for services with regard to risk level.	HCBS	SFY 2016
	Objective 1.3: Provide information and promote understanding of options, benefits, and available services through a variety of formats.		
	Strategies		
	A. Improve public benefit outreach to older adults and individuals with disabilities through the aging network to continue to expand enrollment assistance with Medicare Savings Programs, Extra Help and Medicare Part D, and other public benefits.		
	a.1 Complete radio interviews,	SHIP	
	a.2 Distribute the toolkit for community and senior centers.	SHIP	
	B. Work with AAAs to expand options counseling as part of the dementia capability grant.	ILS	
	b.1 Revise and promote virtual Options Counselor on AZ Links website.	AZ Links	SFY 2015
	b.2 Explore further integration of options counseling into core OAA programs.	HCBS, AZ	SFY 2016
	b.3 Identify strategies and best practices on linkages to other programs that can help fund options counseling, e.g. FCSP, Veterans Affairs, AHCCCS-ALTCS.	FCSP	SFY 2015
	C. Provide information and materials to AAAs and other providers and agencies for dissemination, including information on the AZ Links website and SHIP toolkit.	ILS	on-going
	c.1 Identify all materials currently in use by OAA program.	ILS	SFY 2015
	c.2 Develop a plan for effective use informational / promotional materials, streamlining and collaboration.	ILS	SFY 2016
	c.3 New AZ Links database will have fewer than 2 percent outdated entries and/or broken links at any time.	AZ Links	SFY 2016
	D. Strengthen the statewide Caregiver Resource Line, utilizing additional volunteers to reach caregivers statewide.	FCSP	on-going
	d.1 Develop and implement procedures for handoff of individuals to AAAs and other agencies.	FCSP	SFY 2015
	Goal 2: Increase awareness and understanding of aging issues and help prepare Arizona for an aging population.		
	Objective 2.1: Provide culturally appropriate information in a variety of formats to older adults and their families to promote a broad understanding of issues that arise as we age and how to address them.		
	Strategies		
	A. Conduct targeted outreach to partner organizations that focus on working with low-income, minority and other underserved populations.	ILS	SFY 2015

B. Work with AAA and advocacy organizations to educate private sector businesses (for example home builders) about the needs of older Americans.	ILS				on-going
C. Continue cooperation with Governor's Advisory Council on Aging on outreach to the public and raising awareness of aging issues.	ILS				on-going
c.1 Help promote Mature Worker Certification.	ILS				on-going
c.2 Maintain relationship with GACA committee and provide information.	FCSP				on-going
c.3 Develop a plan for educating private sector businesses.	ILS			SFY 2016	SFY 2017
D. Develop and implement a statewide public awareness campaign to address issues across the spectrum of ADRDs, including early warning signs; risk factors; the importance of early diagnosis; effective strategies for obtaining diagnosis, treatment and support; available treatments; and resources to support persons with ADRDs, their caregivers and families.	AATF			SFY 2016	
Goal 3: Increase the ability of older adults to remain active, healthy and living independently in their communities.					
Strategies					
Objective 3.1: Promote healthy lifestyles, resulting in less long-term illness and reduced mortality from preventable and chronic diseases.					
Strategies					
A. Ensure older Arizonans have access to high-quality and affordable chronic disease prevention measures.	HCBS				on-going
a.1 Address variations in access to these services between rural, suburban, and urban populations.	HCBS				on-going
a.2 Continue outreach, recruitment, and training of leaders and facilitators within their community to increase capacity for sustainable delivery of DPHP programs.	HCBS				on-going
a.3 Encourage community partnerships with organizations that produce promotional materials in culturally competent and accessible formats.	HCBS				on-going
a.4 Develop and adopt models for new, innovative, and sustainable programming.	HCBS			SFY 2015	on-going
a.5 Increase the number of host organizations in Arizona offering CDSME to 60.	HCBS			SFY 2017	
a.6 Track the number of individuals who are referred from OAA core programs who complete CDSME workshops.	HCBS			SFY 2016	
a.7 Increase the number of Arizona Counties which provide (at least twice annually): English CDSMP from 14 to 15; the number of Arizona Counties which provide Spanish CDSMP from 7 to 12 and; the number of Arizona Counties which provide DSMP (English or Spanish) from 0 to 7.	HCBS			SFY 2017	
B. Expand outreach to include preventive health benefits available under Medicare.	SHIP				
b.1 Increase the number of education events for older adults about Medicare preventive benefits by 300 events per year, with an estimated outreach to 6,300 additional beneficiaries.	SHIP			SFY 2015	
C. Refer FCSP clients who manage a chronic condition to the CDSMP and track number of completers.	HCBS			SFY 2015	
D. Promote the use of the Medicare Annual Wellness Visit for the detection of cognitive impairment so that treatment and support can begin as soon as possible.	FCSP				on-going
E. Utilize the ADSSP grant funds to provide evidence-based tools, training and coping skills for families dealing with Alzheimer's disease and improve the care recipient's ability to remain active and healthy in their community.	FCSP			SFY 2015	
e.1 The Lifespan Respite Care Program provides additional supports to family members caring for any individual with special needs.	FCSP				on-going
e.2 CarePRO, the evidence-based intervention funded by the ADSSP, focuses on increasing the skills available to caregivers to allow them to cope with the stresses of care giving.	FCSP				on-going
Objective 3.2: Support aging services and programs that promote independence and self determination of choices					

Strategies								
A. Strive to maintain NMHCBS in the face of funding constraints.								
a.1 Track the number of low-income and rural individuals receiving Title III services as a percentage of total enrollment.	HCBS				SFY 2015			on-going
B. Strengthen participant-directed service options, expanding the use of vouchers for respite and introducing the agency-with-choice model.	ILS				SFY 2015			
a.1 Implement respite vouchers statewide.	FCSP				SFY 2015			
a.2 Strengthen VD-HCBS in Maricopa County.	HCBS				SFY 2015			
a.3 Initiate dialogue with VA medical centers in Tucson and Prescott.	HCBS				SFY 2016			
a.4 Develop policy on participant direction in NMHCBS.	HCBS				SFY 2016			
a.5 Create materials for Agency with Choice option modeled on AHCCCS materials.	HCBS				SFY 2016			
a.6 Promote participant-directed options through options counseling.	HCBS				SFY 2015			
a.7 Track the number of individuals served in participant-directed options.	HCBS				SFY 2015			
a.8 Work with AAAs to identify training for options counselors and case managers on participant direction.	HCBS				SFY 2015			on-going
a.9 Increase the number of users of the online respite worker locator and the number of workers listed by ten percent annually.								on-going
C. Continue emergency services for individuals referred by APS in Maricopa County.	APS	HCBS			SFY 2015			
D. Continue to advocate for the rights of residents to make choices to direct their care and life in long term care facilities.	LTCOP							on-going
b.1 Increase LTCO knowledge about person-centered care through trainings focused on care planning, complaint investigations, and other advocacy work as tools to increasing person-centered care, and incorporate the information into certification requirements.	LTCOP							on-going
b.2 Increase the number of resident and family council meetings that are attended annually by LTCO by 20 percent over the planning period.	LTCOP				SFY 2018			
E. Improve direct communication with American Indian tribes for purposes of technical assistance and monitoring.	ILS							on-going
Goal 4: Increase the safety and well-being of older Arizonans.								
Objective 4.1: Promote new and existing strategies to improve community safety for older adults.								
Strategies								
A. Reduce the risk of falls through education, awareness, and outreach.	HCBS							on-going
a.1 Continue to promote fall prevention programs through ADRC referral and outreach efforts.	HCBS							on-going
a.2 Provide technical assistance to AAA's and share best practices for fall prevention program.	HCBS							on-going
a.3 Continued partnership with the Arizona Falls Prevention Coalition.	HCBS							on-going
a.4 Provide outreach to other partner organizations.	HCBS							on-going
a.5 Identify public and private sector entities to educate on falls prevention.	HCBS							SFY 2016
a.6 The SLTCO will host bi-annual trainings for certified ombudsman volunteers.	LTCOP							on-going
B. Continue to strengthen emergency preparedness procedures and ensure that persons with ADRDs and caregivers' unique needs are included in the development and planning process of state and local emergency plans.	HCBS				SFY 2015			on-going
b.1 Develop an emergency preparedness plan for the LTCOP that incorporates responsibilities of both the state office and local ombudsman programs prior to and following an emergency that affects residents of long term care facilities statewide.	LTCOP				SFY 2017			
b.2 Develop a plan to ensure that persons with ADRD and caregivers' unique needs are included in emergency preparedness planning.	AATF				SFY 2015			

C. Create a dementia-capable emergency service personnel force that is skilled at identifying people with ADRDs, knowledgeable about the kinds of services that can help people with dementia and their caregivers, and capable of providing linkages to other agencies and community organizations.	FCSP		SFY 2015
Objective 4.2: Strengthen efforts to prevent and respond to reports of elder mistreatment.			
Strategies			
A. Strengthen the LTCOP through increased training and with use of new systems of communication (Intranet system and webinar technology).	LTCOP		on-going
a.1 Establish ongoing trainings for ombudsman volunteers through use of teleconference and/or webinar technology from the SLTCCO.	LTCOP		SFY 2015
a.2 Establish a web based intranet system that allows seamless communication, information sharing, and community building among all ombudsmen statewide.	LTCOP		SFY 2016
a.3 Increase minimum certification training requirements and update training manuals to reflect current best practices for the LTCOP.	LTCOP		SFY 2015
B. Develop performance assessment methodologies for the LTCOP and assess performance of local programs.	LTCOP		SFY 2015
C. Continue to collaborate with the state Medicaid agency in exploring the potential for LTCOP funding through Medicaid.	LTCOP		on-going
D. Initiate collaboration between the Arizona Caregiver Coalition and APS to identify and serve caregivers to mitigate the potential for abuse before it happens.	FCSP		SFY 2015
F. Educate and increase awareness of APS intake staff with regard to legal issues that arise and should be referred to the LSAP.	LSAP	APS	SFY 2015
G. Continue participation by APS, the LTCOP and LSAP in the Statewide Elder Abuse Coalition and the Attorney General's Task Force Against Senior Abuse.	APS, LTCOP, LSAP		on-going
H. Increase training on abuse, neglect and exploitation for aging network partners.	APS, LTCOP, LSAP		SFY 2015
h.1 Develop and implement a training curriculum that reflects and addresses the current investigative and social work standards required of new and existing Adult Protective Services professionals.	APS	LSAP, LTCOP	on-going
h.2 Track the percentage of APS staff trained on legal and ombudsman services.	LSAP, LTCOP,	APS	on-going
h.3 Track the percentage of LSAP, LTCOP and SHIP staff / volunteers trained on APS services and signs of potential abuse and neglect.	APS, LTCOP,		SFY 2015
I. Research and implement best practices as appropriate and relevant to APS, such as new tools for the public to interact with the program.	APS		SFY 2015
i.1 Integrate the financial exploitation investigators with existing and planned law enforcement task forces to facilitate the prosecution of financial exploitation investigations statewide.	APS		SFY 2015
i.2 Track the number of APS allegations investigated.	APS		
J. Increase outreach and awareness to the public in an effort to curtail the incidence of abuse, neglect and exploitation of vulnerable adults.	APS	LTCOP, LSAP	SFY 2015
j.1 Establish virtual reporting, using a system that allows reporter to enter data so that APS staff have less data entry.	APS		SFY 2018
j.2 Empower community to research registry online (instead of calling APS).	APS		SFY 2015

J.3 Conduct proactive education and prevention programs statewide targeting specific group: banks, utility companies, pre-retirement older adults, social security representative payees, family caregivers, long term care facility staff and health care professionals.	APS		SFY 2015	on-going
K. Increase the number of AAAs prioritizing APS clients for services.	APS		SFY 2015	
Goal 5: Strengthen Arizona's economy by capitalizing on an integrated and well-trained informal, paraprofessional, and professional workforce.				
Objective 5.1: Provide support for families in their efforts to care for their loved ones at home and in the community.				
Strategies				
A. Expand older adult services for individuals with ADRDs that promote and preserve independence allowing individuals to safely remain in their own homes and communities as long as possible. Services would include socialization programs, quality of life therapies, transportation services, and respite for families.	ILS	AATF	SFY 2015	
B. Expand and develop new systems of support for family members assisting loved ones living with ADRDs, including creating collaborations with non-profit organizations dedicated to assisting those living with dementia and their families.	FCSP	AATF		
C. Maintain and strengthen FCSP statewide.	FCSP			on-going
c.1 Track the number of caregivers served through training and education.	FCSP		SFY 2015	
Objective 5.2: Promote a stable and competent workforce sufficient to meet the growing care needs in Arizona.				
Strategies				
A. Utilize the Arizona Respite Locator to recruit and educate potential workers.	FCSP		SFY 2015	on-going
B. Develop strategies to connect employers with caregiver support and elder care resources in continuing efforts to educate the employer community regarding the need for such resources for an aging workforce.	ILS		SFY 2016	
b.1 Provide assistance to employers on accessing resources on caregiving and employment-related issues, such as loss of productivity due to caregiving obligations.	FCSP		SFY 2016	
C. Build a workforce with the skills to provide high-quality care to individuals living with ADRDs through collaboration and cross-training with organizations, including the Arizona Board of Nursing Care Institution Administrators and Assisted Living Managers, the Arizona Chapter of the Assisted Living Federation of America and others.	AATF			on-going
D. Develop and implement diversified approaches in education and training for professionals and caregivers serving the ADRD population, focused on sensitivity to cultural and religious norms, income, geographic variables, family constellations and community supports.	AATF		SFY 2016	
E. Promote the viability of a career as a direct care professional and other health services related occupations to SCSEP participants.	SCSEP		SFY 2016	
e.1 Elevate the image of direct care work and attract qualified individuals into this field through educational and marketing efforts.	SCSEP	FCSP	SFY 2016	
e.2 Strengthen the direct care workforce by raising awareness of professional opportunities in direct care services.	SCSEP	FCSP	SFY 2016	
Objective 5.3: Promote a coordinated workforce development approach between public and private entities to benefit from the capabilities and experience of a mature workforce.				
Strategies				

A. Facilitate the coordination of the Governor's Advisory Council on Aging Mature Workforce Committee and Local Workforce Investment Areas to assist with the development of public awareness efforts on promoting the utilization of mature workers.	SCSEP		on-going
a.1 Seek opportunities to join forces in regional economic and workforce initiatives, advocating on behalf of the SCSEP participant as an untapped viable source of potential employees to fill vacancies.	SCSEP		on-going
a.2 Expand the number of SCSEP participants assigned to community service work which will ultimately lead to transitioning into unsubsidized employment.	SCSEP		on-going
a.3 Increase the percentage of workers over 50 participating in Arizona's workforce by promoting, preparing and providing opportunities for mature workers and employers to connect.	SCSEP		on-going
B. Strengthen partnerships and collaborations among SCSEP grantees and Workforce Investment Act service providers to ensure a seamless system of service delivery.	SCSEP		on-going
b.1 Forge a working relationship with local workforce investment areas to address identified gaps in information and services that could benefit the mature workers and employers.	SCSEP		on-going
b.2 Support collaboration between the state and national SCSEP grantees in a concerted effort to ensure that SCSEP is represented on each local workforce board.	SCSEP		on-going
b.3 Engage in discussions with local employers, economic development entities and One-Stop staff who work with employers to ensure that training plans are consistent and current with the local workforce direction regarding employment preparation.	SCSEP		on-going
b.4 Encourage state sub-grantees to participate in local One-Stop partner meetings and work with One-Stop staff to educate them on issues unique to SCSEP participants seeking employment.	SCSEP		on-going
b.5 Monitor state sub-grantees on their outreach activities regarding their partnerships with local employers.	SCSEP		on-going
b.6 Ensure workforce staff who serve SCSEP participants are knowledgeable of accessible resources to address the special service needs of this group.	SCSEP		on-going
C. Establish a varied network of host agencies to provide training that aligns with SCSEP participant employment goals.	SCSEP		on-going
c.1 Promote the alignment of SCSEP host agency recruitments and participant's hard-skills training with the local labor market demand to ensure the participant is employable upon program exit.	SCSEP		on-going
c.2 Ensure that participants receive adequate orientation, instruction and supervision from their host agency supervisor(s). This will be accomplished through quarterly host agency monitoring by SCSEP staff at the sub-grantee level.	SCSEP		on-going
c.3 Ensure host agency rotations of participants by SCSEP sub-grantees when and where necessary to allow for greater access to a wider variety of job skills training.	SCSEP		on-going
c.4 Utilize, where appropriate, on-the-job experience to enhance the training experience and to increase the probability of unsubsidized employment and employment retention.	SCSEP		on-going
c.5 Track the number of SCSEP participants who transition to unsubsidized employment.	SCSEP		on-going
c.6 Increase the number of individuals employed six months after exiting the SCSEP program to meet program targets.	SCSEP	SFY 2017	
Objective 5.4: Support older Arizonans' efforts to remain engaged in the workforce and civic engagement activities.			
Strategies			
A. Collaborate with community entities on identifying volunteer opportunities for older adults.	ILS		SFY 2015
B. Work with AAAs and subcontractors to promote access to financial and computer literacy resources for older adults.	ILS		SFY 2015
C. Develop strategies for identifying unmet service needs in small communities that can be carried out by local SCSEP providers.	SCSEP		SFY 2015

	c.1 Encourage the establishment of community SCSEP focal points and/or service points that are easily accessible to individuals with the greatest economic and social need.	SCSEP	SFY 2015	
	c.2 Continue to coordinate and work with the Governor's Advisory Council on Aging to ensure information on services and resources reach this target population.	SCSEP		on-going
	c.3 Ensure workforce staff who serve SCSEP participants are knowledgeable of accessible resources to address the special service needs of individuals residing in these communities.	SCSEP	SFY 2015	on-going
	c.4 Track the number of workforce staff serving SCSEP participants who are trained on special service needs and accessible resources.	SCSEP	SFY 2015	
	c.5 Ensure that sub-grantees serving rural areas will continue to cultivate host agencies that can offer training for participants to become more job-ready.	SCSEP		on-going
	c.6 Continue to survey SCSEP sub-grantees to ensure they are provided the guidance and technical assistance that allows them to achieve the goals of the program.	SCSEP		on-going
	Goal 6: Enhance the State's capacity to develop and maintain the necessary infrastructure to deliver services in a culturally appropriate, timely and cost effective manner.			
	Objective 6.1: Develop programs and approaches to close the gaps in the state's current aging services infrastructure and delivery system especially to underserved areas.			
	Strategies			
	A. Generate service delivery reports on underserved areas and populations in Arizona.	ILS	SFY 2015	
	a.1 Use DAARS to generate reports that describe the population served.	ILS	SFY 2015	
	a.2 Work with AAAs to identify underserved populations and areas lacking infrastructure, including tribal communities.	ILS	SFY 2015	
	a.3 Generate data on targeted populations, such as individuals with behavioral health concerns.	ILS	Policy and Planning	
	a.4 Create a report on gaps in infrastructure and underserved populations.	Policy and Planning	SFY 2015	SFY 2016
		ILS		
	B. Develop plans for targeting identified underserved populations.			
	b.1 Track the number of individuals not eligible for Title III services and referred to other resources, including private pay.	AZ Links	SFY 2017	
	b.2 Track the number of individuals put on a waitlist for Title III services and referred to other resources, including private pay.	AZ Links	SFY 2017	
	C. Provide technical assistance to AAA's and share best practices for Title III Nutrition Services on innovative service delivery models.	ILS		on-going
	c.1 Implement / expand respite voucher program.	FCSP	SFY 2015	
	c.2 Analyze models of delivery of weekly frozen meals by commercial providers as an example of alternative delivery.	HCBS		on-going
	c.3 Review menu costing to reduce cost per meal and/or advance resource management.	HCBS	SFY 2015	
	D. Work with partners and contractors to optimize volunteer service, with emphasis on underserved, rural, and non-English speaking populations.	ILS	SFY 2016	
	d.1 Create report / evaluation of current use of volunteer / unpaid individuals in aging and related services.	ILS	SFY 2016	
	d.2 Coordinate with DES Office of Faith and Community regarding use of faith-based resources for aging services.	ILS	SFY 2016	
	d.3 Review effectiveness of telephone assurance provided by AAAs.	HCBS	SFY 2015	

d.4 Work with AAAs to explore the possible use of students / service learning initiatives (nursing, social work, urban planning, etc.).	ILS		SFY 2017
E. Strengthen the SHIP in rural areas and among American Indians and non-English speaking individuals.	SHIP		SFY 2015
F. Continue to implement cost-sharing.	HCBS		on-going
f.1 Track program income from cost-sharing.	HCBS		SFY 2015
f.2 Review with AAAs implementation during SFY 13 and 14 and review policy and procedures.	HCBS		SFY 2015
G. Develop strategies to address the health care capacity challenges that are barriers in meeting the needs of rural Arizonan's living with ADRDs.	AATF		SFY 2016
H. Research use of technology, such as e-mail, cellphone technology and other technological innovations, such as monitoring systems, for service delivery.	ILS		SFY 2016
J. State agencies involved in Aging 2020 will continue to collaborate on aging issues and focus on streamlining current infrastructure.	ILS/GACA		on-going
Goal 7: Promote quality of care in all aging services.			
Objective 7.1: Ensure regulations and policies promote high quality of care.			
Strategies			
A. Establish rules for the LTCOP.	LTCOP		SFY 2017
B. Create and publish tribal policies and procedures.	ILS		SFY 2017
C. Update DAAS internal procedures for monitoring, tracking and ongoing review of programs as part of the regular contract renewal cycle.	ILS		SFY 2015 SFY 2016
D. Develop standards for information, referral and assistance calls, including follow-up and tracking of data.	ILS		SFY 2016
Objective 7.2: Ensure the highest quality of care and service through active monitoring, assessment, and training.			
Strategies			
A. Use DAARS to track, monitor, and prepare reports that allow for better continuous improvement.	ILS		SFY 2015
a.1 Track the number of individuals requesting information, referral and assistance (from ADRC semi-annual reporting tool) and receiving a follow-up contact.	AZ Links		SFY 2016
a.2 Monitor eligibility of clients.	ILS		SFY 2015
B. Develop a comprehensive plan for quality management and measure progress annually.	ILS		SFY 2016
b.1 Work with AAAs to develop goals and a plan (with benchmarks and key indicators).	ILS		on-going
b.2 Maintain regular monitoring schedule of AAAs, including desk-top monitoring.	ILS	Contracts	on-going
b.3 Work with AAAs on consistent training of staff on DAAS policies and procedures, eligibility, and documentation.	ILS		on-going
b.4 Create a schedule of reports for quality control and continuous improvement, e.g. timeliness of service initiation, eligibility and cost sharing.	ILS		SFY 2015
C. Formalize schedules and procedures for providing technical assistance and following up to tribes.	ILS	LSAP	SFY 2015
c.1 Maintain a list with contact information for each tribe providing services.	ILS	LSAP	SFY 2015
c.2 Maintain regular contact with DES Tribal Liaison regarding development or implementation of policy and monitoring.	ILS	LSAP	on-going
Objective 7.3: Streamline policies, procedures, regulations, and statutes that reflect the changing nature of an			
Strategies			
A. Review Scopes of Work as part of the regular contract renewal cycle.	ILS		SFY 2015 SFY 2016
a.1 Review performance measures in Scopes of Work and analyze data, trends, impact of performance measures on services.	ILS		SFY 2015 on-going

a.2 Update scopes as needed.	ILS				on-going
B. Implement steps to serve designated populations, such as boomers, individuals with dementia or behavioral health issues.	ILS				on-going
b.1 Implement training for staff serving clients.	ILS			SFY 2015	on-going
b.2 Build capacity in the provider network.	ILS				on-going
C. Review use of technology, such as e-mail and mobile phone technology and other technological innovations, such as monitoring systems, for service delivery.	ILS				on-going
c.1 Research technical innovations, such as monitoring systems or wellness checks with camera phones.	ILS			SFY 2017	
c.2 Revise policy and procedures to permit use of Internet, e-mail and other technology to provide information and / or follow-up.	ILS			SFY 2016	
D. Identify high-quality dementia care guidelines to implement, align, and measure for training and licensing across care settings.	AATF			SFY 2016	
Goal 8: Promote effective and responsive management for all aging services.					
Objective 8.1: Maximize resources to address the needs of a growing aging population.					
Strategies					
A. Encourage partnerships with the medical community and potential payers (i.e. insurance companies, Medicaid) to build a sustainable funding and delivery system for self-management programs.	HCBS		FCSP, AATF	SFY 2016	
B. Secure public/private funding to strengthen and enhance aging services in the state.	ILS			SFY 2016	
b.1 Work with AAAs to develop private pay options.	ILS			SFY 2016	
b.2 Identify alternate funding streams and programs that may fully utilize or stretch expertise and capacity of AAAs, e.g. Veterans Affairs medical centers.	ILS			SFY 2016	
C. Raise awareness regarding private financial tools that can be used for long term care funding, such as life insurance, annuities, long term care insurance, reverse mortgages, particularly for individuals who may have a greater likelihood of developing ADRDs.	AATF		ILS	SFY 2016	
c.1 Develop materials to raise awareness regarding financial tools.	AATF		ILS	SFY 2016	
D. Support continued federal funding of the Lifespan Respite Program. This will help grow information and referral networks, as well as build a sustainable infrastructure for the Arizona Caregiver Resource Line, which provides trained volunteers to work with caregivers who need assistance navigating the system of supports available to them.	AATF		FCSP		on-going
Objective 8.2: Streamline administrative processes and increase coordination.					
Strategies					
A. Use advanced technology to enhance communication and improve management.	HCBS		APS	SFY 2015	
B. Research feasibility of adding password-protected pages to DAAS or AZ Links websites.	ILS			SFY 2015	
C. Continue use of customer satisfaction surveys.	ILS		Policy and Planning		on-going
c.1. Conduct and analyze customer satisfaction surveys.	Policy and Planning		ILS		on-going
Objective 8.3: Promote training and professional development of staff and managers.					
Strategies					
A. Continue emphasis placed on OAA programs staff attending national conferences to stay abreast of innovations.	ILS				on-going

	B. Provide training opportunities that assist with monitoring, e.g. relevant rules and regulations and budgeting.	DAAS	SFY 2015
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