Department of Economic Security
Aging & Adult Administration

Arizona
State Plan on Aging

Federal Fiscal Years 2004–2006
(October 1, 2003–September 30, 2006)

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Arizona State Plan on Aging
Fiscal Years 2004-2006

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VERIFICATION OF INTENT

The State Plan on Aging is hereby submitted for the State of Arizona for the period October 1, 2003 through September 30, 2006. It includes all assurances and plans to be conducted by the Department of Economic Security, Aging & Adult Administration 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.

__________________ (Date) ___________________________________

Henry Blanco, Program Administrator, Aging & Adult Administration, Division of Aging and Community Services

__________________ (Date) ___________________________________

Mark Rhoads, Chairperson, Governor's Advisory Council on Aging

__________________ (Date) ___________________________________

Anna Maria Chávez, Assistant Director, Division of Aging and Community Services

__________________ (Date) ___________________________________

Mary Gill, Acting Director, Arizona Department of Economic Security

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

__________________ (Date) ___________________________________

Janet Napolitano, Governor

Executive Summary

Each state is required to develop a State Plan on Aging. The development of the Arizona State Plan is the responsibility of the Arizona Department of Economic Security, Aging and Adult Administration. Arizona's plan is for a three year period beginning October 1, 2003 and concluding on September 30, 2006.

The State Plan on Aging outlines the Aging and Adult Administration's goals and objectives that serve the aging population. The plan is also an opportunity to reassess the goals to which the Administration has committed and re-evaluate the extent to which the goals and objectives currently serve the aging population.

Development of the State Plan on Aging was a cooperative effort involving the input from Arizona's eight Area Agencies on Aging, 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 Department of Economic Security, Research Administration, Population Statistics Unit were also used to identify population trends. A thorough effort was made to obtain input for the development of the State Plan on Aging.

As a result of the input received, several new goals have been added to the State Plan on Aging. Advocacy goals were added for transportation, housing, prescription drug costs, increased independence, and special populations. Service and System Development goals were added for cultural competence and physical and behavioral health. Goals were expanded in the areas of caregiving and Alzheimer's Disease and related disorders.

Introduction

Arizona's State Plan

Under the Older American's Act of 1965, each state is required to submit a periodic state plan to the Department of Health and Human Services, Administration on Aging. The development of a state plan is the responsibility of the Arizona Department of Economic Security, Aging and Adult Administration.

Arizona's plan is for a three year period spanning three consecutive federal fiscal years, beginning October 1, 2003 and concluding on September 30, 2006. Substantive amendments and updated information may be incorporated into the plan at the end of the first and second fiscal years.

Mission Statement

The mission of the Aging and Adult Administration is to support and enhance the ability of at-risk and older adults to meet their needs to the maximum of their ability, choice, and benefit.

Major Functions

A variety of programs and services are made possible through the Aging and Adult Administration and its contractors that enable older persons and vulnerable adults to remain independent in their communities.

Programs and Services Funded by the Older Americans Act

- Access Services: Services associated with access to services such as transportation, outreach, information and assistance, and case management.
- Disease Prevention and Health Promotion Services: Services such as health risk assessments, routine health screening, nutritional counseling and education, home injury control services, medication management screening, and counseling regarding social services and follow-up health services.
- In-Home Services: Provides for non-medical home and community based services that serve as options to nursing home care. Examples of services delivered as In-Home Services include: Personal Care, Respite Care, Housekeeping Services, Adult Day Care/Adult Day Health Care, Home Health Aides, Home Nursing, Telephone Assurances, Chore Maintenance, Support Services, and Home Delivered Meals.
- Legal Services Assistance Program: Provides legal assistance to older Arizonans who may be unable to appropriately manage their own affairs.
- Long-Term Care Ombudsman Program: Provides investigation and assistance in the resolution of complaints made by, or on behalf of older persons who are residents of long-term care facilities; advocacy for quality long-term care services; analysis and monitoring of issues and policies that relate to residents in long-term care facilities; and training to volunteers and designated representatives of the office.
- Nutrition Services Incentive Program: Provides home delivered meals, congregate meals, and nutrition education.

- Senior Community Service Employment Program (SCSEP): Provides subsidized part-time employment for low-income persons age 55 and older. The expectation is that these persons will become employed in unsubsidized positions.
- Family Caregiver Support Program: In accordance with the Older Americans Act Amendments of 2000, the Aging and Adult Administration and Arizona Area Agencies on Aging implemented the Arizona Family Caregiver Support Program during SFY 2002. The program provides services to family caregivers of older adults, as well as grandparents and other relative caregivers of children not more than 18 years of age. Services provided to family caregivers include: 1) Information to caregivers about available services; 2) Assistance to caregivers in gaining access to supportive services; 3) Individual counseling, organization of support groups, and caregiver training to caregivers to assist the caregivers in making decisions and solving problems relating to their caregiving roles; 4) Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and 5) Supplemental services, on a limited basis, to complement the care provided by caregivers.
- Supportive Services: A variety of other services that may complement the above-mentioned services.

Programs and Services Funded by Arizona State General Funds

The following services are funded by the State of Arizona and complement Older Americans Act funded services.

- Adult Protective Services: Accepts and evaluates reports of abuse, neglect, and exploitation of vulnerable and incapacitated adults and offers appropriate services.
- Non-Medical Home and Community Based Services: Comprehensive case managed system of care that offers an array of services designed to assist older adults to remain and live independently in their own homes and communities with the appropriate level of support. Services may includes adult day care/adult day health care, housekeeping, personal care, respite care, home health aide, case management, and supportive services.
- Long-Term Care Ombudsman Program

Programs and Services Funded by Other Sources

- Adult Protective Services
- Foster Grandparent Program (FGP): The FGP receives its funding from Corporation for National Service and provides volunteer opportunties that offer stipends to persons 60 years of age and older who have incomes at or below 100% of Federal Poverty Level. Foster Grandparents provide companionship and guidance to children with special needs.
- State Health Insurance Assistance Program (SHIP): SHIP receives its funding through the Centers for Medicare and Medicaid Services. SHIP assists Arizona's Medicare beneficiaries in understanding and accessing the healthcare benefits to which they are entitled and assists Medicare beneficiaries, caregivers, families and social services professionals seeking health insurance and benefits information and assistance. The Ferret Out Fraud Senior Patrol Project also falls under the SHIP and provides education on the detection of potential health care system fraud and abuse. Information and assistance is provided through a national toll free number,

educational events, and face-to-face counseling. Volunteers provide outreach and deliver information and assistance in both programs.

- Alzheimer's Caregivers Are Really Extraordinary (CARE) Project: Arizona was one of sixteen states awarded a three-year grant in 2000 under the U.S. Administration on Aging, Alzheimer's Disease Demonstration Grants to States (ADDGS) Project. The purpose of the project is to provide education, outreach, and direct services to the under-served Hispanic population in outlying areas of Maricopa County and the Native American population in the rural communities of northern Arizona. The project was implemented in June 2001 by the Area Agency on Aging, Region One, Inc. (AAA Region One) in partnership with the Alzheimer's Association, Desert Southwest Chapter. The following five services are authorized through the program: Adult Day Care/Adult Day Health Care, Home Health Aid, Personal Care, Respite Care, and General Transportation. A needs assessment was conducted in the fall of 2001. The following materials have been developed: structured interview questionnaire, Staging and Resource Guide for care managers, and a curriculum and handbook (in both English and Spanish) for education and training. An individual management care plan is prepared for each participant based on criteria of service requirements. Arizona is in its third year and has applied for a program extension which will extend the program through June 30, 2004.
- State Tobacco Tax Program: The 1994 State of Arizona Tobacco Tax initiative specified that Tobacco Tax state revenue be used to fund the Arizona Health Care Cost Containment System (AHCCCS) Medically Needy Account. In 1997, the Governor's Advisory Council on Aging initiated a process resulting in the distribution of funds from the State Tobacco Tax from AHCCCS to the Aging and Adult Administration in the amount of $500,000 per year for SFY 1999 - 2003. Specific home and community-based services are provided with Tobacco Tax funds that include adaptive aids and devices, home repair/renovation, emergency attendant care, respite care or housekeeping; and medically related transportation. State Tobacco Tax Program eligibility is based on income status. The income-limiting factor for client service eligibility was set at 100% of the Federal Poverty Guidelines. Funding for these services has been eliminated effective in SFY 2004 and will impact the delivery such services.

Overview of the Service System

Services funded through the Older Americans Act and other federal and state funds are provided under contract with eight Area Agencies on Aging. There are also contracts with 45 service providers for the Senior Community Service Employment Program (Title V).

The Adult Protective Services Program is administered by the Aging and Adult Administration throughout its 31 offices within six districts. The implementation of the Central Intake Unit (CIU) in April 1999 has provided the public with the ability to report incidents of abuse, neglect or exploitation of incapacitated or vulnerable adults 24 hours a day, seven days a week.

Development of the State Plan on Aging

Development of the State Plan on Aging was a cooperative effort involving the input from Arizona's eight Area Agencies on Aging, 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 Department of Economic Security, Research Administration, Population Statistics Unit were also used to identify population trends.

A thorough effort was made to obtain input for the development of the State Plan on Aging. This effort is described below:

- The Aging and Adult Administration supports the implementation of cost sharing for permitted in-home services. Three Public Hearings were held in June 2002 to elicit comments and recommendations on the Implementation of Cost Sharing. Summaries of the Public Hearings are provided in Section V – Appendices. Although the overall comments received were supportive of the implementation of cost sharing, there were concerns regarding the potential cost of implementation and the benefits of the cost shares collected. For State Fiscal Year 2004, cost sharing is applied to respite care services. The Aging and Adult Administration, in collaboration with Area Agency on Aging, Region One, Incorporated, is conducting a cost sharing pilot to begin in July 2003. The cost sharing pilot will apply cost sharing to the following services: Personal Care, Housekeeping, Home Health Aide, and Home Nursing. A cost/benefit analysis will be conducted to determine if the administrative burden of implementing cost sharing within the non-medical home and community-based services program will outweigh the benefits of cost shares collected for improvement and/or expansion of services.
- Four Community Listening Sessions were conducted by videoconference in February 2003 to elicit comments and recommendations on future aging service needs and delivery. Experts in the following four areas were brought together: Planners, Special Populations, Diversity, and the Voluntary Sector. Participants were provided with a description of Arizona's changing demographics and were invited to respond to seven key questions aimed at meeting the future needs of older Arizonans. Summaries of the Community Listening Sessions are provided in Section V – Appendices.
- Area Agencies on Aging prepared their Area Plans on Aging during State Fiscal Year 2003. Although one public hearing was required, the majority of the Area Agencies provided multiple opportunities for public in their local areas to comment on their plans. Area Plans on Aging were due in March 2003. Area Agencies submitted draft goals and objectives to the Aging and Adult Administration in January 2003. A matrix was developed to analyze the goals of each Area Plan on Aging. Local goals that were supported by at least half of the Area Agencies on Aging were rolled into the State Plan on Aging.
- Two presentations were made to the Governor's Advisory Council on Aging regarding the development of the State Plan on Aging. The first presentation focused on plan format and timelines. The second presentation focused on a comparison of the past plan to the current plan and outlined the goals and objectives identified in the plan. Council members posed questions and provided feedback on the goals and objectives of the plan, making suggestions to clarify goals.

- In collaboration with the Governor's Advisory Council on Aging and the Area Agencies on Aging, eight State Plan Public Hearings were conducted in May 2003. Drafts of the State Plan on Aging were also available on the Aging and Adult Administration website. Summaries of the Public Hearings are provided in Section V – Appendices.
- With the cooperation of the City of Phoenix, a survey detailing the State Plan on Aging goals were distributed to home delivered meals clients to elicit their input. With the cooperation of the Arizona Senior Center Association, the same survey was also distributed at congregate meal sites and/or home delivered meals sites. Over 400 surveys were returned with 98% in agreement with the State Plan on Aging goals. Summaries of the comments submitted on surveys are provided in Section V – Appendices.

Monitoring of the State Plan

The Advocacy Goals of the State Plan on Aging are monitored by the Governor's Advisory Council on Aging. The Council requests semi-annual updates from the Aging and Adult Administration.

The Service and System Development Goals of the State Plan on Aging will be monitored by the Aging and Adult Administration. An annual review will be conducted within the administration to evaluate each goal and objective. The annual review will be the catalyst to update the Administration's action plans for achieving the State Plan on Aging goals and objectives. A status report of the Advocacy Goals and Service and Systems Development Goals will also be incorporated into the Aging and Adult Administration's Annual Report.

State Profile – Highlights

Geographical and Demographic Trends and Characteristics[1]

- Arizona's total population increased by 40% from 1990 to 2000.
- Sixty-three percent of the total population resides in the Greater Phoenix area. The Greater Tucson area is home to 16 % of the population and the remaining 21% of the population resides in the balance of the state.
- According to the Department of Economic Security, Research Administration, Population Statistics Unit, Arizona was home to 5,130,632 persons in the year 2000.
- Of that number, 871,536, or 17% are persons age 60 and older.
- The projected growth of the population 60 years and older is expected to reach 1,032,931, or 18.6% of the total population by 2005 and 2,341,141, or 27.2% of the total population by 2030.
- Although 64% of its residents are Caucasian, Arizona's cultural diversity is evidenced by the fact that 25% of its population is Hispanic, 5% is Native American, 4% is African American, and 2% is Asian American. Of the number of persons 60 years and older, 85% are Caucasian, 9% are Hispanic, 3% are Native American, 2% are African American, and 1% are Asian American.
- Arizona's Hispanic population has grown by half (up 607,279 since 1990, 47%), accounting for 1,295,617 in 2000. Hispanics accounted for 25% of the state population, up from 18.8% in the 1990 census.

Socioeconomic Status[2]

- According to the U.S. Census 2000, 9.9% of Arizona families are below the poverty level.
- Of the older adults age 65 years and older, 8.4% are below poverty level.
- The income of the elderly woman is falling progressively farther behind that of their male counterparts. In 1989, the median income for a single male 65 years of age or older was $13,107 versus single women at $7,655. In 2000, the median income for a single male 65 years of age or older was $19,168 versus single women at $10,899, which provides for a 28% increase in median income discrepancies between the sexes of over the past decade.

Health Status[3]

- Arizonans over the age of 75 are more likely to have difficulties performing personal care activities of daily living. The two commonly experienced activities of daily living difficulties are walking and getting outside. Difficulty with eating and toileting are the least frequently experienced.
- Approximately 21.6% of older adults experience difficulty with instrumental activities of daily living. The most frequent instrumental activity of daily living difficulty is with heavy housework followed by shopping. The least frequently experienced instrumental activity of daily living difficulty is with money management.

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[1] Demographics provided by the U.S. Census and the Arizona Department of Economic Security, Research Administration, Population Statistics Unit.

[2] Demographics provided by the U.S. Census and the Arizona Department of Economic Security, Research Administration, Population Statistics Unit and the Administration on Aging's A Profile of Older Americans (2002).

[3] Sources used in this category were provided by the Arizona Department of Economic Security, Research Administration, Population Statistics Unit; the United States Census Bureau; Partnership for Community Development, Arizona State University West, College of Human Services, The Arizona Factbook on Aging (1996); The Arizona Department of Health Services, Office of Older Adult Health, Health Status Profile of Arizona's Older Adults (1995); Serving Elders at Risk, Mathematica Policy Research, Inc. (1996); The Alzheimer's Association, Fact Sheet (2003) and website (2002), ADHS Mortality from Alzheimer's Disease Among Arizona Residents, 1990-2000; The Administration on Aging's A Profile of Older Americans (2002); Department of Economic Security, "2002 Report on Kinship Care and Kinship Foster Care"; The National Aging Programs Information Systems report for fiscal year 2001; "The Economic Value of Informal Caregiving" by Peter Arno, Carol Levine, Margaret Memmott, March/April 1999; Paraprofessional Healthcare Institute, "A Preventable Labor Crisis within Long-Term Care", August 1999; and The American Health Care Association's Online Survey, Certification and Reporting (OSCAR) website http://www.ahca.org/research/oscar_patient.htm.

- Over 31% of the 33,552 older adults who participated in Arizona's Home Delivered and Congregate Meal programs during fiscal year 2001 were at nutritional risk. Participation by ethnicity constituted the following: 68% were Non-Minorities, 11% were Hispanic, 2% were African American, 1% were Asian Americans, and 18% were Native American.
- An estimated 125 million people in the United States, or almost half of all Americans live with chronic conditions. By 2020, as the population ages, the number will increase to an estimated 157 million.
- Older adults have the highest suicide rate in both Arizona and the nation.
- The Arizona Department of Health Services reported in 1999 that 10-25% of aging adults have mental health problems that compromise their ability to be productive. During fiscal year 2001, the Arizona Department of Health Services provided mental health services to 2,227 Arizonans age 65 and above.
- An estimated 90,000 Arizonans suffer from Alzheimer's disease and other forms of dementia. The Arizona Department of Health Services estimates that by 2020 the number of persons 65 years and older with Alzheimer's disease in Arizona will grow to approximately 145,000.
- Currently, Alzheimer's Disease affects 10% of adults ages 65 to 74, 19% of adults ages 75 to 84, and 47% of adults ages 85 and older.
- In the year 2000, Alzheimer's disease was the seventh leading cause of deaths for all ages in Arizona.
- Fifty-nine percent of the adult population either is or expects to be a family caregiver. Care provided by family members and friends was estimated to have had an economic value of $196 billion in 1997. Caregivers dedicate an average of 20 hours per week to the provision of care for older persons.
- In 1990, there were 11 potential caregivers for each person needing care. By 2050, due to the increase of the percentage of older persons in the overall population, that ratio will be 4 potential caregivers for each person needing care.
- Currently, 96,062 children are living in Grandparent Headed Households, which is a 73.8% increase since 1990.
- About 1.6 million people receive care in 17,000 nursing homes nationwide.
- According to the Arizona Department of Health Services, there are currently over 1,350 long-term care facilities in Arizona.
- Forty-seven percent of nursing home residents need some assistance in eating, and 21 percent are totally dependent on assistance.
- There are 134 nursing homes in Arizona. Forty-six percent of Arizona nursing home residents need some assistance in eating, and 21% are totally dependent on assistance. Sixty-three percent are chair-bound or bedfast. Eighty-seven percent need some assistance with dressing.
- Of 13,115 Arizona nursing home residents, 9% of costs are paid by Medicare, 65% by Medicaid, and 26% by other payers.
- Forty-four percent of nursing home residents suffer from dementia.
- Approximately 3% of nursing home residents are receiving hospice services.

Section I. State Plan Goals

Advocacy Goals

GOAL 1: Advocate for the representation and promotion of the issues of older and vulnerable adults in public policy and legislation.

JUSTIFICATION

The Older Americans Act requires the State Agency to be an effective and visible advocate for older individuals. With this comes the responsibility of providing information to agencies, organizations, legislators, and the general public about issues affecting older individuals, planning to meet current needs, and formulating policy that will address the future needs of older individuals. Advocacy efforts are enhanced through collaboration with the Area Agencies on Aging who are able to mobilize grassroots support for aging issues. Continued advocacy efforts are necessary to reduce barriers and to improve responsiveness to the needs and concerns of older and vulnerable adults.

Objective 1: Encourage communication and cooperation among community groups, agencies, and other State agencies whose activities involve advocacy efforts on behalf of older and vulnerable adults, with priority to individuals with the greatest economic and social need, and with particular attention to the needs of low-income minority individuals, individuals residing in rural areas, individuals who are Native Americans, individuals with limited English-speaking ability and individuals with a severe disability.

Objective 2: Identify and monitor legislation affecting the older and vulnerable adult population and track it through the legislative process in cooperation with the Governor's Advisory Council on Aging and other agencies with similar focus.

Objective 3: Collaborate with other State agencies to develop legislative initiatives.

Objective 4: Analyze legislation, plans, policy developments, and the budget process and promote awareness within the aging network of their potential effects on older adults.

Objective 5: Facilitate the sharing of best practices, the identification of future trends, and the promotion of methods of service delivery that respond to those trends within the aging network.

Objective 6: Research partnership and funding opportunities to determine if those opportunities support the goals of Aging & Adult Administration and the older adults the Administration serves.

GOAL 2: Advocate for the availability and accessibility of educational programs, job training programs, volunteer opportunities that offer stipends, and supportive employment services for older adults.

JUSTIFICATION

People of all ages have the ability to prosper when employment opportunities are available. Older Arizonans experience a host of barriers to employment including lack of skills appropriate to the current labor market, lack of appropriate transportation, physical disabilities, and age discrimination. Advocacy and community support are necessary to reduce or eliminate these barriers.

Objective 1: Encourage development of, participation in, and public awareness of programs that support older workers as well as older volunteers, with priority to individuals with the greatest economic and social need, and with particular attention to the needs of low-income minority individuals, individuals residing in rural areas, individuals who are Native Americans, individuals with limited English-speaking ability and individuals with a severe disability.

Objective 2: Advocate for the development of educational and job training opportunities for low-income older adults through the Workforce Investment Act (WIA), Title V contractors, and other alternative funding sources.

Objective 3: Advocate for supportive employment services for older adults seeking employment.

GOAL 3: Advocate for increased availability and accessibility of services and support systems for persons with Alzheimer's Disease and related disorders.

JUSTIFICATION

According to the Alzheimer's Association, over 90,000 adults in Arizona suffer from Alzheimer's disease, and an estimated 145,250 will be affected by the year 2020. Alzheimer's disease affects 10% of those over age 65 and 47% of those over 85. More than 70% of Alzheimer's disease patients remain at home, with the average out of pocket costs at more than $13,000 per year, most of which is paid for by the affected person's family. Additionally, improvements are needed in the quality of care for persons with Alzheimer's or related disorders who live in long-term care environments, where the average cost of placement in a nursing care or assisted living care facility ranges between $35,000 to $45,000 per year.

Objective 1: Encourage policy and programmatic changes which address the needs of persons with Alzheimer's or related disorders and their caregivers in order to enhance current service delivery systems.

Objective 2: Create partnerships to advocate for the development and delivery of supportive services.

Objective 3: Assist organizations in disseminating information that will assist the public in understanding the effects of and current research into Alzheimer's disease or related disorders.

Objective 4: Advance the education of persons with Alzheimer's disease on their rights and protections with regard to care.

GOAL 4: Advocate for increased availability and accessibility of physical and behavioral health services for the elderly.

<u>JUSTIFICATION</u>

Fifty-one percent of a person's health status is directly related to their lifestyle. It is estimated that 18 percent of older people have some mental health needs, especially in dealing with spousal and family loss, loss of physical health, loss of mobility, and independence. Isolation, loneliness, and depression are the most common mental health problems for older adults. During fiscal year 2001, the Arizona Department of Health Services provided mental health services to 2,227 Arizonans age 65 and above. Physical health and behavioral health form the basis for healthy aging. Both are key indicators of a person's ability to live independently.

Objective 1: Encourage the development of physical and behavioral health programs in community and residential settings that target the specific needs of older adults.

Objective 2: Promote collaboration between professionals in the aging, health, and behavioral health fields with special attention on the needs of adults nearing the end of life.

Objective 3: Support the use of multidisciplinary evaluations, depression screening, and crisis intervention programs.

GOAL 5: Advocate for services for incapacitated and vulnerable adults who have been abused, neglected, or exploited.

<u>JUSTIFICATION</u>

While abuse of older and vulnerable adults is on the rise, funding for emergency assistance and education programs are being reduced or cut entirely. Emergency services within the community to assist adults in crisis and help them to transition from the crisis situation are critical.

Objective 1: Advocate for continued state funding of adult protective services and seek sources of additional funding to increase service availability.

Objective 2: Promote public awareness of the need for and value of adult protective services.

Objective 3: Advocate for an increase in the number and types of emergency services available to Adult Protective Services that address the needs of the incapacitated or vulnerable adults who have been abused, neglected, or exploited.

GOAL 6: Advocate for the availability and accessibility of services and opportunities to older persons with special needs.

JUSTIFICATION

Some challenges facing older Arizonans require solutions that span across many jurisdictions and sectors within the state. In 2001, there were 10,042 developmentally disabled Arizonans living with elderly caregivers. As the aging caregivers die or can no longer provide assistance, additional demands will strain services that already have waiting lists in most states. In rural areas, distance and lack of resources severely limits the availability of services. Additional resources must be identified to assist with the provision of services that meet the special needs of older and vulnerable adults.

Objective 1: Establish and strengthen partnerships between organizations in the aging network and organizations serving special populations, such as the physically and mentally disabled, the developmentally disabled, veterans, the homeless, and other populations as identified.

GOAL 7: Promote awareness of the needs of caregivers.

JUSTIFICATION

Two-thirds of all Americans, including older persons, provide some level of care for either a family member or friend. Almost one-third of all caregivers are balancing employment and caregiving responsibilities. In addition, many older persons are receiving care in a hospital or long-term care facility. The quality of care received is dependent on a public understanding of formal and informal caregiving and appropriate public policy concerning caregivers, as well as the level of support provided to caregivers.

Objective 1: Advocate for increased availability and accessibility of support systems and services for caregivers.

Objective 2: Create partnerships to advocate for the development and delivery of services to caregivers.

Objective 3: Assist other organizations in the dissemination of information that will inform the public about issues associated with caregiving.

Objective 4: Identify and support agencies, organizations and groups involved in providing intergenerational opportunities for older adults.

Objective 5: Promote public and private employer awareness of caregiving issues directly affecting their employees.

Objective 6: Advocate for systems and services that promote caregivers' understanding of older adults' right to make choices regarding their end of life care.

GOAL 8: Advocate for the availability and accessibility of services and programs which increase the independence of older persons.

JUSTIFICATION

As the aging population continues to increase, the number of older and vulnerable persons at risk of losing their independence also increases. According to the National Academy on an Aging Society, approximately 8.5 million people over age 70 have limitations in activities of daily living (ADLs) or instrumental activities of daily living (IADLs). By 2030, 21 million elderly people may need help with activity limitations. There is a need to focus attention on the increasing population of older and vulnerable adults in order to create opportunities for directing resources and action.

Objective 1: Promote public awareness of the need for and value of non-medical home and community-based services for older persons in an effort to ensure adequate funding for these services.

Objective 2: Promote the development of new programs and the enhancement of existing supportive services, including the use of assistive technology to meet the special needs of older and vulnerable adults.

Objective 3: Encourage policy and programmatic changes which address the needs of persons with Alzheimer's or related dementia and their caregivers in order to enhance current service delivery systems.

Objective 4: Encourage partnerships, collaborations, and communication that increase the services and programs available at senior centers or enable senior center programs more accessible to disabled individuals.

GOAL 9: Advocate for the rights of older adults.

JUSTIFICATION

The right of older adults to make decisions regarding the details of their lives must be protected. There is a continued need for advocacy efforts to ensure that older persons are assured the right to choose the type of services they receive and the environment in which they receive those services. The quality and diversity of long-term care services must be enhanced. Increased coordination and cooperation between agencies is essential to the continued availability and expansion of obtainable services.

Objective 1: Promote a high standard in the quality of care provided to persons receiving long-term care services.

Objective 2: Advocate for a continuum of care in order to meet the needs of older and vulnerable adults in the least restrictive environment.

Objective 3: Promote the rights of residents of long-term care facilities.

Objective 4: Develop partnerships with regulatory agencies and other interested parties to ensure programmatic compliance.

Objective 5: Advocate for systems and services that promote the ability of older adults to make choices regarding their end of life care.

Objective 6: Inform organizations and groups of current legal issues that affect older persons in Arizona.

Objective 7: Advocate for the rights of the recipients of public and private benefits, especially Medicare beneficiaries.

Objective 8: Encourage communication, collaboration, and partnerships that recognize and promote the value of older adults to their communities and motivate civic engagement of persons of all ages.

GOAL 10: Collaborate with the statewide community to advocate for solutions to the transportation problems of older Arizonans.

JUSTIFICATION

The transportation needs of older adults are not currently being met and will continue to grow as the population ages. Limited transportation resources must be coordinated and improved to meet these needs.

Objective 1: Increase awareness of the transportation needs of older adults and the importance of developing strategies that can be used to address those needs.

Objective 2: Work with stakeholders at the state and local levels to identify barriers and solutions to accessing transportation services.

Objective 3: Encourage partnerships, collaboration, and communication with the potential to provide transportation services to older adults.

GOAL 11: Collaborate with the statewide community to advocate for solutions to the housing problems of older Arizonans.

JUSTIFICATION

People of all ages need housing that is accessible, safe, and affordable. Some older adults have a special need for housing specifically designed for their situation. Many older adults need information about and assistance with exploring their housing options.

Objective 1: Advocate for accessible, safe, and affordable housing.

Objective 2: Work with stakeholders at the state and local levels to identify barriers and solutions to the housing problems of older adults.

Objective 3: Encourage partnerships, collaboration, and communication with the potential to provide housing to older adults.

GOAL 12: Collaborate with the statewide community to advocate for alternatives which reduce prescription drug costs incurred by older Arizonans.

JUSTIFICATION

Total prescription drug spending in the U.S. grew by 13% per year between 1993 and 2000 and is expected to grow by 12% per year through 2011. Between 1998 and 2000, prices for all prescription drugs rose at more than triple the rate of inflation. According to the Congressional Budget Office, the aged and disabled Medicare beneficiaries are estimated to spend an average of $4,860 out-of-pocket for prescription drugs. Lack of drug coverage among chronically ill lower income Medicare beneficiaries increases the risk of nursing home admission and hospitalization. It is important that advocacy efforts continue to promote alternatives that reduce prescription drug cost making them more affordable for older and disabled Arizonans.

Objective 1: Advocate for the development of new programs which reduce the cost of prescription drugs for older adults.

Objective 2: Develop partnerships to disseminate information on new and existing programs that provide alternative prescription drug coverage.

Service and Systems Development Goals

GOAL 1: Improve the quality, availability, and accessibility of non-medical home and community- based services to frail elderly and physically disabled Arizonans.

JUSTIFICATION

Home and community-based services for older adults is comprised of supportive services such as case management, housekeeping, home health aid, home nursing, respite and home delivered meals; which are offered at an agency, program site, or in the individual's own home. The Aging and Adult Administration, through contracts with the Area Agencies on Aging, has developed and implemented these services which are critical to avoid institutionalization of frail elderly and physically disabled adults. Program improvements aimed at enhancing the availability, accessibility, and quality of these services make it possible for older Arizonans to age in their homes and communities.

Objective 1: Explore alternative methods of service delivery, including consumer-directed care and public-private partnerships.

Objective 2: Review service delivery to ensure that services are provided in a quality and cost effective manner.

Objective 3: Work in partnership with the Area Agencies on Aging to improve accessibility of services, with priority to individuals with the greatest economic and social need, and with particular attention to the needs of low-income minority individuals, individuals residing in rural areas, individuals who are Native Americans, individuals with limited English-speaking ability and individuals with a severe disability.

Objective 4: Encourage the implementation of best practices, the exploration of future trends, and the promotion of service delivery methods that respond to those trends in the delivery of non-medical home and community-based services.

Objective 5: Ensure that case managers understand an older person's rights and choices with regard to end-of-life care.

GOAL 2: Enhance protective services to incapacitated and vulnerable adults who are victims of abuse, neglect, and exploitation.

JUSTIFICATION

Abuse of older and vulnerable adults, whether through physical violence, imposed or self neglect, or financial-personal exploitation is a problem which affects all of society. Since many cases of abuse are not reported by victims, it is imperative that the public is made aware of what to look for and the methods for reporting suspected incidents. Increased education can assist the public in understanding the needs of older and vulnerable adults, in being sympathetic rather than reactive to adverse situations and in contributing to finding solutions to these problems. Once a victim has been identified, the system must respond in a way that provides the maximum benefit to that victim.

Objective 1: Coordinate with the aging network and adult advocacy groups to heighten public awareness of the abuse, neglect, and exploitation of vulnerable and incapacitated adults through the dissemination of information and presentations to agencies and organizations.

Objective 2: Cooperate with law enforcement agencies and prosecution offices to effectively carry out prosecution of perpetrators of abuse, neglect, and exploitation against vulnerable or incapacitated people, with priority to individuals with the greatest economic and social need, and with particular attention to the needs of low-income minority individuals, individuals residing in rural areas, individuals who are Native Americans, individuals with limited English-speaking ability and individuals with a severe disability.

Objective 3: Cooperate with local elder abuse task forces and other agencies to enhance the effectiveness of Adult Protective Services.

Objective 4: Disseminate information regarding agencies, organizations and special interest groups who provide crisis intervention services to assist victims of abuse, neglect, and exploitation.

Objective 5: Encourage the implementation of best practices, the exploration of future trends, and the promotion of service delivery methods that respond to those trends in prevention of abuse, neglect, and exploitation of incapacitated and vulnerable adults, service delivery to the victims of abuse, neglect, or exploitation, and prosecution of perpetrators of abuse, neglect, and exploitation.

Objective 6: Encourage the use of the Central Intake Unit by providing excellent customer service.

Objective 7: Promote public awareness activities in an effort to prevent abuse, neglect and exploitation of vulnerable or incapacitated adults.

GOAL 3: Increase support systems for family caregivers as well as grandparents and older individuals who are relative caregivers.

JUSTIFICATION:

The majority of personal care is provided by informal caregivers. Research has shown that informal caregivers are often at increased risk for depression and illness especially if they do not receive adequate support from family, friends, and the community. Knowing what services and programs are available in the community and how to access them can help relieve stress and provide the necessary tools and services to help the family caregiver better cope with their daily pressures and responsibilities. Many caregivers also need training and support in the provision of care. Caregivers play a critical role in the support of their dependent friends and family members, so it is vital that systems and services that sustain the caregiver role and improve the ability of informal caregivers to provide quality care be promoted and enhanced. The Family

Caregiver Support Program provided services to 21,323 persons in SFY 2002 and anticipates that a comparable number of persons will be served during the plan period.

Objective 1: Coordinate with Area Agencies on Aging to increase the availability of respite and adult day care services.

Objective 2: Support caregivers by increasing awareness of available programs for caregivers, assessing the caregiver needs, encouraging caregivers to utilize the available services, and informing caregivers of end of life resources, with priority to individuals with the greatest economic and social need, and with particular attention to the needs of low-income minority individuals, individuals residing in rural areas, individuals who are Native Americans, individuals with limited English-speaking ability and individuals with a severe disability.

Objective 3: Enhance and expand training opportunities for caregivers.

Objective 4: Support programs that address intergenerational caregiving issues.

Objective 5: Encourage the implementation of best practices, the exploration of future trends, and the promotion of service delivery methods that respond to those trends in caregiver support programs.

GOAL 4: Enhance the understanding of, and expand assistance with, life choices and benefits programs.

JUSTIFICATION

Complex and personal choices can make a significant difference in an older person's lifestyle. Some older persons require assistance in order to navigate through this maze of choices. All older persons require non-biased, accurate information to deal with the complexity of the health insurance system and other public and private benefits programs. Many older persons in Arizona need legal representation and advocacy services to enable the preservation of their assets, dignity and independence. Older Arizonans who are using long-term care services or making choices regarding these services are particularly in need of reliable information and assistance.

Objective 1: Disseminate information to individuals and agencies to improve the knowledge and understanding of older adults' rights and protections.

Objective 2: Collaborate with local and national organizations to increase the quality, availability, and accessibility of services that increase the knowledge an adult's rights and choices.

Objective 3: Increase public awareness of the Long-Term Care Ombudsman, Legal Services Assistance, Ferret Out Fraud, and State Health Insurance Assistance programs.

Objective 4: Review service delivery and provide technical assistance to the Area Agencies on Aging to ensure that services are provided in a quality and cost effective manner.

Objective 5: Increase the number of volunteer hours in the Long-Term Care Ombudsman, Legal Service Assistance, Ferret Out Fraud Senior Medicare Patrol Project, and State Health Insurance Assistance programs by improving volunteer management practices in the areas of recruitment, training, and retention.

Objective 6: Update information and expand assistance with resources for consumers regarding life planning alternatives, ensuring that older adults receive appropriate assistance, and with priority to individuals with the greatest economic and social need, and with particular attention to the needs of low-income minority individuals, individuals residing in rural areas, individuals who are Native Americans, individuals with limited English-speaking ability and individuals with a severe disability.

Objective 7: Inform older adults and their caregivers of the right to make choices regarding end of life care.

Objective 8: Encourage the implementation of best practices, the exploration of future trends, and the promotion of service delivery methods that respond to those trends in the effort to inform older adults of their rights.

GOAL 5: Promote optimal physical and behavioral health for older adults.

JUSTIFICATION:

As a person ages they become more vulnerable to disease and conditions that derive from life-style, behavioral and environmental factors. Early detection of health problems can be effective against excessive morbidity and premature mortality. As health and dental costs increase, health promotion and disease prevention activities take on added importance. Additionally, it is estimated that 25% of persons over age 65 have significant mental or behavioral health problems. This includes memory disorders, depression, sleep disorders and substance (alcohol, prescription drug, tobacco) abuse.

Objective 1: Coordinate with the Department of Health Services, County Departments of Health, the Area Agencies on Aging, AHCCCS, Regional Behavioral Health Agencies and other organizations to improve older adults' wellness, disease prevention, health care, nutritional information, and behavioral health with priority to individuals with the greatest economic and social need, and with particular attention to the needs of low-income minority individuals, individuals residing in rural areas, individuals who are Native Americans, individuals with limited English-speaking ability and individuals with a severe disability.

Objective 2: Assist the Area Agencies on Aging in developing and promoting senior center activities that focus on health maintenance, disease prevention, wellness, behavioral health and injury prevention.

Objective 3: In cooperation with other organizations, disseminate information to older persons and their caregivers regarding the importance of good health, key indicators of physical and behavioral health and the availability of treatment for health problems.

Objective 4: Encourage the implementation of best practices, the exploration of future trends, and the promotion of service delivery methods that respond to those trends in the promotion of health and wellness in the older adult population.

GOAL 6: Provide the opportunity for older and vulnerable adults to maintain or improve their nutrition status.

JUSTIFICATION:

Nutrition is an important factor in the maintenance of good health, the promotion of quality of life, and the reduction of the effects of chronic disease conditions. Many elderly do not receive adequate nutrition because they cannot afford it or they lack the skills or interest to prepare nutritious meals. They also may be limited in their ability to shop or cook for themselves, or lack the incentive to prepare and eat a meal by themselves. Socialization and recreational activities provided at nutrition centers can improve quality of life.

Objective 1: Collaborate with the Area Agencies on Aging to provide safe and nutritious food through congregate and home-delivered meal programs with priority to individuals with the greatest economic and social need, and with particular attention to the needs of low-income minority individuals, individuals residing in rural areas, individuals who are Native Americans, individuals with limited English-speaking ability and individuals with a severe disability.

Objective 2: Collaborate with the Area Agencies on Aging to promote nutrition site activities to enhance the well-being of the older and vulnerable adults through socialization, educational, and recreational activities.

Objective 3: Develop public-private partnerships that improve the nutritional status of people over 60.

Objective 4: Provide nutrition related training and technical assistance to other programs in the Aging and Adult Administration.

Objective 5: Encourage the implementation of best practices, the exploration of future trends, and the promotion of service delivery methods that respond to those trends in nutrition programs for older adults.

GOAL 7: Improve employment opportunities for older adults.

JUSTIFICATION

While many older adults retire voluntarily, some older workers are pressured into early retirement. Many older workers would prefer to continue working. Older persons tend to remain unemployed twice as long as other groups of unemployed workers. A large

number of older employees give up looking for work and are not counted in unemployment statistics.

Objective 1: Support Title V Senior Community Service employment.

Objective 2: Work with public and private employers to create and promote educational and job training opportunities for older persons in the community.

Objective 3: Disseminate information to businesses and organizations in the private and public sector on the advantages of hiring older persons.

Objective 4: Promote the Title V Employer Incentive Program to encourage private sector employers to hire older workers.

Objective 5: Support the development of Arizona's One Stop Career Centers which provide access for older workers to choose basic, high-quality employment, training and education services.

Objective 6: Encourage the implementation of best practices, the exploration of future trends, and the promotion of service delivery methods that respond to those trends in the employment of older workers.

Objective 7: Collaborate with programs that provide volunteer opportunities that offer stipends for older adults such as the Foster Grandparent Program.

GOAL 8: Provide the opportunity for access to services for persons with Alzheimer's disease or related disorders and their caregivers.

JUSTIFICATION

As the population ages, the number of people with Alzheimer's Disease and other related disorders will also increase. Public and private sectors in Arizona must work together to maintain and improve a wide range of medical and social services to ensure appropriate, high quality care is provided to persons with Alzheimer's disease or related dementia and their caregivers.

Objective 1: Collaborate with the Area Agencies on Aging to promote the availability of supportive services, with priority to individuals with the greatest economic and social need, and with particular attention to the needs of low-income minority individuals, individuals residing in rural areas, individuals who are Native Americans, individuals with limited English-speaking ability and individuals with a severe disability.

Objective 2: Expand the opportunity for dementia training to professional/ paraprofessional and family caregivers of persons with dementia.

Objective 3: Encourage the implementation of best practices, the exploration of future trends, and the promotion of service delivery methods that respond to those trends in the care of persons with Alzheimer's and related disorders.

***GOAL 9*: Increase the cultural competency of aging services provided statewide.**

JUSTIFICATION

Cultural competence describes the ability of systems to provide services to people with diverse values, beliefs, and behaviors, including tailoring service delivery to meet their social, cultural, and linguistic needs.[4] A culturally competent service system recognizes differences in race, ethnicity, nationality, language, gender, socioeconomic status, physical and mental ability, and sexual orientation among its clientele.[5] Culturally competent aging services will better serve all Arizonans.

Objective 1: Increase the cultural diversity of the Long-Term Care Ombudsman, Legal Assistance, Ferret Out Fraud Senior Medicare Patrol Project, and State Health Insurance Assistance Program volunteers to address the language and cultural needs of the persons served.

Objective 2: Collaborate with other organizations to develop and deliver training on cultural competence statewide to providers of aging services.

***GOAL 10*: Improve the technological capability of the Aging and Adult Administration in order to better serve older adults.**

JUSTIFICATION

Technology provides individuals a means to communicate, to socialize, and to be entertained. Older adults use the Internet as a means of connecting with friends and family and as a source of information. Additionally, business technology continues to advance. It is increasingly difficult to provide the level of service expected by the public and our contractors without updates to existing hardware and software. The Aging and Adult Administration needs modern business tools in order to provide optimal quality services today and to effectively plan to meet the demands of the future.

Objective 1: In collaboration with the Area Agencies on Aging, develop methods to improve older persons' access to information technology.

Objective 2: Improve regional and statewide data collection and analysis within the Title V, Adult Protective Services, Long-Term Care Ombudsman, Legal Assistance, Ferret Out Fraud Senior Medicare Patrol Project, and State Health Insurance Assistance, Non-Medical Home and Community-Based Services and Family Caregiver programs, which will increase capacity for service planning, provide more efficiency in program management and enhance maximization of service availability.

Objective 3: Improve hardware and software in the Title V and Adult Protective Services field offices.

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[4] Betancourt, J.R., A.R. Green, and J.E. Carrillo. 2002. *Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches*. The Commonwealth Fund.

[5] Worden, Marshall A., David A. De Kok, and Scott G. Davis. "Health Care Services for Aging Arizonans," *Health Care Choices: Healthy Aging – Later Life Decisions*. 2003. University of Arizona. Arizona Town Hall

Service Delivery Goal

Maintain and expand, where appropriate, the funding of existing services.*

Objectives*:

A. **By July 1, 2003, contract for 1,051,325 Congregate Meals for 28,867 individuals for FY 2004.**

A comparable number of units of service is projected for FY 2005 and 2006.

B. **By July 1, 2003, contract for 1,672,692 Home Delivered Meals for 9,699 individuals for FY 2004.**

A comparable number of units of service is projected for FY 2005 and 2006.

C. **By July 1, 2003, contract for 785,040 units of Transportation services for 18,915 individuals for FY 2004.**

A comparable number of units of service is projected for FY 2005 and 2006.

D. **By July 1, 2003, contract for 300,209 units of Home Care services for 16,940 individuals for FY 2004.**

A comparable number of units of service is projected for FY 2005 and 2006.

E. **By July 1, 2003, contract for 361,185 units of Adult Day Care/Adult Day Health Care services for 695 individuals for FY 2004.**

A comparable number of units of service is projected for FY 2005 and 2006.

F. **By July 1, 2003, contract for 1,705 units of Home Repair/Adaptation/Renovation services for 555 individuals for FY 2004.**

A comparable number of units of service is projected for FY 2005 and 2006.

G. **By July 1, 2003, contract for 525,000 units of Socialization/Recreation services for 27,500 individuals for 2004.**

A comparable number of units of service is projected for FY 2005 and 2006.

H. **By July 1, 2003, contract for 8,250 units of Legal Assistance for 2,132 individuals for FY 2004.**

A comparable number of units of service is projected for FY 2005 and 2006.

I. **By July 1, 2003, contract for 34,455 units of Ombudsman Service in FY 2004.**

A comparable number of units of service is projected for FY 2005 and 2006.

J. By July 1, 2003, contract for 94,327 units of Respite Services for 644 individuals for FY 2004.

A comparable number of units of service is projected for FY 2005 and 2006.

K. By July 1, 2003, contract for 49,946 units of Information and Referral/Information and Assistance for 16,015 individuals for FY 2004.

A comparable number of units of service is projected for FY 2005 and 2006.

Adult Protective Services

A. By June 30, 2003, receive 11,705 inquiries; of which 10,992 are reports; of these, 8,729 investigations are conducted.

A comparable number of units of service is projected for FY 2005 and 2006.

Foster Grandparent Program

A. By April 1, 2003, contract for 87,696 Foster Grandparent hours for 92 eligible individuals for calendar year 2004.

A comparable number of units of service is projected for CY 2005 and 2006.

Title V Employment Program and the Workforce Investment Act (WIA) Older Worker Training Program.

A. By July 1, 2003, contract for 242,320 hours for 233 Title V eligible individuals for FY 2004.

A comparable number of units of service is projected for FY 2005 and 2006.

*These goals do not include services that will be provided in Region VII. The goals for individuals served do not include individuals who will be served in Region III and VII.

Section II. ASSURANCES

***NOTE:** Assurances are directly quoted from the Older Americans Act, Amendments of 2000. (P.L. 106-501)*

General Assurances

Sec. 305, ORGANIZATION

(1) 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)(A))**

(2) 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)(B))**

(3) 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 minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan. **((a)(2)(E))**

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

(5) 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. **((a)(2)(G)(H))**

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

Sec. 306, AREA PLANS

(1) 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, outreach, information and assistance, 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. **((a)(2))**

(2) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. **((a)(4)(A)(i))**

(3) Each area agency on aging shall 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

(A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;
(B) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and
(C) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. **((a)(4)(ii))**

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

(A) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
(B) describe the methods used to satisfy the service needs of such minority older individuals; and
(C) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i). **((a)(4)(A)(iii))**

(5) 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

(A) older individuals residing in rural areas;
(B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(D) older individuals with severe disabilities;
(E) older individuals with limited English speaking ability; and
(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);

and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance. **((a)(4)(B))**

(6) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. **((a)(4)(C))**

(7) 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, with agencies that develop or provide services for individuals with disabilities. **((a)(5))**

(8) 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. **((a)(9))**

(9) 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. **((a)(11))**

(10) 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. **((a)(13)(A))**

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

(A) 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
(B) the nature of such contract or such relationship. **((a)(13)(B))**

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

(13) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by

such agency will be enhanced as a result of such nongovernmental contracts or commercial relationships. **((a)(13)(D))**

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

(15) 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. **((a)(14))**

(16) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. **((a)(15))**

Sec. 307, STATE PLANS

(1) The plan describes the methods used to meet the need for services to older persons residing in rural areas in the fiscal year preceding the first year to which this plan applies. The description is found on page(s) 46 and 47 of this plan. **((a)(3)(B)(iii))**

(2) 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. **((a)(7)(A))**

(3) The plan shall provide assurances that

> (A) 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;
> (B) 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
> (C) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act. **((a)(7)(B))**

(4) 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. **((a)(9))**

(5) 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. **((a)(10))**

(6) The plan shall provide assurances that area agencies on aging will

(A) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(B) 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
(C) 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. **((a)(11)(A))**

(7) 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. **((a)(11)(B))**

(8) 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. **((a)(11)(D))**.

(9) 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. **((a)(11)(E))**

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

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

(D) referral of complaints to law enforcement or public protective service agencies where appropriate. **((a)(12))**

(11) 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. **((a)(13))**

(12) 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 fulltime 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. **((a)(14))**

(13) The plan shall provide assurances that the State agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on

(A) older individuals residing in rural areas;
(B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(D) older individuals with severe disabilities;
(E) older individuals with limited English speaking ability; and
(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance. **((a)(16))**

(14) 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. **((a)(17))**

(15) 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. **((a)(18))**

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

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

(18) 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. **((a)(21))**

(19) 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). **((a)(22))**

(20) 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.
((a)(23))

(21) 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. **((a)(24))**

(22) 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. **((a)(25))**

(23) 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. **((a)(26))**

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

(1) 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. **((b)(3)(E))**

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.

State Plan Provisions and Information Requirements

***NOTE:** The following provisions and information requirements are taken from AoA-PI-02-02 that identifies the assurances for which explanations must be provided. The provisions may include gaps in numerical sequence.*

Section I. State Plan Provisions from Section 307(a)

(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.

Arizona's eight Area Agencies on Aging are required to submit Area Plans on Aging for their respective planning and service area with annual amendments as necessary. The State Plan on Aging has been developed using the goals and objectives and other information provided through the Area Plans on Aging.

(2) The State agency:
(A) evaluates, using uniform procedures described in section 202(a)(29), 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;

Uniform data collection procedures are addressed in the Aging and Adult Administration Policies and Procedures Chapter 1600: Programmatic and Statistical Reports.

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) have the capacity and actually meet such need;

The Aging and Adult Administration currently conducts client satisfaction surveys for the following programs: non-medical home and community based services, legal services assistance program, and foster grandparent program. Provider satisfaction surveys are administered on all Older Americans Act programs. Case reviews are conducted in Adult Protective Services. Arizona has also been a participant in the Performance Outcomes Measurement Project sponsored by the Administration on Aging.

(4) The State agency conducts periodic evaluations of, and public hearings on, activities and projects carried out in the State under Titles III and 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 individuals and older individuals residing in rural areas. *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

Evaluations of program and service effectiveness are on-going through monitoring and assessment. Fiscal and program data is analyzed quarterly. At a minimum, public input will be received through hearings annually.

(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 316.

Procedures addressing hearings, grievances, and appeals are outlined in the Aging and Adult Administration Policies and Procedures Manual Chapter 1000: Area Agencies on Aging.

(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.

The Aging and Adult Administration assures that it will make such reports and comply with the requirements of the Assistant Secretary regarding 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.

Area Agencies on Aging are required to sub-contract supportive, nutrition, and in-home services. Procedures addressing a direct service waiver are outlined in the Aging and Adult Administration Policies and Procedures Manual Chapter 1000: Area Agencies on Aging.

Section II. State Plan Information Requirements

Information required by Sections 102, 305, 307 and 705 that must be provided in the State Plan:

102(19)(G) – (*required only if State funds in-home services not already defined in Sec. 102(19))* The State agency includes and defines on page(s) 6 and 7 the following in-home services in the plan:

The Aging and Adult Administration provides the following in-home services that are not defined in Section 102(19): visiting nurse services, home health aid, attendant care, and home delivered meals.

Section 305(a)(2)(E)
The State agency provides 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 minority individuals and older individuals residing in rural areas and includes proposed methods of carrying out the preference.

The Aging and Adult Administration assures that preference is given. Discussion of this requirement is found on pages 29, 30 and 46 and throughout the Advocacy and Service and System Development goals and objectives in this State Plan on Aging. Preference is also outlined in the Aging and Adult Administration Policies and Procedures Manual Chapter 1000: Area Agencies on Aging.

Section 307(a)
(2) The State agency:
(C) specifies on page 40 in this State Plan on Aging, 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(b) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) and listed below (*may be listed in dollars, or percentages of titles III and VII allocations):*

ACCESS	16%
IN HOME	8%
LEGAL ASSISTANCE	4%

Procedures addressing minimum proportion waivers are outlined in the Aging and Adult Administration Policies and Procedures Manual Chapter 1000: Area Agencies on Aging.

(3) The plan:
(A) includes a numerical statement of the intrastate funding formula and a demonstration of the allocation of funds to each planning and service area (PSA).

A numerical statement of the intrastate funding formula and a demonstration of the allocation of funds to each planning and service area is found in Section IV, page 49 of this State Plan on Aging.

(B) with respect to services for older individuals residing in rural areas, the State agency:
(i) assures it will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

With respect to services for older individuals residing in rural areas, the Aging and Adult Administration assures that it will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

(i) identifies, 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).

It is anticipated that for each fiscal year of this State Plan on Aging, the projected costs of providing services for older individuals residing in rural areas is $7,842,667. This projection is based on funding factors addressing the number of individuals age 60 years and older, and additional factors for rural and minorities. The amount may vary based on the final 2004 award.

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

In the preceding fiscal year, a rural factor was applied to the funding formula for each planning and service area. Discussion of this requirement is found on page 49 in this State Plan on Aging. Procedures addressing targeting of services are outlined in the Aging and Adult Administration Policies and Procedures Manual Chapter 1000: Area Agencies on Aging.

(8)(B) Regarding case management services, the following agencies are already providing case management services (as of the date of submission of the plan) under a State program, and the State agency specifies that such agencies are allowed to continue to provide case management services:

Region III has requested a waiver to provide case management services for Navajo county.

(C) Regarding information and assistance services and outreach, the State agency specifies that the following agencies may provide these services directly:

Area Agencies on Aging may provide information and assistance services and outreach directly. Procedures addressing direct service waivers are outlined in the Aging and Adult Administration Policies and Procedures Manual Chapter 1000: Area Agencies on Aging.

(10) The plan provides assurance that the special needs of older individuals residing in rural areas are taken into consideration and describes how those needs have been met and how funds have been allocated to meet those needs.

Discussion of this requirement is found on page(s) 20, 46 and 47 in this State Plan in Aging.

(15) The plan, with respect to the fiscal year preceding the fiscal year for which this plan is prepared--

(A) identifies the number of low-income minority older individuals in the State.

Discussion of this requirement is found in Section IV, pages 47 and 48 in this State Plan on Aging addressing the Parity Report.

(A) describes the methods used to satisfy the service needs of such minority older individuals.

Procedures addressing targeting of services are outlined in the Aging and Adult Administration Policies and Procedures Manual Chapter 1000: Area Agencies on Aging.

(21)(B) The plan specifies the ways in which the State agency intends to implement 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 title III.

Two Tribal Area Agencies on Aging receive Title VI funds directly from the Administration on Aging (Navajo Nation and Inter Tribal Council of Arizona) and Title III funds through the Aging and Adult Administration. Both Area Agencies on Aging are encouraged to coordinate programs under Title III and VI in order to maximize service provision and avoid duplication. The Aging and Adult Administration continues to pursue methods to increase access by older Native Americans to programs and benefits.

Section 705(a)(7)
The State Agency includes on page(s) 42-44 of this State Plan on Aging, a description of the manner in which the State agency will carry out Title VII (Vulnerable Elder Rights Protection Activities) in accordance with the assurances described in paragraphs (1) of through (6) of this section. The description must:

1- describe the program of services for the ombudsman program and describe the program for the prevention of abuse, neglect, and exploitation.

In carrying out any chapter of Title VII for which the Aging and Adult Administration receives funding, programs will be conducted in accordance with the requirements of Title VII.

2- describe how the State uses public hearings and other means to obtain the views of older persons, area agencies on aging, Title VI grantees, and other interested parties.

The Aging and Adult Administration has held public hearings throughout the state to gain input regarding programs carried out under Title III and VII. Opportunities for input are also presented through workshops and training sessions, booths at conferences, and/or through contacts made to Central Office. Community listening sessions were conducted to elicit input on the state plan development from non-traditional stakeholders.

3- describe how the State will consult with area agencies and will identify and prioritize statewide activities aimed at ensuring that older persons have access to and assistance in securing and maintaining benefits and rights.

The Aging and Adult Administration contracts with Area Agencies on Aging to provide the State Health Insurance Assistance Program (SHIP) aimed at educating and

assisting older persons in securing and maintaining benefits and rights. Training sessions that address benefits and rights are coordinated between SHIP, the Legal Services Assistance Program, the Long-Term Care Ombudsman Program, and Adult Protective Services.

4- describe how the State will ensure that it will not supplant pre-existing funds to carry out each of the vulnerable elder rights protection activities.

The Aging and Adult Administration assures that it will use funds made available under Title VII for activities, 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- describe how the State will ensure that it will place no restriction other than those in Section 712(a)(5)(C) on the eligibility of entities for designation of local Ombudsman activities.

The Aging and Adult Administration assures that it will place no restrictions other than those identified in Section 712(a)(5)(C) on the eligibility of entities for designation of local Ombudsman activities.

6- describe how the State agency will conduct a program of services consistent with State law and coordinated with existing State adult protective services for public education, receipt of reports, active participation of older persons through outreach, conferences, and referral, how referral of complaints to law enforcement or public protective services will be done, how the State will not permit involuntary or coerced participation in the program, and how all information gathered in the course of receiving reports and making referrals shall remain confidential except under prescribed conditions.

The Aging and Adult Administration assures that programs and services for the prevention of elder abuse, neglect and exploitation are consistent with relevant State law and coordinated with existing State Adult Protective Services activities. The State Agency has participated in workshops and conferences and provided information for public service announcements and newspaper articles to educate the public on identifying and preventing elder abuse; developed a reporting systems for receipt of reports of elder abuse; informed participants of Older Americans Act services through outreach and made referrals to other agencies as appropriate; and referred reports to law enforcement as appropriate. The State Agency will not permit involuntary or coerced participation in any programs/services by alleged victims, abusers or their households. The State Agency assures that all information gathered in the course of receiving reports and making referrals shall remain confidential, with exception to those situations defined by state law.

Section III. Administrative Structure

Statutory Authority

Arizona Revised Statutes 41-1954 provides the statutory authority for the Aging and Adult Administration to administer programs and services funded under the Older Americans Act. In addition, the Administration is responsible for administering state and federal funds for the provision of non-medical home and community-based services to older individuals and individuals with physical disabilities and Adult Protective Services.

Aging and Adult Administration staff are responsible for carrying out the goals and objectives of the State Plan on Aging. Periodic reviews to evaluate accomplishments are completed throughout the year.

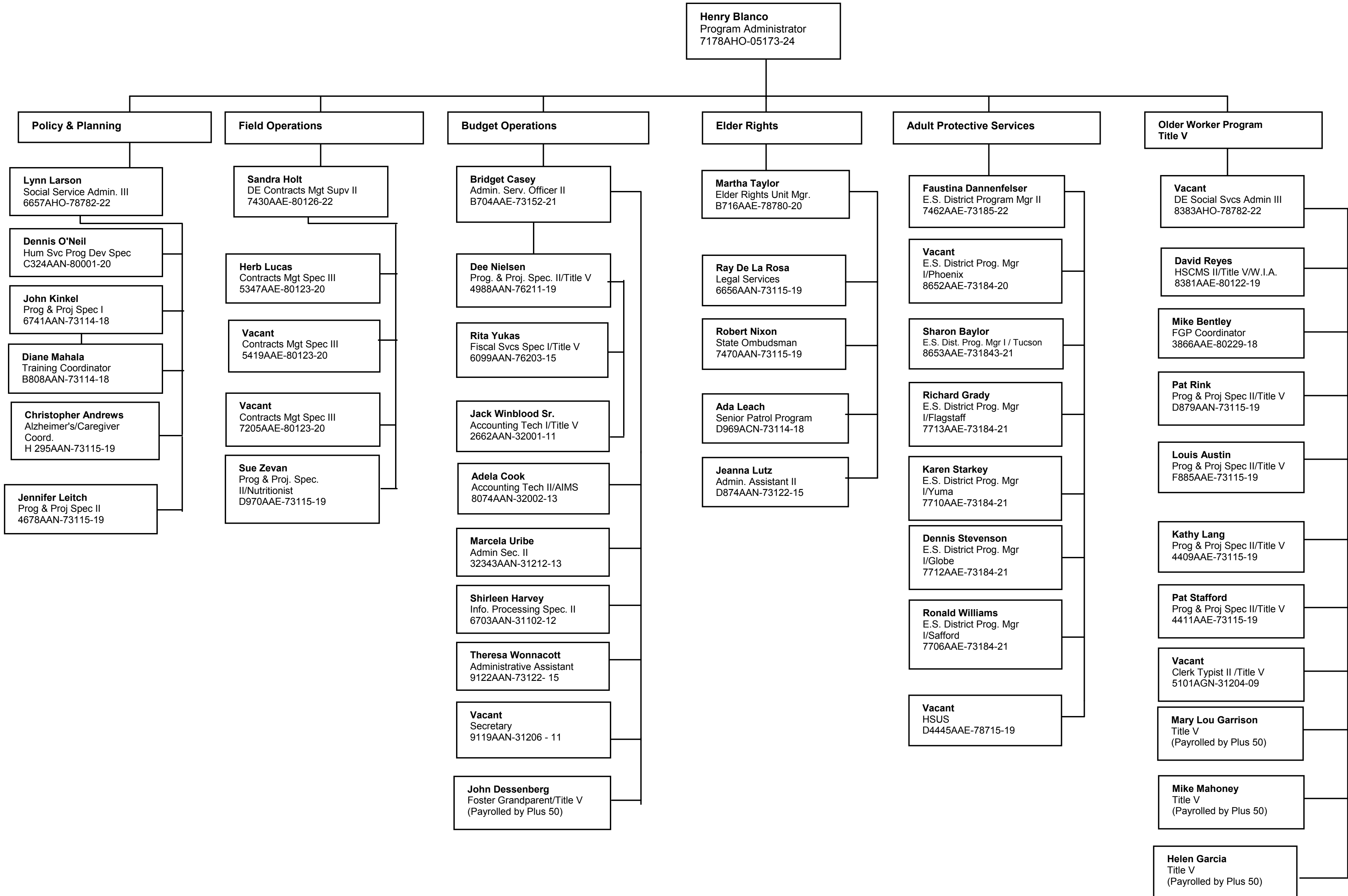
A.R.S. 41-1954.	**Powers and duties**
A.R.S. 46-191	**Definitions**
A.R.S. 46-192	**Identification of services**
A.R.S. 46-452.01	**Office of State Long-Term Care Ombudsman**
A.R.S. 46-452.02	**Long-Term Care Ombudsman; duties; immunity from liability**
A.R.S. 453	**Immunity of participants; nonprivileged communication**
A.R.S. 454	**Duty to report abuse, neglect and exploitation of incapacitated or vulnerable adults; duty to make medical records available; violation; classification**
A.R.S. 46-455	**Permitting life or health of an incapacitated or vulnerable adult to be endangered by neglect; violation; classification; civil remedy; definition**
A.R.S. 46-456	**Duty to an incapacitated or vulnerable adult; financial exploitation; civil and criminal penalties; exceptions; definitions**

The Older Americans Act requires that the State/Area Agencies on Aging establish an advisory council to further the mission of developing and coordinating community-based systems of services for all older individuals in the planning and service area. The Arizona Governor's Advisory Council on Aging was established in 1980 to provide a forum for discussion of aging issues and to advise the Governor, the Legislature and state agencies on issues relating to the senior population in Arizona. The Council is composed of 15 members appointed by the Governor who serve three-year terms and represent the geographic and ethnic diversity of Arizona.

A.R.S. 46-183	**Advisory Council on Aging; members; appointment; terms; compensation; officers; subcommittee**
A.R.S. 46-184	**Advisory Council duties**

Full text of the aforementioned Arizona Revised Statutes may be accessed at Arizona State Legislature Online at http://www.azleg.state.az.us/.

Aging and Adult Administration Organizational Chart



Listing of Area Agencies on Aging and Adult Protective Services

AREA AGENCIES ON AGING OFFICES

REGION 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

REGION II (Pima County)
Area Agency on Aging, Region II
Pima Council on Aging
8467 East Broadway Blvd
Tucson, Arizona 85710-4009
(520) 790-7262
(520) 790-7577 FAX

REGION III (Apache, Coconino, Navajo & Yavapai Counties)
Area Agency on Aging, Region III
Northern AZ Council of Governments
119 E. Aspen Avenue
Flagstaff, Arizona 86001-5296
(928) 774-1895
(928) 773-1135
(928) 214-7235 FAX

REGION 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

REGION V (Gila/Pinal County)
Area Agency on Aging, Region V
Pinal/ Gila Council for Senior Citizens
1895 N. Trekell Road, Suite 2
Casa Grande, Arizona 85222-1704
(520) 836-2758
(520) 421-2033 FAX

REGION VI (Cochise, Graham, Greenlee & Santa Cruz Counties)
Area Agency on Aging, Region VI
SouthEastern AZ Governments Organization
118 Arizona Street
Bisbee, Arizona 85603
(520) 432-5301
(520) 432-5858 FAX

REGION VII (Navajo Nation)
Navajo Area Agency on Aging, Region VII
P.O. Box Drawer 1390
Window Rock, Arizona 86515
(928) 871-6868
(928) 871-6783
(928) 871-6793 FAX

REGION VIII (Inter-Tribal Council on Arizona)
Area Agency on Aging, Region VIII
Inter-Tribal Council of AZ
2214 N. Central #100
Phoenix, Arizona 85004
(602) 258-4822
(602) 258-ITCA
(602) 258-4825 FAX

ADULT PROTECTIVE SERVICES OFFICES

2066 W. Apache Trail
Suite 108
Apache Junction, AZ. 85219
Site code 515 C-5
Ph. # 480-983-0426

207 Bisbee Road
Bisbee, AZ. 85603
Site Code 611 C-5
Ph. # 520-432-2284

401 N. Marshall St.
Casa Grande, AZ. 85222
Site Code 512 C-5
Ph. #520-426-3529

401 N. Marshall St.
Casa Grande, AZ. 85222
Site Code 512 C-5
Ph. #520-426-3529

1155 N. Arizona Blvd.
Coolidge, AZ. 85228
Site Code 513 C –5
Ph. # 520-723-5351

1140 F. Ave.
Douglas, AZ. 85607
Site Code 613 C-5
Ph. # 520-364-4446

1122 N. 7th St. Ste 205
Phoenix, AZ 85006
Site Code 110 C-5
Ph. # 602-255-0996

1122 N. 7th St. Ste 205
Phoenix, AZ 85006
Site Code 110 C-5
Ph. # 602-255-0996

5800 W. Glenn Dr. Ste. 200
Glendale, AZ 85301
Site Code 146 C-5
Ph. # 623-931-5006

153 Vista Dr.
Holbrook, AZ 86025
Site Code 331 C-5
Ph. # 928-524-3451

232 London Bridge Rd.
Lake Havasu, AZ 86043
Site Code 421 C-5
Ph. # 928-680-6002

549 West 4th St.
Benson, AZ 85602
Site Code 616 C-5
Ph. # 520-586-7830

2601 S. Highway 95
Bullhead City, AZ 86442
Site Code 415 C-5
Ph. #928-763-8388

300 N. Coronado Blvd.
Clifton, AZ 85533
Site Code 636 C-5
Ph. # 928-865-4131

1645 E. Cottonwood St.
Cottonwood, AZ 86326
Site Code 344 C-5
Ph. # 928-634-7561

397 Malpais Lane
Flagstaff, AZ 86001
Site Code 310 A
Ph. # 928-779-6141

605 So. 7th St.
Globe, AZ 85501
Site Code 521 C-5
Ph. # 928-425-3101

519 E. Beale St.
Kingman, AZ 86402
Site Code 402 C-5
Ph. # 928-753-5040

228 Main St.
Mammoth, AZ 85618
Site Code 526 C-5
Ph. # 520-487-2311

2222 S. Dobson Bldg 10
Mesa, AZ 85202
Site Code 108 C-5
Ph. # 480-345-1708

1032 Hopi Ave.
Parker, AZ 85334
Site Code 422 C-5
Ph. # 928-669-8399

1939 Thatcher Blvd.
Safford, AZ 85546
Site Code 631 C-5
Ph. #928-428-7702

2981 E. Tacoma St.
Sierra Vista, AZ 85635
Site Code 641 C-5
Ph. # 520-459-1859

3131 N. Country Club, Ste 206
Tucson, AZ 85712
Site Code 201 C-5
Ph. # 520-881-4066

319 E. 3rd St.
Winslow, AZ 86047
Site Code 335 C-5
Ph. # 928-289-2090

480 N. Grand Ave.
Nogales, AZ 85621
Site Code 643 C-5
Ph. # 520-287-6551

122 E. Hwy 260 Ste 110
Payson, AZ 85541
Site Code 525 C-5
Ph. # 928-474-4521

843 Miller Valley Rd.
Prescott, Az 86301
Site Code 342 C-5
Ph. #928-776-8537

40 So. 11th St.
Show Low, AZ 85901
Site Code 336 C-5
Ph. # 928-537-1743

395 S. Washington St.
St. Johns, AZ 85939
Site Code 326 C-5
Ph. # 928-337-2005

256 S. Curtis Ave.
Willcox, AZ 85643
Site Code 631 C-5
Ph. # 520-384-3505

1220 So. 4th Ave.
Yuma, AZ 85364
Site Code 434 C-5
Ph. # 928-782-9255

Central Intake Unit
4201 N. 16th St. Ste 280
Phoenix, AZ 85016
Site Code: 164 C-5
Ph. # 602-542-8602

Section IV. Financial Structure

State Agency on Aging (Aging and Adult Administration) Operating Budget

OPERATING BUDGET FOR SFY 2004
Funds Used for the Aging and Adult Administration

	Title III	Other	Total Agency
Title III: State Administration	$ 817,186.00	$ -	$ 817,186.00
Other Older Americans Act Funds (Title V)	$ 542,500.00	$ -	$ 542,500.00
Other Older Americans Act Funds (SSBG, ALZ, FGP, SHIP, AZPOMS)	$ -	$1,435,200.00	$1,435,200.00
State	$ 272,395.00	$3,374,705.00	$3,647,100.00
TOTAL	**$1,632,081.00**	**$4,809,905.00**	**$6,441,986.00**

Legend

Title V = Senior Community Services Employment Program
SSBG = Social Services Block Grants
ALZ = Alzheimer's CARE Program
FGP = Foster Grandparent Program
SHIP = State Health Insurance Assistance Program
AZPOMS = Arizona Performance Outcomes Measures Project

Older Americans Act budgets for Federal Fiscal Years 2005 and 2006 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: Intertribal 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 (Regions) for Fiscal Year 2004

Planning and Service Area	* Title III & VII w/State Match	** Title III - E w/State Match	*** Other Federal & State	Total Agency
PSA I	$ 7,469,210.00	$ 1,165,614.00	$ 6,922,581.00	$ 15,557,405.00
PSA II	$ 2,740,190.00	$ 416,395.00	$ 3,517,451.00	$ 6,674,036.00
PSA III	$ 1,371,936.00	$ 197,466.00	$ 1,582,418.00	$ 3,151,820.00
PSA IV	$ 1,316,451.00	$ 189,506.00	$ 1,334,543.00	$ 2,840,500.00
PSA V	$ 979,481.00	$ 136,056.00	$ 1,104,224.00	$ 2,219,761.00
PSA VI	$ 911,397.00	$ 125,401.00	$ 1,238,335.00	$ 2,275,133.00
PSA VII	$ 1,003,561.00	$ 138,861.00	$ 387,001.00	$ 1,529,423.00
PSA VIII	$ 1,288,190.00	$ 184,361.00	$ 190,313.00	$ 1,662,864.00
STATE TOTAL	**$ 17,080,416.00**	**$ 2,553,660.00**	**$ 16,276,866.00**	**$ 35,910,942.00**

* Does not include III-E (Family Caregiver Support Program), includes Funds for Administration
** Includes Title III-E (Family Caregiver Support Program) Administration Funds
*** Does not include Tobacco Tax funds, assumes level state funds with exception of Ombudsman Program and Program Development Funds

Older Americans Act budgets for Federal Fiscal Years 2005 and 2006 will be developed on an annual basis.

Method for carrying out preference for older individuals with greatest economic or social need:

Over eight percent of Arizona's population aged 65+ and over falls into the poverty category. The Arizona Aging and Adult Administration will take the following steps to ensure that the needs of older persons in these categories are given priority attention:

- Ensure that individuals in this group are given opportunity for input at public hearings.
- Encourage the establishment of community focal points and/or service points that are easily accessible to individuals with greatest economic and social need.
- Promote the inclusion of representatives of this group in advisory councils at the local, Area, and State levels.
- Weight Native American reservation areas higher than non-reservation areas in the Intrastate Funding Formula.
- Ensure sensitivity of State Agency staff to the special service needs of this group.
- Provide technical assistance to Area Agencies on Aging and service providers in meeting the needs of this group.
- Provide orientation on the special needs of this group in training of service staff and volunteers.
- Encourage staffing of service projects that include bilingual, bicultural staff commensurate with the composition of the local target populations.
- Include monitoring and assessment of responses to the needs of this group in monitoring and assessing Area Agencies on Aging and service providers.
- Ensure that dissemination of information on services resources reaches this group.

Method for carrying out preference for rural older individuals:

Twelve of the fifteen counties of Arizona are largely rural areas and three counties have large rural areas surrounding their urban areas. The Arizona State Unit on Aging has and will continue to take the following steps to ensure that the needs of older persons in rural areas are given priority attention:

- Ensure that individuals in this group are given the opportunity for input at public hearings.
- Work with the Department of Transportation and other State agencies and the Area Agencies on Aging to develop alternative transportation systems.
- Promote the inclusion of representatives of rural elderly in advisory councils at the local, area, and state levels.
- Include weighting factor of a 10% set-aside for rural areas in the Intrastate Funding Formula.
- Ensure sensitivity of State Agency staff to the special service needs of rural elderly through attendance at conference and training sessions that focus on this group.

- Provide technical assistance to Area Agencies on Aging and service providers in meeting needs of rural elderly.
- Enhance the use of volunteers and provide volunteer opportunities to serve the elderly in isolated communities.
- Ensure responsiveness to the needs of this group by monitoring and assessing Area Agencies on Aging and service providers.
- Promote ongoing outreach to this group through cooperative efforts with Area Agencies on Aging, nutrition projects, long-term care facilities, the Long-Term Care Gerontology Center at the University of Arizona, and other cooperating agencies and organizations.

PARITY REPORTS

Parity reports are prepared to show the distribution of client service populations for Congregate Meals, Home Delivered Meals and Social Services. Specifically, the reports provide an unduplicated client count for each service for the following categories: Non-Minority/Non-Poverty, Minority/Non-Poverty, Non-Minority With an Economic Need (Below Poverty), Minority With an Economic Need (Below Poverty), Frail/Disabled and Age 75 and Over. Additional categories address Native American, Asian/Pacific Islander, Black and Hispanic populations regardless of economic need.

Each category provides the Total Client Count for the service and population category. These reports demonstrate only unduplicated client counts. They do not address the total amount of services provided or the amounts per category. The purpose of the reports is to allow a standard of comparison of services to target populations compared to the percentage each target population represents to the whole.

Population data was derived from 2000 Census data. Client counts for 2001 were derived for Congregate Meals and Social Services from the Department of Economic Security, Aging and Adult Administration, Aging Information Management Systems (AIMS) for all regions except Region VIII. The AGO-030A and AGO-031 reports were used to collect data for Region VIII.

AGING AND ADULT ADMINISTRATION
PARITY REPORT FOR SFY-01

STATE TOTAL	2000 60+ POPULATION *		2001 PERSONS SERVED **		PERCENT OF PARITY
	NUMBER	PERCENT	NUMBER	PERCENT	
CONGREGATE MEALS					
Native American	14,591	1.87%	1,415	5.11%	273.26%
Asian/Pacific Is., NH	9,093	1.16%	585	2.11%	181.90%
Black, NH	13,675	1.75%	628	2.27%	129.71%
Hispanic	79,935	10.24%	3,088	11.15%	108.89%
Other Minorities	0	0.00%	6	0.02%	
White, NH	743,602	95.22%	25,056	90.49%	95.03%
Total	780,961	100.00%	27,690	100.00%	
Total Minority	117,294	15.02%	5,722	20.66%	137.55%
Economic Need (Total)	54,737	7.01%	4,693	16.95%	241.80%
Minority Economic Need	0	0.00%	1,672	6.04%	
Frail/Disabled 65+	259,521	33.23%		0.00%	0.00%
75+	307,173	39.33%	5,505	19.88%	50.55%
HOME DELIVERED MEALS					
Native American	14,591	1.87%	852	8.81%	471.12%
Asian/Pacific Is., NH	9,093	1.16%	66	0.68%	58.62%
Black, NH	13,675	1.75%	501	5.18%	296.00%
Hispanic	79,935	10.24%	1,645	17.01%	166.11%
Other Minorities	0	0.00%	20	0.21%	
White, NH	743,602	95.22%	8,232	85.12%	89.39%
Total	780,961	100.00%	9,671	100.00%	
Total Minority	117,294	15.02%	3,084	31.89%	212.32%
Economic Need (Total)	54,737	7.01%	5,903	61.04%	870.76%
Minority Economic Need	0	0.00%	2,165	22.39%	
Frail/Disabled 65+	259,521	33.23%	4,202	43.45%	130.76%
75+	307,173	39.33%	6,995	72.33%	183.91%
SOCIAL SERVICE					
Native American	14,591	1.87%	3,188	13.34%	713.37%
Asian/Pacific Is., NH	9,093	1.16%	315	1.32%	113.79%
Black, NH	13,675	1.75%	1,134	4.74%	270.86%
Hispanic	79,935	10.24%	4,066	17.01%	166.11%
Other Minorities	0	0.00%	10	0.04%	
White, NH	743,602	95.22%	19,257	80.56%	84.60%
Total	780,961	100.00%	23,904	100.00%	
Total Minority	117,294	15.02%	8,713	36.45%	242.68%
Economic Need (Total)	54,737	7.01%	9,928	41.53%	592.44%
Minority Economic Need	0	0.00%	5,447	22.79%	
Frail/Disabled 65+	259,521	33.23%	12,459	52.12%	156.85%
75+	307,173	39.33%	11,844	49.55%	125.99%

* Source : U.S. Bureau of Census, ***Population Age 60 and Over by Race/Hispanic Origin, Census 2000 Summary File 1 and***
Persons who are American Indian and Alaska Native Alone, Not Hispanic/Latino By Age, Census 2000 Summary File 1, Table PCT12K
Numbers were not available for the categories of "other minorities" and "minority economic need" - a zero was placed in the categories as a placeholders.

** Source: ***AIMS***
Note: Parity data does not include Region VII.

Intrastate Funding Formula and Budget

The Administration is in the process of reviewing the funding formula and may make changes based on U.S. Census 2000 population statistics. The following is a description of the current intrastate funding formula that is used to allocate federal and state funds to the eight Area Agencies on Aging within Arizona.

The State agency took the following steps to ensure compliance with the provisions of 45 CFR, Part 1321.37 governing the Intrastate Funding Formula:

- Concepts for the funding formula were discussed with Area Agency on Aging Directors to ensure their understanding of the components. The original construction of the formula with respect to rural areas and "hold-harmless" provisions in nutrition programs was maintained. All calculations were based on 1990 census data.
- The minimum base subgrant was maintained. The base consists of enough social service, nutrition, and administrative funds to establish and maintain a small but viable program.
- The formula sets aside an amount to be allocated strictly to six largely rural planning and service areas with a weighting factor of 10%. The set-aside does not include rural areas within the two Planning and Service Areas containing Metropolitan Statistics Areas, however, the requirement for allocation of at least 105% of the September 30, 1978 level has been met in all Planning and Service Areas.
- The funding formula takes into account the distribution of persons aged 60 and over, as well as those in greatest social and economic need in each Planning and Service Area. This has been done by assigning successively higher weights to 4 categories of persons identified by the Census Bureau and an additional category of persons described as residents of Native American reservations. The sum of the weighted populations was computed and used to determine the percentage distribution of funds. The established weights used in the intrastate funding formula are provided below.

ESTABLISHED WEIGHTS

Population 60+	Reg. I-VI (Weight)	Navajo (Weight)	ITCA (Weight)
Non-minority, Non-poverty	**1.0**	**4.13**	**8.62**
Non-minority, Poverty	**1.65**	**4.13**	**8.62**
Minority, Non-Poverty	**1.1**	**4.13**	**8.62**
Minority, Poverty	**2.75**	**4.13**	**8.62**
All Residents of Native American Reservations 60+	**6.0**		

Section V. Appendices

Appendix A - Listening Sessions and Public Hearings

Eight State Plan on Aging public hearings were scheduled at the following locations:

City	Date & Time	Location	Attendees
Phoenix	May 6, 2003 10:00 – 11:00 AM	McDowell Place Senior Center 1845 E. McDowell Road Phoenix, AZ 85006	71
Lake Havasu City	May 8, 2003 10:30 – 11:30 AM	Lake Havasu Senior Center 450 South Acoma Lake Havasu, AZ 86406	12
Casa Grande	May 9, 2003 10:00 – 11:00 AM	Dorothy Powell Senior Adult Center 405 East 6th. Street Casa Grande, AZ 85222	16
Flagstaff	May 12, 2003 10:00 – 11:00 AM	Department of Health & Community Services 2625 N. King Street Flagstaff, AZ 86004	9
Tuba City	May 12, 2003 2:00 – 3:00 PM	Greyhills Academy High School – Warrior Pavilion Tuba City, AZ 86045	52
Tucson	May 14, 2003 10:00 – 11:00 AM	Pima Council on Aging 8467 East Broadway Tucson, AZ 85710	29
Benson	May 14, 2003 1:00 – 2:00 PM	Benson Senior Center 705 West Union Street Benson, AZ 85602	4
Phoenix (Inter-Tribal Council of Arizona)	May 15, 2003 10:00 – 11:00 AM	Casino Arizona 524 North 92nd. Street Scottsdale, AZ 85256	3
		Total	196

A web-based link, titled Draft State Plan on Aging 2004-2006, was also created as an alternative method to access the State Plan on Aging 2004-2006 Advocacy and Service and Systems Development goals and objectives and provide comments. Public hearings were held in collaboration with the Governor's Advisory Council on Aging. At least one staff person attended from the Aging and Adult Administration (Lynn Larson or Jen Leitch) and at least two from the Governor's Advisory Council on Aging (Barry Gold and Elvera Anselmo).

Summary of the Public Testimonies from the Hearing on the State Plan on Aging 2004-2006

<u>May 6, 2003 at McDowell Place Senior Center</u>

Maureen DeCindis, MAG, asked how Aging and Adult Administration (A&AA) will work with local communities to improve the transportation needs of the elderly—what can they provide.
Ms. Larson responded that A&AA will provide advocacy and help ensure coordination of efforts with the Area Agency on Aging and other public and private entities.

Kathleen Pagels, Arizona Heath Care Association, commended A&AA on the development of the plan and for being an anchor for sources throughout Arizona. On the Profile section of the plan, she asked that a profile of nursing homes and their residents be included—the rate of institutionalization; the rate of Alzheimer's institutionalization, the number of facility and an analysis of skilled nursing home residents.
Ms. Pagels stated that the long-term care profession is in crisis. She provided information on the cost of care and the inadequacy of the Medicaid ($9.00 less than daily average cost) and Medicare ($25.00 cut in rates) reimbursement rates. Ms. Pagels discussed the need to protect residents from elder abuse and noted the role of the ombudsman program. She asked that we be aware of the challenges, trends and issues that affect the quality of care in long-term care facilities and commended efforts to improve quality.

Winifred Jeanne Allen, Luke Krohn, discussed the need for prescription drug assistance. She spends $200 per month on prescriptions and due to her conditions, she needs brand name prescriptions. She notes that some drugs are not available as covered generics. She is 74 years old and living alone. Home and community-based services are very important to her. She cannot live without it. She noted that caregivers also need assistance.

John Durbin, Alzheimer's Association, stated that HCBS services are critical for everyone but in particular to persons with Alzheimer's disease. He listed the types of services that are provided. He asked that everyone involved in the hearing support maintaining and increasing HCBS funding. Mr. Durbin then focused on Goal #8 addressing the opportunities for persons with Alzheimer's and their caregivers to access services. He presented statistics on the percent of persons presently suffering from dementia and the need for services. He addressed need for services by underserved populations such as Native Americans, Hispanic elders and other minority cultures. He commended A&AA on their outreach programs and discussed the need to fight cuts in older adult services now being proposed by the Legislature.

Fred Monsma, South Mountain Community Center, presented A&AA with a copy of a recent ASU study conducted at their Center. The study looked at services and the needs of the older adults who attend their Center. Mr. Monsma stressed that the Center helps seniors to live independently. Barry Gold stated that the Center is very efficiently run.

Mary Lynn Kasunic, CEO and President, Area Agency on Aging, Region One, Inc., explained the Area Agency on Aging's responsibilities. Forty-five centers are funded in Maricopa County. They provide transportation, HCBS services and numerous other services. She stated that as of July 1, 2003, the Area Agencies on Aging may experience a $3.4 million dollar cut for case managed care that would affect 2,240 seniors. She provided information on the state and local contributions that are made to fund these services. She asked participants to call their Legislators to let them know how aging services help older adults and their families.

Bill Ray, Piestewa Peak Senior Center, asked if every Phoenix senior center receives the Governor's Advisory Council on Aging's Legislative Alert to know the status of proposed legislation. Ms. Kasunic said she would work with the Senior Services, City of Phoenix to make sure their agency's alerts get to the Centers.

Donna Hepperman, Generations Program, Center D.O.A.R., asked that grandparents raising grandchildren be added to the State Plan, possibly as Goal #7 or the caregiving goals. She reported that more grandparents are raising their grandchildren and that it must be included in the plan.
Ms. Larson explained that caregiving goals have been specifically written to include grandparents raising grandchildren as a subset of all caregivers.

Doris Samuelson, Volunteer, Paradise Valley Senior Center, addressed how seniors have saved all their lives but are still having trouble meeting basic cost of living. She noted the importance of senior center services. She stated that prescription drugs costs are wiping out many seniors' savings. Many have to choose between food and needed medication. Some are cutting their medications in half to have them last longer. She also asked that seniors be taught CPR. Firefighters need to be brought to the centers to teach seniors so that they may help others including their grandchildren who may have fallen into pools while at their homes. She asked that seniors be treated with respect.

An audience participant asked about information on a Medicare Town Hall. Connie Powell, Congressman Hayworth's Office, announced that Josefina Carbonell, Assistant Secretary, Administration on Aging, U.S. Department of Health and Human Services, will attend a Town Hall On Prescription Drug Benefits For Medicare Recipients, 1:45 - 3:00 p.m., Monday, May 12, 2003 at the Pyle Adult Recreation Center, 655 E. Southern, (SW Corner Rural & Southern, Tempe).

Annie Hernandez reported on how wonderful the senior center staff was when she needed information and resources for providing care to her mother. They helped her sister find caregiver training and obtain a stipend for caring for her mother.

Auria Cubas, Sunnyslope Center, reported on how wonderful the senior centers are compared to the ones in New York. Her mother who did not want to attend at first after arriving in Arizona now attends five days a week. She commended the Center staff and stated that they make a difference in seniors' lives. She volunteers at the center and she knows how good they are. She asked that senior center funding be maintained.

With no other persons wanting to testify, the hearing was adjourned at 11:00 a.m.

May 8, 2003 at Lake Havasu Senior Center

Albert Long stated that Mohave Community College has been restructuring, and they were having problems with accessing classes that students and seniors needed. They have to travel too far to get their required courses. He asked if the plan addressed access and affordability of classes for older adults. Barry Gold explained that community colleges and their procedures do not fall under the authority of the Older Americans Act funds.

Dick Thompson asked a question on Goal #4 regarding physical and behavioral health services. He asked the speakers to explain the objectives that would accomplish the goal. Ms Leitch reviewed the objectives for this goal.

Eleanore Fanire, WACOG, asked about Goal # 1, Non-Medical Home and Community-Based Services. She wanted to know if more money would be available. She stated that WACOG needed more funding because older adults were being referred for services but providers could not serve them due to lack of funding. Mr. Gold explained the plan is based on the present funding level. However, the Legislature is calling for reduced funding in FY2004. He would send interested participants a fact sheet on this issue.

Dick Thompson asked if the Governor could use her line-item veto power to restore the decreased funding. Mr. Gold explained that the Governor could veto the budget and then negotiate with Legislators to restore funding.

Doug Eubanks, Area Agency on Aging, asked what was included under Goal #6, specifically whether it included nutrition education. Ms. Leitch reviewed the objectives for this goal.

Annetta Barton, Kingman, asked about the new State Prescription Drug Card Program. She wanted to know if the state card could be used in conjunction with other cards such as her AARP card discount. Doug Eubanks stated that having other discount cards should not affect her ability to use the state discount card.

Albert Long asked if the presenters have a resource booklet for the types services and benefits that are available, especially to veterans. Ms. Leitch explained the Benefits Check program on the Internet that may be helpful. He was also given the Area Agency on Aging's intake and referral number, 1-800-782-1886. Mr. Long then asked how the Council and Aging and Adult Administration coordinates with the Department of Veteran's Services. Mr. Gold discussed how the State Plan on Aging will be presented to the Governor and possibly adopted so that all state agencies will help coordinate services and address issues affecting older adults in their departments.

Larry Coven asked whom he should contact to obtain local services. Ms Leitch stated that he should contact WACOG, Area Agency on Aging. Mr. Gold then explained the Area Agencies on Aging, their mission and services.

Eleanore Fanire asked about Goal #3, the expansion of support for caregivers. She asked what is included under the goal. She explained that presently the caregivers receive a resource book and referral information but no services. Ms Leitch stated the goal would be to advocate for increased respite and adult day care and increased training for caregivers. There was a short discussion on funding for these services

With no other persons waiting to testify, the hearing was adjourned at 11:30 a.m.

May 9, 2003 at Dorothy Powell Senior Center

Mr. Mark Lutness, Pinal Gila Council for Senior Citizens (PGCSC) asked if Aging and Adult Administration had enough data to make a projection of the dollars allocated and dollars needed to reach the goals in the state plan. Ms. Leitch responded that the plan is based on existing funding levels.

Ms. Dorothy Powell, PGCSC, commented that the Governor's Advisory Council on Aging's Making a Difference Awards generated interest on aging in the local community. Ms Powell talked about the importance of the Non-Medical Home and Community Based Services. She discussed the work on the Area Agency on Aging local area plan and their successful Gate Opener program which she thought should be expanded throughout Arizona. She asked if the plan included the area of lifelong learning. This would be important to add. She would like to have low cost educational opportunities for seniors like the Elder Hostel Program but on a local basis. She asked participants to attend the Governor's Advisory Council on Aging meetings to learn about issues and to bring their concerns to them.

Rebecca Jennings, PGCSC, referred to Advocacy Goals #7 through #12, which are new to the plan. She asked particularly why Goals #10, transportation, Goal #11, housing, and Goal #12, prescription drugs, which have been major problems within the state for many years, were not in the plan before. Ms Leitch stated that some of these problems were objectives before, but have been elevated to separate goals. Affordable prescription drugs is a new issue to the State Plan now. Transportation is a goal in the current plan, but the objectives have changed dramatically, so it was shown as a new goal in the new plan. Ms. Jennings also asked that the word "affordable" be in the goal or objectives for Goal #11 because affordability is an issue in Region V. She also stated that Region V does not have many options for health care.

Marlene Bojorquez asked if the insurance liability crisis for assisted living facilities is included in the housing goal. Mr. Gold responded that the advocacy goals do not have funding or programs associated with them. One objective is to develop collaborative efforts to address the problem of liability insurance. The Department of Insurance held hearings on this issue, and it is looking at the problem. A staff person from the Department serves on the Council as an agency liaison, and he reports to the Council on these

issues. Ms. Leitch also responded that assisted living facilities are addressed in the objective regarding collaboration for persons with Alzheimer's, but the objectives do not address liability insurance.

Rebecca Jennings addressed Goal #7, improving employment opportunities. She asked why are there freezes on the Title V program. When they are about to hire someone, they are told the position is frozen. Ms. Leitch responded that federal funds cannot be over spent, so when the budget is exhausted, freezes occur. Ms. Jennings stated that increases in Title V hours, minimum wage, and transportation reimbursement need to be offered to keep older workers.

Alfred L. Cota needs a mechanical wheelchair. He had surgery and the hospital told him he needed one. He asked how could he get help in securing one. Pinal/Gila Council for Senior Citizens staff gave Mr. Cota their business card and telephone number so he could contact them for assistance.

Isabel (Ruth) Farnham, a Title V worker, does not drive. She is happy that the transportation goal has been added. She requested for continued work on transportation issues. She also wants more nutrition education for seniors to help older adults fight diseases. Ms. Farnham is happy to see these goals. Ms. Leitch provided information on a program that Medicare offers, the Medical Nutrition Therapy program and suggested that Ms. Farnham look into it. The program provides a nutritionist for persons with chronic medical conditions.

Dorothy Powell commented that when services are needed, the Center refers seniors to the Area Agency on Aging (AAA). If the problem is not solved, the Center asks the seniors to come back to the senior center so the staff can follow-up on the referral. Ms. Powell then asked if Goal #2, educational programs, includes life long learning? Ms. Leitch responded no, it does not address life long learning. This goal addresses employment-related programs for people looking for jobs. Dorothy Powell stated that they receive calls from people who are isolated. They have been trying to find ways to create stimulating activities for these seniors. She asked if this issue could be addressed in Goal #8. Concerning Goal #7, support caregivers is greatly needed. They do not have adult day care in some areas and on a limited basis in other places. Some have to go to Florence or Eloy for adult day care. What can small rural areas do? Ms. Leitch responded that Goal #3 under Services and System Development applies to the issue, increasing availability of respite and day care services and opportunities for caregivers. She also stated that the local Area Agency on Aging determines program priorities and how federal dollars should be spent. She suggested Ms. Powell may want to work with the Area Agency to learn why adult day care is not more available and what can be done to address this issue.

Jan Engan, the Area Agency on Aging representative, asked that Goal #1 should include group respite and in-home respite programs. These services are provided and are very popular. They need more providers. Marlene Bojorquez commented that assisted living facilities can provide adult day care. If an ALTC client is accepted into an adult care facility, the facility can be used for adult day care. It is an ALTC benefit. There are 22 facilities in Pinal and Gila counties licensed to do adult day care. The Department of Health Services has a list of licensed homes in Pinal County. For a list of participating homes, call 520-866-6775.

Dorothy Powell asked if palliative care and hospice are included in the plan. Ms. Leitch responded that it is found in Goal #4. Barry talked about the Caring Choices Coalition and their work to create a central repository for advance care directives. Ms. Powell then talked about the importance of physical fitness programs and asked where seniors should go to learn of these types of services. Mr. Gold replied that this issue is covered under Goal #4, helping people to learn about options. Ms. Leitch read the objectives for goal #5. Central Arizona College is conducting work in the area of health, fitness, and rehabilitation. Ms. Engan is member of the Board. Dorothy Powell asked if the Council has a program or brochure regarding health care and frequently asked insurance questions. Ms. Leitch responded that Aging and Adult Administration has a nutritionist on staff, and the SHIP program can help with insurance questions. However, they do not have this type of brochure. However, DES, DHS and AHCCCS do have a FAQ on Aging and Adult Administration's web site. Dorothy Powell asked if there is potential to do such a brochure. Ms. Powell also asked about the prescription drug program. Mr. Gold discussed the

Governor's Executive Order establishing the prescription drug initiates. He also announced that on Monday, May 12, at the Pyle Recreation Center in Tempe, Josefina Carbonell will be holding a Medicare Town Hall on a Rx Drug Benefit program.

With no other persons wanting to testify, the hearing was adjourned at 11:30 a.m.

May 12, 2003 at Department of Health and Community Services

Barbara Graham, AARP, asked if there is funding in place for the plan. Ms. Leitch responded that the plan is based on level funding and that if funding is decreased, some changes may have to be made. Ms. Graham asked if funding is cut, which services might be cut. Mr. Gold explained that the state budget has specific line items and presently the Legislature's proposed budget has decreased funding for Home and Community-Based Services.

Verna Fischer, Coconino Community Services, asked why the term "other related dementia" is used in Goal #3 and Goal #8. She wanted to know if only dementia clinically related to Alzheimer's Disease was meant to be included. If so, she asked that the language be made more general. Mr. Gold responded that the language includes the span of dementia not just those related to Alzheimer's disease.

Carol Mandino asked how would the goal outcomes be measured so goals and objectives can be evaluated. She also asked if goals will be assigned to work groups and measured quarterly, if Area Agency on Aging will have to meet these goals. Ms. Leitch replied that the Area Agencies on Aging are responsible for their Area Plan. Area plans can be more inclusive or address issues not in the State Plan.

Carol Blaich, Coconino County Community Services compared Goal #4 with Goal #3 and asked that support services should be for behavior health. She asked about Section 2, page 3, Objective #1 which referred to persons who are Indian. She asked if the words "Native Americans" would be more appropriate. She also asked that Hispanic elders be included, especially undocumented individuals, because they seem to have difficulty accessing services. She commended DES on including adult day care and respite care in the State Plan. She hoped resources will be available for these services. Ms Leitch responded by saying that the language in the preference clause is taken directly from the law.

Marqiuta Brown asked how the State Plan is developed. Ms. Leitch responded that program managers together with their stakeholders analyze their programs using a SWOT analysis (strengths, weaknesses, opportunity, and threats). The goals are reworked based on that analysis. Four meetings were also conducted with community groups. Comments are placed into a matrix and issues that were mentioned in at least half of the meetings are included in the plan. DES also analyzes the Area Plans for issues, ideas and programs. Ms. Brown asked how the goals made more specific. Ms. Leitch stated that each goal has specific objectives and after the plan is adopted, DES staff will create work plans for each goal.

Dorothy Staskey, GACA member, asked: how DES defines disability and what is the difference between "severe disability" and "disability?" She asked that the criteria be clear. This is a problem in congregate meals more than with case management. As providers, they have extremely limited funds and the goals state that the elderly and physically disabled should be served. Ms. Leitch responded that it is a technical question and probably best defined by the IDL's and ADL's definitions. Ms. Staskey asked if this issue could be clarified.

Ms. Staskey also commented on Goal #7, Objective #4, intergenerational opportunities. She stated that it is a good objective and should be developed even more. They have been researching classroom education modules, and have found many models. However, nowhere does she find these programs used except for intergenerational programs that promote information and knowledge on the aging process in preparation for the future. Mr. Gold commented that advocates will ask the Governor to promote the State Plan to all the state agencies.

Verna Fischer asked what issues would be brought to other state departments concerning the needs of the aging. Mr. Gold stated that if the Governor adopts a broader use of the State Plan, it could be

submitted to her cabinet. Ms. Fischer commented that it would be nice if the Governor's web page had information on aging. Mr. Gold stated that the Governor's Office has expressed an interest. Benefits Check-Up, a project of the National Council on Aging (NCOA) has a web site that helps seniors determine what assistance programs may be available. Jim Thurman of NCOA is now seeking funding from Arizona foundations to create an Arizona-specific information site. It would probably start in the urban areas and then go to the rural areas.

With no other persons waiting to testify, the hearing was adjourned at 11:00 a.m.

May 12, 2003 at Warrior Pavilion Greyhills Academy High School

Joe Smith Jr., Shonto Chapter, commented that the Shonto Chapter has wanted a nursing home. It was mentioned at the Window Rock hearing, but it is not in the State Plan. The elders are not cared for properly when they are moved away from family. This problem exists everywhere throughout the reservation not just the Shonto Chapter. He wants their elders to stay close so they can watch over them. He talked about keeping nursing home money on the reservation not off the reservation. Mr. Gold responded that the Older American Act addresses Home and Community-Based Services (HCBS) and services provided at senior centers. He will take the message to AHCCCS and related/relevant state agencies.

Lena Nakai, Sanostec Senior Center, commented on several issues that the elders are concerned with or are facing:

- The younger generation does not know how to take care of their elders.
- There is an age limit on home delivered meals, and not enough food is served to the elders.
- Employees should advocate for the elderly.
- We need nursing homes so "our people" are not sent far away and then the elders succumb to loneliness.
- The roads are a problem. They needs roads. She asked that the proper agency be told this.
- Elder neglect is a problem. They need more protective services.
- They need more funding for home repair.
- She asked why Aging & Adult Administration does not have Native American staff.

Laura Ann Spencer, Inscription House, commented on some of her concerns for the elderly:

- Eyeglasses, dentures programs should be continued. She hears that there is not any funding for these services.
- Dental services and dentures should be available.
- Housing for the elderly is needed.

As a member of the Health Board, she knows that federal money is allocated. They would like less input from outsiders on how to use their funds. Ms. Leitch said that Aging & Adult Administration receives very little money that can be used for housing, but a new goal in the plan is to work with other agencies and community organizations to address this problem. Much of the money received from the federal government is assigned to a specific use. Eyeglasses and dentures are funded through the tobacco tax, and not as much money is available from this source now. Because these services were listed as a lower priority when this source of funding was established and not enough money exists to fund the services listed as a higher priority, there is currently no funding for these services from that source. Laverne Wyaco, Navajo Aging Services, Window Rock, commented that IHS has been funding these services, but not anymore. She will try to use trust fund money for these needs.

Harry Nez, Tuba City, Aging Council Board, commented on Goal #6, to maintain and improve nutrition status. Regarding home delivered meal and congregate meals, he said that traditional meals should be served. They cost less money and are better for the seniors. He stated that the cook should do flexible menus. Ms. Wyaco commented that they develop menus that meet the federal nutritional standards. They serve traditional meals every other Thursday. Also each area has a local Menu Committee and they must balance the diet with fruits, vegetables and protein. To make a change, she suggested that seniors go to the menu committee.

Mary Martin, Tuba City, commented that seniors must have good food, and it has been good food. A nursing home is what is wanted and needed on the reservation. She asked the agency and Council representatives to support one for Tuba City. Some elders are in nursing homes outside of the reservation and they cannot be understood. When living at a nursing home away from the reservation, the elders become lonely. By having one nearby, they can be with family. People living in hogans need decent homes with running water. She asked for support of housing, for more staff in the present senior centers and more senior centers since many areas do not have one. She also requested more funding for glasses and hearing aids.

Oliver Jordan, Inscription House, Red Lake Chapter, asked if the questionnaires that were distributed could be taken back to their Chapter so they can get the seniors' opinions and send them back at a later date.

Nora Tallman, Kaibeto Senior Center, NAAA, asked what the plan is for carrying out all the goals that are listed. She noted that their funds to provide services are too limited. She said that New Mexico and Utah are more generous with their funds and that Arizona funds are always short. She asked that more Arizona funds go to the Navajo Nation. They need two vehicles and another driver. The elderly live in rural areas and they must travel many miles to provide or receive services. They need domestic shelters especially for the elderly. They are in need of bond assistance funding. The elders are asking for burial assistance and emergency assistance. The staff are having to dig into their pockets to help people with their emergencies. Lastly, she stated that the Navajo Nation should have more than one representative on the Governor's Advisory Council because it is so large. Ms. Leitch responded that the goals and objectives will be sent to work group managers who will develop work plans that detail how goals will be accomplished. The Area Agency on Aging is responsible for plans in their area. Mr. Gold explained the nomination process for the Governor's Advisory Council on Aging.

George Barber, Sanostec Senior Center, commented that everyone go back to his or her Senior Council, solicit the Council's views, put the ideas in writing, and submit it by mail. He then made a motion to discontinue the public hearing.

With no other persons waiting to testify, the hearing was adjourned at 4:00 pm.

May 14, 2003 at Pima Council on Aging

Deanna Vargas-Vila asked how the increase of the aging population will be affected by the budget cutting. Mr. Gold discussed the 2004 state budget proposals and how they may reduce services. Ms. Larson said finances are the first thing that everyone asks about, but creativity for covering continuing care services is needed. Everyone needs to be more cognizant of sharing limited resources. Ms. Marian Lupu, Executive Director, Pima Council on Aging (PCOA) commented that $359,000 has been removed from Ombudsman line-item in the most recent Legislative budget proposal. Ms. Vargas-Vila stated that future funding should be included in the State Plan and it should be increasing and changing with future needs.

Ms. Deborah Adams, Deputy Director, PCOA, said that the State Plan describes the allocation of funding. She asked if the DES changed the allocation formula in the State Plan and how will it change. Ms. Larson stated that currently the allocations in the State Plan are based on the 1990 Census. The Administration is working on updating the Plan with 2000 Census info. The impact to the AAAs of updating the formula with the new Census numbers is unclear at this time. Area Agencies on Aging will be consulted because monies may shift as populations shift. For FY 2004, the allocation formula will not be changed.

Ms. DeeAnn Lubbers stated that there is nothing in the State Plan for educating elders about planning for the future. She asked if there are plans for educating older adults who will be retiring. She stated that the State Plan is worthwhile and that DES should focus on this issue. Ms. Larson stated that Goal #9 somewhat covers her concern through the State Health Insurance Program and the Ombudsman Program.

Ms. Barbara Mather, volunteer for OASIS, commented that long-term care insurance was not available when she was working and now it is too expensive to purchase. She stated that agencies must teach younger people about planning for these future needs. Ms. Larson responded that this must be addressed. Mr. Gold discussed making the State Plan more universally accepted by all state agencies in the Governor's cabinet.

Mr. Jim Q. Wilcoxon, said the State Plan should include a goal: to advocate for dignity in life and death and to advocate for the legality to choose the time and place of ones final exit.

Ms. Mary Ellen Beaurain, addressed Goal #5, to promote optimal physical and behavioral health for older adults. She asked that DES continue to work with the Department of Health Services on behavioral health. They now have a services grant for a 3-year period that will end soon and she would like a transition plan for services.

Ms. Diana Edwards commented that the Plan would be strengthened if DES could add some of the implementation details. Ms. Larson responded that the Administration has not developed an action plan. Ms. Edwards asked that DES work with Area Agencies on Aging and their Area Plans so that DES is not working in isolation. Ms. Larson explained that they have incorporated ideas from the Area Plans into the State Plan. If more than fifty percent of the Area Agencies had the same specific goal, it was added to the State Plan. Ms. Edwards asked that this information be stated in the State Plan and thereby make it a stronger plan. Ms. Edwards said that cost sharing is an issue and asked if it will it be addressed.
Ms. Larson said they are going to incorporate it but do not know where yet. They know it is an important issue to rural areas. They will not ignore this issue, but are weighing the benefits. Ms. Larson asked Ms. Edwards if she had a recommendation to contact her on this issue.

Ms. Barbara Miller asked, when so many of life's decisions are individualistic, and seniors have a streak of independence, how does one know what to do when they will not say their wants? Ms. Larson responded that DES is striving for input on the State Plan because they know that decisions lie with the individual. Mr. Gold reported that three foundations want to fund the Benefits Check Program that helps seniors make services delivery decisions. The role of Area Agency on Aging in service coordination and providing local expertise was discussed.

Ms. Deborah Allen has looked at the goal and objectives for the Service and System Delivery. She would hope that Goal #1 would state that DES will work in conjunction with Area Agencies on Aging in exploring options and state delivery systems. Ms. Lupu said the State Plan could strengthen the whole network of the state resources. The Governor must communicate to the public and media the value of the aging community. As participants talk about small things, someone needs to look at issues globally. The State should have the ability to reach a broader constituency, to impact and access communities, to influence policy and to gain a different perspective.

Jean Weiner, Member, Governor's Advisory Council on Aging, asked participants to review the State Plan and to send comments to the Governor's Advisory Council on Aging.

With no other persons waiting to testify, the hearing was adjourned at 11:00 a.m.

May 14, 2003 at Benson Senior Center

Kathleen Heard, Executive Director, SEAGO Area Agency on Aging, Region VI, stated that she thought there were too many goals and she suggested that the State select fewer goals and do them well. She suggested that the Governor might appoint a task force to help implement specific goals and provide oversight over the plan. Fewer goals would be especially good in this time of limited resources. Ms. Larson asked which goals would Ms. Heard keep in the plan. Ms. Heard said transportation is important, especially an effort to coordinate state agencies and get rid of rules that cause bureaucratic barriers for providers. For example, she discussed a rule that allowed only public agencies to operate 5311 public transportation systems. Mr. Gold stated that because the Governor cares about aging issues, the Council could ask her to take the plan to her cabinet. The Governor could ask the Departments to work together

to coordinate services on problems that span the agencies. Ms. Heard agreed that it was a good idea. She also stated that in regard to the general nature of the area plans, her advisory council told her that the statistics and needs assessments are the most important part of her area plan.

Fidelina Valenzuela thought the advocacy goals were good but that the State should concentrate on two or three. Transportation is really needed. Many seniors have medical appointments in Tucson for cancer treatment. They need transportation to and from these appointments. Ms. Heard stated that in-town transportation is good but transportation outside of the city is a problem--especially with health care-related problems. She also reported that Catholic Social Services got a three-year grant from HUD for transportation between Sierra Vista, Bisbee and Douglas. This may help more than just workers.

Mr. Gold asked the participants for the most critical programs that seniors receive.

Ms. Heard reported that case management that helps individuals match services with the senior's resources. Case management is the gateway for all other services. Caregiver case management is good especially with Hispanic elders. They do not want to share problems in support group settings.

Ms. Heard agreed that increasing funding to meet the needs of the increasing older adult population is necessary and should be an advocacy goal. She also said the plan must emphasize system building capacity. For example in a rural area where there is not the volume of private pay services, many services do not exist. Only Sierra Vista can support a wide range of services. When the area agencies on aging develop programs and services the whole community benefits.

Fidelina Valenzuela reported that there is a real problem with the lack of affordable health insurance. Ms. Heard added that the whole health care system is stressed. Doctors have moved out, hospitals have closed, assisted living facilities and nursing homes cannot afford liability insurance and licensure, there are no HMOs and PPOs are here but the premiums are to high. The professionals are helping seniors sign up for the prescription drug discount card program.

Nestora Elkins asked why Intergroup pulled out of the rural areas. There was a short discussion regarding HMOs in rural areas.

With no other persons waiting to testify, the hearing was adjourned at 11:00 a.m.

<u>May 15, 2003 at Casino Arizona</u>

The plan was presented and the planning process was explained.

Since no attendees planned to testify, the hearing was adjourned at 10:30 a.m.

Summary of Comments Submitted on the State Plan Survey

Comments are organized by geographic origin.

Casa Grande

1. A suggestion: for this survey, how about asking us to assign priorities, otherwise, you can expect we'll agree that these things are important but you don't give us a chance to say what is most important.
2. For these services to be available when needed
3. For these services to be available when needed
4. I'm not an older person, but I am disabled. I need all the benefits I am getting. I need housekeeping because there are things I just can't do.
5. We're thankful for all the services provided for older and disabled people.
6. I feel more can be done for aging people. Let them keep their independence.
7. More homes that are licensed and livable, good caring
8. More help is needed in order to care for us elderly. The waiting lists are much too long to obtain any service that is badly needed. I want to thank my case workers for working hard to help me.
9. Great ideas and count me agree for all with no tax increase thanks for what you are doing now, it helps.
10. Eliminate house taxes for seniors- we have no one in school and our children are now paying for their children.
11. Concentrate on helping those who have the least. Help those who are least able to help themselves.
12. Thank God for the advocacy network.
13. Interaction with elderly and teenagers – visits.

Tuba City

1. Computer internet
2. You're doing the best with the funding you receive and we do appreciate your work for the citizens of AZ. We do have a lot of wishes, but we Navajo need a lot of education first, each center council needs to get input from their people and submit statements to your office concerning your presentation.
3. More volunteer opportunities for elders such as Foster Grandparent Program & more "Title V" programs.
4. Provide access services to dental and eye exams for the elderly.

Phoenix – YWCA Home Delivered Meals Clients

1. Provide opportunity to access services for transportation to and assistance with obtaining access to purchasing requirements of elderly and disabled statewide.
2. We need more help from our care connection then them taking your blood pressure, temp, and listen to your lungs and one meal a day is good, but two is needed
3. Everything seems to be mentioned above at this time.
4. Investigate these long-term care deals, some of their staff are worth less. Do too much harassing of clients - I really don't know how they got or how they keep it.
5. You people are doing a very good job. Thank you for everything.
6. Someone in legal profession to call our small legal problems.
7. Include these rights to people on Social Security who make a little more money than those who gets these services. They get no help although they worked all their life. Because they are considered low income also they get eliminated from all programs because they are between the cracks. Pay their way their way through emergency and fade away.
8. I believe the medicine should be in reach of us who live only on Social Security. Now it isn't so to get it we have to not buy groceries to pay for the medicine. I know as I (illegible) to do it myself.
9. This is my 1st time being older- a whole new program. If we are going to be here around we need all the help we can get.

10. Make some of this services available to people who own a home not just to people who have nothing. Some people who own homes have as much need for this services because maintaining a home now a days is very expensive on a fixed income especially when you can't do anything yourself anymore and have to pay for repairs.

Tucson

1. A plan to reach those in need of the services.
2. Calculate and advocate - the idea influx of AZ population increase/ value of money over the last four years and now/ increasing no just new but satisfactorily taking care of current needs and current population.
3. Provide better legal service for older adults.

Phoenix-McDowell Place Senior Center

1. Thanks for AAA it's very important.
2. A plan for low cost medication.
3. With respect to the medication they should give the generic (medicine) because of lower cost and create a special pharmacy.
4. I would not like to have the funds cut because I, from September 2002, I have been going to Marcos de Niza and it has changed my life. Today I have support and I don't feel lonely and sad. I appreciate these services a lot.
5. Senior centers are very important and our seniors are very important to us. As the baby boomers in their 50's now we'll soon be senior citizens!! Please do not cut any funds to the area agency programs on aging!! Thanks.
6. I would like to see home help for older seniors. I am 87 years old and I'm getting at the point I could use some house keeping help.
7. Improve the understanding of and the assistance with intergeneration issues of grandparents raising grandchildren.

Phoenix- Home Delivered Meal Clients

1. Support system for older adults with HIV.
2. Transportation.
3. Yes, when a disabled person's electric powered scooter goes down for maintenance/repairs, why should the scooter dealers/repair shop get (illegible) for not repairing the electric scooter because AHCCCS & ALTCS won't give them permission/authorization to do so.
4. I understand that there is a real possibility that we would loose our home health aids. There are many of us I am sure, who desperately NEED this program. It is my only access to bathing (AN ABSOLUTE MUST) which is almost as important to health as putting proper nourishment into the body. Please do what must be done to ensure we do NOT loose this most desperately needed resource!
5. Increase the pay for the added responsibilities.
6. Have people get together. Have prayer groups. Have singing, activities, have retreats. People just to listen not to judge. Have a pet if they can handle it. Most important, not to be completely alone. Family does not understand that. There are many grants out there to help, people don't know about. Only the rich get them. Alone 24/7. Help with financial problems.
7. That food stamp services give more money for food for elderly because they need to be eating better quality food which they can't afford on $40 a month, which amounts to about $10 a week, which doesn't buy much or even enough to last a month.
8. Better meals for home bound. We are always getting the same meals. Some are fair some are worse. How about omelettes with fries, home fries, white toast, whole wheat toast. Some you can't even eat.
9. Provide free law services to elderly and helpless and/or low income. Provide better police and emergency service.
10. Open a program to help the frail elderly, the disabled the very lonely people who have no family to receive visits from a programmed staff to go and see them to take away their fears of nobody cares for them, that would give them hope to live because someone cares enough to visit them.
11. Have better lobbyists in Washington D.C. to improve funding for local services.

12. Have access to social workers who can advise seniors of what services are available for their individual circumstances, ones do not know the qualifications for programs, and do not know how to fill out the applications
13. Help elderly homeowners to get reverse mortgages for elderly with much equity and little available cash.
14. Don't understand questions.
15. Do not always give messages to worker and do not always return phone calls people who have trouble walking or using wheelchairs do not get to go on trips.
16. Mental health counseling (depression).
17. Just to receive one meal on working days and some help in light housekeeping goes a long way in keeping older people in their own homes with no need to "warehouse" them and is less expensive.
18. It would be nice when you leave a message on the answering machine for someone to call you back. Disabled who can not walk, never get to go on trips shopping, shows, trips, etc.
19. God bless you.
20. Older people should not have to live in an apartment next to a person who plays music loud morning, noon, and all night 24hrs a day.
21. Everything is well.
22. Caregivers for seniors alone and need help with daily functions prescription drug prices!! Medical care that is affordable.
23. Respect needed for incapacitated and vulnerable elderly American citizens.
24. Schooling education older and disabled need funds programs.
25. Better inform families of benefits and opportunities pertaining to older adults. Revising programs such as ALTCS.
26. Please try to get good doctors, most doctors don't like old folks.
27. To have the right to live in peace in their own home protected from unpleasant neighbors.
28. Fresh fruit, peaches, watermelon, etc.
29. To nominate my caregiver (Wally Walters) who delivers meals on wheels to me for sainthood.
30. Improve the service of dial-a-ride by extending city-to-city transportation.
31. Cheaper prescription drugs for the elderly.
32. Cheaper prescription drugs for the elderly.
33. I believe older adults should stay in their own homes, as long as they are able to take care of themselves with a little help. Care homes only when they are not able to take care of themselves.
34. More help in getting older adults out to shop, etc. Some of us need help leaving our homes, but need to get out once in a while.
35. Not sure what else can be done.
36. I think that all the older people need to always get everything that they deserve to get and they need more love and support.
37. Hope to keep Social Security going. Better aid and services for transportation. Buses on Greenway.
38. Elderly and disabled people who have given their prime years to society should never have to worry about medicines, transportation, food, or a place to live. Every senior needs an advocate to help them with these services, and every advocate should be so very proud of the service they do. This country is awesome but it is lacking in major areas. Let's get things going on the home field where we see a smile on a senior's face rather then fear, loneliness, and suicidal thoughts all of us poor or rich feel depression over our medical system is pretty awful.
39. The service private and by Aging and Adult Administrations State Plan, has helped me so much and has given me a better quality of life, that I definitely would not have without the service. I just wanted to say I appreciate the compassion and care I've been given. Thank-you, thank-you very much!
40. Have more community centers with transportation. Have more people to come by and visit with elderly that are home bound.
41. Food stamps for anyone on a fixed income.
42. Thank-you.
43. I agree with everything. I think you should get an organization that will shop (groceries) for older people, also another transportation besides dial-a-ride.

44. House keeping services are very helpful for the disabled senior people. Meals on wheels are important.
45. Just keep in mind you will be here someday in the future.
46. Open to other suggestions beneficial to the elderly.
47. I STRONGLY agree w/ goal #12 to advocate the reduction of prescription drug costs for the aging.
48. A raise in our social security so we can be more comfortable. Make it easier for older people to get food stamps.
49. We could use medication that would be cheaper.
50. I believe the employment service should emphasize using the skills it was intended to use to help the under and unemployed especially with the present economy in the state it is in.
51. Give the state plan more cash so more services and benefits can be given to seniors and the administers of the state plan. Politicians don't need a raise every year.
52. Provide more health equipment that the Medicare program does not include as high toilet seats, security shower boards, etc.
53. Make sure people like me, 72 yrs, have enough to eat; I am hungry all the time.
54. Thank-you. You are doing great work and help to us all.
55. Pay no taxes after you reach the age of 80yrs old.
56. Make sure to check the caregiver's background. Has been a lot of abuse for the elderly and that needs to stop.
57. A nutritionist could allow for allergic spells in the elderly.
58. Education for families with older parents to understand the need for their independence when they are physically able to do so. Pushing them off to assistant care homes is so pathetic, when there is still life in the person.
59. A little more help in our homes so we can have our homes more sanitary. It's hard for me to even change my bed and make it.
60. These goals are great.
61. I feel so bad that the person that have Alzheimer they, myself seen enough when I was with the person had Alzheimer they way they do. I cry, when I was they, I seen so much I cry.
62. What's left?
63. You are doing a great job, keep it up.
64. I think they covered everything.
65. The system should evaluate caring competent public servants with [illegible] training to help the people that they (the bureaucrats) are serving! Bottom line: Employ qualified people.
66. Better understanding of individual needs and the mental status of those in need.
67. My client needs for the food programs to not put carrots into all the food given to them some clients have allergies to certain foods like carrots. We would appreciate this. Thank-you.
68. More reliable transportation. Also good connections from one city to another.
69. Thank-you, very much.
70. Try to recruit more volunteers to help us with our doctor's appointments, to drive us to grocery shopping.
71. Being 87 years of age I sure appreciate the meals and the home care that's available. I have visited some of my old friends and buddies whom I have worked with being in the state of Arizona since WWII. Some were locked in and couldn't get out [illegible] but that Dean from Vermont for president said older people should be provided homecare [illegible] a chance to win, but I liked his [illegible]. You could stay and die in your own home, what about that fellow in [illegible] and nurses beating up old people going to bed I seen this on television.
72. This questionnaire is misleading and not really clear to what you are getting at. If you have computers and equipment that works than you don't need new. We have a huge deficit, work on that first then update your technology and expand services then you. Thank-you.
73. Don't try to send the ones on a guilt trip when they can't afford to pay nothing by hanging a sticker on their meal reminding them how poor they are.
74. To work harder on the cost of prescription drugs. More help for transportation. Help with dental and hearing and eyeglasses.
75. People with arthritis cannot or should not eat pork or steak- can be extra veggies given. Otherwise, food is very good!

76. When we get a raise in social security they up our rent that amount and up our prescriptions and doctor visits and insurance premiums, etc. What good does it do us? Some of us could use help in paying our summer utilities.
77. Thank-you because I think you covered it all for the need which is very important to us.
78. Sorry, I can't think of anything else if I had more time I probably could come up with something else.
79. Outdoor and outings for older adults in a social setting.
80. I believe the above goals are excellent, and I am awaiting their implementation.
81. Need an agency for older adults to get help for moving to other states for health reasons such as respiratory reasons such as bad air in Arizona like moving to the coast area, ocean air to breath better!!! There is no help here in Arizona for that help!!!
82. All goals are excellent, covering all needs and desires of the elderly these are so comprehensive.
83. People of any age should not be judged on their age alone. Age is not a main issue and should not be a main issue in this instance.
84. On the contrary, thank-you!!
85. All above goals are adequate for the State Plan on aging issues.
86. Some sort of rent control for aged and handicapped- whether public or private housing.
87. Improve the existing transportation for dependent seniors requiring service- existing systems are overworked and poorly designed.
88. Especially #4 and #7.
89. Provide some entertainment, some plays, programs, musical programs, also provide hotlines like leather craft, art, knitting, and blanket making paper mache, and macramé. Outings to public museums like the Heard Museum.
90. I would like a program to have assistance for older people that can't cook their own food. The reason is because they are too old to stand by the stove and not to burn their food. [Personal request]
91. Rid yourself of many niggardly republicans. Get some liberal democrats in the Dept. of Economics. Then you'll see some goals attained! Otherwise dream on with your goals. They look wonderful in print- that as far as they'll get in Arizona. Good luck!!
92. You have covered each service!
93. None- I am 84 ½ year – and use some of these and fine. Keep up the good work.
94. Advocate alternatives to reduce dental costs which are not covered and hearing equipment and services.
95. More money to live on. Activities for people to get involved in. Better housing in good areas. Older people are lonely - more people to visit?
96. Transport - constructive activity shopping* emotional health* loneliness* Short trips. Looks like you have it covered.!!
97. Services should be 7days not just Monday-Friday.
98. I think there should be more available people or monies to help elderly keep their homes clean- and themselves.
99. Help pay for supplement drink for older adults.
100. Should prepare info pamphlets concerning caregiver's caretaking responsibilities prior to the fact. Many of us have to learn like on-the-job-training program. At this point it can be overwhelming and depressing. Many times we are unable to attend to our own concerns due to lack of preparation.
101. Better screening of the caregivers to elderly. Better dental programs because of us who can't afford it.
102. Not that we can think of at the moment – good survey – feel free to call at our home.
103. If the person is not able.
104. [Unintelligible]
105. There are shades of agreement but from my own experience I feel this way to some extent.

Flagstaff

Letter submitted from Carole Mandino, a constituent:

COMMENTS ON THE DRAFT STATE PLAN
FOR THE DEPARTMENT OF ECONOMIC SECURITY
AGING & ADULT ADMINISTATION

ARIZONA STATE PLAN ON AGING
Federal Fiscal Years 2004-2006
(October 1, 2003-September 30, 2006)

Thank you for accepting comments on the Arizona State Plan on Aging. I would like you to please consider the following comments relating to the plan:

1. I fully support your mission.

2. The Arizona Department of Economic Security, Aging and Adult Administration should pursue applying for grants and funding from the Corporation for National and Community Services to serve communities not currently being served by Senior Companion Program (SCP) Services and supporting those agencies within the state of Arizona who currently operate Senior Companion Programs. These services can only enhance the services, particularly those listed as Personal Care Programs, Home Care and Respite Care Programs, already being provided by ADES A&AA.

   Senior Companion Services provide assistance to adults, especially older adults, with physical, emotional, or mental health limitations. These clients have difficulties with daily living tasks and Senior Companion volunteers help them retain their dignity and independence, by, on average, serving 20 hours a week helping these clients with such services as personal care, nutrition, social & recreational activities, home management, information & advocacy and respite care. In addition, Senior Companion volunteers are age 60 and over and must meet 125% of poverty guidelines. For the services they provide, SCP volunteers receive a tax free stipend of $2.65 an hour and other benefits.

3. Fully support your interests in the Foster Grandparent Program. As with Senior Companions, Foster Grandparents reap many benefits, including but not limited to a tax free stipend of $2.65 an hour for their service, an annual physical exam, meal/mileage reimbursement, insurance while serving, recognition for their services and the feeling they get for helping another, in this case, helping children.

4. Regarding Section II. State Plan Goals, Advocacy Goals, Goal 1, Objective 1: Encourage communication and cooperation among community groups, agencies, and other State Agencies whose activities involve advocacy efforts on behalf of older and vulnerable adults, with priority to individuals with the greatest economic and social needs, and with particular attention to the needs of low-income minority individuals, individuals residing in rural areas, individuals who are Indians, individuals with limited English-speaking ability and individuals with a severe disability. I would encourage you to work with local Senior Companion, Foster Grandparent and Retired and Senior Volunteer Programs. These programs serve older adults, those older adults who are low-income and vulnerable and those older adults who serve the needs of the elderly and vulnerable. I would further encourage you to add to (Objective 3: Collaborate with other state agencies to develop legislative initiatives) to add to collaborate with other state and local agencies and organizations, thus being able to collaborate with those that are not statewide or those that do not receive state funding.

5. Section II, State Plan Goals, Advocacy Goals, Goal 2: Advocate for the availability and accessibility of educational programs, job training programs, and supportive employment services for older adults to instead read: Advocate for the availability and accessibility of educational programs, job training programs, and supportive employment **and stipended volunteer** services for older adults. Under Objective 3: Advocate for supportive employment services for older adults seeking employment, I would again encourage you to have it read as follows: Advocate for supportive employment **and stipended volunteer** services for older adults seeking employment **or service**.

6. Section II, State Plan Goals, Advocacy Goals, Goal 2, Objective 1: Encourage development of, participation in, and public awareness of programs that support older workers… I would encourage you to have this objective read as follows: Encourage development of, participation in, and public awareness of programs that support older workers **and older stipended and non-stipended volunteers** with priority to individuals with the greatest economic and social need, and with particular attention to the needs of low-income minority individuals, individuals residing in rural areas, individuals who are Indians, individuals with limited English-speaking ability and individuals with a severe disability.

7. Section II, State Plan Goals, Advocacy Goals, Goal 2, Objective 3: Advocate for supportive employment services for older adults seeking employment. I would encourage you to have this objective read as follows: Advocate for supportive employment services **and stipended volunteer opportunities** for older adults seeking employment **and/or service opportunities**.

8. Section II, State Plan Goals, Advocacy Goals, Goal 8: Advocate for the availability and accessibility of services and programs which increase the independence of older persons. I would like to encourage you to think about provide public awareness of the Retired and Senior Volunteer Program, the Senior Companion Program and the Foster Grandparent Program. These three programs utilize older adults as volunteers to help community organizations, homebound and elderly seniors, and children with special or exceptional needs. Furthermore, the SCP and FGP Programs promote independence by providing a non-taxable stipend of $2.65 an hour to the volunteers to enable them to be more independent. All three programs reimburse meals and mileage to enable older adults to volunteer and to be more independent. Many of the RSVP volunteers give of their time at senior centers and with Meal on Wheels Programs to help other seniors be more independent. This also supports services funded by ADES A&AA Programs.

9. Section II, State Plan Goals, Service and Systems Development Goals, Goal 1: Improve the quality, availability, and accessibility of non-medical home and community based services to frail elderly and physically disabled Arizonans; Objective 1: Explore alternative methods of service delivery, including consumer-directed care and public-private partnerships. I would encourage you to have Objective 1 read: Explore alternative methods of service delivery, including consumer-directed care, public-private partnerships, **and other public programs such as the Senior Companion Program.**

10. Section II, State Plan Goals, Service and Systems Development Goals, Goal 3: Increase support systems for caregivers, Objective 1: Coordinate with Area Agencies on Aging to increase the availability of respite and adult day care services. I would encourage you to have this read as follows: Coordinate with Area Agencies on Aging **and local Senior Companion Programs** to increase the availability of respite care **and to further coordinate with Area Agencies on Aging to increase the availability of adult day care services**.

11. Section II, State Plan Goals, Service and Systems Development Goals, Goal 6, I would encourage you to add a goal of supporting, promoting and encouraging older adults to become RSVP and/or SCP volunteers and volunteer their time to help vulnerable adults to maintain or improve their nutrition status by serving at local Senior Centers, deliver Meals on Wheels, and serve homebound vulnerable adults throughout the state.

12. Section II, State Plan Goals, Service and Systems Development Goals, Goal 7, I would encourage you to add the items in bold: Improve employment opportunities **and stipended volunteer opportunities** for older adults.

13. Section II, State Plan Goals, Service and Systems Development Goals, Goal 7, I would encourage you to add an objective to read: Collaborate with programs that provide stipended volunteer activities for older adults, such as the Senior Companion Programs and the Foster Grandparent Programs throughout the state.

Thank you for considering my comments.

Sincerely,

Carole D. Mandino, Ed.D.
Director, NAU Gerontology Institute
Director, Senior Companion/Foster Grandparent Programs of Northern Arizona

Community Listening Sessions Outline

The Community Listening Sessions were a part of the Department of Economic Security Aging and Adult Administration's planning for the State Plan on Aging and Strategic Plan. Sessions were held with experts in the following areas: Planning, Special Populations, Diversity, and the Voluntary Sector. Four two-hour sessions (one with each of the aforementioned groups) were held in February by video conference in Phoenix (2122 E. Highland Ave., Fir Conference Room on 3rd Fl), Flagstaff (611 N. Leroux Street -1st floor), and Tucson (4575 East Broadway). A description of Arizona's changing demographics and the questions below were distributed with each invitation. The Community Listening Sessions were designed to elicit answers to these questions.

Questions asked:

- How are you serving seniors currently?
- What needs of today's aging population are not being met?
- What could the state do to help you better support today's seniors?
- Given the demographic changes that will occur over the next 20 years, what do you think will be the greatest challenges for older people 20 years from now?
- What impact do you think that the changing demographics of our state will have on services you provide to older persons?
- How can senior centers and other aging services better accommodate the needs of this future population of aging people?
- What are some of the most successful senior services programs you are aware of?

Planners – February 10th, 10:00 am

Participants:
Arizona Health Care Cost Containment System
Arizona Dept. of Corrections
Central Arizona Association of Governments
Depatment of Health Services
DES / FAA FANS Project
Inter-Tribal Council of Arizona
Maricopa Association of Governments
Pima Association of Governements
South Eastern Arizona Governments Organization
Western Arizona Council of Governements

Summary of Responses:
What needs of today's aging population are not being met?
Food, prescription drugs, health promotion & fall prevention programs, housing, health care insurance, transportation, needs of paroled older people.

What could the state do to help you better support today's seniors?
The state should recognize the differences in state-wide populations and needs within those populations. Training should be delivered locally throughout the state. The state should work to educate landlords on the purpose of the crime-free housing initiative: prevention, not punishment. There should be a way to connect older parolees to services they need in the community. Training should be made available on discharge planning to social workers, on behavioral health to police forces, and on the needs of older persons to the all of the above in addition to primary care physicians, advocates, and fiduciaries.

What impact do you think that the demographic changes that will occur over the next 20 years will have on the services you provide to older persons?
Waiting lists will lengthen. More elderly will be served by the prison and parole system. Many future elderly have not planned well for themselves and have high expectations of government services. More seniors will live in rural areas of AZ, which are less well-prepared to handle their needs. Many will be in

better health than today's seniors. Winter visitors will consume an even higher proportion of services, which are not funded for their population. Boomers should be encouraged to plan by: strengthening family support structures, continuous media attention to planning framed in positive terms, workplace programs which include financial advisement. There needs to be a realization that even the best plans do not always work.

How can senior centers and other existing aging services better accommodate the needs of this future population of older people?
Many seniors do not have adequate support systems in the community to help them to access services. Get community resources to senior centers. Do not rely on senior center staff and funding alone to provide additional services. Staff and funding are in short supply. Use partnerships (with faith communities, nonprofits, etc.,) to provide additional services when possible. Use interns to provide more services at senior centers. Make senior centers one-stop service centers. Move towards making senior centers multi-generational. Ensure senior centers are culturally appropriate.

What are some of the most successful senior service programs you are aware of?
Senior Support peer program in Prescott – seniors visit and phone homebound, Positive Passages Conference in Prescott, RSVP program, Home Alone, Safe Alone – provides emergency communication, Long-Term Care Community Advocate – promotes info sharing and crisis intervention between organizations, advocates for those leaving an institution without a support network, student interns working with inmates in Montana, ALTCS case managers as links to the community

Special Populations – February 10th, 12:30 pm

Participants:
Arizona Alliance for the Mentally Ill
Arizona Bridge to Independent Living
Arizona Center for Disability Law
Arizona Center for the Blind and Visually Impaired
Arizona Commission for the Deaf and Hard of Hearing
Arizona Commission for the Deaf and Hard of Hearing
Arizona Dept. of Housing
Community Partnership of Southern Arizona
Division of Behavioral Health Services
Four County Conference on Developmental Disabilities
Mental Health Association
Northern AZ Regional Behavioral Health Authority
Pima Council on Developmental Disabilities

Summary of Responses:
What needs of today's aging population are not being met?
Access to health care and mental health care, care with a focus on chronic disease and the balance between physical and mental health, adaptive devices (hearing, dentition), support and information for those experiencing hearing loss, systems-level collaboration for those with a need for behavioral health care, behavioral health providers that understand the needs of older adults, life planning needs of older developmentally disabled persons, the need to reduce stigma associated with mental illness, access to prescription drugs, need for home health care workers, affordable housing, need for information on available services, developmentally disabled persons cannot retire.

What could the state do to help you better support today's seniors?
The state could advocate for the needs of deaf and blind seniors (a retirement home, hearing aid coverage, services for those who are deaf and blind). The state should ensure contract compliance and develop disease management models for the mentally ill that involve fairly compensated, qualified staff. An AHCCCS pharmacy plan for seniors should be developed. The state should work to reduce stigma for the mentally ill elderly, increase depression screening, and develop culturally competent low-cost

screening. The LTC Ombudsman program should be better funded. SHIP is also crucial in helping people to take advantage of benefits available to them. The state should help to facilitate DD life planning. The state should advocate for senior needs and issues and should look for funding or creative options for senior housing.

What impact do you think that the demographic changes that will occur over the next 20 years will have on the services you provide to older persons?
There will be a need for significantly more services, increasing the need to streamline services and the need to partner proactively on prevention programs. Organizations providing services will need to be more culturally competent in order to serve a more diverse population. There will be an increased demand for transportation. Education, training, and outreach will continue to be important in order to reduce the stigma associated with mental illness and hearing loss.

How can senior centers and other existing aging services better accommodate the needs of this future population of older people?
Senior center staff and clients should be trained to accommodate developmentally disabled (DD) seniors and older persons who are caring for those with DD. The DD "child" should be welcome at the senior center. Senior centers and nursing homes should be trained to identify hearing loss, combat fear of assistive devices, and handle grief associated with hearing loss. Senior centers should make an effort to serve the mentally ill with peer-facilitated groups and culturally competent programs. Senior centers should integrate the blind and learn to optimally use adaptive aids. Web- or telephone-based services should be offered to seniors when possible. The mentally ill need assistance in accessing HCBS. Senior centers should be full-service centers.

What are some of the most successful senior service programs you are aware of?
Behavioral Health and Aging conference, in-home counseling, caregiving programs, low-income tax credit which can be used to develop multi-family housing with specialized services, disease-specific support groups for families and individuals, Pinal-Gila Gate Opener program, Eldervention – targeted behavioral health outreach to older adults, new behavioral health benefits from Department of Health Services-Behavioral Health Services, new DHS/BHS regulations that allow AAAs to be reimbursed for some services, Spotlight – a publication on senior services, a partnership between the AZ Comm. For the Deaf and Hard of Hearing and the Mesa Senior Center to provide adaptive aids, peer mentoring for those with hearing loss, a program where ASU interns taught hearing aid care.

Diversity – February 11th, 10:00am

Participants:
Asian Chamber of Commerce
Chicanos por la Causa
Filipino Community of Arizona
Indian Health Service
Tucson Urban League
Valle del Sol
White Mountain Apache Tribe
Wingspan
Yavapai - Prescott Indian Tribe

Summary of Responses:
What needs of today's aging population are not being met?
Need for health care; behavioral health services and awareness among health care providers of behavioral health issues; transportation; housing; prescription drugs; foot, eye, and dental care, coordinated case management; home health care; needs of grandparents raising grandchildren; preventative services; culturally competent services which are sensitive to the needs of seniors living alternative lifestyles; assisted living on the reservations; short- and long-term care facilities with appropriate activities; attention to victims of abuse, neglect and exploitation; services to reduce age

discrimination in employment; attention to the role of older people are “wisdom keepers;” public awareness of available services.

What could the state do to help you better support today’s seniors?
The state should promote and/or provide additional funding for: culturally competent services, basic services, affordable housing, affordable medical assistance, fraud prevention, monitoring LTC facilities, geriatrics training for health care providers, collaboration and coordination among agencies and governments, services for lower middle class elderly, caregivers, and for older people outside of Phoenix, mini-grant programs, and outreach programs. The state should develop best practices, monitor funded programs for outcomes, and eliminate those that don’t work. The state should work to reduce the cost of liability insurance for nursing homes, reform regulations regarding nursing homes to maintain patients’ dignity, develop solutions to the caregiver shortage, and provide help with paying for over-the-counter medications. The state should pay more attention helping the baby boomers prepare for old age. The state should make it easier for physicians to volunteer and to do house calls as well as work to educate all professionals on the needs of older persons. The state should encourage the development of Native American-owned or –managed services for older people, raise awareness of the needs of gay/lesbian/bi-sexual/transgender seniors, and work to raise the income limitations on programs like Senior Companion. The state should work with tribes to develop appropriate responses to the end of life in keeping with law and tradition.

What impact do you think that the demographic changes that will occur over the next 20 years will have on the services you provide to older persons?
Many more people will rely on government services. More resources and some restructuring will be necessary to handle the demand. More geriatrics training for health care professionals will be needed. Caregivers of all ages will support more people and will need more support. More attention to chronic illness and rehab. services will be needed. Mental health services and housing will continue to be a great need. The qualifications guidelines for AHCCCS are too extreme. The ability to list elderly parents as dependents for health insurance would be helpful to those caring for them. Different types of outreach will be required for a more diverse population. A peer-support system may help meet the demand for services. We will need to rid ourselves of the negative stereotypes regarding older Native Americans.

How can senior centers and other existing aging services better accommodate the needs of this future population of older people?
Make senior centers more comprehensive. Think of them as a global one-stop center. Allow grandparents to bring grandchildren they care for to the senior center and have respite or day care programs available for these grandparents at the center. Include physical fitness activities, educational activities, job training, resource centers, libraries, and assistance with forms, etc. Ensure that all aging services are culturally competent. Aging services must include care for chronic illness, health literacy education, fall prevention programs, and special programs to treat dementia and depression. The cap on Title V income should be raised so that seniors don’t lose benefits as a result of their Title V income. Address gaps in mental heath care and use peer counseling.

What are some of the most successful senior service programs you are aware of?
Multigenerational programs at Center D.O.A.R., Parish Nurse program, Food Boxes (although food is not culturally sensitive), Area Agency on Aging, SAIL, Arizona Indian Conference, congregate meals, housing repair program in Tucson, after-school intergenerational program focusing on oral histories in Tucson.

The Voluntary Sector – February 11, 12:30 pm

Participants:
Arizona Buddhist Temple
Arizona Community Action Association
Arizona Ecumenical Council
Information & Referral Services, Inc.
Office of Governor Janet Napolitano
Division for Community and Youth Development
United Way of Northern Arizona
United Way of Tucson and Southern Arizona
Valley of the Sun United Way

Summary of Responses:

What needs of today's aging population are not being met?
Access to dental care, nutrition needs, prescription drugs, affordable housing options, transportation, in-home services, health care and adult day care in rural areas. Lower middle income seniors are above the income requirements for many programs, yet cannot afford the services they need.

What could the state do to help you better support today's seniors?
The state should protect the level of services provided by keeping legislators informed of the importance of these services. It's important that legislators are aware that the voluntary sector cannot provide the level of service provided by the state due to lack of resources in the case of nonprofits and lack of coordination and resources in the case of churches. The state could provide technical assistance to religious groups that want to provide social services. The state should advocate for more housing options and in-home care services for seniors, as well as services that would help them to maintain their homes. The state can help facilitate the construction of senior centers. The state should work to ensure that cuts are not made to mental health services and that seniors released from hospitals have adequate in-home care. More money is needed for community information and referral services. The state's role in the coordination of response to disasters like the Rodeo-Chedeski fire is vital to seniors.

What impact do you think that the demographic changes that will occur over the next 20 years will have on the services you provide to older persons?
The boomers will demand more services, so we need to plan how to respond. There will be a greater need for bi-lingual, bi-cultural services and the types of services offered may need to change. There will be a greater demand for public fiduciary services. We need to find a way to pay caregivers better.

How can senior centers and other existing aging services better accommodate the needs of this future population of older people?
Seniors' voices need to be heard when planning services. Plan services for those who are not impoverished, yet need some support. Cost sharing may help meet future needs. There should be better outreach to seniors to let them know what's available. Some communities are unable to trust the government and need outreach from those they do trust. Working through neighborhood groups and block watches may help to get the word out. Bilingual education for seniors and their caregivers on senior issues and available services is important and could be conducted at community centers. Video tapes of these presentations would allow the homebound to access more services.

What are some of the most successful senior service programs you are aware of?
The Holbrook and Springerville senior centers provide great service. The Foster Grandparent program is also important. The Area Agencies on Aging are a huge success. A neighborhood program in Ft. Lowell uses volunteers to provide services from travel to doctor's appointments to pet care.

Summary of Public Hearings held on the Implementation of Cost Sharing

Three public hearings were held regarding the implementation of cost sharing.

June 24, 2002
Pima Council on Aging
5055 E. Broadway, Suite C-104
Tucson, AZ 85711

Jean Wiener: The hearings are going to be conducted by Lynn Larson, who is the Policy Planning and Program Development Unit Manager of Aging and Adult Administration, Also, by John Kinkel, who is Quality Assurance Specialist with Aging and Adult Administration. So Lynn we turn it over to you.
Lynn Larson: Thank you Jean, Good Morning! Again my apologies for us being late and we really appreciate that you're here to share with us what your feelings are as it concerns cost sharing. I think that John has already handed out the sign in sheet, so that should be going around the room. Everyone too here should have received what is called a "cost sharing overview": There's several pages to it so I'll just briefly go through what is in the packet. The first page is primarily just a very nitty gritty overview… this is what cost sharing is, this is what cost sharing is about, and some of the exceptions and what not. If you'll flip to the next page, we have provided the policy that was effective 12-31-01. The policy will cover both voluntary contributions as well as cost sharing. If you flip about two more pages, the very last two pages are just right out of the Older Americans Act, a specific reference that lets you know where it is that we are receiving our authority in order to make this happen. Given that, as you know, in November of 2000 the Older Americans Act was reauthorized, and there were many amendments that were part of the Older Americans Act, one of which is cost sharing. Cost sharing is to be provided for several types of services. As the state, we would like to institute cost sharing across Arizona. It hasn't been implemented in the past. It was primarily not part of our requirement. Because of the Older Americans Act in the amendment of 2000, cost sharing is now available for several services. Now I'm just going to read primarily off of the first page. All of the services that we provide except for these services that I'm about to read are permitted for cost sharing: Information and assistance, outreach, benefits counseling or case management services, ombudsman, elder abuse prevention, legal assistance or other consumer protection services, Congregate and/or home delivered meals, and any other services delivered by tribal organizations. If you read on it further,(I'm reading from the second paragraph), cost sharing is prohibited for older individuals whose income is at or below 100% of the federal poverty level. And what we're asking is that older individuals at the 500% of federal poverty level assume the full cost of the services received. You'll see that there is a list of assurances that must be adhered to by each Area Agency that is going to be administering cost sharing and I'll just read through them briefly. Protect the privacy and confidentiality of each older individual with respect to the declaration and non-declaration of each individual income and to any share of cost paid or unpaid by an individual. Safeguard an account for cost share payment Use each collected cost-shared payment to expand the services for which such payment was given. Ensure that assets, savings or other property owned by older individual are not considered in determining whether cost sharing is permitted. Ensure that any service for which is funds are received under the Older Americans Act are not denied for any older individual, due to the income of such individual or the individual's failure to make the cost sharing payment. Determine the eligibility of older individuals to cost share solely by a confidential declaration of income and with no requirement for verification; and widely distribute written material in languages reflecting the reading ability of older individuals that describe the criteria for cost sharing, sliding fee schedules; and the fact that services can not be denied due to the failure to make cost sharing payment. Those are some of the key components for cost sharing, its self-declaratory and it is not to be verified. So those are things that you would want to consider. I do know that in Region II, respite is already being provided with a cost-sharing component and we have authorized that through the Administration. Prior to implementation of cost sharing, we at the state are to hold a public hearing. We had not done that, so we're working a little backwards here, but trying to catch up in the sense that we are visiting areas throughout Arizona to seek the input of the community in order to determine whether or not to cost sharing was and is a feasible option. That's what we are doing now…trying to get your feedback as to what are some of your concerns, what are some of the positives, since it is already implemented here, maybe some of the successes, or just some of the

issues that you can bring to our attention as we are considering making this a full-fledged statewide type of cost share component. If Arizona chooses not to cost share, then we have to submit a waiver. However; the Administration supports the cost sharing and wishes to institute it, so we will not be seeking a waiver. However Area Agencies on Aging who wish not to implement cost sharing must meet several requirements. There are two requirements in order for an Area Agency to seek a waiver and those are listed at the very bottom the last paragraph on the first page. "Area Agencies on Aging may request a waiver from implementing cost sharing if a significant portion of individuals receiving services under the Older Americans Act subject to cost sharing, in the planning and service area have incomes below 100% of the federal poverty level, or, if cost sharing would be an unreasonable administrative or financial burden upon the Area Agency on Aging". Those are the two criteria that would apply to an Area Agency who may request not to institute cost sharing. Given that, we would like to hear your testimony to what you feel this would do for Pima County. If you have any questions before hand I can try to answer them.
Diana Edwards: If I could just make a couple of statements that I think would help clarify what we are talking about, because when we are talking about what services are available where cost sharing might be implemented rather than listing what it does not apply to. I think that in our system of services it would apply to transportation, minor home to major home repairs, to respite, and to home care services, and personal care. So those are just actual services of cost sharing that would be affected. And in those services we have always had a request for donations and so this would formalize what we already have in place. And so for congregate and home delivered meals that donation process would not change. But just for the information of the people here, that has been a very adequate fund source, in some cases, as much as 90% of the service. So it is helpful to know that people want to contribute to the services, for those people like the elderly who are not able to. And that brings me to the point that we are talking about: 500% of the federal poverty level for this year of 2002 and 2003, the poverty level income is $738 for one person, and so 500% of that means that they would have to pay the whole premium to be paid in full. So I wanted to throw those figures at you so you know what we are talking about in terms of the type of cost sharing and what kind of personal resources they are talking about. And of course we are talking about income not assets. And here in Pima County, we are fortunate that we have administered this program and given our case managers discretion to work within a range because some people have lower monthly income but they also have monthly expenses and perhaps they are not paying for anything else except for their medications. So case managers don't just look at that monthly income, they also want to look at that person's expenses, and having the responsibility of a cost sharing range. They also administer the Co-Host program, which is the tobacco tax program. It does not come under the Older Americans Act, but when that program was instituted about three years ago by the state of Arizona legislature, a cost sharing component was required in that program. And that has worked very successfully here in Pima County. So we do have some experience in the cost-sharing field, in that particular program especially. It has been able to really expand the variety of services that are provided because, of course, the money is contributed to that program and that way it enlarges the budget of what then is available to people who cannot do a cost share.
Jon Miller: One of the problems that we found and I'm sure that the agency has on this program is a cost-sharing clause, because there is a cost-sharing obligation. And that's when we allow people with higher incomes to have access to the services fixed on a cost-sharing income. But we are finding in some cases people agree to sign the agreement and then don't pay. And the strange thing is that we have no recourse to deal with those individuals. And the people that are cooperative, considerate, provide the cost sharing lots of times, those are the ones at the lower economic scale than the individuals who can really afford to buy the services themselves. And because it is a public service they think they can always provide that. At some point the state might want it to be served more of a requirement as opposed to a donation because that's what it is now. Once they determine that they all have to pay, they're gone. And we're just talking about just some, it's not everyone. It is sort of unfortunate for health services to help people that are able to retain their own funds for other uses. So I think that at some point you may want to look more into this situation.
Lynn Larson: We are not really permitted to do that. The Older Americans Act clearly states that is confidential and it is based on person's self-declaration. And although I understand the reasons behind that, it's unfortunate it isn't something that we can mandate. The language of the law doesn't permit it.
Diana Edwards: It does seem to be true that the higher the income, the greater the reluctance to contribute.

Lynn Larson: That makes it very hard. I know the language of the law doesn't permit us to reduce or withhold provision of service when a person doesn't pay. Their services don't go away. They will still be provided services. But definitely, administratively, I can understand the things that you have to go through in order to make it happen.

Diana Edwards: I think not calling it a donation but calling it a cost share payment system would be helpful. And I think also, that giving discretional leeway to case managers applied in a range so that you are not walking anyone into a black and white interpretation is very helpful. For example, normally clients are authorized to receive four hours of respite a week. Let's say you have a family with three thousand dollars a month income and they are requesting that respite service be increased to six hours or to eight hours. Well the case manager then has the option of saying we will continue your respite service at the current level. But because you have not been contributing your two dollars per hour or one dollar per hour or whatever it is, perhaps you are in a position to purchase those extra hours yourself, and the system will continue to subsidize you at your current rate. So I think there are mechanisms for dealing with those types of situations. But I think that we have to trust the Case Managers who are there in the home and are familiar with the client's present circumstances to make that determination. I think it would be mistake to say if your income is this, so must contribute that. I think that could lead to the non-compliance and allowing to check the ability of health because clients sometimes their circumstances change, they may find that they have more money and we can get a contribution after the fact. Sometimes when someone passes away and they sell the whole estate they can make a contribution where they have not been in a position to do so before. I don't know that leaning on people when they are in a stressful situation would be helpful either to them or to us in actually collecting. We are not in the bill collection business and I certainly wouldn't want to do that.

Olivia Guererro: I have a few comments. I recommend to Aging and Adult Administration using the word that Diana used "provide flexibility" to the Area Agencies. In making the decision to request for waiver for the cost-sharing policy, not to make it so restrictive so that it limits our authority and our autonomy as a local planning entity as a local public service area. I find it kind of difficult to see how the Feds have come up with implementing congregate home-delivered meals as a non-cost sharing service but not transportation in rural areas. If we have to charge seniors going to the seniors center then they won't attend. You know in rural areas, transportation is the number one leading problem. And to start charging them, to go from a donation to charging, we may see a decrease in some of those nutrition services, which the seniors sometimes live on and sometimes it's the only meal they receive a day. So it doesn't make sense why they didn't include transportation, and I would think that the state would assist in making that a waiver for Area Agencies that request to receive a waiver for that as a service. In our community they are so diverse. We have little communities just as other counties have. Now we have elderly which is very low income. And I would ask of the state to allow us to test communities for cost sharing and not necessarily say yes or no, kind of just cut and dry, because a lot of us have not been in the business of cost sharing. All of us have not been in the business of cost sharing and this is going to be a lengthy process and a trial and error process. And the last thing we want to do is to turn away our participants who really need to get to the site. And also in addressing the low-income minority individuals in a culturally diverse population, traditionally our minority populations have not attended the local senior center and programs. And if telling them straight out cost sharing they're going to think that it is a club that they belong to as a membership fee or something that they have to pay for. Those are the populations that we are truly trying to outreach and I see that as an additional barrier for them not to attend. Because traditionally they do not attend clubs and organizations overall. And so I just wanted to make those comments for consideration in your planning and implementing your policies, thank you.

Debbie Adams: I mainly have a question. If an Area Agency on Aging chooses to go ahead and have cost-sharing and not request the waiver, but they only wish to implement cost-sharing for some of the services where cost-sharing is okay but not for all of them. Is that something an Area Agency on Aging can do?

Lynn Larson: Personally I don't see why not, I don't know what it is that we are going to have to institute in order to capture that information. So those are the things we are hoping to identify, things that we need to be considering and items that we need to be drafting and clear cut expectations and what our requirements are back to the Feds. Those kinds of questions will probably be posed to our Federal representatives. We will ask them if we need to identify the whole gamut and will there a check off of which services you will be applying cost-sharing to. I think the one thing to just remember is that cost sharing may be requested to be set into place, but services aren't going to denied regardless. And I think

that is really the key component, that you still have that flexibility to not deny services to an individual. He or she may not contribute or may refuse to contribute or may refuse to cost sharing; it doesn't negate them from receiving the services. The way that the language is written it's pretty broad based for us to identify which services cost sharing may be applied to. I would assume that would be an Area Agency decision since you would know better what is in your community and which services would work better. How do we make that a waiver process and then how do we go through the approval? Those things are still being identified at this point. So it is a good consideration that you are bringing up.
Debbie Adams: I think if we choose that we want to go ahead and cost share and maybe only do, say that they start out with only one service, and then work our way through other services as we see, we can do so. Then maybe choose the transportation and that would be one in our region that would do any maybe some of the other home care services, but we would need to have that flexibility to look at each service.
Lynn Larson: It would make sense to me to have, where you do have a variety of different services, services that you can check off. I just don't have a firm answer to that because it is something that we have not considered at this point. But it seems appropriate to say, Area Agency if you only want to roll out in one service and test it, to me it seems like a very appropriate way to go about it. We are still identifying the whole waiver process and what it will mean to us and what this will entail and what are the requirements that we have to meet and then how does it get translated to Area Agencies. The fact that you brought it up will help us to place parameters on decisions.
Doris Goldstein: Whatever happens, it is obvious that it is really important that people understand it. And I think we don't always do the best job of that. I know people will often buy into something if they really understand the need for it. Requesting it or requiring it of them whichever it way it goes, so I would just like to make that point, that all of us really need to do a good job of making people understand why it's being proposed at this time.
Lynn Larson: In the cost-sharing overview, it does say that there will be materials developed for explanations. We have not developed those materials as of yet.
Doris Goldstein: I think that materials are good, but I think something through the media, you know, across the state and saying that it may be done, implemented locally in various ways as state comes to understand this will work and so on. That's necessary. The materials are good but it's almost like you have to do a state campaign for people to really pay attention and buy into it.
Lynn Larson: Yes this is very fluid in the sense that a contribution and a cost sharing almost merge together and they're almost married in their own way. And it is very hard to distinguish between the two especially if the individual is receiving a service or if you're a family member of that person. It all seems to be the same type of system, but it is how we phrase it. Thank you for your comment.
John Lewis: I think that it is important to make that distinction because one of the things that we're seeking out are the current phases in the community service system, and this is not just associated with cost sharing, is that individuals are avoiding applications to ALTCS even though they might need that level of service because they want to avoid the financial scrutiny where you have to consider all your assets and your income and all that. They avoid going into that system even though they need that level of service and remain in services funded by the Older Americans Act and SSBG in order not to lose their income. It is sort of shifting the cost of the agency that has fixed funding and less funding than the other. And there's nothing we can do about it. We can't force them to get AHCCCS; we encourage them as much as possible. Their case managers' need to talk to them and encourage that they need to make that ALTCS application, if they refuse there is nothing we can do. It technically qualifies them for any entitlement that's coming to them. How do you encourage an individual who is very much set on not having someone look through their financial business?
Diana Edwards: I think that's having an adverse effect to accepting donations to purchase food because primarily of program income shortages. And to get money from congregate or home-delivered meals and that is going right back into the pot, but now it is going into the other services. It is going to decrease the home care fund, and we might have seniors refusing all the resources. I think that's why it is good to have it be flexible because a Case Manager can look at that and determine a person's end of the month expenses, extra dollars if they have any. And it may be that people are not asked to make any kind of a cost share at all, and continue on donation basis with whatever they can afford. I think one of the very positive aspects of it, based on our experiences in our tobacco tax funded program, is that in that program we set an upper limit of one thousand dollars that can be spent for each individual person in that program. Some times, many of you know, if the person's needs are greater than that then we say, "you

have an opportunity to pay that difference." That in essence is a cost share component, because without their contribution or without their finding some other resource they would not get that service to start with. So if someone needs a wheelchair ramp built for their mobile home and it's going to cost twelve hundred dollars, we contribute one thousand and they contribute two hundred, that's wonderful, because it's a better opportunity to provide service. You can do the same thing in working with other organizations and groups, to say we have five hundred dollars available to spend on this and they say we have five hundred dollars too. We can then get a whole new cooler installed or we can get grab bars installed, that person then gets much more than what would have been available otherwise. And you can look on that resource sharing as a cost-sharing component which is what we have done in our co-host program. It is very positive because the more we've done with this the more other organizations in the community realize that it is available. And if they come to us and ask for a little bit with their limited resources and with the client's limited resources and everyone working together can put something in place, otherwise we won't have cost sharing at all.
Doris Goldstein: I think another aspect of it is, and we've talked about it here all the time, is to write an article on this a while back, and it has to with people spending their money on themselves. We always talk about saving their money for a rainy day, and we're trying to tell them that rainy day is now. And I think that's a big part of it, I think trying to understand how to get people to accept some of this is, that money is theirs to spend when it's needed and that is not an easy thing to accomplish. But it's something that we have to remember to address in this whole thing.
David O'Neil: Just in reading the overview and legislation I would just have to comment that our method of soliciting contributions is in compliance with the federal regulations. As Diana has commented, that it can represent a significant proportion of program cost and at the same time, I think, again from my point of view as a case manager, it is a real benefit to have the flexibility to tailor the circumstances to the individual's situation.
Marian Lupu: So I guess I'll end the meeting by reminding us all that when we went to give public testimony before our Assistant Secretary the theme and the cry was flexibility to each of the local Area Agency on Aging. I heard every state there asking for flexibility, it would not be pursuant to the State of Arizona if it came forward asking for flexibility and each of the eight Area Agencies in the state are uniquely different and their constituents are so uniquely different. I'm thinking now about what is happening in Northern Arizona and what kind of trauma the older people there are going to be facing and how can we even come to asking for cost sharing or for donations considering that their lives have wiped away within just a few hours. So I think what we have to remember that though the state's responsibility is always to ask for accountability, one has to remember what the human qualities are and what we have to think about right now, so that's my first comment. My second comment is to pick up on what John talked about, which was the reluctance of so many people to apply to ALTCS or AHCCCS and it's not only because of the financial scrutiny. But it's also because of the untenable activity of our state recovery in which the efforts are after the person is dead to go after the resources. And so we have to make sure that this isn't the camel nose or isn't the elephant's foot under the tent, where what we're starting is we're talking about cost sharing is to look to see how gradually we creep in with additional responsibilities for the Older Americans Act. And I caution all of us to think about why we change from donation to cost sharing is because of the efforts again to give to those the most deprived, those who have the least. As you provided service to those who can do cost sharing you are really eliminating one who is poor as long as we maintain a waiting lists. And although this agency has been particularly successful in helping the very poor get other resources from other agencies, that's been our renovations and our efforts. So what does that take? Third point, the state has given nothing toward being able to provide training to case managers throughout the state. We hire people with high school degrees and put them on the street to be able to assist people, without recognizing the kind of skills that our case manager talked about a minute ago. So I'm pleased to say when there are administrative dollars at the state level, make sure that local training in the local areas can be given to address the constant turnover of case manager and their needs for expensive training, and there are no state resources that are directed in that way. Now I don't know if that is what your intentions were with the public hearing but it gives me my opportunity to talk about things that I see that are definitely issues that the Commission on Aging needs to address. As well as addressing that the State of Arizona's conformity and giving the right kind of data of which they don't use any.
Olivia Guererro: I have a comment, I feel like a first grader and I'm a college graduate. I feel like I'm missing the whole thing, but can you tell me what is the basic philosophy, what is the purpose of all that I

have been listening. They aren't really objection but commentary, but it seems as though there are a lot of questions. And people are presently working very hard for an elderly person of whatever income level, as Marian feels that some PCOA and some family counseling are doing. And so what is the point in cost sharing in the eyes of the federal and state government?
Lynn Larson: It was part of the Older Americans Act amendment that it provided an opportunity to institute cost sharing. I believe that other states have done it through other services. We have never been granted the opportunity to do it with Title III, which is the pocket full of dollars that pays for each of the services. I believe primarily it was just an opportunity to institute the type of cost sharing philosophy, in the sense that if you can provide some of those dollars in order to recover the service, you're freeing up some of the other resources for other individuals who may not be able to afford the same privileges. So why are we doing it? They put into law and we're expected to address it and that is why we have the public hearings…To provide the opportunity for consumers and providers of these types of services to address some of their comments and concerns, they're positive feelings about it as well.
Marian Lupu: And I would like to explain how it got into law, because there were few waiting lists for people all over the country and there was the clamor to elected officials to increase the revenue that occurred in the Older Americans Act. The Older Americans Act had no increase in revenue for ten years. And so they put in the question of cost sharing including, some years ago, into the nutrition program, except that there was a tremendous advocacy effort by Area Agencies and their advisory groups and their constituent groups all over the country to bring back the cost sharing mechanism for something like nutrition services when the waiting list was so expansive. At that time that cost sharing got into the vocabulary. In other words, the question if you cost share and I make you pay fifty cents towards a meal, there is more money in the pot, but not more money coming from the feds. And that was really the whole impetus for this whole kind of cost sharing effort that occurred until this agency was very responsible for an extensive advocacy effort and time. I think that we should not lose history as to why these things occur, but remember that because the Federal government finds it very easy to spend the billion dollars on an airplane that can go down in a minute and not spend an extra 10 million dollars on services to older people. This is a device to which you would get more money, so fewer people could be clamoring and bothering their congressional delegates.
Olivia Guerrero: Just to think back on something Marian said, that in the cost sharing, implemented in the cost sharing request that the state provide intensive technical assistance training of case managers, but specifically on what is the low income elderly, low income minority population. Working with the elderly in general that's what it's going to take if it's going to be effective, everybody receive that training at the local level, so if they take on that role of providing TA and implementing it to a special population.
Marian Lupu: And not holding a meeting in Phoenix and expecting us to send our case managers in our local communities to train in cultural sensitivity, the frail, low income elderly, low income minority.
Lynn Larson: Thank you for your time and comments. **End of Session.**

June 25, 2002
Travis Williams Community Center, Room 169
4732 S. Central
Phoenix, Arizona

Barry Gold: Good morning, I want to welcome everyone to the public hearing on the amendment to the State Plan on Aging. We are at the Travis Williams Community Center, in South Phoenix. I would like to introduce a few of the people that are here. My name is Barry Gold; I'm the Director of the Governor's Advisory Council on Aging. Lynn Larson is here. She is the Program Manager for the Aging Adult Administration at the Department of Economic Security. Jen Leitch is from the Department of Economic Security and her title is Community Program Specialist, for Aging and Adult Administration. Elvera Anselmo, Program Specialist, for the Governor's Advisory Council on Aging and Pam Lindley, Family Caregiver Support Program. And I think we'll get started with the public hearing right now. And I think the first thing on the agenda is an overview.
Lynn Larson: Yes, and I will be providing the overview, can you hear me okay?, Today we will be talking about cost sharing. As part of the November 2000 reauthorization of the Older Americans Act, one of the components that was added as one of the amendments of 2000 was a cost sharing component. And so in your packets you will see the cost sharing overview; if you flip the page you'll have the policy that was

written by our administration, and then if you flip about two pages, the last two pages reflect what the Older Americans Act amendments of 2000 says as it concerns consumer contributions, and primarily cost sharing. Just to go back to the cover page, which is the cost sharing overview, traditionally we've had voluntary contributions as an option for providing some of the funding for services that are provided. However, recently because of cost sharing, the Title III services, such as non-medical home and community-based services, are now eligible for cost sharing components. The second paragraph lists some of the exceptions to what services may be cost-shared and those are: information and assistance, outreach, benefits counseling or case management services, ombudsman, elder abuse prevention, legal assistance or other consumer protection services, congregate and home delivered meals and any services delivered through tribal organizations. What the language of the law states is that cost sharing is prohibited for older individuals whose income is at or below the Federal poverty level, 100%of the Federal poverty level. In our policy we state that the older individuals at 500% of Federal poverty level must assume the full cost of the services received. The next section of the overview primarily states some of the assurances that must be provided by Area Agencies who will be implementing cost-sharing. The assurances include the following: protect the privacy and confidentiality of each older individual with respect to the declaration or non-declaration of individual income and to any share of cost paid or unpaid by the individual. Secondly, safe guard and account for cost share payments. Third, use each collected cost share payments to expand the services for which such payment was given. Fourth, ensure that assets, savings or other property owned by an older individual are not considered in determining whether cost sharing is permitted. Fifth, ensure that any services for which funds were received under the Older Americans Act are not denied for any older individual due to the income of such individual or the individual's failure to make a cost sharing payment. Sixth, determine the eligibility of older individuals to cost share solely by a confidential declaration of income and with no requirement of verification. And finally, widely distribute written materials in languages reflecting the reading abilities of older individuals that describe the criteria for cost sharing, the sliding fee schedule, and the fact that services cannot be denied due to the failure to make a cost sharing payment. The written material has not been developed as of yet. We are hoping to implement cost sharing at the beginning of SFY 2004. So for this year it may be approved in several of the Area Agencies, however it is not going to be officially implemented until the following fiscal year, beginning as of July 1st of 2003. The very last paragraph is specifically the reason why we are here, prior to the implementation of cost sharing we are expected to host public hearings so we can elicit information and comments from the community. This is why we are having this public hearing today. The last couple of sentences are geared towards Area Agencies on Aging who may or may not be requesting a waiver. It details that if an Area Agency is going to request a waiver from implementing cost sharing that they would have to prove one of two things: that a significant portion of individuals receiving services under the Older Americans Act subject to cost sharing in the planning and service area have incomes below 100% the Federal poverty level, or that cost sharing would be an unreasonable administrative or financial burden upon the Area Agency on Aging. That gives you what it is that we are here for, what cost sharing is, who we would be targeting for the cost sharing, and what services are exceptions for the implementation to cost sharing. And now we would like to hear from you. So, Frankie and Pam do you have any questions that you want to ask?
Frankie Diaz: Some are saying in cost sharing you're paying too much money or taking too much money away from us, but they don't seem to realize that they could be paying up to four thousand dollars a month for assistance. Instead of paying so much, they can either pay four thousand or pay a little bit and leave you with whatever money is left over. That is normally where I get my complaints, is how come I don't have any more money. Not from the individual, it's normally from the family, because they're worried that they will be left with nothing.
Lynn Larson: The thing about cost sharing is that it operates very similarly to the voluntary contribution in the sense that if the individual cannot make a payment they're still going to receive the service. And so it doesn't really deny an individual the service, as long as they meet the criteria for functional assessment. We heard from region two as well, that there was some concern about how do you address it with folks that feel that they are kind of at their max, that this is all that they can afford to do and that these services are definitely something that they need, but then how do you encourage them in not so many words, to also be able to provide some of the cost of providing that service. It's a big question.
Frankie Diaz: The family feels like, it seems, that if they don't pay, we tell them that they're still going to get the services, but it's just that we need some money to make the state happy. It's just trying to

convince the family that, who don't want to take care of the individual, but don't like the way that their individual is being taken care of. It opens up a can of worms is basically what it does.
Lynn Larson: I don't know exactly how implementation is going to occur, I think that in every region there is going to be a specific way that it's going to be implemented or instituted within their current system. We're just looking for some of the things that we need to be considering when we lay this out, so that way if we provide a waiver, if we provide specific instructions on how things need to be unfolded, we're not ignoring the uniquenesses within each of those Area Agencies and the people that they serve.
Barry Gold: And there is the opportunity for each Area Agency to request a waiver to not participate, that's what each Area Agency will be looking at that as well. Could you explain where the money collected, what it will be used for, whether it will stay within each Area Agency, or if it will be spread across the program and pay for the services at that end or providing more services?
Lynn Larson: According to the language of the law every dollar that is collected should be put back in the pot for the service that it's being paid for. So if I'm collecting it for personal care, then I'm going to put it back into the personal care pot then the dollars get transferred out at that point. Is it going to be programmatic wide or service wide, that is still a decision that needs to be made.
Barry Gold: Do those dollars stay within a specific Area Agency or do they come back to Aging & Adult Administration?
Lynn Larson: It stays within the agency.
Barry Gold: So that way if one Area Agency requests a waiver and does participate in the cost sharing program they will not benefit from the cost sharing from another area agency if you understand what I'm saying.
Lynn Larson: Yes. So it just depends, 'cause I know the difference in the fee schedule that will be developed will start with 100% of the federal poverty level. Being that you have to pay nothing and then it's going to go up to 500% of federal poverty level, which yesterday we found out that it's a little over three thousand dollars, three thousand six hundred and ninety one dollars. So given that if an individual is receiving that much on a monthly basis they will be asked to pay or to at least cost share the full amount. Whether or not that is going to happen we don't know, but that's what we're recommending that's what we'd like to have happen.
Barry Gold: Do we have any data on how many states have implemented cost share right now?
Lynn Larson: Cost sharing was only permitted recently, so every state should be in the process of developing their implementation. You could seek voluntary contributions, but you were never specifically granted the opportunity to seek a cost share for Title III services.
Barry Gold: There are so many services exempted, so which services in particular would you be able to cost share?
Lynn Larson: It's primarily the non-medical home and community based services like the care services, the respite services, housekeeping, transportation so it's primarily those types of services that would be requesting cost sharing.
Barry Gold: There is a sliding pay scale depending on their income.
Pam Lindley: Will they be going by only the income or will they consider the person's expenses as well?
Lynn Larson: I believe expenses may be taken into consideration. If a person has a lot of expenses and doesn't have insurance coverage for prescription drugs, for example, their medical/prescription drug expenses may be taken into consideration.
Barry Gold: I think one of the reasons that this is being looked at is, I know that the Council has been asked from several government sources about state monies that go in to pay for some of these services are these services means-tested. And the Older Americans Act has never really looked at means-testing at all. It's more of a sketch approximately to kind of get an idea if you can afford to pay for these on your own. And I think in terms of ensuring the continuation of state funding for these services, I think that the legislators will feel more assured that we are spending state money on people who really could not afford to pay for it. And I think that the cost sharing program is needed. Whether it's the best means or not is still to be determined, but one needs to show that people are being looked at whether we're giving the services to people who can afford it or not.
Lynn Larson: Pam and I were talking about this on the way over, when we had the public hearing yesterday there was discussion about why is it that the Old American Act and the Administration on Aging is now suddenly requesting that cost share be a component of all of our services, or for the services that it's eligible for. And what Marian Lupu who is the Area Agency Director in Region II stated that, in a way it is to almost supplement what it is we're receiving funding-wise. So traditionally the Older Americans Act

has not been increased in funding for the Title III services or the Title VII services. And because of that, this language was thrown in so that there would be another pot of dollars that were created in order to supplement the services that were being provided. So it was just an opportunity the legislators felt would provide for additional resources. The fact that it is being requested of an older person, that can sometimes come into play and it depends on which side of the dollar you're on when it comes to that individual. A lot is to echo what Barry said was, "to create a separate funding source" so for every dollar I take from you I may be able to give to someone who can't afford it.

Frankie Diaz: I'm thinking of all of those that are going to get aid, a lot of them have money. And we're going to be demanding, but there's no money there. Personally speaking, I like the idea but I can't say what the Area Agency likes. Cause I go into nursing homes and I see that certain things are not being done and I don't want this going on with the aging population.

Lynn Larson: There are definitely pros and cons to it and I think it just depends on whose perspective you're looking at. One thing to keep in mind: although we're requesting cost sharing be implemented for a person who is receiving certain services, the person receiving the services will not be ineligible for that service. Even though it is something that we would like to encourage as a state, older individuals may refuse to pay. So I think that in the end we are going to have to think about how we are utilizing the funds we collect from cost sharing. I don't know, I think that next year it is going to be very unique as we start to learn what is cost sharing, how does it work, and who does it work for.

Barry Gold: I think that in the future we should go to the legislature and say that we are looking for people who need these services and ensuring that the most needy are getting the services.

Lynn Larson: Are there any more questions or comments? No. Thank you for coming.

End of Session.

June 27th, 2002
Coconino Community Services, Ponderosa Room
2625 North King Street
Flagstaff, Arizona

(The tape of this public hearing was accidentally rendered nonfunctional prior to transcription. Below are the notes from this hearing.)

Dorothy Staskey from the Governor's Advisory Council on Aging introduced Aging and Adult Administration staff: Lynn Larson, Policy, Planning, and Program Development Unit Manager and Jen Leitch, Community Programs Specialist.

Lynn Larson started by explaining the cost sharing policy. She explained that the Older Americans Act Amendments of 2000 permit states to implement cost sharing for certain services and that cost sharing means that the service recipient provides a portion of the cost of services rendered. She listed OAA programs exempted from cost sharing: information and assistance, outreach, benefits counseling, or case management services; ombudsman, elder abuse prevention, legal assistance or other consumer protection services; congregate and home delivered meals; and any services delivered through tribal organizations. She also explained that cost sharing is prohibited for older individuals whose income is at or below 100% of the Federal Poverty Level (FPL) in accordance with the law and policy. Older Individuals at 500% of FPL must assume the full cost of the services received. Lynn then described the requirements placed on the Area Agencies on Aging as they implement cost sharing, which are as follows:

- Protect the privacy and confidentiality of each older individual with respect to the declaration or non-declaration of individual income and to any share of costs paid or unpaid by an individual.
- Safeguard and account for cost share payments.
- Use each collected cost share payment to expand the service for which such payment was given.
- Ensure that assets, savings, or other property owned by an older individual are not considered in determining whether cost sharing is permitted.

- Ensure that any service for which funds are received under the Older Americans Act are not denied for an older individual due to the income of such individual or the individual's failure to make a cost sharing payment.
- Determine the eligibility of older individuals to cost share solely by a confidential declaration of income and with no requirement for verification.
- Widely distribute written material in languages reflecting the reading abilities of older individuals that describe the criteria for cost sharing, the sliding fee schedule, and the fact that services cannot be denied due to the failure to make a cost-sharing payment.

Lynn Larson then explained that Area Agencies on Aging may request a waiver from implementing cost sharing if a significant portion of individuals receiving services under the Older American's Act subject to cost sharing in the Planning and Service Area have incomes below 100% of the federal poverty level; or if cost sharing would be an unreasonable administrative or financial burden upon the Area Agency on Aging. She explained that the public hearing was the opportunity for those who would be affected by the implementation of cost sharing to share their comments and concerns and opened the floor to receive comments.

Nancy Lent was the first to speak. She stated that some parts of the AAA's region would be exempt from cost sharing because a significant portion of those receiving services had incomes less than 100% of the FPL. She wondered if parts of the AAA's service area could be exempted or if any waiver would have to cover the entire service area. Lynn Larson said that the Aging and Adult Administration would seek guidance from the Administration on Aging on this issue before finalizing the policy.

Olga Noyes pointed out that some AAAs provide more direct services than others. She wondered whether the AAA would be required to collect the cost share or whether the contractor would collect it. Her feeling was that AAAs should be required to collect only for the services they administered directly. Lynn stated that this would probably be left to the Area Agencies to decide and that her understanding is that provider currently collect voluntary contributions.

Carol Blaich expressed her concern that cost sharing be implemented state-wide in a uniform manner so that it would less confusing to seniors. She stated that she supported cost sharing. She would also support the extension of cost sharing to congregate and home-delivered meals. Lynn explained that the legislation did not currently allow cost sharing for congregate and home delivered meals.

Emily Chavez stated that she recognized that cost sharing will provide needed financial support to the programs, and will give seniors "ownership." However, she did not like the feel of it. She encouraged Aging and Adult Administration to take expenses of the service recipients into account in addition to income. Lynn described an existing cost sharing program in Tucson that has been able to balance income and expenses of service recipients in determining cost share payments.

Dorothy Staskey stated support for cost sharing with careful attention to the service recipients' financial situation. She stated support for expanding cost sharing to all services except case management. She felt cost sharing incomes should not be used to expand services, however, but should be used to more fully fund programs, minimizing the need for local government contributions. She suggested that cost sharing be implemented in stages with close watch on the future need for services. She suggested a state sales tax on services to provide a dedicated funding source for aging services. She also presented written comments from Armando Padilla, which have become part of the public hearing record.

Lynn Larson closed the hearing.

Appendix B

Governor's Advisory Council on Aging Letter of Approval