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## DEPARTMENT OF ECONOMIC SECURITY

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*Your Partner For A Stronger Arizona*

### Division of Aging and Adult Services

# Arizona State Plan on Aging

**Federal Fiscal Years 2011–2014**  
**(October 1, 2010–September 30, 2014)**

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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, 2010 through September 30, 2014. It includes all assurances and plans to be conducted by the Department of Economic Security, Division of Aging and Adult Services under provisions of the Older Americans Act, as amended, during the period identified. The State Agency named above has been given the authority to develop and administer the State Plan on Aging, in accordance with all requirements of the Act. It is primarily responsible for the coordination of all State activities related to the purposes of the Act; the development of comprehensive and coordinated systems for the delivery of supportive services, and to act as the effective and visible advocate for the older individuals in Arizona.

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

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

<u>5.24.10</u> (Date)	<u>Melanie K. Starns</u> Melanie Starns, Assistant Director, Arizona Department of Economic Security Division of Aging and Adult Services
<u>5/24/10</u> (Date)	<u>George A. Evanoff</u> George A. Evanoff, Chairperson, Governor's Advisory Council on Aging
<u>6/11/10</u> (Date)	<u>Sharon B. Sargent</u> Sharon Sargent, Deputy Director of Programs, Arizona Department of Economic Security
<u>6/14/10</u> (Date)	<u>Neal Young</u> Neal Young, 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.

<u>6/30/10</u> (Date)	<u>Janice K. Brewer</u> Janice K. Brewer, Governor
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## Executive Summary

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By 2020, Arizonans age 60+ will make up one-quarter of the state's population. The 85+ population is the fastest growing age group in the state and will increase 141 percent by the year 2020. In fact, four Arizona counties currently have more than 20 percent of their population over age 60 (Gila, La Paz, Mohave, and Yavapai). More than 30 percent of adults age 60+ have one or more disabilities, including disabilities that affect self care.

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, Division of Aging and Adult Services (DAAS). Arizona's plan is for a four year period beginning October 1, 2010 and concluding on September 30, 2014.

Development of the State Plan on Aging was a cooperative effort involving the input from Arizona's eight Area Agencies on Aging (AAAs), the Governor's Advisory Council on Aging, the general public, and other concerned agencies and organizations throughout the state. Information from the U.S. Census Bureau and the Department of Commerce, Research Administration, Population Statistics Unit, was also used to identify population trends. A thorough effort was made to obtain input for the development of the State Plan on Aging.

The majority of the services funded through the Older Americans Act and other federal and state funds are provided through contracts with eight AAAs. The make up of the eight AAAs include: three Councils of Government, three non-profit organizations, and two that represent federally recognized tribes. The DAAS also contracts with four AAAs and the Mohave County Workforce Investment Act One-Stop to provide the Senior Community Service Employment Program. The Adult Protective Services (APS) program is administered by the DAAS throughout its 31 offices within five districts. Centralized Intake provides 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. The Division of Aging and Adult Services also supports at-risk Arizonans to meet their basic needs and to live safely, with dignity and independence. In October 2009, DAAS benefitted from the addition of the Community Action Program, Domestic Violence Program, and State Homeless Coordination Program. This addition has helped strengthen connections to older Arizonans by utilizing their already developed service network. The DAAS also directly administers the Arizona Refugee Resettlement Program (RRP) in collaboration with the Voluntary Agencies which provide reception and placement services for refugees newly arrived in the United States, as well as employment services. RRP also contracts with non-profit organizations to provide older refugee services.

In the current environment, the aging population is increasing and resources are decreasing. Rising fuel costs, the housing market slump, and lower than expected tax revenues have resulted in Arizona facing a more than approximately \$1 billion budget deficit, which have forced budget reductions. Continued funding decreases may change the service delivery capabilities of the Division, and negatively impact the provider network. Failure to provide basic supportive home and community based services results in rapid deterioration of the abilities of older persons, often forcing them to enter nursing homes when individual or family resources, both physical and financial, have

been exhausted. Unfortunately, for many elders, they have no options except institutional care – even if it is premature and not their choice - because the home care services they rely on to maintain their dignity and independence in later life are steadily disappearing.

In order to address the needs of Arizona's aging population, the DAAS has set forth the following eight goals that align with Arizona's Aging 2020 plan:

1. Make it easier for older Arizonans to access an integrated array of state and aging services.
2. Increase awareness and understanding of aging issues and help prepare Arizona for an aging population.
3. Increase the ability of older adults to remain active, healthy and living independently in their communities.
4. Increase the safety and well-being of older Arizonans.
5. Strengthen Arizona's economy by capitalizing on an integrated and well-trained informal, paraprofessional, and professional workforce.
6. Enhance the state's capacity to develop and maintain the necessary infrastructure to deliver services in a culturally appropriate, timely and cost effective manner.
7. Promote quality of care in all aging services.
8. Promote effective and responsive management for all aging services.

These goals are also consistent with the national agenda and vision for a system of care that provides efficient support of services, empowers older adults and their families to make informed decisions, provides additional choices for high risk individuals, empowers older adults to stay active and healthy, and provides an efficient system to promote and protect the safety and rights of older Arizonans. The following strategies support Arizona's State Plan on Aging's eight goals:

Independence and choice are fundamentally important to all Arizonans. Expanding Aging and Disability Resource Center (ADRC) efforts and ensuring consumer directed care options are built into existing programs are two strategies for which the DAAS will work to improve access and increase awareness and understanding of services and resources. Arizona's "Virtual" ADRC, [www.AZLinks.gov](http://www.AZLinks.gov), provides information on long term care options and enables individuals, their caregivers, and service providers to learn about these options and to access resources. As the baby boomers age and technology continues to advance, access to information and services in a "virtual" capacity becomes critical. Arizona's long term care network facilitates individual choice and access to services, allowing individuals to remain at home and maintain as much of their independence as possible by relying on family, friends, and service providers for the tasks they are unable to do for themselves. DAAS, along with the Arizona Health Care Cost Containment System (AHCCCS)/Arizona Long Term Care System (ALTCS), and the Arizona Department of Economic Security - Division of Developmental Disabilities, will continue to offer options to age in place, while providing services that promote independence and dignity for individuals. The Area Agencies on Aging, Arizona Caregiver Coalition, and other community based organizations will be partnering with DAAS to provide education to the public about consumer options.

In times where resources are limited, it is important to support programs that have proven successful. DAAS will continue to work with the Arizona Department of Health Services (ADHS) to provide evidence-based health promotion and disease prevention programs such as Chronic Disease Self Management Program, Matter of Balance, and Enhance Fitness for older adults across the state. Early-stage Partners in Care (EPIC) EPIC is a community based group delivery program based on the dyadic intervention known as Early Diagnosis Dyadic Intervention (EDDI). The Early-stage Partners in Care (EPIC) program will serve individuals diagnosed with early-stage dementia (EP) and their care partners (CP) throughout the State of Arizona. CarePRO is a psycho-educational workshop series spanning ten weeks, designed to increase the skills available to caregivers to allow them to cope with the stresses of caregiving. EPIC and CarePro will provide tools, training and coping skills that will improve not only the caregiver, but the loved one for whom the caregiver provides care, to remain active and healthy in their community.

One key strategy to direct attention to the importance of safety in our communities as a key factor for ensuring the physical, psychological, emotional and financial safety of older adults is to continue with community awareness to prevent elder abuse and heighten awareness to recognize the signs of elder abuse. Adult Protective Services (APS) initiated a workgroup to modernize and improve the current APS system focusing on reviewing and revising policies and procedures to make the program more effective and efficient. In addition, APS has created a Client Identification Program called the Medallion Program that allows at-risk and older adults to voluntarily obtain a client identification pendant (aka “a medallion”) that helps ensure their safety and protection in case of an emergency or disaster.

The advancement of the Direct Care Workforce (DCW) Initiative is an important strategy aimed at capitalizing on an integrated and well-trained informal, paraprofessional, and professional workforce. DCW is a partnership that is established with the ADHS and AHCCCS. This partnership has created a standardized training curriculum, consisting of competencies, training manuals, and tests for direct care workers. Another effort of the partnership is to raise awareness of professional opportunities in direct care services. In addition, DAAS will continue to maintain programs that support family members with caregiving obligations, encourage older Arizonans to remain engaged in the workforce through the Senior Community Employment Service Program (SCSEP), and ensure that older adults have information on civic engagement opportunities.

The Division of Aging and Adult Services will measure change through the following:

- Track progress on the 2011-2014 Action Plan through Plans in Action (PIA), a web based tracking system,
- Conduct quarterly reviews within the Division to evaluate achievements of strategies within each goal and objective,
- Provide regular updates to the Governor’s Council on Aging at scheduled Council meetings, and
- Discuss with Area Agencies on Aging at the quarterly meetings.

In conclusion, for this planning cycle the DAAS, in partnership with the AAAs and the Governor's Council on Aging, is focused on keeping as many in-home and community based services available to Arizona's seniors as possible. In doing so, Arizona's main strategy will be to refocus and coordinate the delivery of services and activities to meet the needs of our core services in an effort to seek efficiency and cost savings wherever possible.

## **Section I. Context and Introduction**

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### **Arizona's State Plan**

Under the Older American's Act of 1965, as amended, each state is required to submit a periodic state plan to the U.S. 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, Division of Aging and Adult Services (DAAS).

Arizona's plan is for a period spanning four consecutive federal fiscal years, beginning October 1, 2010 and concluding on September 30, 2014. Substantive amendments and updated information may be incorporated into the plan at the end of the first, second, and third fiscal years.

### **Mission Statement**

The Division of Aging and Adult Services supports at-risk Arizonans to meet their basic needs and to live safely, with dignity and independence.

### **Major Functions**

A variety of programs and services are made possible through the DAAS and its contractors that enable older persons and vulnerable adults to remain independent in their communities. Most direct service delivery is provided through contracts with eight AAAs, two of which serve the Native American population in coordination with Title III and Title VI funds.

The following is a listing of the core programs and services:

### **Independent Living Support Services (ILS)**

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Independent Living Support Services provides for non-medical home and community based services that serve as alternatives to institutionalized care.

- **Nutrition Services Program** provides home delivered meals, congregate meals, and nutrition education.
- **Non-Medical Home and Community Based Services** is a case managed system of care that provides In-Home Services which include: Personal Care, Respite Care, Housekeeping Services, Adult Day Care/Adult Day Health Care, Home Health Aides, Home Nursing, Telephone Assurances, Home Repair, Support Services, and Home Delivered Meals. Accessible services include transportation, outreach, information and assistance, and case management.
- **Disease Prevention and Health Promotion Services** are intended to address wellness and include 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 collaboration with DHS.



- **Mature Worker Programs** are designed to assist all individuals 50+ years old with securing job training and job search assistance as well as civic engagement opportunities. The Senior Community Service Employment Program (SCSEP) provides paid, part-time training opportunities in community service activities for unemployed, low-income persons who are 55 years of age or older who have poor employment prospects. The goal of the SCSEP training is individual economic self-sufficiency through placement in unsubsidized employment in both the public and private sector.
- **State Health Insurance Assistance Program (SHIP)** receives its funding through the Centers for Medicare and Medicaid Services. The SHIP assists Arizona's Medicare beneficiaries in understanding and accessing the health care benefits to which they are entitled and assists Medicare beneficiaries, caregivers, families, and social services professionals seeking health insurance and benefits information and assistance.
- **Senior Medicare Patrol Program (SMP)** provides public 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.
- **Family Caregiver Support Program** provides services to family caregivers of adults over 60 or a person of any age with Alzheimer's disease, as well as grandparents and other relative caregivers of children not more than 18 years of age. 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 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 compliment the care provided by caregivers.
- **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. Addresses cultural issues for long term care residents through: 1) Translation of resident rights pamphlets into native language through varied media formats; 2) Advocating for cultural foods on facility menu; and 3) Cultural activities in facilities.
- **Legal Services Assistance Program** is available to older persons who may be unable to appropriately manage their own affairs or need assistance with civil legal matters such as, power of attorney, guardianship/conservatorship, wills, living wills, trusts, and tenant/landlord concerns.

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

Adult Protective Services is administered directly by DAAS throughout its 31 offices within the state. APS accepts and evaluates reports of abuse, neglect, and exploitation of vulnerable and incapacitated adults and offers appropriate services.

## **Community Services**

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Community Services strengthens the safety net for vulnerable and at-risk individuals and families through community engagement.

- **Domestic Violence Program** provides crisis intervention, case management, emergency, transitional supportive housing, and other support services such as job readiness, transportation, assistance with food, clothing and toiletries, along with help with completing applications for assistance.
- **State Homeless Coordination Program** funds the services of Emergency Shelter, Transitional Housing, and Case Management/Outreach. All services are voluntary. According to the Homeless Management Information System (HMIS), approximately four percent of the people experiencing homelessness and accessing services are at least 62 years old.
- **Community Action Programs (CAP)** are provided through the Community Action Agencies (CAAs). The CAAs provide a range of services addressing poverty related problems from income management and credit counseling to entrepreneurial development and small business incubators, as well as coordinating emergency assistance, provide weatherization services, sponsor youth programs, operate senior centers and provide transportation in rural areas. CAAs also provide linkages to job training opportunities, GED preparation courses, and vocational education programs.

## **Refugee Resettlement Program (RRP)**

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Refugee Resettlement Program supports and advances successful resettlement of refugees (individuals forced to flee their home countries due to persecution and human rights violations) through the coordination of public and private resources that best enable them to be firmly established on the path to success and well-being.

## **Overview of the Current Service System**

The majority of the services funded through the Older Americans Act and other federal and state funds are provided through contracts with eight AAAs. The make up of the eight AAAs include: three Councils of Government, three non-profit organizations, and two that represent federally recognized tribes. In January 2010, budget shortfalls required a cessation of all new intakes for state-only funded services, which has resulted in a decline in the number of Arizonans being served.

The DAAS also contracts with four AAAs and the Mohave County Workforce Investment Act One-Stop to provide the Senior Community Service Employment Program.

The Adult Protective Services program is administered by the DAAS throughout its 31 offices within five districts. Centralized Intake provides 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.

The Division of Aging and Adult Services also supports at-risk Arizonans to meet their basic needs and to live safely, with dignity and independence. In October 2009, DAAS benefitted from the addition of the Community Action Program, Domestic Violence Program, and State Homeless Coordination Program. This addition has helped strengthen connections to older Arizonans by utilizing their already developed service network. The majority of these programs are administered through direct contracts with community based organizations to ensure that efforts are community driven and supported. The Division also directly administers the Arizona Refugee Resettlement Program in collaboration with the Voluntary Agencies which provide reception and placement services for refugees newly arrived in the United States, as well as employment services. RRP also contracts with non-profit organizations to provide older refugee services.

### **Socio-Economic Context in Arizona**

Arizona, like many other states, will need to be creative while facing a very challenging next few years. The current recession that the nation finds itself in has had a particularly devastating effect on Arizona. The overall state budget crisis that currently grips Arizona has had an additional impact on Arizona's senior population. In less than a year and half, the state's General Fund support for the Arizona Department of Economic Security (ADES) has been cut by approximately 35 percent. The impact of this budget crisis continues to have a severe impact on Arizona's age 60+ population served by programs administered by the ADES/DAAS. With additional planned cuts to state funding in SFY 2011, the current budget climate has been more than challenging for contractors who have had to reduce and eliminate certain home care services.

Numerous studies over the past 25 years have shown that Americans prefer to stay in their own homes and communities as they age instead of residing and dying in institutions. The Independent Living Support Services program assists frail elders to remain independent at an average cost per person of \$2,174/year, while the average cost of care for Medicaid-eligible members receiving home and community based services through the Arizona Long Term Care System (ALTCS) is \$19,428/year (\$6,200/year state share). For those who need help but cannot access home and community based services to assist them in remaining in their homes, the average cost of care for a person in a nursing home with a semi-private room is \$61,656/year (\$19,700 state share.) When the general fund is reduced, the state is unable to bring in the federal funds thus resulting in a loss of additional resources used for direct services, or could potentially impact the state's ability to pursue discretionary grants for those that have a state match requirement.

While the Governor and Department recognizes that the reductions that have been implemented thus far have created hardships for many of the families served, the Department's contracted providers, and the workload of employees, the state's declining revenues made such reductions necessary.

In order to address some of the hardships brought on by the declining economy and budget reductions, some Area Agencies on Aging (AAAs) are looking at innovative ways to stretch valuable resources to meet the needs of the clients served. For example, the Pinal-Gila Council for Senior Citizens is piloting a program to develop and

implement an alternative level of case management services that will provide short term and home delivered meal case management as a combined service to seniors in Pinal County. The intention is to prevent an overload of clients for the current case management provider. It will also allow the current case management provider to utilize existing resources for the clients with greater needs and higher levels of care.

Arizona is responding to the current economic downturn by refocusing our services and activities on our core services to seek efficiency and cost savings where ever possible.

### **Method for Carrying Out Preference for Older Individuals with the Greatest Economic or Social Need**

Over 68,000 Arizonans aged 65 and over are below 100 percent of the federal poverty level. Nearly one half or 7,853 clients who receive home-based services are under the federal poverty level. Ninety-one percent of those receiving in-home services are over age 60, 62 percent are female, and 52 percent of in-home service clients live alone, while 42 percent are rural residents.

The Division of Aging and Adult Services will take the following steps to ensure that the needs of older persons in these categories are given priority attention:

- Encourage the establishment of community focal points and/or service points that are easily accessible to individuals with the greatest economic and social need.
- Promote the inclusion of representatives of this group in advisory councils at the local, regional, and state levels.
- Weight American Indian reservation areas' need as higher than non-reservation areas in the Intrastate Funding Formula.
- Continue to coordinate with the American Indian reservations to ensure core services are provided.
- Ensure sensitivity of state agency staff to the special service needs of this group.
- Provide technical assistance to the AAAs 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.
- Continue to coordinate and work with the Governor's Council on Aging to ensure information on services and resources reach this target population.
- Encourage staffing of service projects that include bilingual, bicultural staff, commensurate with the composition of the local target populations.
- Include monitoring and assessment of AAAs in responding to the needs of this group.
- Ensure that dissemination of information on service resources reaches this group.
- Allow for direct service waiver(s), as needed, to ensure availability of support to those most in need.

Another effort Arizona will use to address the needs of this population will be to focus on expanding our Aging and Disability Resource Center (ADRC), AZLinks, across the state. AZLinks includes an accessible website ([www.AZLINKS.gov](http://www.AZLINKS.gov)) for Arizona consumers, caregivers, and providers who are looking for up-to-date information about Long Term Care (LTC) options, programs, and services. The intention is to make it easier to access information on a variety of aging related topics, issues and services by expanding a regional system to form a statewide network.

AZLinks will enable the Arizona Aging Network to triage requests for service. This electronic method of accessing information and services will allow those individuals with their own resources (e.g., private pay, etc.) to develop their own care plan and provider network. This will allow the limited resources to be available to those who need staff assistance to access services.

### **Method for Carrying Out Preference for Rural Older Individuals**

Twelve of the 15 counties in Arizona are largely rural areas and three counties have large rural areas surrounding their urban areas. In order to provide culturally appropriate information to those targeted populations, Arizona will continue to contract with the eight AAAs for infrastructure, delivery of services and outreach services throughout Arizona's fifteen counties. Arizona will target individuals who speak languages other than English, individuals with literacy challenges, as well as those in rural areas. In order to enhance these efforts connections will be made to create partnerships and collaborate with community resources, including faith-based community organizations.

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 targeted population are given the opportunity for input at public hearings. For this State Plan on Aging submittal, four of the seven public forums held in 2010, were conducted in rural areas.
- Participate in statewide program initiatives for transportation services.
- Promote the inclusion of representatives of rural elderly in advisory councils at the local, regional, and state levels.
- Include a weighting factor of a ten percent set aside for rural areas in the Intrastate Funding Formula.
- Provide technical assistance to AAAs and service providers in meeting the needs of the 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 AAAs and service providers.
- Promote ongoing outreach to this group through cooperative efforts with AAAs, nutrition projects, long term care facilities, the Long Term Care Gerontology Center at the University of Arizona, and other cooperating agencies and organizations.
- Ensure that important documents or program information is translated into the client's native language (as needed) and available through appropriate media formats.

## **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 AAAs, the Governor's Advisory Council on Aging, the general public, and other concerned agencies and organizations throughout the state. Information from the U.S. Census Bureau and the Arizona Department of Commerce, Research Administration, Population Statistics Unit were also used to identify population trends.

This effort is described below:

- In 2009, Arizona experienced a change in executive leadership. The new Governor has seen the value of continuing Aging 2020 as an initiative of her office. DAAS continues to stay focused on the goals and initiatives of Aging 2020 by continuing to mirror its eight goals in our State Plan on Aging. The connection helps keep the message consistent to the community, providers and the individuals we serve, and assists with involving other key agencies and partners in preparing the state for the year 2020 when one in four Arizonans are expected to be over age 60.
- DAAS reviewed the 2008-2010 State Plan on Aging, along with the eight Area Agency Plans, and in discussion with the AAAs, agreed to keep the following three Arizona Aging 2020 Plan goals in its 2011-2013 Area Plans on Aging:
  1. Increase awareness and understanding of aging issues and help prepare Arizona for an aging population;
  2. Increase the ability of older adults to remain active, healthy and living independently in their communities; and
  3. Increase the safety and well-being of older Arizonans.
- The AAAs prepared their Area Plans on Aging during state fiscal year 2010. An Area Plan is a planning document submitted by an AAA to the DAAS in order to receive funds provided under the Older Americans Act, as amended. The plan is the blueprint by which the AAA develops and administers a comprehensive and coordinated system of services and serves as the advocate for older people in the Planning and Service Area. Area Plans are locally based and supported by the State Plan.
- Although one public forum was required, the majority of the AAAs provided multiple opportunities for the public in their local areas to comment on their plans. The DAAS and the Area Agency on Aging, Region One, Inc., held a combined public forum and received comments on both plans.
- In collaboration with the AAAs, local service providers and the Governor's Advisory Council on Aging, there were seven State Plan public forums conducted for the submittal of the 2011-2014 Arizona State Plan. The forums were held in Phoenix (Glendale and Fort McDowell), Tucson, Flagstaff, Parker, Window Rock, and Casa Grande during the month of April 2010. A total of 432 individuals participated in the forums, with the biggest crowds in the Tucson, Parker, and Window Rock locations. Public input received at the State Plan on Aging public forums is provided in **Appendices B and C** of this document.

- Two presentations were made to the Governor's Advisory Council on Aging regarding the development of the State Plan on Aging. The first presentation, made on March 11, 2010, focused on the Older Americans Act, DAAS' role, and the development of the State Plan. The second presentation, made on May 7, 2010, focused on the comments received at the public forums and modifications made to the proposed strategies of the plan following these public forums.

### **Monitoring of the State Plan**

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

The DAAS will further monitor the State and Area Plans through the contract monitoring process. This monitoring will ensure compliance with administrative, programmatic, and fiscal requirements. Service delivery will be reviewed against contract scopes of work (service specifications), terms and conditions, and agency service methodologies. Fiscal reviews will verify actual costs, and compliance with fiscal procedures.

For this planning cycle, DAAS will be using a new web-based planning application called Plans in Action, with the intentions of incorporating the AAA's Area Plans into the application. The application will serve two primary purposes. The first purpose is to identify linkages within objectives and strategies to improve coordination of activities at the state and local levels. It is anticipated that the resulting understanding of connections in planning activities will lead to further improvement in coordination of state and AAA planning and make possible improved success in addressing common issues. Secondly, Plans in Action is to function as a management tool for DAAS and the AAA's.

## **Section II. State Profile – Highlights**

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### **Geographical and Demographic Trends and Characteristics<sup>1</sup>**

- Arizona was home to an estimated 6,595,778 persons in 2009.
- Arizona's total population increased by 10.3 percent from 2005 to 2009.
- In 2000, Arizona ranked 22nd nationally in percent of population age 65 and older and is projected to rank 18th in 2010 and 14th in 2030.<sup>2</sup>
- Sixty percent of the total population in Arizona resides in Maricopa County which includes the Greater Phoenix area. Pima County which includes the Greater Tucson area is home to 15 percent of the population and the remaining 25 percent of the population resides in the balance of the state.
- In 2008, there were 1,125,944 persons age 60 and older, or 18 percent of the population of Arizona.
- The projected growth of the population 60 years and older is expected to reach 1,305,495, or 19.6 percent of the total population by 2010, 2,092,622 or 24.7 percent of the total population by 2020, and 3,006,035, or 28 percent of the total population by 2030.
  - Of the number of persons 60 years and older, 82 percent are white (not of Hispanic or Latino origin) and 11 percent are Hispanic or Latino origin (of any race).
  - The racial make-up of those persons 60 years and older are:
    - 90 percent are white (including Hispanic or Latino origin);
    - 2 percent are Black or African American;
    - 3 percent are American Indian/Alaskan Native;
    - 2 percent are Asian American;
    - 1 percent Native Hawaiian and Other Pacific Islander; and
    - 3 percent some other race.
- Arizona's Hispanic or Latino population grew by 208,743 from 1,668,524 in 2005 to 1,877,267 in 2008, or a 13 percent increase. Hispanic or Latino persons accounted for 30 percent of the state population in 2008.

### **Socioeconomic Status<sup>3</sup>**

- In 2008, there were 889,864 persons below 100 percent of the poverty level in Arizona, or 14.3 percent of the total population.
- Among Arizona families in 2008, 10.2 percent were below the poverty level.
- Of the adults age 60 years and older in Arizona there were 8.6 percent, or 95,672, estimated to be below 100 percent of the poverty level in 2008.
- Of the persons age 60 and older in Arizona, 60 percent are married while 22 percent are widowed and 13 percent are divorced.

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<sup>1</sup>Demographic information provided by the U.S. Census: 2006-2008 American Community Survey 3-Year Estimates and the Arizona Department of Commerce, Research Administration, Population Statistics Unit.

<sup>2</sup> Certain information in the age 60 and older category is not reported by the Census Bureau.

<sup>3</sup> Demographic information provided by the U.S. Census: 2006-2008 American Community Survey 3-Year Estimates; the Arizona Department of Commerce, Research Administration, Population Statistics Unit; and the Arizona Department of Economic Security, Division of Aging and Adult Services.



## **Health Status**<sup>4</sup>

- The median age at death for Arizonans in 2008 was 80 years for females and 73 years for males.
- The Arizona mortality rate for cancer among those less than 65 is 53.2 per 100,000 compared to 876.1 per 100,000 for those aged 65 and older. In other words, about 19 individuals aged 65 and older die from cancer everyday.
- Cancer of the lungs, bronchus, and trachea was the leading cause of cancer deaths in Arizona among persons age 65 and older.
- Among persons over 65 years of age in Arizona, nearly one in five have been diagnosed with diabetes.
- Approximately 16 percent of older adults suffer from a behavioral health disorder, the most common of which are substance abuse, depression, and anxiety.
- Men over the age of 65 commit suicide at a rate three times that of other adults and account for 20 percent of all suicide deaths.
- It is projected that 97,000 Arizonans age 65 and older will have Alzheimer's disease in 2010. That number is projected to increase to 130,000 by 2025.
- Of the adult Arizonans surveyed in 2008:
  - 84 percent report that their health is either excellent, very good, or good;
  - 11 percent smoke everyday while 5 percent say they smoke some days;
  - 9 percent have been told by a doctor they have diabetes;
  - 10 percent have been told they currently have asthma;
  - 38 percent are overweight while 26 percent are obese;
  - 23 percent did not participate in any physical activity during the past month;
  - 82 percent reported that they have some kind of health care coverage;
  - 68 percent visited the dentist or dental clinic within the past year for any reason;
  - 22 percent are limited in any activities because of physical, mental, or emotional problems; and
  - 8 percent have a health problem(s) that requires the use of special equipment.
- 23,800 older adults participated in Arizona's Home Delivered and Congregate Meal programs during fiscal year 2009, thus having 30 percent of their daily nutritional needs met when a meal was eaten.
- 7,425 older adults in Arizona received personal care and/or homemaker services in their own homes during fiscal year 2009, helping them to live independently and remain in their own homes.

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<sup>4</sup>Sources used in this category were provided by the Arizona Department of Commerce, Research Administration, Population Statistics Unit; the United States Census Bureau; Alzheimers Association, 2010 Alzheimer's Disease Facts and Figures; Bartels, S. Dums, A, Oxman, T., Schneider, L., Arean, P., Alexopoulos, G., Jeste, D. (2002). Psychiatric Services 53, p. 1419-1431; Arizona Department of Health Services, 2008 Behavioral Risk Factors of Arizona Adults; Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2008 Report; The National Aging Programs Information Systems State Program Report for fiscal year 2009; Valuing the Invaluable: The Economic Value of Family Caregiving, 2008 update and Caregiving in the U.S. – 2009 published by AARP, and the National Alliance of Caregivers.

- In Arizona, there are approximately 610,000 informal, unpaid caregivers providing almost seven billion dollars of free care, this represents about 75 percent of all in-home care.
- On average, caregivers provide about 20 hours of care per week. A large majority of caregivers (86 percent) provide care for a relative, with over one-third (36 percent) taking care of an aging parent.
- Almost three-fourths of caregivers are employed at some time while caregiving, and 70 percent of those employed caregivers report making changes such as cutting back their work hours, taking leave, or even quitting altogether as a result of their caregiving role.

### **Employment Related Status**<sup>5</sup>

- As of January 2010, the seasonally adjusted unemployment rate for Arizona was 9 percent as compared to the national rate of 9.7 percent.
- During the period January 2009 – December 2009, 240,953 individuals registered with the Arizona's workforce development system. This represents a 61.7 percent increase from May 2007. Of this population:
  - 46,498 (19.3 percent) were age 45 – 54;
  - 24,139 (10.0 percent) were age 55 – 64; and
  - 5,175 (2.1 percent) were age 65 and older.

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<sup>5</sup> Sources used in this category were provided by the Arizona Department of Commerce, Research Administration, Population Statistics Unit and the United States Census Bureau; United States Department of Labor/Employment and Training Administration

### Unemployment Insurance Claims Data

Source: AZ Dept of Commerce, Research Administration, in cooperation with AZ Dept of Economic Security  
Excludes extended benefits of all kinds. See footnotes for data sources.

Claimants Receiving Unemployment Insurance Benefits		Initial and Additional Claims <sup>6</sup>		Unemployment Insurance Exhaustion Rate <sup>7</sup>	Average Unemployment Insurance Weekly Benefit Amount	Age Characteristics of Arizona's Unemployed
DATE	Claimants	Initial Claimants	Additional Claimants	Exhaustion Rate	Weekly Benefit Amount	>= 55 years old
Apr 2010	87,347	31,806	5,434	58.4%	\$215.64	15,463
Mar 2010	90,832	27,064	4,928	68.3%	\$216.93	15,491
Feb 2010	92,691	23,411	3,468	51.9%	\$217.52	15,814
Jan 2010	98,175	31,536	4,430	47.4%	\$217.99	16,423
Dec 2009	97,917	28,567	4,975	47.8%	\$218.78	17,161
Nov 2009	102,065	28,764	4,322	69.2%	\$218.72	17,473
Oct 2009	104,849	31,279	4,972	55.3%	\$218.74	18,273
Sep 2009	107,943	30,654	4,536	59.9%	\$218.81	19,483
Aug 2009	117,270	32,747	4,485	90.2%	\$218.36	20,801
Jul 2009	116,882	38,827	5,204	71.8%	\$219.23	21,905
Jun 2009	114,626	38,758	5,826	69.7%	\$220.76	20,733
May 2009	105,867	34,839	5,865	73.1%	\$221.56	19,445
Apr 2009	101,865	41,068	6,550	73.6%	\$222.01	19,132
Mar 2009	90,649	39,174	6,243	72.8%	\$222.27	17,532
Feb 2009	77,947	34,958	4,609	57.3%	\$222.09	15,281
Jan 2009	71,026	39,076	4,552	39.7%	\$222.14	13,334
Dec 2008	64,139	34,409	4,963	47.4%	\$221.53	12,008
Nov 2008	54,795	30,363	4,328	46.0%	\$219.82	10,799
Oct 2008	51,417	30,666	4,463	46.1%	\$217.84	9,980
Sep 2008	52,594	24,197	3,361	69.7%	\$216.47	9,792
Aug 2008	53,222	22,508	2,956	65.8%	\$214.01	9,736
Jul 2008	53,353	26,739	3,491	58.6%	\$213.92	9,582
Jun 2008	49,341	24,509	4,123	48.8%	\$216.03	8,544
May 2008	44,245	21,529	3,707	52.1%	\$216.64	7,742
Apr 2008	41,840	26,337	4,785	51.8%	\$217.67	6,967
Mar 2008	37,279	18,041	3,359	49.9%	\$219.46	6,088
Feb 2008	34,694	17,071	2,686	35.8%	\$220.12	5,766
Jan 2008	33,494	19,519	2,576	24.0%	\$219.66	5,470

Source: Arizona Department of Commerce, Research Administration, in cooperation with the Arizona Department of Economic Security

<sup>6</sup> Initial Claim: Any notice of unemployment by an unemployed worker to request a (1) a determination of entitlement to and eligibility for compensation or (2) a second of subsequent period of unemployment within a given benefit year or period of eligibility. Additional Claim: An additional unemployment insurance claim. It is filed after a break in an unemployment claim, which results from an intervening employment period within a single benefit year.

<sup>7</sup> This represents the percentage of claimants whose unemployment benefits ran out before they found employment. Calculated by dividing final payments by first payments (from 26 weeks earlier) then multiplying by 100. The normal duration of UI benefits is 26 weeks

<b>Arizona Industry Employment</b> Average Annual Growth Rate <i>(October 2009)</i>			
	<b>2008</b> <i>(Historical)</i>	<b>2009</b> <i>(Forecast)</i>	<b>2010</b> <i>(Forecast)</i>
Total Nonfarm	-2.1%	-6.8%	-0.7%
Manufacturing	-4.0%	-6.4%	-2.5%
Natural Resources/ Mining	17.4%	-15.4%	-3.2%
Construction	-16.5%	-26.6%	-8.4%
Trade, Trans., & Utilities	-2.4%	-7.6%	0.3%
Information	-0.9%	-6.8%	-4.1%
Financial Activities	-4.2%	-4.4%	-1.0%
Professional & Business Services	-4.4%	-11.1%	0.0%
Education & Health Services	4.6%	0.2%	1.8%
Leisure & Hospitality	-1.5%	-4.7%	-0.8%
Other Services	1.1%	-6.0%	-1.0%
Government	3.0%	-1.1%	-0.6%

<b>2008-2010 Arizona Statewide Occupational Projections</b> <b>Top 10 (based on Number of Positions)</b>					
<b>Standard Occupation Classification (SOC)<sup>8</sup></b>		<b>Employment</b>		<b>2 Year Change</b>	
<b>SOC Code</b>	<b>SOC Title</b>	<b>2008 Estimated</b>	<b>2010 Projected</b>	<b>Number</b>	<b>Percent</b>
29-1000	Health Diagnosing & Treating Practitioners	80,936	83,023	2,087	2.6%
31-1000	Nursing, Psychiatric, & Home Health Aides	41,505	43,227	1,722	4.1%
29-1111	Registered Nurses	40,042	41,590	1,548	3.9%
31-1011	Home Health Aides	19,823	20,717	894	4.5%
31-1012	Nursing Aides, Orderlies, & Attendants	21,097	21,908	811	3.8%
31-9000	Other Health care Support Occupations	29,836	30,560	724	2.4%
43-5052	Postal Service Mail Carriers	5,643	6,280	637	11.3%
31-9092	Medical Assistants	12,330	12,955	625	5.1%
29-2000	Health Technologists & Technicians	49,833	50,328	495	1.0%
33-3021	Detectives & Criminal Investigators	4,461	4,905	444	10.0%

<sup>8</sup> The 2010 Standard Occupational Classification (SOC) system is used by Federal statistical agencies to classify workers into occupational categories for the purpose of collecting, calculating, or disseminating data. All workers are classified into one of 840 detailed occupations according to their occupational definition.

### Programs Specific Data

**Adult Protective Services:** A profile of Arizona's APS activities and clients for the period of July 1, 2008 - June 30, 2009 is included below. Effective January 2007, APS is maintaining a 100 percent investigation rate.

	SFY 2009 Allegation							
	Abuse		Neglect		Exploitation		Totals	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Not Substantiated</b>	1,918	95.90	4,910	83.19	1,771	98.17	8599	92.42
<b>Substantiated</b>	82	4.10	992	16.81	33	1.83	1107	7.58
<b>Total</b>	2,000	100.00	5,902	100.00	1,804	100.00	9706	100.00

Client Age Group	Percent	Ethnicity	Percent
18 through 29	5.19%	Am. Indian/Alaskan Native	1.60%
30 through 39	3.29%	Asian	0.75%
40 through 49	5.57%	Black/African American	3.76%
50 through 59	10.47%	Caucasian/White	69.84%
60 through 64	7.09%	Hispanic	10.70%
65 through 69	8.14%	Pacific Islander	0.06%
70 through 74	9.03%	Other/Unknown	12.75%
75 through 79	11.70%	<b>Total</b>	<b>100.0%</b>
80 through 84	15.46%	Gender	
85+	24.06%	Female	60.65%
<b>Total</b>	<b>100.0%</b>	Male	39.35%
		<b>Total</b>	<b>100.0%</b>

Living Arrangement	Percent	Perpetrator	Percent
License/Unlicensed Care Facility	35.00%	Family Member(s)	30.32%
With Family	20.00%	Self	31.60%
With Non-Family	4.00%	Friend/Neighbor	5.74%
Alone – Some Assistance	1.75%	Caregiver(s)/Residential Management	19.06%
Alone – Little or No Assistance	18.00%	Other	13.28%
Other	21.25%	<b>Total</b>	<b>100.0%</b>
<b>Total</b>	<b>100.0%</b>		

Monthly Income Range	Percent	Reporting Source	Percent
Unknown	94.48%	Family Member(s)	11.74%
\$300 or Less	0.6%	Self	2.55%
\$301 to \$500	0.19%	Friend/Neighbor	6.30%
\$501 to \$750	1.34%	Medical Services	17.94%
\$751 to \$1,000	.86%	Social Services	23.64%
Greater than \$1,000	2.53%	Other Public Services	7.14%
<b>Total</b>	<b>100.0%</b>	Other	30.69%
		<b>Total</b>	<b>100.0%</b>

## **Senior Community Service Employment Program (SCSEP)**

*A profile of Arizona's State SCSEP participants (156 training slots)\**

<b>Gender</b>	Female	66%
	Male	34%
<b>Age</b>	55-59	31%
	60-64	27%
	65-69	24%
	70-74	10%
	75+	8%
<b>Education</b>	High School diploma or equivalent	30%
	1-3 years of college	32%
	Post Secondary certificate/degree	16%
<b>Other</b>	Disabilities	19%
	Veterans	14%

\*Source: SCSEP Quarterly Performance and Results System  
Program Year 2008 (ending 6/30/09) Final Regular Grant

- **State Health Insurance Assistance Program (SHIP):** SHIP counselors provided counseling to 23,614 beneficiaries, caregivers, and professionals from April 1, 2009 through March 31, 2010.
- **Long Term Care Ombudsman Program:** In 2009, the Long Term Care Ombudsman Program responded to 5,477 complaints from long term care residents and/or their families and the community.
- **Family Caregiver Support Program (FCSP):** In 2009, 9,054 caregivers of elderly and disabled people received FCSP services, along with 2,457 grandparents and other relatives being served as caregivers of children in kinship care situations. These numbers reflect an unusual downturn (22 percent and 21 percent, respectively) in caregivers served as the economic crisis that started in 2008 impacted state funding and the ability of the Aging Network to serve its constituents. Two state-funded caregiver programs that previously had appropriations totaling \$1.5M, one providing respite for caregivers and the other helping grandparent's transition into providing care for a grandchild both lost all of their funding in 2009. The Grandparent Kinship Care Program served 3,527 grandparents and 7,471 children in the four years it provided services. The Lifespan Respite Care Program was given a second life when a federal grant from the U.S. Administration on Aging was awarded to the Arizona DES/DAAS in the fall of 2009; this will allow the program to continue to offer respite to a small number of caregivers while continuing to build a network of support for caregivers seeking to take a break.

To further help offset the funding losses, two other federal grants totaling almost \$2M were also sought and won in 2009, both of which will fund projects that serve caregivers of persons with Alzheimer's Disease and related dementia. Care Partners Reaching Out (CarePRO) is a project featuring a series of evidence-based skill building workshops that will be offered statewide in a partnership between DAAS and the AAAs, the Alzheimer's Association, Desert Southwest Chapter, and Arizona State University. The second grant project will be known as EPIC, which stands for Early-Stage Partners in Care, and it will seek to develop an innovative new approach to working with caregiver dyads (both the caregiver and the care recipient). All of these grant projects are scheduled to be active through the end of 2012 and will have a significant impact on the upcoming planning cycle as the FCSP seeks to maintain service delivery levels and move to more evidence-based programming.

- **Independent Living Supports:** The Parity Report displays the distribution of client service populations for Congregate Meals, Home Delivered Meals, Personal Care, and Homemaker Services. The report provides an unduplicated client count of persons served for FFY 2009 by ethnicity, race, economic need, and minority economic need. The report is a comparison of target groups in the state population with those same groups that utilize services.

DIVISION OF AGING AND ADULT SERVICES PARITY REPORT FOR SFY 2010					
STATE TOTAL	2008		2009		PERCENT OF PARITY
	60+ POPULATION *		PERSONS SERVED **		
	NUMBER	PERCENT	NUMBER	PERCENT	
CONGREGATE MEALS					
White (Alone) – Non-Hispanic	1,011,098	89.80%	7,240	58.78%	65.45%
White (Alone) - Hispanic	-	-	384	3.11%	-
American Indian or Alaskan Native (Alone)	28,149	2.50%	2,308	18.73%	749.20%
Asian (Alone)	18,015	1.60%	134	1.08%	67.50%
Black / African American (Alone)	21,393	1.90%	188	1.52%	80.00%
Native Hawaiian or Other Pac. Islander (Alone)	1,126	0.1%	7	0.05%	500.00%
Persons Reporting Some Other Race	37,156	3.30%	128	1.03%	31.21%
Persons Reporting 2 or More Races	9,008	0.8%	1,294	10.50%	1,312.50%
Race Missing	-	-	633	5.13%	-
Total	1,125,945	100.00%	12,316	100.00%	
Hispanic or Latino origin (of any race)	128,357	11.40%	1,315	10.67%	93.59%
Total Minority	201,544	17.90%	5,076	41.21%	233.22%
Economic Need (Total)	95,672	8.49%	3,518	28.56%	336.39%
Minority Economic Need	17,125	1.52%	1,682	47.81%	314.54%
75+	399,669	35.49%	5,243	47.36%	133.44%
HOME DELIVERED MEALS					
White (Alone) – Non-Hispanic	1,011,098	89.80%	6,819	59.37%	66.11%
White (Alone) - Hispanic	-	-	432	3.76%	-
American Indian or Alaskan Native (Alone)	28,149	2.50%	2,578	22.44%	897.60%
Asian (Alone)	18,015	1.60%	36	0.31%	19.37%
Black / African American (Alone)	21,393	1.90%	496	4.31%	226.84%
Native Hawaiian or Other Pac. Islander (Alone)	1,126	0.1%	8	0.06%	600.00%
Persons Reporting Some Other Race	37,156	3.30%	433	3.77%	114.24%
Persons Reporting 2 or More Races	9,008	0.8%	4	.03%	37.50%
Race Missing	-	-	678	5.90%	-
Total	1,125,945	100.00%	11,484	100.00%	
Hispanic or Latino origin (of any race)	128,357	11.40%	1,490	12.97%	113.77%
Total Minority	201,544	17.90%	4,665	40.62%	226.92%
Economic Need (Total)	95,672	8.49%	5,474	47.66%	561.36%
Minority Economic Need	17,125	1.52%	-	-	-
75+	399,669	35.49%	6,987	60.84%	171.42%

# **DIVISION OF AGING AND ADULT SERVICES PARITY REPORT FOR SFY 2010**

STATE TOTAL	2008		2009		
	60+ POPULATION *		PERSONS SERVED **		PERCENT
	NUMBER	PERCENT	NUMBER	PERCENT	OF PARITY
PERSONAL CARE					
White (Alone) – Non-Hispanic	1,011,098	89.80%	1,393	66.08%	73.58%
White (Alone) - Hispanic	-	-	120	5.69%	-
American Indian or Alaskan Native (Alone)	28,149	2.50%	24	1.13%	45.20%
Asian (Alone)	18,015	1.60%	8	0.37%	23.12%
Black / African American (Alone)	21,393	1.90%	148	7.02%	369.47%
Native Hawaiian or Other Pac. Islander (Alone)	1,126	0.1%	3	0.14%	140.00%
Persons Reporting Some Other Race	37,156	3.30%	276	13.09%	396.66%
Persons Reporting 2 or More Races	9,008	0.8%	5	0.23%	34.78%
Race Missing	-	-	131	6.21%	-
Total	1,125,945	100.00%	2,108	100.00%	
Hispanic or Latino origin (of any race)	128,357	11.40%	519	24.62%	215.96%
Total Minority	201,544	17.90%	715	49.34%	275.64%
Economic Need (Total)	95,672	8.49%	981	33.91%	399.41%
Minority Economic Need	17,125	1.52%	-	-	-
75+	399,669	35.49%	1,449	68.73%	193.66%
HOMEMAKER					
White (Alone) – Non-Hispanic	1,011,098	89.80%	3,626	68.19%	75.93%
White (Alone) - Hispanic	-	-	213	4.00%	-
American Indian or Alaskan Native (Alone)	28,149	2.50%	355	6.67%	266.80%
Asian (Alone)	18,015	1.60%	27	0.50%	31.25%
Black / African American (Alone)	21,393	1.90%	297	5.58%	293.68%
Native Hawaiian or Other Pac. Islander (Alone)	1,126	0.1%	8	0.15%	150.00%
Persons Reporting Some Other Race	37,156	3.30%	431	8.10%	245.45%
Persons Reporting 2 or More Races	9,008	0.8%	7	0.13%	162.50%
Race Missing	-	-	353	6.63%	-
Total	1,125,945	100.00%	5,317	100.00%	
Hispanic or Latino origin (of any race)	128,357	11.40%	962	18.09%	158.68%
Total Minority	201,544	17.90%	1,691	31.08%	173.63%
Economic Need (Total)	95,672	8.49%	2,235	42.03%	495.05%
Minority Economic Need	17,125	1.52%	-	-	-
75+	399,669	35.49%	3,262	61.35%	172.86%

\* Source : U.S. Census Bureau; 2006 – 2008 American Community Survey 3- Year Estimates

\*\* Source: National Aging and Program Information System – 2009 State Program Report which is compiled from data contained in the DES Aging Information Management System and the AG-031 Social Service Report.

Minority Economic Need statistics are not available for Home Delivered Meals, Personal Care, and Homemaker services.



### Section III. State Plan Goals, Objectives, Performance Measures, and Outcomes

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The DAAS has set forth eight goals, along with several strategies and objectives that are designed to maintain and strengthen the current service delivery. Due to the current economic environment, the strategy for the next four years is to continue to focus on the needed core services and to leverage resources with the faith community and other local service providers. This strategy is consistent with the comments and concerns that were shared at the public forums.

<b>Goal 1</b>	<b>Make it easier for eligible older Arizonans to access an integrated array of state and aging services.</b>
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- **Objective 1.1:** Facilitate an interagency approach towards a comprehensive system that allows older adults to remain as independent as possible.
- **Objective 1.2:** Increase access to health care and other social services for seniors of all socio-economic levels.

The objectives outlined in Goal one ensure that older Arizonans, and their families, are able to access aging related information that will help them to continue to live safely and independently in their community.

To achieve this outcome, Arizona plans to continue the development and expansion of the Arizona Aging and Disability Resource Centers (ADRC), AZLinks, to improve information and access for seniors. This focus will enable us to assist seniors in expanding life choices and allow them to stay at home with more choice and control. For example, DAAS will leverage funding from several caregiver related discretionary grants from AoA to bring community partners together to create infrastructure within the ADRC that provides easy access for caregivers seeking support. More information on the ADRC, AZLinks project can be found on page 32.

<b>Goal 2</b>	<b>Increase awareness and understanding of aging issues and help prepare Arizona for an aging population.</b>
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- **Objective 2.1:** Provide culturally appropriate information to older adults and their families to promote a broad understanding of issues that arises as we age and how to address them.
- **Objective 2.2:** Promote Gerontological studies in all disciplines to address aging issues through a multidisciplinary approach.
- **Objective 2.3:** Educate and prepare the public and private sectors about the value and needs of older Arizonans.
- **Objective 2.4:** Provide information and promote understanding of options, benefits, and available services through a variety of multi-media formats.

Arizona will continue to focus on increasing awareness and providing education on the aspects of aging. Educating communities, public and private sector employers, health care professionals, as well as the aging themselves will be a major factor in how Goal two is achieved. One strategy underlying the objectives for this goal is the continued focus on training for caregivers. Training for informal caregivers is a core component of the Family Caregiver Support Program, and AAAs across Arizona will be offering classes, workshops, forums, and caregiver conferences designed to bring culturally-appropriate information and curriculums to those in their respective service areas. The role of education cannot be underestimated and it will play a big part in how the state succeeds in meeting the needs of older Arizonans over the next four years, as well as many years to come.

<b>Goal 3</b>	<b>Increase the ability of older adults to remain active, healthy and living independently in their communities.</b>
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- **Objective 3.1:** Promote healthy lifestyles, resulting in less long-term illness and reduced mortality from preventable and chronic diseases.
- **Objective 3.2:** Support aging services and programs that promote independence and self-determination of choices for older adults.

Much like Goal two, this goal will focus on education and outreach to improve access to and accessibility of non-medical home and community based services, along with promoting independence and self determination for older individuals. The DAAS will be working toward strengthening current partnerships with other agencies and organizations within the community, as well as building upon new partnerships within the faith-based community.

An area of focus for this goal will be to utilize the grant funds received for the Lifespan Respite Care Program and the Alzheimer's Disease Supportive Services Program. Lifespan respite provides additional supports to family members caring for any individual with special needs, while CarePRO, the evidence-based intervention funded by the ADSSP, focuses on increasing the skills available to caregivers to allow them to cope with the stresses of care giving. Both programs are expected to provide tools, training and coping skills that will improve not only the caregiver, but the caregiver recipients ability to remain active and healthy in their community. Details on both of these initiatives are listed on pages 33 and 34.

<b>Goal 4</b>	<b>Increase the safety and well-being of older Arizonans.</b>
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- **Objective 4.1:** Promote new and existing strategies to improve community safety for older adults.
- **Objective 4.2:** Strengthen efforts to prevent and respond to reports of elder mistreatment.

This goal will continue to direct attention to the importance of safety in our communities as a key factor for ensuring the physical, psychological, emotional, and financial safety of older adults. Heightening the awareness of the signs of elder abuse, scams and fraud to the public, as well as family members and friends, is a focal point of this goal. More information can be found on page 35.

<b>Goal 5</b>	<b>Strengthen Arizona's economy by capitalizing on an integrated and well-trained informal, paraprofessional, and professional workforce.</b>
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- **Objective 5.1:** Provide support for families in their efforts to care for their loved ones at home and in the community.
- **Objective 5.2:** Promote a stable and competent workforce sufficient to meet the growing care needs in Arizona.
- **Objective 5.3:** Promote a coordinated workforce development approach between public and private entities to benefit from the capabilities and experiences of a mature workforce.
- **Objective 5.4:** Support older Arizonans' efforts to remain engaged in the workforce and civic engagement activities.

In a weak economy, Goal five will work to coordinate opportunities that maintain a strong, diverse, paraprofessional and professional workforce. Strategies include support for workers and their family members with caregiving obligations by encouraging older Arizonans to remain engaged in the workforce and civic engagement activities, along with providing support for families who are caring for their loved ones at home or in the community.

DAAS intends to accomplish this goal through the Mature Worker Program. The Mature Worker Program will continue collaborating with the Governor's Office on the Arizona Mature Workforce Initiative and will focus on expanding the number of Senior Community Service Employment Program (SCSEP) participants assigned to community service work, especially in the growth industries such as health care, child care, education, green jobs, energy efficiency, and environmental services. This effort is described in more detail on page 37.

DAAS will also be strengthening the Direct Care Workforce (DCW) as another means to assist with accomplishing this goal. The DCW Initiative is developing concepts to raise awareness of professional opportunities in direct care services. Through educational and marketing efforts, the DCW Initiative hopes to elevate the image of direct care work and attract qualified individuals into this field. This includes family caregivers who may choose to employ their skills further and become a paid direct care professional. Working with colleges, providers, and other agencies, the initiative is also developing career paths and cross-training opportunities, so that workers become qualified for a variety of direct care jobs – working with different populations and in different settings – and consider advancing into related fields, such as health care, social work, or human services administration. More information on this initiative can be found on page 40.

<b>Goal 6</b>	<b>Enhance the state's capacity to develop and maintain the necessary infrastructure to deliver services in a culturally appropriate, timely and cost effective manner.</b>
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- **Objective 6.1:** Develop programs and approaches to close the gaps in the state's current aging services infrastructure and delivery system especially to underserved areas.

Every aspect of living in Arizona is being affected by the ever changing and increasing population as well as the volatile economy. Goal six will work to develop programs and approaches that will close the gaps in the state's current aging services infrastructure and delivery system by building a system of services that are accessible, practical, and user-friendly. In previous plans, this goal has been more robust. Due to the present economic situation and the loss of capacity building funds, the objectives in the goal have been streamlined, resulting in a single objective.

<b>Goal 7</b>	<b>Promote quality of care in all aging services.</b>
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- **Objective 7.1:** Ensure regulations and policies promote high quality of care.
- **Objective 7.2:** Ensure the highest quality of care and service through active, monitoring, assessment, and training.
- **Objective 7.3:** Streamline policies, procedures, regulations, and statutes that reflect the changing nature of an aging population.

Arizona has a diverse continuum of care delivery system for older adults who need health care and/or long term care. Goal seven concentrates on educating and training professionals in the community along with the health care system by ensuring policy changes, both state and federal, allowing for more flexibility based upon local needs. DAAS will also work to ensure that its policies and procedures promote the highest quality of care possible.

One of the ways Arizona intends on achieving this goal is through the Direct Care Workforce Initiative, a partnership that is established with the DAAS, the Arizona Department of Health Services (ADHS) and the Arizona Health Care Cost Containment System (AHCCCS). This partnership has created a standardized training curriculum, consisting of competencies, training manuals, and tests for direct care workers. The training standards emphasize high quality initial training as well as continuing education for workers, empowering them to deliver high quality services and instilling a philosophy of lifelong learning and continuing improvement. Service delivery can also become more uniform across providers with the use of the standardized curriculum, so that consumer expectations can be met more consistently. More information on this partnership and the benefits can be found on page 40.

The DAAS, in partnership with the state's Interagency Council on Long Term Care, has drafted a consumer bill of rights to protect those that have services provided in their home. This consumer bill of rights provides rights for the consumer, along with responsibilities. The draft was presented at many different venues and comments have been gathered. The next step is to provide the feedback to the Governor for consideration and possible adoption.

<b>Goal 8</b>	<b>Promote effective and responsive management for all aging services.</b>
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- **Objective 8.1:** Maximize resources to address the needs of a growing aging population.
- **Objective 8.2:** Streamline administrative processes and increase coordination.
- **Objective 8.3:** Promote training and professional development of staff and managers.
- **Objective 8.4:** Use advanced technology to enhance communication and improve management.

If Arizona is going to make systemic changes, effective and responsive management must be a common goal for all state agencies. The objectives in Goal eight will assist the DAAS to review and strengthen current technology, funding strategies, contracts, etc., by looking at new ways to be more efficient with current processes, as well as program monitoring and funding efforts.

### **Performance Measures and Outcomes**

The DAAS will be monitoring the following performance measures with expected outcomes for this planning cycle.

1. **Adult Protective Services** – Maintain investigation rate of allegations of abuse, neglect, and exploitation of vulnerable adults at 100 percent.

The DAAS expects that by maintaining the investigation rate at 100 percent and identifying/exposing scams and fraud this will increase the security and independence of older Arizonans to remain in their homes and communities.

2. **Home and Community Based Services** - HCBS will target services to older adults with impairments in three or more activities of daily living (ADLs) (those most at-risk of institutionalization).

Goal two supports this measure and the expected outcome is to provide services to those identified as most in need, enabling them to remain in their home for a longer period of time and avoid institutionalization resulting in a cost savings to the State of Arizona. In the past year, the number of clients served with impairments in three or more ADLs has increased by 48 clients (1 percent) with a total of 33 percent for 2009.

3. Long Term Care Ombudsman Program – Increase verified complaints that are resolved to the resident's satisfaction by two percent.

With the two percent increase the Ombudsmen will have demonstrated the ability to provide advocacy to residents who are unable to advocate for themselves, also assisting and educating residents on becoming their own advocates.

4. Senior Community Service Employment Program – Increase the percent of SCSEP participants transitioned from subsidized to unsubsidized employment.

Transitioning participants from subsidized to unsubsidized employment will increase individual economic self sufficiency to older Arizonans. The number of participants is expected to increase from 29.6 percent in 2010 to 31.5 percent in 2011.

5. Arizona Aging and Disability Resource Center (ADRC) – ADRC will increase the number of individuals that have successfully remained at home after hospital discharge for more than 30 days, along with the number of hospital discharges referred to the Options Counselors on a quarterly basis.

The DAAS is entering the baseline setting cycle for the Care Transitions project at four pilot sites in Arizona. National studies indicate that better patient-centered care during the "hospital to home transition" improves outcomes for these patients and hospital re-admission rates decline. Each pilot site will provide care transition coaching for a minimum of ten patient transitions each month and will track data to determine the effectiveness of the project.

6. Maintain in-home services and congregate meals to the number of clients served that are below the federal poverty level.

The DAAS will continue to focus on maintaining services to the 47 percent of existing clients that receive in-home services whose income is below the federal poverty level.

## **Section IV. Projects and Initiatives**

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The Division of Aging and Adult Services is involved in the following initiatives:

### **Aging and Disability Resource Center**

AZLinks, Arizona's ADRC was created through a federal grant in September 2005 creating a partnership between the Arizona Department of Economic Security, Area Agencies on Aging and the Arizona Health Care Cost Containment System (Arizona's Medicaid agency). The grant is jointly funded by the Administration on Aging and the Centers for Medicare and Medicaid Services. AZLinks serves older adults, persons with physical disabilities, and persons with developmental disabilities.

AZLinks is a coordinated system of information, assistance, and access for all persons seeking long term care services. It also creates a programmatic process that is reflected in an integrated data infrastructure that will allow aging, physical disability, developmental disability, health, and Medicaid systems to effectively communicate.

Over the next four years, plans are to expand and further develop the AZLinks regional system to ensure streamlined access to information and services. The fully functional ADRC will:

- Continue to have improved access to long term care service options online,
- Ensure benefits counseling programs have increased knowledge of long term care options online and the provision of technical assistance,
- Successfully integrate with existing programs and services as evidenced by programs utilizing AZLinks,
- Ensure web portal reflects needs expressed by consumers, stakeholders, and project staff and continue to provide comprehensive information regarding long term care and aging services,
- Improve continued coordination among agencies through the use of the Screening Tool, and
- Effectively develop a sustainability plan, which will be submitted on March 2011, to support the project when grant funds are terminated.

To date, AZLinks has accomplished the following:

- The three committees that were established (Steering Committee, Customer Assistance Committee, and Options Counseling Committee) continue to foster collaboration among stakeholders and provide guidance to serve each of the stakeholder's interests.
- Regional Networks continue to be formed to develop the infrastructure to deliver services in each of the regions. Maricopa, Mohave, La Paz, Yuma, Pima, Pinal and Gila Counties have been designated as ADRC sites, tasked with the ongoing development of local AZLinks partnerships and to build the infrastructure to increase access to long term care options and information.
- The Customer Assistance Committee has created a brochure and purchased marketing materials for outreach.

- The Options Counseling Committee developed an online self help tool to assist individuals with future planning.
- The University of Arizona held one-day training for the Care Transition Program, utilizing the Coleman's Care Transition Model, with the AAAs and Centers for Independent Living Options Counselors and Hospital Discharge Planners in March 2010.
- The Care Transition Program has been implemented in four counties, Maricopa, Yuma, Pinal-Gila, and Pima.
- The Northern Arizona Council of Governments (NACOG) will begin ADRC Core Partner training in July 2010. DAAS held the ADRC kickoff meeting with NACOG in May 2010 in Prescott, Arizona. The ADRC Core Partners attended the meeting to discuss the ADRC training goals and objectives.
- The Western Arizona Council of Governments (WACOG) has begun ADRC expansion into Yuma County. DAAS held the ADRC kickoff meeting with WACOG in May 2010 where Yuma County ADRC Core Partners attended to discuss ADRC goals and objectives.

### **Evidence-Based Family Caregiver Support Initiatives**

#### **FCSP - Evidence-based grants**

Arizona has seen dramatic increases in its aging population in the past decade. Arizona's shrinking social service budget has added stress to community based agencies by limiting their capacity to support and intervene on behalf of individuals with dementia, including those with early-stage dementia, and their families. In response to addressing the growing needs, the DAAS, in collaboration with its partners, will focus activities through the following:

#### **Early-stage Partners in Care (EPIC)**

in an effort to examine the feasibility, acceptability, and efficacy of intervention, the DAAS and two AAAs will begin work on the EPIC grant. EPIC is a community based group delivery program based on the dyadic intervention known as Early Diagnosis Dyadic Intervention (EDDI). The EPIC program will serve individuals diagnosed with early-stage dementia (EP) and their care partners (CP) throughout the State of Arizona.

#### **Care Pro**

This new three year funding will allow CarePRO to be implemented statewide. Arizona successfully collaborated with Nevada in the grant application process, which was also funded, meaning CarePRO will be implemented and tested across two states over the next two years. CarePRO is a psycho-educational workshop series spanning ten weeks, designed to increase the skills available to caregivers to allow them to cope with the stresses of caregiving. The program consists of five in-person group workshops held every other week, with personalized "coach" calls in the off weeks to reinforce the teachings of the last workshop. Expected outcomes for participating caregivers include: 1) reduction of depressive symptoms; 2) increased use of positive, adaptive coping strategies; 3) reduction in use of negative coping strategies; and 4) reduction in their negative interactions with others. CarePRO will serve over 400 Arizona caregivers over the course of this project.



### Life Span Respite Care Program

Efforts will also be made to expand and bring the Life Span Respite program in line with the AoA focus to provide additional supports to family members with any individual with special needs. Project partners that will work with DAAS include Arizona State University (ASU), AAAs, the Arizona Caregiver Coalition, and the Foundation for Senior Living (FSL). This grant will focus on three main activities:

- Completion and implementation of a caregiver assessment module developed in conjunction with Dr. David Coon from Arizona State University to enhance the current DAAS client intake and assessment process.
- A public awareness campaign targeted to caregivers needing respite, including development and implementation of a toll-free Respite Hotline that will be part of AZLinks.
- Provide respite to caregivers who do not qualify for other respite programs, including those identified as being at-risk by APS, mitigating the possibility of future abuse.

The federal Lifespan Respite grant funding will breathe life back into the Arizona Lifespan Respite Care Program that was initiated with state funding in 2007, but recently defunded due to the budget crisis. The grant is expected to provide respite to 85 caregivers over the course of the project.

### Health Promotion and Disease Prevention

The Arizona Department of Health Services (ADHS), in partnership with the DES/DAAS, through the Arizona Living Well project implemented the Chronic Disease Self Management Program (CDSMP) and Enhance Fitness (EF) programs in Pima, Santa Cruz, and Yavapai counties over the last three years. The goals achieved:

- Implementation of evidence-based prevention programs targeting adults 60+; and
- Built and strengthened state and local healthy aging partnerships focusing on prevention services targeting older adults.

St. Luke's Health Initiative provided the opportunity to create a blueprint for the Arizona Living Well Institute to sustain promotion and disease prevention programs. The outcomes of this project will be increased training and prevention program resources with strong partnerships at local and state levels to increase capacity and infrastructure for prevention services targeting adults 60 years and older living in Arizona. An additional outcome will be the availability of data demonstrating the benefit to adults 60 years and over of participation in chronic disease self management programs. Information and resources will be made available on a website with links on the ADRC website.

Arizona receives a little over \$400,000 in Older Americans Act Title IIID funds which is earmarked for disease prevention and health promotion. Currently, some of the funds are used for evidence-based health promotion programs. The AAAs will target a greater percentage of Title IIID funding for evidence-based health promotion programs in the coming years.

The DAAS will participate as partners in the Arizona Living Well Institute to grow the CDSMP in Arizona.

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

Aside from criminal and civil penalties, anyone with a substantiated case of mistreatment could potentially have their name placed on the APS Registry. The law requires that APS notify the accused that APS plans to substantiate the allegations against them and provides due process for the accused. This means that the case may go before an Administrative Law Judge for determination. If the substantiation is affirmed, the accused person's name will be placed on the APS Registry for ten years. The APS Registry will be opened to the general public upon written request for the information. This means that potential employers can request information about an individual they are considering for hire. Therefore, it could impact a person's employment or employment opportunities.

Adult Protective Services (APS) has begun a workgroup to modernize and improve the current APS system. The focus of this workgroup is to review, discuss, and make recommendations on how to meet the emergent needs of the clients they serve. Additionally, the group is looking at streamlining self neglect cases, expanding mobile/virtual offices, reviewing resident vs. resident in DD setting cases, reviewing and revising policies and procedures to make the program more effective and efficient.

### **Ensuring Quality Long Term Care**

Thousands of Arizona's citizens receive Long Term Care because of age or disability. In 2007, Executive Order 2007-01 was issued to facilitate an interagency approach towards a comprehensive system that allows older adults to remain as independent as possible. This four year strategy looks to improve quality in long term care, including focusing on nursing homes in the first year, assisted living in the second year, and community care in the third year. The effort, currently in its third year, is now focusing on quality of care in home and community (non-institutional) settings. The following are some key areas of focus:

- Work with community advocates, long term care providers, community colleges, and other entities to address the shortage of long term care direct care support professionals;
- Develop a consumer's long term care toolkit to provide Arizona families with the information, resources, and guidance needed to make informed decisions about long term care;
- In the delivery of home and community based services, DAAS will work with the ADRCs, specifically the AAAs, to explore the development of consumer-directed program options. Consumer direction allows the individual consumer to take a primary role in the design of service plans and the hiring and supervision of providers. Implementation of such an option will include education of case managers and the public, in collaboration with programs such as the Family Caregiver Support Program.
- Develop and recommend to the Governor a Bill of Rights for consumers of in-home long term care services.

### **Emergency Preparedness**

The Arizona Division of Emergency Management (ADEM) oversees emergency activities statewide. A part of the ADEM is the State of Arizona Emergency Response and Recover Plan (SERP) is designed to compliment and coordinate preparedness, emergency response, and recovery activities by integrating with the National Response Plan, the Department of Economic Security's disaster plan (called the Continuity of Operations Plan (COOP)), county, local, and tribal emergency operations plans and procedures. An emergency call center statewide known as the Emergency Bulletin System provides hourly updates on damage and response. Example: 2/3/2010, 11:00 A.M. State Opens Assistance Center in Gila County; 1/30/2010, 6:57 P.M. Emergency Supplies Available for Distribution by Chapters in Navajo Nation.

The DAAS is part of the DES COOP. The COOP identifies key staff persons, systems or processes that will be needed and the activities that will occur to restore services to those most in need. The DES-DAAS COOP is structured to meet the basic roles and responsibilities for disaster preparedness spelled out in the SERP. The DES Assistant Director for DAAS is the key point person in the COOP and will coordinate with internal and external staff and agencies to initiate the emergency response actions. The plan is designed for coordination between SERP, DES-DAAS, AAAs and their providers.

In the winter of 2009, heavy snowfalls in Northern Arizona called for implementation of the AAAs emergency preparedness plans. With the advanced notice of heavy snowfall, the AAAs delivered additional meals to the homebound before the storm. In one small town, the senior center responded by becoming a shelter for local residents. Broadcasts by the media provided information for residents to make preparations to "shelter in place." The AAAs worked with first responders, local and county agencies, providing information to ensure the safety of their clients.

In the remote area of the White Mountains, residents alerted their case managers that they had no electricity or power following a snowfall. The case managers alerted the county to coordinate emergency plans. The AAA staff and case managers have access to a virtual file cabinet online with information on all their clients. The list of clients is also kept in several secure places, including a copy with the Area Agency Director. All of the clients were called immediately and a wellness check was done. All of the clients were reached and assisted as needed. The AAA also provided information on grids that were out to the utility company.

Arizona also experienced some unexpected winter flooding. The flooding impacted mainly the Black Canyon area, but it did not directly impact the AAA clients and participants. The senior centers in the adjoining communities provided additional noon meals to evacuated residents, in an effort to assist during the emergency.

AAAs coordinate activities and develop long range emergency preparedness plans along with local emergency response agencies, local governments, state agencies responsible for emergency preparedness, and other entities involved in disaster relief.

In addition, a data field on the Aging Information Management System (AIMS) identifies clients who may need evacuation assistance. The ad hoc report utilizes existing data gleaned from the Arizona Standardized Client Assessment Plan (ASCAP) to populate the field with a “yes” or a “no” answer. New clients and existing clients scheduled for reassessments are required to be assessed for evacuation assistance needs.

APS has created a Client Identification Program called the Medallion Program that allows at-risk and older adults to voluntarily obtain a client identification pendant (aka “a medallion”) that helps ensure their safety and protection in case of an emergency or disaster. The medallion contains non-personal identifiable information such as the individual’s APS case number so that first responders can call the APS Hotline to quickly obtain information about the individual and instructions about any special needs or medical conditions that may assist them in emergencies or situations that require evacuations. Individuals can wear the identification pendant as a neck chain. Individuals will also be provided an identification card for their wallet and a magnetic card to place on their refrigerator. Participation in the client identification program is voluntary. The client identification program was implemented in July 2007 and now is utilized statewide.

### **Mature Workforce**

The Senior Community Service Employment Program (SCSEP) is focused on expending the funds provided through the American Recovery and Reinvestment Act as well as additional Program Year 2010 funding received covering the period January 2010 – June 2011. The program will continue to focus on expanding the number of SCSEP participants assigned to community service work, especially in growth industries such as health care, child care, education, green jobs, energy efficiency, and environmental services. These efforts will be coordinated with the state’s workforce development system (Arizona Workforce Connections). The state SCSEP Coordinator sits on the City of Phoenix Workforce Board and sub grantees have representatives on their local workforce boards.

Partnerships will be explored to find appropriate community service assignments and suitable employment for SCSEP participants. For example, the state sub grantee serving the metropolitan Phoenix area is participating in the development, recruitment and training of participants through a newly created Human Services Paraprofessional training program developed by GateWay Community College. The DAAS was instrumental in conceptualizing and developing curriculum for this program and continues to work closely with GateWay.

On another front, in order to potentially improve job retention of those participants who have chronic health related conditions, SCSEP will seek to offer the Chronic Disease Self-Management Program (CDSMP) offered as part of evidence-based health promotion activities. By offering this course to SCSEP participants who may experience some of these health related issues, it is hoped that they will be better prepared to manage their lives, thereby increasing the likelihood of employment retention. Participants may also seek to use the CDSMP training to pursue the role of “lay leader” thereby gaining the skills to conduct CDSMP workshops. They may use these additional skills to enhance their opportunities to gain employment as a long term trainer for the CDSMP.

The SCSEP Coordinator will also seek to partner with the Family Caregiver Support Program to educate employers on caregiver resources including training support groups and respite. These resources will focus on the mature workers (age 50+) who are members of the “sandwich generation,” - sandwiched between finding the time and resources to attend to the needs of both their children and parents while maintaining their own employment responsibilities.

Coordination and collaboration will continue between DAAS and the Governor’s Advisory Council on Aging/Mature Workforce Committee in its nationally recognized Mature Workforce Initiative. In May 2008, [www.azmatureworkers.com](http://www.azmatureworkers.com) was launched. This site provides access to regionalized employment related resources including a job bank that posts available paid and unpaid positions by employers who have the mature worker in mind. The website averaged 18,930 new visitors each month for the period March 2009 – February 2010. This site, hosted, at no cost by a private sector partner, Jobing.com, provides mature workers with free job listings, employment related events, and education opportunities.

This site also provides a listing of over 60 employers that have received certification since May 2008 as Mature Worker Friendly Employers. This certification was created to acknowledge employers that maintain policies, practices and programs consistent with employment of people age 50 and older based solely on their proficiency, qualifications and contribution, and on terms and conditions comparable to younger individuals. Further, The Arizona Mature Worker Friendly Employers Certification indicates an employer’s recognition of the unique value of age 50+ workers as well as their commitment to take action to provide meaningful employment, professional development opportunities, and competitive pay and benefits. Arizona was the first state in the country to develop such a program.

### **Legal Assistance Program**

The DAAS is currently working with the AAAs to redesign the Legal Assistance Program within the state of Arizona. DAAS will be working with a legal services intern to research best practices throughout the United States and design a program based upon the research and need in Arizona. The goal of DAAS is to develop and coordinate a state’s legal services and elder rights program to ensure consistent service and quality results throughout Arizona.

### **Preventative Services and Mental Health**

Medicare began covering preventive services in 1981 with the pneumococcal vaccination. Despite its long history of coverage, pneumococcal vaccination rates are less than optimal, with 64.3 percent of non-Hispanic Caucasians, 44.6 percent of Blacks, and 36.4 percent of Hispanics reporting ever receiving it (NCHS 2008). Unfortunately, older adults are not receiving all recommended preventive services, even with frequent visits to physician offices.

Reasons for this vary, but highlight the opportunity to improve preventive care for older adults. The State Health Insurance Assistance Program (SHIP), in partnership with the Centers for Medicare and Medicaid Services (CMS), continue to focus outreach and education efforts toward Medicare's preventive services. The CMS Prevention section contains sections on each of the following Medicare preventive benefits including the following:

• "Welcome to Medicare" visit	• Abdominal Aortic Aneurysm (AAA) Screening)
• Adult Immunization—Influenza Immunization	• Pneumococcal Vaccination
• Hepatitis B Vaccination	• Colorectal Cancer Screening
• Screening Mammography	• Screening Pap Test and Pelvic Examination
• Prostate Cancer Screening	• Cardiovascular Disease Screening
• Diabetes Screening	• Glaucoma Screening
• Screening Bone Mass Measurement	• Diabetes Self-Management, Supplies, and Services
• Medical Nutrition Therapy	• Smoking and Tobacco Use Cessation Counseling

The SHIP grant terms and conditions require that five percent of the funding be utilized to provide one-on-one pharmaceutical benefits counseling to dual eligible beneficiaries with mental illness. Funds will be used to hold Medicare Part D trainings for case management staff within Arizona Health Care Cost Containment System's (AHCCCS) Mental Health Division and/or local Regional Behavioral Health Authorities (RBHAs), and expand existing referral networks with AHCCCS and/or RBHAs to identify how case managers can refer the calls back to the SHIP Coordinator or complete the Client Contact Forms. The SHIP will also target low income eligible beneficiaries for assistance with premiums and co-payments.

### **Transportation Services**

An example of how Arizona has attempted to address some of the transportation barriers was through Arizona Rides partnership. This project was developed through an Executive Order in early 2005 as part of the federal *United We Ride* initiative. The Arizona Department of Transportation, in collaboration with the Governor's Office, the Department of Economic Security, the Arizona Health Care Cost Containment System, and other members of the Arizona United We Ride (Arizona Rides) team were the sponsors of this project. It was part of a two-part initiative which had the following goals:

- To ensure maximum feasible coordination between and among human services agencies receiving federal transportation dollars;
- To increase the efficiency and effectiveness of funds utilized for transportation; and
- To reduce redundancy/overlap of service.

Multiple AAAs were involved in local transportation efforts utilizing transit funding mechanisms. AAAs have partnered with transportation contract providers to apply for the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (Public Law 109-59; SAFETEA-LU) Section 5310 vehicles aimed at assisting them in delivering coordinated transportation services to customers, including older adults,

people with disabilities, and individuals with low incomes. Providers are encouraged to transport multiple population groups, because it is inefficient to only transport the elderly.

Due to Arizona's economic crisis, lottery funding for rural transit has been virtually eliminated. Thus, the loss of the lottery funding for transportation will have a negative impact on the rural transit system and make transportation in those areas almost non-existent.

### **Direct Care Workforce**

Direct care professionals, including caregivers, direct support professionals, personal care attendants, homemakers, and respite workers, provide assistance with activities such as bathing and grooming, housekeeping, and running errands. These services help older Americans and individuals with physical or developmental disabilities remain independent and live in their own homes and communities. The Arizona Department of Economic Security, Division of Aging and Adult Services (ADES-DAAS), in partnership with the Arizona Department of Health Services (ADHS) and the Arizona Health Care Cost Containment System (AHCCCS), created the position of Direct Care Workforce Specialist to provide coordination for direct care workforce initiatives, including recruitment and retention, training, and raising the qualifications of direct care professionals in Arizona.

The Direct Care Workforce (DCW) Initiative has established a standardized training curriculum, consisting of competencies, training manuals, and tests. The competencies and tests form the foundation for training standards to be implemented under this State Plan by DES-DAAS for its programs that provide in-home personal care and attendant care services, as well as housekeeping/homemaker services. New guidelines for training and for the qualifications of trainers will also be instituted by both the State Unit on Aging (DAAS) and the Medicaid agency (AHCCCS). The new training standards will be introduced during state fiscal year 2012, and DAAS will continue to coordinate policies and deadlines with AHCCCS.

The DCW Initiative has begun a long term campaign to advocate for the professional development of direct care workers and to educate professionals in health and human services fields about the role of direct care workers. A website has been established by the Direct Care Workforce Committee to provide information for and about direct care workers at [www.azdirectcare.org](http://www.azdirectcare.org).

In collaboration with the DCW committee, colleges, and other organizations in the community, DAAS will continue to promote the development of career paths for direct care workers, emphasizing the continuum of care from non-medical home care to residential facilities and skilled nursing facilities. The Initiative will continue to promote the creation of training programs at colleges, Job Corps, and private educational organizations; facilitate professional development of direct care trainers and supervisors; support efforts to establish programs or institutes related to caregiving; and educate the public about the value of caregiving. Further, the DCW Initiative will coordinate with AHCCCS to provide incentives in Medicaid contracts to promote advanced training and to explore strategies that improve recruitment and retention.

### **Case management Handbook Revision**

In collaboration with the AAAs and their case management contractors, the DAAS completed a revision of the Case Management Handbook in 2010. The Handbook provides an overview of the Arizona aging network and long term care services in the state, emphasizing the coordination of services among state and community agencies, particularly through the ADRC. Several key concepts were described in depth because of their importance to case managers and the fundamental philosophy of the delivery of home and community based services in Arizona. This includes a focus on consumer preferences and a strengths-based approach to determining the service plan for an individual, along with person-centered service delivery and consumer choice in regard to service provision.

The sections on programs and services in the DAAS Policy and Procedure Manual were revised to incorporate these key concepts as well as other policy revisions. In addition, all Scopes of Work describing the individual service requirements and standards for case managed services were revised. The Policy and Procedure Manual and the scopes of work provide additional guidance for service providers and are coordinated with the Case Management Handbook 2010. The Handbook will be distributed to all AAAs and provide a common foundation for training of case managers throughout the state.

### **Title III and Title VII Consumer Control and Choice**

The Older Americans Act (OAA) lists among its objectives for older Americans “(f)reedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.”<sup>9</sup> Further, Title III and Title VII of the OAA list as the purpose for these titles to assist state agencies and AAAs in order to “secure and maintain maximum independence, autonomy, well-being and dignity in a home environment for older individuals capable of self care with appropriate supportive services.” One program that is working towards providing consumer control and choice is the Legal Services Assistance Program which provides options for individuals who are involved in civil legal matters.

Arizona’s long term care network facilitates individual choice and access to services, allowing individuals to remain at home and maintain as much of their independence as possible by relying on family, friends, and service providers for the tasks they are unable to do for themselves. Research demonstrates that Title III programs are generally a cost effective choice that meets the needs of individuals requiring assistance with mobility or self-care. Thus, the Arizona DES-DAAS, along with the Arizona Health Care Cost Containment System (AHCCCS)/Arizona Long Term Care System (ALTCS), and the Arizona Department of Economic Security - Division of Developmental Disabilities (DES-DDD), all offer options to age in place, while providing services that promote independence and dignity for individuals.

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<sup>9</sup> Older Americans Act, 42 U.S.C. 3001, section 101.  
[http://www.aoa.gov/aoaroot/aoa\\_programs/oaa/oaa\\_full.asp#\\_Toc153957690](http://www.aoa.gov/aoaroot/aoa_programs/oaa/oaa_full.asp#_Toc153957690).



In order to further strengthen the involvement of clients in their own care, specific approaches to case management and the delivery of services were selected. These include an express emphasis on client-centered practice, a strengths-based approach to assessment, and provision of choices to clients in regard to service delivery and providers. Since the case management system is the portal to services authorized by Title III, this is where the emphasis on client choice and self-direction must begin. From the case management providers, these approaches will be relayed not only to service providers but also to clients and their families through education. Plans include the following:

1. Implementation of the revised Case Management Handbook (2010), which describes and promotes approaches designed to foster client choice and self-direction.
2. Offering more case management services through AAAs rather than individual agencies, to ensure neutrality and choice among providers.
3. Creation of a workgroup at DAAS to explore options for self-directed programs.
4. Enhance information on AZLinks.gov regarding self-direction, self-pay options, and future planning.
5. Use language that supports the concepts of client choice and self-direction, for example, “supportive services” instead of “care.”
6. Development of a voucher program for respite care.
7. Development of a pilot program for self-direction in selected HCBS services.
8. Development of policies and procedures based on the pilot, allowing for duplication in other regions.
9. Review existing forms, assessment instruments and policies and procedures for enhancements needed to foster client-choice and self-direction.
10. Participation in the federal Community Living Program.

### **Community Services**

A key component of effectively serving Arizona's elder adults is to establish, encourage, and enhance the agency's relationship with Faith-Based and Community Organizations (FBO). As adults encounter late life needs and challenges, providing person-centered, person-directed services and resources will best be accomplished by developing strong collaborative relationships between faith, nonprofit, tribal, and government organizations. Efforts include identifying and removing any unnecessary barriers for collaboration between Department programs and FBO, providing technical assistance to FBO where our work intersects, and inventorying capacities and passions of FBO statewide to facilitate connecting them appropriately with departmental program staff.

The anticipated benefits of this collaboration will be maximizing the impact of available resources, stronger connections within communities, serving families who might otherwise go without, providing more meaningful service opportunities to the caring community, building awareness of key human service issues, and providing a direct conduit for FBO to inform program policies and procedures.

## Section V. Administrative Structure

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### Statutory Authority

Arizona Revised Statute § 41-1954 provides the statutory authority for the DAAS to administer programs and services funded under the Older Americans Act. In addition, the DAAS is responsible for administering state and federal funds for the provision of Independent Living Support Services to older individuals and individuals with physical disabilities, Adult Protective Services, Refugee Resettlement Program, and Community Action Programs, Homelessness, Domestic Violence, Faith-Based Organizations, Community Development and houses the Tribal Liaison position.

DAAS 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.

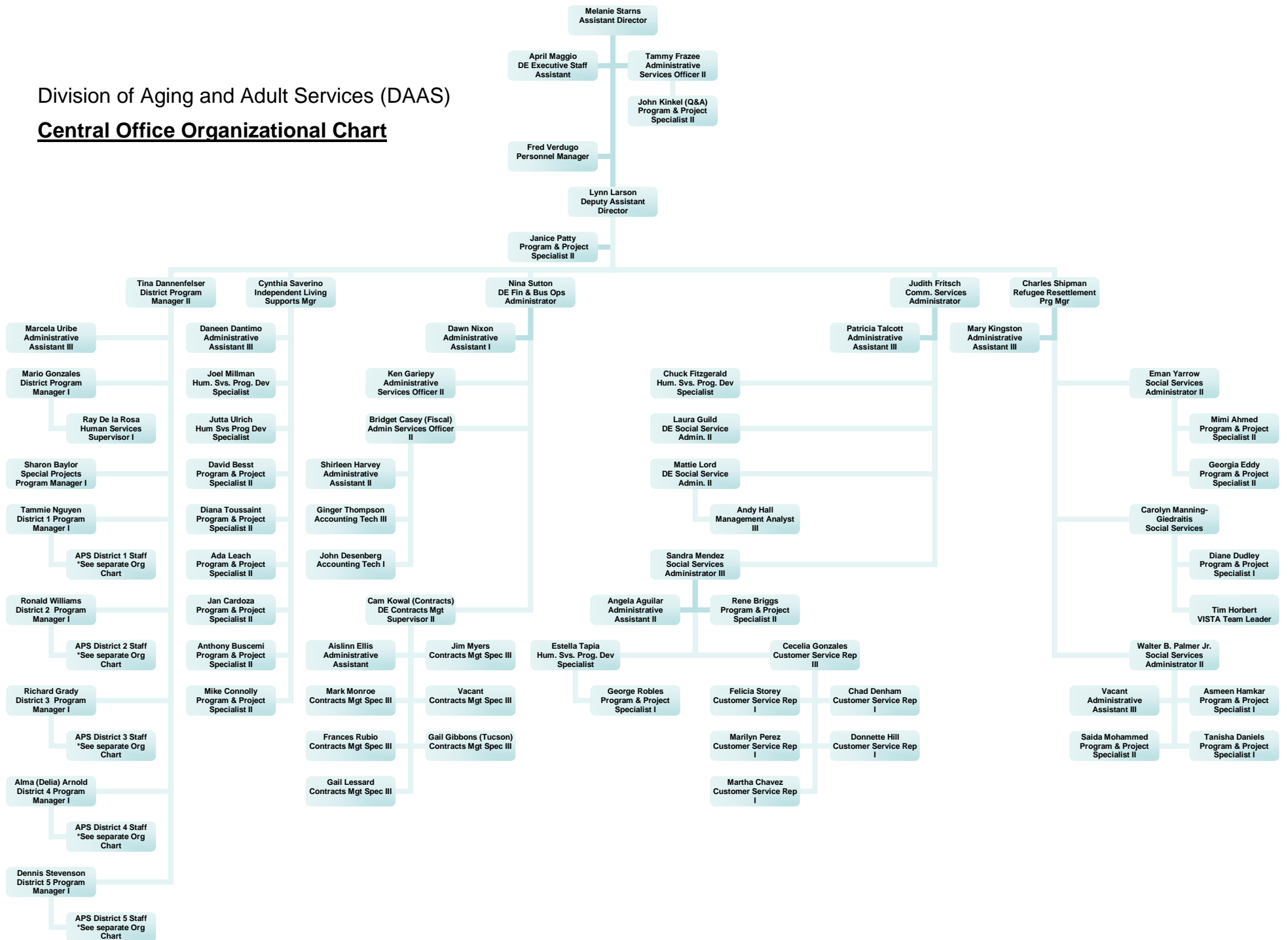
<b>A.R.S. § 41-1954</b>	Powers and duties
<b>A.R.S. § 46-191</b>	Definitions
<b>A.R.S. § 46-192</b>	Identification of services
<b>A.R.S. § 46-452.01</b>	Office of State Long Term Care Ombudsman
<b>A.R.S. § 46-452.02</b>	Long-Term Care Ombudsman; duties; immunity from liability
<b>A.R.S. § 46-453</b>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

The Older Americans Act requires that the state and AAAs 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. In April 2010, Arizona's Governor signed HB2026 into law, thereby authorizing and extending the Council through the year 2020.

<b>A.R.S. § 46-183</b>	Advisory Council on Aging; members; appointment; terms; compensation; officers; subcommittee
<b>A.R.S. § 46-184</b>	Advisory Council duties
Full text of the aforementioned Arizona Revised Statutes may be accessed at Arizona State Legislature Online at <a href="http://www.azleg.state.az.us/">http://www.azleg.state.az.us/</a> .	

## Division of Aging and Adult Services (DAAS)

### Central Office Organizational Chart



### Arizona Area Agencies On Aging

<b>REGION I</b>  <b>Maricopa County</b>	Area Agency on Aging, Region One, Inc.
	1366 East Thomas Road, Suite 108 Phoenix, Arizona 85014
	602.264.2255
	602.230.9132 Fax
<b>REGION II</b>  <b>Pima County</b>	Area Agency on Aging, Region II Pima Council on Aging
	8467 East Broadway Blvd. Tucson, Arizona 85710-4009
	520.790.0504 or 520.258.5068
	520.790.7577 Fax
<b>REGION III</b>  <b>Apache, Coconino, Navajo &amp; Yavapai counties</b>	Area Agency on Aging, Region III Northern AZ Council of Governments
	119 E. Aspen Avenue Flagstaff, Arizona 86001-5296
	928.774.1895
	928.214.7235 Fax
<b>REGION IV</b>  <b>La Paz, Mohave &amp; Yuma counties</b>	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
<b>REGION V</b>  <b>Pinal &amp; Gila counties</b>	Area Agency on Aging, Region V Pinal-Gila Council for Senior Citizens
	8969 W. McCartney Road (P.O. Box 10530) Casa Grande, Arizona 85222
	520.836.2758 /ext. 191 or 529.424.2801
	520.421.2033 Fax
<b>REGION VI</b>  <b>Cochise, Graham, Greenlee &amp; Santa Cruz counties</b>	Area Agency on Aging, Region VI SouthEastern AZ Governments Organization
	300 Collins Road Bisbee, Arizona 85603
	520.432.5301
	520.432.9168 Fax
<b>REGION VII</b>  <b>Navajo Nation</b>	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
<b>REGION VIII</b>  <b>Inter-Tribal Council on Arizona</b>	Area Agency on Aging, Region VIII Inter-Tribal Council of Arizona, Inc.
	2214 N. Central, #100 Phoenix, Arizona 85004
	602.258.4822 - 602.258.ITCA
	602.258.4825 Fax

## **Adult Protective Services Offices**

1990 W. Camelback Suite 3 Phoenix, AZ 85015 Site Code 110 C-5 Ph. # 602-255-0996	6010 N. 57 <sup>th</sup> Drive Suite 200 Glendale, AZ 85301 Site Code 146 C-5 Ph. # 623-842-6290	2328 W. Guadalupe Rd Suite 1 Gilbert, AZ 85233 Site Code 108 C-5 Ph. # 480-345-1708	3131 N. Country Club Suite 206 Tucson, AZ 85716 Site Code 201C5 Ph. # 520-881-4066
220 North Leroux Street Flagstaff, AZ 86001 Site Code 310C-5 Ph. # 928-214-2572	397 Malpais Lane 11 Flagstaff, AZ 86001-6227 Site Code 310C-5 Ph. # 928-213-3591	Mobile Office P.O. Box 3120 St. Johns, AZ 85936 Site Code 326C-5 Cell # 928-607-2538	319 East 3 <sup>rd</sup> St. Winslow, AZ 86047 Site Code 335 C-5 Ph. #928-289-2090 x113
2500 E. Cooley Street Show Low, AZ 85901 Site Code 336 C-5 Ph. # 928-532-4330	1519 West Gurley Street Suite 5 Prescott, AZ 86305 Site Code 342 C-5 Ph. # 928-277-2719	8128 East HWY 69 Suite 211 Prescott Valley, AZ 86314 Site Code 341C5 Ph. # 928-445-0735	1500 East Cherry Suite E Cottonwood, AZ 86326 Site Code 344 C-5 Ph. # 928-649-6893
Central Intake Unit 4520 N. Central, Ste 400 Phoenix, AZ 85016 Site Code 164 C-5 Ph. # 602-542-8602	1185 Redondo Center Dr. Yuma, AZ 85364 Site Code 400A Ph. # 928-TBD	228 London Bridge Rd. Suite 232 Lake Havasu, AZ 86403 Site Code 421 C-5 Ph. # 928-854-0340	2601 S. Highway 95 Bullhead City, AZ 86442 Site Code 415 C-5 Ph. # 928-704-7776
519 E. Beale St. Suite 130 Kingman, AZ 86401 Site Code 402 C-5 Ph. # 928-753-5040	605 S. 7 <sup>th</sup> St. Globe, AZ 85501 Site Code 521 C-5 Ph. # 928-425-3101	11518 East Apache Trail Suite 109 Apache Junction, AZ 85220 Site Code 515 C-5 Ph. # 480-373-2176	122 E. Highway 260 Suite 110 Payson, AZ 85541 Site Code 525 C-5 Ph. # 928-474-6208
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	228 South Main St. Mammoth, AZ 85618 Site Code 526 C-5 Ph. # 520-487-2311 ext 219	1938 Thatcher Blvd. Safford, AZ 85546 Site Code 631 C-5 Ph. # 928-428-7702
549 W. 4 <sup>th</sup> St. Benson, AZ 85602 Site Code 616 C-5 Ph. # 520-586-7830	207 Bisbee Road Bisbee, AZ 85603 Site Code 611 C-5 Ph. # 520-432-2248	330 N. Coronado Blvd. Clifton, AZ 85533 Site Code 636 C-5 Ph. # 928-865-4131	1140 F. Ave. Douglas, AZ 85607 Site Code 613 C-5 Ph. # 520-364-4446
480 N. Grand Ave. Nogales, AZ 85621 Site Code 643 C-5 Ph. # 520-287-6551	2981 E. Tacoma St. Sierra Vista, AZ 85635 Site Code 641 C-5 Ph. # 520-459-1859	256 S. Curtis Ave. Wilcox, AZ 85643 Site Code 614 C-5 Ph. # 520-384-3505	

## Section VI. Financial Structure

<b><u>State Agency Operating Budget</u></b> <b>For SFY 2011</b>			
<b>Funds Used for the Division of Aging and Adult Services</b>	<b>Title III</b>	<b>Other</b>	<b>Total Agency</b>
<b>Title III: State Administration</b>	\$1,265,739.00	\$ -	\$1,265,739.00
<b>Other Federal Funds (SCSEP, SSBG, SHIP, SENIOR PATROL)</b>	\$ -	\$1,950,876.00	\$1,950,876.00
<b>State</b>	\$ 421,909.00	\$4,819,491.00	\$5,241,400.00
<b>TOTAL</b>	<b>\$1,687,648.00</b>	<b>\$6,770,637.00</b>	<b>\$8,458,015.00</b>

<b><u>Legend</u></b>
SCSEP = Senior Community Services Employment Program
SSBG = Social Services Block Grant
SHIP = State Health Insurance Assistance Program

Older Americans Act budgets for federal fiscal years 2012 and 2014 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

<b>CONTRACT OPERATING BUDGET</b>				
By Planning and Service Area (Regions) for Fiscal Year 2011				
	*	**	***	
<b>Planning and Service Area</b>	<b>Title III &amp; VII</b>	<b>Title III - E</b>	<b>Other Federal &amp; State</b>	<b>Total Agency</b>
<b>PSA I</b>	\$ 9,070,844	\$ 1,403,610	9,688,100	\$ 20,162,554
<b>PSA II</b>	\$ 3,224,281	\$ 487,140	4,376,843	\$ 8,088,264
<b>PSA III</b>	\$ 1,742,581	\$ 253,299	2,116,103	\$ 4,111,983
<b>PSA IV</b>	\$ 1,913,220	\$ 280,907	1,904,882	\$ 4,099,009
<b>PSA V</b>	\$ 1,306,694	\$ 186,039	1,486,685	\$ 2,979,418
<b>PSA VI</b>	\$ 1,037,843	\$ 144,021	1,351,434	\$ 2,533,298
<b>PSA VII</b>	\$ 1,272,037	\$ 179,743	657,493	\$ 2,109,273
<b>PSA VIII</b>	\$ 1,599,552	\$ 232,643	356,203	\$ 2,188,398
<b>STATE TOTAL</b>	\$ 21,167,052	\$ 3,167,402	\$ 21,937,743	\$ 46,272,197
* Does not include III-E (Family Caregiver Support Program), includes Funds for Administration				
**Includes Title III-E (Family Caregiver Support Program) Administration Funds.				
***A decrease of \$1,573,300 is applied to SFY 2011 compared to SFY 2010.				
****SCSEP budget for PSA IV goes to Mohave County - all other funding goes to WACOG				

Older Americans Act budgets for federal fiscal years 2012 and 2014 will be developed on an annual basis.

## **Intrastate Funding Formula and Budget**

The DAAS will not be changing the current funding formula for this planning cycle; however, the formula will be updated as soon as the 2010 Census data is available. The Funding Formula outlined below is from the 2008-2010 State Plan and is provided to show the elements of the current formula that will be used.

### **Data elements used in the Arizona Intrastate Funding Formula**

- 2000 U.S. Census figures for the Arizona population 60 years of age or older.
- Population 60+ by county is then broken down into Non-Minority and Minority categories.
- Within the Non-Minority and Minority categories, population 60+ is then broken down into Above Poverty and Below Poverty categories (poverty is calculated at 100 percent of Federal Poverty Level).
- Deduct reservation from population 60+ by Non-Minority and Minority and by Above Poverty and Below Poverty (to determine the tribal regional breakout).
- Data then put into planning and service area (regional) breakout with (tribal regional breakouts include all applicable counties for Navajo Nation and ITCA which is the difference between the total 60+ population and less reservation).
- Non-reservation, rural population counts for 60+ are separated by county. The counties are then categorized into non-tribal planning and service areas. A percentage is then calculated for each planning and service area that identifies the rural proportion of each planning and service area to the statewide rural 60+ population counts.
- The percentage is applied to the total population (unweighted factors). The result is a rural proportion for each planning and service area, including tribal planning and service areas.
- The rural proportion is then applied to the 8.5 percent set-aside as the rural factor.

### **Factors included in the Arizona Intrastate Funding Formula**

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



### Weights applied to the Arizona Intrastate Funding Formula

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

### Base funds applied to the Arizona Intrastate Funding Formula

- A minimum administration base of \$60,000 for each Area Agency on Aging.
- A minimum program base of \$50,000 for each Area Agency on Aging.

### **How is the IFF applied?**

The current funding formula only applies to Older Americans Act funds. The funding formula takes into account the distribution of persons age 60 and over, as well as those in greatest social and economic need in each Planning and Service Area (PSA) per the weights described above. The base year is 2005-2006. A minimum program base is maintained at \$50,000 for each PSA. A minimum administration base is maintained at \$60,000 for each PSA. The formula sets aside a rural factor of 8.5 percent for the rural portions of all PSAs.

When a “Title III and VII Alert” is distributed, it comes with a variety of supporting documents. This includes the federal Notice of Award (NOA), Title III Formula Allocations, Planning Levels, Comparison of Differences between the previous and current Alerts, and the Comparison of the Federal Fiscal Year Grant Awards. The “Title III Formula Allocations” document generally appears after the NOA. The following explanation walks through the “Title III Formula Allocations” as identified in the Title III and VII Alert.

- **Available Federal:** Begins with the available Federal funds –  $\frac{1}{4}$  is taken from the prior federal fiscal year and  $\frac{3}{4}$  from the current federal fiscal year separated by Older Americans Act Titles. The current year is an estimated amount.
- **Navajo Transfer:** Add the Navajo Transfer to the available federal funds. This is also known as the Interstate Transfer and is applicable only to the Navajo Nation. This transfer is received from New Mexico and Utah and reflects the allotment transferred to Arizona for administering an interstate plan and service area.
- **Total Available:** Identifies the total Federal funds available.

- **Less 1.5 percent Ombudsman:** Deduct 1.5 percent for Ombudsman from the total Federal funds available. This is taken from Title IIIB. The deduction is not included when calculating the AAA Administration.
- **Less State (DAAS) Admin:** Deduct 5 percent of the total Titles IIIB, C1, C2, D, (noted in and paid for out of C1 column) and IIIE (noted under Family Caregiver column) for state (DES) administration.
- **Less ten percent AAA Admin:** Deduct ten percent for AAA administration from the total Federal funds available less the state administration.
- **Less Navajo Transfer:** Deduct Navajo Transfer.
- **Total Fed Program:** Identifies the total program funds available, excluding funds for state and AAA administration and the Navajo Transfer.
- **Less PSA Base Program:** Deduct Program Base at \$50,000 per region. This is spread among Titles IIIB, C1, and C2.
- **F2=8.5 percent Program Total:** 8.5 percent of the available total program funds are set aside for the “rural factor.” The rural factor amount is then allocated proportionally to each region based on its share of persons in rural areas within the PSA.
- **F1=Program Balance:** All weighted factors broken out by PSA and proportion applied by PSA. This is taken after the program base and rural factor are applied.
- **AAA Admin Fed:** Taken from “Less ten percent AAA Admin” above. This is noted in C1 and Family Caregiver columns.
- **AAA Admin Base:** Deduct the administration base at \$60,000 per PSA.
- **AAA Admin Balance:** Identifies the total AAA Administration balance. This is noted in C1 and Family Caregiver columns. F1 percentage is applied.

## Section VII. Appendices

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

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

#### Assurances

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

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

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

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

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

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

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

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

## **Sec. 306 (a), AREA PLANS**

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

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

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

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

(4)(A)(i)(I) provide assurances that the AAA will:

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

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

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

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

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

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

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

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

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

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

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

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

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement; and

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

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

(6)(F) Each Area Agency on Aging will:

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

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

(11) Each AAA 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 AAA 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 AAA will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and  
(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

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

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

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

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

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

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

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

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212

## **Sec. 307, STATE PLANS**

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

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

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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

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

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

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

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

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

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long term care facilities, but who can return to their homes if community based services are provided to them.

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

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

(21) The plan shall:

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (i) public education to identify and prevent elder abuse;
- (ii) receipt of reports of elder abuse;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

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

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

- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order.

## **REQUIRED ACTIVITIES**

### **Sec. 307(a) STATE PLANS**

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

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

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

(2) The State agency:

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

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

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

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

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

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

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

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

- (i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
- (ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
- (iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

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Neal Young, Director, DES

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Date

### **Appendix B - Public Forum Schedule**

Seven State Plan on Aging public forums were held at the following locations:

<b>Counties</b>	<b>Date &amp; Time</b>	<b>Location</b>	<b>Attendees</b>
Maricopa	4/5/10 2:00 P.M. to 4:00 P.M.	Glendale Adult Center 5970 W. Brown St, Room 106 Glendale, Arizona 85302	4
Pima	4/13/10 10:00 A.M. to 11:00 A.M.	Freedom Recreation Center 5000 E. 29 <sup>th</sup> St (SE section) Tucson, Arizona 85711	100
Apache	4/16/10 10:00 A.M. to 12:00 P.M.	Fort Defiance Chapter House Fort Defiance, Arizona 86515	110
Maricopa	4/21/10 10:45 A.M. to 12:00 P.M.	ITCA - Fort McDowell Hotel & Casino 10438 N. Fort McDowell Road Scottsdale, Arizona 85264	31
La Paz	4/23/10 11:30 A.M. to 12:30 P.M.	Parker Community/Senior Center 1115 12th St. Parker, Arizona 85344	110
Coconino	4/27/10 11:00 A.M. to 2:00 P.M.	Thorpe Park Senior and Community Center 245 N. Thorpe Rd. Flagstaff, Arizona 86001	12
Pinal	4/29/10 11:30 A.M. to 12:30 P.M.	Holiday Inn Pinal-Gila Elder Abuse Conf 777 N. Pinal Avenue Casa Grande, Arizona 85122	65
<b>Total:</b>			<b>432</b>

**Appendix C: Summary of Public Comments**  
**Collected at the Public Forums on the State Plan on Aging 2011-2014**

**Please note: These comments were received from the public and are shown exactly as they were written.**

<b>Goal 1</b>	Make it easier for eligible older Arizonans to access an integrated array of state and aging services.
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- Facilitate an interagency approach towards a comprehensive system that allows older adults to remain as independent as possible.
- Increase access to health care and other social services for seniors of all socio-economic levels

**Comments:**

**Glendale April 5, 2010**

1. With the financial cutbacks and economic situation, she would like to suggest that DES consider integrating family/children services and aging services in its delivery. Though we realize that you are primarily concerned with aging services, she proposes that the state leadership consider how they might integrate the delivery of services to all ages, providing cross-trainings and facilitating efforts to combine resources to get more mileage out of the limited funding - instead of looking at children's services, separate from family services, separate from aging services. A collaborative approach amongst the state's divisions, bringing together of staff/resources, when all have taken "hits" and had to "down-size."

**Tucson April 13, 2010**

1. I would like to see income qualification for services take "out going" into account as well as income. As disable senior, I am unable to buy health insurance. I have been without any health insurance since January. Haven't been able to afford some meds because I am paying for them myself. Considering only income I was unable to access some services but because of debts that were incurred while we were working we are just barley making it and sometimes not.
2. This would certainly help but not by computer or long phone call listing to automated voice. What a real live person to talk with on the phone or apt (with in a reasonable amount of time) to meet with person one on one! Elderly do not do well with phone or computer. They want a real live person! Home care aid! Greatly needed - who are trained and paid well. Most elderly need some care physical or cleaning and possible yard work.
3. Strategies to achieve this goal should include outreach efforts to targeted population and Caregivers.

**Window Rock April 16, 2010**

1. There should be more access available to elders. If their on long term AHCCCS.
2. I think the above-mentioned goals are very good especially health care services for seniors regardless of income. Some of us are always being told we are not eligible for program.



**Parker April 23, 2010**

1. Local Adult Protective Services available for rural La Paz County currently has to contact Lake Havasu. There should be a place to go to for help like a toll free number to contact.

DAAS Note: There is a statewide toll free number for APS.

2. Just because we are a rural community and "choose to live here" doesn't mean that our older Arizonans should suffer. Then why did you come here to hear our voices what a callous thing to say obviously there is no need for further opinion you skated around every question.

**Flagstaff April 27, 2010**

1. Recognize the disparity between the "state of Maricopa/Pima" and the rest of the state. We still have vast areas without plumbing, cell phone coverage, transit or even grocery stores.
2. What is AAA info number? (number given during session)

**Webpage**

1. Make this State Plan available to all older Arizonans by disseminating this information via appropriate publications accessible to the public, such as "Lovin' Life After 50" and other publications geared towards the elderly. Publicize availability of this plan via news media, informing people how it can be obtained.
2. Health care is a huge priority for the Seniors. They are in great need to keep independence. There could be hope for them even if they were able to pay at their income level, such as a cost share program.
3. The information provided on these services to be informed but with the decrease of income levels to qualify for state help a lot of the seniors will not qualify.

**Goal 2**

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

- Provide culturally appropriate information to older adults and their families to promote a broad understanding of issues that arises as we age and how to address them.
- Educate and prepare the public and private sectors about the value and needs of older Arizonans.
- Provide information and promote understanding of options, benefits, and available services through a variety of multi-media formats.

**Comments:****Tucson April 13, 2010**

1. Increase awareness of transportation issues and use sun van for disabled.
2. Older adults cannot get out of their home to attend these class/luncheons etc. Van transports 4-6 hr. Trips not appropriate for 70 to 90+ yr old people, plus it is very unreasonable! Education to baby boomers where education should be.
3. Advocate on behalf of older adults for appropriate services and pending levels required to provide for needs of older adults.

**Window Rock April 16, 2010**

1. The state really look into senior center have check their work.
2. Increase in awareness is needed along with education and training.

**Parker April 23, 2010**

1. Having people who can help as with SHIP who could help with questions we do have SHIP there first Monday of each month. More would be great such as electric asst. etc.

**Flagstaff April 27, 2010**

1. Communicate about the positive aspects of healthy aging. We are not using the "old woman as victim" posters. They are a negative stereotype and do not go over well with our seniors.

**Webpage**

1. These issues can always be addressed but if the services are not provided a huge percentage of the elderly will be institutionalized. There is also the possibility that the elderly will be found in situations that no one person would want to see. It's almost a crime to see these people without. There will always be a need in all areas, more in the rural than the others.
2. Every person is different. You can never be too prepared. I don't care how much you prepare yourself an elderly is never ready for that next aging step that may put them one step closer to a nursing home.

<b>Goal 3</b>	Increase the ability of older adults to remain active, healthy and living independently in their communities.
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- Promote healthy lifestyles, resulting in less long-term illness and reduced mortality from preventable and chronic diseases.
- Support aging services and programs that promote independence and self-determination of choices for older adults.

**Comments:****Glendale April 5, 2010**

1. The Area Agency on Aging, Region One in Maricopa County has collaborated with Adult Protective Services to establish supportive in-home services with vulnerable adults immediately after the need is identified. The services have been effective, as the APS client recidivism rate has decreased as a result. It was suggested that DAAS be involved in establishing this service model statewide.
2. Our experience is that the TRANSPORTATION issue has been a huge barrier to feelings of independence, especially for the aging population. Michelle believes that this is to a point of "critical", especially here in the NW Valley for our seniors. Transportation barriers prevent feelings of independence; adversely affect quality of life and the ability to participate in life- enriching events. At times, even preventing visits to medical appointments so it relates to that goal of "promoting healthy lifestyles."

**Tucson April 13, 2010**

1. Especially critical is housing safety issues. Preventative measures can add years to an elderly person's ability to maintain independence. Emergency repair services make a difference between safe independence and having to move into assisted living facility.

2. Good idea but we need TR to these activities.
3. Provide transportation necessary to access support services and programs.

**Window Rock April 16, 2010**

1. Caregivers - better service food, clean this why the get paid.
2. I think some of us seniors are trying #3 with activities at our senior centers.

**Flagstaff April 27, 2010**

1. We are increasingly seeing aging adults who state they "would not be caught dead at a senior center" time to re-tool the image to be multi - generational as disabilities can occur and any age.

**Webpage**

1. Activities are always great but in a lot of situations the activities are not accessible to the home bound. It would be great to see the activities brought to them. Transportation is a problem as well. Transportation should be a focus for the elderly to have a chance to get out and socialize.
2. Their needs to be activities that can accommodate all senior needs. Whether it is transportation or even companionship.

<b>Goal 4</b>	Increase the safety and well being of older Arizonans.
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- Promote new and existing strategies to improve community safety for older adults.
- Strengthen efforts to prevent and respond to reports of elder mistreatment.

**Comments:**

**Glendale April 5, 2010**

1. Suggested that APS be involved in the state coalition against elder abuse.

**Tucson April 13, 2010**

1. It is difficult to get APS engaged in cases where elders are being exploited by relatives (i.e., grandchildren).
2. APS funds cut greatly. They only go out and investigate when evidence called in huge. But we need more APS investigator/counselors to prevent problem before they become over whelming to the person and maybe dangerous.

**Window Rock April 16, 2010**

1. Elder abuse - elder should be ask to keep their monies at the bank - from them when their providers or whom their provider of attorney.
2. I know for a fact this abuse is happing more now but I have never heard that abuser are being punished or jailed or fined.

**Flagstaff April 27, 2010**

1. We have a multi year experience with DES staff at APS not wanting to take a report we instruct people to be insistent despite the habitual rudeness the encounter.

**Webpage**

1. I have always believed that there should be a national perpetrator list for those who have taken advantage of the elderly. There is a national sex offender list for the children who have been taken advantage of. It is only going to continue to get worse because there is no funding for the non profit organizations to provide in home care. The private hire agencies charge way to much for the majorities of the senior populations income levels. They will be risking everything to be able to have just a little help every month to get a bath or their laundry done. The seniors are putting their lives on the line doing this without having some one that has a background check. If something does not get done there could be great misfortunes for these people. May god be with them all?
2. There should be a national awareness site for the seniors to see who is out there that has taken advantage of the seniors and vulnerable adults. Maybe a perp. list like they have the FBI most wanted and the National sex offenders. This should be addressed for the seniors to remain safe in their homes.

**Goal 5**

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

- Provide support for families in their efforts to care for their loved ones at home and in the community.
- Promote a stable and competent workforce sufficient to meet the growing care needs in Arizona.
- Promote a coordinated workforce development approach between public and private entities to benefit from the capabilities and experiences of a mature workforce.
- Support Arizonans' efforts to remain engaged in the workforce and civic engagement activities.

**Comments:****Glendale April 5, 2010**

1. SCSEP - Must be low income - add to description.

**Window Rock April 16, 2010**

2. I truly don't understand this #5
3. Situation: elder is 83 yrs old - has early stages of dementia, has monthly of 869.00, but is not eligible for in-home care programs - because she is not carrying Medicaid - this has to change - any elder or fixed income with health issues/problems should be served, regardless if they of Medicaid.

**Webpage**

1. I think that there could be a cost share program that could help keep the prior organizations afloat. This could not only keep the seniors safe but the workforce up and running.
2. There is a constant duplication/overlapping of the services that are provided. If you don't utilize the current workers in the communities and the agencies do not work together. There needs to be a current system of working together that is kept in place before trying to come up with new ones.

**Goal 6**

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

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

**Comments:**

**Tucson April 13, 2010**

1. Need to have some specific numbers on how much funds number of people to SHIP - TR care given homemaker physical care - Meals etc. Once again not tracked very well.
2. Provide transportation necessary to access these services.

DAAS Note: Provider participant was given the option for DAAS to communicate requested information after the forum, but the offer was declined.

**Window Rock April 16, 2010**

3. The livelihood in senior's home or area are always changing all seniors should be serve the same level.

**Flagstaff April 27, 2010**

4. Include vouchers to private sector providers for meals and other in home services based on a sliding scale, means tested for more capacity statewide.

**Webpage**

1. I don't feel that more programs should be implemented when the current programs are constantly being thrown to the wayside. If the programs that are opened and would be maintained with the state budget then things would be a lot easier for everyone. There are so many people that are in between the programs that by the time funds get to direct services there is nothing left. The people who have actually been in the trenches have a better understanding then the people that are at the top and tell you where to put the money. To some of those the more programs they have the more money in their pockets. Well shame on them. The elderly should be able to be comfortable with some in home services during their last years in this life than to struggle daily to have to help with food prep, laundry, keeping up their person hygiene, or even having their bathroom cleaned.
2. There indeed needs to be a system in place for the timely and cost effective manner. But implementing new programs will not give that satisfaction. Instead of trying to come up with news programs all the time which would be okay but it seems that one program has to close for another to open and there is no justifying what was already in place let alone a new program that will run for a short period of time long enough to adjust and for it to be taken as well.

<b>Goal 7</b>	Promote quality of care in all aging services.
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- Ensure regulations and policies promote high quality of care.
- Ensure the highest quality of care and service through active monitoring, assessment, and training.
- Streamline policies, procedures, regulations, and statutes that reflect the changing nature of an aging population.

**Comments:**

**Tucson April 13, 2010**

1. How are you going to do this thing with out funds? Sounds like more funds wasted on agency - infrastructure etc... Then directly helping elderly how well did you do completing last 3 yr. plan? Did you complete your goal? 50 percent - 75 percent - 100 percent?

**Window Rock April 16, 2010**

2. I think this goal should be highly promoted in care health hospital.

**Flagstaff April 27, 2010**

1. We are very concerned about the over- medicating of clients (polypharmacy) and would like to see more auditing of billing by Medicare and AHCCCS by medical providers and pharmacies.

**Webpage**

2. Ask this question to yourself and watch where it goes. There is no quality of care when services are constantly being ripped out of the homes. How can service have the highest of quality when there is no service to be provided due to the misappropriation of funds? As advocates see the risk factors in these homes and to see where funds are placed it should be a crime to see these seniors go with out.
3. Regulations and policies need not to be changed every 3 to 6 months. There needs to be policies and regulations put in place to be used. There is a constant issue that smaller organizations that are funded by the state fall under radar about new policies, procedures, and regulations because they constantly change which in fact in most cases causes delay in services or paperwork.

<b>Goal 8</b>	Promote effective and responsive management for all aging services.
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- Maximize resources to address the needs of a growing aging population.
- Streamline administrative processes and increase coordination.
- Promote training and professional development of staff and managers.
- Use advanced technology to enhance communication and improve management.

**Comments:**

- **No comments received**

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Goal 1: Make it easier for eligible older Arizonans to access an integrated array of state and aging services.		Lead	Support
Objective 1.1: Facilitate an interagency approach towards a comprehensive system that allows older adults to remain as independent as possible.			
	<b>Strategies</b>		
A	Implement Executive Order 2007-01 - Ensuring Quality in Long Term Care.	ILS/Ombudsman	
a.1	Inform providers of implementing of Executive Order 2007-01-AOC.	Ombudsman	
B	Participate in statewide program initiatives for transportation services.	ILS/Diana	
b.1	Advocate for driver evaluation programs, escorted transportation svcs, caregiver inclusion.	ILS	Alz Task Force/GACA
C	Maintain statewide Caregiver/Respite Coalition to bring together the aging and disability community.	ILS/Caregiver	
D. Implement five-year operational plan for statewide ADRC.		ILS	
d.1	Expand regional system to form a statewide network.	ILS/Chuck	
d.2	Implement objectives and strategies set forth in the Five Year Operational Plan.	ILS/Chuck	
Objective 1.2: Increase access to health care and other social services for seniors of all socio-economic levels.		ILS	
	<b>Strategies</b>		
A	Outreach of Services for homebound special needs population.	ILS	
a.1	Consider rural, reservation, ethnic and cultural access issues.	SHIP	
a.2	Outreach of Services for homebound special needs population.	SHIP	
a.3	Facilitate entry into support systems and services.	ILS/CS	
B	Engage the Faith Community in opportunities to assist/direct seniors to available services and supports utilizing ArizonaSERVES.	CS	
C	Outreach to enhance access to ADRD diagnosis and treatment, including advocacy for broader coverage of treatment options.	ILS	Alz Task Force/GACA
c.1	Develop information campaign about early-onset AD, including information about the SSA Compassionate Allowance Initiative.	ILS	Alz Task Force/GACA
D	Provide leadership throughout the state on legal issues affecting seniors.	ILS	
d.1	Develop a statewide network of legal assistance providers.	Legal	
E	Facilitate Refugees access to elder services in their communities	RRP	
e.1	Convene meetings among elder and refugee-serving organizations to strengthen working relationships.	RRP	

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e.2	Establish or utilize an existing working group that will assess the needs of elder refugees and develop an action plan that addresses those needs.	RRP	
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Goal 2: Increase awareness and understanding of aging issues and help prepare Arizona for an aging population.			
Objective 2.1: Provide culturally appropriate information to older adults and their families to promote a broad understanding of issues that arise as we age and how to address them.			APS/CS/ILS
	<b>Strategies</b>		
A	Develop culturally appropriate awareness campaigns to educate communities.	APS/CS/ILS	
B	Increase the cultural and linguistic competency of aging services provided statewide.	ILS/APS/CS	
b.1	Coordinate with community partners to educate service providers and employees.	ILS	
Objective 2.2: Promote gerontological studies in all disciplines to address aging issues through a multidisciplinary approach.			
	<b>Strategies</b>		
A	Promote discussion of gerontology and caregiving among health care professionals.	ILS	
a.1	Build relationships with health care educational programs.	ILS	
a.2	Support efforts to create programs or institutes related to caregiving or aging services.	ILS/DCW/FCSP	
B	Collaborate with experts in the field to develop and provide training opportunities for professionals and others who have contact with older and vulnerable adults.	ILS/APS/CS	
b.1	Promote professional development events for trainers and supervisors of direct care staff.	DCW/ILS	
Objective 2.3: Educate and prepare the public and private sectors about the value and needs of older Arizonans.			ILS
	<b>Strategies</b>		
A	Partner with human resources departments of organizations providing tools.	ILS	
a.1	Reach out to corporate human resource departments to incorporate caregiver resources including training support groups and respite.	MAT WKR/FCSP	
B	Increase outreach – specific to Medicare preventative services and Medicare Part D.	ILS	
C	Promote awareness and provide education on the aspects of aging. (Jutta, David, Jan, Diana)	ILS	GACA
Objective 2.4: Provide information and promote understanding of options, benefits, and available services through a variety of multi-media formats.			
	<b>Strategies</b>		
A	Utilize existing resources such as State Health Insurance Program and Benefits CheckUp to expand life choices and information on benefits program.	ILS	Area Agencies on Aging

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a.1		Develop regional coalition.	ILS/SHIP	
a.2		Educate providers including non-networks (doctors).	SHIP	
a.3		Expand Senior Medicare Patrol (SMP) Fraud Coalition to include additional partners.	SMP	
a.4		Increase capacity to serve beneficiaries utilizing technology and multi-cultural resources.	SHIP/BCU	
a.5		Integrate State Health Insurance Assistance Program services into AZLINKS.	ADRC/Tony	
a.6		Standardize Senior Medicare Patrol (SMP) marketing material.	SHIP	
a.7		Follow and update changes from Arizona Health Care Cost Containment System (AHCCCS) eligibility to benefit low-income individuals in the workforce.	ILS/SHIP/ADRC	
a.7.1		Educate and train the local regions on the local changes from AHCCCS.	ILS/SHIP	
B		Further develop the AZLinks website to make it easier to access information on a variety of aging-related topics, issues and services.	ILS	Area Agencies on Aging, ILC, DDD, AHCCCS
b.1		Update information as needed to include resources in all regions of the state.	ADRC/Tony	
b.2		Continue development of caregiver websites for inclusion in ADRC as part a network of support resources for caregivers.	ADRC/Tony	
b.4		Update and leverage state websites to display current resources for providers.	APS/CS/ILS	

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Goal 3: Increase the ability of older adults to remain active, healthy and living independently in their communities.				
	<b>Strategies</b>			
Objective 3.1: Promote healthy lifestyles, resulting in less long-term illness and reduced mortality from preventable and chronic diseases.			ILS	
A	Create partnerships and collaborate with community resources to deliver the most appropriate age specific wellness programs designed to assure active life styles and independency.		ILS	
a.1	Engage the Faith Community to assist with provision of HCBS through volunteer efforts.		CS	
B	Support collaborative research to end Alzheimer's Disease and Related Dementia.		ILS	Alz Task Force/GACA
Objective 3.2: Support aging services and programs that promote independence and self determination of choices for older adults.			ILS	
A	Promote independence through the availability and accessibility of non-medical home and community based services.		ILS	Area Agencies on Aging
a.1	Facilitate and support caregiver education and ongoing access to useful caregiver resources.		ILS	Area Agencies on Aging
a.2	Support transitional living assistance.		CAREGIVER	
a.3	Maintain core components of FCSP during fiscal crisis.		CAREGIVER	
B	Integrate the principles of self determination into case management.		ILS	
b.1	Promote models of care that support decision making by clients and families.		HCBS/FCSP	
b.2	Educate providers and case mangers on principles of self-determination.		HCBS	
C	Develop consumer-directed program options.		ILS /Jutta	
c.1	Work with ADRCs to expand existing consumer-directed programs.		ILS/Jutta/ Care Giver	
c.2	Work with Caregiver Coalition and other organizations to educate the public about consumer direction.		ILS /Jutta	

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Goal 4: Increase the safety and well-being of older Arizonans.		
Objective 4.1: Promote new and existing strategies to improve community safety for older adults.		APS
	<b>Strategies</b>	
A	Continue with community awareness to prevent elder abuse and heighten awareness to recognize the signs of elder abuse.	APS
a.1	Provide education of potential abuse and exploitation of ADRD persons, including LTC settings.	ILS Alz Task Force/GACA
B	Coordinate fraud information with Adult Protective Services and AHCCCS (Fraud Unit data), in addition to agencies already involved in fraud prevention.	APS/ILS
C	Initiate an education campaign to prevent elder abuse, neglect and exploitation of vulnerable adults.	APS
c.1	Educate the public about criteria for choosing caregivers and other providers.	FCSP/DCW
c.2	Educate the public about financial exploitation and guardianship issues related to dementia.	ILS Alz Task Force/GACA
D	Participate and monitor emergency preparedness plans to address the needs of "at risk" vulnerable adults.	ILS/Diana
d.1	Promote education related to wandering issues and related technology, training for first responders, and inclusion of ADRD issues in EP planning.	ILS Alz Task Force/GACA
Objective 4.2: Strengthen efforts to prevent and respond to reports of elder mistreatment.		APS
	<b>Strategies</b>	
A	Provide Adult Protective Service investigators with continuous professional training to improve responsiveness and timeliness of Adult Protective Service investigations.	APS CPS, Risk Management, OMD
a.1	Include information and training about older adults with dementia and their caregivers.	ILS Alz Task Force/GACA
B	Cooperate with law enforcement agencies and prosecutors' offices to effectively carry out prosecution of perpetrators of abuse, neglect, and exploitation.	APS Law Enforcement, AZ Elder Abuse Coalition and AG's office
C	Promote respite to mitigate abuse by caregiver, utilizing the LRCP grant.	CAREGIVER APS
D	Continue participation with Attorney General statewide Task Force - Elder Abuse.	APS
d.1	Include information and training about vulnerable older adults with dementia.	ILS Alz Task Force/GACA
E	Researching streamlining processes and identifies best practices.	APS

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Goal 5: Strengthen Arizona's economy by capitalizing on an integrated and well-trained informal, paraprofessional, and professional workforce.				
Objective 5.1: Provide support for families in their efforts to care for their loved ones at home and in the community.			ILS/CS	
	Strategies			
A		Promote knowledge and awareness of caregiving options.	ILS	
a.1		Have a community campaign focused on the value of family caregiving and direct care workers.	CAREGIVER/ DCW	
a.2		Work with local long term care, in-home providers and other existing groups to provide training and assistance to caregivers.	CAREGIVER/ DCW	
B		Inform community partners of the affordable housing for seniors through the network of CNTs and Community Connect.	CS	
C		Encourage the creation of an inventory of available affordable housing for seniors in local communities.	CS	
D.		Develop evidence-based programming and education specific to ADRD (ADSSP grant projects).	ILS	Alz Task Force /GACA
Objective 5.2: Promote a stable and competent workforce sufficient to meet the growing care needs in Arizona.				
	Strategies			
A		Provide creative incentives to those providing direct care to the elderly.	ILS	
		Coordinate with AHCCCS to provide incentives within contract to implement advanced training.	ILS/Direct Care	
a.1		Develop recognition program(s).	ILS/Direct Care	
a.2		Explore pilot projects to enhance direct care workforce retention and recruitment.		
B		Advocate for professional development of direct care professionals.	ILS	
b.1		Promote the creation of training programs at locations such as colleges or Job Corps.	Direct Care	
b.2		Work with partner organizations to educate health professionals about direct care occupations. (Related to 2.2.A.)	ILS/Direct Care	
b.3		Explore utilization of Workforce Investment Act training for direct care workers.	MAT WKR/ Direct Care	
b.4		Support the incorporation of long term care workers into existing professional associations or the creation of an association dedicated to the direct care worker in the long term care setting.	DCW	
C		Utilizing training materials for regional system staff on services and programs.	ILS	
c.1		Certification of all counselors through the federally funded program.	ILS/SHIP	
c.2		Certification of all Ombudsman through the federally funded program.	OMBUDS	
c.3		Certification of nutrition service staff in food safety and sanitation in accordance with the FDA Food Code.	Diana	

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Objective 5.3: Promote a coordinated workforce development approach between public and private entities to benefit from the capabilities and experience of a mature workforce.			
	<b>Strategies</b>		
A	Improve and enhance the Senior Community Service Employment Program.	SCSEP	
a.1	Facilitate collaborative efforts to match mature workers with employers seeking their services.	SCSEP	
a.2	Collaborate with SCSEP sub-grantees to improve program management and service delivery.	SCSEP	
a.3	Improve and enhance the Senior Community Service Employment Program through revised policy and staff training.	SCSEP	
B	Division of Aging and Adult Services will coordinate with the GACA Mature Workforce Committee to develop a public awareness campaign for employers/local employment agencies on utilization of mature workers.	ILS/MAT WKR	
b.1	Participate in the GACA Mature Workforce Committee to assist with the development of a public awareness campaign for employers/local employment agencies on utilization of mature workers.	MAT WKR	
Objective 5.4: Support older Arizonans' efforts to remain engaged in the workforce and civic engagement activities.			
	<b>Strategies</b>		
A	Promote flexible working conditions for employees with child and elder care issues, and better use of succession planning techniques such as mentoring phased retirement, and employment flexibility.	MAT WKR	Law Enforcement Merit System Council
a.1	Research best practices regarding mature workforce issues.	MAT WKR	
a.2	Promote flexible working conditions for employees with child and elder care issues, and better use of succession planning techniques such as mentoring phased retirement, and employment flexibility.	ILS/MAT WKR	CAREGIVER
B	Develop training materials for regional system staff on services and programs.	ILS	
b.1	Increase Ombudsman and State Health Insurance Assistance Program volunteer recruitment.	OMB/SHIP	
b.2	Increase Ombudsman volunteer recruitment.	OMB	
b.3	SHIP Hotline Volunteers registered through DES Volunteer Services.	SHIP	
C	Provide resources, services and program development to promote the use of senior volunteers to support seniors.	ILS/CS	
c.1	Include information related to Senior Volunteer Program in the CommunityConnect newsletter.	CS	

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Goal 6: Enhance the state's capacity to develop and maintain the necessary infrastructure to deliver services in a culturally appropriate, timely and cost effective manner.			
Objective 6.1: Develop programs and approaches to close the gaps in the state's current aging services infrastructure and delivery system especially to underserved areas.			
	<b>Strategies</b>		
A	Build a system of services and programs that are accessible, practical, user-friendly, and culturally competent through partnerships.	ILS/CS	
B	Build collaborations that will increase accessible, safe and affordable housing options for seniors.	ILS/CS	DOH
b.1	Provide information related to the unmet need to the state-wide Continuum of Care.	CS	
C	Collaborate to develop a more dementia-capable home and community based service system.	ILS	Alz Task Force/GACA

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Goal 7: Promote quality of care in all aging services.				
Objective 7.1: Ensure regulations and policies promote high quality of care.			ILS/CS	
	Strategies			
A	Incorporate federal policy changes into Division of Aging and Adult Services policy and procedures.		FEDERALLY FUNDED PROGRAMS	
B.		Review coordination of services provided by state agencies to minimize duplication of services and maximize collaboration and seamless transitions.	ILS	
Objective 7.2: Ensure the highest quality of care and service through active monitoring, assessment, and training.				
	Strategies			
A	Promote training for professionals providing aging services.		ILS	
a.1		Implement standardized curriculum for Direct Care Workforce.	DIRECT CARE	
a.2		Promote DCW curriculum, <i>Principles of Caregiving</i> , for training purposes (e.g., assisted living facilities, adult day care).	DIRECT CARE	
a.3		Promote continuing education and career development for home-care professionals.	DIRECT CARE	
a.4		Conduct outreach to encourage participation of informal caregivers in DCW curriculum, including targeting of caregivers of persons with dementia for the Alzheimer's Disease Module of <i>Principles of Caregiving</i> and other available training.	ILS	Alz Task Force/GACA
B	Evaluate programs and project effectiveness and outcomes.		ILS/CS	
b.1		Implement a review process for the direct care worker training program.	DCW	
b.2		Evaluate hospital discharge planning pilot program.	ILS	
C	Administer an instrument to measure home-based service effectiveness and client satisfaction.		QA	
D	Partner with service agencies to provide effective oversight of services.		ILS/CS	
E	Define standards for monitoring, assessment and training.		FIN & BUS	Prgm Staff
F	Measure contractor compliance with standards on an annual basis.		FIN & BUS	Prgm Staff
	Strategies			
Objective 7.3: Streamline policies, procedures, regulations, and statutes that reflect the changing nature of an aging population.				
A	Coordinate policy changes at the state and federal levels to allow more flexibility based upon local needs.		PPQA/All Programs	
a.1		Develop a long-term policy revision schedule.	PPQA/All Programs	



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Goal 8: Promote effective and responsive management for all aging services.			
Objective 8.1: Maximize resources to address the needs of a growing aging population.			
	<b>Strategies</b>		
A	Research and leverage funding to strengthen and enhance aging services in the state.	ILS/CS	
a.1	Secure public/private funding for sustainability.	ADRC	
Objective 8.2: Streamline administrative processes and increase coordination.			
	<b>Strategies</b>		
A	Review the contracting process to identify areas for revision.	FIN & BUS	
B	Integrate departmental services in order to effectively serve the family unit.	ILS/APS/CS	
b.1	Develop intra-departmental agreements to clarify responsibilities.	ILS/APS/CS	DDD
C	Improve coordination between Adult Protective Services, the Arizona Department of Health Services, and the Arizona Health Care Cost Containment System.	APS/SHIP	
c.1	Support coordination of dementia-specific services and advocate for enhanced coverage options for ADRC clients.	ILS	Alz Task Force/GACA
Objective 8.3: Promote training and professional development of staff and managers.			
	<b>Strategies</b>		
A	Develop cultural and ethnic awareness/understanding within Division of Aging and Adult Services.	RRP	OMD
B	Review feedback received from DES Employee Satisfaction Survey to obtain employees needs.	AD	
Objective 8.4: Use advanced technology to enhance communication and improve management.			
	<b>Strategies</b>		
A	State funded, interactive technology capability - video conferencing.	ILS/APS/CS	
B	Update Division of Aging and Adult Services websites - intranet and internet.	ILS	
C	Research AIMS replacement system.	AD	
c.1	Implement new Senior Medical Patrol (SMP) database.	SHIP	
D	Enhance Division of Aging and Adult Services technological ability to allow the Division of Aging and Adult Services, Area Agencies on Aging and providers to better access client data and program reports.	ILS/CS/APS (reports only)	

<u>Color legend</u>						
<b>ILS=</b> <b>Independent Living</b> <b>Support</b>	<b>AD=</b> <b>Assistant Director's</b> <b>Office</b>  <b>PPQA=</b> <b>Policy, Planning, and</b> <b>Quality Assurance</b>	<b>RRP=</b> <b>Refugee Resettlement</b> <b>Program</b>	<b>Fin&amp; Bus=</b> <b>Finance and Business</b> <b>Operations</b>	<b>CS =</b> <b>Community Services</b>	<b>APS =</b> <b>Adult Protective</b> <b>Services</b>	<b>Public Forum/ advocacy</b> <b>change</b>