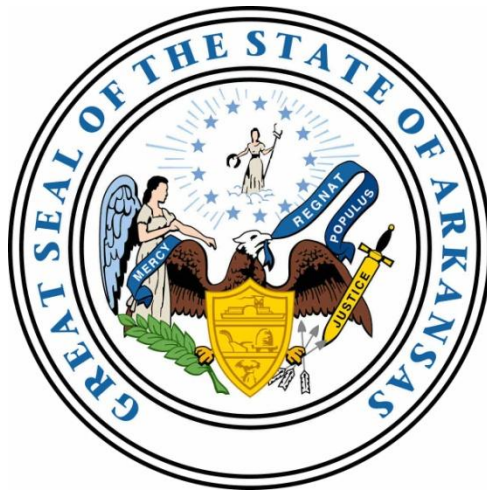


ARKANSAS

STATE PLAN ON AGING



Fiscal Years 2012 - 2015

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VERIFICATION OF INTENT

Arkansas State Plan on Aging

Fiscal Years 2012 - 2015

The State Plan on Aging is hereby submitted for the State of Arkansas for the period of October 1, 2011 through September 30, 2015. It includes all assurances, as well as plans to be implemented by the Division of Aging and Adult Services of the Arkansas Department of Human 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 and is primarily responsible for the coordination of all State activities related to the purpose of the Act, such as the development of comprehensive and coordinated systems for the delivery of nutrition, in-home and supportive services, and to serve as the effective and visible advocate for the elderly in the State.

This Plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon, approval by the Assistant Secretary for Aging.

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

Krista Hughes, Director, Division of Aging and Adult Services

Date

John Selig, Director, Arkansas Department of Human Services

Date

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

Mike Beebe, Governor, State of Arkansas

Date

EXECUTIVE SUMMARY

Overview

The Arkansas State Unit on Aging (SUA) is the Division of Aging and Adult Services (DAAS), within the Department of Human Services. DAAS serves as the focal point for all matters concerning older Arkansans; serves as an effective and visible advocate for the aging population; gives elderly citizens a choice of how and where they receive long term care services; and plans, coordinates, funds and evaluates programs for senior adults. This Division operates several community-based services for Arkansas's aging population including: Older Americans Act Unit (OAA), Home and Community-Based Waiver Services (HCBS), Adult Protective Services (APS), Aging and Disability Resource Center (ADRC), Long Term Care (LTC) Ombudsman, Public Guardian, and various other programs and grant-funded projects. These programs and projects create a critical system of supports and services vital to Arkansas seniors, their families, and caregivers.

The following is the mission of the DAAS:

- Promote the health, safety, and independence of older Arkansans and adults with physical disabilities
- Older Arkansans and people with disabilities have a choice in how and where they receive long-term care
- An aging society requires innovation and change
- Adults should be able to age well
- Arkansas adults should be safe
- Access to information enhances long-term care choices

The State of Arkansas is divided into eight different Program Service Areas (PSAs). The number of full-time staff in each AAA/PSA varies, with the largest being Region 4, having 204 full-time employees, and the smallest being Region 7, having 29. The other regions range between 50 and 138 full-time staff.

The previous state plan was developed in 2007 and examined 2005 population estimates from the U. S. Census Bureau. At that time, the total population in Arkansas was 2,779,154. The number of persons aged 60 or older was 521,337, with 66,602 of these residents being low-income and 17,996 being low-income minorities. There were 5186 Hispanic seniors (60 and over).

According to the U. S. Census Bureau 2009 estimates, the total population of Arkansas is 2,889,450. This is a four percent increase since 2005. In addition, Arkansas is ranked 10th in the Nation for percentage of persons 60 and above. Almost 20 percent of these residents are aged 60 or older. Compared to 2005, this number has increased approximately 10 percent. Of these seniors, 67,881 are considered low income. This is 11.8 percent of Arkansas seniors. The percentage of low-income seniors is significantly higher for minorities' represented by 28.1 percent, which is a six percent increase since 2005. The most substantial increase has been with the number of senior Hispanics. This number has increased over 48 percent.

Even though the population has grown, funding across the board for the aging network has not kept pace with the increase in both the cost of living and service demands. The annual budget for SFY 2008 was \$48,259,000 compared to \$53,241,572 for SFY 2011. The number of full-time employees has only increased by 2, from 203 in 2008 and 205 in 2011. This is a tremendous problem because of the addition of numerous programs such as the Aging and Disability Resource Center (ADRC), and the Public Guardian for Adults, in addition to new secured grants like the Medicare Improvements for Patients and Providers Act (MIPPA) Grant and the Elder Abuse Grant. As shown above, the Division is experiencing an increase in the demand for services, as the senior population continues to grow. A corresponding trend

toward downsizing government will present a challenge maintaining staff sufficient to respond to the increase in service demand.

Plan Purpose and Development

According to the Administration on Aging (AoA), the purpose of State Plans on Aging is to serve as a comprehensive document which can provide direction for States as they plan and implement long-term care reform efforts. In addition, the AoA envisions the State Plan serving multiple functions including:

- Documenting the tangible outcomes planned and achieved as a result of state long-term care reform efforts
- Translating activities, data, and outcomes into proven best practices, which can be used to leverage additional funding
- Providing a blueprint that spells out the activities the state will undertake in modernizing its long-term care system
- Building capacity for long-term care efforts in the state

The development of this plan was based on input from various individuals and entities. Initially, an Advisory Committee was formed including the following: 2 AAA Directors, 4 AAA Representatives, 3 DAAS Representatives, 1 Governor's Advisory Council on Aging Representative/Service Provider, and 2 Silver Haired Legislators Alumni Association Representatives/Seniors.

In addition, meetings, emails, and phone calls have occurred with AAA staff throughout the State. All information received has been beneficial for ideas, needs, programs, and history of the aging network in Arkansas. Two different surveys were then developed and distributed to members of the aging network in Arkansas. This included employees from AAAs, service providers, and senior related organizations. Almost 300 responses were received and analyzed. A Public Hearing was also held to solicit input from the public regarding the Arkansas State Plan. This also included attendance from AAA staff.

When examining *where the State of Arkansas has been and where the State is going*, input was requested from all AAA Directors and DAAS Executive Staff. Those polled reported that the implementation of the following new programs and grants are milestones that have begun since 2008:

- Aging and Disability Resource Center (ADRC)
- Community Living Program/Veteran's Directed Home and Community Based Services
- Programs of All-Inclusive Care for the Elderly (PACE)
- Elder Abuse Grant
- Medicare Improvements for Patients and Providers Act (MIPPA) Grants

In addition, the individuals polled reported the following achievements during the last state plan cycle:

- Statewide emphasis on rebalancing of home and community based services
- Increase in legislative and gubernatorial interest in aging issues
- Success in advocating and receiving Medicaid rate increase for HCBS
- Greater support and coordination of team effort between the AAAs' and DAAS that has surpassed all prior years
- Well planned and successfully implemented Silver Haired Legislation Sessions that set the tone for future policy and services to older Arkansans
- Successful annual statewide Aging Conferences that provided the latest training to the Arkansas aging network
- Continued funding of a spectrum of 25 to 30 different services for older Arkansans that enables them to remain independent and in their own homes
- Re-organization of the State Unit on Aging
- Increase in fitness and wellness programs over the past several years

- Increase in the number of family caregivers served now, versus 5 years ago
- Transition by SUA of NAPIS reporting software to mirror usage of all AAAs to ensure consistent statewide data

Strategic Planning

The Arkansas State Plan on Aging was developed around the goals provided by AoA. Because of the feedback provided through the various methods explained before, objectives were established to assist the senior population in Arkansas. The following includes a sampling of some of the objectives included in the strategic plan:

- Empower older people, their families, and other consumers to make informed decisions about and easily access existing health and long-term options
 - The DAAS will develop an integrated data system (Universal Assessment) across long-term care services related to acuity, cost, outcomes, providers and service settings efforts to balance the LTC system and manage costs
 - Mental health issues will be addressed through in-services and the implementation of evidenced proved/AoA approved programs pertaining to mental health awareness, issues, resolutions, and referrals
- Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers
 - The DAAS will enhance long-term care supports and services for informal caregivers by collaborating with community-based private-pay providers to increase caregiver supports and resources, as well as developing a customer service survey
 - Through the Money Follows the Person program, DAAS will enable eligible persons, from designated institutions, to live in their choice of settings
- Empower older people to stay active and healthy through Older Americans Act services and new prevention benefits under Medicare
 - DAAS/AAAs will empower older adults to take an active role in health promotion and disease prevention by implementing ongoing, evidence based health promotion/disease prevention (EBHP/DP) interventions and by developing a Steering Committee to assist in the enhancement and sustainability of these interventions
 - The DAAS will collaborate with other agencies to assess transportation needs in Arkansas, as well as enhance safe driving and community mobility for older adults
 - Older Arkansans will be informed of new Medicare benefits through the Medicare Improvements for Patients and Providers Act for Beneficiary Outreach and Assistance grant implementation statewide through Arkansas's AAAs and the ADRC
- Ensure the rights of older people and prevent their abuse, neglect and exploitation
 - The LTC Ombudsman Program will strive to meet the Institute of Medicine's recommendation of one full time Regional Ombudsman program per two thousand license bed and to have at least one Certified Volunteer LTC Ombudsmen per facility
 - The Office of Public Guardian for Adults will provide guardianship services to qualifying individuals who lack the mental capacity to make informed health, placement, or financial decisions
 - The Arkansas Senior Medicare Patrol, through the DAAS, will empower beneficiaries and consumers to prevent health care fraud through outreach and education
 - The DAAS will increase the ability of Arkansas professionals to recognize, address, investigate and prosecute cases of elder abuse, neglect, and exploitation through a multi-disciplinary task force

ORGANIZATIONAL STRUCTURE

State Unit on Aging

The Arkansas State Unit on Aging (SUA) is the Division of Aging and Adult Services (DAAS) which serves as the focal point for all matters concerning older Arkansans; serves as an effective and visible advocate for the aging population; gives elderly citizens a choice of how and where they receive long term care services; and plans, coordinates, funds and evaluates programs for senior adults. The DAAS is a division within the Department of Human Services (DHS). As shown below, staffing levels for the 2011 SFY includes 205 full-time and 18 part-time and/or temporary employees with an annual budget of \$53,241,572 in state/federal dollars.

DAAS Full Time Employees

Unit	# of Employees
DAAS General Administration	10
Aging & Disability Resource Center	2
Older American Act Administration	5
LTC Ombudsman	2
Title V - Federal Older Worker Administration	0
Title VII - Elder Abuse Program	1
Home & Community Based Services Administration	17
Home & Community Based Services Nurses	56
Medicaid - Independent Choices Administration	0
Medicaid - Independent Choices Nurses	0
Quality Assurance & Provider Enrollment	8
Options Counseling	1
Options Counseling Nurses	13
Adult Protective Services	62
AR Senior Medicare Fraud Patrol	2
Public Guardianship	4
Adult Abuse/Violence of Female Victims Grant	1
Medicaid Infrastructure Grant	1
Medicare Enrollment - ADRC	1
Money Follows the Person Grant	7
Systems Transformation	6
Cost Pool: DAAS AD of OAA Grant Programs	1
Cost Pool: DAAS AD of Ops & CB Programs	1
Cost Pool: DAAS Grant Programs	2
Cost Pool: DAAS OAA Grant Program	1
Cost Pool: DAAS Older Worker Program	1
Total	205

The DAAS administers several community-based services for Arkansas's aging population including: Older Americans Act (OAA), Home and Community-Based Waiver Services (HCBS), Adult Protective Services (APS), Aging and Disability Resource Center (ADRC), Long Term Care (LTC) Ombudsman, Public Guardian, and various other programs and grant-funded projects. These programs and projects create a critical system of supports and services vital to Arkansas seniors, their families, and caregivers. DAAS key stakeholders include, but are not limited to, the Area Agencies on Aging (AAAs), the State of Arkansas's chapter of AARP, the Governor's Advisory Council on Aging (GACA), the Silver Haired Legislators Alumni Association, and the Donald W. Reynolds Institute on Aging.

The following is the mission of the DAAS:

- Promote the health, safety, and independence of older Arkansans and adults with physical disabilities
- Older Arkansans and people with disabilities have a choice in how and where they receive long-term care
- An aging society requires innovation and change
- Adults should be able to age well
- Arkansas adults should be safe
- Access to information enhances long-term care choices

In addition to the DAAS mission, the Division has a working plan entitled *DAAS Top Priorities for Belief Based Performance Management (BBPM)*. This plan includes the following goals:

- The number and percentage of older Arkansans and Arkansans with physical disabilities using home and community-based waivers, rather than nursing home services, will increase each year
- Five Medicaid certified Adult Family Homes will be established by 12/31/11
- There will be an annual increase in the number of Assisted Living Medicaid beds
- An increase in the percentage of individuals who enroll in HCBS following face-to-face Options Counseling
- In APS, there will be an increase in referrals for Long Term Supportive Services (and increased services in place when a case is closed)

Program Service Areas

The State of Arkansas is divided into eight different Program Service Areas (PSAs). At one time, all of Arkansas was part of the Planning and Development Districts, as established by the Governor. In 1979, when the AAA's became 501(c)3 organizations, then Governor Bill Clinton determined that the AAA PSA's should be the same as the already established districts for Economic Development, Mental Health, and Human Services.

These PSAs have remained the same since that time. The eight PSAs are:

Program Service Areas

Region	Region Name	Office Location
1	Northwest Arkansas Area Agency on Aging	Harrison
2	White River Area Agency on Aging	Batesville
3	East Arkansas Area Agency on Aging	Jonesboro
4	Area Agency on Aging of Southeast Arkansas	Pine Bluff
5	CareLink (Central Arkansas Area Agency on Aging)	North Little Rock
6	Area Agency on Aging of West Central Arkansas	Hot Springs

7	Southwest Arkansas Area Agency on Aging	Magnolia
8	Area Agency on Aging of Western Arkansas	Fort Smith

The number of full-time staff in each AAA/PSA varies, with the largest being Region 4, having 204 full-time employees, and smallest being Region 7, having 29. The other regions range between 50 and 138 full-time staff. A break-down of each is shown below.

AAA Employees

Region	Full-Time	Part Time/ Older Workers
1	59	34
2	91	69
3	138	47
4	204	98
5	82	12
6	50	19
7	29	47
8	112	92
Total	765	418

Funding Formula

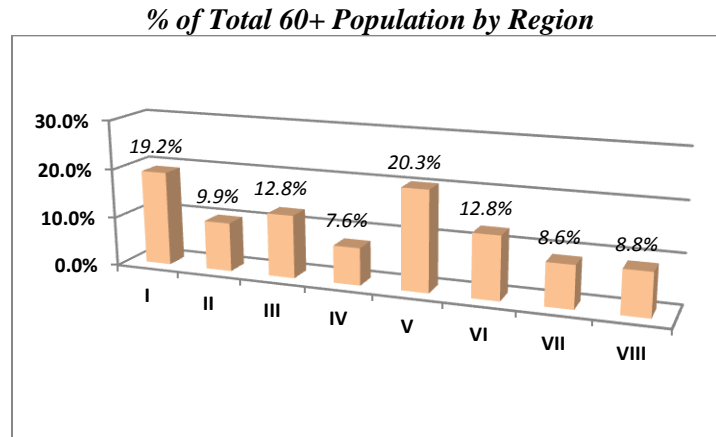
As required by the Older Americans Act, a funding formula was developed at the time of inception of the Arkansas Statue Unit on Aging. In accordance with this formula, the funding for each AAA will be allocated as follows:

- Each will receive 1 % of the total amount to be distributed from each funding source
- Of the remainder, 50 % will be distributed based on each region's proportion of Arkansans aged 60 and older
- 40 % will be distributed based on each region's proportion of low income Arkansans aged 60 and older
- 10 % will be distributed based on each region's proportion of low income minority Arkansans aged 60 and older

DEMOGRAPHICS

Current Population

According to the U. S. Census Bureau 2009 estimates, the total population of Arkansas is 2,889,450. Almost 20 percent of these residents are aged 60 or older. As shown below, there are more seniors in Region 5, which represents central Arkansas, but they are closely followed by northwest Arkansas, Region 1.



Of these seniors, 67,881 are considered low income. This is 11.8 percent of Arkansas seniors. The percentage of low-income seniors is significantly higher for minorities' represented by 28.1 percent.

The following table illustrates the population breakdown for the funding formula of each Planning Service Areas (PSAs) in Arkansas.

Population of PSAs

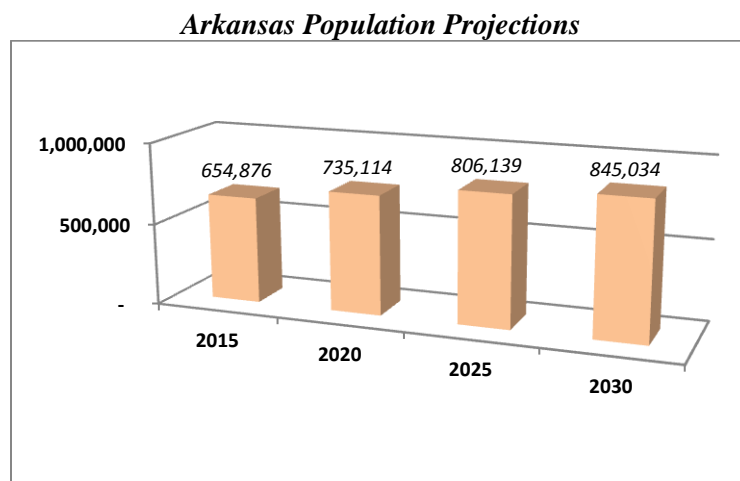
Region	Total Pop	60+ Total	% of State	60+ Low Income Total	% of State	60+ Low Income Minority Total	% of State
1	581,205	110,034	19.21%	9,020	13.29%	343	1.80%
2	231,285	56,957	9.94%	7,008	10.32%	633	3.32%
3	387,220	73,202	12.78%	12,866	18.95%	4,692	24.62%
4	214,961	43,333	7.56%	7,476	11.01%	4,101	21.52%
5	674,169	116,505	20.34%	9,661	14.23%	3,566	18.71%
6	312,552	73,301	12.79%	7,934	11.69%	1,113	5.84%
7	232,619	49,233	8.59%	8,365	12.32%	4,195	22.01%
8	255,439	50,326	8.78%	5,551	8.18%	416	2.18%
State Total	2,889,450	572,891	19.83%	67,881	2.35%	19,059	0.66%

Even though Regions 1 and 5 have the highest number of seniors, Region 3, eastern Arkansas, is the highest ranking of all PSAs for the number of low income seniors. The number of low income minority seniors is somewhat static between Regions 3, 4, and 7, representing the east, southeast and southwest parts of the State.

The Arkansas State Plan on Aging for 2008 – 2011 was based on census statistics for 2005. An analysis between 2005 and 2009 show a four percent increase in the total state population in Arkansas. This was substantially higher for those 60 and older, with a 10 percent increase. There was a slight increase, two percent, in the number of low-income seniors, but approximately a six percent increase in the number of low-income minority seniors.

Population Projections

According to the U.S. Census Bureau, the population of Arkansans aged 60 and over is rapidly increasing. The graph below displays the gradual progression between 2015 and 2030.



Further analysis of these statistics show that Arkansas will remain in the top half percentile in the ranking of senior population in the Nation with the following rankings: 2015 – 17th; 2020 – 18th; 2025 – 21st; and 2030 – 23rd. In addition, there will be an estimated 72 percent increase in this population from 2000 to 2030.

Health Issues/Concerns

According to the Centers for Disease Control and Prevention (CDC), Arkansas ranks 23rd in the number of deaths due to Alzheimer's disease, with 24.6 per 100,000. However, the State is 7th in the number of deaths due to heart disease. Nationally, the number of these deaths per 100,000 is 190.9, which is substantially lower than the 221.8 in Arkansas.

The AARP Public Policy Institute reported that over 27 percent of adults age 50 and over, in Arkansas are in poor or fair general health. Also, 17.4 percent of these adults are suffering from diabetes.

Additionally, there are approximately 330,000 senior Arkansans with a chronic disease, ranking the State in the top five in the nation of seniors having chronic diseases. Of these seniors, 77 percent have two or more chronic diseases.

The following rankings are also significant in regard to the makeup of Arkansas:

- 3rd nationally in the 65+ population with adults reporting a disability

- 12th nationally with 63.5% of adults who are overweight or obese
- 19th nationally with 33.6% of adults reporting poor mental health
- 3rd nationally with 15.9% of the senior population hungry
- 50,286 children are living in grandparent-headed households (7.4% of all children in the State)
- 33,618 grandparents report they are responsible for grandchildren living in their home

GRANT PROJECTS

Community Choices

The Choices in Living ADRC, in collaboration with the University of Arkansas for Medical Sciences (UAMS) Medical Center and the St. Joseph's Mercy Health Center, has adapted the model of the Care Transitions Intervention to implement the Community Choices project. The ADRC has developed and implemented a replicable program at UAMS and the St. Joseph's Mercy Health Center targeting seniors and adults with disabilities who are at risk of nursing home admission.

The Care Transitions Intervention is an evidence-based program for adult patients with specific diagnoses as they return home from the hospital. Coaches are providing a targeted intervention, including visits in the hospital and in the home, to educate and coach patients and their caregivers in medication reconciliation, prompt medical follow-up, red flags, self management & self-advocacy. Hospital discharge planners are working with the coaches to identify consumers to ensure their needs are met as they transition from an acute care setting to the community. The target population is seniors and adults with disabilities who live in Central Arkansas (Pulaski, Saline counties) which are considered urban areas of the state and in four rural counties of Arkansas (Garland, Montgomery, Pike and Hot Spring counties).

The overall goal of this project is to improve care transitions by providing consumers with the support and tools that promote self-knowledge and self-management as they move from one long term setting to another. All partners are working together to achieve the following objectives:

- Create community partnerships that will develop and implement a sustainable discharge planning process
- Streamline access to home and community-based services (HCBS) that support consumers in transitioning from one long term setting to another
- Implement a variety of training opportunities to community partners to increase consumer choices and better coordinate services in the community

Community Living Program/Veteran's Directed Home and Community Based Services

In 2007, DAAS received grant funding to support a Nursing Home Diversion Program now known as the Community Living Program (CLP). Two of the Area Agencies on Aging (AAA), Regions 1 and 5, received funding for the Community Living program. Both AAA's excelled in their receptiveness to offering the Cash & Counseling model. The Division of Aging and Adult Services offered training opportunities and support but allowed each to develop a program unique to their agency and their region.

In September 2008, Arkansas again was successful in securing grant funding for a second Community Living Program. Two more Area Agencies on Aging, Regions 4 and 7, were added, serving two additional regions of the state. Since participation in the Community Living Program began one half of Arkansas AAA's participated in the Community Living Program serving 176 persons. Even though no grant funds remain to support the Community Living Program there are 44 participants still active in the CLP at a cost of \$18,339.64 per month.

Arkansas's second funding of the Community Living Program allowed the DAAS to begin working with the Veteran's Health Administration to offer the Veteran's Directed Home and Community-Based Services (VDHCBS) program. All four participating CLP AAA's expressed interest in participating and to date three of the four AAAs offer the VDHCBS program to 73 Arkansas veteran's who have so admirably served our country. Each of these three was able to negotiate contracts with the local Veteran's Administration Health Services in their region.

The earlier experiences gained by the AAA's positioned them to move quickly to offer VDHCBs in their respective regions. In comparison to other states offering VDHCBs, Arkansas has served more veterans. As with the CLP program, veterans have been receptive to the new program. All of the AAAs remain committed to the VDHCBs program and look for permanency of the program.

Elder Abuse Grant

The Department of Justice, Office on Violence Against Women, awarded grant funding to DAAS under the Enhanced Training and Services to End Violence Against and Abuse of Women Later in Life to develop and strengthen effective responses to violence against adult men and women. Being able to recognize, address, investigate and prosecute cases of elder abuse, neglect, and exploitation, including sexual assault, domestic violence, dating violence, or stalking, of female victims who are 50 years of age or older is a severe problem in the State of Arkansas. The main cause of this problem is the lack of an organized association that focuses solely on older adult victims of violence. This funding is allowing team members to enhance prevention and intervention efforts necessary to achieve effective outcomes through training, data collection, and team work in Washington County.

Partners include the Department of Human Services/Division of Aging and Adult Services, the Washington County Prosecuting Attorney's Office, the Washington County Sheriff's Office, and the Sexual Assault Recovery & Prevention Agency. To assist, a Multidisciplinary Training Team and an Adult Abuse and Violence Task Force has been established through this grant program.

Employability Project

The EmployAbility Project works to increase employment of working-age Arkansans with disabilities, especially Social Security and SSI disability beneficiaries. The emphasis is on collaborating with other agencies to change state government policies, procedures, and services to reduce barriers to employment, as well as to conduct outreach and education about employment, work incentives, and employment services. The project is totally funded by a federal Medicaid Infrastructure Grant (MIG) from the Centers for Medicare and Medicaid Services (CMS), which will end 12/31/11.

Medicare Improvements for Patients and Providers Act (MIPPA) Grant

The 2010 Affordable Care Act provides additional federal funding to be administered by the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS) for State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), and Aging and Disability Resource Center programs (ADRCs) to help coordinate efforts to inform older Americans about available Federal and State benefits available. DAAS has received two grants to provide funding for this project.

These projects include reaching people likely to be eligible for the Low-Income Subsidy program (LIS), Medicare Savings Program (MSP), and Medicare Part D through statewide and local coalition building focused on intensified outreach activities to help beneficiaries understand and apply for their Medicare benefits. Also, SHIP, AAA and ADRC efforts are coordinated for outreach activities for educating beneficiaries about the new wellness benefits aimed at preventing disease and promoting wellness. This grant also afforded the DAAS the opportunity to partner with the Division of County Operations (DCO), a sister Division within the Arkansas Department of Human Services, in producing a 30 minute television broadcast on the State Public Television Network regarding this and other public benefits such as SNAP and Home Weatherization Programs.

Future Grant Projects

Currently, the DAAS has not been awarded funding for a Lifespan Respite project, but is in the process of developing a Statewide Respite Coalition. This will position the State of Arkansas in a better position to receive future funding for this project.

HOME AND COMMUNITY-BASED SERVICES

Alternatives for Adults with Physical Disabilities (AAPD)

Alternatives for Adults with Physical Disabilities is a 1915(c) Medicaid waiver program, specifically for individuals with a physical disability, which allows the consumer to direct and receive their in-home care through self-direction and/or through a traditional agency model. The target population is individuals aged 21-64 who have been determined to have a physical disability based on Social Security criteria. In addition, the consumer must meet the financial eligibility, as well as the medical eligibility criteria for Nursing Home Intermediate Level of Care.

The following services are available through AAPD:

- Attendant Care - Self-Directed and/or Agency
- Counseling Support Manager (CSM)
- Home Modification/Environmental Adaptation (\$7500 maximum for life of the waiver)

ElderChoices (EC)

ElderChoices is a 1915(c) Medicaid waiver program that provides assistance by allowing Medicaid reimbursement for certain in-home and community-based services that are not routinely covered by Medicaid. The target population is aged 65 or older. In addition, the consumer must meet the financial eligibility as well as the medical eligibility criteria for Nursing Home Intermediate Level of Care.

The following services are available through EC:

- Homemaker
- Chore
- Home-Delivered Meals
- Personal Emergency Response
- Adult Day Care
- Adult Day Health Care
- Respite (In-Home and/or Facility)
- Adult Companion Service
- Adult Family Home

Living Choices/Assisted Living

Living Choices/Assisted Living is a 1915(c) Medicaid waiver assisted living program that provides consumers the opportunity to live in congregated housing with 24-hour supervision and services that support independence. The target population is aged 65 or older and/or aged 21-64 who have been determined to have a physical disability based on Social Security criteria. In addition, the consumer must meet the financial eligibility as well as the medical eligibility criteria for Nursing Home Intermediate Level of Care. Bundled Services are available that are based on consumer needs.

Programs of All-Inclusive Care for the Elderly (PACE)

The Programs of All-Inclusive Care for the Elderly is administered as a Medicaid State Plan optional service which targets consumers aged 55 or older that meet the financial eligibility, as well as the medical eligibility criteria for Nursing Home Intermediate Level of Care. This program is a comprehensive health and social services delivery system that provides and coordinates primary, preventive, acute, and long-term services and supports to the frail elderly as a means for keeping them in their homes and communities as long as possible. Services are identified by an Interdisciplinary Team and delivered primarily in a PACE Center 24 hours a day, 7 days a week. This program is currently available on a zip code identified basis in AAA Region 3.

Service Options Using Resources in a Community Environment (SOURCE)

Service Options Using Resources in a Community Environment is a pilot program established to provide enhanced primary care case management to ElderChoices HCBS waiver clients aged 65 and older and Alternatives for Adults with Physical Disabilities HCBS waiver clients aged 21 - 64. Starting July 1, 2011, this program will be available in four counties within Region 1.

IndependentChoices

IndependentChoices is an optional Medicaid State Plan service provided under the authority of 1915(j) of the Social Security Act. This program lays its foundation on consumer choice and control, giving the Medicaid recipient both employer and budget authority. In addition to paying for the services of their employee, the consumer may also choose to use part of their budget for goods and services. The participant is afforded support broker services to assist the participant to the degree needed by offering financial and counseling support. If the consumer is unable to make their own decisions, the program allows a representative or Decision-Making Partner to make known the likes, dislikes and preferences of the person.

The following services may be self-directed through IndependentChoices:

- State Plan Personal Care
- Homemaker for ElderChoices clients
- Adult Companion Services for ElderChoices clients

ADDITIONAL DAAS PROGRAMS AND SERVICES

Adult Protective Services

The Adult Protective Services Unit (APS) investigates cases of suspected abuse, neglect, or exploitation, or any combination thereof of adults age 18 and older, as well as those endangered as a result of lack of capacity or impaired from mental or physical disease or defects. They are mandated to conduct a thorough investigation and determination within 60 days.

A maltreated adult may be taken into emergency custody if the circumstances or condition are such that continuing at the place of residence presents imminent danger to their health or safety. Following issuance of an emergency order, the Probate Division of Circuit Court shall hold a hearing within five business days to determine whether probable cause to issue the emergency order continues to exist. Upon a finding of probable cause, the court may order temporary custody for up to 30 days, pending a hearing for long-term custody.

A hearing for long-term custody shall be held no later than 30 days after the date of the probable cause hearing or the date the order for emergency custody was signed. The court may order long-term custody with APS under certain circumstances.

These important tasks are overseen by the Administrator of the APS Unit. All Section 721 funding is allocated to this position which ensures the safety of adult's in Arkansas.

Aging and Disability Resource Center (ADRC)/Choices in Living Resource Center

Specialists in the Resource Center provide information about services, resources, and programs in areas such as living arrangements, support in care giving, energy assistance, assistive technology, and many other publicly funded programs such as the Supplemental Nutrition Assistance Program (SNAP) and Medicaid. The types of services offered include: information and assistance, long-term services and supports options counseling, benefits counseling and access to publicly funded long-term services and supports programs such as ElderChoices, Alternatives for Adults with Physical Disabilities, Independent Choices, and Living Choices.

Alternatives Plus (The A+ Program)

Alternatives Plus is an initiative within the Medicaid Expansion Program (MEP) which is funded with Tobacco Settlement proceeds. The overall goal is to facilitate the transition of low-care Medicaid enrollees from nursing home facilities to home and community-based services. This program will parallel or coincide with many of the already existing programs within DAAS.

Community Connector Program

The Tri County Rural Health Network (TCRHN) Community Connector Program was established to improve access to home and community based services for Arkansas Delta counties, which are one of the poorest, most rural areas in the Nation.

The target population consists of Medicaid eligible adults who are 65 years and older and Medicaid eligible adults (age 21 and older) with physical disabilities who need home and community based services to allow a person to stay and function independently at home and delay institutional care. Community Connectors inform potentially Medicaid eligible elderly adults and adults with physical disabilities about home and community-based Medicaid programs and services such as Alternatives for Adults with Physical Disabilities, ElderChoices, IndependentChoices, Personal Care, Home Health, and Durable Medical Equipment (DME). Information is disseminated via direct face to face contact and distribution of Division of Aging and Adult Services (DAAS) approved brochures.

TCRHN also establishes formal working relationships with community organizations in each of their targeted counties to assist with making referrals, gathering information, answering questions, and/or collaboration for problem solving.

Money Follows the Person (MFP)

Money Follows the Person is a system to finance Medicaid long-term services and supports that enable eligible persons from designated institutions to live in the most appropriate and preferred setting of their choice. There are two components involved in MFP. The first component involves sufficient Medicaid funding to be spent on qualified home and community-based services (HCBS) when the person moves to the community from an institutional setting. The second component is the process of identifying persons in institutions who wish to transition to the community as well as their transitioning process.

Long-Term Care (LTC) Ombudsman

The State LTC Ombudsman provides statewide oversight, monitoring, development and maintenance of policy/procedures, training and certification. This program works closely with various LTC stakeholders in regards to legislative issues, quality of care and life, and the latest innovative practices, as well as subcontracts out to the AAAs local LTC Ombudsman program and services.

The Arkansas LTC Ombudsman jurisdiction is skilled nursing, residential, and assisted living level one and level two facilities. They advocate for resident rights investigate concerns ranging from physical, sexual, emotional, mental abuse and financial exploitation; and empower residents to help themselves whenever possible. In addition, the Ombudsmen provide technical assistance to residents, families, facility staff and the public regarding a variety of issues related to long-term services and supports provided in institutions. Local Ombudsmen programs provide facility in-services, community education events, participation in resident and family councils, quarterly facility visits and participation in survey/certification exits.

Public Guardian for Adults

The Office of Public Guardian for Adults (Public Guardian), established in May 2010, provides guardianship services to individuals who lack the mental capacity to make informed health, placement, or financial decisions. The Public Guardian serves when no private guardian is available. After appointment, the staff visits each ward at least four times a year to make decisions for the welfare of the ward. The ward's status is then reported to the court once a year.

Senior Community Service Employment Program

The Senior Community Service Employment Program is a part-time program for low-income persons age 55 and over who have poor employment prospects. Program participants receive assignments at community and government agencies and are paid the Federal or State minimum wage, whichever is higher. Participants may also receive assistance in developing job search skills and locating permanent employment. During their training, participants work with their local Employment and Training Coordinator to achieve permanent part-time or full-time unsubsidized employment either at their host agency or with other employment sources in their area. Some of the benefits participants receive while in the program include: temporary paid work experience; improvement of marketable skills; development of new skills, and an opportunity to establish a current work history.

Senior Medicare Patrol (SMP)

The Senior Medicare Patrol project recruits and trains retired Arkansas seniors as volunteer resources to educate Medicare beneficiaries and older consumers about preventing Medicare fraud by detection and reporting of health care fraud, errors, and abuse. The goal of this project is to empower beneficiaries/consumers to prevent health care fraud through outreach and education.

DISASTER PREPAREDNESS PLAN

The Arkansas Department of Emergency Management (ADEM) is Arkansas' Homeland Security and Preparedness Agency. ADEM serves as the state's coordination center for all four stages of emergency management: preparedness, response, recovery and mitigation. The State's Emergency Operations Center (SEOC) is housed at ADEM. In a disaster, the SEOC utilizes representatives from various state agencies to ensure that assistance can be provided quickly. Since disasters are local, they affect us as citizens, our neighbors and our communities. ADEM also works with the local governments to make sure that the affected communities return to normal as soon as possible.

In the event of a disaster, at the local level, Area Agency on Aging staff assists in numerous ways. Case Managers/Care Coordinators check on their clients and do outreach in the affected area(s). The Case Managers/Care Coordinators have also assisted senior citizens when a local senior citizen housing unit was damaged during a winter storm. Residents were either placed with their families or transported to the local emergency shelter. Even the residents who had animals took comfort in the fact that the Case Managers/Care Coordinators made sure that their animals were taken to a local animal shelter to be tended to until their owners could retrieve them. Ombudsmen visit the nursing homes and offer assistance in the event a nursing home is damaged during a tornado or winter storm. Senior Activity Centers are also used by the ADEM and FEMA as a command post to assist those in the affected area, as well as, serving as nutrition sites and shelter from the elements.

In order to assist Arkansas' senior citizens in being prepared in the event of a disaster, the DAAS partnered with the Arkansas Red Cross, ADEM, and FEMA to create an individual disaster preparedness program titled ASAP (Arkansas Seniors Are Prepared). Using the Red Cross "Be Ready" Campaign as a basis, the ASAP program prepares seniors for disasters by teaching them the fundamentals of having an individual disaster plan, a disaster preparedness kit, and being informed about what to do in the event of a disaster of any type. This program is designed to introduce Arkansas' senior citizens to the concept of emergency preparedness. Senior citizens learn about their need to plan for emergencies before an emergency takes place, how to stay safe in the event of a disaster and the importance of assembling a disaster supply kit and the need to maintain their disaster supply kit over the years.

The DAAS takes the lead role in sending out impending weather information as they receive it to the AAAs. A system is in place where the AAAs report to the Division on what has occurred in their respective regions and how they served those in need and their communities when the disaster occurred. The DAAS, in turn, reports to the Arkansas Department of Human Services and the regional Administration on Aging office. After a disaster has occurred, the Division sends out to the AAA any information that they receive regarding disaster relief assistance locations, etc. The Division also maintains the AAAs Disaster/Emergency Preparedness Plans at the Division and requires the Area Agencies to submit updates/changes annually.

Additionally, in May, DAAS/DHS participated in a National Level Exercise 2011 (NLE11) with various state agencies. The purpose of the exercise was to prepare and coordinate a multiple-jurisdictional integrated response to a national catastrophic event. It included the participation of all appropriate federal department and agency senior officials, their deputies and staff; and key operational elements.

NLE 11 stimulated a major earthquake in the central United States region of the New Madrid Seismic Zone (NMSZ). Activities included a full response action by the State Emergency Operations Center along with 62 local jurisdictions. The activities tested all or part of the following capabilities:

- Communications
- Critical resource logistics and distribution

- Mass Care (sheltering, feeding and related services)
- Medical Surge
- Citizen evacuation and shelter in-place
- Emergency public information and warning
- Emergency Operations Center management
- Long-term recover

Results of this exercise are not yet available, but are expected to provide crucial information for inclusion in our Disaster Preparedness Plan and will be provided to all AAAs.

FEDERALLY REQUIRED FOCUS AREAS

Title III and Title VI Coordination

This is inapplicable in Arkansas because there are no federally funded/recognized tribes in the State.

Faith-Based and Community Organizations

The AAAs work with various faith-based and community organizations such as the United Way, Wal-Mart, Arvest Banks, city and county governmental agencies for donations and fund raising activities. In addition, many MIPPA events are held in faith-based facilities.

Tri County Rural Health Network (TCRHN) Community Connector Program continues to establish formal working relationships with community organizations in each of their 15 targeted counties that assist their staff in providing community connecting services. These formal relationships involve such task as making referrals, gathering information, answering questions, and/or collaboration for problem solving.

Previously, the SMP program partnered with the TCRHN Community Connector Program to overcome the barrier of mistrust of government programs among African American residents of one of the poorest, most rural areas in the nation. The “lessons learned” meetings held in community churches in each target area, since the “Church is the spiritual and social center of their communities.” For this reason, numerous events are being held in these locations.

STATE PLAN DEVELOPMENT

Advisory Committee

The development of this plan was based on input from various individuals and entities. Initially, an Advisory Committee was formed. This included a breakdown of the following:

- 2 Area Agency on Aging Directors
- 4 Area Agency on Aging Representatives
- 3 Division of Aging and Adult Services (DAAS) Representatives
- 1 Governor's Advisory Council on Aging (GACA) Representative
- 2 Silver Haired Legislators Alumni Association (SHLAA) Representatives

It is important to note that the GACA Representative is also a service provider and the SHLAA are both seniors. Two of the representatives from DAAS are from the Older American's Act Unit and one is from the Policy and Program Development Unit. The focus of this meeting was the gaps in services for seniors in Arkansas.

AAA Meetings

Meetings, emails, and phone calls have occurred with AAA staff throughout the State. Staff from DAAS often attends the Arkansas Association of Area Agencies on Aging, Inc. monthly meeting, but at one meeting the Arkansas State Plan was specifically discussed. This is a nonprofit association of all 8 Arkansas Area Agencies on Aging that advocates for older Arkansans, promotes the development and coordination of resources supportive of older Arkansans and presents statements on issues and concerns affecting older Arkansans. All information received has been very beneficial for ideas, needs, programs, and history of the aging network in Arkansas.

Aging Network Survey

A survey through Survey Monkey was developed and distributed to various members of the aging network in Arkansas. This included employees from AAAs, service providers, and senior related organizations. Employees from DAAS were excluded from this survey based on the possibility of bias toward their own individual programs. The questions included were:

- What is the most significant gap in services for seniors in your area?
- What programs or services are needed to meet the needs of seniors in your area?
- Should only Evidence-Based Disease Prevention programs be funded?
- What challenges do you see the State Aging Network facing in the next 4 years?

The following tables illustrate the top 5 answers from the 125 responses received.

What is the Most Significant Gap in Services for Seniors in Your Area?

Responses	Total #
Affordable in-home services such as personal care, housekeeping and laundry services for non-qualified seniors	46
Need more transportation available, especially to non-Medicaid	40
Not enough funding	17
More HDM in rural areas	15
Local medical services and coverage in rural setting	13

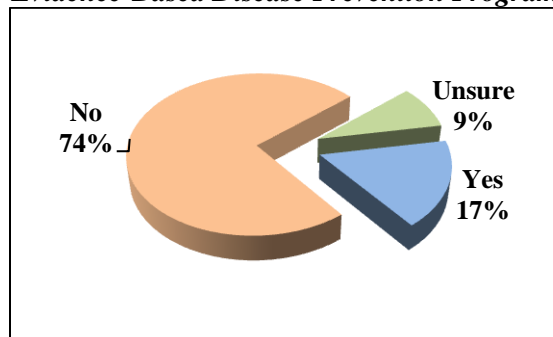
What Programs or Services are Needed to Meet the Needs of Seniors in Your Area?

Responses	Total #
Realistic options and services to allow older people to age at home especially those in the gap	35
More flexible and improved transportation options for all especially in rural areas	35
Congregate and home-delivered meals	24
More support and modernizing of all existing programs for seniors	17
Socialization, exercise and recreation programs	13

What Challenges do you See the State Aging Network Facing in the Next 4 Years?

Responses	Total #
Funding shortages	80
More seniors aging (Baby Boomers) with less resources available to meet their needs	33
Lack of qualified caregivers	7
Being flexible in responding to healthcare reform	6
The challenge will be to meet the demand and still maintain the quality of service for our seniors	5

Should Only Evidence-Based Disease Prevention Programs be Funded?



Senior Population Survey

A second survey through Survey Monkey was developed and distributed to various seniors from all over Arkansas. This was not focused on seniors that are currently using senior services or attending senior centers. Actually, of the 161 responses, only 41 (25.5%) individuals attend a senior center and 85 participate in “Senior Activities.” These activities do not exclusively include OAA funded activities but also private health clubs, walking, swimming, etc. In addition, 35.4 percent (57 respondents), are currently employed.

The questions included were:

- What is your employment status?
- Which issues concern you regarding aging?
 - Where you will live
 - Cooking your own meals
 - Driving to a destination

- Spending time with friends
- Being mentally competent
- Taking the correct medication and/or dosage
- None of the above
- Do you participate in any "Senior" activities? If so, explain.
- Do you attend a Senior Center? If not, explain.

The table below displays the concerns of the respondents.

Concerns of Seniors

Issue	Total #	% of Total
Being mentally competent	92	57.1%
Where you will live	55	34.2%
Driving to a destination	53	32.9%
Taking the correct medication and/or dosage	34	21.1%
Cooking your own meals	24	14.9%
Spending time with friends	24	14.9%
None of the above	44	27.3%

Public Hearing

A Public Hearing was held, in June 2011, to solicit input from the public regarding the Arkansas State Plan. This also included attendance from AAA staff. Region 5 had a few questions regarding the mental health requirements. An extensive discussion ensued.

Defining Objectives

After reviewing information received from all avenues of the Arkansas aging network, as well as seniors in the State, the five major goals determined by AoA were examined. These include:

1. Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.
2. Enable seniors to remain in their own homes with a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.
3. Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.
4. Ensure the rights of older people and prevent their abuse, neglect and exploitation.
5. Maintain effective and responsive management.

Objectives and correlating strategies were organized to compliment the first four of AoA's goals.

GOALS, OBJECTIVES, STRATEGIES, AND OUTCOMES

Goal 1: Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term options

Objective 1 (Focus Area - Miscellaneous)

The DAAS will improve access to LTC Home and Community Based Services for older adults, informal caregivers, and the aging population.

Strategies:

1. The Choices in Living Resource Center (ADRC) will serve as an entry point for access to publicly funded LTC services.
2. Options counseling will be standardized and the collaboration between the Money Follows the Person program and the ADRC will be strengthened.
3. The DAAS will work with the DHS Divisions of County Operations (DCO) and Medical Services to improve the eligibility processes across multiple programs and systems.
4. The DCO will hire a total of 22 staff (through Alternatives Plus Medicaid Expansion Program) to serve as LTC eligibility facilitators and local options counselors.

Outcomes/Performance Measures:

1. The eligibility processes across multiple programs and systems will be improved.
2. Nursing home transitioning programs will be further developed and implemented.

Objective 2 (Focus Area - Miscellaneous)

The DAAS will develop an integrated data system (Universal Assessment) across long-term care services related to acuity, cost, outcomes, providers and service settings efforts to balance the LTC system and manage costs.

Strategies:

1. The scope of work for the data system will be completed to guarantee that the system:
 - a. Ensures services are not provided to ineligible clients;
 - b. Provides critical data on acuity levels; and
 - c. Assesses risk indicators and identifies protocols for managing chronic conditions.
2. The DAAS will ensure that the Universal Assessment integrates with the AAAs' NAPIS reporting software.

Outcomes/Performance Measures:

1. Detailed data will be compatible across programs for the purpose of program and budget development.
2. Budget accountability will be created by ensuring that correct eligibility determinations are consistently determined.
3. Reliability will be standardized.

4. Accurate assessments and service plans will be developed.
5. Management of client liability and protection of vulnerable adults will be improved by assessing and identifying risk indicators.

Objective 3 (Focus Area - OAA Core Programs)

The DAAS/AAAs will provide information and assistance services and outreach services for older adults, informal caregivers, and the aging population.

Strategies:

1. The AAAs will provide Information and Assistance, Advocacy, and Outreach without a waiver from the DAAS.
2. The DAAS will provide guidance to the AAAs to ensure that preference is given to older individuals with the greatest economic and/or social needs, with particular emphasis on minority older persons with low incomes and older persons residing in rural areas.
3. The ADRC will provide Information and Assistance, and Outreach.
4. The DAAS will coordinate programs under Title III and VI, when feasible.

Outcomes/Performance Measures:

1. Quarterly Aging Services Progress Reports will be submitted to the DAAS by the AAAs on a form provided by the DAAS.

Objective 4 (Focus Area - OAA Core Programs)

The DAAS/AAA will expend allotted Title III Part B funds for Priority Services toward information/assistance and outreach for mental health services.

Strategies:

1. The DAAS will coordinate and conduct one in-service workshop, annually, for all AAAs and appropriate staff, concerning providing information required for proper assessments, referrals, follow ups, and statistical data collection/reporting.
2. Each AAA will conduct or host one in-service workshop, annually, for consumers of the targeted population in at least one underserved county within their PSA on mental health issues and referrals.
3. Each AAA will include mental health issues in client assessments and re-evaluations.
4. The AAAs will coordinate with various governmental and private agencies responsible for aging and mental health to increase public awareness of mental health disorders and services, as well as to coordinate services with community mental health providers.
5. The AAAs will implement one evidence proven or AoA approved program, pertaining to mental health awareness, issues, resolutions, and referrals for the aging population. The program will be implemented in 70% of counties within each PSA by the end of the state plan cycle. Approved programs include:
 - a. IMPACT (Improving Mood-Promoting Access to Collaborative Treatment);
 - b. PEARLS (Program to Encourage Active Rewarding Lives for Seniors); and
 - c. Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors).

6. The ADRC will make referrals to the Division of Behavioral Health Services when appropriate for mental health issues.

Outcomes/Performance Measures:

1. At the end of the plan cycle, 70% of Arkansas counties will be conducting one evidence proven or AoA approved program concentrating on mental health issues of older adults.

Objective 5 (Focus Area - Miscellaneous)

The DAAS will improve access to LTC Home and Community Based Services for older adults and adults with physical disabilities in the Delta section of Arkansas.

Strategies:

1. The Community Connector Program was established to improve access to home and-community based services for fifteen eastern Arkansas counties: Phillips, Lee, Monroe, Mississippi, Crittenden, St. Francis, Cross, Woodruff, Desha, Chicot, Jefferson, Arkansas, Lincoln, Drew and Ashley counties. Over 23 percent of the population in the Delta region lives below the poverty level.
2. The Community Connectors will refer eligible clients to the DHS County Office to apply for Medicaid and assist clients with the completion of the application process.
3. The Community Connectors will inform potentially Medicaid eligible elderly adults and adults with physical disabilities about home and community-based Medicaid programs and services such as, Alternatives for Adults with Physical Disabilities, ElderChoices, IndependentChoices, Personal Care, Home Health, and Durable Medical Equipment (DME).
4. TCRHN will establish formal working relationships with at least three community organizations involve such task as making referrals, gathering information, answering questions, and/or collaboration for problem solving.

Outcomes/Performance Measures:

1. The desired outcome is that at least 1,980 elderly or adult disabled residents will be assisted by the Community Connector Program.

Goal 2: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers

Objective 1 (Focus Area - OAA Core Programs)

Through the National Family Caregiver Support Program (NFCSP), DAAS/AAAs will enhance long-term care supports and services for informal caregivers.

Strategies:

1. The AAAs will collaborate with community-based private-pay providers to increase caregiver supports and resources.
2. The AAAs will ensure that the comprehensive entry point system targets the information necessary for informal caregivers.
3. The DAAS will develop a customer service survey for the NFCSP program.

4. The AAAs will administer the customer service survey for the NFCSP program.

Outcomes/Performance Measures:

1. The survey results each year will be analyzed by the DAAS. The desired outcomes, per year, are:
 - a. Increased customer satisfaction with caregiver services by 5%; and
 - b. Increased percentage of seniors receiving counseling and attending support group meeting by 15%.

Objective 2 (Focus Area - OAA Core Programs)

The DAAS/AAAs will increase public awareness to maximize state and local resources dedicated to serving caregivers.

Strategies:

1. The AAAs will encourage community partnerships that support family and friends who are caring for seniors.
2. The AAAs will market the caregiver messages throughout all senior services.
3. The ADRC will provide information regarding resources to caregivers.

Outcomes & Measurements

1. The desired outcomes, per year, are:
 - a. Reduced percentage of caregivers reporting difficulty in accessing services to 20%;
 - b. Increased percentage of caregivers accessing services by 10%; and
 - c. Increased percentage of individuals accessing information through coordinated systems by 20%.

Objective 3 (Focus Area - Miscellaneous)

Through the Money Follows the Person program, DAAS will enable eligible persons, from designated institutions, to live in their choice of settings.

Strategies:

1. The DAAS will eliminate barriers that prevent or restrict the flexible use of Medicaid funds to enable eligible individuals from four target groups (elderly, disabled, developmentally disabled and mentally ill) to receive support for appropriate and necessary long term services in their choice of settings.

Outcomes & Measurements

1. The desired outcome is successful transitioning from institutional settings, of 680 individuals, to qualified community based settings during the planning cycle of FY07 – FY16.

Goal 3: Empower older people to stay active and healthy through Older Americans Act services and new prevention benefits under Medicare

Objective 1 (Focus Area - OAA Core Programs and AoA Discretionary Grants)

DAAS/AAAs will empower older adults to take an active role in health promotion and disease prevention.

Strategies:

1. The AAAs will implement at least one, ongoing, evidence based health promotion/disease prevention (EBHP/DP) intervention in the PSA addressing physical activity, fall prevention, nutrition/diet, or chronic disease self management. Approved interventions include:
 - a. Stronger for Life;
 - b. Enhanced Fitness;
 - c. Healthy Moves;
 - d. Active Living Every Day (ALED);
 - e. Active Choices;
 - f. Fit and Strong;
 - g. Matter of Balance (MOB);
 - h. Stepping On;
 - i. Tai Chi: Moving for Better Balance;
 - j. Healthy Eating;
 - k. Stanford Model Chronic Disease Self Management Program (CDSMP);
 - l. Enhanced Wellness;
 - m. Medication Management Improvement System (MMIS);
 - n. Stanford Model Diabetes Self Management Program (DSMP);
 - o. Tomando (Spanish version CDSMP); and
 - p. Additional AoA approved programs.
2. The DAAS will develop a Steering Committee, consisting of AAA staff and other appropriate entities, to assist in the enhancement and sustainability of EBHP/DP interventions.
3. The DAAS will assign staff to provide technical assistance to the AAAs for the implementation of EBHP/DP interventions.
4. The DAAS will provide technical assistance to the AAAs in the development of a sustainability plan for EBHP/DP interventions.

Outcomes/Performance Measures:

1. AAAs will provide the DAAS with the following information regarding the EBHP/DP intervention:
 - a. Contact information on the staff person assigned;
 - b. Strategy for phasing in the EBHP/DP intervention;
 - c. Number of senior center in the PSA;
 - d. Details on assessment, monitoring, and data collection methods; and
 - e. Information on each subsequent intervention, as it is implemented.
2. AAAs will be required to assess all EBHP/DP interventions at least annually. The assessment/evaluation will include:
 - a. Process Evaluation; and
 - b. Outcome Evaluation
3. The DAAS will monitor/assess the intervention at each AAA at least once during the four-year planning cycle.

Objective 2 (Focus Area - OAA Core Programs)

The DAAS will provide a fair opportunity for older adults to participate in the Senior Community Service Employment Program (Title V of the Older Americans Act).

Strategies:

1. In conjunction with other national grantees, the DAAS will develop the Arkansas Senior Community Service Employment Program Equitable Distribution Report, for each county.

Outcomes/Performance Measures:

1. The resulting report will aid in the progress toward more equity of Senior Community Service Employment Program positions throughout Arkansas.

Objective 3 (Focus Area - OAA Core Programs)

The DAAS will collaborate with other agencies to assess transportation needs in Arkansas, as well as enhance safe driving and community mobility for older adults.

Strategies:

1. The DAAS will be represented on the Arkansas Public Transportation Needs Assessment Statewide Advisory Committee and assist with the development of the Arkansas Public Needs Assessment Survey regarding various organizations' current and future transportation services, resources, and needs.

Outcomes/Performance Measures:

1. The completion of the Arkansas Public Needs Assessment Survey will be used to:
 - a. Create an inventory of services;
 - b. Estimate the need for public transit services, human service transportation, and intercity bus services;
 - c. Identify areas of need for public transportation;
 - d. Estimate potential demand for all types of transit service; and
 - e. Develop service recommendations and funding requirements.

Objective 4 (Focus Area - OAA Core Programs)

The DAAS will ensure that older adults will lead more meaningful, productive, and social lives.

Strategies:

1. The AAAs will implement innovative fund raising and develop highly effective and innovative programs that will fully utilize the older adult's interests and experience.
2. The DAAS has established the following minimum percentages, for each AAA, of 50% of Title IIIB funds for priority services. Of that amount, no less than the following amounts shall be spent:
 - a. Access Services: 15%;
 - b. In-Home Services: 10%; and
 - c. Legal Assistance: 5%

Outcomes/Performance Measures:

1. Quarterly Aging Services Progress Reports will be submitted to the DAAS by the AAAs on a form provided by the DAAS.

Objective 5 (Focus Area - AoA Discretionary Grants)

Older Arkansans will be informed of new Medicare benefits through the Medicare Improvements for Patients and Providers Act for Beneficiary Outreach and Assistance grant implementation statewide through Arkansas's AAAs.

Strategies:

1. The AAAs will develop relationships with community medical organizations to incorporate speakers for enrollment events which will also focus on disease prevention and wellness activities.
2. The DAAS will provide the AAAs in Arkansas with updated brochures for LIS/MSP programs. These will be distributed to all partners as well as individuals' likely eligible for programs.
3. Each AAA will hold at least five outreach/enrollment events per year in their region, three of which must incorporate outreach regarding disease prevention and wellness activities.
4. The ADRC will provide outreach to raise awareness and promote the new Medicare wellness and prevention benefits by offering information, assistance and resources to individuals and families to support planning and informed decision-making about wellness and independence.
5. The ADRC will distribute to all major media sources a Public Service Announcement, featuring Senator David Pryor, explaining the importance of Medicare benefits.

Outcomes/Performance Measures:

1. Each AAA will report quarterly on the number of events held and the number of applications completed.
2. The desired outcome is to extend and enhance the effort in rural areas by increasing the number of people able to assist with outreach and assistance, establishing additional counseling and enrollment sites, increasing distribution of information through various means, improve monitoring of enrollment and outreach efforts, and establish new partnerships/relationships with agencies, professional boards, and organizations.

Goal 4: Ensure the rights of older people and prevent their abuse, neglect and exploitation**Objective 1 (Focus Area - OAA Core Programs and Consumer Control and Choice)**

The DAAS will coordinate legal assistance, advice, technical support, provider training, and consumer education for older individuals.

Strategies:

1. The DAAS has assigned personnel for a Legal Assistance Developer (LAD), to provide leadership and guidance concerning legal assistance programs throughout the State.
2. The LAD will provide annual in-services to the AAAs on legal services and issues.
3. The LAD will be the Assistant Director over Adult Protective Services
 - a. All Section 721 funding will be used for the salary of the Adult Protective Services Administrator.
4. The DAAS will provide specific funding to Central Arkansas Legal Services and Legal Aide of Arkansas to provide legal assistance on a statewide basis to Arkansas seniors. This endeavor will be overseen by the LAD.

5. The AAAs will enter into contracts with providers of legal assistance which have the demonstrated capacity and experience to deliver legal assistance and are best able to provide such services pursuant to standards promulgated by AoA.
 - a. Each contract will specifically include provisions that the contractor is subject to certain regulations promulgated under the Legal Service Corporation Act and involve the private bar in furnishing services to older individuals on a pro-bono or reduced fee basis.
 - b. Legal assistance is provided to older individuals with social or economic needs and is coordinated with other programs serving elders, in order to concentrate the use of funds to serve individuals with greatest needs.
6. Each AAA will conduct or host an annual seminar on legal services and issues available for the targeted aging population in at least one underserved county within their PSA.
 - a. Funding for this seminar may be expended in the following manner: 1% as outreach and 1% legal services. It is recommended however, that local funding be utilized to the greatest extent possible.
7. The LAD will serve on appropriate committees and Advisory Boards including: Elder Abuse Interdisciplinary Committee, Arkansas Judicial Council, Arkansas Bar Association, and Arkansas Commission on Child Abuse, Rape and Domestic Violence.

Outcomes/Performance Measures:

- a. The desired outcome is that legal assistance will be provided to older individuals with social or economic needs and is coordinated with other programs serving elders, in order to concentrate the use of funds to serve individuals with greatest needs.

Objective 2 (Focus Area - Consumer Control and Choice)

The Arkansas LTC Ombudsman Program will assure that long term care facility residents have the right to live their lives harmoniously and with dignity, feeling free to voice complaints or concerns without reprisal.

Strategies:

1. The DAAS will recommend there be two full time Regional LTC Ombudsmen per AAA.
2. The DAAS will recommend there be at least one Certified Volunteer LTC Ombudsman per licensed facility.
3. The DAAS/AAAs will work together to increase awareness to the public regarding LTC Ombudsman services.
4. The DAAS will meet all minimum standards at both the state and local program levels as defined by the Older Americans Act.

Outcomes/Performance Measures:

1. The desired outcome is to meet the Institute of Medicine's recommendation of one full time Regional Ombudsman program per two thousand license bed and to have at least one Certified Volunteer LTC Ombudsmen per facility.

Objective 3 (Focus Area - Consumer Control and Choice)

The Office of Public Guardian for Adults will provide guardianship services to qualifying individuals who lack the mental capacity to make informed health, placement, or financial decisions.

Strategies:

1. The DAAS Director will appoint qualified personnel to serve as the Public Guardian, pursuant to Arkansas law.
2. The Public Guardian will process referrals efficiently to obtain court appointment.
3. The Public Guardian will monitor wards' well-being and make appropriate decisions for them.
4. The Public Guardian will report to the courts and advocate for improvements in care.
5. The Public Guardian will seek qualified volunteers to monitor the overall well being of wards.

Outcomes/Performance Measures:

1. The desired outcome is to serve approximately 100 wards by the end of the first year of operation.

Objective 4 (Focus Area - Consumer Control and Choice)

The Arkansas Senior Medicare Patrol (ASMP), through the DAAS, will empower beneficiaries and consumers to prevent health care fraud through outreach and education.

Strategies:

1. The ASMP will foster statewide coverage in Arkansas by: expanding the volunteer network through partnering, sub-granting with other area, regional or statewide organizations; use of toll-free lines; website redevelopment and implementation of statewide media and outreach plans.
2. The ASMP will improve beneficiary education and beneficiary fraud inquiry resolutions by enhancing volunteer recruitment, screening, training, and management in order to reduce risk, provide more effective service, and enhance the quality of beneficiary education.
3. The ASMP will improve the efficiency of the program while increasing operational and quality measures through use of the SmartFacts data system to collect data, track, assess, and measure program performance.
4. The ASMP will target training and education to better serve rural beneficiaries by targeting vulnerable populations that are traditionally underserved due to isolation, ethnic, cultural, language barriers, socioeconomic or other factors.

Outcomes/Performance Measures:

1. The desired outcomes, per year, include.
 - a. Increased percentage of volunteers by 5% - 10%;
 - b. Increased percentage of elderly beneficiaries educated, by group and one-on-one sessions, by 10% - 15%; and
 - c. Increased percentage of beneficiary inquiries resolved by 10% - 15%.

Objective 5 (Focus Area - Consumer Control and Choice)

The DAAS will increase the ability of Arkansas professionals to recognize, address, investigate and prosecute cases of elder abuse, neglect, and exploitation.

Strategies:

1. The DAAS will provide training programs to assist law enforcement, prosecutors, governmental agencies, victim assistants, and officers of Federal, State, and local courts in recognizing cases of elder abuse, neglect, and exploitation.
2. The DAAS will create and support a multidisciplinary collaborative community response to enhance services for victims of elder abuse, neglect, and exploitation.
3. When needed, administrators from the ADRC and OAA Units will provide guidance and assistance for appropriate resolution.
4. The DAAS will work to enhance the data collection and reporting of elder abuse, neglect, and exploitation offenses/cases.
5. The DAAS will partner with the Arkansas Administrative Office of the Courts to develop and publish a Bench Book to assist Circuit Judges assigned to hear Adult Protective Services cases in the Probate Division of Circuit Court.

Outcomes/Performance Measures:

1. This program is currently being initiated in Washington County. The desired outcome is state wide implementation of a coordinated community response for cases of older adults.
2. Enhanced relationships between the DAAS and the criminal justice community are expected from this endeavor.
3. The DAAS will develop a Victim Resource Guide and a Law Enforcement Resource Guide focusing on elder abuse, neglect, and exploitation.

ATTACHMENTS