



Alaska Commission on Aging Annual Report FY 00

*The mission of the Alaska Commission on Aging is to
promote the dignity and independence of senior Alaskans,
and to assist them in leading useful and meaningful lives.*

This Web-based annual report is designed for on-line viewing.

For a printed abstract of this report,
please contact the Alaska Commission on Aging
using the information below.

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Cover image: Lee and Ernie Wentworth display a homemade quilt (Photographer unknown).



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The mission of the Alaska Commission on Aging is to ensure the dignity and independence of all older Alaskans, and to assist them to lead useful and meaningful lives through planning, advocacy, education, and interagency cooperation.

UPCOMING MEETINGS AND EVENTS

- December 4 & 5, 2012: Anchorage, AK
ACoA Quarterly Meeting
- February 11 – 13, 2013: Juneau, AK
ACoA Quarterly Meeting

WHAT'S NEW?

- **SDS E-Alert – Save the Date for the 1st Annual Adult Protective Services Vulnerable Adult Abuse Awareness Resource Fair**

HEADLINES

Observances



How to Report Elder Abuse

- **Adult Protective Services (APS)**
800-478-9996
Adult Protective Services helps to prevent or stop harm from occurring to vulnerable adults.
- **Office of the Long Term Care Ombudsman**
(800) 730-6393
Office of the Long Term Care Ombudsman that identifies, investigates and resolves complaints relating to seniors in nursing homes and assisted living facilities.
- **Choose Respect: Where to find help**
In 2010, Governor Parnell launched the Choose Respect campaign asking that all Alaskans join in standing up against domestic violence, sexual assault, and child sexual abuse.

Resources

-  Study: Falls hospitalize nearly 9,000 Alaskans since 2005
-  You are not alone. Support and resources are available.
 - Alzheimer's Resource of Alaska (ADRAA)
 - Job training for Alaskans age 55+
Mature Alaskans Seeking Skill Training (MASST)
-  Senior Community Services Employment Program
 - Information about Medical Conditions
 - Alaska Aging Advocacy Network
-  About Aging & Disability Resource Centers (4.27mb)
 - Alaska Senior Fall Prevention Campaign

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State Plan for Services

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FY00 COMMISSIONERS MEMBERSHIP ROSTER

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Member	Appointed	Reappointed	Term Expires
Doris E. Bacus	9/20/95	9/22/96 11/21/00	9/1/04
Peggy A. Burgin	9/20/95	11/10/99	9/1/03
Ella Craig Pioneers' Homes Advisory Board	9/1/98		
Jesse L. Gardner	9/20/95	8/12/97	8/31/01
Robert Gregovich, Jr.	1/19/00		9/1/03
Marjorie J. Hays, Ph.D.	5/21/97	11/21/00	9/1/04
Donald M. Hoover	9/30/91	9/20/95	9/1/99 (Served an extended term to 6/00)
Banarsi Lal	6/5/00		9/1/03
Daniel K. Karmun, Sr.	9/20/95	8/12/97	8/31/01
Alaire Stanton	5/21/97		9/1/99
Alison M. Elgee <i>Designee for Jim Duncan Commissioner, Department of Administration</i>	6/5/95		
Bernice Joseph <i>Designee for Deborah Sedwick, Commissioner, Department of Community and Economic Development</i>	1/14/00		
Jonathan M. Sherwood <i>Designee for Karen Perdue Commissioner, Department of Health and Social Services</i>	5/25/95		

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LETTER FROM THE COMMISSIONERS

June 21, 2001

The Honorable Tony Knowles
Governor, State of Alaska

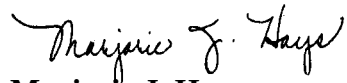
The Honorable Rick Halford
President, Alaska State Senate

The Honorable Brian Porter
Speaker, Alaska House of Representatives

Dear Governor Knowles, Senator Halford, Representative Porter, members of the Twenty-Second Alaska Legislature, and Fellow Alaskans:

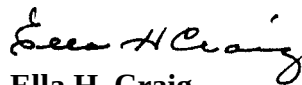
The report that follows represents a first for our Commission. To increase ease of access, and to cut costs for reproduction, we have designed and are distributing this report as a web-based document. The report presents an overview of the Commission's work in FY 2000, and also provides a brief update on FY 2001 developments. We look forward to working with you this coming year to improve the quality of life all of us experience as we age.

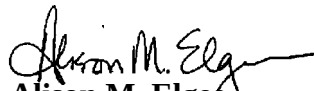
Sincerely,


Marjorie J. Hays
Chair, Alaska Commission on Aging


Doris E. Bacus

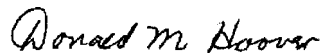

Peggy A. Burgin


Ella H. Craig


Alison M. Elgee


Jesse L. Gardner


Robert P. Gregovich, Jr.


Donald M. Hoover


Bernice M. Joseph


Daniel K. Karmun, Sr.


Banarsi Lal


Jonathan M. Sherwood

- In 2000 there were an estimated 35,658 Alaskans age 65 and over. The total Alaskan population that year was estimated to be 635,370. An estimated 4,000 Alaskan seniors have Alzheimer's Disease currently.
- By 2005 an estimated 44,461 Alaskans will be age 65+. This is a 25% increase in population. In that period, the total state population will grow 5%.
- By 2025, the total population of Alaska will have increased 30%. The number of Alaskans 65+ will increase 249% by 2025.
- By 2025 an estimated 124,303 Alaskans will be age 65+. Of that population, an estimated 15,700 will be at-risk for Alzheimer's Disease.

Population projections provided by the Alaska Department of Labor, Research and Analysis, Demographics Unit. Risk for Alzheimer's Disease based on information reported in Estimated Prevalence of Alzheimer's Disease in the United States, Denis A. Evans, et. al., The Milbank Quarterly, Vol 68. No. 2, 1990

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ALASKA'S PROJECTED POPULATION GROWTH

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EXECUTIVE SUMMARY

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Alaska Community Services Senior Companions Clara Rice (left) and Edna Pendleton (right) visit June Stanfield, a resident of the Fairbanks Pioneer Home.
(Photo by Jeanne Thomas.)

Alaska's statewide senior citizen community is, proportionately, the second most rapidly growing in the country. Each of us confronts the question: how do we fully realize our potential and sustain our independence in the later years of our lives? The Alaska Commission on Aging engages Alaskans from across the state to ask these questions and work together to answer them. In turn the Commission advocates for state policy, public and private partnerships, and citizen involvement that assists each of us to age successfully in our home community, or as close to home as feasible. Our work involves planning, advocacy, grant making and administration, and interagency collaboration on issues affecting older Alaskans. The Commission was established under AS 44.21.200 in 1982. It is housed in the Division of Senior Services, Department of Administration. Increasingly the Commission is called upon to advise the Division in its work, and to provide representatives to project workgroups convened by the Division.

The Commission has broad-based responsibilities. It is the designated sole State agency that develops and administers the State Plan on Aging. The Commission reaches out to inform Alaskans of the dramatic growth in the older Alaskan community. The Commission continues to expand this outreach and education with advocacy and service organizations statewide. The Commission funds and administers senior services grant programs. Services are now delivered by 66 non-profit organizations statewide. Under the terms of the Commission's grant awards, grantees assure that they will comply with state and federal requirements associated with the types of grant funding awarded. These organizations generate additional monies to fully fund the cost of these vital services. Commission grants are funded with a mix of monies from the Older Americans Act, the State of Alaska, and the Alaska Mental Health Trust Authority (AMHTA). Grants include Nutrition, Transportation and Support Services (hot meals, essential transportation and selective support services), and the Senior Community Service Employment, funded through the federal Older Americans Act (OAA) and state monies. Home and Community-Based Services grants (care coordination, adult day services, in-home respite care, and related caregiver services) are funded by AMHTA, the Older Americans Act, and state funds. Senior Residential Services grants are supported solely by state monies. The Commission has a cooperative agreement with the Alaska Mental Health Trust Authority under which the Trust provides oversight and administrative support for Alaska's Long Term Care Ombudsman Office (LTCO). The Commission continues its working relationship with the LTCO office, and will annually transfer Older Americans Act funding for operation of the LTCO to the Trust, as well as any OAA increases earmarked for LTCO programs. The Commission will continue to receive regular LTCO reports regarding the work of the office, emergent issues, and trends, as well as their input and considerations regarding legislation affecting the safety and well-being of Alaskans age 60+ receiving long-term care.

ACoA grantee programs are anchored by a strong base of locally supported, community-directed programs for Alaskan elders. In FY 00, these senior programs were supported with approximately 4.9 million federal dollars through the Older Americans Act and a comparable amount of state funds, including the required matching funds and Mental

Health general funds.

Local community contributions, including local match and clients' donations, accounted for 50 percent of the funds necessary to support local senior programs. State and federal dollars accounted for 47 percent of the reported cost to operate local senior programs.

An additional three percent of funds came from the Alaska Mental Health Trust Authority Authorized Receipts (MHTAAR) for innovative pilot projects. Ongoing programs are targeted to low-income, minority, and frail seniors, and those affected by Alzheimer's Disease and Related Disorders. All are encouraged to contribute what they can afford toward the cost of services.



Finding the Common Ground Conference Series

Leaders in Alaska's senior community met in Anchorage in January 2000 for the *Common Ground II* conference. The conference series' purpose is to expand participants' knowledge of aging issues, build upon their leadership skills, and nurture a statewide community of informed Alaskan seniors. Over 150 concerned Alaskans attended the conference. With Alaska's senior population expected to triple in 20 years, *Common Ground* develops strategies for reaping the full benefit of this growth and anticipating problems that may arise as a result.

The Commission cohosted *Common Ground II* with the Alaska Housing Finance Corporation (AHFC). Many partners joined the conference steering committee. These partners represented the Commission, AHFC, the Alaska Geriatric Education Network (AGENet), the Title VI Directors Network, AARP, Older Persons Action Group (OPAG), Alaska Alzheimer's Association, Alaska State Hospital and Nursing Home Association (ASHNHA) and the State Department of Military and Veterans Affairs.

Common Ground II Partners with the Commission and the Alaska Housing Finance Corporation:

- Providence Continuing Care Services (Senior Connection, Horizon House, Home Health Care)
- Alaska Regional Hospital
- AARP
- The Alaska Native Tribal Health Consortium
- Bartlett Regional Hospital
- Fairbanks Memorial Hospital
- National Bank of Alaska
- The Law Firm of Dorsey and Whitney
- Governor and Mrs. Walter J. Hickel
- The Alaska Department of Administration Division of Senior Services' Medicare Counseling, Information, and Referral
- U.S. Administration on Aging

The conference report, *Common Ground II Conference Proceedings*, a summary of speakers' points, breakout sessions, and other findings, is available from the Alaska Commission on Aging.

LEGISLATION AFFECTING ALASKAN SENIORS

The cumulative effect of constructive legislation comes into focus through the short review below. This is from a 2001 report, and covers legislation through the 22nd Legislative session. These bills and related actions improve state policy and practice in regard to health and personal care, personal safety, and recognition and respect accorded to older Alaskans. These will improve the basic quality of life we experience as we age.

1999 Legislation

- Increased protection of vulnerable adults (SB 57, Chapter 21 SLA 99)
- Licensing of home health care agencies, and timely release of long-term care service and facility inspection and investigation reports (SB 56, Chapter 20 SLA 99)
- Long Term Care Task Force reauthorization (LR 23)
- New strategy and framework for state process to authorize construction of increased nursing home capacity (HB 187, Chapter 55, SLA 99)

2000 Legislation and funding

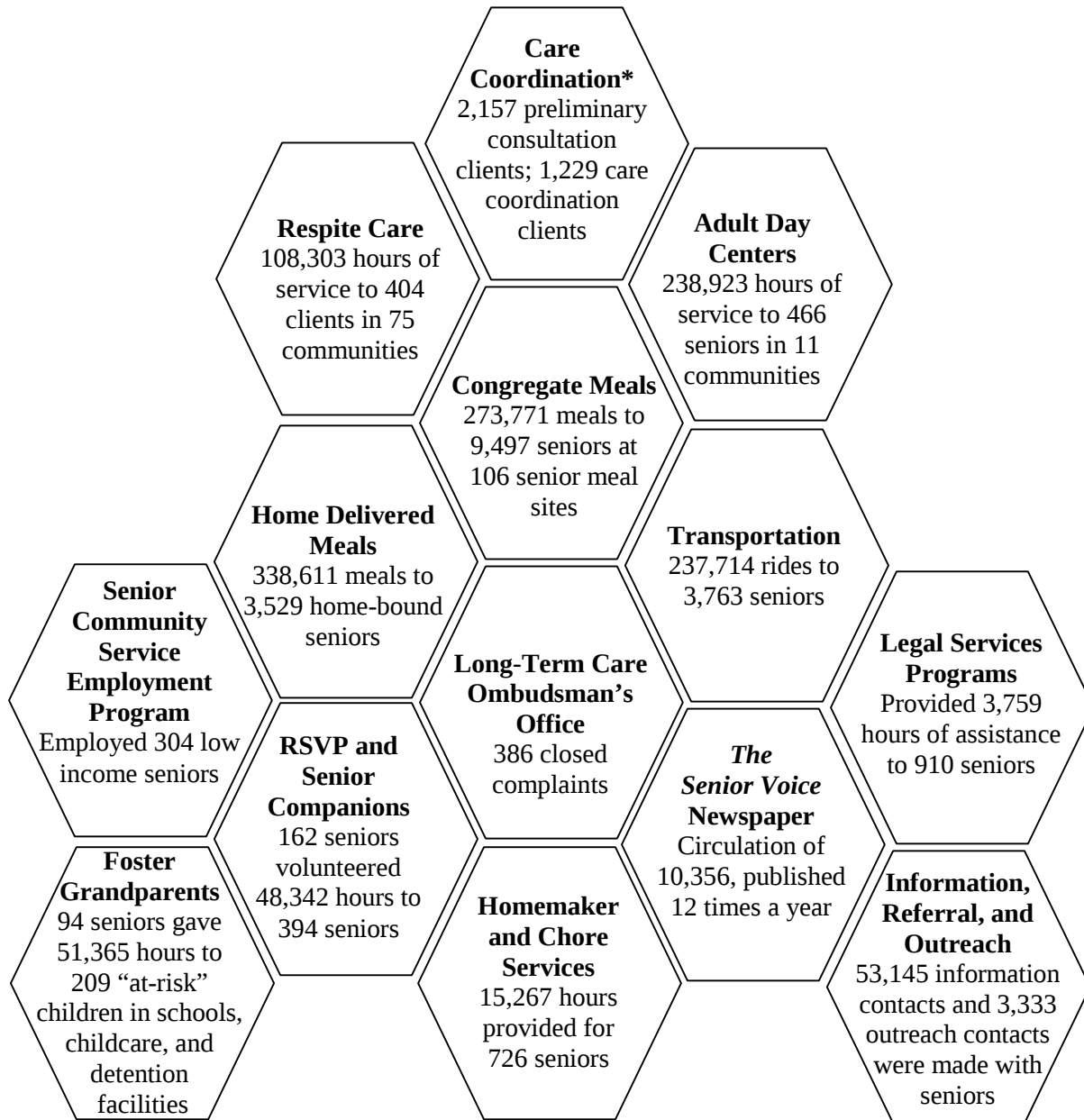
- Increased rates paid to assisted living providers caring for General Relief clients, to more adequately pay for services provided (SB 73 Chapter 83 SLA 00)
- Extended the sunset date of the Alaska Commission on Aging to 2004 (SB 204, Chapter 80 SLA 00)
- Alaska Housing Finance Corporation budget items:
 - Start up of low-interest financing/refinancing for assisted living home facilities
 - Start up of small grants for accessibility modifications for seniors' homes when need is demonstrated

2001 Legislation

- Payment for breast and cervical cancer treatments for limited income Alaskans whose cancers were detected through a Centers for Disease Control outreach program (HB 65, awaiting transmittal to Governor)
- Resolution urging Federal and State outreach to educate Alaskans on the costs of long-term care, the value of participation in long-term care insurance, and the merits of providing incentives, including tax benefits for those who invest in long-term care insurance (SJR 28, awaiting transmittal to Governor)
- Transfer of Long Term Care Ombudsman office to Alaska Mental Health Trust Authority, (EO 102) and establishing new minimum salary for the position (SB 112, Chapter 15 SLA 01)
- House Special Committee on Military and Veterans Affairs established (HR 3)
- World War II veterans who left high school to enlist are awarded high school diplomas (SB 64, Chapter 13 SLA 01)

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Spectrum of ACoA Grant-Funded Services and FY00 Service Levels



*Care Coordination operates in Anchorage, Fairbanks, Juneau, Ketchikan, Mat-Su Valley, Kenai Peninsula, Interior Region, and Bristol Bay Region.

NUTRITION, TRANSPORTATION, AND SUPPORT SERVICES

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The Alaska Commission on Aging partners with nonprofit organizations statewide in 110 Alaskan communities to provide Nutrition, Transportation, and Support Services (NTS). NTS grants federal dollars and state general funds. The Older Americans Act is the federal mechanism that provides both funding and guidelines to states for services to eligible seniors. Through NTS, many Alaskans age 60 and older receive essential but minimal support services that enable seniors to live independently for as long as possible.

Local senior service agencies and organizations that receive NTS grants are required to identify and serve low-income, minority, disabled, frail, and isolated seniors in their service areas who are most in need of NTS services. A community's NTS services include any combination of



Foster Grandparent Francisco Petrelly spends a quiet moment with (l to r): Kaylee Brewer, Renee Cochran, Trinity Brown, and Michael Baran at the Child Development Center in Fort Wainright. (Photo by Jeanne Thomas.)

cogregate and/or home-delivered meals, transportation, outreach, information and assistance, homemaker and chore services, preventive health services, Foster Grandparent, Senior Companion, and/or Retired Senior Volunteer Program services. The Commission's NTS grants also fund available statewide services such as *Senior Voice*, a monthly information and education newspaper for seniors. Limited legal services for seniors are also supported with NTS funding on a statewide level to assist seniors with personal and legal matters. All NTS services endeavor to support the health, dignity, respect, and independence of older Alaskans.

Who is served: Just as important as the funding that supports seniors' health and wellbeing are the many dedicated community agencies and workers that see their relationship to seniors as more than a job. Their commitment continues to support an ever-increasing number of seniors with an increasing number of issues though federal and state funding for these services has generally not increased. The ingenuity and additional resources generated by community senior service agencies in Alaska continues to reach out to those seniors most at risk for health and quality of life issues.

The Older American's Act mandates that senior service agencies and organizations cannot charge seniors 60 and over a fee for the NTS services they receive. However, they can encourage seniors to contribute toward these services. Senior donations are an important additional resource to the NTS programs as the donations are reassigned to the NTS services.

SAMS implementation: The Commission began the SAMS (Social Assistance Management System) software implementation project in FY99. In FY00, the Commission sponsored training sessions for 14 grantee organizations from across the State. During FY00, the NTS grantees entered their clients and the services received, and prepared their systems to begin collecting data beginning July FY01. The implementation has proved to be a challenging process for everyone involved. However, once totally implemented, the data received from ACoA grantees will assist the Commission in defining a true picture of who is being serviced, what services are received, and where services are being received. By the end of FY01, 21 grantee organizations will be able to submit their SAMS data reports via email to the ACoA.

The nutritional risk information gathered in this data will assist ACoA in evaluating the effectiveness of the NTS programs over time and be the first step in developing a comprehensive data management system for Commission programs.

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HOME AND COMMUNITY-BASED SERVICES

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Home and Community Based Care services include:

- [Adult Day Services](#)
- [In-home Respite Care](#)
- [Care Coordination](#)
- [Alzheimer's Education and Caregiver Support – statewide](#)

The Alaska Commission on Aging awards grants to non-profit agencies to provide HCB services. Many of these agencies also receive revenue through services rendered for Medicaid clients, grants funded through the Alaska Mental Health Trust Authority, and through active fundraising, client fees for services, local governments, civic organizations, and other sources.

Commission funded Home and Community Based programs provide services to physically frail/disabled persons age 60 and older and people of any age with

Alzheimer's Disease and Related Disorders (ADRD). Agencies also target individuals with low incomes, members of ethnic minority populations, and people at risk for services to institutionalization.



Caroline Barnes assists Ruth Gunderson (right) and Helen Tennison (left) in the Kodiak Senior Center computer lab. (Photo by Pat Branson.)



"The Fun and Fitness Kids," led by Laraine Hass, entertain residents at the Friendship Center in Homer. (Photo by Friendship Center Staff.)

Adult Day Services (ADS)

The Alaska Commission on Aging awards grants that help meet the costs of operating 12 Adult Day Programs located in 11 communities: Anchorage (two centers) Bethel, Chugiak, Fairbanks, Homer, Juneau, Kenai, Ketchikan, Kodiak, Nome, and Palmer.

Adult Day Services provide therapeutic and support services at a central location to functionally or cognitively impaired older Alaskans. Services may include exercise programs, reminiscing and memory activities, social and cultural gatherings, as well as assistance with health and personal care. All ACoA grant funded programs provide services five days per week for a minimum of five hours per day. Clients attend ADS programs on a planned basis that is determined by the individual’s needs and abilities. After a comprehensive assessment, the staff, client, and caregivers develop a mutually agreed upon plan of care to meet the physical, social, emotional, and cognitive needs of the client. Everyone then reviews the plan of care at least every six months and makes revisions as needed. The need for ADS services often exceeds available staffing and space. Caregivers receive respite, information, and support services in addition to the direct services provided to the clients attending the programs.

Who is served: Typically, adults attending adult day programs have had a major health crisis. Often this has made it difficult to independently accomplish daily living tasks such as bathing, dressing, eating, and toileting and/or be left alone safely without assistance. Other individuals have experienced a gradual deterioration of their mental abilities due to progressive diseases such as Alzheimer’s disease. ADS programs help people who experience such limitations remain in their communities. For adult children caring for an elderly parent, having an ADS program available may be the critical factor that enables the adult child to continue to work outside the home or to continue caring for the elderly parent. The programs are also a consistent source of stimulation and therapeutic activity for the participants.

Adult Day Services Client Profile

During FY00 a total of 466 individuals received 238,923 hours of adult day services in programs receiving funding from the ACoA and other funding sources. Of these individuals:

- 66% had Alzheimer's Disease and Related Disorders (ADRD)
- 27% were ethnic minorities
- 62% had incomes below the federal poverty level
- 41% lived in rural areas

Respite Care Services

Respite Care Services are defined as planned care, assistance, and activities provided by a trained paraprofessional caregiver to a dependent adult in the client’s home for a scheduled period of time. Occasionally, the period of time may be extended to 24-hour care in either the client’s home or in another residence or facility. Respite care provides the full-time caregiver a crucial break from the relentless demands of caregiving. Respite also allows the dependent adult to benefit from a change of pace from their regular care provider.

Who is served: The ACoA provides grants to support respite services in the following areas through four agencies:

Region

Fairbanks

Southeast Alaska

Interior Alaska

Municipality of Anchorage

(Also Southcentral, Northwest, and Southwest Alaska)

Grantee

North Star Borough Fairbanks Resource Agency

Center for Community

Tanana Chiefs Conference

Alzheimer’s Association: Alaska Chapter

Respite Care Client Profile

In FY00, ACoA grantees provided 108,303 hours of respite services to approximately 404 clients in approximately 75 communities throughout Alaska. Grantee quarterly programmatic reports on 296 client profiles indicate:

- 64% had ADRD
- 37% were ethnic minorities
- 59% lived in rural areas
- 61% had incomes below the federal poverty level

Care Coordination

Care coordination involves an in-depth assessment of a person's needs and resources that leads to linking the client to a full range of appropriate services, utilizing all formal and informal resources, and monitoring the care provided over an extended period of time.

Who is served: A care coordinator interviews the client, the client's family, caregivers, and medical and social care providers to assess the client's complex medical/social situation. Based on the assessment, a tailor-made plan of care that includes referrals for services is designed around the individual's strengths, needs, and desires. The plan is implemented when the client, the client's family, and caregivers accept it. The care plan is reevaluated at least once per year and more often if needed. A revised plan of care is then designed to meet the client's changing needs.

Care Coordination Client Profile

As reported by ACoA grantees, 1,229 individuals received care coordination services in FY00 through funding from the ACoA, Medicaid Waiver program, and other sources. Quarterly programmatic reports on 1,089 client profiles indicate:

- 27% had ADRD
- 43% were ethnic minorities
- 47% lived in rural areas
- 73% had incomes below the federal poverty level

Statewide Alzheimer's Disease Community Education and Caregiver Support

In FY00, through a statewide grant from the Commission, the Alaska Chapter of the Alzheimer's Association (AAAC) provided the following:

- **5057 information and referral assistance calls** to individuals seeking phone numbers, local contacts, and other brief information
- **236 individual and/or family consultations** to individuals seeking extensive information and requests of a broad or indefinite nature
- **109 support group meetings** for caregivers of Alaskans with Alzheimer's Disease and Related Disorders (ADRD) in 12 communities
- **90 consultations to 70 service providers** often involving an evaluation of a client situation and provision of information to paid service providers. AAAC staff gather information on the particular client, the nature of the problem, disease stage, approaches that have been tried, and supports available. Based on this information, AAAC staff provides suggestions for intervention.
- **73 public awareness activities** Examples include newspaper articles, public service announcements, newsletters, and public speaking engagements.
- **Advocacy** for people with ADRD and their caregivers. This may include assisting the family in obtaining services, or working with other service providers to address specific needs of the client that may fall outside the realm of "regular" service delivery.
- **Education** relating to Alzheimer's disease or related disorders for caregivers and people with ADRD, and professional training for providers of services. Example topics include current medications and research, disease

progression, recreational activities, environmental modifications, services, and communication techniques.

- **Quarterly newsletter** to statewide mailing list
- **Caregiver information** system available through an 800 telephone number
- **A multi-media lending library** that contains ADRD resource information and a speaker's bureau for community presentations



Residents of Homer Friendship Center picnic on the Kenai River. (Photo by Friendship Center Staff.)

SENIOR RESIDENTIAL SERVICES

Kotzebue and Tanana Residential Facility grants were established by the Alaska Legislature many years ago. The Commission awards these grants to two regional senior assisted living residences.

Who is served: The residents, who are primarily Alaska Native elders from regional villages, are receiving all meals as well as assistance with their housekeeping and activities of daily living. Each resident has a semi-private room and uses services such as medication monitoring, skilled nursing care, assistance in transferring from wheel chair to bed, dressing, eating and bathing. These two programs served a total of 48 residents in FY00. At the end of the fiscal year, another three seniors were on waiting lists to receive residential services.

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SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

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The Senior Community Service Employment Program (SCSEP) provides training and employment and job placement services to low-income, older Alaskans. An innovative and cost-effective federal program, SCSEP enables Alaskans aged 55+ to be economically productive through contributing their talent and services to their communities while earning a modest income. Participating seniors find fulfillment, add to their skills, and train for further employment.

SCSEP is our nation's oldest employment, training, and community service program for disadvantaged mature Americans. During FY00 Alaska's SCSEP program contributed

an estimated 203,000 hours of valuable community service while working with more than 45 nonprofit and public organizations. During FY 00 the program employed 304 low-income Alaskan seniors.

SCSEP is designed to accomplish these four objectives:

- Foster and promote useful part-time community service opportunities for economically disadvantaged Alaskans aged 55+.
- Enhance participants' employment abilities, skills, and aptitudes to increase their opportunities to obtain jobs offering improved income and benefits.
- Change negative attitudes and stereotypes about older individuals through public education and demonstrated success.
- Conduct projects that promote innovative work alternatives, second career training, and the placement of enrollees into unsubsidized employment.

SCSEP participants find fulfillment in community service assignments by helping others and contributing to their communities. They often experience improved attitudes and health, which in turn reinforce a personal sense of independence and dignity.

The ACoA awards grants to public and non-profit agencies to provide on-the-job training so that the participants can gain the job skills and experience necessary to move into unsubsidized employment. These participants receive modest wages and benefits through Commission grants. This income augments other limited income, such as Social Security. For participants, SCSEP can cover the cost of supportive expenses, such as appropriate clothing for job interviews and jobs, eye examinations, and senior benefits counseling. Participants may attend classroom training to build employment skills or to provide skills essential for their community service assignment.

The program currently has over 200 positions throughout the state. This number is expected to increase as more seniors are enrolled in the program. The Commission expects to develop special grants to offer the program in private settings as well.

Workforce Investment Act (WIA)



Ted Cadiz, SCSEP Buildings and Grounds Aide, tends the begonias at the Anchorage Senior Center. (Photo by Faye Robb.)

With the implementation of the United States Department of Labor's *Workforce Investment Act* (WIA), the Senior Community Service Employment Program has become more visible in the employment and training community. The SCSEP is an active partner in the Alaska Job Center Network. Partners are working toward common job applications and orientations, and non-duplication of services. A goal of the WIA is to provide seamless services to both job seekers and employers.

Older Worker Specialist (OWS) Programs

Senior Community Service Employment Program funds grants to four Older Worker Specialist programs. These are located in Anchorage, Fairbanks, Juneau, and the Mat-Su Valley. These programs offer a full range of job search assistance and support to older job seekers. These programs provide ongoing assistance to all Senior Community Service Employment Program enrollees in these communities as well as to other older job seekers. The OWS program will expand to all of Southeast Alaska in FY01.

The intent is to have SCSEP services available in the Alaska Job Centers statewide. To accomplish this, SCSEP enrollees are placed in the job centers to provide peer counseling to seniors seeking employment and to assist in identifying potential SCSEP participants.

Senior Community Service Employment Program Client Profile for FY00:

- 24% had not completed high school
- 33% were minority
- 20% were veterans
- 9% were disabled
- 26% moved from subsidized to unsubsidized employment

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LONG-TERM CARE OMBUDSMAN PROGRAM

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The Long-Term Care Ombudsman (LTCO) addresses needs of persons age 60 and over in certain settings as defined by federal and state laws. The program's primary focus is to investigate and resolve complaints regarding health, safety, welfare and rights of residents in nursing homes and assisted living homes. A secondary program focus is to investigate and resolve similar complaints arising in relation to long-term care or residential circumstances of older Alaskans. This may include situations involving landlords, senior housing, public assistance, public grant programs for services to older Alaskans, public utilities, health care facilities, and health care providers.

As of March 10, 2001 the Long-Term Care Ombudsman has been transferred from the Commission to the Alaska Mental Health Trust Authority, as directed in Executive Order 102. The LTCO office now reports directly to Jeff Jessee, Executive Director of the Alaska Mental Health Trust. The Commission will continue to have a working relationship with the LTCO office through the Trust. The federal funding for operation of the LTCO will continue to come to the Commission as a part of our annual funding from the US Administration on Aging. The Commission will in turn annually transfer the current funding level allocated to the LTCO operations to the Trust, as well as any increases earmarked for LTCO programs. The Commission will continue to receive regular LTCO reports regarding the work of the office, emergent issues, and trends, as well as their input and considerations regarding legislation affecting the safety and well-being of Alaskans age 60+ receiving long-term care.

The Long-Term Care Ombudsman is specified within the following federal and state statutes: State Long-Term Care Ombudsman program: 42 U.S.C. 3058(g), A.S. 44.21.231-240; and Reports of Abandonment, Exploitation, Abuse, Neglect, or Self-neglect of Vulnerable Adults: A.S. 47.24.013.

During FY 2000 the Long-Term Care Ombudsman program went from 3 full-time employees and 2 parttime older worker specialists to 2 full-time employees. A temporary full-time clerical worker joined the program for several months later in the fiscal year. The staff within the office responded to complaints concerning individuals' care and circumstances, as well as systemic issues. Within this framework, the LTCO program serves as a resource to older Alaskans in the following settings:

15 nursing home facilities with a total of 729 beds;

238 licensed assisted living homes with 1,878 beds; and

2000+ senior housing units.

Cases and Complaints

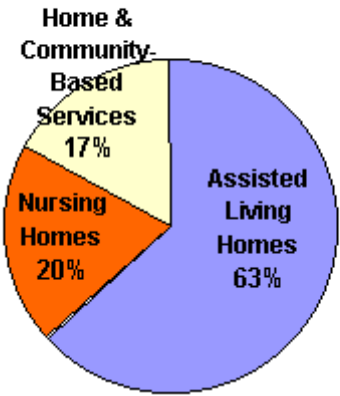
In FY 2000, the LTCO program opened 223 new cases containing 432 new complaints.

Example of Cases:

An elderly Alaskan reported a discontinuance of both state and federal disability funds. The LTCO program facilitated communication between all agencies involved and the elderly Alaskan in order to have the benefits restored. Those benefits were restored immediately.

The LTCO program and the Assisted Living Home Licensing program conducted 2 large joint investigations of suspected abuse in a large assisted living home. One case was verified and was

LTCO Complaint Sources



resolved with the resignation of the perpetrator. The other case was resolved by investigating and reporting that the allegations of abuse were not substantiated.

The LTCO program participated in ascertaining resident health and safety following the sexual assault of an elderly resident of a large nursing facility.

LTCO Closed Complaint Classification by Setting, Type, and Number

Complaint	NH	ALH
Abuse, Neglect, or Financial Exploitation	24	36
Access to Information	2	5
Admission, Transfer, Discharge, Eviction	4	9
Autonomy, Choice, Exercise of Rights, Privacy	6	16
Financial, Property	8	19
Care	15	54
Rehabilitation or Maintenance of Function	2	6
Restraints - Chemical or Physical	0	2
Activities and Social Services	1	7
Dietary	0	16
Environment	2	17
Policies, Procedures, Attitudes, Resources	1	9
Staffing	3	28
Certification/Licensing Agency	0	4
State Medical Agency	1	2

System	7	15
Totals*	76	245

*Additionally, 65 complaints were closed that addressed issues occurring in home and community-based care.

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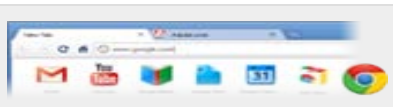
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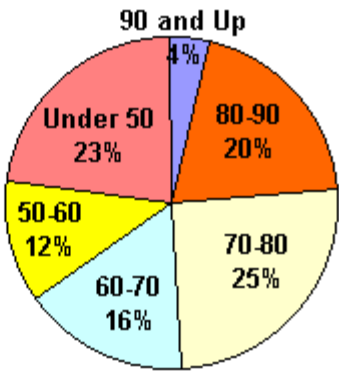
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ADULT PROTECTIVE SERVICES
Department of Administration, Division of Senior Services

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Adult Protective Services (APS) investigates reports of harm to vulnerable adults and arranges for necessary services for their protection. APS workers interview the vulnerable adult, family members, guardians, and other pertinent persons and agencies; make intake determinations and do care planning; take emergency action if appropriate; assess clients’ mental capacity; file guardianship and conservatorship petitions if appropriate; perform temporary case management and case consultation; arrange for general relief financial assistance and help clients locate assisted living homes; and provide other supportive services.

Age of Adult Protective Services Clients



821 Adult Protective Services Intakes for FY2000 (increase of 53 over FY99) included:

- 651 Protective Services investigations (increase of 117 over FY99)
- 58 requests for information and referral
- 14 referral to Division of Mental Health and Developmental Disabilities
- 9 referrals to Division of Medical Assistance
- 89 Senior Services Assisted Living Licensing investigations (increase of 35 over FY99)

433 female clients to 275 male clients (1.57 to 1)

Ethnic Background:

- | | | |
|----------------------|----------------------|------------------|
| • 4 American Indians | • 13 Afro-Americans | • 247 Caucasians |
| • 9 Asians | • 185 Alaskan Native | |

Allegations Investigated:

- | | | |
|-------------------------|---|------------------------------|
| • 10 Abandonment | • 43 Violation of Assisted Living Regulations | • 121 Financial Exploitation |
| • 16 Other Exploitation | • 76 Mental Abuse | • 304 Self Neglect |
| • 32 Sexual Abuse | • 90 Physical Abuse | • 508 Neglect |

Decision-making capacity is an issue with 86% of the clients.

Client Problems:

- | | | |
|--|--|--|
| <ul style="list-style-type: none">• 80 Frail• 68 Dementia• 66 Non-ambulatory• 60 Alcoholism• 53 Incontinent• 45 Mental Illness• 37 Diabetes• 27 Mental Retardation• 26 Schizophrenia | <ul style="list-style-type: none">• 19 Alzheimer's• 19 Paranoia• 18 Head Injury• 17 Developmental Disability• 17 Homeless• 16 Blindness• 15 Bedridden• 10 Seizure Disorders | <ul style="list-style-type: none">• 9 Deafness• 9 Depression• 7 Parkinson's Disease• 7 Assaultive• 5 Suicidal• 4 Drug Addiction• 2 Cerebral Palsy• 2 Muscular Dystrophy |
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ASSISTED LIVING LICENSING

Department of Administration, Division of Senior Services

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Background:

The Assisted Living Licensing Unit of the Division of Senior Services is responsible for the orientation, licensing and ongoing monitoring of Assisted Living Homes that provide services to frail elderly residents and adults with physical disabilities.

Statistics:

- There are currently 125 licensed Assisted Living Homes in Alaska, up from 114 homes last year.
- There are currently 1,353 bed spaces available in licensed Assisted Living Homes including the Pioneers' Homes.
- There are currently four full-time staff and one part-time staff to provide licensing services throughout the state.
- There is still a critical need for the development of small Assisted Living Homes in rural Alaska.

Significant Legislation:

- Senate Bill 73 was passed, increasing the daily payment rate to Assisted Living homes for General Relief residents. Homes may receive up to \$50 per day, depending on the resident's income level.
- Proposed changes to Assisted Living Home regulations (Chapter 7 AAC 75) were drafted and forwarded to the Department of Law for review. Included in the draft regulations is language regarding Barrier Crimes that would restrict individuals convicted of specific crimes from working in Assisted Living Homes for varying periods of time depending upon the severity of the crime.

Goals For FY 01:

- Develop and initiate a Public Education component.
- Expand and continue Public Forums for licensed homes.
- Expand focus on outreach and development of rural Assisted Living Homes.
- Produce an orientation video for distribution to rural sites.

Long-Term Care Unit

The Division of Senior Services (DSS) administers two Medicaid home and community-based long-term care waivers: the Older Alaskan (OA) and the Adults with Physical Disabilities (APD). These two waivers provide myriad services designed to assist eligible individuals statewide to continue to reside in their communities as an alternative to receiving services in long-term care institutions.

In FY00, the OA waiver served 956 clients while the APD served 507. This was a combined 34% increase over FY 99. As the waiver program grows, the division continues working to improve the program. Streamlining processes, reorganizing workflow and developing technological supports internally and for service providers have allowed consumers quicker access to much needed services.

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PERSONAL CARE ATTENDANT (PCA) PROGRAM

Department of Administration, Division of Senior Services

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Background:

- Personal care attendant (PCA) services are provided statewide, managed by the Division of Senior Services.
- PCA services enable functionally disabled Alaskans of all ages and frail, elderly Alaskans to live in their own home or community, instead of receiving care in a more costly and restrictive long-term care institution.
- DSS provides grants to 20 agencies that provide services to clients who need help in managing and coordinating their care and 110 independent personal care attendants (private contractors) who work for clients who wish to manage their own care.
- Services are typically provided in a client's home by trained health care paraprofessionals (PCAs) under clinical supervision by a nurse, either through the agency employing PCAs or an independent PCA hired directly by the client.
- The program provides help with activities of daily living (ADLs), including bathing, dressing and grooming; and instrumental activities of daily living (IADLs), such as shopping and cleaning; and with other tasks that require semi-skilled care.

Statistics:

- In FY 00, the program served 1,344 clients in 125 Alaskan communities
- PCA agencies served 1,322 clients
- Independent PCAs served 131 clients
- Services were provided by 128 agency-based personal care attendants and 110 independent personal care attendants

Significant Legislation:

- New regulations have been drafted for the Consumer-Directed Personal Care Attendant (CDPCA) Program. When adopted the CDPCA Program will replace the independent PCA program sometime in FY02.
- A working group (PCA Design Team) has completed redesigning the agency-based program to better meet the needs of the consumer.
- Check the PCA program Website for further information about the PCA Design Team activities (pca.infoinsights.com).

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RURAL LONG-TERM CARE

Department of Administration, Division of Senior Services

The Alaska Commission on Aging's continued commitment to serving elders in rural areas is demonstrated through their support of the Rural Long-Term Care Development Project. With assistance from this project a 10-unit assisted living home opened this year in Dillingham. Information about assisted living development and general outreach about senior services has been provided in many other communities. DSS/ACoA held a workforce development workshop in May to begin addressing the workforce needs in rural areas.

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STATEWIDE INFORMATION AND REFERRAL

Department of Administration, Division of Senior Services

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The Division of Senior Services provides seniors with information about programs and services available in Alaska and the lower forty-eight states through a toll free helpline available from 8:00 AM to 5:00 PM every business day and by e-mail accessible through the state Website (www.hss.state.ak.us/dsds/info.htm). Information is provided on senior housing, long-term care options, legal services, home health options, care coordination, insurance issues, tax responsibilities, and Social Security. Clients can also get directions to the agency or agencies that can best help them solve their problems. Because health care related issues head the list of senior concerns, a series of federal grants help finance an Information and Referral service entitled Alaska Medicare Information.

Alaska Medicare Information (AMI)

Alaska Medicare Information serves Medicare and Medicaid beneficiaries, their families and friends, and Alaska's Medicare and Medicaid providers. AMI conducts seminars and informational meetings around Alaska explaining Medicare and Medicaid benefits, qualifications, enrollment procedures, and methods of combating fraud and abuse in the system, Medicare supplements, long-term care insurance, and +Choice Health Maintenance Organizations (HMOs). In addition, AMI is responsible for conducting public information initiatives promoting flu shots, mammograms, Qualified Medicare Beneficiary (QMB) and Specified Low-Income Medicare Beneficiary (SLMB) enrollment, new preventive medicine benefits, and other Health Care Financing Administration (HCFA) projects. It also serves as the central distributor of Medicare-related printed materials from the HCFA, the U.S. Administration on Aging, and other interested organizations. Staff located in Anchorage assist clients from around the state through a toll free number (1-800-478-6065). When appropriate, clients are referred to volunteers around the state for local assistance.

AMI deals with subjects related to private health insurance. In Alaska, Medicare supplements or so called "Medigap" policies fill the gaps in Medicare's payment schedules. This includes explaining the benefits of each of the ten standard plans and providing comparison shopping information about companies selling Medigap policies in Alaska. Long-term care insurance is another growing area of concern for Alaskans. Comparing policy conditions and cost/benefit ratios often requires unbiased assistance not available elsewhere. AMI helps clients solve problems with billing or claims processing or when there is a suspicion of possible fraud or abuse in a Medicare or Medicaid claim.

During FY2000, the number of volunteers working with relocation problems and long distance caregiving has tripled through increased recruiting efforts, additional staff, promotion of the program's 800 number, and partnering agreements with Assisted Living Licensing, the ACoA, the Alzheimer's Association, and other organizations that deal with a high number of relocation cases. Assistance has come from AARP, the Older Persons Action Group, the Alaska Native Tribal Health Consortium, RSVP, and local senior centers. The need for +Choice information has been growing with Alaska having its first +Choice option now available in the form of the Sterling Private Fee for Service option. The introduction of the +Choice option has increased the number of outreach visits to rural areas of the state and the number of potential distributors. As a result, our current mailing list includes nearly 250 contacts willing to distribute materials appropriate to their clientele.

In FY2000 AMI conducted +Choice outreach in thirty communities throughout Alaska. The program has contacted seven additional communities for future outreach. AMI outreach visits include hospitals, clinics, Indian Health Service organizations, EMTs, public health nurses and pharmacies, local state, tribal, or community-based social service providers, senior centers and senior housing units. AMI also meets with state, tribal, and local government officials. These visits and meetings include, but are not limited to:

- training on appropriate topics
- question and answer sessions on current topics
- recruitment of individuals willing to distribute printed materials and refer clients
- recruitment of counselors

- distribution of materials
- program promotion
- client contacts

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[ALASKA HOUSING FINANCE CORPORATION SENIOR HOUSING OFFICE](#)

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In 2000, the Alaska Housing Finance Corporation (AHFC) Senior Housing Office celebrates its tenth year of operation. The office was created in large part, through the initiative of the Alaska Commission on Aging during the mid-1980s. The ACoA provided the state legislature with compelling information and documentation about the need for affordable and accessible housing for Alaska's senior population. Hence, the Senior Housing Office was created to promote a comprehensive response to the needs of senior citizens for adequate, accessible, secure, and affordable senior housing.

Over the last ten years, the AHFC SHO has helped to develop approximately \$109 million in new senior housing throughout the state. This new development equates to 825 new senior housing units in 42 facilities around the state. This impressive development schedule was made possible through the creative financing programs offered by AHFC as well as the support and assistance of the ACoA and other state, local and private organizations.

During FY00 the office aggressively marketed the AHFC's Assistance Provider Interest Rate Reduction program. This new program was created to provide substantial interest rate reductions and higher than average loan-to-value ratios to operators of small assisted living facilities and other types of group homes. The program allows for the purchase, renovation and/or refinance of "group homes." To date, AHFC, through its various senior and special needs loan programs has helped to finance approximately 33% of all privately owned senior assisted living facilities in Alaska. Through the refinance feature of the program, assisted living operators were able to receive substantial reductions to their monthly mortgage payments, in some cases by over \$500 a month.

In FY00, AHFC submitted funding recommendations for six new senior housing facilities. Unfortunately, not all of those recommended senior housing developments made it through the budget process. New senior housing development should become a reality in four communities in the very near future:

- **City of Petersburg** 20 units of both independent and assisted living
- **Stebbins Elder Housing** 5 units of independent living
- **Kotzebue** 15 units of independent living
- **Wasilla** 26 units of independent living

The Senior Housing Office looks forward to working with the Alaska Commission on Aging in the years to come.

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[ALASKA MENTAL HEALTH TRUST AUTHORITY](#)

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Under the terms of the Mental Health Trust Agreement, the Alaska Commission on Aging is the planning and advocacy body for those Alaskans affected by Alzheimer's Disease and Related Disorders (ADRD) and their caregivers. ADRD can generally be described as a decline in several areas of cognitive ability sufficiently severe to interfere with daily functioning. The ACoA also advocates for the needs of other older beneficiaries of the Alaska Mental Health Trust Authority (AMHTA), including seniors with mental illness, substance misuse problems, and/or developmental disabilities.

A significant number of the elderly population is in serious crisis. The critical needs of this group cannot be met by the limited senior services infrastructure. This group of elders often experiences crises resulting from a complex interplay of mental illness, dementia, substance misuse, and medical problems. There is also a hidden population of elderly who live alone and have ADRD. At times, married couples both experience ADRD and/or mental illness that render them unable to seek help. These seniors often go unnoticed and deteriorate and are discovered in severe states of self-neglect. By the time seniors in critical need are discovered, there is often no alternative other than hospitalization and/or nursing home placement.

The Commission and the Division of Senior Services work with the AMHTA, the Alaska Mental Health Board, the Advisory Board on Alcoholism and Drug Abuse, the Governor's Council on Disabilities and Special Education, and the Department of Health and Social Services to address these problems.

During FY00, funding from the Alaska Mental Health Trust Authority assisted the Commission and the Division of Senior Services to explore innovation in several areas of service delivery:

- The Rural Long Term Care Development project focused on outreach and education about available services, detailed development work with specific rural communities, and workforce development issues
- The Mental Health Needs of the Elderly project served over 200 clients and over half of those people showed improvement
- The ACOA and the Alaska Mental Health Board created an Joint Committee on Mental Health and Aging
- The Innovative Respite project continued to provide services that are not available through the regular respite grants, including serving people with ADRD who are living alone
- A study was conducted that describes and substantiates issues affecting the economic well being of older Alaskans.

All of these innovative projects help to further out understanding of the needs of vulnerable adults and elders and to design a service delivery system that is more responsive to their needs.

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PIONEERS' HOMES

Department of Administration, Division of Senior Services Alaska Longevity Programs

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The Alaska Pioneers' Homes program has a proud history of providing for the changing needs of Alaskan elders since 1913. Over time, the Homes have evolved from residential facilities serving early frontier men to model assisted living homes meeting the needs of frail elders who may require assistance with the activities of daily living because of physical, cognitive, or functional limitations. Pioneers' Homes are located in Sitka, Fairbanks, Palmer, Anchorage, Ketchikan and Juneau, and serve over 600 Alaskan seniors. Community based services tailored to assisting seniors to remain in their own homes or in the homes of family members, have enabled Alaskans to age in place. Because elders remain independent longer, they often do not seek the specialized residential services provided in the Pioneers' Homes until they are well into their eighties. This aging in place phenomenon has changed the profile of the Pioneers' Home resident and has led to the development of environmentally sensitive special care units that address the care and treatment of residents with Alzheimer's and Other Related Dementias (ARD). The Pioneers' Homes continue to focus on the social model of assisted living. They have adopted the Eden Alternative®, a philosophic approach to long-term care that links residents, staff, family, volunteers and pets in a lively and caring community. The Homes are thriving human habitats based on energy, trust, respect and mutual support. The Pioneers' Homes remain dedicated to sharing the experience and knowledge they gain through their work with older Alaskans affected by ARD. The Homes partner with other community health and long-term care agencies and maintain a professional relationship with the University of Southern California's Andrus Gerontology Center.

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GLOSSARY OF COMMONLY USED TERMS

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Activities of Daily Living (ADL) • Activities such as moving from one place to another, eating, bathing, toileting, dressing, and communication.

ADRD • Alzheimer's Disease and Related Disorders (sometimes Dementia).

APD • Adults with Physical Disabilities' Medicaid waiver is available to adults between the ages of 21 and 65 who have a disability determination and significant care needs.

Community-Based Services • The blend of health and social services provided to an individual or family in their residence and home community for the purpose of promoting, maintaining, or restoring health, or minimizing the effects of illness and disability.

Long-Term Care • A combination of health care, personal care, and social services required by people who have some degree of diminished capacity on a long-term basis.

Medicaid • A federally funded, state-operated and administered program that provides medical benefits for certain indigent or low-income persons in need of health and medical care. Authorized under Title XIX of the Social Security Act, people must meet specified eligibility criteria to qualify. Subject to broad federal guidelines, states determine the benefits covered, program eligibility, rates of payment for providers, and methods of administering the program.

Medicare • A U.S. health insurance program for people aged 65 or older, for individuals eligible for social security disability payments for two years or longer, and for certain workers and their dependents who need kidney transplants or dialysis. Monies from payroll taxes and premiums from beneficiaries are deposited in special trust funds for use in meeting the expenses incurred by the insured. It consists of two separate but coordinated programs: hospital insurance (Part A) and supplementary medical insurance (Part B).

Personal Care Attendant (PCA) • A paraprofessional who provides services to clients primarily in their home. Services include assistance with bathing, dressing, and preparing food.

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FY 00:

Common Ground II Conference Proceedings

Alaskan Seniors: Living Longer, Growing Stronger

[January 2000: Senior Population Trends in Alaska](#)

[February 2000: Common Ground II Overview](#)

[March 2000: Alzheimer's Disease in Alaska](#)

[April 2000: State and Local Aging Commissions Overview](#)

[May 2000: Safe, Accessible Homes](#)

[June 2000: Guardianship in Alaska Part I](#)

FY 01:

[Issues Affecting the Economic Well-Being of Alaska Seniors, McDowell Group, Inc. December 2000](#)

Long Term Care Services Survey and Recommendations for Change to Alaska Long Term Care Certificate of Need Regulations, November 2000, Information Insights

Alaskan Seniors: Living Longer, Growing Stronger

[July 2000: Guardianship in Alaska Part II](#)

[August 2000: End of Life Care](#)

[September 2000: Older Workers in Alaska](#)

[October 2000: Impact of Proposed Property Tax Cap](#)

[November 2000: Diabetes, Alzheimer's Disease](#)

[December 2000: Caring for Caregivers](#)

[January 2001: 2001 Legislative Priorities](#)

[March 2001: New PCA Regulations](#)

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