

# **State of Alaska FY2014 Governor's Operating Budget**

## **Department of Health and Social Services Senior and Disabilities Services Results Delivery Unit Budget Summary**

**Senior and Disabilities Services Results Delivery Unit****Contribution to Department's Mission**

Promote the independence of Alaskan seniors and persons with physical and developmental disabilities.

**Major RDU Accomplishments in 2012**

- Recruited and trained over 60 volunteer Medicare counselors throughout Alaska to help provide training on Medicare Part D to Alaskan Seniors.
- Served more than 6,700 Medicare beneficiaries in Alaska with complex one-on-one counseling. In addition to personalized counseling, provided education and outreach to Medicare beneficiaries and their families as well as educated beneficiaries and others on how to spot and report potential Medicare errors, fraud, waste, and abuse. For 93% of the contacts, it was their first contact with the program. 42% of the contacts involved Medicare Prescription Drug benefits questions and 25.8% of the contacts raised questions that involved plan comparisons.
- The General Relief/Temporary Assisted Living program served 1,019 clients in FY2012. The division worked closely with care coordinators, hospital discharge planners, assisted living homes, family members, local law enforcement, and court systems to match vulnerable adults with assisted living homes.
- The Adult Protective Services Program received 5,385 Reports of Harm and investigated 1,843 of these reports for abuse and/or risk of abuse. These critical services, which help to prevent or stop harm from occurring to vulnerable adults, include information and referral, investigation of reports, protective placement, guardianship/conservatorship counseling, and mediation.
- Through Community Developmental Disabilities grants, addressed the needs of individuals with developmental disabilities for habilitation to enable the acquisition or maintenance of skills to live with independence and improved capacity. Provided Home and Community Based grant services to 1,036 Developmental Disabilities beneficiaries who are not receiving services through one of our Medicaid Waiver programs. Services were delivered in more than 100 communities by 29 nonprofit grantee agencies.
- Senior Residential Services homes served 68 individuals full time in FY2012 as well as provided transient housing for seniors coming from the villages for medical care in the regional hubs. Consumers received assistance in managing their daily activities including medication monitoring, skilled nursing care, meals, personal care, and housekeeping.

- The Senior Community Based Grant programs have continued to provide essential, high quality services to seniors throughout the state despite increasing needs in senior population. The estimated number of individuals served in FY2012 was 25,000. Services included Adult Day Services, primarily provided through a center for adults with impairments and Alzheimer's Disease or Related Disorders, in a protective group setting that is facility-based. Services were also provided to the caregiver of anyone 60 and over or grandparents who are 55 and over raising grandchildren. Services include information and assistance accessing services, respite, caregiver support groups, caregiver training, and supplemental services. Outreach, information and referral, education, consultation, and support services are also provided to individuals with Alzheimer's disease and related disorders, their family caregivers, and professionals in the field.
- The Aging and Disability Resource Centers have expanded to four regions and served 10,367 individuals in FY2012. The Aging and Disability Resource Centers are part of the division's effort to help people more easily access the long-term services and supports available in their communities. The Aging and Disability Resource Centers specialists counsel callers and visitors on long-term supports that fit their circumstances. These supports include transportation, assistive technology, or in-home care.
- Development of a separate Health Promotion/Disease Prevention program for seniors awarded to 5 new grantees.
- Hosted five Alzheimer's disease and related dementias community forums in Anchorage, Juneau, Fairbanks, Homer and Soldotna to gather information related to the availability of services, appropriate housing, safety and quality of life for persons with Alzheimer's disease and related dementias from seniors, Alzheimer's disease and related dementias caregivers and public members. The forums included an educational overview about Alzheimer's disease that was followed by a structured community discussion about needs of Alaskans with Alzheimer's disease and related dementias and their caregivers.
- Continued to provide leadership for the inter-agency Alaska Senior Fall Prevention Coalition to promote public awareness about ways to reduce accidental falls, which are the number one cause of injury to Alaskans age 65 and older. Governor Parnell signed an Executive Proclamation recognizing September 16-22, 2012 as "Senior Fall Prevention Week." A media informational campaign that included fall prevention events, radio interviews, and informational articles highlighted the seriousness of senior falls and ways to reduce them through regular exercise, medication review, annual vision and hearing exams, home hazard reduction programs, and encouraging communities to maintain their public walkways clear of ice and snow.

## Key RDU Challenges

- The U.S. Census Bureau predicts that the senior population in Alaska will increase from 26,000 in 1993 to over 90,000 by the year 2015, an average annual increase of 11%. Some fraction of this population requires significant assistance from the state, and will grow proportionately to the overall senior population. The current service provider capacity is insufficient to meet their care needs.
- Continue implementation of the Alaska State Plan for Senior Services, FY2012-2015, through an interagency collaborative effort by coordinating and providing logistical support for face-to-face annual meetings of agency partners; coordinating tracking of outcomes related to performance measures; serving as the repository for agency reports of implementation activities; and drafting a report of implementation outcomes to the Department of Health and Social Services, the U.S. Administration on Community Living/Administration on Aging, and the Alaska Mental Health Trust Authority.
- Assist in developing, implementing and evaluating strategies to increase access to services needed by individuals with disabilities and/or their families including developing in-state capacity to better meet the needs of individuals with challenging behaviors, women with disabilities who are the victims of sexual or

physical assault, individuals who reside in rural and remote areas of the state, and individuals who are deaf or experience autism, traumatic brain injury, and/or fetal alcohol syndrome disorders.

- Use of the Developmental Disabilities Census, an internally designed, incomplete database the division uses to collect Developmental Disabilities grant recipient information precludes the division of collecting even basic demographic and service delivery data. This impacts the division's ability to plan, track, and monitor services delivered to 1,200 recipients as well as to examine client and provider activity from the initial application through services delivered.
- The Division of Senior and Disabilities Services lacks an efficient data system to facilitate timely and more accurate decisions based on accurate patient records, conditions, medications, and treatment. There is little integration between the division's tools and systems or to Alaska's enterprise computer systems such as the Medicaid Management Information System, the Eligibility Information System, or the Alaska State Accounting System. The Division needs to supplement the functionality in the legacy Division of Senior and Disabilities Services application system and replace its related spreadsheet and smaller associated applications to implement an integrated solution.

Assure the Centers for Medicare and Medicaid Services that necessary safeguards have been taken to protect the health and welfare of persons receiving services under the Home and Community Based waivers. These safeguards include adequate operating standards for all provider types as well as licensing and certification standards. Monitoring of provider compliance with these standards requires the capability to conduct on-site reviews of provider agencies. The division is working to strengthen the Quality Assurance Unit, which monitors program compliance, quality of services, and detection of suspected fraud, by conducting random audits, utilization reviews, and client satisfaction interviews.

### **Significant Changes in Results to be Delivered in FY2014**

- The Division of Senior and Disabilities Services is currently in the process of seeking a contractor for the design, development, and implementation of an Automated Service Plan system with a Provider Portal in support of the division's programs. The implementation of this system will emphasize "Service Integration" among State programs including the Division of Senior and Disabilities Services, Medicaid, Behavioral Health, Eligibility, Financial Services, Certification and Licensing as well as Public Health.
- The U.S. Administration on Aging awarded the Division of Senior and Disabilities Services, Adult Protective Services program \$1.0 million to fund Elder Services Case Management services over the next three years. The division will use these funds and draw on its existing research and practices to pilot and test preventive interventions for the prevention of elder abuse, neglect, or exploitation of vulnerable adults.
- The division will expand the current database contract it uses to collect client demographics, program performance, and services delivered for its Senior Community Based Grants component. This will improve access to detailed client data and provider information that is critical to ensure the division uses updated information to plan for and meet the needs of the client as well as identify grant trends in programs, services, and supports.
- Initiate implementation of the Alaska State Plan for Senior Services, FY2012-2015, through an interagency coordination effort and prepare a report of the first year implementation activities for the U.S. Administration on Aging and the Department of Health and Social Services.
- The department has created a work committee made up of the Division of Behavioral Health, Division of Senior and Disabilities Services, and Certification and Licensing staff who manage their respective General Relief/Temporary Assisted Living Programs and/or provide oversight for assisted living facilities. This committee will work to develop an assessment tool to better determine eligibility, review regulations, and propose changes in program delivery to better serve vulnerable adults.

- The division will plan for behavioral health services for seniors with severe behavioral health needs in partnership with the Alaska Mental Health Trust Authority, department agencies, advisory boards, and others, and advocate for resources to support effective services.
- The Alaska Commission on Aging will collaborate with the Department of Health and Social Services, Alaska Housing Finance Corporation, Alaska Mental Health Trust Authority, and other stakeholders to support development of appropriate senior housing that relates to the continuum of care for older Alaskans. This housing ranges from independent housing, to senior housing with supports, to licensed assisted living for seniors with Alzheimer’s disease and related dementias, other cognitive impairments, and challenging behaviors.
- Initiate development of a new state plan for persons with Alzheimer’s disease and related dementias through a steering committee in order to raise public awareness, identify gaps in service for this population, and propose recommendations to policymakers about effective interventions to improve supports and the quality of life for Alaskans with Alzheimer’s disease and related dementias and their caregivers. The Alzheimer’s disease and related dementias state plan steering committee will include representatives from the Divisions of Senior and Disabilities Services, Public Health, Behavioral Health, the Alaska Mental Health Trust Authority, the Alzheimer’s Disease Resource Agency of Alaska, Alzheimer’s disease and related dementia family caregivers and other stakeholders.
- Host the Alzheimer’s disease and related dementias community forums in urban and rural areas to gather information through a structured community discussion about the needs of Alaskans with Alzheimer’s disease and related dementias and their caregivers, provision of home- and community-based services, housing, safety and protection, and improved quality of life.

**New Performance Measures for FY2014**

In FY2013, the department implemented a results-based management framework which led to:

- a refinement of overarching priorities
- the development of core service areas and agency performance measures
- the alignment of division-level performance measures

This process set in motion an agency-wide shift in how we measure our impact on the health and well-being of Alaskan individuals, families and communities and how we align our budget. With this shift, it is the intent of the department to deliver quality service (effectiveness) while making the best use of public resources (efficiency). At an agency glance, this framework allows department level measures to cascade to divisions and division measures to more strategically align upward towards meaningful outcomes.

To that end, the following measures reflect this division’s contribution to the department performance measure structure for FY2014.

**PRIORITY I. HEALTH & WELLNESS ACROSS THE LIFESPAN**

**CORE SERVICE A. PROTECT AND PROMOTE THE HEALTH OF ALASKANS.**

**OUTCOME 2. Alaskans are free from unintentional injury**

ALIGNING DIVISION LEVEL MEASURES	
EFFECTIVENESS MEASURE	Percent of non-fatal injuries requiring hospitalization.
EFFICIENCY MEASURE	Cost of emergency medical services per capita.
EFFICIENCY MEASURE	Cost of injury prevention program per unintended injuries/deaths.
EFFECTIVENESS MEASURE	Percentage of medication errors for Alaskans in the care/custody of HSS.
EFFICIENCY	Number of hospitalizations due to medication errors. (HCS)

	MEASURE EFFICIENCY MEASURE	Cost of medical services in facilities. (DJJ)
	EFFECTIVENESS MEASURE	Percent of facilities with deficiencies.
	EFFICIENCY MEASURE	Percent of decrease in facilities with deficiencies.
	EFFICIENCY MEASURE	Percent of complaints investigated within established timeframes.

**CORE SERVICE B. PROVIDE QUALITY OF LIFE IN A SAFE LIVING ENVIRONMENT FOR ALASKANS.**

**OUTCOME 2. Older Alaskans live safely in their communities.**

EFFECTIVENESS MEASURE	Number of months Long Term Services and Supports recipients are able to remain in their home before institutional placement.
EFFICIENCY MEASURE	Average cost of Long Term Services and Supports per recipient.

**OUTCOME 3. Alaskans with disabilities live safely in the least restrictive environment.**

EFFECTIVENESS MEASURE	Percent of Alaskans who are receiving community-based Long Term Services and Supports.
EFFICIENCY MEASURE	Average cost for waiver eligible Alaskans who are living in ICFMR or Nursing Home vs. those who are living independently with Long Term Services & Supports.

**PRIORITY II. HEALTH CARE ACCESS, DELIVERY AND VALUE**

**CORE SERVICE A. MANAGE HEALTH CARE COVERAGE FOR ALASKANS IN NEED.**

**OUTCOME 1. Each Alaskan has a primary care provider.**

EFFECTIVENESS MEASURE	Percent of individuals served by the department who have a primary care provider.*
EFFICIENCY MEASURE	Cost per recipient served by the department who has a primary care provider.*
	<b>*AGGREGATE DIVISION MEASURES - (Percent of individuals served by the department who have a primary care provider).</b>
EFFECTIVENESS MEASURE	Percent of clients with access to a regular primary care provider.
EFFICIENCY MEASURE	Cost to provide health care services per client.
	<b>ALIGNING DIVISION LEVEL MEASURES</b>
EFFECTIVENESS MEASURE	Percentage of Medicaid recipients served.
EFFICIENCY MEASURE	Average cost per recipient. (APH, DBH, DPH, OCS, SDS)

**PRIORITY III. SAFE & RESPONSIBLE INDIVIDUALS, FAMILIES AND COMMUNITIES**

**CORE SERVICE B. PROTECT VULNERABLE ALASKANS.**

**OUTCOME 2. Alaskan adults at risk of maltreatment are protected from abuse, neglect and exploitation.**

EFFECTIVENESS MEASURE	Percent of Alaskan adults with substantiated reports of abuse or neglect.
EFFICIENCY MEASURE	Average time to initiate an investigation.
EFFICIENCY MEASURE	Percent of safety assessments concluded within required timeframes.

**OUTCOME 3. Health and social service facilities in which Alaskans are served are safe.**

EFFECTIVENESS MEASURE	Percent of licensed facilities that are free from reports of harm.*
EFFICIENCY MEASURE	Cost for licensure functions and oversight.*

<b>EFFICIENCY MEASURE</b>	<b>Percent of time that enforcement action is taken within required timeframe. *</b>
	<b>* AGGREGATE DIVISION MEASURES - (Percent of licensed facilities that are free from reports of harm).</b>
EFFECTIVENESS MEASURE	Percent of licensed facilities that are free from reports of harm.
EFFICIENCY MEASURE	Cost for licensure functions/oversight.
EFFICIENCY MEASURE	Percent of time that enforcement action is taken within required timeframe.

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**Senior and Disabilities Services  
RDU Financial Summary by Component**

*All dollars shown in thousands*

	FY2012 Actuals				FY2013 Management Plan				FY2014 Governor			
	UGF+DGF Funds	Other Funds	Federal Funds	Total Funds	UGF+DGF Funds	Other Funds	Federal Funds	Total Funds	UGF+DGF Funds	Other Funds	Federal Funds	Total Funds
<b>Formula Expenditures</b> None.												
<b>Non-Formula Expenditures</b>												
Senior/Disabilities Svcs Admin	8,313.6	230.8	9,033.0	17,577.4	9,853.9	382.5	10,100.5	20,336.9	9,854.3	379.8	10,100.8	20,334.9
Genl Relief/Temp Assisted Living	7,980.6	0.0	0.0	7,980.6	8,113.7	0.0	0.0	8,113.7	8,113.7	0.0	0.0	8,113.7
Senior Community Based Grants	7,752.4	137.0	5,779.1	13,668.5	8,197.3	125.0	6,108.4	14,430.7	8,877.3	125.0	6,108.4	15,110.7
Community DD Grants	13,013.1	721.4	0.0	13,734.5	13,343.1	815.7	0.0	14,158.8	13,343.1	813.5	0.0	14,156.6
Senior Residential Services	814.5	0.0	0.0	814.5	815.0	0.0	0.0	815.0	815.0	0.0	0.0	815.0
Commission on Aging	59.3	386.2	0.0	445.5	78.5	467.8	0.0	546.3	78.5	468.5	0.0	547.0
Governor's Cncl/Disabilities	329.2	714.2	960.2	2,003.6	297.0	859.1	1,753.8	2,909.9	322.0	861.3	1,754.5	2,937.8
<b>Totals</b>	<b>38,262.7</b>	<b>2,189.6</b>	<b>15,772.3</b>	<b>56,224.6</b>	<b>40,698.5</b>	<b>2,650.1</b>	<b>17,962.7</b>	<b>61,311.3</b>	<b>41,403.9</b>	<b>2,648.1</b>	<b>17,963.7</b>	<b>62,015.7</b>



**Senior and Disabilities Services**  
**Summary of RDU Budget Changes by Component**  
**From FY2013 Management Plan to FY2014 Governor**

*All dollars shown in thousands*

	<u>Unrestricted</u> <u>Gen (UGF)</u>	<u>Designated</u> <u>Gen (DGF)</u>	<u>Other Funds</u>	<u>Federal</u> <u>Funds</u>	<u>Total Funds</u>
<b>FY2013 Management Plan</b>	<b>40,698.5</b>	<b>0.0</b>	<b>2,650.1</b>	<b>17,962.7</b>	<b>61,311.3</b>
<b>Adjustments which will continue current level of service:</b>					
-Senior/Disabilities Svcs Admin	0.4	0.0	-278.7	0.3	-278.0
-Senior Community Based Grants	0.0	0.0	-125.0	0.0	-125.0
-Community DD Grants	0.0	0.0	-252.5	0.0	-252.5
-Commission on Aging	0.0	0.0	-113.4	0.0	-113.4
-Governor's Cncl/Disabilities	0.0	0.0	-392.8	0.7	-392.1
<b>Proposed budget increases:</b>					
-Senior/Disabilities Svcs Admin	0.0	0.0	276.0	0.0	276.0
-Senior Community Based Grants	680.0	0.0	125.0	0.0	805.0
-Community DD Grants	0.0	0.0	250.3	0.0	250.3
-Commission on Aging	0.0	0.0	114.1	0.0	114.1
-Governor's Cncl/Disabilities	25.0	0.0	395.0	0.0	420.0
<b>FY2014 Governor</b>	<b>41,403.9</b>	<b>0.0</b>	<b>2,648.1</b>	<b>17,963.7</b>	<b>62,015.7</b>