

# ANNUAL REPORT 2013–2014

## UTAH COMMISSION ON AGING



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## Director's Message



No longer do we signal the warning for an oncoming Silver Tsunami. The aging of our Utah population, with dramatic peaks of retirees in the Baby Boomer cohort counterbalancing our young families, is now more predictable. We have had time to prepare for the aging wave in Utah and through coordinated efforts show signs that we are developing some policies to prepare for the surge of older, frailer people needing more medical and social care. Impending crisis, it seems, can precipitate change. This greater appreciation for the policy implications of aging in Utah shines through strains of a legislatively-coordinated planning effort during 2014.

State Representative Rebecca Edwards called an aging-focused Utah Intergovernmental Roundtable in May and throughout the summer, her house colleague, Rep. Rebecca Chavez-Houck orchestrated a multi-agency presentation coinciding with the long-term planning agenda of the legislature's Health and Human Services Interim Committee in September. Among the predictable gaps that were identified between needs and services was an unsustainable reliance on family caregivers making-do in providing the lion's share for loved ones living with dementia and other types of chronic disease.

Commission on Aging Chair Becky Kapp, whose primary hat is directing Salt Lake County Aging and Adult Services, pointed out the need for \$350,000 in ongoing funding for statewide Meals on Wheels, and \$250,000 to provide respite care at local centers for Utahns who need temporary relief from caregiving duties. Commission member and Senator Dr. Brian Shiozawa convened three times with leaders of the Utah Geriatrics Society, who impressed upon him the dire shortage of physicians, nurses, and nurse practitioners, who specialize in seeing older adult patients. Together they are discussing how to better prepare our healthcare workforce.



The Commission has focused significant efforts on the implementation of programs to help those caring for an aging loved one such as:

- **Revising the forms healthcare providers use to document conversations about patients' End-of-Life care preferences**
- **Bringing personalized, iPod based music to nursing home residents with cognitive impairment**
- **Disseminating our research on proximity of age-designated housing to community amenities that enhance livability and enable aging-in-place**
- **Hosted the Institute for Health Metrics and Evaluation as prospective analysts of Utahns' life-expectancy**
- **Analyzed Utah health information systems' capabilities to host the electronic Physician Orders for Life-Sustaining Treatment medical registry.**

We can and we are preparing government for drastic changes in our state's makeup. New champions for coordinated care of the vulnerable elderly are emerging in this state. This will not be a cataclysmic flood of older people if we seize the opportunity to be prepared. Success means economic stability and programs to support optimal aging, not succumbing to an unanticipated tidal wave.

**Anne Elizabeth Palmer Ed.D., M.P.A.**  
Executive Director

## THE COMMISSION'S STATUTORY PURPOSE:

- 1** Increase public and government understanding of the current and future needs of the state's aging population and how those needs may be most effectively and efficiently met;
- 2** Study, evaluate, and report on the projected impact that the state's increasing aging population will have on, and identify and recommend implementation of specific policies, procedures, and programs to respond to the needs and impact of the aging population relating to government services, health services, social services, the economy, and society in general;
- 3** Facilitate coordination of the functions of public and private entities concerned with the aging population; and
- 4** Accomplish the following duties:
  - a. study, evaluate, and report on the status and effectiveness of policies, procedures, and programs that provide services to the aging population;
  - b. study and evaluate the policies, procedures, and programs implement-ed by other states that address the needs of the aging population;
  - c. facilitate and conduct the research and study of issues related to aging;
  - d. provide a forum for public comment on issues related to aging;
  - e. provide public information on the aging population and the services available to the aging population;
  - f. facilitate the provision of services to the aging population from the public and private sectors; and
  - g. encourage state and local governments to analyze, plan, and prepare for the impacts of the aging population on services and operations.

## SIX ASSIGNED REPRESENTATIVES

| NAME  | ORGANIZATION   REPRESENTING                                   |
|---|---|
| Senator Brian Shiozawa, M.D.                    | Utah Senate   |
| Rep. Stewart Barlow, M.D.                       | Utah House of Representatives                                 |
| David Patton (proxy Angie Stefaniak)            | Executive Director, Utah Department of Health                 |
| Ann Silverberg Williamson (proxy Nels Holmgren) | Executive Director, Utah Department of Human Services         |
| Val Hale (proxy Patty Conner)                   | Executive Director, Governor's Office of Economic Development |
| Jon Pierpont (proxy Karla Aguirre)              | Executive Director, Utah Department of Workforce Services     |

## 15 VOTING MEMBERS

### Approved By The Governor for a 2-year Term

|                          |  |
|--------------------------|--|
| Mayor Ron Bigelow        | West Valley City, Utah   UT League of Cities and Towns   |
| Barry Burton             | Davis County   Utah Association of Counties              |
| Michael Cupello          | Peace Officers Training   Public Safety Sector           |
| Becky Kapp               | SL County Aging Services   UT Area Agencies on Aging     |
| Gary Kelso               | Mission Health Services   Long-term Care for the Elderly |
| William (Bill) Knowles   | Public Transportation                                    |
| Tracey Larsen            | Bank of American Fork   Financial Institutions           |
| Alan Ormsby, J.D.        | AARP   Aging Advocacy Organizations                      |
| Fahina Pasi              | Utah Tongan Society   Ethnic Minorities                  |
| Mary Street              | Commerce Real Estate   Business Community                |
| Mark Supiano, M.D.       | The University of Utah   Higher Education in Utah        |
| Elizabeth (Bette) Vierra | General Public   |
| Frances Wilby            | Goodwill Initiatives on Aging   Charitable Organizations |
| Troy Wilson, J.D.        | Wilson Estate Elder Law   Legal Profession               |
| Elizabeth (Bette) Vierra | General Public   |



Representative Stewart Barlow, MD  
Utah House of Representatives



Dave Gessel  
Representing Utah Health Care Providers



Becky Kapp, Chair  
Utah Area Agencies on Aging



Mayor Ron Bigelow  
Utah League of Cities and Towns



Val Hale  
Executive Director of Economic Development



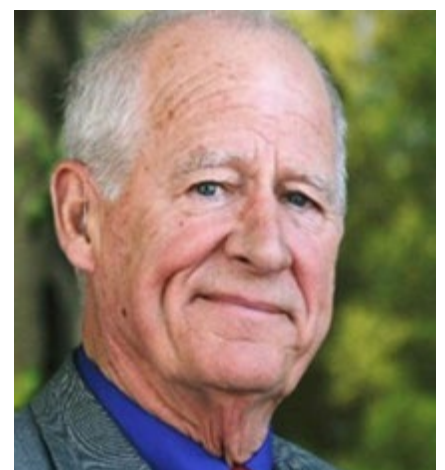
Gary Kelso  
Long-term Care for the Elderly



Barry Burton  
Utah Association of Counties



Nels Holmgren  
Representing UT Dept. of Human Services



William (Bill) Knowles  
Public Transportation





Tracey Larsen  
Bank of American Fork



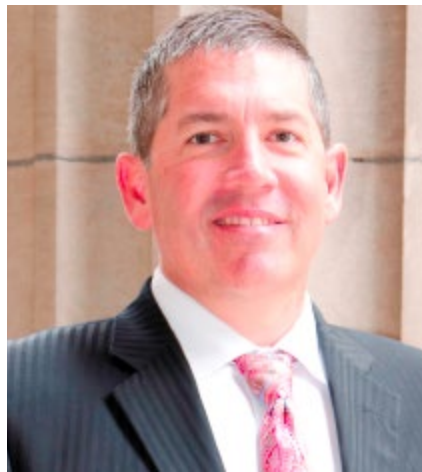
David Patton  
Executive Director of Health



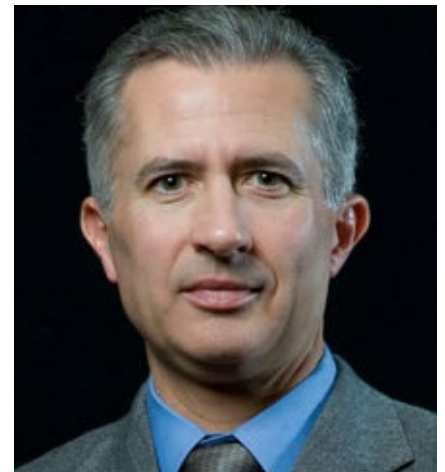
Mary Street  
Business Community



Alan Ormsby, J.D.  
Advocacy Organizations - AARP



Jon Pierpont  
Executive Director, Dept. of Workforce Services



Mark Supiano, MD  
Higher Education in Utah



O. Fahina Tavake-Pasi  
Ethnic Minorities



Senator Brian Shiozawa, MD  
Utah Senate



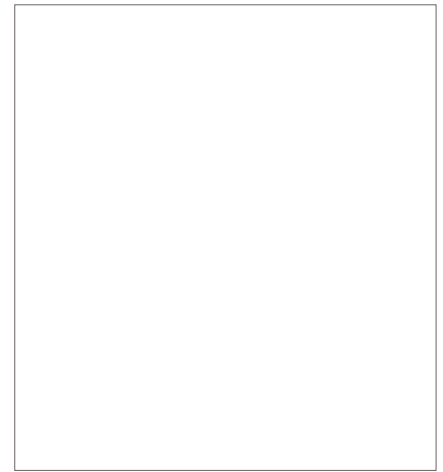
Nate Talley  
Governor's Office of Economic Development



**Elizabeth (Bette) Vierra**  
General Public



**Troy Wilson, J.D.**  
Legal Profession



Not Pictured: **Michael Cupello**  
Public Safety Sector

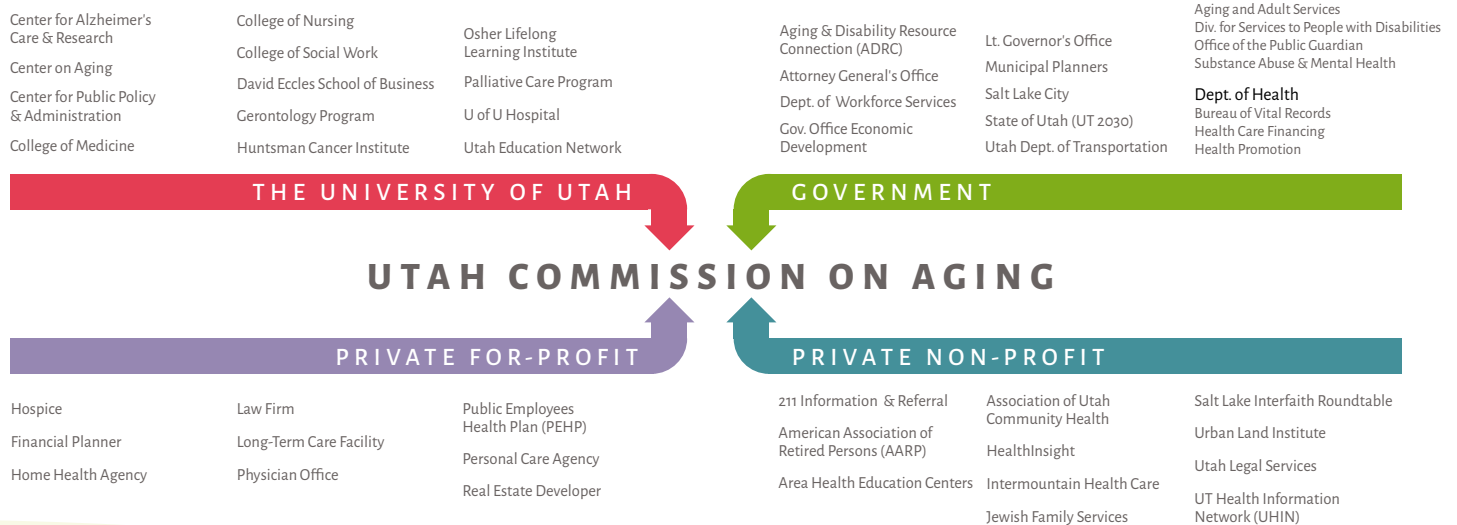


**Fran Wilby**  
Charitable Organizations



**Ann Silverberg Williamson**  
Executive Director of Human Services

## UCOA RELATIONSHIP CHART





## AGING, DISABILITY AND VETERAN'S PROGRAMS

Utah's Aging and Disability Resource Connection has been working to provide a No Wrong Door experience for older adults and people with disabilities, needing current or future long-term services and supports.

Image © Alamy



# Utah Aging and Disability Resource Connection



In 2009 the Utah Commission on Aging first received Administration on Aging funds to create the Aging and Disability Connection in Utah. The Aging and Disability Resource Connection Program (ADRC) supports state efforts to streamline access to long-term services and support options for older adults, people with disabilities, and their caregivers.

- Active Re-Entry - Center for Independent Living
- Bear River - Area Agency on Aging
- Five County - Area Agency on Aging
- Mountainland - Area Agency on Aging
- Salt Lake County Aging and Adult Services Area Agency on Aging

## ADRC's CORE PHILOSOPHY

### What is Options Counseling?

The ADRC's Options Counseling concept is based on person-centered planning. This one-on-one approach allows clients to share what they desire in their long term care needs and with guidance of an ADRC Options Counselor, can create a plan to achieve the client's goals. It supports the broader system goals of rebalancing Long-Term Services and Supports (LTSS) and helps to prevent or delay premature institutionalization by offering options to help individuals spend resources wisely in the community.

In 2010, the ADRC Steering Committee selected four pilot sites to implement the ADRC philosophy and Options Counseling services. Utah's strategy was to have a balance of Area Agencies on Aging (AAA) and Centers for Independent Living (CIL) represented.

### **In 2010, four pilot sites kicked off the ADRC:**

- **Ability First (CIL):** Utah, Wasatch, Juab, Sanpete Counties
- **Active Re-Entry (CIL):** Grand, San Juan Counties
- **Bear River (AAA):** Cache, Box Elder, Rich Counties
- **Mountainland (AAA):** Utah, Summit, Wasatch Counties

### **Three additional sites were added in the ensuing years:**

- **Roads to Independence (CIL):** Davis, Morgan, Weber Counties (April 2012)
- **Salt Lake County Aging and Adult Services (AAA):** Salt Lake County (April 2012)
- **Five County (AAA):** Washington, Beaver, Iron, Kane, Garfield Counties (April 2013)

The Utah ADRC has been fully supported by federal funds covering the ADRC Program Office, Director and Coordinator, site subcontracts, evaluation, training, and operational supplies. The University of Utah waived all indirect costs, providing the program office space without cost. The ADRC sites received between \$10,000-\$14,000 to function as an ADRC; trainings, options counseling with clients, and data reporting are provided.

## **State Level Impact**

ADRC initiatives have made a significant difference in our state.

### **DEDICATED MEDICAID WORKER**

In FY13 the Utah Commission on Aging committed \$25,000 which allowed the ADRC to draw down a 50% Medicaid Federal Match to support an ADRC dedicated Medicaid Outreach Worker.

#### **Strengthening Single Point of Entry**

In March 2013, Josie Martinez set up her office at Salt Lake County Aging and Adult Services and her door was opened to all ADRC staff. With direct-line access, staff could immediately assist their clients with Medicaid applications, policy clarifications, waiver questions, and time saving troubleshooting.

### **MDS SECTION Q**

The ADRC was instrumental in establishing procedures for more effective follow-up of the responses of nursing home residents to the Minimum Data Set Section Q (MDS Section Q) which asks, "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?" This November a pilot project with the State Medicaid Agency and Active Re-Entry will be launched. Active Re-Entry will provide an in-person visit with Nursing Home residents who are interested in transitioning back into the community to discuss their options.

**"Our agency adopted the philosophy and vision of an ADRC and changed our staffing and structure to address LTC options. The ADRC was the catalyst for these changes."**



# Expanding service to veterans

In 2012, the Utah ADRC and the Veterans Rural Health Resource Center-Western Region sent an electronic survey to ADRC sites in the US to identify challenges in serving veterans in their areas. “Do you regularly assess a caller’s veteran status?”. The survey showed that agency staff had a lack of basic information on VA benefits and information resources about VA services viewed as unhelpful and/or unreliable. Staff also viewed having a personal VA contact was valuable and these agencies want training about VA services and benefits.

The survey results led to a collaborative pilot project between the VA and Utah Aging and Disability Resource Connection (ADRC).

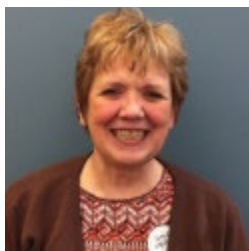
Project Goals included:

- Create access point for rural Veterans
- Provide options counselors extensive training in VA Benefits
- Build relationships with the VA and ADRC
- Disseminate to ADRC programs nationwide

## SERVING RURAL VETERANS

In March 2013, “Connecting Rural Veterans to Aging and Disability Resource Centers for Options Counseling” received funding from the VA Office of Rural Health with five ADRC sites to receive VA Benefits training and provide outreach to rural veterans.

Veteran Benefits trainings have reached more than 100 staff statewide for a total of 1182 received training hours. Five designated veteran client options counselors have acquired over 70 hours of VA Benefits training including completion of a 19 module on-line VA TRIP training acquiring an exam certification, and two options counselors have passed the Veteran Service Officer (VSO) Accreditation exam.



**Deborah Crowther**  
Bear River Association of  
Governments



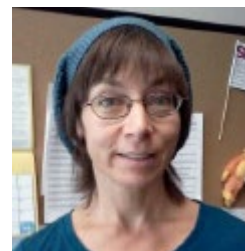
**Joey Allred**  
Active Re-Entry, Center for  
Independent Living



**Melanie Haws**  
Mountainland Association  
of Governments



**Rachel Stoddard**  
Salt Lake County AAA



**Stephanie Herrig**  
Salt Lake County AAA

APRIL 1, 2013 – SEPTEMBER 30, 2014

ADRC Veteran Clients Served **585**

TYPES OF REFERRALS MADE\*

|                         |     |
|-------------------------|-----|
| VHA Healthcare          | 280 |
| Aid & Attendance        | 269 |
| Pension                 | 164 |
| VA Nursing Home         | 107 |
| Disability Compensation | 85  |
| Burial Benefits         | 80  |
| VHA In-Home Services    | 57  |
| Other Public Programs   | 228 |
| Other Private Programs  | 63  |

\*Clients referred to multiple VA Programs



■ Gulf War/Afghanistan: 0.5%  
■ Other Service time: 7.2%

|            |     |
|------------|-----|
| Age 70+    | 67% |
| Age 60 -70 | 19% |
| Age 59 -   | 2%  |
| Deceased   | 12% |

## VETERAN DIRECTED HOME AND COMMUNITY BASED SERVICES (VD-HCBS)

In June 2014, the Salt Lake City Veteran Affairs Medical Center (SLC VAMC) contracted with Mountainland Aging and Family Services/ADRC to begin the first VD-HCBS program in Utah. The VD-HCBS program provides Veterans the opportunity to self-direct their long-term supports and services to enable them to avoid institutionalization and continue living independently at home. Veterans enrolled in VD-HCBS have the opportunity to manage their own flexible budgets, decide for themselves what mix of services best meet their needs, and to hire and supervise their own workers.

Currently, Mountainland has 20 veterans participating in the program. Salt Lake County Aging and Adult Services will be the next ADRC site to participate in the VD-HCBS program.

**“For AAAs, the vision of participant-directed services has been game changing. ADRC has changed the way the AAAs do business.”**



## ADRC'S UPCOMING YEAR

The ADRC received an additional year of funding from the Veterans Affairs Office of Rural Health to continue expanding the five ADRC site's capacity to serve rural veterans. The Veteran Directed Home and Community Based Services (VD-HCBS) will continue to expand statewide providing veterans the opportunity to self-direct their own long term care. And the ADRC Program Office will continue the critical discussions to improve Utah's citizens access to planning for long term services and support.

## ADRC STEERING COMMITTEE MEMBERS 2014

|                           |   |
|---------------------------|---|
| <b>Andy Curry</b>         | Roads to Independence                             |
| <b>Anne Smith</b>         | Representative of Older Adults                    |
| <b>Becky Kapp</b>         | Salt Lake County Aging and Adult Services         |
| <b>Carrie Schonlaw</b>    | Five County Area Agency on Aging                  |
| <b>Chiara Cameron</b>     | 2-1-1   |
| <b>Gary Kelso</b>         | Mission Health Services                           |
| <b>Jeremy Christensen</b> | Division of Substance Abuse and Mental Health     |
| <b>Les Carter</b>         | Division of Services for People with Disabilities |
| <b>Michelle Benson</b>    | Bear River Area Agency on Aging                   |
| <b>Michelle Carlson</b>   | HealthInsight                                     |
| <b>Nancy Bentley</b>      | Active Re-Entry Center for Independent Living     |
| <b>Nate Palmer</b>        | Department of Workforce Services                  |
| <b>Nels Holgrem</b>       | Division of Aging and Adult Service               |
| <b>Sandra Curcio</b>      | Ability First Center for Independent Living       |
| <b>Scott McBeth</b>       | Mountainland Area Agency on Aging                 |
| <b>Trecia Carpenter</b>   | Utah Department of Health (State Medicaid Agency) |

### Non-voting member

|                     |                                |
|---------------------|--------------------------------|
| <b>Daniel Musto</b> | State Long Term Care Ombudsman |
|---------------------|--------------------------------|

### Staff:

|                 |                     |
|-----------------|---------------------|
| Jennifer Morgan | Program Director    |
| Rhonda Hypio    | Program Coordinator |

### Evaluator:

|             |                       |
|-------------|-----------------------|
| Judith Holt | Utah State University |
|-------------|-----------------------|



## END OF LIFE CARE Planning and recommendations

Like most states, Utah is developing a program to improve communications between patients with advanced illness, their families, and health providers – a means that allows frail patients to request or refuse certain measures such as CPR. Unlike most states, Utah's will be an electronic system, rapidly accessible by authorized emergency medical providers.



## The Utah Commission on Aging has accepted responsibility to help implement the electronic Physician Order for Life Sustaining Treatment, or ePOLST.

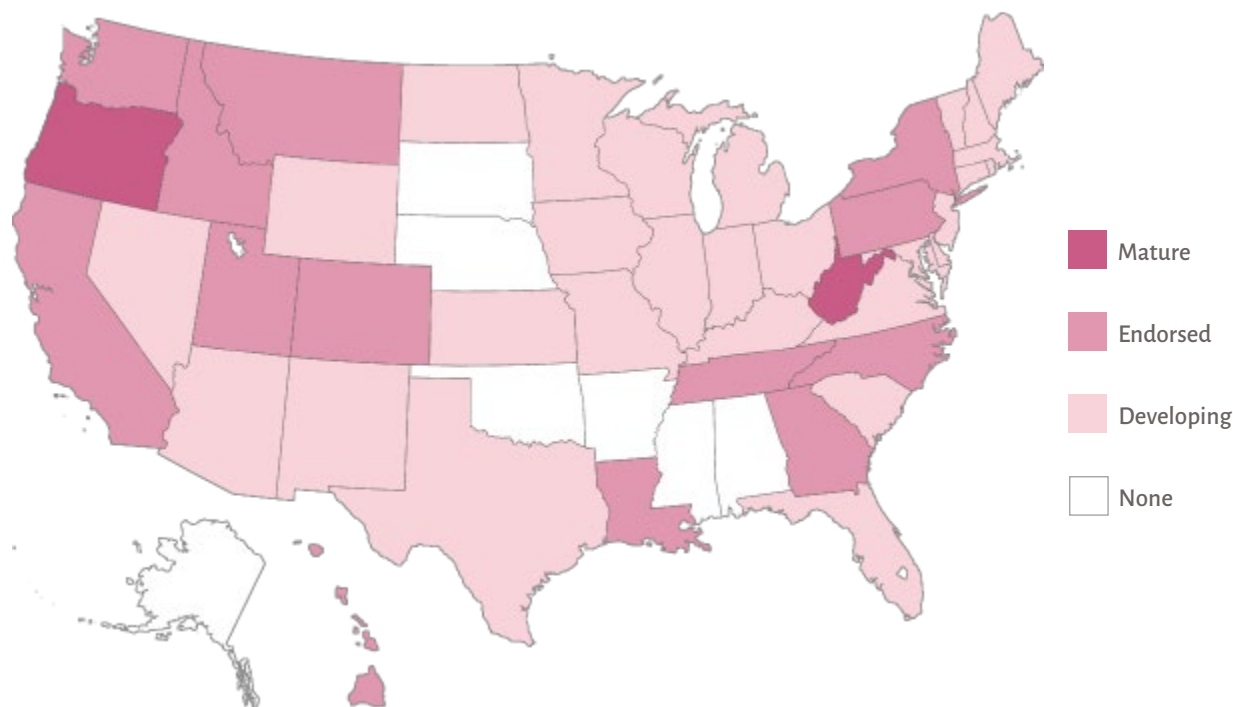
Utah's ePOLST will help to increase rapid access to POLST orders. These orders come from the preferences patients express to their primary physicians through end of life planning conversations.

The Utah Department of Health's Information Technologists were the creators of Utah's pilot ePOLST system. The private, nonprofit organization HealthInsight provided initial guidance and over-sight. Pilot funding came from the federal Beacon Community Cooperative Agreement Program. The aim was to show how health IT investments and meaningful use of electronic health records advance the vision of patient-centered care, while achieving better health and better care at lower cost.

As one of 17 Beacon Communities nationwide, coordinated efforts are assisting Utah's health care organizations to find ways to reduce costs and improve health care using innovative technology and best practices in treating patients nearing the end of their lives.

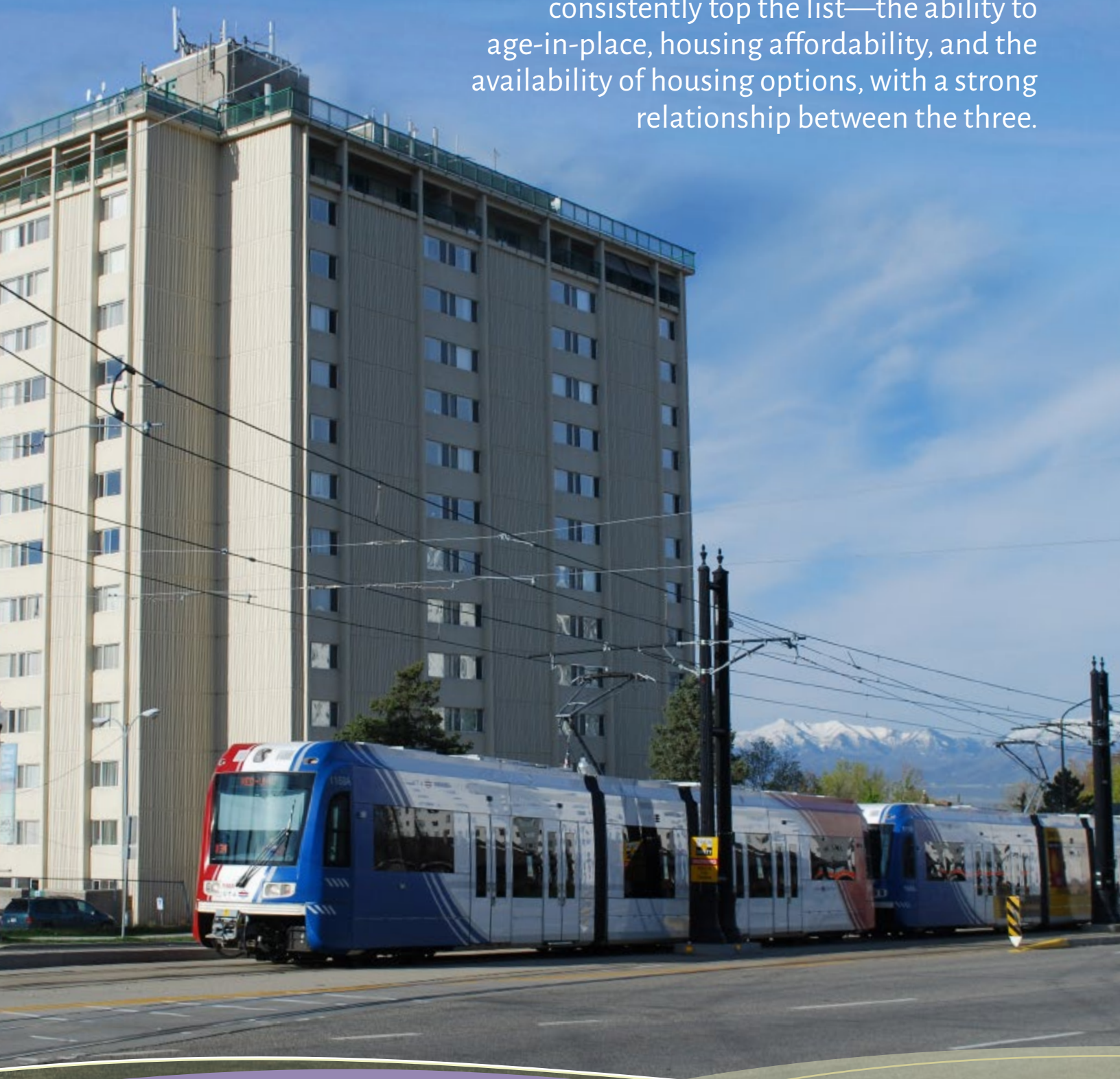
In October, 2013, the Commission on Aging received funding to steer the ePOLST system from pilot to functional status and toward stability. With the Department of Health, the Commission helped stakeholders weigh key factors in determining where to permanently house and how to fund the system. The Commission was also involved in arranging training for healthcare professionals who will use this system to enter and access physician orders.

Sustainable funding for registry operations is vital to its long-term success, as Utah joins 43 other states in POLST program outreach. This engagement has enabled Commission members representing our public, senior advocacy organizations, nurses, and of course, the public, to contribute their expertise to a 12-month project.



## NEW TRENDS IN HOUSING for Utah's aging population

As Utahns age, three housing concerns consistently top the list—the ability to age-in-place, housing affordability, and the availability of housing options, with a strong relationship between the three.





# The Livability Index

The number of adults aging up into a 65-and-older category is growing rapidly, thanks in large part to the ‘baby boom’ generation. Earlier demand by this generation for large-lot homes in suburban style neighborhoods is giving way to a need for more walkable, mixed-use neighborhoods with a range of housing options.

The Metropolitan Research Center at the University of Utah uses several quantitative measures to determine neighborhood livability. Four of these measures were factored into a geographic model presented at the Center on Aging Research Retreat in March.

## Markets

Number of Supermarkets and Farmer's Markets within one half mile of census block centroids

## Parks

Number of Parks and Farmer's Markets within one half mile of census block centroids

## Activity Density

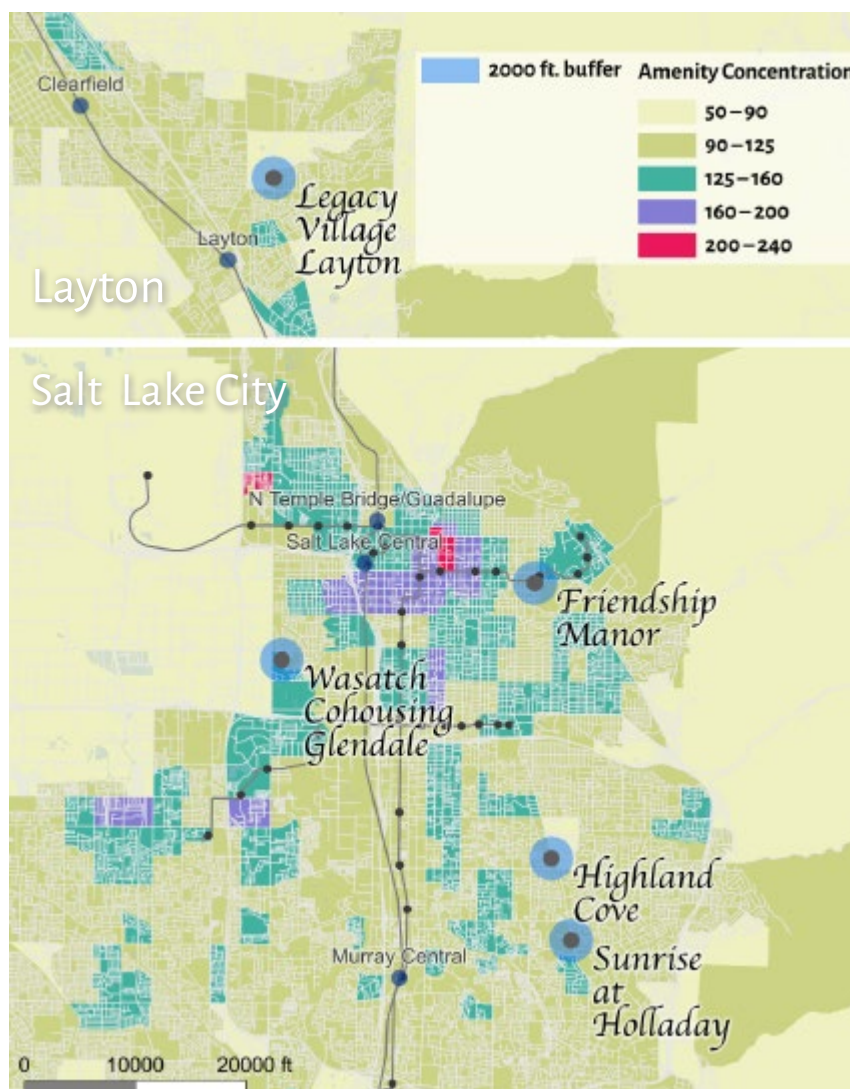
Resident and Job density within census blocks

## Mixed Use

Diversity of job sectors within census blocks

## ECONOMIC BENEFITS:

- Creating a range of housing opportunities in proximity to jobs saves households money.
- Improving neighborhood “walkability” tends to enhance property values.
- Walkability also enhances health.
- Fostering a sense of place
- Preserving critical environmental areas





# Wasatch Front Senior Housing

## A CONTINUUM OF OPTIONS



Wasatch Cohousing



Friendship Manor



Highland Cove

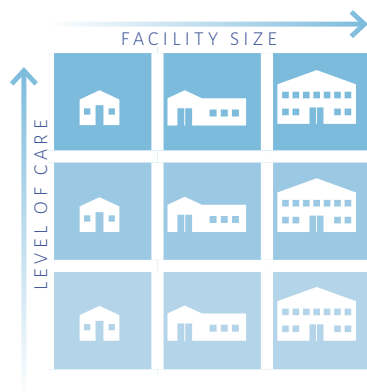


Sunrise at Holladay

In addition to creating new policies, communities require support for breaking down barriers to a wider range of housing options. Understanding these housing options begins a dialog upon which to build inclusive, universally accessible communities. This brochure identifies, defines, and organizes older adult housing options.



The brochure cross-references facility size with levels of care.



This brochure was presented at the 2013 Utah American Planning Association Conference.





## UTAH'S CHANGING DEMOGRAPHICS

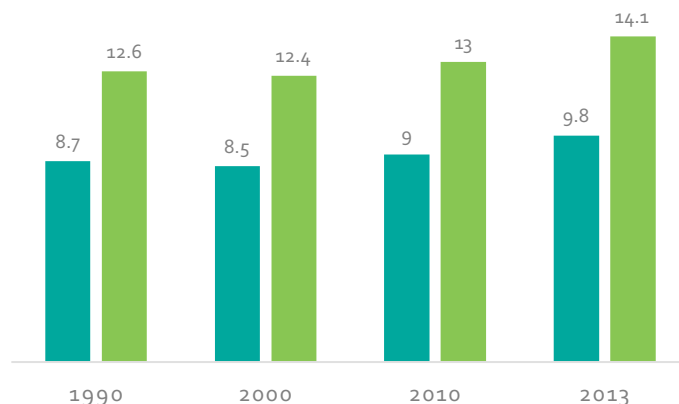
The following graphs were created by Mallory Bateman at the Utah Foundation and were presented to the Utah Health and Human Services Interim Committee in September.

Image © Deseret News

# An Aging Population in Utah

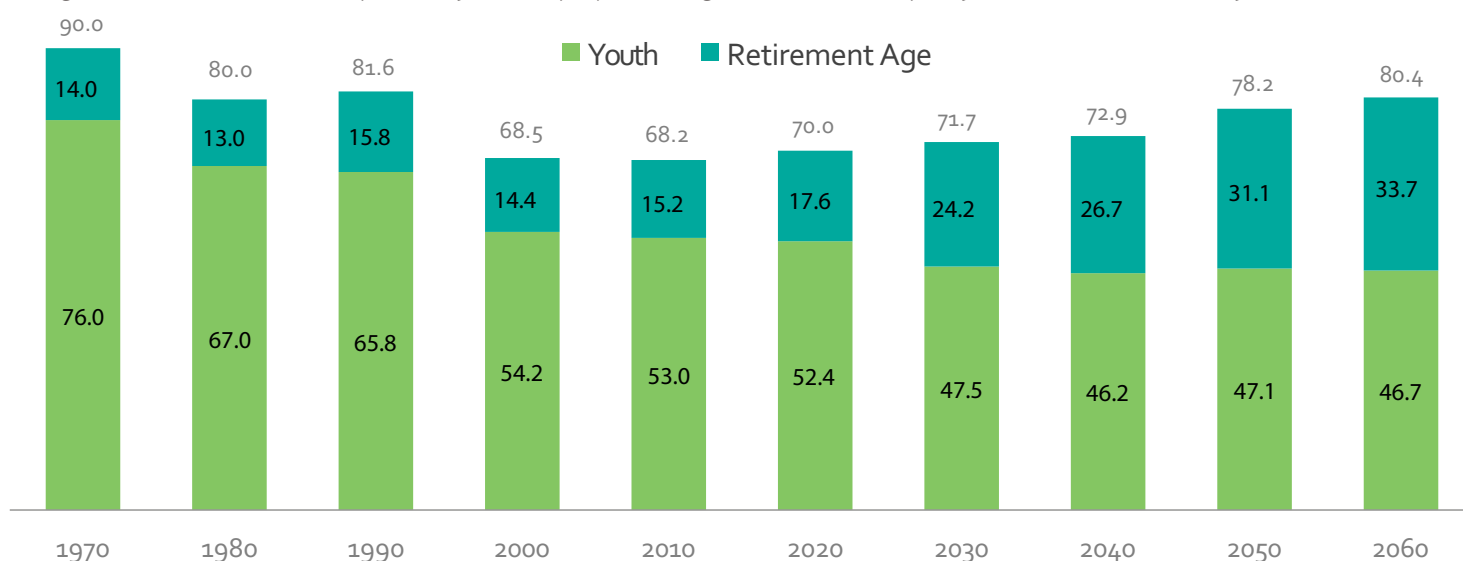
## PERCENT OF POPULATION 65 YEARS OR OLDER

An aging Baby-Boom generation is contributing to the demographic transformation in progress in Utah. The 65+ demographic is growing as a share of the overall population. And Utah's Youth population share more closely resembles US numbers, so planning now for a quickly-growing demographic is increasingly important.



## DEPENDENCY RATIO | 1990-2060

The Dependency Ratio is the percentage of the population that is dependant on the working population based on working age. The 65+ share of the dependency ratio is projected to grow toward near-parity with the Youth share by 2060.



Source: BEBR analysis of Governor's Office of Management and Budget, 2012 Projections. Note: Dependency Ratios are computed as the number of nonworking age persons per 100 working age (18-64 years old) persons in the population.

## GENERATIONAL PROPORTIONS

| Source: U.S. Census Bureau |            | UT   | US   |   |
|----------------------------|------------|------|------|---|
| 1946-1964                  | Boomer     | 18.7 | 24.9 | % |
| 1965-1980                  | Gen X      | 20.9 | 21.2 | % |
| 1981-1995                  | Millennial | 26.0 | 27.7 | % |

## MEDIAN AGE

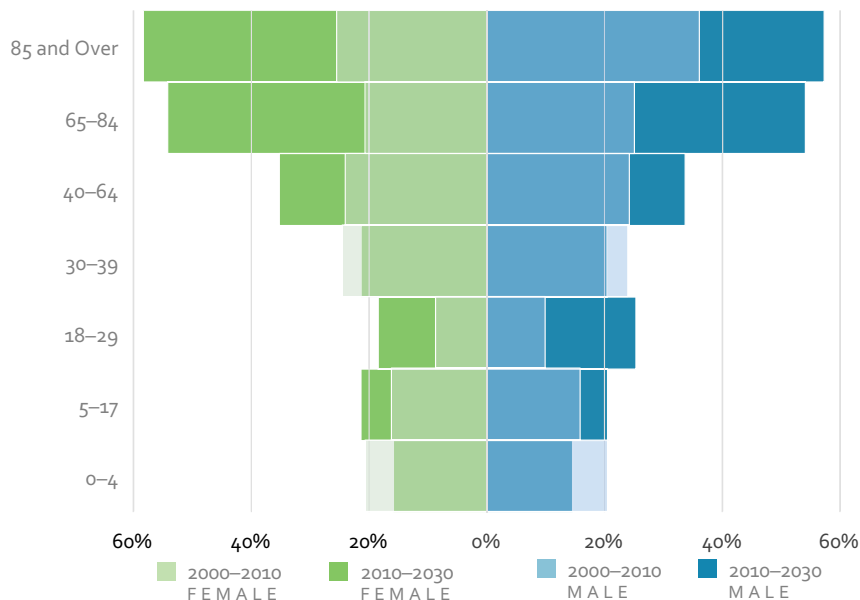
| Source: U.S. Census Bureau |  | 1990 | 2000 | 2010 | 2013 |
|----------------------------|--|------|------|------|------|
| UT                         |  | 26.3 | 27.1 | 29.2 | 30.2 |
| US                         |  | 32.9 | 35.3 | 37.2 | 37.6 |



## POPULATION CHANGE 2000–2010 actual and 2010–2030 Projected

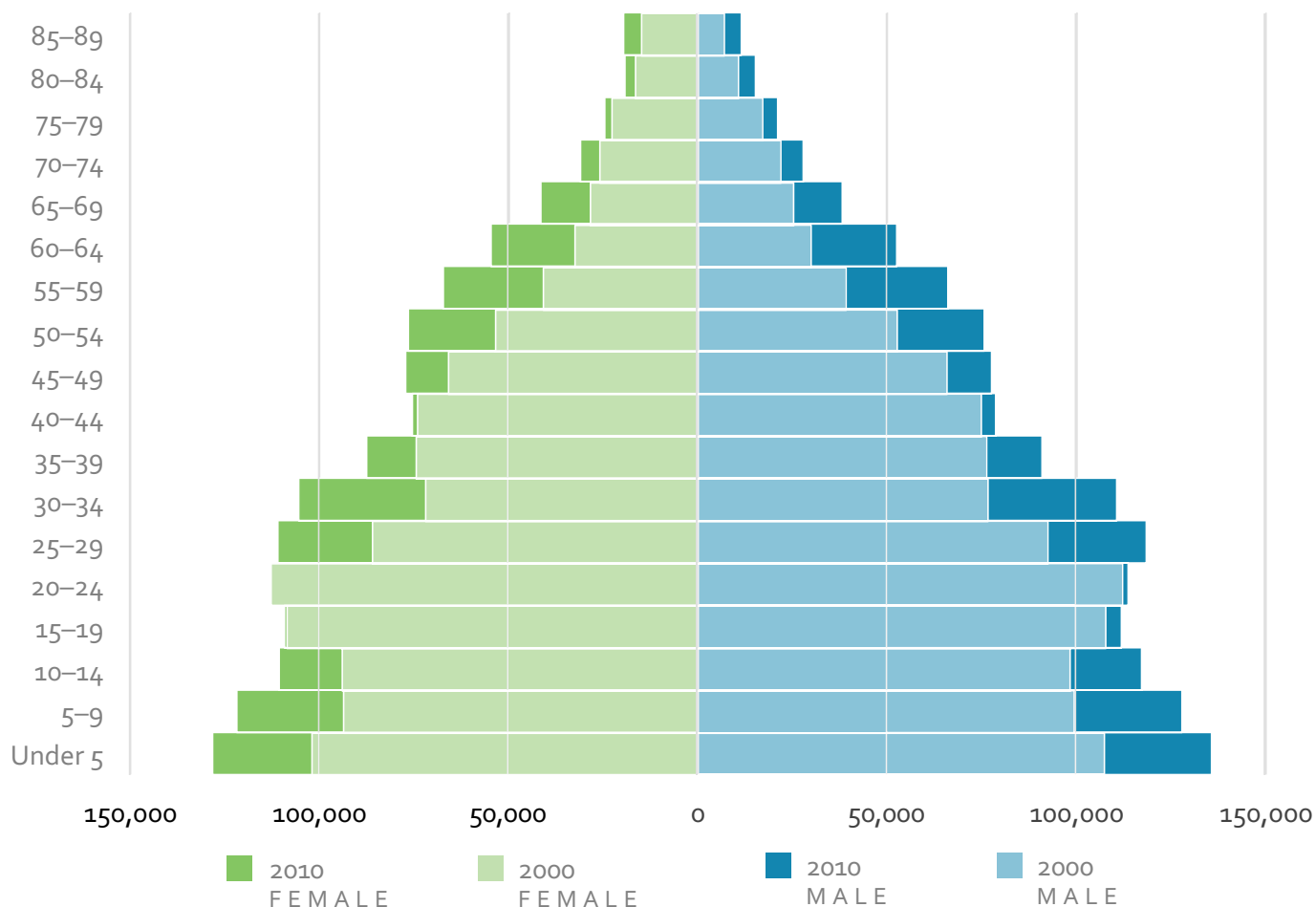
(Right) The demographics seeing the highest growth rates in Utah are the 65–85 and 85+ populations.

(Below) This population pyramid shows the overall structure of Utah's population by age and the growth of those age groups in the decade between 2000 and 2010. The aging Baby Boom and 'Echo Boom' are shown as two major waves.



Source: Governor's Office of Planning and Budget, 2012 Baseline Proje

## UTAH POPULATION BY AGE AND SEX 2000 and 2010



Source: U.S. Census Bureau. 2000 and 2010 Censuses. Bureau of Economic and Business Research

## MUSIC AND MEMORY

MUSIC & MEMORY<sup>SM</sup> is a non-profit organization that brings personalized music into the lives of the elderly or infirm through digital music technology, vastly improving quality of life.

Image courtesy Michael Rossato-Bennett, 2012



Photo Credit: BOND360

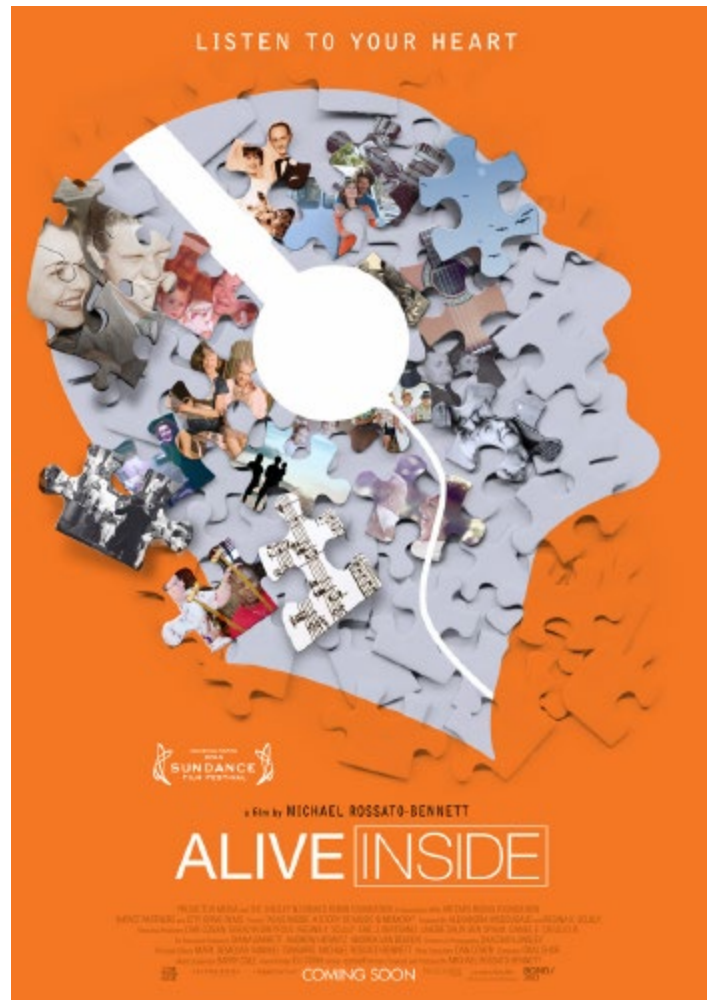


# “We Will Do This”

In January 2014, when *Alive Inside* was winning over Sundance audiences, at a post-screening Q&A, Deb Burcombe, Deputy Director of the Utah Health Care Association, stood up and announced, **“I represent all of the nursing homes in Utah, and we will do this!”**

In a few short months (with generous guidance from the State of Wisconsin's Department of Health Services, which has just announced expansion of their program to 275 nursing homes), a group of Utah leaders secured the funds, purchased 1,500 iPods and lined up 100 nursing homes to initiate the Music and Memory program, which brings personalized, iPod-based music to people living with dementia.

According to Dan Cohen, Executive Director of the Music and Memory Foundation, based in New York, something extraordinary happened in Utah. Not only did Ms. Burcombe see the film, but so did many of the state's healthcare, business, arts, and educational leaders. This is in no small part due to Scott Anderson's leadership and generosity and that the Executive Producer, Geryl Dreyfous lives here and negotiated the right to have the film shown throughout the state with Zions Bank's philanthropic support. She worked with the University of Utah College of Nursing and Utah Commission on Aging to provide a free screening of the film for Careers in Aging Week in April, 2014. What resulted was establishment of the Music & Memory



Coalition of Utah, spearheaded by the Commission on Aging. The group meets monthly to forge a unified, coordinated approach to implementing personalized music statewide.

Skullcandy is donating headphones, Intermountain Homecare and Hospice is rolling out a statewide hospice





Image courtesy Michael Rossato-Bennett, 2012

personalized music program, Zions Bank is funding strategic research and the Alzheimer's Association provided booths at its fall Memory Walks. The Commissioner on Aging is group convener, and Jewish Family Service, the state's first to be M&M certified, is serving as a resource for others. Their goal: permeate the state's care centers with personalized music and do it with one voice—one voice to gather donated iPods, to get students and teachers involved, to raise funds to build the program.

We are gratified to be a leader among statewide initiatives focused on improving the quality of life of elders in need with this inexpensive, practical and often powerful approach. We look forward to working with other states, regions and cities to bring the benefits of personalized music to those they serve.



Photo Credit: BOND360



## ALTERNATIVES PROGRAM AND AGING WAIVER

The Utah Division of Aging and Adult Services is tasked with overseeing the Medicaid Aging Waiver and Alternatives Program which are carried out at the local level by county based Area Agencies on Aging.



© PhotoAlto/Alamy

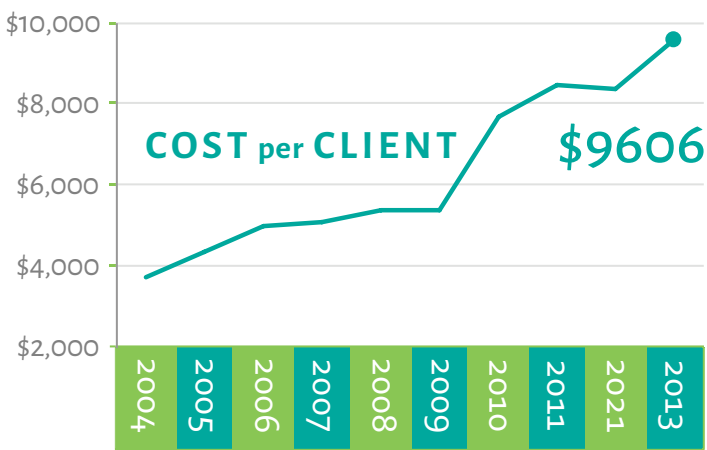
# Medicaid Aging Waiver and the Alternatives Program

The goal of the Medicaid Aging Waiver and Alternatives Program is to provide services for low-income, medically frail seniors that would otherwise be placed in a nursing home or care facilities enabling them to be cared for safely, independently, and cost effectively in their homes. On average, these individuals can be served at home for about one fifth the cost of nursing home placement.

## MEDICAID AGING WAIVER 1915 (c)

The bulk of the funding is overseen by the Department of Healthcare Financing. The Waiver is tasked with providing services statewide to help older adults who are nursing home eligible remain in their homes and live as independently as possible, provided it is cost effective to do so.

| Eligibility Requirements   |                               | Unduplicated Clients     | Average Annual Cost       |
|--|-------------------------------|--------------------------|---------------------------|
| <ul style="list-style-type: none"> <li>• Be 65 years of age or older</li> <li>• Require nursing facility level of care approval (LOC)</li> <li>• ADLs and IADLs score</li> <li>• Meet financial eligibility requirements for Medicaid</li> </ul> | Nursing Home Stay             | 1                        | \$67,343 or \$184 per day |
|  |                               | 499 (current enrollment) | \$33,604,157              |
|  | Medicaid Aging Waiver 1915(c) | 1                        | \$9,315                   |
|  |                               | 499                      | \$4,648,815               |





With a current waiting list averaging around 165, an increase of ongoing funding of \$250,000 for the Medicaid Aging Waiver Program could serve an additional 111 Clients throughout the state.

## ALTERNATIVES PROGRAM

In 1977 the Older American Act allowed states to develop programs for Home Community Based Services/Supportive Services. The Alternatives Program is a state-funded, non-Medicaid assistance program. It's goal is to provide services to help older adults who are not nursing home eligible, but who are at risk for facility based care, remain in their homes and as independent as possible.

### Eligibility Requirements

- 60 years of age or older, or
- 18 – 59 years of age with a disability
- Utilizes Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) score
- Meets financial eligibility based on the federal poverty level.
- Means tested—Sliding Scale

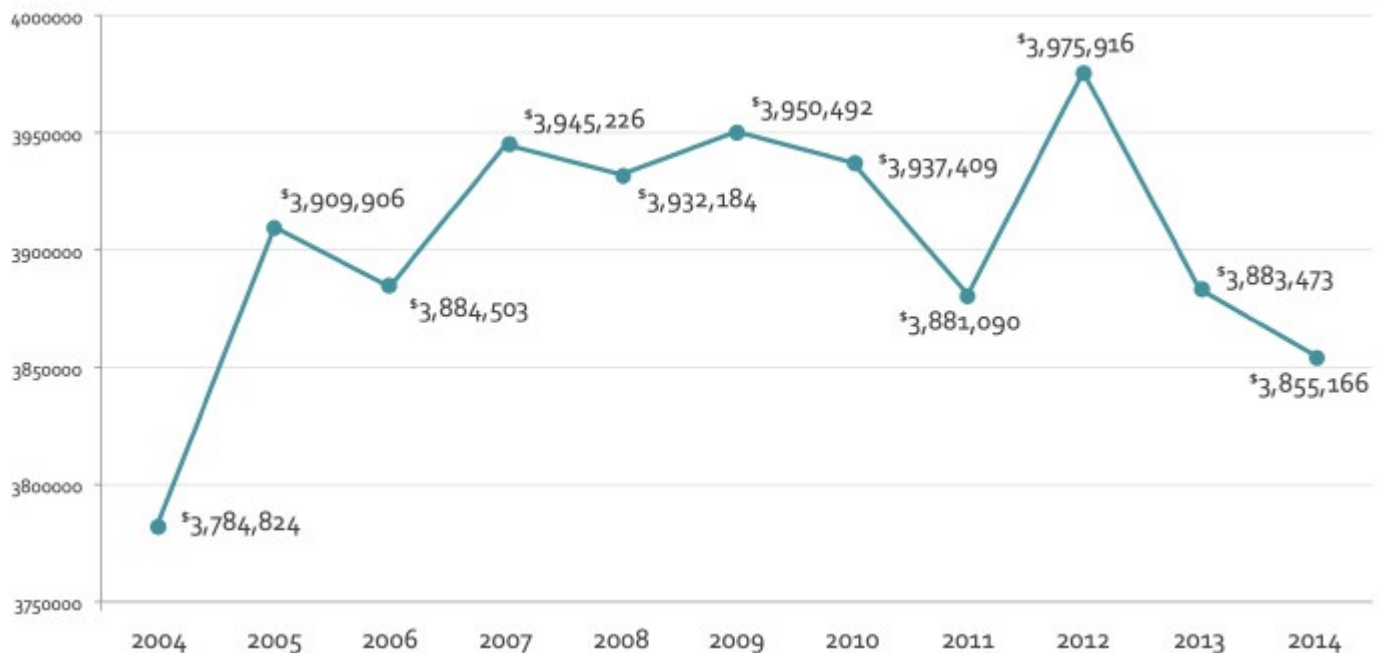
### Nursing Home Stay

### Unduplicated Clients

### Average Annual Cost

|                          |                      |
|--------------------------|----------------------|
| 1                        | \$30,000 Cost varies |
| 645 (current enrollment) | \$19,350,000         |
| 1                        | \$5,000              |
| 645                      | \$3,225,000          |

### In-Home Alternatives Expenditures FY 2004 through FY 2014



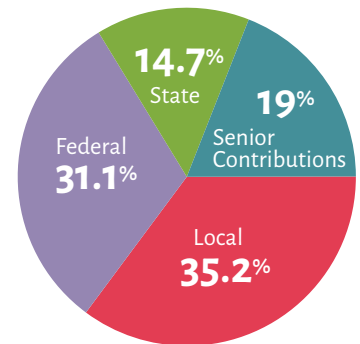
On September 17, 2014, Utah Representative Rebecca Chavez-Houck convened a group of Aging and Adult Services stakeholders to present findings. Two major topics were nutrition and caregiver programs.

# Nutrition

## PROVIDING THE BASIC BUILDING BLOCKS FOR INDEPENDENT LIVING

Good nutrition is the foundation upon which independent living is built. Helping seniors remain healthy and independent by providing nutrition programs, both home delivered and in senior centers, remains the highest service priority for Counties and Area Agencies on Aging.

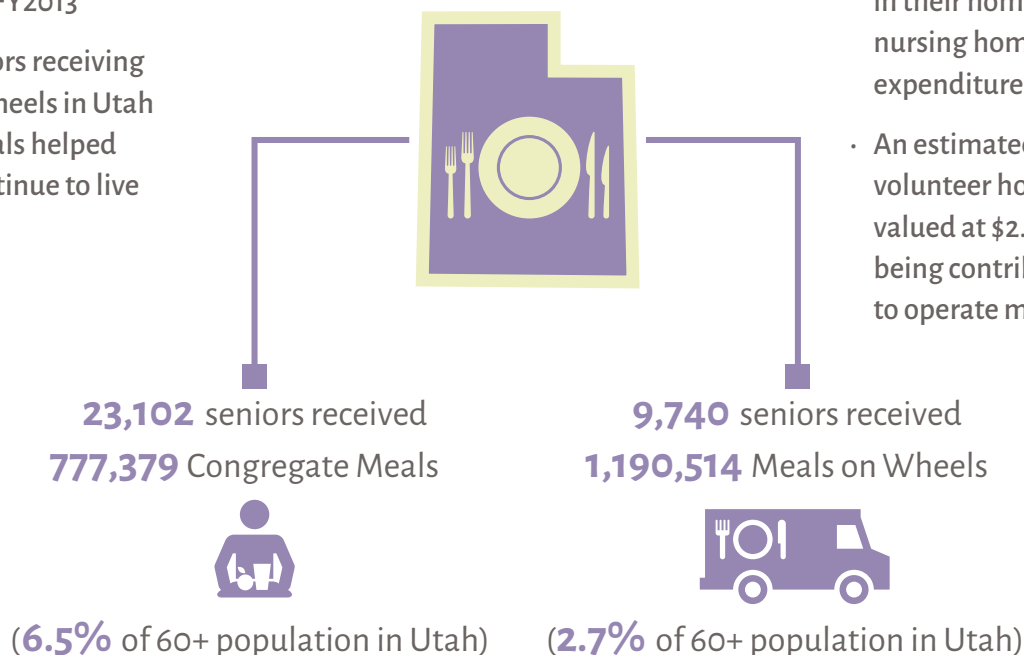
### Senior Meal Program Funding Sources



## UTAH BY THE NUMBERS

- 1,967,893 total meals provided in FY2013
- 83% of seniors receiving Meals on Wheels in Utah said the meals helped them to continue to live at home.

- Helping seniors remain in their homes saves nursing home Medicaid expenditures.
- An estimated 112,000 volunteer hours (54.0 F.T.E.s) valued at \$2.5 million are being contributed each year to operate meal programs.



## LEGISLATIVE FUNDING REQUESTED:

**\$350,000 in ongoing funding for 12 local Area Agencies on Aging for Meals-on-Wheels & senior center meals for Utah's senior population.**

\$300,000 one-time funding is in the current budget. (Without ongoing funding, 42857 meals will not be provided to approximately 285 seniors currently within the program.)



# Caregiving

## SUPPORTING CAREGIVERS HELPS US ALL

Support provided to caregivers helps them continue to act in their role of meeting the long-term care needs of their loved ones, at home, reducing taxpayer expenses today and in the future.

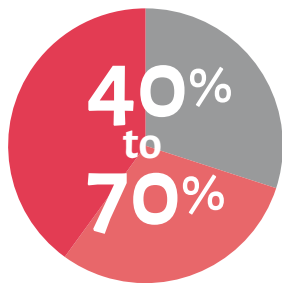
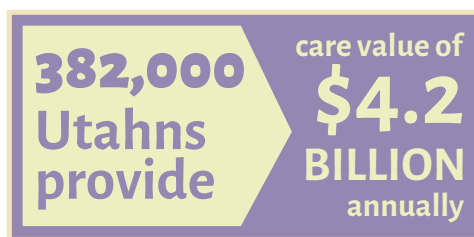
Unpaid caregivers are meeting 90% of long-term care needs. The typical caregiver is a 46-year-old female providing more than 20 hours of care each week.

20 HOURS/WEEK

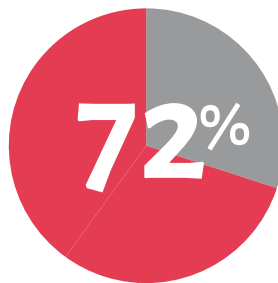


### Local survey of Caregiver needs:

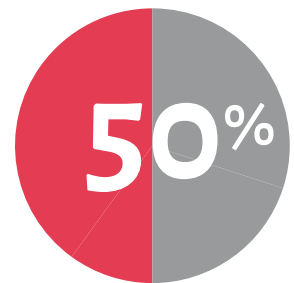
- 65% had been a caregiver for 3–10 years.
- 53.7% listed respite care as the most needed service.
- 60.3% requested education and information on caregiving.
- 82.5% are caring for their spouse or parent.



of caregivers have clinically significant SYMPTOMS OF DEPRESSION.



of caregivers said they DO NOT GO TO THE DOCTOR because they put their family's needs first.



of caregivers said they were TOO TIRED TO TAKE CARE OF THEMSELVES.

## LEGISLATIVE FUNDING REQUESTED:

\$250,000 for 12 local Area Agencies on Aging to provide respite care, information, and support activities to caregivers.

(Add to Base Budget of Aging & Adult Services—Human Services Department)

# CoA Management and Leadership

## **ANNE ELIZABETH PALMER, ED.D., M.P.A.** **Executive Director - Utah Commission on Aging**

Anne Elizabeth Palmer, Ed.D., M.P.A., serves as the Executive Director of the Utah Commission on Aging. She is the founding director of the Osher Lifelong Learning Institute, which provides education to citizens age 50 and older. She was appointed to the Utah Commission on Aging in 2005. Needs identified through her committee laid the groundwork for establishing the Utah Aging & Disability Resource Connection. Anne completed her Doctorate in Education in 2009 at the University of London Institute of Education, studying international dimensions of lifelong learning. Her masters degree is in Public Administration, and her bachelor degree is from the University of California, Berkeley.



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## **HOLLY ABEL, B.A.** **Program Coordinator - Utah Commission on Aging**

The Commission on Aging welcomed Holly Abel as Administrative Program Coordinator in 2013. Holly has over eight years administrative experience at the University of Utah. She has worked previously in the departments of Biomedical informatics and Pharmacotherapy. Holly holds a bachelor degree in Music with Vocal Performance emphasis from The University of Utah School of Music. She coordinates the administrative needs of the Commission.

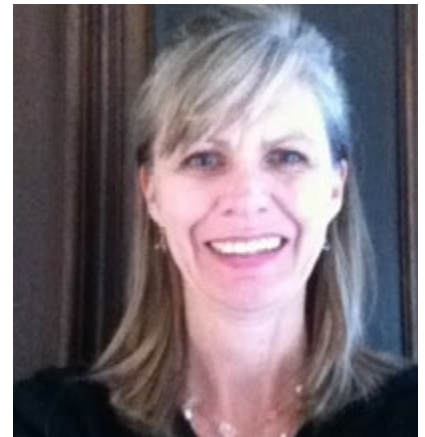


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## **JENNIFER MORGAN, B.S.**

### **Director - Utah Aging & Disability Resource Connection**

As Director for the Utah Aging and Disability Resource Connection, Jennifer Morgan works closely with the seven ADRC sites for data collection, data reporting protocols, and on-going options counseling training. She serves on multiple community partner steering councils. In this past grant year she implemented an Options Counselor Coordinator program, organized an ADRC dedicated Medicaid Outreach Worker, coordinated with ADRC Program Evaluators, evaluated the readiness assessment for Five County AAA, and collaborated on the ADRC VA Office of Rural Health proposal and pilot project.



**Jennifer Morgan, B.S. | Director | Utah ADRC**

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**SLC, UT 84112**

**Office: 801-585-6361 | Cell: 801-599-2016**

**Jen.morgan@utah.edu | [www.utadrc.org](http://www.utadrc.org)**

## **RHONDA HYPPIO, B.S.**

### **Program Coordinator - Utah Aging & Disability Resource Connection**

Rhonda Hypio is the new Program Coordinator, working closely with the Director, assisting with all the daily functions at the ADRC program office. She has over 10 years of experience working with state and federal programs, constituent affairs, and the aging population. Rhonda holds a Bachelor of Science in Business Administration, with emphasis in Information Systems and Technologies from Weber State University.



**Rhonda Hypio, B.S. | Program Coordinator | Utah ADRC**

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