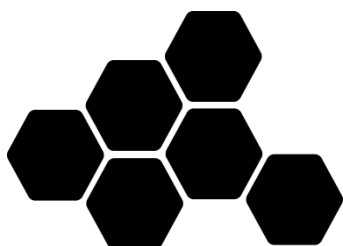
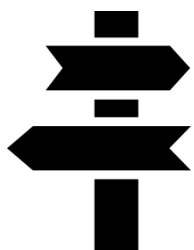


utah department of
human services
2017 ANNUAL REPORT and
Directory of Services

Division of Aging and Adult Services

195 North 1950 West, Salt Lake City, Utah 84116
telephone (801) 538-3910 ▪ facsimile (801) 538-4395 ▪ www.daas.utah.gov



2017 ANNUAL REPORT and Directory of Services

Utah State Division of Aging and Adult Services

Table of Contents

<u>DHS Model of Care and Strategic Pillars</u>	3
<u>DAAS Introduction</u>	4
<u>Older Americans Act (OAA)</u>	4
<u>Utah's Aging and Adult Services Program</u>	5
<u>Vision Statement</u>	5
<u>Mission Statement</u>	5
<u>Guiding Principles</u>	6
<u>Organizational Structure</u>	6
<u>Population Growth of Seniors in Utah</u>	8
<u>Recent Activities of the Division of Aging and Adult Services</u>	9
<u>The Century Club of Utah</u>	9
<u>State Board of Aging and Adult Services</u>	10
<u>Urban, Rural, and Specialized Transportation Association</u>	11
<u>Administration</u>	11
<u>Aging Services</u>	12
<u>Service Delivery</u>	12
<u>Funding Aging Services Programs</u>	12
<u>Review of Aging Program Fiscal Year 2017 Activities</u>	13
<u>Nutrition and Health Program</u>	14
<u>National Family Caregiver Support Program</u>	22
<u>Home and Community-based Programs</u>	28
<u>Home and Community-based Alternatives Program</u>	28
<u>Home and Community-based Medicaid Aging Waiver Program</u>	31
<u>Other Older Americans Act Services</u>	33

<u>State Long-Term Care Ombudsman Program</u>	34
<u>DAAS Non-Formula Funds</u>	37
<u>Senior Health Insurance Information Program (SHIP)</u>	37
<u>Title V: Senior Community Services Employment Program (SCSEP)</u>	41
<u>Senior Medicare Patrol Program (SMP)</u>	44
<u>Legal Assistance Services and Statistical Legal Analysis</u>	46
<u>Adult Protective Services</u>	47
<u>Investigation</u>	49
<u>Training</u>	50
<u>Emergency Protective Payments</u>	50
<u>APPENDIX I</u>	52
<u>APPENDIX II</u>	57

UTAH MODEL OF CARE

A strategic framework to guide our department-wide purpose, which is to strengthen lives by providing children, youth, families and adults individualized services to thrive in their homes, schools and communities.

BIG GOAL | Reduction in overall repeat client engagement in our most restrictive services



MEASUREABLE TARGETS

EVIDENCE

Informed by National System of Care Core Values: Community Based; Family Driven, Youth Guided; Culturally and Linguistically Competent; and **Guiding Principles:** Broad Array of Effective Services and Supports; Individualized, Wraparound Practice Approach; Least Restrictive Setting; Family and Youth Partnerships; Service Coordination; Cross-Agency Collaboration; Services for Young Children; Services for Youth and Young Adults in Transition to Adulthood; Linkage with Promotion, Prevention and Early Identification; Accountability.

utah department of
human services

www.hs.utah.gov/model-of-care

DAAS Introduction



Nels Holmgren
Director:
DAAS
801-538-3921
nholmgren@utah.gov



Michael Styles
Assistant Director: OAA
801-538-4641
mstyles@utah.gov



Nan Mendenhall
Assistant Director:
APS
801-538-4591
nmendenh@utah.gov

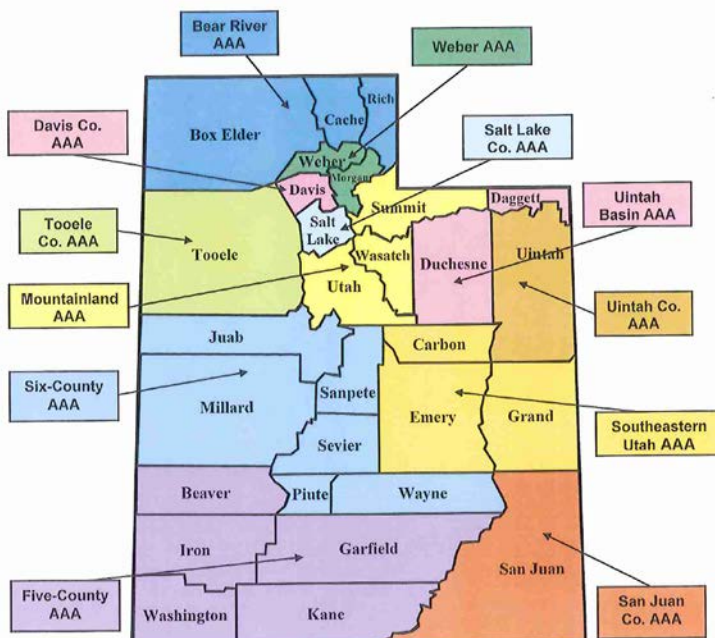
I. Older Americans Act (OAA)

Congress passed the OAA in 1965, creating the first federal legislation devoted exclusively to addressing the needs and challenges of older Americans. Since its passage, the OAA, as amended through 2000, has provided funding and leadership in establishing a unique nationwide network of federal, state, and local governments as well as private providers serving the diverse needs of America's seniors. The OAA can be viewed as a work-in-progress and has been amended on several occasions to address the changing needs of older Americans, most recently in the fall of 2006.

The first OAA established the [Administration on Aging \(AoA\)](#) in the [US Department of Health and Human Services \(HHS\)](#) and provided grants for training, demonstration projects, and research on aging. It also offered financial support to state offices or units on aging and state funding for projects supporting the elderly.

Amendments passed in 1969 established the National Older Americans Volunteer Program, which provided for Retired Senior Volunteers and Foster Grandparents. Because of a series of nutritional research and demonstration projects, the OAA was amended in 1972 to create a permanent nationwide nutrition program for the elderly. Additional amendments to the OAA in 1973, required states to create Planning and Service Areas (PSA) and to designate a public or private non-profit agency to serve as an Area Agency on Aging (AAA) in each location. Today, the current 629 agencies nationwide

plan and coordinate services and opportunities for older persons on a regional basis. Utah is proud to support the aging population with twelve agencies devoted to aging. (See list in Appendix II)



Other amendments passed in the 1970s established the Senior Community Service Employment Program (SCSEP), awarded grants for low-income persons age 60 or older to work as senior companions, added a separate age discrimination act, and with assistance from the [U.S. Department of Agriculture](#), supplied surplus commodities to the nutrition program. Amendments passed near the end of the decade established the Long-Term Care Ombudsman program, providing professional and volunteer ombudsmen to assist older persons living in long-term care facilities.

The most recent reauthorization of the OAA occurred in 2006, further enhancing and enriching the act. The amendment requires AAAs to set specific objectives, consistent with state policy, for providing services to older individuals with the greatest economic and social need and those at risk for institutional placement. Older individuals with limited English proficiency and those residing in rural areas must also be included. The bill clarified AAAs' needs to facilitate area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings. The bill requires information detailing how the AAAs will coordinate with the state agency responsible for mental health services and develop long-range emergency preparedness plans.

II. Utah's Aging and Adult Services Program

The [Division of Aging and Adult Services](#) (DAAS) was created as Utah's State Unit on Aging in accordance with the OAA. By Utah statute [\(62A-3-104\)](#), DAAS was granted the legal authority to establish and monitor programs serving the needs of Utah's seniors. Local AAAs have been designated to cover all geographic regions of the state and are responsible for providing a comprehensive array of services and advocacy for the needs of seniors residing in these PSAs.

In 1986, DAAS was given the administrative authority for Adult Protective Services (APS), a program to protect vulnerable adults from abuse, neglect and exploitation. APS employees assist victims and work to prevent further abuse, neglect, and exploitation. Staff is located in a statewide system of offices and work in cooperation with local law enforcement to investigate cases involving seniors and disabled adults.

DAAS has adopted the following Vision Statement, Mission Statement and Guiding Principles to communicate its purpose.

VISION STATEMENT

"OFFERING CHOICES FOR INDEPENDENCE"

MISSION STATEMENT

The mission of the Division of Aging and Adult Services is to:

- Provide leadership and advocacy in addressing issues impacting older Utahns and serve elder and disabled adults needing protection from abuse, neglect or exploitation.
- Fulfill our vision of **offering choices for independence** by facilitating the availability of a community-based system of services in both urban and rural areas of the state supporting independent living and protecting quality of life.
- Encourage citizen involvement in the planning and delivery of services.

GUIDING PRINCIPLES

The Division of Aging and Adult Services believes:

- Utah's aging and adult population has many resources and capabilities, which need to be recognized and utilized. The division has an advocacy responsibility for ensuring opportunities for individuals to realize their full potential in the range of employment, volunteer, civic, educational and recreational activities.
- Individuals are responsible for providing for themselves. When problems arise, the family is the first line of support. When circumstances necessitate assistance beyond the family, other avenues may include friends, neighbors, volunteers, churches and private or public agencies. The division and its contractors are responsible to assist individuals when these supportive mechanisms are unable to adequately assist or protect the individual.
- Expenditure of public funds for preventive services heightens the quality of life and serves to delay or prevent the need for institutional care.
- Aging and Adult Services programs should promote the maximum feasible independence for individual decision making in performing everyday activities.
- An individual who requires assistance should be able to obtain services in the least restrictive environment, most cost-effective manner and most respectful way.

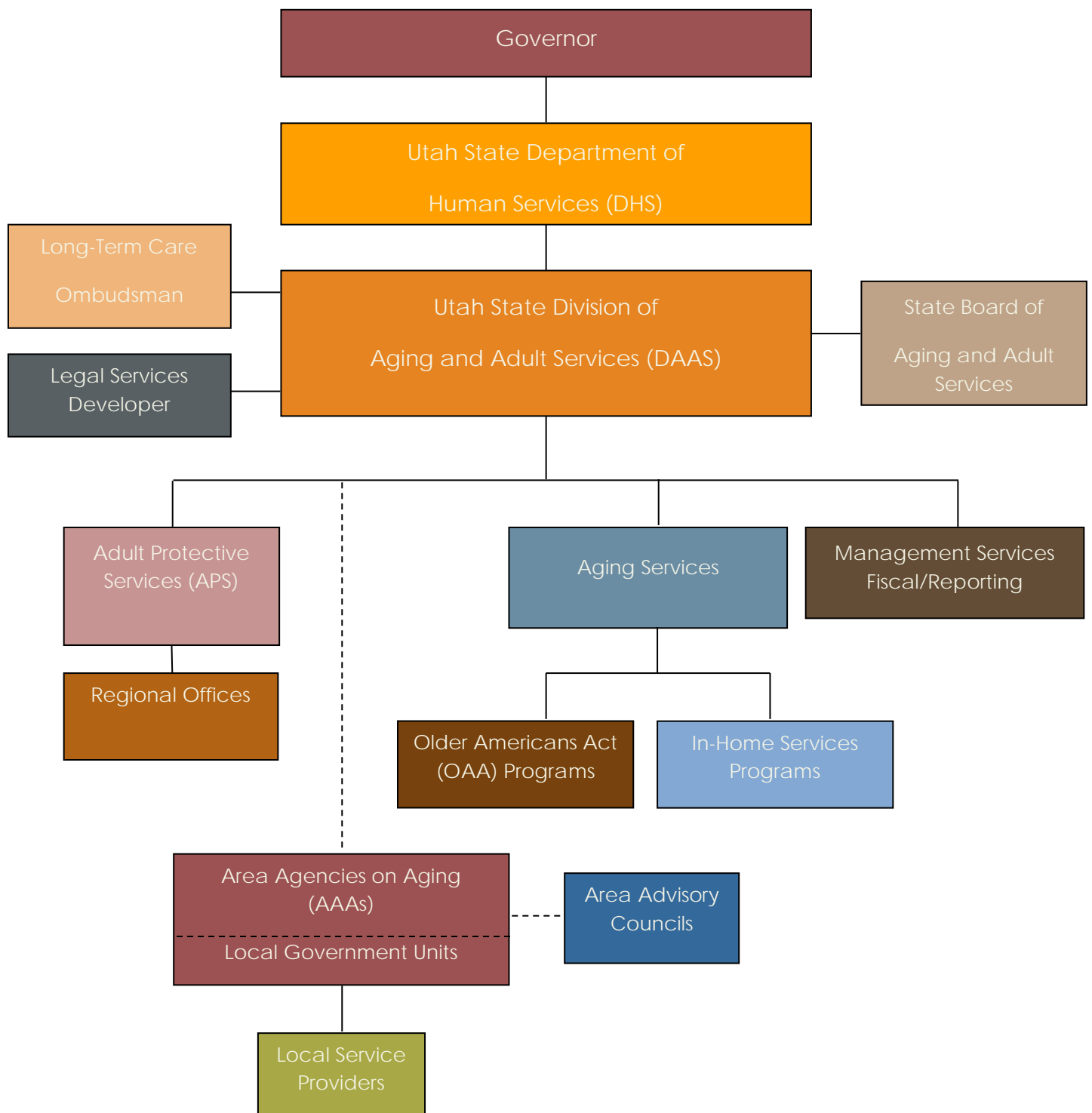
III. Organizational Structure

DAAS has the responsibility to administer, deliver and monitor services to aging and vulnerable adults in Utah. To meet this responsibility, two program areas have been created: 1) Aging Services and 2) Adult Protective Services.

The Aging Services Program is responsible for the provision of services needed by the elderly as set forth in the OAA and other enabling legislation funded by federal, state and local governments. Aging services in Utah are delivered by local AAAs through contracts with DAAS.

State Law mandates APS investigate all cases involving allegations of reported abuse, neglect or exploitation of vulnerable adults. Investigators collaborate with law enforcement and community partners to offer services designed to protect abused, neglected or exploited vulnerable adults from further victimization and assist them in overcoming the physical or emotional effects of such abuse.

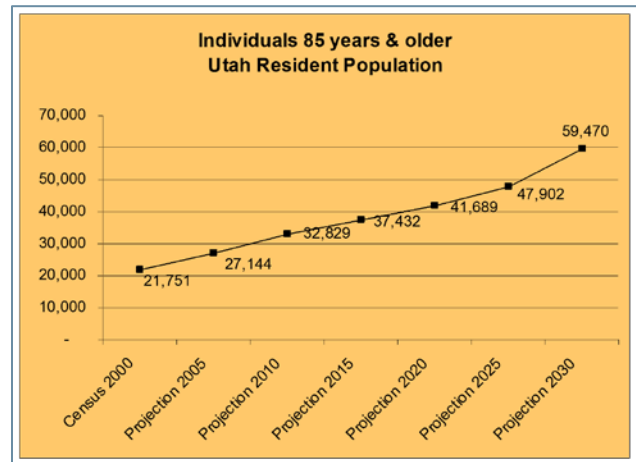
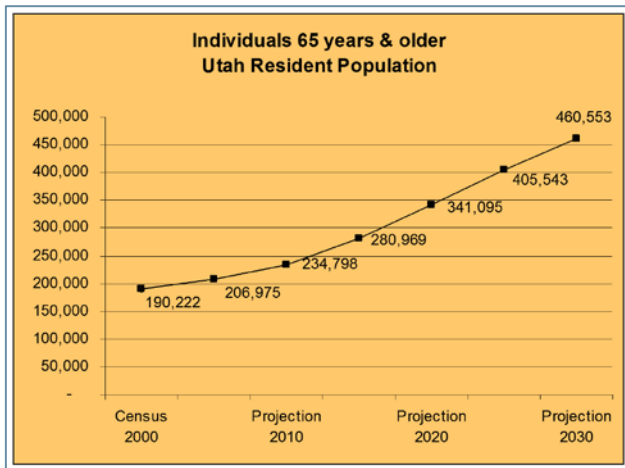
The following chart depicts the organizational structure of DAAS:



IV. Population Growth of Seniors in Utah

Providing needed services to the senior population of Utah will become more challenging in the future due to the rapid current growth in seniors nationwide. The U.S. Census Bureau predicts the senior population in the United States will increase from approximately 40.2 million in 2010 to 88.5 million by the year 2050. Similarly, Utah's senior population (65 and older) is predicted to grow from current levels of 259,184 to 460,553 by the year 2030.

Utah continues as the nation's "youngest state" according to the 2010 census. Its median age of 29.2 years is eight years younger than the US median of 36.8. Despite its youthfulness, Utah's population is growing older and living longer. The following charts show Utah's 65 and older population will increase by 145 percent between 2000 and 2030. The 85 and older population in Utah increased by 42.5 percent between 2000 and 2010.



Data Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005. Compiled by the U.S. Administration on Aging

According to the 2010 census, Utah had the seventh most rapidly increasing population in the nation of those aged 65 and older. The predicted aging of the state is a situation created by two main factors: 1) the increase in longevity due to better health, sanitation, nutrition and medicine and 2) the baby boomer cohort, those born between 1946 and 1964, reaching retirement age. Beginning in 2006, the baby boomer cohort has dramatically increased the size of the 60 and older population group. Since 2006, the projected annual increase of the 60 and older group has been three times the increase observed between 1993 and 2006. There is concern the predicted growth of those needing services will overwhelm existing programs and services currently provided to Utah's older citizens. There is a need for investment in improved methods to articulate the impact Utah's aging population will have on current service delivery systems, while continuing to provide a solid foundation of current services for existing individuals more than the age of 65. The Division will continue to refine its planning for the growth and trends in Utah's senior population.

V. Recent Activities of the Division of Aging and Adult Services

A. The Century Club of Utah

The 31st Annual Century Club of Utah Celebration, hosted by Governor and Mrs. Gary R. Herbert and Lieutenant Governor Spencer Cox, honored Utah's oldest citizens who have reached the age of 100 years or more on August 17, 2017 at the Viridian Event Center in West Jordan, Utah.



Lucy V. Ellis, 102 yrs. young

When a resident of Utah turns 100 years old, DAAS staff assist the Governor in sending a letter welcoming the Centenarian to the Century Club, along with a framed certificate of membership and a specially-made lapel pin engraved with "100-Centenarian".

DAAS published the Governor's 2017 Century Club of Utah Yearbook, containing pictures and brief life stories of 53 of Utah's Centenarians. The yearbook is a useful historical resource as well as a valuable tool for family history research and is available at <http://www.daas.utah.gov/>.

The 2010 census reported 186 Centenarians are living in Utah. As of December 2016, 130 Centenarians are listed on the records kept in DAAS. Their ages and counties of residence are shown on the following charts.

Utah's Centenarians – April 2018 Breakout by Age			
Age	Women	Men	Total
108	1	0	1
107	0	1	1
106	5	0	5
105	10	3	13
104	9	3	12
103	15	5	20
102	17	7	24
101	23	8	31
100	35	15	50
*99	4	0	4
TOTAL	119	42	161

* Individuals turning 100 by the end of 2017

Utah's Centenarians Counties of Residence – December 2016	
Beaver	1
Box Elder	1
Cache	5
Carbon	0
Daggett	0
Davis	14
Duchesne	1
Emery	0
Garfield	0
Grand	1
Iron	2
Juab	0
Kane	0
Millard	0
Morgan	0
Piute	1
Rich	2
Salt Lake	81
San Juan	0
Sanpete	0
Sevier	1
Summit	2
Tooele	3
Uintah	2
Utah	22
Wasatch	0
Washington	10
Wayne	1
Weber	11
TOTAL:	161

August 2017 Centenarian Celebration



Mrs. Rosemarie McCrae, 100 yrs. old,
with Gov. Herbert and First Lady



Mr. Roger Thompson, 103 yrs. old,
with Gov. Herbert and First Lady



Mr. Sherm Gowans, 100 yrs. old,
with Gov. Herbert and First Lady



Mrs. Evelyn Carpenter, 100 yrs. old,
with Gov. Herbert and First Lady



Mrs. Berniece Kramer, 106 yrs. old,
with Gov. Herbert and First Lady



Mr. Cecil Douglas, 102 yrs. old,
with Gov. Herbert and First Lady

B. State Board of Aging and Adult Services

The State Board of Aging and Adult Services is the program policy making body for DAAS. The seven-member Board is appointed by the Governor and confirmed by the State Senate. Members are selected from both rural and urban areas of the state and the Board is nonpartisan in its composition. The Board meets six times a year and regularly hears from Division staff and the Chair of the Utah Association of Area Agencies on Aging (U4A), a group representing Utah's twelve AAAs. During all meetings, members of the public are invited, encouraged to participate and present concerns to the Board.

Responding to the challenges facing Utah as its population ages, the Board maintains four one-page position papers reflecting its opinion on issues the State needs to address, especially in light of the demographic changes exacerbated as baby boomers continue to reach retirement age. The position papers discuss: 1) Transportation Issues, 2) Improving In-home and Community-based Services, 3) Improving Preventive Health Services and 4) Caregiver Support Services. A copy of the papers can be found in [Appendix I](#).

On an annual basis, the board is called upon to review and approve the plans explaining how AAAs will utilize federal funds allocated to the State in furtherance of the OAA. The format of the plan is developed by the Division and approved by the Board. The Annual Plan for Federal Fiscal Years 2012 to 2016, provided information regarding each agency's accomplishments during the previous year in addition to reporting the number of services provided to eligible seniors.

C. Urban, Rural, and Specialized Transportation Association



DAAS continues its active participation in the Utah Urban, Rural and Specialized Transportation Association (URSTA), in order to stay informed of statewide transportation issues. Additionally, DAAS joined the Utah Department of Transportation, Utah Department of Health and other agencies in participating in the United We Ride Task Force, which reviews and promotes interagency transportation issues statewide through a federal grant co-sponsored by the Federal Transportation Administration and the AoA.

D. Administration

The Division receives policy direction from a seven member Board of Aging and Adult Services appointed by the Governor and confirmed by the State Senate.

Aging Services



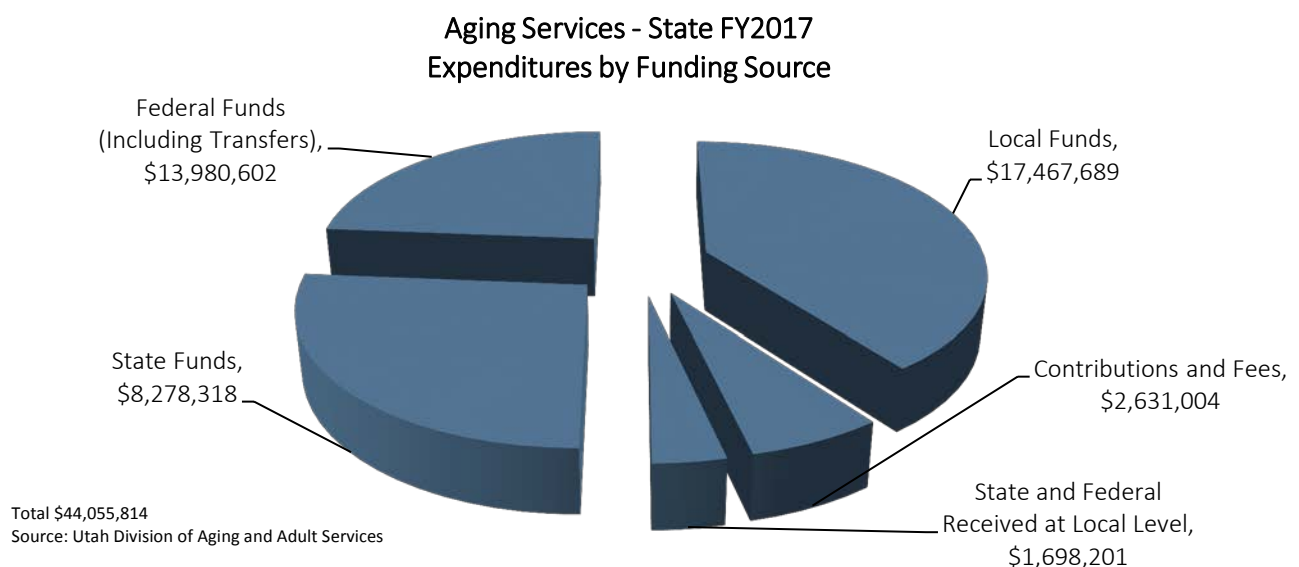
Michael Styles
Assistant Director
801-538-4641
mstyles@utah.gov

SERVICE DELIVERY

The Division contracts with units of local government or Associations of Governments to operate AAAs. A funding formula is used to allocate funds to Utah's AAAs, which are responsible for planning, development and delivery of aging services throughout their geographic areas. The AAAs, in turn, contract with local service providers and/or provide services directly to meet the identified needs of their elderly population. The services available within a service area may include, but are not limited to, congregate and home-delivered meals, information and referral, volunteer opportunities, transportation, family caregiver support and a variety of in-home services including Homemaker, Personal Care, Home Health Care and Medicaid Home and Community-based Aging Waiver Services. Several other services are available as set by local priorities.

A. Funding Aging Services Programs

There are a variety of funding sources for the programs administered by the Division's Aging Services, including federal, state and local governments. The following figure shows the percentage and amount of the total aging services budget each major source contributes. The federal share is received through allocations authorized by the OAA. The Utah Legislature appropriates state funds, with local funding coming from counties, private contributions and the collection of fees.

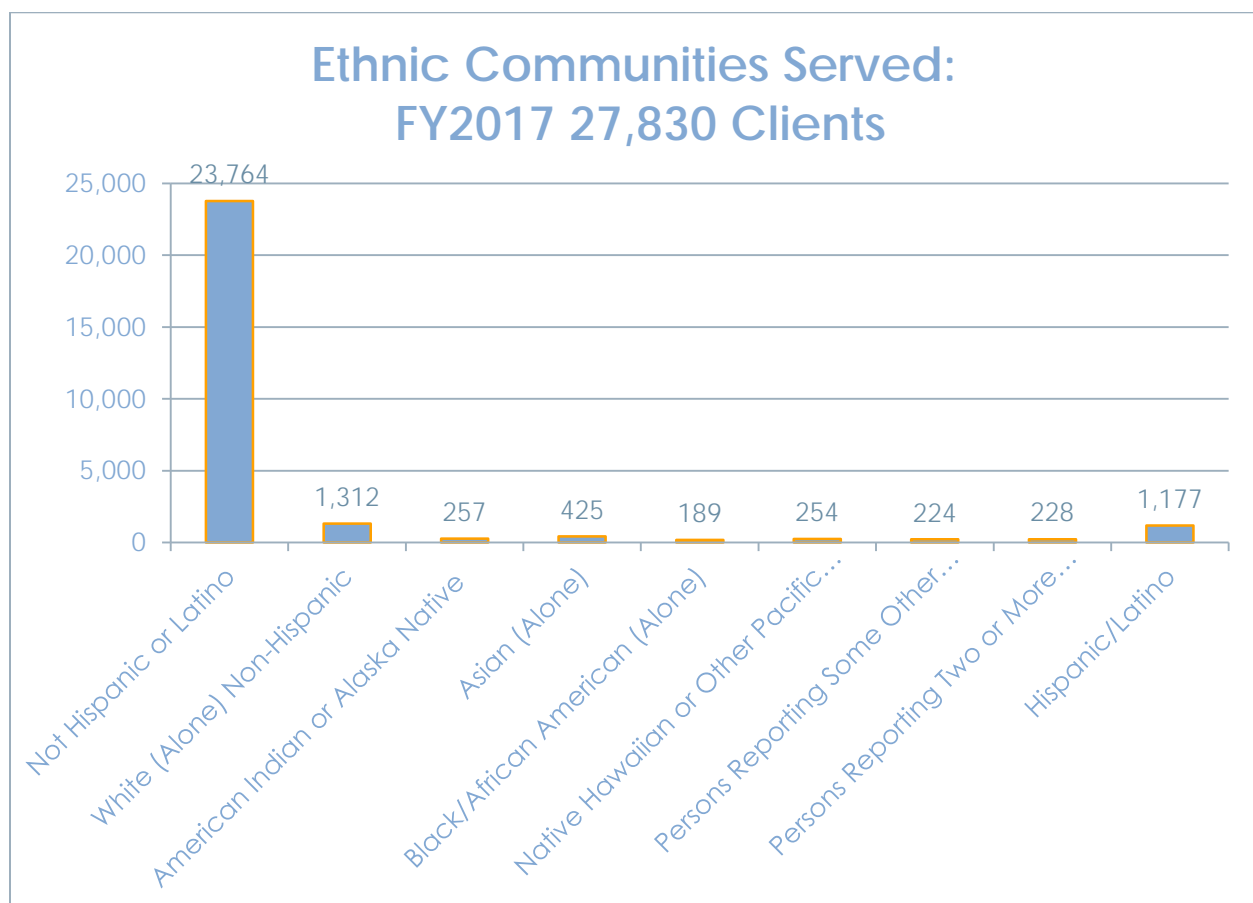


B. Review of Aging Program Fiscal Year 2017 Activities

The following sections are a review of the services available through the Division and AAAs to help the elderly and their families deal with the changes and challenges inherent with the aging process. A constant theme in both the Utah Departments of Health and Human Services is the belief in collaborations between older adults and public/private partners to improve the quality of life and health for Utah's aging population.

During the 1980s, enacted OAA amendments required the AAAs to address the needs of older persons with limited English speaking ability, established a federal office for Native American, Alaskan Native and Native Hawaiian programs and increased an emphasis on services to elderly low-income ethnic minorities.

Note: This past year, Aging Services has increased its identification of minorities 60+ years allowing us to provide more services to ethnic and minority communities.



Nutrition and Health Program



Charlotte Vincent
Program Manager
801-538-3925
cvincent@utah.gov

Nutrition Program

Why Nutrition is Important

Proper nutrition makes it possible to maintain health and functionality, positively impacting the quality of life in older adults. As primary prevention and health promotion, nutrition counseling reduces chronic disease risk and addresses problems, which can lead to more serious conditions. As a component of chronic disease management, medical nutrition therapy (MNT) slows disease progression and reduces symptoms. Older adults who routinely eat nutritious food and drink adequate amounts of fluids are less likely to have complications from chronic disease and require care in a hospital or other facility.



dreamstime.com

Eighty-seven percent of older adults have one or more of the three most common chronic diseases, hypertension, diabetes and coronary heart disease, all of which are preventable or treatable in part with appropriate nutrition services.

According to the [National Council on Aging, Fact Sheet: The Unseen U.S. Health Crisis of Malnutrition](#), people over 60 are also affected by malnutrition. Many people think malnutrition refers only to people who are undernourished and appear emaciated. However, malnutrition is actually a broad term defined as the insufficient, excessive or imbalanced consumption of nutrients – and yes, many people in the U.S. are malnourished. People who are malnourished can appear to be overweight, underweight or perfectly “healthy”. Being malnourished places Americans at risk for serious health consequences and creates significant costs to the U.S. healthcare system. A misperception is that malnutrition only impacts third world countries. However, many Americans are malnourished due to contributing causes such as poor diet and/or chronic disease.

Impact and Consequences of Malnutrition

Poor nutrition or malnutrition can result in the loss of lean body mass, leading to complications that negatively impact a broad range of health outcomes and increase healthcare costs, including:

- Reduced recovery from surgery/disease
- Impaired wound healing
- Increased susceptibility to illness/infection
- Risk of fall

- Longer hospital stays
- Increased hospital readmissions
- Prolonged stays in rehabilitation facilities
- Earlier admission to long-term care residential facilities, such as nursing homes

The [Administration for Community Living Research Brief](#) published October 2015, states the OAA Nutrition Program (NP) is not simply focused on meal provision or nutrition outcomes, but on how to maintain the health and functionality of older adults in the community. To maintain health and functionality, the OAA indicates that the OAA NP has specific purposes in addition to the overall OAA purposes. These specific purposes focus on how the role of nutrition contributes to:

- 1) Reducing hunger and food insecurity
- 2) Promoting socialization
- 3) Promoting health and well-being
- 4) Delaying adverse health conditions

Detailed information is provided from the [Administration for Community Living \(ACL\) about Nutrition Services in OAA Title III c.](#)

FOR THE FIRST TIME IN ONE PLACE, THE *HUNGER IN OLDER ADULTS* REPORT:

- **Examines national programs** that address the needs of seniors, silos in these systems, and potential strategies to make them more effective;
- Synthesizes publicly available research and information **from government, organizations, academic studies, aging services reports and technical assistance materials;**
- **Examines the multiple ways that State Units on Aging (SUAs) tackle food insecurity** to better address senior hunger issues within their state;
- Illuminates some of the challenges and opportunities for the community-based nutrition services network **in serving older adults; and**
- **Recommends actions for leaders and advocates** to better communicate, coordinate or collaborate, and develop more effective interventions.

[DOWNLOAD THE EXECUTIVE SUMMARY](#)

[DOWNLOAD THE FULL REPORT](#)

[READ THE PRESS RELEASE](#)

Community Senior Centers

As part of a comprehensive community strategy, senior centers can offer services and activities both within and outside the senior center, as well as link participants with resources offered by other agencies. Senior center programs consist of a variety of individual and group services/activities including but not limited to the following: health and wellness, arts and humanities programs, intergenerational activities, employment assistance, information and referral services, social and community action opportunities, transportation services, volunteer opportunities, educational opportunities, financial and benefits assistance, and meal programs. Senior centers also serve as a resource for the entire community in developing innovative approaches to addressing aging issues, gaining information on aging, and providing support and training for family caregivers, professionals, lay leaders and students.

In the past twenty years, Senior Centers have undergone major changes. The National Council on Aging and National Institute of Senior Centers reports centers now need to work with many community partners, human service agencies, volunteer organizations, citizen groups, various city departments, government agencies, AAAs and other community-wide planning and policy-making groups to support growth while continuing existing services. While service-delivery systems are growing more sophisticated, Senior Centers now must also play a critical role as the community focal point for older adults within the system. In addition, a wide range of needs exists due to the large amount of diversity in age, income and ethnic backgrounds as well as physical and mental conditions of older Americans. This growing diversity of the older population impacts program planning and scheduling, needs of families and caregivers and intergenerational interests groups. With an array of public and private funding sources available it is imperative centers strive to become proficient in pursuing funding and resources to meet the growing needs of seniors. Senior Centers must also clearly define relationships and channels of communication in the community's aging network and establish ethical guidelines for their operations.

NCOA's National Institute of Senior Centers (NISC) offers the nation's only [National Senior Center Accreditation Program](#). To advance the quality of senior centers nationwide, NISC developed the program with nine standards of excellence for senior center operations. These standards serve as a guide for all senior centers to improve their operations today – and position themselves for the future. Fourteen of Salt Lake County's Senior Centers have completed accreditation status.

CONGREGATE MEALS	HOME-DELIVERED MEALS (HDM)
<p>The Congregate Meal program provides one meal a day that meets one-third of the dietary reference intake for elderly persons at approximately 105 meal sites across the state (and eight sites which are not state-funded). These meals are made available to individuals age 60 and over. Nutrition education is provided to all participants and good health habits are continually encouraged.</p> <p>Those who receive these meals are encouraged to give a confidential financial contribution. The local AAA establishes the suggested contribution amount. These contributions covered 22 percent of the total expenditures in FY 2017 and are used to enhance the Congregate Meals program.</p>	<p>The HDM program provides one meal a day for elderly persons who are age 60 or over, home bound and have limited capacity to provide nutritionally balanced meals for themselves. These meals provide one-third of the dietary reference intake required. Other in-home services are provided when identified through assessment.</p> <p>Home-delivered meals are delivered to the participants' homes five days a week, except in some rural areas where funding may limit delivery to only three or four days a week with a waiver approval. Through the assessment process, an effort is made to assure those with severity of need receive meals.</p> <p>Contributions are encouraged in an amount set by the local AAAs and go directly to the HDM Program. In FY 2017, contributions to the program covered 20.4 percent of the total expenditures. Due to funding limitations, there are still unserved and underserved areas of the state.</p>

The following profile of Home-Delivered Meals (HDM) recipients describes the typical participant and what may be expected in future years:

- Thirty-eight percent are seventy-five years of age or older; thirty-three percent are eighty-five years of age or older

- Sixty-two percent are female; thirty-nine percent male
- Forty-three percent live alone but one-third need assistance with and have more than three ADLs (Activities of Daily Living) and more than three IADLs (Instrumental Activities of Daily Living)
- Forty-one percent live in rural areas of the state.
- All receive some nutrition education at least twice per year. Most receive at least five meals per week.

According to the [*Mathematica Policy Research Report for AOA Older Americans Act Nutrition Programs Evaluation: Meal Cost Analysis*](#), the average cost of a congregate meal was \$10.69 and home-delivered was \$11.06 meal (weighted) in the United States. The average cost of a congregate meal was \$12.13 and home-delivered meal (weighted) was \$14.32 by the Western geographic region. Statistics for Utah are shown in the tables below:

CONGREGATE MEALS – FY2017		HOME-DELIVERED MEALS – FY2017	
Unduplicated Persons served	21,757	Unduplicated Persons served	9,516
Meals served	641,573	Meals served	1,128,944
Total expenditures	\$5,984,330	Total expenditures	\$8,041,268
Contributions by seniors	\$1,198,083	Contributions by seniors	\$1,288,103
Average cost per meal*	\$8.76	Average cost per meal*	\$7.12

**Cost includes direct costs (food, labor, transportation), indirect costs (screenings, education), and administration costs.*

As medical advances allow people to live longer, seniors are experiencing increased chronic illness, which limits their ability to adequately care for themselves. The HDM Program helps meet the needs of these individuals. With the growing elderly population, it is expected there will be an increase in demand for this service.

Cost-Benefit Support: The cost of one day in a hospital roughly equals the cost of one year of OAA Nutrition program meals. One month in a nursing home costs about the same as providing mid-day meals five days a week for about seven years.

Administration for Community Living Web site <https://acl.gov/>.

POMP Home Delivered Meals Survey

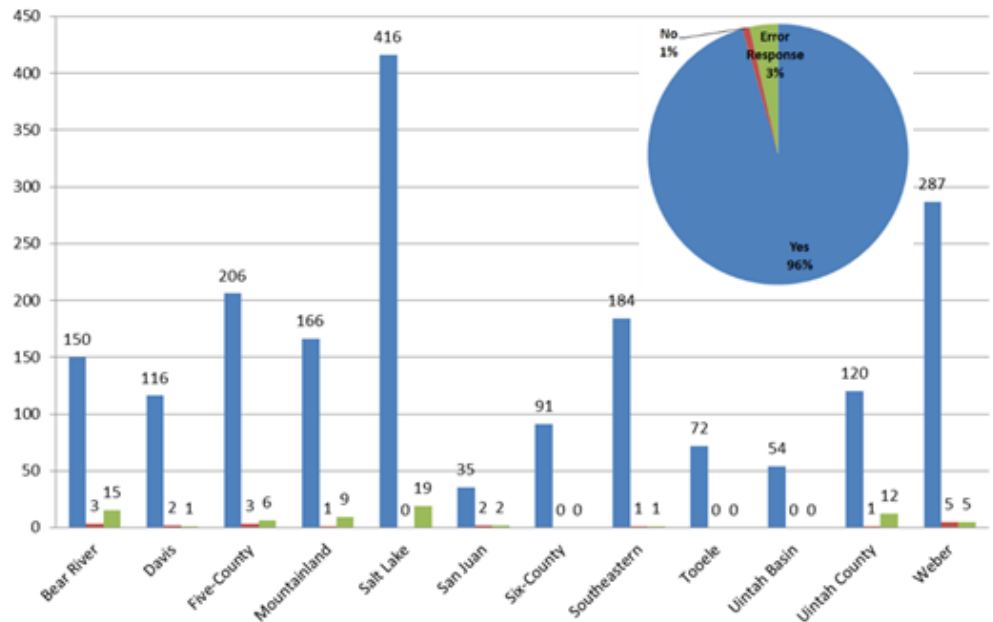
The Administration for Community Living (ACL, formerly known as the Administration on Aging) developed the Performance Outcome Measurement Project (POMP). This was a multi-agency collaboration involving ACL along with state and local Agencies on Aging. The intent was to assist in assessing program performance of State Units on Aging (SUA), Area Agencies on Aging (AAA), along with helping ACL to meet both the accountability provisions of the Government Performance and Results Act (GPRA) and the Office of Management and Budget's (OMB) Program assessment requirements.

The Utah Division of Aging and Adult Services (DAAS)/SUA along with its twelve AAAs collaborated to utilize the POMP survey tool to assess the adequacy and benefits of Home Delivered Meals (HDM) throughout the State of Utah.

UTAH IS THE FIRST STATE IN THE NATION TO COMPLETE THE POMP HOME DELIVERED MEALS SURVEY COLLECTING VALUABLE DATA AND SETTING THE BAR FOR OTHER STATES TO FOLLOW.

A questionnaire was distributed to every participant of the Meals on Wheels Program in 2014. A total of 4,648 surveys were distributed with a return of 2,009. After deleting the surveys with recognition errors, the total number of surveys used in the study was 1,972. This represents a forty-two percent return rate.

4. In general, would you say that the home-delivered meals service has helped you?



Health Promotion and Disease Prevention Program

The definition of healthy aging according to the [National Council on Aging](#) (NCOA) is “A broad concept which is more than just physical health status or absence of disease: it encompasses many other important aspects of health, including intellectual, emotional, social, vocational and spiritual health. If any of these critical areas are out of balance, optimal healthy aging may be impaired. Behavior and lifestyle choices impact each of these aspects of health: therefore, any program designed to facilitate optimal health in aging must address these areas of optimal health through education, behavior modification and supportive environments.”^{1 2}

Health promotion and disease prevention programs are necessary to reduce medical costs, to prevent premature institutionalization, and to save taxpayers’ dollars. These programs can also help prevent depression among the elderly, reduce limitations of daily living activities caused by chronic diseases and lack of exercise and increase the quality of life among older adults. According to a report released by Trust for America’s Health in July 2008, an investment in [Strategic Disease Prevention Programs in Communities](#) would have the potential Annual Net Savings and Return on Investment (ROI) of \$3.70 to \$1.00 within five years. Which would mean if Utah invests \$10 per person per year (a total of \$89 million), the potential ROI would be \$3.70 to \$1.00 or \$329,300,000. Detailed information is available at www.acl.gov/programs/health-wellness/disease-prevention.

¹ <https://www.nia.nih.gov/>

² <http://www.who.int/ageing/healthy-ageing/en/>

Until August 31, 2016, DHS in partnership with the [Utah Department of Health](#), the Utah Department of Medicaid and the [Aging Disability Resource Center](#) received two grants from AoA for Chronic Disease Self-Management Education Programs. These grants enabled the State of Utah, with the [Utah Arthritis Foundation](#) and other partners to provide education and training, advocacy and services to individuals with chronic disease(s).

Detailed information is provided from the [Administration for Community Living \(ACL\) about Chronic Disease Self-Management Education Programs](#).

Utah Chronic Disease Self-Management Program Summary 2017

The Utah Arthritis Program (UAP) partners with local area agencies on aging, health departments, healthcare providers, and community organizations to deliver Chronic Disease Self-Management (CDSMP), Chronic Pain Self-Management (CPSMP), Diabetes Self-Management (DSMP) workshops around Utah, including Spanish versions of CDSMP (Tomando) and DSMP. Collectively, these workshops are referred to as CDSME. The workshops, developed by Stanford University and overseen by the Self-Management Resource Center, are shown to improve participant self-efficacy and clinical outcomes. During these six-week workshops, participants learn proven health strategies such as, exercise, nutrition, communication, proper usage of medication, and goal setting.

Since April 1, 2010, there have been 8,787 participants in CDSME programs and 6,233 attended four of the six sessions for a completion rate of 70.9 percent. These workshops were taught in English, Spanish, and Tongan.

The Utah Arthritis Program is funded by the Centers for Disease Control and Prevention (CDC) grant “State Public Health Approaches to Improving Arthritis Outcomes” and the Administration on Community Living/Administration on Aging Grant grants “Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs Financed Solely by 2017 Prevention and Public Health Funds (PPHF-2016 and 2017)”. The main goals of the UAP are to:

- Expand efforts to promote self-management education and physical activity to adults with arthritis
- Improve the ability to monitor the burden of arthritis in Utah
- Build partnerships to deliver evidence based self-management education and physical activity programs to older adults, adults with arthritis, and adults with disabilities
- Strengthen and expand delivery system partners

In 2017, a total of 122 CDSME workshops were completed by 13 host organizations at over 87 sites across Utah. There were 1,272 participants that attended a workshop of which 912 attended four or more classes for a completion rate of 71.7 percent. Participants from 17 of Utah’s 28 counties participated in the workshops with the majority (46.1 percent) being reached from Salt Lake County.

In Utah, the program Stepping On was funded by a grant from the Administration for Community Living (ACL) as a falls prevention initiative. In Utah from October 1, 2015 through September 30, 2016, 783 participants participated in workshops that educated them and prepared them to help prevent falls. Complete details report is provided from the [Administration for Community Living \(ACL\)](#). The National Council on Aging has produced the [2016 Impact Report](#) about how senior programs have improved the lives of older adults from now until 2020.

Throughout 2016, Utah continued to have a great need for more widespread use of evidence-based interventions. Currently, evidence-based programs are available on a limited basis for individuals living with the effects of arthritis, diabetes, falls and heart disease. In Utah, current evidence-based programs for chronic conditions include:

- Arthritis Foundation Self-Management Program
- Arthritis Foundation Exercise Program
- Arthritis Foundation Aquatics Program
- Arthritis Foundation Walk with Ease
- Chronic Disease Self-Management Program
- Diabetes Self-Management Program
- Enhanced Fitness
- Functional Analysis Screening for Falls
- “Matter of Balance, A Falls Program”
- “Stepping-On, A Falls Program”
- Home Health Diabetes Case Management Program
- Aging Mastery Program

The Department of Health also has a Heart Disease and Stroke Prevention Program located within a local HMO system, which is available to the members of the HMOs.

At the end of September 2017, the University of Utah Division of Family Medicine in partnership with Utah Division of Aging and Adult Services were awarded one of six nutrition innovation grants from ACL.

Bridging High Quality Malnutrition Screening, Assessment, and Intervention for Older Adults from Hospital to Home: Impact of Nutrition Home Visitations

Summary/Abstract

The University of Utah Division of Family Medicine, in partnership with, Utah Division of Aging and Adult Protective Services and three Utah Area Agencies on Aging (AAA) as well as other key stakeholders will, in the course of this two year project, develop a high-quality, malnutrition home visitation pilot program for home delivered meal (HDM) recipients. The goal of this project is to improve the health and wellbeing of post-hospitalized older adults through the development of AAA evidence-based malnutrition home visitation model program. The objectives are: 1) provide community-focused malnutrition training in a person and family-centered approach; 2) perform registered dietitian nutritionist (RDN) led comprehensive malnutrition assessments; 3) create personalized nutrition care plans 4) understand the impact of HDM and nutritional indicators on health and the intersecting biological, social, environmental and economic factors; 5) characterize HDM recipients’ nutritional health concerns among urban, rural, and frontier populations; 6) identify nutritional indices related to functionality, quality of life, ability to age-in-place and hospital readmission. The expected outcomes include: 1) implement malnutrition protocol, training, and resources for nutrition home visitation programs; 2) demonstrate a transferable home visitation model program; 3) provide RDN directed nutritional assessment and interventions supporting program justification and funding; 4) improve coordination of home and community- based services (HCBS) to address malnutrition risk factors; 5) tailor nutrition home visitation programs for urban, rural, or frontier residing older adults. The expected products include: 1) home nutrition visitation program model guide; 2) health services and healthcare malnutrition training materials; 3) client and caregiver malnutrition education materials; 4) aging Services outreach materials; 5) Dissemination through multimedia outlets.

National Family Caregiver Support Program



Nancy Madsen

Program Manager

801-538-3926

nmadsen@utah.gov

The National Family Caregiver Support Program (NFCSP) established in 2000, enabled Utah to expand services to those providing care to an aging family member, friend, or neighbor. From 1996-2000, Utah administered a state-funded respite program for caregivers. During that period a little over 1,000 caregivers received respite care services.

Supporting family caregivers is a key priority due to the key role families play in upholding American family values and honoring the desire of many older adults to live at home and stay close to their families for as long as appropriate. Utah would not be able to meet its long-term care obligations without contributions from family caregivers. Research indicates that the vast majority of older people prefer to live in their current residences. By providing informal care, family members honor their relative's wishes to remain at home, and save the nation over \$450 billion each year in uncompensated care-preventing premature institutionalization. Many studies report that caregivers who receive services to support their caregiving efforts from NFCSP experience a decrease in the negative effects of caregiving, including decreases in stress, anxiety and depression, enabling them to provide care longer.

The NFCSP has no financial eligibility requirements in order to receive services, and focuses on identifying and serving families who are the most economically or socially isolated. The access point for these services is the local Area Agency on Aging. Caregivers across the state can learn about the resources and services available by contacting these agencies.

With the reauthorization of the OAA in 2006, there was a commitment to provide outreach and services to a broader audience of family caregivers under the NFCSP. The reauthorization included providing caregiver services to a non-parent adult who cares for a child of any age with a disability; allowing participation of a grandparent or relative caregiver beginning at age fifty-five and clarifying that an older individual may receive services if providing care for a child related through blood, marriage, or adoption; and authorizing caregiver support for relatives responsible for the care of an individual of any age who is diagnosed with Alzheimer's disease or a related neurological disorder. Priority is given to caregivers of relatives with Alzheimer's disease who are over age sixty.

The updated OAA modernized community-based long-term care systems by empowering consumers to make informed decisions about their care options, giving people greater control over the types of services received, creating more opportunities for high-risk individuals to avoid institutional care, and enabling more seniors to live healthy lives in their communities. Changes in the OAA have supported and complemented ongoing changes in the Medicare and Medicaid programs to provide increased options for, and greater integration of, home and community-based care and services for older and disabled individuals and to help rebalance health and long-term care for the twenty-first century.

The Older American's Act was reauthorized again after almost five years after it had expired. It was signed into law on April 19, 2016 by President Barack Obama and is effective for FY 2017 through FY 2019. With respect to the NFCSP, the Administration for Community Living (ACL) states that current law was clarified stating that older adults caring for adult

children with disabilities and older adults caring for children under 18 are eligible to participate in the NFCSP. These new definitions allow the NFCSP to be more inclusive in serving older-relative caregivers, including people who are age 55 or older including parents of individuals with disabilities; 372(a). This change further clarifies that a state may use not more than 10 percent of the total (federal and non-federal share) available to the state to provide support services to older-relative caregivers; 373(g)(2)(C).

The enactment of the NFCSP and subsequent reauthorizations of the OAA have enabled thousands of caregivers to receive respite services. Thousands more have been able to access critical services to protect their well-being and help them provide care to a loved one.

Utah Caregiver Support Program

Utah's caregivers continue to have a wide array of support services available to them including the traditional respite care and options for supplemental services as needed. Caregivers receive information about programs and resources along with guidance on how to access those resources. Education, training, and support are also available to help caregivers learn more about their caregiving role. Other services such as financial and legal counseling, assistance with transportation, and more are offered on a limited basis.

Each of Utah's twelve Area Agencies on Aging are phenomenal in the work they do and the services they provide. Throughout the state, each AAA is unique. On the local level and in addition to respite and supplemental services, numerous family caregivers participated in caregiver conferences, attended caregiver support groups and educational opportunities, and were provided with options counseling. It is evident that agency directors and case managers are very dedicated, know their clients and communities very well, and are serving them in an exceptional manner.

The chart below shows the comparison of total caregivers serving older adult individuals (age 60 and older) in each category of the Utah Caregiver Support Program for FY2015, FY2016, and the current FY2017 year:

	FY2015	FY2016	FY2017
Counseling/Support Groups/Caregiver Training	559	1,989	1,139
Respite Care	544	504	551
Supplemental Services	251	205	295
Access Assistance	1,510	2,286	2,440
Information Services	763,488	250,994	554,662

All AAAs were monitored in person by the State Program Manager during this fiscal year. A concentrated focus has continued for case managers within the Area Agencies on Aging to place an increased emphasis on empowering clients during their time on the UCSP. Mentoring was provided with challenging cases as well as ideas for outreach to new caregivers. Case managers have been encouraged to provide specific documentation in their monthly case notes of their

efforts to provide information, education, and/or strength-based training to each client that is germane to their particular challenges in caregiving, with the goal of increasing self-reliance and reducing the recidivism rate of those clients that stay on the program for multiple years. To this end, the State Program Manager has formed strong associations with the Department of Health Coordinating Council for Alzheimer's Disease & Related Dementias, Utah Alzheimer's Association, Utah AARP, and others described in the section below on partnerships. All have been very generous in providing information and materials to the State offices and local Area Agencies on Aging that are beneficial to our family caregiver clients.

Forms and Reporting

In October 2015, a final NAPIS Categories compilation was distributed to all AAAs with criteria for categorical reporting in NAPIS along with examples for each category in the UCSP. This was the result of research through the Administration on Community Living (ACL) as well as gathering input for examples from the AAA Directors and staff. Inservice training by the state Utah Caregiver Support Program Manager was provided to all AAAs during the 2016 fiscal year and supplemented in the 2017 fiscal year as well. AAAs have found this compilation to be helpful in creating consistency of their numbers across the state for our year-end state report.

Updated Intake and Assessment forms which were implemented on January 1, 2016, continue to be used without change. These forms are fillable PDFs that can be edited and saved at any point in the process. The Assessment includes several Best Practice forms that can be filled out over the course of several client visits to provide strength-based training and education to caregiver clients. Topics include home safety, nutrition, later life goals, and additional resources caregivers may be interested in. Additionally, several ideas for assisting families to work together in their efforts to care for loved ones have been shared. All fillable PDF forms can be filled out online or printed, and the transition has been seamless from previous versions.

Public-Private Partnerships

AARP: Several AAAs are utilizing AARP's *Prepare to Care* publication which has topics that apply to all caregivers along with helpful forms they can utilize. These include: starting the conversation, making plans, how to work together as families in sharing the caregiving role, finding and accessing community resources, and caring for the caregiver. AARP has also provided the Utah Caregiver Support Program with Patient Designated Caregiver Cards to disseminate to all seniors as well as a *Utah Resource Directory*. The Caregiver Support Program Manager, Nancy Madsen has partnered with AARP on numerous presentations throughout the State of Utah and has been able to disseminate these materials in a wide variety of audiences.

Utah Alzheimer's Association: This non-profit association has been very generous in providing access to materials and complimentary family counseling for those families who are caring for care recipients with dementing diseases. Case managers are able to disseminate publications printed off the website to caregiver clients and others as well as utilize them in discussing topics of interest with their clients. Case managers have also been encouraged to familiarize their clients who have loved ones suffering from dementia with the Alzheimer's Association 24/7 Helpline. Cards with this information continue to be provided to all case managers throughout the state. This has proven to be a good transition for families and caregivers once their time is done on the UCSP. The Caregiver Support Program Manager, Nancy Madsen, is a member of the Utah State Alzheimer's Association Board of Directors.

Coordinating Council for Alzheimer's Disease & Related Dementias: The Utah State Legislature unanimously approved the Utah State Plan for Alzheimer's Disease and Related Dementias in 2012; however, no funding was provided to implement the goals and objectives of this plan. The 2015 legislative session finally approved funding and specialist Lynn

Meinor was hired within the Department of Health where this program is housed. Lynn has recruited and organized a very diverse council that meets bi-monthly at the Department of Health. The Division of Aging & Adult Services is represented on this council by the Caregiver Support Program Manager. These workgroups consist of 1) A Dementia-Aware Utah, 2) Health and Dignity for All with Dementia and Those at Risk, 3) Supported and Empowered Family Caregivers (led by Nancy Madsen, Caregiver Support Program Manager), 3) A Dementia-Competent Workforce, and 4) Expanded Research in Utah.

All workgroups are actively engaged in various aspects of the five goals, 18 broad recommendations and nearly 100 specific strategies outlined in the Utah State Plan. This council is currently in the process of revising the plan for FY2018 – FY2022.

Of significant note, the Department of Health has sponsored Dementia Dialogues, a basic practical training course leading to a dementia specialist certificate. This was brought to Utah and offered in August 2016 with over 125 attendees. Following this all day intensive training, 26 aging professionals were then trained as instructors from all areas of Utah. These instructors, many of whom include case managers in our Area Agencies on Aging as well as the Caregiver Support Program Manager, have become actively involved in teaching this basic dementia course in their regions. Additional trainings offered in 2017 have been equally successful.

Family caregivers all over the State of Utah are already benefiting greatly from the efforts and work of this Coordinating Council. It has proven to be a very worthwhile partnership for the Division of Aging & Adult Services.

State of Utah Cross-Sectional Caregiver Survey

During FY2016, and at the request of the AAA Directors, the Caregiver Support Program Manager, Nancy Madsen assisted the AAA Directors in developing a new statewide cross-sectional caregiver survey. This survey has combined an outcome-based approach with a caregiver satisfaction approach. Most AAAs no longer send out satisfaction surveys on the local level. After several months, the cross-sectional survey was completed and placed online in a SurveyMonkey account. A hard copy version was also created for caregivers who do not choose to utilize the internet. A fillable PDF version was created for case managers to utilize in the field if a client requests assistance in filling the survey out. All hard copy surveys are entered into SurveyMonkey. The survey was launched on July 1, 2016, and the data continues to be analyzed both on a statewide level and local level with several filters at any time.

As noted in the chart above, during FY2017 (July 1, 2016 through September 30, 2017), the Utah Caregiver Support Program was able to assist 551 unduplicated family caregivers with respite services (\$1500 per family spread out over the course of one year). Counseling/support groups/caregiver training were also provided to 1,139 unduplicated caregivers. A small amount of supplemental services (i.e. grab bars, briefs, emergency response systems, etc.) were provided for 295 family caregivers in the state. All told, services were provided for much less than 1% of family caregivers in Utah. ([NAPIS data in federal report to ACL 09/30/17](#))

As of September 30, 2017, 127 of the 551 caregivers who received respite services responded to the exit survey from the Utah Caregiver Support Program (a 23% response rate which is statistically significant). Many findings correlate with national research figures.

Significant findings for FY2017 include:

Caregivers:

- 66% of Utah caregivers are female
- 96% of caregivers are over age 50 with 40% of those caregivers being over the age of 70.

- 52% of caregivers are spouses followed by 30% of caregivers being daughters/DILs
- 42% of caregivers have been caring for their care receiver for over 5 years
- ***Greatest difficulties reported by caregivers: 88.5% stress, 48% aggravates problems with health of caregiver**
- 35% have had to quit work, retire early, work less hours, take a leave of absence, lose a promotion, etc.

Care receivers:

- 63% of care receivers are female
- 30% are between the ages of 70-79; 42% between 80-89; 16% over 90 - speaks to longevity of life
- ***47% of care receivers have dementia**
- Other chronic diseases/illnesses include: 28% with heart disease, 35% with HPB, 38% with arthritis, 25% with diabetes, 35% with depression/anxiety/mental conditions

Program Efficacy:

- 77% of caregivers report less stress as a result of the program, 69% better understanding of how to access resources/services in their communities, 49% in a better position to continue providing care, 41% feel more confident in providing care, 51.5% more time to meet personal needs
- 85% say UCSP enabled them to provide care for a longer period of time than would have been possible without these services – saving untold taxpayer dollars.
- 71% have been able delay placement of their loved one in LTC
- 83% of caregivers feel more self-reliant as a result of UCSP
- Caregivers consistently rated services received as excellent (respite care, case management/social worker assistance, info about services, counseling, caregiver training and education and support groups as well as assistive devices).

Topics caregivers find most helpful for their caregiving role:

- Learning how to care for themselves as caregivers
- Learning more about community resources and how to access them
- ***How to cope with dementia**
- How to care for disabled older adults
- How to provide basic health care tasks (proper lifting techniques, personal care, medication managements, etc.)
- Learning about assistive devices

Future plans of caregivers post UCSP:

- 38% of caregivers will continue with private pay services after seeing benefit of receiving them which will allow care receiver to remain at home instead of being placed in a facility
- 90% of caregivers will recommend the Utah Caregiver Support Program to others
- 93 respondents out of 127 shared feedback for their legislators regarding the benefits of the UCSP.

It is well-documented through research by Stanford University that Alzheimer's caregivers have a 63% higher mortality rate than non-caregivers. In fact, 40% of Alzheimer's caregivers die from stress-related disorders before the care receiver dies. (<https://med.stanford.edu/news/all-news/2002/05/stanford-study-focuses-on-effects-of-family-caregiving-for-patients-with-alzheimers-disease-dementia.html>) With almost 50% of Utah's caregivers caring for someone with dementia, and 85% of those caregivers stating that stress is one of the greatest difficulties they face combined with 48% of caregivers who state their health is being compromised, we have much to do to lift, educate and empower our caregivers.

To that end, this has informed the partnerships Program Manager, Nancy Madsen has formed with the Coordinating Council for Alzheimer's Disease and Related Dementias and the Alzheimer's Association, numerous community

presentation and trainings, and the extensive mentoring for our AAAs and case managers in working with families throughout the monitoring process for the Utah Caregiver Support Program.

Home and Community-based Programs



Peggy Matlin
Program Manager
801-538-3923
pmatlin@utah.gov

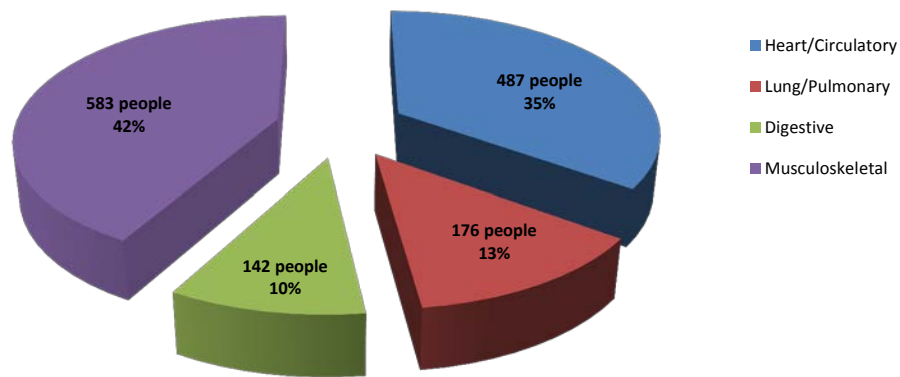
Developed and funded by the State of Utah, the Home and Community-based Alternatives Program provides in-home services, allowing people to remain in their homes and communities as they age, with cost-effective functional supports, thus reducing the need for nursing home placement.

Since its inception three decades ago, the stated goal of the program has been to prevent premature placement in nursing facilities, as well as to provide additional benefits to individuals including enhancement of the quality of life, promotion of independence in one's own home, and general well-being. The extreme escalating costs, of long-term care facilities, now an average of \$82,125 per year for aging Utahns according to www.aarp.org, using their long-term care calculator, contrast sharply with the average annual service costs of \$3,681 for program participants.



Case management is the primary service offered through the Home and Community-based Alternatives Program. Every AAA in Utah has professional case managers trained in the issues of aging and understanding local community resources. Utah's communities are varied and unique, and by understanding the local resources, the case managers are able to provide excellent service. Clients must meet age, frailty, and financial eligibility guidelines to receive services under the Home and Community-based Alternatives Program; it is the most flexible of all in-home programs. This core flexibility allows case managers to design a service package that meets a client's unique needs once eligibility is established. Demand for Alternatives services continues to be high; currently more than 600 people around the state are waiting for services.

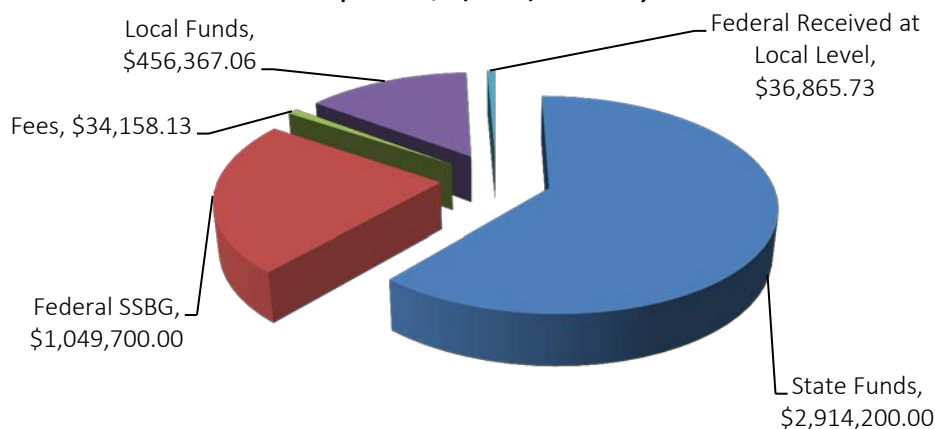
**Diagnoses with high risk for hospital re-admission within 30 days
among clients served by the alternatives program 2017**



Throughout Utah, case managers remain committed to client-directed care. This in-home services model emphasizes the client's involvement with care planning and their families, whenever possible. The Alternatives Program supports even those clients who wish to hire their own care providers. In addition to case management, typical services provided by the AAA include a broad spectrum of client assistance including personal care, homemaker services, transportation, respite to caregivers, and chore services, always building on the individual's strengths and resources.

Another feature of the Alternatives Program is cost sharing. People who receive services from this program are required to pay a fee based on their financial eligibility. Monthly fees are generally low, ranging from \$8 to \$38 per person. Asking clients to pay a small fee for services promotes consumer involvement, preventing the program from feeling like an entitlement. These fees offset about 1.5 percent of the annual program costs.

**FY2017 Alternatives Program Expenditures:
(Total \$4,491,290.92)**

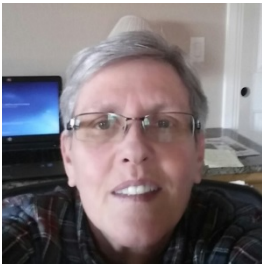


The following chart profiles the use of services in this program during FY2017:

The Alternatives Program: FY2017	
Homemaker	
- Personal Care and Home Health Aide	
Other Services	
- Emergency Response Buttons	- Respite/Adult Day Care
- Home-Delivered Meals	- Transportation
Individuals Served	779
Average Annual Cost per Client	\$5,765

The AOA has looked at state-funded home and community-based programs to learn what policies and practices seem to be most effective in providing services at the lowest costs. Utah was one of several states included in these discussions, receiving positive feedback on the model of service delivery and cost containment in Home and Community-based Alternatives Program. The clients on this program meet physical frailty criteria, mostly by their loss of function due to medical conditions and chronic disease diagnoses.

Home and Community-based Medicaid Aging Waiver Program



Tammy Wood
Program Manager
801-538-4645
twood@utah.gov

For the past twenty-six years, DAAS has administered the Utah Home and Community-based Medicaid Aging Waiver Program. The Aging Waiver program provides home and community-based services to individuals who are in the home setting, but require the types of services provided by nursing facilities and would be expected to enter a nursing facility through the Medicaid program within a very short period of time if they could not obtain in-home services from the Aging Waiver Program. During the Division's administration of the waiver, thousands of frail elderly have been served. In FY2017, Utah's Home and Community-based Medicaid Aging Waiver Program served 738 elderly Utahns, enabling them to continue residing in their own homes rather than being placed in nursing facilities.

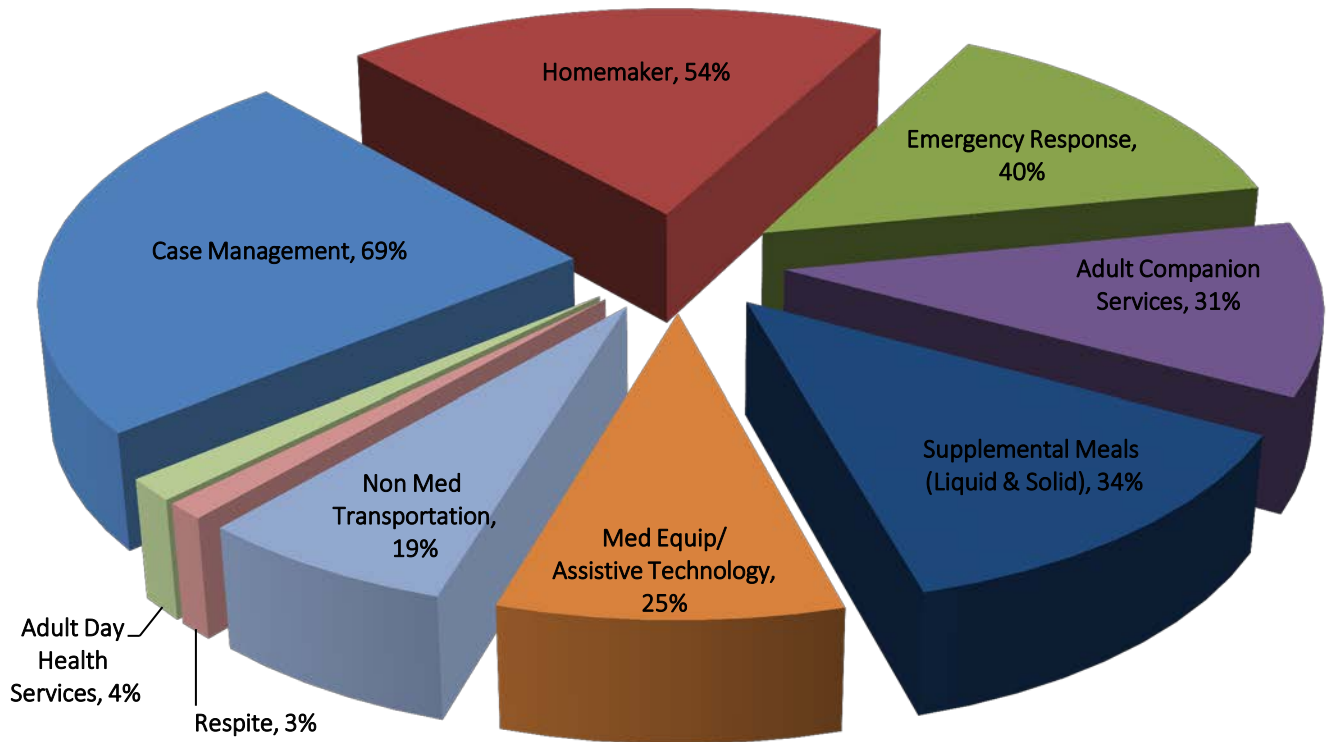
Aging Waiver services are available statewide to seniors age 65 and over who meet criteria for nursing home admission and Medicaid financial eligibility. Services provided to eligible seniors include homemaker, adult day health services, home health aide, home-delivered meals, non-medical transportation, etc. There are a total of eighteen services available.

In 2015, the Aging Waiver was approved for an additional five years.

Other Waiver Facts	
• Total individuals served	738
• Total expenditures	\$7,619,500.00
Annual average cost per client	\$10,400.00
HOME AND COMMUNITY-BASED MEDICAID AGING WAIVER COST DATA	

FY 2017 Services Provided

(Most clients receive several services; therefore the total exceeds 100)



Other Older Americans Act Services

Older Americans Act Title III-B funds are used to provide a wide variety of services enabling Utah's seniors to maintain independence. Remaining at home in a familiar community is a high priority for Utah's seniors. When illness or disability limits seniors' ability to perform tasks necessary to live independently, outside assistance is requested. With funds made available from the OAA in the categories of access, legal, in-home, and optional services, the AAAs provide services to families and caregivers who assist seniors living in their own homes and communities. The agencies also provide information and presentations on a wide range of topics of interest to seniors, such as health and medical issues, taxes, budgeting and personal finance, insurance, Medicare, estate planning, consumer fraud, etc.

The AAAs also assist many seniors with chores which are difficult or impossible to do for themselves, such as lawn work, snow removal, and minor house repairs. Friendly visitors, telephone reassurance, and volunteer services do much to alleviate problems homebound seniors face if they are alone and isolated. Transportation is critical for seniors whose frailty prevents them from driving or who have limited access to public transportation services.



The Long-Term Care Ombudsman Program



Daniel Musto
Program Administrator
801-538-3924
dmusto@utah.gov

The mission of the Utah Long-Term Care Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of long-term care facilities with the goal of enhancing the quality of life and care of residents.

The Long-Term Care Ombudsman Program is authorized by the federal Older Americans Act (42 U.S.C. SS 3058g) and Utah law ([62A-3-201](#)). The Office of the State Long-Term Care Ombudsman operates within DAAS under the Department of Human Services. DAAS contracts with eleven Area Agencies on Aging (AAAs) to provide ombudsman services throughout the state. AAA Ombudsman Programs utilize paid staff and volunteers, enhancing ombudsman services to residents.

As of FFY2017, Utah's Long Term Care Ombudsman program covers 105 nursing homes containing 8,623 beds and 229 assisted living facilities containing 9,785 beds. Ombudsmen regularly visit long-term care facilities to be accessible to residents and monitor conditions. The State Ombudsman Program consists of one paid full-time State Long Term Care Ombudsman, eight AAA full-time certified Ombudsman employees, and ten Certified Ombudsman Volunteers. These individuals investigate and work to resolve complaints made by or on behalf of residents within Utah's facilities. Licensed facilities include long-term care facilities: nursing homes and assisted living facilities.

Ombudsmen Service Levels in Utah FFY17



Each Ombudsman Overseas
41 facilities and 1,939 beds



Statewide that is
18,408 beds in 334 facilities



1,795 complaints were logged

Utah Ombudsmen received

1,205 cases opened, 1,183 cases closed, and 1,795 complaints received

TYPES OF COMPLAINTS	NUMBER
Residents' Rights	633
Abuse, Gross Neglect, Exploitation	65
Access to Information by Resident or Resident's Representative	57
Admission, Transfer, Discharge, Eviction	190
Autonomy, Choice, Preference, Exercise of Rights, Privacy	235
Financial, Property (Except for Financial Exploitation)	86
Resident Care	378
Care	325
Rehabilitation or Maintenance of Function	44
Restraints - Chemical and Physical	9
Quality of Life	419
Activities and Social Services	101
Dietary	129
Environment	189
Administration	128
Policies, Procedures, Attitudes, Resources	41
Staffing	87
Not Against Facility	237
Certification/Licensing Agency	0
State Medicaid Agency	11
System/Others	219
Services in Settings Other Than Long-Term Care Facilities	7

In addition to investigating complaints, ombudsmen provide public education regarding long-term care issues, identify long-term care concerns, and advocate for needed change. Ombudsman may also coordinate with other agencies to ensure the residents' wants and needs are advocated for appropriately. The Ombudsman Program continues to see a

rise in the baby boomer population within long-term care facilities. In order to meet these individuals' needs, increased program funding will have to be addressed in the future.

DAAS Non-Formula Funds



Darren Hotton

Program Administrator

801-538-4412

dhotton@utah.gov

Senior Health Insurance Information Program (SHIP)

Program Description: The State Health Insurance Assistance Program, or SHIP, is a national program offering one-on-one counseling and assistance to people with Medicare and their families. Through federal grants directed to states, SHIPs provide free counseling and assistance via telephone and face-to-face interactive sessions, public education presentations and programs, and media activities.

Primary Objectives:

- **Objective 1** – The Utah SHIP will provide personalized counseling to an increasing number and diversity of individual beneficiaries unable to access other channels of information or needing and preferring locally-based individual counseling services.
- **Objective 2** – The Utah SHIP will conduct targeted community outreach to beneficiaries in public forums under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
- **Objective 3** – The Utah SHIP will increase and enhance beneficiary access to a counselor workforce that is trained, fully equipped and proficient in providing the full range of services including enrollment assistance in appropriate benefit plans, and prescription drug coverage.
- **Objective 4** – The Utah SHIP will participate in CMS education and communication activities, thus enhancing communication between CMS and the Utah SHIP to assure that SHIP counselors are equipped to respond to both Medicare program updates and a rapidly changing counseling environment and to provide CMS with information about the support and resources that the Utah SHIP need to provide accurate and reliable counseling services.

Utah Part D / Medicare Advantage Drug Cost Savings Program Pilot

The Utah SHIP program took part in a pilot program tracking savings to Medicare Beneficiaries when the beneficiary made changes to their drug program. This pilot program is a first in the nation to help show how much Medicare Beneficiaries can save by reviewing their drug program every year. The pilot started in June of 2017 and based on its success, it will continue into 2018. **The average savings for a Utah Medicare beneficiary was \$2,625.86.**

UT Part D Pilot Summary Data	
Period Covered by this Report: 6/1/2017-1/10/2018	
Total CCFs	
All Part D Pilot Contacts	864
PDP Contacts	477
MA-PD Contacts	174
PDP and MA-PD Contacts	9
Total Pilot Cost Change	\$2,268,746.00
Average Pilot Cost Change/Beneficiary	\$2,625.86

UTAH 2017-STATE DATA	
https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Monthly-Enrollment-by-State-Items/Monthly-Enrollment-by-State-2018-04.html?DLPage=1&DLEntries=10&DLSort=1&DLSortDir=descending	
391,757	Total Medicare Beneficiaries in Utah
291,757	Total Medicare Beneficiaries with Original Medicare
23,560	Beneficiaries with Medicare and Medicaid Coverage
134,239	Beneficiaries with Medicare Stand Alone Drug Plans
137,341	Beneficiaries with Medicare Advantage Plans with Drug Coverage

Performance Data: For PY2018 (ending December 30, 2017), the Utah SHIP had the following performance indicators:
ACL SHIP Performance Measures

- Performance Measure 1 - Client Contacts - 15,489
 - Percentage of total client contacts (in-person office, in-person home, telephone (all durations), and contacts by email, postal or fax per Medicare beneficiaries in the State.
- Performance Measure 2 - Public Media Outreach Contacts – 39,064
 - Percentage of persons reached through presentation, booths/exhibits at health/senior fairs, and enrollment events per Medicare beneficiaries in the State.

- Performance Measure 3 - Under 65 Medicare Beneficiaries Contacts – 2,195
 - Percentage of contacts with Medicare beneficiaries under the age of 65 per Medicare beneficiaries under 65 in the State.
- Performance Measure 4 - Hard-to-Reach Contacts – 12,573
 - Percentage of low-income, rural, and non-native English contacts per total “hard-to-reach” Medicare beneficiaries in the State.
- Performance Measure 5 - Enrollment Contacts – 14,476
 - Percentage of unduplicated enrollment contacts (i.e. contacts with one or more qualifying enrollment topics) discussed per Medicare beneficiaries in the State.

			Apr 1, 2016 - Dec 31, 2016			Apr 1, 2017 - Dec 31, 2017			Quarterly Performance	
Fips Code	State	Performance Measures	Medicare Population	Total # Reached	Penetration Rate	Medicare Population	Total # Reached	Penetration Rate	Percent Change in Penetration Rate Apr 1, 2016 - Dec 31, 2016 Apr 1, 2017 - Dec 31, 2017	Quarterly Performance Rating Apr 1, 2017 - Dec 31, 2017
49	Utah	1 (Client Contacts)	345,975	16,115	4.66%	359,273	15,489	4.31%	-7.44%	Average
49	Utah	2 (Public Media Outreach Contacts)	345,975	40,273	11.64%	359,273	39,064	10.87%	-6.59%	Excellent
49	Utah	3 (Under 65 Contacts)	47,797	1,906	3.99%	48,678	2,195	4.51%	13.08%	Good
49	Utah	4 (Total Hard-to-Reach)	176,284	12,690	7.20%	180,174	12,573	6.98%	-3.06%	Good
49	Utah	5 (Enrollment Contacts)	345,975	14,720	4.25%	359,273	14,476	4.03%	-5.30%	Average

The Medicare Improvements for Patients and Providers Act (MIPPA) Grant:

The Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 is a multi-faceted piece of legislation related to Medicare. One important provision of MIPPA was the allocation of federal funding (through Section 119) for **State Health Insurance Assistance Programs (SHIPs)**, Area Agencies on Aging (AAAs), and Aging and Disability Resource Centers (ADRCs) to help low-income Medicare beneficiaries apply for programs that make Medicare affordable. In addition to SHIPs, AAAs, and ADRCs, Tribes can also receive small grants to do MIPPA outreach in their communities. This grant timeline is from September 2014 through September 2017.

Primary Objectives:

MIPPA grantees specifically help low-income seniors and persons with disabilities to apply for two programs that help pay for their Medicare costs:

- The Medicare Part D Extra Help/Low-Income Subsidy (LIS/Extra Help), which helps pay for the Part D premium and reduces the cost of prescriptions at the pharmacy, and
- The Medicare Savings Programs (MSPs), which help pay for Medicare Part B.
- MIPPA grantees also provide Part D counseling to Medicare beneficiaries who live in rural areas, and are tasked to promote Medicare's prevention and wellness benefits. **Performance Data:** For FY2017 (ending September 30, 2017), the Utah SHIP had the following performance indicators:

Utah CC MIPPA Totals by Activity (LIS, MSP and Combined)																
Period: Oct 1, - Sept 30, 2107 (This Year)																
Run Date November 18, 2017																
	Oct 1 - Dec 31, 2016				Jan 1 - Mar 31, 2017				Apr 1 - Jun 30, 2017				Jul 1 - Sept 30, 2017			
County Name	LIS	MSP	LIS + MSP	CC MIPPA Totals	LIS	MSP	LIS + MSP	CC MIPPA Totals	LIS	MSP	LIS + MSP	CC MIPPA Totals	LIS	MSP	LIS + MSP	CC MIPPA Totals
29	73	253	61	387	37	158	56	251	32	148	56	236	19	85	38	142
Beaver	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Box Elder	16	43	9	68	4	27	1	32	7	19	4	30	1	6	0	7
Cache	9	82	6	97	3	40	1	44	0	18	0	18	1	1	0	2
Carbon	10	5	4	19	0	4	6	10	0	12	6	18	2	3	5	10
Daggett	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Davis	0	10	4	14	0	11	2	13	0	13	3	16	0	9	1	10
Duchesne	0	2	5	7	1	0	1	2	0	0	0	0	1	1	0	2
Emery	3	0	1	4	2	0	0	2	1	3	0	4	0	0	4	4
Garfield	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Grand	8	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0
Iron	1	3	1	5	1	1	1	3	0	1	0	1	0	1	1	2
Juab	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0
Kane	0	0	0	0	1	1	0	2	0	0	0	0	0	0	0	0
Millard	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Morgan	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0
Piute	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Rich	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Salt Lake	4	77	23	104	1	47	27	75	6	54	38	98	1	37	25	63
San Juan	1	5	1	7	0	0	0	0	0	0	0	0	0	0	0	0
Sanpete	3	0	0	3	3	0	0	3	1	0	0	1	0	0	0	0
Sevier	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Summit	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0
Tooele	0	0	0	0	0	0	3	3	2	1	0	3	4	0	0	4
Uintah	0	0	0	0	1	2	1	4	0	0	0	0	0	1	0	1
Utah	5	1	1	7	10	1	0	11	2	0	0	2	3	0	0	3
Wasatch	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Washington	4	5	3	12	2	11	11	24	2	1	1	4	2	6	0	8
Wayne	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Weber	3	20	3	26	7	13	2	22	10	26	4	40	2	19	2	23
TOTALS	LIS	MSP	LIS + MSP	CC MIPPA Totals	LIS	MSP	LIS + MSP	CC MIPPA Totals	LIS	MSP	LIS + MSP	CC MIPPA Totals	LIS	MSP	LIS + MSP	CC MIPPA Totals
	161	644	211	1016												

Title V: Senior Community Service Employment Program (SCSEP)

The Senior Community Service Employment Program (SCSEP), also known as Title V of the OAA is a job-training program for seniors more than the age of fifty-five with income less than 125 percent of the poverty level. SCSEP enhances employment opportunities for unemployed older Americans and promotes them as a solution for businesses seeking trained, qualified, and reliable employees. Older workers are a valuable resource for the twenty-first century workforce

and SCSEP is committed to providing high-quality job training and employment assistance to participants. We have an extensive network of service providers in every county in the United States. During fiscal year 2017, Utah finished the year with a job placement rate of 54.2 percent. The Utah SCSEP program goal for the upcoming year is to properly place seniors into appropriate job placement so seniors can succeed in the workforce.

THE AVERAGE TITLE V ENROLLEE

D. PARTICIPANT CHARACTERISTICS			
		YTD No.	YTD %
Gender	1. Male	36	47
	2. Female	41	53
Age at Enrollment	3. 55-59	13	17
	4. 60-64	22	29
	5. 65-69	26	34
	6. 70-74	11	14
	7. 75 & over	5	6
Ethnicity	8. Hispanic, Latino or Spanish origin	12	16
Race	9. American Indian or Alaska Native	6	8
	10. Asian	3	4
	11. Black or African American	11	14
	12. Native Hawaiian or Pacific Islander	3	4
	13. White	49	64
	14. Two or More Races	1	1
Education	15. 8th grade & under	3	4
	16. 9th grade – 11th grade	10	13
	17. High School diploma or equivalent	25	32
	18. 1 – 3 years college	19	25
	19. Post-secondary certificate	1	1
	20. Associate's degree	5	6
	21. Bachelor's degree or equivalent	11	14
	22. Some graduate school	0	0
	23. Master's degree	3	4
	24. Doctoral degree	0	0

Additional Measures	25. Family income at or below the poverty level	65	84
	26. Individuals with disabilities	9	12
	27. Individuals with limited English proficiency	19	25
	28. Individuals with low literacy skills	4	5
	29. Individuals residing in rural areas	0	0
	30. Individuals with low employment prospects	60	78
	31. Individuals who failed to find employment after using WIA Title I	55	71
	32. Individuals age 75 and over at date of report	6	8
	33. Individuals who are homeless or at risk of homelessness	20	26
	34. Displaced homemakers	1	1
	35. Veterans (or eligible spouse of veteran)	9	12
	Post-9/11 era veterans	0	0
	36. Individuals receiving public assistance	46	60
	37. Individuals with severe disability	1	1
	38. Individuals who are frail	0	0
	39. Individuals old enough for but not receiving SS Title II	0	0
	40. Individuals with severely limited employment prospects in areas of persistent unemployment	0	0

E. CORE PERFORMANCE MEASURES				
MEASURE	DESCRIPTION	GOAL	Q RATE	YTD RATE
1. Community Service	The number of hours of community service in the reporting period divided by the number of hours of community service funded by the grant minus the number of paid training hours in the reporting period	77.3%	N/A	N/A
2. Common Measures Entered Employment	Of those not employed at the time of participation, the number of participants employed in the first quarter after the exit quarter divided by the number of participants who exit during the quarter	49.9%		54.2% N = 13 D = 24
3. Common Measures Employment Retention	Of those participants who are employed in the first quarter after the exit quarter, the number employed in both the second and third quarters after the exit quarter divided by the number of participants who exit during the quarter	73.0%		100.0% N = 10 D = 10
4. Common Measures Average Earnings	Of those participants who are employed in the first, second, and third quarters after the quarter of program exit, total earnings in the second and third quarters after the exit quarter, divided by the number of exiters during the period	7812		8165 N = 81,646 D = 10

5. Service Level	The number of participants who are active on the last day of the reporting period or who exited during the reporting period divided by the number of modified community service positions	151.9%	N/A	N/A
6. Service to Most in Need	Average number of barriers per participant. The total number of the following characteristics: severe disability, frail; age 75 or older, old enough for but not receiving SS Title II, severely limited employment prospects and living in an area of persistent unemployment, limited English proficiency, low literacy skills, disability, rural, veterans, low employment prospects, failed to find employment after using WIA Title I, and homeless or at risk of homelessness divided by the number of participants who are active on the last day of the reporting period or who exited during the reporting period	2.65		2.38 N = 183 D = 77

F. ADDITIONAL PERFORMANCE MEASURES		
MEASURE	DESCRIPTION	YTD RATE
1. Retention at 1 year	Of those participants who are employed in the first quarter after the exit quarter: the number of participants who are employed in the fourth quarter after the exit quarter divided by the number of participants who exit during the quarter	100.0% N = 10 D = 10
2. Customer Satisfaction	Average ACSI for employers	
	Average annual ACSI for participants	
	Annual average ACSI for host agencies	
3. Volunteerism	Of those who have not volunteered prior to enrollment, the number of participants engaged in volunteer activities in the first quarter after exit quarter divided by the number of participants who exit during the quarter	7.1% N = 1 D = 14

Senior Medicare Patrol Program (SMP)

Program Description: The SMP programs, also known as Senior Medicare Patrol programs, help Medicare and Medicaid beneficiaries avoid, detect, and prevent health care fraud. In doing so, they not only protect older persons, they also help preserve the integrity of the Medicare and Medicaid programs. Because this work often requires face-to-face contact to be most effective, SMPs nationwide recruit and teach nearly 4,500 volunteers every year to help in this effort. Most SMP volunteers are both retired and Medicare beneficiaries and thus well positioned to assist their peers.

SMP staff and their highly trained volunteers conduct outreach to Medicare beneficiaries in their communities through group presentations, exhibiting at community events, answering calls to the SMP help lines, and one-on-one counseling.

Their primary goal is to teach Medicare beneficiaries how to protect their personal identity, identify and report errors on their health care bills, and identify deceptive health care practices, such as illegal marketing, providing unnecessary or inappropriate services, and charging for services which were never provided. In some cases, SMPs do more than educate. When Medicare and Medicaid beneficiaries are unable to act on their own behalf to address these problems, the SMPs work with family caregivers and others to address the problems, and if necessary, make referrals to outside organizations, which are able to intervene.

The Utah SMP program empowers seniors through increased awareness and understanding of healthcare programs. This knowledge helps seniors to protect themselves from the economic and health-related consequences of Medicare and Medicaid fraud, error, and abuse. SMP projects also work to resolve beneficiary complaints of potential fraud in partnership with state and national fraud control/consumer protection entities, including Medicare contractors, state Medicaid fraud control units, state attorneys general, the HHS Office of the Inspector General (OIG), and CMS.

These activities support AoA's goals of promoting increased choice and greater independence among older adults. The activities of the SMP program also serve to enhance the financial, emotional, physical, and mental well-being of older adults thereby increasing their capacity to maintain security and independence in retirement and make better financial and healthcare choices.

Outputs and Outcomes: The OIG collects performance data from the SMP projects semiannually. SIRS (SMP Information and Reporting System) – the SMP web-based management, tracking, and reporting system-enables consistent measurement of activities and results and seamless semiannual reporting of performance outcomes to the OIG.



Weber AAA SMP Shred Events drew 80-100 people filling the truck to 90-100 percent capacity. Photo: Nobu Iizuka

The most recent OIG Utah SMP report dated FY2017 (<http://www.smpresource.org/Content/Resources-for-SMPs/OIG-Report.aspx>):

Utah

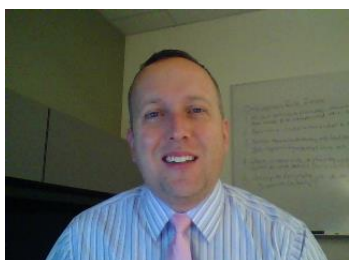
Performance Measure Report

Date Range:

01-01-2017 - 12-31-2017

PERFORMANCE MEASURES	Total
1.) Number of active SMP team members	139
2.) Number of SMP team member hours	14,358.00
3.) Number of group outreach and education events	1,156
4.) Estimated number of people reached through group outreach and education events	45,994
5.) Number of individual interactions with, or on behalf of, a beneficiary	13,741
6.) Cost avoidance on behalf of Medicare, Medicaid, beneficiaries, or others	\$ 15,223.22
7.) Expected Medicare recoveries attributable to the projects	\$ 0.00
8.) Expected Medicaid recoveries attributable to the projects	\$ 0.00
9.) Actual savings to beneficiaries attributable to the projects	\$ 415.58
10.) Other savings attributable to the projects	\$ 0.00
Total savings (includes measures 7-10)	\$ 415.58

Legal Assistance Services and Statistical Legal Analysis



Nick Mecham

Legal Services Developer

801-538-4263

nmecham@utah.gov

Under the Older Americans Act, senior legal assistance is one of the three priority services. Accordingly, the Act requires each state to employ a Legal Services Developer to ensure priority for senior legal assistance programs. The Act requires the establishment of legal services related to income assistance, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, exploitation, and age discrimination. The Legal Services Developer's role is to (1) provide state leadership in securing and maintaining the legal rights of older persons; (2) coordinate the provision of legal assistance programs; and (3) improve the quality and quantity of services by developing a comprehensive system of legal services targeting older persons in greatest social and economic need while providing an array of legal services to all older Utahns.

The Legal Services Program has a variety of resources available such as a reference guide, brochure, and a list of attorneys who hold themselves out to practice elder law in Utah. The Legal Services Program published a second edition of the book, *Navigating Your Rights, the Legal Guide to those 55 and Over*. This book is a reference guide discussing over twenty areas of elder law written in a question-and-answer format. It provides general information on various legal issues and programs including estate planning, guardianships, housing options, social security, consumer rights, grandparents' visitation rights, and much more. So consumers know where to go for help, the book acts as a one-stop resource guide. At the end of each chapter of the book, there is a section titled "More Information", which lists organizations to contact for additional information as well as the help, which can be provided. In addition, the book has been discussed on four radio programs. The book is available in print version as well as for download to a computer, tablet or phone by visiting legalguide55.utah.gov. Recently, an iPad tablet version was created, which allows a senior to increase the font size beyond 14 points. The book received praise from the Utah Attorney General, Lt. Governor Greg Bell, Skip Humphreys of the Consumer Protection Financial Bureau and was cited as a best practice at the financial exploitation summit at the White House this year.

Many attorneys, social workers, graphics designers, editors and proofreaders made in-kind donations valued at over \$98,000. (The Legal Services Developer has met the goal of running the program on more in-kind dollars than state dollars.) The goal of this book, which is being distributed throughout the state of Utah, is to educate older Utahns about various law and aging issues. As a result, it is hoped more Utahns will be comfortable with the law, avoid ill-informed decisions and pitfalls and prevent costly legal problems. The demand has increased for this publication as many Utahns seek to take care of their aging parents. We are in the process of working on a second edition and are soliciting input from government sister agencies and the public on subject matters to add to make the book even more helpful. The Legal Services Developer is currently working on distributing the book. Distribution has reached 100 percent of the average distribution for a book.

Adult Protective Services



Nan Mendenhall

Assistant Director

801-538-4591

nmendenh@utah.gov

DAAS is responsible for the administration and operation of Adult Protective Services Programs (APS). Within the Division, the Director of APS has statewide administrative responsibility for the program. APS Regional Offices are located throughout the state and assume investigation responsibilities.

Federal and state statutes define “Vulnerable Adult” as an elder adult more than 65 years of age or an adult eighteen years or older who has a mental or physical impairment, which substantially affects that person’s ability to care for or protect themselves. APS is the agency mandated by these laws, to investigate allegations of abuse, neglect, and exploitation of vulnerable adults. APS investigators partner with local law enforcement as required, to investigate

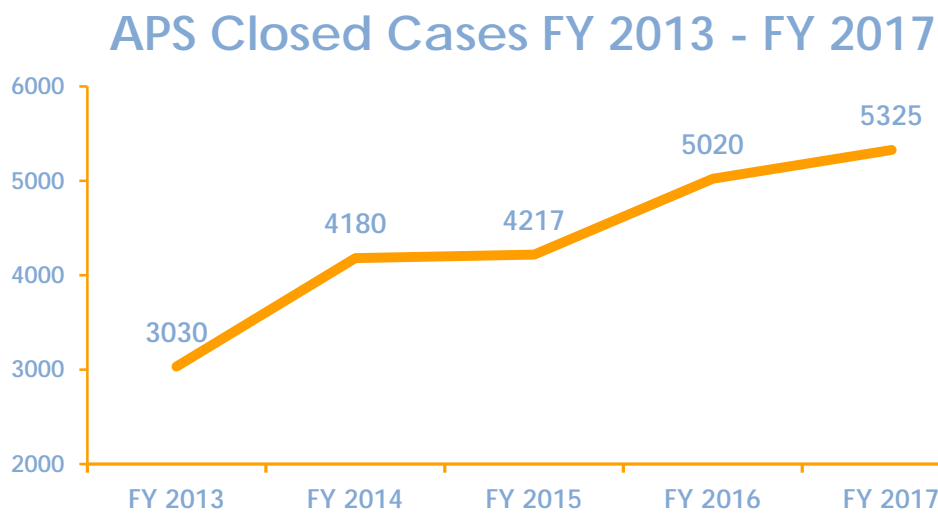


allegations of abuse, neglect, exploitation and also coordinate with community partners to provide services for vulnerable adults or their families to stop the abuse and protect them from further harm.

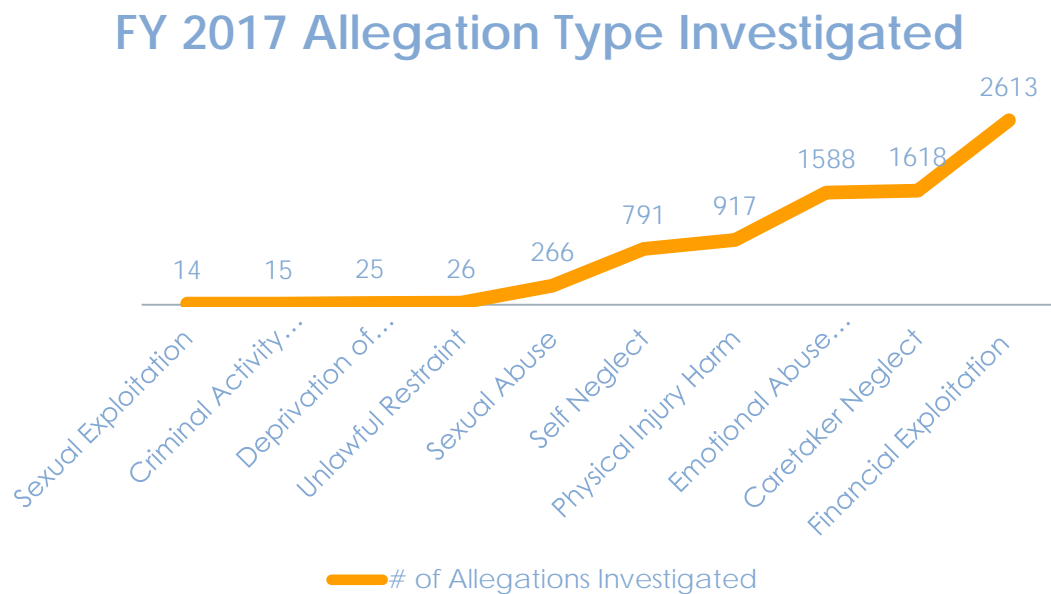
Participation/involvement with APS is voluntary for vulnerable adults who have capacity to make decisions on their own behalf, while individuals without capacity involve other agencies. Most clients are referred to community programs for assistance; however, short-term limited services may be provided in emergency situations through APS. Adult Protective Services encourages the vulnerable adult, families and community resources to assume as much responsibility as possible for the care and protection of these individuals.

Abuse, neglect and exploitation of vulnerable adults continue to rise and be both troubling and costly for Utah's citizens.

The following chart reflects the number of investigations completed by the Adult Protective Services Program:



The following chart shows the results of investigations by location of abuse in supported allegation during FY2017:



A. Investigation

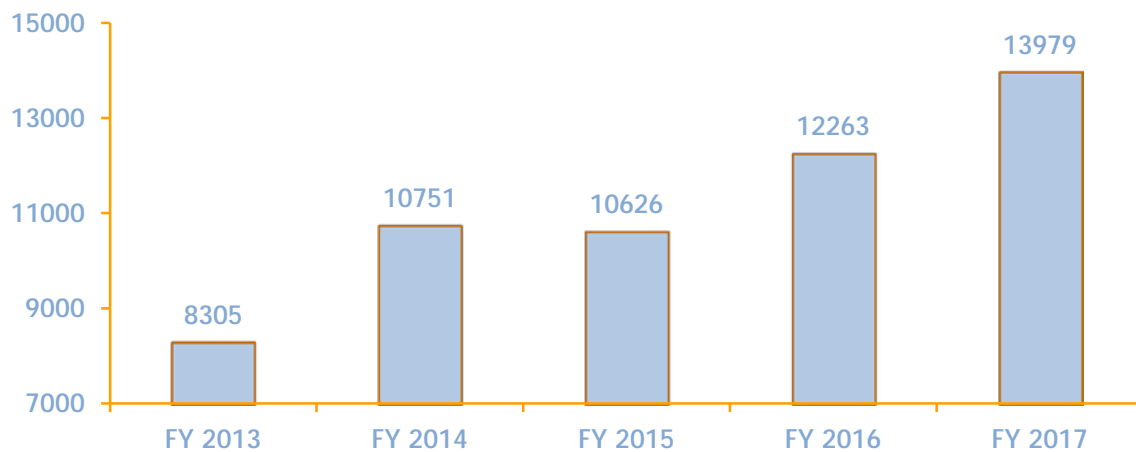
Utah has a mandatory reporting law requiring anyone who suspects abuse, neglect, or exploitation of a vulnerable adult to report to law enforcement or APS Intake (800-371-7897). APS investigators conduct an investigation to determine if

abuse, neglect or exploitation has occurred, and if so, will recommend a course of action to protect the individual from further abuse.

The following table illustrates a profile of the APS clients and perpetrators:

FY 2017 Perpetrator Demographics	
Age	
Under 60	84%
Gender	
Male	55%
2017 Victim Demographics	
Age	
Over 60	72%
Gender	
Female	65%
Location of Abuse	
Own home	

FY 2017 Total Clients Served



B. Training

It is estimated only a small percentage of cases of abuse, neglect, or exploitation of vulnerable adults are ever reported to the proper authority. One of the reasons for low reporting may be a lack of awareness/education regarding the program. (Additional reasons are listed in the table below.)

During FY2017, the state continued efforts to enhance awareness of vulnerable adult abuse and revisions were made recently to the Civil and Criminal Law (UCA § 62A-3-301 and UCA § 76-5-111). The program has provided 1,464 hours of training to approximately 3,694 individuals throughout the state, including, but not limited to, law enforcement officials, first responders, long-term care professionals, home health professionals, medical professionals, financial institutions and senior citizens. Education, collaboration and cooperation continue to be effective tools in recognizing and preventing vulnerable adult abuse.

Reasons for Victim Reluctance to Report Crimes or Cooperate in Investigations
<ul style="list-style-type: none">• Abusers are Family Members• Shame• Feelings of Helplessness• Belief the Abuser will Change• Love for the Abuser• Threats by the Abuser• Fear-Loss of Home or Independence• Lack Awareness of Available Help and Resources

C. Emergency Protective Payments

Adult Protective Services has sustained budgetary cuts in the last several years that have resulted in fewer resources for investigation and resolution of cases, therefore emergency protective payments are only issued in extreme situations.

BE A PART OF THE SOLUTION!

Report Abuse, Neglect, and Exploitation of Vulnerable Adults



What Are The Signs?

Abuse

- Unexplained bruises or welts
- Multiple bruises in various stages of healing
- Unexplained fractures, abrasions, and lacerations
- Multiple injuries
- Low self-esteem or loss of self-determination
- Withdrawn, passive, fearful
- Reports or suspicions of sexual abuse

Neglect

- Dehydration
- Lack of glasses, dentures, or other aids if usually worn
- Malnourishment
- Inappropriate or soiled clothes
- Over or under medicated
- Deserted or abandoned
- Unattended

Self-Neglect

- Over or under medicated
- Social isolation
- Malnourishment or dehydration
- Unkempt appearance
- Lack of glasses, dentures, or hearing aids, if needed
- Failure to keep medical appointments

Exploitation

- Disappearance of possessions
- Forced to sell house or change one's will
- Overcharged for home repairs
- Inadequate living environment
- Unable to afford social activities
- Forced to sign over control of finances

Utah law mandates any person who has reason to believe a vulnerable adult is being abused, neglected or exploited must immediately notify Adult Protective Services intake or the nearest law enforcement office.

To Report Elder & Vulnerable Adult Abuse Please Call:



Salt Lake
801-538-3567

Statewide
800-371-7897

Web daas.utah.gov/adult-protective-services/aps-form

Appendix I

BOARD MEMBERS AND POSITION PAPERS

Member	Date Term Expires
Richard Jolley	April 1, 2019
Kelly VanNoy	April 1, 2020
Neil G. Anderton	April 1, 2021
Martha Autrey	April 1, 2021
Christy Achziger	April 1, 2021
Sharon Lea Ott	April 1, 2021
Diena Simmons	April 1, 2020

TRANSPORTATION ISSUES AMONG THE AGING POPULATION (PRIORITY 1)

As the “boomer” generation ages (birth years 1946-1964), the increase in the senior citizen population will intensify demands on an already inadequate transportation system.

- Transportation is critical to remaining independent in one’s home, which is a strong desire among the senior population. Access to transportation helps seniors avoid becoming dependent on others for shopping, recreation and medical care.
- The most common means of transportation for seniors is still their own automobile. Drivers over the age of 40 represent 46 percent of all licensed drivers in Utah. The 40 to 59 year old population (baby boomers) makes up 65 percent of drivers. Thus, a large number of Utah’s drivers will be aging in the next two decades.
- Aging drivers are perceived by some to be less safe. Aging drivers may be forced to continue to drive their own vehicle beyond a time when they may do so safely because no alternative transportation exists.
- The rare but highly publicized accidents involving older drivers may result in efforts by some individuals for more stringent licensing requirements, further reducing elderly mobility if no alternative public transportation is made available.
- For urban areas, services such as those provided by the Utah Transit Authority continue to expand, but will not be able to keep pace with the aging population’s transportation needs without substantial increases in funding.
- Rural seniors face additional roadblocks to remaining independence due to lack of public transportation.

The Board of Aging and Adult Services believes Utah needs to do more to ensure Utah’s transportation system will meet the challenge of the aging population. The Board urges the Legislature to support the following initiatives:

- Increase funding for senior transportation programs to address the increase in fuel costs.
- Add funding to the Meals on Wheels program to address the increase in fuel costs.
- Improve local capacity by supporting the one-time funding request for transportation equipment such as vans and ADA-equipped busses.

IMPROVING HOME AND COMMUNITY-BASED SERVICES FOR UTAH’S SENIORS (PRIORITY 2)

Utah has traditionally emphasized meeting the needs of our children, but we actually rank sixth nationally in population growth for individuals over the age of 65. Between the years 2000 and 2030, the 65 plus population is projected to grow 123 percent, a rate faster than our elementary school-aged population. There is a clear need to focus on seniors as well as children.

Longer life spans often mean an increase in chronic conditions. For example, 39 percent of individuals over 70 require one or more assistive devices to meet their needs. Additionally, 50 percent of people 85 and older will develop Alzheimer’s disease.

Most people say they do not want to “end up” in a nursing facility. Fortunately, there are many options for long-term care in our state. While not long ago, choices involved living with one’s children or going to the “rest home,” many Utahns today can age at home with the assistance of in-home service providers.

For seniors to remain at home, family caregivers provide many hours of in-home care needed by their loved ones. Care through public and private in-home service providers is not meant to replace the family, but to supplement family care, thus allowing the individual’s health and safety to remain intact while aging at home.

In-home services programs provide benefits in at least three important ways:

- Improved quality of life. Individuals can age in the place of their choosing, with the dignity and respect they desire.
- Empowerment and control for consumers and their families for as long as possible. With professional case assistance, clients are able to choose the types of services needed and whom they want to provide the services.
- Diversion from early nursing home placement saves public funds. The state’s cost for nursing home placement in Utah averages \$23,944 annually. In-home services programs cost an average of \$3,200 annually.

In-home and community programs allow older people to avoid premature institutionalization. A limited number of services are available to individuals eighteen and older; the majority of public funding serves those 60 years and older.

Funding these programs is unique in that it draws on federal, state and in some areas, county dollars. The demands for in-home services will continue to grow as our aging population increases.

The current systems are barely adequate to meet today’s needs and our systems of service delivery, housing and medical care for seniors will certainly be overwhelmed by the upcoming surge of aging baby boomers. It is essential to begin planning now.

IMPROVING PREVENTIVE HEALTH SERVICES FOR THE SENIOR POPULATION (PRIORITY 3)

Poor health is not an inevitable consequence of aging. But four out of five seniors have at least one chronic condition and at least half of all seniors have two or more chronic ailments that undermine their mental and physical health, limit their ability to care for themselves and erode their quality of life. If we do not do more to prevent chronic health conditions, the costs will simply overwhelm the present system.

For instance:

- In FY 2000, U.S. spending on health care for the elderly totaled \$615 billion - more than a third of the federal budget. By FY 2010, the year before the baby boomers turn 65, it is projected that spending will amount to \$1,050 billion.
- During the next decade, there will be a twenty-five percent increase in the number of people over the age of 65, with an even greater increase in the number over the age of 85.

Focusing on health promotion and prevention can significantly improve overall health and reduce costs. There is an ever-growing body of research demonstrating health promotion and prevention can improve health status, reduce the impact of disease, delay disability, and the need for long-term care.

The challenge is applying what we already know more broadly so we can reach all of Utah's older adults. Utah's Board of Aging and Adult Services has identified three key areas to significantly improve health for older adults:

- **Physical Activity:** At least thirty minutes several days a week can prevent or reduce heart disease, hypertension, diabetes, arthritis, and improve mental health. Only sixteen percent of adults ages 65 to seventy-four report participating in regular physical activity.
- **Immunization:** Vaccination against pneumonia and influenza is eighty percent effective. In 1999, less than forty percent of older adults reported being immunized against influenza and thirty-three percent against pneumonia. In the U.S., over 50,000 adults age 65 and older die each year of pneumonia and influenza.
- **Fall Prevention:** Improving strength and balance can reduce falling. More than \$20 billion is spent annually on fall-related injuries.

The emphasis of public health officials must shift from focusing only on the younger population to including the increasing numbers of seniors. This can be accomplished by:

- Promoting increased collaboration between public health and aging services network.
- Improving capacity of aging network to introduce evidenced-based programs that can improve health status of seniors, lessen the impact of disease, and delay disability and the need for long-term care.

CAREGIVERS: SUPPORTING THOSE WHO CARE FOR UTAH'S "GREATEST GENERATION"(PRIORITY 4)

Government and businesses must prepare to provide resources for caregivers who face the responsibility of caring for an older parent, relative, or friend.

The Facts Clearly Show a Compelling Need for Caregiver Support

- One in four American adults is a long-term caregiver.
- Nearly two-thirds of adults under age 60 believe they will care for an older relative in the next ten years.
- Total lost productivity due to caregiving exceeds \$11.4 billion per year.
- The replacement cost for an experienced employee is ninety-three percent of the employee's salary.

The Government and Employers can Support Caregivers in the Workplace

Clearly, caregivers need support in the workplace. Employers should make needed elder care information, such as accessing assistance, home care, respite, bill paying, and other services available to employees.

But information is only the beginning. On-site care management for employees through human resource agencies could include benefits such as community referral assistance, in-house caregiver support seminars, group legal services, and flexible work schedules. These benefits may help employees maintain a healthier balance between work and other responsibilities, and in turn, employers enjoy a healthier, more productive workforce.

Supporting Caregivers Provides an Immediate and Tangible Benefit

Employees who receive on-site care management services may be less likely to quit due to the stress of caregiving. Employers can help employees identify and access resources, thereby decreasing the burden and allowing employees to focus on their work.

Employers can retain valuable, experienced employees by creating flexible work schedules, including part-time options. Flexibility can allow employees to assist care receivers with their needs while maintaining positive work habits.

Making the Right Moves to Support Caregivers

Working together, the State and the business community should:

- Provide information regarding caregiver support programs.
- Develop tax-incentives for employers who support caregiver support programs.
- Provide tax credits for family caregivers.
- Establish on-site care management services for employees.
- Develop and maintain a web-based caregiver assistance resource site.

Appendix II

DIVISION OF AGING AND ADULT SERVICES

Director: DAAS
Nels Holmgren
Email: nholmgren@utah.gov

Assistant Director: OAA
Michael S. Styles
mstyles@utah.gov

Assistant Director: APS
Nan Mendenhall
nmendenh@utah.gov

AREA AGENCIES ON AGING

Bear River Area Agency on Aging

Box Elder, Cache, Rich (PSA 01)
Michelle Benson, Aging Services Director
170 North Main
Logan, UT 84321
Phone: 435-752-7242 or
1-877-772-7242
Fax: 435-752-6962
Email: michelleb@braq.utah.gov
Website: www.braq.utah.gov
SHIP: 435-752-7242

Davis County Health Dept., Family Health and Senior Services Division

Davis (PSA 2C)
Kristy Cottrell, Director of Family Health and Senior Services
22 South State Street
Clearfield, UT 84015
PO Box 618 - Farmington UT 84025-0618
Phone: 801-525-5050
Fax: 801-525-5061
Email: kcottrell@daviscountyutah.gov
Website: www.daviscountyutah.gov
SHIP: 801-525-5050

Five-County Area Agency on Aging

Beaver, Garfield, Iron, Kane, Washington
Carrie Schonlaw, Director (PSA 05)
1070 West 1600 South, Bldg. B
(PO Box 1550, 84771-1550)
St. George, UT 84770
Phone: 435-673-3548
Fax: 435-673-3540
Email: cschonlaw@fivecounty.utah.gov
SHIP: 435-673-3548

Mountainland Dept. of Aging and Family Services

Summit, Utah, Wasatch (PSA 03)
Heidi DeMarco, Director
586 East 800 North
Orem, UT 84097-4146
Phone: 801-229-3800
Fax: 801-229-3671
Website: www.mountainland.org
Email: hdemarco@mountainland.org
SHIP: 801-229-3819 *Closed Fridays

Salt Lake County Aging Services
Salt Lake (PSA 2B)

Paul Leggett, Director
2001 South State, #S1500
Salt Lake City, UT 84190-2300
Phone: 385-468-3210
Fax: 385-468-3186
Email: pleggett@slco.org
Website: www.aging.slco.org
SHIP: 385-468-3200

San Juan County Area Agency on Aging

San Juan (PSA 7B)
Tammy Gallegos, Director
117 South Main (PO Box 9)
Monticello, UT 84535-0009
Phone: 435-587-3225
Fax: 435-587-2447
Email: tgalligos@sanjuancounty.org
SHIP: 435-587-3225

Six-County Area Agency on Aging

Juab, Millard, Piute, Sanpete, Sevier, Wayne (PSA 04)
Scott Christensen, Director
250 North Main
(PO Box 820)
Richfield, UT 84701
Phone: 435-893-0700
Toll free: 1-888-899-4447
Fax: 435-893-0701
Email: schristensen5@sixcounty.com
SHIP: 435-893-0736

Southeastern Utah AAA

Carbon, Emery, Grand (PSA 7A)
Shawna Horrocks, Director
Phone: 435-637-5444
Technical Assistance Center
375 South Carbon Avenue
(PO Box 1106)
Price, UT 84501
Phone: 435-637-5444
Fax: 435-637-5448
Email: shorrocks@seualq.utah.gov
SHIP: 435-259-6623 – Grand only
SHIP: 435-613-0029
Carbon and Emery

Tooele County Aging Services

Tooele (PSA 2T)
Sherrie Ahlstrom, Aging Dir Designee
435-277-2462
Cell: 435-830-2578

sahlstrom@tooelehealth.org
151 N Main St, Ste 200,
Tooele, UT 84074
Phone: 435-277-2440
SHIP: 435-277-2440
***Closed Fridays**

Uintah Basin Area Agency on Aging

Daggett, Duchesne (PSA 6A)
Sandy Whalin, Director
330 East 100 South
Roosevelt, UT 84066
Phone: 435-722-4518
Fax: 435-722-4890
Email: sandyw@ubaag.org
SHIP: 435-722-4518 *Closed Fridays

Council on Aging - Golden Age Center (Uintah County PSA)

Uintah County (PSA 6C)
LouAnn Young, Director
Mitch Migliori, Assistant Director
330 South Aggie Blvd
Vernal, UT 84078
Phone: 435-789-2169
(Wayne 435-781-3511)
Fax: 435-789-2171
Email: lyoung@uintahgoldenage.org
mmigliori@uintahgoldenage.org
SHIP: 435-789-2169

Weber Area Agency on Aging

Morgan, Weber (PSA 2A)
Paula Price, Director
237 26th Street, Suite 320
Ogden, UT 84401
Phone: 801-625-3770
Fax: 801-778-6830
Email: paulap@weberhs.org
SHIP: 801-625-3783