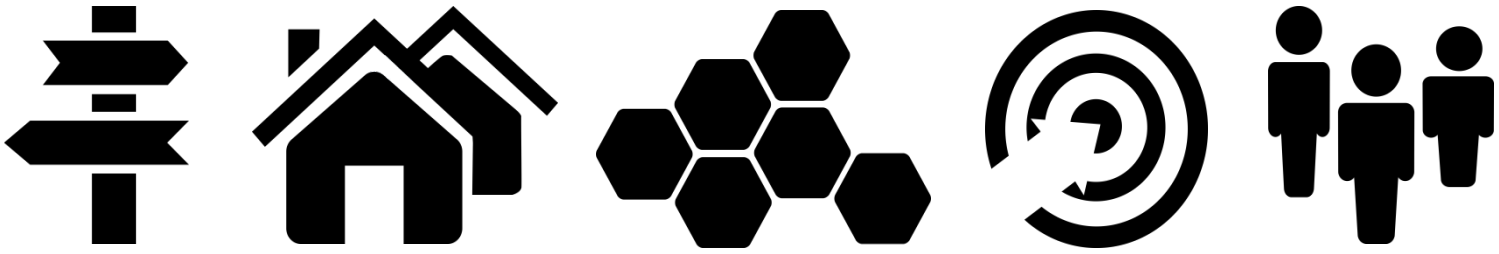
utah department of
human services

2020 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



2020 ANNUAL REPORT and Directory of Services

Utah State Division of Aging and Adult Services

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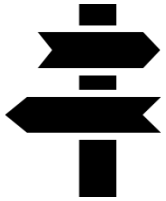
UTAH MODEL OF CARE

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

Prevention

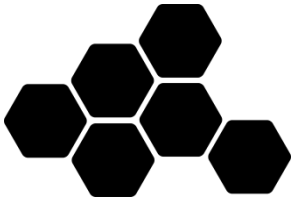


Implement prevention and early intervention strategies to reduce risk, trauma and intergenerational cycles of isolation and poverty

Self-Reliance

Support families and individuals safely in their homes, school and communities for sustainable success

Partnership



Improve outcomes through family accountability, interagency collaboration, public/private alliances and community supports

Operational Excellence

Seek, share, and improve upon best practices and demonstrate effectiveness through data and measurable results

People & Culture

Support employee career development, confidence, professional judgement and cultural competency

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

DAAS Introduction

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

Jacob Murakami
Assistant Director:
OAA
801-538-4641
jmurakami@utah.gov

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

On behalf of the Utah Division of Aging and Adult Services, allow me to thank you for your interest in the Division and the services it provides, along with our Area Agency on Aging (AAA) partners, to Utah's remarkable seniors. Even though it is now a cliché to say that 2020 was a wild roller coaster of a year, it does not make it any less true. COVID-19 did so much to disrupt the lives of our clients, providers, and staff, and we continue to work through the challenges and issues that have arisen from the pandemic.

Since the beginning of the public health emergency, the Division and its AAA partners have been acutely aware of the specific risk the virus posed to our seniors and vulnerable adults. With all of the precautions and limitations that effected the general population, special emphasis was placed on the risk posed to our unique clientele. Despite these added risks, the Division and our providers have been committed to doing everything possible to avoid disruptions in service to our seniors. The Division cannot provide enough recognition to the AAAs and other partners who stepped up to meet this challenge, going above and beyond expectations to ensure seniors had the supplies and services to allow them to stay safely in their homes.

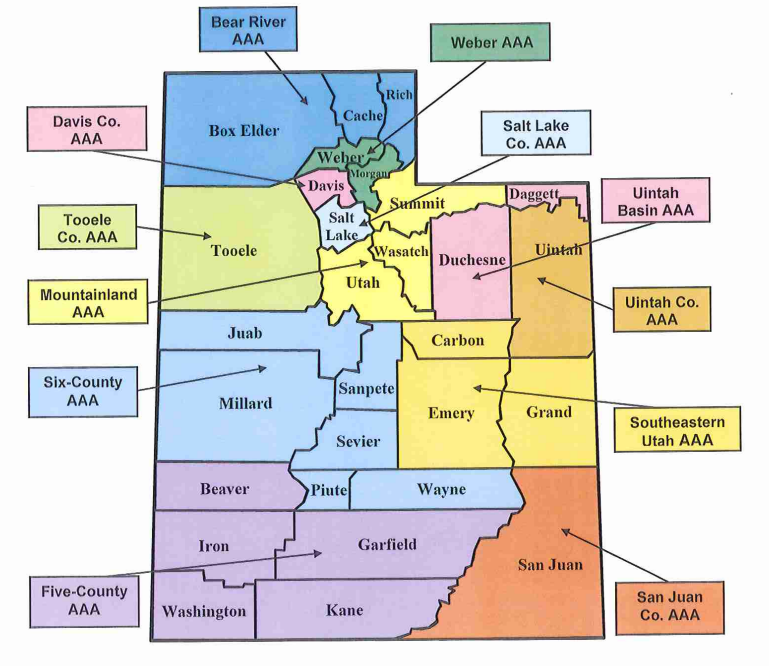
In addition to food and supplies, AAAs and their partners sought to lessen social isolation through a number of virtual means including phone calls, video chats, online activities, window visits, and other opportunities to connect with seniors and maintain the contact that is often as valuable as the meals and other services they typically provide. Along with the AAAs, our Adult Protective Services (APS) workers have continued their efforts to keep Utah's seniors and vulnerable adults safe and independent despite the limitations on contact and in-person interactions. Like the AAAs, our APS workers deserve our thanks for their efforts in extremely trying circumstances and for their dedication in serving this remarkable group of people in our state. *-Nels Holmgren*

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 2020, 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 older adults. 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 spring of 2020.

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 older adults.

Amendments passed in 1969 established the National Older Americans Volunteer Program, which provided for Retired Senior Volunteers (RSVP) 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 older adults. 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 622 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 (age of eligibility is currently 55 or older), 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 2020, 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 older adults. 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 older adults 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 older adults 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.

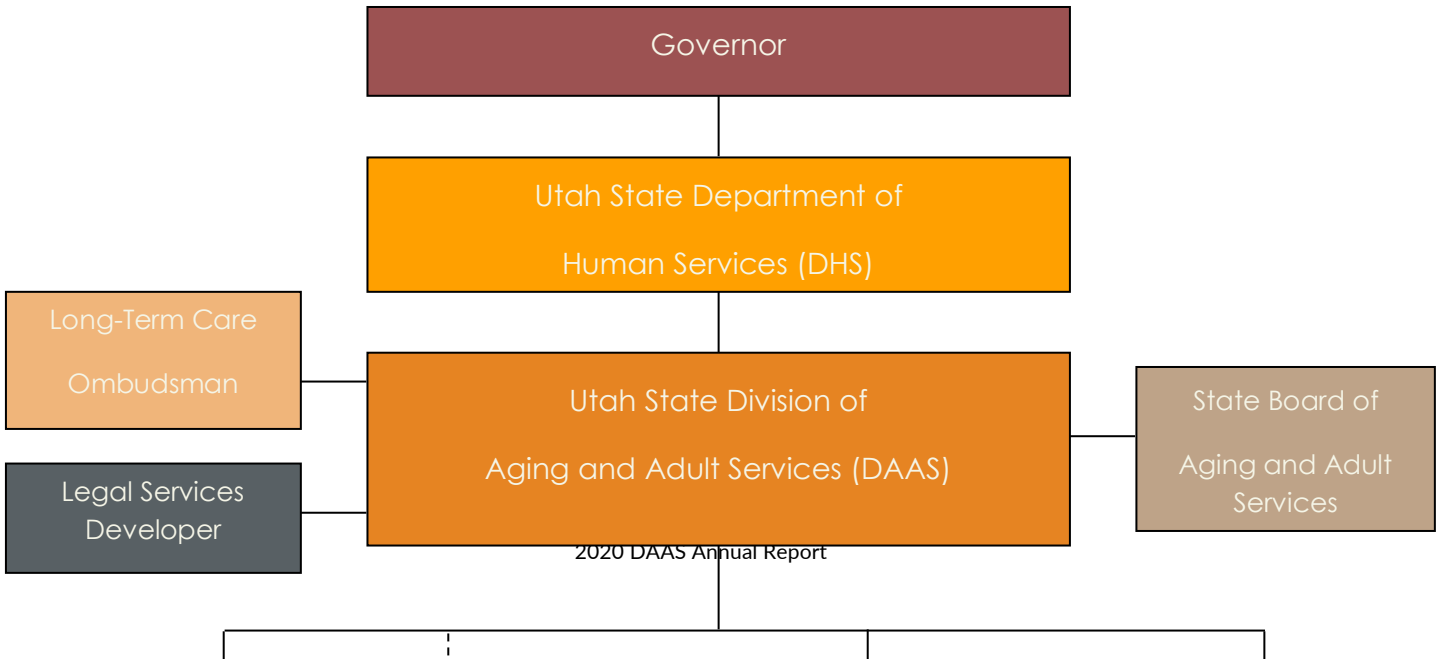
III. Organizational Structure

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 older adults 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.

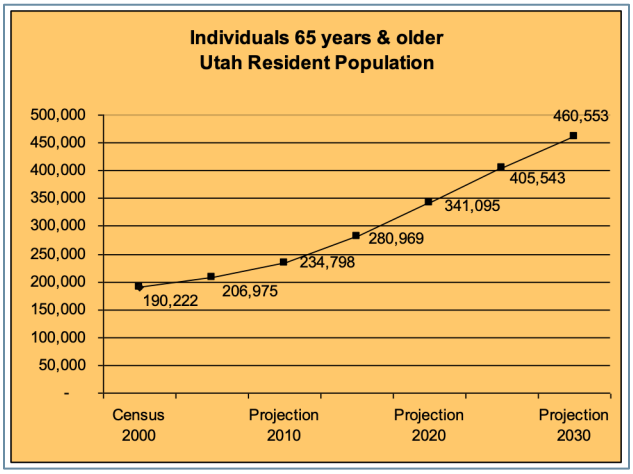
The following chart depicts the organizational structure of DAAS:

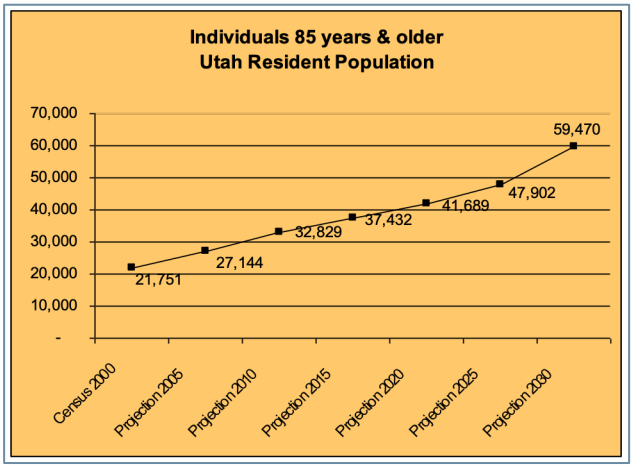


IV. Population Growth of Older Adults in Utah

Providing needed services to the older adult population of Utah will become more challenging in the future due to the rapid current growth in older adults nationwide. The U.S. Census Bureau predicts the older adult 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 older adult 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 age 65 or more. The Division will continue to refine its planning for the growth and trends in Utah's older adult population.

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

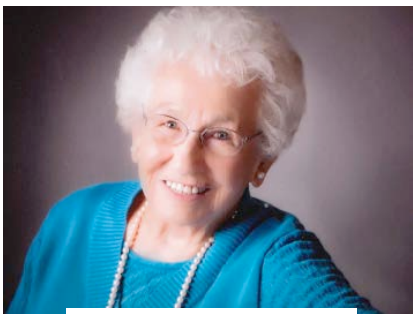
A. The Century Club of Utah

The 33rd 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 20, 2019 at the Viridian Event Center in West Jordan, Utah.

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 2019 Century Club of Utah Yearbook, containing pictures and brief life stories 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 August 2019, 204 Centenarians are listed on the records kept in DAAS. Their ages and counties of residence are shown on the following charts.



Lucy V. Ellis, 102 yrs.

Utah's Centenarians – August 2019 Breakout by Age			
Age	Women	Men	Total
109	1	0	1
108	1	1	2
107	3	2	5
106	11	1	12
105	6	1	7
104	18	5	23
103	15	6	21
102	26	5	31
101	25	22	47
100	32	8	40
*99	7	8	15
TOTAL	**145**	**59**	**204**

* Individuals turning 100 by the end of 2019

Utah's Centenarians Counties of Residence – August 2019	
Beaver	1
Box Elder	2
Cache	6
Carbon	4
Daggett	0
Davis	20
Duchesne	0
Emery	0
Garfield	0
Grand	0
Iron	2
Juab	0
Kane	0
Millard	0
Morgan	1
Piute	1
Rich	2
Salt Lake	97
San Juan	0
Sanpete	3
Sevier	1
Summit	3
Tooele	3
Uintah	0
Utah	22
Wasatch	0
Washington	15
Wayne	1
Weber	20
TOTAL:	**204**

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.

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 2017 to 2021, provided information regarding each agency's accomplishments during the previous year in addition to reporting the number of services provided to eligible older adults.

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.

E. COVID-19 Response Projects

Governor's Office of Management and Budget (GOMB) Protecting High Risk Populations Project

In addition to continuing to provide traditional Aging and Adult services through the pandemic, The Aging Network (DAAS and the 12 Utah Area Agencies) played a key role in GOMB's Protecting High Risk Populations Project to provide services to homebound, high-risk Utahns regardless of age. Services were provided to homebound individuals, including those who were high-risk and staying safe at home. These services included: Home Delivered Meals (Meals on Wheels), grab-and-go meals, grocery delivery, access to goods and services, transportation, case management, outreach, telephone reassurance, information and referral, and many other services tailored to high-risk, homebound individuals' needs.

Division of Services for People with Disabilities (DSPD) Home Delivered Meals Partnership

The Aging Network also partnered with DSPD to provide Home Delivered Meals (Meals on Wheels) to clients on the DSPD waiting list in 2020.

Aging Services

Jacob Murakami
Assistant Director
801-538-4641
jmurakami@utah.gov

SERVICE DELIVERY

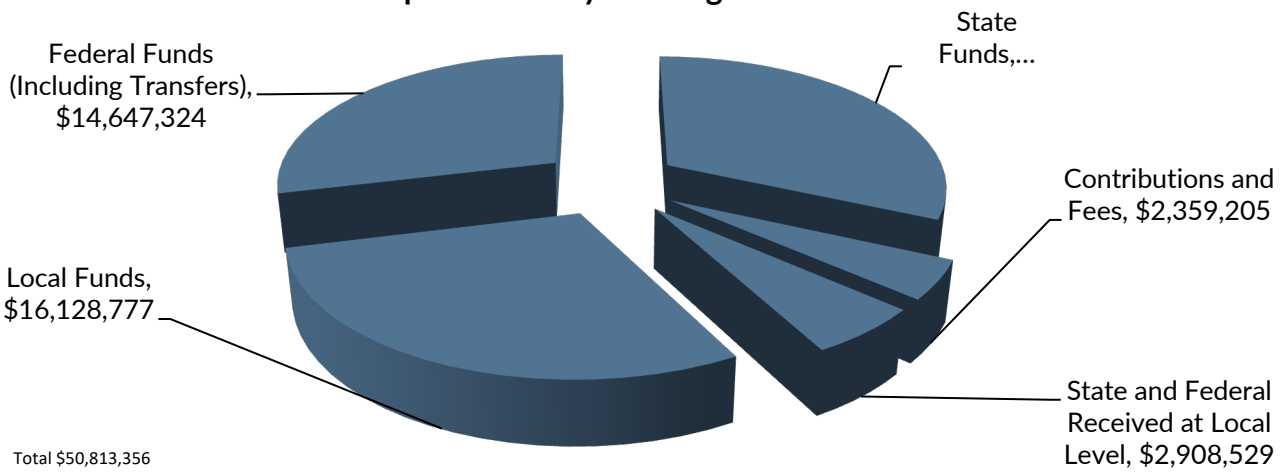
The Division contracts with units of local government or Associations of Governments to operate AAAs. A funding formula is used to allocate funds to Utah's AAAs, which are responsible for the planning, development and delivery of aging services throughout their geographic areas. The AAAs, in turn, contract with local service providers and/or provide services directly to meet the identified needs of the older adult 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 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.

Aging Services - State FY2020 Expenditures by Funding Source



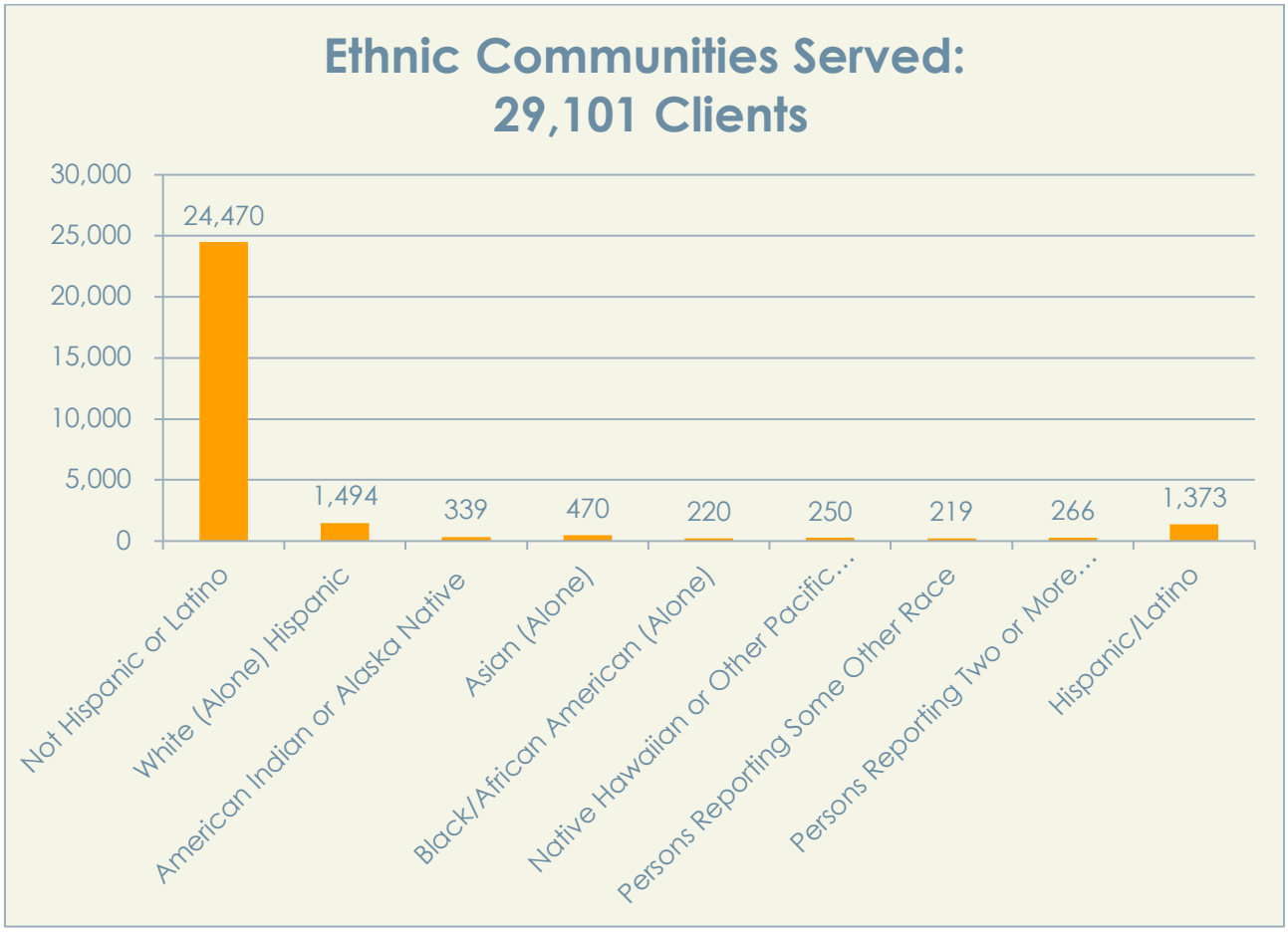
Total $50,813,356
Source: Utah Division of Aging and Adult Services

Review of Aging Program Activities

The following sections are a review of the services available through the Division and AAAs to help older adults 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 older adult low-income ethnic minorities.

Note: Aging Services continues to increase 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.

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 developing 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

https://acl.gov/news-and-events/announcements/acl-awards-grants-support-innovations-nutrition-programs-and-1

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 lll c.

Additional Resources:

Senior Hunger in the US (Feeding America):

https://www.feedingamerica.org/sites/default/files/2020-05/2020-Senior%20infographic.pdf

Meals on Wheels America Fact Sheets and Briefs:

Utah Specific Statistics: https://www.mealsonwheelsamerica.org/docs/default-source/fact-sheets/2020/2020-state/utah-2020.pdf?sfvrsn=64a9b53b_2

National Statistics: https://www.mealsonwheelsamerica.org/docs/default-source/fact-sheets/2020/2020-state/mowa_2020factsheet_national.pdf?sfvrsn=9da8b53b_4

The Escalating Problem of Senior Hunger and Isolation: https://www.mealsonwheelsamerica.org/docs/default-source/fact-sheets/2020/2020-national/mowa_2020factsheet_issue.pdf?sfvrsn=75a8b53b_2

Delivering More Than Just a Meal: https://www.mealsonwheelsamerica.org/docs/default-source/fact-sheets/2020/2020-national/mowa_2020factsheet_deliver.pdf?sfvrsn=4da8b53b_2

A Story of Meals on Wheels in Communities Across the Country: https://www.mealsonwheelsamerica.org/docs/default-source/research/comprehensive-network-study-public-summary_may-2020.pdf?sfvrsn=66c6b43b_2

How Meals on Wheels is Funded: https://www.mealsonwheelsamerica.org/docs/default-source/fact-sheets/2020/2020-national/mowa_2020factsheet_funding.pdf?sfvrsn=25a8b53b_2

The Pandemic Effect: A Social Isolation Report (AARP):

https://connect2affect.org/wp-content/uploads/2020/10/The-Pandemic-Effect-A-Social-Isolation-Report-AARP-Foundation.pdf

2020 Older Americans: Key Indicators of Well-Being:
https://www.agingstats.gov/docs/LatestReport/OA20_508_10142020.pdf

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

- **Examines national programs** that address the needs of older adults, 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 older adult 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.

https://acl.gov/sites/default/files/programs/2019-03/MealProgramValueProposition.pdf

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 exist 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 interest 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 older adults. 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)
The Congregate Meal program provides one meal a day that meets one-third of the dietary reference intake for older adults 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. Those who receive these meals are encouraged to give a confidential financial contribution. The local AAA establishes the suggested contribution amount. These contributions covered 15 percent of the total expenditures in FY 2020 and are used to enhance the Congregate Meals program.	The HDM program provides one meal a day for older adults 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. 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. Contributions are encouraged in an amount set by the local AAAs and go directly to the HDM

	Program. In FY 2020, contributions to the program covered 14 percent of the total expenditures. Due to funding limitations, there are still unserved and underserved areas of the state.

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 percent are female; thirty-nine percent male
- Thirty-one 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)
- Thirty-three 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 – FY2020	
Unduplicated Persons served	17,924
Meals served	445,654
Total expenditures	$5,317,842.45
Contributions by older adults	$ 788,497.66

HOME DELIVERED MEALS – FY2020	
Unduplicated Persons served	17,818
Meals served	1,661,528
Total expenditures	$10,935,064.65
Contributions by older adults	$1,549,509.99

Average cost per meal*	$11.93

Average cost per meal*	$6.58

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

NOTE: Due to the COVID-19 Pandemic, FY2020 Congregate Meals numbers (persons served) decreased by 16.4%, and Home Delivered Meals numbers (persons served) increased by 76.5% compared to FY2019.

As medical advances allow people to live longer, older adults 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 older adult 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://agid.acl.gov/.

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 older adults, 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.

Utah Department of Health, Healthy Aging Program
Summary 2020

[1] https://www.nia.nih.gov/

[2] http://www.who.int/ageing/healthy-ageing/en/

The Utah Department of Health (UDOH) Healthy Aging Program (HAP) collaborates with key stakeholders to increase awareness, registration, retention and delivery of evidence-based programs for adults over 18 years old and people with disabilities. Partners include local area agencies on aging (AAA's), local health departments (LHDs), healthcare providers, internal UDOH Bureau of Health Promotion (BHP) programs and community-based organizations (CBOs). There are 15 delivery system partners offering chronic disease self-management education (CDSME), including the Chronic Disease Self-Management (CDSMP), Chronic Pain Self-Management (CPSMP), Diabetes Self-Management (DSMP), along with Spanish versions of CDSMP (Tomando) and DSMP (Manejo). The CDSME workshops are licensed through the Self-Management Resource Center (SMRC) and continue to show improved participant self-efficacy and clinical outcomes. During the six-week workshops, participants learn proven health strategies such as, exercise, nutrition, communication, proper usage of medication, and action planning. The HAP supports three additional evidence-based workshops focusing on physical activity including EnhanceFitness (EF), Arthritis Foundation Exercise Program (AFEP) and Walk With Ease, group-led and enhanced self-directed (WWE).

The HAP is funded by the Centers for Disease Control and Prevention (CDC) grant *DP18-1803 State Public Health Approaches to Addressing Arthritis*. The four main goals are 1) Disseminate arthritis-appropriate evidence-based interventions (AAEBI) and leverage other self-management interventions. 2) Counsel and refer patients to increase physical activity, including participation in CDSME programs and walking. 3) Promote walking, and 4) Raise awareness about arthritis burden and management.

Since **April 1, 2010**, there have been 12,351 participants in CDSME programs and 8,549 attended four of the six sessions for a completion rate of **69** percent. These workshops were taught in English, Spanish, Portuguese and Tongan.

In **2019** and **2020**, a total of **198** CDSME workshops were completed by **13** host organizations at over **97 sites** across Utah. Note that in 2020, the pandemic halted operations for a time period.

There were **1,972** participants that attended a workshop of which **1,265** attended four or more classes for a completion rate of **64.1** percent. Participants from **14** of Utah's **29** counties participated in the workshops with the majority (**35.1 percent**) being reached from Salt Lake County.

Recently, the HAP incorporated BHP's established Alzheimer's Disease and Related Dementias (ADRD) Program, funded by the state of Utah and guided by the partner-developed state plan. Utah's State Plan for ADRD is the result of many individuals who devoted their time and effort to the creation of the plan. The ADRD Coordinating Council is ongoing and is composed of a wide variety of motivated stakeholders invested in improving the lives of Utah's caregivers and people living with ADRD. The HAP now coordinates Dementia Dialogues (DD) and Dementia Friends (DF) programs throughout Utah. Dementia Dialogues is a 5-session training course designed to educate individuals who care for persons who exhibit signs and symptoms associated with Alzheimer's disease or related dementias. From 2019 to 2020 there were 75 Dementia Dialogue classes offered and 1,400 participants. Dementia Friends is new to Utah as of January 2021 and it aims to give people an understanding of dementia and the small things that they can do to make a difference. The Dementia Friends program focuses on five key messages and to become a Dementia Friend, a person needs to understand these messages and then commit to dementia-friendly action.

The HAP collaborates closely with the UDOH Violence and Injury Prevention (VIPP) Program after they received a federal grant from the Administration for Community Living (ACL) to build sustainable infrastructure to offer falls prevention classes, including Stepping On and Tai Chi for Arthritis/Health. Falls are the leading cause of non-fatal injury-related hospital admissions among people in Utah aged 65 and over. More than half of those aged 65 and over who were hospitalized due to a fall were discharged to residential care or a rehabilitation facility, and only 24% were able to return home.

From April 2017 through December 2020, there were 145 Stepping On workshops, with 1,521 participants along with 99 Tai Chi for Arthritis/Health workshops and 1,286 participants offered within 17 counties. Falls prevention partners are included in the HAP's Living Well Coalition (LWC, network), a diverse group of stakeholders supporting and offering CDSME and physical activity classes to people throughout Utah. The LWC provides opportunities for cross promotion of all evidence-based programs along with a platform to share lessons learned and best practices.

Now more than ever Utah continues to have a great need for widespread dissemination of evidence-based interventions due to an increase in social isolation and depression as a result of the COVID-19 pandemic. Currently, programs are being offered virtually and are available on a limited basis for individuals living with one or more chronic conditions or supporting ADRD. The list of HAP programs includes:

1. Aging Mastery Program
2. Arthritis Foundation Exercise Program
3. Arthritis Foundation Self-Management Program
4. Chronic Disease Self-Management Program
5. Chronic Pain Self-Management Program
6. Dementia Dialogues
7. Dementia Friends
8. Diabetes Self-Management Program
9. EnhanceFitness
10. Functional Analysis Screening for Falls
11. Home Health Diabetes Case Management Program
12. Stepping-On, falls prevention program
13. Tai Chi for Arthritis/Health, falls prevention program
14. Walk with Ease, group-led and enhanced self-directed

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.

GRANTS

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 well-being 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 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.

This pilot project report provides an evidence-based study design targeting nutrition home visitation assessments and care planning on the health outcomes of recently discharged HDM recipients at malnutrition risk. The nutrition home visitations assessed nutritional status based on the standardized characteristics recommended in the diagnosis of malnutrition as well as the interfacing medical and environmental factors impacting the older adult, family and caregivers' health. The report provides insight into the coordination of services required during the transition from the hospital to home setting and propose a community nutrition care process model.

Implementation of an Improved Collaborative Malnutrition-Focused Transitions of Care and Referral Process Based on Previously Identified Gaps between Healthcare Entities and Aging Services

The ACL Innovations Nutrition Grants were started in 2017 and continue each year. September 2019 The University of Utah Department of Family and Preventive Medicine, in partnership with the Utah State Division of Aging Services and four Utah Area Agencies on Aging (AAA), as well as other key stakeholders, will implement an added-value collaborative malnutrition-focused transitions of care process aimed at breaking the cycle of malnutrition and re-hospitalization. **Goal:** To further enhance collaborative community malnutrition transitions of care for recently discharged home delivered meal (HDM) recipients at risk for malnutrition through high-value nutrition care interventions. **Priority Areas:** Enhance healthcare and community partnerships to 1) test an innovative evidence-based program to 2) demonstrate the value of aging services network in addressing malnutrition. **Objectives:** 1)Increase post-acute care generated malnutrition referrals to the AAA HDM programs: 2) Integrate bi-directional closed-loop malnutrition-focused intra- and inter-organizational communication pathways for aging services and healthcare entities: 3) Demonstrates the added-value of a registered dietitian nutritionist (RDN) in home-comprehensive malnutrition assessment: 4) Characterize HDM recipients' nutritional status and social determinants of health (SDoH) including Medicaid recipients. The expected **outcomes** are: 1) Demonstrate a replicable bi-directional closed-loop malnutrition

transitions of care intra- and inter-organizational communication models for aging services and healthcare entities: 2) Identify the health and service needs of vulnerable older adult populations, including Medicaid recipients: 3) Triple the number of malnutrition referrals per months as compared to the prior Administration for Community Living (ACL) project: 4) Produce an evidence-based transferable in-home malnutrition assessment model. Expected **products** include: 1) Malnutrition transitions of care partnership guide for Aging Services Programs: 2) Aging Services malnutrition closed-loop communication pathways guide: 3) Training program utilizing SDoH-based approaches to addressing malnutrition.

**Note: Utah is the only one to be awarded this grant twice.*

ACL Awards Grants to Support Innovations in Nutrition Programs and Services

September 6, 2019

ACL recently awarded seven grantees for innovative projects that will enhance the quality, effectiveness, and outcomes of nutrition services programs provided by the national aging services network. The grants total $1,748,404 for this year with a three-year project period. Through this grant program, ACL aims to identify innovative and promising practices that can be scaled across the country and to increase the use of evidence-informed practices within nutrition programs.

The seven organizations receiving grants and their projects are:

- **CHEER, Inc – DE:** Will use daily contact with volunteers delivering HDMs (home delivered meals) as an opportunity to improve the wellbeing and quality of life/care of homebound seniors ages 60+. The goal of the three-year initiative is to strengthen local coordination of care for the most medically vulnerable seniors aging in place in Sussex County, Delaware, and prevent traumatic and costly medical and life-compromising crises.
- **Eastern Area Agency on Aging – ME:** Will establish and test an innovative, technology-driven nutrition enhancement and self-management program for older adults with multiple chronic diseases. The goal of this three-year project is to improve the nutritional and health status of rural adults 60 and older with multiple chronic conditions immediately following hospital discharge.
- **Interfaith Ministries for Greater Houston– TX:** Will use innovative technologies to enhance their Meals on Wheels program, connect seniors to vital healthcare services and provide a new framework to enhance collaborative partnerships to reduce a seniors' reliance on in-hospital care.
- **LifeCare Alliance – OH:** In partnership with local fire departments and healthcare conglomerates, LifeCare Alliance will further an innovative network of referrals and information sharing for clients who frequently depend on emergency services. "Food 911: How Meals-on-Wheels Redefines Population

Health" seeks to build a body of evidence supporting the positive outcomes of this holistic model with the goal of leveraging research to generate new sources of revenue.

- **Public Health Solutions – NY:** Will address low income, food insecurity, and social isolation barriers by enhancing partnerships in East Harlem and creating a virtual network. The virtual network will look to ensure public housing residents and other low-income older adults are linked to nutritious food and other services to improve their food security, social connections, health outcomes, and the likelihood that they will age in place with dignity.
- **Texas Health and Human Services Commission – TX:** The Texas Congregate Meal Initiative will conduct research to identify causes of decline in congregate meal program participation by adults 60 and over. Based on that research, the Initiative will then provide select members of the aging network with business acumen and project development training, and the opportunity to pilot the program innovations with the support of a learning collaborative.
- **University of Utah – UT:** Will look to enhance collaborative community malnutrition transitions of care for recently discharged home delivered meal (HDM) recipients at risk for malnutrition through high-value nutrition care interventions.

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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 possible and appropriate. Utah would not be able to meet its long-term care obligations without the contribution of family caregivers. Research indicates that the vast majority of older adults 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 Older Americans Act (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 older adults 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 OAA was reauthorized again almost five years after it had expired. It was signed into law on April 19, 2016 by President Barack Obama and was effective for FY 2017 through FY 2019. With respect to the NFCSP, the Administration for Community Living (ACL) clarified current law regarding older adults caring for adult children with disabilities and older adults caring for children under 18. These new definitions allowed the NFCSP to be more inclusive in serving older-relative caregivers, most specifically individuals who are age 55 or older to *include parents* of individuals with disabilities; 372(a). This change further clarified 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 OAA was reauthorized again on April 10, 2020 for five years. Along with strengthening the National Family Caregiver Support Program, it extended the RAISE Family Caregivers Act requiring the federal government to create a nationwide strategy to support family caregiving. To this end, a RAISE Family Caregiving Advisory Council was created and held its first meetings on August 28-29, 2019 in Washington, DC. This council has been charged with developing a strategy that will identify actions that communities, providers, government, and others can take to recognize and support family caregivers, including the promotion and greater adoption of person- and family-centered care in all healthcare and long-term service and support settings, with the person and the family caregiver at the center of care teams; assessment and service planning (including care transitions and coordination) involving care recipients and family caregivers; information, education, training supports, referral, and care coordination; respite options; and financial security and workplace issues. On November 18, 2020, this council adopted twenty-six recommendations aimed at establishing this national approach to addressing the needs of family caregivers of all ages and circumstance. *(https://acl.gov/)*

The Supporting Grandparents Raising Grandchildren Advisory Council (SGRG) was additionally established to assist this subset of caregivers in our nation. This council will focus on identifying, promoting, coordinating and disseminating information, resources, and best practices to help grandparents and older relative caregivers of children meet the health, education, nutritional, and other needs of the children in their care, while maintaining their own physical, mental, and emotional well-being. As part of their vision, all recommendations will consider the needs of members of Native American tribes and families affected by the opioid crisis. Further, a report including these elements will be delivered to the Secretary of Health and Human Services, Congress, and the state agencies responsible for carrying out family caregiver programs that includes best practices, resources, and other useful information for grandparents and other older relatives raising children. *(https://acl.gov/)*

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 (AAA) are outstanding 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, caregiver support

groups, community 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 the total number of caregivers serving older adult individuals (age 60 and older) in each category of the Utah Caregiver Support Program for FY2018, FY2019, and the current FY2020 year:

	FY2018	FY2019	FY2020
Counseling/Support Groups/Caregiver Training	1,141	1,121	926
Respite Care	576	527	570
Supplemental Services	198	151	201
Access Assistance	2,336	3,694	3,044
Information Services	685,763	942,604	1,200,013

All AAAs were monitored in person by the State Program Manager during FY2018 and FY2019; however, due to the COVID-19 pandemic during FY2020, client files were audited digitally and the program overall was monitored virtually. 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, Alzheimer's Association Utah Chapter, AARP Utah, the University of Utah and others described in the section below on partnerships. All have been very generous in providing complimentary 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 has been provided regarding NAPIS reporting consistently over the past five years. AAAs have found this compilation to be helpful in creating consistency of their numbers across the state for our year-end state report.

The Intake and Assessment forms were updated in January 2021 with one very minor modification. These forms are fillable PDFs that can be edited and saved at any point in the process. Caregiver Support Program Resource Notebooks filled with multiple resources were created and provided to all case managers throughout the state in 2020. Multiple Best Practice forms that can be filled out over the course of several client visits have

also been provided to case managers throughout the state to enable strength-based training, education and empowerment for 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.

Public-Private Partnerships

AARP Utah: Several AAAs are utilizing AARP's *Prepare to Care* publication which includes 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 older adults 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 to a wide variety of audiences.

Alzheimer's Association Utah Chapter: 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 cognitive impairment of all levels. 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.

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 recruited and organized a very diverse council that continues to meet bi-monthly at the Department of Health. Current workgroups consist of 1) Dementia-Aware Utah, 2) Supported and Empowered Caregivers, 3) Dementia Competent Workforce, and 4) Expanded Research in Utah. The Division of Aging & Adult Services is represented on this council by the Caregiver Support Program Manager, Nancy Madsen, who chairs the Supported and Empowered Caregivers workgroup. 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 accomplishing the goals outlined in the current FY2018 – FY2022 plan.

Of significant note, the Department of Health has sponsored Dementia Dialogues, a basic practical training course leading to a dementia specialist certificate. This was developed by the University of South Carolina and brought to Utah in August 2016. Multiple aging professionals have been trained as instructors from all areas of Utah, many of whom include case managers in our Area Agencies on Aging as well as the Caregiver Support Program Manager. With no cost for training or materials to instructors or participants, this program has been thriving and has been very well-received by participants. Due to the COVID-19 pandemic, Dementia Dialogues has recently been authorized to teach virtually and several more professionals are currently being trained to conduct this curriculum. Family caregivers all over the State of Utah are already benefiting greatly from the efforts and work of our collaboration with the Coordinating Council and the Utah Department of Health. 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 statewide cross-sectional caregiver survey. This survey has combined an outcome-based approach along with a caregiver satisfaction approach. The survey was launched on July 1, 2016, and the results and data continue to be collected and analyzed both on a statewide level and local level.

Significant statewide data through December 31, 2020 (n=537) includes:

Caregivers:

- 68% of Utah caregivers are female
- 94% of caregivers are over age 50 with 42% of those caregivers being over the age of 70.
- 48% of caregivers are spouses followed by 27% of caregivers being daughters/DILs
- 39% of caregivers have been caring for their care receiver for over 5 years
- **51% of caregivers are caring for a person with dementia**
- **Greatest difficulties reported by caregivers: 86% stress, 44% aggravates problems with health of caregiver** (*Percentages are greater than 100% due to multiple stressors on caregivers)*
- 34% have had to quit work, retire early, work less hours, take a leave of absence, lose a promotion, etc.

Care receivers:

- 62% of care receivers are female
- 30% are between the ages of 70-79; 39% between 80-89; 17% over 90 - speaks to longevity of life
- Other chronic diseases/illnesses (excluding dementia) include: 24% with heart disease, 29% with high blood pressure, 34% with arthritis, 22% with diabetes, 33% with depression/anxiety/mental conditions. (*Percentages are greater than 100% due to comorbid conditions)*

Program Efficacy:

- 72% of caregivers report less stress as a result of the program, 65% better understanding of how to access resources/services in their communities, 52% in a better position to continue providing care, 45% feel more confident in providing care, 50% 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.
- 76% have been able delay placement of their loved one in LTC
- 89% 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, ranked in order:

- **Learning how to care for themselves as caregivers**
- **How to cope with dementia**
- **Learning more about community resources and how to access them**
- 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
- 34% will utilize family and/or other informal supports for ongoing assistance
- 97% of caregivers will recommend the Utah Caregiver Support Program to others
- 361 respondents out of 537 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 a person 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, these facts have 1) informed the partnerships created between the Utah Caregiver Support Program and other public and private agencies, 2) motivated this Caregiver Support Program Manager to deliver numerous national, state, and local caregiver and community resource presentations, and 3) provide extensive mentoring year-round for our AAAs and case managers who tirelessly work with families in their local areas. It has been my distinct pleasure and honor to serve in this capacity on behalf of family caregivers for the State of Utah.

Home and Community-Based Programs

Home and Community-Based Alternatives Program

Kurt Foster
Program Manager
801-538-3923
kfoster@utah.gov

The Home and Community-Based Alternatives Program, developed and funded by the State of Utah, provides in-home services allowing Utah's older adults to remain in their homes and communities as they age. The goal of the program is to prevent premature placements of adults into nursing and assisted living facilities, as well as to provide additional benefits to individuals. These benefits include enhancement of quality of life, promotion of independence in one's own home, and improvement in general well-being. The extreme escalating costs of long-term care facilities (now an average of $102,200 per year for aging Utahns according to the AARP website) contrast sharply with the average annual service costs of $4,566 per program participant.

Case management is the primary service offered through the Home and Community-Based Alternatives Program. Every Area Agency on Aging (AAA) office in Utah has professional case managers that are trained in the issues of aging and are familiar with 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 which enables case managers to custom-design a service package that specifically meets each client's unique needs.

Throughout Utah, case managers remain committed to client-directed care. This in-home service model emphasizes the client's involvement with care planning. Families of clients are also involved whenever possible. In addition to case management, typical services provided by this program include a broad spectrum of client assistance programs including personal care, homemaking services, transportation, medication management, emergency response systems, equipment rental or purchase, respite care, and various chore services. Clients' individual strengths and resources are incorporated and built into every service plan.

Another feature of the Alternatives Program is cost sharing. People who receive services from this program are required to pay a fee that is based on their financial eligibility. Monthly fees are generally low, ranging from $20 to $40 per person per month. Asking clients to pay a small fee for services promotes consumer involvement, thereby, preventing the program from feeling like an entitlement. These fees offset a small portion of the annual program costs.

During State Fiscal Year 2020 there were 909 individuals served by this program and there is an ever- growing waiting list. Individuals on this program consistently express sincere gratitude for the services and help they receive which allows them to stay in their own homes where they feel safe and comfortable even as their vulnerability and lack of independence increase as they age.

During this past year as the COVID-19 pandemic has affected the world, participants in this program have experienced the difficult hardship of social isolation. Often the older adults on this program live alone and some of the only exposure they have to the outside community is when AAA staff and service providers come into their homes. Due to this population being so vulnerable to negative outcomes of COVID-19, many clients became fearful and would not allow AAA staff or care providers to enter their homes for fear of contracting the virus. The care providers were also concerned about the possibility of unknowingly spreading the virus from house to house as they went about their daily work duties. Workers ended up limiting the daily contact they had with each consumer to ensure the safety of their clients. In some areas, fresh meals that had been delivered on a daily basis were exchanged for frozen meals that could be shipped in large quantities to participants, sometimes lasting for weeks at a time. Required quarterly home visits were changed to either phone calls, window waves or door step drop offs with limited face to face exposure. Although this was helpful for reducing the possible transmission of COVID-19, many older adults suffered and continue to suffer with emotional and social related issues. Imagine not leaving your house for weeks or months at a time, getting frozen meal deliveries that could last for two or three weeks, listening to frightening new reports of thousands of people dying, and having only very limited face to face contacts per week. This is what older adults have experienced this past year.

I have had the privilege of seeing and hearing about dedicated AAA staff and care providers redoubling efforts to call consumers regularly to talk and provide comfort and connection as they assessed how each consumer on the program was doing. Frozen meals and food boxes filled with fresh food, goodies and needed household items such as toilet paper were dropped off on doorsteps, drive by meal centers were provided by senior centers so that consumers who are able to drive could get a warm meal and a friendly wave. Many providers donned protective gowns, gloves, and masks and continued their work of cleaning homes, bathing, feeding, and getting needed medication to our older adults. They worked more hours, worried about those who were homebound and were inspired to come up with better and more efficient ways of individually meeting the needs of our vulnerable, older adult population during this pandemic. Through this pandemic many heroes have emerged who continue to give their all to serve those in need. Their service and dedication is inspiring. In addition to those health care workers on the front lines, some of the people that I admire are the unsung heroes who are working with the older adults throughout Utah. These people keep showing up to work each day, ensuring food is in the fridge, homes are clean, medication is given and that those in need are cared for and have a personal connection with someone that cares about them.

Home and Community-Based Medicaid Aging Waiver Program

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

For almost 30 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 older adults have been served. In FY2020, Utah's Home and Community-based Medicaid Aging Waiver Program served 464 Utahns, enabling them to continue residing in their own homes rather than being placed in nursing facilities.

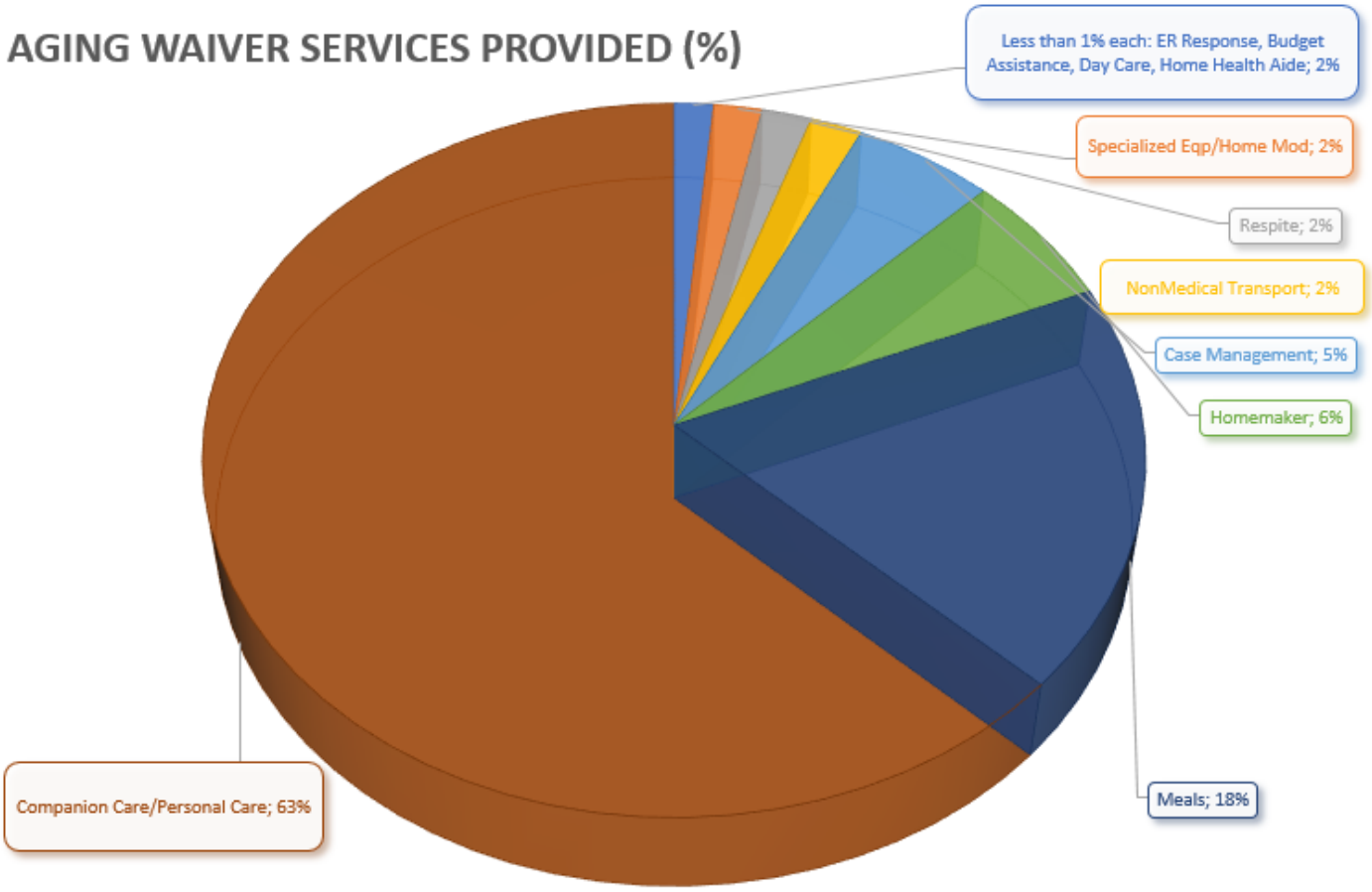
Aging Waiver services are available statewide to older adults age 65 and over who meet criteria for nursing home admission and Medicaid financial eligibility. Services provided to eligible older adults include homemaker, adult day health services, home health aide, home-delivered meals, non-medical transportation,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

HOME AND COMMUNITY-BASED MEDICAID AGING WAIVER COST DATA

Other Waiver Facts:

• Total individuals served	464
• Total expenditures	$5,927,772
• Annual average cost per client	$12,775
• Annual average cost for Nursing Home*	$82,128

*Source: AARP – average annual cost for nursing home (semi-private room)



Due to the COVID-19 pandemic, the Aging Waiver (AW) currently has an Appendix K that is a part of the State Implementation Plan that dictates the changes to AW services. This has lightened the requirements for many services. The AW stopped adding new clients to the program for several months due to the pandemic. Changes have been put into place to the way that case managers do their monthly visits and quarterly reviews. These are either done through telehealth or phone calls. The nurses doing their annual reassessments gather the info the same way the case managers do and also contact the client's doctor if they have questions about medications or new diagnoses. The AW was reopened for adding new clients and have put in place strong safety protocols to detail the way that AAAs can add new clients, including the required use of specific PPE equipment to both the nurse and the client and family members that attend the initial assessment.

Other Older Americans Act Services

Older Americans Act Title III-B funds are used to provide a wide variety of services enabling Utah's older adults to maintain independence. Remaining at home in a familiar community is a high priority for Utah's older adults. When illness or disability limits older adults' 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 older adults living in their own homes and communities. The agencies also provide information and presentations on a wide range of topics of interest to older adults, such as health and medical issues, taxes, budgeting and personal finance, insurance, Medicare, estate planning, consumer fraud, etc.

The AAAs also assist many older adults 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 older adults face if they are alone and isolated. Transportation is critical for older adults 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 FFY2020, Utah's Long Term Care Ombudsman program covers 99 nursing homes containing 8,569 beds and 224 assisted living facilities containing 11,032 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, nine 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 FFY20

Each Ombudsman Overseas 36 facilities and 2,178 beds

Statewide that is 19,601 beds in 323 facilities

1,683 complaints were logged

Utah Ombudsmen received

1,014 cases opened, 918 cases closed, and 1,683 complaints received

TYPES OF COMPLAINTS
Abuse, Gross Neglect, Exploitation
Access to Information
Admission, Transfer, Discharge Eviction
Autonomy, Choice, Rights
Financial, Property
Care
Activities, Community Integration & Social Services
Dietary
Environment
Facility Policies, Procedures & Practices
Complaints about Outside Agencies
COVID-19

In addition to investigating complaints, ombudsmen provide public education regarding long-term care issues, identify long-term care concerns, and advocate for needed change. Since the ombudsman is required to visit each facility quarterly or as needed, they 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. It should be noted that due to COVID-19 the Ombudsman Program has had a decline in cases and complaints due to being unable to visit Utah's long-term care facilities.

Utah's Long-Term Care Ombudsman Program can be considered the residents' first responders with it comes to many resident issues. These issues can range from their food being cold to the resident being abused in some fashion. Due to the federally required quarterly visits, the ombudsman identify long-term care issues more often than other agencies. This is completed through facility walk-throughs and interactions with residents, family members, and facility staff. As resident advocates we attempt to intervene in these situations and resolve them before they escalate. When the ombudsman do identify issues they can't resolve, they bring their concerns to other appropriate agencies. This is done to ensure that the resident's issues are escalated and resolved ASAP.

Due to COVID-19 our program has taken a drastic change in our approach. After the outbreak took place the Ombudsman Program was no longer able to enter long-term care facilities. This meant that in-person facility monitoring was no longer taking place. The ombudsman do participate in outside window visits but the residents' cases and complaints have declined statewide and nationally. We believe this is related to the social isolation and depression that many long-term care residents have been experiencing. In order to reach out to

the residents, the program created on-going newsletters specific for each area and provided them to all the facilities to distribute to their residents. Some ombudsman locations hold weekly meetings with the facility staff and residents. They hold discussions on how to deal with resident isolation and what services and activities could be done to make a difference. The ombudsman staff statewide has also had to be flexible with their time working with their local Departments of Health to distribute the COVID Vaccine. Although cases and complaints have declined, the Ombudsman Program has continued receiving cases and complaints and have continued to attempt to resolve these complaints.

Our program has seen a drastic change in many areas. When possible, the ombudsman staff will be returning into the facilities statewide. Utah's Ombudsman Program will ensure that facility visitation will always include appropriate PPE and will follow appropriate State and Federal guidelines for the resident's safety and well-being.

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 average savings for a Utah Medicare beneficiary in 2020 was $3,310.63.**

UT Part D / Medicare Advantage Pilot Summary Data	
Period Covered by this Report: 1/1/2020-12/30/2020	
Total CCFs	
All Part D / MAPD Client Enrollment changes Contacts	725
Total Costs before changes	$2,868,703.00
Total Costs after changes	$468,494.00
Total Cost Savings Change	**$2,400,209.00**
Average Pilot Cost Change/Beneficiary	**$3,310.63**

2020 Part D / Medicare Advantage enrollment changes	Sum of Original PDP/MA-PD Cost	Sum of New PDP/MA-PD Cost
Bear River Area Agency on Aging	$174,494.55	$58,279.20
Davis County Division of Senior Services	$40,785.32	$20,889.30
Five-County Area Agency on Aging	$187,036.60	$43,916.60
Mountainland Department of Aging and Family Services	$139,341.26	$18,098.55
Salt Lake Aging Services	$1,377,767.50	$94,504.60
San Juan Area Agency on Aging	0	0
Six-County Area Agency on Aging	$71,150.28	$28,879.76
Southeastern Utah Area Agency on Aging	0	0
Tooele County Aging Services	$116,858.91	$25,246.12
Uintah Basin Area Agency on Aging	$112,173.75	$57,451.98
Uintah County PSA	$34,788.96	$17,782.62
Utah SHIP Director	$203,589.00	$58,602.00
Weber Human Services	$410,716.95	$47,536.23
Grand Total	**$2,868,703.10**	**$468,494.60**

UTAH 2020-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	
417,463	Total Medicare Beneficiaries in Utah
249,164	Total Medicare Beneficiaries with Original Medicare
38,684	Beneficiaries with Medicare and Medicaid Coverage
141,062	Beneficiaries with Medicare Stand Alone Drug Plans
168,299	Beneficiaries with Medicare Advantage Plans with Drug Coverage

Performance Data: For PY20208 (ending December 30, 2020), the Utah SHIP had the following performance indicators: ACL SHIP Performance Measures

- Performance Measure 1 - Client Contacts - 18,853
    - 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 – 47,332
    - 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 – 2,049
    - 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 – 13,103
    - 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 – 14,787
    - Percentage of unduplicated enrollment contacts (i.e. contacts with one or more qualifying enrollment topics) discussed per Medicare beneficiaries in the State.

SHIP Performance Measures Report - State

Utah

Date Range: 01/01/202 - 12/31/202

Report run on: 01/22/202

		Previous Date Range *	Current Date Range				Current Date Range
State Name	PM	Total # Reached	Medicare Population	Total # Reached	Penetration Rate %	% Change in Total # Reached	Likert Performance Rating
Utah	PM 1: Beneficiary Contacts	18,853	359,273	11,917	3.32%	-36.79%	Low
Utah	PM 2: Group Outreach Contacts	47,332	359,273	28,333	7.89%	-40.14%	Excellent
Utah	PM 3: Medicare Beneficiaries Under 65	2,049	48,678	1,445	2.97%	-29.48%	Fair
Utah	PM 4: Total Hard-to-Reach Contacts	13,103	180,144	8,332	4.63%	-36.41%	Average
Utah	PM 5: Enrollment Contacts	14,787	359,273	10,221	2.84%	-30.88%	Low

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

Primary Objectives:

MIPPA grantees specifically help low-income older adults 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 PY2020, the Utah SHIP had the following performance indicators:

MIPPA Performance Measures Report - State				Utah SHIP
Current Period	01/01/2020	-	12/31/2020	
Prior Period	01/01/2019	-	12/31/2019	
Report run on:	01/22/2021 at 14:31:23 EST			

Performance Measure	Current Date Range			Prior Period			
PM 1: Overall MIPPA Contacts	Total Medicare Beneficiaries Below 150% FPL	Total Reached	Percent Reached	Total Reached			Percent Change
	81,086	7,678	9.47%	9,067			-15.32%
	Total Reached			Total Reached			Percent Change
PM 2: Overall Persons Reached through Outreach	16,295			21,112			-22.82%
PM 3: Beneficiaries Under 65	1,100			1,158			-5.01%
PM 3: Rural Beneficiaries	943			1,051			-10.28%
PM 3: Native American Beneficiaries	227			222			2.25%
PM 3: ESL Beneficiaries	567			614			-7.65%
PM 4: Contacts with Applications Submitted	Overall MIPPA Contacts	Contacts with Applications Submitted	Percent with Applications Submitted	Overall MIPPA Contacts	Contacts with Applications Submitted	Percent with Applications Submitted	Percent Change
	7,678	576	7.5%	9,067	505	5.57%	14.06%

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 older adults through increased awareness and understanding of healthcare programs. This knowledge helps older adults 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.

Utah

Performance Measure Report

Date Range: 01-01-2020 - 12-31-2020

PERFORMANCE MEASURES	Total
1.) Number of active SMP team members	115
2.) Number of SMP team member hours	13,087.42
3.) Number of group outreach and education events	564
4.) Estimated number of people reached through group outreach and education	32,881
5.) Number of individual interactions with, or on behalf of, a beneficiary	10,885
6.) Cost avoidance on behalf of Medicare, Medicaid, beneficiaries, or others	$ 8,607.17
7.) Expected Medicare recoveries attributable to the projects	$ 0.00
8.) Additional expected Medicare recoveries attributable to the projects	$ 0.00
9.) Expected Medicaid recoveries attributable to the projects	$ 0.00
10.) Additional expected Medicaid recoveries attributable to the projects	$ 0.00
11.) Actual savings to beneficiaries attributable to the projects	$ 1,455.66
12.) Other savings attributable to the projects	$ 0.00
Total savings (includes measures 7-12)	$ 1,455.66

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 older adults over 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 2019, Utah finished the year with a job placement rate of 30.8 percent. The Utah SCSEP program goal for the upcoming year is to properly place older adults into appropriate job placement so older adults can succeed in the workforce.

THE AVERAGE TITLE V ENROLLEE 2019-2020

D. PARTICIPANT CHARACTERISTICS							
		Q No.	Q %	YTD No.	YTD %	L4Q No.	L4Q %
Gender	**1.** Male			64	65		
	2. Female			34	35		
Age at Enrollment	**3.** 55-59			30	31		
	4. 60-64			28	29		
	5. 65-69			26	27		
	6. 70-74			9	9		
	7. 75 & over			5	5		
Ethnicity	**8.** Hispanic, Latino or Spanish origin			17	17		
Race	**9.** American Indian or Alaska Native			4	4		
	10. Asian			5	5		
	11. Black or African American			18	18		
	12. Native Hawaiian or Pacific Islander			0	0		
	13. White			69	70		
	14. Two or More Races			1	1		
Education	**15.** 8th grade & under			6	6		
	16. 9th grade – 11th grade			15	15		
	17. High School diploma or equivalent			29	30		
	18. 1 – 3 years college			23	23		
	19. Post-secondary certificate			0	0		
	20. Associate's degree			4	4		
	21. Bachelor's degree or equivalent			11	11		
	22. Some graduate school			3	3		
	23. Master's degree			6	6		
	24. Doctoral degree			1	1		
Additional Measures	**25.** Family income at or below the poverty level			79	81		
	26. Individuals with disabilities			63	64		
	27. Individuals with limited English proficiency			20	20		
	28. Individuals with low literacy skills			11	11		
	29. Individuals residing in rural areas			0	0		
	30. Individuals with low employment prospects			93	95		

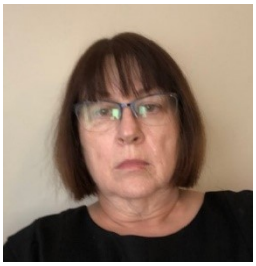
	31. Individuals who failed to find employment after using WIA Title I			10	10		
	32. Individuals age 75 and over at date of report			5	5		
	33. Individuals who are homeless or at risk of homelessness			51	52		
	34. Displaced homemakers			2	2		
	35. Veterans (or eligible spouse of veteran)			18	18		
	Post-9/11 era veterans			0	0		
	36. Individuals receiving public assistance			73	74		
	37. Individuals with severe disability			6	6		
	38. Individuals who are frail			1	1		
	39. Individuals old enough for but not receiving SS Title II			6	6		
	40. Individuals with severely limited employment prospects in areas of persistent unemployment			0	0		

E. CORE PERFORMANCE MEASURES

MEASURE	DESCRIPTION	GOAL/ TARGET	Q RATE	YTD RATE	L4Q RATE
1. 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	156.1%		178.2% N = 98 D = 55	
2. 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 minus the number of paid sick leave hours in the reporting period	76.0%		67.8% N = 28,195 D = 41,586	
3. 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	2.90		2.90 N = 284 D = 98	
4. Common Measures Employment Rate – 2nd Quarter after Exit	The number of participants employed in the second quarter after the exit quarter divided by the number of participants who exited two quarters earlier	34.3% (TARGET)		26.3% N = 10 D = 38	
5. Common Measures Employment Rate – 4th Quarter after Exit	The number of participants employed in the fourth quarter after the exit quarter divided by the number of participants who exited four quarters earlier	26.0% (TARGET)		30.8% N = 12 D = 39	
6. Common Measures Median Earnings	Of those participants who are employed in the second quarter after the quarter of program exit, the median value of earnings in the second quarter after the exit quarter	3431 (TARGET)		2121 Count = 8	
7. Effectiveness in serving employers,	Average annual ACSI for employers	85.8%		Count = 0 Response Rate = 0	

participants and host agencies	Average annual ACSI for participants	80.8%		Count = 0 Response Rate = 0	
	Average annual ACSI for host agencies	81.4%		Count = 0 Response Rate = 0	

Legal Assistance Services and Statistical Legal Analysis



Jean L. Boyack
Legal Services Developer
801-538-4263
jboyack@utah.gov

Under the Older Americans Act, older adult 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 older adult 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 has published and provides a 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 is available in print version as well as for download to a computer, tablet or phone by visiting ***legalguide55.utah.gov*****.** Hopefully, funding will be available for updates this year.

The Legal Services Program doesn't supply direct legal services (this is performed through AAA providers statewide that receive funding from Title III Older Americans Act). Currently the AAA's have contracted with Legal Services Corporation to provide the services statewide. Legal Services, as a Title III Legal Service Provider, should assist older adults regardless of income if they fall within the targeted legal services of the Older Americans Act. Additionally, they can facilitate pro bono services as needed if available.

Because funding is limited the Legal Services Developer tries to help facilitate additional provisions of services. This is done through grant writing, outreach to law schools and legal providers. We are currently working with Kate Nance on organizing more availability for provision of legal assistance providing Powers of Attorney and Advanced Medical Directives for older adults and disabled populations. Funds are being solicited to help provide a full-time attorney hopefully under the guidance of the Disability Law Center to provide legal advice to clients in making advance planning documents widely available, thus reducing guardianships and helping ease the burden on courts to locate pro bono representation (a problem in all areas outside the Salt Lake metro area). We plan to partner with Senior Centers, public libraries, law students and medical and legal providers to facilitate consultations and publicize the program. The goal is to make this program permanent by obtaining long term funding.

Adult Protective Services

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

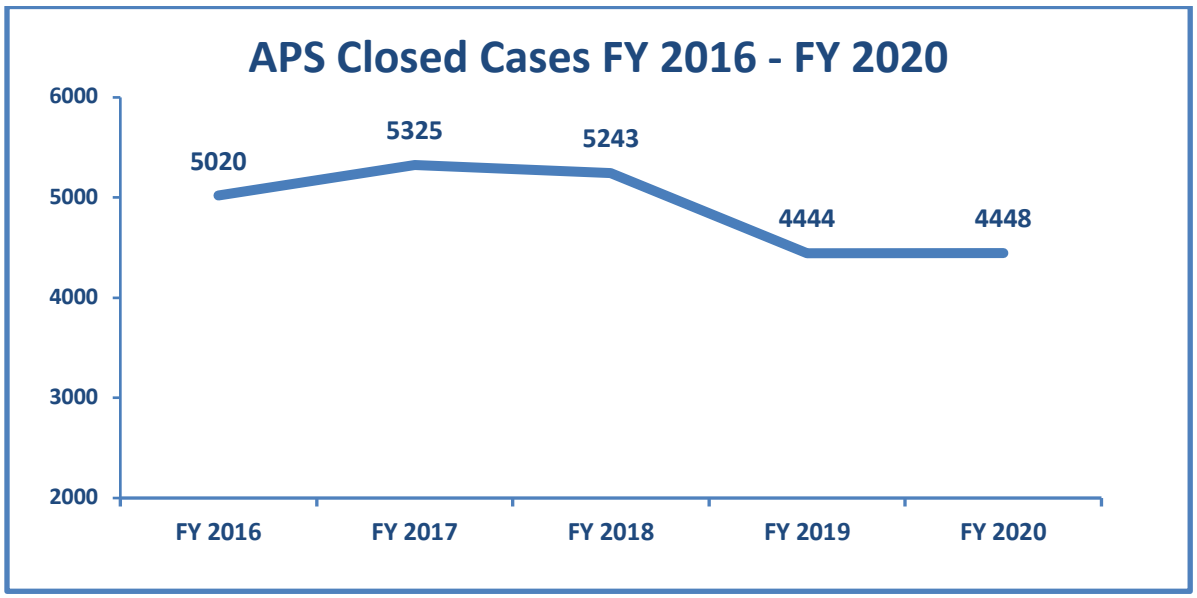
DAAS is responsible for the administration and operation of Adult Protective Services Programs (APS). Within the Division, the Director of APS has statewide administrative responsibility for the program. APS Regional Offices are located throughout the state and assume investigation responsibilities.

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.

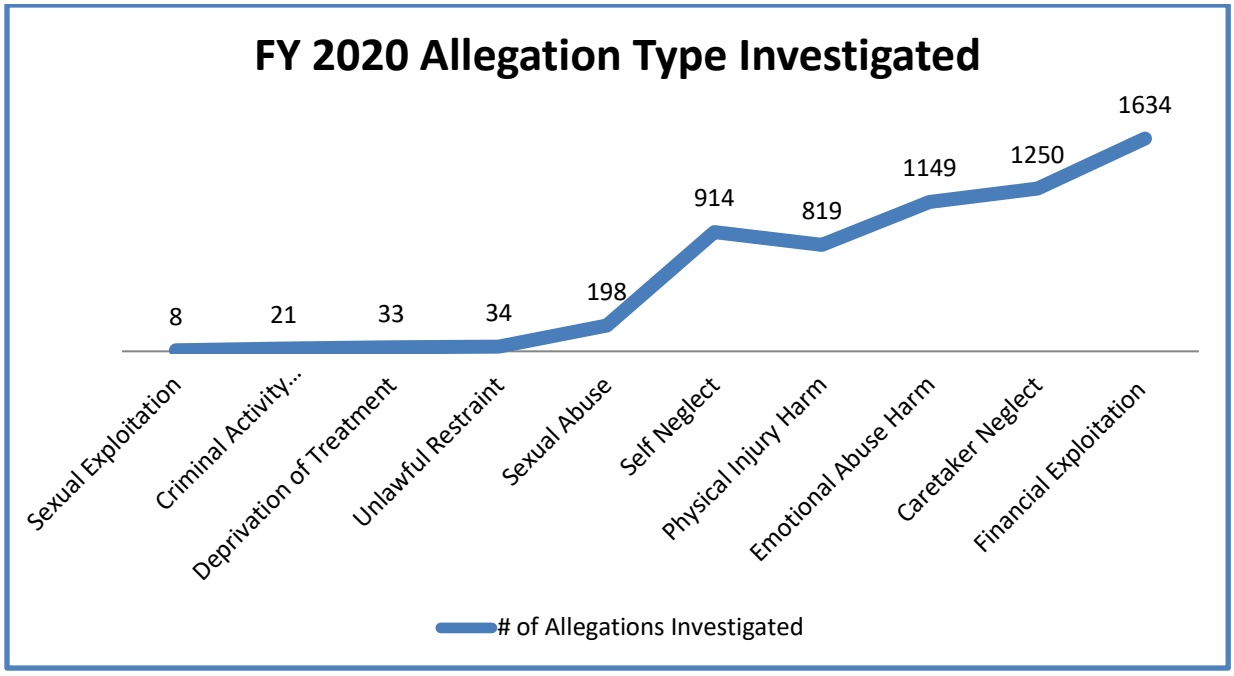
Participation/involvement with APS is voluntary for vulnerable adults who have capacity to make decisions on their own behalf, while individuals without capacity involve other agencies. Most clients are referred to community programs for assistance; however, short-term limited services may be provided 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 FY2020:



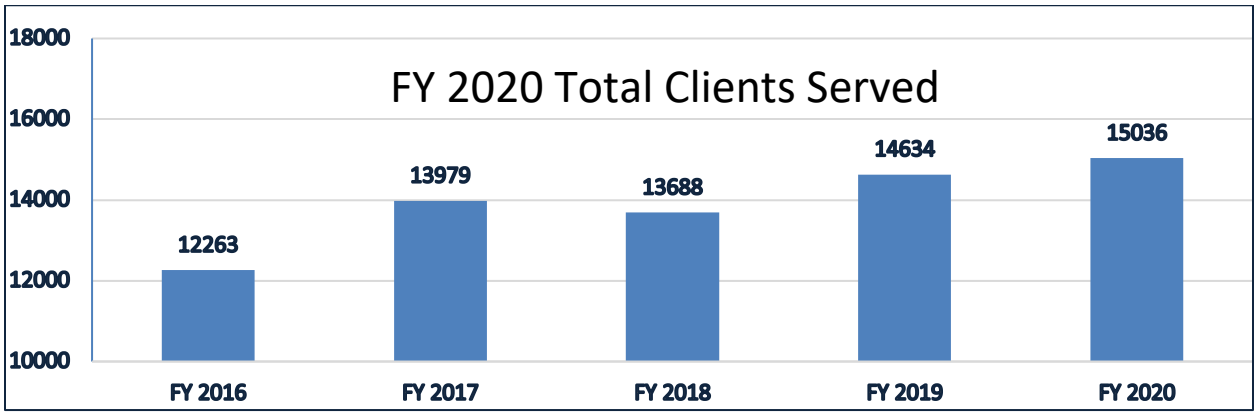
A. Investigation

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 2020 Perpetrator Demographics	
Age	
Under 60	81%
Gender	
Female	45%
2020 Victim Demographics	
Age	
Over 60	71%
Gender	
Female	60%
Location of Abuse	
Own home	



B. Training

The program has provided training to individuals and community organizations throughout the state, including, law enforcement officials, first responders, long-term care professionals, home health professionals, medical professionals, financial institutions and older adults. 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
• 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. Short-term Services

APS may provide short-term services to a vulnerable adult who is the victim of a confirmed case of abuse, neglect or exploitation. Short-term Services may be provided if no other resource is available and an expedient resolution of the immediate problem can be made.

D. COVID-19's Impact on Services

Adult Protective Services (APS) Intake and Investigation responses are essential Adult Protective Services functions. Due to the pandemic APS offices statewide have been closed to the public and workers are primarily working remotely. Intake and investigations of abuse neglect and exploitation of vulnerable adults have continued during the COVID pandemic.

During the pandemic APS Intake has continued to receive and document all reports via public website, email, fax, and phone. They have been assessing any immediate safety and risk factors, and additionally assess all reports for COVID-19 risk. Intake caseworkers have asked callers whether the alleged victim, alleged perpetrator and/or other household members have any flu-like symptoms or have had exposure to anyone with a COVID-19 diagnosis. This information is entered into a database for the assigned investigators if the alleged victim or any collateral contact involved in the case has been diagnosed with COVID-19.

New investigations cases are being assigned to APS Investigators on a daily basis during the pandemic. Investigations are triaged according to safety and risk factors. Typically, APS investigations will begin with a phone call to the reporter, alleged victim, or collateral contacts and screened for COVID-19 risk questions before attempting a face-to-face visit. In necessary and required in-person visitations, all CDC guidelines regarding social distancing and appropriate hygiene protocols are followed. Investigators visiting homes or having in-person interactions complete a COVID-19 Safety Assessment to help assure the continued health and safety of APS staff, alleged victims and their families.
If it has been determined that meeting the alleged victim in person may put the alleged victim or other members of the household/facility at risk, the investigator may make contact with the alleged victim via video/internet calling or by telephone. This may be accomplished with the assistance of family members, facility administrators or other collateral contacts who are equipped to safely contact a person so that risk can be minimized.
The investigator completes the case as per policy and completes the required assessments. If needed, the investigator will refer the vulnerable adult and/or the vulnerable adult's legal guardian to available community resources and services to address any protective needs.

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
- No money for food or clothes

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:

State of Utah
Adult Protective Services

Salt Lake
801-538-3567

Statewide
800-371-7897

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

Appendix I

BOARD MEMBERS

Member	Date Term Expires
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

Appendix II

DIVISION OF AGING AND ADULT SERVICES

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

Assistant Director: OAA
Jacob Murakami
jmurakami@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)
Carolyn Reed, Director, Aging Services
170 North Main
Logan, UT 84321
Phone: **435-752-7242**
Toll-free: **1-877-772-7242**
Fax: 435-752-6962
Website: www.bearriveraging.org
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, 3rd floor
Clearfield UT 84015
PO Box 618 - Farmington UT 84025-0618
Phone**: 801-525-5050**
Fax: 801-525-5061
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**
Toll-free: **1-800-705-1699**
Fax: 435-673-3540
Website: www.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
SHIP: 801-229-3819 *Closed Fridays

Salt Lake County Aging Services
Salt Lake (PSA 2B)
Paul Leggett, Director
2001 South State, #S-1500
Salt Lake City, UT 84190-2300
Phone: **385-468-3200**
Fax: 385-468-3186
Website: slco.org/aging-adult-services
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
Website: www.sanjuancounty.org
SHIP: 435-587-3225

Six-County Area Agency on Aging
Juab, Millard, Piute, Sanpete, Sevier, Wayne (PSA 04)
Brock Jackson, Director
250 North Main / PO Box 820
Richfield, UT 84701
Phone: **435-893-0738**
Toll free: **1-888-899-4447**
Fax: 435-893-0701
Website: www.sixcounty.com
SHIP: 435-893-0728

Southeastern Utah AAA
Carbon, Emery, Grand (PSA 7A)
Shawna Horrocks, Director
Phone: **435-613-0036**
Technical Assistance Center
375 South Carbon Avenue
(PO Box 1106)
Price, UT 84501
Phone: **435-613-0036**
Fax: 435-637-5448
Website: http://seualg.utah.gov
SHIP: 435-259-6623 –Grand only
SHIP: 435-613-0029 –Carbon & Emery

Tooele County Aging Services
Tooele (PSA 2T)
Jamie Zwerin, Director
151 N Main St, Ste. 200
Tooele, UT 84074
Phone: **435-277-2420**
Fax: 435-277-2444
Website: www.tooelehealth.org
SHIP: 435-277-2420 *Closed Fridays

Uintah Basin Area Agency on Aging
Daggett, Duchesne (PSA 6A)
Kevin Yack, Interim Director
330 East 100 South
Roosevelt, UT 84066
Phone: **435-722-4518**
Fax: 435-722-4890
Website: www.ubaog.org/aging
SHIP: 435-722-4518 *Closed Fridays

Council on Aging - Golden Age Center – (Uintah County PSA)
Uintah County (PSA 6C)
Alicen Hatch
330 South Aggie Blvd
Vernal, UT 84078
Phone: **435-789-2169**
Fax: 435-789-2171
Website: www.uintahgoldenage.org
SHIP: 435-789-2169

Weber Area Agency on Aging
Morgan, Weber (PSA 2A)
Nobu Iizuka, Director
237 26th Street, Suite 320
Ogden, UT 84401
Phone: **801-625-3770**
Fax: 801-778-6830
Website: www.weberhs.net
SHIP: 801-625-3770

NAT'L MEDICARE: 1- 800-633-4227