



Delaware State Plan on Aging

October 1, 2016 to September 30,
2020



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Services for Aging and Adults with Physical Disabilities



**Delaware
Aging & Disability
Resource Center**

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Executive Summary

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) is required by the Older Americans Act of 1965, as amended (OAA), to develop a State Plan on Aging every two to four years. This plan on aging is for the time period beginning October 1, 2016 through September 30, 2020.

The State Plan on Aging functions as DSAAPD's contract with the Administration for Community Living (ACL). It allows the State of Delaware to receive funding under Titles III and VII of the OAA. Titles III and VII provide for funding for important services for older Delawareans, known as "core" programs, such as:

- Personal Care
- Respite
- Adult Day Services
- Legal Services
- Personal Emergency Response Systems
- Case Management
- Congregate and Home-Delivered Meals
- Preventative Care
- Adult Protective Services
- Long-Term Care Ombudsman

The OAA also provides funding through discretionary grants for Delaware's Alzheimer's disease Supportive Services Program, Lifespan Respite, and Delaware's Senior Medicare Patrol.

As a Single Planning and Service Area (PSA), DSAAPD serves as a State Unit on Aging (SUA). It also performs the functions of an Area Agency on Aging (AAA), delivering and contracting for services for older persons at the local level. Additionally, DSAAPD is responsible for coordinating services for adults with physical disabilities in Delaware. In order to carry out these activities, DSAAPD maintains strong partnerships with organizations within the aging and disabilities networks.

The older population in Delaware, as in the rest of the nation, is growing. Currently about one in five Delawareans is age 60 and older. By the year 2035, the older population will make up nearly 30% of the state's population. It is projected that by the year 2035, the population consisting of the "oldest old" (age 85 and older), will have grown by 115.1%. As the older population grows, so will the demand for these important services. DSAAPD will use the strategies in this State Plan on Aging to address the growing and changing needs of older Delawareans and persons with disabilities.

The 2016 – 2020 State Plan on Aging focuses on four important areas. The focus areas include OAA core programs, ACL discretionary grants, participant-directed/person-centered planning, and elder justice. The plan includes seven goals that reflect DSAAPD's priorities going into the next four years:

1. Promote excellence in the delivery of core Older Americans Act Programs
2. Carry out advocacy efforts to develop service structures that improve the lives of older persons, adults with disabilities, and their caregivers
3. Increase the business acumen of aging network partners

4. Develop strategies to fully integrate discretionary grant programs with Older Americans Act core programs
5. Support participant-directed/person-centered planning related to long-term care options
6. Support the expansion of home and community based services which enable participants to direct their own care
7. Support and enhance multi-disciplinary responses to elder abuse, neglect and exploitation

Specific objectives and strategies are delineated for each of these goals. The State Plan on Aging also provides performance measures so that progress can be evaluated and ongoing improvements can be made in reaching these goals.

DSAAPD will promote excellence in the delivery of core programs through such efforts as using best practices in case management, targeting priority populations (as defined in the OAA), addressing the needs of caregivers, supporting programs that protect the rights of older persons and efforts to make delivery of services more efficient.

The plan includes efforts to improve the lives of older persons, person with disabilities and caregivers through advocacy of certain services. As in years past, Telehealth services will continue to improve lives by allowing persons to receive some medical care at home, or in other more convenient settings, rather than traveling to their health care provider's office. DSAAPD recognizes the need to improve emergency preparedness efforts and will work to improve emergency planning with service providers, older persons, and adults with disabilities. Access to affordable and accessible housing and transportation continues to be a need. DSAAPD will coordinate with partners to work on these issues. The plan includes efforts to improve access to services for persons with mental illness, substance abuse issues, and for persons with neurological impairments. In addition, DSAAPD will continue to work with other divisions throughout the state in supporting the State Innovation Model Healthy Neighborhoods Program.

As healthcare needs change, DSAAPD will train its aging network partners to meet the needs of their participants by improving integration of the health and long-term care systems. DSAAPD is committed to making sure our partners are engaging participants and developing skills necessary to be successful in the future.

In October 2015, DSAAPD began the Alzheimer's Disease Supportive Services Program, through a grant from ACL. Over the next three years, DSAAPD will work towards integrating this program, as well as the strategies addressed in the Delaware State Plan to Address Alzheimer's Disease and Related Disorders (Attachment K), into OAA core programs. DSAAPD will continue to make efforts to integrate Delaware's Senior Medicare Patrol and Lifespan Respite program with core programs, as well develop and expand the role of the legal services director.

In order to support participant-directed/person-centered planning related to long-term care options, DSAAPD plans to expand the availability of resources and options for persons who choose to receive long-term care supports in home and community-based settings. The plan includes helping persons who reside in nursing homes, or who are at risk of being placed in nursing homes, to learn about their service options so that they can make informed decisions not only about their care, but about the setting in which they receive the care.

DSAAPD will also continue to work towards expanding home and community-based services which enable persons to direct their own care. This goal will be accomplished by expanding and improving the Attendant Services program and implementing additional participant-directed models where feasible.

Finally, DSAAPD plans to support and enhance multi-disciplinary responses to elder abuse, neglect and exploitation. This includes promoting and protecting the rights of older persons and improving the response to elder abuse and financial exploitation.

By implementing the State Plan on Aging goals and objectives, DSAAPD will work towards building capacity to serve the growing aging population. This will be accomplished, not only by providing needed services, but also by providing those services at the person's direction and in the setting of their choice.

Introduction

Purpose

The State Plan on Aging serves as the contract between the State of Delaware and the Administration for Community Living (ACL). It enables Delaware to receive funds under Titles III and VII of the Older Americans Act. This funding provides needed services and programs for Delawareans age 60 and older.

In addition to fulfilling this federal requirement, the State Plan on Aging also serves as a strategic planning guide for the Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) for the next four years. It describes a vision for the future and lays out goals, objectives, and strategies for meeting that vision.

Process

DSAAPD began the process of developing the State Plan on Aging by reviewing the Older Americans Act of 1965, as amended; DSAAPD's current State Plan on Aging; State Plans from other states; demographic data; ACL's Program Instruction for FY 2015; and other ACL-provided resources. A working timeline for completion of the State Plan was developed. The decision was made that the State Plan will cover a period of four years, from October 1, 2016 through September 30, 2020.

DSAAPD staff brainstormed ideas as a starting point for the goals, objectives, and strategies. Using the ACL Program Instruction as guidance, a "skeletal" plan was drafted.

A State Plan on Aging Oversight Committee was formed. The committee consisted of a variety of aging and disabilities advocates, caregivers, and DSAAPD staff. (Please see Appendix H for a list of the members of the Oversight Committee.) At the initial meeting of the Oversight Committee, the "skeletal" plan was reviewed and discussed. Input and comments from the committee were obtained and incorporated into the draft.

Input was obtained from DSAAPD staff members in their areas of expertise. The input was incorporated into the draft. The draft was sent to the Oversight Committee and all DSAAPD staff for review and comment. Staff and committee comments were reviewed for incorporation into the draft.

The draft State Plan on Aging was posted on DSAAPD's website for public comment. It was also sent to stakeholders for comment. Public Meetings were held in each county and the city of Wilmington to obtain input. The plan was presented to the Governor's Advisory Council on Services for Aging and Adults with Physical Disabilities (GAC). The final meeting of the Oversight Committee was held on May 9, 2016. Public, stakeholder, committee, and GAC comments were reviewed for inclusion in the plan. After the plan was finalized, it was submitted to Delaware Health and Social Services Secretary, Rita Landgraf, for final approval.

Mission and Vision

The goals and objectives detailed in this plan support DSAAPD's overall mission and vision. Full versions of the Delaware Health and Social Services' and DSAAPD mission and vision statements are located in Appendix E.

Context

The Current and Future Population of Older Delawareans

According to current population data, there are approximately 196,671 persons living in Delaware who are age 60 and older. Of that number, 17,300 persons, or 8.8%, are considered to be the “oldest old” at age 85 and older.

Who are these older Delawareans? About 17.8% of older Delawareans who are age 60 and older are members of racial or ethnic minorities. About 7.3% live below the poverty level. Those in the labor force make up 28.4% of all older Delawareans. About 22% are veterans.

It is estimated that 17,000 Delawareans are living with Alzheimer’s disease or related disorders. Approximately 27.9% of Delawareans who are age 60 and older and are living in the community have at least one disability. Of Delawareans age 65 and older, 15.4% of males and 29.2% of females live alone.

As is the case in most states, Delaware’s older population is increasing. Delaware’s older population, however, is increasing at a faster rate than in most other states. This faster rate of growth is due in part to migration. Delaware has the fifth highest net migration rate in the country for persons age 55 to 74. In the nation as a whole, the older population (age 65 and older) grew by 10% between 1996 and 2006. In Delaware, during the same time period, that population grew by about 24%.

Currently, about one in five Delawareans is age 60 and older. By the year 2035, the older population will make up nearly 30% of the state’s population. It is projected that by the year 2035, the population consisting of the “oldest old” (age 85 and older), will have grown by 115.1% since 2015. Delaware is made up of three counties. In Sussex County, our fastest growing county in terms of older persons, it is projected that from the year 2015 to 2035 the population of the “oldest old” will have grown by 178.2%.

For more information about Delaware’s older population, please see Appendix C of this plan.

Delaware’s Aging Network and Long-Term Care System Organization

The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) serves as the State Unit on Aging (SUA) for Delaware. Because of Delaware’s small size, it has been designated a Single Planning and Service Area (PSA) for the purpose of administering funds under the Older Americans Act. As a result, DSAAPD carries out the functions of an SUA and also performs the responsibilities of an area agency on aging (AAA). As such, DSAAPD delivers and contracts for services statewide.

DSAAPD is one of eleven divisions within the Delaware Department of Health and Social Services (DHSS). DSAAPD coordinates with other divisions within DHSS, including but not limited to, the Division of Medicaid and Medical Assistance (DMMA), the Division of Substance Abuse and Mental Health (DSAMH), the Division of Public Health (DPH), the Division of Developmental Disabilities Services (DDDS), the Division for the Visually Impaired (DVI), and the Division of Social Services (DSS). Please see Appendix I for DSAAPD and DHSS organizational charts.

DSAAPD currently oversees Delaware’s two state-run long-term care facilities. The Division ensures access to services, as the needs of the residents of the two facilities are similar to the needs of those

served in the community. The Office of the Long-Term Care Ombudsman and Adult Protective Services, while working closely with DSAAPD, are a part of the Office of the Secretary, DHSS.

Delaware participates in a managed care model for the provision of long-term care services for persons enrolled in Medicaid. The Division of Medicaid and Medical Assistance administers the managed care model, known as the Diamond State Health Plan Plus. DSAAPD continues to deliver and contract for services that are funded by sources other than Medicaid.

In addition to serving as Delaware's SUA/AAA, DSAAPD is the central advocate for adults with physical disabilities. As such, DSAAPD carries out a broad range of activities, including:

- operating the Delaware Aging and Disabilities Resource Center (ADRC) to provide information and assistance, options counseling, and service enrollment support services;
- issuing and administering contracts for home and community based services for older persons and persons with physical disabilities;
- operating the Delaware Senior Medicare Patrol, the Delaware Money Management program, and the Senior Community Service Employment Program;
- operating the Nursing Home Transition Program and Care Transitions;
- providing Case Management;
- developing and implementing wellness and health promotion programs;
- advocating on behalf of older persons and adults with physical disabilities to create a broader awareness of needs and to generate additional resources to meet those needs;
- providing training to our staff and members of the broad aging and disabilities network on a wide range of topics related to older persons and adults with disabilities;
- operating two state-run long term care facilities.

DSAAPD maintains strong partnerships with agencies and organizations within Delaware's aging and disabilities network. Our partners include:

- Delaware Aging Network (DAN);
- AARP Delaware;
- Alzheimer's Association Delaware Valley Chapter;
- Delaware's State Council for Persons with Disabilities;
- Delaware Department of Insurance (Delaware Medicare Assistance Bureau);
- Independent Resources, Inc.;
- Freedom Center for Independent Living, Inc.;
- University of Delaware, Center for Disabilities Studies;
- Homeless Planning Council of Delaware;
- Delaware Housing Coalition;
- Delaware State Housing Authority;
- Parkinson Education and Support Group of Sussex County;
- Community Legal Aid Society, Inc.'s Elder Law and Disabilities Law Programs.

DSAAPD maintains strong partnerships with hospitals, senior centers, and service organizations. DSAAPD staff members serve on community boards, committees, and task forces working on issues that affect older Delawareans and persons with disabilities. These issues include housing, transportation, telehealth, health promotion, emergency preparedness, and legal services, to name a few.

DSAAPD benefits from the advice of its Governor's Advisory Council on Services for Aging and Adults with Physical Disabilities. The Governor's Advisory Council was established under Delaware state law to provide advice to the Director of DSAAPD on programs and projects to benefit older persons and adults with physical disabilities in the state. The Council consists of 15 members, each appointed to a three-year term by the Governor. The Council meets approximately seven times per year. The Council serves in an advisory capacity for the development and implementation of Delaware's statewide Aging and Disability Resource Center.

Finally, DSAAPD benefits from input and advice provided by the State Council for Persons with Disabilities (SCPD). SCPD serves as both the advisory council for the statewide Attendant Services program and the principal planning agency for individuals with traumatic brain injury. SCPD includes a representative from the Governor's Advisory Council on Services for Aging and Adults with Physical Disabilities.

Critical Issues, Trends, Future Implications, and Challenges

Delaware's older population is rapidly growing. A significant challenge is presented by the need for additional funding to support the growing need for services. In addition, as the population of the "oldest old" continues to grow, so may the need for more costly services.

As demand for our services grows, so does the demand on our staff resources. Unfortunately, the current economic climate has affected our ability to increase staff to meet this demand.

Strategies and Resources

Delaware continues to work toward rebalancing our resources to reduce our reliance on facility-based care. Having reduced our number of state-run facilities, resources that were previously dedicated to the facilities may be directed to home and community based services and staff.

Delaware is focused on addressing some of the more challenging critical needs of its older population, including the need for legal services and supports. With the expanded role of DSAAPD's Legal Services Developer and a focus on financial exploitation, Delaware is addressing the need head on. Delaware will continue to work with partners, including community legal agencies, to provide quality legal representation.

Delaware is also committed to work on addressing the needs of individuals who experience Alzheimer's disease and related disorders. With the implementation of the Alzheimer's Disease Supported Services Program (ADSS), current services, including respite care and community living, will be expanded. In addition, Delaware will be creating a sensory technology pilot program to assist participants of ADSS who live alone. ADSS, coupled with the State Plan to Address Alzheimer's Disease and Related Disorders (appendix K), will help Delaware become a dementia friendly and capable state.

Over the next four years and beyond, DSAAPD will continue to make use of strategic opportunities to address the growing and changing needs of older Delawareans and persons with disabilities. DSAAPD will continue to work with public and private partners to take the fullest possible advantage of funding and other collaborative opportunities.

Goals, Objectives, Strategies, Outcomes, and Performance Measures

Please note: Delaware is currently updating its data management system. The new system is expected to be implemented by October 1, 2016. The current data management system lacks the capacity to accurately track performance measures. More descriptive performance measures, with a baseline, will be available once the new system is utilized. Delaware's State Plan on Aging will be amended to reflect the updated performance measures at that time.

Focus Area 1: Older Americans Act Core Programs

Goal # 1: Promote excellence in the delivery of core Older Americans Act Programs

Objective 1.1 Develop and implement best practices in case management.

- Strategy 1.1.1 Update protocols to promote consistency in the delivery of case management services in all parts of the state.
- Strategy 1.1.2 Develop the capacity to provide emergency case management, including after-hours support and a triage model, to respond to individual's urgent service needs.
- Strategy 1.1.3 Support in-person collaboration between service providers and case managers.
- Strategy 1.1.4 Utilize technology to improve the efficiency of case management field operations.

Performance Measures for Objective 1.1

- Percent reduction in average caseload among Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) case managers.
- Number of case managers who receive specialized training.
- Average length of time to do an assessment.
- Percent increase in use of mobile technology.

Objective 1.2 Develop new strategies to target priority populations (as defined in the Older Americans Act) in the delivery of core services.

- Strategy 1.2.1 Partner with organizations which service priority populations to coordinate outreach opportunities and improve targeting efforts.
- Strategy 1.2.2 Review brochures, correspondence, and electronic communication to ensure that language is user-friendly.
- Strategy 1.2.3 Build staff capacity to communicate with non-English speaking persons.
- Strategy 1.2.4 Develop cultural competencies among DSAAPD staff to promote responsiveness to the needs to diverse populations.
- Strategy 1.2.5 Participate in department-wide diversity efforts.

Performance Measure for Objective 1.2

- Number of DSAAPD outreach tools which have been screened and edited for readability.
- Number of specialized training events offered to DSAAPD staff.
- Number of organizations DSAAPD partners with.

Objective 1.3 Promote the development, expansion, and/or improvement of programs which address the needs of caregivers.

- Strategy 1.3.1 Coordinate with partner agencies to provide hands-on and web-based training to caregivers.
- Strategy 1.3.2 Explore opportunities for creating cost efficiencies in the delivery of respite services in order to expand availability.
- Strategy 1.3.3 Provide ongoing training to Aging and Disability Resource Center (ADRC) call center staff on services available for caregivers, including grandparent caregivers.
- Strategy 1.3.4 Improve needs assessment for caregivers through DSAAPD case management system.
- Strategy 1.3.5 Coordinate with Delaware's senior centers, adult day and memory care & wellness facilities, faith-based communities, and other aging and disability partner organizations, such as the Alzheimer's Association, to make the best use of public and private caregiver support resources.
- Strategy 1.3.6 Explore opportunities to promote services to out-of-state or remote caregivers.

Performance Measure for Objective 1.3

- Number of caregivers who receive caregiver training.
- Average annual number of caregiver service training hours received by DSAAPD staff.
- Percent increase in service hours provided to support caregivers.

Objective 1.4 Perform a comprehensive review of the service specifications of all core programs and revise as necessary.

- Strategy 1.4.1 Incorporate participant-directed/person-centered planning models into service specifications.

Performance Measure for Objective 1.4

- Number of DSAAPD service specifications reviewed.
- Number of DSAAPD services which include a participant-directed component.

Objective 1.5 Achieve a dementia-competent workforce in the State of Delaware.

- Strategy 1.5.1 Improve dementia competency among health care and social service providers.
- Strategy 1.5.2 Promote training for professionals in other, non-health care fields that interact with persons who have dementia.
- Strategy 1.5.3 Increase access to training resources related to dementia.

Performance Measure for Objective 1.5

- Number of DSAAPD staff who receive specialized training.
- Number of specialized training events offered to other professionals.

Goal # 2: Carry out advocacy efforts to develop service structures that improve the lives of older persons and adults with disabilities

Objective 2.1 Promote the development of Telehealth services statewide.

- Strategy 2.1.1 Coordinate with public and private sector partners in utilizing technology to provide continuing education to providers and caregivers in order to benefit aging consumers, adults with physical disabilities, and their caregivers.
- Strategy 2.1.2 Incorporate technology into operations wherever feasible to improve efficiency in delivery of case management, nursing consults, and/or other services.
- Strategy 2.1.3 Participate in initiatives to develop various strategies to support the viability of telehealth, including strategies related to policies that impact telehealth such as reimbursement policies, provider licensure, credentialing, and technical infrastructure standards.
- Strategy 2.1.4 Participate in the Delaware Telehealth Coalition and its related strategic planning initiatives.

Performance Measure for Objective 2.1

- Number of remote trainings utilizing telehealth.
- Number of Delaware Telehealth Coalition and subcommittee meetings held.
- Number of specialized training events offered.

Objective 2.2 Carry out strategies which lead to greater emergency preparedness by and on behalf of older persons and persons with disabilities in Delaware.

- Strategy 2.2.1 Establish procedures for reviewing and monitoring contractor’s emergency preparedness plans.
- Strategy 2.2.2 Incorporate an evaluation of emergency preparedness into DSAAPD participant assessments and strengthen protocols for individual back-up plans.
- Strategy 2.2.3 Promote emergency preparedness among older persons and persons with physical disabilities through ongoing outreach activities.
- Strategy 2.2.4 Coordinate with local and state Emergency Operations Centers to develop a standard emergency preparedness protocol for aging citizens.

Performance Measure for Objective 2.2

- Percent of contractors who receive training on the development of emergency preparedness plans.
- Percent of contractor emergency preparedness plans reviewed by DSAAPD staff.
- Number of emergency preparedness outreach activities supported.

Objective 2.3 Coordinate with the Governor’s Commission on Building Access to Community-Based Services, the Homeless Planning Council, the Coalition for the Homeless, the Delaware State Housing Authority, and other partners to improve access to affordable housing options for older persons and persons with disabilities.

- Strategy 2.3.1 Coordinate with partners to promote awareness of the needs of older persons and persons with disabilities and provide incentives for the development of accessible housing structures.
- Strategy 2.3.2 Expand the state supported housing continuum process.
- Strategy 2.3.3 Increase tenancy supports for clients transitioning to the community.
- Strategy 2.3.4 Align with efforts to promote better housing opportunities.

Performance Measure for Objective 2.3

- Number of initiatives developed to improve access to affordable housing.

Objective 2.4 Improve access to and coordination of services for persons with mental illness, substance abuse and behavioral health issues.

- Strategy 2.4.1 Coordinate with the Division of Substance Abuse and Mental Health to identify and address barriers to service access for persons with mental illness and substance abuse problems.
- Strategy 2.4.2 Coordinate outreach activities with community organizations to raise awareness of, and reduce stigma about, mental illness and its treatment.
- Strategy 2.4.3 See Strategy 6.1.4 [Coordinate with advocacy groups and other state agencies to make attendant services available persons with mental illness and developmental disabilities.]
- Strategy 2.4.4 Expand the Gero-Psych Team to provide comprehensive assessment and intensive treatment to older adults with a variety of acute emotional health problems and their family members.

Performance Measure for Objective 2.4

- Number of referrals of participants to the Gero-Psych team.

Objective 2.5 Improve access to and coordination of services for persons with neurological impairments.

- Strategy 2.5.1 Coordinate with community partners to identify and address barriers to service access for persons with neurological impairments.

Performance Measure for Objective 2.5

- Number of case managers who receive specialized training.

Objective 2.6 Advocate for affordable, accessible transportation and mobility options, especially in areas with critical transportation needs.

- Strategy 2.6.1 Support the Delaware Department of Transportation and other partners in planning initiatives which would broaden and improve the transportation options available to older persons and persons with disabilities, especially in rural areas of the State.
- Strategy 2.6.2 Collaborate with the Delaware Department of Transportation to update and promote the safer senior drivers resources.
- Strategy 2.6.3 Build capacity in the State's home and community-based service infrastructure to respond to critical needs including transportation and promote as a viable transportation resource.

Performance Measure for Objective 2.6

- Number of safer senior drivers resources downloaded.
- Number of people trained to provide transportation services.

Objective 2.7 Promote economic security through improved access to underutilized services.

Strategy 2.7.1 Coordinate with the Division of Social Services and other partners to increase participation in the Supplemental Nutrition Assistance Program (SNAP) among eligible older persons.

Strategy 2.7.2 Explore other available services with participants.

Performance Measure for Objective 2.7

- Number of persons aged 60 and over enrolled in the SNAP program.

Objective 2.8 Support statewide improvements in population health priority areas through the State Innovation Model Healthy Neighborhoods Program.

Strategy 2.8.1 Align with the Delaware Center for Health Innovation, Public Health, and other partners in community health improvement plans.

Performance Measure for Objective 2.8

- Number of Healthy Neighborhood Community Councils that have an aging partner agency involved.

Goal # 3: Increase the business acumen of aging network partners

Objective 3.1 Improve integration of health and long-term care systems.

Strategy 3.1.1 Build the business capacity of state and community based aging and disability organizations for partnerships with integrated care networks.

Strategy 3.1.2 Develop training of community-based organizations to help them negotiate contracts with healthcare entities, either directly or as a part of a community-based network, to help improve the sustainability of their programs.

Strategy 3.1.3 Explore ways to generate and diversify income streams and capacity of service partners.

Performance Measure for Objective 3.1

- Number of specialized training events offered to community-based organizations.

Objective 3.2 Improve participant engagement with service providers.

- Strategy 3.2.1 Build engagement capacity of state and community based aging and disability organizations.
- Strategy 3.2.2 Explore ways to engage participants in future service delivery planning.
- Strategy 3.2.3 Explore ways to expand geriatric workforce development.
- Strategy 3.2.4 Develop strategies to use data from National Core Indicators – Aging and Disabilities project to improve participant engagement.

Performance Measure for Objective 3.2

- Number of direct service staff training in person-centered procedures.
- Number of participants contacted during service monitoring.

Focus Area 2: Administration for Community Living Discretionary Grants

Goal # 4: Develop strategies to fully integrate discretionary grant programs with Older Americans Act core programs

Objective 4.1 Fully integrate the Alzheimer’s Disease Supportive Services Program with core programs.

- Strategy 4.1.1 Expand the availability of supportive services to persons with Alzheimer’s disease and related disorders who live alone in a community setting by developing a pilot sensor technology program to protect the health and safety of persons with ADRD who live alone.
- Strategy 4.1.2 Broaden existing legal services to address the specific needs of people with dementia and their caregivers.
- Strategy 4.1.3 Expand the availability of respite vouchers through the Lifespan Respite program and community integration services through the Community Living Program.
- Strategy 4.1.4 Increase support available to family caregivers through the training and consultation on behavior symptom management using an evidence-based intervention and delivering training and consultation through the Delaware Caregiver Resource Centers.

Performance Measure for Objective 4.1

- Percent increase in number of participants in Alzheimer’s grant supported services.
- Percent increase in number of service hours provided.

Objective 4.2 Fully integrate the Senior Medicare Patrol (SMP) Program with core programs.

- Strategy 4.2.1 Recruit additional volunteers to ensure adequate statewide service coverage.
- Strategy 4.2.2 Further develop and implement plans to maximize retention of volunteers.
- Strategy 4.2.3 Evaluate the capacity and ability of the SMP program to address the increasing number of cases with complex issues.
- Strategy 4.2.4 Collaborate with the ADRC to establish referral protocols for cases which involve complex issues.
- Strategy 4.2.5 Promote SMP’s mission to partners and the general public.

Performance Measure for Objective 4.2

- Number of Senior Medicare Patrol Program volunteer hours provided.

Objective 4.3 Expand Lifespan Respite services.

- Strategy 4.3.1 Co-sponsor Delaware’s annual lifespan respite summit.
- Strategy 4.3.2 Assess the current use of respite funds statewide to find opportunities to expand the use of vouchers in order to promote efficiency, increase consumer choice, and maximize service capacity.

Performance Measure for Objective 4.3

- Percent increase in number of respite service hours provided.

Objective 4.4 Develop and expand the role of the Legal Services Developer.

- Strategy 4.4.1 Lead the state’s elder rights advocacy efforts by promoting critical legal needs of older individuals, including income, housing, access to healthcare and long-term services and supports, and defense against guardianship when appropriate.
- Strategy 4.4.2 Expand capacity for coordinating legal assistance.

- Strategy 4.4.3 Provide technical assistance, training and other supportive functions to DSAAPD, legal assistance providers, ombudsmen, and other related persons and/or organizations.
- Strategy 4.4.4 Promote financial management services for older individuals at risk of conservatorship.
- Strategy 4.4.5 Expand capacity to assist older individuals in understanding their rights, exercising choices, benefiting from services and opportunities authorized by law, and maintaining the rights of older individuals at risk of guardianship.
- Strategy 4.4.6 Expand capacity to improve the quality and quantity of legal services provided to older individuals.

Performance Measure for Objective 4.4

- Number of specialized training events offered to staff and partners.
- Number of strategies developed in a service delivery plan.

Focus Area 3: Participant-Directed/Person-Centered Planning

Goal # 5: Support participant-directed/person-centered planning related to long-term care options

Objective 5.1 Expand the availability of resources and service options for individuals who choose to receive long term care supports in home and community-based settings.

- Strategy 5.1.1 Work with the Office of Management and Budget to maximize cost efficiencies in order to advance the Department’s efforts to rebalance long term care services from facility-based settings to community-based settings.
- Strategy 5.1.2 Build capacity in the State’s home and community-based service infrastructure to respond to critical needs including transportation, housing, personal care services, dementia care, and home modification.

Performance Measure for Objective 5.1

- Ratio of funds allocated to institutional versus community-based care.

Objective 5.2 Help persons who reside in nursing homes or who are at risk of institutionalization to learn about their service options and, when needed, access appropriate community-based care.

- Strategy 5.2.1 Assist individuals who apply for nursing home care to explore alternative service options.

- Strategy 5.2.2 Expand service capacity for options counseling services for persons transitioning from acute care hospitals to prevent hospital readmissions and unnecessary institutionalization.
- Strategy 5.2.3 Coordinate with the Division of Medicaid and Medical Assistance and other partners to support individuals who opt to transition from nursing homes to community-based residential settings.

Performance Measure for Objective 5.2

- Number of nursing home applicants diverted to community-based care.
- Number of nursing home residents transitioned to community-based care.

Goal # 6: Support the expansion of home and community based services which enable participants to direct their own care

Objective 6.1 Expand and improve the Attendant Services program.

- Strategy 6.1.1 Explore opportunities for realigning funds across in-home services to increase resources available for consumer-directed attendant care.
- Strategy 6.1.2 Coordinate with partner to develop regulations to accompany Delaware’s attendant services legislation.
- Strategy 6.1.3 Coordinate with partners to promote awareness of Delaware’s law regarding the delegation of health care acts.
- Strategy 6.1.4 Coordinate with advocacy groups and other state agencies to make attendant services available persons with mental illness and developmental disabilities.

Performance Measure for Objective 6.1

- Percent increase in number of persons receiving participant-directed attendant care services.

Objective 6.2 Deliver additional services using a participant-directed model.

- Strategy 6.2.1 Review participant-directed care models used in other states for various services and determine whether such efforts are feasible in Delaware.
- Strategy 6.2.2 Implement participant-directed models and evaluate their effectiveness

Performance Measure for Objective 6.2

- Number of DSAAPD services which include a participant-directed component.

Focus Area 4: Elder Justice

Goal # 7: Support and enhance multi-disciplinary responses to elder abuse, neglect and exploitation

Objective 7.1 Support the delivery of services that promote and protect the rights of older persons.

- Strategy 7.1.1 Promote awareness of the availability of the community-based ombudsman within the Long Term Care Ombudsman Program and explore opportunities for expansion of this service component.
- Strategy 7.1.2 Strengthen the capacity of the Long Term Care Ombudsman Program to support the rights of nursing home residents, including those who opt to transition from nursing homes to community-based settings.
- Strategy 7.1.3 Develop emergency services to target individuals and families receiving support through the Adult Protective Services Program.
- Strategy 7.1.4 Expand the scope of information about legal services available on DSAAPD's website.

Performance Measure for Objective 7.1

- Number of ombudsman service requests.
- Number of emergency services available to people served by APS.

Objective 7.2 Improve the response to elder abuse.

- Strategy 7.2.1 Develop multi-disciplinary training that targets law enforcement, medical professionals, and the aging network.
- Strategy 7.2.2 Review and evaluate coordination between Adult Protective Services and DSAAPD staff.
- Strategy 7.2.3 Review and enhance responses to inadequate self-care of participants.
- Strategy 7.2.4 Support use of multi-disciplinary team approach to respond to complex cases.

Performance Measure for Objective 7.2

- Number of referrals to APS.
- Number of referrals of self-neglect.
- Number of specialized multi-disciplinary training events offered.

Objective 7.3 Improve the response to financial exploitation.

- Strategy 7.3.1 Promote financial supportive services, such as the Delaware Money School and \$tand By Me.

Strategy 7.3.2 Develop training to identify possible financial exploitation and enhance the referral process in such cases, in coordination with the Legal Services Developer.

Performance Measure for Objective 7.3

- Number of specialized training events offered staff.
- Number of referrals to partners agencies.

Objective 7.4 See Objective 4.4 [Develop and expand the role of the Legal Services Developer].

Strategy 7.4.1 See Strategies 4.4.1 – 4.4.6

Performance Measure for Objective 7.4

- See Performance measures for Objective 4.4

Appendix A: Assurances and Required Activities

STATE PLAN ASSURANCES, REQUIRED ACTIVITIES AND INFORMATION REQUIREMENTS

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance;
and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--
(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--
(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and
(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development,

will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(17) Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency 12 response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services

Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

- (1)(A) The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
- (B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

Lisa Bond Division Director

Signature and Title of Authorized Official

7/15/2016

Date

Appendix B: Information Requirements

INFORMATION REQUIREMENTS

States must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) assures that such preference will be given, as required. Efforts to carry out this provision are as follows:

- Efforts will be made to maintain Spanish-speaking staff for statewide bilingual service coverage.
- Spanish language publications will be developed and made available in print and on the internet
- Relationships with national and state minority organizations will be maintained.
- Outreach activities will target communities and populations in greatest need.
- Services, such as congregate meals, will continue to be made available in areas which are accessible to persons in greatest need.
- DSAAPD will continue to provide a full range of services through the agency office in Southern Delaware, as well as through contractors located in rural areas of the State.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Delaware is a single planning and service area. State agency plans for emergency preparedness are described in section 307(a)29 below.

Section 307(a)(2)

The plan shall provide that the State agency will:

(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (Note: those categories are access, in-home, and legal assistance). Provide specific minimum proportion determined for each category of service.

Delaware is a Single Planning and Service Area (PSA), and therefore, does not allocate funds to area agencies on aging.

Section 307(a)(3)

The plan shall:

(B) with respect to services for older individuals residing in rural areas:

(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).*

(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

Funds expended to serve older persons in rural areas in each fiscal year in this plan will not be less than those expended for fiscal year 2015.

Because of the very small geographic size of the State, contract rates generally do not differ by region, and differences in urban/rural travel costs are minimal in relation to overall contract amounts.

For the fiscal year preceding the ones in which this plan applies, many outreach activities were used to reach older persons in rural areas. Such outreach activities included the presentation of information in local broadcast media, community newspapers, etc., as well as the distribution of information through local gatherings (e.g., health fairs and other senior events).

DSAAPD maintained a statewide toll-free phone number for information and access to services, as well as a website and email address. In addition, DSAAPD maintained an office in southern Delaware, a predominantly rural area of the State.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

Delaware assures that the special needs of older individuals residing in rural areas are taken into consideration in the planning and provision of services. DSAAPD allocates resources such that services are provided throughout the state, in rural as well as urban areas. Agency staff who provide services are located in both rural and urban areas. Contractor selection also ensures that provision of service covers all geographic areas of the State. As noted above, because of the size of the state, resources can be distributed to all geographic areas without additional cost.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and*

Please refer to population figures presented in the demographic section of this plan for data on race, Hispanic origin, poverty status, and language proficiency. Additionally note that in 2014, an estimated 7.3% of all Delawareans lived below the poverty level. Poverty rates were significantly higher for those persons who spoke a language other than English at home (7.0%).

(B) *describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

- DSAAPD has maintained a Spanish language section in its agency [website](#) and has made many of its publications, including the *Guide to Services for Older Delawareans*, available in Spanish.
- DSAAPD has partnered with varying organizations, including the Latin American Community Center, to provide Hispanic Outreach services and to provide congregate meals which feature Spanish cooking.
- Many outreach activities were used to reach low-income minority older individuals. Such outreach activities included the presentation of information on billboards, local broadcast media, and community newspapers, etc., as well as the distribution of information through local gatherings (e.g., health fairs and other senior events).

Section 307(a)(21)

The plan shall:

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (*title III*), if applicable, *and specify the ways in which the State agency intends to implement the activities* .

The 2010 Census indicates that .7 % of all Delawareans reported themselves to be Native American. Approximately half of Delaware’s Native Americans live in Sussex County. The Division of Services for Aging and Adults with Physical Disabilities assures that it will continue to outreach to Native Americans through local programs (e.g., senior centers and nutrition sites) and will include Native Americans in minority targeting initiatives.

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

DSAAPD works closely with other State agencies on emergency planning activities, including the Delaware Emergency Management Agency, which is charged with developing comprehensive emergency preparedness plans.

As described in the objectives section of this plan, DSAAPD will carry out a number of specific activities, including: establishing procedures for reviewing and monitoring contractor's emergency preparedness plans; incorporating an evaluation of emergency preparedness into DSAAPD participant assessments and strengthening protocols for individual back-up plans; promoting emergency preparedness among older persons and persons with physical disabilities through ongoing outreach activities; and coordinating with local and state Emergency Operations Centers to develop a standard emergency preparedness protocol for aging citizens..

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

DSAAPD's Director is closely involved with the State's emergency preparedness planning and has attended Continuity of Operations (COOP) training with several designated agency staff. The Director will continue to play an active role in the planning process, receiving regular updates on planning activities. The Director will also review and comment on all emergency preparedness and/or response plans and implementation strategies as they relate to the older population in Delaware.

Section 705(a)(7)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

The State of Delaware has established programs and services in accordance with this chapter. Some of the services are provided under contract by vendor agencies and others are operated directly by DSAAPD. A full list of services provided within Delaware, including program description, eligibility criteria, and contact information can be found on the agency's website, www.dhss.delaware.gov/dsaapd.

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

In developing this plan, and for other planning purposes, DSAAPD gathers information from outside entities to gauge opinions, measure need, and explore service options. As described in the introduction of this plan, a series of focus groups on a variety of topics was held to gather input in preparation for the development of State Plan goals and objectives.

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

The State assures that it will identify and prioritize statewide activities related to securing and maintaining benefits and rights, as described above. Specific activities include:

- The provision of information and assistance services statewide
- The provision of case management services, both through the Adult Protective Services Program and the Community Services Program
- The operation of the Long Term Care Ombudsman Program
- Coordination with outside agencies, such as the Attorney General's office and the Insurance Department to ensure the protection of rights
- Coordination with organizations such as the Division of Social Services and the Social Security Administration to maintain current information on available benefits

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

Delaware assures that it will continue to use funds, as described above, to carry out elder rights protection activities. Each of these elder rights protection activities is described briefly below:

- DSAAPD has oversight of the Long-Term Care Ombudsman Program. The Ombudsman Program responds to complaints; advocates for residents; and provides training in long-term care facilities.
- Adult Protective Services (APS) assists impaired adults who are subject to abuse, neglect and/or exploitation. APS workers receive and investigate reports of abuse and neglect and provide social service intervention as necessary.
- The Community Services Program (CSP) provides a range of services including information and assistance; advocacy; service authorization; and case coordination
- DSAAPD contracts with Community Legal Aid Society, Inc. to operate the Elder Law Program.
- DSAAPD coordinates with other organizations (such as the Division of Long Term Care Residents Protection, police organizations, the Department of Justice, and others) to promote elder rights protection.

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

Delaware assures that it will operate within the guidelines outlined above with regard to the designation of local Ombudsman entities. Delaware has a single, statewide Ombudsman entity.

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:

(i) public education to identify and prevent elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

Delaware assures that it will continue to operate the Adult Protective Services (APS) Program in accordance with all of the provisions detailed above. The APS program in Delaware is operated through the Department of Health and Social Services, of which DSAAPD is a part. APS and DSAAPD work in close coordination. The program complies with all provisions of the Older Americans Act with regard to elder abuse prevention as well as relevant State laws and regulations. Appropriate outreach, information, and referral activities occur as part of the ongoing operation of the program. APS staff work in close coordination with outside agencies (e.g., law enforcement agencies) in carrying out elder abuse protection activities. Client information collected in the process of complaint investigation remains confidential, and is shared with outside entities, such as law enforcement entities, only as required and only in keeping with professional guidelines, as described above.

Appendix C: Intrastate Funding Formula

The State of Delaware is a single state planning unit and no intrastate funding formula is applicable. The resource allocation plan for Delaware is included as Appendix D of this plan. Information on how Delaware allocates funding is available on the DSAAPD [website](#).

Appendix D: Resource Allocation Plan

**Resource Allocation Plan
FY 2016**

State General Funds	
Total State General Funds	\$12,839,300
Federal Funds	
Social Services Block Grant (SSBG)	\$1,124,322
Medicaid	\$440,000
Older Americans Act Title III	\$5,804,174
Older Americans Act Title V	\$1,846,110
Older Americans Act Title VII	\$103,193
Nutrition Services Incentive Program	\$493,592
Senior Medicare Patrol (SMP) Project	\$169,950
SMP Capacity Building Grant	\$59,898
ADRC	\$383,635
Lifespan Respite	\$117,811
Total Federal Funds	\$10,542,685
Other Funds	
Grant-in-Aid Funds	\$8,020,858
Senior Trust Fund	\$15,000
Tobacco Settlement Funds	\$762,300
Total Other Funds	\$8,798,158
Grand Total	
	\$32,180,143

Appendix E: Demographic Information

A PROFILE OF OLDER DELAWAREANS
Selected Population Characteristics – 2014 Estimates

	Number	Percent
Age Group (Persons aged 60+)		
60-64	55,589	28.3%
65-74	81,415	41.4%
75-84	42,367	21.5%
85 and over	17,300	8.8%
Total 60+	196,671	100.0%
County of Residence (Age 60+)		
New Castle	100,996	51.4%
Kent	33,382	17.0%
Sussex	62,293	31.7%
Gender (Age 60+)		
Male	88,895	45.2%
Female	107,776	54.8%
Race and Hispanic/Latino Origin (Age 60+)		
White	161,664	82.2%
Black or African American	27,731	14.1%
American Indian/Alaskan Native	590	0.3%
Asian	4,130	2.1%
Other	1,180	0.6%
Two or More Races	1,377	0.7%
Hispanic/Latino Origin	4,720	2.4%
Poverty Status (Age 60+)		
Below poverty level	14,043	7.3%
100 to 149% of poverty level	14,428	7.5%
At or above 150% of poverty Level	163,904	85.2%
Poverty Status for Selected Groups (Age 60+)		
White		
Below poverty level	9,543	6.0%
At or above poverty level	148,579	94.0%
Black or African American		
Below poverty level	3,725	13.8%
At or above poverty level	23,218	86.2%
Hispanic or Latino		
Below poverty level	575	12.1%
At or above poverty level	4,159	87.9%
Disability Status (Non-inst., Aged 60+)		
With any disability	53,673	27.9%
No disability	138,702	72.1%

	Number	Percent
Living Arrangements (Age 65+)		
Males		
With others (in households or group quarters)	57,988	84.6%
Alone	10,589	15.4%
Females		
With others (in households or group quarters)	60,294	70.8%
Alone	24,888	29.2%
Marital Status (Age 60+)		
Males		
Married, spouse present	60,641	68.2%
Married, spouse absent/separated	3,504	3.9%
Widowed, divorced, or never married	24,762	27.9%
Females		
Married, spouse present	51,091	47.4%
Married, spouse absent/separated	3,346	3.1%
Widowed, divorced, or never married	53,327	49.5%
Educational Attainment (Age 60+)		
Less than high school graduate	29,697	15.10%
High school graduate, GED or alternative	68,442	34.8%
Some college or associate's degree	47,201	24.0%
Bachelor's degree or higher	51,134	26.0%
Employment Status (Age 60+)		
In labor force	55,855	28.4%
Not in labor force	140,816	71.6%
Veteran Status (Age 60+)		
Veteran	43,268	22.0%
Non-veteran	153,403	78.0%
Place of Birth (Age 60+)		
Native born	183,576	93.3%
Foreign born	13,095	6.7%
Language Spoken at Home (Age 60+)		
English only	182,904	93.0%
Language other than English	13,767	7.0%
Geographic Mobility – Previous Year (Age 60+)		
Same house	11,604	93.8%
Moved within county	5,900	3.0%
Moved from county to county	1,180	0.6%
Moved from another state	4,523	2.3%
Moved from abroad	590	0.3%

Sources: U.S. Census Bureau, 2014 American Community Survey

Population Projections for Persons Aged 60 and Older State of Delaware

	2015	2020	2025	2030	2035	2040
Age Breakdowns						
Age 60-64	57,252	64,683	66,690	63,884	60,114	58,703
Age 65-69	50,470	55,351	62,498	64,372	61,697	58,154
Age 70-74	37,658	46,957	51,371	57,914	59,739	57,303
Age 75-79	26,811	33,300	41,551	45,308	51,115	52,796
Age 80-84	18,822	22,059	27,472	34,253	37,296	42,097
Age 85+	19,355	23,240	27,412	33,429	41,639	48,190
Age Totals						
Total Age 60+	210,368	245,590	276,994	299,160	311,600	317,243
Total Age 65+	153,116	180,907	210,304	235,276	251,486	258,540
Total Age 75+	64,988	78,599	96,435	112,990	130,050	143,083
Total Age 85+	19,355	23,240	27,412	33,429	41,639	48,190
Percentage Change						
Age 60+	NA	16.7%	31.7%	42.2%	48.1%	50.8%
Age 65+	NA	18.2%	37.3%	53.7%	64.2%	68.9%
Age 75+	NA	20.9%	48.4%	73.9%	100.1%	120.2%
Age 85+	NA	20.1%	41.6%	72.7%	115.1%	149.0%

Prepared by: Delaware Division of Services for Aging and Adults with Physical Disabilities

Source: Delaware Population Consortium Annual Population Projections, November 5, 2015, Version 2015.0

Population Projections for Persons Aged 60 and Older New Castle County, Delaware

	2015	2020	2025	2030	2035	2040
Age Breakdowns						
Age 60-64	32,859	37,333	38,053	35,676	32,779	32,737
Age 65-69	26,803	30,791	35,109	35,882	33,814	31,181
Age 70-74	18,391	24,307	28,000	31,964	32,820	31,039
Age 75-79	13,079	15,918	21,110	24,332	27,867	28,712
Age 80-84	9,525	10,528	12,880	17,114	19,780	22,690
Age 85+	10,939	12,045	13,244	15,598	20,028	24,393
Age Totals						
Total Age 60+	111,596	130,922	148,396	160,566	167,088	170,752
Total Age 65+	78,737	93,589	110,343	124,890	134,309	138,015
Total Age 75+	33,543	38,491	47,234	57,044	67,675	75,795
Total Age 85+	10,939	12,045	13,244	15,598	20,028	24,393
Percentage Change						
Age 60+	NA	17.3%	33.0%	43.9%	49.7%	53.0%
Age 65+	NA	18.9%	40.1%	58.6%	70.6%	75.3%
Age 75+	NA	14.8%	40.8%	70.1%	101.8%	126.0%
Age 85+	NA	10.1%	21.1%	42.6%	83.1%	123.0%

Prepared by: Delaware Division of Services for Aging and Adults with Physical Disabilities

Source: Delaware Population Consortium Annual Population Projections, November 5, 2015, Version 2015.0

Population Projections for Persons Aged 60 and Older Kent County, Delaware

	2015	2020	2025	2030	2035	2040
Age Breakdowns						
Age 60-64	8,022	9,609	10,430	11,887	12,480	11,403
Age 65-69	6,708	7,658	9,126	9,905	11,284	11,851
Age 70-74	5,593	6,163	7,002	8,356	9,062	10,326
Age 75-79	4,220	4,849	5,350	6,088	7,262	7,877
Age 80-84	2,938	3,382	3,864	4,296	4,892	5,843
Age 85+	2,497	3,239	3,891	4,518	5,147	5,912
Age Totals						
Total Age 60+	29,978	34,900	39,663	45,050	50,127	53,212
Total Age 65+	21,956	25,291	29,233	33,163	37,647	41,809
Total Age 75+	9,655	11,470	13,105	14,902	17,301	19,632
Total Age 85+	2,497	3,239	3,891	4,518	5,147	5,912
Percentage Change						
Age 60+	NA	16.4%	32.3%	50.3%	67.2%	77.5%
Age 65+	NA	15.2%	33.1%	51.0%	71.5%	90.4%
Age 75+	NA	18.8%	35.7%	54.3%	79.2%	103.3%
Age 85+	NA	29.7%	55.8%	80.9%	106.1%	136.8%

Prepared by: Delaware Division of Services for Aging and Adults with Physical Disabilities

Source: Delaware Population Consortium Annual Population Projections, November 5, 2015, Version 2015.0

**Population Projections for Persons Aged 60 and Older
Sussex County, Delaware**

	2015	2020	2025	2030	2035	2040
Age Breakdowns						
Age 60-64	16,371	17,741	18,207	16,321	14,855	14,563
Age 65-69	16,959	16,902	18,263	18,585	16,599	15,122
Age 70-74	13,674	16,487	16,369	17,594	17,857	15,938
Age 75-79	9,512	12,533	15,091	14,888	15,986	16,207
Age 80-84	6,359	8,149	10,728	12,843	12,624	13,564
Age 85+	5,919	7,956	10,277	13,313	16,464	17,885
Age Totals						
Total Age 60+	68,794	79,768	88,935	93,544	94,385	93,279
Total Age 65+	52,423	62,027	70,728	77,223	79,530	78,716
Total Age 75+	21,790	28,638	36,096	41,044	45,074	47,656
Total Age 85+	5,919	7,956	10,277	13,313	16,464	17,885
Percentage Change						
Age 60+	NA	16.0%	29.3%	36.0%	37.2%	35.6%
Age 65+	NA	18.3%	34.9%	47.3%	51.7%	50.2%
Age 75+	NA	31.4%	65.7%	88.4%	106.9%	118.7%
Age 85+	NA	34.4%	73.6%	124.9%	178.2%	202.2%

Prepared by: Delaware Division of Services for Aging and Adults with Physical Disabilities

Source: Delaware Population Consortium Annual Population Projections, November 5, 2015, Version 2015.0

Appendix F: Summary Information about Persons Served

**Summary Information about Persons Served
Through Selected Programs Funded Under Older Americans Act Title III
State Of Delaware, Fiscal Year 2013**

Number of Persons Served

Service	Persons Served
Title III-B Supportive Services	
Adult Day Health	178
Assisted Transportation	18
Case Management	4,233
Homemaker	139
Personal Care	230
Title III-C Nutrition Services	
Congregate Meals	11,374
Home Delivered Meals	3,686
Nutrition Counseling	559
Title III-E Caregiver Supports	
Counseling/Support Groups/Caregiver Training	3,379
Respite Care	693
Supplemental Services	228
Total	
Total Estimated Unduplicated Number of Persons Served Through Services Supported by Title III	24,717

Demographic Profile of Persons Served*

	Number	Percent
Total Registered Services Clients	16,184	
Total Minority Clients	3,976	24.6
Africa American Non-Hispanic		20.2
Asian and Pacific Islander Non-Hispanic		2.3
American Indian and Eskimo Non-Hispanic		0.5
Hispanic		1.3
Clients Below Poverty Level	2,618	16.2
Minority Clients Below Poverty Level	604	3.7
Rural Clients	6,281	38.8
Number of Caregivers of Elderly	3,752	
Number of Grandparent Caregivers	548	

*Among persons served who provided demographic information

Appendix G: Mission and Vision Statements

Mission and Vision Statements

Delaware Health and Social Services

Mission: To improve the quality of life for Delaware's citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations.

Vision: Together we provide quality services as we create a better future for the people of Delaware.

Division of Services for Aging and Adults with Physical Disabilities

Mission: The mission of the Division of Services for Aging and Adults with Physical Disabilities is to improve or maintain the quality of life for Delawareans who are at least 18 years of age with physical disabilities or who are elderly. The Division is committed to the development and delivery of consumer-driven services which maximize independence through individual choice, enable individuals to continue living active and productive lives and protect those who may be vulnerable and at risk.

Vision: *As we move into the future, Delaware Health and Social Services' Division of Services for Aging and Adults with Physical Disabilities will continue to focus on our core mission, and at the same time, plan for meeting the challenges that lie ahead. We must prepare to serve succeeding generations of diverse populations, whose needs may require uniquely different strategies and resources. We will focus on innovative approaches to advocacy, education, partnering, service delivery and technology. These approaches will enhance our capacity to: support customers and their caregivers; encourage healthy lifestyles; teach skills necessary for making informed life choices; facilitate greater community integration and participation; promote self-determination; and foster independence.*

Appendix H: DSAAPD Services

Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) Services and Programs

Following is a list of the services and programs operated or funded by DSAAPD.

- Adult Day Services
- Adult Foster Care
- Adult Protective Services
- Alzheimer's Day Treatment
- Assistive Devices
- Attendant Services
- Caregiver Resource Centers
- Case Management
- Community Living
- Congregate Meals
- Delaware Aging and Disability Resource Center (ADRC)
- Delaware Senior Medicare Patrol Program
- Home Delivered Meals
- Home Modification
- Information and Assistance
- Legal Services
- Lifespan Respite
- Long Term Care Ombudsman Program
- Money Management Program
- Nursing Home Transition Program
- Nursing Home Care
- Options Counseling
- Pathways to Employment
- Personal Care
- Personal Emergency Response System
- Respite Care
- Senior Community Service Employment Program

Appendix I: Governor's Advisory Council Members

**Members of the Governor's Advisory Council on
Services for Aging and Adults with Physical Disabilities**

Bob Brown	LaVaida Owens-White
Carolyn Fredricks	William Payne
Evelyn Hayes	Lee Perkins
Bonnie Hitch	Jalpurnia Trader
Suzanne Howell	Debra Veenema
Arlene Littleton	Barbara Willis
Katie Macklin	James P. Young
Mary Ann Miller	

Appendix J: State Plan on Aging Oversight Committee Members

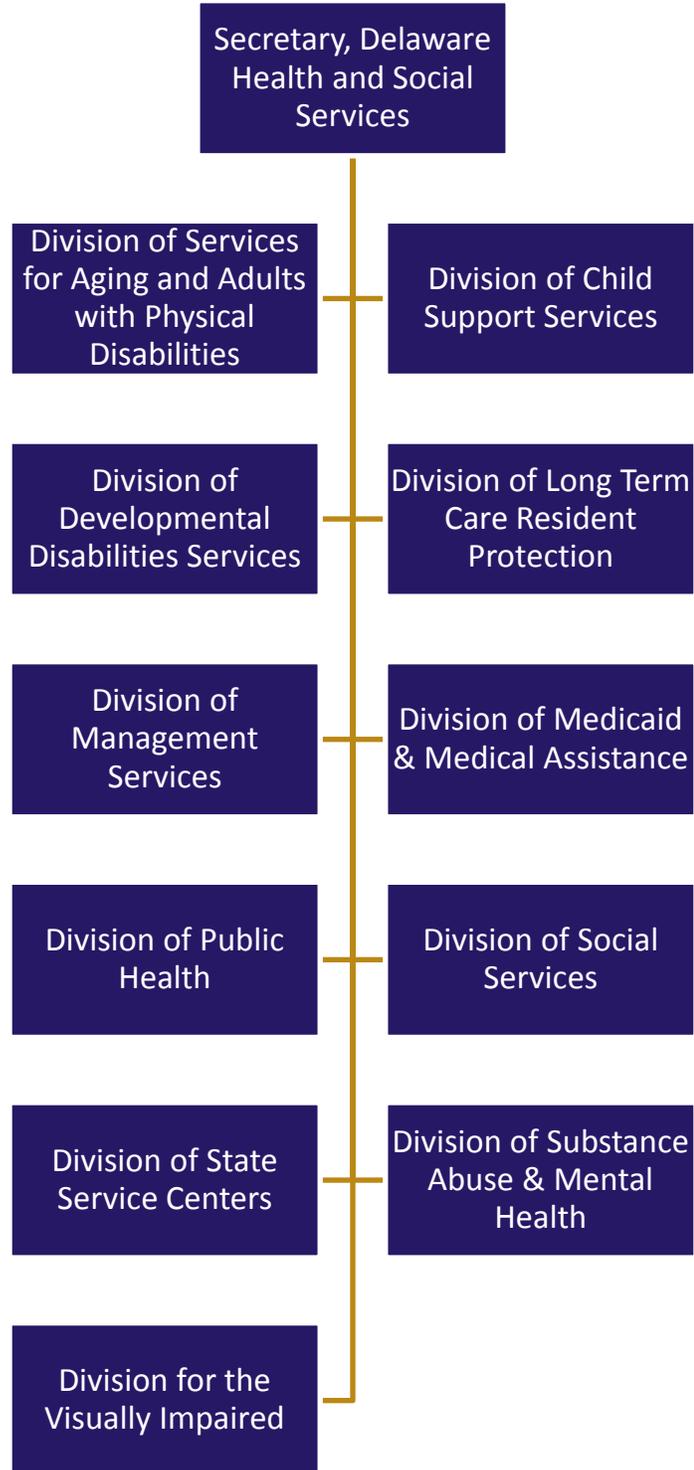
State Plan on Aging Oversight Committee Members

Lucretia Young	AARP
Ken Bock	Delaware Aging Network
Katie Macklin	Alzheimer's Association
Kyle Hodges	State Council for Persons with Disabilities
Daniese McMullin-Powell	State Council for Persons with Disabilities
Arlene Littleton	Governor's Advisory Council
La Vaida Owens-White	Governor's Advisory Council
Henry Alisa	Caregiver
Teresa Ritter	Long Term Care Ombudsman Program, Delaware Health and Social Services
Michael Serfass	Adult Protective Services, Delaware Health and Social Services
Lisa Bond	Division of Services for Aging and Adults with Physical Disabilities
Albert Griffith	Division of Services for Aging and Adults with Physical Disabilities
Sue Bailey	Division of Services for Aging and Adults with Physical Disabilities
Barbara McCaffery	Division of Services for Aging and Adults with Physical Disabilities
Cynthia Mercer	Division of Services for Aging and Adults with Physical Disabilities
Julie Miller	Division of Services for Aging and Adults with Physical Disabilities

Appendix K: Organizational Charts

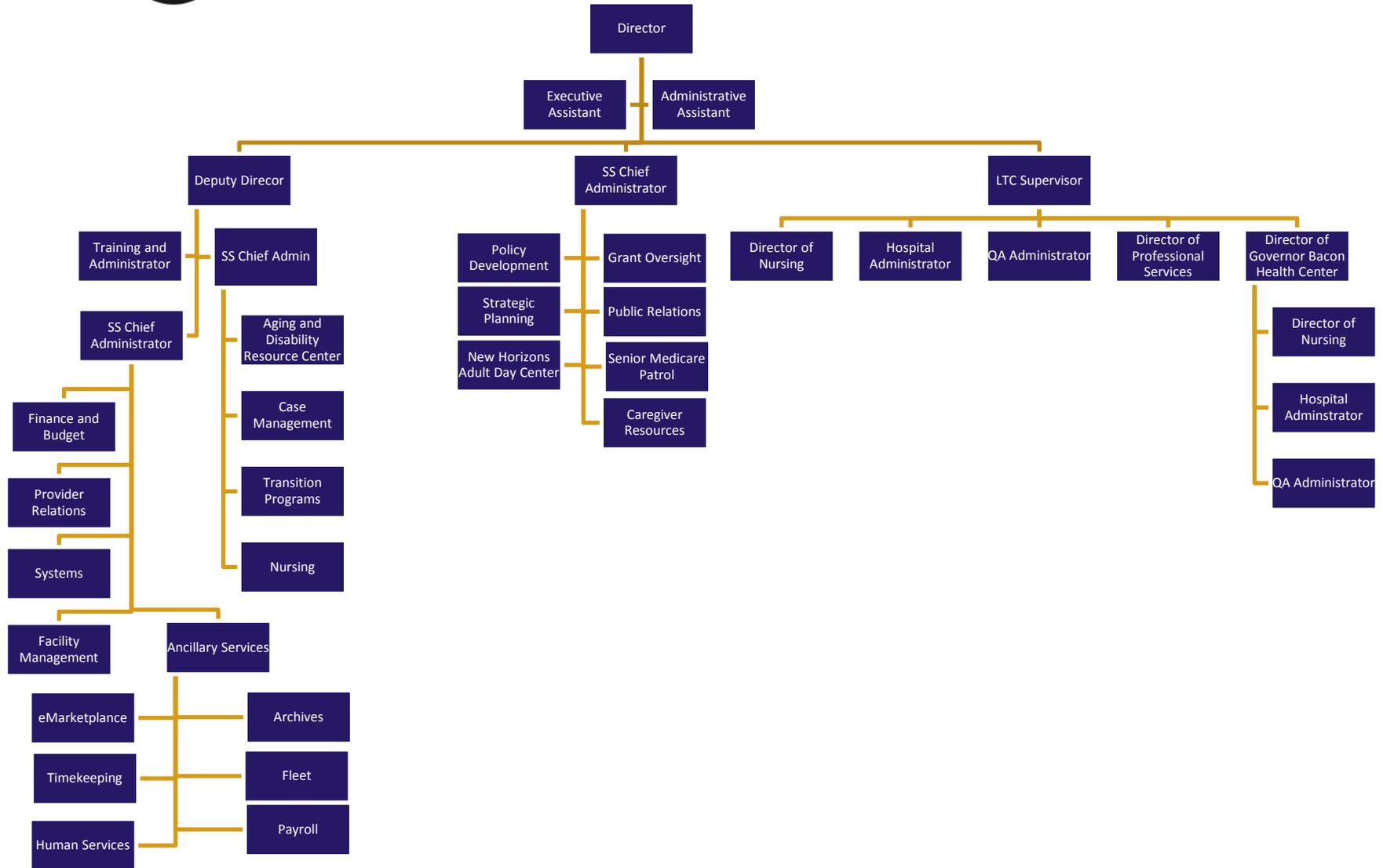


Delaware Health and Social Services Organizational Chart





Division of Services for Aging and Adults with Physical Disabilities Organizational Chart



Appendix L: DSAAPD Contact Information

Division of Services for Aging and Adults with Physical Disabilities Contact Information

General Contact Information

Delaware Aging and Disability Resource Center (ADRC)

Phone: 1-800-223-9074

E-mail: DelawareADRC@state.de.us

Telecommunications Device for the Deaf (TDD) only: (302) 391-3505 or (302) 424-7141

Office Locations

The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) has four office locations: in New Castle, Newark, Milford, and Smyrna. Hours of operation are 8:00 AM to 4:30 PM, Monday through Friday. The main administrative office is located in New Castle. Below are the addresses, phone numbers, and fax numbers for each office.

New Castle (Administrative Office)

Herman M. Holloway, Sr. Campus
Main Administration Building, First Floor Annex
1901 N. DuPont Highway
New Castle, DE 19720
1-800-223-9074
Fax: (302) 255-4445

Milford

Milford State Service Center
18 N. Walnut St., First Floor
Milford, DE 19963
1-800-223-9074
Fax: (302) 422-1346
TDD: (302) 424-7141

Newark

University Plaza
256 Chapman Road
Oxford Building, Suite 200
Newark, DE 19702
1-800-223-9074
Fax: (302) 391-3501
TDD: (302) 391-3505

Smyrna

100 Sunnyside Road
Smyrna, DE 19977
1-800-223-9074
Fax: (302) 223-1301
TDD: (302) 424-7141

Long-Term Care Facilities

DSAAPD operates two long-term care facilities: Delaware Hospital for the Chronically III and Governor Bacon Health Center. Below are the addresses and phone numbers for each facility.

Delaware Hospital for the Chronically III

100 Sunnyside Road
Smyrna, DE 19977
(302) 223-1000 or 1-800-223-9074

Governor Bacon Health Center

P.O. Box 559
Delaware City, DE 19706
(302) 836-2550 or 1-800-223-9074

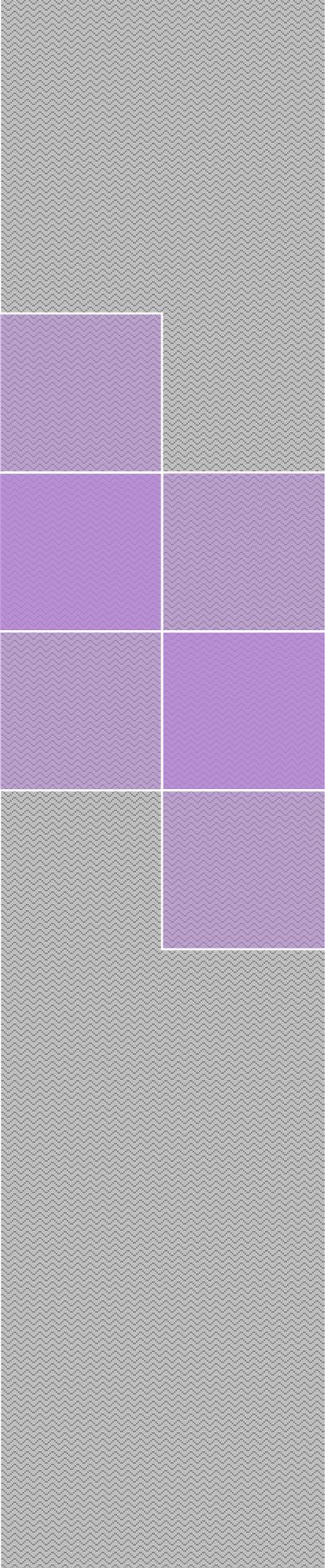
Adult Day Center

DSAAPD operates one adult day center, New Horizon.

New Horizon Adult Day Center

669 Carter Road
Smyrna, DE 19977
(302) 223-1033 or 1-800-223-9074

***Appendix M: Delaware State Plan to Address Alzheimer's Disease
and Related Disorders***



Delaware State Plan to Address Alzheimer's Disease and Related Disorders



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Introduction

The *Delaware State Plan to Address Alzheimer's Disease and Related Disorders* is a joint project of the Alzheimer's Association Delaware Valley Chapter and the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD). The plan was developed out of recognition of the enormous social, emotional, and economic impact of Alzheimer's disease* and the need to find creative approaches to support the many people impacted in Delaware.

The plan represents a major step forward in bringing together advocates, caregivers, and professionals from healthcare, education, and social services to identify ways to more effectively address current and future needs related to Alzheimer's disease. Individuals with diverse backgrounds and areas of expertise converged to offer their energy and talents in the development of the plan.

The plan identifies five goals, each with accompanying objectives and strategies. Broadly speaking, the plan outlines actions to: increase awareness of and understanding about Alzheimer's disease; bring focused attention to the development of long term care services for persons with Alzheimer's disease; strengthen support for caregivers; improve the capacity of Delaware's workforce to respond to the needs of persons with Alzheimer's disease; and increase Delaware's capacity for Alzheimer's disease-related research and data collection.

The same level of collaboration among individuals and organizations that went into developing the plan is anticipated as Delaware moves forward with the plan's implementation. As part of the process of creating the plan, it became clear that many Alzheimer's-related resources already exist in Delaware and that the greatest impact will be derived from coordinating, combining, or leveraging those resources where most needed. Actions identified in the plan will be addressed through partnerships and the focused use of existing resources.

Project partners have already expressed eagerness to begin working on various tasks identified in the plan, and these efforts will begin immediately upon the plan's completion. The Alzheimer's Association Delaware Valley Chapter and DSAAPD will coordinate implementation activities and will track progress in meeting goals and objectives outlined in the plan. Given the high level of interest and commitment among individuals and organizations involved in the process thus far, it is expected that the plan can achieve results that will have a significant and positive impact on Delaware's caregivers, service professionals, and population living with Alzheimer's disease.

* The term "Alzheimer's disease" used in this plan refers to Alzheimer's disease and related disorders. Consistent with the definition used in the national Alzheimer's plan, related disorders include frontotemporal, Lewy body, mixed, and vascular dementia.

Impact of Alzheimer's Disease

The impact of Alzheimer's disease is far-reaching. It is estimated that over five million* Americans currently have the disease. While many cases of early-onset Alzheimer's disease exist (there are approximately 200,000 cases of persons under age 65 with the disease today), the majority of persons with the disease are aged 65 and over. Among Americans aged 65 and over, 1 in 9 persons is currently living with Alzheimer's, and among those aged 85 and over, the ratio is 1 in 3. In 2010, over 83,000 Americans died of Alzheimer's disease, making it the country's sixth leading cause of death. Unlike some of the other top causes of death in this country, at this time there is no proven way to prevent it, cure it, or consistently slow its progression. Moreover, the incidence of Alzheimer's disease is skyrocketing in proportion to the growth in the older population. It has been estimated that by 2050, nearly 16 million Americans will have Alzheimer's disease.

My mom and dad were married for 46 years when my dad passed away with Alzheimer's. They did not get to enjoy their golden years as they had intended to but my mom did what she set out to do which was to take care of my dad until the end. My mom was the most courageous woman who ever walked this earth and she was not afraid to be my dad's voice so he would get the proper care he so deserved! Alzheimer's stole my dad from me and I worry every day that it will steal me from my only daughter. - Paula

In Delaware, the incidence of the disease is equally daunting. It was estimated that in 2010, 14,000 Delawareans aged 65 and older were living with Alzheimer's disease. This number does not include the many thousands more with younger-onset Alzheimer's disease or those with related dementias. According to

the Alzheimer's Association Delaware Valley Chapter, approximately 26,000 Delawareans are living with Alzheimer's disease or a related disorder. As would be expected, the number of people with Alzheimer's disease in Delaware has grown since the State, like the rest of the country, is in the midst of an unprecedented growth in the older population. Between 2000 and 2025, the number of persons aged 65 and over with Alzheimer's disease in Delaware is expected to grow by 33% (from 12,000 people to 16,000 people).

The prevalence of Alzheimer's disease has a significant impact on the health care system and on health care costs. It is estimated that in 2013, the direct costs of caring for Americans with Alzheimer's disease will total

I was a caregiver for my mother who had Alzheimer's disease. I feel there is a need for more support and education for caregivers. When my mother received the diagnosis, I received little to no information from my mother's doctor. I felt like caregiving was sink or swim. - Joyce

* Prevalence and cost data have been provided by the Alzheimer's Association (www.alz.org).

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As I'm finding out just about every day, the State of Delaware has so many programs out there that most people either do not know about or do not take advantage of. My mother had Alzheimer's, and the first source, besides the computer, was turning to the Alzheimer's Association of Delaware to give me a better understanding. It would be great to educate all Delawareans of the great resources that we have right in our own backyard. - Rich

\$203 billion, including \$35 billion and \$107 billion in costs to Medicaid and Medicare respectively. The average per-person costs for Medicare beneficiaries with Alzheimer's and other dementias are three times higher than for those without those conditions. For Medicaid, the cost differential is staggering: the average per-person Medicaid spending for seniors with Alzheimer's and other dementias is 19 times higher than the average per-person costs for all other seniors.

The growth in the incidence of Alzheimer's disease has important implications for health care providers. The expansion of the older population nationally and in Delaware has created an increased demand for health care services, including importantly, the demand for long term care services. Nursing homes, assisted living facilities, home health agencies, personal assistance services agencies, adult day services agencies and other providers require staff to support a growing population with long term care service needs. Beyond that, all health care providers must rely increasingly on

the availability of a workforce that has been trained to support the specific care needs of individuals with Alzheimer's disease and related disorders.

The impact of Alzheimer's disease is experienced perhaps most intensely by family caregivers. As a group, family members caring for persons with Alzheimer's disease tend to experience a tremendous amount of emotional stress and often sacrifice their own physical well-being. In addition many family caregivers carry an economic burden related to their caregiving.

It has been estimated that in the U.S. in 2012, 15.4 million informal caregivers (family and friends) provided over 17 billion hours of unpaid care to persons with Alzheimer's disease and other dementias. More than 60 percent of caregivers rated the emotional stress high or very high, and over one-third reported symptoms of depression. The physical and emotional stress of caregiving resulted in an additional \$9.1 million in health care expenditures in 2012 for caregivers themselves. In addition, caregivers have other out-of-pocket expenditures. Long-distance caregivers (those who live

When my wife first showed signs of memory problems, she was 53 years old. A year later she was diagnosed as having Alzheimer's disease. That was 10 years ago and she now lives in a nursing home, under Medicaid coverage, at the young age of sixty-three. This disease has taken our retirement years from both of us. She can't enjoy her grandchildren, vacations, traveling, family get-togethers or anything else that she loved. My request: support efforts to get funding for research and more public awareness about this disease. - Anon

I prepared a wonderful meal for Mom and she said that my sister Alice had prepared the meal and how good it was. My heart dropped because I knew that I was the better cook and that my sister had passed away years ago. I decided to go along with Mom's comment and agreed that Alice had indeed cooked a good meal. I know that that is not the comment I would have gotten if she was not affected by Alzheimer's but it did make me sad. - Helen

an hour or more away) tend to incur about twice as many out-of-pocket costs.

Delaware is home to a very large number of caregivers. In 2012, approximately 51,000 Delawareans provided 58 million hours of unpaid care to persons with Alzheimer's disease or other dementias. Additional health care costs for Delaware's caregivers in 2012 were an estimated \$37 million dollars.

Throughout the development of this plan Delaware caregivers freely expressed, many times in heartbreaking detail, how the realities of the disease have affected them and their families. For these caregivers, statistics about prevalence and other demographic realities do not begin to portray the loss and grief that they experience. Some of their words are shared here to illustrate the human impact of Alzheimer's disease in Delaware.

Methodology

The process of the development of the *Delaware State Plan to Address Alzheimer's Disease and Related Disorders* was initiated in early 2012. The Alzheimer's Association Delaware Valley Chapter coordinated a meeting with Governor Jack Markell, Secretary of the Department of Health and Social Services Rita Landgraf, and Director of the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) Bill Love. During the meeting, there was a consensus about the importance of mapping out a strategy to address Alzheimer's disease in Delaware, and a decision was made to begin working on the development of an Alzheimer's State Plan.

The Alzheimer's Association and DSAAPD established a task force, comprised of caregivers, advocates, and professionals representing a broad range of organizations. (A list of task force members is included in Appendix A.) The task force met in September and December 2012 to review background information and establish the foundation of the plan. With support from DSAAPD staff, the task force created an initial draft of the plan's goals, objectives, and strategies.

Following the December 2012 meeting of the task force, five working groups were formed, each of which was co-chaired by two members of the task force and included additional persons recommended by the chairs. (See Appendix B.) Working group topics included the following:

- Caregiver support
- Public awareness and outreach
- Improving service delivery
- Improving and expanding the state's home and community-based infrastructure
- Training and professional development

The working groups were charged with reviewing and making recommendations about the initial draft of the goals, objectives, and strategies. The groups met and had follow-up phone conferences between January and April 2013 and then submitted their recommendations to the task force.

The task force held a third meeting in April 2013 to review working group recommendations, to suggest further revisions, and discuss plans for upcoming town hall meetings to get public input into the plan. On May 1, 2013 the goals, objectives and strategies were re-drafted to incorporate working group and task force member recommendations and were ready for public review.

Three town hall meetings were scheduled in June 2013 to provide the general public the opportunity to offer input into the plan. The town hall meetings were advertised via a statewide press release as well as an announcement on DSAAPD's website. The goals, objectives and strategies document was made available in advance of the town hall meetings via web download. (Individuals who needed or preferred the document in another format were encouraged to contact DSAAPD for assistance.) In addition, individuals who were not able to

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attend the town hall meetings or who preferred to make comments outside of the meetings were informed that comments would be accepted by phone, mail, e-mail or fax until mid-July 2013.

One town hall meeting was conducted in each of Delaware's three counties. The meeting schedule was as follows:

- June 24, 2013
6:00 PM to 8:00 PM
John H. Ammon Medical Education Center
Newark, Delaware
- June 25, 2013
6:00 PM to 8:00 PM
Alzheimer's Association Julie H.C. Bailey Training Center
Smyrna, Delaware
- June 26, 2013
6:00 PM to 7:45 PM
Brandywine Assisted Living at Fenwick Island
Selbyville, Delaware

As part of each of the meetings, persons in attendance were provided with background information and copies of the plan's goals, objectives and strategies document. It was explained that feedback on the plan would be welcomed during the town hall meetings or any time until the mid-July deadline. Individuals were then offered the opportunity to make comments or suggestions, ask questions, or share other information related to the plan. Discussion was recorded at each meeting by DSAAPD staff.

A fourth meeting of the task force was held in July 2013. During this meeting, task force members were provided with a compilation of the feedback received during and after the town hall meetings and a revised draft of the goals, objectives, and strategies that incorporated the public input. The task force also was given an outline of additional content areas, including appendices, to be included in the plan. Task force members provided final feedback on the goals, objectives, and strategies and offered guidance on the construction of the completed version of the plan.

The plan was completed in December 2013 after final review and input from members of the task force.

Goals, Objectives, and Strategies

Goal # 1: Promote public awareness of Alzheimer's disease

Objective 1.1 Build on existing public and private partnerships to support a comprehensive public education campaign using reliable and evidence-based Alzheimer's related educational messages

Strategy 1.1.1 Develop and implement a high impact campaign across Delaware to disseminate information on Alzheimer's disease, services available, and community resources available for support (e.g., meetings with editorial board of the News Journal, Governor's weekly radio message, op-ed's, etc.)

Strategy 1.1.2 Explore and identify reliable and evidence-based messages on Alzheimer's disease working in close collaboration with the Alzheimer's Association

Strategy 1.1.3 Disseminate messages using a variety of forums, such as community events, health fairs, speaking engagements, public service announcements, and web-based social media

Strategy 1.1.4 Coordinate with community partners to promote outreach to rural communities, minority populations, and non-English speaking persons (e.g., Latin American Community Center, La Red Health Center, and other organizations that will facilitate the dissemination of information to Spanish-speaking communities)

Strategy 1.1.5 Build strong partnerships with the health care community (e.g., Medical Society of Delaware) and develop avenues for reaching physicians and others in health care on best practices and emerging issues in treatment and support for individuals with Alzheimer's disease

Objective 1.2 Expand available materials and links to resources related to Alzheimer's disease

Strategy 1.2.1 Expand resources related to Alzheimer's disease listed in future editions of DSAAPD's *Guide to Services for Older Delawareans and Persons with Physical Disabilities*

Strategy 1.2.2 Expand information on DSAAPD's websites (intranet and internet) for staff, other professionals, and the general public

Objective 1.3 Explore opportunities to expand dissemination of educational materials that foster increased public awareness of Alzheimer's disease

Strategy 1.3.1 Identify and engage the support of non-traditional partners to expand dissemination of educational materials (e.g., the faith-based community, AARP, employers, Delaware Restaurant Association, libraries, Social

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- Security offices, Division of Motor Vehicles, and others points of heavy community traffic)
- Strategy 1.3.2 Promote efforts to prevent, detect, and address abuse, neglect, mistreatment, and exploitation of persons with Alzheimer’s disease

Goal # 2: Improve the delivery of services to persons with Alzheimer’s disease

Objective 2.1 Promote early detection of Alzheimer’s disease so individuals can participate in decision making about living options and financial and legal matters

- Strategy 2.1.1 See Strategy 1.1.3 (Disseminate messages using a variety of forums, such as community events, health fairs, speaking engagements, public service announcements, and web-based social media)
- Strategy 2.1.2 Advocate for the inclusion of Alzheimer’s disease as a focus area in the Division of Public Health’s Health Promotion and Disease Prevention Section

Objective 2.2 Identify barriers to services for persons with Alzheimer’s disease

- Strategy 2.2.1 Perform a service needs assessment, at each stage of the disease that includes caregivers as well as persons with Alzheimer’s disease and other dementias
- Strategy 2.2.2 Survey community and facility based long term care* service providers as they serve people with Alzheimer’s at each stage of the disease
- Strategy 2.2.3 Identify Alzheimer's-related service and educational challenges faced in locations with large numbers of older individuals residing in rural areas, including access to emergency psychiatric care, and recommend targeted actions to effectively address these challenges

Objective 2.3 Address the barriers to services for persons with Alzheimer’s disease

- Strategy 2.3.1 Designate a staff person within the Division of Services for Aging and Adults with Physical Disabilities with expertise in Alzheimer’s disease and other dementias, such as a nurse, to be available for consultation by other long term care service providers
- Strategy 2.3.2 Create a mobile interdisciplinary team with expertise in Alzheimer’s disease and other dementias and behavioral issues to be available for consultation to long term care service providers
- Strategy 2.3.3 Improve access to home and community-based services by disseminating information on services to the medical and health care

* See glossary in Appendix C

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- community, academic community, primary family caregivers, advocacy associations, and the general public
- Strategy 2.3.4 Provide training in Alzheimer’s disease and other dementias to DSAAPD case managers, ADRC call center staff, and front line staff across the aging and disability network

Objective 2.4 Promote the expansion of available services for persons with Alzheimer’s disease

- Strategy 2.4.1 Increase the availability of supportive services through administrative streamlining to improve access to services and expand the use of self-direction*
- Strategy 2.4.2 Explore replicating the nursing home rate setting structure so that community-based providers receive higher reimbursement for individuals with higher level of care
- Strategy 2.4.3 Explore a rate setting structure that empowers providers to supplement services for the purposes of crisis management and seek authorization for payment retroactively
- Strategy 2.4.4 Explore the use of volunteer respite providers through a variety of sources including nursing programs, volunteer organizations, community organizations, and faith-based groups
- Strategy 2.4.5 Explore options for the provision of emergency respite services

Objective 2.5 Advocate for the improvement of delivery of services for persons with Alzheimer’s disease

- Strategy 2.5.1 Promote the use of Telehealth* to bring Alzheimer’s expertise to sites that lack specialized skills or advanced training to maximize the availability of medical, preventative, and home-based support services
- Strategy 2.5.2 Increase awareness in Delaware of “universal design,”* assistive technologies, and livable communities to promote opportunities for aging in place
- Strategy 2.5.3 Educate employers about the issues facing caregivers and encourage them to establish workplace policies such as flextime, telecommuting, referral services, and on-site support programs
- Strategy 2.5.4 Advocate for alternative home and community-based programs of care such as Programs of All-Inclusive Care for the Elderly (PACE)*
- Strategy 2.5.5 Advocate for an increase in salary for direct service providers

* See glossary in Appendix C

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Strategy 2.5.6 Explore options and advocate for regulatory changes that would empower health care providers to deliver the most appropriate interventions for persons with Alzheimer's disease

Goal # 3: Strengthen the support of caregivers of persons with Alzheimer's disease

Objective 3.1 Identify and expand the availability of, and participation in, educational programs for caregivers, other stakeholders, and community partners

- Strategy 3.1.1 Perform an environmental scan of all caregiver training and resources currently available
- Strategy 3.1.2 Create a robust online "Toolkit" for placement on the Delaware Aging and Disability Resource Center (ADRC) and Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) websites containing practical tips, educational materials, and links to educational programs for use by caregivers; ADRC call center staff; and others; and include "Toolkit" information in DSAAPD's *Guide to Services for Older Delawareans and Persons with Disabilities*
- Strategy 3.1.3 Coordinate with the Alzheimer's Association and other public and private community partners to link caregivers to community-based and online educational programs for caregivers through the Delaware ADRC and DSAAPD websites, Caregiver Resource Centers, pamphlets, brochures, and other promotional outreach
- Strategy 3.1.4 Increase participation in educational programs among diverse caregivers through culturally and linguistically appropriate offerings, including programs offered in Spanish
- Strategy 3.1.5 Encourage caregivers to learn about the financial and legal impact of Alzheimer's disease and the importance of obtaining financial and legal advice as a planning tool
- Strategy 3.1.6 Encourage caregivers to learn about and actively engage in discussion surrounding end-of-life issues
- Strategy 3.1.7 Identify caregiving as a health risk factor and promote self-care and frequent breaks for caregivers
- Strategy 3.1.8 Promote the use of available emergency preparedness tools among caregivers

Objective 3.2 Increase and enhance supports available for caregivers of persons with Alzheimer's disease across the continuum of care and through all stages of the disease

- Strategy 3.2.1 Promote and link caregivers to the Delaware ADRC, local Caregiver Resource Centers, and the Alzheimer's Association for help in

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- understanding Alzheimer's disease, navigating the long term care system, sorting through service options, and accessing relevant supports, including caregiver assessments; care consultation; counseling; care management; respite care; support groups; assistive technologies; future care needs; and other effective interventions
- Strategy 3.2.2 Explore options to increase support for diverse caregivers, including those caring for persons with early-onset Alzheimer's disease
- Strategy 3.2.3 Promote and encourage referrals to the Delaware ADRC by physicians, healthcare and service providers, faith-based organizations, and other community partners
- Strategy 3.2.4 Provide ongoing training to Delaware ADRC call center staff, Options Counselors, and other information and referral specialists on resources available for caregivers
- Strategy 3.2.5 Explore options to enlist the faith-based community as a key resource that can reach out to and support caregivers; including promoting partnerships in developing programs to train volunteers
- Strategy 3.2.6 Build strong partnerships with the health care community and develop avenues to promote caregiving as a health risk factor, and encourage health care professionals to acknowledge and address the issue

Objective 3.3 Participate in, and support, advocacy efforts on behalf of caregivers

- Strategy 3.3.1 See Strategy 2.5.3 (Educate employers about the issues facing caregivers and encourage them to establish workplace policies such as flextime, telecommuting, referral services, and on-site support programs)
- Strategy 3.3.2 Establish a legislative agenda to address caregiver issues

Goal # 4: Achieve an Alzheimer's-competent workforce in the State of Delaware

Objective 4.1 Improve Alzheimer's disease competency among health care and social service providers

- Strategy 4.1.1 Disseminate evidence-based guidelines for Alzheimer's disease management to primary care providers to improve early diagnostic evaluation, treatment, care coordination, and follow-up support of patients
- Strategy 4.1.2 Coordinate with professional societies and other organizations to create and implement strategies to maximize the dissemination of appropriate continuing education on Alzheimer's disease for physicians, nurses, and other health professionals
- Strategy 4.1.3 Establish and/or strengthen, as appropriate, dementia specific training for all staff of any state-licensed entity in the health care continuum that serves individuals with Alzheimer's disease and other dementias,

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including, but not limited to nursing homes, acute care facilities, community residential care facilities, home health agencies, hospice, or adult day care programs

- Strategy 4.1.4 Incorporate specific needs of ethnically diverse population groups into existing and emerging training programs for healthcare and social services providers, with attention across the continuum of care
- Strategy 4.1.5 Develop strategies to train professionals who provide services to persons with mental illness and developmental disabilities to recognize and address Alzheimer's disease within their consumer populations
- Strategy 4.1.6 Partner with a geriatric education center to provide increased Alzheimer's disease related training to primary care providers serving areas in Delaware with large numbers of older residents
- Strategy 4.1.7 Provide guidance to care providers, care managers, and advocates on the Medicare benefit that reimburses for an annual cognitive exam and on the use of Medicare coding to reimburse physicians and allied health professionals for family conferences and care consultation that educate and support family caregivers, guide future decisions, and enhance the quality of medical care and support services
- Strategy 4.1.8 See Strategy 2.3.4 (Provide training in Alzheimer's disease and other dementias to DSAAPD case managers, ADRC call center staff, and front line staff across the aging and disability network)

Objective 4.2 Provide training of professionals in other, non-health care fields that interact increasingly with persons who have dementia, including Alzheimer's disease

- Strategy 4.2.1 Partner with the Alzheimer's Association and others to provide comprehensive Alzheimer's dementia training to first responders, law enforcement, EMTs, fire fighters, emergency preparedness, and search and rescue officials, and others
- Strategy 4.2.2 Partner with state regulators, court administrators, and the Delaware Bar Association for training on legal issues facing persons with Alzheimer's disease, including training on the roles of guardians and surrogate decision makers

Objective 4.3 Increase access to training resources related to Alzheimer's disease

- Strategy 4.3.1 Increase the spectrum of educational resources available on Alzheimer's disease for health care and social service professionals through clearinghouse development, website links on online continuing education-related training/resources meeting professional licensure requirements, and coordination with service-providing agencies/facilities required to provide dementia-specific training
- Strategy 4.3.2 Establish a formal network of providers of Alzheimer's training in Delaware to increase the availability of quality continuing education and

other training on Alzheimer's disease and to serve as consultants on the ongoing development and/or refinement of competency-based models of Alzheimer's training

Goal # 5: Improve and expand Delaware's Alzheimer's and dementia-related infrastructure (data, quality assurance, research) by supporting the creation of a Delaware Center for Alzheimer's and Related Dementias [DECARD])

Objective 5.1 Catalyze the creation of a virtual Delaware Center for Alzheimer's and Related Dementias (a private, public, and academic partnership) to support data collection, analysis, and dissemination as well as basic, translational and clinical* research activities in the state and region

Strategy 5.1.1 Study the features of similar entities that have been created in the state and region

Strategy 5.1.2 Facilitate the establishment of a private, public, academic partnership to efficiently support data and research infrastructure related to Alzheimer's and dementia in the state and region in a way that partners the research, clinical, patient, and caregiver communities while serving as a meaningful resource for the public

Objective 5.2 Improve data collection and quality assurance measures, analysis, dissemination, and impact

Strategy 5.2.1 Study other states' relevant infrastructure for data and quality assurance measures collection and analysis

Strategy 5.2.2 Identify existing sources of data and quality assurance measures (e.g., U.S. Decennial Census and/or American Community Survey, Alzheimer's Association, Minimum Data Set (MDS) 3.0, Behavioral Risk Factor Surveillance System (BRFS), and others)

Strategy 5.2.3 Explore the need for new data and quality assurance measures as a partnership with Alzheimer's Association, Delaware Department of Health and Social Services (DHSS), University of Delaware, Delaware State University, and others

Strategy 5.2.4 Coalesce the variety of data and quality assurance sources, analysis, and dissemination in a way that improves access and impact of these measures

Objective 5.3 Improve the support infrastructure for basic, translational, and clinical Alzheimer's and dementia research

* See glossary in Appendix C

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- Strategy 5.3.1 Study other states' relevant infrastructure for supporting basic, translational, and clinical Alzheimer's and dementia research
- Strategy 5.3.2 Identify and engage the relevant members of the research community and stakeholders
- Strategy 5.3.3 Explore ways to improve the research infrastructure for supporting basic, translational, and clinical research in the state and region
- Strategy 5.3.4 Develop a plan for improving the state's relevant infrastructure for supporting basic, translational, and clinical Alzheimer's and dementia research

Appendices

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Appendix E: Contact Information

Appendix A: List of Task Force Members

Henry Alisa

Alzheimer's Caregiver; Alzheimer's Association Delaware Valley Chapter

Rudy Bailey

Division of Services for Aging and Adults with Physical Disabilities

Lisa Barchi

Department of Justice

Lisa Bond

Division of Services for Aging and Adults with Physical Disabilities

Dr. Patricia Curtin, MD, FACP, CMD

Christiana Care Health System

Patricia Days-Wilmer

Adult Protective Services Program

Kelvin Lee, PhD

University of Delaware

Bill Love (Co-Chair)

Division of Services for Aging and Adults with Physical Disabilities

Joe McCaffrey

Alzheimer's Caregiver

Katie Macklin (Co-Chair)

Alzheimer's Association Delaware Valley Chapter

Kathryn Murray

Alzheimer's Advocate

A. Sue Ruff

The Lorelton; Delaware Aging Network (DAN)

Yrene Waldron

Delaware Health Care Facilities Association

Denise Weeks-Tappan

Division of Services for Aging and Adults with Physical Disabilities

Appendix B: List of Working Group Members

Working Group #1: Caregiver support

Henry Alisa, Alzheimer's Caregiver; Alzheimer's Association Delaware Valley Chapter (Co-Chair)
Bob Bird, Home Instead
Ruby Holdeman, Home Instead
Lori Kaczmarczyk, Division of Services for Aging and Adults with Physical Disabilities
Joe McCafferty, Alzheimer's Caregiver
Cindy Mitchell, CHEER
LaVaida Owens-White, Parish Nurse Association
Beth Seeds, CHEER
Joanna Shea, Division of Services for Aging and Adults with Physical Disabilities
Yrene Waldron, Delaware Health Care Facilities Association
Denise Weeks-Tappan, Div. of Services for Aging and Adults with Physical Disabilities (Co-Chair)

Working Group #2: Public awareness and outreach

Susanne Abate, Al DuPont Hospital for Children
Jill Fredel, Department of Health and Social Services
Bill Love, Division of Services for Aging and Adults with Physical Disabilities (Co-Chair)
Kathryn Murray, Alzheimer's Advocate (Co-Chair)
Joanna Shea, Division of Services for Aging and Adults with Disabilities

Working Group #3: Improving service delivery

Lisa Bond, Division of Services for Aging and Adults with Physical Disabilities (Co-Chair)
Linda Brittingham, Christiana Care Health System
Patricia Days-Wilmer, Adult Protective Services
Bill Dunn, Community Legal Aid Society, Inc.
James Reynolds, Senior Partner, Inc.
A. Sue Ruff, The Lorelton; Delaware Aging Network (DAN) (Co-Chair)
Donna Stowell, Elwyn Delaware

Working Group #4: Improving and expanding the state's home and community-based infrastructure

Katie Macklin, Alzheimer's Association Delaware Valley Chapter (Co-Chair)
Kelvin Lee, Ph. D., University of Delaware (Co-Chair)
Melissa Harrington, Delaware State University

Working Group #5: Training and Professional Development

Christine Arenson, Thomas Jefferson University
Rudy Bailey, Division of Services for Aging and Adults with Physical Disabilities (Co-Chair)
Bob Bird, Home Instead
Patricia Curtin, M.D., Christiana Care Health System (Co-Chair)
Tim Gibbs, Academy of Medicine
Ruby Holdeman, Home Instead
Jessica Hedden, Medical Society of Delaware
Bernice Hughes, Division of Services for Aging and Adults with Physical Disabilities
Katie Macklin, Alzheimer's Association
Paul Schwab, Alzheimer's Advocate
Kelly Snyder, Christiana Care Health System
Linda Sydnor, Christiana Care Health System

Appendix C: Glossary

Basic, clinical, and translational research

Basic Research is investigation and analysis focused on a better or fuller understanding of a subject, phenomenon, or a basic law of nature instead of on a specific practical application of the results.

Source: <http://www.businessdictionary.com/definition/basic-research.html>

Clinical research is medical research that involves carefully conducted investigations that ultimately uncover better ways to treat, prevent, diagnose, and understand human disease. Clinical research includes trials that test new treatments and therapies as well as long-term natural history studies, which provide valuable information about how disease and health progress.

Translational research means research that applies discoveries generated in the laboratory to studies in humans (bench to bedside), or that speeds the adoption of best practices into community settings (bedside to practice). Phases of translational research include:

T1 – First phase of translational research, or “Bench to Bedside,” moves a **basic** discovery into a clinical application

T2 – “Bedside to Practice” research provides evidence of the value of taking the **basic** discovery in the clinical setting

T3 – Research that moves the evidence-based guidelines developed in phase 2 into health practice

T4 – Research to evaluate the “real world” health outcomes of the original T1 development

Source: <http://www.michr.umich.edu/about/clinicaltranslationalresearch>

Long-Term Care

Long-term care is a range of services and supports to meet personal care needs. Most long-term care is not medical care, but rather assistance with the basic personal tasks of everyday life, sometimes called Activities of Daily Living (ADLs), such as:

- Bathing
- Dressing
- Using the toilet
- Transferring (to or from bed or chair)
- Caring for incontinence
- Eating

Other common long-term care services and supports provide assistance with everyday tasks, sometimes called Instrumental Activities of Daily Living (IADLs) including:

- Doing housework
- Managing money
- Taking medication
- Preparing and cleaning up after meals
- Shopping for groceries or clothes

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- Using the telephone or other communication devices
- Caring for pets
- Responding to emergency alerts such as fire alarms

Source: <http://longtermcare.gov/the-basics/what-is-long-term-care/>

Programs of All-Inclusive Care for the Elderly (PACE)

The Program of All-Inclusive Care for the Elderly (PACE) provides comprehensive long term services and supports to Medicaid and Medicare enrollees. An interdisciplinary team of health professionals provides individuals with coordinated care. For most participants, the comprehensive service package enables them to receive care at home rather than receive care in a nursing home.

Financing for the program is capped, which allows providers to deliver all services participants need rather than limit them to those reimbursable under Medicare and Medicaid fee-for-service plans. The PACE model of care is established as a provider in the Medicare program and enables states to provide PACE services to Medicaid beneficiaries as a state option.

Source: <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Integrating-Care/Program-of-All-Inclusive-Care-for-the-Elderly-PACE/Program-of-All-Inclusive-Care-for-the-Elderly-PACE.html>

Self-Directed Services

Self-directed services means that participants, or their representatives if applicable, have decision-making authority over certain services and take direct responsibility to manage their services with the assistance of a system of available supports. The self-directed service delivery model is an alternative to traditionally delivered and managed services, such as an agency delivery model. Self-direction of services allows participants to have the responsibility for managing all aspects of service delivery in a person-centered planning process. Self-direction promotes personal choice and control over the delivery of services, including who provides the services and how services are provided. For example, participants are afforded the decision-making authority to recruit, hire, train and supervise the individuals who furnish their services.

Source: <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Delivery-Systems/Self-Directed-Services.html>

Telehealth

Telehealth is the use of technology to deliver health care, health information or health education at a distance.

Some common applications of telehealth include the use of video-conferencing for real-time patient-provider consultations such as with tele-psychiatry; the use of video-streaming to provide patient and provider education; the use of mobile devices to monitor and transmit patient data to caregivers and health care providers (commonly referred to as remote patient monitoring); and the electronic transmission of pre-recorded videos and digital images (like x-rays) between health care providers.

Source: <http://www.matrc.org/what-is-telehealth>

Universal Design

Universal Design is the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.

Source: <http://www.nahb.org/generic.aspx?genericContentID=89934>

Appendix D: Resources

Alzheimer's Association

Phone: 1.800.272.3900

TDD: 1.866.403.3073

Email: info@alz.org

Website: <http://www.alz.org/>

Alzheimer's Association Delaware Valley Chapter

Website: <http://www.alz.org/desjsepa/>

Delaware Regional Office

240 North James Street Suite 100A

Newport, DE 19804

(302) 633.4420

Sussex County Branch Office

108 North Bedford Street

P.O. Box 625 (Mailing Address)

Georgetown, DE 19947

(302) 854.9788

Julie H. C. Bailey Training Center

100 S. Main Street, Suite 211

Smyrna, DE 19977

(302) 514.6510

(at the Health and Wellness Center, Entrance C)

Delaware Aging and Disability Resource Center

Phone: 1.800-223.9074

TDD: 302.391.3505 or 302.424.7141

E-mail: DelawareADRC@state.de.us

Website: <http://www.delawareadrc.com/>

Appendix E: Contact Information

Division of Services for Aging and Adults with Physical Disabilities
Herman M. Holloway, Sr. Campus
Main Administration Building, First Floor Annex
1901 N. DuPont Highway
New Castle, DE 19720

Phone: 1.800.223.9074

TDD: 302.391.3505 or 302.424.7141

Fax: 302.255.4445

Email: DelawareADRC@state.de.us

Website: <http://www.dhss.delaware.gov/dsaapd>