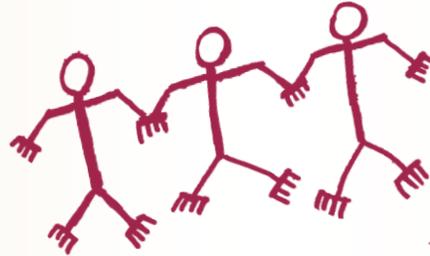


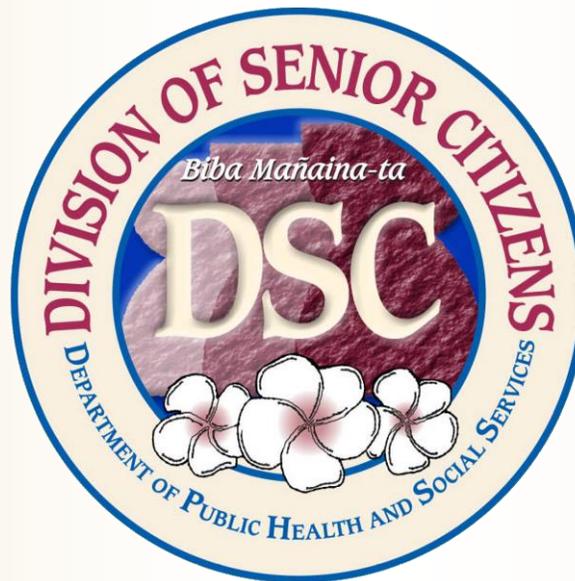


GUAM STATE OFFICE ON AGING DIVISION OF SENIOR CITIZENS

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
GOVERNMENT OF GUAM



GUAM 2016-2019 FOUR YEAR STATE PLAN ON AGING



DRAFT

As of May 29, 2015

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**GUAM FOUR YEAR STATE PLAN ON AGING
2016 – 2019**

I. SIGNED VERIFICATION OF INTENT PAGE FROM GOVERNOR

VERIFICATION OF INTENT

The Department of Public Health and Social Services, Division of Senior Citizens, hereby submits Guam's State Plan on Aging for the period October 1, 2015 through September 30, 2019. The Division of Senior Citizens serves as the State Agency and has the authority through the leadership of the State Office on Aging Director to develop and administer the State Plan on Aging in compliance with the requirements of the Older Americans Act of 1965, as amended by the Older Americans Act Amendments of 2000 and 2006. The State Agency is primarily responsible for the coordination of all State activities related to the purpose of the Act, including but not limited to the development of a comprehensive and coordinated system of care in the delivery of aging services. These services include supportive services, protective services, multi-generation programs, senior citizen centers, nutrition services, and caregiver services. The State Agency will serve as the effective representative and visible advocate for the older population of Guam. For purposes of this State Plan, Guam is a single planning and service area (SPA) and a 100% rural and 100% minority community.

The State Plan on Aging hereby submitted has been developed in accordance with applicable Federal statutory and regulatory requirements.

DATE

JAMES W. GILLAN

Director

Department of Public Health and Social Services

I hereby approve Guam's State Plan on Aging that constitutes authorization to proceed with activities under the Plan and is submitted to the Assistant Secretary for Aging for review and approval.

DATE

EDDIE BAZA CALVO

Governor of Guam

II. EXECUTIVE SUMMARY

Organizationally, Guam's State Office on Aging (SOA) is under the Division of Senior Citizens (DSC) of the Department of Public Health and Social Services. The DSC is responsible for coordinating activities related to older persons on Guam in accordance with the Older Americans Act, and Guam's Public Law 14-139 which created the DSC. A key responsibility of the SOA is the development of Guam's Four Year State Plan on Aging for the period of October 1, 2015 through September 30, 2019.

Guam's Four Year State Plan, the "Plan", serves as the blueprint to provide direction in planning and implementing long-term care initiatives for our islands elders. The Plan will reflect and respond to the needs of an increasing number of older individuals with the aim to help Guam's aging community maintain independence and dignity in their homes and communities, and address the reality of fiscal and resource limitations. The Plan will represent the network of providers and various partners we work with in the provision of long-term services and supports made available to the islands elders on Guam.

Guam, like the rest of the nation, is undergoing a demographic revolution. For the year 2015, it is estimated that Guam's population is 161,785 with an estimated 21,301 seniors (who are age 60 and older), or 13.17 % of Guam's total population. By the year 2020, it is projected that Guam's population will be 168,322 with a projected 25,646 or 15% being seniors. In 2006, the onset of "baby boomers" turned 60 and will continue through 2024. We are working with baby boomers seeking assistance to meet their long-term care needs as many of them are caring for or have cared for their own aged parents bringing forth the realization that institutional care is not their preferred means of care should they require supervised care. Baby boomers are seeking alternatives that will enhance their physical, social and emotional well-being through personal care and assistance so they are able to continue living in their own homes as they age.

"Aging in place" is an approach to long-term care that promotes independent living, strengthening family supports, addressing home modifications and other long-term services and supports, so that older persons can continue living in their own homes or in a home-like setting in their communities, even in the event of declining mental and physical abilities.

We strive to empower Guam's senior community to make person-centered decisions, provide support to high-risk clients, their families and caregivers to delay the onset of institutionalization and to explore building evidence-based prevention programs to reduce the risk of disease, disability and injury among older individuals. The national perspective for older individuals, as we fondly refer to our elders as "our Manamko", to age in place and to provide options and choices for home and community-based services resonates with the local landscape of our cultural practices; ensuring program services are culturally and linguistically sensitive while maintaining the dignity, integrity and independence of older individuals.

The Plan is a living document that lays out the existing services for seniors that will provide data that will identify unmet needs and services gaps which can be used to leverage additional resources to meet the needs of Guam's older population. We will continue to work towards

increasing the number of clients we serve through greater diversification and refinement of aging programs, thereby addressing unmet needs and/or service gaps.

The Plan also provides a snapshot of the Division of Senior Citizens which consists of the State Agency and the Bureaus of Administrative Support, Community Support, Adult Protective Services and Program Administration and Program Development that assist the State Office in carrying out its responsibilities. Through its administration of 18 aging programs, the Division of Senior Citizens strives towards delivering a coordinated and comprehensive system of delivery that promotes older people to age in place, delaying if not altogether preventing premature institutionalization, with dignity, independence, and integrity.

Guam's State Plan on Aging provides a multitude of long-term services and supports for the elders on island, however, there are challenges we face of which funding is a major issue to be able to expand services in order to meet the increasing demand. While most, including the government, are compassionate towards its "manamko" (its senior citizens), aging programs is not exempted altogether from budgetary constraints and setbacks. Therefore, the goals and objectives of the Plan reflect this reality.

In order to address the needs of Guam's aging population, the Guam SOA has set forth the following goals:

- Goal 1:*** *The Guam State Office will advocate to ensure the interests of older adults, individuals with disabilities and their families are reflected in the design and implementation of public policies and programs.*
- Goal 2:*** *The Guam State Office will integrate ACL Discretionary Grants with OAA core programs.*
- Goal 3:*** *The Guam State Office will provide services that ensures clients retain their right to self-determination.*
- Goal 4:*** *The Guam State Office will protect the rights of older adults and individuals with disabilities from abuse, neglect, and exploitation.*

III. CONTEXT

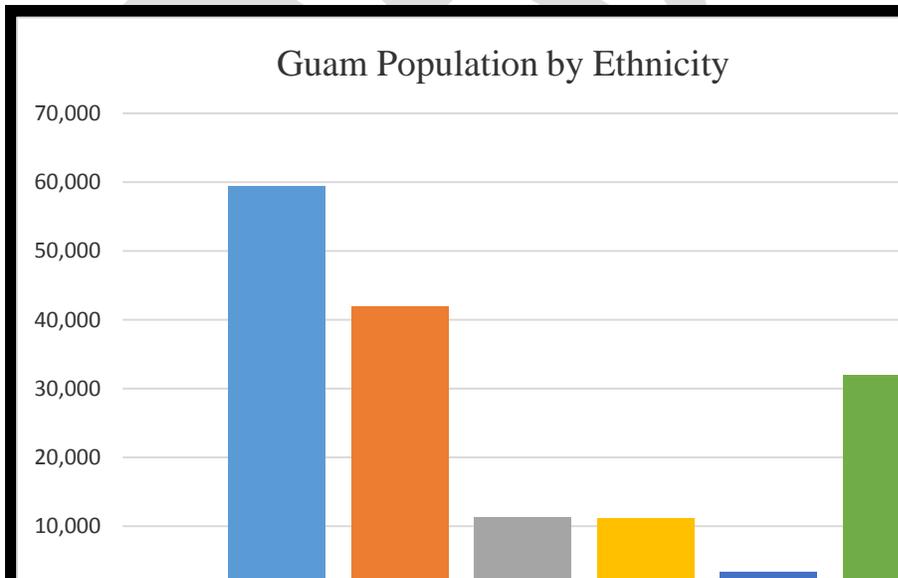
A. GUAM'S GEOGRAPHIC LOCATION AND CLIMATE

Guam, an unincorporated territory of the United States, is the largest and southernmost island in the Marianas Archipelago. This western-most territory of the United States lies 6,000 miles from the U.S. west coast and 3,700 miles west-southwest from its closest U.S. neighbor, Hawaii. Guam consists of a single landmass of 225 square miles (length of 30 miles, width between four and eight miles). The tropical climate is warm throughout the year. Temperatures range between 75 and 86 degrees Fahrenheit, with a mean annual temperature of 81 degrees. Guam is located within “Typhoon Alley” and is therefore vulnerable to frequent storms and typhoons that can potentially cause extensive damage and endanger the health and safety of residents.

B. GUAM'S AGING DEMOGRAPHICS AND ANTICIPATED GROWTH IN THE ISLAND'S AGING POPULATION

The 2010 Census estimates Guam's population to be 159,358. Of this number, there are approximately 17,108 or 10.7% of Guam's population age 60 years or older. Further, Guam's projections for 2010-2020 show an average growth rate for individuals 60 years of age and older to be approximately 4.14% per year. Therefore, by the year 2020, it is projected there would be approximately 25,646 individuals 60 years of age and older.

While the ethnicity of its aging population is not provided in the Census, the Census shows that the top 5 ethnic origins on Guam are: Chamorro at 37.26% or 59,381 of Guam's population of 159,358; 26.32% or 41,944 are Filipino; 7.10% or 11,321 are white; 7.05% or 11,230 are Chuukese, and 2.16% or 3,437 are Korean. The remaining 20.11% or 32,045 are a mix of other Asian, Pacific Islander, and other ethnic groups.



C. GUAM'S STATE OFFICE ON AGING

I. HISTORY OF THE GUAM STATE OFFICE ON AGING

In 1969, the Office of Aging, referred to as the "Office", forerunner of the State Office on Aging, existed as a section under the Department of Public Health and Social Services, Division of Social Services. The Office worked closely with the Guam Association of Retired Persons through its Servicio Para I ManAmko (SPIMA) project for the provision of services. Monies to support the activities of the Office of Aging gradually became available with Title III grants under the Older Americans Act of 1965, as amended. As a recipient of Federal funds under the Older Americans Act, the Office of Aging was also recognized as Guam's State Agency on Aging.

On August 28, 1978, Public Law 14-139 created the Division of Senior Citizens, State Office on Aging (SOA) within the Department of Public Health and Social Services. Although under the general supervision and control of the Director of Public Health and Social Services, the Guam SOA is mandated by P.L. 14-139 to work closely with the Guam Council on Senior Citizens on long-range planning and policy formulation with respect to senior citizens' programs, issues and concerns.

On January 30, 1989, the Adult Protective Services Unit (APS) was created through the enactment of Public Law 19-54, as amended by Public Law 21-33. On December 29, 2012, Public Law 31-278 was enacted updating the prior mandates regarding the provision of protective services for adults with a disability, ages 18-59 and seniors age 60 and older with or without a disability, upgrading the Unit to a Bureau, Bureau of Adult Protective Services (BAPS), while keeping with the original intent that BAPS is the sole Unit responsible for receiving and investigating all suspected cases of elderly and adults with disabilities abuse, neglect and exploitation.

A) Guam Council on Senior Citizens

The Guam Council on Senior Citizens (GCSC) was created through P.L. 14-139 on August 28, 1978. On April 1, 1994, P.L. 22-105 amended the composition of the GCSC from 15 to 17 members, adding the National Association of Retired Persons (NARFE) and the American Association of Retired Persons (AARP). The original 15 members prescribed by law include a representative from the Guam Mayor's Council of Guam, the Guam Association of Retired Persons, as well as two (2) representatives each from the northern, central, and southern regions, and seven (7) representatives from the community at large to include governmental, retiree organizations, ministerial, civic professional, and non-profit organizations. The mandate prescribes that the majority of the GCSC members shall be at least 55 years or older and appointed by the Governor.

Their functions and responsibilities are to:

1. Furnish leadership needed for long-range planning;
2. Work along with the Director for the coordination and implementation of programs, activities and services for the elderly;

3. Serve as an advocate for the elderly; and
4. Adopt rules and regulations necessary for the implementation of provisions of Public Law 14-139.

The GCSC has been inactive since January 2003. After over 12 years of inactivity, on May 8, 2015, Governor Eddie Baza Calvo swore-in 10 new members of the Guam Council on Senior Citizens before nearly 400 seniors in attendance during the 4th Annual Guam Conference on Aging held in celebration of Senior Citizens Month. Four (4) members are pending being sworn-in by the Governor and three (3) members are pending appointment. Nonetheless, with 10 new members sworn-in, the Council can convene as a quorum of 9 is required for official business to be conducted.

B) Guam's Aging Network

Guam SOA serves as an advocate for older persons on Guam, and assists other agencies and other organizations in the development of a comprehensive and coordinated system of long-term services and supports. The Guam SOA seeks to facilitate the promotion, planning, and establishment of a comprehensive long-term care system that assists senior citizens with functional disabilities, older persons and their families, and the network of partners who serve adults with disabilities, that emphasizes consumer choice, independence and quality of life.

Under the Guam State Office on Aging, the aging network is comprised of contracted service providers and vendors administering 10 Title III aging programs and one (1) locally funded program for a total of 11 programs on contract. Currently, there are five (5) programs administered by four (4) for-profit businesses; four (4) programs being administered by one (1) non-profit organization, two (2) programs being administered by a government entities. The SOA administers seven (7) programs, including the Adult Protective Services.

The Transportation Services Program is contracted to a for-profit company, Kloppenburg Enterprises, Inc. that has been operating their business on Guam for 46 years and has been our transportation vendor since July 9, 2009. Their current agreement is expiring on September 30, 2015 and the DSC is working with General Services Agency (GSA), our local procurement office, to publish, evaluate, and award the next bid for the provision of transportation services for a period of four (4) years from the date of award. Therefore, the current vendor may or may not be the vendor for the period of this State Plan.

The Legal Assistance Services program is contracted to the law firm of Fisher and Associates and their current agreement expires on September 30, 2015. On May 18, 2015, the Request for Proposal was published to solicit proposals from prospective offerors to provide this program service for three years. The proposals are due on June 15 and, unless a protest is filed, the Guam SOA anticipates an award would be made this fiscal year, Fiscal Year 2015.

The Mayors' Council of Guam (MCOG) has been in existence since 1832 and was previously called the Commissioner's Council. The MCOG is a government entity who through a Memorandum of Understanding (MOU) with the Guam SOA (DPHSS) provides for the daily operations of 12 Senior Citizens Center on island. An MOU is being drafted for FY 2016 for the

MCOG to continue their operation of this program. As to Fiscal Years 2017, 2018 and 2019, services will be provided either through an MOU with the MCOG or the program will be put forth through another procurement model.

The Adult Day Care, Case Management Services, In-Home Services programs and one locally funded program, the Emergency Receiving Home, a protective services program, is contracted with Catholic Social Service (CSS), a faith based organization that has been in existence for over 35 years. The three programs, Adult Day Care, Case Management Services and In-Home Services were awarded this fiscal year, Fiscal Year 2015, for a period of three years; therefore, inclusive of the current fiscal year, Catholic Social Service will be the provider for the three programs for Fiscal Years 2016 and 2017. For Fiscal Years 2018 and 2019, the Guam SOA will put forth the Request for Proposals for the three programs. The Emergency Receiving Home program will be put forth as an Invitation for Bid during Fiscal Year 2015 for services to commence on December 2, 2015, Fiscal Year 2016, for a minimum period of three years, unless the procurement office supports this program being put for bid for more than three years which the Guam SOA is incline to do; increase the number of years this program is contracted out for.

The Elderly Nutrition Program is comprised of two parts, C1 or Congregate and C2 or Home-Delivered. This program is contracted to Basil Food Industrial Services Corporation has been in business for 13 years and has been the Vendor for the senior meals program since September 4, 2014. The agreement with this Vendor is for three years, therefore, it is anticipated this Vendor will provide services for Fiscal Years 2016 and 2017. For Fiscal Years 2018 and 2019, the Guam SOA will put for an Invitation for Bid for both parts of the Elderly Nutrition Program.

The Preventive Health funds is used to provide an evidence-based program at various, pre-selected, Senior Citizens and Adult Day Care Centers. The engagement of this program is made through a Memorandum of Understanding (MOU) with the University of Guam, Cooperative Extension Program. The UOG was founded in 1952 as a two-year teacher training college known as the Territorial College of Guam. In 1965 it was accredited as a four-year degree granting institution. It was designated as a land grant institution by the US Congress in 1972.

The National Family Caregiver Support Program (NFCSP) first began its services on Guam in October 2001 to offer five direct services that best meets the range of caregiver needs. It operated under the University of Guam – Institute of Micronesia Health and Aging Studies and the DPHSS/DSC. Today, this program is currently contracted to Health Services of the Pacific (HSP) which was incorporated on April 22, 2004 as a C Corporation, providing health care services primarily in the home setting. HSP has been a service provider for the NFCSP since October 1, 2011.

Beyond the network of contracted providers of the DSC, the island's network of providers who support the senior community of Guam consists of other private and public agencies who have an interest or provide services to senior citizens, such as but not limited to housing, employment, health services, long term care, transportation, educational opportunities, and advocates for individuals with disabilities. These entities are key partners in providing long-term services and supports to Guam's aging community. A few key partners include the Medicaid and Medically Indigent Program, Supplemental Nutrition Assistance Program (formerly the Food Stamp

Program), Social Security Administration, Guam Housing and Urban Renewal Authority, Guam Chapter American Association of Retired Persons, GovGuam Association of Retired Persons, St. Dominic's Senior Care Home, Department of Integrated Services for Individuals with Disabilities, Office of the Public Guardian, Guam Legal Services Corporation, Veterans Administration, Guam Memorial Hospital, Office of the Attorney General, Guam Behavioral Health and Wellness Center, Victim Advocates Reaching Out, and Salvation Army.

In addition, through the collaborative work we do for the annual celebration of Senior Citizens Month referred to in the nation as Older Americans Month, the DSC has forged partnerships with the Lions Club International-District 204, Guam Fire Department, Guam Legislature, Guam Visitors Bureau, and the Bureau of Family Health and Nursing Services under the Department of Public Health and Social Services.

II. MISSION, VISION AND PURPOSE OF THE GUAM STATE OFFICE ON AGING

The mission of the Guam SOA is to plan, coordinate, implement, and evaluate programs and services, and to identify and leverage all possible resources towards promoting, maintaining and protecting the total well-being of older persons (seniors citizens age 60 years and older), while safeguarding their dignity, integrity, independence, values and cultures.

Guam SOA's vision is to provide formal community support systems that promote the independence, integrity, and dignity of all older persons on Guam while striving to ensure their individual cultural practices and beliefs are respected in a continuous effort to support their desire to age in place.

The purpose of the Guam SOA is to administer Title III programs mandated by the Older Americans Act (OAA) of 1965 as amended by the OAA Amendments of 2006 and the development and administration of Guam's Four Year State Plan on Aging. The State Agency and Bureaus of Administrative Support, Community Support, Adult Protective Services, Program Administration and Program Development assist the State Office in carrying out its responsibilities. The administration of aging programs strives towards delivering a coordinated and comprehensive system of delivery that promotes older people to age in place, delaying if not altogether preventing premature institutionalization, with dignity, independence, and integrity.

The Guam SOA is responsible for coordinating all activities on Guam relating to the purposes of the Older Americans Act to help elderly individuals maintain independence and dignity in their homes and communities. Through the efforts of the Guam SOA, program services and initiatives will focus on meeting the rapidly growing new generation of long-term care consumers and their desire to age at home among their families and friends. Guam SOA will continue to request for state (local) funding to meet the basic matching requirements of the Administration for Community Living (ACL) and further expand local efforts through additional state, private or Federal grant funding. Guam SOA will continue to advocate for older individuals on Guam and assist agencies and other entities in the development of a comprehensive and coordinated service delivery system throughout Guam in line with the mission and vision of the ACL.

III. AGING PROGRAMS

Although Guam's Public Law 14-139 defines a senior citizen as age 55 years or older, aging services administered by the Guam SOA are provided to older individuals 60 years of age and older based on OAA eligibility criteria, unless otherwise provided for as in the target population of the National Family Caregiver Support Program and the Bureau of Adult Protective Services. Clients of the National Family Caregiver Support Program include caregivers serving elderly individuals; elderly caregivers serving children; and elderly caregivers serving adults and children with disabilities. The Adult Protective Services serves individuals 60 years of age and older and adults with a disability between the age of 18-59.

Through funding from the ACL, Administration on Aging, as authorized through the Older Americans Act of 1965, as amended, the Guam SOA provides the following services, either directly or through contract:

A) Title III-B Supportive Services

Services include three Adult Day Care Centers, Case Management Services, In-Home Services, Legal Assistance Services, 12 Senior Citizens Centers, and Fixed and Non-Fixed Transportation Services. These services comprise a component of the formal support system for older individuals to assist them in maintaining their independence, dignity and quality of life. Additionally, these services protect their fundamental rights and distinct privileges as older individuals residing on Guam.

1) Adult Day Care (ADC)

The three ADC Centers provides a respite type program for older adults who are unable to function at home without supportive services and who do not need 24 hour care. Activities are individualized and consider the education, social, therapeutic, spiritual, and recreational needs of the older individual. Of the three (3) facilities authorized as ADC Centers, one (1) located in Dededo specifically serves clients with confirmed cases of dementia (ADC: Dementia Center), the other located in Barrigada serves all other eligible clients (ADC), and the third center located in Inarajan serves both clients with and without dementia, providing care to a combined approximate total of 94 clients at any given time of the day.

2) Case Management Services (CMS)

The CMS program provides services to elderly individuals in a systematic process of assessment and reassessment, planning, service and care coordination, referral, and monitoring whereby multiple service needs of clients are met with available resources, and unmet needs identified. The CMS program serves as the point of entry for the Adult Day Care, In-Home Services and Elderly Nutrition (Home-Delivered Meals) programs. Other services provided include, but is not limited to providing information and referral, assistance in applying for public assistance (housing, welfare, Medicaid, MIP, legal services, etc.), assisted transportation, money management, and picking up medications. The provision of CMS services is performed through traditional casework practices with the client and caseworker developing a person-centered Individualized Care Plan (ICP) that reflects the needs and desires of the client. The client is provided options for long-term services and supports (LTSS) and it is the client who decides which if any of the LTSS is going to be accessed or a referral is made for services. Further, the staff of this program collaborate with local health facilities (i.e. hospital) to transition clients

back to their homes or in some cases from their participation at one of the 12 Senior Citizens Centers to one of the three Adult Day Care Centers. The Guam SOA is working on contracting the Aging and Disability Resource Center which will be a critical tool for consumers on Guam, seniors and persons with disabilities alike, to coordinate services and activities to help them meet their needs.

3) In-Home Services (IHS)

The IHS program provides assistance to frail individuals who are without a caretaker and are at risk of institutionalization due to limitations on their ability to function independently, as well as to frail individuals who have a caretaker, but who may need additional assistance with personal care and chore services at home. This program is an essential part of the overall support that caregivers may need to keep their senior family member at home and to prevent premature institutionalization, abuse and off-island placements.

4) Legal Assistance Services (LAS)

Legal Assistance Services provides legal advice and representation by an attorney to older individuals with economic or social needs and includes to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and counseling or representation by a non-lawyer where permitted by law to approximately 300 eligible older individuals.

5) Senior Center Operations (SCO)

The SCO program provides services designed to enable older individuals attain and maintain physical and mental well being by addressing their physical, social, psychological, economic, educational, and recreational and health needs. SCO services are available to individuals age 60 years or older and their spouse below age 60, provided the spouse is accompanying the participating senior. The Centers offers participants a broad spectrum of services and activities, which at a minimum, include information and assistance, disease prevention and health promotion activities, health and wellness programs, recreational opportunities, arts programs, volunteer opportunities, educational opportunities, multi-generational activities, social and community interaction opportunities, activities to support annual Senior Citizens' Month Celebrations, and other special activities and services. The 12 Senior Centers are located in the villages of Agana Heights, Agat, Astumbo, Dededo, Inarajan, Mangilao, Merizo, Santa Rita, Sinajana, Tamuning, Yigo, and Yona/Talofofo.

6) Transportation Services Program (TSP)

The TSP provides transportation services to older persons who are unable to operate a vehicle or have no mode of transportation to enable them to gain mobility and independence in accessing essential services. Persons who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, are given priority in the delivery of transportation services. Services may also be available to a non-senior spouse or escort accompanying the older participating individual. Vehicles used to transport older individuals who have a disability are in compliance with the requirements of the Americans with Disabilities Act. The TSP consists of two (2) service components:

Transportation (General). This is a door-to-door service that provides transportation for the senior from their home to one of the 12 Senior Citizens' Centers and three (3) Adult Day Care Centers, with a return trip home upon conclusion of the day's activities. This service applies to all adults, age 60 years and older and their accompanying spouse. Many of these persons would be homebound with no means of transportation without this service.

Assisted Transportation. The Assisted Transportation service provides assistance, including escort, to a senior who has difficulties (physical or cognitive) using regular vehicle transportation. This service provides transportation from their homes to specifically requested medical services such as: doctor's appointments, lab tests, therapy, pick up of prescriptions, dental appointments, and access to medical-related services (i.e., Medicare, Medicaid).

B) Title III-C Nutrition Services

This program ensures the provision of a hot, nutritious meal that meets a minimum of 33 and 1/3 percent of the current daily Recommended Dietary Allowance (RDA), as established by the Food and Nutrition Board of the National Academy of Sciences, National Research Council. The meal service provided is lunch and the Guam SOA has designed the nutrition services contract to provide additional meal service, such as breakfast or dinner, should additional local funds be appropriated.

1) Elderly Nutrition Program (ENP) – Congregate Meals (C1). ENP C1 services are provided to individuals age 60 years or older and their spouse, regardless of age, if accompanying the senior, in a congregate setting Monday through Friday, except on Federal and local holidays. The Government reserves the option of providing meals to volunteers working at the Centers and to individuals who have a disability whom otherwise meet Federal and local criteria. There are 15 congregate sites which include the 12 Senior Citizens Centers and the three Adult Day Care Centers.

2) Elderly Nutrition Program (ENP) – Home-Delivered Meals (C2). The ENP C2 provides nutrition services to individuals age sixty (60) years or older who are home-bound and have difficulty performing at least two Activities of Daily Living and their spouse who serves as a primary caregiver regardless of age, in a home setting Monday through Sunday, except on the the10 recognized holidays as determined by the contracted vendor. If a senior accesses this service to its maximum service level, the senior could avail themselves of 355 meals in a fiscal year.

C) Title III-D Preventive Health

The Guam SOA provides Preventive Health services and information at the Senior Citizens Centers and Adult Day Care Centers. The objectives are to provide older individuals with opportunities for increased life expectancy and improved health and quality of life, and to enhance access to public and private programs that promote physical and mental well-being (Senior Outreach); to establish collaborative partnerships with public and private programs, agencies and organizations in the area of preventive health (Collaboration and Partnership); and to provide technical assistance in the establishment of government policies and programs that promote healthy aging and disease prevention, and that ensure access to quality health and long-term care (Systems and Policy). The Guam SOA shall, to the fullest extent possible, assure

collaboration with and utilization of preventive health services provided by other departmental programs, public agencies, and community organizations.

Further, in FY 2015 the Guam SOA will be submitting to the DPHSS Director for his submission to the Association of State and Territorial Health Officials (ASTHO) the evidence-based work that has been and continues to be contractually performed by the University of Guam - Cooperative Extension Program at the Senior Citizens and Adult Day Care Centers. The evidence-based project is from the National Council on Aging's "*Healthy Eating for Successful Living in Older Adults*".

D) Title III-E National Family Caregiver Support Program (NFCSP)

Provides support services to families and older individuals that are relative caregivers caring for their frail elderly family members and to grandparents or older individuals who are relative caregivers of children who are 18 and under or adults with disability. The NFCSP provides the five basic services required by the Older Americans Act, as amended in 2006, as follows: information to caregivers about available services; assistance to caregivers in gaining access to supportive services; individual counseling, organization of support groups, and caregiver training to caregivers to assist the caregivers in making decisions and solving problems relating to their care giving roles; respite care to enable caregivers to be temporarily relieved from their care giving responsibilities; and supplemental services, on a limited basis, to complement the care provided by caregivers. The Guam SOA will be submitting to the DPHSS Director for his submission to ASTHO the body of work on caregiver training for para-professionals (paid caregivers) and the unpaid family caregivers. The caregiver training is being led by the tri-agency partners, which includes the Guam Community College's Allied Health, the Health Services of the Pacific, and the Guam SOA.

E) Title VII - Elder Rights

1) Elder Abuse Prevention

100% Federal funding provides resources for off-island training of staff, outreach and educational activities, and cost-sharing for administrative supplies, materials, and equipment in support of the locally funded Bureau of Adult Protective Services.

2) Long Term Care Ombudsman (LTCO) Program

Services provided by the LTCO protect the health, safety, welfare and rights of elderly residents of long-term care and assisted living facilities by identifying, investigating and resolving complaints made by and on behalf of them. Currently, Guam does not have an assisted living facility; however, a task force has been convened to develop and establish an assisted living facility on Guam. A Social Worker III within the Bureau of Adult Protective Services is designated as Guam's State Long-Term Care Ombudsman, and conducts regular visits to facilities such as St. Dominic's Senior Care Home, Guam Memorial Hospital Skilled Nursing Unit (SNU) and the three Adult Day Care (ADC) Centers. This position is funded 40% Federal and 60% local. The Ombudsman also serves as a facilitator during monthly Resident Council meetings at the SNU and St. Dominic's Senior Care Home, as well as conducts scheduled presentations to disseminate information about program services to residents, family members, caregivers and employees.

The Guam SOA administers the following locally funded aging programs:

F) Adult Protective Services (APS)

The program is mandated by P.L. 19-54 as amended by P.L. 21-33 and P.L. 31-278, to provide protective services to elderly persons, age 60 years and above and adults who have a disability, age 18 and above who have been abused, neglected and/or exploited.

Services to the elderly and adults who have a disability are provided in a manner least restrictive to the dignity of the alleged victim and in consideration of the values and practices of their culture. Reports of alleged abuse are received and investigations and initial assessments are provided while a 24-hour Emergency Receiving Home and 24-hour Crisis Intervention Hotline Service are closely coordinated and maintained. Initiation, development and technical support for community and family services are also offered to include training for public awareness and education.

1) Emergency Receiving Home (ERH) Program

A component of the local Adult Protective Services (APS) Program, the Emergency Receiving Home (ERH) Program/Crisis Intervention Hotline is a contracted service which provides protective services seven days a week, 24-hours a day, ensuring that elderly and adults with disabilities who are victims of abuse have access to APS at all times. The availability of the ERH has proven essential to the community, ensuring the safety and protection of victims of serious abuse and neglect, in an emergency. The shelter affords victims the opportunity to escape their abusive situation, a '*safe haven*', until other living arrangements can be made. Further, the ERH will be called the "Guma Serenidad" (Home of Serenity) effective December 1, 2015 when the new contract is in place.

G) Senior Citizens Month (SCM)

Senior Citizens Month is a time honored tradition to recognize the accomplishments, achievements and contributions our island's senior citizens have made and continue to make that shape our island's economy, lifestyle, and value system. Since the enactment of Public Law 17-35 in 1983, our island community has proclaimed May as Senior Citizens Month.

The aging network, in collaboration with several governmental agencies and non-profit and for profit organizations, provides a number of activities in celebration of the month. Traditionally, annual festivities include the Proclamation Signing, Guam Conference on Aging, Legislative Reception, Guam SMP/SHIP Volunteer Appreciation Activity, Frail Elderly Mass, May Crowning, and a Centenarian Celebration. In 2013, seniors were sponsored to attend the annual Micronesia Island Fair to enjoy local music, cuisine, and arts and crafts. In 2014, two new events were introduced, a Memory Wave to promote awareness of the impact of Alzheimer's disease on the island's senior population and the "Biba Manamko" Drive to invite the community to donate items, such as sundry and cleaning supplies, to be used by the clients of the Adult Day Care Centers or the National Family Caregiver Support Program. In 2015, through the sponsorship of the GovGuam Association of Retired Persons, a Senior Talent Show and Competition was held to showcase and feature talent of Senior Center participants in singing, dancing, and story-telling. The growing community involvement with non-profits, for profits,

governmental agencies, and giving individuals have contributed to the successful month-long celebration of Senior Citizens Month.

The Guam SOA administers the following federally funded Medicare based programs:

H) Guam State Health Insurance Assistance Program (Guam SHIP)

Funded in part by the Administration for Community Living, Guam's SOA, has been administering the Guam State Health Insurance Assistance Program, locally recognized as the Guam Medicare Assistance Program (Guam MAP), since 2004. The Bureau of Community Support (BCS) program staff, partners and a cadre of volunteers assists Medicare beneficiaries who need information, counseling, and enrollment assistance beyond what they are able to receive on their own through 1-800-MEDICARE and www.medicare.gov. Staff, partners and volunteers are trained to provide accurate and objective information to help beneficiaries understand and utilize their Medicare benefits through personalized counseling, education, and outreach to assist Medicare beneficiaries make informed health care decisions.

Guam SOA uses grant funding to pursue four (4) SHIP program objectives: One-on-One Counseling, Outreach, Quality Assurance, and Collaboration with ACL.

I) Guam Senior Medicare Patrol Project (Guam SMP)

In 2005, Guam SOA received a one year demonstration grant award from the Administration on Aging (AoA) to administer the Guam Senior Medicare Patrol (SMP) Project. Thereafter, Guam SOA has received funding through a continuous application process. The goal of Guam SMP is to continue expanding Project outreach and education activities to empower Medicare/Medicaid beneficiaries, family members, caregivers and other consumers, to protect themselves against Medicare/Medicaid error, fraud and abuse and know where to report it. In collaboration with Guam MAP, Guam SMP develops, plans and implements various activities to meet its Project objectives.

The Guam SOA is developing the following program:

J) Aging and Disabilities Resource Center (ADRC)

The Guam ADRC Project, established in 2005, was a project funded by a Federal grant awarded by the Administration on Aging and the Centers for Medicare and Medicaid Services to the Guam Department of Mental Health and Substance Abuse and administered by the Department of Integrated Services for Individuals with Disabilities (DISID).

The project goals were to:

1. Decrease the amount of time between referral and intake;
2. Increase diversions from institutional settings;
3. Increase awareness about Medicare/Medicaid benefits (including Part D coverage); and
4. Decrease rates of hospital readmissions within 30 days of discharge.

A primary component of the Guam ADRC Project is the Guam GetCare system, a virtual or web-based consumer information and management system that establishes electronic communication among participating agencies in order to increase access of seniors (defined as

individuals age 60 or older) and adults (defined as individuals aged 18 or older) with disabilities to information and linkages to long-term supports and services. Guam GetCare can be accessed through www.guamgetcare.com. The Guam GetCare System:

1. Provides an avenue to obtain information on existing programs for senior citizens and persons with disabilities;
2. Allows registered consumers access to their personal profile;
3. Provides service providers and vendors with tools for collecting and inputting consumer data; and
4. Eventually will allow service providers and vendors a means to make electronic referrals.

To fortify the aging network's commitment to integrate and utilize the Guam GetCare system, the Guam State Office on Aging entered into a Memorandum of Understanding (MOU) with DISID in 2007.

The goals of Guam GetCare are to:

1. Implement a No-Wrong-Door process, ensuring that everyone has the same access to information and resources, regardless of where he or she enters the system.
2. Develop a one-stop resource linking seniors and adults with disabilities to services.
3. Help consumers have more control over decisions regarding the service they receive.
4. Allow professionals to spend more time focusing on consumers and less time searching for information or filling out paperwork.
5. Use technology to improve the access to, and delivery of, services for seniors and adults with disabilities.
6. Combine the resources, experience and energy of the public and private sectors to make a system that's right for everyone who needs long-term supports and services.

Today, the service providers and vendors of aging programs utilize the Aging and Disability Resource Center System as a tool for Information and Referral, Intake, Consumer Assessment, Enrollment and/or Case Management to better assist clients navigate through the myriad of services. The system is also used by aging program providers to submit their Units of Services; to report data on clients receiving aging services. Further, the system is used to generate the National Aging Program Information System (NAPIS) report, provides a resource directory for consumers on Guam to access services and supports and provides a community calendar.

As Federal funds were not available on October 1, 2014, the ADRC is funded using local funds and the Guam SOA has assumed responsibility for the continued implementation of the ADRC.

IV. FUNDING

For planning purposes, it is projected that in FY 2016 Guam SOA will receive \$2,964,043.00 or approximately 24% in Federal dollars and \$9,442,266.00 or approximately 76% in local dollars for a total of \$12,406,309.00 for its operations.

Although the Title III B Supportive Services Funding Formula is at 85% Federal and 15% local match, the actual percentage allocation based on the total FY 2015 contract values shows the Guam SOA overmatching by 87%. The total contract value for FY 2015 is \$6,332,890 of which \$842,480 is the Federal-local maintenance of effort, with a remaining value of \$5,490,410.00 being the local overmatch or the 87% identified.

Two programs, Title III C1 Elderly Nutrition Program (Congregate) and Title III E National Family Caregiver Support Program, remain at their actual maintenance of effort levels, at 85% Federal -15% local and 75% Federal - 25% local, respectively.

Additional funding comes from a grant through the Administration for Community Living for the operation of a State Health Insurance Assistance Program (SHIP) locally recognized as the Guam Medicare Assistance Program to assist beneficiaries navigate through the Medicare system and to administer the Guam Senior Medicare Patrol Project. Given the local commitment described above, Guam SOA projects to maintain expenditure levels for the next four (4) years, in line with the ACL requirements. Aging programs are encouraged to accept donations, cash or in-kind, from consumers and families. Additional program income funds are generated through program activities, such as bingo and fundraisers. All funds received through donations or raised through program activities are for the sole use of the program through which the funds were obtained or generated.

Guam SOA intends to expend no less than the amount expended in Fiscal Year 2000 as prescribed by the Older Americans Act of 2000 as amended in 2006 and projects to expend approximately \$12.4 million in Fiscal Year 2016. In Fiscal Year 2017, we anticipate level funding as in Fiscal Year 2016; however, we look forward to an increase in funding in Fiscal Years 2018 and 2019.

The Guam SOA will notify the Administration for Community Living when there is a change in the method of providing Title III Aging Programs in a manner that affects the availability and/or funding of ongoing services to ensure proper guidance is received on the matter and to ensure that the Federal granting agency is aware of any impact on the delivery of services to the elderly, their families and caregivers, and our partners in the disability community.

V. PERSONNEL ORGANIZATION

Guam's State Office on Aging (SOA) is one (1) of five (5) divisions within the Department of Public Health and Social Services. In Fiscal Years 2015 and 2016, the SOA is authorized 20 full time employees (FTE). Eleven positions are filled with nine (9) funded, vacant positions to be filled, as follows:

1. Chief Human Service Administrator (Position Number 6918) SOA
2. Administrative Officer (Position Number 6914) BAS
3. Administrative Assistant (Position Number 6604) BAS
4. Social Worker III (Position Number 6915) BAPS
5. Social Worker III (Position Number 6612) BAPS
6. Program Coordinator IV (Position Number 6282) BPAD

7. Program Coordinator III (6609) BPAD
8. Program Coordinator III (6480) BAPS
9. Program Coordinator III (6505) BCS

Key:

- SOA – State Office on Aging
- BAS – Bureau of Administrative Support
- BPAD – Bureau of Program Administration and Development
- BAPS – Bureau of Adult Protective Services
- BCS – Bureau of Community Support

Recruitment of personnel is essential for the Guam SOA to maintain its leadership role in developing a comprehensive approach in the planning, coordination, integration, implementation, and evaluation of long-term services and supports that enables senior citizens and persons with disabilities to develop or maintain their full potential, skills, abilities and community participation.

The recruitment of suitable applicants to fill vacant positions can span over a period of two fiscal years resulting in existing personnel managing a multitude of programs and projects with little to no room for innovative practices and professional growth, both critical aspects for personnel to develop and maintain their technical soundness and competencies. Without adequate personnel, the Guam SOA is challenged to: explore best practices in the delivery of services; become more engaged in program delivery services through increased and planned monitoring; conduct data analysis in order to identify trends and program projections that would guide program decisions; develop professional capacities in program management; and implement a succession plan for the future of Guam's SOA.

Current filled positions include a:

1. Senior Citizens Administrator
2. Management Analyst III
3. Two (2) Program Coordinator IVs
4. Four (4) Program Coordinator IIIs
5. Social Service Supervisor I
6. Social Worker III
7. Customer Service Representative

In addition to the 20 positions identified earlier, the Guam SOA requires 15 additional personnel, based on the 2015 Organizational Chart in order to provide the optimal level of professional guidance and technical assistance to the aging and disabilities network; to be at the cutting-edge in addressing aging issues; to improve, expand, and refine aging programs and services, and which would lend itself to personnel within the Guam SOA becoming subject matter experts in the field of aging. The 15 additional positions are as follows:

1. State Office on Aging
 - a. Assistant Senior Citizens Administrator
2. Bureau of Administrative Support
 - a. Management Analyst IV

- b. Administrative Aide
 - c. Two (2) Customer Service Representatives
- 3. Bureau of Program Administration and Development
 - a. Human Services Administrator
 - b. Two (2) Program Coordinator IIIs
- 4. Bureau of Community Support
 - a. Human Services Administrator
 - b. Program Coordinator IV
 - c. Program Coordinator III
- 5. Bureau of Adult Protective Services
 - a. Human Services Administrator
 - b. Social Service Supervisor I
 - c. Two (2) Social Worker IIIs

VI. GUAM STATE OFFICE ON AGING AND STATE AGENCY ON AGING, BUREAU DESCRIPTIONS

In accordance with Public Law 14-139, the Division of Senior Citizens, Guam's State Office on Aging plans, coordinates and implements programs geared toward assisting older individuals in addressing their needs and problems, and in their attainment or maintenance of a satisfying lifestyle. The Guam SOA is charged with the responsibility of administering Title III Supportive Services, Elderly Nutrition Program, Preventive Health, and the National Family Caregiver Support Program; Nutrition Services Incentive Programs; and the Title VII Elder Abuse and Ombudsman Programs, as mandated by the Older Americans Act (OAA) of 1965 as amended by the OAA Amendments of 2000 and 2006, and the development and administration of Guam's Four Year State Plan on Aging, 2016-2019. In addition, the Guam SOA administers the Guam State Health Insurance Assistance Program (SHIP) locally recognized as Guam Medicare Assistance Program (Guam MAP), the Senior Medicare Patrol Project (SMP), the No Wrong Door (NWD) Planning Grant and the Aging and Disabilities Resource Center (ADRC).

Through the various programs administered by the Guam SOA, services have included working with and advocating for persons with disabilities under the age of 60 through the efforts of the Bureau of Adult Protective Services, National Family Caregiver Support Program, Guam Senior Medicare Patrol Project, and the Guam State Health Insurance Assistance Program. Through these key programs, care coordination is provided to the person with a disability.

The State Agency and Bureaus of Administrative Support, Community Support, Adult Protective Services, and Program Administration and Development assist the State Office in carrying out its responsibilities. The Administration of Aging programs promotes older people to age in place, delaying if not altogether preventing premature institutionalization, with dignity, independence, and integrity. In support of the State Office, the State Agency and the Bureau of Administrative Support assist the State Agency in carrying out its administrative responsibilities.

A. Bureau of Program Administration and Development

Bureau Mandates and Responsibilities: In accordance with the Older Americans Act of 1965 as amended, the Guam SOA implements and coordinates the provision of services to older individuals age 60 years of age and older.

In fulfilling its assigned mandate, the BPAD:

1. Identifies and uses all possible resources towards promoting, maintaining, and protecting the total well-being of older individuals including their dignity, values, and cultures;
2. Advocates to ensure our elderly enjoy their well-deserved rights and benefits;
3. Ensures each and every older individual who is capable of self-care with the appropriate supportive services will be afforded the maximum independence and dignity in a home environment;
4. Strives to remove individual and social barriers to economic and personal independence;
5. Ensures a continuum of care for the vulnerable elderly is provided; and
6. Requires quality services to be provided for senior citizens' programs and activities.

Within the Bureau of Program Administration and Program Development are two (2) units:

Program Administration Unit (PAU) is charged to ensure compliance of 10 Title III aging programs contracted through Invitation for Bids, Requests for Proposals or through Memorandum of Understanding with for-profit, non-profit or another government entity. The staff of this Unit are responsible for ensuring the specifications of each program is reflective of the current rules, regulations and applicable laws. Unit staff monitor activities such as, reviewing submitted monthly program reports that contain statistical, financial and narrative components to ensure the program information and data is accurate and complete by cross checking statistical to narrative and reconciling financial information to ensure no discrepancies are identified. Identified discrepancies are communicated to the impacted provider to address to resolve. Discrepancies may result in disallowed costs, unauthorized expenditures and penalties.

In addition, periodic site visits are conducted, and program invoices are reviewed and processed for payment. Each staff will conduct monthly site visits of their respective assigned programs. In the event, the program requires more frequent site visits due to need or the number of locations the service is provided at, the increase in site visits will be performed by the assigned Unit staff. The purpose of the site visits is to document the operations and delivery of services provided by the contracted provider to ensure contractual compliance.

Further, programs are monitored through a combination of reporting requirements reviewed and cleared each month, responding to complaints, and through technical assistance meetings conducted throughout the program year, as needed or requested. The PAU is also responsible for annually reporting program data in the National Aging Program Information Systems (NAPIS) State Reporting Tool as well as preparing semi-annual, annual, and final Federal Financial Reports for Title III aging program services. PAU also participates in negotiating program budgets with Service Providers and Vendors.

Program Development Unit (PDU) is charged with developing new programs or providing recommendations on how to enhance or refine existing programs and/or projects, as well as applying and/or managing grants in their formative stages with the possibility that once the program is determined to be long term, will be transferred to either another bureau or unit within the Guam SOA. PDU is also charged with the responsibility of drafting program specifications and Requests for Proposals, Invitation for Bids, Memoranda of Understanding, and Emergency Procurement. In the execution of the Unit’s responsibilities collaborative partnerships with, but not limited to, the General Services Agency, Office of the Attorney General is required to complete the project.

B. Bureau of Adult Protective Services

Bureau Mandates and Responsibilities: The Bureau of Adult Protective Services (BAPS) was created in January 1989 through the enactment of Public Law 19-54 and later amended by Public Law 21-33. On December 28, 2012, Public Law 31-278 repealed and amended the APS mandate providing clearer definitions on the types of abuse, expanding on the list of professionals under mandated reporters, providing the personnel required for protective services to be fully operational in investigations and prevention fronts, and lifting the work of this body from Unit to Bureau. The Bureau is mandated to receive and investigate all reports of abuses against the elderly or adults with a disability; these specifically include but are not limited to reports of abuse in facilities operated by the DPHSS and other public or private agencies and in private residences. The types of abuse reportable to the BAPS include: abandonment, physical abuse, emotional or psychological, financial or property exploitation, neglect, self-neglect or sexual abuse. Through a contract service agreement with Catholic Social Service, an Emergency Receiving Home (ERH) is available to provide a safe and temporary shelter to elderly and adults with disabilities who are victims of abuse. The ERH program also provides a 24-hour Crisis Intervention Hotline to receive and respond to reports of abuse and neglect and to ensure victims of abuse have access to APS at all times. The ERH program from FY 2016 on will be called Guam Serenidad or Home of Serenity. Further, the Bureau provides outreach, education, monitoring, and advocacy for vulnerable elders and adults with disabilities.

The Bureau also manages Older Americans Act (OAA) Title VII allotments for Vulnerable Elder Rights Protection Activities, namely, the Long Term Care Ombudsman and Elder Abuse Prevention Programs. The funds are used for a portion of the LTC Ombudsman salaries and benefits, off-island training and other program needs articulated by the Guam SOA.

A review of statistical data on the types of referrals/intakes received by the APS in the prior three (3) fiscal years shows a consistency as to the highest types of referrals/intakes received and investigated, as illustrated in the table below.

Fiscal Year	1st Highest Type	2nd Highest Type	3rd Highest Type
FY 2014	87 Emotional/Psychological	71 Financial/Property	59 Neglect
FY 2013	74 Emotional/Psychological	71 Financial/Property	56 Neglect
FY 2012	67 Neglect	65 Financial/Property	46 Emotional/Psychological

1. In FY 2014, Emotional/Psychological ranked the highest in all types of abuse received by the BAPS and the ERH with 87 referrals, an increase of 13 or 17% from Emotional/Psychological referrals received in FY 2013, which ranked highest for referrals received for that Fiscal Year.
2. Financial/Property Exploitation ranked second with 71 referrals received in FY 2014 and FY 2013.
3. Neglect which ranked the highest in Fiscal Year 2012 with 67 referrals received ranked as third highest in FY 2014 with 59 referrals, a 5% increase from FY 2013.
4. For all the three (3) years in review, Neglect, Financial/Property and Emotional/Psychological remain as ranking within the top three types of abuse reported and investigated by BAPS.

C. Bureau of Community Support

Bureau Responsibilities: The Bureau of Community Support (BCS) is responsible for managing all aspects of information, assistance, referral, orientation and outreach with respect to providing information to assist older individuals, their caregivers, and family members navigate through the social services continuum our island has available. In addition, BCS manages the Guam State Health Insurance Assistance Program and the Guam Senior Medicare Patrol Project funded by the Administration for Community Living. Jointly, both federally funded programs directly and through partnerships with public and private entities provide information, assistance and counseling assistance on all Medicare related matters, and provide education on how to protect, detect and report Medicare/Medicaid fraud, waste, abuse and error when suspected. In Fiscal Year 2014, the BCS recorded a total of 2,548 Medicare contacts.

No Wrong Door (NWD)

The Division of Senior Citizens (DSC), Department of Public Health and Social Services (DPHSS) was awarded, on September 26, 2014, a 12-month No Wrong Door (NWD) planning grant in the amount of \$100,000 from the Department of Health and Human Services (HHS), Administration for Community Living (ACL).

The main “deliverable” at the end of the 12-month planning period is a 3-Year Plan that includes a detailed strategy, work plan, and budget Guam will use, pending the availability of additional federal support, to begin transforming the multiple access functions that are administered by Guam’s various Long-Term Services and Supports (LTSS) programs into a single statewide NWD System to access LTSS for all populations and all payers in Guam.

As of the writing of this State Plan, partners co-leading in the planning process include the State Office on Aging, the State Medicaid Agency, Department of Integrated Services for Individuals with Disabilities (DISID), the state agency that serve or represent the interests of individuals with physical disabilities and individuals with intellectual and developmental disabilities and the Guam Behavioral Health and Wellness Center the state authority administering mental health services. The initial meeting with the key partners was held on October 16, 2014 to discuss collaborative efforts. A stakeholders’ orientation meeting was also held on November 25, 2014 to explore the concepts of a No Wrong Door System and the planned steps for bringing

stakeholders' input into a culminating implementation plan that uses LTSS in all aspects of the planning process. An exploratory site visit was conducted from January 14-16, 2015 on the islands of Oahu and Maui, Hawaii to learn more about their No Wrong Door Initiative to include their Aging and Disabilities Resource Center. On May 8, 2015 at the 4th Annual Guam Conference on Aging, a voluntary NWD survey was conducted to gauge client's perception of the services provided by the Guam SOA and the Department of Integrated Services for Individuals with Disabilities. As of the writing of this document, the results have yet to be tabulated.

The 12-month planning grant expires September 29, 2015. Should the Guam State Office on Aging not receive Federal funds to implement Guam's NWD System, the Guam SOA will pursue other funding opportunities and advocate for the key stakeholders to continue the work for the implementation of Guam's NWD system. The NWD key stakeholders can then rank which component or objective of the 3 Year NWD plan to implement first and build upon this effort.

D. METHOD FOR CARRYING OUT PREFERENCE FOR RURAL OLDER INDIVIDUALS AND OLDER INDIVIDUALS IN GREATEST SOCIAL AND ECONOMIC NEED

Guam, a rural single planning and service area, in line with the Older Americans Act, as amended in 2000 and 2006, will give preference in the provision of 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). The approach to provide services to those in greatest need will be activated upon notification by Guam SOA to providers of aging services that we are to scale back services due to a forced reduction in work force, inadequate funding or increased demand versus limited supply and due to man-made or natural disaster or incidences of national significance.

Guam SOA recognizes the unique situation in which the demand for services may outweigh the available resources; therefore, the following scale serves as a guideline to prioritize the provision of services to those in greatest socio-economic need, as necessary and directed by the Guam SOA. When the Service Provider receives notification from the Guam SOA to activate the application of the Prioritization of Services point system, the entire list of eligible clients shall be ranked. The entire list is defined as all who are receiving services, those on partial or wait-list, as well as new referrals.

The scale will be based on a point system in three (3) focal areas, the older individual's (for NFCSP, the Care Recipient): (1) mobility, (2) degree of existing support system, and (3) housing condition with the greatest priority will be given to older individuals in descending order, with nine (9) being the highest possible points garnered translating to the older individual in greatest socio-economic need.

Point System	Mobility	Support System	Housing Condition
1	Cane or Walker	Support available; but not living in same household	Full concrete structure
2	Wheel chair users	Minimal support; but not	Semi-concrete structure

		regularly available	
3	Homebound and bedridden	No support system in place	Tin and wood structure

Based on the need to activate this provision, the number of persons to be served will be determined by the existing conditions at the time of implementation. In the event that the number of available slots is not sufficient to provide services to the number of persons determined to be at-risk and in need of services, the number of Activities of Daily Living (ADL) impairments will be applied to this distinct group as an additional determining factor for services.

Impairment in ADL – The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: <i>eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking.</i>	
Point System	1 point will be added to clients with 1-2 ADL impairments.
	2 points will be added to clients with 3-4 ADL impairments.
	3 points will be added to clients with 5-6 ADL impairments.

Another determining factor in this point system may include whether the older individual is responsible for the care of a dependent. Clients will be given an additional one (1) point if they are also caregivers. Any application of a scale of similar or like form is permissible provided prior authorization is granted by the Guam SOA.

Any application of a scale of similar or like form is permissible provided prior authorization is granted by the Guam SOA.

After applying the Prioritization of Services and the demand for services still outweigh the available resources the Service Provider shall advise the Guam SOA who will provide additional guidance and direction to the Service Provider as to other variables and/or conditions to assess to reduce the demand to meet the available resources.

F. ISSUES, TRENDS, CHALLENGES, AND OPPORTUNITIES: RESOURCES FACING THE AGING NETWORK

Currently, most of the elderly on Guam rely exclusively on family for assistance and care giving. Based on the 2010 Guam Census, there are over 8,000 households with individuals 65 years of age and over. Because of the limited options available and the cultural values that place emphasis on being cared for by family, very few rely on paid help; while those determined in most social and economic need may access limited publicly funded services and supports. It is believed that most of the aged caregivers on Guam are women and that many of them are caring for their aged parents, their aged spouse, or for aging adult children with disabilities or chronic conditions. It is also believed that some of these informal caregivers have full-time jobs or must work due to economic necessity.

Sources of income for senior citizens on Guam include public and private pensions, social security benefits, personal assets, employment earnings, and public assistance programs.

However, the high costs of living on Guam, the loss of earning ability, erosion of financial resources because of increasing longevity, the increasing and sometimes catastrophic costs of health care, and the severely limited availability of publicly funded community-based long-term care services and supports, all contribute to the increasing economic vulnerability of Guam's senior citizens.

For many years, Guam residents accessed needed specialty care off-island because of the limited health care services available on island. This often resulted in exorbitant expenses for our residents which not only included hospital and other medical expenses, but travel costs as well as accommodations while off-island. But in 2015 two new facilities are expected to open their doors to provide better health care services for Guam: the Guam Regional Medical City (GRMC) and the American Medical Center.

Based on information obtained from the GRMC website, the GRMC, the only private hospital in Guam is expected to open its doors in early 2015 in the municipality of Dededo. The GRMC, operated by The Medical City (TMC), a Joint Commission International-accredited Philippine healthcare organization, will offer world-class health services tailored to the needs of Guam and the Micronesia region. The hospital's services will be aligned with TMC's centers of excellence and the region's specific health profile, featuring wellness, cardiology, medical oncology, endocrinology, pulmonology, neurology and other medical and surgical subspecialties.

Further, the hospital's Qualifying Certificate (QC) is anticipated to help the community as well as the hospital as it requires GRMC to make \$25 million dollars in public contributions staggered over the 20 year term of the QC, with a large portion recommended to be used to support Medicaid and the Medically Indigent Program (MIP) payments. Additionally, the QC also requires GRMC to treat MIP patients and support the work of local artists by having their art work displayed in the patient rooms.

GRMC will eventually employ up to 700 people, including new doctors and other specialists. Under the terms of the QC, 75% of all employees must be US citizens or Permanent Resident Aliens. In addition, many more support positions are being created by employers who are providing the hospital with supplies and fulfilling other service contracts. The new hospital will also help keep more health care dollars on Guam that otherwise would be spent off island.

Based on an August 9, 2014 article in the Guam Marianas Variety, the American Medical Center (AMC) will expand its services with a new facility currently in construction in Mangilao to serve the central and southern part of the island. The new location that will supplement the primacy care offered at the current facility in Upper Tumon is scheduled to open its doors in May 2015.

The approximately 15,000 square foot new facility provides multi-specialty care including family practice, pediatric, internal medicine with endocrinology, sport medicine, occupational medicine, and a full physical therapy and rehabilitation center. They will also have a full digital x-ray in-house for any radiology requirement and will be the only facility on island with both lab tech and DLS laboratories. It will also have a full pharmacy with drive-in windows for the convenience of its patients and will provide urgent care from 8 a.m. to 9 p.m. daily except on Sundays.

Further, more medical and other health professionals are seeing prevention as the key to effective health care for senior citizens. Health promotion and disease prevention program planning efforts and collaborative activities are currently being facilitated by Guam SOA. As more health and prevention-minded baby boomers on Guam age, there will be an increasing demand for health promotion and disease prevention activities and technologies to be an integral part of routine health care for seniors.

Moreover, Guam is experiencing a cultural shift from a family support system as the provider for long-term care to a more formal support system that provides long-term care services and supports for its aging community.

F. FUTURE NEEDS OF GUAM'S OLDER POPULATION

There is a growing demand for aging program services such as adult day care, in-home services, respite and caregiver services as Guam's elderly population continue to age. There is also a growing need for assisted living facilities that can provide varying stages of care, such as for those who are independent, those that require supervised care, or hospice care. The cost of health care and assisted living is another concern of our community.

In recent years interest has been expressed by family members and potential investors to develop assisted living facilities on Guam. Absent mandates to regulate this type of establishment, a key challenge for this to be realized is the manner in which services would be paid for as the local Medicaid program does not currently cover this type of service nor is there long term care insurance available on Guam.

On March 11, 2015, a legislative informational hearing was held to present and discuss the need to develop the assisted living industry on Guam. Representatives from the healthcare, elderly and persons with disabilities communities were on hand further expressing the need for assisted living to take hold on Guam, sharing of personal anecdotes and the acknowledgement of the work ahead of us for assisted living facilities to be an option for families to avail of. Subsequently, a task force was convened to continue the discussions on the development of this industry.

In accordance with Public Law 32-181, the Fiscal Year 2015 Budget Act, funds were appropriated from the General Fund to the Retirement Fund to pay the cost of Medicare premium for Parts A, B and D, for Government of Guam retirees and their survivors domiciled on Guam, and who are eligible to receive Social Security income benefits, and who are eligible to enroll in the Government of Guam Group Health Insurance Program, with reimbursements contingent on the availability of appropriated funds.

Through our partnership with Senator Aline Yamashita, former senator of the 32nd Guam Legislature and with the support of the members of the 32nd Guam Legislature and the Governor of Guam, \$1,000,000.00 was appropriated to the Guam SOA in FY 2015 Budget to expand Adult Day Care Services to the southern region of Guam, for protective services initiatives, and for other aging program needs.

The Guam SOA and in partnership with the Case Management Services (CMS) will work to formalize a working relationship with the three hospitals, one civilian, one military, and one private to coordinate for the transition of patients from the hospital back to the community. The formal process will put forth what is practiced in part by the staff of the CMS program when they are managing clients under their assignment who require assistance in this aspect of discharge planning.

The Guam SOA will continue to advocate for the refine and expansion of existing services and supports and will also work to establish new program services with existing and new partners to ensure services are coordinated in a meaningful manner.

G. STATE PLAN DEVELOPMENT

The Draft Guam Four Year State Plan on Aging for FY 2016-2019 was developed with staff of the Guam State Office on Aging and the Bureaus of Program Administration and Development, Community Support, and Adult Protective Services.

Over the past few months, the Guam SOA was in consultation with the Administration for Community Living Program Specialist to review and receive technical assistance in the development of this Plan.

On May 29, 2015, members of the Guam Council on Senior Citizens, the Senior Citizens Month Central Planning Committee, aging network and service providers and vendors were sent an email to inform them of the upcoming public hearing and to encourage their review and input of the Plan or to provide a letter of support of the Plan.

On May 30, 2015 a notice of public hearing was published in the Marianas Variety News (MVN) informing the community of the planned public hearings scheduled on the Plan. Draft copies of the Plan were made available at the Division of Senior Citizens as well as posted in the Department of Public Health and Social Services website for the public's convenience. A copy of the notice is attached.

On June 11, 2015 the public hearings are scheduled for the public to provide input on Guam's Four State Plan on Aging for FY 2016-2019 which would be held at the Division of Senior Citizens, located at 130 University Drive, Suite 8, University Castle Mall in Mangilao.

IV. GOALS AND OBJECTIVES

Goal 1: The Guam SOA will advocate ensuring the interests of older adults, individuals with disabilities and their families are reflected in the design and implementation of long-term services and supports.

Objective 1: Increase service provider and public awareness on the benefits to maintain or expand home and community-based services that enable individuals to age in place in their communities.

Strategies, Outcomes and Performance Measures:

For FY 2016 through FY 2019, the Guam SOA will request annual funding to maintain program services and supports at their current level. As unmet needs are identified and the costs are determined to address these unmet needs, the Guam SOA will advocate for additional funding from the local government to expand program services and supports to address these unmet needs.

Over the next four years, Guam SOA will continue to contract Title III B, Title III C1 and C2, Title III D and Title III E to non-profit, for-profit or other government agencies for the delivery of these services. Under Title III B, the six programs on contract are: Adult Day Care, Case Management Services, In-Home Services, Legal Assistance Services, Senior Center Operations and Transportation Services. The Guam SOA will continue its efforts to leverage community resources, both local and Federal, to renovate and rehabilitate to expand the Inarajan Senior Citizens Center and enhance the current operations of the Adult Day Care Center in the southern part of Guam. Case Management Services (CMS) is in its first year of a three year contract through the Request for Proposal process and the Guam SOA will open dialogue with the contracted provider to discuss the inclusion of options counseling and person-centered planning in the delivery of CMS. In addition, CMS staff are provided monthly in-service sessions on Medicare by a staff of the Bureau of Community Services that builds the CMS staff capacity when they provide Medicare information to their clients. In FY 2015, In-Home Services expanded the number of clients served by 100 which will be maintained in FY 2016 and be budgeted accordingly into FY 2017 through FY 2019. Legal Assistance Services was also expanded in FY 2015 and the increase in funding to address the 166 of the over 200 clients on this program's wait list is being maintained in the FY 2016 budget request, and will also be requested in FY 2017 through FY 2019. Senior Center Operations is provided at 12 sites and will be maintained status quo into FY 2016. The Guam SOA will assess with its current partner, the Mayors' Council of Guam (MCOG), a government entity, the feasibility of the MCOG managing this program from FY 2017 on. Transportation Services is provided for fixed and non-fixed routes and for FY 2016, the Guam SOA has identified the need to restore monthly field trips and food commodities run for low income individuals to the existing service options.

Nutrition services for seniors are provided through a Vendor contract for the provision of the Elderly Nutrition Program (ENP) which is comprised of two components, C1 Congregate and C2 Home-Delivered. The current capacity of the congregate component is up to 780 meals served daily, Monday through Friday, except on 10 recognized holidays, and is provided at 15 service areas in 14 designated congregate sites. The current capacity of Home-Delivered is up to 1,180 meals served daily, Monday through Sunday, except on the 10 recognized holidays.

The Guam SOA will continue contracting with the University of Guam's Cooperative Extension Program to conduct and deliver the evidence-based Healthy Aging program utilizing the National Council on Aging's *Healthy Eating for Successful Living in Older Adults*. The program is offered at pre-selected Senior Citizens Centers and Adult Day Care Centers for seniors electing to participate in this program.

The National Family Caregiver Support Program will be awarded to a service provider through the Request for Proposal Process with services to commence on October 1, 2015, FY 2016, with

the option to renew for three additional one-year periods, for a total of four years. The program provides five components of a multi-faceted system of support services for family caregivers and grandparents, or older individuals who are relative caregivers. Services to be provided include: 1. information on available services, 2. access to services, 3. Individual counseling and caregiver training, 4. respite care and 5. supplemental services. Notably, staff from the Bureau of Program Administration and Development is working with Health Services of the Pacific and Guam Community College to put forth caregiver training at two levels, one for the para-professional (paid) caregiver and the other for the family (unpaid) caregiver.

The Guam SOA is working to put forth a contract for the Aging and Disability Resource Center. A key feature of this application will be to generate a monthly service statement for each client who accesses Title III services. The service statement will provide clients the Units of Services they were provided for the month and the corresponding unit cost with a total value reflected in each service statement. It is the position of the Guam SOA that the service statement will provide clients with a greater appreciation of the value of the services they receive, which in turn we anticipate will encourage greater voluntary contributions. Further, it is our position that the contracted providers will be able to market their service, based on the unit cost, with private and public entities. The Guam SOA will support the contracted provider to market their services with public and private entities with the anticipated outcome of increasing their revenues through the resources they already have within their organization. The contracted providers may find themselves needing to train and hire additional personnel to meet the market demand for long term services and support.

Through the various Title III programs, clients are referred to and access health care and other social services in the community. In some instances, CMS assist clients apply for public insurance, such as Medicaid and/or Medically Indigent Program (MIP) or assist clients with their application for Supplemental Nutrition Assistance Program (SNAP) and public housing. It is the function of CMS to assess client needs to include their health and social service needs and with the client's expressed desire to seek services, the CMS staff then refers and links clients to various program services. In addition, through the operations of the Senior Citizens Center with each Center having a Recreational Leader (RL), the RL's will also refer clients to CMS for further person-centered planning. The CMS staff also coordinates visits with the RL's of the 12 Centers to meet with clients who request their assistance which will start the process for the clients to develop their person-centered Individualized Care Plan (ICP).

Further, the Guam SOA will collaborate with the Department of Integrated Services for Individuals with Disabilities (DISID) and the tri-agency organizations consisting of the Guam Developmental Disabilities Council, Guam Legal Services Corporation Disability Law Center and the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS) to ensure needs and interests of older adults with disabilities are reflected in the design and implementation of public policies and programs.

The Guam SOA will continue its dialogue with the local Medicaid office to explore the feasibility for Guam to apply for Medicaid Waivers that support home and community-based services (HCBS) provided by the Guam SOA and other government agencies providing similar HCBS to adults with disabilities, thus, Medicaid funds matched with local dollars would be used

to pay for HCBS.

For the next four fiscal years, Fiscal Year 2016 through 2019, the Guam SOA will continue to request for services to be maintained at their current service levels. However, with and through the support of documented needs that is supported through the legislative process and the executive branch, the Guam SOA will realize additional funding to address the unmet needs of the seniors, their families and persons with disabilities.

Goal 2: The Guam State Office will integrate ACL Discretionary Grants with OAA core programs.

Objective 2.1: The Guam SOA will continue its integration of the State Health Insurance Assistance Program and the Senior Medicare Patrol Project with the Case Management Services (CMS) Program and expand its information dissemination effort within other Title III core programs in an effort to promote and heighten program awareness throughout the community.

Guam SOA administers three (3) ACL discretionary grants, the State Health Insurance Assistance Program (SHIP), Senior Medicare Patrol (SMP) Project, and the No Wrong Door (NWD) Planning Grant.

SHIP is a national program providing locally accessible Medicare information and assistance through one-on-one counseling, public education presentations, and various outreach activities. Locally known as the Guam Medicare Assistance Program (Guam MAP), trained counselors in this program help beneficiaries understand how to use their Medicare benefits and provide plan comparisons for beneficiaries to make informed health care decision. Additionally, Guam Senior Medicare Patrol Project (Guam SMP) educates Medicare beneficiaries to prevent, detect, and report suspicious fraudulent healthcare activities. Senior Medicare Patrols (SMP) empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through counseling, presentations and outreach. Guam MAP and Guam SMP engage in the same activities, thus activities are conducted jointly to maximize grant resources. The No-Wrong Door Planning Grant was awarded to Guam SOA to put forth a 3 Year Plan for a No Wrong System for Guam that would integrate and coordinate services for all users and payees of long-term services and supports.

Strategies, Outcomes and Performance Measures:

Guam SOA, through its Medicare-based programs, will include the CMS Program staff in Guam MAP and SMP's annual *Joint Medicare Training*. Participation in this training provides valuable Medicare information enabling the CMS staff to provide their homebound elderly clients, their families or caregivers with Medicare information and assistance as well as to educate them on how to review their Medicare Summary Notices and Explanation of Benefits to resolve billing issues and to identify improper medical or prescription drug claims.

Guam SOA will provide monthly scheduled in-service sessions to the CMS Program staff to provide Medicare updates, keep them abreast with the latest Medicare fraud trends occurring throughout the nation, and to discuss complex Medicare cases through case scenarios.

Guam SOA, through Guam MAP, has established core activities in an effort to heighten Medicare Part D's *Annual Election Period* (AEP). An example of a core activity is Guam MAP's coordination with the Senior Center Operations and Adult Day Care Programs to provide Part D awareness presentations and enrollment assistance to senior citizens attending the 12 Senior Citizens Centers and the three (3) Adult Day Care Centers during the AEP.

Guam SOA provides monthly and annual Title III Awareness Orientations to the staff of its contracted service providers and vendors. Newly hired staff of our contracted providers are required within 30 days of employment to attend this presentation, and all staff must attend at the beginning of each fiscal year for Guam SOA to reacquaint them with the Title III aging programs and to advise them of program updates and changes. The orientations include information on the Bureau of Adult Protective Services, Guam MAP and Guam SMP.

One activity of the NWD Planning Grant is to capture client experiences with being referred to and accessing services from the DSC, Guam Behavioral Health and Wellness Center and Department of Integrated Services for Individuals with Disabilities. Case Management Program staff were trained to administer a survey instrument to capture this data. The CMS program staff conducted the surveys with interested seniors in attendance at the 2015 4th Annual Guam Conference on Aging and home bound clients. The data collected will be used to determine whether the existing process is in fact the practice being used as well as to identify gaps in services in an effort to streamline access to services. The planning grant will provide a blueprint for Guam SOA to lead the effort to integrate and coordinate NWD services on Guam.

Goal 3: The Guam State Office will provide services ensuring clients retain their right to self-determination.

Objective 3.1: Promote programs and strategies that support community integration for elderly and adults with disabilities.

Strategies, Outcomes and Performance Measures:

Throughout the Plan period, encourage participation of Senior Center participants under *Project Kombida*, an integration program for older individuals with disabilities, to include developmental and physical disabilities to continue to receive services through the Senior Center Operations Program and transition to Adult Day Care Centers, as appropriate.

Throughout the Plan period, engage in partnerships with organizations that help the elderly and adults with disabilities transition to live independently in the community.

Throughout the Plan period, collaborate with organizations that support integration of programs for the elderly and adults with disabilities.

Objective 3.2: Provide elderly and adults with disabilities with information, education, and counseling on their options to live as independently as possible in the community.

The Guam SOA, as practicable, will provide on-going information and assistance to Medicare beneficiaries on the prevention benefits under Medicare, as outlined in the Affordable Care Act to help consumers better manage their health and health care costs. The counselors under the Guam

Medicare Assistance Program will continue to provide Medicare benefits and plan selection options for Medicare beneficiaries living on Guam to assist individuals in identifying, understanding, and enrolling in programs and plans, if eligible and appropriate, such as the Medicare Prescription Drug Plan, Medicare Supplemental Insurance, and other public and private health insurance coverage options and cost saving programs available to Medicare beneficiaries.

Further, to increase and improve access to community living options, the Guam SOA will continue to implement and support programs and services that focus on self-determination and control, and person-centeredness, including the Aging and Disability Resource Center Program, to provide service options through the Case Management Services Program for the elderly which will streamline access to LTSS targeted to those at greatest risk of institutionalization, abuse, neglect and exploitation and are with minimal to no informal support system.

Strategies, Outcomes and Performance Measures:

During the Plan period, the Guam SOA will through the BCS recruit, train, and maintain volunteers to serve as Medicare counselors and outreach assistants.

During the Plan period, the Guam SOA will continue to support protection and advocacy services, and long-term care ombudsman programs in order to help the elderly and adults with disabilities, family members and caregivers find and make informed decisions about various LTSS options to live as independently as possible in the community.

During the Plan period, the Guam SOA will continue advocating for the use of the ADRC to provide opportunities for consumers to be aware of aging and disabilities program and resources available in order that they be able to make informed decisions, as appropriate.

During the Plan period, the Guam SOA will through BCS in partnership with the Case Management Services conduct periodic reviews and updates of the Aging and Disability Resource Center's resource directory to provide current and accurate information for its users.

Objective 3.3: Increase the availability of evidence-based programs and practices that empower individuals to improve the quality of their health, independence and well-being.

Strategies, Outcomes and Performance Measures:

Throughout the Plan period, the Guam SOA will continue contracting with the University of Guam's Cooperative Extension Program to conduct and deliver the evidence-based Healthy Aging program utilizing the National Council on Aging's *Healthy Eating for Successful Living in Older Adults* module. The program is offered at pre-selected Senior Citizens Centers and Adult Day Care Centers for seniors electing to participate in this program.

Objective 3.4: Promote and ensure the physical accessibility of all programs managed by the Guam SOA.

Strategies, Outcomes and Performance Measures:

Throughout the Plan period, all home and community-based core programs will continue to include in the contract provision that the facilities wherein services are provided are ADA compliant.

The Guam SOA will plan efforts to support participant-directed/person-centered planning for older adults and their caregivers across the spectrum of long-term care services and supports, including home, community and institutional settings. The Guam SOA will advocate with its

partners who serve persons with disabilities to ensure they too are fully engaged in participant-directed/person-centered planning in the delivery of their respective services.

Goal 4: The Guam State Office will protect the rights of elderly and adults with disabilities from abuse, neglect, and exploitation.

Objective 4.1: Strengthen and enhance collaboration of programs at all levels that safeguard the rights and prevent the abuse, neglect, and exploitation of elderly and adults with disabilities.

The Guam SOA will support and enhance multi-disciplinary responses to elder abuse, neglect and exploitation involving adult protective services, the Long Term Care Ombudsman, legal assistance programs, law enforcement, health care professionals, financial institutions, and other essential partners.

Strategies, Outcomes and Performance Measures:

Throughout the Plan period, all aging program service contracts will continue to include provisions on mandated reporting of alleged abuse on elderly and adults with disabilities.

Throughout the Plan period, the Guam SOA, through the Bureau of Adult Protective Services (BAPS) will partner with financial institutions to conduct APS presentations to increase awareness of employees on how to detect and report suspect cases in an effort to prevent financial exploitation of elderly and adults with disabilities.

Throughout the Plan period, BAPS will continue their partnerships with law enforcement, courts and legal services to improve and strengthen efforts and response to abuse, neglect and exploitation.

Objective 4.2: Educate and empower the community on elder rights and prevention of abuse, neglect and exploitation of elderly and adults with disabilities.

Guam SOA, through the BAPS, will work to increase awareness of elder rights issues through its participation in community outreach and educational activities.

Strategies, Outcomes and Performance Measures:

BAPS and the Long Term Care Ombudsman (LTCO) will continue to participate in task force work groups, council and coalition meetings to include the Healing Hearts Sexual Assault Response Team (SART) Steering Committee, the Guam Homeless Coalition, the Guam Developmental Disabilities Council, the Guam Coalition Against Sexual Assault and Family Violence, and the Guam Public Guardian Review Board in an effort to support and enhance multi-disciplinary responses to elder abuse, neglect, and exploitation.

BAPS and the LTCO will continue to participate in outreach activities to include the Sexual Assault and Family Violence Awareness Month, Guam Developmental Disabilities Awareness Month, Guam Conference on Aging held in conjunction with Senior Citizens Month, and Crime Victim's Rights Week in an effort to bring visibility and awareness on elder rights in the

prevention of abuse, neglect and exploitation. The BAPS will participate in four (4) outreach activities per year and the LTCO will do the same.

Further, annually, BAPS will conduct site visits at three (3) Senior Citizens Centers to provide information on APS and coordinate five (5) APS presentations to their network providers and partners, which includes, but is not limited to, the Guam Homeless Coalition, Guam Developmental Disabilities Council, Guam Behavioral Health and Wellness Center, Karidad Homes, and Victims Advocate Reaching Out (VARO) Volunteer Program.

During this Plan period, the LTCO will conduct visits at the Guam Memorial Hospital Skilled Nursing Unit and St. Dominic's Senior Care Home to facilitate the resident council meetings held monthly at these facilities. In addition, should there be new clients or staff at the monthly resident council meetings, the LTCO will also then provide a presentation on the role and responsibility of the LTCO, and information about Adult Protective Services and Medicare.

Additionally, the LTCO will conduct one (1) presentation per year at the three (3) Adult Day Care Centers and at the Guma Asusena Home, a residential recovery program for adults with psychiatric problems, to provide information to clients, their families or caregivers of the role of the LTCO. Further, the LTCO will schedule four (4) visits at each of these facilities per year thereby providing residents greater access to the Ombudsman and increasing awareness and understanding of the LTCO program. Additional visits may be conducted to address complaints or concerns made to the LTCO concerning these facilities.

Objective 4.3: Advocate for an attorney to serve as a Legal Assistance Developer.

The Guam SOA will continue advocating to use division and/or department funds to hire an attorney from the Office of the Attorney General to serve as the Legal Assistance Developer who will develop activities to include coordinating the provision of legal assistance for seniors, provide technical assistance, training, and support to the SOA, LTCO, legal assistance provider and other persons to assist in improving and enhancing the quality and quantity of legal services provided to seniors.

Strategies, Outcomes and Performance Measures:

Advocate for funding to secure an Attorney for the Division of Senior Citizens, namely, the Guam SOA who would serve as the Legal Assistance Developer for the Guam SOA.

Objective 4.4: Provide Medicare beneficiaries, their families, and caregivers information on how to protect, detect, and report Medicare fraud, waste, abuse, and errors.

The Guam Senior Medicare Patrol (Guam SMP) Project, within Guam SOA, will continue conducting outreach and education activities in an effort to empower Medicare beneficiaries, family members, and caregivers to protect themselves against Medicare fraud, waste, abuse and errors, and to know where to report such incidences when suspected. Guam MAP, within Guam SOA, will also include as part of its counseling Medicare activities information on how to identify and report billing errors and concerns through the review of Medicare Summary Notices and Explanation of Benefits.

Strategies, Outcomes and Performance Measures:

From 2016-2019, Guam MAP and Guam SMP will provide annually, *Joint Medicare Training* for new program volunteers to educate them on the Medicare program, for existing volunteers who request to audit the training as a way to reinforce and expand their knowledge base, and also for new staff of Program partners who want to know more about Medicare to assist their clients navigate through this Federal health insurance program. The annual training will include a component on Medicare fraud, waste and abuse to provide participants with health care fraud awareness so they can educate Medicare beneficiaries and their clients of how to detect and report suspected incidences.

Throughout the plan year, Guam SMP and Guam MAP will include as part of all its counseling and various outreach activities to targeted groups and the general population information on how to detect and report incidences of Medicare fraud, waste and abuse.

With continued grant funding throughout the plan year, Guam SMP will procure print and radio advertisements in an effort to heighten the community's awareness of Medicare fraud prevention which is a form of

V. EMERGENCY PREPAREDNESS

Planning for the involvement of Guam SOA agencies in disaster preparedness and response is essential to ensure assistance for older individuals is identified and provided. Such planning includes natural and man-made disasters as well as health emergencies such as pandemic or epidemic outbreaks. It is the intent of the Guam SOA to collaborate and update the emergency plans existing to be redesigned to take an all-hazards approach with a clear and unified approach that partners know of, are acquainted with and command, prior to the incident of national or local significance.

As one of five (5) divisions of the Department of Public Health and Social Services, Guam SOA is part of the overall response effort to local emergencies. Guam SOA participates in the review of the department's emergency plan and upon the mobilization of resources, the Guam SOA is prepared to provide assistance within their resource capacity. Direction comes from the agency head and is supported through a declaration by the head of state that Guam is under a state of emergency. In most instances, Guam SOA is tasked to take the necessary steps to restore aging services to the level prior to the disaster. However, depending on the situation, requests will be forwarded through the Response Activity Coordinator (RAC) serving at the Emergency Operations Command for resources to be provided to the aging community to assist them recover from a disaster if they are already not factored into the overall response effort for the general population. During recovery efforts wherein emergency support such as the State Nutritional Assistance Program (SNAP) is being applied for, all sites prioritize older individuals and adults with a disability for processing by having them come to the front of the line for expeditious service.

In light with the need to prepare to respond to a potential health crisis, such as a pandemic, Guam SOA will implement its Continuity of Operations Plan (COOP) that provides clear direction as to the level of scaling back that is to occur during a crisis. This plan will be incorporated into the

department's overall COOP. Efforts will continue to be made within Guam SOA to have all personnel within the office complete Incident Command System (ICS) 100 and 700 with supervisors encouraged to complete ICS 200, 300, 400, and 800.

The COOP lays out the division's mission essential functions, staffing requirements to continue operations at different levels of absenteeism, alternate facility location, and the essential equipment and supplies for continued operations. Further, the Disaster Checklist provided by the Administration for Community Living will be incorporated in the COOP to ensure timely reporting of disaster impact. As some of the items in the checklist require external input, the Guam SOA will coordinate and communicate with the department's assigned Public Health Emergency Preparedness Team and the Joint Information Center (JIC) to prepare and provide ACL required information impacting our elderly population.

The mission essential functions for the Guam SOA are to 1) provide information and assistance to seniors and their caregivers of available services during and after an emergency; 2) investigate reports of alleged abuse and coordinate services with aging and disabilities service providers; 3) confer with aging program service providers and vendors to determine estimated time for service restoration and status of at-risk clients; and 4) provide fiscal and personnel services which include payroll, records management, procurement of needed supplies and equipment, and messenger assistance.

VI. MENTAL HEALTH

Guam's SOA will continue to collaborate with our local Guam Behavioral Health and Wellness Center (GBHWC), the lead government agency tasked with mental well-being to share program information and services to integrate with our home and community-based services and programs. GBHWC is the sole public agency authorized to provide inpatient, outpatient, and residential treatment services on Guam.

Under Guam Public Law 99-660 and Public Law 101-639, GBHWC is responsible for establishing comprehensive community-based services targeting major populations including, although not limited to, adults with serious and persistent mental illnesses, individuals who are mentally ill and homeless; and individuals with substance abuse problems. GBHWC provides the following adult services: inpatient medical and psychiatric care for individuals suffering from mental disorders requiring hospitalization; services for crisis intervention; therapeutic and supportive counseling services; services for alcohol and drug abuse; case management services; prevention and training services for targeted audiences and the community-at-large; and residential and day treatment programs for persons with mental illness including the Guma Ifil Program, a transitional home that prepares individuals with mental illness to transition to independent living in the community.

Through contractual provisions, Guam SOA will require providers of aging services to collaborate and develop a system that would promote greater awareness and education in the practice and benefits of integrating mental health and aging, to include self-care, as part of our continuum of care, thus, removing barriers to diagnosis and treatment and to help families become better mental health providers. Additionally, "*Project Kombida*", an integration

program for older individuals with disabilities, to include developmental and physical disabilities, will continue to be provided through the Senior Center Operations Program.

VII. VOLUNTEERISM

Volunteerism is a civic function that continues to be a challenge for Guam's SOA to capitalize on. Efforts will continue to promote and offer training for volunteers with the State Office on Aging and encourage the providers of aging services to do the same. However, it is incumbent for all entities to manage and hold their volunteers responsible in the delivery of services and to ensure that their functions and responsibilities are within reasonable expectations. Volunteers should not be tasked with functions requiring actual certification unless licensed or authorized to do so. Flexibility is a feature in designing a volunteer program as well as to provide incentives for volunteers to be properly recognized.

Guam residents are provided an opportunity to volunteer and assist government agencies in fulfilling their mission. To protect the integrity of the Government of Guam system, volunteers are required to obtain police and court clearances and undergo skin and drug tests prior to accepting their services. As volunteers work without compensation for the benefit of the Government of Guam and its community, Guam Public Law 25-151 exempts volunteers from the fees for the clearances and skin test leaving the costs associated to meet this requirement the responsibility of the Government of Guam.

Volunteers are a valuable resource in the achievement of Guam SOA's Guam MAP and Guam SMP's goals. Thus annually, these programs recruit and train individuals to work alongside with paid program staff after all volunteer requirements have been met to provide one-on-one counseling and awareness presentations to the island's Medicare population, as well as to participate in a host of outreach activities throughout the community. Depending on their interest, a volunteer may assist the programs by distributing information, assisting with administration, staffing exhibits, making group presentations, and providing one-on-one counseling. Annually, volunteers are recognized for their contributions to the programs during a recognition event, which for the past two (2) years have been included as one of the activities in the Guam Conference on Aging, giving volunteers the center stage amongst 400 conference attendees.

VIII. INTRASTATE FUNDING FORMULA

The Intrastate Funding Formula is not applicable to the Guam SOA State Plan.

IX. APPENDICES

APPENDIX A: ASSURANCES

State Plan Assurances and Required Activities, Older Americans Act, As Amended in 2006

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.

Guam is a single Planning and Service 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 sub clause (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 aging 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 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.

Signature and Title of Authorized Official Date

DRAFT

Attachment B

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;

Guam is identified as a rural area. Many of its population, to include older individuals come from Asian or other foreign countries and English is their second language, even for those older individuals whose origin is Guam. When giving priority, Guam, will give service preference to older individuals with greatest social and economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency) using a scale based on a point system in three (3) focal areas, the older individual's: (1) mobility, (2) degree of existing support system, and (3) housing condition. Greatest priority will be given to older individuals in descending order, with nine (9) being the highest possible points garnered translating to the older individual in greatest socio-economic need.

Based on the need to activate this provision, the number of persons to be served will be determined by the existing conditions at the time of implementation. In the event that the number of available slots is not sufficient to provide services to the number of persons determined to be at-risk and in need of services, the number of Activities of Daily Living (ADL) impairments will be applied to this distinct group as an additional determining factor for services.

Another determining factor in this point system may include whether the older individual is responsible for the care of a dependent. Clients will be given an additional one (1) point if they are also caregivers.

More detailed information is provided on Section VI.D. of this Plan.

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.

Guam is a single planning and service area.

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.*

Guam is a single planning and service area.

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.*

Guam is identified as a rural area and as such assures that the State Agency will spend for each fiscal year of the Plan, no less than the amount expended for such services for FY 2000.

Projected cost for providing aging program services over the next 4 years using Federal and local funds is as follows:

2016 \$12,406,309.

2017 \$12,406,309.

2018 \$12,406,309.

2019 \$12,406,309.

In FY 2015, Title III program services were contracted to service providers and vendors to administer. As Guam is a rural area, this Plan assures that all older individuals served fall under this category.

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.*

Guam as a rural area takes the special needs of older individuals residing on Guam into consideration and is reflected in the specifications of the various program services contracted out to various providers and vendors. For example, clients who access Adult Day Care and In-Home Services have two or more impairments and services are provided by staff who work with the various special needs of these clients. Funds for both programs in the example are provided through local and Federal dollars and are allocated based on each program's historical financial data with the Guam SOA.

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
(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.

Based on the 2010 Census of information from the population of 65 years and over with income in 2009 below poverty level, there are 10,745 seniors age 65 and older. Of this number, there are 1,445 or approximately 13% who are below the poverty level.

Based on the Aging Disability Resource Center, Guam GetCare database for service year FY 2014, under the Case Management Services Program, there were 2,133 clients registered for this program. Of the 2,133 clients, 1,138 or 53% were at or below the Federal Poverty Level (FPL), with 826 or 39% who are above the FPL, with 56 or 3% who declined to state their income, and 113 or 5% who are categorized as “unknown”. As for limited English proficiency, of the 2,133 registered CMS clients, 429 or 20% have limited English proficiency, with 1,590 or 75% fluent, and 114 or 5% leaving this item blank.

Through the Case Management Services Program, clients identified as low-income minority older individuals including those with limited English proficiency are assisted in accessing Title III and other social services programs, such as SNAP and public housing. As Guam is a melting pot of cultures, we are able to engage individuals who speak other languages to help in translating the needs of this population and in providing program information of services available in the community.

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.

Guam SOA will ensure access to and provide services to Native Americans as they are identified through the contracted programs.

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.

As one of five (5) divisions of the Department of Public Health and Social Services, Guam SOA is part of the overall response effort to local emergencies. Guam SOA participates in the review of the department’s emergency plan and upon the mobilization of resources, the Guam SOA is prepared to provide assistance within their resource capacity. Direction comes from the agency head and is supported through a declaration by the head of state that Guam is under a state of emergency. In most instances, Guam SOA is tasked to take the necessary steps to restore aging services to the level prior to the disaster. However, depending on the situation, requests will be

forwarded through the Response Activity Coordinator (RAC) serving at the Emergency Operations Command (EOC) for resources to be provided to the aging community to assist them recover from a disaster if they are already not factored into the overall response effort for the general population. During recovery efforts wherein emergency support such as the State Nutritional Assistance Program (SNAP) is being applied for, all sites prioritize older individuals and adults with a disability for processing by having them come to the front of the line for expeditious service.

Guam SOA will also keep ACL apprise of the emergencies, both natural and manmade that affect the lives of those we serve.

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.

The Senior Citizens Administrator (SCA) also known as the head of the State Agency is directly involved in the development, revision, and implementation of emergency preparedness plans. The SCA participates in updating and executing the Plan. Further, the SCA provides input into the State Public Health Emergency Preparedness and Response Plan and is part of the Public Health Incident Command Center team.

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;

(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;

(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;

(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;

(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);

(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;*
 - (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*

In accordance with Guam Public Law 31-278, the Guam SOA through the Bureau of Adult Protective Services receives and investigates all referrals of alleged abuse and neglect against an elderly or adult with a disability, provides protective care and services when necessary, and provides education and outreach to professionals and to the community to identify, report and prevent abuse, neglect and exploitation of the elderly and adults with a disability. Protective care and services to an elderly or adult with a disability is carried out with respect to their dignity and individual rights. Referrals to services agencies, public or private, is done with the individuals consent. All records maintained by the BAPS regarding reports of abuse, including but not limited to, information contained in the central registry, is confidential and will not be released without the written consent of the elderly or adult with a disability.