GOVERNOR'S ADVISORY COUNCIL ON AGING

2019 Membership

Lisa O'Neill, Chair - Tucson

Belinda Akes, Vice Chair - Eloy

David Spelich, Secretary - Fountain Hills

Carol Brown – Yuma

Deborah Hankerd – Tombstone

Barbara Marshall – Tempe

Lee H. Olitzky – Tucson

Bob Roth – Phoenix

John Stiteler – Phoenix

Steve Wagner – Phoenix

Established by state law in 1980, the Governor's Advisory Council on Aging (GACA) is a statewide body of fifteen members appointed by the Governor to serve three-year terms.

Purpose: to advise the Governor, Legislature and all State Departments which the Council deems necessary on all matters and issues relating to aging, including the administration of the State Plan on Aging.

Mission: to enhance the quality of life for older Arizonans.

Authorization

The Governor's Advisory Council on Aging is authorized by legislation (A.R.S. § 46-183 & § 46-184) to advise the Governor, Legislature and all State Departments which the Council deems necessary on all matters and issues relating to aging, including the administration of the State Plan on Aging. When at full capacity, the Council is comprised of 15 members appointed by the Governor. To ensure comprehensive representation, Boards and Commission ensure members come from various geographic, cultural, professional, and personal backgrounds relevant to the issues facing older Arizonans.

Arizona has also designated the Governor's Advisory Council on Aging as its State Advisory Council on Aging, as set forth in the federal Older Americans Act of 1965, as

amended (45 CFR §1321.47). In accordance with federal regulations, more than 50 percent of the appointed members must be at least 60 years of age and include: (1) persons with greatest economic or social need, and (2) participants under the Older American Act.

Compliance with Statutory Purpose

As required by federal law, the Governor's Advisory Council on Aging monitors and advises the DES Division of Aging and Adult Services (DAAS) on the development and implementation of the State Plan on Aging. The Council requests ongoing updates from the DAAS Liaison related to the implementation of the Plan. The reporting includes the transition status of former Aging 2020 state agency partners to the work of the State Plan on Aging. The Council has supported this transition to avoid duplication of effort and enhance efficiencies between departments and agencies working to improve the lives of older Arizonans.

2019 By the Numbers

26 public meetings
Provided information and education on latest issues in aging

923+ hours of members' volunteer time
Dedicated to GACA activities and community outreach

7 Community and Legislative Partners in Aging Meetings
Delivered logistical support for 7 meetings – total attendance included 57 Legislators and 299 Community Stakeholders

7 Marketing/Outreach efforts
Engaged with community members and/or provided educational materials at the following conferences: Annual Indian Nations and Tribes Day at the Capitol, AZ Caregiver Coalition-Family Caregiver Legislative Day, AZ Alzheimer's Association Day at the Capitol, WACOG Aging Well Resource Fair, Inter Tribal Council of Arizona-Arizona Indian Council on Aging Conference; NACOG Regional Conference, DES DAAS World Elder Abuse Awareness Day Conference.

Alzheimer's disease and related dementias
In compliance with a legislative mandate, the Governor's Advisory Council on Aging must have specific activities focused on Alzheimer's disease and related disorders. This is accomplished through tracked legislation, supporting the work of the Arizona Alzheimer's Task Force (the Council was a lead partner in the creation of the Arizona Alzheimer's State Plan), supporting the Alzheimer's Association and regional walks, and creating four educational fact sheets on Dementia and related issues: 1) Dementia and Falls, 2) Dementia and Fire, 3) Dementia and Guns, and 4) Honoring Last Wishes. These sheets are disseminated at all public meetings, community outreach events and the Council listserv.

2019 Priorities

General priorities included:

- Inviting experts to speak at public Council meetings to provide information on important geriatric and aging related issues (See Appendix A)
- Including conflict of interest, customer service, the importance of community partners and other educational topics to GACA members during new member orientation and annual training opportunities
- Supporting the State Plan on Aging
- Supporting the Arizona State Plan on Alzheimer's
- Supporting the Legislature and Community Partner in Aging meetings
- Through educational events and materials, increase awareness for:
  - Family caregivers
  - Long-term services and supports
  - Fall prevention
  - Elder abuse and financial exploitation
  - Advance directives
  - Senior nutrition
  - Suicide prevention
  - Legislative process and general advocacy tips

Appendix A: 2019 Educational Presentations offered at Council meetings
Appendix B: 2019 Council and Committee Objectives – Task Tracking GRID

Governor's Advisory Council on Aging
1700 West Washington Street, Suite 240
Phoenix, Arizona 85007
Phone: (602) 542-4710
Email: gaca@az.gov

Appendix A

2019 Educational Presentations

Governor's Advisory Council on Aging Meetings

Title of Presentation	Presenter Name	Presenter Agency
PCA Palliative Care Alliance Health System Benefits	Cameron Svendsen	PCA-Palliative Care Alliance
2019 ACDHH Update	Michele Michaels	Arizona Commission for the Deaf and the Hard of Hearing

Aging in Community Committee Meetings

Title of Presentation	Presenter Name	Presenter Agency
Supporting Alzheimer's State Plan – Call to Action for People with Alzheimer's & Their Caregivers	James Fitzpatrick	AATF Planning Group & Alzheimer's Association Desert Southwest Chapter
CARE Act & Related AARP Efforts	Steve Jennings	AARP
Supporting Family Caregivers	Steve Jennings	AARP
Senior Nutrition	Mary Beals-Luedtka	NACOG
Implementing the Healthy Brain Initiative: State and Local Public Health Partnerships to Address Dementia	Morgen L. Hartford	Alzheimer's Association

Legislative and Policy Education Committee Meetings

Title of Presentation	Presenter Name	Presenter Agency
Financial Scams/Banking Scams	Faith McLoone	Office of the Attorney General Task Force Against Senior Abuse (TASA)
Navigating the Legislative Process	Rebecca Baker	Maricopa County Attorney's Office
Before the Fire Truck Arrives	Steve Wagner	RightCare Foundation: Phoenix Fire
Differentiating Between the Civil and Criminal Systems	Joan Campbell	Maricopa County Attorney's Office – Community Affairs

Palliative Care Alliance

Health System Benefits

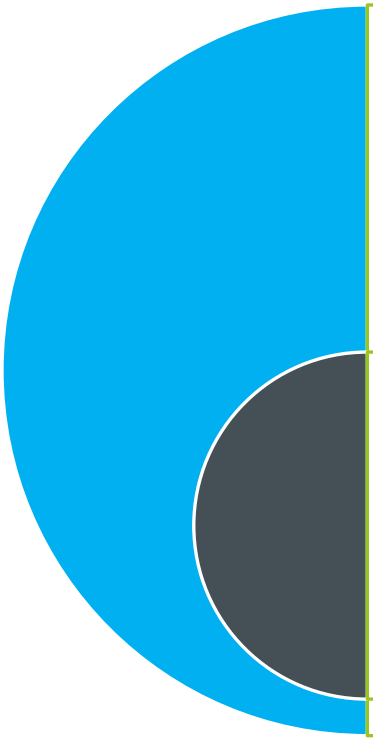
Case for Palliative Care Coordination

- Last two years of life = 43% of Medicare FFS
- 75% of patients visited the ER at least once during their last 6 months of life
- 51% of patients visited the ER during the last month of life.
- 34% of all Medicare patients are re-hospitalized within 90 days of discharge
- ***Acute palliative programs provide care management and cost savings***

Meier, Diane E., *Palliative Care Improves Quality, Reduces Cost, The Healthcare Imperative, Washington DC, Institute of Medicine, 20*

PCA
PALLIATIVE CARE ALLIANCE

51% of Patients Visit the ED During the Last Month of Life



77% Admitted to Hospital	• 11% Died at Home • 21% Died in Nursing Home or Elsewhere • 68% Died in the Hospital
23% Not Admitted to the Hospital	• 21% Later Directly Admitted and Died in the Hospital • 36% Died in Nursing Home or Elsewhere • 43% Died at Home

PCA
PALLIATIVE CARE ALLIANCE

Care Management

Cost Avoidance Solutions for High Risk Members

PCA
PALLIATIVE CARE ALLIANCE

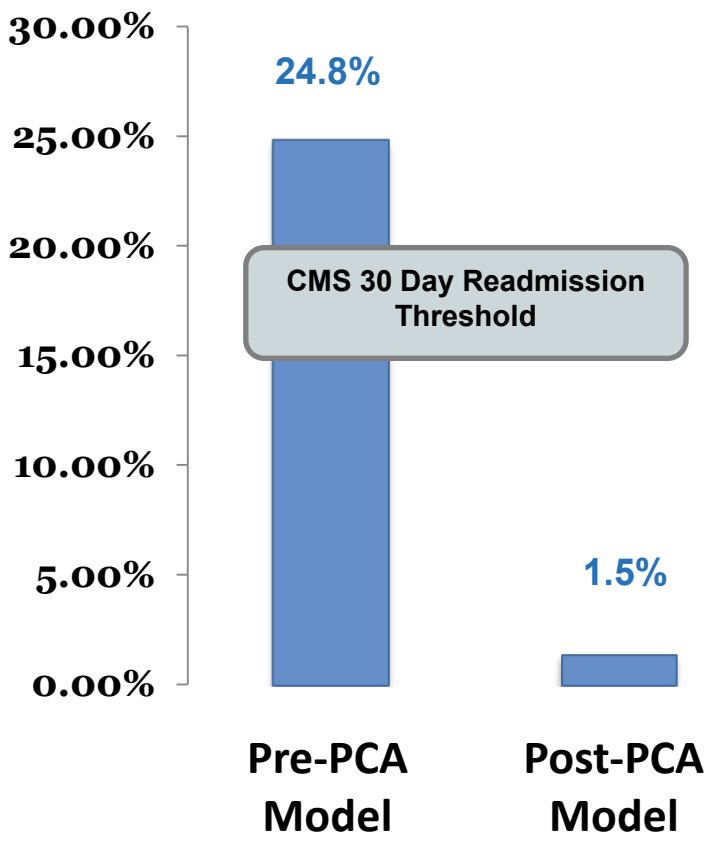
Palliative Care Alliance, LLC

- A home-based team consisting of RN and social worker
- Enhance quality of life for serious or chronic illnesses
- Focus on prevention of unnecessary hospitalizations
- Staff on-call and available for patients 24/7
- A resource alternative to the ED

PCA
PALLIATIVE CARE
ALLIANCE

Results
With PCA Implementation

Hospital Re-admission Rates



"This palliative care model has a proven track record to significantly decrease readmissions and prevent unnecessary, direct acute care admissions."

- **Donna Nolde,**
  Former Palliative Care Director at Dignity Health

PCA PALLIATIVE CARE ALLIANCE

PCA Implementation Benefits

- A significant reduction in the 30-Day readmission rate for CHF, AMI, Pneumonia, COPD, and other serious illnesses
- “Filling the gap” by offering a proven resource to patients who often have no medical resource at home
- Advocacy for both patients and families that promote quality of life
- Significant cost-reduction for health plans
- Patient assistance with navigating the health care system

PCA
PALLIATIVE CARE
ALLIANCE

PCA Action Plan

- Patient is referred to PCA by Health Plan or community
- PCA contacts patient within 24 hours to coordinate a F2F visit
- PCA team member assesses patient and reports back to Health Plan CM and any other necessary clinical participant in patient's well-being
- Patient gets four visits per month: 2x by RN, 1x by NP and 1x by MSW
- PCA team meets monthly to perform IDT meeting to report on patient status and to determine continuation vs. cessation of palliative program

PCA
PALLIATIVE CARE ALLIANCE

Arizona Commission
for the deaf and the hard of hearing

2019 ACDHH Update

by

Hearing Healthcare Program Manager
Michele Michaels

Governor's Advisory Council on Aging

September 9, 2019

ACDHH Services

- ASL Interpreter Licensure
- Telecommunications Relay Service
- Telecommunications Equipment Distribution Program – AzTEDP
- Information and Referral
- Empowerment
- Community Development
- Outreach and Education

What we do:

- Leader in providing communication access and support services
- Free equipment distribution through AzTEDP to all Deaf, Hard of Hearing, DeafBlind and Speech-Impaired Arizonans
- Resource for self-advocacy and community empowerment
- Outreach, education, information and referrals provider
- Licensed American Sign Language Interpreters – approximately 485
- 711 Arizona Relay Service, 711 – free to all Deaf, Hard of Hearing and Speech-Impaired Residents
- Support Service Provider access to the DeafBlind
- 2000+ trained public safety and healthcare professionals

Highlights

- **New**: Hearing Healthcare Program Expanded to include Hard of Hearing Specialist Christy Abrams
- **New**: DeafBlind Specialist working on SSP
- **New:** Exec Dir. Collins appointed to House Ad Hoc Committee on Abuse & Neglect of Vulnerable Adults
- **Increased Access**: Text-to-911 now in Maricopa County in addition to Lake Havasu City
- **Implementation & Expansion**: ERIC program statewide
- **Public Safety:** All Phoenix police officers trained, pre-production on video curriculum to train 160 police agencies
- **Healthcare:** Efforts continue to train hospital staff on communication and ADA
- **Increased Outreach to Tribes:** ITCA Service Agreement

Arizona Commission
for the deaf and the hard of hearing

Disability in Arizona

26.3% of all Arizonans have at least one disability

- Hearing Loss: 18% (1.1 million adults)
- Ambulatory: 6.8%
- Independent Living: 5.3%
- Cognitive: 4.4%
- Vision: 2.4%
- Self-Care: 2.4%

(some have more than 1 disability)

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Hearing Loss in Arizona

20,000+ Arizonans are culturally Deaf

20% of teenagers have some degree of hearing loss

739,000 Arizonans over the age of 60 are Hard of Hearing

2.2 out of 1,000 babies born with hearing loss

DeafBlind:~400

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Comorbidities

- **Dementia**: hearing loss is associated with an increased risk of developing dementia
- **Falls & Balance Issues**: people with hearing loss fall more frequently

- **Diabetes**
- **Kidney Disease**
- **Fibromyalgia**
- **Thyroid Disease**
- **Smoking**
- **Anemia**
- **Sleep Apnea**
- **Psoriasis**
- **Rheumatoid Arthritis**
- **Cardiovascular Disease**

(Variables such as family history, sex, socio-economic status, ethnic background, and education level are factors in many of these comorbidities)

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The Big Problem

- 554,000 older adults in AZ with hearing loss **do not use** hearing aids

- These adults do not understand
  * the **comorbidities** of hearing loss
  * the **extent** of their hearing loss and the **psychosocial effect** of untreated hearing loss

- **14,000 low-income adults (who would use hearing aids if they had them) have no resources for hearing aids and do not qualify for any existing program (Medicare, AHCCCS, VA, VR, etc.)**
- **A handful of non-profits provide ~500 adults a year with a hearing aid**

Something must be done, and we are working diligently on this problem, seeking solutions and partnerships to address the issue!

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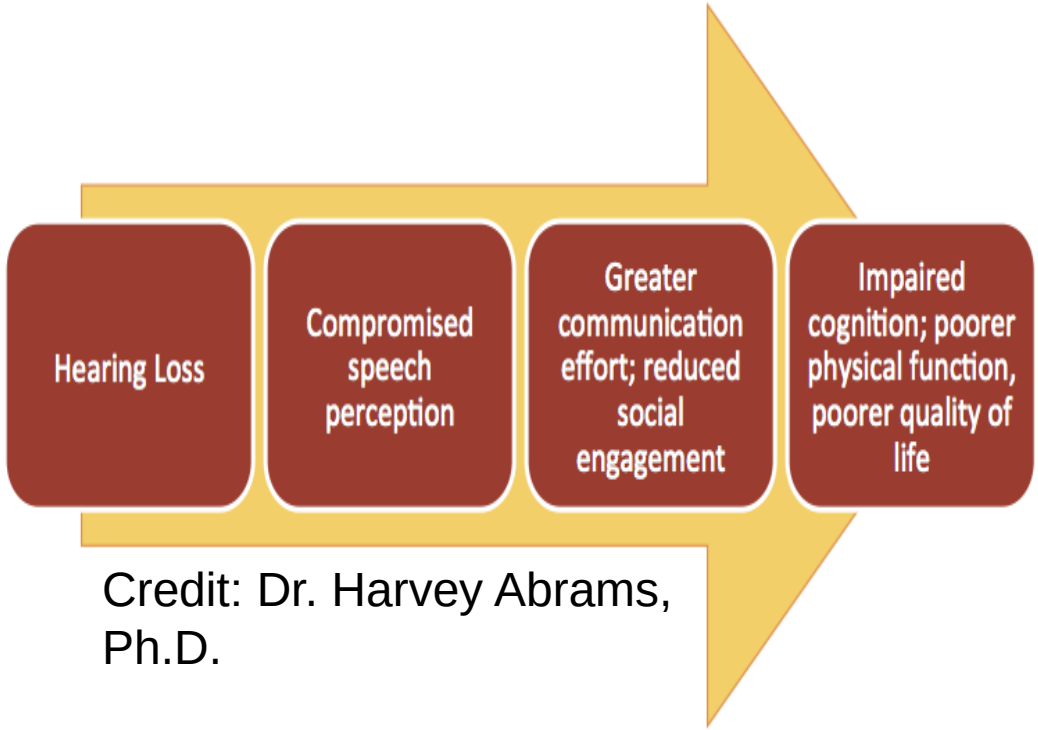
Psychosocial impact



Credit: Dr. Harvey Abrams, Ph.D.

- Isolation
- Depression
- Withdrawal
- Anxiety
- Marital stress
- Familial stress
- Reduced Quality of Life
- Cognitive Decline

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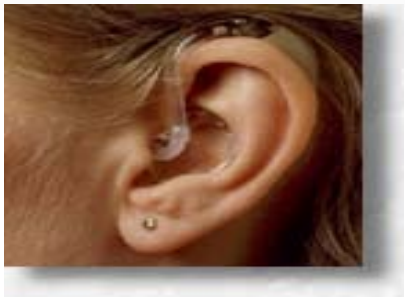

Aural Rehabilitation (AR)

- Auditory Rehabilitation is the process of **adjusting** to hearing loss, **learning** to hear better using hearing assistive technology and skills, and **managing** difficult hearing situations.
- **Living Well with Hearing Loss** is an auditory rehabilitation program provided free by **ASU** and at low cost by the **U of A**.
- Research is currently being conducted to substantiate the efficacy of the LWHL program. Once the program is judged to be **evidence-based**, it can easily expand to senior centers and other older adult communities.

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Hearing Healthcare Program

- New Staff member (formerly at DAAS)
- Consumer Education:
  - Hearing Tests/Screenings
  - Cost of Hearing Aids bundled vs unbundled
  - Accessing various non-profit HA programs
- Over-the-Counter Hearing Aids
  - Health
  - Safety
  - Personal finances

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Support Service Providers (SSP)

- Used by individuals who are DeafBlind or CVHL
  - Trained certified professionals provide sighted guide services, visual and environmental information, communication accessibility (not interpreting)
  - Increases independence of formerly homebound DeafBlind persons
  - Do not provide home health care or transportation
  - 20 DeafBlind persons received 350 hours of SSP services

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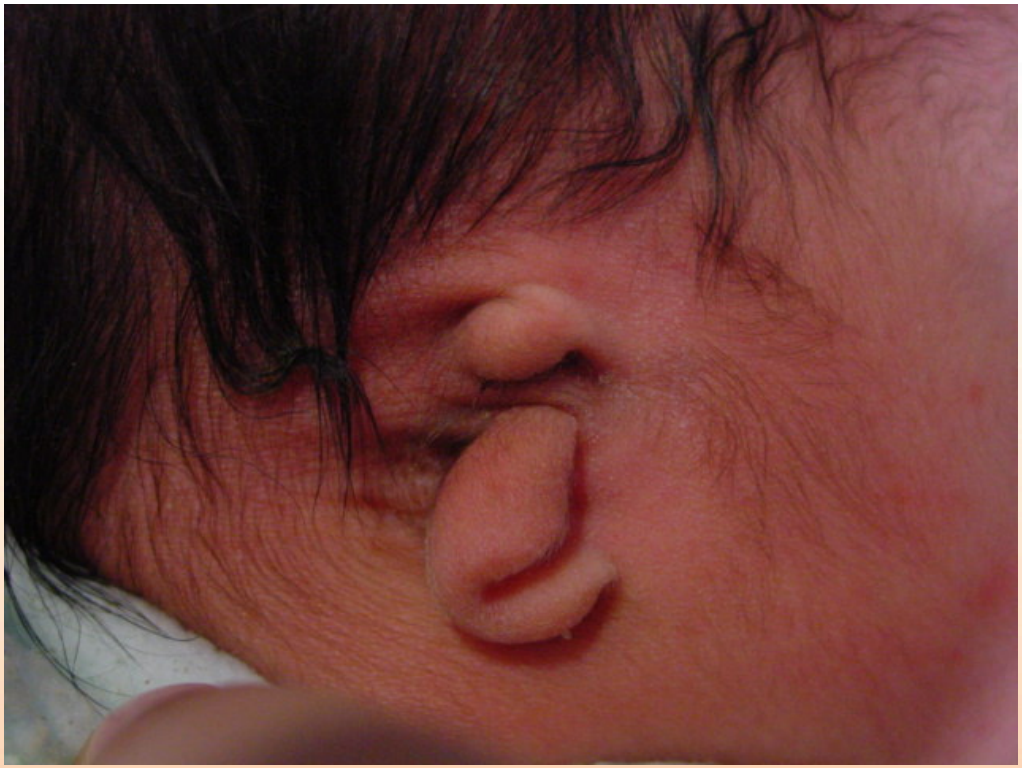
Microtia/Atresia

affects American Indians (Navajos primarily) (1:900-2,000 births) more than Caucasians(1:15,000-20,000)



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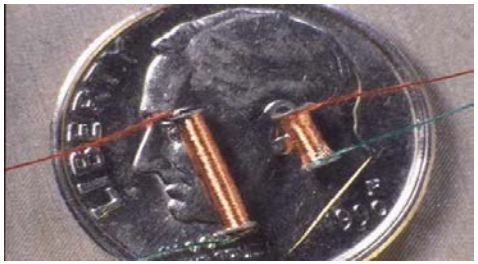

Loop Arizona

How a Hearing Loop Works

1. A sound source such as a microphone feeds sound into an amplifier.
2. The amplifier sends a current to a wire loop that surrounds the room.

This symbol lets people know that a room is looped, so they can switch their hearing aids to telecoil (or "T") mode.

3. The current generates a magnetic field, which emanates from the loop.
4. Tiny wire t-coils built into most hearing aids pick up the magnetic signal.
5. The hearing aid converts the signal into sound customized for the listener's individual pattern of hearing loss.

Photo credit: OTOJOY

On Our Radar

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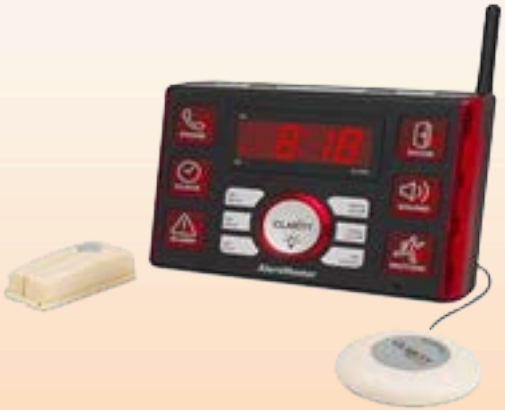
- Over-the-Counter Hearing Aids rulemaking
- Insurance coverage of hearing aids
- CMV infection/hearing loss impact
- Abuse of vulnerable adults
- ADA Accessibility across the state
- RTT: Real Time Text
- ASR: Automatic Speech Recognition
- Captioned Phone Usage & Quality

AzTEDP Arizona Telecommunications Equipment Distribution Program

Arizona Commission for the deaf and the hard of hearing

Free landline phone program (phones and alerting devices) serving the Deaf and Hard of Hearing, DeafBlind, and people with speech difficulties.

Dozens of new devices added this month, including cell phone signalers.



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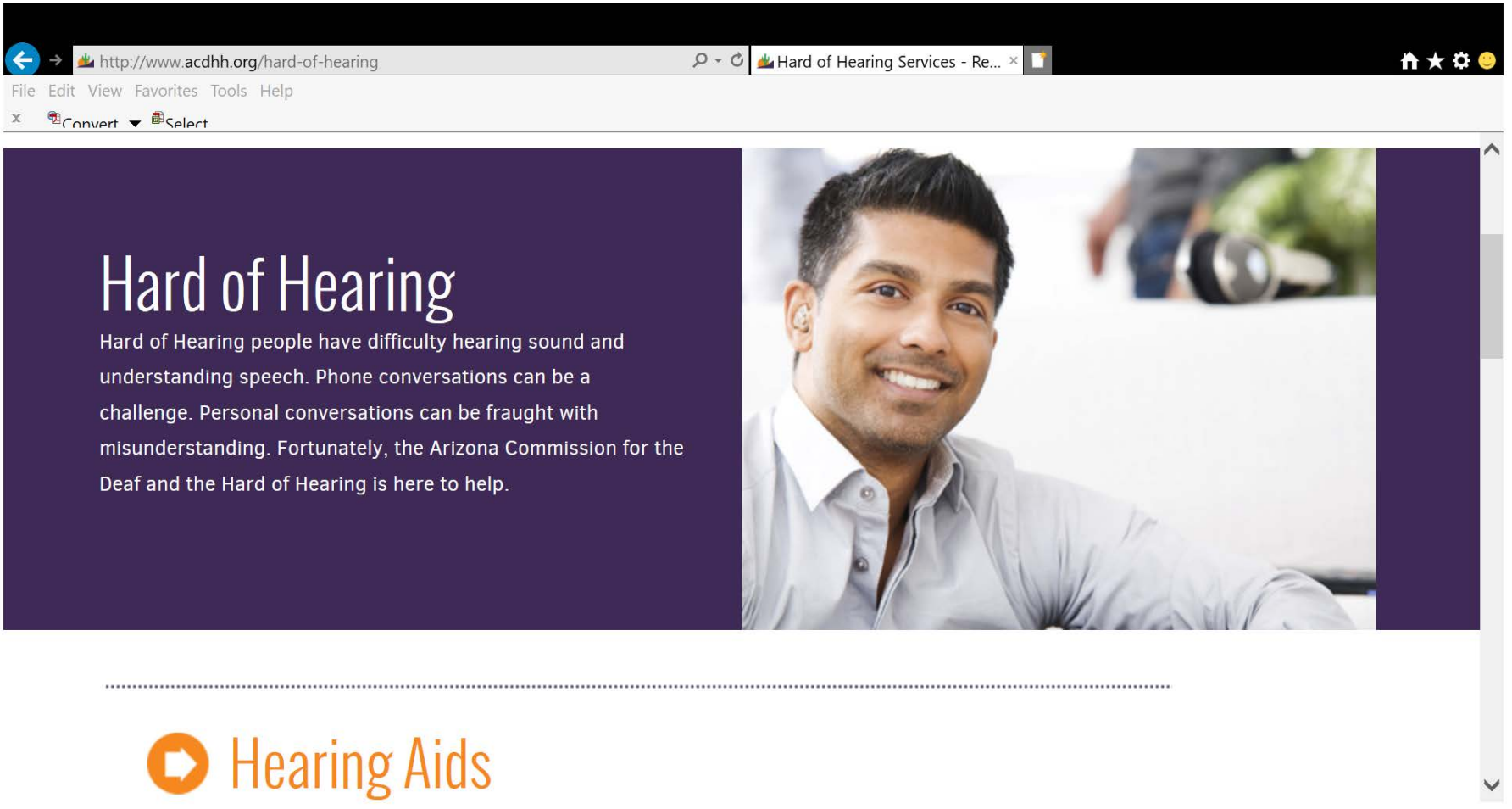
ACDHH Website: www.acdhh.org



Arizona Relay Service 7-1-1

Arizona Commission
for the deaf and the hard of hearing

Arizona Relay Service

- Dial 711 Anywhere in the United States
- 365 days a year/24 hours a day
- Text to Voice or Voice to Text
- Voice Carry-Over or Captioned Telephone
- Relay Conference Captioning (RCC)
- Hearing Carry-Over
- Speech-to-Speech
- Spanish-to-Spanish
- Completely Confidential

Arizona Commission
for the deaf and the hard of hearing

Contact Us

Online:
www.acdhh.org

"AzCDHH" *(for all social media accounts)*

Phone:
602-542-3323 (V)
602-364-0990 (TTY)
(480) 559-9441 (Direct VP)
1-800-352-8161 (Toll-free V/TTY)

Arizona Commission
for the deaf and the hard of hearing

Your support and partnership are appreciated

Gmail by Google

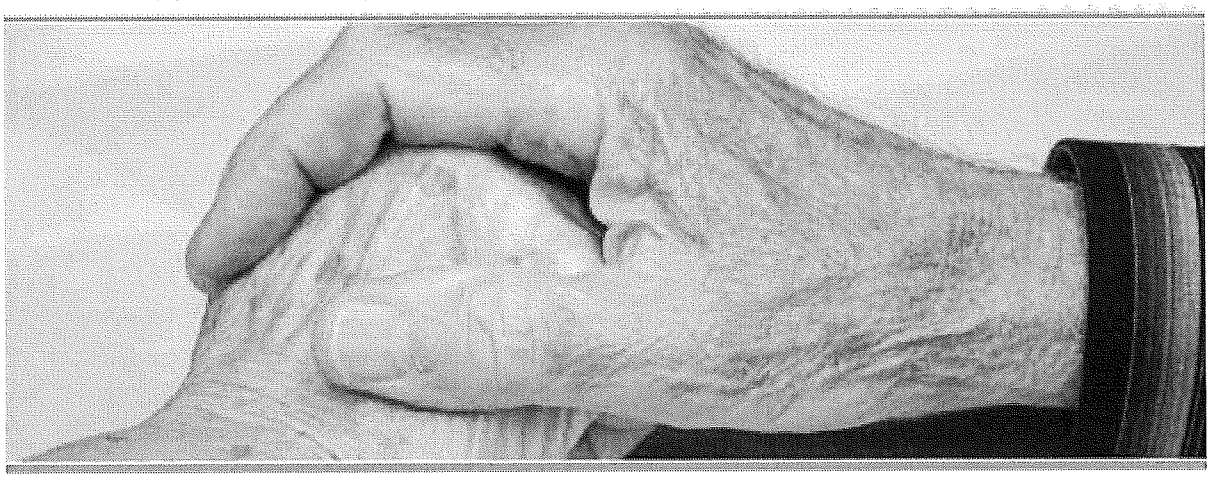
Cathy De Lisa <cdelisa@az.gov>

Exhale & Stay Me

1 message

Nisson, Lori <Lori.Nisson@bannerhealth.com> Wed, Jan 2, 2019 at 12:14 PM
To: "Nisson, Lori" <Lori.Nisson@bannerhealth.com>

Banner Sun Health Research Institute



Exhale & Stay Me

Join us for a free caregiver conference

Caregiving can be rewarding, yet also demanding. Even though you know it is important, sometimes finding time for yourself is difficult. Join us for a morning designed just for you as we learn about strategies to help you find time for yourself, find balance, exhale and stay you.

Join us!

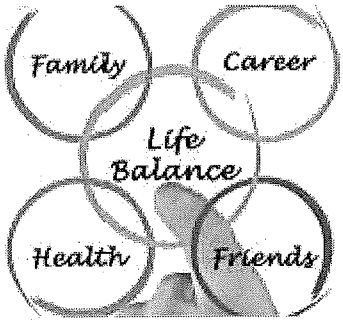
Date: Friday, Jan. 11

Time: 8 am - noon

Location: Grace Bible Church

19280 N. 99th Avenue

Sun City, AZ 85373



Register today!

www.stayme.eventbrite.com

People with Alzheimer's & Their Caregivers

- Actively pursue needed dementia-related information for yourself and loved ones.
- Share your personal network of resources with others and increase awareness of Alzheimer's disease - "Pay It Forward."
- Speak out about Alzheimer's disease at educational and/or faith based engagement opportunities and share your personal journey. Encourage others to do the same.
- Become more aware of dementia-related research studies in the state of Arizona and the benefits to self and society.
- Engage local policy makers about dementia related concerns in Arizona. Explore, create and regularly review a safety and emergency preparedness plan for people with dementia and their caregiver.
- Speak to your employer about a "Dementia-Friendly" workplace to normalize facts of dementia.
- Interact with children and teenagers social networks, and encourage your children to talk to their peers about being a youth with a family member who has Alzheimer's disease.
- Engage children and teenagers in the conversation about Alzheimer's disease and dementia.
- Normalize dementias with children and teenagers inside your household.

ARIZONANS ARE FAMILY CAREGIVERS

Across Arizona 804,000 family caregivers give their hearts every day, helping their parents, spouses, and other loved ones stay at home. AARP recently surveyed 1,600 Arizona residents age 45-plus about caring for their families. Here's what we learned:

54% Current or Former Caregivers

40% Likely Caregivers in the future

While they wouldn't have it any other way, family caregiving is a huge job. They:

63% Use their own money to help provide care

68% Who work modify their schedules

73% Oversee medication

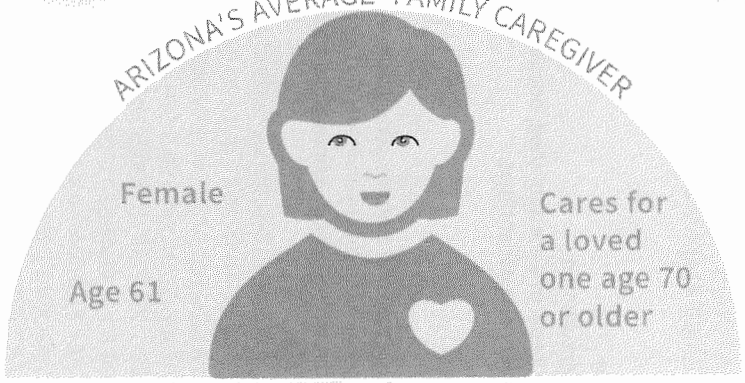
63% Manage medical tasks

86% Aid with household chores

71% Help manage finances

87% Provide transportation to appointments

88% Help with shopping



Support a proposal that would provide short-term help from a home health aide so that family caregivers could take a break

Source:2015 survey of 1,600 Arizona Residents Age 45-plus, margin of sampling error ±3.2%. Valuing the Invaluable 2015 Update.

I ♥ Caregivers℠
AARP Real Possibilities

DRAFT
Caregiver Rule Proposal
(12.08.17)

R9-10-201 Definitions
Add two definitions:

"AFTERCARE" MEANS ASSISTANCE PROVIDED BY A CAREGIVER TO A PATIENT IN THE PATIENT'S RESIDENCE AFTER THE PATIENT'S DISCHARGE FROM A HOSPITAL, FOLLOWING CARE PROVIDED AT A HOSPITAL, AND MAY INCLUDE: ASSISTING WITH BASIC ACTIVITIES OF DAILY LIVING; ASSISTING WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING; AND CARRYING OUT MEDICAL OR NURSING TASKS SUCH AS MANAGING WOUND CARE, ASSISTING IN ADMINISTERING MEDICATIONS, AND OPERATING MEDICAL EQUIPMENT.

"PATIENT'S CAREGIVER" MEANS A PATIENT'S DESIGNATED INDIVIDUAL WHO PROVIDES AFTERCARE TO THE PATIENT IN THE PATIENT'S RESIDENCE BASED ON THE DISCHARGE INSTRUCTIONS AND DISCHARGE PLANNING AND MAY INCLUDE A PATIENT'S REPRESENTATIVE.

R9-10-203. Administration
C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:

...

2. Policies and procedures for hospital services are established, documented, and implemented to protect the health and safety of a patient that:

a. Cover patient screening, admission, transport, transfer, discharge planning, and discharge;

b. ADMISSION INCLUDES GIVING THE PATIENT OR THE PATIENT'S REPRESENTATIVE AN OPPORTUNITY TO DESIGNATE A CAREGIVER WHO IS WILLING TO PARTICIPATE IN DISCHARGE PLANNING AND TO PROVIDE AFTERCARE ASSISTANCE AFTER DISCHARGE AND INCLUDES COLLECTION OF THE CAREGIVER'S CONTACT INFORMATION AND THE ABILITY FOR THE DESIGNATED CAREGIVER TO BE CHANGED IF NEEDED.

c. DISCHARGE PLANNING AND DISCHARGE INCLUDES:

i. INVOLVING THE PATIENT OR THE PATIENT'S REPRESENTIVE, AND CAREGIVER IF DESIGNATED, IN THE DEVELOPMENT AND IMPLEMENTATION OF THE DISCHARGE PLAN.

b. Cover the provision of hospital services;
c. Cover acuity, including a process for obtaining sufficient nursing personnel to meet the needs of patients;
d. Include when general consent and informed consent are required;
e. Include the age criteria for providing hospital services to pediatric patients;

f. Cover dispensing, administering, and disposing of medication;
g. Cover prescribing a controlled substance to minimize substance abuse by a patient;
h. Cover infection control;
i. Cover restraints that:
i. Require an order, including the frequency of monitoring and assessing the restraint; or
ii. Are necessary to prevent imminent harm to self or others, including how personnel members will respond to a patient's sudden, intense, or out-of-control behavior;
j. Cover seclusion of a patient including:
i. The requirements for an order, and
ii. The frequency of monitoring and assessing a patient in seclusion;
k. Cover communicating with a midwife when the midwife's client begins labor and ends labor;
l. Cover telemedicine, if applicable; and
m. Cover environmental services that affect patient care;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to personnel members;
5. The licensed capacity in an organized service is not exceeded except for an emergency admission of a patient;
6. A patient is only admitted to an organized service that has exceeded the organized service's licensed capacity after a medical staff member reviews the medical history of the patient and determines that the patient's admission is an emergency; and
7. Unless otherwise stated:
a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
b. When documentation or information is required by this Chapter to be submitted on behalf of a hospital, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospital.

...

R9-10-209. Discharge Planning; Discharge

A. For an inpatient, an administrator shall ensure that FOR EACH discharge planning:
1. Identifies the specific needs of the patient after discharge, if applicable;
2. Includes the participation of the patient OR the patient's representative AND THE PATIENT'S CAREGIVER IF ONE HAS BEEN DESIGNATED
3. PREPARES THE PATIENT AND THE CAREGIVER, IF DESIGNATED, TO BE ACTIVE PARTNERS IN POST-DISCHARGE CARE, INCLUDING ALLOWING QUESTIONS ABOUT THE DISCHARGE PLAN AND AFTERCARE.
4. PROVIDES A DEMONSTRATION OF THE AFTERCARE TASKS TO THE PATIENT OR THE PATIENT'S REPRESENTATIVE AND THE PATIENT'S CAREGIVER BASED ON THE POST-DISCHARGE PLAN AND IF THE PATIENT IS BEING DISCHARGED TO HOME.
5. CONSIDERS THE CAREGIVER'S CAPABILITY TO PERFORM REQUIRED AFTERCARE.

Deleted: ,
Deleted: , WITH CONSENT OF THE PATIENT OR
Deleted: THE PATIENT'S REPRESENTATIVE,

6. INCLUDES AT LEAST ONE ATTEMPT TO CONTACT THE PATIENT'S CAREGIVER PRIOR TO THE PATIENT'S DISCHARGE TO HOME OR TRANSFER TO ANOTHER FACILITY TO NOTIFY THE CAREGIVER OF THE PATIENT'S PENDING DISCHARGE AND TO DISCUSS THE DISCHARGE PLAN. THE INABILITY TO CONTACT THE CAREGIVER SHALL NOT INTERFERE WITH, DELAY, OR OTHERWISE AFFECT THE DISCHARGE PLAN OR THE DISCHARGE OR TRANSFER OF THE PATIENT;
7. Is completed before discharge occurs;
8. Provides the patient OR the patient's representative, AND THE PATIENT'S CAREGIVER, IF DESIGNATED, with written information identifying classes or subclasses of health care institutions and the level of care that the health care institutions provide that may meet the patient's assessed and anticipated needs after discharge, if applicable; ~~and~~
9. Is documented in the patient's medical record.

B. For an inpatient discharge or a transfer of an inpatient, an administrator shall ensure that:
   1. There is a discharge summary that includes:
      a. A description of the patient's medical condition and the medical services provided to the patient; and
      b. The signature of the medical practitioner coordinating the patient's medical services;
   2. There is a documented discharge order for the patient by a medical practitioner coordinating the patient's medical services before discharge unless the patient leaves the hospital against a medical staff member's advice; and
   3. If the patient is not being transferred:
      a. There are documented discharge instructions; and
      b. The patient OR the patient's representative AND THE PATIENT'S CAREGIVER, IF DESIGNATED, is provided with a copy of the discharge instructions.

C. Except as provided in subsection (D), an administrator shall ensure that an outpatient is discharged according to policies and procedures.

D. For a discharge of an outpatient receiving emergency services, an administrator shall ensure that:
   1. A discharge order is documented by a medical practitioner who provided medical services to the patient before the patient is discharged unless the patient leaves against a medical staff member's advice; and
   2. Discharge instructions are documented and provided to the patient, the patient's representative before the patient is discharged unless the patient leaves the hospital against a medical staff member's advice.

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Senate Engrossed

State of Arizona
Senate
Fifty-fourth Legislature
First Regular Session
2019

SENATE BILL 1172

AN ACT

AMENDING TITLE 46, CHAPTER 2, ARIZONA REVISED STATUTES, BY ADDING ARTICLE 9; REPEALING TITLE 46, CHAPTER 2, ARTICLE 9, ARIZONA REVISED STATUTES, AS ADDED BY THIS ACT; APPROPRIATING MONIES; RELATING TO THE FAMILY CAREGIVER GRANT PROGRAM.

(TEXT OF BILL BEGINS ON NEXT PAGE)

Be it enacted by the Legislature of the State of Arizona:

Section 1. Title 46, chapter 2, Arizona Revised Statutes, is amended by adding article 9, to read:

ARTICLE 9. FAMILY CAREGIVER GRANT PROGRAM

46-341. Definitions

IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES:

1. "DEPARTMENT" MEANS THE DEPARTMENT OF ECONOMIC SECURITY.

2. "DIRECTOR" MEANS THE DIRECTOR OF THE DEPARTMENT.

3. "QUALIFYING EXPENSES":

(a) MEANS THOSE EXPENSES THAT RELATE DIRECTLY TO CARING FOR OR SUPPORTING A QUALIFYING FAMILY MEMBER.

(b) INCLUDES:

(i) IMPROVING OR ALTERING THE INDIVIDUAL'S PRIMARY RESIDENCE, WHETHER OWNED OR RENTED BY THE INDIVIDUAL, TO ENABLE OR ASSIST THE QUALIFYING FAMILY MEMBER TO BE MOBILE, SAFE OR INDEPENDENT.

(ii) PURCHASING OR LEASING EQUIPMENT OR ASSISTIVE CARE TECHNOLOGY TO ENABLE OR ASSIST THE QUALIFYING FAMILY MEMBER TO CARRY OUT ONE OR MORE DAILY LIVING ACTIVITIES.

(c) DOES NOT INCLUDE:

(i) REGULAR FOOD, CLOTHING OR TRANSPORTATION EXPENSES OR GIFTS PROVIDED TO THE QUALIFYING FAMILY MEMBER.

(ii) ORDINARY HOUSEHOLD MAINTENANCE OR REPAIR THAT IS NOT DIRECTLY RELATED TO AND NECESSARY FOR THE CARE OF THE QUALIFYING FAMILY MEMBER.

(iii) ANY AMOUNT THAT IS PAID OR REIMBURSED BY INSURANCE OR BY THE FEDERAL GOVERNMENT, THIS STATE OR A POLITICAL SUBDIVISION OF THIS STATE.

4. "QUALIFYING FAMILY MEMBER" MEANS AN INDIVIDUAL WHO MEETS ALL OF THE FOLLOWING REQUIREMENTS:

(a) IS AT LEAST EIGHTEEN YEARS OF AGE DURING THE CALENDAR YEAR.

(b) REQUIRES ASSISTANCE WITH ONE OR MORE ACTIVITIES OF DAILY LIVING AS CERTIFIED BY A PHYSICIAN WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 13 OR 17, A REGISTERED NURSE PRACTITIONER WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 15 OR A PHYSICIAN ASSISTANT WHO IS LICENSED PURSUANT TO TITLE 32, CHAPTER 25.

(c) IS THE INDIVIDUAL'S SPOUSE OR THE INDIVIDUAL'S OR SPOUSE'S CHILD, GRANDCHILD, STEPCHILD, PARENT, STEPPARENT, GRANDPARENT, SIBLING, UNCLE OR AUNT, WHETHER OF THE WHOLE OR HALF BLOOD OR BY ADOPTION.

46-342. Family caregiver grant program; requirements

A. BEGINNING JANUARY 1, 2020, THE FAMILY CAREGIVER GRANT PROGRAM IS ESTABLISHED FOR INDIVIDUALS WHO HAVE QUALIFYING EXPENSES DURING A CALENDAR YEAR DUE TO CARING FOR AND SUPPORTING A QUALIFYING FAMILY MEMBER IN THE INDIVIDUAL'S HOME.

B. TO APPLY FOR A FAMILY CAREGIVER GRANT:

1. AN INDIVIDUAL MUST SUBMIT AN APPLICATION TO THE DEPARTMENT ON A FORM PRESCRIBED BY THE DEPARTMENT.

2. BE A RESIDENT OF THIS STATE.

3. THE INDIVIDUAL'S ARIZONA GROSS INCOME, TOGETHER WITH ANY ARIZONA GROSS INCOME OF EACH QUALIFYING FAMILY MEMBER, IN THE TAXABLE YEAR MAY NOT EXCEED:

(a) $75,000 IN THE CASE OF A SINGLE PERSON OR A MARRIED PERSON FILING SEPARATELY.

(b) $150,000 IN THE CASE OF A MARRIED COUPLE FILING A JOINT RETURN.

4. THE INDIVIDUAL MUST INCUR QUALIFYING EXPENSES DURING THE CALENDAR YEAR IN WHICH THE INDIVIDUAL APPLIES FOR THE GRANT FOR THE CARE OF ONE OR MORE QUALIFYING FAMILY MEMBERS.

5. THE INDIVIDUAL MUST SUBMIT WITH THE CLAIM FOR THE GRANT THE QUALIFYING FAMILY MEMBER'S NAME AND RELATIONSHIP TO THE INDIVIDUAL.

C. THE AMOUNT OF THE GRANT IS EQUAL TO FIFTY PERCENT OF THE QUALIFYING EXPENSES INCURRED DURING THE CALENDAR YEAR IN WHICH THE INDIVIDUAL APPLIES FOR THE GRANT BUT NOT MORE THAN $1,000 FOR EACH QUALIFYING FAMILY MEMBER.

D. AN INDIVIDUAL WHO RECEIVES A GRANT UNDER THIS SECTION IS NOT ELIGIBLE TO APPLY FOR A GRANT UNDER THIS SECTION AGAIN FOR THREE CONSECUTIVE CALENDAR YEARS.

E. THE DEPARTMENT SHALL CERTIFY APPLICATIONS FOR THE GRANT ON A FIRST-COME, FIRST-SERVED BASIS. THE DEPARTMENT MAY NOT AWARD GRANTS UNDER THIS SECTION THAT EXCEED IN THE AGGREGATE $500,000 FOR ANY CALENDAR YEAR. THE DEPARTMENT SHALL INCLUDE QUESTIONS IN THE APPLICATION TO HELP THE DEPARTMENT DETERMINE IF THE GRANTS PROVIDED DELAYED OR PREVENTED A QUALIFYING FAMILY MEMBER FROM ENTERING A LONG-TERM CARE FACILITY OR ASSISTED LIVING FACILITY IN THE CALENDAR YEAR OF THE APPLICATION OR FUTURE CALENDAR YEARS.

F. THE DEPARTMENT MAY USE THE ADVISORY COUNCIL ON AGING TO PROVIDE INPUT ON APPROVAL OF APPLICATIONS FOR GRANTS AND WHETHER AN EXPENSE IS A QUALIFYING EXPENSE OR OTHER ISSUES RELATING TO THE GRANT PROGRAM AS DETERMINED BY THE DEPARTMENT.

46-343. Family caregiver grant program fund; report

A. THE FAMILY CAREGIVER GRANT PROGRAM FUND IS ESTABLISHED. THE DIRECTOR SHALL ADMINISTER THE FUND. THE FUND SHALL CONSIST OF GRANTS, GIFTS, DONATIONS AND LEGISLATIVE APPROPRIATIONS. MONIES IN THE FUND ARE CONTINUOUSLY APPROPRIATED. MONIES IN THE FUND MAY BE SPENT ONLY FOR GRANTS PROVIDED TO INDIVIDUALS WHO ARE CARING FOR AND SUPPORTING A QUALIFYING FAMILY MEMBER IN THE INDIVIDUAL'S HOME AS SPECIFIED IN THIS ARTICLE.

B. EXPENDITURES FROM THE FAMILY CAREGIVER GRANT PROGRAM FUND FROM THE PREVIOUS CALENDAR YEAR SHALL BE REPORTED TO THE LEGISLATURE IN THE COURSE OF THE DEPARTMENT'S ANNUAL REPORT. THE DEPARTMENT SHALL INCLUDE AGGREGATED DATA SUMMARIZING THE QUALIFYING EXPENSES THAT WERE APPROVED FOR GRANTS, THE TYPES OF INDIVIDUALS THAT QUALIFIED FOR THE GRANTS AND INFORMATION ABOUT THE ABILITY FOR QUALIFIED FAMILY MEMBERS TO DELAY ENTERING A LONG-TERM CARE FACILITY OR ASSISTED LIVING FACILITY.

C. THE STATE TREASURER SHALL INVEST AND DIVEST MONIES IN THE FUND AS PROVIDED BY SECTION 35-313, AND MONIES EARNED FROM INVESTMENT SHALL BE CREDITED TO THE FUND.

D. INTEREST OR OTHER INCOME DERIVED FROM THE FAMILY CAREGIVER GRANT PROGRAM FUND MAY BE USED ONLY FOR THE PURPOSES OF THIS ARTICLE. INTEREST OR OTHER INCOME DERIVED FROM THE FAMILY CAREGIVER GRANT PROGRAM FUND MAY NOT BE USED TO SUPPLANT OTHER APPROPRIATIONS.

Sec. 2. Delayed repeal

Title 46, chapter 2, article 9, Arizona Revised Statutes, as added by this act, is repealed from and after June 30, 2023.

Sec. 3. Appropriation; family caregiver grant program fund; exemption

A. The sum of $1,500,000 is appropriated one time from the state general fund in fiscal year 2019-2020 to the department of economic security for deposit in the family caregiver grant program fund established by section 46-343, Arizona Revised Statutes, as added by this act.

B. The monies appropriated pursuant to subsection A of this section are exempt from the provisions of section 35-190, Arizona Revised Statutes, relating to lapsing of appropriations.

ARIZONA STATE SENATE
RESEARCH STAFF

LYDIA CHEW
LEGISLATIVE RESEARCH INTERN

CAROLYN SPERONI
LEGISLATIVE RESEARCH ANALYST
FINANCE COMMITTEE
Telephone: (602) 926 -3171

TO: MEMBERS OF THE SENATE
FINANCE COMMITTEE

DATE: February 11, 2019

SUBJECT: Strike everything amendment to S.B. 1172, relating to family caregivers; pilot; grant program

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Purpose

Establishes a Family Caregiver Grant Program (Grant Program) and Fund to reimburse family caregivers for 50 percent of qualifying expenses incurred, up to $1,000 per qualifying family member. Appropriates $1,500,000 in FY 2020 from the state General Fund to the Arizona Department of Economic Security (DES) for the Grant Program Fund (Fund).

Background

The Advisory Council on Aging (Council) advises all state departments on all matters and issues relating to aging, including administration of the State Plan On Aging (A.R.S. § 46-184). The Council is composed of 15 Council members (members) appointed by the Governor, who have a knowledge of and interest in the problems affecting older citizens. Each member serves for a term of three years (A.R.S. § 46-183).

The strike-everything amendment to S.B. 1172 appropriates a one-time sum of $1,500,000 in FY 2020 from the state General Fund to DES for the Fund.

Provisions

1. Establishes the Grant Program, beginning January 1, 2020.
2. Establishes the Fund.
3. Appropriates a one-time sum of $1,500,000 in FY 2020 from the state General Fund to DES for the Fund.
4. Stipulates that the amount of the family caregiver grant is equal to 50 percent of the qualifying expenses incurred during the calendar year, up to $1,000 per qualifying family member.
5. Prohibits DES from certifying more than a total of $500,000 in family caregiver grants for any calendar year.
6. Requires an individual to submit an application on a form prescribed by DES, the qualifying family member's name and the qualifying family member's relationship to the individual to DES to apply for a family caregiver grant.
7. Stipulates that an individual who receives a family caregiver grant is ineligible to apply again for three consecutive calendar years.

8. Requires DES to certify applications on a first-come, first-served basis.

9. Requires DES to include questions in the application to help DES determine if the family caregiver grants provided delayed or prevented a qualifying family member from entering a long-term care facility or assisted living facility in the calendar year of the application or future calendar years.

10. Allows DES to use the Council to provide input on approval of applications for family caregiver grants and whether an expense is a qualifying expense or other issues relating to the Grant Program.

11. Requires that expenditures from the Grant Program from the previous year, including aggregated data summarizing the qualifying expenses that were approved for family caregiver grants, the types of individuals that qualified for the family caregiver grants and information about the ability for qualified family members to delay entering a long-term care facility or assisted living facility, be reported to the Legislature in the annual report of DES.

12. Requires the Director of DES to administer the Fund.

13. Prohibits monies in the Fund from being spent on anything other than family caregiver grants provided to individuals who are caring for and supporting a qualifying family member in the individual's home.

14. Identifies an eligible family caregiver as an Arizona resident whose Arizona gross income, together with any Arizona gross income of each qualifying family member, does not exceed:
    a) $75,000 for a single person or married person filing separately; or
    b) $150,000 for a married couple filing a joint return.

15. Defines a *qualifying family member* as an individual who:
    a) is at least 18 years of age during the calendar year;
    b) requires assistance with one or more activities of daily living as certified by a licensed physician, registered nurse practitioner or physician assistant; and
    c) is the individual's spouse or the individual's or spouse's child, grandchild, stepchild, parent, stepparent, grandparent, sibling, uncle or aunt.

16. Defines *qualifying expenses* as expenses that relate directly to caring for or supporting a qualifying family member.

17. Requires qualifying expenses to be incurred during the calendar year in which the individual applies for the family caregiver grant.

18. Includes under qualifying expenses:
    a) improving or altering the individual's primary residence, whether owned or rented by the individual, to enable or assist the qualifying family member to be mobile, safe or independent; and
    b) purchasing or leasing equipment or assistive care technology to enable or assist the qualifying family member to carry out one or more daily living activities.

19. Excludes from qualifying expenses:
    a) regular food, clothing or transportation expenses or gifts provided to the qualifying family member;
    b) ordinary household maintenance or repair that is not directly related to and necessary for the care of the qualifying family member; and
    c) any amount that is paid or reimbursed by insurance or by the federal government, this state or a political subdivision of this state.

20. Defines *department* as DES.

21. Defines *director* as the Director of DES.

22. Repeals on July 1, 2023.

23. Becomes effective on the general effective date.

Supporting Family Caregivers

AARP®
Real Possibilities

Economic Contribution

- In 2013, 804,000 family caregivers in Arizona provided an estimated $9.4 billion in unpaid care.

- The average Arizona caregiver is a 61 year old woman caring for a loved one 70+ years old and spends nearly 20 hours per week providing unpaid care to her mother for nearly five years.

- The vast majority (74 percent) of family caregivers have worked at some time during their caregiving experience and more than half (58%) are employed in full or part time work.

State Supports for Caregivers

- In 2013, AARP state offices worked with state legislative leaders to pass resolutions in Arizona, Illinois, Oklahoma, Tennessee and Oklahoma to review and assess supports for family caregivers.

- Provisions included:
  - Improving information, education, training and respite care;
  - Creating a special unit within Aging Services Division focusing on recruiting, retaining and supporting family and paid caregivers;
  - Reviewing state polices that address the needs of caregivers;
  - Encouraging innovations to support family caregivers; and,
  - Conducting a study of the deficiencies facing senior citizens and propose ways to improve education and assistance to in home caregivers.

Prevention is Key

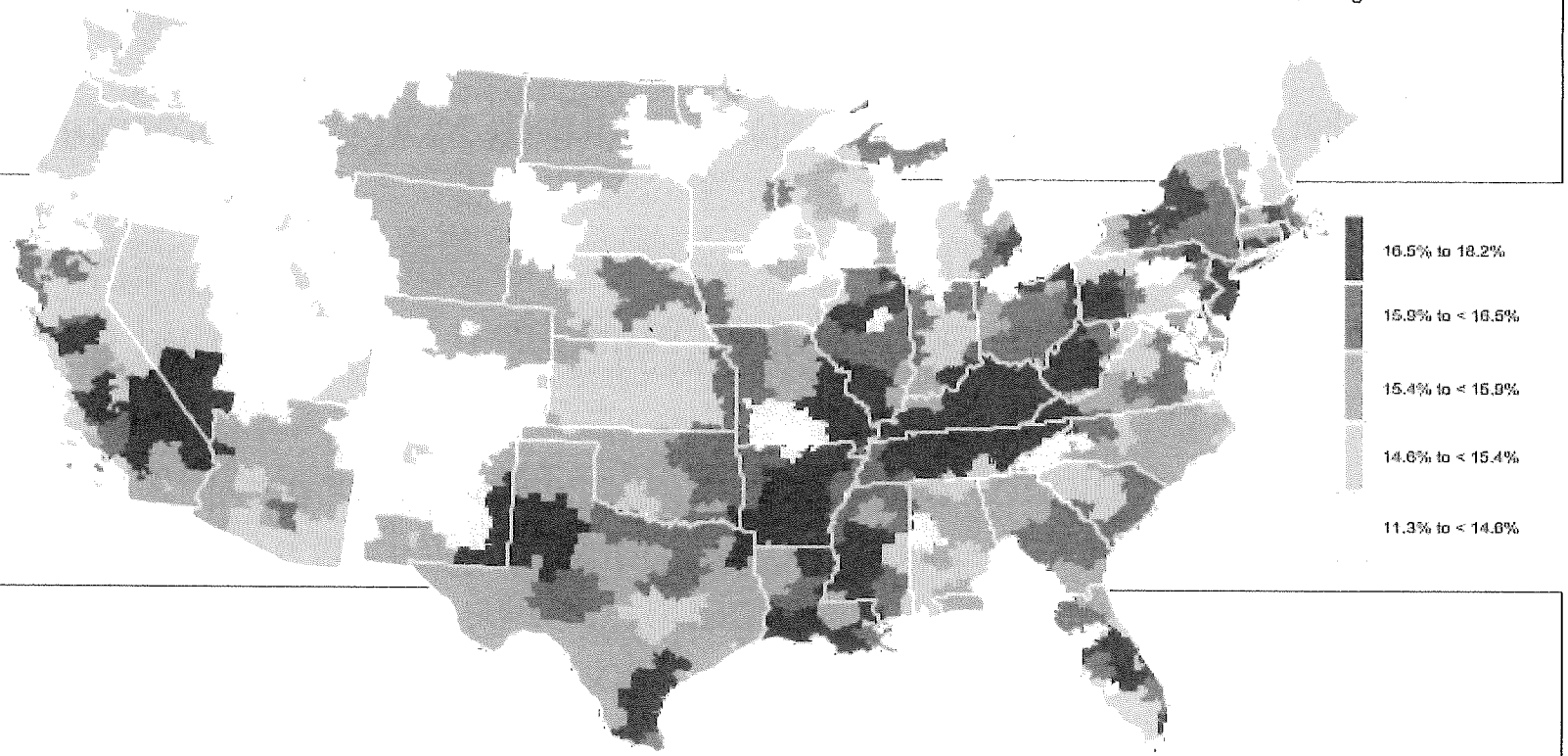
- 1 of every 8 Medicare beneficiary who leaves the hospital is readmitted in 30 days.
- Medicare alone reports spending $17.8 billion a year on patients whose return trips to the hospital could have been avoided.
- Hospitals are penalized with a cut to their Medicare payments if these avoidable readmissions continue to occur.
- Improvements are being made. 30 day readmission rates have declined from 19 percent to 17.8 percent, but more progress can be made.

Readmitted Patients

AARP Real Possibilities

Percent of Patients Readmitted within 30 Days of Discharge

2010 Readmission Percentages by Hospital Referral Region



This interactive map demonstrates variation in readmission rates for Medicare patients after they are discharged from the hospital for medical or surgical conditions. The data show age, sex, and race-adjusted 30-day readmission rates by hospital referral regions for 2010. Hospital referral regions represent regional health care markets for tertiary medical care. The data from the Centers for Medicare & Medicaid Services is a 100 percent sample of fee-for-service Medicare beneficiaries who resided in the hospital referral regions and had full Part A and Part B coverage. Discharges are identified as medical or surgical using the Medicare diagnosis-related group system. Hospitalizations with the discharge status on the claim indicating that the patient died in the hospital, left against medical advice, or was discharged to hospice were excluded. Hospitalizations were also excluded when the patient had any acute care hospitalizations in the 90 days prior to cohort admission date. This differs from the CMS definition which only excludes acute care hospitalizations in the 30 days prior to cohort admission date.

Robert Wood Johnson Foundation

Simple Changes Can Help

- A 2012 AARP study, "Home Alone: Family Caregivers Providing Complex Chronic Care," found that almost 46 percent of family caregivers performed medical/nursing tasks for care recipients with multiple chronic physical and cognitive conditions.
- 78 percent were managing multiple medications, administering injections, etc.
- Most learned how to manage these medications on their own.
- 35 percent provided wound care; but 66 percent reported it was difficult and made them fearful of making mistakes.
- Family caregivers frequently served as care coordinators.

Simple Changes Can Help

- Ask hospitals and rehabilitation institutions to record the name of the family caregiver upon admission into the facility;
- Ask hospitals and rehabilitation institutions to contact the family caregiver(s) prior to discharge to another facility or to home; and,
- If a family caregiver(s) is asked to perform any medical tasks in the home, first the facility should provide a live demonstration of those tasks.
- Connecting family caregivers to information and resources; providing respite care; and, live instruction would improve the quality of life and health outcomes of the individual requiring care and the family caregiver.

Contact Information

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follow me on Twitter @SteveMJennings

MALNUTRITION IN ARIZONA

Mary Beals Luedtka

NACOG Area Agency on Aging Director




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Why Should You Care?

- One in Two Older Adults is at risk
- Cost to health care exceeds $50 Billion a year




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Did you know in Arizona…

- 24% suffering from malnutrition are over the age of 60.
- 64% of them choose between food and paying for utilities.

- 42% have diabetes.
- 54% have high blood pressure.
- 58% choose between food and medicine.
- 13% of seniors live in rural areas.




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RIGHT HERE IN ARIZONA

- 19% of these households include grandparents raising grandchildren.
- 42% have incomes of $0 - $10,000 annually.
- 295,686 seniors were isolated & living alone in 2015.
- 182,300 were threatened by HUNGER.




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ARIZONA AND MALNUTRITION

- 1 in 5 Arizonans and 1 in 7 seniors live in poverty
- Arizona's hunger rates are higher than the national averages: 15.8% are food insecure compared with 13.4% nationally
- 3 highest food insecurity rates are in Coconino (19.9%), Navajo(23%) and Apache (26.6%) counties




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ARIZONA AND MALNUTRITION

- The number of food insecure individuals is estimated at to 1,150,650
- Food assistance requests are one of the most often received calls at 2-1-1 Arizona.




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PROBABLE CAUSES

- BEHAVIORS
- SOCIAL FACTORS
- ACCESS TO MEDICAL CARE & SERVICES
- FAMILIES LIVE FAR AWAY
- SHORTAGE OF SERVICES

leading to increases in chronic disease, dementia and untreated dental issues.




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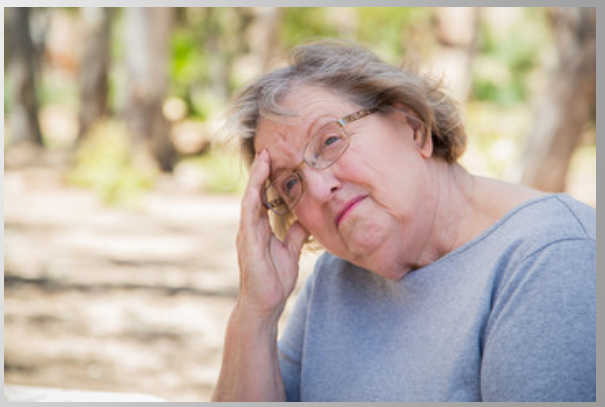
MORE CAUSES

- Often unable to consistently prepare healthy foods.
- Over ½ over 65 will have more than one chronic health condition.
- Lack of nutrition education.
- Lack of follow up after a high nutrition score is received.



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CAUSES

- 30-50% of persons admitted to hospital are malnourished. Post discharge many cont. to lose weight and are at increased risk for readmission
- Rural areas have a shortage of medical, mental health & dental providers
- Lack of transportation




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RESULTS OF MALNUTRITION

- Loss of Lean Body Mass (LBM) increases with age.
- 10% loss – impaired immunity& increased infections.
- 30% loss – decreased healing.
- 50% loss – too weak to sit, increased risk of pneumonia, wound healing STOPS.
- 100% - Death.




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MALNUTRITION

IS AN

INDEPENDENT INDICATOR FOR POOR CLINICAL OUTCOMES




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Results of Malnutrition

- 1 in 2 older adult at risk or is malnourished
- malnutrition can increase length of hospital stay 4-6 days
- malnourished patients have 300% greater hospital costs
- 50% malnourished hospitalized adults have up to 5X increase mortality and 50% higher readmission rates




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THE COST OF MALNUTRITION

- Malnourished adults make more visits to physicians, hospitals, and emergency rooms and are more likely to have increased rates of medical complications, including falls, delayed wound healing, increased infections, and increased hospital readmissions.
- <u>State of Arizona economic burden from disease-associated malnutrition in older adults is 75-100 million dollars annually</u>




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SOLUTIONS

- More robust nutrition education.
- Include why it is so important to eat healthy and how quickly health can deteriorate from poor nutrition.
- More awareness in the public of this issue.
- More fruits and vegetables and right amount of protein in the centers.
- Better food in food boxes.
- Work together to utilize SNAP.




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Health Care Utilization

- Congregate Meal clients less likely to have hospital admissions and have an ER visit that led to an admission than non participants.
- Congregate Meal Clients more likely to remain living in their homes and 2.3% less likely to be admitted to a Skilled Nursing Facility




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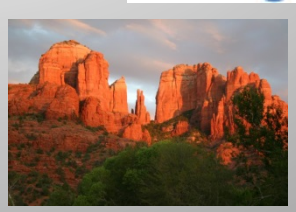
WORK AHEAD

- Better “case management” of congregate meal recipients.
- Follow up on clients that need to see a nutritionist.



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ACTIONS

Improve Quality of Malnutrition Care Practices

- Establish and Adopt Quality Malnutrition Care Standards
- Ensure High-Quality Transitions of Care




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ACTIONS

Improve Access to High-Quality Malnutrition Care and Nutrition Services

- Integrate quality malnutrition care in payment and delivery models and quality incentive programs




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ACTIONS

- Promote improvements for the Older Americans Act reauthorization
  - Strengthen link between nutrition and health in Older Americans Act programs and provide for integrated malnutrition services and support
  - Advocate for education about malnutrition screening and food-insecurity screening to be elements of the Older Americans Act




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ACTIONS

Advance Public Health Efforts to Improve Malnutrition Quality of Care

- Educate older adults and caregivers on malnutrition impact, prevention, treatment, and available resources
- Educate and raise visibility with National, State and local policymakers




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- Facebook: Area Agency on Aging-NACOG

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SOURCES FOR DATA

- Defeatmalnutrition.today/blueprint
- Abbott Laboratories
- Arizona State Plan 2014-2018
- Aging 2020, Arizona's plan for an Aging Population
- Hunger in America-State Report for Arizona
- http://www.azfoodbanks.org/images/uploads/AZ_report_10-2-14.pdf
- Map the Meal Gap Project for Arizona
- http://map.feedingamerica.org/county/2014/overall/arizona
- U.S. Census Bureau
- Mathematica Policy Research

Report 5/01/2019 ref: 50158.01.403.471.001




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Planning for Action: Initial Steps for Implementing the Healthy Brain Initiative Road Map

This planning tool guides state and local public health professionals through quick steps in selecting Healthy Brain Initiative (HBI) Road Map actions and getting started with implementation. Its six steps will direct you to a path for success that best meets your specific needs. Easy-to-use worksheets and resources will help you prioritize, plan, and promote Road Map actions.

You can enter into this planning process with confidence because the HBI's *State and Local Public Health Partnerships to Address Dementia: The 2018–2023 Road Map* actions are strategies that experts identified as having the greatest potential public health impact, while being adaptable for different capacities. Also, the HBI Road Map is a credible citation source for justifying plans and initiatives around Alzheimer's and other dementias.

>> TABLE OF CONTENTS

>> SIX STEPS TO PLANNING YOUR PUBLIC HEALTH RESPONSE TO ALZHEIMER'S

Make an impact in addressing Alzheimer's and other dementias using the HBI Road Map with six steps to guide your planning. The Know.Plan.Go.™ Mobilization Model (Blais & Colleagues, 2015) diagram (page 4) captures these steps in a quick-reference format so you can turn strategy into action that reaches a broad audience.

Step 1: Prioritize potential actions within your area of focus (Know)

Use the HBI Road Map as a tool to guide decisions about where to prioritize your efforts to promote brain health, expand early detection and diagnosis, improve safety and quality of care for people living with dementia, and attend to caregivers' health and well-being.

The key is to begin, whether you first raise awareness of the HBI Road Map within your division or you create a plan around an easier Road Map action. Initial momentum gives you a base on which to keep building where you have capacity and interest.

Start by reviewing the HBI Road Map and its agenda of 25 actions as well as the compelling data presented. Educate your staff and other health professionals about Alzheimer's and other dementias. Then, use the Prioritizing Road Map Actions worksheet (page 5) to identify Road Map actions that are achievable, align with existing areas of focus and priorities (Step 2), and fit with available resources and capacity.

Step 2: Integrate and align strategies into your existing plans (Know, Plan)

You do not have to start from scratch. Many Road Map actions can be integrated into existing plans and initiatives such as programs for chronic disease, health promotion, and public safety; Alzheimer's state plans; or state or community health improvement plans. Do a scan of current initiatives and plans within your organization and by other groups or organizations. Find places where you can align Road Map actions with existing initiatives or goals and add the information to the Prioritizing Road Map Actions worksheet that you started in Step 1. See the Aligning Actions Examples table for examples (page 3).

Not finding obvious alignment? Gather a few colleagues for a conversation about using Road Map actions to create a plan to address Alzheimer's. Together you could conduct a quick environmental scan or needs assessment to uncover priorities or opportunities in your community that relate to cognitive health. A table with Potential Data Sources is on pages 8–9.

Step 3: Orchestrate across the state public health system (Plan)

Whether you serve at the state or local level, your work interfaces with other parts of the public health system. It takes us all working together — across community systems — to improve outcomes for all people living with Alzheimer's and their caregivers.

Consider how your priority Road Map actions can be integrated across the entire public health system or community. How might actions in the HBI Road Map complement the strategic plans and key initiatives that exist? Integration into other areas of health, where appropriate, enables you to leverage resources and build partnerships for sustainable initiatives. Reach out to discuss the possibility of integrating Road Map actions into those plans or as part of their existing initiatives.

Step 4: Mobilize for Action (Know, Go)

Successful public health occurs through collaborative partnership, planning, and networking to garner support, assistance, best practices, and training. Organize a network of mobilizers, a community coalition, or task force charged with building and taking the action plan to the next level. Consider traditional and nontraditional partners so that engagement is inclusive across all audiences you wish to serve. Suggestions for potential partners are in Engaging Partners and Stakeholders (page 10). Completing a Stakeholder Analysis Matrix worksheet (page 11) may help you prioritize partners to engage now in the planning stage and others to mobilize at a later stage.

With these partners, use the Action Planning worksheet (page 7) as a template for determining activities and resources needed to achieve the HBI Road Map action. If you will pursue multiple Road Map actions, replicate the worksheet template.

As with all plans, identify some measurable goals. Assign accountable people, partners, and measure success. Identify champions to promote the importance and urgency of acting now on the plan.

Step 5: Ask for additional technical support and assistance (Plan, Go)

A plan is only as good as its implementation, and implementation takes forethought, execution, and accountability. Ask for guidance from the Alzheimer's Association or CDC's Alzheimer's Disease and Healthy Aging Program (see callout box below). They can provide insights into the recommended strategies and suggest strategies that might work best for your organization. View Road Map resources at **alz.org/publichealth** and **cdc.gov/aging** for emerging implementation practices and success stories.

Step 6: Tell the compelling public health story of Alzheimer's and refer others to the HBI Road Map (Grow)

The goal of the HBI Road Map is to enable the public health community and its partners to anticipate and respond to the growing impact of Alzheimer's and other dementias on every facet of society. Use the HBI Road Map's compelling data to create your own talking points about why and how you support Alzheimer's in your work.

As you capture data and anecdotes about your successes, proactively tell the story about how these actions translate into meaningful outcomes across the lifespan, across other chronic diseases, and support health and safety more broadly. Communicate about your successes to build momentum that can lead to changes to policies, systems, and environments over the long term. Plan forward for sustainability.

Contact Information

Alzheimer's Association, Public Health Department:
Molly French, mfrench@alz.org

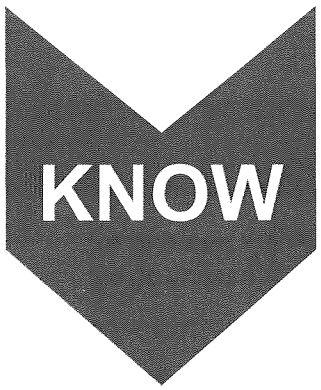
CDC Alzheimer's Disease and Healthy Aging Program:
Heidi Holt, hym3@cdc.gov

>>ALIGNING ACTIONS EXAMPLES

Many Road Map actions can be integrated into existing public health priorities. Consider how the HBI Road Map actions can align to the following goals and initiatives.

Existing Goal or Initiative	Alignment of HBI Road Map Actions to Existing Goal or Initiative
Develop a new healthy aging office in state public health agency	Educate the public about brain health (Road Map actions E-1 and E-2) to demonstrate the need for and value of an office focused on healthy aging
Promote core health behaviors — smoking cessation, physical activity, diet, and weight management	Refresh existing health education campaigns by giving target populations a "new" reason to adopt healthy lifestyle behaviors since they are also associated with reduced risk for cognitive decline and possibly dementia (E-2)
Improve early detection of Alzheimer's, a goal in the state Alzheimer's disease plan	Educate the public about changes in cognition that should be discussed with a health professional (E-1) and foster continuing education to improve healthcare professionals' ability and willingness to support early diagnoses (W-4)
Increase participation in evidence-based programs for older adults	Co-market chronic disease self-management programs with ones that educate caregivers to encourage participation in both programs and help ensure caregivers receive sound information (E-7)
Increase quit attempts by lifelong smokers	Educate healthcare providers about strong evidence linking current smoking with increases in risk for cognitive decline and possibly dementia (W-1)
Address all the top leading causes of death in the state	Structure grants to local public health departments or coalitions so that they must address all the top causes of death in the state, which often include Alzheimer's and other dementias (multiple Road Map actions)
Reduce preventable hospitalizations and related costs	Train Emergency Medical Service (EMS) personnel about the unique communication and behavioral challenges posed by cognitive impairment and dementia so that EMS providers have knowledge and skills to try alternative solutions to taking persons with dementia to emergency departments if and when such care is not necessary (W-5)
Decrease health disparities	Use data collected from the Behavioral Risk Factor Surveillance System's Cognitive Module to identify higher-risk populations (M-3) and educate policymakers about the role of public health in addressing this problem (P-3)

>>KNOW.PLAN.GO.™ FOR ROAD MAP SUCCESS

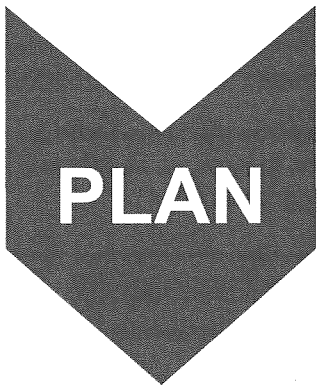


» Familiarize yourself and others with the Road Map and its action agenda

» Understand how the Road Map can be used to integrate and align with existing plans and initiatives

» Know the Road Map is a credible source to support and prioritize strategies

» Gather key staff and stakeholders to identify which Road Map actions best meet these priority needs and are most feasible to implement

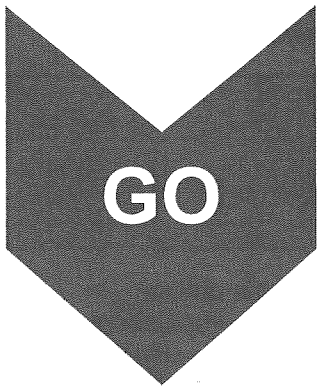


» Assess individual, community, and system needs around cognitive health

» Use resources below to prioritize which actions to do first and create a plan to implement each

» Map out a series of proactive communications to promote the importance and urgency of your actions

» Incorporate actions within existing plans and initiatives where possible



» Engage key staff, stakeholders, and partners to help in implementing strategies

» Learn about success stories, case examples, and best practices from other departments of health

» Measure achievement of your activities and report progress to maintain support and mobilize others

» Seek additional support from the CDC and the Alzheimer's Association; review the Road Map resources on **alz.org/publichealth** and **cdc.gov/aging**

» Create calls to action to inform and motivate a prioritized list of others to be a part of the movement

» Incorporate updates on progress into standing agenda items, key leadership presentations, newsletters, and other messaging

» Use the case studies and resources provided in the Road Map to encourage others to take action

» Strive for policy, system, or environmental (PSE) changes to elevate cognitive health and Alzheimer's as priority public health issues

>>PRIORITIZING ROAD MAP ACTIONS

Of the 25 Road Map actions, the following 12 actions are those primed for implementation by state and local public health leaders. You can use these actions as a starting point in creating your plans. The following two worksheets help identify priority actions, your activities, and resources.

1. **Start by assessing each of the 12 actions in terms of the following:**
    - **Priority level** as it relates to the need within the community/region/state and organizational priorities
    - **Difficulty level** in implementing the action in terms of complexity, available time, resources, staff/partner capacity and strengths
    - **Alignment** with other initiatives or plans already underway — it may be easier to make progress on actions where there is already momentum and work is happening
2. **Determine which items are feasible based on their priority, difficulty, and alignment.** Consider that an action may meet an extensive need in the community and thus, may be worth allocating time and resources even if it has a higher level of difficulty. Or, if a Road Map action already aligns with a current initiative underway, it may increase the priority level and decrease the difficulty if there can be synergy of effort that enhances the current initiative.
3. **Next, in the Rank column, place a number by each action in order of which actions you will pursue first.**

Rank	Road Map Action	Priority Level (low, medium, high)	Difficulty Level (low, medium, high)	Aligns with current plans? Which ones?
EDUCATE & EMPOWER				
	E-1 Educate the public about brain health and cognitive aging, changes that should be discussed with a health professional, and benefits of early detection and diagnosis.			
	E-2 Integrate the best available evidence about brain health and cognitive decline risk factors into existing health communications that promote health and chronic condition management for people across the life span.			
	E-3 Increase messaging that emphasizes both the important role of caregivers in supporting people with dementia and the importance of maintaining caregivers' health and well-being.			
	E-7 Improve access to and use of evidence-informed interventions, services, and supports for people with dementia and their caregivers to enhance their health, well-being, and independence.			

Rank	Road Map Action	Priority Level (low, medium, high)	Difficulty Level (low, medium, high)	Aligns with current plans? Which ones?
DEVELOP POLICIES AND MOBILIZE PARTNERSHIPS				
	P-1 Promote the use of effective interventions and best practices to protect brain health, address cognitive impairment, and help meet the needs of caregivers for people with dementia.			
	P-3 Support better informed decisions by educating policy makers on the basics of cognitive health and impairment, the impact of dementia on caregivers and communities, and the role of public health in addressing this priority problem.			
ASSURE A COMPETENT WORKFORCE				
	W-1 Educate public health and healthcare professionals on sources of reliable information about brain health and ways to use the information to inform those they serve.			
	W-3 Educate public health professionals about the best available evidence on dementia (including detection) and dementia caregiving, the role of public health, and sources of information, tools, and assistance to support public health action.			
	W-4 Foster continuing education to improve healthcare professionals' ability and willingness to support early diagnoses and disclosure of dementia, provide effective care planning at all stages of dementia, offer counseling and referral, and engage caregivers, as appropriate, in care management.			
	W-7 Educate healthcare professionals to be mindful of the health risks for caregivers, encourage caregivers' use of available information and tools, and make referrals to supportive programs and services.			
MONITOR & EVALUATE				
	M-1 Implement the Behavioral Risk Factor Surveillance System (BRFSS) optional module for Cognitive Decline in 2019 or 2020, and the BRFSS optional module for Caregiving in 2021 or 2022.			
	M-3 Use data gleaned through available surveillance strategies and other sources to inform the public health program and policy response to cognitive health, impairment, and caregiving.			

>>ACTION PLANNING WORKSHEET

Once you have your Road Map actions identified and prioritized, use this worksheet to determine what activities and resources will be needed to achieve the action. Create one worksheet for each Road Map action.

Activities to accomplish this action	By when?	Staff to work on this activity	Partners and stakeholders (coalitions, organizations, govt. agencies, healthcare systems)	Funding sources available	Potential barriers	Measure of success/ outcomes

>>POTENTIAL DATA SOURCES

The following references can be used to gather citations, data points, and information to support pursuing specific Road Map actions.

Category	Description	Examples and Links
Prevalence and Disparities	Number of persons and percentage of population with Alzheimer's and other dementias or subjective cognitive decline by key demographic indicators (as available) such as: age, gender, race, ethnicity, marital status, sexual orientation, income, educational attainment, home ownership, employment status, disability status, veteran status	• State Alzheimer's disease registry data or data portals (e.g., Georgia Department of Public Health Alzheimer's Disease and Related Dementia State Registry) • BRFSS Cognitive Decline Module (cdc.gov/aging/data/index.htm)* • CDC Healthy Aging Data Portal (cdc.gov/aging/agingdata/index.html) • Alzheimer's Association Alzheimer's Disease Facts and Figures (alz.org/facts)
Mortality	Number of deaths due to Alzheimer's and other dementias, by key demographic indicators (as available)	• State registries or data portals, such as death certificate records • Alzheimer's Association Alzheimer's Disease Facts and Figures (alz.org/facts)
Caregiving	• Number of family and other unpaid caregivers • Hours of care provided • Economic value of unpaid care • Impact of caregiving on caregivers • Unmet needs, such as for information, psychosocial support, or respite	• Alzheimer's Association Alzheimer's Disease Facts and Figures (alz.org/facts) • BRFSS Caregiver Module data (cdc.gov/aging/data/index.htm) • Service needs from state or regional information, referral/assistance networks, such as 2-1-1 call systems, or aging and disability resource centers (ADRCs)** o National Information and Referral Support Center has background information (nasuad.org/initiatives/national-information-referral-support-center) • Alzheimer's Association chapters may have local data about requests for assistance, or care consultations • Qualitative data from focus groups or stakeholder input sessions (Example from South Dakota: alz.org/media/Documents/spotlight-alzheimers-needs-assessment-south-dakota.pdf)

*The BRFSS Cognitive Decline module measures the prevalence of "subjective cognitive decline" (SCD) — a non-medical term that identifies the percentage of individuals who self-report they are having increasing memory problems. A growing number of studies has shown that SCD is associated with an increased risk of future dementia; these data indicate potential future problem and burden of dementia.

**Access to such data varies and may not be universally available due to inconsistencies in data collection and management. Consider consulting the state aging department to learn more about state/regional data sets.

Category	Description	Examples and Links
Modifiable Risk Factors	• Number of persons and percentage of population who smoke, have diabetes, are obese, have hypertension, are physically inactive, or eat an unhealthy diet • Health status of caregivers	• CDC Healthy Aging Data Portal (cdc.gov/aging/agingdata/index.html) • BRFSS Caregiver Module data (cdc.gov/aging/data/index.htm) • Caregiver surveys • CDC's 500 Cities project provides city- and census tract-level estimates for chronic disease risk factors, health outcomes, and clinical preventive service use for the 500 largest cities in the U.S. (cdc.gov/500cities)
Costs	• Use and costs of healthcare, long-term care, and hospice care for people with Alzheimer's and other dementias • Use and costs of community services, such as transportation, meal delivery, home healthcare, or case management • Financial impact of Alzheimer's and other dementias on families, including annual costs and effect on family income	• Alzheimer's Association Alzheimer's Disease Facts and Figures (alz.org/facts) • State Emergency Department Databases (SEDD) • Hospital, vital records, home and community-based services, nursing home, health plans, all-payers claims databases, Silver Alert, and similar Medicare and Medicaid data* • Community service providers • Information and referral/assistance network records
Assets and Resources	Assets and resources that can be mobilized and employed to address needs and issues related to Alzheimer's and other dementias (e.g., support groups, area agencies on aging, volunteer networks, clinical services, hospitals, adult day care services, home care services, or community resources)	• Sample tools for identifying existing assets from Minnesota's ACT on Alzheimer's website (actonalz.org/assess) • Network analyses or surveys of local Alzheimer's Association chapters and partners

*Access to such data varies and may not be universally available due to restrictions on database access and use. Consider consulting a health department or university-based epidemiologist for additional guidance on state/local data sets.

>>ENGAGING PARTNERS AND STAKEHOLDERS

Who do you need to engage for support in implementing your selected Road Map actions?

Government

- ❒ Governor/Mayors/County supervisors
- ❒ State public health officer
- ❒ Chronic disease director
- ❒ State epidemiology/surveillance branch
- ❒ Division of aging services (state and county level)
- ❒ State and local policymakers, legislators
- ❒ State/Regional planning commissions
- ❒ Public safety (police, fire, transportation)

Healthcare

- ❒ State hospital association
- ❒ State provider associations (primary care, specialty care, pharmacy)
- ❒ Rural and urban health associations or clinics
- ❒ Health systems
- ❒ Federally Qualified Health Centers (FQHCs)
- ❒ Physician practices (primary care, family practice, geriatrics, internal medicine, neurology)
- ❒ Other health care service providers (EMS, physical therapy, home health, hospice, pharmacy, community health workers)

Senior Service Providers and Organizations

- ❒ State and local chapters of the Alzheimer's Association
- ❒ Area Agency on Aging (AAA) and Aging and Disability Resource Centers (ADRC)
- ❒ Nursing home and assisted living communities at local level as well as state associations
- ❒ Independent living and continuing care communities
- ❒ AARP chapters
- ❒ Local foundations and non-profits serving seniors and caregivers
- ❒ Senior centers

Other Entities

- ❒ State public health association
- ❒ Healthy living coalitions/livable communities
- ❒ American Heart Association and American Diabetes Association
- ❒ Area Health Education Centers (AHEC)
- ❒ Schools of public health
- ❒ Public health institutes
- ❒ Large employers (help in reaching caregiver population)
- ❒ Academic institutions
- ❒ Geriatric Workforce Enhancement Programs (GWEP)
- ❒ YMCA
- ❒ Religious organizations/faith community
- ❒ Organizations serving populations at higher risk for dementia (Hispanic, African American)

>>STAKEHOLDER ANALYSIS MATRIX

Use this template to identify stakeholders for activities related to Road Map actions, including their level of influence, which issues are important to them, and how they will be engaged.

Stakeholder name and affiliation	Contact person *Email, Phone*	Impact How much does the activity impact them? *(low, medium, high)*	Influence How much influence do they have over the activity? *(low, medium, high)*	What is important to them?	How could they contribute to the activity?	How could they hinder the activity?	Strategy for engaging the stakeholder

Stakeholder Name and Affiliation	Contact Person *Email, Phone*	Impact How much does the activity impact them? *(low, medium, high)*	Influence *How much influence do they have over the activity? (low, medium, high)*	What is important to them?	How could they contribute to the activity?	How could they hinder the activity?	Strategy for engaging the stakeholder

TASA
TASKFORCE AGAINST SENIOR ABUSE
ARIZONA ATTORNEY GENERAL MARK BRNOVICH

Protecting Arizona Seniors and Vulnerable Adults from Financial Exploitation

Governor's Advisory Council on Aging, Legislative and Policy Coordinating Committee

Faith McLoone, AGO Consumer Protection and Advocacy

TASA
TASKFORCE AGAINST SENIOR ABUSE
ARIZONA ATTORNEY GENERAL MARK BRNOVICH

Financial Exploitation and Vulnerable Adults

Online Banking Safety

Common Scams

The Issue

Financial exploitation is defined as the illegal or improper use of a vulnerable adult or her/his resources for another's profit or advantage (A.R.S. § 46-451).

- The National Adult Protective Services Association states that financial exploitation is a fast-growing form of abuse of seniors and adults with disabilities.
- According to experts, the potential for cognitive decline and the wealth of older generations, makes them targets for financial exploitation.
- 1 in 20 older adults indicate some form of perceived financial mistreatment occurring in the recent past.

The Issue

- Alarmingly, situations of financial exploitation commonly involve trusted persons in the life of the vulnerable adult, such as caretakers, family members, neighbors or friends, attorneys and other professionals.
- While the vast majority of reports to APS involve perpetrators in a trusting relationship with the victim, scams and frauds by strangers are also very common.
- It is also common that cases of financial exploitation, particularly those perpetrated by a caregiver, often involve allegations of abuse and neglect.

Who is a "Vulnerable Adult?"

- A person ≥ 18 who is unable to protect himself from "abuse, neglect or exploitation" by others because of a physical or mental impairment.
- Includes, but is broader than, an "incapacitated person" as defined in the probate code: someone who, due to mental or physical illness, disability or deficiency, or chronic use of drugs or intoxication, lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his person, or to manage his or her funds.

AZ Adult Protective Services Act A.R.S. § 46-456

- Covers abuse and neglect by nursing homes and caregivers, physical abuse, the role of Adult Protective Services and Financial Exploitation.
- A person who is in a position of trust and confidence to a vulnerable adult shall use the person's assets solely for his benefit, and not the benefit of the person in the position of trust and confidence or his relatives.
- This is an *affirmative* duty to act for the benefit of that person, to the same extent as a Trustee.

Recognizing the Vulnerable Adult

- Based on the statute, the adult might be mentally competent, but physically disabled, for example, if she has to rely on others for commercial interaction.
- Need not be a permanent condition: illness, injury, substance abuse.
- A medical disability can cause diminished capacity to make or communicate decisions, but it doesn't define it.
- Some conditions cause a gradual loss of capacity. At what point is a person *legally* vulnerable?
- But remember.....there is no law against having bad judgment!

Indicators of Exploitation

- Depleted bank account or unexplained disappearance of funds
- Change in payee, POA or Will
- Transfer of property or savings
- Person reports signing papers, but has no knowledge of what was signed
- Increased use of ATMs and especially from different branches of the same bank
- Sudden increased debt
- Increased use of debit cards
- Chronic failure to pay bills
- Wire requests - could be a scam by a stranger or exploitation by a trusted person.

What Can Be Done?

- ✓ Keep an eye on loved one's bank account and affairs.
  - Is there an unusual number of checks written to cash
  - Extra checks written to a caregiver
  - Unusual travel or meal expenses
- ✓ Help them remain socially active...isolation makes for vulnerability.
- ✓ If a caregiver is needed, strongly consider using a reputable agency that will handle hiring and issues.
- ✓ Develop relationships with the bank. They play a key role in detecting, responding to, and preventing the exploitation.

Making the Report...

- Local Law Enforcement at 911
- Adult Protective Services
  - 1-877-767-2385
  - www.azdes.gov
- TASA Helpline
  - 602-542-2124 or toll free 844-894-4735
- AGO Criminal Complaint
  - www.AZAG.gov/Complaints

The AGO investigates and prosecutes abuses of Power of Attorney and financial exploitation

When a First Responder Receives a Report, they...

- Obtain an initial statement
  - detailed as possible with date(s) and time(s)
- Document Initial Observations
  - Condition and mental function of the victim
- Look for unpaid bills and/or debts
- Obtain copies of:
  - Bank records, checkbook and credit card statements
  - Living Will, Living Trust, Power of Attorney, etc.
  - Handwriting samples
- Report to a Peace Officer or Adult Protective Services, if exploitation is believed to have occurred

What are the Consequences?

- A civil action may be brought by the vulnerable adult, his conservator, the PR of his estate or another interested person (anyone who has a property right in or claim against the estate of the vulnerable adult, including a trustee, devisee, heir, spouse, child, beneficiary or creditor).
- Damages include actual damages + additional damages of up to 2x actual.

What are the Consequences

Exploitation can result in criminal prosecution....

- Two individuals were convicted of Fraudulent Schemes and Artifices, Theft from a Vulnerable Adult and Forgery. When credit union staff saw that the 74 year old victim did not understand an Affidavit of Donation document the staff refused to notarize the Power of Attorney and contacted Adult Protective Services.
- A hair stylist who cultivated a friendship with a 94 year old victim with dementia was found guilty of similar charges after stealing the victim's life savings. The bank notified law enforcement after large amounts of money were being transferred out of the victim's account.

Online Banking

- The standard FDIC insurance amount is $250,000 per depositor, per insured bank, for each account ownership category.
- Does not cover other bank products such as stocks, bonds, mutual funds and life insurance.
- The Safest Online Banks*: Is Your Savings Account in Jeopardy?
  - Synchrony Bank – 5 stars
  - Capital One 360 – 5 stars
  - Ally (formerly GMAC) – 4 stars
  - HSBC Direct – 4 stars
  - E*Trade Bank – 4 stars
  - Dollar Savings Direct – 4 stars
  - Emigrant Direct – 4 stars
  - EverBank – 3 stars

*according to Fivecentnickel.com

Protect Yourself

- Use only sites with "https" in the address.
- DO NOT use a public computer or public WiFi...access from a secure location.
- Use a different browser just for banking. Microsoft is common target – Chrome or Firefox are better options.
- Disable automatic logon on your computer.
- Choose an account with two factor authentication.
- Create a strong password.
- Secure your computer and keep it up-to-date.
- Always log out when you are done.
- Check your accounts DAILY.
- NEVER share your banking information.
- Beware of phishing emails and texts and report suspicious activity.

Top Scams by Strangers

National trends according to the FTC:

- Imposter scams, debt collection, and identity theft top the list.
- Reported losses were $1.48 BILLION – a 38% increase over 2017.
- Scammers love wire transfers – to the tune of $423 Million.
- Saw a 95% surge in payment using gift and reload cards.
- Younger people reported losing money to fraud more often than older people.

In Arizona:

- Credit card fraud, other ID theft and employment/tax fraud to the list.
- 126 reports per 100K population.

Protect Yourself

- NEVER give anyone your personal information until you verify their identity.
- NEVER send a wire transfer, buy and send a gift card or send any form of payment until you verify the identity of a person or company.
- Set up credit card alerts for immediate notices of charges.
- READ bills and statements for unauthorized charges.
- DO NOT answer unknown phone calls - use voice messaging.
- DO NOT respond immediately to a sales pitch – do research.

Task Force Against Senior Abuse

TASA's advisory board is taking steps to fight exploitation:

- Presentations and resources provided by the AGO's Community Outreach and Education team.
- Proposing enhanced legislation that will provide prosecutors additional tools to obtain a correct and just outcome in court on behalf of a vulnerable adult that is a victim of exploitation for financial gain.
- Supports the AARP BankSafe Initiative to provide comprehensive online training for banking and financial professionals to help them detect and respond to financial exploitation.

The Legislative Process
Presenter: Rebecca Baker
May 2019

I. Getting ready

Preparation is the key to success. Start early and have your legislation drafted and sponsor identified before the session begins. A few key points regarding drafting and sponsors:

- Examine the problem and how to narrowly tailor a legislative solution.
- Bring all stakeholders to the table. If there are groups opposed or concerned, it is better to try to work it out before session begins.
- When finding a sponsor consider Committee Chairperson, Leadership, and if this is a regional issue.
- Meet with Leadership and as many members as you can before session begins. This will enable you to identify roadblocks and reshape your legislation.

II. Deadlines

It is essential to know the rules of the House and Senate. Each chamber has Rules of Procedure that govern the process and timelines. Important deadlines to learn include:

- opening a "folder";
- introducing legislation ("introset");
- committee hearings to hear bills;
- posting/distributing amendments;
- sine die (100th day).

III. The Chambers

Identical legislation must pass both chambers by a majority vote. If one chamber amends the other chamber's bill, it must return for a Conference Committee or Final Vote. Throughout the process in each chamber there is a person, the Committee Chair or Chamber Leadership, who will keep the legislation moving or stop it. It is important to communicate with this person.

IV. The Governor's Desk

The Governor has three options: sign the bill, veto the bill or let it become law without a signature. Legislation generally becomes effective 90 days after the legislature *Sine Die* (closes), unless there is a delayed effective date or an emergency clause in the bill.

RIGHTCARE FOUNDATION

BEFORE THE FIRE TRUCK ARRIVES

We are a 501(c)(3) **nonprofit**

advocating for best-practice care

Who is the RightCare Foundation?

RIGHTCARE FOUNDATION

Influencing policy, economic, social and institutional change.

Everything we stand for is aimed at **saving lives and honoring wishes.**

Advocacy

RIGHTCARE FOUNDATION

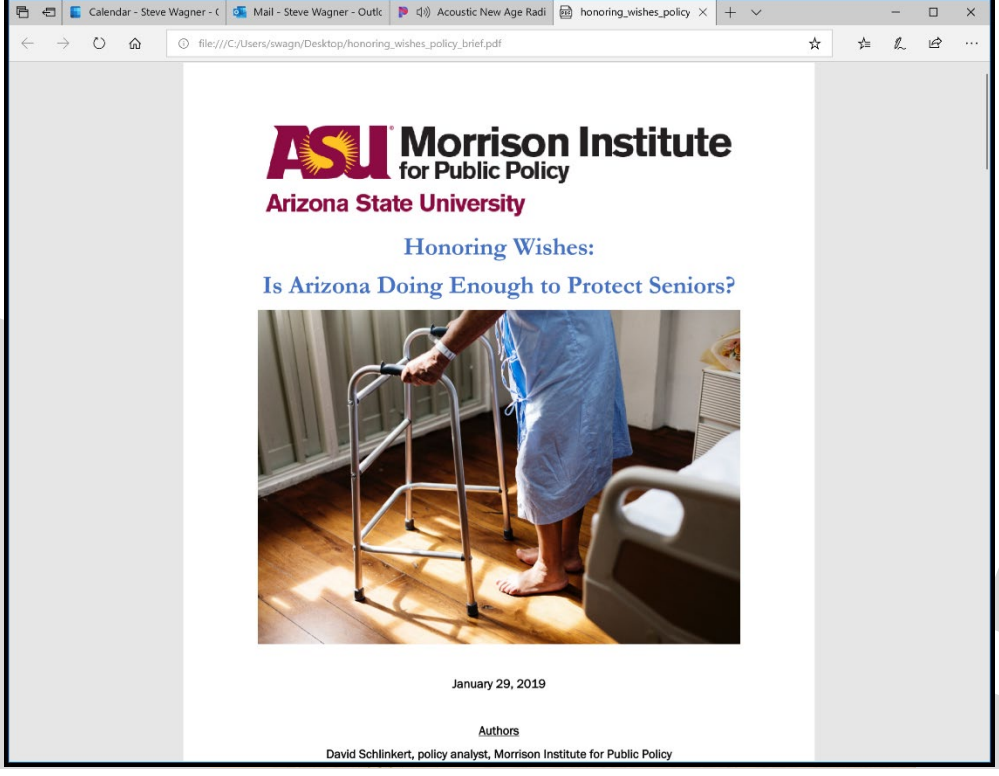
Mr. & Mrs. Smith

RIGHTCARE FOUNDATION

EmergencyRigs.net

Before the fire truck

RIGHTCARE FOUNDATION



Morrison Institute Policy Brief

RIGHTCARE FOUNDATION

EMS Senior Care Stakeholders

- Data
- Legislation
- Outreach/Education

Current Policy Work

RIGHTCARE FOUNDATION

GOVERNOR DOUGLAS A. DUCEY

STATE OF ARIZONA

PROCLAMATION

WHEREAS, Healthcare Decisions Day exists to inspire, educate, and empower the public and providers about the importance of advance care planning and raise public awareness of the need to plan ahead for healthcare decisions, related to end-of-life care and medical decision-making whenever patients are unable to speak for themselves; and

WHEREAS, only one in five Arizonans are estimated to have completed an advance care directive, and less than half of severely or terminally ill patients are estimated to have completed an advance care directive; and

WHEREAS, the Task Force Against Senior Abuse encourages hospitals, nursing homes, assisted living facilities, continuing care retirement communities, and hospice care facilities statewide to provide clear and consistent information to the public about advance care directives; and

WHEREAS, the Task Force Against Senior Abuse will encourage medical professionals and lawyers to volunteer their time and efforts to improve public knowledge and increase the number of Arizona citizens with advance care directives; and

WHEREAS, the Arizona Secretary of State maintains and operates the Advance Directive Registry, establishing in law a process for healthcare providers and first responders to access the registry at no cost; and

WHEREAS, one of the themes of Healthcare Decisions Month is: "It always seems too early, until it's too late;" and

WHEREAS, as a result of April 2018, being recognized as Healthcare Decisions Month in Arizona, more citizens will have conversations about their healthcare decisions with their family; more citizens will complete advance directives to make their final wishes known, and fewer families will have to struggle with making difficult healthcare decisions in the absence of guidance from their loved ones.

NOW, THEREFORE, I, Douglas A. Ducey, Governor of the State of Arizona, do hereby proclaim April 2018, as

HEALTHCARE DECISIONS MONTH

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona

Douglas A. Ducey

GOVERNOR

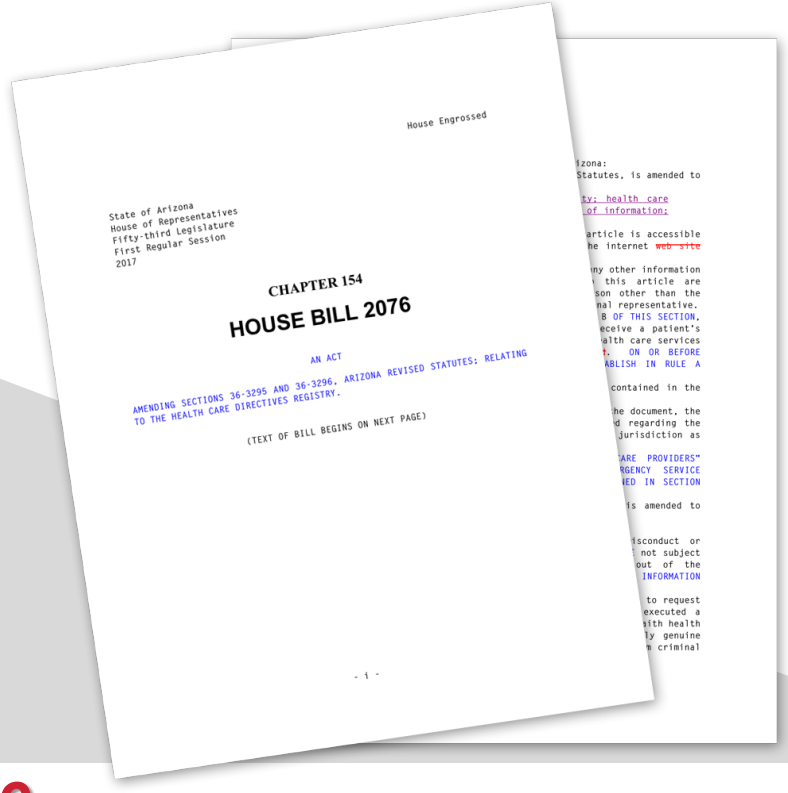
DONE at the Capitol in Phoenix on this fifth day of April in the year Two Thousand and Eighteen and of the Independence of the United States of America the Two Hundred and Forty-Second.

ATTEST: Michele Reagan

SECRETARY OF STATE

Governor's Proclamation

RIGHTCARE FOUNDATION



House Engrossed

State of Arizona
House of Representatives
Fifty-third Legislature
First Regular Session
2017

CHAPTER 154

HOUSE BILL 2076

AN ACT

AMENDING SECTIONS 36-3295 AND 36-3296, ARIZONA REVISED STATUTES; RELATING TO THE HEALTH CARE DIRECTIVES REGISTRY.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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AZ HB2076

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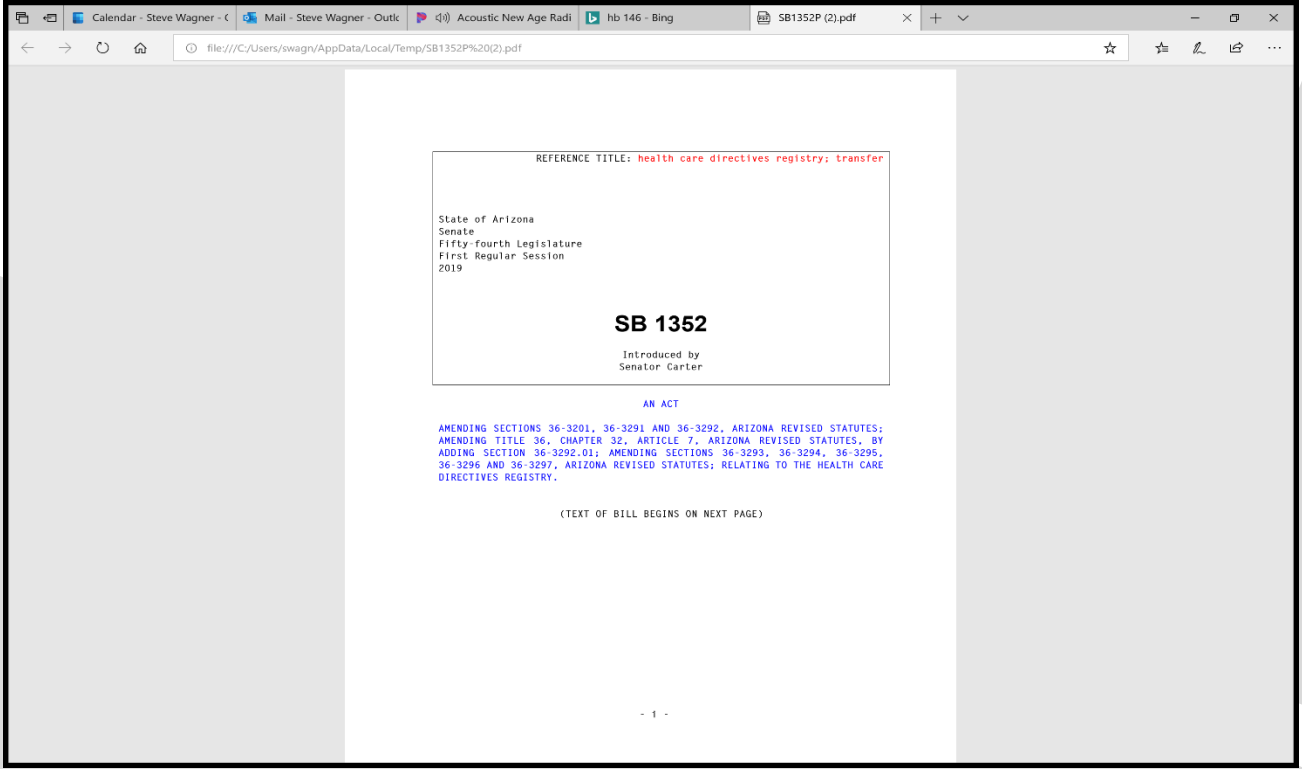

AZ SB1352

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critical health information; emergency responders

AZ HB2532

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Article 4 Arizona Revised Statue #32-1471:

"Any health care provider licensed or certified to practice as such in this state or elsewhere, or a licensed ambulance attendant, driver or pilot as defined in section 41-1831, or **any other person who renders emergency care** at a public gathering or **at the scene of an emergency occurrence** gratuitously and in good faith **shall not be liable for any civil or other damages** as the result of any act or omission by such person **rendering** the **emergency care**, or as the result of any act or failure to act to provide or arrange for further medical treatment or care for the injured persons, **unless such person**, while rendering such emergency care, **is guilty of gross negligence**."

Good Samaritan Law

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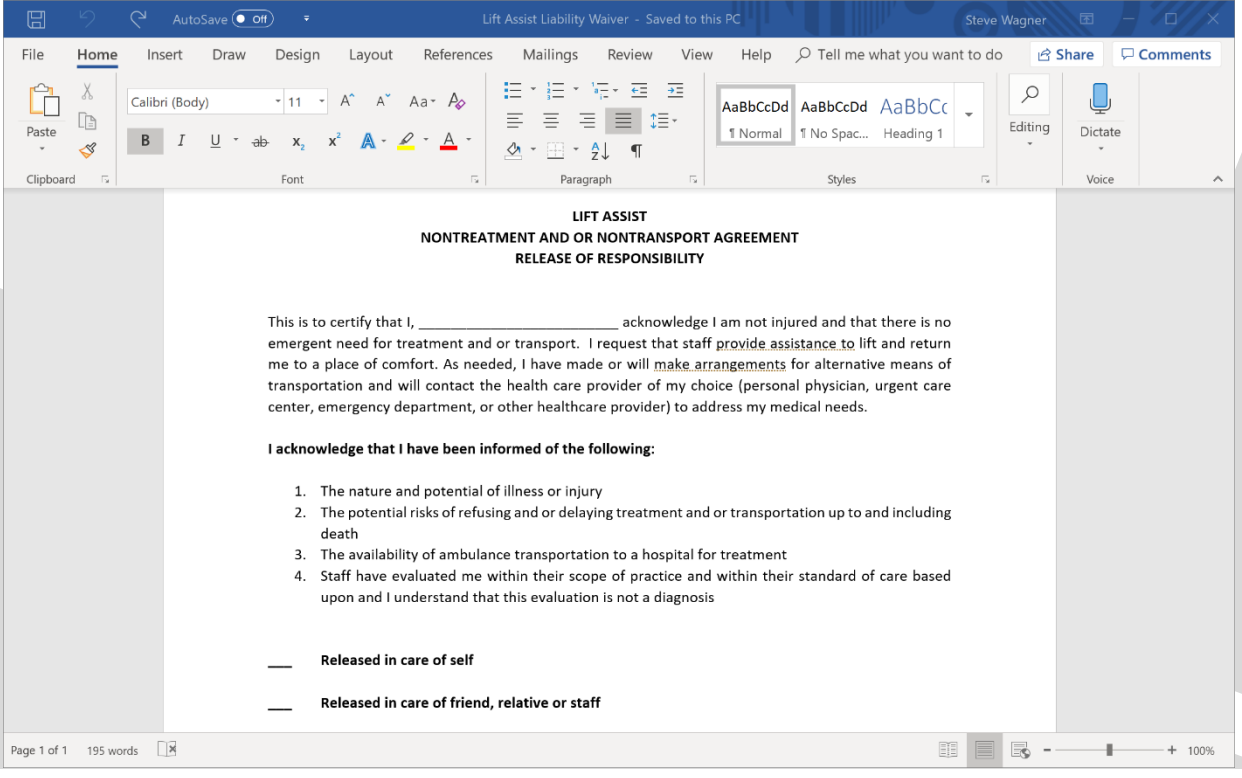

Lift Assist Waiver

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Return to normal living

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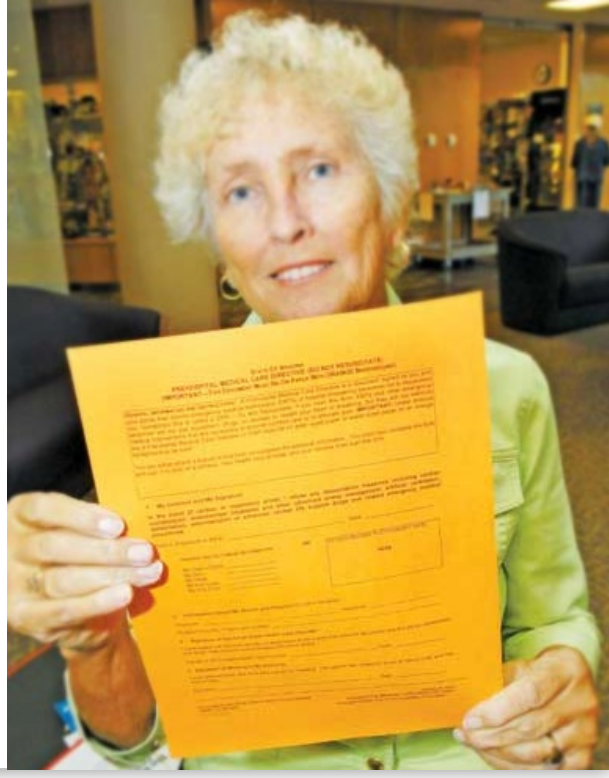

Honoring DNR wishes

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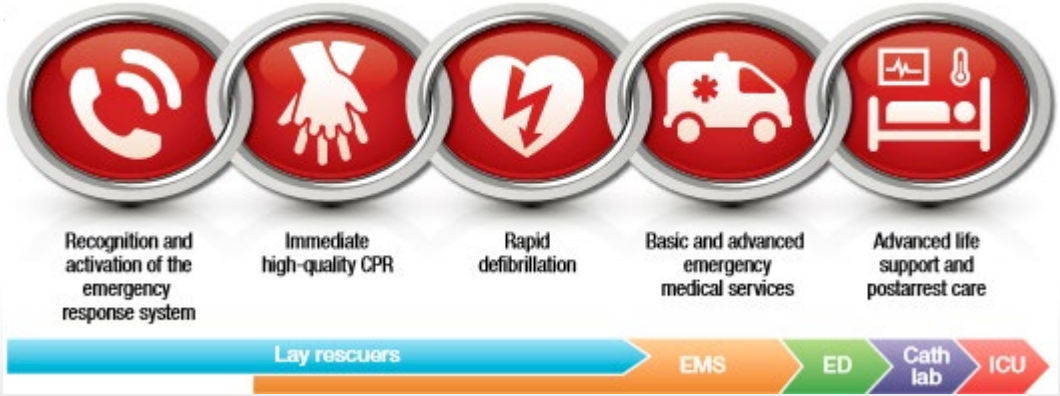
Out-of-hospital Chain of Survival



How Important is Your Role?

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Survival = Return to Normal Living

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Survival = Return to Normal Living

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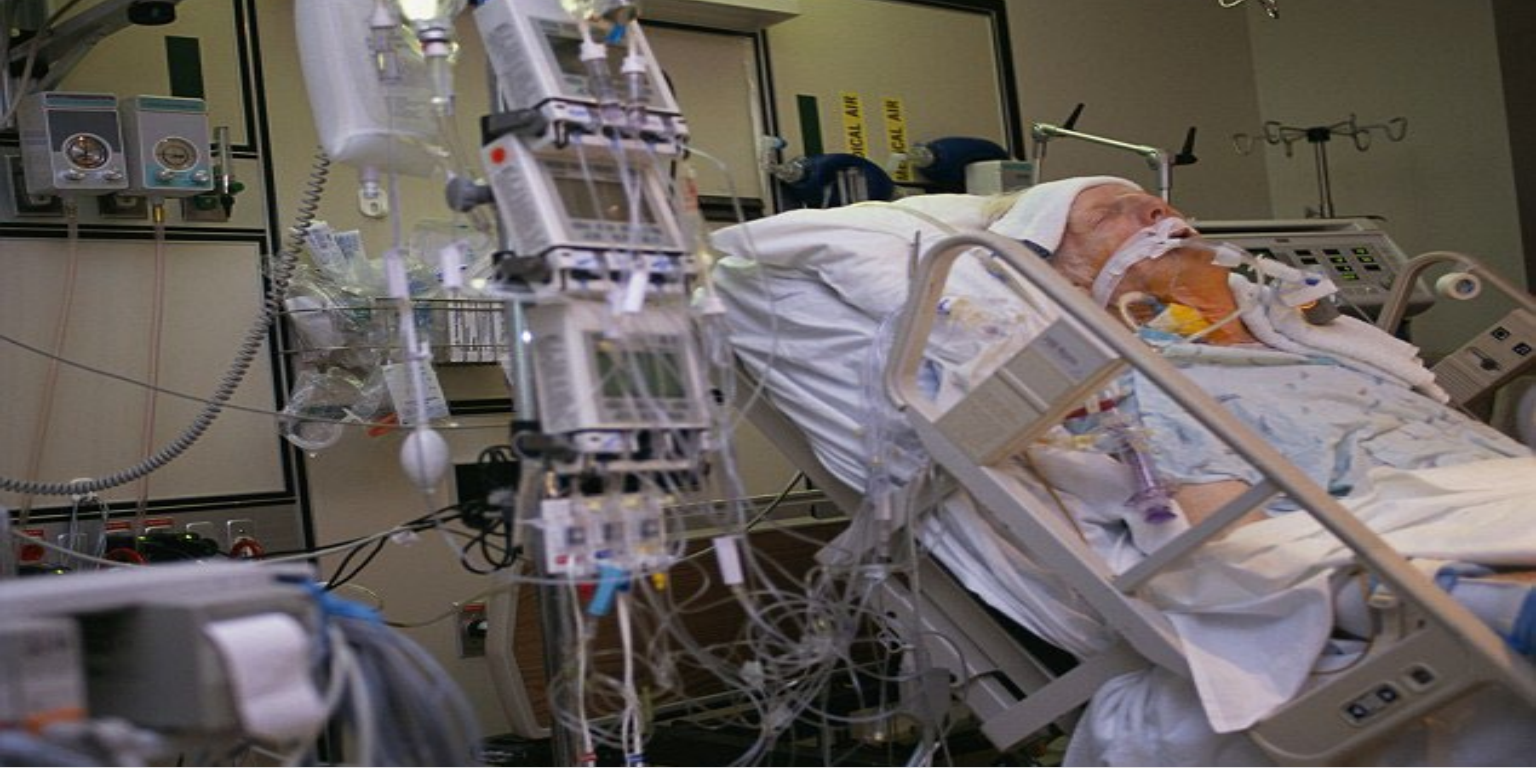

Not survival

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ZERO MINUTE

React. Resuscitate. Respect.

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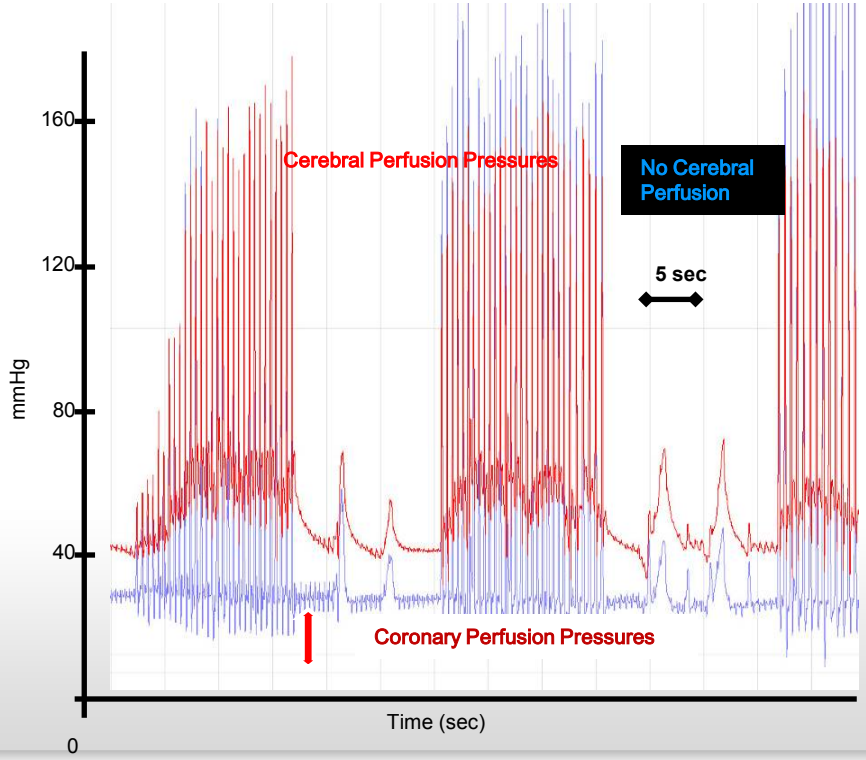


Clinically

Ewy GA, Zuercher, M. Hilwig, R.W. et al ***Circulation*** *2007;116:2525*

RIGHTCARE FOUNDATION

Educated, equipped and
empowered to **act**,
we can save lives and honor wishes in
our community!

Steve Wagner
President/Founder,
RightCare Foundation, Inc.
swagner@rightcare.org

Differentiating Between the Civil and Criminal Systems

Joan Campbell
Community Affairs
September 2019

DISCUSSION TODAY

Consumer Complaints vs Fraud
(Civil vs Criminal)
Enforcement Complexities
Resources

2018 TOP 10 CONSUMER COMPLAINTS

Auto Sales

Home Repairs and Construction

Retail Products

Credit and Debt Services

Landlord Tenant Disputes

Telephone and Internet Service

Health Products and Services

Household Appliances

Robocalls, Door to Door Sales

Travel and Time Shares

Per Consumer Federation of America

FRAUD CATEGORIES

Family/Caregiver

Investment/Financial

In Person Scams

Phone/Internet/Mail

Medicare

Military

Insurance

Mortgage

Tax

Rentals/Vacations

Card Skimming/Wireless Hacking

LAW ENFORCEMENT ACTION

- Crime or a civil matter?
- How would law enforcement respond?
- Who is the right agency to handle this complaint?

SISTER RECEIVED MOTHER'S HOME

- Mother signed over house to daughter.
- Daughter took a reverse mortgage, rented the house and left town.
- Mother had no where to go, living with other daughter.

MEDICINES, PILLS, FREE TRIAL OFFERS

- Subscription services
- $4.95 shipping
- Two to four weeks
- $99 or more

DATING ON-LINE

Nancy Hartz

Robert Carnochan

RESOURCES - ELDER FRAUD

- National Institute of Aging – US Dept of Health and Human Services – Federal
- National Center on Elder Abuse - Federal
- Consumer Financial Protection Bureau – Federal
- Securities and Exchange Commission – Federal
- Federal Trade Commission - Federal
- Consumer Sentinel Network – FTC – Federal resource for law enforcement
- US Administration on Aging – Eldercare locator – Federal
- VA Caregiver Support Line – Federal
- Internet Crime Compliant Center, (IC3) FBI and National White Crime Center - Federal
- Bureau of Consumer Financial Protection, FDIC – Federal
- Law Enforcement – FBI, US Postal Inspectors, Attorney General Offices, Adult Protective Services, Local
- National Alliance for Caregiving – Non-Profit
- Scam Awareness Organization – Non-Profit - videos
- AARP – Fraud Watch
- Financial Fraud Enforcement Task Force – Financial Crimes Enforcement Network, US Treasury Department
- Senior Security Act – 2019 Legislation, Task Force to Protect Seniors – SEC Federal

RESOURCES

Call your local enforcement agency

Fraud Watch Network Helpline 877-908-3360

IRS 1-800-428-1040

US Postal Service 1-800-275-8777

www.tigta.gov (taxes)

www.ftc.gov

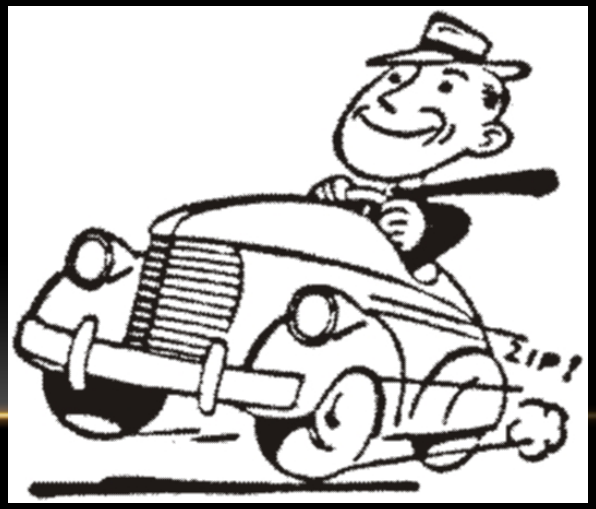
QUESTIONS

SPECIAL OFFERS

- Walmart gift cards pay $5 now, get $100 later.
- Or on-line survey

VEHICLE REGISTRATIONS

- MVD links to ordering something, do not follow other links.



RECURRING COMMON SCAMS

- Social Security Account Hacked Phone Calls – update from tax calls
- Charity scams – law enforcement
- Contests – Publishers Clearinghouse
- Grandparent Scam – leave off record
- IRS Scam

Governor's Advisory Council on Aging 2019 Committee & Council Objectives

Executive Committee							
Obj. 1 ✓	**Track Council's adherence to statutory mandates and attainment of measurable outcomes**						
	Task	Jan	Mar	May	July	Sept	Nov
	1. Update tracking grid and share with Council as part of quarterly meeting agendas	x	x	x	x	x	x
Successes	Task completed						
Roadblocks							
Obj. 2 ✓	**Lead Sunset Review timeline of activities**						
	Task	Jan	Mar	May	July	Sept	Nov
	1. Track completion of Sunset Review timeline activities	x	x	x	x	x	x
Successes	Report submitted August 19, 2019 to Cherie Stone, Senate Legislative Research Analyst						
Roadblocks							
Obj. 3 ✓	**Lead efforts to develop and educate on expectations for meeting decorum**						
	Task	Jan	Mar	May	July	Sept	Nov
	1. Draft expectations for meeting decorum		x	x			
	2. Finalize and obtain Council approval			x			
	3. Train Council, Committee members and Guests				x	x	x
Successes	Tasks completed						
Roadblocks							

GACA Objectives							
Obj. 1 ✓	**GACA monitors the State Plan on Aging** **(Obj. is a Statutory Mandate)**						
	Task	Jan/Feb	Mar/April	May/June	July/Aug	Sept/Oct	Nov
	1. GACA will receive quarterly updates from DAAS related to the State plan as part of statutory role to monitor	x	x	x	x	x	
	2. Successes and challenges in meeting goals to be discussed at GACA meetings as part of process	x	x	x	x	x	
Successes	Tasks completed						
Roadblocks							
Obj. 2	**GACA submits an annual end of year written report of its recommendations regarding the State Plan on Aging to the Governor, the Senate President and the Speaker of the House**						

	(Obj. is a Statutory Mandate)						
	Task	Jan/Feb	Mar/April	May/June	July/Aug	Sept/Oct	Nov
	1. 2019 Annual Report prep - feature recommendations regarding the State Plan on Aging	x	x	x	x	x	x
Successes	Report will be written and submitted December 2019 or early January 2020 (after Sunset Review)						
Roadblocks							
Obj. 3 ✓	**GACA supports efforts by Liaison agencies/departments to educate and inform older Arizonans of programs, resources and information.** **(Obj. supports efforts to build awareness of programs, resources and information; strengthen partnerships with agencies/departments)**						
	Task	Jan/Feb	Mar/April	May/June	July/Aug	Sept/Oct	Nov
	1. Share information from state agency liaisons through events and meeting resource tables, the Legislative Update newsletter, website resources and one-to-one assistance for office inquiries	x	x	x	x	x	x
Successes	Task completed						
Roadblocks							
Obj. 4 ✓	**GACA collects new data on Alzheimer's disease and related disorders and prepares new or revised recommendations based on this information** **(Obj. is a Statutory Mandate)**						
	Task	Jan/Feb	Mar/April	May/June	July/Aug	Sept/Oct	Nov
	1. Partner with the Arizona Alzheimer's Task Force and support Alzheimer's Day at the Capitol (2/26/19 event sponsored $1,000)	x	x				
	2. Related tasks handled by AICC (to include all committee members , LPEC, Marketing, GACA)	x	x	x	x	x	x
	3. Share information received with Governor's staff, Senior Caucus Sponsors, Legislative Leadership, GACA Liaisons, State Plan partners	x	x	x	x	x	x
Successes	Tasks completed						
Roadblocks							
Obj. 5 ✓	**GACA supports efforts to educate on available resources and advocates for enhanced services and technology for the deaf and the hard of hearing** **(Obj. demonstrates continuing commitment to helping build awareness of services and technology)**						
	Task	Jan/Feb	Mar/April	May/June	July/Aug	Sept/Oct	Nov
	1. Collaborate with Arizona Commission for the Deaf and Hard of Hearing to identify speaker to provide education		x	x	x		

	2. Schedule presentation (Michele Michaels, AZ commission for Deaf and Hard of Hearing)					x	
	3. Promote to statewide community partners as educational opportunity		x	x	x	x	
	4. Share information received with Governor's staff, Senior Caucus Sponsors, Legislative Leadership, GACA Liaisons, State Plan partners and include in *Legislative Update*	x	x	x	x	x	x
Successes	Task completed / Presentation completed September 2019						
Roadblocks							
Obj. 6 ✓	**GACA advocates for care recipient/caregiver support and education and long-term services and supports, home and community-based services as cost-effective way to keep older Arizonans aging in place** **(Obj. demonstrates continued support for caregivers)**						
	Task	Jan/Feb	Mar/April	May/June	July/Aug	Sept/Oct	Nov
	1. Support Arizona Caregiver Coalition Day at the Capitol (3/21/19 event sponsored $500)	x	x				
	2. Related tasks handled by AICC (to include all committee members , LPEC, Marketing, GACA)	x	x	x	x		
	3. Share information received with Governor's staff, Senior Caucus Sponsors, Legislative Leadership, GACA Liaisons, State Plan partners	x	x	x	x	x	x
Successes	Tasks completed						
Roadblocks							
Obj. 7 ✓	**GACA helps build awareness of the importance of advance directives and the differences in palliative and hospice care** **(Obj. supports continued efforts to educate on advance directives)**						
	Task	Jan/Feb	Mar/April	May/June	July/Aug	Sept/Oct	Nov
	1. Speaker arranged to provide education (Cameron Svendsen – Palliative Care Alliance)				x		
	2. Related tasks handled by LPEC (to include all committee members , LPEC, Marketing, GACA)	x	x	x	x		
	3. Share information received with Governor's staff, Senior Caucus Sponsors, Legislative Leadership, GACA Liaisons, State Plan partners	x	x	x	x	x	x
Successes	Tasks completed / Presentation completed July 2019						
Roadblocks							

Aging in Community Committee (AICC)

Obj. 1 ✓	**Address caregiver concerns about being prepared to take loved one home and care for them after hospitalization** **(Obj demonstrates continued advocacy for Arizona's caregivers)**						
	Task	Jan	March	May	July	Sept	Nov
	1. Invite AARP speaker to provide update on the CARE Act (Caregiver Advise, Record, Enable Act)	x					
	2. Schedule presentation (Steve Jennings- AARP)		x				
	3. Promote to AICC and statewide community partners as educational opportunity	x	x				
	4. Share information received with Governor's staff, Senior Caucus Sponsors, Legislative Leadership, GACA Liaisons, State Plan partners and include in *Legislative Update*	x	x	x	x	x	x
Successes	Tasks completed / Presentation completed March 2019						
Roadblocks							
Obj. 2 ✓	**Educate on issues of senior nutrition** **(Obj. supports AMS Core Value - Healthy People, Places, & Resources)**						
	Task	Jan	Mar	May	July	Sept	Nov
	1. Collaborate with AZ4A to identify speaker	x	x				
	2. Schedule presentation (Mary Beals-Luedtka – NACOG)			x			
	3. Promote to AICC and statewide community partners as educational opportunity		x	x			
	4. Share information received with Governor's staff, Senior Caucus Sponsors, Legislative Leadership, GACA Liaisons, State Plan partners and include in *Legislative Update*	x	x	x	x	x	x
Successes	Tasks completed / Presentation completed May 2019						
Roadblocks							
Obj. 3 ✓	**Support recommendation from the Alzheimer's State Plan** **(Obj. demonstrates continued advocacy for Arizona's caregivers as part of promotion of Arizona Alzheimer's State Plan)**						
	Task	Jan	Mar	May	July	Sept	Nov
	1. AICC selects and promotes a *Call to Action for People with Alzheimer's & Their Caregivers*	x	x	x	x	x	
	2. Committee members report out actions taken during 2019 AICC meetings	x	x	x	x	x	

	3. Share information and GACA efforts are reported to Alzheimer's State Plan leaders for inclusion in the Plan's updates	x	x	x	x	x	x
Successes	Tasks completed / Presentation completed July 2019 – Morgen Hartford, Alzheimer's Association, Implementing the Health Brain Initiative: State and Local Public Health Partnerships to Address Dementia						
Roadblocks							
Obj. 4 ✓	**Support Alzheimer's Association Desert Southwest annual walks** **(Obj. demonstrates continued efforts to build awareness of Alzheimer's and related dementias)**						
	Task	Jan	Mar	May	July	Sept	Nov
	1. GACA and AICC members select 2019 walks and participate as Council representatives					x	x
	2. Council and Committee members report out actions taken during 2019 AICC meetings	x	x	x	x	x	
Successes	Council members will participate in walks in their respective areas (September-November)						
Roadblocks							
Obj. 5	**Sponsor 1 to 5 Virtual Dementia Tours (VDT) at $2,000 each** **(2018 carryover Year 3 objective – ON HOLD UNTIL AFTER EXE DIR HIRE)**						
	Task	Jan	Mar	May	July	Sept	Nov
	1. Collaborate with approved partner to set date, secure appropriate venue and assist with event						
	2. Confirm date of event						
	3. Reserve venue						
	4. Coordinate invitation list – names, titles, emails, addresses						
	5. Send invitations						
	6. Track registration						
	7. Create volunteer schedule						
	8. Members onsite / present day of event to assist						
	9. Create after-event report including improvement suggestions						
Successes							
Roadblocks	Tasks on HOLD until after Exe Dir hire						

Legislative Policy and Education Committee							
Obj. 1 ✓	**Continue elder abuse education in alignment with (ongoing) objective to advance efforts to prevent/respond to elder abuse, neglect or exploitation** **(Obj. supports AMS Core Value of Protecting Life and Property)**						
	Task	Jan	Mar	May	July	Sept	Nov
	1. Collaborate with TASA to identify speaker (banking safety, financial scams, etc.)	x					
	2. Schedule presentation (Faith McLoone – Az AG Office)		x				
	3. Promote to LPEC and statewide community partners as educational opportunity	x	x	x			
	4. Share information received with Governor's staff, Senior Caucus Sponsors, Legislative Leadership, GACA Liaisons, State Plan partners and include in *Legislative Update*	x	x	x	x	x	x
Successes	Tasks completed / Presentation completed March 2019						
Roadblocks							
Obj. 2 ✓	**Continue support for Attorney General's "Why Should I Care About Elder Abuse" contest** **(Obj. demonstrates continued support for building awareness of elder abuse)**						
	Task	Jan	Mar	May	July	Sept	Nov
	1.Promote contest and support efforts by helping with selection process and award presentation	x	x	x			
	2. Report contest results at LPEC meeting				x		
Successes	Tasks completed July 2019						
Roadblocks							
Obj. 3 ✓	**Build awareness on importance of advance directives and encourage completion of advance directives** **(Obj. demonstrates continued collaboration with Attorney General's Health and Safety Committee and Outreach and Education division)**						
	Task	Jan	Mar	May	July	Sept	Nov
	1. Collaborate with Attorney General's office to identify speaker	x	x	x			
	2. Schedule presentation (Steve Wagner – Before the Firetruck Arrives)				x		
	3. Promote to LPEC and statewide community partners as educational opportunity	x	x	x	x		

	4. Share information received with Governor's staff, Senior Caucus Sponsors, Legislative Leadership, GACA Liaisons, State Plan partners and include in *Legislative Update*	x	x	x	x	x	x
Successes	Tasks completed / Presentation completed July 2019						
Roadblocks							
Obj. 4 ✓	**Provide education on how a bill is drafted and general advocacy tips** **(Obj. demonstrates continued education on legislative process for Council, Liaisons, Community Members)**						
	Task	Jan	Mar	May	July	Sept	Nov
	1.Collaborate with legislative council staff to identify a speaker	x	x				
	2. Schedule presentation (Rebecca Baker, Maricopa County Attorney Office)			x			
	3. Promote to LPEC, Senior Caucus and other statewide community partners as educational opportunity	x	x	x	x		
	4. Share information received with Governor's staff, Senior Caucus Sponsors, Legislative Leadership, GACA Liaisons, State Plan partners and include in *Legislative Update*	x	x	x	x	x	x
Successes	Tasks completed / Presentation completed May 2019						
Roadblocks							
Obj. 5 ✓	**Continued support for Legislature and Community Partners in Aging** **(Senior Caucus – origin GACA 2017)**						
	Task	Jan	Mar	May	July	Sept	Nov
	1. Track and report policy and legislation impacting older Arizonans (Leg Update - on hold until new hire Exe Dir)						
	2. Continue logistical support of monthly Legislature and Community Partners in Aging	x	x	x	x	x	x
Successes	Task 2 and Presentation provided in Sept 2019 on Differentiating Between Civil and Criminal Systems by Joan Campbell Maricopa County Attorney's Office, Community Affairs; promoted as educational opportunity to LPEC and statewide community partners/ will share information received with Governor's staff, Senior Caucus Sponsors, Legislative Leadership, GACA Liaisons, State Plan partner						
Roadblocks	Legislative Update - on hold until new hire Exe Dir						

Marketing Committee							
Obj. 1 & 2 ✓	**Marketing Committee continues to educate public on purpose of Council and statewide focus**						
	Task	Jan	Mar	May	July	Sept	Nov
	1. GACA rack card supply is replenished (1,000 copies)	x		x (June)			
	2. Create four fact sheets topics, specific to Alzheimer's and related disorders, for marketing materials to be shared at meetings, conferences and electronically – TOPICS approved: Dementia Home Safety (3 sheets) – Falls, Fire and Guns; and Honoring Last Wishes (1 sheet)	x	x sent to Policy Advisor on 4/5	x approved by Policy Advisor			
	3. Dissemination of fact sheets				**x**	x	x
Successes	Tasks completed – sheets will be distributed at all events						
Roadblocks							