



SEP 27 2011

James W. Gillan, Director
Department of Public Health and Social Services
123 Chalan Kareta
Mangilao, Guam 96913-6304

Dear Mr. Gillan:

I am pleased to inform you that the Administration on Aging (AoA) has approved the Guam State Plan on Aging. The official Plan period is now FY 2012-2015 with a beginning date of October 1, 2011 and an ending date of September 30, 2015.

AoA appreciates that the Guam Plan seeks to continue efforts to empower to plan for future long-term care needs as well as to implement evidence-based disease and disability prevention programs. We also encourage you in your efforts to advocate for family caregiver services, adult day care and in-home services.

Thank you so much for the efforts of your staff and partners in working together in the development of this State Plan.

We look forward to working with you and your staff in the implementation of the Guam State Plan on Aging. Should you have any questions and/or concerns, please do not hesitate to contact us. Your dedication and commitment towards improving the lives of Guam's older adults and caregivers is appreciated.

Sincerely,

Kathy Greenlee
Assistant Secretary for Aging

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LIEUTENANT GOVERNOR

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
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JAMES W. GILLAN
DIRECTOR

LEO G. CASIL
DEPUTY DIRECTOR

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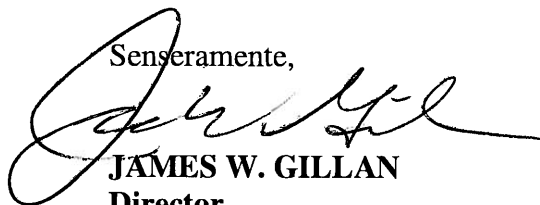
Mr. David Ishida
Regional Administrator
DHHS AoA Region IX
90 7th St., Suite 8-100
San Francisco, CA 94103

Dear Mr. Ishida:

Enclosed is Guam's Four-Year State Plan on Aging for Fiscal Years 2012 - 2015 for your review.

The bulk of the expenditures for the next four years are in program services, development, improvement, monitoring and implementation efforts, technical assistance and increased efforts in compiling and submitting accurate statistics in hopes of expanding services. This will ensure that the Division of Senior Citizens, Guam's State Office on Aging, remains compliant with the Older Americans Act of 1965, as amended and with applicable Federal and local statutes, rules and regulations.

Please do not hesitate to let us know if you have questions or concerns regarding our State Plan.

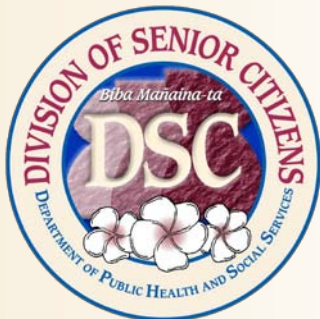
Senseramente,

JAMES W. GILLAN
Director

Enclosure



GUAM STATE OFFICE ON AGING DIVISION OF SENIOR CITIZENS

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
GOVERNMENT OF GUAM



GUAM 2012-2015 FOUR YEAR STATE PLAN ON AGING

Table of Contents

I.	Verification of Intent	
II.	Executive Summary	1
III.	Context	5
A.	Guam’s Geographic Location and Climate	5
B.	Guam’s Aging Demographics and Anticipated Growth in the Island’s Aging Population	5
C.	Guam State Office on Aging	6
I)	History	6
II)	Mission, Vision and Purpose of the Guam State Office on Aging	8
III)	Aging Programs	9
IV)	Funding	15
V)	Personnel Organization	16
VI)	Guam State Office on Aging and State Agency on Aging Bureau Descriptions	17
D.	Method for Carrying Out Preference for Rural Older Individuals and Older Individuals with Greatest Economic or Social Need	19
E.	Issues, Trends, Challenges, and Opportunities Facing the Aging Network	21
F.	Future Needs of Guam’s Older Population	22
G.	Guam Aging and Disabilities Resource Center (ADRC)	23
IV.	Goals and Objectives	25
V.	Emergency Preparedness	33
VI.	Mental Health	34
VII.	Volunteerism	34
VIII.	Intrastate Funding Formula	35
IX.	Appendices:	
A.	Appendix A: Assurances	36
B.	Appendix B: Public Forum Notice	52
C.	Appendix C: Summary of Public Comments	56
D.	Appendix D: Supporting Documents	64
E.	Appendix E: Aging and Disabilities Resource Center Project Five-Year Plan	73

**GUAM FOUR YEAR STATE PLAN ON AGING
FISCAL YEARS 2012 – 2015**

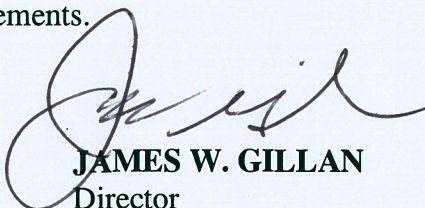
I. SIGNED VERIFICATION OF INTENT PAGE FROM GOVERNOR

VERIFICATION OF INTENT

The Department of Public Health and Social Services, Division of Senior Citizens, hereby submits Guam's State Plan on Aging for the period October 1, 2011 through September 30, 2015. The Division of Senior Citizens serves as the State Agency and has the authority through the leadership of the State Office on Aging Director to develop and administer the State Plan on Aging in compliance with the requirements of the Older Americans Act of 1965, as amended by the Older Americans Act Amendments of 2000 and 2006. The State Agency is primarily responsible for the coordination of all State activities related to the purpose of the Act, including but not limited to the development of a comprehensive and coordinated system of care in the delivery of aging services. These services include supportive services, protective services, multi-generation programs, senior citizen centers, nutrition services, and caregiver services. The State Agency will serve as the effective representative and visible advocate for the older population of Guam. For purposes of this State Plan, Guam is a single planning and service area (SPSA) and a 100% rural and 100% minority community.

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

DATE



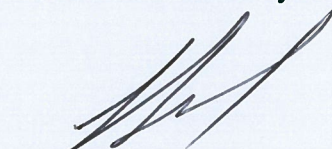
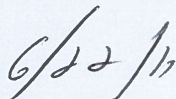
JAMES W. GILLAN

Director

Department of Public Health and Social Services

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

DATE



EDWARD BAZA CALVO

Governor of Guam

II. EXECUTIVE SUMMARY

The Guam State Office on Aging (SOA) under the Division of Senior Citizens, Department of Public Health and Social Services, is responsible for coordinating all activities related to older persons on Guam as required under the Older Americans Act, and through Guam Public Law 14-139. Guam SOA is also responsible for the development of Guam's Four Year State Plan on Aging for the period of October 1, 2011 through September 30, 2015.

Guam's Four Year State Plan, referred to hereafter as the "Plan" will serve as the blueprint to provide direction in planning and implementing long-term care initiatives. The Plan will reflect and attempt to respond to the needs of an increasing number of older individuals, aim to help Guam's aging community maintain independence and dignity in their homes and communities, and address the reality of fiscal and resource limitations.

Guam, like the rest of the nation, is undergoing a demographic revolution. By the year 2020, there will be approximately 32,000 senior citizens on Guam, nearly double the current population of older individuals ages 60 and older. Some baby boomers are beginning to think of their future long-term care needs. Many of them are now caring for or have cared for their own aged parents and are realizing that institutional care, such as care in nursing homes, skilled nursing facilities, or intermediate care facilities, is not what they would want for themselves unless there is a real need for specialized medical care or round-the-clock supervision. Baby boomers are seeking alternatives that will enhance their physical, social and emotional well-being through personal care and assistance while living in their own homes. "Aging in place" is an approach to long-term care that promotes independent living, strengthening family supports, addressing home modifications and other services, so that older persons can continue living in their own homes or in a home-like setting in their communities, even in the event of declining mental and physical abilities.

While we will strive to empower consumers to make informed decisions, provide support to high-risk consumers, families and caregivers to delay the onset of institutionalization and to explore building evidence-based prevention programs to reduce the risk of disease, disability and injury among older individuals, the national perspective for older individuals "our Manamko" to age in place and to provide options and choices for home and community based services is in line with the local landscape of our cultural practices; ensuring program services are culturally and linguistically sensitive while maintaining the dignity, integrity and independence of older individuals.

The Plan is a living document that will translate to actual services that may be used to leverage additional resources. We will continue to work towards increasing our consumer base through greater diversification and refinement of aging programs, thereby possibly meeting identified gaps in services, as practicable, as well as identifying unmet needs. As Guam is a rural area and minority area, all services provided throughout the island are viewed as being an effort to meet the special needs of older individuals through the entitlement programs administered by the Guam SOA.

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

Guam's State Plan on Aging is intended to respond to a multitude of challenges facing the island and its residents regarding the aging of its population and begin to identify implications of an aging baby boom generation, of which funding is a major issue to be able to expand services in order to meet the increasing demand. While most, to include the government, are compassionate towards its "manamko", its senior citizens, aging programs is not exempted altogether from budgetary constraints and setbacks. Therefore, budgetary concerns were considered when developing the goals and objectives communicated in this Plan.

In order to address the needs of Guam's aging population, the Guam SOA has set forth the following goals and objectives consistent with the goals identified in the AoA Strategic Action Plan for 2007-2012:

Goal 1: Empower older people, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options.

Objective 1.1: Provide Medicare information that would help Medicare beneficiaries make informed healthcare decisions.

Objective 1.2: Continue efforts to empower individuals, including middle-aged individuals, to plan for future long-term care needs.

Objective 1.3: Continue efforts to assist seniors or their caregivers in making health care decisions through the provision of Legal Assistance Services.

Goal 2: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community based services, including supports for family caregivers.

Objective 2.1: Continue to use Older Americans Act programs and services to advance long-term care systems.

Objective 2.2: Advocate for the expansion of adult day care services, in-home services and family caregiver support services which promote independence and allows seniors to remain in their homes and communities.

Goal 3: Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.

Objective 3.1: Identify and collaborate with groups to implement Evidence-Based Disease Prevention Programs for Older People at the Community Level.

Objective 3.2: Promote Awareness of the Prevention Benefits under Medicare.

Goal 4: Ensure the rights of older people and prevent their abuse, neglect, and exploitation.

Objective 4.1: Continue to facilitate the integration of Older Americans Act elder rights programs into Aging Services Network systems change efforts.

Objective 4.2: Continue to strengthen and heighten community awareness to prevent and report abuse, neglect, and exploitation of the elderly and individuals with disabilities.

Objective 4.3: Continue to improve the identification and utilization of measurable consumer outcomes for elder rights programs.

Objective 4.4: Continue to provide Legal Assistance Services that would uphold the rights of elder people.

Objective 4.5: Advocate for and identify an individual to serve as a Legal Assistance Developer.

Objective 4.6: Provide Medicare beneficiaries, their families, and caregivers information on how to protect, detect, and report Medicare fraud, waste, abuse, and errors.

One of the goals set forth by the Guam SOA is to empower older people, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options. This can be achieved through the use of the Aging and Disabilities Resource Center (ADRC), a project funded by a Federal grant awarded by the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS) to the Guam Department of Mental Health and Substance Abuse and administered by the Department of Integrated Services for Individuals with Disabilities (DISID). ADRC goals and objectives will be provided as an Appendix to the Guam Four Year State Plan on Aging once finalized by the awarded agency.

The Guam SOA will measure output through bi-annual tracking and analysis of established benchmarks or performance indicators as set forth in the Plan and develop corrective action plans for those areas requiring additional supports to achieve desired outcomes.

(Initially, the public hearings on the draft Plan were scheduled for March 16, 2011. Members of the Elderly Nutrition Participants' Council and the Senior Center Executive Council were informed of the upcoming hearing during their March 2 and March 10, 2011 meetings, respectively. However, the hearing date was rescheduled and this change in date was communicated through a published announcement in the Marianas Variety News on April 18, 2011, whereby the community was invited to attend any of the two public hearing sessions that were to be held on Friday, April 29, 2011. The members of the Councils were also informed of the rescheduled hearing date. Copies of the draft Plan were made available at the Division of

Senior Citizens Office and it was also posted in the Department of Public Health and Social Services website for public convenience. Those members of each of the Councils who requested a copy of the draft Plan were contacted and provided or sent a copy. Also, all members of the Senior Citizens Executive Council were provided a copy of the draft Plan. On May 4, 2011, the Guam SOA transmitted a memorandum inviting the aging program service providers and vendors to comment on the draft Plan or provide a letter of support.) We would like to thank those who took the time to review and provide comments on the draft Plan.

III. CONTEXT



A. GUAM'S GEOGRAPHIC LOCATION AND CLIMATE

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

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

According to estimates provided in the Census Bureau International Data Base, there was an estimated 19,025 individuals 60 years of age and older on Guam in 2009 or 10.6% of Guam's estimated population of 178,430, of which 800 were individuals 85 years of age and older. In 2008, there were 18,085 senior citizens on Guam or 10.3% of Guam's estimated population of 175,991, of which 752 were individuals 85 years of age and older.

Based on the 2000 Census, Guam's Projections for 2000-2020 show an average growth rate for individuals 60 years of age and older to be approximately 5% per year, and by the year 2020, there would be approximately 31,128 senior citizens on Guam, representing 15% of the projected population of 203,214. However, this does not take into account the increase in population due to the impending military build-up, as the U.S. military redeploys thousands of Marines and their families from the Japanese island of Okinawa to our island. Based on the Final Economic Impact Study, 2014 represents the peak year for population increase with construction activities at their highest levels and most of the Marines and their families would arrive on Guam; thus, resulting in an additional 79,178 people residing on Guam. "After the 2014 peak, project-related construction expenditures and the associated influx of construction workers would decline rapidly because 2014 is the last year that any new construction would begin. By the time construction is completed and military operational spending reaches a steady state, the off-island population increase is projected to level off to an estimated 33,608 persons, approximately 58% below the peak level" by the year 2020.

Although the move is expected to bring an economic boom to the Pacific island, it is not yet known how many individuals age 60 and older are expected to move to Guam as a result of the military build-up. However, we can expect significant impact on our seniors and aging programs due to a general population increase, such as:

- Impact on service delivery due to increased traffic congestion.
- Longer wait and response time for patients.
- Further, as the Guam SOA has purview over the Guam State Health Insurance Assistance Program, we can anticipate more traffic from individuals with Medicare with inquiries regarding their Medicare benefits as well as requiring counseling and other assistance in completing their Medicare Part D application.

Another major concern of the build-up is the “stay behind” workers, as individuals choose to remain and age on Guam after the build-up is completed. While there are some aging programs that can still manage additional clients, a majority of aging programs are already reaching maximum capacity, making a prioritization of services a possible reality to occur sooner than later. If the build-up encourages families, to include older individuals, to relocate to Guam, there is the likelihood on the demands of programs increasing.

Moreover, although Guam projections show a gradual, steady increase in the aging population, managing the resources to meet the increase will pose a challenge for the Guam SOA, particularly since Guam is experiencing rising fuel costs and lower than expected tax revenues which are prompting budget reductions and restrictions. Therefore, meeting the expanding needs of the aging population, particularly in the areas of Adult Day Care, In-Home Services and the National Family Caregiver Support Programs would require creative interventions and forging new partnerships to move forward.

C. GUAM’S STATE OFFICE ON AGING

I) HISTORY OF THE GUAM STATE OFFICE ON AGING

In 1969, the Office of Aging, referred to as the “Office”, forerunner of the State Office on Aging, existed as a section under the Department of Public Health and Social Services, Division of Social Services. The Office worked closely with the Guam Association of Retired Persons through its Servicio Para I ManAmko (SPIMA) project for the provision of services. Monies to support the activities of the Office of Aging gradually became available with Title III grants under the Older

Americans Act of 1965, as amended. As a recipient of Federal funds under the Older Americans Act, the Office of Aging was also recognized as Guam's State Agency on Aging.



Senior Citizens Month Theme 2008

On August 28, 1978, Public Law 14-139 created the Division of Senior Citizens, State Office on Aging (SOA) within the Department of Public Health and Social Services. Although under the

general supervision and control of the Director of Public Health and Social Services, the Guam SOA is mandated by P.L. 14-139 to work closely with the Guam Council on Senior Citizens on long-range planning and policy formulation with respect to senior citizens' programs, issues and concerns.

On January 30, 1989, the Adult Protective Services Unit (APS) was created through the enactment of Public Law 19-54, as amended by Public Law 21-33, and is the sole Unit responsible for receiving and investigating all suspected cases of elderly and adults with disabilities abuse, neglect and exploitation.

A) Guam Council on Senior Citizens

The Guam Council on Senior Citizens (GCSC) was also created under P.L. 14-139 in 1978. The Council shall consist of 17 members, the majority of whom shall be at least 55 years or older and appointed by the Governor. They represent different entities of the community. Their functions and responsibilities are to:

1. Furnish leadership needed for long-range planning;
2. Work along with the Director for the coordination and implementation of programs, activities and services for the elderly;
3. Serve as an advocate for the elderly; and
4. Adopt rules and regulations necessary for the implementation of provisions of Public Law 14-139.

The GCSC has been inactive since January 2003. A letter dated February 10, 2011 from the Acting Senior Citizens Administrator was sent to the Acting Director of the Department of Public Health requesting advocacy for the appointment of members to this Council. On February 17, 2011, the DSC sent an email to the Governor's staff to fill the vacant posts. The Guam SOA will continue to collaborate with the Office of the Governor of Guam and members of the Aging Network for nominees to be appointed as members of the GCSC whom will work along with the Director of the Department of Public Health and Social Services for the coordination or implementation of programs, activities, and services for the elderly.

The law prescribes that the GCSC membership include representatives from the Guam Mayor's Council, the Guam Association of Retired Persons, Guam Chapter of the National Association of Retired Federal Employees, and the Guam Chapter of the American Association of Retired Persons, as well as representatives from the three regions and governmental, ministerial, civic professional, non-profit and retiree organizations.

B) Guam's Aging Network

Guam SOA serves as an advocate for older persons on Guam, and assists other agencies and other organizations in the development of a comprehensive and coordinated system of aging services and supports. The Guam SOA seeks to facilitate the promotion, planning, and establishment of a comprehensive long-term care system that assists senior citizens with

functional disabilities, and older persons and their families, and that emphasizes consumer choice, independence and quality of life.

Under the Guam State Office on Aging, the aging network is comprised of contracted service providers and vendors administering Title III aging programs. Currently, there are two (2) non-profit organizations administering five (5) programs, three (3) for-profit businesses administering four (4) programs and an educational institution administering one (1) program, however, this program is currently in transition of being outsourced in FY 2011. Additionally, seven (7) programs, including the Adult Protective Services are administered by the Guam SOA.

The island's aging network, however, is not exclusive to the contract providers and vendors, but rather consists of other private and public agencies that have an interest or provide services to senior citizens, such as but not limited to housing, employment, health services, long term care, transportation, educational opportunities, and advocates for individuals with disabilities.

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

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



Senior Citizens Month Theme 2009

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

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

The Guam SOA is primarily responsible for coordinating all activities on Guam relating to the purposes of the Older Americans Act to help elderly individuals maintain independence and dignity in their homes and communities. Through the efforts of the Guam SOA, program services and initiatives will focus on meeting the rapidly growing new generation of long-term care consumers and their desire to age at home among their families and friends. Guam SOA

will continue to request for state (local) funding to meet the basic matching requirements of the AoA and further expand local efforts through additional state, private or Federal grant funding. Guam SOA will continue to advocate for older individuals on Guam and assist agencies and other entities in the development of a comprehensive and coordinated service delivery system throughout Guam in line with the mission and vision of the AoA.

III) AGING PROGRAMS

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

For Fiscal Years 2012 through 2015, we anticipate a gradual increase in program participation and units of services due to limited financial resources earmarked for core aging services. The administration of a needs assessment is critical as it would justify and document the growth of the aging population and the increased demand for services which would assist the Guam SOA in advocating for additional program funding. Further, the full implementation of the Aging and Disabilities Resource Center (ADRC) through its ability to bring access and awareness of home and community based programs to seniors, caregivers and their families would capture real time data as to the number of current program consumers and those waiting for services; thus validating the growing demand of aging programs. Meanwhile, the Guam SOA will continue to explore grant opportunities with the intent to expand, enhance, and refine core aging programs or introduce new programs to the aging community.

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

A) Title III-B Support Services

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

1) Adult Day Care (ADC)

The ADC program provides a respite type program for older adults who are unable to function at home without supportive services and who do not need 24 hour care. Activities are individualized and consider the education, social, therapeutic, spiritual, and recreational needs of the older individual. Two (2) facilities are authorized as ADC Centers, one serving clients with confirmed case of dementia (ADC: Dementia Center) and the other serving all other eligible

clients (ADC), providing care to a combined approximate total of 70 clients at any given time of the day.

In Fiscal Year (FY) 2008, there were 210 unduplicated participants served under the ADC with 112,816 total units of services; 229 unduplicated participants with 122,882 total units of services in FY 2009; and 204 unduplicated participants with 135,762 total units of services in FY 2010. It is projected that in FY 2011, ADC would serve approximately 209 unduplicated participants with 131,595 total units of services.

2) Case Management Services (CMS)

The CMS program provides much needed services to elderly individuals in a systematic process of assessment and reassessment, planning, service and care coordination, referral, and monitoring whereby multiple service needs of clients are met with available resources, and unmet needs identified. The CMS program serves as the point of entry for the Adult Day Care, In-Home Services and Elderly Nutrition (Home-Delivered Meals) programs. Other services provided include, but is not limited to providing information and referral, assistance in applying for public assistance (housing, welfare, Medicaid, MIP, legal services, etc.), assisted transportation, money management, and picking up medications.

In Fiscal Year (FY) 2008, there were 2,003 unduplicated participants served under the CMS with 18,347 total units of services; 2,021 unduplicated participants with 16,925 total units of services in FY 2009; and 2,119 unduplicated participants with 21,649 total units of services in FY 2010. It is projected that in FY 2011, CMS would serve approximately 2,172 unduplicated participants with 21,635 total units of services.

3) In-Home Services (IHS)

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

In FY 2008, there were 894 unduplicated participants with 39,525 total units of services; 929 unduplicated participants with 41,443 total units of services in FY 2009; and 1,036 unduplicated participants with 43,478 total units of services in FY 2010. It is projected that in FY 2011, IHS would serve approximately 1,109 unduplicated participants with 43,064 total units of services.

4) Legal Assistance Services (LAS)

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

In FY 2008, there were 514 unduplicated participants with 6,561 total units of services; 895 unduplicated participants with 4,263 total units of services in FY 2009; and 1,313 unduplicated participants with 4,377 total units of services in FY 2010. It is projected that in FY 2011, LAS would serve approximately 1,392 unduplicated participants with 3,775 total units of services. This reduction in units of services is attributed to the LAS program not being provided to our consumers since May 16, 2011. It is anticipated that a contract would be in place in August 2011 for services to resume.

5) Senior Center Operations (SCO)

The SCO program provides services designed to enable older individuals attain and maintain physical and mental well being by addressing their physical, social, psychological, economic, educational, and recreational and health needs. SCO services are available to individual's age 60 years or older and their spouse below age 60, provided the spouse is accompanying the participating senior. Each Center offers participants a broad spectrum of services and activities, which at a minimum, include information and assistance, disease prevention and health promotion activities, health and wellness programs, recreational opportunities, arts programs, volunteer opportunities, educational opportunities, multi-generational activities, social and community interaction opportunities, activities to support annual Senior Citizens' Month Celebrations, and other special activities and services.

Three (3) key components of the SCO Program are "*Project Kombida*", an integration program for older individuals with disabilities coordinated with both public and private entities serving persons with disabilities; "*Project Kastillion*", a program geared to promoting a personalized, warm, home-like environment at the senior citizens centers; and, the "*Senior Citizen's Discount Program*", designed to provide individuals 55 years of age or older an opportunity to increase their buying power through discounted purchases in an effort to respond to their fixed income.

In FY 2008, there were 2,867 unduplicated participants with 173,227 total units of services; 2,635 unduplicated participants with 172,829 total units of services in FY 2009; and 2,819 unduplicated participants with 177,429 total units of services in FY 2010. It is projected that in FY 2011, SCO would serve approximately 2,889 unduplicated participants with 177,429 total units of services.

6) Transportation Services Program (TSP)

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

Transportation (General). This is a door-to-door service that provides transportation for the senior from their home to one of the 12 Senior Citizens' Centers and two (2) Adult Day Care Centers, with a return trip home upon conclusion of the day's activities.

This service applies to all adults, age 60 years and older, who require transportation to and from activities and/or facilities which they would otherwise be unable to attend. Many of these persons would be homebound with no means of transportation without this service.

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

In FY 2008, there were 2,225 combined unduplicated participants with 97,244 total units of services; 2,373 combined unduplicated participants with 94,305 total units of services in FY 2009; and 2,991 combined unduplicated participants with 107,865 total units of services in FY 2010. It is projected that in FY 2011, TSP would serve approximately 3,290 combined unduplicated participants with 107,314 total units of services.

B) Title III-C Nutrition Services

This program ensures the provision of a hot, nutritious meal that meets a minimum of 33 and 1/3 percent of the current daily Recommended Dietary Allowance (RDA), as established by the Food and Nutrition Board of the National Academy of Sciences, National Research Council. Unless otherwise funded, the meal service is lunch.

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

In FY 2008, there were 3,282 unduplicated participants with 187,393 total units of services; 3,317 unduplicated participants with 186,672 total units of services in FY 2009; 3,452 unduplicated participants with 235,541 total units of services in FY 2010. It is projected that in FY 2011, ENP C1 would serve approximately 3,521 unduplicated participants with 201,675 total units of services.

2) Elderly Nutrition Program (ENP) – Home-Delivered Meals (C2). The ENP C2 provides nutrition services to individuals age sixty (60) years or older who are home-bound and have difficulty performing at least two Activities of Daily Living and their spouse who serves as a primary caregiver regardless of age, in a home setting Monday through Friday, and as authorized on Federal and local holidays.

In FY 2008, there were 2,376 unduplicated participants with 294,030 total units of services; 2,420 unduplicated participants with 344,530 total units of services in FY 2009; 2,508 unduplicated participants with 346,416 total units of services in FY 2010. It is projected that in FY 2011, ENP C2 would serve approximately 2,583 unduplicated participants with 336,465 total units of services.

C) Title III-D Disease Prevention Health Promotion (DPHP)

The Division of Senior Citizens (DSC) receives funding from Title III-D of the Older Americans Act (OAA), as amended, to provide disease prevention and health promotion services for senior citizens who have the greatest economic and social need. The DPHP provide services and information at senior centers, through home delivered meals, or other appropriate sites. DPHP objectives are to provide older individuals with opportunities for increased life expectancy and improved health and quality of life, and to enhance access to public and private programs that promote physical and mental well-being (Senior Outreach); to establish collaborative partnerships with public and private programs, agencies and organizations in the area of elder disease prevention and health promotion (Collaboration and Partnership); and to provide technical assistance in the establishment of government policies and programs that promote healthy aging and disease prevention, and that ensure access to quality health and long-term care (Systems and Policy). In carrying out such program services, the DSC shall, to the fullest extent possible, assure collaboration with and utilization of disease prevention and health promotion services provided by other departmental programs, public agencies, and community organizations.

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

Provides support services to families and older individuals that are relative caregivers caring for their frail elderly family members and to grandparents or older individuals who are relative caregivers of children who are 18 and under or adults with disability. The NFCSP provides the five basic services required by the Older Americans Act Amendment of 2000, as follows: information to caregivers about available services; assistance to caregivers in gaining access to supportive services; individual counseling, organization of support groups, and caregiver training to caregivers to assist the caregivers in making decisions and solving problems relating to their care giving roles; respite care to enable caregivers to be temporarily relieved from their care giving responsibilities; and supplemental services, on a limited basis, to complement the care provided by caregivers.

In FY 2008, there were 370 caregivers served with 13,095 total units of services; 458 unduplicated participants with 14,608 total units of services in FY 2009; 545 unduplicated participants with 17,929 total units of services in FY 2010. It is projected that in FY 2011, NFCSP would serve approximately 556 unduplicated participants with 17,928 total units of services.

E) Title VII - Elder Rights***1) Elder Abuse Prevention***

100% Federal funding provides resources for training of staff, outreach and educational activities, and cost-sharing for administrative supplies, materials, and equipment in support of the locally funded Bureau of Adult Protective Services. The Guam SOA will ensure funds augment, and not supplant, activities carried out for the prevention, detection, assessment, intervention, investigation of and response to elder abuse, neglect, and exploitation.

2) Long Term Care Ombudsman (LTCO) Program

Services provided by the LTCO Program are to protect the health, safety, welfare and rights of elderly residents of long-term care and assisted living facilities by identifying, investigating and resolving complaints made by and on behalf of them. A Social Worker III within the Bureau of Adult Protective Services is designated as Guam's State Long-Term Care Ombudsman, and conducts regular visits to facilities such as St. Dominic's Senior Care Home, Guam Memorial Hospital Skilled Nursing Unit (SNU) and the two Adult Day Care (ADC) Centers. This position is partially funded 50% Federal and 50% local. The Ombudsman also serves as a facilitator during monthly Resident Council meetings at the SNU and St. Dominic's Senior Care Home, as well as conducts scheduled presentations to disseminate information about program services to residents, family members, caregivers and employees.

The Guam SOA administers the following locally funded aging programs:

F) Adult Protective Services (APS)

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

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

1) Emergency Receiving Home (ERH) Program

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

G) Senior Citizens Month (SCM)

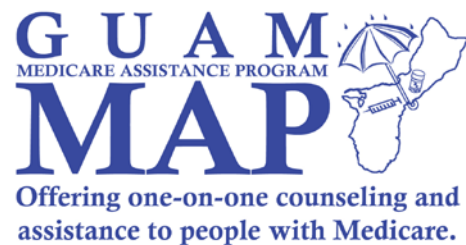
Guam's older individuals are recognized annually as May is proclaimed as Senior Citizens Month through the enactment of Public Law 17-35. The aging network, in collaboration with several government agencies, provides a number of activities in celebration of the month. Traditionally, annual festivities included the Governor's Conference on Aging, Legislative Reception, Guam SMP/SHIP Volunteer Appreciation and Awards Banquet, Proclamation Signing, Frail Elderly Mass, and a Centenarian Celebration.

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

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

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

Guam SOA uses grant funding to pursue four (4) SHIP program objectives: One-on-One Counseling, Outreach, Quality Assurance, and Collaboration with CMS. Efforts to provide comprehensive and efficient services to the island's beneficiaries have not gone unnoticed as the Program has been receiving Performance Awards since grant year 2006 through 2010 for attaining *Performance Measure* benchmarks and submitting program data within required deadlines.



I) Guam Senior Medicare Patrol Project (Guam SMP)

In 2005, Guam SOA received a one year demonstration grant award from the Administration on Aging (AoA) to administer the Guam Senior Medicare Patrol (SMP) Project. Thereafter, Guam SOA has received funding for two-three year periods (2006 to 2009 and 2009 to 2012) through a continuous application process. In September 2010, AoA provided SMP Projects with additional funding through a capacity building grant to help SMPs expand its current capacity of which Guam SOA is using its award to hire a staff through temporary appointment to help recruit, train and maintain Project volunteers.

The goal of Guam SMP is to continue expanding Project outreach and education activities to empower Medicare/Medicaid beneficiaries, family members, caregivers and other consumers, to protect themselves against Medicare/Medicaid error, fraud and abuse and know where to report it. In collaboration with Guam MAP, Guam SMP develops, plans, and implements various activities to meet its Project objectives.

IV) FUNDING

Title III programs are funded, based on a formula of 85% Federal to 15% local matching funds, with the Federal share to be one-fourth of one percent of the total national appropriation for the fiscal year. Although the funding under Title III is formulated at 85%-15%, the actual picture has Guam SOA overmatching for all but two (2) programs. In actuality, Guam's 15% equates to 75% of program costs, with the Federal match of 85% equating to 25% of program costs. (Ref: 2011 NGA and State/Territorial funding projections, February 2011) The National Family Caregiver Support Program is maintained at the required match of 25% local and 75% Federal.

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

Guam SOA intends to expend no less than the amount expended in Fiscal Year 2000 as prescribed by the Older Americans Act of 2000 as amended in 2006 and projects to expend approximately \$12.8 million in Fiscal Year 2012, an increase of approximately 7.2% from Fiscal Year 2011, wherein we project to expend \$11.9 million. In Fiscal Year 2013, we anticipate an increase of 4.2% above Fiscal Year 2012 for a projected total of \$13.3 million; furthermore, we expect an increase in funding in Fiscal Years 2014 and 2015, by 3% and 5%, respectively.

The Guam SOA shall notify the Administration on Aging when there is a change in the provision of Title III and VII Aging Program services that impacts the capacity and/or funding of services to ensure they are aware of the change on the service delivery to Guam's elderly and seek technical assistance, as practicable.

V) PERSONNEL ORGANIZATION

Guam SOA is one (1) of five (5) divisions within the Department of Public Health and Social Services and receives executive direction from the agency head. Commencing in Fiscal Year 2012, 22 positions would be authorized. The Guam SOA currently has 16 positions filled (73%) with four (4) positions (18%) currently in varying stages of recruitment, which include a Chief Human Service Administrator, 2-Program Coordinator III, and an Administrative Assistant. Two (2) Program Coordinator III positions would be added and recruited in 2012 to assist in program monitoring, contractual compliance and program development activities. Timely recruitment of personnel impinges on the ability of the Guam SOA to perform its functions and execute daily operations of the office. It is typical for a recruitment to take six (6) months or longer. With limited personnel, the constant focus of the Guam SOA staff is to ensure grant compliance, however, there is little to no room for innovative practices and professional growth, both critical for staff to develop their technical soundness. *(As of the June 2, 2011 printing of this Plan, the Administrative Assistant has since been recruited; and one Program Coordinator IV position was vacated.)* Current filled positions include a Senior Citizens Administrator, Management Analyst III, 3-Program Coordinator IV, 4-Program Coordinator III, Social Service Supervisor I, 3-Social Worker III, Administrative Officer, Administrative Aide, and a Customer Service Representative.

Guam SOA projects a minimum of nine (9) additional positions are required to be filled in order to provide the utmost level of professional guidance and technical assistance to the aging

network; to be at the cutting-edge in addressing aging issues; and to improve, expand, and refine aging programs and services. The nine (9) additional positions are identified below:

- Bureau of Administrative Support
 - One (1) Management Analyst IV
- Bureau of Program Administration and Development
 - One (1) Human Services Administrator
 - One (1) Program Coordinator III
 - One (1) Program Coordinator II
- Bureau of Community Support
 - One (1) Human Services Administrator
 - One (1) Program Coordinator
 - One (1) Customer Service Representative
- Bureau of Adult Protective Services
 - One (1) Human Services Administrator
 - One (1) Social Service Supervisor I

VI) GUAM STATE OFFICE ON AGING AND STATE AGENCY ON AGING BUREAU DESCRIPTIONS

In accordance with Public Law 14-139, the Division of Senior Citizens, Guam's State Office on Aging plans, coordinates and implements programs geared toward assisting older individuals in addressing their needs and problems, and in their attainment or maintenance of a satisfying lifestyle. The Guam SOA is charged with the responsibility of administering Title III programs mandated by the Older Americans Act (OAA) of 1965 as amended by the OAA Amendments of 2000 and 2006 and the development and administration of Guam's Four Year State Plan on Aging, 2012-2015.

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

A) Bureau of Program Administration and Development

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

In fulfilling its assigned mandate, the BPAD:

1. Identifies and uses all possible resources towards promoting, maintaining, and protecting the total well-being of older individuals including their dignity, values, and cultures;
2. Advocates to ensure our elderly enjoy their well-deserved rights and benefits;

3. Ensures each and every older individual who is capable of self-care with the appropriate supportive services will be afforded the maximum independence and dignity in a home environment;
4. Strives to remove individual and social barriers to economic and personal independence;
5. Ensures a continuum of care for the vulnerable elderly is provided; and
6. Requires quality services to be provided for senior citizens' programs and activities.

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

Program Administration Unit, which is charged with the responsibility of drafting program specifications and Requests for Proposals, negotiating program budgets with Service Providers and Vendors, ensuring contractual compliance of 10 Title III aging programs through an all-inclusive monitoring and evaluating process to assess levels of performance, and providing technical assistance Service Providers and Vendors to give proper guidance and recommend areas needing improvement or corrective action.

Program Development Unit, which develops new or enhances existing programs and/or projects, as well as oversees the Disease Prevention Health Promotion program, the Long-Term Care project and the outsourcing of the National Family Caregiver Support Program.

B) Bureau of Adult Protective Services

Bureau Mandates and Responsibilities: The Bureau of Adult Protective Services (BAPS) was created in January 1989 through the enactment of Public Law 19-54 and later amended by Public law 21-33. The Bureau is mandated to receive and investigate all reports of abuses against the elderly or adults with a disability; these specifically include but are not limited to reports of abuse in facilities operated by the Department and other public or private agencies and in private residences.



Through a contract service agreement with Catholic Social Services, an Emergency Receiving Home (ERH) is available to provide a safe and temporary shelter to elderly and adults with disabilities who are victims of abuse. The ERH program also provides a 24-hour Crisis Intervention Hotline to receive and respond to reports of abuse and neglect and to ensure victims of abuse have access to APS at all times. The Bureau also provides outreach, education, monitoring, and advocacy for vulnerable elders and adults with disabilities.

Furthermore, the Bureau also manages Older Americans Act (OAA) Title VII allotments for Vulnerable Elder Rights Protection Activities, namely, the Long Term Care Ombudsman and Elder Abuse Prevention Programs.

A review of statistical data on the types of referrals/intakes received by the APS in the prior five (5) fiscal years shows a consistency as to the highest types of referrals/intakes received and investigated, as illustrated in the following table:

Fiscal Year	1st Highest Type	2nd Highest Type	3rd Highest Type
FY 2010	53 Material/Financial	50 Neglect	38 Mental/Emotional
FY 2009	51 Material/Financial	34 Neglect	22 Physical
FY 2008	61 Neglect	46 Material/Financial	32 Mental/Emotional
FY 2007	58 Physical	51 Material/Financial	50 Neglect
FY 2006	62 Physical	53 Material/Financial	52 Neglect

In fiscal years 2006 and 2007, physical abuse ranked the highest, followed by material/financial abuse as second highest, and neglect as the third highest in cases investigated. In fiscal year 2008, APS received a slight increase in neglect referrals which ranked as the highest number of cases investigated, followed by material/financial and then mental/emotional abuse. Statistical data for fiscal years 2009 and 2010 showed a shift in the types of abuse cases investigated with material/financial ranking the highest, followed by neglect as second highest, and physical abuse ranking as third highest in 2009 and mental/emotional as third highest in 2010. It is notable to state that in 2008 and 2010, physical abuse fell from the top three and ranked number four as a form of abuse being reported and investigated. For all five years in review, material/financial and neglect remained within the top three forms of abuse being reported and investigated.

C) Bureau of Community Support

Bureau Responsibilities: The Bureau of Community Support (BCS) is responsible for managing all aspects of information, assistance, referral, orientation and outreach with respect to providing information to assist older individuals, their caregivers, and family members navigate through the social services continuum our island has available. In addition, BCS manages the Guam State Health Insurance Assistance Program, funded in part by the Centers for Medicare and Medicaid Services, and the Guam Senior Medicare Patrol Project funded by the Administration on Aging. Jointly, both federally funded programs directly and through partnerships with public and private entities provide information, assistance and counseling assistance on all Medicare related matters, and provide education on how to protect, detect and report Medicare/Medicaid fraud, waste, abuse and error when suspected. In Fiscal Year 2010, the BCS recorded a total of 881 information, referral and assistance contacts.

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

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

Guam SOA recognizes the unique situation in which the demand for services may outweigh the available resources; therefore, the following scale serves as a guideline to prioritize the provision of services to those in greatest socio-economic need, as necessary and directed by the Guam SOA. The scale will be based on a point system in three (3) focal areas, the older individual's: (1) mobility, (2) degree of existing support system, and (3) housing condition.

Greatest priority will be given to older individuals in descending order, with nine (9) being the highest possible points garnered translating to the older individual in greatest socio-economic need.

Point System	Mobility	Support System	Housing Condition
1	Cane or Walker	Support available; but not living in same household	Full concrete structure
2	Wheel chair users	Minimal support; but not regularly available	Semi-concrete structure
3	Homebound and bedridden	No support system in place	Tin and wood structure

Based on the need to activate this provision, the number of persons to be served will be determined by the existing conditions at the time of implementation. In the event that the number of available slots is not sufficient to provide services to the number of persons determined to be at-risk and in need of services, the number of Activities of Daily Living (ADL) impairments will be applied to this distinct group as the determining factor for services. An additional factor in this point system may include whether the older individual is responsible for the care of a dependent. Any application of a scale of similar or like form is permissible provided prior authorization is granted by the Guam SOA.

Prioritization of Services for the National Family Caregiver Support Program (NFCSP):

The prioritization of services for the NFCSP will be based on the following scale which serves as a guideline to prioritize the provision of services to those caregivers in greatest socio-economic need, as necessary and directed by the Guam SOA. The scale will be based on a point system in four (4) focal areas, the caregiver's: (1) Health Status, (2) Financial Assets, (3) Support System, and (4) Housing Condition. Any application of a scale of similar or like form is permissible provided prior authorization is granted by the Guam SOA.

Greatest priority will be given to caregivers in descending order, with 12 being the highest possible points garnered translating to the caregiver in greatest socio-economic need.

Point System	Health Status	Financial Assets	Support System	Housing Condition
1	No Health Condition	25% to 49% below the poverty level	Support available, but not living in same household	Full concrete structure
2	Minimal Health	50% to 74% below	Minimal support;	Semi-concrete

	Conditions	the poverty level	but not regularly available	structure
3	Poor Health Condition	75% or greater below poverty level	No support system in place	Tin and wood structure

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

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

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

Sources of income for senior citizens on Guam include public and private pensions, social security benefits, personal assets, employment earnings, and public assistance programs. However, the high costs of living on Guam, the loss of earning ability, erosion of financial resources because of increasing longevity, the increasing and sometimes catastrophic costs of health care, and the severely limited availability of publicly funded community-based long-term care services and supports, all contribute to the increasing economic vulnerability of Guam's senior citizens.

The aging of Guam poses challenges that come at a time of economic uncertainty and financial stress on the Government of Guam and the Federal government. Over recent years, there has been a leveling of or reduction in the amount of local funding available for existing health, education, and social services programs for Guam's most vulnerable populations, including senior citizens, with most funding increases allocated to meeting health and welfare requirements (P.L. 26-111), rather than for the provision of direct services. There has been limited funding for new and innovative programs to meet the needs of Guam's vulnerable populations, including the elderly. Government budgetary shortfalls and financial crisis have resulted in personnel recruitment delays often leading to hiring freezes. Programs will be challenged to respond meaningfully with an array of services and supports allowing for individualized options and choices. This is critical to the maintenance of the desire and right of Guam's senior citizens to "age in place."

Guam's health care system is in a state of considerable flux. Access to appropriate health care and related services continues to be an area of concern for all Guam residents. Because of the

limited array of health care services on Guam, many residents must access needed specialty of care off-island often resulting in exorbitant expenses. As the cost of health care increases, Guam residents are finding themselves with no or limited health care coverage and either forgo needed health care unless an emergency arises or are pushed into public health care financing programs. There are also those who turn to the community to help defray expenses for urgently needed medical treatment through various fundraising activities, such as car washes, bake sales, lunch plates, and raffle tickets; and this is becoming more prevalent.

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



Moreover, Guam has not been able to keep pace with the increasing demand for long-term care services and supports demanding the identification and establishment of new ways of delivering. To date, Guam has no long-term care policy to address the needs of older persons, persons with developmental disabilities, and their families.

F. FUTURE NEEDS OF GUAM'S OLDER POPULATION

The future elderly of Guam will be more diverse and become less alike with age. This means that although current aging programs are targeted for senior citizens in greatest social and economic need, there must be an increased emphasis on multi-faceted programs and services that are designed to assist the well and/or "active" senior maintain health and independence; address the needs of the senior who because of functional limitations may need assistance to maintain independence; as well as respond to the multiple needs of the frail elderly who may have the greatest and most intensive service and support needs. Diminishing Federal and local resources, though, have resulted in the leveling of or reduction in the amount of funding available for existing health, education, and social services programs and limited funding for new and innovative programs for Guam's vulnerable populations, including senior citizens. The balancing of resources and priorities for the spectrum of needs by such a diverse population is critical as the preservation of independence for the well and/or "active" senior is equally as important and needed as responding to the needs of the frail elderly. This is critical to the maintenance of "our Manamko's" desire to "age in place."

The Guam SOA recognizes the value of a formal needs assessment to be conducted to ascertain the state of affairs of Guam's aging community in relation to population and services available as well as to identify service gaps and emerging trends. The needs assessment would fortify the value of maintaining and sustaining the core OAA services provided to Guam's aging population and more importantly bring to light the need to expand, enhance, and refine these services.

Further, the information from the needs assessment could be used to apply for grants that respond to these service gaps or emerging trends impacting Guam's aging community. As there is no current study or needs assessment known to be available for the purposes of this Plan, the Guam SOA will, within the first 16 months of this Plan cycle, engage professional services to conduct a needs assessment on Guam's aging community.

The Guam SOA will continue to explore grant opportunities we are eligible for that would expand, enhance and refine existing program services or for the development of new program services. In exploring grant opportunities, three (3) key considerations will always be at the forefront in determining the feasibility of the grant application being submitted: available personnel resources, matching requirements, and the value and benefit the grant will bring to Guam's aging community.

G. GUAM AGING AND DISABILITIES RESOURCE CENTER (ADRC)

Guam's Aging and Disabilities Resource Center (ADRC) is a project funded by a Federal grant awarded by the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS) to the Guam Department of Mental Health and Substance Abuse and administered by the Department of Integrated Services for Individuals with Disabilities (DISID).

The Guam ADRC Project was established in 2005 and Project goals are to:

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

A primary component of the Guam ADRC Project is the Guam GetCare System, a virtual or web-based consumer information and management system that establishes electronic communication among participating agencies in order to increase access of seniors (defined as individuals age 60 or older) and adults (defined as individuals aged 18 or older) with disabilities to information and linkages to long-term supports and services. Guam GetCare can be accessed through www.guamgetcare.com. The Guam GetCare System:

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

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

The goals of Guam GetCare are to:

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

Although currently, the service providers and vendors of aging programs are still at the stage of data entry in order to achieve real-time information into the Guam GetCare System. Once all data is inputted, partners can be able to:

- Access one or more of the Guam GetCare Tools which includes Information and Referral Tool; Intake Tool; Consumer Assessment, Referral and Enrollment (CARE) Tool; and/or the Multi-Agency Case Management Tool to better assist consumers;
- Develop aggregate reports of long-term supports and services, including services needed and services provided, and
- Use aggregate data for policy and planning decisions, in preparing federal, state or local applications for funding, to demonstrate the need for and effectiveness of programs and to obtain a system-wide view of program utilization in the territory of Guam.



The Guam SOA is currently collaborating with the Department of Integrated Services for Individuals with Disabilities (DISID) in developing the Aging and Disability Resource Center Project 5-Year Plan for the period of 2012-2016 for a fully functioning ADRC. Until such

time as the plan is completed, there is a place holder in the State Plan on Aging for the ADRC goals, objectives, tasks, and implementation timeline.

In support of the ADRC 5-Year Plan, the Guam SOA remains committed to continue our role as a key partner in ensuring the success of this project. We will continue our partnership with the DISID and key contracted aging providers in building and maintaining the Guam GetCare system to record and access client information with the eventual ability to coordinate client services and electronically capture client's units of services. We look to this system to provide a seamless transition of services among two (2) vulnerable populations, our aging consumers and persons with disabilities. The future of the system where it will manage referrals, place emphasis on consumer contact versus paper work, and no wrong door access are all positive improvements in the delivery of services, thus Guam SOA looks forward to the full implementation of this software application to make these features a reality.

IV. GOALS AND OBJECTIVES



Goal 1:

Empower older people, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options.

Objective 1.1: Provide Medicare information that would help Medicare beneficiaries make informed healthcare decisions.

Conduct various outreach activities targeted to beneficiaries to increase their understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.

How to Measure:

From FY 2012 through FY 2014, the Guam SOA, BCS shall provide targeted outreach to beneficiaries, and shall provide Part D enrollment assistance from October 15th to December 7th each year.

Increase interactive presentations by 2% each year from FY 2011 to FY 2015. There were 88 presentations conducted in FY 2010.

Increase booths/exhibits at health/senior fairs from 44 in FY 2010 each year from FY 2011 to FY 2015.

Increase Medicare Prescription Drug Plan enrollment events outside the main program office from 2 enrollment events in FY 2010 to 2% each year from FY 2011 to FY 2015.

Objective 1.2: Continue efforts to empower individuals, including middle-aged individuals, to plan for future long-term care needs.

In FY 2008, the Guam SOA, in partnership with the University of Guam, Cooperative Extension Services and the local chapter of American Association for Retired Persons (AARP), initiated focus group discussions with aging program service providers and senior citizens age 65 years of age and older, to develop a community program that empowers individuals, especially, those middle-aged, to plan for future long term care needs. The focus group findings suggested that themes important to senior citizens be classified into three categories: Health and Wellness, Financial Security, and Quality of Life. It is the intent of the Guam SOA that the initial deployment of this project will occur in FY2012.

How to Measure:

From the data collected from the focus group sessions, the Program Coordinator assigned to oversee the Long-Term Care Planning project in FY 2012 will develop the project in three (3) phases: 1) Identify and seek existing local resources that can provide sessions related to long

term care planning; 2) Coordinate mini training sessions that focus on the selected theme; and 3) Develop pre and post surveys to obtain base line data to measure increased levels of awareness.

Objective 1.3: Continue efforts to assist seniors or their caregivers in making health care decisions through the provision of Legal Assistance Services.

How to Measure:

This effort will be a contractual service component in the provision of Legal Assistance Services. Furthermore, this activity will be reported in the monthly reporting requirements of the Legal Assistance Services contracted provider.



Goal 2:

Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community based services, including supports for family caregivers.

Objective 2.1: Continue to use Older Americans Act programs and services to advance long-term care systems.

The Guam SOA coordinates all activities on Guam relating to the purposes of the Older Americans Act to help older individuals maintain independence and dignity in their homes and communities. Through the efforts of the Guam SOA, program services and initiatives will focus on meeting the rapidly growing new generation of long-term care consumers and their desire to age at home among their families and friends for as long as possible.

The Guam SOA will continue the provision of existing home and community-based services that is comprised of Case Management Services Program, In-Home Services Program, Elderly Nutrition Program Home-Delivered Meals, National Family Caregiver Support Program, Adult Protective Services, Transportation Services Program and Legal Assistance Services Programs. Older individuals who are homebound and their families and caregivers will continue to access these services while remaining in their homes. Furthermore, Guam SOA will continue to request for state funding to meet the basic matching requirements of the AoA and further expand local efforts through additional state, private or Federal grant funding.

How to Measure:

The Guam SOA will ensure annual client satisfaction surveys remain a provision in the agreements or contracts with aging program service providers. However, from Fiscal Year 2012, on, as practicable, this specification shall be changed to state that the survey shall be conducted by an independent contractor, thus, removing any potential bias. These surveys shall be submitted every June of each contract year for review by the Guam SOA. In July of each contract year, a meeting between the contracted providers of aging services and the Guam SOA shall be conducted to discuss the results of the survey. It would be the intent of the discussion to use the survey results to strengthen the coordination and delivery of aging services as well as to identify gaps and emerging trends.

Objective 2.2: Advocate for the expansion of adult day care services, in-home services and family caregiver support services which promote independence and allows seniors to remain in their homes and communities.

Currently, there exists two (2) Adult Day Care Centers (ADC), one of which is specific for dementia clients. These centers provide respite to families caring for seniors requiring supervision. They further allow caregivers to remain employed in order to provide support for their families. In 2010, the dementia facility was expanded to accommodate a growing number of seniors in their early and advanced stages of dementia. On the other hand, the center servicing seniors without dementia is already reaching their current projected capacity and the “time-share” concept of sharing space has been adopted in order to allow clients access to services at least part of the day if not all day. However, more seniors are requiring the full-day service; hence the need to expand program services. Until funding to support the expansion materializes, the program would require a prioritization of services based on greatest socio-economic need, potentially leaving some frail seniors unsupervised and unattended for.

Additionally, both sites are situated in northern villages, yet there is a growing need for this service in the central/southernmost part of the island. Therefore, over the next four (4) years, the Guam SOA will advocate for and seek grant opportunities for the expansion of the center servicing seniors without dementia, and the development of a third ADC site to be located in the southern-central region of the island.

There is also a growing need for in-home services for those seniors who are unable to perform at least two activities of daily living. Currently, as per contractual specifications, consumers of in-home services are afforded not more than 208 hours per year to assist frail seniors with light housekeeping chores and personal care they find difficult to do on their own due to physical and/or mental limitations, allowing the person to continue to stay at home. However, due to the increasing demand on this service, there are those that are afforded in-home services only 4 hours a month. Over the next four (4) years, Guam SOA will advocate for and seek grant opportunities to expand the Title III In-Home Services Program to respond to the increasing demand of this service.

The NFCSP is also seeing an increase of caregivers accessing services to maintain their caregiving role. Caregivers registered in the program received the five (5) core services; however, demand for service is increasing most specifically in the respite service component. Among the existing resources available there is only one (1) private caregiving company on island. Over the next four (4) years, Guam SOA will advocate for and seek grant opportunities to expand the NFCSP to respond to the increasing demand of this service.

How to Measure:

By FY 2012, an increase in the number of Respite Workers will increase client service hours to the maximum allowed under the program.

In FY 2012, the Guam SOA shall assess the number of older individuals receiving Adult Day Care, In-Home Services, and NFCSP Services in order to project and/or determine funding requirement for NFCSP expansion.

Another tool to assess the increase of individuals is by reviewing Information and Referral recorded in the Guam GetCare, ADRC.

Throughout the State Plan period, the Guam SOA will research grant opportunities which support caregiver needs.



Goal 3:

Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.

Objective 3.1: Increase Programs, Projects and Activities for Older People at the Community Level.

Guam SOA will continue current efforts of the existing DPHP program activities, such as the annual health fairs, health screening and medication management service to ensure older individuals are provided health information related to promoting healthy aging and disease prevention.

Efforts will be made to continue collaboration with the Aging network and building partnerships with other prevention programs in the government and private sectors to offer older individuals opportunities to live healthier lifestyles. Providers of contracted aging services, as practicable, will be required to implement prevention programs promoting healthy aging within their respective programs, thus decreasing or delaying the need for long-term services.

It is the intent of the Guam SOA to identify and collaborate with groups, such as the University of Guam, to implement evidence-based disease prevention programs for older individuals in the community.

By FY 2012, the Guam SOA will have adopted simple tools and techniques older individuals may use to better manage their chronic conditions, reduce their risk of falling, and improve their nutrition and physical and mental health.

How to Measure:

BPAD shall assess any increases in the number of senior citizens participating in health promotion screening and education programs and activities to promote risk reduction. The ADRC's Guam GetCare system can be used as a tool to assess the number of individuals provided with DPHP activities.

Increase client participation in DPHP program activities by 1% each year using FY 2010 data as the baseline to promote healthy aging.

BPAD shall assess the number of collaborative partnerships and activities developed to enhance opportunities for older individuals.

Increase partnerships by 1% to support and promote healthy aging.

Through client surveys conducted at the DPHP annual health fairs or other related activities, evaluate clients' level of awareness of the importance of prevention programs to promote healthy aging.

For each planning year, increase level of awareness of the importance of prevention programs by 10%.

In FY 2012, research www.healthyaging.org on available evidence-based programs to determine which are most practicable and feasible for Guam's senior community.

In FY 2012, the Guam SOA, BPAD shall initiate discussions with groups, such as the University of Guam to implement an evidence-based disease prevention program.

In FY 2013 and 2014, identified evidence-based program to be implemented, as practicable.

Objective 3.2: Promote Awareness of the Prevention Benefits under Medicare.

Guam SHIP, within Guam SOA, provides a full range of information on the Medicare plans available on Guam, and is accessible to provide counseling and assistance to all beneficiaries throughout the island, and to the frail elderly whom are homebound through partnership with the Title III Aging Case Management Services Program. Guam SHIP will conduct various outreach activities targeted to beneficiaries to increase their understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.

Guam SOA, as practicable, will provide ongoing information and assistance to seniors on the new prevention benefits under Medicare, as outlined in the Affordable Care Act to help consumers better manage their health and health care costs. These information and assistance activities will be provided by the Guam SOA's Bureau of Community Support and the Disease Prevention Health Promotion Program at annual events, such as the Governor's Conference on Aging, Senior Health Fairs and the National Family Caregiver Support Program Conference.

Furthermore, Medicare counselors will be trained to be fully aware of the various benefits and plan selection options for Medicare beneficiaries living on Guam to assist individuals in identifying, understanding, and enrolling in programs and plans, if eligible and appropriate, such as the Medicare Prescription Drug Plan, Medicare Supplemental Insurance, and other public and private health insurance coverage options available to Medicare beneficiaries.

How to Measure:

From FY 2012 through FY 2014, the Guam SOA, BCS shall recruit, train and maintain volunteers to serve as Medicare counselors and outreach assistants.

Of the individuals trained, efforts will be taken to retain 25% of volunteers as there is a high turn over due to the complexity of Medicare information that must be learned.

From FY 2012 through FY 2014, the Guam SOA, BPAD and BCS shall coordinate the implementation of ACA information at annual events, such as the DPHP Health Fairs, Governor's Conference on Aging, or other health related activities sponsored by the Guam SOA.

With increased outreach efforts on the ACA provisions, it is hoped more individuals will access these benefits. Of those who participate in DPHP events or receive information through Aging Programs, 20% would access prevention benefits under Medicare.



Goal 4: Ensure the rights of older people and prevent their abuse, neglect, and exploitation.

Objective 4.1: Continue to facilitate the integration of Older Americans Act elder rights programs into Aging Services Network systems change efforts.

Guam SOA, through the Bureau of Adult Protective Services (BAPS), will continue to strengthen its efforts to refine and define existing collaborative partnerships within the comprehensive Elder Justice System, especially the formation of multi-disciplinary groups to address complex cases, issues, and complaints and to develop strategic plans for the prevention, detection, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation. Public Law 19-54 as amended by Public Law 21-33, legally mandates all contracted providers of aging services to report suspected cases of abuse, neglect and exploitation of an elderly or adult with a disability to the BAPS. Further, Guam SOA will extend an invite to aging service providers and other appropriate entities with a vested interest in the care and protection of seniors to serve as members of the Elder Justice System.

How to Measure:

By FY 2012, invite aging service providers and other appropriate entities with a vested interest in the care and protection of seniors to serve as members of the Guam's Elder Justice System.

By FY 2012, work with the Guam's Elder Justice System to review and provide recommendations to strengthen Guam's Adult Protective Services Act.

Throughout the plan period, BAPS will participate in multi-disciplinary groups, as needed.

BAPS will participate in 75% of all task force, council and coalition meetings, and increase meeting attendance and participation by 1% every year thereafter.

Objective 4.2: Continue to strengthen and heighten community awareness to prevent and report abuse, neglect, and exploitation of the elderly and individuals with disabilities.

The BAPS will provide monthly Adult Protective Services and Long Term Care Ombudsman presentations at the Guam Memorial Hospital Skilled Nursing Unit, St. Dominic's Senior Care Home, and the two (2) Adult Day Care Centers, as well as upon request from government and

non-government agencies. Further, the Ombudsman will continue to support and facilitate Resident Council meetings at the SNU and provide technical assistance and support to the St. Dominic's Senior Care Home to fully implement and develop a Resident Council which held its first council meeting in November 2010.

How to Measure:

APS will conduct 52 presentations by the first year and project a 1% increase of presentations to be conducted every year thereafter. It is anticipated that the increase in presentations will result in an increase in referrals reported to APS. Additionally, the ombudsman will conduct 42 presentations by the first year and project a 1% increase of presentations to be conducted every year thereafter.

Beginning in FY 2012 and throughout the plan period, the Ombudsman will facilitate a minimum of 12 council meetings at the SNU and St. Dominic's. Data collected will be used to evaluate progress.

Beginning in FY 2012 and throughout the plan period, the Ombudsman will conduct quarterly unscheduled visits at the SNU, St. Dominic's, and the Adult Day Care Centers, thereby providing residents even greater access to the Ombudsman and increasing awareness and understanding of the program.

Beginning in FY 2012 and throughout the plan period, the Ombudsman will conduct quarterly unscheduled visits at the SNU, St. Dominic's, and the Adult Day Care Centers, thereby providing residents even greater access to the Ombudsman and increasing awareness and understanding of the program.

BAPS will conduct one outreach activity each year at each Senior Citizens Center and during the GCOA.

The Guam SOA will monitor outreach efforts planned and provided by the LAS Service Provider.

Objective 4.3: Continue to improve the identification and utilization of measurable consumer outcomes for elder rights programs.

The APS and Ombudsman programs manage and report data, monthly, on the types of cases, outcomes, and case status of each referral. The data collected is reviewed, analyzed, and used to monitor trends and project future outcomes. The data reported also documents the timeliness in the delivery of service, and whether intervention activities were properly implemented or acted upon, that would result in the case being effectively stabilized if not resolved. Absent a survey to this consumer base, the single measurable outcome of case investigations is the client's clear statement, as applicable, or through their authorized representative, that the case was resolved to their satisfaction. Additionally, the Legal Assistance Program conducts consumer satisfaction surveys to gauge the quality of service and level of consumer satisfaction. This practice will continue for the next four years.

How to Measure:

Throughout the plan period, BAPS will monitor monthly reports and review results of client surveys to analyze trends for future needs.

Objective 4.4: Continue to provide Legal Assistance Services that would uphold the rights of elder people.**How to Measure:**

This effort will be a contractual service component in the provision of Legal Assistance Services. Furthermore, this activity will be reported in the monthly reporting requirements of the Legal Assistance Services contracted provider.

Objective 4.5: Advocate for and identify an individual to serve as a Legal Assistance Developer.

Until such time the position is funded, for each year of the State Plan, the Guam SOA will budget to cost allocate for an attorney from the Office of the Attorney General to serve as the Legal Assistance Developer who will develop activities to include coordinating the provision of legal assistance for seniors, provide technical assistance, training, and support to the SOA, ombudsmen, legal assistance provider and other persons to assist in improving and enhancing the quality and quantity of legal services provided to seniors.

How to Measure:

Included in the 2012 Guam SOA Budget request is funding to cost allocate for legal services, an Attorney, for the Division of Senior Citizens, namely, the Guam SOA. This Attorney would serve as the Legal Assistance Developer for the Guam SOA.

Objective 4.6: Provide Medicare beneficiaries, their families, and caregivers information on how to protect, detect, and report Medicare fraud, waste, abuse, and errors.

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

How to Measure:

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

Conduct post participant surveys to individuals participating in Medicare presentations to determine their level of understanding of the importance of reading their Medicare Summary Notices to detect fraud related activities.

Eighty percent (80%) of participants surveyed would have a better understanding of how to identify fraud or errors through the review of the Medicare Summary Notice.

V. EMERGENCY PREPAREDNESS

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



Senior Citizens Month Theme 2011

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

In light with the need to prepare to respond to a potential health crisis, such as a pandemic, Guam SOA will implement its Continuity of Operations Plan (COOP) that will provide clear direction as to the level of scaling back that is to occur during a crisis. This plan will then be incorporated into the department's overall COOP. In addition, Guam SOA has been identified as one of two (2) lead entities to assist in the response effort of a pandemic by managing the island's mass fatality management plan. Efforts will continue to be made within Guam SOA to have all personnel within the office to have completed ICS 100 and 700 with supervisors encouraged to complete ICS 200, 300, 400, and 800.

VI. MENTAL HEALTH

Guam's SOA will continue to collaborate with our local Department of Mental Health and Substance Abuse (DMHSA), the lead government agency tasked with mental well-being to share program information and services to integrate with our home and community-based services and programs. DMHSA is the sole public agency authorized to provide inpatient, outpatient, and residential treatment services for designated target populations on Guam.

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

Through contractual provisions, Guam SOA will require providers of aging services to collaborate and develop a system that would promote greater awareness and education in the practice and benefits of integrating mental health and aging, to include self-care, as part of our continuum of care, thus, removing barriers to diagnosis and treatment and to help families become better mental health providers. Additionally, "*Project Kombida*", an integration program for older individuals with disabilities, to include developmental and physical disabilities, will continue to be provided through the Senior Center Operations Program.

VII. VOLUNTEERISM



Volunteerism is a civic function that continues to be a challenge for Guam's SOA to capitalize on; however, there have been limited, yet significant successes in maintaining this personnel resource. Efforts will continue to promote and offer training for volunteers with the State Office on Aging and encourage the providers of aging services to do the same. However, it is incumbent for all entities to manage and hold their volunteers responsible in the delivery of services and to

ensure that their functions and responsibilities are within reasonable expectations. Volunteers should not be tasked with functions requiring actual certification unless licensed or authorized to do so. Flexibility is a feature in designing a volunteer program as well as to provide incentives for volunteers to be properly recognized.

Public Law 25-151 provides that Guam residents who volunteer their time to assist government agencies in fulfilling their missions be required to undergo the same screening process required of paid employees in order to protect the integrity of the Government of Guam system. Thus, all

departments and agencies that accept the services of volunteer workers are required to obtain police and court clearances and to have potential volunteers undergo drug testing at no cost to the individuals prior to the acceptance of their services.

VIII. INTRASTATE FUNDING FORMULA

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

IX. APPENDICES

APPENDIX A

ASSURANCES



APPENDIX A: ASSURANCES

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

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

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

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

Guam is a single Planning and Service Area.

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

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

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

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

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

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

Sec. 306(a), AREA PLANS

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

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

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on aging shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

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

(6)(F) Each area agency will:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 307, STATE PLANS

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

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

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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

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

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

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

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

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

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

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

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

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

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

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

- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
- (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

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

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

(21) The plan shall:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order.

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

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

(B) The State plan is based on such area plans.

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

Guam is a single planning and service area.

(2) The State agency:

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

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

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

(5) The State agency:

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

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

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

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

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

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

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

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

INFORMATION REQUIREMENTS

Section 102(19)(G) – (required only if the State funds in-home services not already defined in Sec. 102(19))

The term “in-home services” includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

Section 305(a)(2)(E)

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

Section 306(a)(17)

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

Section 307(a)

(2) The plan shall provide that the State agency will:

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

Section (307(a)(3)

The plan shall:

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d)(concerning distribution of funds); *(Note: the “statement and demonstration” are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area)*

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

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

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

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

Section 307(a)(8)) (Include in plan if applicable)

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

Section 307(a)(10)

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

Section 307(a)(21)

The plan shall:

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

Section 307(a)(28)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include –

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

Section 307(a)(29)

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

Section 307(a)(30)

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

Section 705(a)(7)

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

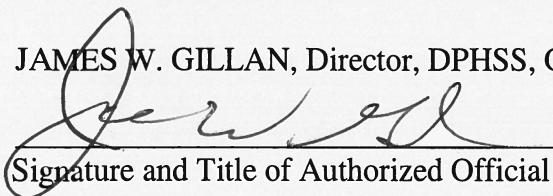
(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). *(Note: Paragraphs (1) of through (6) of this section are listed below)*

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

- (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;*
- (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;*

- (3) *an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;*
- (4) *an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;*
- (5) *an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);*
- (6) *an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—*
 - (A) *in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:*
 - (i) *public education to identify and prevent elder abuse;*
 - (ii) *receipt of reports of elder abuse;*
 - (iii) *active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and*
 - (iv) *referral of complaints to law enforcement or public protective service agencies if appropriate;;*
 - (B) *the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and*
 - (C) *all information gathered in the course of receiving reports and making referrals shall remain confidential except —*
 - (i) *if all parties to such complaint consent in writing to the release of such information;*
 - (ii) *if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or*
 - (iii) *upon court order.*

JAMES W. GILLAN, Director, DPHSS, Guam


Signature and Title of Authorized Official

6.10.11
Date

Attachment B

INTRASTATE (IFF) FUNDING FORMULA REQUIREMENTS

Each State IFF submittal must demonstrate that the requirements in Sections 305(a)(2)(C) have been met:

OAA, Sec. 305(a)(2)

“States shall,

(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account—

(i) the geographical distribution of older individuals in the State; and

(ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals.

APPENDIX B

PUBLIC FORUM NOTICE



**ELDERLY NUTRITION PARTICIPANTS'
COUNCIL MEETING
GGARP-SPIMA
Fiscal Year 2011**

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DIVISION OF
SENIOR CITIZENS

A G E N D A

Date: WEDNESDAY - March 2, 2011

Time: 12:00 p.m. to 1:30 p.m.

Place: DSC Conference Room

I CALL TO ORDER by ENPC President/SCO Advisor

II ROLL CALL (Secretary/SCO Advisor)

*****A Special Announcement to be made by Mrs. Geraldine T. Gumataotao, Acting Senior Citizens Administrator.***

- Guam's 2012-2015 (Four Year State Plan on Aging)***
- State Plan Public Hearing on March 16, 2011.***

III REVIEW of February 2, 2011 Meeting Minutes

IV REVIEW of February 2011 & April 2011 Menus (In reverse order) Discussion of Problems, Concerns, and Compliments

V OLD BUSINESS

VI NEW BUSINESS

VII ANNOUNCEMENTS

ENPC members must submit a written report using the Nutrition Participants Council - Concern/Complaint Form. This must be submitted to the SCO Advisor after reporting for your Center.

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SENIOR CITIZENS

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WORLD BRIEFS

NATO: Three more killed in Afghanistan

KABUL (AP)—NATO says three more of its service members have been killed in Afghanistan on one of the deadliest days for NATO troops in the country this year.

The three deaths announced Sunday were from two separate bomb attacks in the south on Saturday.

That's the same day that five NATO service members were killed in a suicide bombing by a Taliban sleeper agent at a U.S. base in the east.

NATO has not identified the nationalities of any of the dead. The international military coalition typically waits for national authorities to make such announcements.

The majority of troops in both the east and south are American, though there are forces from other nations in both regions.

The latest deaths make 23 NATO service members killed so far this month in Afghanistan.

Somali pirates keep hostages despite ransom

NEW DELHI (AP) — The owners of a hijacked ship said Saturday they were perplexed by the continuing detention of some of their crew members by Somali pirates, despite their paying a multimillion-dollar ransom.

Pirates released the ship and some of the crew on Friday. But a Somali pirate told The Associated Press afterward the Indian crew members' hostage ordeal is being prolonged in retaliation for the arrests of more than 100 Somali pirates by the Indian Navy.

However, the ship owners said Saturday that all the crew members of the *Asphalt Venture* were Indian — not just the seven still being held.

All 15 crew members, held hostage after September's attack, were Indian, said Sunil Puri, a New Delhi-based spokesman for Interglobal, a United Arab Emirates-based company that owns the ship.

On Friday, Hassan Farah said pirates in stronghold of Harardhere in Somalia had taken a collective decision not to release the Indian crew members.

AJDABIYAH (Reuters) — Libyan rebels pushed toward the strategic oil port of Brega while Moammar Gadhafi's forces pounded besieged Misrata to the west with rockets and mortars.

Rebels said Gadhafi's forces were ensconced in the center of Brega, often inside houses, while insurgent fighters were more exposed.

"We have people on the edge of Brega, we control that area only. Nothing has changed inside Brega," Mohammed el-Misrati, 20, after returning to Ajdabiyah to the east, said on Saturday.

Gadhafi's forces have been bombing the road from Ajdabiyah, 80 km (50 miles) east of Brega, for several days, sometimes firing from a distance, sometimes approaching in cars.

Six rebels were killed and 16 wounded when Gadhafi loyalists fired rockets at a group of insurgents driving along the exposed coastal highway westward from Ajdabiyah.

Rockets

"We were in our vehicles and they opened fire with rockets," said Abdulrazek, one of the men hit in Saturday's attack, groaning in pain in Ajdabiyah hospital. Outside, medics gathered blood-soaked bandages and scrubbed stretchers clean of blood.

Ajdabiyah, once a bustling city of 100,000, has become a ghost town, with most residents fleeing the fighting.

In the town's western entrance, a group of rebels triumphantly drove a pick-up truck through a checkpoint, saying they had commandeered it from Gadhafi forces on the Brega road.

A rebel with an AK-47 rifle strapped to his shoulders played a guitar and sang in Arabic and English to his comrades, who tried to memorize the words and sing along.

"Hit us with your rockets; hit us with your tanks; we have no problem; we will win. Our country will be free, our country will be strong, my mother, don't worry, we know how to fight. We know how to get freedom," they sang.

Siege

Sunday marks a month since the U.N. Security Council passed a resolution authorizing force to protect civilians in Libya, leading to an international air campaign.

The United States, France and Britain said this week they will not stop bombing Gadhafi's forces until he leaves power, effectively revising the mission's aim to regime change.

U.S. President Barack Obama acknowledged on Friday the



Libyan rebels shout slogans atop the vehicle of General Abdel-Fattah Yunis, former interior minister in the Gadhafi regime who defected early on, who pays a visit to the front line near Brega, Libya.

military situation on the ground had reached "stalemate," but said sanctions and air strikes had isolated Gadhafi and the leader would be ousted eventually.

The air campaign has failed to alleviate the siege of Misrata, the rebels' only major stronghold in the west of the country, cut off by Gadhafi's forces for seven weeks, where hundreds of civilians are believed to have died.

A rebel spokesman, Gemal Salem, said Gadhafi's forces

pounded the town with rockets and mortars on Saturday, targeting a dairy factory and another that makes cooking oil.

"The (government) forces are still firing mortars at residential areas. There are clashes in Tripoli Street. Three people were killed today," said Salem, the rebel spokesman, referring to Misrata's main thoroughfare.

Another rebel spokesman said government forces fired at least 100 Grad rockets into the city early on Saturday, targeting an

industrial area close to the port where thousands of migrants are stranded and awaiting evacuation.

"The (Gadhafi) forces have focused their shelling on that area in the past few days because they want to scare away ships bringing aid or aiming to evacuate migrants," Abdelbasset Abu Mzereiq said by telephone.

A resident who arrived in Tunisia on Saturday said the fighting in Misrata was getting worse by the day.



PUBLIC HEARING ANNOUNCEMENT AND NOTICE FOR GUAM'S FOUR-YEAR STATE PLAN ON AGING (2012-2015)



The Department of Public Health and Social Services (DPHSS), Division of Senior Citizens (DSC), will hold a public hearing on Guam's Four-Year State Plan on Aging, for fiscal years 2012 through 2015, as required by the Older Americans Act of 1965 as amended.

The DSC State Office on Aging is responsible for administering Title III and VII programs mandated by the Older Americans Act (OAA) of 1965 as amended. The Act requires the development and administration of Guam's Four-Year State Plan on Aging. The Plan provides the strategic direction of aging program services authorized by the OAA while addressing the long term care needs of vulnerable older individuals on Guam.

Public Hearing Date: Friday, April 29, 2011

Times: 9:00 a.m. through 12:00 p.m. and 6:00 p.m. through 9:00 p.m.

Location: Division of Senior Citizens, University Castle Mall Building, Suite 8, Mangilao

Draft copies of the Guam Four-Year State Plan on Aging (2012-2015) can be obtained at the Division of Senior Citizens, 130 University Drive, Suite 8, University Castle Mall, Mangilao. Monday through Friday from 8:00 a.m. to 5:00 p.m. or may be accessed at the DPHSS Website (www.dphss.guam.gov).

Written comments are accepted through April 29, 2011, and are to be sent to the Director, DPH&SS, c/o DSC State Plan on Aging (2012-2015), 123 Chalan Kareta, Mangilao, Guam 96913-6304.

Should you require additional information, please contact Mr. Arthur U. San Agustin, MHR, Senior Citizens Administrator, at 735-7011 or 735-7415 (TTY/TDD).

If you are an individual with a disability and require reasonable accommodations, please call Mr. Ricky Duenas, no later than April 22, 2011, at 735-7011 or 735-7415 (TTY/TDD).

James W. Gillan, Acting Director

Ad paid for by the State Agency on Aging, Division of Senior Citizens

APPENDIX C

SUMMARY OF PUBLIC COMMENTS





Department of Public Health and Social Services

Division of Senior Citizens



PUBLIC HEARING: FOUR YEAR STATE PLAN FFY 2012-2015

April 29, 2011
9:00 a.m. – 12:00 p.m.
DSC Conference Room
University Castle Mall Building, Suite 8
Mangilao, Guam

A G E N D A

I. INTRODUCTION

DSC Staff

II. PURPOSE OF THE PUBLIC HEARING

To request comments from the general public on the Division's draft Four Year State Plan on Aging (2012-2015)

III. RULES OF FORMAT

- A. Please sign-in
- B. Persons shall be heard on a "first-come, first-heard" basis
- C. Comments shall be limited to the draft document

**Guam Four Year State Plan on Aging
FY 2012 – 2015**

Public Hearing - Morning Session
Friday, April 29, 2011 – 9:00 a.m. to 12:00 p.m.
DSC Conference Room
University Castle Mall Building, Suite 8
Mangilao, Guam

Introduction: Public Hearing officially opened by Mr. Arthur San Agustin, Division of Senior Citizens Administrator at 9:05 a.m. to hear/receive testimony on the Guam Four Year State Plan on Aging. The Guam State Office on Aging provides the following services:

1. Title IIIB – Support Services:
 - Adult Day Care
 - Case Management
 - In-Home Services
 - Legal Assistance Services
 - Senior Center Operations
 - Transportation Services
2. Title IIIC – Nutrition Services:
 - Elderly Nutrition Program – Congregate Meals (C1)
 - Elderly Nutrition Program – Home-Delivered Meals (C2)
3. Title IIID – Disease Prevention Health Promotion (DPHP)
4. Title IIIE – National Family Caregiver Support Program (NFCSP)
5. Title VII – Elder Rights
 - Elder Abuse Prevention
 - Long Term Care Ombudsman (LTCO) Program
6. Guam State Office on Aging administers the following locally funded aging programs:
 - Adult Protective Services (APS)
 - Emergency Receiving Home (ERH) Program
 - Senior Citizens Month (SCM)
7. Guam State Office on Aging administers the following federally funded Medicare-based programs:
 - Guam State Health Insurance Assistance Program (Guam SHIP)
 - Guam Senior Medicare Patrol Project (Guam SMP)

Core State Plan, State Health. Upon approval, receive funding for the Title III and VII Programs.

Testimonies will be received from 9:05 a.m. up until 12:00 p.m. then we will break and reconvene at 6:00 p.m. to 9:00 p.m.

Present today are key DSC Staff:

- Arthur San Agustin, Administrator for the Division of Senior Citizens
- Leon Bamba, Supervisor for the Bureau of Program Administration & Development (BPA&D)
- Tommy Taitague, Administrative Services Officer
- Gerrie Gumataotao, Management Analyst
- Charlene San Nicolas, Supervisor BPA&D
- Joleen Almandres, PCIV, Bureau of Community Support
- Jeanette Gomez, PCIII, BPA&D
- Jocelyn Cruz, Social Services Supervisor, Bureau of Adult Protective Services
- Monica Untalan, PCIII, BPA&D

At this time the floor is open for any testimony. It is 9:10 a.m.; at this time no one from the general public is present to testify.

Mrs. Gumataotao was asked to take the head of the table while the DSC Administrator spoke on record with comments and edits.

Mr. San Agustin, DSC Administrator spoke for recording purposes:

****please refer to attachment of Art's notes****

Ms. Gumataotao asked Mr. San Agustin if he could provide a copy of his notes for editing. Mr. San Agustin responded that he would and is speaking for recording purposes.

Question: Reference Page 21 – the LTC PC...is this an existing PC or is the Division going to hire a PC for this function?

Answer: (Ms. Gumataotao) This is an existing PC.

Recommendation by Mr. San Agustin – please state that in the State Plan.

Mr. San Agustin stated that the division consider to put a provision for a communication plan with the granting agency (AOA) regarding significant change to speak to delivery of services; state in state plan to communicate those changes, challenges or concerns. AOA has been very supportive with our inquiries. The DSC can communicate with them, will and should do within the 4 years i.e. natural disasters, decrease in economy, and whatever situation exists...have some kind of dialogue so it would not be difficult to present in state plan. Mr. San Agustin stated that the division has done a wonderful job with the state plan. He will submit draft and work with the division so that final version can be submitted.

Mrs. Gumataotao - Thank you for your edits. (*Edits provided by the Senior Citizens Administrator are on file for review.*)

Mrs Gumataotao - At this time we will take a moment to break; it is 9:36a.m. and we currently have no one else to testify at this time.

Mr. Arthur San Agustin: It is 12:03 p.m. 4/29/11, we will close this part of our hearing and re-open at 6:00 p.m. through 9:00 p.m. at that time we will actually close the Public Hearing on the 4-year State Plan.

Transcribed by:

Monica Untalan
Program Coordinator III



Department of Public Health and Social Services

Division of Senior Citizens



PUBLIC HEARING: FOUR YEAR STATE PLAN FFY 2012-2015

April 29, 2011
6:00 p.m. – 9:00 p.m.
DSC Conference Room
University Castle Mall Building, Suite 8
Mangilao, Guam

A G E N D A

I. INTRODUCTION

DSC Staff

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To request comments from the general public on the Division's draft Four Year State Plan on Aging (2012-2015)

III. RULES OF FORMAT

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Public Hearing - Evening Session
Friday, April 29, 2011 – 6:00 p.m. to 9:00 p.m.
DSC Conference Room
University Castle Mall Building, Suite 8
Mangilao, Guam

Introduction: Public Hearing officially opened by Mr. Arthur San Agustin, Division of Senior Citizens Administrator at 6:03p.m. to hear/receive testimony on the Guam Four Year State Plan on Aging for the period of 2012-2015.

Mr. San Agustin indicated that at this time no one has signed up to provide testimony and that the hearing we will remain open until 9:00pm. At this time the recording process will be suspended until such time someone arrives to provide testimony.

At 6:11p.m., Mr. San Agustin indicated that one staff of the Division of Senior Citizens is present for this evening's hearing and requested that he introduce himself for record purposes. Mr. Francisco Limtiaco indicated that he is a Social Worker III of the Adult Protective Services within the Division of Senior Citizens. Mr. San Agustin indicated that there is still no one at this time present to provide testimony; therefore, the recording process will now be suspended.

At 7:00 pm, Mr. San Agustin indicated that we now have two (2) individuals present to provide their thoughts on the State Plan and they are Christina Velez and Jor Aguon.

Jor Aguon was extended a warm welcome for being present and requested that she provide her thoughts and initial reactions on the Four Year State Plan on Aging for discussion.

Ms. Aguon was surprised that she was the first one here as she knows that seniors are not apathetic to the issues at hand of how the government is serving them. Indicated that we are moving to more modern times and that accessibility is important. Aware that aging grandparents stay at home and there may be an obstacle of getting transportation to get up here to provide their statements because she knows that seniors have strong opinions. Suggests the internet or a blog for seniors be used to legitimize their comments. Even if the Manamko are not tech savvy, they have children that can place comments on a blog if they are not able to make their statements in person because they live in Merizo. Also on K-57 there is a demographic group of people who are 40 or over who call in to make their opinions. Therefore, more feedback can be obtained by using the radio for more people to make their statements.

Mr. San Agustin thanked Ms. Aguon for making strong points on accessibility and on technical savvy, such as the blog and radio stations. These recommendations will be taken into consideration. Maybe in the future, the staff can go on the radio to inform the public of the State Plan. Also, if Ms. Aguon had any thoughts about aging services she could provide them so we can use them as ways to improve and grow. Sometimes we do not have the funding to fund services; however, thoughts can be put into record.

Ms. Aguon asked who is the document read by, the Manamko and for them to provide feedback or is it for the department/government that you are submitting to?

Mr. San Agustin indicated that the Plan is written to both populations to read through and to provide comments. It is written to support funding for current programs funded by the Administration on Aging.

Ms. Aguon indicated that in the interest of saving time for both parties to receive feedback in a timely manner, she recommends that because some of the words in the document are technical and maybe jargon, a summary in more laymen's turn should be provided to explain what each section means so seniors can make suggestions. The document is big to digest, however, she is grateful for the work put into it; however, the Manamko may need to take out a Thesaurus and dictionary to figure out what words mean.

Mr. San Agustin indicated that her suggestions are well taken and maybe a 3-5 page synopsis that can tell one what the state plan will do for the seniors of Guam can be incorporated.

A 30 second pause to flip the cassette tape.

Mr. San Agustin continued to state that Ms. Aguon provided a very good recommendation that will be taken into consideration.

Ms. Aguon clarified that her recommendation is not to make any disparaging remarks as she knows that our senior population is very intelligent, but it is to expedite the process so feedback can be provided in a timely manner.

Mr. San Agustin indicated that he and the staff of the Division of Senior Citizens take no offense to any of her recommendations as they are very good recommendations and will be used by staff to do a better job of the work we do.

Mr. San Agustin asked if the other individual (Ms. Velez) would like to provide any comments, and she indicated by nodding that she will not be.

Mr. San Agustin indicated that it is now 7:13p.m. and that the recording procedure is suspended until 9p.m. or should another speaker show up.

At 9:00pm, April 29, 2011, Mr. San Agustin officially closed the public hearing for the Four Year State Plan on Aging as there is no additional public input, except for what was presented by Ms. Jor Aguon. This concludes the public hearing process at this point. Thank you!

Written Transcription By:
Joleen M.M. Almandres
Program Coordinator IV
Division of Senior Citizens

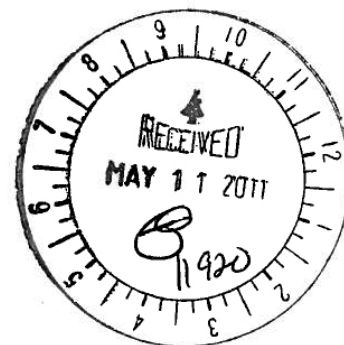
APPENDIX D

SUPPORTING DOCUMENTS



AARP GUAM CHAPTER #4837

**Post Office Box 130
Hagatna, Guam, U.S.A. 95932**



May 6, 2011

To whom it may concern:

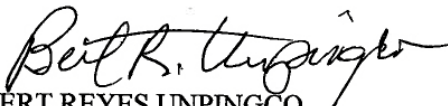
Buenas yan Hafa Adai! We are very grateful for the opportunity to share the Division of Senior Citizens plans for providing services to the senior citizens on Guam. For your information, however, our membership has been lowered to 50 years of age and older.

Many of our members have complimented on the quality of services provided by the Division of Senior Citizens (DSC), Department of Public Health and Social Services. These services were acknowledged by the national AARP when the DSC was given the Award of Excellence for the quality and practicality of services provided to our senior members.

AARP volunteers continue to provide thousands of hours of volunteer services to the Senior Medicare Patrol Program administered by the DSC. And we will continue to encourage our members to provide volunteer services to assist the Division in implementing the Plan. Further, DSC representatives are always welcome to attend the AARP membership meeting and are provided contact information of AARP members for recruitment purposes.

We would like to acknowledge Ms. Joleen Almandres and Ms. Maria Blaz for availing themselves to address our members on the latest Medicare information as well as answering questions pertaining to Medicare eligibility and benefits during our general membership meetings.

We reviewed the State Plan and found it to be excellent. You may count on our continued help and services, both direct and indirect. Just let us know.


BERT REYES UNPINGCO
President & Board Chairman
AARP Guam Chapter #4837



EDDIE BAZA CALVO
GOVERNOR

RAY TENORIO
LIEUTENANT GOVERNOR

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



JAMES W. GILLAN
DIRECTOR

LEO G. CASIL
DEPUTY DIRECTOR

MAY 04 2011

INFORMATIONAL MEMORANDUM
DSC-IM-General-2011-009

TO :

- Mrs. Diana B. Calvo, Executive Director
Catholic Social Service
- Mrs. Hui Sook Min, Vice-President
SH Enterprises, Inc., dba: California Mart
- Mr. Tony Fegurgur, Acting Program Director
GovGuam Association of Retired Persons/ (GGARP)
Servicio Para I Manamko (SPIMA)
- Ms. Amy Sue B. Santos, Program Supervisor
National Family Caregiver Support Program, UOG
- Attorney Gary Wayne Francis Gumataotao
Law Office of Gary W.F. Gumataotao
- Travis Kloppenburg, Vice President
Kloppenburg Enterprises, Inc.

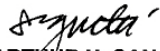
SUBJECT: Request for Comments or Letter of Support
Ref: Guam Four Year State Plan on Aging (2012-2015)

Hafa Adai! Two public hearing sessions were held on Friday, April 29, 2011 to receive comments on the Guam Four Year State Plan on Aging for the period of 2012 through 2015. Shortly thereafter, the Plan will be forwarded to the Governor via the Guam State Clearinghouse for his review, and finally to the Administration on Aging before July 1, 2011. To ensure that that your input is included, we appreciate either your comments on the Plan or a letter of support of our efforts by May 11, 2011. The Plan is available for review on our website at www.dphss.guam.gov by clicking on the State Plan banner and then on the published announcement. Should you have questions, you may refer them to Ms. Joleen Almandres at 735-7011.

I thank you for your continued support and an effort to be of service to Guam's aging community.

EFFECTIVE DATE: May 11, 2011

INQUIRIES TO: Direct inquiries to respective staff as assigned.


ARTHUR U. SAN AGUSTIN, MHR
Senior Citizens Administrator

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JAMES W. GILLAN
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LEO G. CASIL
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DIVISION OF SENIOR CITIZENS

Telephone Number: (671) 735-7382 * Facsimile Number: (671) 735-7416

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Abbreviations:

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HR: Host receive
WS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
CP: Completed
FA: Fail

TU: Terminated by user
TS: Terminated by system
RP: Report

G3: Group 3
EC: Error Correct

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Request for Comments or Letter of Support
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Abbreviations:

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			EC: Error Correct

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JAMES W. GILLAN
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DEPUTY DIRECTOR

DIVISION OF SENIOR CITIZENS
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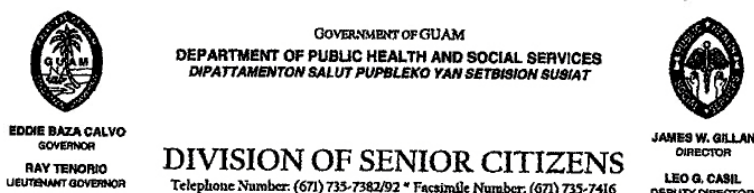
Abbreviations:

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HR: Host receive	PR: Polled remote	CP: Completed	TS: Terminated by system
WS: Waiting send	MS: Mailbox save	FA: Fail	RP: Report
			G3: Group 3
			EC: Error Correct

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WS: Waiting send	MS: Mailbox save	FA: Fail	RP: Report
			G3: Group 3
			EC: Error Correct

Transmission Report

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Abbreviations:

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PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
CP: Completed
FA: Fail

TU: Terminated by user
TS: Terminated by system
RP: Report

G3: Group 3
EC: Error Correct

Transmission Report

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GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPLEKO YAN SETBISION SUBIAT



DIVISION OF SENIOR CITIZENS
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Abbreviations:

HS: Host send	PL: Polled local	MP: Mailbox print	TU: Terminated by user
HR: Host receive	PR: Polled remote	CP: Completed	TS: Terminated by system
WS: Waiting send	MS: Mailbox save	FA: Fail	RP: Report
			G3: Group 3
			EC: Error Correct

APPENDIX E

***AGING AND DISABILITIES RESOURCE CENTER (ADRC) PROJECT FIVE YEAR PLAN (2012 THROUGH 2016)**

*Pending completion by Department of Integrated Services for Individuals with Disabilities
(DISID)

