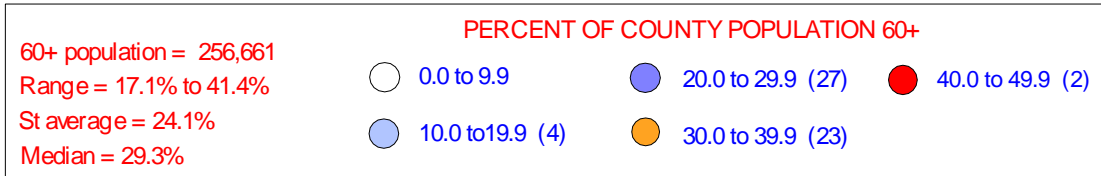
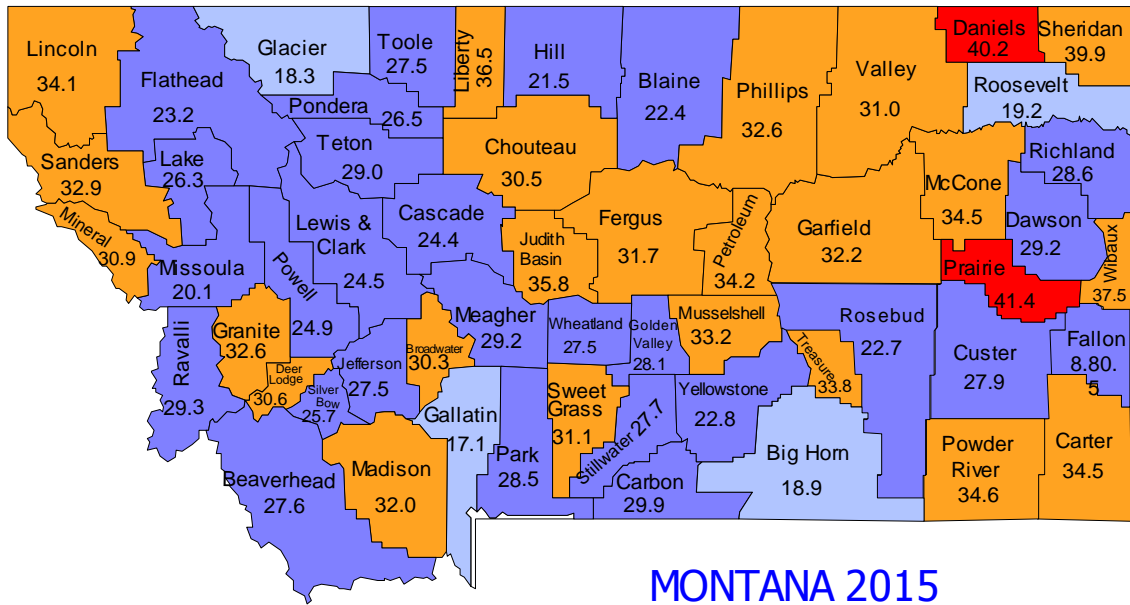


MONTANA

STATE PLAN ON AGING



FOR THE PERIOD
OCTOBER 1, 2011 TO SEPTEMBER 30, 2015

Table of Contents

Verification of Intent..... 3

INTRODUCTION..... 4

EXECUTIVE SUMMARY..... 9

Our Mission12

Montana’s Goals for 2012 to 1015

Services for Older Montanans..... 16

Goal #1..... 18

Aging and Disability Resource Centers..... 22

Goal #2..... 24

Legal Service Developer Program 28

Goal #3..... 30

Long Term Care Ombudsman Program..... 37

Goal #4..... 38

The Future Service Delivery System..... 42

Goal #5..... 43

ATTACHMENTS

Attachment A

STATE PLAN ASSURANCES, REQUIRED ACTIVITIES AND INFORMATION
REQUIREMENTS..... 48

 Signature/Signoff..... 62

Attachment B

INTRASTATE (IFF) FUNDING FORMULA REQUIREMENTS..... 63

ATTACHMENT C

FUNDING FORMULA..... 64

 Allocation Sheet..... 67

VERIFICATION OF INTENT

The State Plan on Aging is hereby submitted for the State of Montana for the period October 1, 2011 through September 30, 2015. It includes all assurances and plans to be conducted by the Department of Public Health and Human Services, Senior and Long Term Care Division, Aging Services Bureau under provisions of the Older Americans Act as amended, during the period identified. The State Agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act; i.e., the development of comprehensive and coordinated systems for the delivery of supportive services, including multi-purpose senior centers and nutrition services, and to serve as the effective and visible advocate for elderly in the State.

This Plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary on Aging.

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

Signed: _____ Date: _____
Charlie Rehbein, Chief
Aging Services Bureau

Signed: _____ Date: _____
Kelly Williams, Administrator
Senior and Long Term Care Division

Signed: _____ Date: _____
Anna Whiting Sorrell, Director
Department of Public Health and Human Services

I hereby approve this State Plan on Aging and submit it to the Assistant Secretary on Aging for approval.

Signed: _____ Date: _____
BRIAN SCHWEITZER, Governor

INTRODUCTION

The Aging tsunami has begun. The number of elderly is increasing in Montana as well as nationally. We are an aging society and that fact is even more evident as the first of the Baby Boomers, the Aging tsunami, turn 65 years of age in 2011. And for the next 25 to 30 years, we will continue to see the rapid growth of the 65 and older age group.

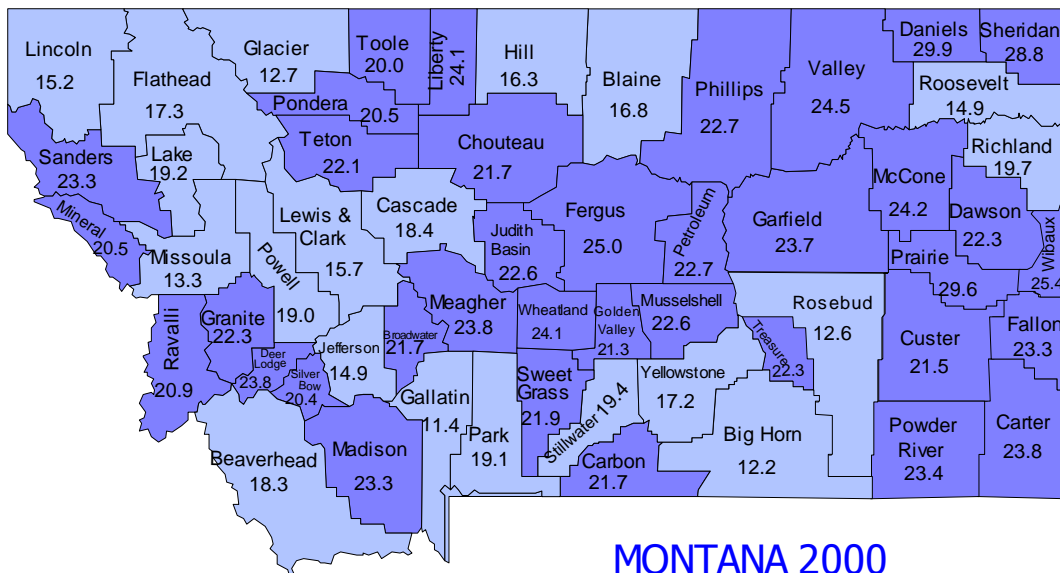
In 2000, Montana ranked 14th in the nation in percentage of our elderly population to total population. By 2025, just 14 short years away, Montana is projected to rank no less than 5th and could be as high as 3rd in the nation in the percent of those over the age of 65. This means that at least 25% or 1 in 4 people in Montana will be over the age of 65 by the year 2025.

Let's look at this in a different way. Starting now and every year for the next 15 to 20 years Montana will have an increase in our 65 and older population equal to or greater than the population of Havre, Montana.

Under Title III of the Older Americans Act, the Aging Network provides services to people 60 and older. As we look to the future, and see the changes in Montana's population, we need to take into account where some of the most critical needs will be over not just the next four years, but the next ten to twenty years.

Based on the 2000 Census, Montana's 60 and older population was 14% of our total population. In 2000, 36 of our counties had 60 and older populations at 20% or more of their populations over the age of 60. (see maps below)

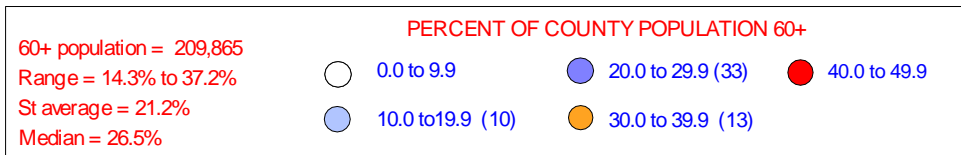
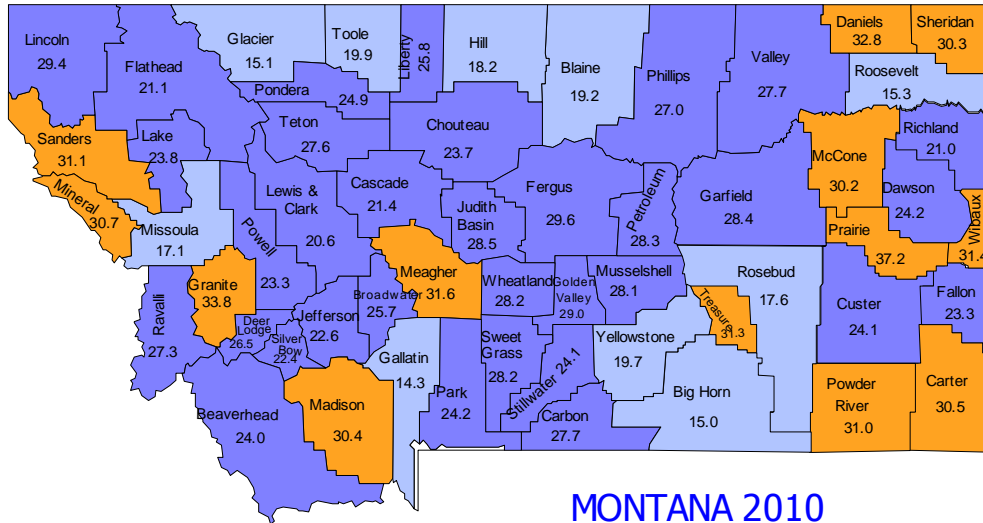
MONTANA 60+ POPULATION DATA



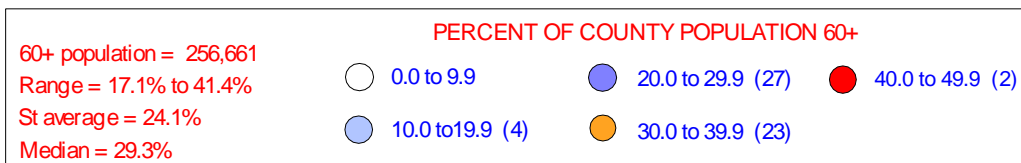
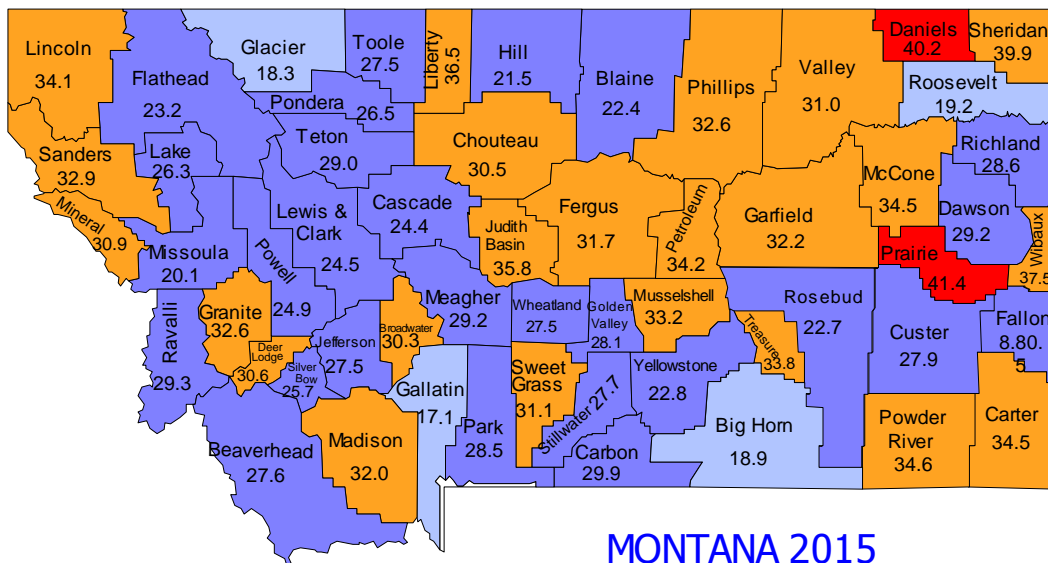
MONTANA 2000

60+ population = 158,894	PERCENT OF COUNTY POPULATION 60+		
Range = 11.4% to 29.9%	○ 0.0 to 9.9	● 20.0 to 29.9 (37)	● 40.0 to 49.9
St Average = 17.6%	● 10.0 to 19.9 (19)	● 30.0 to 39.9	
Median = 21.7%			

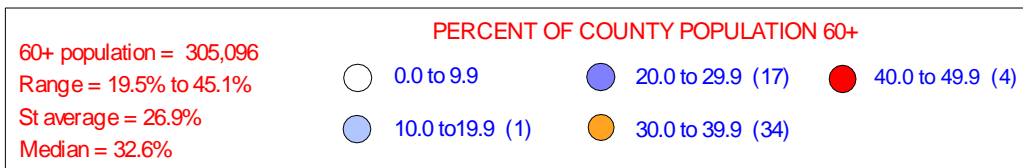
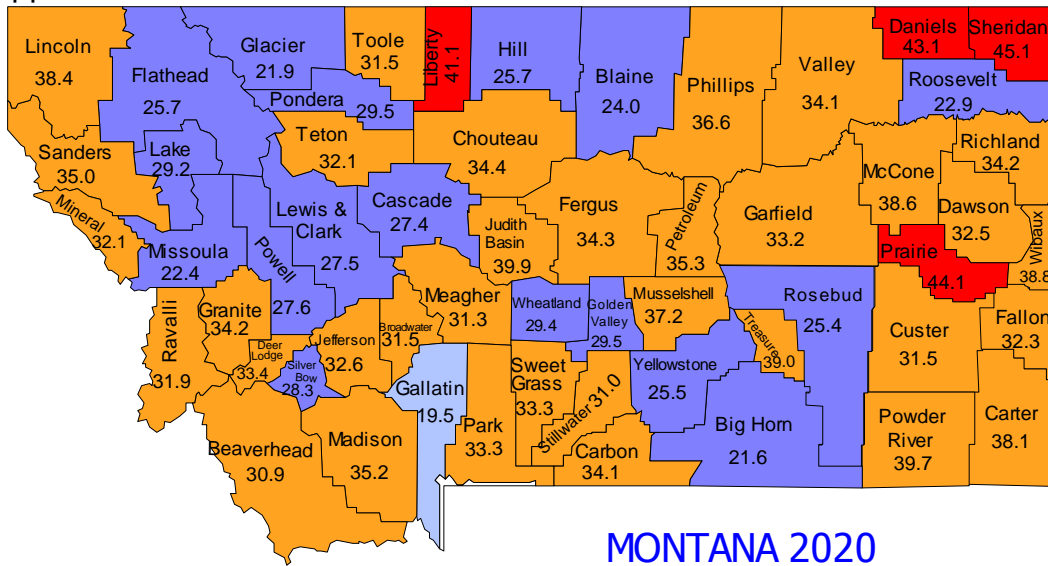
By 2010, thirteen counties had 60 and older populations that exceeded 30% of their total county populations which was an increase of six more counties since 2009.



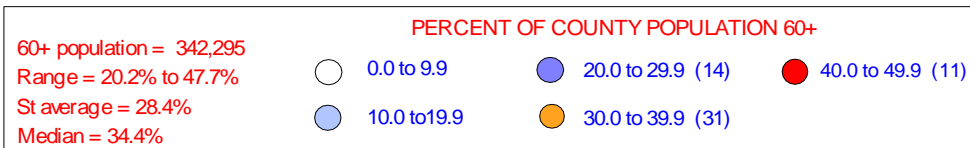
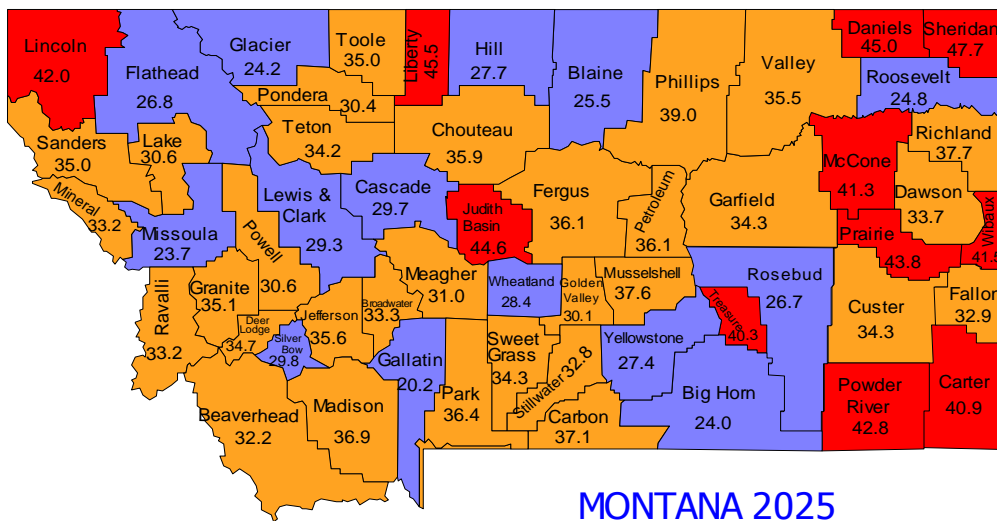
By 2015, we can expect this number to grow to 23 counties whose 60 and older populations exceed 30% of their total county population and 2 counties to pass the 40% mark.



Ten years from now, 34 counties will exceed the 30% range and 4 counties will have topped the 40% mark.



By the year 2025, there will be only 14 counties in Montana whose 60 and older populations are under 30% of their total population. And the number of counties whose 60 and older population has grown to over 40% will be 11. Those counties with less than 30% have either reservations or larger cities.



During this same time period (2010 to 2025), many of our more rural and frontier communities will be facing some critical changes as they see their 60 and older populations increase from 20% currently to as high as 70% . There are currently 137 communities in Montana whose 60 and older populations make up 20% to 49.7% of their total population. And by 2025, Montana could have 150 communities with 60 and older populations between 39% and 70% of their community's total population.

Here is a list of some of the communities in Montana whose 60 and older populations are currently over 30% of their total community population: Augusta (32.4%), Bainville (30.1%), Big Fork (35.7%), Big Sandy (31.4%), Chester (32.6%), Choteau (30.9%), Dayton (33.7%), DeBorgia (39.1%), Ekalaka (33.7%), Fallon (30.4%), Flaxville (34.5%), Hamilton (32.8%), Kings Point (43.2%), Nashua (36.7%), Neihart (41.8%), Opheim (36.9%), Plentywood (30.8%), Richey (30.2%), St. Marie (49.7%), Scobey (35.2%), Sheridan (36.3%), Terry (37.5%), Westby (31.4%) and Wibaux (30.2%).

As Montana ages over the next 15 to 20 years, we will be faced with major challenges regarding the quality and quantity of services, support and care offered to our elders, their families and caregivers. Some of these challenges will involve transportation issues, nutrition education and services, home and community based services, health related issues, advocacy issues (both legal and long term care), keeping people independent and in the least restrictive settings, and the need to provide information and education to help people do long term care planning.

This four year State Plan will begin to address some of the issues and challenges Montana will face not only in the next 4 years but in the next 10, to 15 to 20 years.

The U.S. Administration on Aging (AOA) has begun to address some of the issues our state as well as the country will be facing in the near future in their Strategic Action Plan for 2007 - 2012. The Strategic Action Plan covers five main goals and objectives which AOA will focus on over the next four to five years. These goals and objectives are:

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

- Provide streamlined access to health and long term care through Aging and Disability Resource Center programs
- Empower individuals, including middle-aged individuals, to plan for future long term care needs

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

- Enable seniors to remain in their homes and communities through flexible service models and consumer directed approaches
- Continue to use Older Americans Act programs and services to advance long term care systems change
- Continue to improve the planning and assessment efforts of the National Aging Service Network

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

- Increase the use of Evidence-Based Disease and Disability Prevention Programs for older people at the community level
- Promote the use of the prevention benefits available under Medicare

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

- Facilitate the integration of Older Americans Act elder rights programs into Aging Services Network systems change efforts
- Improve the identification and utilization of measurable consumer outcomes for elder rights programs
- Foster quality implementation of new Older Americans Act provisions supporting elder rights

Goal 5: Maintain effective and responsive management

- Promote state-of-the-art management practices, including the use of performance-based standards and outcomes, within AoA and the National Aging Services Network
- Implement the President's Management Agenda
- Support the Department of Health and Human Services and the National Aging Services Network in administering emergency preparedness and response for older people

These five goals and objectives of the Administration on Aging have been incorporated in part into Montana's State Plan on Aging for 2012 to 2015.

EXECUTIVE SUMMARY

The 2012 - 2015 Montana STATE PLAN ON AGING outlines the fundamental concerns facing Montanans as we continue to address the current needs of our aging population and the anticipated needs over the next fifteen years of an increasing number of seniors, especially in our frontier communities. It identifies Key Strategic Issues which must be addressed by the Montana Office on Aging in 2012 - 2015 to successfully plan to advance the statewide development of in-home and community-based services and resources to provide those services.

Services to the elderly need to support the health, dignity, and independence of aging individuals and provide them with the information, education and opportunities to plan for their long term care needs. Providing people with the information and educational materials regarding their long term care needs provides them with the potential to make choices and to self manage their long term care options in addressing their current and future services needs.

The Montana Office on Aging's objective is to provide leadership in addressing issues that relate to aging Montanans, and in developing in-home and community-based systems of services throughout Montana which will assist the Department of Public Health and Human Services in rebalancing the Medicaid system. This objective is accomplished through the Office on Aging's unique partnership with its statewide network of Area Agencies on Aging in collaboration with others in the service network.

Montana began to make progress toward accountability and system development as it relates to services for the elderly in Fiscal years 1996 to 1999 with the establishment of the Senior and Long Term Care Division within the Department of Public Health and Human Services. The Senior and Long Term Care Division brought Medicaid's Home and Community Based Services together with Aging Services. We continued this development in Fiscal Years 2000 to 2003 with the addition of Adult Protective Services to the Division. The addition of Adult Protective Services brought coordinated training and the co-location of field staff with aging staff and other long term care staff.

During the first four years of the Senior and Long Term Care Division, we expanded our accountability in helping Montanans plan for their long term care needs by working with six of the ten Area Agencies on Aging to establish Medicaid Case Management services as part of the services provided in their Planning and Service Areas. Over the next four years, three more Area Agencies started providing this service. The only Area Agency not providing Medicaid Case Management services is Area I Agency on Aging, our most frontier area, which has developed a working relationship with the two established Medicaid Case Management teams currently serving their Planning and Service Area.

During the Senior and Long Term Care Division's and Area Agencies on Aging legislative planning process, the following alphabetical list of the most frequently identified areas of need was identified.

- Care/Case Management
- Caregiving Support
- Elder Abuse Prevention
- Employment
- Health Care/Health/Mental Health
- Health Insurance
- Health Promotion
- Housing
- Information and Assistance
- Legal Affairs
- Long Term Care
- Medication/Prescription Drugs
- Nutrition
- Outreach/Advocacy
- Ombudsman
- Respite/Adult Day Care
- Senior Centers
- Transportation
- Volunteer Programs

In preparing for the 2011 Legislature as well as beginning the planning process for the Area Agencies on Aging for 2012 to 2015 Area Plans, each Area Agency on Aging conducted meetings with clients, providers and staff to determine the focus and priorities for the elderly covered under their Planning and Service Area. In addressing these areas of need, Area Agencies have identified as a fundamental goal the developing of comprehensive in-home and community-based services through the continued refinement of the information, referral and assistance program as it relates to the transition into Aging and Disability Resource Centers as well as a focus on local planning. Of these areas of need, the Aging Network will emphasis and focus specifically on caregiving support, information and assistance, legal, medications/prescription drugs, Ombudsman and respite/adult day care.

In addressing the above areas of need, the Aging Network in Montana will continue to offer and provide quality services under Title III of the Older Americans Act. With increased costs in providing services, such as increased fuel costs (both heating and for transportation), food costs and insurance costs, the Aging Network is challenged to maintain and increase services to an increasing elderly population. This challenge is going to put the Aging Network to the test especially as we continue to see the 85 and older age group increase.

Based on FY 2010, the following are the services and the projected number of units the Aging Network will strive to maintain and increase each year of the plan:

<u>Services</u>	<u>No. of Units</u>	<u>Services</u>	<u>No. of Units</u>
Case Management	43,680	Nutrition Education	19,302
Congregate Meals	1,193,683	Ombudsman	3,864
Health Promotion	186	Outreach	9,177
Health Screening	23,338	Personal Care	18,976
Homemaker	49,104	Respite Care	34,981
Home Chore	509	Senior Center	367,418
Home Delivered Meals	657,899	Skilled Nursing	3,788
Information & Assistance	6,997	Telephone Reassurance	10,160
Legal Assistance	4,388	Transportation	460,658

When the Aging Network began to implement the National Family Caregiver Support Program, we aimed specifically at the need to inform and educate caregivers about the services and resources available to them. This emphasis involved revising our "Future is in Your Hands" information packets to include information specifically related to caregivers. It has also involved focusing several Aging Horizon TV shows on caregiving and caregiving services, articles in the Aging Horizons Newsletter regarding caregiver issues as well as highlighting caregivers and caregiver issues at the Annual Governor's Conference on Aging. The emphasis on providing accurate information and education as well as assistance is being incorporated into the Aging and Disability Resource Centers (ADRCs) model as we develop policies and expand ADRCs throughout Montana. Currently Montana has six Area Agencies with designated ADRC services which were developed under three different grants.

As part of our focus on being accountable, we have emphasized providing information, training and assistance to the elderly, their caregivers, service providers and the general public. In order for people to be able to adequately plan and make choices related to their long term care needs, it is critical to addressing the needs of the elderly, their caregivers and loved ones with information and education that provides the long term care service options available to them.

In order to focus on meeting the present service needs as well as the implications of the coming aging boom, we must also consider the further development of statewide comprehensive in-home and community-based systems of services especially in frontier communities and counties. This means that the Montana Office on Aging will give special attention to the following areas through local efforts in 2012 - 2015.

- Advocacy
- Caregiving Support
- Long Term Care
- Resource Development

Focused activity in these areas is integral to the successful implementation of our leadership charge as well as critical in laying the foundation for developing and providing comprehensive in-home and community-based systems of service. It will also assist DPHHS in addressing its goal to re-balance the long term care system.

During these next four to five years, the elderly population in several of Montana's frontier counties and communities will experience the first tsunami wave as their 60 and older population begins to increase to over 30% of their total populations.

This plan is designed to help educate Montanans on the tsunami of elderly coming and set some direction for the Aging Network to successfully meet the wave of service needs as well as provide the information, education and assistance framework so people can make appropriate choices in developing a long term care plan to meet their current and future needs. Also based on the fact that Montana is a minimally funded under the Older Americans Act, program growth and sustainability will be critical to providing even core services to an increasing client population over the next fifteen to twenty years.

OUR MISSION

The Montana Legislature addressed four key issues related to Montana's elderly when they passed Montana's Older Americans Act. In section 52-3-503 of the Montana Code Annotated, it states that the Legislature found:

- (1) that older Montanans constitute a valuable resource of this state and that their competence, experience, and wisdom must be used more effectively for the benefit of all Montanans;
- (2) that a complete range of services is not available in all areas of the state and that many Montanans lack access to the services that are available;
- (3) The legislature declares that it is the policy of this state, subject to available funding, to provide a wide range of coordinated services to enable older Montanans

to maintain an independent lifestyle, avoid unnecessary institutional care, and live in dignity; and

(4) It is the intent of the legislature that available federal, state, regional, and local resources be used to strengthen the economic, social, and general well-being of older Montanans and that the state:

- (a) develop appropriate programs for older Montanans;
- (b) coordinate and integrate all levels of service, with emphasis on the whole person; and
- (c) promote alternative forms of service that will create options for older Montanans.

Based on the Federal Older Americans Act (OAA) as well as Montana's Older Americans Act, the mission of the State Office on Aging (Aging Services Bureau) is to help elderly individuals maintain their dignity and independence in their homes and communities through comprehensive, coordinated, and cost effective systems of long term care. The Senior and Long Term Care Division's Aging Service Bureau does this by serving as the state agency responsible for advancing the concerns and interests of older people and their caregivers, and by working with and through the Aging Services Network to promote the development of a comprehensive and coordinated system of home and community-based long term care that is responsive to the needs and preferences of older people and their family caregivers.

The primary strategies for accomplishing this mission include:

- 1) advocacy, which encompasses the Office on Aging's responsibility to represent the needs and concerns of older people in the policy, program and budget development processes at the State level;
- 2) the dissemination of consumer information and the conduct of public education activities;
- 3) the allocation of formula grants to Montana's ten Area Agencies on Aging (AAA);
- 4) the provision of technical assistance to state and community-based entities and other stakeholder organizations that affect aging services policies and programs;
- 5) research, data analysis, and program development which improves the quality of life and the delivery of health and human services to Montana's elderly; and,
- 6) oversight of Montana's Aging Network's programmatic and fiscal responsibilities.

OUR VISION FOR OLDER PEOPLE

Our vision for older Montanans is embodied in the Older Americans Act and Montana's Older Americans Act and is based on the American value that dignity is inherent to all individuals in our society, and the belief that older people should have the opportunity to fully participate in all aspects of society and community life, be able to maintain their

health and independence, and remain in their own homes and communities for as long as possible.

OUR CORE VALUES

In the ongoing effort to be accountable in providing a service delivery system that addresses the needs of Montana's elderly through the management of our programs and our strategic planning process, the Aging Network is guided by a set of core values in developing and carrying out its mission. These values were established in 1995 by the Office on Aging in coordination with the Governor's Advisory Council on Aging, the Area Agencies on Aging, and various organizations such as AARP, the Montana Senior Citizens Association, and the Silver Haired Legislature (Legacy Legislature). These values include:

- Listening to older people, their family caregivers, and our partners who serve them;
- Responding to the changing needs and preferences of our increasingly diverse and rapidly growing elderly population;
- Producing measurable outcomes that significantly impact the well-being of older people and their family caregivers; and
- Valuing and developing our staff.

**MONTANA
STATE PLAN ON AGING**

GOALS

**for the period
October 1, 2011 to September 30, 2015**

SERVICES FOR OLDER MONTANANS

The U.S. Congress passed the Older Americans Act (OAA) in 1965 in response to concern by policymakers about a lack of community social services for older persons. The original legislation established authority for grants to States for community planning and social services, research and development projects, and personnel training in the field of aging. The law also established the Administration on Aging (AoA) to administer the newly created grant programs and to serve as the Federal focal point on matters concerning older persons.

Although older individuals may receive services under many other Federal programs, today the OAA is considered to be the major vehicle for the organization and delivery of social and nutrition services to Montana's elders and their caregivers. Under the Older Americans Act, Montana authorizes a wide array of service programs through a statewide network of Area Agencies on Aging, local service providers, and Tribal organizations.

In 1987, Montana passed its version of the "Older Americans Act," to reaffirm the State's commitment to its older citizens. Montana thus adopted the philosophy of the Older Americans Act of 1965 by bringing it closer to home. The Montana Act requires that the State Aging Services Bureau coordinate activities of relevant departments of State government and other organizations and agencies. As stated in the 1987 Montana Older Americans Act (MCA52-3-503):

"The Legislature finds that older Montanans constitute a valuable resource of this State and that their competence, experience, and wisdom must be used more effectively for the benefit of all Montanans.

The Legislature further finds that a complete range of services is not available in all areas of the State and that many Montanans lack access to the services that are available.

The Legislature declares that it is the policy of this State, subject to available funding, to provide a wide range of coordinated services to enable older Montanans to maintain an independent lifestyle, avoid unnecessary institutional care, and live in dignity.

It is the intent of the Legislature that available federal, State, regional, and local resources be used to strengthen the economic, social, and general well-being of older Montanans and that the State develop appropriate programs for older Montanans;

coordinate and integrate all levels of service, with emphasis on the whole person; and promote alternative forms of service that will create options for older Montanans."

As Montana's Aging Network continued to look at the projected demographic changes, stakeholders which included the Governor's Advisory Council on Aging, the Area Agencies on Aging, Montana's Silver Haired Legislature, and Montana Senior Citizens Association, worked to gain support for the establishment of a trust fund that set aside funds for future services for Older Montanans. In 2006, the Aging Network began promoting the establishment of an Older Montanan's Trust Fund, which was passed by Montana's Legislature at the very end of the 2007 Legislative Session and funded utilizing some one-time-only funds. While the 2009 Legislature recognized the need to plan for the future, the economic recession was starting to hit Montana which dampened the Legislature's desire to set aside additional funding in the Older Montanan's Trust Fund for the future needs of the elderly when there was a need to maintain existing services.

In January 2011, the Baby Boomer generation started to turn age 65. Over the next fifteen to twenty years, Montana's 65 and older population is expected to increase 1.1 people per hour or 26.4 people per day or 793 people per month or 9,512 people per year. This is equal to an increased aging population the size of Havre, Montana each year for the next twenty years. Montana's 60 and older population is expected to increase from about 14 % currently to about 25% of our total population. Currently, in 30 of our frontier counties, the percent of those aged 60 and older exceeds 25% of their total populations and 3 of them are well over 30% of their total county populations. The percentage of elderly in our frontier counties is increasing at a faster growing rate than the more populated counties. It is expected over the next 10 to 20 years that these county's 60 and older population may hit 70% or more of their total populations.

Even in Montana's Department of Public Health and Human Services (DPHHS), we are beginning to see the potential effects of an aging population. There are currently 3,168 DPHHS employees statewide, which include the staffs of facilities run by the department. Of these 3,168 employees, at least half (1,584) of them could retire in the next four years. In the Aging Network, there are several Area Agency on Aging directors and staff members who are also in a position to retire in the next four years, as well as a large number of local providers which include but are not limited to senior center directors, cooks, home delivered meals delivery personnel and transportation drivers. The loss of these service providers and program staff means there could be potential problems in the service delivery system for many human services programs for a period of time as new staff comes up to speed.

Currently the Aging Services Network in Montana provides an array of core services under Titles III, VI and VII of the Older Americans Act. Some of the services provided include information and assistance, congregate meals, home delivered meals (also know as meals on wheels), long term care Ombudsman services, legal assistance, homemaker, transportation, respite care, care management and a variety of services, information, health education and activities through senior centers.

Montana submits the following goal, which ties to the Administration on Aging's goals #1 and #2, for this plan period.

Goal 1: To strengthen the core services provided by Montana's Aging Services Network, especially in our frontier areas of Montana.

The core services under Titles III, VI and VII of the Older Americans Act are the foundation stones for building a continuum of long term care services for the elderly as our population continues to age over the next 20 to 30 years. Being able to provide basic core services in frontier areas of Montana is pivotal in developing and building the service capacity to meet the needs of an ever increasing clientele.

The demographic changes that are coming to Montana require the Aging Services Network to review our current delivery system to determine which services are necessary to aging individuals to support their health, dignity and independence as they age. Making sure the core services remain in place in frontier Montana as well as developing other long term care services may require a paradigm shift and may require the Aging Network to choose what services can be provided as well as how services are delivered especially in our frontier communities.

As the current economic crisis continues, rising costs and reduced income are putting stress on service delivery budgets. In a state that covers about the same distance as it is from Chicago to Washington, DC and facing stagnate or reduced resources, the service delivery system is important especially for core services. In an effort to reduce costs and maintain services to an ever increasing aging population, some Area Agencies on Aging and local providers have revised or are considering revising their delivery systems around consumer choice, utilizing vouchers for meals and transportation services, and developing or expanding cost sharing alternatives. Also, coordination of services will become an important part of our effort to meet the needs of our aging population especially at the local and area levels. The Aging Network will need to look for opportunities to develop new relationships with other agencies that provide services to the elderly such as Indian Health Services (IHS) especially as it relates to long term care, choice and self management.

If costs continue to rise and income remains the same or drops, maintaining core services, let alone strengthening them, is going to require the Aging Network to consider the question, “What core services can the Aging Network provide in order to help keep people, especially in frontier Montana, in their homes as well as in their home communities as they age?”

Objective 1.1: Review the core services with the Area Agencies on Aging to determine which services are critical core services to enable older Montanans to maintain an independent lifestyle, avoid unnecessary institutional care and live in dignity.

Strategies to Accomplish the Objective:

- a) Meet with the Area Agencies on Aging to consider service delivery options if the cost of providing services continues to increase and the financial resources remain stagnant or are reduced.
- b) Encourage Area Agencies on Aging to work with local stakeholders to identify options for service delivery including cost sharing, consumer choice (self-direction), use of vouchers, increased use of volunteers, fund raising ideas, etc.
- c) Identify and make any fundamental changes in policy and programs which support consumer choice while maintaining the availability of core services to enable older Montanans to maintain an independent lifestyle, avoid unnecessary institutional care and live in dignity.

Objective 1.2: Continue to coordinate services, especially between Titles III, VI and VII providers, to address the needs of our elders living in frontier communities in Montana.

Strategies to Accomplish the Objective:

- a) Provide a coordinated effort in training activities for all Title III, VI and VII providers by involving them in the development of training topics and agendas.
- b) Work with Area Agencies on Aging to coordinate planning activities and service delivery with all Title III, VI and VII providers in their planning and service area.
- c) Encourage the Area Agencies on Aging to look at potential training and coordination opportunities with Indian Health Services in enhancing or increasing the services to Native American Elders.

Objective 1.3: Refine our data collection process to identify the at-risk population the Aging Network is serving in order to strengthen, maintain and expand the Title III and Title VII services they are receiving or in need of and encourage the Administration on Aging to provide a database system that meets AOA's reporting and client tracking requirements.

Strategies to Accomplish the Objective:

- a) Review our current data system with the Aging Network to determine if the information we are currently collecting is meeting our needs and the data reporting requirements under Title III and VII.
- b) Modify as needed, the information being collected and provide a coordinated effort in training activities for all Title III and VII providers involved in collecting the data.
- c) Encourage the Administration on Aging to coordinate with the Centers for Medicare and Medicaid to provide a database for all Older Americans Act programs and Home and Community Base Services programs that meets all our reporting needs.

Objective 1.4: Expand and increase the utilization of the ADRC programs to raise visibility about the full range of options that are available, provide objective information, advice, counseling and assistance, empower people to make informed decisions about their long term supports, and help people more easily access public and private long term supports and services programs as we prepare to meet the changing and increasing number of elderly, especially in our frontier counties.

Strategies to Accomplish the Objective:

- a) Expand ADRC coverage to our remaining Area Agencies on Aging by the end of 2015.
- b) Work with our ADRC advisory committee to explore the opportunity to pair new sites, as they are selected, with existing ADRCs in our state who will act as mentors.
- c) Establish an ADRC certification process and set standards for operating as a fully functional ADRC.

Objective 1.5: Expand the Veterans Directed Home and Community Based Services Program (VDHCBS) in an effort to provide more services to our Military

Veterans whom the Veterans Administration identifies as at risk of needing nursing home care.

Strategies to Accomplish the Objective:

- a) Review annually the readiness plan with all Area Agencies on Aging to determine which ones are interested in pursuing the VHCBS for their Planning and Service Area.
- b) Coordinate with the Veterans Administration and Area Agencies on Aging to develop a community based service system for eligible Veterans.
- c) Work with the one or two Area Agencies on Aging to develop readiness plans for approval by the Veterans Administration for VHCBS programs in their area.
- d) Work with the Area Agencies on Aging to integrate VHCBS support services into ADRC programs.

Objective 1.6: Increase the ability of Montanans to prepare to meet their own long term care needs, or the long term care needs of a relative or a friend.

Strategies to Accomplish the Objective:

- a) Increase the number of requests for information on the State Aging Hotline and AAA toll free number each year.
- b) Maintain or increase the number of home delivered meals served through the Aging Network.
- c) Increase the number of Information and Assistance and ADRC program contacts each year.
- d) Increase the number of individuals served each year by the State Health Insurance Program (SHIP).
- e) Maintain the number of participants at the Governor's Conference on Aging each year.
- f) Increase the number of visits to the SLTCD website each year.
- g) Develop a coordinated continuing public education campaign to inform Montanans about long term care issues and options emphasizing the need for individual long term care planning and personal responsibility for individual health care needs.

AGING AND DISABILITY RESOURCE CENTERS

Under the Older Americans Act, the Office on Aging in the Senior and Long Term Care Division and Area Agencies on Aging (AAAs), in partnership with their service providers, operate a network of locally accessible programs for senior citizens. These programs include outreach, transportation, nutrition, information and assistance, case management, in-home services, and family caregiver support, among other services. In order to meet the increasing demands for long term care planning and services as our society ages, these agencies and partnerships require timely and accurate information about their clients and services.

Another part of addressing future needs of our aging society is an agency's management and reporting needs for information which are equally important in developing and providing services to our elderly. In order to educate people on long term care options, these management and reporting needs should include quality assurance efforts, assessing needs and linking clients with services, fiscal control, planning, and research. These activities can be used to enhance and expand current programs and service delivery system along with developing and maintaining collaborations and partnerships, as well as develop new services needed for an aging population.

The Information and Assistance (I&A) program through the Aging Network is a major key to long term care planning and accessing long term care services. In 2006, 29,624 people accessed I&A services which increased by 24% to 36,730 people in 2010. This is only expected to increase as Montana ages and moves towards being one of the top five states in the nation with a high percentage of population over the age of 65 by the year 2025.

Under the current I&A system administered through the ten Area Agencies on Aging, most of the ninety-seven I&A's wear multiple hats, providing I&A, State Health Insurance Program (SHIP) and Ombudsman services. While this configuration has worked in the past, with the ever increasing need for information, referrals and assistance for elderly and their family members regarding long term care services and financial planning, changes are needed to address the growing need to help people access and navigate the human service/ long term care maze. Encouraging local staff to be cross-trained in these programs has been an effective method of providing local coverage and has had many advantages. However, it has also caused staff burn-out due to the work overload, especially as it relates to outreach, education and casework related to Medicare Modernization and Medicare Part D issues.

Over the past seven years, the major focus of the I&A program, in collaboration with the SHIP program, has been on the implementation of the Medicare Prescription Drug program and other Medicare changes related to the Medicare Modernization Act of 2003. This implementation along with the frequent changes in providers and policies of the Medicare program has put huge and sometimes unrealistic demands on the staff and volunteers.

In 2003, the State of Montana, Aging Services Bureau applied for and received an Aging and Disabilities Resource Center (ADRC) grant from the Administration on Aging. The grant allowed the State Unit on Aging to establish an ADRC in Billings, Montana through Area II Agency on Aging. Since then, ADRCs have been expanded in Area II and Area XI, followed by Areas IV, VIII and X. The transition in the I&A program into an ADRC, one-stop shop for services for the elderly and disabled, has been beneficial to the clients, their caregivers, and their families. The focus has changed from mostly providing information and referral services to a program that provides more hands-on, one-on-one type of assistance. As each ADRC was established under the ADRC grants the state received, there have been different phases of services and coordination activities which were focused on. In order to develop a fully functional ADRC system of services, basic standards and policies need to be established as a foundation for current and future ADRCs to operate by.

The ADRC model has allowed people to have one place where they can come to get the information and assistance they need regarding services and coordinate the numerous application processes required in applying for various services. With the increase in the elderly and disabled populations, the ADRC model needs to be replicated across the state so people, regardless if they are elderly or disabled or a caregiver, who are in need of long term care services, can receive information and assistance on the numerous services they or their caregivers may be eligible to access.

In order to transition the whole I&A program into fully functional Aging and Disability Resource Centers, the State Office on Aging has established an advisory group made up of stakeholders to help identify policy issues, training and certification requirements and to help identify and define the common data requirements necessary for policy and management decision making, so the ADRC model can be standardized and replicated. This process will help the Aging Network provide the long term care options and meet the needs of the elderly, people with disabilities and their caregivers no matter where they are located or the area of the state they may need information for. Also, the involvement of the Veterans Administration as a stakeholder will aid in the Aging Networks ability to assist in the planning, developing and provision of the services needed by Veterans as they age and help them to maintain an independent lifestyle, avoid unnecessary institutional care, and live in dignity.

The future expansion of ADRCs across the state as one-stop-shops with the ability to assist people in applying for various programs at one place will eliminate the need for elderly and/or people with disabilities and caregivers needing to go to a number of different program providers and having to provide similar information repeatedly. Also, ADRCs will be able to provide information and education on services in the area so people can make choices regarding their long term care needs in order to maintain an independent lifestyle, avoid unnecessary institutional care, and live in dignity.

Montana submits the following goal, which ties to the Administration on Aging's goals #1, #2 and #3, for this plan period.

Goal 2: Expand ADRC coverage in Montana by 2015.

Changing the I&A program from providing basic information, referral and assistance to the elderly, caregivers or family members seeking information and assistance in addressing their long term care needs is a work in progress as we transition this program into the ADRC model of one-stop-shops – no wrong door programs. Being able to provide people with accurate and up to date information on what services are available is necessary if the Aging Network is going to be accountable in addressing the current and future long term care needs of our citizens. While many of the senior centers across the state have I&A services available, most do not have the staff to provide hands-on expertise to walk potential clients through the various service/program applications, let alone expand services to include additional services options which an ADRC may be able to provide such as care management.

Changing from the current I&A program into fully functional ADRCs requires additional training and certification of Aging Network staff and in some cases may require additional staff at the local and/or AAA level. New ADRC staff must have training in what programs and services are available in their community or county as well as having a knowledge of areas of income and asset limits along with the required documentation clients need for eligibility of the various programs in order to assist in application coordination through the ADRC for services to the elderly and people with disabilities. This training and certification will be provided by and in coordination with federal and state programs and the agencies that have the overall responsibility for ensuring a client is eligible for that service or program.

As the State Unit on Aging coordinates with the Area Agencies on Aging in the transition of the I&A programs into the ADRC model, we realize that due to funding constraints and staffing issues, it may not be possible to have fully functional ADRCs located in most of our frontier communities and many of our frontier counties. We do, however, realize the importance of the basic I&A program and the need to continue to provide I&A services statewide. Maintaining continued quality I&A services is important during this transition process to ensure that the elderly, their family and caregivers receive the

necessary information and assistance regarding services and access to the service delivery system.

Program and service delivery options will be issues that Montana will have to consider as a state as we address the needs of our aging population. Being able to provide our citizens with the information and educational materials they will need as they plan for their long term care futures will be a major role of ADRCs and is reflected in our ADRC mission statement:

To provide easy access to education and resources which empower individuals to make informed decisions regarding services and supports available to help them live in the home and community of their choice.

Providing people with access to educational materials and resources which empower them to make informed decisions will also help in rebalancing the delivery system by giving people the ability to plan for their long term care needs. This will also allow provide services in the least restrictive environment and most cost effective manner.

Objective 2.1 Develop standards and policy for fully functional Aging and Disability Resource Centers.

Strategies to Accomplish the Objective:

- a) Identify stakeholders who need to be part of the ADRC advisory council, such as the Veterans Administration.
- b) Work with the advisory council, Area Agencies on Aging and ADRC staff to identify policy and procedures needed in setting basic standards for fully functional ADRCs.
- c) Establish training and certification criteria for staff who work as ADRC staff.
- d) Establish and provide training on the basic standards of operation as a fully functional ADRC.
- e) Establish a quality assurance process to ensure ADRC services are meeting consumer needs.

Objective 2.2 Expand the ADRC model in one Planning and Service Area per year over the next four years.

Strategies to Accomplish the Objective:

- a) Each year of the plan, the State Office will work with one rural/frontier Area Agency on Aging or one urban Area Agency on Aging and their local programs to become ADRCs.

- b) Annually review and assess each Area Agency on Aging's ADRCs to determine what issues or problems need to be changed or modified and incorporate those into the establishment of new ADRCs each successive year.
- c) Work with the Area Agencies on Aging in developing any changes in the ADRCs to meet special or specific needs of the people residing in their planning and service areas.

Objective 2.3 Work with the various State agencies to develop and implement a web based application process for services.

Strategies to Accomplish the Objective:

- a) Coordinate the development of a web based application process with various State agencies that provide services to the elderly, people with disabilities and caregivers.
- b) Implement a web based application process which will eliminate clients or family members from having to fill out multiple applications for services.

Objective 2.4 Develop training materials and establish a certification process to ensure ADRC staff are adequately trained.

Strategies to Accomplish the Objective:

- a) Work with the various State agencies and other stakeholders to develop training materials to ensure ADRC staff are adequately trained in regards to numerous programs and applications for service.
- b) Establish a certification process for ADRC staff that clarifies the various levels of knowledge and understanding needed of the various program and application procedures.
- c) Provide annual training sessions for new ADRC staff and an annual re-certification process for prior trained ADRC staff.
- d) Develop and provide information and assistance training utilizing web based training techniques for new I&A and new ADRC staff until the annual certification training is provided.

Objective 2.5 Expand long term care options counseling.

Strategies to Accomplish the Objective:

- a) Identify long term care services available and provide training related to each option to all I&A and ADRC staff so they can counsel clients, caregivers and family members adequately.
- b) Provide information and education related to staying active and healthy including the benefits of prevention activities.
- c) Provide information about the benefits available under Medicare.

Objective 2.6 Explore and expand financial options and participation for the ADRCs by various partners and stakeholders.

Strategies to Accomplish the Objective:

- a) Explore and solicit financial participation/support options from the various agencies and organizations involved in the ADRC, including training.
- b) Work with the Area Agencies on Aging to enhance and increase funding alternatives for I&A and ADRC services.

Objective 2.7 Provide information and education on service options related to long term care planning through ADRCs that will address the needs of the elderly and disabled as well as aid in re-balancing the system.

Strategies to Accomplish the Objective:

- a) Utilize identified stakeholders to provide or help develop information and educational materials regarding their programs/services geared toward long term care planning options.
- b) Coordinate with Medicaid and other home and community base service programs focused on keeping people in the least restrictive setting.
- c) Work with the advisory council, Area Agencies on Aging and ADRC staff to identify long term care needs and what information a person may require in preparing a long term care plan.
- d) Develop and provide an informational packet customers and caregivers could use in setting up a long term care plan for themselves or their loved one.
- e) Utilize media, such as our Aging Horizons TV program, and other events to educate the public about long term care planning.

LEGAL SERVICES DEVELOPER PROGRAM

As indicated by the Administration on Aging, the Legal Assistance (Services) Developer Program under Title VII of the Older Americans Act, in today's service delivery environment, has become more critical than ever before. Nationally, as well as in Montana, the Aging Network is experiencing an increasing volume of "high impact" legal issues ranging from public benefits, consumer fraud/protection, and housing/foreclosure issues, to elder abuse and financial exploitation cases. Aging and legal networks across the country are experiencing a cascade of these legal cases all in the context of an environment of contracting resources and shrinking supply to meet the demand. It is a relentless climate that Legal Services Developers across the nation find themselves in and why the Administration on Aging as well as Montana's Aging Network focus on the importance of this position and program.

The Administration on Aging has determined that in order to address elder rights provisions and legal issues of the elderly, the State Legal Service Developer (LSD) must - at the very least- be actively involved in the state legal services delivery planning process. This includes providing direct input into elder rights and legal assistance provisions with other agencies' and organization's plans, especially Area Agency on Aging plans. Over the past seven to eight years, the Montana Legal Services Developer has worked with numerous stakeholders in developing a legal assistance program which addresses elder right issues as well as the legal issues of Montana's elderly.

Beginning in 2003, the Legal Services Developer started collaborating with and building partnerships through coordinated quarterly meetings with the following entities: Area Agencies on Aging, County Councils on Aging, Senior Centers, State Health Insurance Program, Senior Medicare Patrol, Information & Assistance Program, Adult Protective Services, Medicaid Fraud, Medicaid, AARP and State Bar of Montana.

Since then the partnerships have expanded to include the following organizations or entities: Paralegal Section of the State Bar; New Attorney Section of State Bar; Access to Justice Committee; Foster Grandparents Program; U.S. Department of the Interior Office of Special Trustee for American Indians; Public Defenders Office; Statewide Self Help Law Clinics; Montana Independent Living Programs; People's Law Center; Hospital Association; Health Care Association; Multiple Nursing Homes and Assisted Living Facilities; AARP; Capital City Case Management; Montana Trial Lawyers Association; Child Enforcement Support Bureau ; Grandparents Raising Grandchildren; Judges; and local Bar Associations.

Montana's Legal Services Developer has been involved in a number of important activities that have driven and formed a comprehensive legal service delivery planning process over the past six years. The Legal Services Developer has built a trust relationship with Montana's Area Agencies on Aging as well as other stakeholders and established a model legal services advocate system to identify and provide training and education to Montana's Aging Network and our elderly citizens.

Montana's Legal Services Developer program is part of the Aging Services Bureau in the Senior and Long Term Care (SLTC) Division in the Department of Public Health and Human Services. Because Montana's Adult Protective Services and State Long Term Care Ombudsman program are also located in SLTC, the coordination between these three programs has helped build a working relationship in advocating for Montana's elderly population and expanding public awareness of elder rights and legal issues impacting senior citizens.

In 2009, the Legal Services Developer program modified and implemented the IRIS data program to track client and case data. This system has allowed the Legal Services Developer to track the number of clients served in the program and monitor the types of cases or service provided. In 2010, this program provided services to 591 elders regarding 666 specific legal cases. In addition, the program also provided 16 legal workshop presentations to over 1,000 people in 2010 providing hands on legal assistance through the use of volunteer attorneys and paralegals to over 140 individuals during the workshops. This program also developed and provided 3 continuing legal education (CLE) workshops for attorneys regarding elder law issues.

Over the last six years, the Legal Services Developer program has made huge strides in developing and providing legal assistance to Montana's elderly. The Legal Services Developer is providing training to senior citizens, family members and others on elder law; developing pro bono and reduced fee legal services at the local level; makes referrals; conducts workshops on wills, living wills, power of attorney, guardianships, conservatorships; etc.; and provides telephone assistance to the elderly on legal questions. The Legal Services Developer program has also been involved with Adult Protective Services and the State Ombudsman program in providing information and assistance regarding elderly people who are immigrants or refugees.

The program has continually increased the types of legal educational materials that provide a "hands-on" approach both for the client and providers who are working with persons 60 and older. This allows the program to serve more persons with limited legal program staff. The program has currently developed the following legal educational materials: Legal Guide to Long Term Care Planning; Power Attorney Made Easy; Advance Directives Made Easy; Consumer Debt Made Less Difficult; Tenant Rights; What Steps Do You Take If a Love One Dies; and What You Should Know About Contracts.

By continuing to develop legal educational materials, the program is able to serve more people because the initial legal questions are answered through the educational materials either by helplines or through legal advice clinics.

The Legal Services Developer has also assisted in developing and providing training in conjunction with Area Agencies on Aging, the Governor's Advisory Council on Aging, Adult Protective Services, AARP, Attorney General, Medicaid Fraud, Consumers Affairs and local law enforcement in addressing fraud and abuse training and workshops. These workshops and training sessions have been designed to educate people about issues related to elders' rights in the area of abuse and exploitation.

During the past six years, the Montana Legal Service Developer program had applied several times for one of the Model Approaches project and was denied. Upon receiving the third denial and reviewing the comments from the prior applications, it was determined that our program did not meet the Legal Services structure and design of most states in providing legal services to persons 60 and older. While most states contract with their Legal Service Association program, Montana chose to develop a direction and outcome that we considered more sustainable and advocacy driven in order to meet the needs of our senior citizens. So with limited resources and staff, the Legal Services Developer set out to develop creative alternatives to meet the needs of seniors which allowed for personal contact with the legal network in Montana. The Legal Service Developer created its current model of services based on a delivery of legal services working with over 100 local advocates who represent ten Area Agencies statewide.

Montana submits the following goal, which ties to the Administration on Aging's goal #4, for this plan period.

Goal 3: To continue developing a sustainable Legal Services Developer Program to enhance access to legal assistance, support and education to Montana's elders.

When we started to develop our current model for legal assistance, the Legal Services Developer coordinated with two Area Agencies on Aging to provide a more comprehensive and responsive Legal Services program in their areas. These two AAAs were willing to use some of the funds they had earmarked for Legal Services to hire an attorney to work on a part time basis with the Legal Services Developer to assist in educational activities regarding wills, living will, power of attorney, guardianships and conservatorships. This attorney also helped with case review, outline protocol, provide a plan of action or provide legal advice for the elderly client to follow in resolving their issue. As the Legal Developer program in these two AAAs began to expand, there was a need to review cases to determine if the need was an advocacy issue or if it was a legal issue which may require an attorney's assistance or some type of court action.

Based on this, an attorney was hired part time by the Montana AAA Legal Services Program and coordinated with the Legal Services Developer program to help review cases by assisting in contacting clients to determine their need for and providing an outline of the legal procedures the client needs based on the fact pattern of the case. If an attorney is required, the client is then able to take the facts to an attorney of their choice, which reduces time an attorney may need in gathering the facts when taking on a case.

Under this model, the Legal Services Developer is the first point of contact and develops the fact patterns for each case and assigns the cases to the attorney or paralegal for review. The Legal Developer determines if a case is advocacy related or if it is a legal case which required attorney assistance. This part of our Legal Services Developer program became known as the Attorney/Paralegal Program and has expanded over the past four years to all ten Area Agencies on Aging.

Sometimes, as part of this advocacy portion of this service, a case may require involvement with national, state and local resources to assist the client. The Legal Service Developer provides an opportunity to connect the client to a resource that is generally not as accessible to the client.

Objective 3.1 Sustain and strengthen the current Attorney/Paralegal Program.

Strategies to Accomplish the Objective:

- a) Provide training and education on legal services to over one hundred Area Agency Advocacy staff statewide to increase their awareness of elderly legal issues.
- b) Review, update and develop educational materials for the general public which includes modifications due to legislative law changes.
- c) Work with the AAAs to expand the ability for the Attorney/Paralegal Program to meet current and future needs as this program continues to grow.
- d) Provide a minimum of five training and educational seminars for senior citizens in cooperation with the Area Agencies on Aging.

While the Legal Services Developer program is still a work in progress, we have made some strides in developing a quality program that works well in addressing the legal needs and rights of elderly Montanans. For example, Montana's Access to Justice Committee has acknowledged the effectiveness of this program; the Director of the State Bar is not only supporting the program but has asked us to coordinate some of our Legal Services Developer services with the Elderly Assistance Committee of the State Bar, the New Lawyer Section of the State Bar has asked if their section could

work with us as well as several local attorneys have asked to be involved in our statewide Legal Document /Advice program.

Providing legal alternatives and education is only the beginning in creating success for seniors as long as there is an effective support system in place to maintain the independence of each person 60 and older. The Legal Service Developer Program has focused equally both on the “legal services” and statewide support systems that are critical to providing quality legal services to persons 60 and older. Without the resources or supportive services we cannot achieve the variety of services we currently offer to seniors in Montana nor adequately advocate for them.

Objective 3.2 Increase coordination and education on elderly legal issues with stakeholders.

Strategies to Accomplish the Objective:

- a) Identify and utilize stakeholders, especially those who have been part of the Legal Services Developer Advisory Committee, which includes: Attorney General’s Office; State Bar of Montana; Legal Services Association of Montana; State Law Library; People’s Law Center; Consumer Protection Agency; Adult Protective Services; State Ombudsman; State Health Insurance and Assistance Program Coordinator; Medicaid Fraud; State ADRC Program Director; AARP; Area Agencies on Aging; and Montana State University Extension Services, to provide guidance and input into the program as well as it related to grant activities.
- b) Increase coordination between the Legal Services Developer program and the Aging Services Network by including AAA staff in training and clinics.
- c) Increase opportunities for Continuing Education Credits (CLE’s) for attorneys.
- d) Provide at least five legal clinics including educational activities, advocacy and training throughout the year.
- e) Research and develop potential ways to increase sustainable legal resources for persons 60 and older.
- f) Coordinate the development of standards by bringing together aging and legal networks stakeholders to devise a shared vision of what an ideal legal service delivery systems should look like in Montana.
- g) Organize and facilitate training events at the local PSA level and state level in order to create essential bridges between aging and legal networks by arranging cross training between local AAA/ADRC staff and III-B legal provider staff on a wide range of legal issues.

The Legal Service Developer Program provides legal clinics to persons 60 and older throughout Montana. The legal clinics consist of two components: advice clinics and document clinics. For the past five years, the Program has initiated legal advice clinics across the state. The advice clinics have been well received and coordinated with the support of Area Agencies on Aging, Senior Centers, retirement homes, County Councils on Aging covering over one hundred forty legal issues. Since the Program has a staff of three, the legal advice clinics have provided an opportunity to serve seniors at the local level as well as meeting the increasing demand of the Program.

A Legal Advice Clinic presentation may cover several topics of interest to senior citizens or it could be a presentation on a single topic of particular interest specific to a community or group. A presentation may also include an individual and private face to face consultations to discuss specific legal problems. The presentation(s) can range from a half a day to an eight to ten hour day. They are interactive and designed to convey information to seniors, their family and advocates which will help to address, plan for, prepare for, and prevent legal difficulties. Individual private consultations are designed to provide specific legal advice and assistance, but stop short of representation.

The other major component of our legal clinics was the development of Legal Document Clinics. The Legal Document Clinics came about by a request from an Area Agencies on Aging to have the Legal Services Developer Program provide assistance for seniors in preparing their wills, living wills and other legal documents. We initiated our first Legal Document Clinic a year and a half ago and now have clinics scheduled for the next year. The Legal Document Clinics are quickly becoming the primary service for the Program. The State Bar is actively supporting the clinics and suggested the Legal Services Developer approach the Paralegal Section of the State Bar to find out if their Section was interested in volunteering their time to participate in the clinics. They now are an integral part of the Legal Document Clinics. Recently, the New Attorneys Section of the State Bar has also asked to be a part of the statewide clinics as well as experienced attorneys who have participated in the Legal Service Developer Pro Bono/Modest Program. Currently the program has developed stakeholders including the Area Agencies on Aging, State Bar, Paralegal Section of the State Bar, New Attorney Section of the State Bar, County Councils on Aging, and Senior Centers. This has served to create both an opportunity and a challenge for the Legal Service Developer Program. The opportunity is creating another approach in meeting the needs of seniors statewide while the challenge is the immediate impact on the program when you have achieved a successful alternative service for seniors.

Objective 3.3 Provide legal clinics to persons 60 and older in at least five locations per year throughout Montana.

Strategies to Accomplish the Objective:

- a) Conduct legal advice clinics at Senior Centers, nursing homes, assisted living facilities, retirement homes, Area Agencies on Aging, and any other locale where our service is requested.
- b) Custom tailor Legal Clinics to meet the needs of the locality and the audience which includes one or more of the following: a presentation on several topics of interest to senior citizens, a presentation on a single topic of particular interest to that community or group, individual and private face to face consultations to discuss specific legal problems.
- c) Provide interactive training and education designed to convey information to seniors, their family and advocates which will help to address, plan for, prepare for, and prevent legal difficulties.
- d) Provide individual private consultations which are designed to provide specific legal and advice and assistance, but stop short of representation.

The Legal Services Developer Program has also developed a pro bono/ Modest Means program to assist the elderly who need legal representation. There are many areas of law that attorneys are interested in and willing to provide pro bono or reduced fee legal assistance to clients.

The Pro Bono/Modest Means program has been very successful identifying the needs of a client and in connecting attorneys with clients. In developing the Pro Bono/Modest Means program, the Legal Services Developer has worked with Montana AAA Legal Services as well as the State Bar of Montana. Based on this working relationship, the State Bar of Montana has made referrals to the Legal Services Developer program regarding elderly people who are seeking legal assistance and/or representation.

Objective 3.3 Continue to develop and expand the Pro Bono/Modest Means services throughout Montana.

Strategies to Accomplish the Objective:

- a) Coordinate with the State and Local Bar associations to identify attorneys to be involved in the pro bono/Modest Means programs.
- b) Review cases to determine legal assistance needed by an elderly client in order to provide an appropriate referral.
- c) Coordinate with other agencies in an effort to meet the client's needs as they pursue legal action if necessary.

In addressing critical needs related to elder rights issues, the Legal Services Developer Program utilized the Pro Bono/Modest Means program model to develop a Modest Means program to address the issues of residents of long term care facilities that have been abused and/or exploited financially. This new Modest Means program provides legal representation for seniors filing civilly (LRSFC). The Modest Means LRSFC program was developed by collaborating with Montana AAA Legal Services, Medicaid Policy Unit and Medicaid Fraud Unit to provide a program where the need is extremely high and a comprehensive program did not currently exist.

The Modest Means LRSFC program will serve persons 60 and older who are eligible for Medicaid services. The standard for eligibility for Modest Means case for LRSFC will be the client's monthly income being less than the Medicaid rate for the facility in which the client resides (normally this would be the facility's Medicaid rate times 31 days). Those with income over this amount are not eligible for Medicaid coverage of nursing home care and would not be eligible for this program as it is currently being developed.

An individual will not be eligible for the Modest Means LRSFC program unless Medicaid gives the "green light" for the hardship rule to apply, allowing a case to be referred to this program. The "green light" allows the attorney to proceed with the case unrestricted. Once the determination has been made, the Modest Means LRSFC Program must meet all three of the following criteria: a) Pursuing collection of resident's assets; b) Assure Medicaid coverage is provided while pursuing collection of assets; c) Attorney is paid for services. A case will not be accepted by LRSFC without a copy of the Medicaid records.

In order for the LRSFC program to succeed, there will need to be a source(s) of funding. It is suggested the funding be obtained from the legislature and in combination with funds from the nursing homes to pursue collection of cases. The Legal Services Developer will coordinate attorneys for the LRSFC program and the collection process.

Objective 3.4 Continue to develop and expand the Modest Means LRSFC programs throughout Montana.

Strategies to Accomplish the Objective:

- a) Coordinate with stakeholders as we continue to develop this program.
- b) Review cases with Medicaid program to determine if the hardship rule applies and the legal assistance needed by an elderly client in order pursue the appropriate civil action and/or to provide an appropriate referral.
- c) Coordinate with the State and Local Bar associations to identify attorneys to be involved in the Modest Means LRSFC program.

- d) Coordinate with stakeholders to develop resources to make this program workable and successful.
- e) Coordinate with other agencies in an effort to meet the client's needs as they pursue legal action if necessary.

LONG TERM CARE OMBUDSMAN PROGRAM

Ombudsmen serve as advocates for all residents of long term care facilities including nursing homes, assisted living facilities (personal care homes) and swing beds within Critical Access Hospitals. The main focus of the Long Term Care Ombudsman program is assisting residents and/or their legal representative in resolving problems or complaints concerning the health, safety, welfare and rights of residents. Ombudsmen also provide technical assistance to facilities regarding issues including but not limited to resident rights, discharge planning, eviction notices, payment and complex legal issues.

Montana currently has 193 assisted living facilities, 85 nursing homes, and 46 critical access hospitals with swing beds for a total of 324 facilities. There is the capacity to serve over 12,500 residents in these facilities. Coverage is provided by 1 full-time State Ombudsman (vacant), 1 full-time Assistant State Ombudsman, 5 full-time Regional Ombudsman (2 vacant); 3 full-time Local Ombudsman; 22 part-time Local Ombudsman (hours range from 30/week to 8.25/week); 2 Certified Volunteers; 8 Friendly Visitors (not certified to complete investigations); and 5 Friendly Visitors who are awaiting Certification training to become part-time Local Ombudsmen.

As reported in the last State Plan on Aging, the number of assisted living facilities in Montana continues to grow and new openings continue. We are also beginning to see corporate interest in opening continuing care retirement communities even though that licensing designation does not yet exist in Montana. The impact of this change on the Ombudsman Program remains to be seen, however, it will certainly impact the need for increased advocacy for resident rights. Montana is also seeing changes in closures of nursing homes. This is being offset with the increased designation of Critical Care Access Hospitals with swing beds. This trend is expected to continue and it is predicted that we will see the closure of, at least, a couple county-owned nursing homes as frontier counties continue to lose population. This will pose new challenges as residents are required to move further from their hometowns to access long term care services. As predicted in the last State Plan on Aging, the number of long term care beds has increased and it expected to continue to increase as the percent of our aging population grows and new assisted living facilities continue to open.

The frontier status of Montana's expansive geographic area continues to pose challenges to providing Ombudsman services. It is not uncommon for an Ombudsman to travel more than 100 miles round trip to visit residents; one continues to travel over **300 miles** in one round trip. These distances tax resources as gas prices continue to climb.

An additional impact to the program is the aging workforce of Ombudsmen. Three Ombudsmen (including the State Ombudsman) have retired in the last year. Ten

additional Ombudsman (including two certified volunteers) could retire in the next 2-5 years. Countless years of experience will be leaving with them. This will, in turn, impact training needs for new Ombudsmen.

Also, part-time Ombudsman (who are employed by Area Agencies on Aging) continue to wear the multiple hats of serving in other roles for their agencies (duties can include information and assistance, Medicare Part D counseling, meals on wheels, transportation, and more). The expectation of an Ombudsman to also serve in other roles impacts the ability to investigate complaints, especially as complaints become more complex.

The number of complaints received by the Ombudsman program has steadily increased. The complexity of these complaints (discharge issues, financial exploitation, family conflict, medications, and legal issues) continues to challenge the program in terms of increased time to reach resolution, increased training needs, increased reporting requirements, and increased collaboration with other agencies, such as the Legal Services Developer Program, Adult Protective Services, state survey agencies, Medicaid Fraud Control Unit, local Offices of Public Assistance, local law enforcement, county attorneys, hospitals and long term care facilities, mental health, and many more.

Due to the above factors, the need for increasing and stabilizing the Ombudsman structure statewide continues to be a focus in future planning.

The ten Area Agencies on Aging (AAA) continue to support the Ombudsman program in terms of providing local funding and staffing of Regional and Local Ombudsmen. The hiring of an Assistant State Ombudsman has also provided increased support and training to AAA staff statewide. However, as demands on the program continue to increase, Montana will need to examine the current structure and funding of the program to ensure that future needs of residents and families are being met.

Montana submits the following goal, which ties to the Administration on Aging's goals #1 and #4, for this plan period.

Goal 4: Strengthen and expand the Ombudsman program to meet the increased growth in the number of facilities and the ever changing and challenging needs of the residents.

Over the next ten to twenty years Montana will face challenges in being able to provide services to an ever increasing aging population especially in our rural and frontier communities. As we look towards the future of being able to assist and advocate on behalf of our elderly citizens as well as provide them with services and supports that help keep them in their home communities, we need to also consider those who are in long term care facilities. Long term care services, including the Ombudsman program, are a critical component in helping people remain in home communities.

In order to meet the current issues residents of long term care facilities are encountering as well as planning for the future demands of serving an aging population in a frontier state with more complex complaints, the Aging Network will need to determine how to enhance and strengthen core programs such as the Ombudsman program. Part of this process will require the Aging Network to determine how it will address the changes in the current aging workforce as staff begin to retire. Also, we will need to consider ways to enhance coordination and continuity in the Ombudsman program as needs expand, resources decline and the workforce changes.

One of the priority issues the Aging Network has identified is to strengthen and enhance the Ombudsman program. While additional resources are important in strengthening and enhancing this program, there is a need to review the current program in an effort to improve it, strengthen it and increase services. For example, coordination and continuity are sometimes difficult within the program based on our current structure because some of the regional Ombudsman work for county government and others work for Area Agencies on Aging, Local Ombudsman may work for county government, Area Agencies on Aging (but not necessarily for the same AAA the Regional Ombudsman does) and some may work for a county council on aging or senior center.

Objective 4.1. Review the current Ombudsman program to identify ways to improve and strengthen the program and increase services.

Strategies to Accomplish the Objective:

- a) Establish a workgroup by inviting stakeholders to participate in reviewing the Ombudsman program.
- b) Review, update and develop educational materials for the general public, including web based information.
- c) Review the current Ombudsman structure from the state to regional to local level and include ways to enhance coordination and continuity in the Ombudsman program.
- d) Review the case loads and the complexity of the cases being handled by the state, regional and local ombudsmen.

The Ombudsman program is one of the core programs that must be provided to ensure we have advocates for all residents of long term care facilities, especially those who may not have any family or loved ones to help them if they need assistance in addressing any of their care issues.

Assisted living facilities continue to increase every year in Montana. Over the past 20 years, assisted living facilities have increased from 22 facilities to 193, which is an 877 percent increase. This trend can be expected to continue to increase over the next

several years as our society ages. With the increase in facilities the need for residents' rights advocacy services will only increase the demand for Ombudsman assistance. For example, in the city of Billings there are 8 nursing homes and 30 assisted living facilities with several new assisted living facilities on the drawing board. As the number of facilities increases, there is a need for additional Ombudsman to provide services to the residents of these facilities.

The cases Ombudsmen deal with are getting more complex and growing. Ombudsmen are addressing issues that involve medication, communication, aging issues, family conflict issues and financial exploitation. An example of one of the more complex issues ombudsmen have had to deal with involved a wife abandoning her husband. This case involved Medicaid, Social Security, the facility staff, the resident's children and legal services (including the assistance of the legal services developer program as well as the involvement of both a private attorney and the facility attorney).

In frontier Montana, transportation continues to be an issue that affects the delivery of Ombudsman services to people using long term care services in nursing facilities or assisted living facilities. Many local certified Ombudsman travel 100 miles or more round trips to provide services to some long term care facility residents, and one travels over 300 miles. Additionally, we are being contacted by family members seeking assistance in locating a long term care facility within 50 to 100 miles from their community because their local facility, if they even have more than one, is full or nursing facilities and assisted living services are non-existent, as in many of our frontier communities. While this is a current need in some areas of the state, getting services for people in our frontier communities all across Montana will be an ever increasing issue as our population ages.

With the huge variance in geographic location of long term care facilities from Area Agency to Area Agency as well as from county to county and in some instances from community to community, there is a need for increasing and stabilizing the Ombudsman structure statewide. In some parts of the state, part-time Ombudsman services are meeting the minimum requirements of being able to visit long term care facilities on a regular monthly basis. But in most of the state, especially in some of our largest cities, Ombudsman staffing needs to be increased in order to adequately meet the increasing demand as the assisted living facilities grow. Along with the increased demand on the Ombudsman program in the larger communities, the ability to provide adequate services in our frontier communities is also putting demands on the Ombudsman program and the resources used to provide those services.

Objective 4.2. Explore funding options for the Ombudsman program.

Strategies to Accomplish the Objective:

- a) Review the Ombudsman funding options with the Area Agencies on Aging.

- b) Work with stakeholders to identify potential options in an effort to increase resources and increase or at least maintain current service levels in order to address the complex issues being addressed by local Ombudsman.

To be a certified Ombudsman requires an investment of time as well as resources related to attending certification training. In Montana, all Ombudsmen must attend and pass a 45-hour training course in order to be certified as an Ombudsman.

It has been suggested that Montana look into a volunteer Ombudsman program as a component of the Ombudsman program. The use of volunteer Ombudsman is an area we are willing to consider in an effort to provide increased services.

Objective 4.2. Explore the use of volunteers in the Ombudsman program.

Strategies to Accomplish the Objective:

- a) Review volunteer Ombudsman programs from other states.
- b) Work with stakeholders to craft an efficient and cost effective Ombudsman volunteer program.

THE FUTURE SERVICE DELIVERY SYSTEM

When we look at the demographic data, it is clear that Montana is aging faster than most states in the United States. In the next fifteen to twenty years, we are going to see most of our frontier counties with aging populations which are well over one-third of their total county population and some as high as 49%, almost half. We are also going to see a multitude of our frontier communities with an elderly (65 and older) population in excess of 50% and some as high as 70% of their total populations. These changes may require us to consider changes in our delivery system in order to meet the needs of those who are part of tsunami of elderly that has just begun as the Baby Boomer generation turns 65 this year.

As we look at the future needs of an aging Montana, we need to continually look at our frontier counties and communities with the following thoughts in mind:

“How do we provide a wide range of coordinated services to enable older Montanans to maintain an independent lifestyle, avoid unnecessary institutional care and live in dignity?”

and

“Can we keep people in their homes as well as in their home communities for as long as possible?”

As we look to at the future as our society ages over the next ten to twenty years, the Aging Network is going to have to consider new and creative alternatives to identifying and delivering services that meet the needs of our elderly citizens. The Aging Network will have to take an “it’s not business as usual” approach into consideration as we develop new services, modify and enhance current services and eliminate others in an effort to maximize resources and provide coordinated services.

In the 1970’s and early 1980’s we had a service which was known as the Information and Referral (I&R) Program. This program provided basic information on services and provided some referral assistance. In the late 1980’s this program was modified to provide more assistance in helping people navigate the maze of social services, known as Information and Assistance (I&A) services. Now we are in the process of changing the I&A program into an Aging and Disability Resource Center (ADRC). ADRCs are designed to be a one-stop shop where a person can get information on services available to the elderly and disabled, get assistance in applying for services from a variety of program providers, and guidance in developing a long term care plan. The shift from being an Information and Referral program to becoming a fully functional Aging and Disability Resource Center is an example of how a service may have to

change to meet the challenges of addressing long term care planning needs for our citizens. Being able to provide people with the options they need to help them plan for their long term care needs and assist them in applying for programs which will enable them to maintain an independent lifestyle, avoid unnecessary institutional care and live in dignity whether elderly and/or disabled is an expanded role in the delivery of this service.

Over the past four years, there has been several Administration on Aging and Centers for Medicare and Medicaid grants which have been used to provide systems changes and address increasing needs of caregivers. During this four year plan, the Aging Network in Montana will need to look at systems changes which allow for consumer control and choice. As Montana ages, each Area Agency on Aging, County Councils on Aging and other providers will have to look at all options available to consumers in order to maximize resources in an effort to provide the necessary services a person may need, especially in frontier Montana.

Older Americans Act programs and services are designed to support consumer choice. In some planning and service area, Area Agencies on Aging have been actively involved in consumer choice by utilization of a voucher system for some services as well as allowing consumers to select their provider for various in-home services.

Montana submits the following goal, which ties to the Administration on Aging's goals #1, #2 and #5, for this plan period.

Goal 5: Coordinate with the Aging and Disabilities networks to look at enhancing and further develop the service delivery system to improve and increase services, especially in frontier areas of Montana.

As our population ages, the number of caregivers is going to increase. We are seeing spouses taking care of their love ones, family members juggling work and other activities to care for any elderly or disabled loved one, and the need for respite care services. Most caregivers are not even aware of their need for respite care because taking care of family is just what you do. And as we look at some of our smaller frontier communities having 60 to 70% of their populations over the age of 65, it is possible that some of this group as well as a majority of the other 30 to 40% of the population may very well find themselves as the caregivers. As studies on caregivers have shown, when there is a caregiver and they get no relief, they often are the ones who end up sick and placed in a long term care facility first, or worse, they end up dying before the one they have provided care for does. The care receiver may then end up in a long term care facility because there is no one to care for them in their home.

Objective 5.1: Utilize the ADRC Advisory committee to help identify gaps in services in frontier Montana.

Strategies to Accomplish the Objective:

- a) Meet with the ADRC Advisory committee to identify other stakeholder to assist in identifying gaps in services.
- b) Utilize the ADRCs to provide information, education and assistance to Montanans regarding long term care planning and the options available to them to in their home communities.
- c) Revise the 5 year ADRC plan to address operational changes which may need to be considered as program and system changes are incorporated into the delivery system.

Respite care services are a critical part of providing a system that addresses the long term care needs of many of our elderly and disabled citizens. Respite care provides short-term, temporary relief to those who are caring for family members who might otherwise require permanent placement in a facility outside the home. While respite care provides a needed break for the caregiver and it also can provide a positive experience for the person receiving care.

In the United States, there are approximately 50 million people who are caring at home for family members including elderly parents, and spouses and children with disabilities and/or chronic illnesses. Studies indicate that without this home-care, most of these people who are being cared for by their loved ones would require permanent placement in institutions or health care facilities.

Even though many families take great joy in providing care to their loved ones so that they can remain at home, the physical, emotional and financial consequences for the family caregiver can be overwhelming without some support, such as respite. Respite provides the much needed temporary break from the often exhausting challenges faced by the family caregiver.

Nationwide, respite is the service most often requested by family caregivers, yet it is in critically short supply, inaccessible, or unaffordable regardless of the age or disability of the individual needing assistance. While the focus has been on making sure families have the option of providing care at home, little attention has been paid to the needs of the family caregivers who make this possible. In Montana, respite care needs to be further developed especially in our frontier communities.

Without respite services, families can suffer economically and emotionally plus the caregivers may also face serious health and social risks as a result of stress associated

with continuous caregiving. In a recent Commonwealth Fund report, it was noted that three fifths of family caregivers age 19-64 surveyed reported fair or poor health, one or more chronic conditions, or a disability, compared with only one-third of non-caregivers.

Respite care has been shown to help sustain family caregiver health and wellbeing, avoid or delay out-of-home placements, and reduce the likelihood of abuse and neglect. An outcome based evaluation pilot study show that respite may also reduce the likelihood of divorce and help sustain marriages.

In March, 2011, the Department of Public Health and Human Services received an ARCH grant to assist us in bringing together stakeholders to develop a Lifespan Respite Coalition. This Respite Care Summit was the start of developing a coalition that would help us prepare for submission of the Administration on Aging's 2011 Lifespan Respite grants.

Objective 5.2: Develop a respite care program in all areas of Montana.

Strategies to Accomplish the Objective:

- a) Work the members of the Lifespan Respite coalition to develop the application for the 2011 Lifespan Respite grant.
- b) Coordinate with the Aging Network, especially the Area Agencies on Aging and the stakeholders involved in the Lifespan Respite Coalition to look at ways to establish and sustain a Lifespan Respite Care program.
- c) Encourage Area Agencies on Aging to work with local stakeholders to identify options for service delivery including cost sharing, consumer choice, use of vouchers, increased use of volunteers, fund raising ideas as it relates to the development of a lifespan respite program in their area.

Planning for the future service delivery needs also includes looking at how the delivery system may be utilized during emergency or crisis situations. In 2011, Montana has experienced some extreme weather conditions as well as flooding which has affected several communities across the state. In looking at the future needs of an aging society, we must keep in mind emergency situations may arise and the ability to meet the basic needs of our citizens, especially elderly and people with disabilities will be critical.

This year as well in previous years, the Aging Network has been part of the service delivery system in meeting the needs of people who have been displaced due to weather related emergencies.

Objective 5.3: Coordinate with emergency preparedness and response teams.

Strategies to Accomplish the Objective:

- a) Identify and coordinate with the local emergency preparedness and response teams to help identify elderly and persons with disabilities who could be at risk during an emergency situation.
- b) Provide service options during crisis and emergency situations.

**MONTANA
STATE PLAN ON AGING

ATTACHMENTS**

**for the period
October 1, 2011 to September 30, 2015**

Attachment A**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.

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

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

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

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

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

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

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the

area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

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

Sec. 306(a), AREA PLANS

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

(6)(F) Each area agency will:

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

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long Term Care Ombudsman program under section

307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

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

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

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

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

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

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

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

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

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

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

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost)

incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

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

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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.

(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.

The undersigned affirm and give assurances required by Sections 305, 306, 307 and 705 of the Older Americans Act, as amended in 2006.

Kelly Williams, Administrator
Senior and Long Term Care Division

Date

FY 2012 State Plan Guidance**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.”

- For purposes of the IFF, “best available data” is the most recent census data (year 2000 or later), or more recent data of equivalent quality available in the State.
- As required by Section 305(d) of the OAA, the IFF revision request includes: a descriptive Statement; a numerical Statement; and a list of the data used (by planning and service area).
- The request also includes information on how the proposed formula will affect funding to each planning and service area.
- States may use a base amount in their IFFs to ensure viable funding for each Area Agency but generally, a hold harmless provision is discouraged because it adversely affects those planning and service areas experiencing significant population growth.

ATTACHMENT C – FUNDING FORMULA

A. ALLOCATION OF FUNDING (a) Intra-State Funding Formula(70/20/10 Method)

The following is the procedure used by the Department of Public Health and Human Services' Aging Services Bureau in allocating funds (Federal and State) to Area Agencies on Aging and other providers for FY2008, FY2009, FY2010 and FY2011.

(1) Program Base -\$6,363 each (\$63,630 in Total) for the ten (10) Area Agencies for III B (Social Services) and III C1 (Congregate Meals) .

(2) Rural Base -To recognize the cost of providing services in rural areas, a rural base was established by County/Reservation population from the following chart:

60+ Co/Reservation Population	Class	III - B	III - C1	III - C2	III-D
0 - 100	A	\$2,000	\$2,000	\$ 500	\$ 50
101 - 500	B	3,000	3,000	1,000	100
501 - 2,000	C	6,000	6,000	1,500	150
2,001 - 5,000	D	7,500	7,500	2,000	200
5,000 +	E	8,500	8,500	2,500	250

(3) Remaining Funds: After steps 1 and 2 above, the remaining funds are distributed on the following formula:

- 70% for percent of 60 plus population
- 20% for percent of 60 plus low-income
- 10% for percent of 60 plus minority

(4) Administration Funds

- (a) An Administration Base of \$12,000 for each of the seven (7) multi-county/reservation Area Agencies and \$1,200 to the three (3) Single County Area Agencies for III B (Social Services) and III C1 (Congregate Meals) .

The balance of Administration Funds for III B and III C 1 funds are distributed on the 70/20/10 formula.

- (b) Title III C2, Title III E and State Program Administration funds are distributed on a straight 10% of funds allowable.

(B) The above 70/20/10 Funding Formula was reviewed by the Intra-State Funding Formula Task Force and approved by the Aging Services Bureau. The Task Force consisted of Multi-County Area Agency Directors, Single County Directors, Governor's Advisory Council on Aging representative, Governor's Coordinator on Aging, representative of the Center of Gerontology and Aging Services Bureau staff.

- (a) The State Plan Task Force, which consisted of four Area Agency Directors, a member of the Governor's Advisory Council, Legal Developer and two Aging Services Bureau staff, determined that the following percentages of Title III B funds would be mandated to meet the requirements of the Older Americans Act.

Access Services -10% of each Area's total Title III B program allocation. In-Home Services- 10% of each Area's total Title III B program allocation.

Legal Assistance- 4% of each Area's Title III B program allocation.

- (b) The Ombudsman program is an area of focus and funds will be set aside specifically for them in addition to the mandated percentage requirements listed above.

- (c) With respect to services for older individuals residing in rural areas, the State will not allocate nor can an Area Agency spend less than the amount expended for services in rural areas in fiscal year 2000.

- (d) Based upon FY09 funding levels, the following schedule identifies how funds will tentatively be allocated to the ten (10) Area Agencies for FY2012-15

PROJECTED FUNDING FOR SFY 2012
 AS OF MARCH 29, 2011
 PROJECTED FUNDING FOR STATE FISCAL YEAR 2012
 AS OF MARCH 29, 2011

AREAS	I	II	III	IV	V	VI	VIII	IX	X	XI	TOTALS
PROGRAM											
III-B	189,605	246,900	111,517	147,116	115,301	112,948	86,578	74,867	32,057	117,768	1,234,657
TRAINING-B	5,415	6,340	4,627	3,952	1,500	4,612	3,000	3,150	1,904	3,000	37,500
III-C1	260,946	379,173	156,259	222,582	170,226	168,270	142,930	119,368	44,816	190,971	1,855,541
III-C2	121,789	196,343	71,460	115,463	83,956	84,075	78,449	64,276	19,524	104,077	939,412
III-D	12,308	22,304	7,396	13,216	9,028	9,104	9,334	7,816	2,090	12,535	105,131
III-E	93,007	138,974	56,703	84,090	62,442	62,326	55,989	48,323	19,917	74,650	696,421
OMB	12,340	58,510	0	53,368	7,198	45,656	20,840	8,370	7,014	12,998	226,293
VII-ABUSE	4,186	5,146	2,343	2,964	2,323	2,284	1,566	1,352	595	2,268	25,027
LEGAL	3,469	9,212	3,956	2,591	1,994	1,945	1,625	1,405	1,231	4,084	31,512
WAREHOUSE	7,158	12,855	4,293	7,690	0	0	0	4,548	1,213	7,293	45,050
STATE GF	353,376	501,574	186,334	301,005	252,566	194,559	230,528	180,941	82,687	267,594	2,551,164
SHIP	20,827	37,739	12,515	22,364	15,275	15,404	15,795	13,225	3,537	19,887	176,568
TOTALS	1,069,613	1,587,857	606,811	963,156	717,492	696,953	643,443	520,337	213,547	803,479	7,822,687
ADMIN.											
III-A	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	10,000
III-B	(19,618)	(25,804)	(16,577)	(20,180)	(17,587)	(17,634)	(6,977)	(6,037)	(2,494)	(19,758)	(152,667)
III-C1	(23,785)	(33,355)	(19,081)	(24,654)	(20,643)	(20,716)	(10,137)	(8,683)	(3,201)	(24,001)	(188,257)
III-C2	(12,465)	(20,149)	(7,318)	(11,854)	(8,396)	(8,408)	(7,845)	(6,609)	(2,001)	(10,699)	(95,744)
III-E	(9,301)	(13,897)	(5,670)	(8,409)	(6,244)	(6,233)	(5,599)	(4,832)	(1,992)	(7,465)	(69,643)
STATE	(42,405)	(57,069)	(22,360)	(35,161)	(27,428)	(22,387)	(27,663)	(21,713)	(9,922)	(32,111)	(298,221)
TOTALS	(108,574)	(151,274)	(72,006)	(101,258)	(81,298)	(76,379)	(59,221)	(48,875)	(20,611)	(95,036)	(814,533)

Note-1: ADMINISTRATIVE DOLLARS USED (other than III-A) MUST BE SUBTRACTED FROM THE FIGURES IN THE UPPER PORTION OF THE FORM.
 Note-2: STATE ADMIN DOLLARS CONSIST OF: 12% STATE GF.
 Note-3: MATCH NOT REQUIRED FOR IIID, OMB & GENERAL FUNDS.