

Oklahoma

State Plan on Aging

2011-2014

Oklahoma State Plan on Aging 2011-2014

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Verification of Intent

OKLAHOMA STATE PLAN ON AGING

FISCAL YEARS 2011-2014

VERIFICATION OF INTENT

The State Plan on Aging is hereby submitted for the State of Oklahoma for the period October 1, 2010 through September 30, 2014. It includes all assurances as well as plans to be implemented by the Aging Services Division of the Oklahoma Department of Human Services 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, and is primarily responsible for the coordination of all State activities related to the purpose of the Act, such as, the development of comprehensive and coordinated systems for the delivery of nutrition, in-home and supportive services, and to serve as the effective and visible advocate for the 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 for Aging.

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

Division Administrator for Aging Services Division (Signed) _____ (Date)

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

Director, Oklahoma Department of Human Services, and Governor's Designee (Signed) _____ (Date)

Oklahoma State Plan on Aging Fiscal Years 2011-2014

Executive Summary

The Aging Services Division (ASD) of the Oklahoma Department of Human Services (OKDHS) has long served as Oklahoma's lead agency in services for older Oklahomans. The Special Unit on Aging was created in 1963 and the Aging Services Division was created in 1983 with the Governor of Oklahoma officially designating ASD/OKDHS as the sole agency of Oklahoma to administer the Older Americans Act (OAA) programs.

As part of ASD's accountability for OAA services, our division develops a state plan every four years. This state plan serves as a contract with the Administration on Aging (AoA) and works as a roadmap for the implementation of programs for Oklahomans 60 years of age and older.

Context

The fiscal years 2011-2014 covered by this plan will present our division with our greatest challenges and opportunities. Oklahoma, as with the rest of the nation, is experiencing an unprecedented growth in the over 60 population. This demographic subset is expected to increase from 17.9% of Oklahoma's current population to 24.45% of Oklahoma's population in 2030, which is an approximate 66% increase. Yet, as this population expands, Oklahoma is further challenged by the economic downturn and budget shortfalls also affecting many other states. Our state's revenues have fallen well short of projected numbers and, as a result, state agencies including OKDHS have had to implement tough budget cuts which impact service delivery.

ASD is using this time as an opportunity to evaluate our systems delivery and to look at new funding sources. We are investigating using technology to look at and verify service usage by consumers and for more efficient ways Oklahomans can access our aging network.

Since 2007, ASD has had an employee exclusively dedicated to seeking out and obtaining grant funding for new, innovative services. Since then, ASD has received grant dollars for programs such as chronic disease self-management, senior programs for farmers' market usage, and information regarding Medicare's new benefits information. Our most exciting grant-funding project is the addition of Aging and Disability Resource Centers (ADRCs) to our aging network. Over the course of the next four years, ASD will work with our eleven area agencies on aging (AAAs), other state agencies, and providers in establishing a statewide "no wrong door" for services for Oklahomans 60 and older and persons with disabilities. Through physical locations including our eleven AAAs and a web portal, especially useful for caregivers who live out of state, ASD hopes to provide a network of information regarding current services, eligibility options for different programs, and options benefits counseling to help individuals plan for both their current and future needs.

Our OAA Title III and Title VII and Home and Community-Based Service programs remain the backbone of our service delivery. Our goal is for individuals to have the choice to remain independently in their own homes for as long as possible. Our Title III programs which include meals, transportation, legal services, homemaker, and respite programs for caregivers are an inexpensive yet effective way for older persons to remain at home safely and still receive the services and, importantly, the socialization to promote healthy aging.

Our Home and Community-Based Services (HCBS) administer the ADvantage program, our Medicaid waiver program which allows people, who have been determined to be nursing home level of care eligible, an option to remain in their own homes. Since last year, the ADvantage program serves more Oklahomans than are in nursing facilities. A new opportunity for individuals seeking assistance in remaining in their homes is the CD-PASS program, a cash and counseling program now serving as a pilot project in the Tulsa area. Through this program, individuals are determined eligible the same as with the ADvantage program but are given the option of working with a financial case manager and being given a dollar amount to spend to privately purchase services rather than picking services from state contractors. The dollar amounts are based on costs already associated with providing in-home services. This option is particularly helpful for those individuals with specialized needs who would benefit from private nurse's aides with specialized training. Our goal is for this program to be offered statewide by the end of this plan's four years.

Our Title VII providers, the Legal Services Developer (LSD) and the Office of the State Long Term Care Ombudsman, continue to advocate for the rights of older Oklahomans. The LSD provides information to individuals and groups on different elder rights subjects such as advance directives. Because of our budget shortfalls and the need for continued advocacy at the legislative level, the LSD works during legislative session to provide information on bills affecting older Oklahomans and coordinating ASD's message to legislators regarding our services and funding needs. The LSD serves as a liaison for grassroots advocacy groups such as the Silver-Haired Legislature and the Oklahoma Alliance on Aging and sends email alerts regarding legislation to our statewide advocacy network. The Office of the State Long Term Care Ombudsman, through its network of 6 state office staff, 24 Area Ombudsman Supervisors at the 11 AAAs, and volunteers who contribute approximately 12,500 to 13,000 hours of volunteer services per year, advocates and educates residents, facilities, and the general public on resident rights in licensed long term care facilities. The Ombudsmen statewide provide visits and complaint investigations in facilities and community education presentations. The State Ombudsman serves as a statewide advocate including providing information on new bills and the impact of bill language during the legislative session.

ASD also provides administration for statewide Adult Day Services, the federal 5310 transportation vehicle program, the statewide 211 call system, and community relations which plan and administer our various conferences including The State Conference on Aging, the Minority Aging Conference, and the Grandparents Raising Grandchildren fall conferences.

By having this variety of services under one roof, ASD is able to link individuals seeking information and assistance in an efficient manner. Providers cross programs to ensure their consumers are receiving all services they are eligible to receive. Working together, we are able to ensure targeted and efficient service delivery.

Goals

ASD's focus for the next four years is to implement strategies to reach the four major goals determined by AoA. To "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 options", ASD plans to focus on the ADRC effort. Through our new partnership with the Oklahoma Mental Health and Aging Coalition, the expansion of Consumer Directed Person Assistance Services and Supports Program (CD-PASS), and through focused advocacy efforts for HCBS, we will meet the objectives of "Enabling seniors to remain in their own homes with a high quality of life for as long as possible through the provision of home and

community-based services, including supports for family caregivers. ASD will "Empower older people to stay active and healthy through Older Americans Act services and new prevention benefits under Medicare" through our latest grant initiatives and focused advocacy efforts for Title III. And finally, through the work of our LSD and State Long Term Care Ombudsman, ASD will be able to "Ensure the rights of older people and prevent their abuse, neglect, and exploitation."

We at ASD describe our mission to the general public in this way: *"This division provides leadership in issues of concern to older Oklahomans, helps to develop community-based systems which support independence and protect the quality of life of older persons and helps to promote citizen involvement in planning and delivering those services."* By using our mission statement as the basic building block, ASD has developed a State Plan which will emphasize independence, choice, service delivery and efficiency, and promoting community-based systems for older Oklahomans.

Introduction and Overview

The Aging Services Division (ASD) of the Oklahoma Department of Human Services (OKDHS) develops a State Plan on Aging every four years as required under the Older Americans Act of 1965, as amended (OAA). The State Plan is a contract with the Administration on Aging (AoA) so that the state of Oklahoma may receive funds under Title III and Title VII of the Act.

As ASD/OKDHS is accountable for the implementation of programs for older Oklahomans, the Plan serves as a roadmap on providing needed services for this population over the next five years. It includes the vision for our state's future with information leading to priorities and goals. To meet these goals, strategies are outlined in annual implementation plans for every calendar year to advance the objectives of the Plan.

In developing our state plan, ASD reviewed its mission statement: *"This division provides leadership in issues of concern to older Oklahomans, helps to develop community-based systems which support independence and protect the quality of life of older persons and helps to promote citizen involvement in planning and delivering those services."* Our mission statement emphasizes choice and independence, two themes which became the basic building blocks for our entire state plan.

Oklahoma's State Plan for 2011-2014 includes four main areas of focus: the context section which includes current delivery system and factors in which ASD will focus its efforts; goals and objectives section where ASD uses AoA Strategic goal to lay out a blueprint of action steps; federally required focus areas and ASD's response in meeting these areas; and the appendices for more detailed information that couldn't be included in the plan itself.

Process and Planning of the State Plan

For the initial planning of the State Plan, ASD collected information regarding services and needs from three different sources, ASD Program Administrative Team (PAT), service providers within the aging network, and aging advocates/persons over 60. We felt looking at service delivery from both the service provider and service recipient perspectives was important to see the full picture of services in Oklahoma. This information was collected in the following ways:

1. ASD PAT meets weekly and determines the overall administrative goals and strategies for ASD. The ASD Policy and Planning Programs Supervisor, responsible for the Plan, kept PAT members updated on requirements/needed information for the Plan. The Plan and its objectives were discussed during their weekly meetings and the Policy and Programs Supervisor met with PAT members individually for information regarding services/goals to be included in the Plan.
2. Two statewide web surveys were made available for providers (identified as AAA staff member, provider of OAA services, or member of the aging network not a direct provider of OAA services) and for participants (identified as a participant of OAA funded services). Because these surveys were offered and tabulated through SurveyMonkey, ASD did not have access to any information which could identify persons who participated in either survey and could assure complete confidentiality. Participants were asked which services they had used in the past year, their satisfaction levels with those services, what services are

needed that are not offered, willingness to participate in cost-sharing of services, and any comments. Providers were asked to rate the importance of the OAA services their projects had provided in the last year, significant gaps in services in their areas, anything they would like to see added to/taken away from the Act, pros and cons or means testing, and any comments. Between the OAA providers, aging network providers, and OAA participants, ASD received 174 web and approximately 100 written responses statewide regarding services for older Oklahomans.

3. ASD held a focus group on February 4th, 2009 to gather more information for the Plan. The focus group consisted of representatives from an Oklahoma university, from the Oklahoma State Department of Health (OSDH), AAAs, aging network service providers, mental health services, and the general public/aging advocates, which included individuals over the age of 60 and caregivers. The focus group members were asked four questions:

1. What is the most significant gap in services for seniors in your area?
2. Means testing is a method of determining eligibility for services based on income and assets of an individual or family. The Older Americans Act currently does not allow means testing to determine eligibility for services, but it has been suggested as a possible change in the Act.
 - What pros do you see to this proposed change?
 - What cons do you see to this proposed change?
 - Is this a change you would support?
3. What would you like to see added to the Older Americans Act?
4. What would you like to see omitted or removed from the Older Americans Act?

Context:

Demographics of Older Oklahomans

Oklahoma, as with the rest of the nation, will experience unprecedented growth in the over 60 population. The first members of the baby boomers began turning sixty in 2006 and their numbers will have a profound impact on service needs and delivery over the next 20 years.

The increasing population numbers and percentages have already begun in our state. In 2005, the over 60 population was 629,641 or 17.9% of Oklahoma's population as compared to the national average of 16.8%. Projections for 2010 show Oklahoma's over 60 population at 694,024 and an increased 19.3% of the total population compared to the national average of 18.4%. Projecting out to 2030, Oklahoma's over 60 population is estimated to be 954,795 or 24.45% of the population compared to the national average of 25.1%. Nationally, as of July 1, 2008, Oklahoma ranked 28th based on number of persons 60 and above but ranked 20th based on percentage of population of person 60 and above. From these numbers, Oklahoma has three major components to consider:

1. As this population is already growing and will expand at an accelerated rate, Oklahoma must lay the groundwork now for the infrastructure needed to survive the impact on service needs of older Oklahomans.
2. In looking at the over 60 population projections, one subset that is a key part of this explosive growth is persons over the age of 85. In 2005, the over 85 population in Oklahoma was 62,741 or 1.8% of Oklahoma's total population, compared to the nation average of 1.7%. In 2010, the over 85 population is expected to be 70,555 or 2.0%, which is the same as the national average. Finally, for 2030, it is projected that Oklahoma's over 85 population

will be 99,559 or 2.5% of the population compared to the national average of 2.6%. Persons who are 85 and older are at higher risk for disability, institutional placement, and Alzheimer's and related dementias. Meeting the needs of this expanding subset will be a large challenge in service delivery in Oklahoma.

3. Oklahoma, as well as all other states, must consider the significance of the growth of the percentage of population totals for the over 60 population. It's not just the number of persons over 60 is growing, but the over 60 percentage of the total population is expected to expand by approximately 66%. Significantly for Oklahoma, it is projected the following age groups will decrease through 2030: ages 35-39 by 11.2%, 40-44 by 12.8%, and 45-49 by 1.7%. These are the working-age adults who are normally at the apex of their income earning potential and are the main contributors, tax-wise, to programs which support services for older persons.

Other significant population data for persons 60 and older in Oklahoma which could lead to special targeting needs under the Act include:

1. Families and People whose income in the past 12 months is below poverty level 65 years and over: 10.40% of all Oklahomans
2. Households who received food stamps in the past 12 months with at least one person in the household 60 years or over: 31,286 (note: 146,661 households total received food stamps)
3. Disability status of the civilian non-institutionalized population 65 years and older: 47.1% of total over 65 population
4. Number of grandparents responsible for grandchildren: 44,201
 - a. Number of years responsible for grandchildren
 1. Less than 1 year: 10,407
 2. 1 or 2 years: 10,065
 3. 3 or 4 years: 7,631
 4. 5 or more years: 16,098
5. Percentage of 60+ population in Oklahoma by Race and Hispanic Origin
 - a. White: 84.3%
 - b. Black/African American (non-Hispanic): 4.6%
 - c. Amer. Indian/Alaska Native (non-Hispanic): 5.2%
 - d. Asian (non-Hispanic): 0.9%
 - e. Native Hawaiian/Pacific Islander (non-Hispanic): 0.0%
 - f. Two or more races (non-Hispanic): 2.6%
 - g. Hispanic/Latino (may be of any race): 2.2%
 - h. Total number of minority persons: 15.7%
6. Total households with one or more people 65 years and over:
 - a. Urban: 208,724
 - b. Rural: 128,304

(note: The above demographic information was compiled from AoA Census 2008 Census Estimates datasets, Census.gov website, Oklahoma Department of Commerce 2006-2008 Community Survey 3-Year Data)

The Oklahoma State Department of Health publishes an annual "State of the State's Health Summary" and was able to supply grades for the over 65 population in the following categories (as compared to the national average):

1. Heart Disease Deaths: F
2. Chronic Lower Respiratory Deaths: F
3. Diabetes Deaths: F
4. Alzheimer's Disease Deaths: F
5. Suicides: D
6. Fruit and Vegetable Consumption: F
7. Current Smoking: A
8. Seniors Influenza Vaccination: B
9. Seniors Pneumonia Vaccination: B

Organizational Structure

The Aging Services Division of OKDHS has long served as Oklahoma's lead agency in services for older Oklahomans. In 1963, the Special Unit on Aging was created as a part of the Department of Human Services to serve as Oklahoma's State Agency. In 1983, the Department of Human Services created the Division of Aging Services, now known as Aging Services Division, which placed the Special Unit on Aging with other programs within the Department that serve primarily the elderly. On July 26, 1988, the Governor of Oklahoma, through Executive Order 88-13, authorized and designated the Oklahoma Commission for Human Services, acting through the Department of Human Services and its Aging Services Division, to be the sole agency of the State of Oklahoma to administer and supervise the administration of the OAA programs. ASD has nine units to administer various programs which serve older Oklahomans: Special Unit on Aging, Home and Community-Based Services, ADvantage Administration Unit, Operations, Ombudsman, Contracts and Coalitions, Community Relations, Legal Services Developer, and Information and Technology (IT).

Title III Services

To meet the mandate as the sole agency of Oklahoma for administration of OAA programs, ASD works with 11 area agencies on aging (AAAs) for the planning, advocacy, and development of OAA services across the state. ASD provides coordination regarding distribution of funding, training and technical assistance, and ensures statewide oversight and coordination for OAA programs. ASD meets quarterly with our AAA Directors to discuss issues, successes, and newer initiatives. Our AAAs further this coordination and oversight of service provider contractors who provide OAA services at the local level. Current statewide services under the OAA include:

- Information and Assistance: provided at the AAA and ASD level
- Long-Term Care Ombudsman program: ASD and AAA level (see more about this program in the "Federally Required Focus Areas; Elder Rights Programs" section)
- Legal Assistance Developer: ASD level (see more about this program in the "Federally Required Focus Areas; Elder Rights Programs" section)
- Supportive Services: Service provider contractors; includes transportation, legal assistance, homemaker and chore services
- Senior nutrition: Service provider contractors; includes congregate and home-delivered meals, nutrition planning, nutrition education
- Health Promotions: AAA and service provider contractors; includes evidence-based programs to support healthy aging and chronic disease management (please see "Funding" and "Goals and Objectives" sections for new initiatives promoting healthy aging in Oklahoma)

- Family Caregiver Programs: ASD, AAAs, and service provider contractors; includes the nationally-recognized Oklahoma Respite Resource Network, a partnership with ASD and AAAs to provide \$100 to \$400 worth of vouchers per quarter for caregivers (caregivers for older individuals and grandparents raising grandchildren) to help pay for respite.

In addition, Oklahoma's AAAs use funding from other sources to provide services for older persons. Through the Masonic foundation, each AAA receives funding yearly for use in assisting with eyeglasses, dentures, utility cost needs, home modifications, and other needs unmet under traditional funding sources. Our AAAs also work with ASD administering our grant projects to introduce new services in Oklahoma (please see "Funding" section for more information regarding grants in Oklahoma). AAAs also partner with other state entities and community organizations to provide needed services for seniors. An example of this is the AAA partnership with Oklahoma State Department of Health (OSDH) county offices to offer immunizations to older Oklahomans. AAAs work with these county offices to promote immunization clinics for flu, H1N1, and pneumonia vaccinations in our network senior centers and meal sites. Our success with this coordination shows in our grade of "B" by the OSDH.

Home and Community-Based Services

Through our Home and Community-Based Services (HCBS) and ADvantage Administration Unit (AAU), ASD works to ensure older Oklahomans have choices in their long-term care options and are able to remain in their own homes for as long as possible. We now serve more Oklahomans through the ADvantage program than through nursing homes. For those who do not qualify for ADvantage, we offer the State Plan Personal Care Program for individuals who are not quite at the level of needing nursing home level of care but are at risk for institutionalized placement due to need for minimal care assistance. Two new initiatives are in the works for statewide implementation: Medicaid waiver for assisted living facilities and the Consumer Directed Personal Assistance Services and Supports Program (CD-PASS) program. The CD-PASS program, which is a pilot program in Tulsa, is our new cash counseling program. In our traditional HCBS model, a person is approved for services and then, working with an assigned case manager to write the plan of care, chooses providers from an approved contractors list. Contractors provide services and needed supplies and are paid directly through the Oklahoma Health Care Authority. Under the CD-PASS program, a person is approved for a certain number of units of service and dollars associated with the cost of providing those units and then, working with financial case manager, works out a plan of care where they are able to hire any entity they choose to provide services or use any entity they wish for Durable Medical Equipment (DMEs) and other supplies. This system allows much more flexibility for our consumers. For example, a consumer with special needs is now able to hire a private nurse aide (rather than using a home health agency with the possibility of multiple aides) to be trained in his/her special needs and is able to buy supplies (such as incontinence supplies) at the place of his/her choice which means, by comparison price shopping, the consumer is able to purchase service at better prices and better tailored to his/her needs. Our goal of the four years of this plan is to evaluate the Tulsa pilot project and expand this service statewide.

Other Services

The Contracts and Coalitions Unit (C&C) manages the Oklahoma Respite Resource Network program (ORRN). This nationally recognized program uses Title III E dollars from the AAAs and provides up to \$400 of vouchers for both caregivers and grandparents raising grandchildren. The C&C Unit oversees Adult Day Service (ADS) programs statewide. The C&C Unit manages the federal 5310 Transportation program which provides vehicles to non-profits for transportation of older persons and persons with disabilities. The C&C unit oversees the 211 network. 211 is a statewide telephone number Oklahomans can call to

receive information regarding a wide variety of services available in their area. Finally, the C&C Units oversees the Senior Corps volunteer programs (senior companion, foster grandparent, and retired senior volunteer programs) which provide opportunities to support the independence of older Oklahomans, the education and socialization of school-aged children, and match the service area with the needs of older persons in each of the three programs respectively.

By having such diverse programs for older Oklahomans under "one roof," Aging Services Division provides more efficient and better-linked services for our consumers. Title III and ADS recipients can be easily transitioned into ADvantage program. Title III nutrition projects are also the ADvantage meal providers. ORRN vouchers can be used for Adult Day Service expenses. Many Title III transportation providers use federal 5310 vehicles to provide transportation. The Community Relations Unit works with the grant writer in the Special Unit on Aging in writing and advertising grant applications. 211 works with all providers to ensure their information is available to all statewide 211 call centers. The State Unit Director and the administrators of each unit meet together weekly to ensure communication and linkage between all units.

Funding and Grants Opportunities

Oklahoma, as many other states, is facing unprecedented funding shortages for its state agencies. OKDHS, along with other agencies, is being asked to take large budget cuts at a time when, due to economic downturns, our services are needed most. As part of this funding shortage, ASD is forecasted to have further budget cuts which, in turn, will affect ours and our providers' abilities to provide services at needed levels. At the time of this writing, the most significant budget cut has been \$7.4 million in overmatch for our congregate and home-delivered meals programs. Certain employees who are retirement eligible are being offered voluntary buy-outs and their duties are being assigned to current employees. Furloughs for OKDHS employees are not being utilized at this time but are on the table for future consideration. ASD will make other administrative cuts as warranted. Forecasts for 2012, at the time of this writing, do not show a positive gain as revenues are not expected to increase dramatically nor will we have federal stimulus dollars to help with budget gaps. For the years of this plan, FY2011-2014, it is our expectation that funding will continue to be the biggest issue in terms of our service delivery.

ASD is using this time as an opportunity to look at our current processes and other funding sources. To this end, ASD is looking for technological processes to ease paperwork and time constraints. Recently, our OKDHS Finance IT unveiled a web-based system of AAA and grantee payments. Using this new system, our turnaround times for paying of federal and state funding have improved greatly. Our ASD IT unit is working to complete our ELDERS project, which allows ADvantage nurses, AAU, and our OKDHS county offices to log into one system for all needed client information. Nurses are able to use laptops in the field for assessments in real time. The system is also built with "triggers" which alert staff if certain pieces of needed paperwork have not been obtained. This system is being "rolled out" across the state and will produce faster approvals for ADvantage services. Finally, Oklahoma is nationally recognized for its EBT system where a "credit card" is used by clients, such as persons receiving SNAP (food stamp benefits). We are investigating this as a possible use for our ADS and ADvantage services. With this system, we would be able to track data regarding usage, validate usage of services in the field, and provide more efficiency.

ADRC and Other Grants in Oklahoma

Our largest goal is to continue to build on our recent grant funding successes. Since 2007, ASD has employed a dedicated grants person and our state has benefited from several recently awarded grants which will help ASD and our AAAs provide innovative strategic services. Our largest project over the four years of this plan will be the implementation of the **Aging and Disability Resource Centers (ADRCs)** grant. ADRCs are designed to provide a statewide, "no wrong door" for services and resources available for persons 60 and older and persons with disabilities. All eleven AAAs are involved as physical locations and there will be a web portal so that information will be available not only to persons in state, but also to long distance caregivers who live out of state. ASD hopes to provide a network of information regarding current services, eligibility options for different programs, and options benefits counseling to help individuals plan for both their current and future needs. In regards to how ASD plans to build this new statewide project from the ground up, please see the ADRC information included in the Appendices section.

ASD will also administer the following grants during this plan: Medicare Improvements for Patients and Providers Act for Beneficiary Outreach and Assistance, Alzheimer's Disease Supportive Services Program, Living Longer/Living Stronger, Senior Farmers' Market Nutrition Program, and the Chronic Disease Self-Management Program. Please see the Appendices section for narrative, implementation, and statistical information.

Oklahoma's Goals, Objectives, Strategies, and Outcomes

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 options

1. ASD will implement, over the four years of this state plan, statewide Aging and Disability Resource Centers (ADRCs).

ASD will achieve the following objectives:

1. develop a person-centered information system accessible to the public, professionals, and target populations offered in alternated formats
2. ensure that caregivers and care receivers are supported in a way that honors individual choice by providing training to I&A specialists
3. provide options counseling to individuals 60 and older and to persons with disabilities
4. streamline access to services by creating a standardized and efficient entry process for public and private pay services
5. futher develop formal linkages between and among the public and private providers of long-term care supports by creating MOUs and other formal agreements

ASD expects the following outcomes:

1. a shared and comprehensive resource database and providing consistent information to people needing assistance
2. options counseling will enable people to make informed, cost-effective decisions about long-term care services and plan for their future needs
3. systematic training will ensure all entry points and partners provide I&A services that include public and private pay benefits
4. reduction in the rather of institutional placement
5. reduction in the average length of time from first contact to eligibility determination

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

1. ASD will implement, over the four years of this state plan, a statewide CD-PASS program which will allow Oklahomans more flexibility and choice for Home and Community-Based Services.

ASD will achieve the following objectives:

1. expand the current program from a pilot program in Tulsa to a state-wide program
2. offer more choices in community-based services

ASD expects the following outcomes:

1. more Oklahomans choosing to manage their own home and community-based services

2. cost-savings incurred by CD-PASS participants "shopping" for the "best deals" on services, DMEs, etc.

2. Due to our state's grade of "D" in suicides for persons 60 and older, ASD and AAAs will partner with the Oklahoma Mental Health and Aging Coalition for more concentrated, statewide mental health services that are "senior friendly."

ASD will achieve the following objectives:

1. more evidence-based depression screenings for persons 60 and older
2. mapping of mental health service availability and gaps, especially in rural Oklahoma

ASD expects the following outcomes:

1. More Oklahomans 60 and older accessing mental health services
2. Better statewide delivery of mental health services for the older population
3. Removal of part of the "stigma" associated with mental health services

3. Due to potential budget shortfalls, ASD will continue to advocate legislatively for HCBS services with a new system for coordinating information through the Legal Services Developer.

ASD expects the following outcome:

1. Better communication with our state's legislators improving our status as advocates for older Oklahomans

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

1. Older Oklahomans will be informed of new Medicare benefits through the Medicare Improvements for Patients and Providers Act for Beneficiary Outreach and Assistance grant implementation statewide through Oklahoma's eleven AAAs.

ASD will achieve the following objectives:

1. to support outreach and assistance efforts toward Medicare beneficiaries, with special targeting to those with limited incomes
2. targeting of pockets of limited income beneficiaries by using county and zip code data provided by CMS
3. develop a training package for SHIP partners in expanding the program

ASD expects the following outcomes:

1. better understanding by Medicare beneficiaries regarding benefits for which they are eligible
2. more benefit utilization by Medicare beneficiaries, especially those with limited incomes

2. Due to our state's grade of "F" in most chronic diseases for persons 60 and older, ASD, AAAs, and Title III providers will coordinate to expand our Chronic Disease Self-Management Program and the Living Longer, Living Stronger grant programs. By 2014, our goal is to have approximately 700 unduplicated older Oklahomans participating in these programs.

ASD will achieve the following objectives:

1. develop and sustain quality implementation of two evidence-based disease prevention programs for persons 60 and older
2. improve collaboration in providing services among health, public health, and aging services network agencies
3. evaluate the program, document activities, and disseminate the results

ASD expects the following outcomes:

1. will provide evidence-based disease prevention programs to 700 person 60 and older
2. participants will report
 - (a) improvements in self-rated health (15%)
 - (b) decreased health distress (40%)
 - (c) increased stretching and strengthening exercise (40%)
 - (d) decreased use of medical services (5%)
 - (e) increased use of pain-management techniques (50%)
 - (f) program satisfaction (90%)
 - (g) increased energy levels (40%)
 - (h) increase in amount of time participants can do endurance exercise (25%)

3. Due to our state's grade of "F" for fruit and vegetable consumption by persons 60 and older, ASD and AAAs will coordinate to expand our Senior Farmers' Market Nutrition Program. By 2014, our goal is to have served 2700 unduplicated older Oklahomans with this program.

ASD will achieve the following objectives:

1. develop farmer's market participation in program in both urban and rural areas with partnerships established with aging network, governmental and private partners
2. work with individual growers to participate in and expand the program
3. work with the EBT (Electronic Benefits Transfer) system to streamline usage (EBT is already in place) and eliminate issue of lost vouchers

ASD expects the following outcomes:

1. reaching both urban and rural older populations through AAA participation
2. increased fruit and vegetable consumption by older Oklahomans

4. Due to the economic downturn, budget shortfalls, and the related financial stresses encountered by the over 60 population, ASD, AAAs, and Title III Nutrition service providers will coordinate a partnership with the Community Food Banks of Central and Eastern Oklahoma for monthly home-delivered boxes of food.

ASD will achieve the following objectives:

1. work with our AAA and nutrition project offices to partner with their Community Food Banks as part of this grant
2. nutrition projects will establish participant eligibility and coordinate food delivery

ASD expects the following outcomes:

1. older Oklahomans will have more access to food resources
2. participants will have adequate nutrition and their food needs met

5. Due to potential budget shortfalls, ASD will continue to advocate legislatively for Title III services with a new system for coordinating information through the Legal Services Developer.

ASD expects the following outcome:

1. Better communication with our state's legislators improving our status as advocates for older Oklahomans

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

1. The State Long Term Care Ombudsman will advocate during the legislative session and work with legislators regarding bills related to resident rights, staffing patterns, and safety in long-term care facilities. The Ombudsman will send email alerts to our advocacy network to notify individuals of bill language/changes and their potential effects and subcommittee and full floor votes of bills affecting older Oklahomans in long term care settings.

2. The Office of the State Long Term Care Ombudsman and their AAAs Ombudsman supervisors will average a 95% rate of complaint resolution without need for referral at licensed long-term care facilities statewide through 2014.

3. The Office of the State Long Term Care Ombudsman and their AAAs Ombudsmen supervisors will provide at least 200 community and facility education activities per year through 2014.

4. The Legal Services Developer (LSD) will coordinate ASD's legislative work through introduction and tracking of bills related to older Oklahomans and providing a new process/tracking form for ASD staff to report legislative inquiries and legislative feedback. The LSD will report on these activities quarterly through 2014. The LSD will send email alerts to our advocacy network to notify individuals of bill language/changes and their potential effects and subcommittee and full floor votes of bills affecting older Oklahomans in long term care settings.

5. The LSD will work with the AIM database manager to cull information regarding legal service usage by Title III participants. This information will be broken down by AAA planning areas and will include types of services requested and further demographic profiles. The LSD will present this information to AAAs directors on a quarterly basis through 2014.

6. The LSD will provide community education regarding senior legal issues and advance directive planning through telephone and presentations. The LSD will provide approximately 50 units of this service per year through 2014.

Please see the Appendices section for information related to these goals including narratives for the grants listed and step by step management plans of how these goals will be achieved.

Federally Required Focus Areas

I. Disaster preparedness plans

In Oklahoma, we look at disaster preparedness both from a state and local level. As ASD is a part of OKDHS, we are included in the OKDHS overall state disaster plan. The ASD Director serves as our official representative and two ASD staff members serve as backup. The OKDHS Information Security officer also serves as the statewide disaster preparedness director and is able to contact these representatives at any time. The ASD Director serves on two statewide emergency planning groups: The Catastrophic Health Emergency Planning Task Force with the Centers for Disease Control and Prevention (CDC) and the Assistant Secretary for Preparedness and Response (ASPR) Senior Level Joint Advisory Committee. ASD also has contact information for every employee of our division with policy in place as to when people are to be contacted and alternate office locations in case we are not able to meet in our regular office. Emergency drills are run throughout the year to test systems. A large issue in our disaster planning is to ensure no loss of client information so that we are able to know who is receiving what services. All OKDHS ASD client data (which includes ADvantage, State Personal Care, Adult Day Services) have mirror IT secure storage in another state and OKDHS IT personnel fly out twice a year to test the system by bringing it up to full capacity. Our AIM data (which includes persons receiving Title III services) is web-based and also stores information securely in another state. Our state disaster preparedness director works with other state agencies and implements a full disaster preparedness plan to follow in case of different emergency situations. Our 211 call centers are available 24/7 and are used as a means of communicating with persons regarding disaster information such as emergency shelters and information sites for services and paperwork.

All eleven AAAs turn in disaster plans yearly to ASD. In these plans, AAAs provide information as to how they will communicate during emergencies, how they will check on consumers they serve, what special services they will provide during disasters (such as assisting persons in filling out FEMA paperwork), and how they will work with their local emergency management agencies and state agencies, such as OKDHS. Coordination between agencies results in our network being able to provide information to persons affected by disaster and providing our meal sites to be used as emergency shelters and emergency meal sites.

II. Coordination between Title III and Title VI

Oklahoma benefits from our strong Title VI program network. Our AAAs and Title III service providers partner with our state Title VI for service delivery such as meals and transportation, with tribal nations either contracting for services or to be the service provider. Our Title VI agencies have always been strong partners in looking for innovative ways to provide new services to older Oklahomans. A specific example of this partnership is the Choctaw Nation agreeing to serve as the provider entity in Southwest Oklahoma for the statewide Chronic Disease Self-Management grant recently awarded to Oklahoma. Our state's tribal nations are active partners in our statewide Minority Aging Conference where Title III and Title VI providers work together to inform older Oklahomans of services for persons 60 and older.

III. Faith-based and Community Organizations

OKDHS houses the stateside Office of Faith-Based Initiatives. As part of ASD's "boot camp," a series of educational meetings provided to ASD employees to learn about all of OKDHS services, the Office of Faith-Based Initiatives director presents on what services they offer and contact information. This office also coordinates several educational opportunities throughout the year for all agencies and providers to learn about innovative

programs being organized by the faith-based community and how to partner with faith-based entities.

At the local level, AAAs work within their communities to educate faith-based and community entities about services for older persons and the need for volunteers in regards to services and gaps in services. Many of these organizations provide volunteers for services such as home delivery of meals and home repair needs. The Mobile Meals program for Oklahoma county started as a small faith-based community project and now, as a Title III B coordination of service provider, has grown into an organization of approximately 80 entities, mostly faith-based, who provide approximately 130,000 home-delivered meals per year. Another community partnership exists between the AAAs and the Masons. The Masons grant dollars every year which the AAAs can use for service gaps such as utility payment assistance, eyeglass and denture repair, and home repair services.

IV. Elder Rights Protection

Two units in ASD focus on Elder Rights Protection, the Legal Services Developer (LSD) and the Office of the State Long Term Care Ombudsman. The Legal Services Developer works with the statewide aging network in education, responsibilities, and advocacy regarding the rights of persons 60 and older. She presents seminars on special legal areas such as advance directives and provides information regarding legal issues and providers by telephone. She has established an email list to provide up-to-date information regarding scam alerts and advocacy efforts. The LSD is very active in the legislative process and works during session to introduce bills to protect the rights of older Oklahomans and to provide expert information to legislators on the potential effect of newly introduced bills. She works as a liaison for advocacy groups such as the Silver-Haired Legislature and the Alliance on Aging and keeps these groups up-to-date as to bill progression during session. She has implemented a new project where, working with our AIM database manager and Legal Aid Services of Oklahoma (LASO), ASD can pull data regarding most requested legal services by area, further age and race/ethnicity demographics, and possible service gaps by AAA service areas. Her goal is to present each AAA with this information at our quarterly meetings to help in planning and goals for their area plan projected service numbers.

The Office of the State Long Term Care Ombudsman is responsible for protecting the rights of persons 60 and older in any licensed long term care facility. Our Ombudsman statewide network includes 6 state office staff, 24 Area Ombudsman Supervisors at the 11 AAAs, and volunteers who contribute approximately 12,500 to 13,000 hours of volunteer services per year. These individuals investigate complaints, train volunteers, visit facilities unannounced, provide community education and facility staff training, support resident and family councils, and provide resident advocacy in relation to other entities such as Adult Protective Services (APS) and the Oklahoma State Department of Health. Our State Long Term Care Ombudsman is also active during the legislative session by advocating for the rights of residents, providing information to legislators on the effects of possible legislation and email alerts to statewide advocates regarding bill progression during the session. An innovative idea started by this office is the Coalition Against Financial Exploitation of the Elderly (CAFEE) program which brings together representatives from the Ombudsman office, APS, the state's Attorney General, Oklahoma County DA's office, Canadian County DA's office, the Bankers Association, and multiple law enforcement agencies who meet together to address the problem of financial exploitation.

Intrastate Funding Formula

The following is the funding formula ASD uses in determining funding levels for each AAA:

(a) **Policy.** In consultation with Area Agencies on Aging (AAAs) and in accordance with guidelines issued by the Assistant Secretary for Aging of the Administration on Aging (AoA), the State Agency uses the best available data to develop and publish for review and comment a formula for distribution within the state of funds received under Title III that takes into account:

- (1) the geographical distribution of older persons in the state; and
- (2) the distribution among planning and service areas (PSAs) of older persons with greatest economic need and older persons with greatest social need, with particular attention to low income minority older persons.

(b) **Authority.** The authority for this Section is Section 305 of the Older Americans Act (OAA) of 1965, as amended and Part 1321.37 of Title 45 of the Code of Federal Regulations.

(c) **Procedures.** The State Agency implements this Section by:

- (1) obtaining input from the AAA, including demographic data, for use in developing the intrastate funding formula;
- (2) following guidelines from the regional office of AoA regarding development of the intrastate funding formula;
- (3) considering the geographic distribution among PSAs of persons 60 years of age and older in the development of the intrastate funding formula;
- (4) considering the distribution among PSAs of older persons in greatest economic need, based on older persons at or below the poverty level as defined by the United States Bureau of Census. Particular attention is paid to low income minority older persons and older persons residing in rural areas, in the development of the intrastate funding formula;
- (5) considering the distribution among PSAs of older persons in greatest social need. [OAC 340:105-10-3] Particular attention is paid to low income minority older persons and older persons residing in rural areas, in the development of the intrastate funding formula;
- (6) developing an intrastate funding formula that includes:
 - (A) funds retained for state and AAA administration, and for the State Long-Term Care Ombudsman Program, including:
 - (i) no more than five percent of Oklahoma's allocation of OAA Title III funds or \$300,000, whichever is greater, retained by the State Agency for State Agency administrative costs, unless the total OAA Title III allocation to all states under Section 303 of the OAA exceeds \$800,000,000, in which case the State Agency retains five percent of the state's Title III allocation, or \$500,000, whichever is greater;
 - (ii) no more than ten percent of the funds remaining after providing for State Agency administrative costs are awarded for meeting AAA administrative costs. In awarding administrative funds, each PSA is apportioned a minimum of \$37,500 unless available funds are insufficient to provide for such an apportionment, in which case the available funds are distributed among the PSAs in equal shares. AAA administrative funds remaining, if any, after making this apportionment are allotted among PSAs in the same proportion as each PSA's age 60 and older population bears to the total state population age 60 and older; and
 - (iii) no less than one percent of Oklahoma's OAA Title III, Part B allocation is retained for the Long-Term Care Ombudsman Program of the State Agency;
 - (B) 50 percent of the funds remaining after providing for state and AAA administrative costs and for the Long-Term Care Ombudsman Program are apportioned among PSAs in the same

proportion as each PSA's age 60 and older population bears to the total state population age 60 and older;

(C) 50 percent of the funds remaining after the apportionment described in (B) of this paragraph are apportioned among PSAs in the same proportion as each PSA's age 60 and older population living at or below the poverty level bears to the total state population age 60 and older living at or below the poverty level;

(D) all of the funds remaining after the apportionment described in (C) of this paragraph apportioned among PSAs in the same proportion as each PSA's age 60 and older population of minority racial descent bears to the total state population age 60 and older of minority racial descent;

(E) PSAs containing no medically underserved areas are ineligible to receive funds appropriated specifically for disease prevention and health promotion services. Medically underserved areas mean medically underserved areas designated by the United States Department of Health and Human Services, Public Health Service Bureau of Health Care Delivery and Assistance, Office of Shortage Designation;

(F) allotting each PSA no less than two percent of the sum of the funds apportioned in (B) through (D) of this paragraph;

(G) allotting each PSA sufficient funds to meet the requirements of Section 307(a)(3)(B) of the OAA. Not less than the total of federal fiscal year 2000 expenditures were allotted to rural areas. Rural areas are defined as those counties not included in Standard Metropolitan Statistical Areas (SMSA), as determined by the United States Census Bureau. The amounts necessary to meet this requirement are:

(i) Areawide AAA - \$0;

(ii) Association of South Central Oklahoma Governments (ASCOG) AAA - \$914,127;

(iii) Central Oklahoma Economic Development District (COEDD) AAA - \$803,399;

(iv) Eastern Oklahoma Development District (EODD) AAA - \$1,149,319;

(v) Grand Gateway AAA - \$876,072;

(vi) Kiamichi Economic Development District of Oklahoma (KEDDO) AAA - \$812,873;

(vii) Northern Oklahoma Development Authority (NODA) AAA - \$578,108;

(viii) Oklahoma Economic Development Authority (OEDA) AAA - \$252,781;

(ix) Southern Oklahoma Development Authority (SODA) AAA - \$900,213;

(x) South Western Oklahoma Development Authority (SWODA) AAA - \$441,543; and

(xi) Tulsa AAA - \$0;

(7) publishing the formula listed in this subsection for review and comment by the public. The publication includes:

(A) a descriptive statement of the formula's assumptions and goals;

(B) documentation regarding the application of greatest economic need;

(C) documentation regarding the application of greatest social need;

(D) a numerical statement of the actual funding formula to be used;

(E) a listing of the population, economic, and social data used for each PSA; and

(F) a demonstration of the allocation of funds to each PSA, pursuant to the funding formula;

(8) submitting the formula to the federal Assistant Secretary for Aging for approval; and

(9) implementing the formula in allocating all federal OAA funds.

(d) **Cross reference.** See OAC 340:105-10-3.

Appendices

1. Assurances
2. Funding Allocation for Oklahoma
3. ADRC Narrative and Workplan
4. Other Grant Narratives and Workplans
5. Organizational Charts
6. Focus Group Meeting Minutes
7. OKDHS ASD "Did You Know" (narrative and statistical information regarding ASD services)
8. Public Hearing Information and State Council Vote of Approval
9. Tulsa Area Agency on Aging Change of Program Sponsor