



**STATE OF WEST VIRGINIA  
BUREAU OF SENIOR SERVICES**

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Earl Ray Tomblin  
Governor

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OFFICE OF THE WEST VIRGINIA  
SECRETARY OF STATE  
Barbara Reynolds  
Acting Commissioner

November 30, 2010

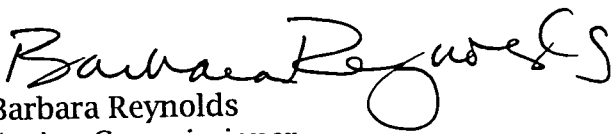
Ms. Judy Cooper  
Administrative Law Division  
West Virginia Secretary of State's Office  
State Capitol Complex  
1900 Kanawha Blvd., East  
Charleston, WV 25305

Dear Ms. Cooper:

The West Virginia Bureau of Senior Services would like to withdraw the final filing of the West Virginia Older Americans Act State Plan on Aging, as recorded in your office at 9:32 a.m. on October 13, 2010. In its place, please re-file the attached State Plan on Aging.

Thank you for your assistance. Do not hesitate to contact our office if you have any questions or need additional information.

Sincerely,

  
Barbara Reynolds  
Acting Commissioner

**WEST VIRGINIA  
SECRETARY OF STATE  
NATALIE E. TENNANT  
ADMINISTRATIVE LAW DIVISION**

Form #5

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OFFICE OF THE WEST VIRGINIA  
SECRETARY OF STATE

**NOTICE OF AGENCY ADOPTION OF A PROCEDURAL OR INTERPRETIVE RULE  
OR A LEGISLATIVE RULE EXEMPT FROM LEGISLATIVE REVIEW**

AGENCY: West Virginia Bureau of Senior Services TITLE NUMBER: 76

CITE AUTHORITY: W.Va. Code 16 - 5P - 1 et. seq.

RULE TYPE: PROCEDURAL \_\_\_\_\_ INTERPRETIVE \_\_\_\_\_

EXEMPT LEGISLATIVE RULE \_\_\_\_\_

CITE STATUTE(S) GRANTING EXEMPTION FROM LEGISLATIVE REVIEW  
\_\_\_\_\_

AMENDMENT TO AN EXISTING RULE: YES  NO \_\_\_\_\_

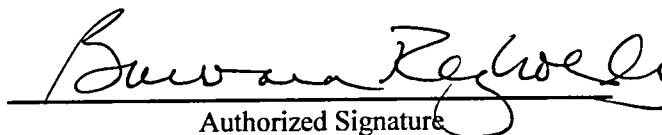
IF YES, SERIES NUMBER OF RULE BEING AMENDED: 3

TITLE OF RULE BEING AMENDED: \_\_\_\_\_  
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IF NO, SERIES NUMBER OF RULE BEING PROPOSED: \_\_\_\_\_

TITLE OF RULE BEING PROPOSED: \_\_\_\_\_  
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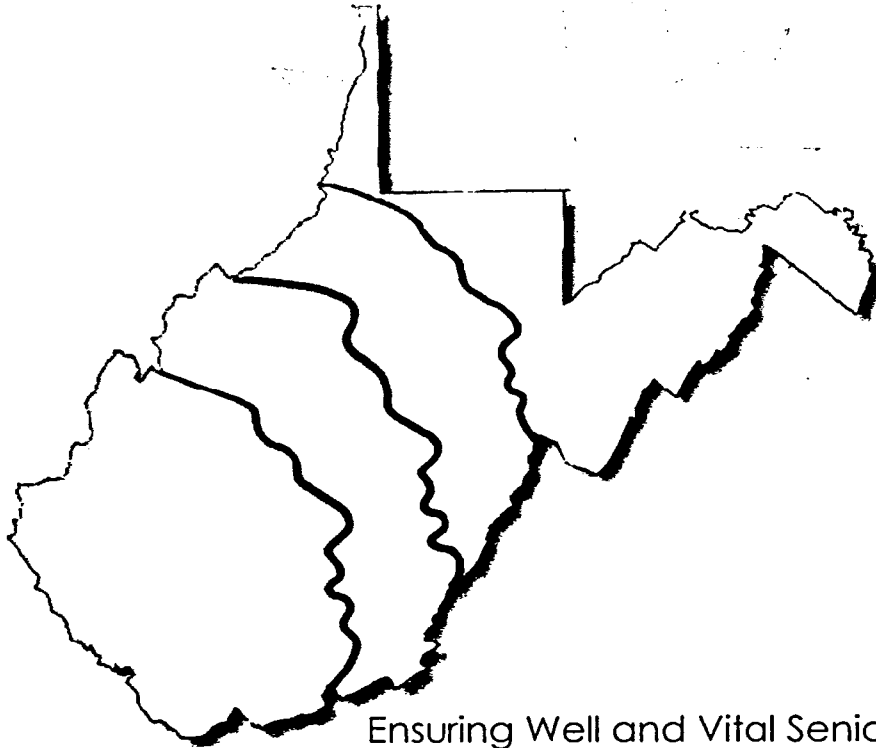
THE ABOVE RULE IS HEREBY ADOPTED AND FILED WITH THE SECRETARY OF STATE. THE  
EFFECTIVE DATE OF THIS RULE IS November 13, 2010

  
Authorized Signature

West Virginia  
Bureau of Senior Services

FILED  
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OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE



# West Virginia Older Americans Act State Plan on Aging

October 2010–September 2012

**WEST VIRGINIA BUREAU OF SENIOR SERVICES  
Older Americans Act State Plan for Aging Programs  
FY11-12**

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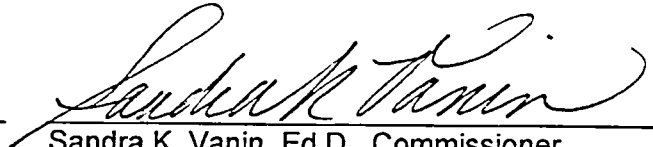
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## FY11-FY12 VERIFICATION OF INTENT

The Older Americans Act State Plan for Aging Programs, as amended effective October 1, 2006, is hereby submitted by the West Virginia Bureau of Senior Services (the Bureau) for the period of October 1, 2010 through September 30, 2012. This document includes all assurances and plans to be conducted by the Bureau under provisions of the Older Americans Act, as amended, during the period identified. The State Unit on Aging, as identified, has been given the authority to develop and administer the Older Americans Act State Plan for Aging Programs in accordance with all requirements of the Act, and is primarily responsible for the coordination of all State activities related to the purposes of the Act. The Bureau will assume full authority to develop and administer the Older Americans Act State Plan in accordance with all requirements of the Act and related State policies, procedures and regulations. In accepting this authority, the Bureau assumes the major responsibilities to develop and administer a comprehensive and coordinated system of services and activities for providing a positive impact on the lives of older people within the service area.

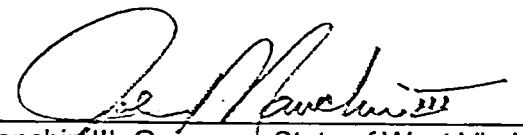
By submitting this Older Americans Act State Plan to the United States Administration on Aging for approval, the Bureau and its provider agencies agree to comply with all requirements identified in the Older Americans Act.

10 June 2010  
Date

  
Sandra K. Vanin, Ed.D., Commissioner

I hereby approve this Older Americans Act State Plan for Aging Programs and submit it to the United States Assistant Secretary for Aging for approval.

June 15, 2010  
Date

  
Joe Manchin III, Governor, State of West Virginia

# NARRATIVE

## SECTION I: Executive Summary



Sandra K. Vanin, Ed.D.  
Commissioner  
WV Bureau of Senior Services

The Older Americans Act (OAA) is among the most important contributions of aging legislation ever enacted by Congress; its goal is to provide the framework for the administration of services for Americans age 60 and older, and to provide support to families who care for older individuals. As the West Virginia State Unit on Aging, the Bureau of Senior Services is designated to administer the OAA. As required by the OAA, area agencies on aging throughout the state are designated (see Exhibit C); they provide short- and long-range planning, act as advocates on behalf of the regions' elderly, and provide monitoring and assistance to the county aging providers (senior centers). Funds are allocated by a federally mandated formula to the area agencies on aging.

These funds are then distributed to the state's county aging programs. This year, nearly 50,000 West Virginians were served with OAA funding. There is no charge to seniors or their families for OAA services, although contributions are encouraged.

The direct provision of services to seniors is made possible by the efforts of a variety of local organizations that operate senior centers in all 55 counties.

Locally constituted boards govern these nonprofit organizations. See Exhibit D for a list of West Virginia's county aging programs. The mission of the Bureau could not be accomplished without the work of the area agencies on aging and the local service providers.

The Honorable Governor Joe Manchin III made a commitment to improve services to seniors when he took office in 2005. As a result of this promise, he has supported a plan for increasing service levels through funding initiatives in the West Virginia Bureau of Senior Services' budget.

The Governor's initiatives and foresight have provided \$26,000,000 of increased funding for Bureau programs. The new dollars have supported two new in-home care programs, improved nutrition delivery options and general funding for both home and congregate meals, and funded a federally unfunded mandate for Aging & Disability Resource Centers statewide. The Bureau has worked with the Governor, the West Virginia Legislature, and providers statewide to ensure West Virginia seniors have

access to home- and community-based services that allow our most vulnerable to age in place.

While there are 6,000 West Virginians receiving services from the invaluable Medicaid Aged & Disabled Waiver, there are tens of thousands of senior West Virginians receiving services in their homes through the Bureau of Senior Services programs. The new dollars have made West Virginia a leader in innovative service provision during a difficult economic time in our nation. While many states have closed senior centers, reduced funding, and reduced reimbursement to providers, West Virginia has expanded programs. I would like to commend Governor Manchin and the West Virginia Legislature for supporting this expansion and highlight the services through the Bureau of Senior Services that have benefitted from the increased funding.

### **CREATION OF NEW PROGRAMS**

In September 2009, the West Virginia Bureau of Senior Services was awarded a three-year demonstration grant from the Administration on Aging (AoA), aimed at reducing hospital readmissions for people with certain chronic medical conditions. The project is called VITALS (Vital Aspects of Life Services). It is estimated that one in five Medicare beneficiaries with a chronic disease will be readmitted to the hospital within 30 days of discharge and that one in three will be readmitted within 90 days. The Bureau will develop a guided care model for follow-up after discharge to be implemented in two pilot hospitals. This guided care model will focus on increasing patient involvement in discharge planning, chronic disease and medication self-management, proper nutrition, and access to specialized follow-up care and in-home care services. Based on similar studies in other states, we expect this project will lead to a decrease in unnecessary hospital readmissions and greater patient understanding and management of their chronic conditions.

#### **LIGHTHOUSE**

- Lighthouse was created to serve senior West Virginians medically in need of in-home services but not qualifying financially for Medicaid Aged & Disabled Waiver.
- At the end of January 2010, 1,925 seniors had received services through this current fiscal year.
- Up to 60 hours of in-home care is provided per month.
- A sliding fee scale, based solely on an individual's income, has a minimum contribution of \$1.00 per hour. The contribution helps increase Lighthouse services in the county of provision.
- A recent survey of participants indicated 96% of respondents felt that Lighthouse services prevented or delayed their placement in a long-term care facility.

#### **Family Alzheimer's In-Home Respite (FAIR)**

- FAIR was created to provide family caregivers respite from the 24/7 care of a family member with Alzheimer's disease or a related dementia.
- In 2009, FAIR provided over 190,000 hours of care to both the caregiver and

the individual with Alzheimer's disease (care receiver).

- A sliding fee scale, based solely on the care receiver's income, helps increase FAIR services in the county of provision.
- A recent survey of participants indicated 96% of respondents felt that FAIR services prevented or delayed placement of the care receiver in a long-term care facility.

### **Aging & Disability Resource Centers (ADRCs)**

- ADRCs are recognized as one-stop shops for information about and referral to long-term care resources.
- Regionalized ADRCs serve all of West Virginia.
- ADRCs are a federal unfunded mandate, and West Virginia was one of the first states to fund ADRCs exclusively through state dollars.
- Over 29,000 contacts were received from 11,000 individuals in the past fiscal year. From these contacts, over 16,000 referrals for service were made.

### **Hot/Cold Meal Delivery Trucks**

- By the end of FY2010, there will be 55 hot/cold meal delivery vehicles on the roads in West Virginia.
- The four-wheel drive trucks can carry up to 200 meals at a safe temperature for up to four hours.
- County senior centers have been able to create new congregate meal sites and have expanded and developed meal routes, reaching new homebound seniors with hot, nutritious meals.

When I became Commissioner in August 2005, fewer than 40,000 individual seniors were receiving service through Bureau programs. At the end of FY2009 on June 30, 2009, 120,499 seniors had received services through Bureau programs in one year. Lighthouse and FAIR, ADRCs, and hot/cold meal delivery trucks have allowed county senior centers that receive grants from the Bureau to increase service statewide.

The programs funded through the West Virginia Bureau of Senior Services are the other side of home-and community-based services. Senior centers statewide offer congregate and home-delivered meals; opportunities for socialization and companionship; education and fitness programs; transportation to senior centers, doctor appointments, and other necessary travel; Lighthouse and FAIR in-home services; adult day care; and various other services. All programs are designed to provide seniors in West Virginia services that allow them to age in place—remaining in their own homes and communities, surrounded by family and friends.

Governor Manchin has kept his promise to the seniors of West Virginia, putting \$26,000,000 into programs that meet the goal of helping our seniors age in place. These programs, funded through the Bureau of Senior Services, provide nutrition, transportation, in-home care, respite, and one-stop shops for long-term care. Over 120,000 West Virginians have benefitted from Governor Manchin's commitment to the seniors of this state.

## **SECTION II: Geographical & Demographic Characteristics**

West Virginia, the Mountain State, has 24,231 square miles with a mean altitude of 1500 feet—the highest average altitude east of the Mississippi River. With slightly more than 1.8 million residents in the State, the Census Bureau classifies West Virginia as one of the most rural states in the nation, yet is within 500 miles of half of the U.S. population.

The ancestry of the State's population is primarily a combination of Irish and Celtic followed by a broad mixture from other European countries with distinct ethnic groups located across the State. Consequently, less than 3 percent of the population is classified as nonwhite.

Older West Virginians value their independence, self-sufficiency and preservation of the family homestead. This lifestyle is demonstrated by the fact that residents maintain the third highest percentage of home ownership in the nation at an estimated 74 percent. Additionally, almost 85 percent of residents sixty-five years and older own their own homes.

West Virginia is estimated to have the third highest median age in the nation at 40.3 percent, and the Census Bureau indicates that by the year 2025 individuals age sixty and older will represent more than 30 percent of the State's population. For older people, the State is ranked second in the nation, with 15.0 percent of the population being age sixty-five and older. In addition to current senior West Virginians, the State has almost 600,000 baby boomers that are now beginning to celebrate their sixtieth birthday. Between 1990 and 2000, the number of people living in their community, age ninety and older, grew by 413 percent or from 2,072 to 10,645 individuals. West Virginia is projected to be one of the grayest entities in both the nation and world.

### **Economic Status**

In 1999, the average household income in West Virginia was \$26,008 compared to \$33,313, the national average. Census estimates for 2004 indicate the median household income is \$31,504 as compared to \$44,684, the U.S. average. Presently West Virginia households have the lowest income in the nation. For people age sixty-five and older, 12.1 percent of the population live in poverty and 34.3 percent of all senior households live on less than \$15,000 per year. There are 2,502 minority West Virginians living in poverty; this equates to 20 percent of the minority population. As noted earlier, West Virginians maintain a high home ownership rate which, in most instances, is their only significant asset. As of the year 2004, the median value of these homes was \$81,826 (49th in the nation, including Washington, D.C.) compared to \$151,366, the U.S. average.

West Virginia is the largest producer of oil and natural gas east of the Mississippi River and usually ranks second or third in coal production. The State has 20,500 family-run farms that generate over \$400 million in commodity sales each year. Additionally, West Virginia is home to Toyota, Amazon.com and several biotechnology firms such as Extreme Endeavors and EyeMarker Systems. Tourism is another significant growth

industry.

### **Health & Long-Term Care Status**

In terms of acute care access, there are medically under-served areas in 50 of the 55 counties, and all or parts of 40 counties are designated health professional shortage areas. The State's 63 acute care community and specialty hospitals are spread among 36 counties with 19 counties having no community hospital. Many of these hospitals are increasingly providing long-term care services, especially Medicare skilled nursing care to meet the growing demand for institutional long-term care services. In addition to the 9,944 beds in 106 nursing homes, acute care hospitals provide an additional 1,033 beds to meet this need and to compensate for decreasing inpatient acute care. West Virginians also have access to long-term care services through sixty-five licensed personal care facilities with 2,443 beds and an additional 652 beds in residential board and care facilities.

In the sixty-five and older age group, 51.9 percent have a disability; this ranks West Virginia 2nd in the nation in this category. Census data further indicates the State has 25.4 percent of seniors suffering from a self-care or mobility limitation.

With advances made in medical technology, pharmacology and positive lifestyle changes, disability levels slightly declined; however, the aging of our population has increased the demand for services to assist with functional limitations in a non-institutional setting.

## **SECTION III: ADMINISTRATIVE ORGANIZATION AND MISSION**

### **A. STATUTORY AUTHORITY**

Under the authority of the West Virginia Code, Chapter 16, Article 5N, the Bureau of Senior Services is given authority and responsibility as West Virginia's State Unit on Aging.

#### **§ 16-5N-1. Purpose of Article.**

The purpose of this article is to create a bureau in state government which promotes services to enhance the health, safety and welfare of West Virginia's senior population and serves as the primary agency within state government to provide services to the senior population.

#### **§ 16-5N-6. Powers and duties generally.**

The Commissioner shall be the executive and administrative head of the bureau and shall have the power and duty to:

- (a) Exercise general supervision of the bureau;
- (b) Propose legislative rules for the effective and expeditious performance and discharge of the duties and responsibilities placed upon the commissioner by law;
- (c) Conduct and coordinate studies of the problems of the state's older people;
- (d) Encourage and promote the establishment of local programs and services for the aging;
- (e) Conduct programs of public education on the problems of aging;
- (f) Review state programs for the aging, and annually make recommendations to the governor and the Legislature;
- (g) Encourage and assist governmental and private agencies to coordinate effective efforts on behalf of the aging;
- (h) Coordinate statewide local and voluntary efforts to serve the aging and develop programs at the local level;
- (i) Supervise fiscal management and responsibilities of the bureau;
- (j) Keep an accurate and complete record of all bureau proceedings, record and file all bonds and contracts and assume responsibility for the custody and preservation of all papers and documents of the bureau;

(k) Submit an annual report to the governor on the condition, operation and functioning of the bureau;

(l) Invoke any legal or special remedy for the enforcement of orders or the provisions of this chapter;

(m) Standardize administration, expedite bureau business, revise rules and promote the efficiency of the service;

(n) Provide a program of continuing professional, technical and specialized instruction for the personnel of the bureau and local service providers; and

(o) Receive on behalf of the state any grant or gift and accept the same, so that the title shall pass to the state. All moneys from grants or gifts shall be deposited with the state treasurer in a special fund and shall be used for the purposes set forth in the grant or gift.

#### **§ 16-5N-12. Designated state agency for handling federal programs.**

The bureau shall constitute the designated state agency for handling all programs of the federal government relating to the aging requiring action within the state, which are not the specific responsibility of another state agency under the provisions of federal law or which have not been specifically entrusted to another state agency by the Legislature. The bureau shall be empowered to comply with all regulations and requirements to qualify for federal grants and to administer such federal funds.

#### **Federally Authorized Functions**

From the perspective of the Federal Older Americans Act of 1965, as amended, the Bureau is the single State Unit on Aging, responsible for developing and administering a State Plan that responds to all requirements of the Act, for allocating and accounting for those federal funds appropriated for aging programs, and for serving as a liaison with the federal Administration on Aging in proposing and commenting upon national policy and regulations affecting older Americans.

#### **B. ORGANIZATION**

A Commissioner appointed by the Governor is the chief administrative officer and oversees all program and fiscal operations of the Bureau. In addition to agency staff, the Bureau has a 15 member Advisory Council on Aging. The chart (Attachment A) shows the organization of the Bureau.

#### **C. DESIGNATED PLANNING AND SERVICE AREAS**

In conformance with Older Americans Act requirements and to lend direction to the State's extensive network of aging programs, the Bureau of Senior Services requires an annual plan from each of the State's four area agencies on aging operating in the designated planning and service areas. Each plan specifies the types and levels of

service that will be provided to meet the particular needs of the elderly within each of the four planning and service areas, based on both community and area needs assessments. Area plans also emphasize coordination with other public/private resources to avert duplication or overlap in programming.

The map (Attachment B) depicts the designation of West Virginia's four planning and service areas.

#### **D. MISSION STATEMENT**

To be West Virginia's premier advocate for the provision of in-home and community based services for the State's seniors and others served by our programs.  
To be faithful stewards of the federal and state monies entrusted to our care for the provision of services throughout West Virginia.

## **SECTION IV: GOALS AND OBJECTIVES AND PERFORMANCE MEASURES**

### **GOAL 1: Coordinate with Providers and Agencies to provide older individuals with access to an integrated array of health and social supports.**

**Objective 1.1** Strengthen the Bureau's capacity to provide information to older individuals that can help them access health and social supports and educate the public about the importance of improving older people's access to an integrated array of health and social supports. An increase of 8% is expected due to increased aging population and increased funding opportunities.

#### **Strategies to Accomplish Objective:**

- ◆ Educate the public about the challenges older people face in trying to access services and strategies that can be used to address these challenges.
- ◆ Educate state policymakers about the challenges older people face in trying to access services and strategies that can be used to address these challenges.
- ◆ Disseminate information to older people, including those who are low-income, rural, and limited English speaking (when applicable), to help them access health and social supports.

**Objective 1.2** Support the aging network's role in developing systems of care that provide older people an integrated array of health and social supports. An increase of 2–3% is projected.

#### **Strategies to Accomplish Objective:**

- ◆ Provide formula grants that support information, outreach, access, nutrition and supportive services and ensure the effective use of these grant funds.
- ◆ Use the Older Americans Act area plan requirements to help the aging network document how they utilize funds to advance priorities in this area.
- ◆ Identify and disseminate information and technical assistance on models and techniques to improve older people's access to an integrated array of health and social supports.
- ◆ Support the development and testing of new models and techniques that can improve older people's access to an integrated array of health and social supports.
- ◆ Conduct analysis of research findings, demographic trends, program data, and other information to identify strategies and approaches to support future program and policy development in this area.
- ◆ Explore the utilization of cost sharing, when appropriate; to further enhance the network's sources allowing for expansion of and increased access to an integrated array of health and social services.
- ◆ Provide information and input regarding the health needs of the aging population to the WV Bureau for Medical Services (the state Medicaid agency) for Medicaid services.

**Objective 1.3** Partner with other agencies and private sector organizations to promote policies, programs and activities that will increase the number of older people who have access to an integrated array of health and social supports.

**Strategies to Accomplish Objective:**

- ◆ Educate the aging network on current programs provided by the WV Bureau for Public Health, Administration on Aging, and other national/state health initiatives.
- ◆ Disseminate to the aging network information on evidence-based health initiatives as provided by Administration on Aging, Centers for Disease Control and other agencies and organizations.
- ◆ Continue collaboration with the State Fire Marshal's Office in the development of "Fire Safety for Seniors" educational materials.
- ◆ Partner with other agencies and organizations on joint projects and activities that are designed to increase older people's access to an integrated array of health and social supports.

**Objective 1.4** Strengthen the ability of the Bureau, through modifications to management methodologies (including increased competitive processes), to provide maximum cost efficiencies and equitable access to quality services to older West Virginians under the Older Americans Act.

**Strategies to Accomplish Objective:**

- ◆ Review current methods of financing services and explore more cost effective processes to ensure maximum efficiencies.
- ◆ Utilize broad-based input for the review of modifications to management processes.
- ◆ Review performance standards utilized in the competitive process for provision of Older Americans Act services to enhance maximum cost efficiencies, equitable access and quality.
- ◆ Review the current administrative methodology utilized throughout the aging network.
- ◆ Seek to maximize limited resources through enhanced management and competitive processes.
- ◆ Redirect already limited resources through the continued emphasis of streamlining administrative processes so as to further expand available services.

**Objective 1.5** Utilize assessment results in the coordination of transportation services for West Virginia's elderly population, increasing the number served by 5%.

**Strategies to Accomplish Objective:**

- ◆ Utilize assessment information gathered from the aging network for the West

- Virginia Coordination Study funded by the United We Ride national initiative.
- ◆ Educate the aging network about the Administration on Aging Transportation Toolkit.
  - ◆ Provide technical assistance to the transportation providers in the aging network about coordination efforts, particularly with local transit authorities.
  - ◆ Work with the West Virginia Transportation Coordinating Council in efforts to secure funding for a pilot project for coordination of transportation services.
  - ◆ Continue representation on the West Virginia Transportation Coordinating Council as future funding opportunities become available through the United We Ride national initiative.
  - ◆ Analyze Medicaid service utilization data on transportation to determine trends and needs for seniors in the Medicaid Aged and Disabled Waiver and Personal Care programs.

**Objective 1.6**      Strengthen the ability of older West Virginians in their efforts to continue learning, strengthen their economic circumstances and support community service organizations by providing seniors with the necessary tools to seek and obtain gainful employment in later life, increasing those employed through Older Americans Act funding (Title V) by 14%.

**Strategies to Accomplish Objective:**

- ◆ Continue developing strong relationships with key players in the workforce investment arena to enhance employment opportunities through the one-stop job assistance offices that traditionally target younger age groups.
- ◆ Continue to advocate on behalf of seniors seeking employment through public education and marketing strategies on the benefits of employing older West Virginians.
- ◆ Work with the national contractors employed by the U.S. Department of Labor.
- ◆ Provide technical assistance, support and guidance to the local sub-recipients in order to assure achievement of mandated performance goals.
- ◆ Serve as the liaison between workforce investment offices and local, state and national organizations that provide support and assistance to older people seeking to rejoin the workforce.
- ◆ Continue to take an active role on the WV Workforce Investment Council and the Workforce WV Interagency Collaborative Team.
- ◆ Reach out to the aging network and other civic groups that need trained and reach out to qualified people who can work with those who may be frail or require support to live independently.

**Objective 1.7**      Strengthen the capacity for stakeholder input and communication in the Medicaid programs, by increasing the Quality Advisory Council work groups from two to five.

**Strategies to Accomplish Goal:**

- ◆ Continue to utilize the Medicaid Aged & Disabled Waiver (ADW) Quality

Improvement Advisory Council for stakeholder input. The council includes program members (legal representatives), providers, State representatives, advocates and other stakeholders (or Work Groups).

- ◆ Develop and implement an annual Quality Work Plan for the ADW Program based upon program data and stakeholder input.
- ◆ Continue to utilize the ADW hotline for ADW member complaints or requests for information.
- ◆ Develop communication methodologies for distribution of information to ADW and Medicaid Personal Care providers.
- ◆ Develop and distribute program educational information to members on the ADW program.

**Objective 1.8**      Strengthen the capacity to provide information to older adults utilizing the Aging and Disability Resource Center (ADRC), with a plan of reaching 12% more individuals. Additionally, open new ADRC office, increase state total to ten.

**Strategies to Accomplish Goal:**

- ◆ Educate the public about the services the ADRCs offer to assist individuals in making long-term care support decisions.
- ◆ Educate individuals who utilize the ADRC services of health and social supports available to meet their needs.
- ◆ Assist individuals with program eligibility applications to expedite access to services.
- ◆ Continue to provide state funding of ADRCs to provide older and disabled adults access to ADRC services on a statewide basis.
- ◆ Beginning in 2010 all ADRC staff will be required to become AIRS (Alliance of Information and Referral Specialists) certified within their first year of hire.
- ◆ ADRCs will strengthen their partnership with the WV Department of Health & Human Resources by becoming a Community Partner. This partnership will allow ADRC staff to complete and submit financial eligibility applications on-line for benefits such as Medicaid, LIEAP (low income energy assistance program) and SNAP (supplemental nutrition assistance program) and to track the status of eligibility determinations.
- ◆ Open additional ADRC office in West Virginia in September 2010.

**Objective 1.9**      Strengthen access to services for older individuals through the implementation of a self-directed service delivery option, adding an additional 8–10% more clients.

**Strategies to Accomplish Objective:**

- ◆ Implementation of the Personal Options self-directed service delivery model within the Aged and Disabled Waiver Program. This model promotes self-direction by giving eligible participants the opportunity to hire qualified employees, including friends and family to provide assistance with activities of daily living.

**Objective 1.10** Strengthen the ability of the Bureau to provide information to an additional 8% older individuals and individuals with disabilities regarding health insurance in general and the federal Medicare system, specifically, with an emphasis being place on the components of the Medicare Modernization Act of 2003 and the Medicare Improvements for Patients and Providers Act of 2008.

**Strategies to Accomplish Objective:**

- ◆ Educate Medicare beneficiaries, their families, and caregivers about health insurance coverage and benefits through the State Health Insurance Assistance Program (SHIP).
- ◆ Provide one-on-one counseling to consumers to facilitate an understanding of their health insurance coverage benefits.
- ◆ Provide training for SHIP staff to keep them up to date on policy changes and other relevant information.
- ◆ Apply for any supplemental grants that become available through the Centers for Medicare & Medicaid Services, its contractors or other agencies or organizations.
- ◆ Partner with other state and local organizations to maximize all available resources in the provision of services to Medicare beneficiaries.
- ◆ Assist Medicare beneficiaries in applying for programs that will help pay Medicare costs including premiums and co-pays.
- ◆ Provide leadership to the five Medicare call centers located within the ADRC in Wheeling, Princeton, Fairmont, Petersburg and Charleston.

**Objective 1.11** Strengthen the ability of the Bureau to be involved in the State's Efforts dedicated to Medicaid long-term care reforms.

**Strategies to Accomplish Objective:**

- ◆ Maintain the Bureau's presence on the steering committee that is taking the lead on reforming West Virginia's entire Medicaid Program, which includes long-term care.
- ◆ Maintain the Bureau's co-chair position in the Vision Shared activities related to Medicaid, in particular long-term care reforms.
- ◆ Continue to work with the WV Bureau for Medical Services (the state designated single Medicaid agency) on a daily basis in the mutual operation of the Medicaid Aged & Disabled Waiver and Personal Care programs.
- ◆ Maintain the Bureau's presence with West Virginia Statewide Independent Living Council to promote independent living, consumer control, and equal access as it pertains to Medicaid home- and community- based programs.

| Objective          | Performance Measure  | Target Date |
|--------------------|--|-------------|
| 1.1; 1.2; 1.7; 1.8 | # of agencies and private sector organizations that provide information to older individuals on health and social supports.  | Annually    |
| 1.3                | # of organizations BoSS partnered with to promote policies, programs and activities that will increase the number of older people who have access to an integrated array of health and | Annually    |

|     |  |          |
|-----|--|----------|
|     | social supports.   |          |
| 1.4 | Strengthen the ability of the Bureau, through modifications to management methodologies (including increased competitive processes), to provide maximum cost efficiencies and equitable access to quality services to older West Virginians under the Older Americans Act. | Annually |
| 1.5 | % of older individuals in the aging network that utilize transportation services   | Annually |
| 1.6 | # of older individuals seeking learning opportunities in the aging network.  | Annually |
| 1.9 | % of older individuals that selected the self-directed service delivery option.  | Annually |

**GOAL 2: Encourage Providers and Agencies to disseminate information to older individuals on active and healthy lifestyles.**

**Objective 2.1** Strengthen the Bureau's capacity to provide information to older people that can help them stay active and healthy and educate the public about the importance of healthy lifestyle choices and about health promotion and disease prevention programs that can benefit people as they age. We expect to increase our population currently served by 10%.

**Strategies to Accomplish Objective:**

- ◆ Educate older people and the general public, including policymakers, about the importance of maintaining active lifestyles and healthy behaviors for successful aging.
- ◆ Disseminate information on health promotion and disease prevention programs to older people, including those who are low-income, rural, and limited English speaking (when applicable), and to the general public.
- ◆ Use the Older Americans Act area plan requirements to further encourage the aging network to advance health promotion/disease prevention activities.
- ◆ Continue the publication and distribution of the Food and Fitness newsletter written by the Bureau's consulting dietitian.
- ◆ Make available the evidence-based Arthritis Foundation Exercise Program to the aging network.
- ◆ Conduct classes based on the evidence-based Arthritis Foundation Exercise Program to participants at the annual Robert W. Jackson Senior Conference.
- ◆ Provide consultation to the aging network on livable/walkable communities.
- ◆ Disseminate information on health promotion and disease prevention programs at the annual Robert W. Jackson Senior Conference and other events as appropriate.
- ◆ Through continued MIPAA and SHIP funding and outreach activities aimed at Promoting wellness and preventing disease, emphasis will be place on provisions in the Affordable Care Act.

**Objective 2.2** Support the aging network's role in developing programs that help older people adopt and maintain active lifestyles and practice

healthy behaviors, by partnering with up to seven senior centers for enhanced training.

**Strategies to Accomplish Objective:**

- ◆ Provide formula grants that support health promotion services and ensure the effective use of these grant funds.
- ◆ Use the Older Americans Act area plan requirements to help the aging network document how they utilize funds to advance priorities in this area.
- ◆ Identify and disseminate information and technical assistance on models and techniques that can be used to enhance health promotion and disease prevention programs for older people.
- ◆ Support the development and testing of new models and techniques that can help older people stay active and healthy, including models targeted at high risk populations.
- ◆ Conduct analysis of research findings, demographic trends, program data, and other information to identify strategies and approaches to support future program and policy development in this area.
- ◆ Explore the utilization of cost sharing, when appropriate; to further enhance the network's resources allowing for expansion of and increased access to health promotion/disease prevention programs.

**Objective 2.3** Partner with other agencies and private sector organizations to promote policies, programs and activities that encourage older people to adopt and maintain active lifestyles and practice healthy behaviors.

**Strategies to Accomplish Objective:**

- ◆ Continue participation on the Board of West Virginia on the Move and encourage the aging network to participate in the program.
- ◆ Partner with the West Virginia University, Department of Orthopaedics, in their grant to evaluate evidence-based community-delivered physical activity programs.
- ◆ Continue to participate with the West Virginia Osteoporosis/Arthritis Advisory Panel to provide presentations to the aging network on the prevention of falls and osteoporosis, and partner with the West Virginia Comprehensive Cancer Control Coalition in order to educate the aging network about the challenges of cancer control and to disseminate information on prevention, early detection, and quality of life.

The Arthritis Foundation Exercise Program was developed by the national authority on arthritis. The Bureau of Senior Services has partnered with the National Arthritis Foundation to increase awareness and encourage participation of exercising with arthritis for older adults. The Arthritis Foundation Exercise Program movements were developed by physical therapists to address the pain, fatigue and decreased strength often felt by individuals diagnosed with arthritis. The program is designed to:

- (1) Improve range of motion;
- (2) Increase strength; and
- (3) Improve endurance.

A staff member at the Bureau has conducted two leader trainings and lead several exercise classes for older adults. Currently a class is held at the Quarry Manor Assisted Living Home, located in Charleston, WV. This class is held for one hour, two times a week, with average attendance of 15 older adults. Each class begins with an educational component, warm up, cardio, cool down and relaxation session. It is a recreational program that is evidence based as provided by the National Arthritis Foundation.

As a member of the Bureau for Public Health Osteoporosis/Arthritis Advisory Panel, the Bureau of Senior Services received a DVD of the Arthritis Foundation Exercise Program. A copy of the DVD has been distributed to each county aging program (senior center) to be incorporated with their physical activity.

- ◆ Partner with the Bureau for Public Health in the administration of the American Recovery and Reinvestment grant to disseminate the Chronic Disease Self-Management Program, developed by Stanford University.
- ◆ Partner with the Bureau for Public Health's Cardiovascular Health Program to educate the senior population about the signs and symptoms of strokes.
- ◆ Partner with the West Virginia Asthma Coalition to educate seniors and the aging network about the triggers of asthma and its prevention.
- ◆ Become involved with the newly created West Virginia Office of Healthy Lifestyles.
- ◆ Participate in the State Health Education Council.
- ◆ Partner with other agencies and organizations on joint projects and activities that are designed to help older people stay active and healthy.

**Objective 2.4** Encourage the coordinated vaccination of seniors, particularly for influenza and pneumonia, through their local providers, by ensuring that all 55 county providers and all ten ADRCs have shot information and shot location information available.

**Strategies to Accomplish Objective:**

- ◆ Collaborate and continue partnering with the West Virginia Immunization Network (WIN).
- ◆ Communicate the importance of immunization utilizing the Bureau's Website and E-mail communications to the aging network.
- ◆ Post immunization information to the 211 Network.
- ◆ Provide information to the aging network on available vaccination sites.

**Objective 2.5** Provide information to 500–700 older adults to help them stay active and healthy by utilizing the ADRCs.

**Strategies to Accomplish Objective:**

- ◆ Educate the public about the services the ADRCs offer to assist individuals in making decisions that promote active and healthy lifestyles.
- ◆ Utilize the ADRC to pilot a care transition project aimed at promoting healthier lifestyles and reducing hospital readmission rates for individuals with certain chronic conditions. This project focuses on person-centered discharge planning along with access to proper nutrition, specialized follow-up care, in-home care services and chronic disease self-management.
- ◆ Continue to cross-train ADRC staff to be leaders in Chronic Disease Self-Management Courses to increase awareness of these programs and the availability of classes.

| Objective               | Performance Measure  | Target Date |
|-------------------------|--|-------------|
| 2.1; 2.2; 2.3; 2.4; 2.5 | # of agencies and private sector organizations that promote healthy lifestyles and health promotion for older individuals. | Annually    |

**GOAL 3: Support families in their efforts to care for their loved ones at home and in the community.**

**Objective 3.1** Strengthen the Bureau's capacity to provide information to families that will help them in their caregiving roles, and educate the public on family caregiving and the importance of supporting family caregivers.

**Strategies to Accomplish Objective:**

- ◆ Disseminate relevant information to families, including those who are low-income, rural, and limited English speaking, to help them care for their older loved ones at home and in the community.
- ◆ Continue a partnership with the West Virginia Health Care Association to publish a consumer guide of resources to help families make informed decisions about care of their loved ones.
- ◆ Use the Bureau's website to effectively and efficiently disseminate information and materials to family caregivers.
- ◆ Seek out and create opportunities to educate the public about family caregiving, the effects of caregiver stress, and the importance of caregivers taking care of themselves, and the resources available to help family caregivers continue to care for their loved ones at home.
- ◆ Educate state policymakers on the challenges faced by family caregivers and the importance of supporting families who care for their loved ones at home.

- ◆ Advocate for additional funding to support family caregivers.

**Objective 3.2** Support the aging network's role in helping family caregivers, increasing the number served by 5%.

**Strategies to Accomplish Objective:**

- ◆ Provide formula grants for the National Family Caregiver Support Program and ensure the effective use of these grant funds.
- ◆ Use the Older Americans Act area plan requirements to help the aging network document how they utilize Title III-E funds.
- ◆ Continue and expand the state-funded Family Alzheimer's In-Home Respite (FAIR) Program to support caregivers of individuals with Alzheimer's disease or a related dementia. Monitor to ensure quality of care, provide technical assistance, and advocate for additional funding for FAIR.
- ◆ Identify and disseminate information and technical assistance on models and techniques that can be used by the aging network to design and implement programs and services that support caregivers.
- ◆ Support the development of new models and techniques to help family caregivers.
- ◆ Conduct ongoing analysis of research findings, demographic trends, program data, and other information to identify, create and support future program and policy development to assist family caregivers.
- ◆ Explore cost sharing, when appropriate; to further enhance the aging network's resources, allowing for expansion of and increased access to services for families who care for their loved ones at home or in the community.

**Objective 3.3** Partner with other agencies and private sector organizations to promote policies, programs and activities that support family caregivers, adding an additional partner, the National Healthcare Decisions Day Initiative.

**Strategies to Accomplish Objective:**

- ◆ Partner with other agencies and organizations, as appropriate, on joint projects and activities that will benefit family caregivers.
- ◆ Apply for new caregiver and/or Alzheimer's grant funding through the Administration on Aging or other appropriate federal agency when funding opportunities meet the Bureau's stated goals.

**Objective 3.4** Increase participation in the ADW self-directed option by an additional 8% –10%.

**Strategies to Accomplish Objective:**

- ◆ Implement Personal Options, a self-directed service delivery option within the Aged and Disabled Waiver Program, to strengthen the ability of family members to provide choice and services to their loved ones in their home and in the

community.

**Objective 3.5** Continue to enhance and expand an end-of-life care initiative for the Bureau of Senior Services, reaching 10% more individuals.

**Strategies to Accomplish Objective:**

- ◆ Continue to strengthen the existing relationship with the West Virginia Center for End-of-Life Care and Hospice of West Virginia.
- ◆ Identify opportunities to partner with aging advocacy groups and other interested parties to further public awareness of issues surrounding end-of-life care.
- ◆ Continue to develop a resource library that can be made available to the aging network, family caregivers and the general public, and publicize the materials at health fairs, conferences, other public gatherings, and via the Bureau's website.
- ◆ Provide end-of-life educational materials and planning documents, including advance directive forms, to all those who request them.
- ◆ Educate individuals and families about the advance directive documents that are available to West Virginians and the importance of creating advance directives.
- ◆ Promote use of the Physician Orders for Scope of Treatment (POST) Form, when appropriate.
- ◆ Promote hospice services as a viable option for end-of-life care.

**Objective 3.6** Continue and strengthen the Lighthouse Program that allows in-home personal care services for those seniors who do not qualify for Medicaid in-home care services, increasing the number served by 5%.

**Strategies to Accomplish Objective:**

- ◆ Educate the public about the services provided and how to access those services through the county aging providers.
- ◆ Use the Bureau's website to disseminate information to the public.
- ◆ Seek out opportunities to educate the public about the program.
- ◆ Continue to monitor the program and provide technical assistance to providers.
- ◆ Continue to advocate for increased quality care for those individuals in the program.
- ◆ Continue to advocate for the health and safety of those individuals in the program.
- ◆ Advocate for additional funding for the program.

| <b>Objective</b> | <b>Performance Measure</b>  | <b>Target Date</b> |
|------------------|---|--------------------|
| 3.1; 3.3;        | # of agencies and private sector organizations that provide information to older individuals on health and social supports. | Annually           |
| 3.2; 3.6         | % of increase in Fair and Lighthouse participants.  | Annually           |
| 3.4              | # of individuals choosing personal options.   | Annually           |
| 3.5              | # of individuals receiving end of life care information.  | Annually           |

**GOAL 4: Coordinate with Providers and Agencies to protect older individual's rights and prevent elder abuse, neglect and exploitation.**

**Objective 4.1** Strengthen the Bureau's capacity to provide information to older consumers on elder rights and consumer protection issues and programs and educate the public on the importance of such programs, thereby increasing the number of people served by 5%.

**Strategies to Accomplish Objective:**

- ◆ Educate the public, including policymakers, on the importance of protecting the rights of older people and preventing elder abuse, neglect and exploitation.
- ◆ Provide information to older people, including those who are low-income, rural, and limited English speaking (when applicable), on their rights and consumer protection programs and benefits to which they are entitled.
- ◆ Continue to sponsor workshops at the annual Robert W. Jackson Senior Conference about how seniors can avoid predatory financial exploitation and be informed consumers.

**Objective 4.2** Strengthen the Long-Term Care Ombudsman Program's capacity to provide information to older consumers on elder rights and consumer protection issues and programs and educate the public on the importance of such programs, serving 5% more residents and their families.

**Strategies to Accomplish Objective:**

- ◆ Provide all residents of nursing homes and assisted living homes a copy of a pamphlet that describes the Ombudsman Program and how a resident can access a long-term care ombudsman.
- ◆ Continue visiting long-term care facilities and meeting with residents on a regular basis.
- ◆ Continue attending resident council meetings and family council meetings in an effort to spread the word about long-term care resident rights.
- ◆ Provide resident rights posters to assisted living facilities and encourage staff to prominently display them.
- ◆ Provide ombudsman posters to long-term care facilities and encourage staff to prominently display them.
- ◆ Work with the media to inform the general public about long-term care resident rights and the Ombudsman Program.
- ◆ Continue to provide in-service trainings to long-term care provider staff.

**Objective 4.3** Strengthen the capacity of the Bureau to provide information to older consumers regarding elder rights and consumer protection issues through legal services, increasing the number served by 2%.

### **Strategies to Accomplish Objective:**

- ◆ Educate senior consumers, including those who are low-income, rural, and limited English speaking (when applicable), about legal assistance that may be available to them through the Bureau including the Legal Hotline.
- ◆ Coordinate with the legal services provider, West Virginia Senior Legal Aid, in the delivery of legal assistance to the State's seniors, particularly those who are low-income, rural, and limited English speaking (when applicable).
- ◆ Continue provision of other legal related services that are provided through the aging network.

**Objective 4.4**      Strengthen the ability of the Bureau to provide information to older consumers regarding elder rights and consumer protection issues as it relates to health insurance in general and the federal Medicare system, specifically. A 20% increase of those served is expected.

### **Strategies to Accomplish Objective:**

- ◆ Educate the public and policymakers about the importance of protecting the consumer rights of older citizens.
- ◆ Coordinate with the Bureau's Senior Legal Services program in about issues relating to fraudulent Medicare and health insurance practices.
- ◆ Alert the public, the aging network, the Centers for Medicare & Medicaid Services, and the WV Office of the Attorney General of potential fraudulent Medicare and health insurance practices.
- ◆ Assist individuals who feel that they, or someone they represent, may have been the victim of fraudulent Medicare practices.
- ◆ Advise the Centers for Medicare & Medicaid Services and the WV Office of the Attorney General of reported fraudulent Medicare and health insurance practices.
- ◆ Refer clients to senior Medicare Patrol, as appropriate.

**Objective 4.5**      Strengthen the capacity to provide information to older adults about their rights and the prevention of abuse, neglect and exploitation by utilizing the ADRCs. An increase of 10% served is expected.

### **Strategies to Accomplish Objective:**

- ◆ Continue to educate the public about the services the ADRC offers to assist older individuals in understanding their rights and how to avoid and report abuse, neglect and exploitation.
- ◆ Educate older individuals that utilize the ADRCs about their rights and about programs that can help to protect them from abuse, neglect and exploitation.

**Objective 4.6**      Support the aging network's role in protecting older consumers and preventing elder abuse, neglect and exploitation.

### **Strategies to Accomplish Objective:**

- ◆ Provide grants to support elder abuse prevention, legal services, hotlines and Long-Term Care Ombudsman Programs and ensure the effective use of these grant funds.
- ◆ Support the development of new models and techniques that can make it easier for older people to know their rights and to prevent elder abuse, neglect and exploitation.
- ◆ Conduct analysis of research findings, demographic trends, program data, and other information to identify strategies and approaches to support future program and policy development in this area.
- ◆ Continue to build upon the rapport established between the ombudsmen and other aging network providers.

**Objective 4.7** Support the aging network's role in protecting older consumers and preventing elder abuse, neglect, and exploitation in the Medicaid Waiver Program, including 1,000 new Waiver clients and applicants.

### **Strategies to Accomplish Objective:**

- ◆ Provide ADW applicants and members a brochure entitled "How to Report Abuse and Neglect."
- ◆ Continue to require ADW provider agencies to report incidents of allegations of abuse, neglect or exploitation of members in the Incident Management System.
- ◆ Continue to require abuse and neglect training for ADW homemaker providers outlining definitions of abuse, neglect and exploitation, preventive measures, mandatory reporting and process for filing a report.

**Objective 4.8** Partner with other agencies and the public and private sectors to promote policies, programs and activities that help inform the elderly of their rights and prevent elder abuse, neglect and exploitation.

### **Strategies to Accomplish Objective:**

- ◆ Work closely with WV Adult Protective Services to strengthen our memorandum of understanding.
- ◆ Work closely with the state licensure agency to strengthen our memorandum of understanding.
- ◆ Partner with AARP, the Ombudsman Advisory Council, the West Virginia Health Care Association and other appropriate advocacy groups in an effort to pass laws that will prevent financial exploitation of elderly citizens.
- ◆ Continue to work with AARP, Retired School Staff Chapter members, and Volunteer West Virginia in an effort to recruit more volunteer ombudsmen who will visit residents of long-term care facilities and advocate for their rights.
- ◆ Partner with other agencies and organizations on joint projects and activities that

will help protect older consumers and prevent elder abuse, neglect and exploitation.

- ◆ Participate in projects and activities that have the potential to benefit older consumers and help prevent elder abuse, neglect and exploitation.

| Objective                         | Performance Measure   | Target Date |
|-----------------------------------|---|-------------|
| 4.1; 4.2; 4.3; 4.4; 4.5; 4.7; 4.8 | # of organizations BoSS partnered with to provide information to older consumers on elder rights and consumer protection issues and programs and educate the public on the importance of such programs. | Annually    |
| 4.6                               | # of agencies and private organizations protecting older consumers and preventing elder abuse, neglect and exploitation.  | Annually    |

# INTRASTATE FUNDING FORMULA

## A. State Funding Formula

The West Virginia Bureau of Senior Services allocates Title III-B, C, D, E and Elder Abuse Prevention funds to the Area Agencies on Aging via a formula developed to conform to Older Americans Act requirements. This formula combines factors and weights as listed below, and was implemented in Federal FY2005. It is consistent with the previous State Plan submission.

**Chart 1**

| FACTORS                        | WEIGHTS    |
|--------------------------------|------------|
| Population aged 60+            | .8         |
| Population aged 65+ Low Income | .1         |
| Population aged 60+ Minority   | .1         |
| <b>TOTAL</b>                   | <b>1.0</b> |

Data from the 2000 Census as listed below was used to arrive at the following formula for each region:

**Chart 2**

| REGION       | FORMULA         |
|--------------|-----------------|
| One          | .272347         |
| Two          | .316069         |
| Three        | .176442         |
| Four         | .235142         |
| <b>TOTAL</b> | <b>1.000000</b> |

**Chart 3**

| REGION       | POPULATION<br>60+ | 65+ BELOW<br>POVERTY LEVEL | MINORITY 60+  |
|--------------|-------------------|----------------------------|---------------|
| One          | 104,270           | 7,554                      | 2,532         |
| Two          | 114,080           | 10,086                     | 4,459         |
| Three        | 65,406            | 5,840                      | 1,878         |
| Four         | 79,039            | 8,075                      | 4,831         |
| <b>TOTAL</b> | <b>362,795</b>    | <b>31,555</b>              | <b>13,700</b> |

## FORMULA DEVELOPMENT AND ASSUMPTIONS

The three formula factors (60+, 65+ low income and 60+ minority) were selected in response to Older Americans Act directives which correlate with the need for services. There is acceptable, current, demographic data available for each factor. The weight of .1 was given to the low-income factor in recognition of needs and requirements to serve

those in poverty. The minority factor received the weight of .1 for targeting of funds to minority older persons who are also more likely to have economic needs and will benefit additionally from the low income weighting.

The formula, as displayed in Charts 2 and 3 on the previous page, is the sum for each region of each factor weight multiplied by one, divided by total factor weights, and then multiplied by the proportion that region's factor population bears to the state total factor population.

The formula is updated when current, acceptable demographics are available for each factor. This information must be available on the county level C not just on a statewide basis. (The 60+ low-income factor is not currently available; 65+ low-income was used as we serve an older demographic of our population and the census provides those numbers.)

## **FORMULA APPLICATION**

The formula process is applied to the remaining Title III funds once the allocations for Legal Services, Ombudsman Program, Area Agency Administration, and State Agency Administration are assigned from Title III B, III C, and III E funds within the established regulations of the Older Americans Act. The formula is also applied to remaining State Programs for the Elderly funds allocated to meet matching requirements.

Beginning with Federal FY2005, the new formula amounts derived using the 2000 Census factors were implemented. The base for FY2005 and 2006 for each county program for Title IIIB, C, D, E, Elder Abuse and State Programs for the Elderly was 85% of their initial Federal FY2004 allocation based on the previous funding formula. The base as described above for FY2007 and 2008 was 80%. The base as described above for FY2009 forward is 75%. This enabled a smooth transition to the new 2000 Census changes and adjusted formula factors.

Once the base has been determined for each county program, the formula will be applied to all remaining funds. The allocations determined for each county will then be used as part of the allocations for each established region. The region will maintain these calculated allocations to each county in the award process. This is subject to review and reconsideration for each funding cycle.

Other funds authorized by the Older Americans Act that are not allocated by formula include Title V Senior Community Service Employment Program (SCSEP) and Nutrition Services Incentive Program (NSIP) cash supplement to the Title III-C meals program. State funded Legislative Initiative for the Elderly (L.I.F.E.), Nutrition Supplement, Senior Centers and Programs, and Senior Centers, Maintenance and Repair (all Lottery Proceeds) are not allocated by formula.

**B. ALLOCATION OF FUNDS TO AREA AGENCIES AND SERVICES PROVIDERS FOR FY10**

| PLANNING & SERVICE AREA   | TITLE III SERVICE FUNDS (B, C, D, E AND ELDER ABUSE) | TITLE V FUNDS    | NON-TITLE FUNDS*    | TOTAL AWARD         |
|---------------------------|--|------------------|---------------------|---------------------|
| One                       | \$2,121,904  | \$ 0             | \$ 690,198          | \$ 2,812,102        |
| Two                       | 2,306,529  | 464,438          | 739,964             | 3,510,931           |
| Three                     | 1,511,987  | 281,280          | 502,525             | 2,295,792           |
| Four                      | 2,066,410  | 150,452          | 667,986             | 2,884,848           |
| Other**<br>(Unclassified) |  |                  | 13,980,311          | 13,980,311          |
| <b>TOTAL</b>              | <b>\$8,066,830</b>                                   | <b>\$896,170</b> | <b>\$16,580,984</b> | <b>\$25,483,984</b> |

\*Non-Title III Funds include State general revenue of \$2,653,935. Minimum State match for Title III services of \$470,990 plus \$258,684 contributed by the Bureau for Area Agency administration match.

\*\*Other (Unclassified) funds include Federal NSIP, and State funded programs for Nutrition, In-Home Care, LIFE, Senior Centers and Ombudsman.

**C. ESTIMATED STATE AGENCY BUDGET FOR FY11**

| PROGRAMS                                  | FEDERAL TITLE III | STATE FUNDS        | TITLE V         | OTHER FEDERAL   | TOTALS             |
|---|-------------------|--------------------|-----------------|-----------------|--------------------|
| Title III State Administration            | \$500,000         |                    |                 |                 | \$ 500,000         |
| Long-Term Care Ombudsman Program          | 100,193           |                    |                 |                 | 100,193            |
| Title V SCSEP                             |                   |                    | \$86,115        |                 | 86,115             |
| CMS – Information Counseling & Assistance |                   |                    |                 | \$93,084        | 93,084             |
| Alzheimer's Respite Care                  |                   | \$ 800,000         |                 |                 | 800,000            |
| State                                     |                   | 420,526            |                 |                 | 420,526            |
| <b>TOTAL</b>                              | <b>\$600,193</b>  | <b>\$1,220,526</b> | <b>\$86,115</b> | <b>\$93,084</b> | <b>\$1,999,848</b> |

**SUMMARY: FY2011 SOURCES OF FUNDING (Estimated)**

|                                   |                     |
|-----------------------------------|---------------------|
| <b>FEDERAL FUNDING</b>            |                     |
| TITLE III-B                       | \$2,779,651         |
| TITLE III-C                       | 4,828,623           |
| TITLE III-D                       | 153,137             |
| TITLE III-E                       | 1,069,824           |
| NURSING HOME OMBUDSMAN            | 115,961             |
| ELDER ABUSE PREVENTION            | 36,736              |
| NSIP CASH OPTION                  | 1,600,000           |
| TITLE V SCSEP                     | 1,279,593           |
| SHIP COUNSELING                   | 509,198             |
| <b>STATE FUNDING</b>              |                     |
| LOTTERY REVENUE                   | 24,694,461          |
| LICENSE FEE REVENUE               | 9,000,000           |
| LOTTERY MEDICAID MATCH            | 34,992,578          |
| <b>OTHER FUNDING</b>              |                     |
| MEDICAID<br>ADMINISTRATION/OMBUDS | 958,745             |
| <b>TOTAL</b>                      | <b>\$82,018,507</b> |

**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 and 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 and 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 and 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.

(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-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

(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 minority 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)(29), 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.

*Saudak. Tami*

\_\_\_\_\_  
Signature and Title of Authorized Official

June 10, 2010

\_\_\_\_\_  
Date

## Attachment B: WV BoSS Recommended Emergency Preparedness Plans

The West Virginia Bureau of Senior Services (WV BoSS), the Area Agencies on Aging, and the 55 County Providers, have worked to develop an Emergency/Disaster Response Plan through the following efforts:

- WV BoSS will work with the Director of the WV Division of Homeland Security and Emergency Management. The WVDHSEM provides coordination to assist local emergency managers and first responders to provide for the protection of life and property. Guided by West Virginia State Code and the West Virginia Emergency Operations Plan, the agency is responsible for disaster preparedness, response and recovery, and mitigation. The effort to lessen the impact disasters have on people's lives and property, through damage prevention and flood insurance, is mitigation.<sup>1</sup>
- On-going training and distribution of emergency/disaster information to the aging network.<sup>2</sup>
- A Continuity of Operations Plan (COOP) is currently in development for each of the Area Agencies on Aging and the County Providers. This will ensure that older individuals' needs are being met in the event of emergencies and/or pandemics.<sup>3</sup>
- Design of an Emergency/Disaster Response Plan Guide.
- Contact with the Administration on Aging's Regional Office's Emergency Coordinator for issues on Emergency Preparedness and Response.

The Administration on Aging has outlined Emergency/Disaster Response in five (5) stages:<sup>4</sup>

1. **Awareness:** The WV BoSS, AAAs, and County Providers will work together to educate older individuals on the necessary precautions to be taken in the event of an emergency/disaster. Providers and AAAs have been trained on Health Insurance Portability and Accountability Act (HIPAA) Privacy and Disclosures, as it pertains to emergencies.

<sup>1</sup> West Virginia Division of Homeland Security and Emergency Management  
[http://www.wvdhsem.gov/who\\_we\\_are.htm](http://www.wvdhsem.gov/who_we_are.htm)

<sup>2</sup> Administration on Aging: Emergency Assistance Guide  
[http://www.aoa.gov/aoaroot/Preparedness/Resources\\_Network/pdf/Attachment\\_1357.pdf](http://www.aoa.gov/aoaroot/Preparedness/Resources_Network/pdf/Attachment_1357.pdf)

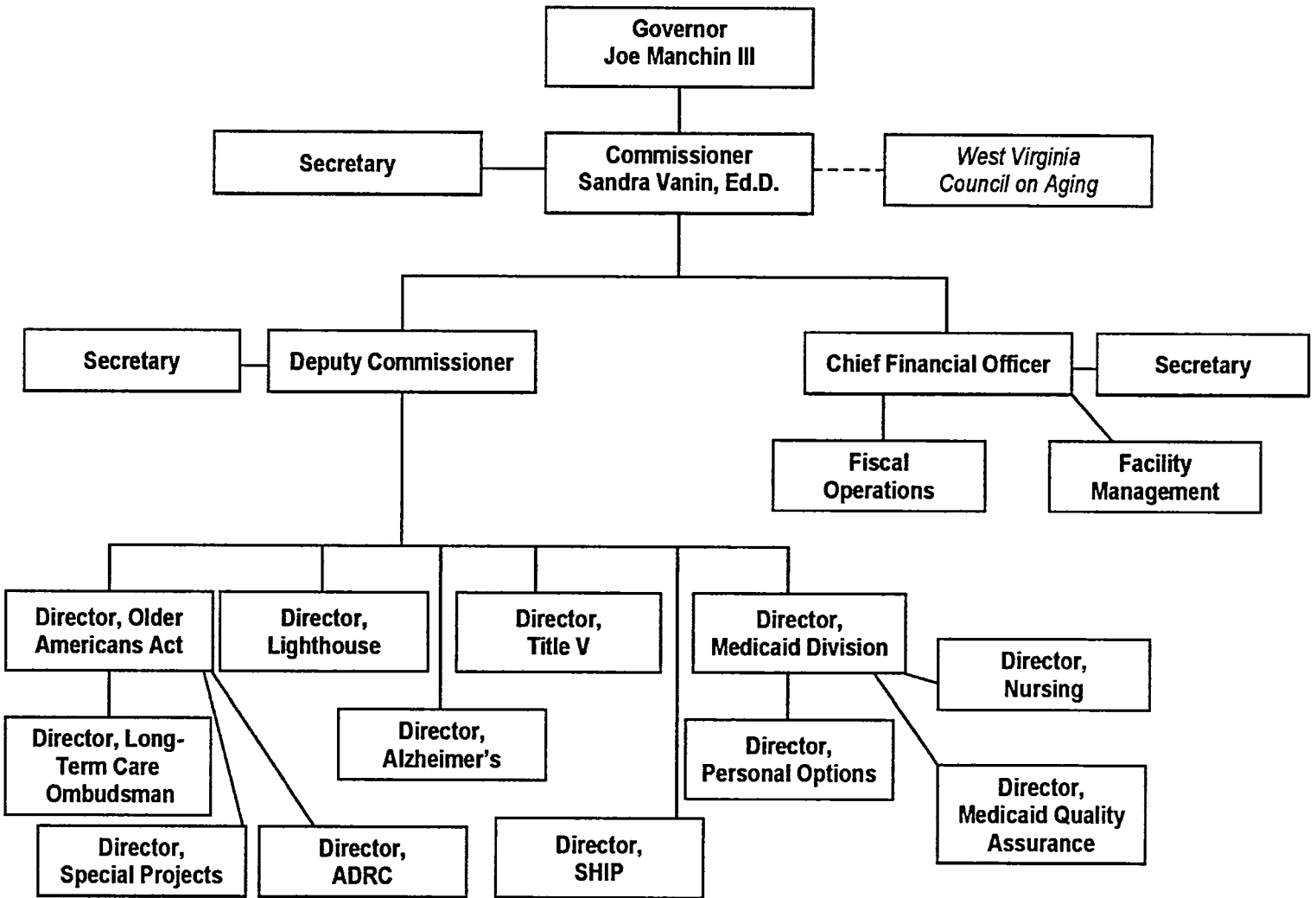
<sup>3</sup> Committee for Hancock County Senior Citizens  
Web site: [www.hancocksrsvs.org](http://www.hancocksrsvs.org)

<sup>4</sup> Administration on Aging: Emergency Assistance Guide

2. **Prevention:** AAAs and Providers have held discussions with various organizations in their area for providing shelter to older individuals. Depending on the weather, older individuals are provided with either a hot meal or shelf staple meal to meet their needs.
3. **Preparedness:** The AAAs and Providers work with their Regional/County Emergency Services Team to prepare lists of older individuals who may be in need of assistance.
4. **Activation:** The WV Division of Homeland Security and Emergency Management are responsible for coordinating emergency/disaster response. In the event of the evacuation of older individuals, efforts have been coordinated with the National Guard and Emergency Response Teams.
5. **Recover:** The WV BoSS will work with the Administration on Aging and other State and Federal Agencies for seek disaster assistance when necessary.

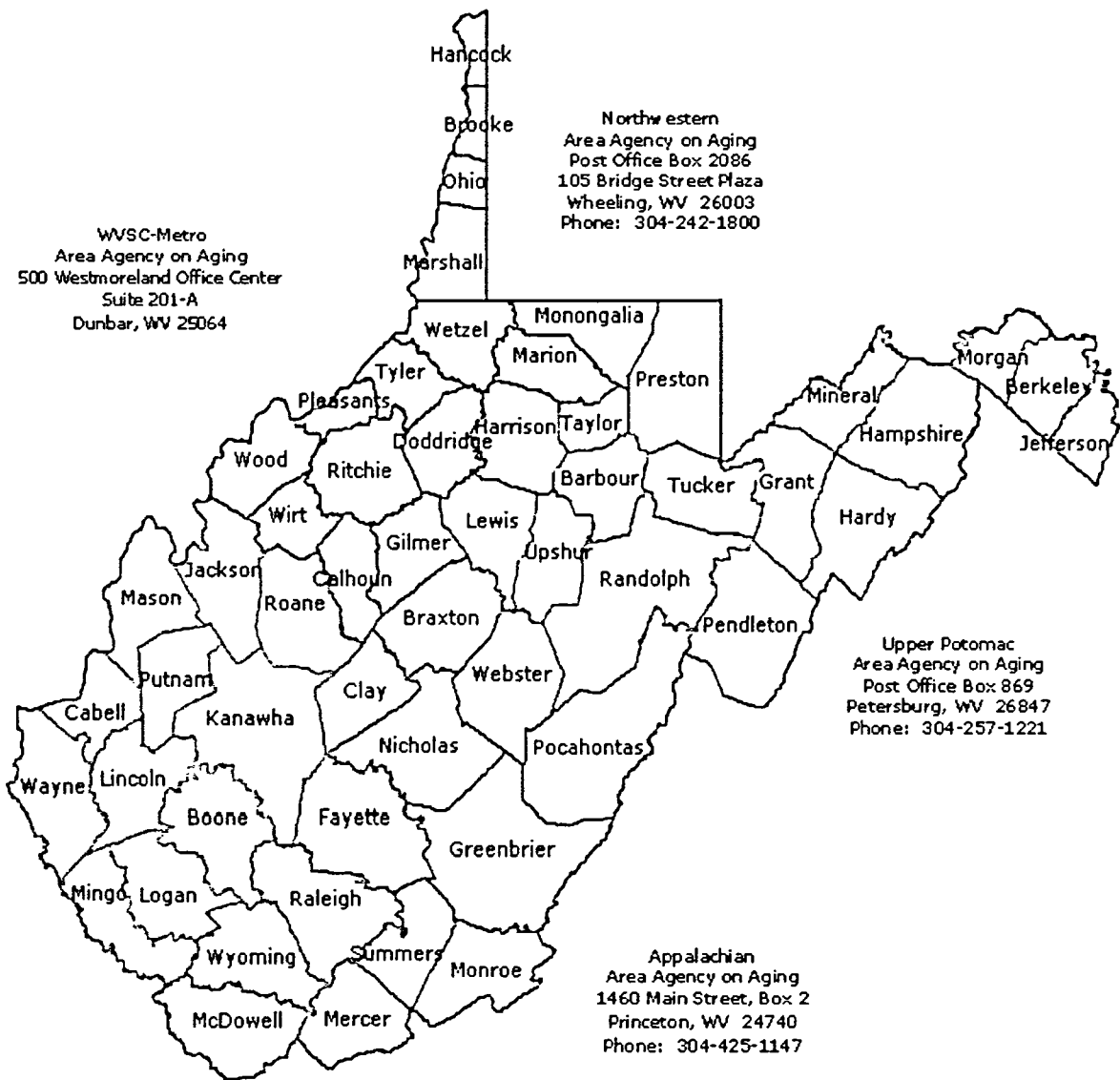
**Attachment C: Bureau Organizational Chart**

**West Virginia  
Bureau of Senior Services  
Organizational Chart**



# Attachment D: WV Area Agencies on Aging Designation Map

## AREA AGENCIES ON AGING



## **Attachment E: PROVISIONS AND INFORMATION REQUIREMENTS**

The following addresses the provisions and information requirements that are listed in the indicated sections of the Older Americans Act, as amended in 2000.

### **Section I. State Plan Information Requirements**

102(19)(G) – The West Virginia Bureau of Senior Services does not fund in-home services not already defined in Sec. 102(19).

#### **Section 305(a) (2) (E)**

The Bureau of Senior Services assures that preference is given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas. Throughout the State Plan Goals and Objectives, targeting of older individuals with greatest economic need, social need, and low-income minority individuals has been addressed. West Virginia is a rural state, and only a small proportion of our participants are not rural. The Bureau uses the area plan requirements to document that these population groups are targeted for services.

#### **Section 307(a)**

The Bureau of Senior Services specifies a minimum proportion of the funds received by each area agency on aging to carry out part B is expended by each of the area agencies to provide access, in-home and legal assistance services. The area plan requirements are used to document this assurance. In FY05 statewide expenditures for access, in-home, and legal assistance were over 83% of the total federal Part B expenditures. For expenditures from all sources for Part B related activities, over 87% was for access, in-home and legal assistance. The rural nature of the state creates an extreme demand for transportation, in-home and legal assistance services. There is very limited public transportation and in-home health care services and legal services are scarce.

#### **Section 307(a) (3)**

(A) The numerical statement of the intrastate funding formula and the allocation of funds to each of the planning and service areas are included in Section VI. Financial Plan.

(B) With respect to services for older individuals residing in rural areas, the Bureau of Senior Services assures that the amount spent for each fiscal year of the plan is not less than the amount expended for such services for fiscal year 2000; identifies, 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); and describes the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

West Virginia is classified by the Census Bureau as one of the most rural states in the nation. Therefore, the Bureau takes the position that nearly all services provided in the State are done so in a rural setting.

### **Section 307(a) (8)**

(B) Neither the state agency nor the area agencies on aging provide case management services.

(C) The area agencies on aging do not directly provide information and assistance services and outreach.

### **Section 307(a) (10)**

The plan provides 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.

West Virginia is classified by the Census Bureau as one of the most rural states in the nation. Therefore, the Bureau of Senior Services takes the position that nearly all services provided in the State are done so in a rural setting.

### **Section 307(a) (15)**

(A) The plan identifies the number of low-income minority older individuals in West Virginia in State Plan Section III. State Profile.

(B) The Bureau uses the area plan requirements to document that low-income minority older individuals are targeted for services.

### **Section 307(a) (21)**

(B) West Virginia has only a 0.12 percent (430) Native American and Alaskan Native 60+ population.

### **Section 705(a) (7)**

(1) The West Virginia Bureau of Senior Services addresses Vulnerable Elder Rights Protection Activities through a notable legal assistance program and an excellent statewide Ombudsman Program.

The legal assistance program is contracted through West Virginia Senior Legal Aid. Focus is placed on economically and socially disadvantaged, disabled, and rural seniors. The statewide Senior Legal Hotline is staffed by an attorney who can offer general legal information or specific legal advice. The attorney can also advocate on behalf of seniors who call, as well as obtain for them full legal representation on a free, reduced fee or full fee basis, depending on income. West Virginia Senior Legal Aid also offers Elderlaw seminars, presentations, and training to groups of seniors and senior services providers. Elderlaw information is disseminated through a Frequently Asked Questions manual covering such topics as Medicaid, advance directives, estate planning and wills, consumer issues, etc. *The West Virginia Elder Advocacy Quarterly* is a publication of Senior Legal Aid and the Ombudsman Program. It is written in easy to understand language and is geared toward senior West Virginians as well as people who work with seniors.

The Bureau of Senior Services supports and maintains an extremely strong and effective Long Term Care Ombudsman Program. The Bureau provides over \$490,000 (80%) to go along with slightly less than \$130,000 (20%) of Title III money to fund an overall Ombudsman Program of nearly \$620,000. This support for enhanced funding allows the Ombudsman Program to expand visits to nursing homes and assisted living facilities which ensure that residents receive high quality ombudsman advocacy services to protect the rights and well-being of the State's most vulnerable seniors.

(2) The Bureau of Senior Services holds public hearings and a public comment period in regard to its State Plan and any amendments to the Plan. The hearings and public comment period allow the Bureau to obtain the view of older individuals, area agencies on aging, and other interested persons and entities regarding programs carried out under this subtitle. Additionally, the Ombudsman Program is mandated by state law to have in place a working advisory council. This council is comprised of senior advocates, consumers, long-term care providers, members of the state health care association, other state agency staff who work with the senior population, and is chaired by a representative from AARP. This advisory council meets at least quarterly and offers guidance to the Ombudsman Program in the areas of goal setting, legislative endeavors, and feedback from the community as to how well the program is offering services to seniors living in long-term care facilities.

(3) The State, in consultation with the area agencies on aging and local service providers, identifies and prioritizes statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining benefits and rights. The Ombudsman Program strives to establish and maintain a rapport with the aging network and adult protective workers throughout the State. This will be done by adhering to established written "Best Practices" guidelines and an interagency agreement. The aging network publicizes and makes referrals to the legal services provider.

(4) The State uses 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. To carry out these activities, the Bureau uses 100% of our allocation for this purpose and secures the required matching funds; therefore, there is no capability of supplanting.

(5) The State places 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). The State Ombudsman Program must be operated in accordance with state law Article 5L which closely mirrors Section 712(a)(5)(c) pertaining to designation of local ombudsman entities under Section 712(a)(5).

(6)(A) The Bureau of Senior Services conducts a program of services consistent with relevant state law and coordinates with existing state adult protective service activities for public education to identify and prevent elder abuse; receipt of reports of elder abuse; 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 be referred consent; and referral of complaints to law enforcement or public protective services agencies if appropriate.

(B) The State does not permit involuntary or coerced participation in services by alleged victims, abusers, or their households.

(C) All information gathered in the course of receiving reports and making referrals remain confidential except if all parties to such complaint consent in writing to the release of such information; or 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 upon court order.

The State Ombudsman Program recently completed a memorandum of understanding with the state adult protective services agency and the state licensure agency in an attempt to coordinate all of their efforts to protect residents of long-term care from abuse, neglect or exploitation. Also, the Ombudsman Program trains adult protective service workers and staff of the state licensure agency in areas of protecting the rights of vulnerable long-term care residents.

All long-term care ombudsmen and our legal services provider are familiar with procedures to refer complaints involving exploitation, abuse and neglect to the proper authorities such as adult protective services. The ombudsmen have received training from the State Medical Examiner's Office as to how to spot signs of neglect and abuse perpetrated upon long-term care residents. The entire aging network, including the ombudsmen and the legal service provider, recognizes confidentiality of senior citizens and secures their permission prior to making referrals to other state agencies.

Attachment F: Census Data

WEST VIRGINIA'S SENIOR POPULATION - CENSUS 2000  
 BY AGE AND PERCENT FOR  
 STATE AND COUNTIES

|            | AGE<br>55+ | % OF<br>WV | AGE<br>60+ | % OF<br>WV | AGE<br>65+ | % OF<br>WV | AGE<br>75+ | %<br>OF<br>WV | AGE<br>85+ | %<br>OF<br>WV |
|------------|------------|------------|------------|------------|------------|------------|------------|---------------|------------|---------------|
| WV         | 461,711    | 25.5%      | 362,795    | 20.1%      | 276,895    | 15.3%      | 128,432    | 7.1%          | 31,779     | 1.8%          |
| BARBOUR    | 4,099      | 26.3%      | 3,209      | 20.6%      | 2,420      | 15.6%      | 1,152      | 7.4%          | 335        | 2.2%          |
| BERKELEY   | 15,406     | 20.3%      | 11,513     | 15.2%      | 8,466      | 11.2%      | 3,464      | 4.6%          | 738        | 1.0%          |
| BOONE      | 5,963      | 23.4%      | 4,622      | 18.1%      | 3,464      | 13.6%      | 1,561      | 6.1%          | 369        | 1.4%          |
| BRAXTON    | 3,911      | 26.6%      | 3,056      | 20.8%      | 2,330      | 15.8%      | 1,125      | 7.7%          | 320        | 2.2%          |
| BROOKE     | 7,330      | 28.8%      | 5,959      | 23.4%      | 4,662      | 18.3%      | 2,217      | 8.7%          | 513        | 2.0%          |
| CABELL     | 24,999     | 25.8%      | 19,948     | 20.6%      | 15,499     | 16.0%      | 7,410      | 7.7%          | 1,763      | 1.8%          |
| CALHOUN    | 2,112      | 27.9%      | 1,656      | 21.8%      | 12,64      | 16.7%      | 584        | 7.7%          | 173        | 2.3%          |
| CLAY       | 2,436      | 23.6%      | 1,889      | 18.3%      | 1,414      | 13.7%      | 583        | 5.6%          | 166        | 1.6%          |
| DODDRIDGE  | 1,877      | 25.4%      | 1,478      | 20.0%      | 1,098      | 14.8%      | 473        | 6.4%          | 121        | 1.6%          |
| FAYETTE    | 12,486     | 26.2%      | 9,993      | 21.0%      | 7,814      | 16.4%      | 3,730      | 7.8%          | 977        | 2.1%          |
| GILMER     | 1,841      | 25.7%      | 1,448      | 20.2%      | 1,098      | 15.3%      | 512        | 7.2%          | 163        | 2.3%          |
| GRANT      | 3,049      | 27.0%      | 2,323      | 20.6%      | 1,728      | 15.3%      | 805        | 7.1%          | 217        | 1.9%          |
| GREENBRIER | 10,064     | 29.2%      | 7,962      | 23.1%      | 6,101      | 17.7%      | 2,838      | 8.2%          | 786        | 2.3%          |
| HAMPSHIRE  | 5,169      | 25.6%      | 3,940      | 19.5%      | 2,940      | 14.6%      | 1,253      | 6.2%          | 307        | 1.5%          |
| HANCOCK    | 9,474      | 29.0%      | 7,791      | 23.8%      | 6,017      | 18.4%      | 2,787      | 8.5%          | 619        | 1.9%          |
| HARDY      | 3,271      | 25.8%      | 2,525      | 19.9%      | 1,884      | 14.9%      | 810        | 6.4%          | 192        | 1.5%          |
| HARRISON   | 18,284     | 26.6%      | 14,515     | 21.1%      | 11,378     | 16.6%      | 5,688      | 8.3%          | 1,475      | 2.1%          |
| JACKSON    | 7,419      | 26.5%      | 5,851      | 20.9%      | 4,293      | 15.3%      | 1,800      | 6.4%          | 464        | 1.7%          |
| JEFFERSON  | 8,802      | 20.9%      | 6,485      | 15.4%      | 4,724      | 11.2%      | 2,047      | 4.9%          | 446        | 1.1%          |
| KANAWHA    | 53,226     | 26.6%      | 42,452     | 21.2%      | 33,036     | 16.5%      | 15,708     | 7.9%          | 3,849      | 1.9%          |
| LEWIS      | 4,615      | 27.3%      | 3,654      | 21.6%      | 2,771      | 16.4%      | 1,314      | 7.8%          | 369        | 2.2%          |
| LINCOLN    | 5,167      | 23.4%      | 4,003      | 18.1%      | 2,904      | 13.1%      | 1,194      | 5.4%          | 311        | 1.4%          |
| LOGAN      | 9,126      | 24.2%      | 7,188      | 19.1%      | 5,450      | 14.5%      | 2,290      | 6.1%          | 480        | 1.3%          |
| MCDOWELL   | 7,210      | 26.4%      | 5,698      | 20.8%      | 4,402      | 16.1%      | 2,087      | 7.6%          | 496        | 1.8%          |
| MARION     | 15,893     | 28.1%      | 12,718     | 22.5%      | 10,073     | 17.8%      | 5,146      | 9.1%          | 1,319      | 2.3%          |
| MARSHALL   | 9,473      | 26.7%      | 7,513      | 21.2%      | 5,795      | 16.3%      | 2,665      | 7.5%          | 602        | 1.7%          |
| MASON      | 6,856      | 26.4%      | 5,358      | 20.6%      | 3,933      | 15.2%      | 1,680      | 6.5%          | 392        | 1.5%          |

|            | AGE<br>55+ | % OF<br>WV | AGE<br>60+ | % OF<br>WV | AGE<br>65+ | % OF<br>WV | AGE<br>75+ | %<br>OF<br>WV | AGE<br>85+ | %<br>OF<br>WV |
|------------|------------|------------|------------|------------|------------|------------|------------|---------------|------------|---------------|
| WV         | 461,711    | 25.5%      | 362,795    | 20.1%      | 276,895    | 15.3%      | 128,432    | 7.1%          | 31,779     | 1.8%          |
| MERCER     | 17,572     | 27.9%      | 14,063     | 22.3%      | 10,969     | 17.4%      | 5,281      | 8.4%          | 1,286      | 2.0%          |
| MINERAL    | 7,129      | 26.3%      | 5,463      | 20.2%      | 4,082      | 15.1%      | 1,892      | 7.0%          | 455        | 1.7%          |
| MINGO      | 6,149      | 21.8%      | 4,720      | 16.7%      | 3,516      | 12.4%      | 1,476      | 5.2%          | 304        | 1.1%          |
| MONONGALIA | 14,920     | 18.2%      | 11,461     | 14.0%      | 8,765      | 10.7%      | 4,175      | 5.1%          | 1,058      | 1.3%          |
| MONROE     | 3,857      | 26.4%      | 2,957      | 20.3%      | 2,242      | 15.4%      | 1,020      | 7.0%          | 229        | 1.6%          |
| MORGAN     | 4,188      | 28.0%      | 3,302      | 22.1%      | 2,475      | 16.6%      | 1,015      | 6.8%          | 232        | 1.6%          |
| NICHOLAS   | 6,796      | 25.6%      | 5,334      | 20.1%      | 3,974      | 15.0%      | 1,780      | 6.7%          | 440        | 1.7%          |
| OHIO       | 13,458     | 28.4%      | 11,081     | 23.4%      | 8,900      | 18.8%      | 4,506      | 9.5%          | 1,108      | 2.3%          |
| PENDLETON  | 2,380      | 29.0%      | 1,918      | 23.4%      | 1,460      | 17.8%      | 685        | 8.4%          | 191        | 2.3%          |
| PLEASANTS  | 1,881      | 25.0%      | 1,460      | 19.4%      | 1,122      | 14.9%      | 529        | 7.0%          | 120        | 1.6%          |
| POCAHONTAS | 2,680      | 29.4%      | 2,105      | 23.1%      | 1,577      | 17.3%      | 725        | 7.9%          | 217        | 2.4%          |
| PRESTON    | 7,464      | 25.4%      | 5,807      | 19.8%      | 4,386      | 15.0%      | 2,007      | 6.8%          | 500        | 1.7%          |
| PUTNAM     | 11,109     | 21.5%      | 8,188      | 15.9%      | 5,961      | 11.6%      | 2,527      | 4.9%          | 578        | 1.1%          |
| RALEIGH    | 20,001     | 25.2%      | 15,818     | 20.0%      | 12,200     | 15.4%      | 5,640      | 7.1%          | 1,384      | 1.7%          |
| RANDOLPH   | 7,324      | 25.9%      | 5,641      | 20.0%      | 4,265      | 15.1%      | 2,122      | 7.5%          | 576        | 2.0%          |
| RITCHIE    | 2,740      | 26.5%      | 2,148      | 20.8%      | 1,576      | 15.2%      | 745        | 7.2%          | 203        | 2.0%          |
| ROANE      | 4,031      | 26.1%      | 3,115      | 20.2%      | 2,282      | 14.8%      | 1,030      | 6.7%          | 260        | 1.7%          |
| SUMMERS    | 4,107      | 31.6%      | 3,321      | 25.5%      | 2,593      | 19.9%      | 1,196      | 9.2%          | 331        | 2.5%          |
| TAYLOR     | 4,145      | 25.8%      | 3,286      | 20.4%      | 2,539      | 15.8%      | 1,211      | 7.5%          | 316        | 2.0%          |
| TUCKER     | 2,235      | 30.5%      | 1,772      | 24.2%      | 1,314      | 17.9%      | 617        | 8.4%          | 171        | 2.3%          |
| TYLER      | 2,689      | 28.0%      | 2,107      | 22.0%      | 1,579      | 16.5%      | 694        | 7.2%          | 186        | 1.9%          |
| UPSHUR     | 5,836      | 24.9%      | 4,568      | 19.5%      | 3,449      | 14.7%      | 1,664      | 7.1%          | 504        | 2.2%          |
| WAYNE      | 11,071     | 25.8%      | 8,635      | 20.1%      | 6,411      | 14.9%      | 2,741      | 6.4%          | 577        | 1.3%          |
| WEBSTER    | 2,551      | 26.2%      | 1,996      | 20.5%      | 1,482      | 15.2%      | 687        | 7.1%          | 181        | 1.9%          |
| WEIZEL     | 4,978      | 28.1%      | 3,872      | 21.9%      | 2,861      | 16.2%      | 1,269      | 7.2%          | 362        | 2.0%          |
| WIRT       | 1,419      | 24.2%      | 1,091      | 18.6%      | 763        | 13.0%      | 335        | 5.7%          | 86         | 1.5%          |
| WOOD       | 23,218     | 26.4%      | 17,972     | 20.4%      | 13,608     | 15.5%      | 6,517      | 7.4%          | 1,656      | 1.9%          |
| WYOMING    | 6,225      | 24.2%      | 4,847      | 18.9%      | 3,586      | 13.9%      | 1,423      | 5.5%          | 306        | 1.2%          |

NOTE: US Census, 2000 Census of Population & Housing 05/18/2001

NOTE: This document was compiled by the WV Bureau of Senior Services, 05/18/2001



**STATE OF WEST VIRGINIA  
BUREAU OF SENIOR SERVICES**

Earl Ray Tomblin  
Governor

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Charleston, West Virginia 25305-0160  
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Barbara Reynolds  
Acting Commissioner

November 17, 2010

Ms. Judy Cooper  
Administrative Law Division  
West Virginia Secretary of State's Office  
State Capitol Complex  
1900 Kanawha Blvd., East  
Charleston, WV 25305

FILED  
2010 NOV 19 AM 10:06  
OFFICE OF THE SECRETARY OF STATE  
WEST VIRGINIA

Dear Ms. Cooper:

The West Virginia Bureau of Senior Services would like to withdraw the final filing of the West Virginia Older Americans Act State Plan on Aging, as recorded in your office at 9:32 a.m. on October 13, 2010. In its place, please re-file the attached State Plan on Aging.

Thank you for your assistance. Do not hesitate to contact our office if you have any questions or need additional information.

Sincerely,

  
Barbara Reynolds  
Acting Commissioner

**WEST VIRGINIA  
SECRETARY OF STATE  
NATALIE E. TENNANT**

**ADMINISTRATIVE LAW DIVISION**

Form #5

Do Not Mark In This Box

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2010 OCT 13 AM 9:32

OFFICE OF THE  
SECRETARY OF STATE

**NOTICE OF AGENCY ADOPTION OF A PROCEDURAL OR INTERPRETIVE RULE  
OR A LEGISLATIVE RULE EXEMPT FROM LEGISLATIVE REVIEW**

AGENCY: West Virginia Bureau of Senior Services TITLE NUMBER: 76

CITE AUTHORITY: W. Va. Code §16-5P-1 et.seq.

RULE TYPE: PROCEDURAL \_\_\_\_\_ INTERPRETIVE X

EXEMPT LEGISLATIVE RULE \_\_\_\_\_

CITE STATUTE(S) GRANTING EXEMPTION FROM LEGISLATIVE REVIEW

\_\_\_\_\_

AMENDMENT TO AN EXISTING RULE: YES X NO \_\_\_\_\_

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 3

TITLE OF RULE BEING AMENDED: \_\_\_\_\_

\_\_\_\_\_

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: \_\_\_\_\_

TITLE OF RULE BEING PROPOSED: \_\_\_\_\_

\_\_\_\_\_

THE ABOVE RULE IS HEREBY ADOPTED AND FILED WITH THE SECRETARY OF STATE. THE  
EFFECTIVE DATE OF THIS RULE IS November 13, 2010

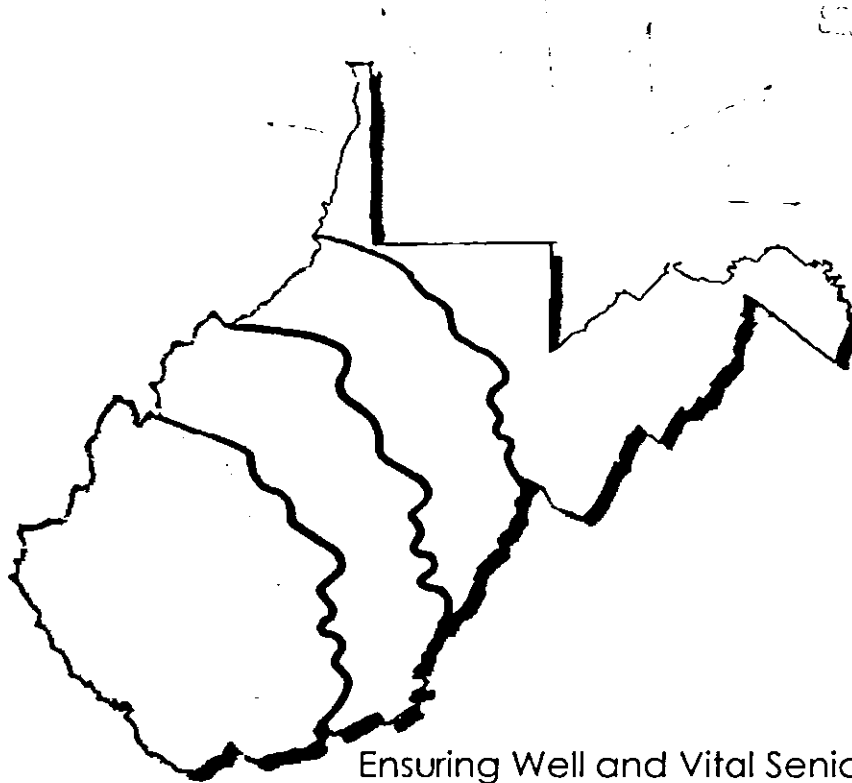


Authorized Signature

West Virginia  
Bureau of Senior Services

2010 OCT 13 AM 9:32

WEST VIRGINIA  
SECRETARY OF STATE



# West Virginia Older Americans Act State Plan on Aging

October 2010–September 2012

**WEST VIRGINIA BUREAU OF SENIOR SERVICES**  
**Older Americans Act State Plan for Aging Programs**  
**FY11-12**

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## FY11-FY12 VERIFICATION OF INTENT

The Older Americans Act State Plan for Aging Programs, as amended effective October 1, 2006, is hereby submitted by the West Virginia Bureau of Senior Services (the Bureau) for the period of October 1, 2010 through September 30, 2012. This document includes all assurances and plans to be conducted by the Bureau under provisions of the Older Americans Act, as amended, during the period identified. The State Unit on Aging, as identified, has been given the authority to develop and administer the Older Americans Act State Plan for Aging Programs in accordance with all requirements of the Act, and is primarily responsible for the coordination of all State activities related to the purposes of the Act. The Bureau will assume full authority to develop and administer the Older Americans Act State Plan in accordance with all requirements of the Act and related State policies, procedures and regulations. In accepting this authority, the Bureau assumes the major responsibilities to develop and administer a comprehensive and coordinated system of services and activities for providing a positive impact on the lives of older people within the service area.

By submitting this Older Americans Act State Plan to the United States Administration on Aging for approval, the Bureau and its provider agencies agree to comply with all requirements identified in the Older Americans Act.

10 June 2010        
Date                      Sandra K. Vanin, Ed.D., Commissioner

I hereby approve this Older Americans Act State Plan for Aging Programs and submit it to the United States Assistant Secretary for Aging for approval.

June 15, 2010        
Date                      Joe Manchin III, Governor, State of West Virginia

# NARRATIVE

## SECTION I: Executive Summary



Sandra K. Vanin, Ed.D.  
Commissioner  
WV Bureau of Senior Services

The Older Americans Act (OAA) is among the most important contributions of aging legislation ever enacted by Congress; its goal is to provide the framework for the administration of services for Americans age 60 and older, and to provide support to families who care for older individuals. As the West Virginia State Unit on Aging, the Bureau of Senior Services is designated to administer the OAA. As required by the OAA, area agencies on aging throughout the state are designated (see Exhibit C); they provide short- and long-range planning, act as advocates on behalf of the regions' elderly, and provide monitoring and assistance to the county aging providers (senior centers). Funds are allocated by a federally mandated formula to the area agencies on aging.

These funds are then distributed to the state's county aging programs. This year, nearly 50,000 West Virginians were served with OAA funding. There is no charge to seniors or their families for OAA services, although contributions are encouraged.

The direct provision of services to seniors is made possible by the efforts of a variety of local organizations that operate senior centers in all 55 counties.

Locally constituted boards govern these nonprofit organizations. See Exhibit D for a list of West Virginia's county aging programs. The mission of the Bureau could not be accomplished without the work of the area agencies on aging and the local service providers.

The Honorable Governor Joe Manchin III made a commitment to improve services to seniors when he took office in 2005. As a result of this promise, he has supported a plan for increasing service levels through funding initiatives in the West Virginia Bureau of Senior Services' budget.

The Governor's initiatives and foresight have provided \$26,000,000 of increased funding for Bureau programs. The new dollars have supported two new in-home care programs, improved nutrition delivery options and general funding for both home and congregate meals, and funded a federally unfunded mandate for Aging

& Disability Resource Centers statewide. The Bureau has worked with the Governor, the West Virginia Legislature, and providers statewide to ensure West Virginia seniors have access to home- and community-based services that allow our most vulnerable to age in place.

While there are 6,000 West Virginians receiving services from the invaluable Medicaid Aged & Disabled Waiver, there are tens of thousands of senior West Virginians receiving services in their homes through the Bureau of Senior Services programs. The new dollars have made West Virginia a leader in innovative service provision during a difficult economic time in our nation. While many states have closed senior centers, reduced funding, and reduced reimbursement to providers, West Virginia has expanded programs. I would like to commend Governor Manchin and the West Virginia Legislature for supporting this expansion and highlight the services through the Bureau of Senior Services that have benefitted from the increased funding.

## **CREATION OF NEW PROGRAMS**

### **LIGHTHOUSE**

- Lighthouse was created to serve senior West Virginians medically in need of in-home services but not qualifying financially for Medicaid Aged & Disabled Waiver.
- At the end of January 2010, 1,925 seniors had received services through this current fiscal year.
- Up to 60 hours of in-home care is provided per month.
- A sliding fee scale, based solely on an individual's income, has a minimum contribution of \$1.00 per hour. The contribution helps increase Lighthouse services in the county of provision.
- A recent survey of participants indicated 96% of respondents felt that Lighthouse services prevented or delayed their placement in a long-term care facility.

### **Family Alzheimer's In-Home Respite (FAIR)**

- FAIR was created to provide family caregivers respite from the 24/7 care of a family member with Alzheimer's disease or a related dementia.
- In 2009, FAIR provided over 190,000 hours of care to both the caregiver and the individual with Alzheimer's disease (care receiver).
- A sliding fee scale, based solely on the care receiver's income, helps increase FAIR services in the county of provision.
- A recent survey of participants indicated 96% of respondents felt that FAIR services prevented or delayed placement of the care receiver in a long-term care facility.

### **Aging & Disability Resource Centers (ADRCs)**

- ADRCs are recognized as one-stop shops for information about and referral to long-term care resources.
- Regionalized ADRCs serve all of West Virginia.

- ADRCs are a federal unfunded mandate, and West Virginia was one of the first states to fund ADRCs exclusively through state dollars.
- Over 29,000 contacts were received from 11,000 individuals in the past fiscal year. From these contacts, over 16,000 referrals for service were made.

#### **Hot/Cold Meal Delivery Trucks**

- By the end of FY2010, there will be 55 hot/cold meal delivery vehicles on the roads in West Virginia.
- The four-wheel drive trucks can carry up to 200 meals at a safe temperature for up to four hours.
- County senior centers have been able to create new congregate meal sites and have expanded and developed meal routes, reaching new homebound seniors with hot, nutritious meals.

When I became Commissioner in August 2005, fewer than 40,000 individual seniors were receiving service through Bureau programs. At the end of FY2009 on June 30, 2009, 120,499 seniors had received services through Bureau programs in one year. Lighthouse and FAIR, ADRCs, and hot/cold meal delivery trucks have allowed county senior centers that receive grants from the Bureau to increase service statewide.

The programs funded through the West Virginia Bureau of Senior Services are the other side of home-and community-based services. Senior centers statewide offer congregate and home-delivered meals; opportunities for socialization and companionship; education and fitness programs; transportation to senior centers, doctor appointments, and other necessary travel; Lighthouse and FAIR in-home services; adult day care; and various other services. All programs are designed to provide seniors in West Virginia services that allow them to age in place—remaining in their own homes and communities, surrounded by family and friends.

Governor Manchin has kept his promise to the seniors of West Virginia, putting \$26,000,000 into programs that meet the goal of helping our seniors age in place. These programs, funded through the Bureau of Senior Services, provide nutrition, transportation, in-home care, respite, and one-stop shops for long-term care. Over 120,000 West Virginians have benefitted from Governor Manchin's commitment to the seniors of this state.

## **SECTION II: Geographical & Demographic Characteristics**

West Virginia, the Mountain State, has 24,231 square miles with a mean altitude of 1500 feet—the highest average altitude east of the Mississippi River. With slightly more than 1.8 million residents in the State, the Census Bureau classifies West Virginia as one of the most rural states in the nation, yet is within 500 miles of half of the U.S. population.

The ancestry of the State's population is primarily a combination of Irish and Celtic followed by a broad mixture from other European countries with distinct ethnic groups located across the State. Consequently, less than 3 percent of the population is classified as nonwhite.

Older West Virginians value their independence, self-sufficiency and preservation of the family homestead. This lifestyle is demonstrated by the fact that residents maintain the third highest percentage of home ownership in the nation at an estimated 74 percent. Additionally, almost 85 percent of residents sixty-five years and older own their own homes.

West Virginia is estimated to have the third highest median age in the nation at 40.3 percent, and the Census Bureau indicates that by the year 2025 individuals age sixty and older will represent more than 30 percent of the State's population. For older people, the State is ranked second in the nation, with 15.0 percent of the population being age sixty-five and older. In addition to current senior West Virginians, the State has almost 600,000 baby boomers that are now beginning to celebrate their sixtieth birthday. Between 1990 and 2000, the number of people living in their community, age ninety and older, grew by 413 percent or from 2,072 to 10,645 individuals. West Virginia is projected to be one of the grayest entities in both the nation and world.

### **Economic Status**

In 1999, the average household income in West Virginia was \$26,008 compared to \$33,313, the national average. Census estimates for 2004 indicate the median household income is \$31,504 as compared to \$44,684, the U.S. average. Presently West Virginia households have the lowest income in the nation. For people age sixty-five and older, 12.1 percent of the population live in poverty and 34.3 percent of all senior households live on less than \$15,000 per year. There are 2,502 minority West Virginians living in poverty; this equates to 20 percent of the minority population. As noted earlier, West Virginians maintain a high home ownership rate which, in most instances, is their only significant asset. As of the year 2004, the median value of these homes was \$81,826 (49th in the nation, including Washington, D.C.) compared to \$151,366, the U.S. average.

West Virginia is the largest producer of oil and natural gas east of the Mississippi River and usually ranks second or third in coal production. The State has 20,500 family-run farms that generate over \$400 million in commodity sales each year. Additionally, West Virginia is home to Toyota, Amazon.com and several biotechnology firms such as Extreme Endeavors and EyeMarker Systems. Tourism is another significant growth

industry.

### **Health & Long-Term Care Status**

In terms of acute care access, there are medically under-served areas in 50 of the 55 counties, and all or parts of 40 counties are designated health professional shortage areas. The State's 63 acute care community and specialty hospitals are spread among 36 counties with 19 counties having no community hospital. Many of these hospitals are increasingly providing long-term care services, especially Medicare skilled nursing care to meet the growing demand for institutional long-term care services. In addition to the 9,944 beds in 106 nursing homes, acute care hospitals provide an additional 1,033 beds to meet this need and to compensate for decreasing inpatient acute care. West Virginians also have access to long-term care services through sixty-five licensed personal care facilities with 2,443 beds and an additional 652 beds in residential board and care facilities.

In the sixty-five and older age group, 51.9 percent have a disability; this ranks West Virginia 2nd in the nation in this category. Census data further indicates the State has 25.4 percent of seniors suffering from a self-care or mobility limitation.

With advances made in medical technology, pharmacology and positive lifestyle changes, disability levels slightly declined; however, the aging of our population has increased the demand for services to assist with functional limitations in a non-institutional setting.

## **SECTION III: ADMINISTRATIVE ORGANIZATION AND MISSION**

### **A. STATUTORY AUTHORITY**

Under the authority of the West Virginia Code, Chapter 16, Article 5N, the Bureau of Senior Services is given authority and responsibility as West Virginia's State Unit on Aging.

#### **§ 16-5N-1. Purpose of Article.**

The purpose of this article is to create a bureau in state government which promotes services to enhance the health, safety and welfare of West Virginia's senior population and serves as the primary agency within state government to provide services to the senior population.

#### **§ 16-5N-6. Powers and duties generally.**

The Commissioner shall be the executive and administrative head of the bureau and shall have the power and duty to:

- (a) Exercise general supervision of the bureau;
- (b) Propose legislative rules for the effective and expeditious performance and discharge of the duties and responsibilities placed upon the commissioner by law;
- (c) Conduct and coordinate studies of the problems of the state's older people;
- (d) Encourage and promote the establishment of local programs and services for the aging;
- (e) Conduct programs of public education on the problems of aging;
- (f) Review state programs for the aging, and annually make recommendations to the governor and the Legislature;
- (g) Encourage and assist governmental and private agencies to coordinate effective efforts on behalf of the aging;
- (h) Coordinate statewide local and voluntary efforts to serve the aging and develop programs at the local level;
- (i) Supervise fiscal management and responsibilities of the bureau;
- (j) Keep an accurate and complete record of all bureau proceedings, record and file all bonds and contracts and assume responsibility for the custody and preservation of all papers and documents of the bureau;

(k) Submit an annual report to the governor on the condition, operation and functioning of the bureau;

(l) Invoke any legal or special remedy for the enforcement of orders or the provisions of this chapter;

(m) Standardize administration, expedite bureau business, revise rules and promote the efficiency of the service;

(n) Provide a program of continuing professional, technical and specialized instruction for the personnel of the bureau and local service providers; and

(o) Receive on behalf of the state any grant or gift and accept the same, so that the title shall pass to the state. All moneys from grants or gifts shall be deposited with the state treasurer in a special fund and shall be used for the purposes set forth in the grant or gift.

#### **§ 16-5N-12. Designated state agency for handling federal programs.**

The bureau shall constitute the designated state agency for handling all programs of the federal government relating to the aging requiring action within the state, which are not the specific responsibility of another state agency under the provisions of federal law or which have not been specifically entrusted to another state agency by the Legislature. The bureau shall be empowered to comply with all regulations and requirements to qualify for federal grants and to administer such federal funds.

#### **Federally Authorized Functions**

From the perspective of the Federal Older Americans Act of 1965, as amended, the Bureau is the single State Unit on Aging, responsible for developing and administering a State Plan that responds to all requirements of the Act, for allocating and accounting for those federal funds appropriated for aging programs, and for serving as a liaison with the federal Administration on Aging in proposing and commenting upon national policy and regulations affecting older Americans.

#### **B. ORGANIZATION**

A Commissioner appointed by the Governor is the chief administrative officer and oversees all program and fiscal operations of the Bureau. In addition to agency staff, the Bureau has a 15 member Advisory Council on Aging. The chart (Attachment A) shows the organization of the Bureau.

#### **C. DESIGNATED PLANNING AND SERVICE AREAS**

In conformance with Older Americans Act requirements and to lend direction to the State's extensive network of aging programs, the Bureau of Senior Services requires an annual plan from each of the State's four area agencies on aging operating in the designated planning and service areas. Each plan specifies the types and levels of

service that will be provided to meet the particular needs of the elderly within each of the four planning and service areas, based on both community and area needs assessments. Area plans also emphasize coordination with other public/private resources to avert duplication or overlap in programming.

The map (Attachment B) depicts the designation of West Virginia's four planning and service areas.

#### **D. MISSION STATEMENT**

To be West Virginia's premier advocate for the provision of in-home and community based services for the State's seniors and others served by our programs.

To be faithful stewards of the federal and state monies entrusted to our care for the provision of services throughout West Virginia.

## **SECTION IV: GOALS AND OBJECTIVES AND PERFORMANCE MEASURES**

**GOAL 1: Increase the number of older people who have access to an integrated array of health and social supports.**

**Objective 1.1** Strengthen the Bureau's capacity to provide information to older individuals that can help them access health and social supports and educate the public about the importance of improving older people's access to an integrated array of health and social supports.

### **Strategies to Accomplish Objective:**

- ◆ Educate the public about the challenges older people face in trying to access services and strategies that can be used to address these challenges.
- ◆ Educate state policymakers about the challenges older people face in trying to access services and strategies that can be used to address these challenges.
- ◆ Disseminate information to older people, including those who are low-income, rural, and limited English speaking (when applicable), to help them access health and social supports.

**Objective 1.2** Support the aging network's role in developing systems of care that provide older people an integrated array of health and social supports.

### **Strategies to Accomplish Objective:**

- ◆ Provide formula grants that support information, outreach, access, nutrition and supportive services and ensure the effective use of these grant funds.
- ◆ Use the Older Americans Act area plan requirements to help the aging network document how they utilize funds to advance priorities in this area.
- ◆ Identify and disseminate information and technical assistance on models and techniques to improve older people's access to an integrated array of health and social supports.
- ◆ Support the development and testing of new models and techniques that can improve older people's access to an integrated array of health and social supports.
- ◆ Conduct analysis of research findings, demographic trends, program data, and other information to identify strategies and approaches to support future program and policy development in this area.
- ◆ Explore the utilization of cost sharing, when appropriate; to further enhance the network's sources allowing for expansion of and increased access to an integrated array of health and social services.
- ◆ Provide information and input regarding the health needs of the aging population to the WV Bureau for Medical Services (the state Medicaid agency) for Medicaid services.

**Objective 1.3** Partner with other agencies and private sector organizations to promote policies, programs and activities that will increase the number of older people who have access to an integrated array of health and social supports.

**Strategies to Accomplish Objective:**

- ◆ Educate the aging network on current programs provided by the WV Bureau for Public Health, Administration on Aging, and other national/state health initiatives.
- ◆ Disseminate to the aging network information on evidence-based health initiatives as provided by Administration on Aging, Centers for Disease Control and other agencies and organizations.
- ◆ Continue collaboration with the State Fire Marshal's Office in the development of "Fire Safety for Seniors" educational materials.
- ◆ Partner with other agencies and organizations on joint projects and activities that are designed to increase older people's access to an integrated array of health and social supports.

**Objective 1.4** Strengthen the ability of the Bureau, through modifications to management methodologies (including increased competitive processes), to provide maximum cost efficiencies and equitable access to quality services to older West Virginians under the Older Americans Act.

**Strategies to Accomplish Objective:**

- ◆ Review current methods of financing services and explore more cost effective processes to ensure maximum efficiencies.
- ◆ Utilize broad-based input for the review of modifications to management processes.
- ◆ Review performance standards utilized in the competitive process for provision of Older Americans Act services to enhance maximum cost efficiencies, equitable access and quality.
- ◆ Review the current administrative methodology utilized throughout the aging network.
- ◆ Seek to maximize limited resources through enhanced management and competitive processes.
- ◆ Redirect already limited resources through the continued emphasis of streamlining administrative processes so as to further expand available services.

**Objective 1.5** Utilize assessment results in the coordination of transportation services for West Virginia's elderly population.

**Strategies to Accomplish Objective:**

- ◆ Utilize assessment information gathered from the aging network for the West Virginia Coordination Study funded by the United We Ride national initiative.
- ◆ Educate the aging network about the Administration on Aging Transportation

Toolkit.

- ◆ Provide technical assistance to the transportation providers in the aging network about coordination efforts.
- ◆ Work with the West Virginia Transportation Coordinating Council in efforts to secure funding for a pilot project for coordination of transportation services.
- ◆ Continue representation on the West Virginia Transportation Coordinating Council as future funding opportunities become available through the United We Ride national initiative.
- ◆ Analyze Medicaid service utilization data on transportation to determine trends and needs for seniors in the Medicaid Aged and Disabled Waiver and Personal Care programs.

**Objective 1.6**      Strengthen the ability of older West Virginians in their efforts to continue learning, strengthen their economic circumstances and support community service organizations by providing seniors with the necessary tools to seek and obtain gainful employment in later life.

**Strategies to Accomplish Objective:**

- ◆ Continue developing strong relationships with key players in the workforce investment arena to enhance employment opportunities through the one-stop job assistance offices that traditionally target younger age groups.
- ◆ Continue to advocate on behalf of seniors seeking employment through public education and marketing strategies on the benefits of employing older West Virginians.
- ◆ Work with the national contractors employed by the U.S. Department of Labor.
- ◆ Provide technical assistance, support and guidance to the local sub-recipients in order to assure achievement of mandated performance goals.
- ◆ Serve as the liaison between workforce investment offices and local, state and national organizations that provide support and assistance to older people seeking to rejoin the workforce.
- ◆ Continue to take an active role on the WV Workforce Investment Council and the Workforce WV Interagency Collaborative Team.
- ◆ Reach out to the aging network and other civic groups that need trained and reach out to qualified people who can work with those who may be frail or require support to live independently.

**Objective 1.7**      Strengthen the capacity for stakeholder input and communication in the Medicaid programs.

**Strategies to Accomplish Goal:**

- ◆ Continue to utilize the Medicaid Aged & Disabled Waiver (ADW) Quality Improvement Advisory Council for stakeholder input. The council includes program members (legal representatives), providers, State representatives, advocates and other stakeholders (or Work Groups).
- ◆ Develop and implement an annual Quality Work Plan for the ADW Program

- based upon program data and stakeholder input.
- ◆ Continue to utilize the ADW hotline for ADW member complaints or requests for information.
- ◆ Develop communication methodologies for distribution of information to ADW and Medicaid Personal Care providers.
- ◆ Develop and distribute program educational information to members on the ADW program.

**Objective 1.8**            Strengthen the capacity to provide information to older adults utilizing the Aging and Disability Resource Center (ADRC).

**Strategies to Accomplish Goal:**

- ◆ Educate the public about the services the ADRCs offer to assist individuals in making long-term care support decisions.
- ◆ Educate individuals who utilize the ADRC services of health and social supports available to meet their needs.
- ◆ Assist individuals with program eligibility applications to expedite access to services.
- ◆ Continue to provide state funding of ADRCs to provide older and disabled adults access to ADRC services on a statewide basis.
- ◆ Beginning in 2010 all ADRC staff will be required to become AIRS (Alliance of Information and Referral Specialists) certified within their first year of hire.
- ◆ ADRCs will strengthen their partnership with the WV Department of Health & Human Resources by becoming a Community Partner. This partnership will allow ADRC staff to complete and submit financial eligibility applications on-line for benefits such as Medicaid, LIEAP (low income energy assistance program) and SNAP (supplemental nutrition assistance program) and to track the status of eligibility determinations.

**Objective 1.9**            Strengthen access to services for older individuals through the implementation of a self-directed service delivery option.

**Strategies to Accomplish Objective:**

- ◆ Implementation of the Personal Options self-directed service delivery model within the Aged and Disabled Waiver Program. This model promotes self-direction by giving eligible participants the opportunity to hire qualified employees, including friends and family to provide assistance with activities of daily living.

**Objective 1.10**        Strengthen the ability of the Bureau to provide information to older individuals and individuals with disabilities regarding health insurance in general and the federal Medicare system, specifically, with an emphasis being place on the components of the Medicare Modernization Act of 2003 and the Medicare Improvements for Patients and Providers Act of 2008.

**Strategies to Accomplish Objective:**

- ◆ Educate Medicare beneficiaries, their families, and caregivers about health insurance coverage and benefits through the State Health Insurance Assistance Program (SHIP).
- ◆ Provide one-on-one counseling to consumers to facilitate an understanding of their health insurance coverage benefits.
- ◆ Provide training for SHIP staff to keep them up to date on policy changes and other relevant information.
- ◆ Apply for any supplemental grants that become available through the Centers for Medicare & Medicaid Services, its contractors or other agencies or organizations.
- ◆ Partner with other state and local organizations to maximize all available resources in the provision of services to Medicare beneficiaries.
- ◆ Assist Medicare beneficiaries in applying for programs that will help pay Medicare costs including premiums and co-pays.
- ◆ Provide leadership to the five Medicare call centers located within the ADRC in Wheeling, Princeton, Fairmont, Petersburg and Charleston.

**Objective 1.11**      Strengthen the ability of the Bureau to be involved in the State's Efforts dedicated to Medicaid long-term care reforms.

**Strategies to Accomplish Objective:**

- ◆ Maintain the Bureau's presence on the steering committee that is taking the lead on reforming West Virginia's entire Medicaid Program, which includes long-term care.
- ◆ Maintain the Bureau's co-chair position in the Vision Shared activities related to Medicaid, in particular long-term care reforms.
- ◆ Continue to work with the WV Bureau for Medical Services (the state designated single Medicaid agency) on a daily basis in the mutual operation of the Medicaid Aged & Disabled Waiver and Personal Care programs.
- ◆ Maintain the Bureau's presence with West Virginia Statewide Independent Living Council to promote independent living, consumer control, and equal access as it pertains to Medicaid home- and community- based programs.

| Objective          | Performance Measure  | Target Date |
|--------------------|--|-------------|
| 1.1; 1.2; 1.7; 1.8 | # of agencies and private sector organizations that provide information to older individuals on health and social supports.  | Annually    |
| 1.3                | # of organizations BoSS partnered with to promote policies, programs and activities that will increase the number of older people who have access to an integrated array of health and social supports.  | Annually    |
| 1.4                | Strengthen the ability of the Bureau, through modifications to management methodologies (including increased competitive processes), to provide maximum cost efficiencies and equitable access to quality services to older West Virginians under the Older Americans Act. | Annually    |
| 1.5                | % of older individuals in the aging network that utilize transportation services   | Annually    |
| 1.6                | # of older individuals seeking learning opportunities in the aging network.  | Annually    |

|     |   |          |
|-----|---|----------|
| 1.9 | % of older individuals that selected the self-directed service delivery option. | Annually |
|-----|---|----------|

**GOAL 2: Increase the number of older people who stay active and healthy.**

**Objective 2.1** Strengthen the Bureau's capacity to provide information to older people that can help them stay active and healthy and educate the public about the importance of healthy lifestyle choices and about health promotion and disease prevention programs that can benefit people as they age.

**Strategies to Accomplish Objective:**

- ◆ Educate older people and the general public, including policymakers, about the importance of maintaining active lifestyles and healthy behaviors for successful aging.
- ◆ Disseminate information on health promotion and disease prevention programs to older people, including those who are low-income, rural, and limited English speaking (when applicable), and to the general public.
- ◆ Use the Older Americans Act area plan requirements to further encourage the aging network to advance health promotion/disease prevention activities.
- ◆ Continue the publication and distribution of the Food and Fitness newsletter written by the Bureau's consulting dietitian.
- ◆ Make available the evidence-based Arthritis Foundation Exercise Program to the aging network.
- ◆ Conduct classes based on the evidence-based Arthritis Foundation Exercise Program to participants at the annual Robert W. Jackson Senior Conference.
- ◆ Provide consultation to the aging network on livable/walkable communities.
- ◆ Disseminate information on health promotion and disease prevention programs at the annual Robert W. Jackson Senior Conference and other events as appropriate.

**Objective 2.2** Support the aging network's role in developing programs that help older people adopt and maintain active lifestyles and practice healthy behaviors.

**Strategies to Accomplish Objective:**

- ◆ Provide formula grants that support health promotion services and ensure the effective use of these grant funds.
- ◆ Use the Older Americans Act area plan requirements to help the aging network document how they utilize funds to advance priorities in this area.
- ◆ Identify and disseminate information and technical assistance on models and techniques that can be used to enhance health promotion and disease prevention programs for older people.
- ◆ Support the development and testing of new models and techniques that can

help older people stay active and healthy, including models targeted at high risk populations.

- ◆ Conduct analysis of research findings, demographic trends, program data, and other information to identify strategies and approaches to support future program and policy development in this area.
- ◆ Explore the utilization of cost sharing, when appropriate; to further enhance the network's resources allowing for expansion of and increased access to health promotion/disease prevention programs.

**Objective 2.3** Partner with other agencies and private sector organizations to promote policies, programs and activities that encourage older people to adopt and maintain active lifestyles and practice healthy behaviors.

**Strategies to Accomplish Objective:**

- ◆ Continue participation on the Board of West Virginia on the Move and encourage the aging network to participate in the program.
- ◆ Partner with the West Virginia University, Department of Orthopaedics, in their grant to evaluate evidence-based community-delivered physical activity programs.
- ◆ Continue to participate with the West Virginia Osteoporosis/Arthritis Advisory Panel to provide presentations to the aging network on the prevention of falls and osteoporosis, and partner with the West Virginia Comprehensive Cancer Control Coalition in order to educate the aging network about the challenges of cancer control and to disseminate information on prevention, early detection, and quality of life.

The Arthritis Foundation Exercise Program was developed by the national authority on arthritis. The Bureau of Senior Services has partnered with the National Arthritis Foundation to increase awareness and encourage participation of exercising with arthritis for older adults. The Arthritis Foundation Exercise Program movements were developed by physical therapists to address the pain, fatigue and decreased strength often felt by individuals diagnosed with arthritis. The program is designed to:

- (1) Improve range of motion;
- (2) Increase strength; and
- (3) Improve endurance.

A staff member at the Bureau has conducted two leader trainings and lead several exercise classes for older adults. Currently a class is held at the Quarry Manor Assisted Living Home, located in Charleston, WV. This class is held for one hour, two times a week, with average attendance of 15 older adults. Each class begins with an educational component, warm up, cardio, cool down and

relaxation session. It is a recreational program that is evidence based as provided by the National Arthritis Foundation.

As a member of the Bureau for Public Health Osteoporosis/Arthritis Advisory Panel, the Bureau of Senior Services received a DVD of the Arthritis Foundation Exercise Program. A copy of the DVD has been distributed to each county aging program (senior center) to be incorporated with their physical activity.

- ◆ Partner with the Bureau for Public Health to apply for the ARRA grant to disseminate the Chronic Disease Self-Management Program, developed by Stanford University.
- ◆ Partner with the Bureau for Public Health's Cardiovascular Health Program to educate the senior population about the signs and symptoms of strokes.
- ◆ Partner with the West Virginia Asthma Coalition to educate seniors and the aging network about the triggers of asthma and its prevention.
- ◆ Become involved with the newly created West Virginia Office of Healthy Lifestyles.
- ◆ Participate in the State Health Education Council.
- ◆ Partner with other agencies and organizations on joint projects and activities that are designed to help older people stay active and healthy.

**Objective 2.4** Encourage the coordinated vaccination of seniors, particularly for influenza and pneumonia, through their local providers.

**Strategies to Accomplish Objective:**

- ◆ Collaborate and continue partnering with the West Virginia Immunization Network (WIN).
- ◆ Communicate the importance of immunization utilizing the Bureau's Website and E-mail communications to the aging network.
- ◆ Post immunization information to the 211 Network.
- ◆ Provide information to the aging network on available vaccination sites.

**Objective 2.5** Strengthen the capacity to provide information to older adults to help them to stay active and healthy by utilizing the Aging and Disability Resource Centers.

**Strategies to Accomplish Objective:**

- ◆ Educate the public about the services the ADRCs offer to assist individuals in making decisions that promote active and healthy lifestyles.
- ◆ Utilize the ADRC to pilot a care transition project aimed at promoting healthier lifestyles and reducing hospital readmission rates for individuals with certain chronic conditions. This project focuses on person-centered discharge planning along with access to proper nutrition, specialized follow-up care, in-home care services and chronic disease self-management.
- ◆ Continue to cross-train ADRC staff to be leaders in Chronic Disease Self-

Management Courses to increase awareness of these programs and the availability of classes.

| Objective               | Performance Measure  | Target Date |
|-------------------------|--|-------------|
| 2.1; 2.2; 2.3; 2.4; 2.5 | # of agencies and private sector organizations that promote healthy lifestyles and health promotion for older individuals. | Annually    |

**GOAL 3: Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.**

**Objective 3.1** Strengthen the Bureau’s capacity to provide information to families that will help them in their caregiving roles, and educate the public on family caregiving and the importance of supporting family caregivers.

**Strategies to Accomplish Objective:**

- ◆ Disseminate relevant information to families, including those who are low-income, rural, and limited English speaking, to help them care for their older loved ones at home and in the community.
- ◆ Continue a partnership with the West Virginia Health Care Association to publish a consumer guide of resources to help families make informed decisions about care of their loved ones.
- ◆ Use the Bureau’s website to effectively and efficiently disseminate information and materials to family caregivers.
- ◆ Seek out and create opportunities to educate the public about family caregiving, the effects of caregiver stress, and the importance of caregivers taking care of themselves, and the resources available to help family caregivers continue to care for their loved ones at home.
- ◆ Educate state policymakers on the challenges faced by family caregivers and the importance of supporting families who care for their loved ones at home.
- ◆ Advocate for additional funding to support family caregivers.

**Objective 3.2** Support the aging network’s role in helping family caregivers.

**Strategies to Accomplish Objective:**

- ◆ Provide formula grants for the National Family Caregiver Support Program and ensure the effective use of these grant funds.
- ◆ Use the Older Americans Act area plan requirements to help the aging network document how they utilize Title III E funds.
- ◆ Continue and expand the state-funded Family Alzheimer’s In-Home Respite (FAIR) Program to support caregivers of individuals with Alzheimer’s disease or a related dementia. Monitor to ensure quality of care, provide technical assistance, and advocate for additional funding for FAIR.
- ◆ Identify and disseminate information and technical assistance on models and

techniques that can be used by the aging network to design and implement programs and services that support caregivers.

- ◆ Support the development of new models and techniques to help family caregivers.
- ◆ Conduct ongoing analysis of research findings, demographic trends, program data, and other information to identify, create and support future program and policy development to assist family caregivers.
- ◆ Explore cost sharing, when appropriate; to further enhance the aging network's resources, allowing for expansion of and increased access to services for families who care for their loved ones at home or in the community.

**Objective 3.3** Partner with other agencies and private sector organizations to promote policies, programs and activities that support family caregivers.

**Strategies to Accomplish Objective:**

- ◆ Partner with other agencies and organizations, as appropriate, on joint projects and activities that will benefit family caregivers.
- ◆ Apply for new caregiver and/or Alzheimer's grant funding through the Administration on Aging or other appropriate federal agency when funding opportunities meet the Bureau's stated goals.

**Objective 3.4** Increase participation in the ADW self-directed option.

**Strategies to Accomplish Objective:**

- ◆ Implement Personal Options, a self-directed service delivery option within the Aged and Disabled Waiver Program, to strengthen the ability of family members to provide choice and services to their loved ones in their home and in the community.

**Objective 3.5** Continue to enhance and expand an end-of-life care initiative for the Bureau of Senior Services.

**Strategies to Accomplish Objective:**

- ◆ Continue to strengthen the existing relationship with the West Virginia Center for End-of-Life Care and Hospice of West Virginia.
- ◆ Identify opportunities to partner with aging advocacy groups and other interested parties to further public awareness of issues surrounding end-of-life care.
- ◆ Continue to develop a resource library that can be made available to the aging network, family caregivers and the general public, and publicize the materials at health fairs, conferences, other public gatherings, and via the Bureau's website.
- ◆ Provide end-of-life educational materials and planning documents, including advance directive forms, to all those who request them.
- ◆ Educate individuals and families about the advance directive documents that are available to West Virginians and the importance of creating advance directives.

- ◆ Promote use of the Physician Orders for Scope of Treatment (POST) Form, when appropriate.
- ◆ Promote hospice services as a viable option for end-of-life care.

**Objective 3.6** Continue and strengthen the Lighthouse Program that allows in-home personal care services for those seniors who do not qualify for Medicaid in-home care services.

**Strategies to Accomplish Objective:**

- ◆ Educate the public about the services provided and how to access those services through the county aging providers.
- ◆ Use the Bureau's website to disseminate information to the public.
- ◆ Seek out opportunities to educate the public about the program.
- ◆ Continue to monitor the program and provide technical assistance to providers.
- ◆ Continue to advocate for increased quality care for those individuals in the program.
- ◆ Continue to advocate for the health and safety of those individuals in the program.
- ◆ Advocate for additional funding for the program.

| Objective | Performance Measure   | Target Date |
|-----------|---|-------------|
| 3.1; 3.3; | # of agencies and private sector organizations that provide information to older individuals on health and social supports. | Annually    |
| 3.2; 3.6  | % of increase in Fair and Lighthouse participants.  | Annually    |
| 3.4       | # of individuals choosing personal options.   | Annually    |
| 3.5       | # of individuals receiving end of life care information.  | Annually    |

**GOAL 4: Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.**

**Objective 4.1** Strengthen the Bureau's capacity to provide information to older consumers on elder rights and consumer protection issues and programs and educate the public on the importance of such programs.

**Strategies to Accomplish Objective:**

- ◆ Educate the public, including policymakers, on the importance of protecting the rights of older people and preventing elder abuse, neglect and exploitation.
- ◆ Provide information to older people, including those who are low-income, rural, and limited English speaking (when applicable), on their rights and consumer protection programs and benefits to which they are entitled.
- ◆ Continue to sponsor workshops at the annual Robert W. Jackson Senior Conference about how seniors can avoid predatory financial exploitation and be informed consumers.

**Objective 4.2** Strengthen the Long-Term Care Ombudsman Program's capacity to provide information to older consumers on elder rights and consumer protection issues and programs and educate the public on the importance of such programs.

**Strategies to Accomplish Objective:**

- ◆ Provide all residents of nursing homes and assisted living homes a copy of a pamphlet that describes the Ombudsman Program and how a resident can access a long-term care ombudsman.
- ◆ Continue visiting long-term care facilities and meeting with residents on a regular basis.
- ◆ Continue attending resident council meetings and family council meetings in an effort to spread the word about long-term care resident rights.
- ◆ Provide resident rights posters to assisted living facilities and encourage staff to prominently display them.
- ◆ Provide ombudsman posters to long-term care facilities and encourage staff to prominently display them.
- ◆ Work with the media to inform the general public about long-term care resident rights and the Ombudsman Program.
- ◆ Continue to provide in-service trainings to long-term care provider staff.

**Objective 4.3** Strengthen the capacity of the Bureau to provide information to older consumers regarding elder rights and consumer protection issues through legal services.

**Strategies to Accomplish Objective:**

- ◆ Educate senior consumers, including those who are low-income, rural, and limited English speaking (when applicable), about legal assistance that may be available to them through the Bureau including the Legal Hotline.
- ◆ Coordinate with the legal services provider, West Virginia Senior Legal Aid, in the delivery of legal assistance to the State's seniors, particularly those who are low-income, rural, and limited English speaking (when applicable).
- ◆ Continue provision of other legal related services that are provided through the aging network.

**Objective 4.4** Strengthen the ability of the Bureau to provide information to older consumers regarding elder rights and consumer protection issues as it relates to health insurance in general and the federal Medicare system, specifically.

**Strategies to Accomplish Objective:**

- ◆ Educate the public and policymakers about the importance of protecting the consumer rights of older citizens.
- ◆ Coordinate with the Bureau's Senior Legal Services program in about issues relating to fraudulent Medicare and health insurance practices.

- ◆ Alert the public, the aging network, the Centers for Medicare & Medicaid Services, and the WV Office of the Attorney General of potential fraudulent Medicare and health insurance practices.
- ◆ Assist individuals who feel that they, or someone they represent, may have been the victim of fraudulent Medicare practices.
- ◆ Advise the Centers for Medicare & Medicaid Services and the WV Office of the Attorney General of reported fraudulent Medicare and health insurance practices.

**Objective 4.5**        Strengthen the capacity to provide information to older adults about their rights and the prevention of abuse, neglect and exploitation by utilizing the ADRCs.

**Strategies to Accomplish Objective:**

- ◆ Continue to educate the public about the services the ADRC offers to assist older individuals in understanding their rights and how to avoid and report abuse, neglect and exploitation.
- ◆ Educate older individuals that utilize the ADRCs about their rights and about programs that can help to protect them from abuse, neglect and exploitation.

**Objective 4.6**        Support the aging network's role in protecting older consumers and preventing elder abuse, neglect and exploitation.

**Strategies to Accomplish Objective:**

- ◆ Provide grants to support elder abuse prevention, legal services, hotlines and Long-Term Care Ombudsman Programs and ensure the effective use of these grant funds.
- ◆ Support the development of new models and techniques that can make it easier for older people to know their rights and to prevent elder abuse, neglect and exploitation.
- ◆ Conduct analysis of research findings, demographic trends, program data, and other information to identify strategies and approaches to support future program and policy development in this area.
- ◆ Continue to build upon the rapport established between the ombudsmen and other aging network providers.

**Objective 4.7**        Support the aging network's role in protecting older consumers and preventing elder abuse, neglect, and exploitation in the Medicaid Waiver Program.

**Strategies to Accomplish Objective:**

- ◆ Provide ADW applicants and members a brochure entitled "How to Report Abuse and Neglect."
- ◆ Continue to require ADW provider agencies to report incidents of allegations of abuse, neglect or exploitation of members in the Incident Management System.
- ◆ Continue to require abuse and neglect training for ADW homemaker providers

outlining definitions of abuse, neglect and exploitation, preventive measures, mandatory reporting and process for filing a report.

**Objective 4.8** Partner with other agencies and the public and private sectors to promote policies, programs and activities that help inform the elderly of their rights and prevent elder abuse, neglect and exploitation.

**Strategies to Accomplish Objective:**

- ◆ Work closely with WV Adult Protective Services to strengthen our memorandum of understanding.
- ◆ Work closely with the state licensure agency to strengthen our memorandum of understanding.
- ◆ Partner with AARP, the Ombudsman Advisory Council, the West Virginia Health Care Association and other appropriate advocacy groups in an effort to pass laws that will prevent financial exploitation of elderly citizens.
- ◆ Continue to work with AARP, Retired School Staff Chapter members, and Volunteer West Virginia in an effort to recruit more volunteer ombudsmen who will visit residents of long-term care facilities and advocate for their rights.
- ◆ Partner with other agencies and organizations on joint projects and activities that will help protect older consumers and prevent elder abuse, neglect and exploitation.
- ◆ Participate in projects and activities that have the potential to benefit older consumers and help prevent elder abuse, neglect and exploitation.

| Objective                         | Performance Measure   | Target Date |
|-----------------------------------|---|-------------|
| 4.1; 4.2; 4.3; 4.4; 4.5; 4.7; 4.8 | # of organizations BoSS partnered with to provide information to older consumers on elder rights and consumer protection issues and programs and educate the public on the importance of such programs. | Annually    |
| 4.6                               | # of agencies and private organizations protecting older consumers and preventing elder abuse, neglect and exploitation.  | Annually    |

# INTRASTATE FUNDING FORMULA

## A. State Funding Formula

The West Virginia Bureau of Senior Services allocates Title III-B, C, D, E and Elder Abuse Prevention funds to the Area Agencies on Aging via a formula developed to conform to Older Americans Act requirements. This formula combines factors and weights as listed below, and was implemented in Federal FY2005. It is consistent with the previous State Plan submission.

**Chart 1**

| FACTORS                        | WEIGHTS    |
|--------------------------------|------------|
| Population aged 60+            | .8         |
| Population aged 65+ Low Income | .1         |
| Population aged 60+ Minority   | .1         |
| <b>TOTAL</b>                   | <b>1.0</b> |

Data from the 2000 Census as listed below was used to arrive at the following formula for each region:

**Chart 2**

| REGION       | FORMULA         |
|--------------|-----------------|
| One          | .272347         |
| Two          | .316069         |
| Three        | .176442         |
| Four         | .235142         |
| <b>TOTAL</b> | <b>1.000000</b> |

**Chart 3**

| REGION       | POPULATION<br>60+ | 65+ BELOW<br>POVERTY LEVEL | MINORITY 60+  |
|--------------|-------------------|----------------------------|---------------|
| One          | 104,270           | 7,554                      | 2,532         |
| Two          | 114,080           | 10,086                     | 4,459         |
| Three        | 65,406            | 5,840                      | 1,878         |
| Four         | 79,039            | 8,075                      | 4,831         |
| <b>TOTAL</b> | <b>362,795</b>    | <b>31,555</b>              | <b>13,700</b> |

## FORMULA DEVELOPMENT AND ASSUMPTIONS

The three formula factors (60+, 65+ low income and 60+ minority) were selected in response to Older Americans Act directives which correlate with the need for services. There is acceptable, current, demographic data available for each factor. The weight of .1 was given to the low-income factor in recognition of needs and requirements to serve

those in poverty. The minority factor received the weight of .1 for targeting of funds to minority older persons who are also more likely to have economic needs and will benefit additionally from the low income weighting.

The formula, as displayed in Charts 2 and 3 on the previous page, is the sum for each region of each factor weight multiplied by one, divided by total factor weights, and then multiplied by the proportion that region's factor population bears to the state total factor population.

The formula is updated when current, acceptable demographics are available for each factor. This information must be available on the county level C not just on a statewide basis. (The 60+ low-income factor is not currently available; 65+ low-income was used as we serve an older demographic of our population and the census provides those numbers.)

### **FORMULA APPLICATION**

The formula process is applied to the remaining Title III funds once the allocations for Legal Services, Ombudsman Program, Area Agency Administration, and State Agency Administration are assigned from Title III B, III C, and III E funds within the established regulations of the Older Americans Act. The formula is also applied to remaining State Programs for the Elderly funds allocated to meet matching requirements.

Beginning with Federal FY2005, the new formula amounts derived using the 2000 Census factors were implemented. The base for FY2005 and 2006 for each county program for Title IIIB, C, D, E, Elder Abuse and State Programs for the Elderly was 85% of their initial Federal FY2004 allocation based on the previous funding formula. The base as described above for FY2007 and 2008 was 80%. The base as described above for FY2009 forward is 75%. This enabled a smooth transition to the new 2000 Census changes and adjusted formula factors.

Once the base has been determined for each county program, the formula will be applied to all remaining funds. The allocations determined for each county will then be used as part of the allocations for each established region. The region will maintain these calculated allocations to each county in the award process. This is subject to review and reconsideration for each funding cycle.

Other funds authorized by the Older Americans Act that are not allocated by formula include Title V Senior Community Service Employment Program (SCSEP) and Nutrition Services Incentive Program (NSIP) cash supplement to the Title III-C meals program. State funded Legislative Initiative for the Elderly (L.I.F.E.), Nutrition Supplement, Senior Centers and Programs, and Senior Centers, Maintenance and Repair (all Lottery Proceeds) are not allocated by formula.

**B. ALLOCATION OF FUNDS TO AREA AGENCIES AND SERVICES PROVIDERS FOR FY10**

| PLANNING & SERVICE AREA | TITLE III SERVICE FUNDS (B, C, D, E AND ELDER ABUSE) | TITLE V FUNDS    | NON-TITLE FUNDS*    | TOTAL AWARD         |
|-------------------------|--|------------------|---------------------|---------------------|
| One                     | \$2,121,904  | \$ 0             | \$ 690,198          | \$ 2,812,102        |
| Two                     | 2,306,529  | 464,438          | 739,964             | 3,510,931           |
| Three                   | 1,511,987  | 281,280          | 502,525             | 2,295,792           |
| Four                    | 2,066,410  | 150,452          | 667,986             | 2,884,848           |
| Other** (Unclassified)  |  |                  | 13,980,311          | 13,980,311          |
| <b>TOTAL</b>            | <b>\$8,066,830</b>                                   | <b>\$896,170</b> | <b>\$16,580,984</b> | <b>\$25,483,984</b> |

\*Non-Title III Funds include State general revenue of \$2,653,935. Minimum State match for Title III services of \$470,990 plus \$258,684 contributed by the Bureau for Area Agency administration match.

\*\*Other (Unclassified) funds include Federal NSIP, and State funded programs for Nutrition, In-Home Care, LIFE, Senior Centers and Ombudsman.

**C. ESTIMATED STATE AGENCY BUDGET FOR FY11**

| PROGRAMS                                  | FEDERAL TITLE III | STATE FUNDS        | TITLE V         | OTHER FEDERAL   | TOTALS             |
|---|-------------------|--------------------|-----------------|-----------------|--------------------|
| Title III State Administration            | \$500,000         |                    |                 |                 | \$ 500,000         |
| Long-Term Care Ombudsman Program          | 100,193           |                    |                 |                 | 100,193            |
| Title V SCSEP                             |                   |                    | \$86,115        |                 | 86,115             |
| CMS – Information Counseling & Assistance |                   |                    |                 | \$93,084        | 93,084             |
| Alzheimer’s Respite Care                  |                   | \$ 800,000         |                 |                 | 800,000            |
| State                                     |                   | 420,526            |                 |                 | 420,526            |
| <b>TOTAL</b>                              | <b>\$600,193</b>  | <b>\$1,220,526</b> | <b>\$86,115</b> | <b>\$93,084</b> | <b>\$1,999,848</b> |

**SUMMARY: FY2011 SOURCES OF FUNDING (Estimated)**

|                                   |                     |
|-----------------------------------|---------------------|
| <b>FEDERAL FUNDING</b>            |                     |
| TITLE III-B                       | \$2,779,651         |
| TITLE III-C                       | 4,828,623           |
| TITLE III-D                       | 153,137             |
| TITLE III-E                       | 1,069,824           |
| NURSING HOME OMBUDSMAN            | 115,961             |
| ELDER ABUSE PREVENTION            | 36,736              |
| NSIP CASH OPTION                  | 1,600,000           |
| TITLE V SCSEP                     | 1,279,593           |
| SHIP COUNSELING                   | 509,198             |
| <b>STATE FUNDING</b>              |                     |
| LOTTERY REVENUE                   | 24,694,461          |
| LICENSE FEE REVENUE               | 9,000,000           |
| LOTTERY MEDICAID MATCH            | 34,992,578          |
| <b>OTHER FUNDING</b>              |                     |
| MEDICAID<br>ADMINISTRATION/OMBUDS | 958,745             |
| <b>TOTAL</b>                      | <b>\$82,018,507</b> |

**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 and 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 and 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 and 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.

(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-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

(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 minority 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)(29), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;  
(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

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

(5) The State agency:

- (A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;  
(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and  
(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

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

- (8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—  
(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

- (ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
- (iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

\_\_\_\_\_  
Signature and Title of Authorized Official

\_\_\_\_\_  
Date

## Attachment B: WV BoSS Recommended Emergency Preparedness Plans

The West Virginia Bureau of Senior Services (WV BoSS), the Area Agencies on Aging, and the 55 County Providers, have worked to develop an Emergency/Disaster Response Plan through the following efforts:

- WV BoSS will work with the Director of the WV Division of Homeland Security and Emergency Management. The WVDHSEM provides coordination to assist local emergency managers and first responders to provide for the protection of life and property. Guided by West Virginia State Code and the West Virginia Emergency Operations Plan, the agency is responsible for disaster preparedness, response and recovery, and mitigation. The effort to lessen the impact disasters have on people's lives and property, through damage prevention and flood insurance, is mitigation.<sup>1</sup>
- On-going training and distribution of emergency/disaster information to the aging network.<sup>2</sup>
- A Continuity of Operations Plan (COOP) is currently in development for each of the Area Agencies on Aging and the County Providers. This will ensure that older individuals' needs are being met in the event of emergencies and/or pandemics.<sup>3</sup>
- Design of an Emergency/Disaster Response Plan Guide.
- Contact with the Administration on Aging's Regional Office's Emergency Coordinator for issues on Emergency Preparedness and Response.

The Administration on Aging has outlined Emergency/Disaster Response in five (5) stages:<sup>4</sup>

1. **Awareness:** The WV BoSS, AAAs, and County Providers will work together to educate older individuals on the necessary precautions to be taken in the event of an emergency/disaster. Providers and AAAs have been trained on Health Insurance Portability and Accountability Act (HIPAA) Privacy and Disclosures, as it pertains to emergencies.

<sup>1</sup> West Virginia Division of Homeland Security and Emergency Management  
[http://www.wvdhsem.gov/who\\_we\\_are.htm](http://www.wvdhsem.gov/who_we_are.htm)

<sup>2</sup> Administration on Aging: Emergency Assistance Guide  
[http://www.aoa.gov/aoaroot/Preparedness/Resources\\_Network/pdf/Attachment\\_1357.pdf](http://www.aoa.gov/aoaroot/Preparedness/Resources_Network/pdf/Attachment_1357.pdf)

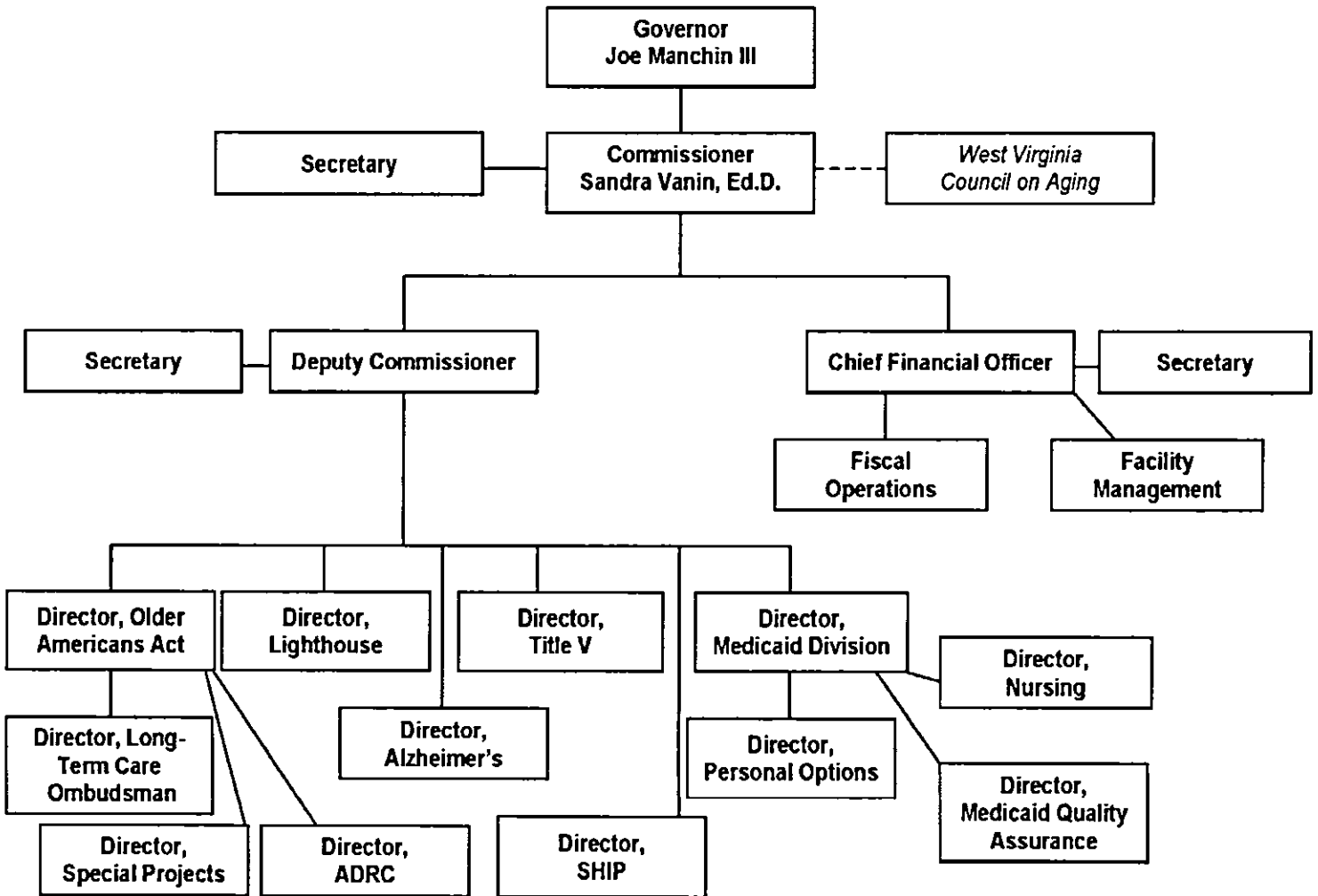
<sup>3</sup> Committee for Hancock County Senior Citizens  
Web site: [www.hancocksrsvs.org](http://www.hancocksrsvs.org)

<sup>4</sup> Administration on Aging: Emergency Assistance Guide  
[http://www.aoa.gov/aoaroot/Preparedness/Resources\\_Network/pdf/Attachment\\_1357.pdf](http://www.aoa.gov/aoaroot/Preparedness/Resources_Network/pdf/Attachment_1357.pdf)

2. **Prevention:** AAAs and Providers have held discussions with various organizations in their area for providing shelter to older individuals. Depending on the weather, older individuals are provided with either a hot meal or shelf staple meal to meet their needs.
3. **Preparedness:** The AAAs and Providers work with their Regional/County Emergency Services Team to prepare lists of older individuals who may be in need of assistance.
4. **Activation:** The WV Division of Homeland Security and Emergency Management are responsible for coordinating emergency/disaster response. In the event of the evacuation of older individuals, efforts have been coordinated with the National Guard and Emergency Response Teams.
5. **Recover:** The WV BoSS will work with the Administration on Aging and other State and Federal Agencies for seek disaster assistance when necessary.

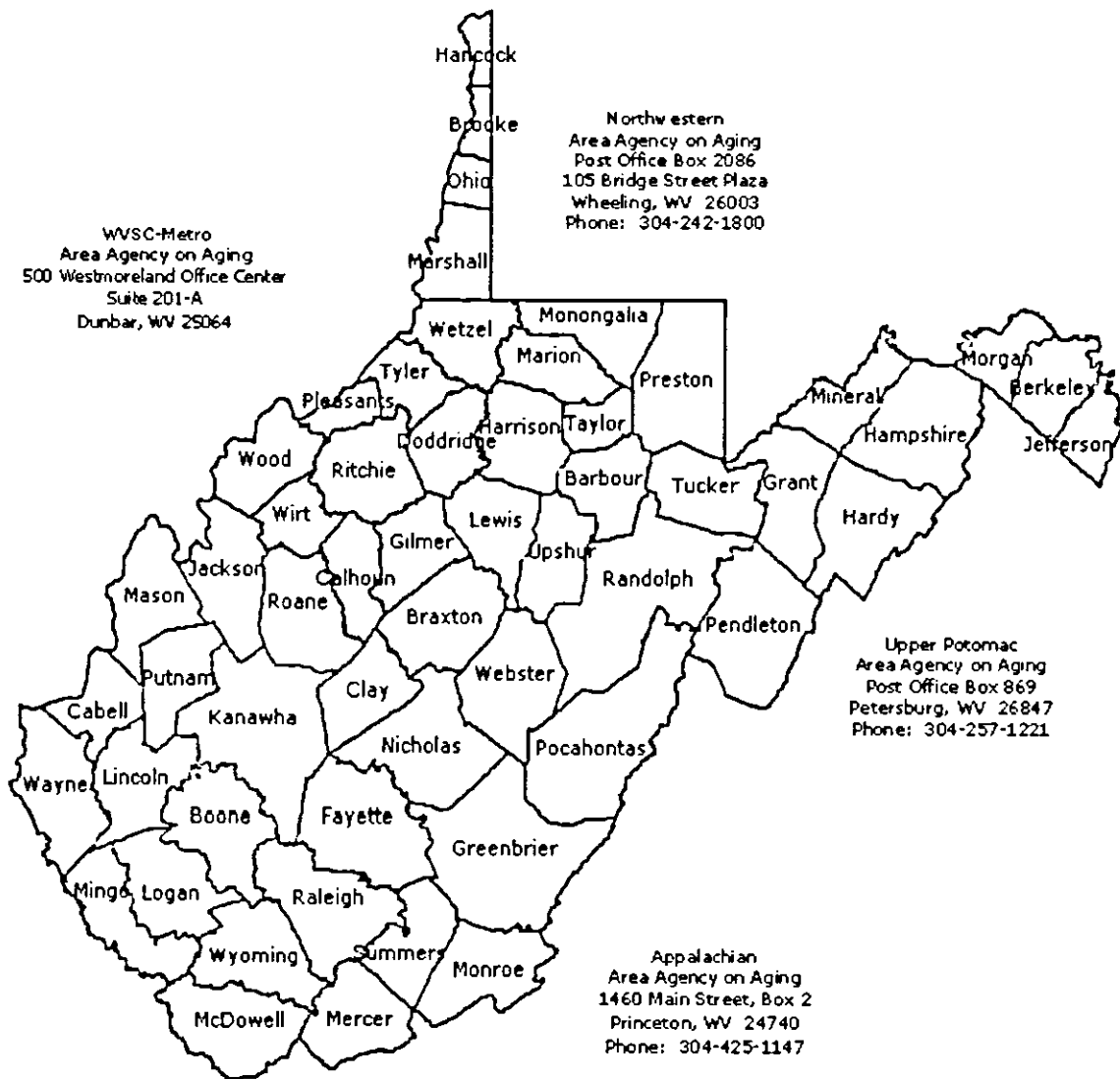
**Attachment C: Bureau Organizational Chart**

**West Virginia  
Bureau of Senior Services  
Organizational Chart**



# Attachment D: WV Area Agencies on Aging Designation Map

## AREA AGENCIES ON AGING



## **Attachment E: PROVISIONS AND INFORMATION REQUIREMENTS**

The following addresses the provisions and information requirements that are listed in the indicated sections of the Older Americans Act, as amended in 2000.

### **Section I. State Plan Information Requirements**

102(19)(G) – The West Virginia Bureau of Senior Services does not fund in-home services not already defined in Sec. 102(19).

#### **Section 305(a) (2) (E)**

The Bureau of Senior Services assures that preference is given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas. Throughout the State Plan Goals and Objectives, targeting of older individuals with greatest economic need, social need, and low-income minority individuals has been addressed. West Virginia is a rural state, and only a small proportion of our participants are not rural. The Bureau uses the area plan requirements to document that these population groups are targeted for services.

#### **Section 307(a)**

The Bureau of Senior Services specifies a minimum proportion of the funds received by each area agency on aging to carry out part B is expended by each of the area agencies to provide access, in-home and legal assistance services. The area plan requirements are used to document this assurance. In FY05 statewide expenditures for access, in-home, and legal assistance were over 83% of the total federal Part B expenditures. For expenditures from all sources for Part B related activities, over 87% was for access, in-home and legal assistance. The rural nature of the state creates an extreme demand for transportation, in-home and legal assistance services. There is very limited public transportation and in-home health care services and legal services are scarce.

#### **Section 307(a) (3)**

(A) The numerical statement of the intrastate funding formula and the allocation of funds to each of the planning and service areas are included in Section VI. Financial Plan.

(B) With respect to services for older individuals residing in rural areas, the Bureau of Senior Services assures that the amount spent for each fiscal year of the plan is not less than the amount expended for such services for fiscal year 2000; identifies, 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); and describes the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

West Virginia is classified by the Census Bureau as one of the most rural states in the nation. Therefore, the Bureau takes the position that nearly all services provided in the State are done so in a rural setting.

**Section 307(a) (8)**

(B) Neither the state agency nor the area agencies on aging provide case management services.

(C) The area agencies on aging do not directly provide information and assistance services and outreach.

**Section 307(a) (10)**

The plan provides 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.

West Virginia is classified by the Census Bureau as one of the most rural states in the nation. Therefore, the Bureau of Senior Services takes the position that nearly all services provided in the State are done so in a rural setting.

**Section 307(a) (15)**

(A) The plan identifies the number of low-income minority older individuals in West Virginia in State Plan Section III. State Profile.

(B) The Bureau uses the area plan requirements to document that low-income minority older individuals are targeted for services.

**Section 307(a) (21)**

(B) West Virginia has only a 0.12 percent (430) Native American and Alaskan Native 60+ population.

**Section 705(a) (7)**

(1) The West Virginia Bureau of Senior Services addresses Vulnerable Elder Rights Protection Activities through a notable legal assistance program and an excellent statewide Ombudsman Program.

The legal assistance program is contracted through West Virginia Senior Legal Aid. Focus is placed on economically and socially disadvantaged, disabled, and rural seniors. The statewide Senior Legal Hotline is staffed by an attorney who can offer general legal information or specific legal advice. The attorney can also advocate on behalf of seniors who call, as well as obtain for them full legal representation on a free, reduced fee or full fee basis, depending on income. West Virginia Senior Legal Aid also offers Elderlaw seminars, presentations, and training to groups of seniors and senior services providers. Elderlaw information is disseminated through a Frequently Asked Questions manual covering such topics as Medicaid, advance directives, estate planning and wills, consumer issues, etc. *The West Virginia Elder Advocacy Quarterly* is a publication of Senior Legal Aid and the Ombudsman Program. It is written in easy to understand language and is geared toward senior West Virginians as well as people who work with seniors.

The Bureau of Senior Services supports and maintains an extremely strong and effective Long Term Care Ombudsman Program. The Bureau provides over \$490,000 (80%) to go along with slightly less than \$130,000 (20%) of Title III money to fund an overall Ombudsman Program of nearly \$620,000. This support for enhanced funding allows the Ombudsman Program to expand visits to nursing homes and assisted living facilities which ensure that residents receive high quality ombudsman advocacy services to protect the rights and well-being of the State's most vulnerable seniors.

(2) The Bureau of Senior Services holds public hearings and a public comment period in regard to its State Plan and any amendments to the Plan. The hearings and public comment period allow the Bureau to obtain the view of older individuals, area agencies on aging, and other interested persons and entities regarding programs carried out under this subtitle. Additionally, the Ombudsman Program is mandated by state law to have in place a working advisory council. This council is comprised of senior advocates, consumers, long-term care providers, members of the state health care association, other state agency staff who work with the senior population, and is chaired by a representative from AARP. This advisory council meets at least quarterly and offers guidance to the Ombudsman Program in the areas of goal setting, legislative endeavors, and feedback from the community as to how well the program is offering services to seniors living in long-term care facilities.

(3) The State, in consultation with the area agencies on aging and local service providers, identifies and prioritizes statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining benefits and rights. The Ombudsman Program strives to establish and maintain a rapport with the aging network and adult protective workers throughout the State. This will be done by adhering to established written "Best Practices" guidelines and an interagency agreement. The aging network publicizes and makes referrals to the legal services provider.

(4) The State uses 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. To carry out these activities, the Bureau uses 100% of our allocation for this purpose and secures the required matching funds; therefore, there is no capability of supplanting.

(5) The State places 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). The State Ombudsman Program must be operated in accordance with state law Article 5L which closely mirrors Section 712(a)(5)(c) pertaining to designation of local ombudsman entities under Section 712(a)(5).

(6)(A) The Bureau of Senior Services conducts a program of services consistent with relevant state law and coordinates with existing state adult protective service activities for public education to identify and prevent elder abuse; receipt of reports of elder abuse; 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 be referred consent; and referral of complaints to law enforcement or public protective services agencies if appropriate.

(B) The State does not permit involuntary or coerced participation in services by alleged victims, abusers, or their households.

(C) All information gathered in the course of receiving reports and making referrals remain confidential except if all parties to such complaint consent in writing to the release of such information; or 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 upon court order.

The State Ombudsman Program recently completed a memorandum of understanding with the state adult protective services agency and the state licensure agency in an attempt to coordinate all of their efforts to protect residents of long-term care from abuse, neglect or exploitation. Also, the Ombudsman Program trains adult protective service workers and staff of the state licensure agency in areas of protecting the rights of vulnerable long-term care residents.

All long-term care ombudsmen and our legal services provider are familiar with procedures to refer complaints involving exploitation, abuse and neglect to the proper authorities such as adult protective services. The ombudsmen have received training from the State Medical Examiner's Office as to how to spot signs of neglect and abuse perpetrated upon long-term care residents. The entire aging network, including the ombudsmen and the legal service provider, recognizes confidentiality of senior citizens and secures their permission prior to making referrals to other state agencies.

Attachment F: Census Data

WEST VIRGINIA'S SENIOR POPULATION - CENSUS 2000  
 BY AGE AND PERCENT FOR  
 STATE AND COUNTIES

|            | AGE<br>55+ | % OF<br>WV | AGE<br>60+ | % OF<br>WV | AGE<br>65+ | % OF<br>WV | AGE<br>75+ | %<br>OF<br>WV | AGE<br>85+ | %<br>OF<br>WV |
|------------|------------|------------|------------|------------|------------|------------|------------|---------------|------------|---------------|
| WV         | 461,711    | 25.5%      | 362,795    | 20.1%      | 276,595    | 15.3%      | 128,432    | 7.1%          | 31,779     | 1.8%          |
| BARBOUR    | 4,099      | 26.3%      | 3,209      | 20.6%      | 2,420      | 15.6%      | 1,152      | 7.4%          | 335        | 2.2%          |
| BERKELEY   | 15,406     | 20.3%      | 11,513     | 15.2%      | 8,466      | 11.2%      | 3,464      | 4.6%          | 738        | 1.0%          |
| BOONE      | 5,963      | 23.4%      | 4,622      | 18.1%      | 3,464      | 13.6%      | 1,561      | 6.1%          | 369        | 1.4%          |
| BRAXTON    | 3,911      | 26.6%      | 3,056      | 20.8%      | 2,330      | 15.8%      | 1,125      | 7.7%          | 320        | 2.2%          |
| BROOKE     | 7,330      | 28.8%      | 5,959      | 23.4%      | 4,662      | 18.3%      | 2,217      | 8.7%          | 513        | 2.0%          |
| CABELL     | 24,999     | 25.8%      | 19,948     | 20.6%      | 15,499     | 16.0%      | 7,410      | 7.7%          | 1,763      | 1.8%          |
| CALHOUN    | 2,112      | 27.9%      | 1,656      | 21.8%      | 12,64      | 16.7%      | 554        | 7.7%          | 173        | 2.3%          |
| CLAY       | 2,436      | 23.6%      | 1,889      | 18.3%      | 1,414      | 13.7%      | 553        | 5.6%          | 166        | 1.6%          |
| DODDRIDGE  | 1,877      | 25.4%      | 1,478      | 20.0%      | 1,098      | 14.8%      | 473        | 6.4%          | 121        | 1.6%          |
| FAYETTE    | 12,486     | 26.2%      | 9,993      | 21.0%      | 7,814      | 16.4%      | 3,730      | 7.8%          | 977        | 2.1%          |
| GILMER     | 1,841      | 25.7%      | 1,448      | 20.2%      | 1,098      | 15.3%      | 512        | 7.2%          | 163        | 2.3%          |
| GRANT      | 3,049      | 27.0%      | 2,323      | 20.6%      | 1,728      | 15.3%      | 805        | 7.1%          | 217        | 1.9%          |
| GREENBRIER | 10,064     | 29.2%      | 7,962      | 23.1%      | 6,101      | 17.7%      | 2,838      | 8.2%          | 786        | 2.3%          |
| HAMPDEN    | 5,169      | 25.6%      | 3,940      | 19.5%      | 2,940      | 14.6%      | 1,253      | 6.2%          | 307        | 1.5%          |
| HANCOCK    | 9,474      | 29.0%      | 7,791      | 23.8%      | 6,017      | 18.4%      | 2,787      | 8.5%          | 619        | 1.9%          |
| HARDY      | 3,271      | 25.8%      | 2,525      | 19.9%      | 1,884      | 14.9%      | 810        | 6.4%          | 192        | 1.5%          |
| HARRISON   | 18,284     | 26.6%      | 14,515     | 21.1%      | 11,378     | 16.6%      | 5,688      | 8.3%          | 1,475      | 2.1%          |
| JACKSON    | 7,419      | 26.5%      | 5,851      | 20.9%      | 4,293      | 15.3%      | 1,800      | 6.4%          | 464        | 1.7%          |
| JEFFERSON  | 8,802      | 20.9%      | 6,485      | 15.4%      | 4,724      | 11.2%      | 2,047      | 4.9%          | 446        | 1.1%          |
| KANAWHA    | 53,226     | 26.6%      | 42,452     | 21.2%      | 33,036     | 16.5%      | 15,708     | 7.9%          | 3,849      | 1.9%          |
| LEWIS      | 4,615      | 27.3%      | 3,654      | 21.6%      | 2,771      | 16.4%      | 1,314      | 7.8%          | 369        | 2.2%          |
| LINCOLN    | 5,167      | 23.4%      | 4,003      | 18.1%      | 2,904      | 13.1%      | 1,194      | 5.4%          | 311        | 1.4%          |
| LOGAN      | 9,126      | 24.2%      | 7,188      | 19.1%      | 5,450      | 14.5%      | 2,290      | 6.1%          | 480        | 1.3%          |
| MCDOWELL   | 7,210      | 26.4%      | 5,698      | 20.8%      | 4,402      | 16.1%      | 2,087      | 7.6%          | 496        | 1.8%          |
| MARION     | 15,893     | 28.1%      | 12,718     | 22.5%      | 10,073     | 17.8%      | 5,146      | 9.1%          | 1,319      | 2.3%          |
| MARSHALL   | 9,473      | 26.7%      | 7,513      | 21.2%      | 5,795      | 16.3%      | 2,665      | 7.5%          | 602        | 1.7%          |
| MASON      | 6,856      | 26.4%      | 5,358      | 20.6%      | 3,933      | 15.2%      | 1,680      | 6.5%          | 392        | 1.5%          |

|            | AGE<br>55+ | % OF<br>WV | AGE<br>60+ | % OF<br>WV | AGE<br>65+ | % OF<br>WV | AGE<br>75+ | %<br>OF<br>WV | AGE<br>85+ | %<br>OF<br>WV |
|------------|------------|------------|------------|------------|------------|------------|------------|---------------|------------|---------------|
| WV         | 461,711    | 25.5%      | 362,795    | 20.1%      | 276,895    | 15.3%      | 128,432    | 7.1%          | 31,779     | 1.8%          |
| MERCER     | 17,572     | 27.9%      | 14,063     | 22.3%      | 10,969     | 17.4%      | 5,281      | 8.4%          | 1,286      | 2.0%          |
| MINERAL    | 7,129      | 26.3%      | 5,463      | 20.2%      | 4,082      | 15.1%      | 1,892      | 7.0%          | 455        | 1.7%          |
| MINCO      | 6,149      | 21.8%      | 4,720      | 16.7%      | 3,516      | 12.4%      | 1,476      | 5.2%          | 304        | 1.1%          |
| MONONGALIA | 14,920     | 18.2%      | 11,461     | 14.0%      | 8,765      | 10.7%      | 4,175      | 5.1%          | 1,058      | 1.3%          |
| MONROE     | 3,857      | 26.4%      | 2,957      | 20.3%      | 2,242      | 15.4%      | 1,020      | 7.0%          | 229        | 1.6%          |
| MORGAN     | 4,188      | 28.0%      | 3,302      | 22.1%      | 2,475      | 16.6%      | 1,015      | 6.8%          | 232        | 1.6%          |
| NICHOLAS   | 6,796      | 25.6%      | 5,334      | 20.1%      | 3,974      | 15.0%      | 1,780      | 6.7%          | 440        | 1.7%          |
| OHIO       | 13,458     | 28.4%      | 11,081     | 23.4%      | 8,900      | 18.8%      | 4,506      | 9.5%          | 1,108      | 2.3%          |
| PENDLETON  | 2,380      | 29.0%      | 1,918      | 23.4%      | 1,460      | 17.8%      | 685        | 8.4%          | 191        | 2.3%          |
| PLEASANTS  | 1,881      | 25.0%      | 1,460      | 19.4%      | 1,122      | 14.9%      | 529        | 7.0%          | 120        | 1.6%          |
| POCAHONTAS | 2,680      | 29.4%      | 2,105      | 23.1%      | 1,577      | 17.3%      | 725        | 7.9%          | 217        | 2.4%          |
| PRESTON    | 7,464      | 25.4%      | 5,807      | 19.8%      | 4,386      | 15.0%      | 2,007      | 6.8%          | 500        | 1.7%          |
| PUTNAM     | 11,109     | 21.5%      | 8,188      | 15.9%      | 5,961      | 11.6%      | 2,527      | 4.9%          | 578        | 1.1%          |
| RALEIGH    | 20,001     | 25.2%      | 15,818     | 20.0%      | 12,200     | 15.4%      | 5,640      | 7.1%          | 1,384      | 1.7%          |
| RANDOLPH   | 7,324      | 25.9%      | 5,641      | 20.0%      | 4,265      | 15.1%      | 2,122      | 7.5%          | 576        | 2.0%          |
| RITCHIE    | 2,740      | 26.5%      | 2,148      | 20.8%      | 1,576      | 15.2%      | 745        | 7.2%          | 203        | 2.0%          |
| ROANE      | 4,031      | 26.1%      | 3,115      | 20.2%      | 2,282      | 14.8%      | 1,030      | 6.7%          | 260        | 1.7%          |
| SUMMERS    | 4,107      | 31.6%      | 3,321      | 25.5%      | 2,593      | 19.9%      | 1,196      | 9.2%          | 331        | 2.5%          |
| TAYLOR     | 4,145      | 25.8%      | 3,286      | 20.4%      | 2,539      | 15.8%      | 1,211      | 7.5%          | 316        | 2.0%          |
| TUCKER     | 2,235      | 30.5%      | 1,772      | 24.2%      | 1,314      | 17.9%      | 617        | 8.4%          | 171        | 2.3%          |
| TYLER      | 2,689      | 28.0%      | 2,107      | 22.0%      | 1,579      | 16.5%      | 694        | 7.2%          | 186        | 1.9%          |
| UPSHUR     | 5,836      | 24.9%      | 4,568      | 19.5%      | 3,449      | 14.7%      | 1,664      | 7.1%          | 504        | 2.2%          |
| WAYNE      | 11,071     | 25.8%      | 8,635      | 20.1%      | 6,411      | 14.9%      | 2,741      | 6.4%          | 577        | 1.3%          |
| WEBSTER    | 2,551      | 26.2%      | 1,996      | 20.5%      | 1,482      | 15.2%      | 687        | 7.1%          | 181        | 1.9%          |
| WETZEL     | 4,978      | 28.1%      | 3,872      | 21.9%      | 2,861      | 16.2%      | 1,269      | 7.2%          | 362        | 2.0%          |
| WIRT       | 1,419      | 24.2%      | 1,091      | 18.6%      | 763        | 13.0%      | 335        | 5.7%          | 86         | 1.5%          |
| WOOD       | 23,218     | 26.4%      | 17,972     | 20.4%      | 13,608     | 15.5%      | 6,517      | 7.4%          | 1,656      | 1.9%          |
| WYOMING    | 6,225      | 24.2%      | 4,847      | 18.9%      | 3,586      | 13.9%      | 1,423      | 5.5%          | 306        | 1.2%          |

NOTE: US Census, 2000 Census of Population & Housing 05/18/2001

NOTE: This document was compiled by the WV Bureau of Senior Services, 05/18/2001