

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

Form #2

Do Not Mark In This Box

FILED

2012 MAY 30 PM 3: 11

OFFICE WEST VIRGINIA  
SECRETARY OF STATE

**NOTICE OF A COMMENT PERIOD ON A PROPOSED RULE**

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

RULE TYPE: Interpretive CITE AUTHORITY: WV Code 16-5P-1

AMENDMENT TO AN EXISTING RULE: YES  NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 3

TITLE OF RULE BEING AMENDED: West Virginia State Plan for Aging Programs

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

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

IN LIEU OF A PUBLIC HEARING, A COMMENT PERIOD HAS BEEN ESTABLISHED DURING WHICH ANY INTERESTED PERSON MAY SEND COMMENTS CONCERNING THESE PROPOSED RULES. THIS COMMENT PERIOD WILL END ON June 29, 2012 AT 4:00 p.m. ONLY WRITTEN COMMENTS WILL BE ACCEPTED AND ARE TO BE MAILED TO THE FOLLOWING ADDRESS:

WV Bureau of Senior Services

1900 Kanawha Boulevard, East

Charleston, WV 25305

THE ISSUES TO BE HEARD SHALL BE LIMITED TO THIS PROPOSED RULE.



Authorized Signature

ATTACH A **BRIEF** SUMMARY OF YOUR PROPOSAL

APPENDIX B

**FISCAL NOTE FOR PROPOSED RULES**

Rule Title: West Virginia State Plan for Aging Programs

Type of Rule:  Legislative  Interpretive  Procedural

Agency: WV Bureau of Senior Services

Address: 1900 Kanawha Boulevard, East  
Charleston, WV 25305

Phone Number: 304-558-3317 Email: robert.e.roswall@wv.gov

**Fiscal Note Summary**

Summarize in a clear and concise manner what impact this measure will have on costs and revenues of state government.

This measure will have no impact on the costs and revenues of state government.

**Fiscal Note Detail**

Show over-all effect in Item 1 and 2 and, in Item 3, give an explanation of Breakdown by fiscal year, including long-range effect.

<b>FISCAL YEAR</b>			
Effect of Proposal	Current Increase/Decrease (use "--")	Next Increase/Decrease (use "--")	Fiscal Year (Upon Full Implementation)
<b>1. Estimated Total Cost</b>			
Personal Services			
Current Expenses			
Repairs & Alterations			
Assets			
Other			
<b>2. Estimated Total Revenues</b>			

Rule Title: West Virginia State Plan for Aging Programs

Rule Title:

West Virginia State Plan for Aging Programs

**3. Explanation of above estimates (including long-range effect):**

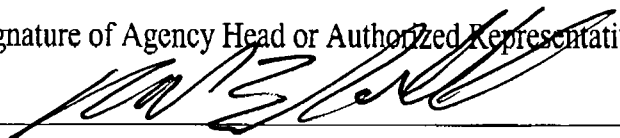
Please include any increase or decrease in fees in your estimated total revenues.

**MEMORANDUM**

Please identify any areas of vagueness, technical defects, reasons the proposed rule would not have a fiscal impact, and/or any special issues not captured elsewhere on this form.

Date: May 29, 2012

Signature of Agency Head or Authorized Representative

  
\_\_\_\_\_



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

Earl Ray Tomblin  
Governor

1900 Kanawha Boulevard East  
Charleston, West Virginia 25305-0160  
Telephone (304) 558-3317  
FAX (304) 558-5609  
www.wvseniorservices.gov

Robert E. Roswall  
Commissioner

**Brief Summary of Changes**

**WV State Plan for Aging Programs**

- **Program Advisory Group has been added and includes Providers, Staff;**
- **The Bureau has a new Facebook Page;**
- **Moved that the Council on Aging would meet three times per year;**
- **Newly funded Alzheimer's 24 Hour Hotline – contracted to the Alzheimer's Association;**
- **Writing rules for a new In-home Worker Registry;**
- **Within the next two years we are working on the cost effectiveness, efficiency and best structure to deliver services;**
- **Deleting SharePoint Website for providers connect;**
- **Developing a Governor's Conference on Aging (Four Regional Conferences) to provide training to staff, providers and information to the public;**
- **Updating database to include an automated referral;**
- **Updating SAM System for invoicing and payments of services;**
- **The Bureau of Senior Services is developing a Volunteer Recruitment Program within their webpage to secure volunteers to help with the many different programs of the County Aging Providers;**
- **Reviewing cost sharing in Administration on Aging Programs, Transportation and Respite and In-Home Care;**
- **Work with other agencies on an In-Home Provider Certification Program;**
- **Working on coordination with WV Department of Health and Human Resources Office on Elder Abuse and Elder Financial Bill of Rights.**



**STATE OF WEST VIRGINIA  
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Earl Ray Tomblin  
Governor

Robert E. Roswall  
Commissioner

May 29, 2012

Ms. Judy Cooper, Manager  
Administrative Law Division  
WV Secretary of State  
Capitol Complex, Building 1, Room 157-K  
1900 Kanawha Blvd., East  
Charleston, WV 25305

Dear Ms. Cooper:

The West Virginia Bureau of Senior Services is hereby filing the West Virginia State Plan for Aging Programs as an Interpretive Rule. Enclosed are the Notice of a Comment Period on a Proposed Rule, Fiscal Note and a brief summary of the any changes.

Thank you for your assistance in this matter. If you have any questions or need additional information, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert E. Roswall".

Robert E. Roswall  
Commissioner

FILED

TITLE 76  
INTERPRETIVE RULE  
WEST VIRGINIA BUREAU OF SENIOR SERVICES

MAY 30 PM 3:11

SERIES 3  
WEST VIRGINIA STATE PLAN FOR AGING PROGRAMS

OFFICE WEST VIRGINIA  
SECRETARY OF STATE

**§76-3-1. General.**

1.1. Scope. -- The State Plan for Aging Programs includes all assurances and plans to be conducted by the Bureau of Senior Services under the provisions of the Older Americans Act of 1965, as amended. The Bureau of Senior Services is primarily responsible for the coordination of all the major responsibilities of developing and administering a comprehensive and coordinated system of services and activities for providing a positive impact on the lives of elderly people within the service area.

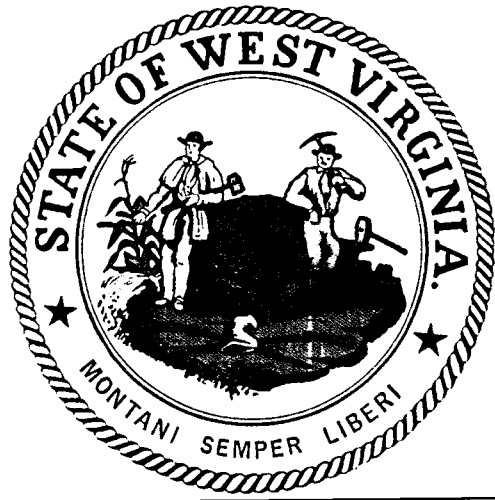
1.2. Authority. -- W. Va. Code §16-5P-1 et. seq.

1.3. Filing Date. -- ~~December 2, 2010.~~

1.4. Effective Date. -- ~~January 2, 2011.~~

**§76-3-2. Incorporation By Reference.**

The West Virginia State Plan for Aging Programs is hereby incorporated by reference as an interpretive rule. This document is available from the Secretary of State's Office or the West Virginia Bureau of Senior Services.



**West Virginia Bureau of Senior Services  
State Plan on Aging  
October 2012 – September 2014**

**WEST VIRGINIA BUREAU OF SENIOR SERVICES**  
**Older Americans Act State Plan for Aging Programs**  
**FY12-14**

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Will insert page numbers  
when Plan is final

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- VII. Collaborations & Partnerships
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Attachments:

- A. State Plan Assurances, Required Activities and information Requirements - Older Americans Act, as amended in 2006
- B. Bureau Organizational Chart
- C. Budgets & Funding
- D. Map – Area Agency Designation
- E. Map – Aging & Disability Resource Centers/Network
- F. Provisions and Information Requirements
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## FY12–FY14 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, 2012 through September 30, 2014. 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 Community Living (ACL) for approval, the Bureau and its provider agencies agree to comply with all requirements identified in the Older Americans Act.

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Date

Robert E. Roswall, Commissioner  
West Virginia Bureau of Senior Services

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.

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Date

Earl Ray Tomblin, Governor  
State of West Virginia



# NARRATIVE

## SECTION I: Executive Summary

(Commissioner Roswall)

## SECTION II: Geographical & Demographic Characteristics

West Virginia, the Mountain State, has 24,038 square miles with a mean altitude of 1500 feet—the highest average altitude east of the Mississippi River. West Virginia’s population is approximately 1.85 million, with 64 percent of its citizens living in rural areas and 36 percent in urban areas; the state’s population density is about 80 people per square mile. West Virginia is made up of about 210 small cities, towns and villages. The state has 55 counties and three congressional districts. The state’s capital is Charleston and its metropolitan area population is approximately 250,000. 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. West Virginia is the 38<sup>st</sup> largest state in the U.S.

West Virginia, often referred to as a Mid-Atlantic state, is nestled in the Appalachian highlands in the east central section of the United States. In fact, it is ideally situated to access much of the United States since 60 percent of the population lives within 500 miles. It is crossed by interstates 64, 68, 70, 77, 79 and 81, two major railroads in the east and miles of navigable inland waterways. The state is a composite of high, wooded mountains, deep valleys and broad plateaus. There are three topographic regions: the Appalachian Ridge and Valley Region –folded, parallel ridges of the Allegheny Mountains in the eastern third along its eastern order; the maze of hills and hollows in the western two-thirds, the Appalachian Plateau; and the Blue Ridge, a mountain range of spectacular grandeur in the easternmost portion of the state. The highest elevation is Spruce Knob at 4,863 feet above sea level and the lowest elevation is 240 feet above sea level at Harper’s Ferry along the Potomac River in Jefferson County. West Virginia is the only state which entirely lies within the area served by the Appalachian Regional Commission, which is a common definition of Appalachia.

The ancestry of the State’s population is primarily a combination of English (35.2%), German (17.2%), Irish (8%), Scots-Irish (5%) and Italian (4.8%). Only 1.3% of the state’s residents were foreign-born, placing West Virginia last among the 50 states in that statistic. It also has the lowest percentage of residents that speak a language other than English in the home (2.3%). 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 highest percentage of home ownership in the nation at an estimated 73 percent. Additionally, almost 85 percent of residents sixty-five years and older own their own homes.

West Virginia has a median age of 41.3 years, and studies show that between 2000 and 2030, the number of young people will drop while that of older people increases significantly. More specifically, people under 25 years old will lose 7.7 percent, and those between 25 and 44 years old lose 10.6 percent. At the same time the number of people 65 years of age or older will jump by 57.9 percent. These changes shift the age distribution of the state population. The share of people 65 years of age or older will jump from 15.3 percent in 2000 to 23.3 percent in 2030. The number of individuals 85 years of age

and older is projected to increase from 31,779 in 2000 to 47,843 in 2030. West Virginia is projected to be one of the grayest entities states in both the nation and world.

## Economic Status

In 2009, the median household income in West Virginia was \$37,423 compared to \$50,221, the national 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 2009, the median value of these homes was \$91,400 compared to the U.S. average of \$185,400.

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 and Mylan Pharmaceuticals. Tourism is another significant growth industry with travel spending in the state of approximately \$4.27 billion dollars in calendar year 2010.

## Health & Long-Term Care Status (~~Have contacted OHFLAC to update statistics in this section~~)

In terms of acute care access, there are medically under-served areas in ~~50~~49 of the 55 counties, and all or parts of ~~40~~3 counties are designated health professional shortage areas. The State's ~~63~~4 acute care community and specialty hospitals are spread among ~~36~~42 counties with ~~19~~3 counties having no community hospital. There are, however, 49 rural health clinics in WV serving 28 counties. 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 ~~9,944,102~~222 beds in ~~106~~29 nursing homes, acute care and specialty hospitals provide an additional ~~1,033,901~~1,033,901 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.~~ West Virginians also have access to long-term caregivers through 109 assisted living residence homes with 3,139 beds and an additional 483 beds in 138 legally unlicensed homes. There are 28 of Federally Qualified Rural Health Clinics in West Virginia

~~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 5P, the Bureau of Senior Services is given authority and responsibility as West Virginia's State Unit on Aging.

#### § 16-5P-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.

#### § 16-5P-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.

#### **§ 16-5P-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. Also included in the area plans are Community Focal Point and Congregate Meal locations as well as annual budget information. 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: Current Services & Supports

The West Virginia Bureau of Senior Services, the designated State Unit on Aging (SUA), offers seniors and those with disabilities a vast array of services and supports through coordinated efforts between four regional Area Agencies on Aging offices, ten regional Aging & Disability Resource Centers (ADRCs), 55 County-based senior centers Aging service providers Programs and a multitude of other partner agencies. Following are summaries of the Bureau's current Older Americans Act core programs.

### Title III Core Services

#### Caregiver Support

Family Caregiver Support Services were provided to 2,715 families who care for older individuals. This would include information and referral services, caregiver training, caregiver support services, etc.

#### Nutrition

Congregate meals are served in County Aging service provider Facilities senior centers and their satellite sites to seniors who are able to leave their homes. These meals meet federally mandated nutrition requirements, and the centers offer an opportunity for seniors to socialize. Home-delivered meals, which also meet nutrition requirements, are delivered directly to homebound seniors. The congregate and home-delivered meal programs are also used as avenues to gauge whether individuals are in need of additional services. This year, West Virginia's aging network served approximately 2.3 million congregate and home-delivered meals to 38,342 seniors.

#### ~~Hot/Cold Meal Delivery Trucks~~

By the end of FY2010, there were hot/cold meal delivery vehicles on the roads in every county serving seniors 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. The majority of funding used to purchase these trucks came from proceeds generated by the WV Lottery with a smaller portion of funds coming from each senior center.

#### Supportive Services

Local Aging service providers Programs (county senior centers) in each county of the state offer a variety of supportive services, including transportation for seniors to senior centers, grocery stores, doctors, and pharmacies. Other services may include health screenings, exercise programs, and information and referral. For seniors who are homebound, the providers offer home-delivered meals, chore and housekeeping services, assistance with shopping, adult daycare and telephoning/visiting assurance programs.

#### Legal Assistance

Legal services are available to West Virginians age 60 and over through a contract between the Northwestern AAA and West Virginia Senior Legal Aid, Inc. (WVSLA). WVSLA targets homebound, disabled, rural, minority, LGBT, and low-income seniors statewide. This year, WVSLA served a total of 829 seniors across all 55 counties, providing 2,367.5 hours of legal assistance, including 214 hours of pro bono case services from private attorneys in 41 cases across 19 counties. WVSLA's client access points include a toll-free number (800-229-5068); their website, [www.seniorlegalaid.org](http://www.seniorlegalaid.org); and outreach

visits to individual county senior centers. WVSLA delivered substantive Elderlaw and issue-spotting trainings and case consultation to legal, aging and disability advocacy organizations and networks throughout the state, such as the Aging & Disability Resource Centers and State Health Insurance Assistance Programs. This year, WVSLA published the 13th edition of its manual, *Legal Questions Frequently Asked by West Virginia Seniors*, both in hardcopy and on its website. WVSLA continued to publish occasional news posts on its Aging and Law in West Virginia blog at [www.seniorlegalaaid.blogspot.com](http://www.seniorlegalaaid.blogspot.com), and published four issues of the quarterly West Virginia Aging and Law News in collaboration with the West Virginia Regional Long-Term Care Ombudsman program. WVSLA provided legal information to more than 660 workshop participants this year on topics including mental capacity and legal decision-making, special legal issues of LGBT seniors, dealing with debt, preserving autonomy through proactive legal planning, myths and realities of paying for long-term care, grandparent rights in West Virginia, and avoiding financial exploitation.

### **Long-Term Care Ombudsman Program**

The Long-Term Care Ombudsman Program advocates for residents of long-term care facilities—nursing homes, assisted living residences, legally unlicensed homes, and similar care homes. The mission of the ombudsman program is to enhance the quality of life, improve the level of care, protect the individual rights, and promote the dignity of each long-term care resident. This often involves educating residents, their families and/or legal representatives, and providers about residents' rights. The Ombudsman Program operates statewide in nine separate regions, each containing a paid regional ombudsman and, in some instances, one or more volunteers. Program staff also includes the state ombudsman, the regional program director/volunteer coordinator, and an attorney. The WV Long-Term Care Ombudsman Program conducted 907 monitoring visits in 237 long-term care facilities. Ombudsmen investigated 1,006 complaints made by or on behalf of long-term care residents. More than two-thirds of verified complaints were resolved to the satisfaction of the resident and/or complainant. The ombudsmen also worked with resident councils 239 times; participated in 27 community education sessions; conducted 70 trainings for facility staff and topics including resident rights and dealing with abuse and abuse reporting; and provided more than 1,678 telephone consultations to individuals in the community and facility staff.

## **Title V**

### **Senior Community Service Employment Program (SCSEP)**

The SCSEP is a training program that provides older West Virginians with the needed skills to obtain employment. Targeting those age 55 and older who live at or below 125% of poverty, the SCSEP places seniors at nonprofit organizations for up to 48 months, where they acquire on-the-job skills that will enable them to find gainful employment. The Bureau administers the SCSEP via a contract with the U.S. Department of Labor. In turn, the Bureau contracts with Preston County Senior Citizens in Kingwood, WV, which works directly with seniors in thirteen counties across the state. Remaining counties participate in the SCSEP through either the National Council on Aging or Experience Works. During the past year, Preston County Senior Citizens provided support to 193 people, with 31 achieving unsubsidized employment. During enrollees' on-the-job training, they provided 74,459 hours to general community service groups, with an additional 44,591 hours to senior specific groups. The Bureau will submit its annual grant application to the Department of Labor for the FY 2013 contract year by May 21, 2012. National Title V Contractors are also out to bid for Fiscal Year ????

## Non-Title III Services and Supports – State Funded

West Virginia is extremely fortunate in that State Legislators, recognizing the growing unmet need of some seniors in the state, enacted legislation earmarking funds from the West Virginia Lottery for senior programs. As a result, the following state-funded programs that have become core services for the WV Aging Network. A recap of performance numbers from the previous year for these programs is included as well.

### **West Virginia Aging and Disability Resource Centers Network**

In 2003, West Virginia established two Aging & Disability Resource Centers Network (ADRN)s targeting seniors over the age of 60 and adults with physical disabilities, utilizing funds received through an Administration on Aging (AoA) grant. With funding from a 2006 supplemental grant and additional monies received through the West Virginia Legislature, West Virginia's ADRNs have grown to ten offices covering all fifty-five counties in the state. Following the vision of AoA, Aging and Disability Resource Centers are single points of contact where people can turn to access unbiased, reliable information regarding long-term care services and support options available and West Virginia has been a national leader in establishing ADRN offices across the entire state. Consumers receive a comprehensive needs assessment that helps determine which services best suit their individual long-term care needs. ADRNs also assist consumers in applying for long-term care services and benefits and are involved in various evidence based disease prevention programs, care transitions and Money Follows the Person initiatives. In FY11, ADRNs assisted 16,598 individuals with their long-term care needs. ADRNs are state funded through the WV Bureau of Senior Services and are operated by the four Area Agencies on Aging. The ADRNs have a statewide toll-free number and a website that contains a comprehensive resource directory for every county in the state ([www.wvnavigate.org](http://www.wvnavigate.org)). See Exhibit XX for a map of ADRNs.

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

FAIR is a state-funded (WV Lottery) program created by the Bureau in 2006 and is available in all 55 counties. FAIR provides up to sixteen hours of respite per week for caregivers of individuals with Alzheimer's disease or a related dementia, based on need and availability of hours and staff. Trained workers from each county aging provider give caregivers a much needed break and, at the same time, offer stimulation and socialization to individuals with dementia. Payment for FAIR is on a sliding scale, based on the income of the care recipient. In 2011, FAIR provided 229,171 hours of service to 1,702 caregivers and persons with Alzheimer's disease and related dementias. Onsite monitoring of FAIR is ongoing to ensure that the program is effectively serving as many families as possible statewide and adhering to program guidelines. In April 2012, the required FAIR training, *The Person Comes First: A Practical Approach to Alzheimer's Care*, was updated to reflect the in-home service that FAIR provides. Four regional train-the-trainer sessions were held to ensure that every county in the state had a qualified instructor to provide this training to their direct care workers. This training will be updated as needed going forward.

### **Lighthouse**

The Lighthouse Program is a personal care service created by the Bureau in 2007, with funding from WV Lottery dollars, and is designed to assist seniors who have functional needs (must have needs in at least two Activities of Daily Living) in their homes and do not qualify for any Medicaid in-home care programs. RNs make home visits to assess need and develop a plan of care accordingly. Services are provided by a trained caregiver who is supervised by the registered nurse and employed by the county aging service provider. -This unique program is funded by the state of West Virginia, and clients pay for

services based upon their monthly income, with a minimum fee of \$1.00 per hour. A client can receive up to 60 hours of service each month, including personal care, nutrition, help with mobility, and environmental tasks. To participate in the program, an individual must be at least 60 years old and meet the functional eligibility criteria established by the Bureau, as determined by the aging service provider's registered nurse. In this fourth year of the Lighthouse Program, nearly 2,600 seniors received over 565,000 hours of service.

### **Legislative Initiative for the Elderly (LIFE) Programs**

LIFE is funded by the State Legislature through lottery funds. These funds can be used for County Aging provider Program facility renovations, AAA administration costs and the balance is distributed to the county aging service providers to supplement services. Services delivered with these funds are modeled after those provided by the Older Americans Act, with each County Aging service provider Program receiving funds to be used to expand and enhance those services. This year, 4,090 individuals received 132,508 trips and 18,277 individuals received 266,190 hours of services, all funded from Lottery and/or LIFE monies.

### **Medicaid Programs**

#### **Medicaid Aged & Disabled Waiver (ADW) Program**

The Bureau of Senior Services conducts the day-to-day operational administration and monitoring of the Medicaid ADW Program, which is available in all 55 counties and provides in-home health care for eligible members. The program served 8,029 members in FY 2011. To be eligible for the ADW program, applicants must submit a Medical Necessity Evaluation Request form signed by a MD or D.O. A comprehensive medical assessment will then be conducted and the individual must have nursing home level of care needs, which requires five deficits in Activities of Daily Living (dressing, grooming, bathing, etc.). Individuals must also be eighteen years of age or older and residents of West Virginia. If medically and financially approved, their services cannot exceed the average cost of nursing home care. ADW members can choose to receive their services – case management or personal assistance/homemaker services (which includes transportation and RN assessments) – from an agency, or they can choose Personal Options (see below). Bureau staff provide full-time program monitoring to assure quality services and to meet state and federal regulations as well as provider training and technical support.

~~The Bureau of Senior Services conducts the day-to-day operational administration and monitoring of the Medicaid ADW Program, which is available in all 55 counties and provides in-home health care for eligible members. The program served 8,029 members in FY 2011. To be eligible for the ADW, individuals must be eighteen years of age or older and residents of West Virginia, they must require the same level of care provided in a nursing facility as determined by a comprehensive medical assessment, and their services cannot exceed the average cost of nursing home care. ADW members can choose to receive their services—case management or personal assistance/homemaker services (which includes transportation and RN assessments)—from an agency, or they can choose Personal Options (see below). Registered nurses at the Bureau provide full-time programmatic monitoring to assure quality services and to meet federal and state regulations.~~

#### **Medicaid Personal Care**

The Medicaid Personal Care Program provides services in the home or in the workplace to members who are certified as requiring these services by a physician. Individuals must have three deficits in Activities of Daily Living (dressing, grooming, bathing, etc.) to be medically eligible for the program.

In FY 2011, 7,649 Personal Care members were provided in-home, hands-on, medically necessary activities, such as dressing, personal hygiene, feeding, assistance with self-administration of medications, and meal preparation. Other services include ~~environmental support and assistance outside the home to help obtain/retain competitive employment of at least 40 hours per month. Registered nurses at the Bureau provide full-time programmatic monitoring to assure quality services and to meet federal and state regulations.~~ Bureau staff provide full-time program monitoring to assure quality services and to meet state and federal regulations as well as provider training and technical support.

### Traumatic Brain Injury (TBI)

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### **Medicaid Personal Options**

Through a grant from the Robert Wood Johnson Foundation that began in 2004, the Bureau, in cooperation with the West Virginia Bureau for Medical Services, developed and administers a consumer-directed “Cash & Counseling” component in the Medicaid Aged and Disabled Waiver Program, offering participants an additional service model to choose from (i.e., participants can choose to be served by a traditional service provider agency, or they can elect to hire their workers directly). Enrollment for the program, entitled Personal Options, began in May 2007. To date, 831 ADW members chose to self-direct their services through this program option. Bureau staff enroll members into Personal Options and provide full-time program monitoring to assure quality services and to meet state and federal regulations as well as provider training and technical support.

## **Other Programs**

### **West Virginia State Health Insurance Program (SHIP)**

West Virginia SHIP is administered by the Bureau through a grant from the Centers for Medicare & Medicaid Services and serves West Virginians receiving Medicare. The program provides free assistance by trained counselors to beneficiaries by providing one-on-one in-person and/or telephone counseling. SHIP staff also provide educational group presentations and uses media resources for outreach. Information is provided to beneficiaries, their families, and caregivers on a variety of Medicare topics, including assistance with prescription medications, preventative services, Medigap policies, Long-term Care insurance plans, and Medicare Savings Programs. The SHIP statewide toll-free number (877-987-4463) is answered by trained counselors located within the Aging and Disability Resource Centers throughout the state. Additionally, counselors are located in all but two most County Aging service provider Program locations and at including the Bureau of Senior Services, however, coverage is statewide. SHIP counselors also provide assistance in applying for programs to help with

Medicare premiums and co-pays. In the past year, SHIP has served 23,346 Medicare beneficiaries and has provided over 1,945 public media events statewide.

#### **West Virginia Transition Initiative**

~~The West Virginia Transition Initiative, which coordinates services to enable nursing home residents to return to their communities to live, served 151 individuals last year.~~

## **Other Services**

#### **Robert W. Jackson Senior Conference**

The annual Robert W. Jackson Senior Conference was held May 25–27, 2011, at Cedar Lakes Conference Center in Ripley. More than 200 seniors from 32 counties participated in a variety of workshops and health and recreational activities that reflected the theme, “Older Americans: Connecting the Community.”

This years’ conference was held May 23-25, 2012 and reflected this years’ theme, “Never Too Old to Play”.

#### **West Virginia Silver Haired Legislature**

The 30<sup>th</sup> session of the West Virginia Silver Haired Legislature convened on October 25, 2011, at the Charleston Conference Center Hotel. Following one and one-half days of listening to expert testimony and writing position papers, the session concluded at the House Chamber on October 27. Fourteen Position Papers were adopted and are available on the Bureau’s website.

The 2012 Silver Haired Legislature election was held on June 12, 2012 for the 2013-2014 session.

#### **West Virginia Summer Institute on Aging**

The West Virginia University Center on Aging, with funding and support from the Bureau of Senior Services, hosts the Summer Institute on Aging which is the only annual conference offered in West Virginia that focuses solely on serving seniors. The conference focuses on serving the aging population by providing education in the field of aging to social workers, nurses and counselors. The 34<sup>th</sup> annual Summer Institute on Aging will be held June 5 – 7 in Morgantown, WV and the theme is “Redefining and Celebrating Aging: Today, Tomorrow and Beyond”.

#### **Aging Well Conference**

The Social Work Program at Shepherd University, with sponsorship from the West Virginia Bureau of Senior Services, has presented an annual Aging Well Conference in Shepherdstown since 2009. The workshop is open to family caregivers and the public, as well as health professionals in the aging network. The 2012 keynote speaker is Commissioner Robert E. Roswall of the Bureau of Senior Services.

#### **Training**

Bureau employees are constantly providing training and conducting various workshops to assist those individuals within the WV Aging Network to stay informed on the most up to date information and procedures available. Aside from the required individual program training, other workshops provided have included:

*Nothing Ever Prepared Me to Be a Caregiver* looks at major issues that family caregivers may face and resources to help them deal with each issue.

*What Does Your Billboard Say?* explains many of the ways we communicate without words and stresses the importance of non-verbal communication, especially when caring for someone whose verbal communications skills have deteriorated.

*Practical Tips for Healthy Aging* takes a look at what happens to our brains as we age and healthy changes we can make to keep both our brains and our bodies functioning as well as possible for as long as possible.

*Relationships and Seniors* is a discussion of sexuality and relationships for seniors themselves, giving them an opportunity to talk about the issues most important to them.

*Sexuality after Sixty*, a workshop for health professionals, makes the point that we are all sexual beings and presents sexuality and relationship issues that may confront seniors.

*Hope in the World of Alzheimer's* is a discussion of the disease, some of the latest research, policy decisions that may have an impact, and things we can all do now that may prevent or at least delay onset of Alzheimer's disease.

## **Discretionary Grants**

### **VITALS—Hospital Readmission Demonstration Grant**

The West Virginia Bureau of Senior Services is currently in the final year of a three-year demonstration grant aimed at reducing unnecessary hospital readmissions for people with certain chronic medical conditions (chronic obstructive pulmonary disease, congestive heart failure and diabetes). The project is called VITALS (Vital Aspects of Life Services). Building upon the Coleman model, the Bureau developed a guided care model for follow-up after discharge that has been implemented in two pilot hospitals. This guided care model focuses on increasing patient involvement in discharge planning, chronic disease and medication self management, and access to proper nutrition, specialized follow-up care and in-home care services. Two Aging and Disability Resource Centers are partnering with the County Aging Providers Programs in Berkeley and Raleigh counties to develop a person-centered service coordination plan for VITALS participants for care after discharge that includes home-delivered meals, transportation to specialized follow-up care appointments and in-home care services. The first VITALS participant was admitted in March 2010, and the program has since had 110 participants. Based on preliminary results, project participants seem to have a slightly lower hospital readmission rate than non-participants with the same chronic health conditions.

### **“Help Yourself” Chronic Disease Self Management Program (CDSMP)**

Since 2007, “Help Yourself” has been disseminated in West Virginia under a Stanford CDSMP license held by Marshall University’s Center for Rural Health. The program has support from the WV Bureau for Public Health Diabetes Program with funding from the Center for Disease Control. In 2010, West Virginia received American Recovery and Reinvestment Act (ARRA) funds to engage new partners to

spread the CDSMP across the state. A state level steering committee that includes the WV Bureau for Public Health, WV Bureau of Senior Services and the WV Office of Medicaid is exploring the development of a sustainable infrastructure and encouraging partnerships with any organization interested in empowering older people with chronic diseases to maintain and improve their health status. Regional community-based networks, which included Area Agencies on Aging and some ADRN employees, were established with Program Leaders and Master Trainers, to provide the foundation for local partnership development with the purpose of delivering the CDSMP to older adults with the ultimate goal of creating and sustaining a state-wide infrastructure that supports community organizations, including county aging service providers Programs as they embed these programs to support older adults and help them maintain their health and independence in the community. Within this Program we intend to continue to provide County Aging Programs training on Evidence Based Programs.

#### **Title IV Model Approaches Grant**

In addition to maintaining a statewide toll-free hotline, West Virginia Senior Legal Aid (WVSLA) is in the second year of its Title IV Model Approaches grant from the Administration on Aging to create an improved, efficient, and effective civil legal services system for older West Virginians. WVSLA has partnered with the WV Access to Justice Commission, a commission created by the WV Supreme Court, the Bureau and other agencies to develop a workshop and materials on Elderlaw Myths and has delivered variations of the presentation to hundreds of seniors at large events such as the Bureau's annual senior conference and AARP's Women and Money Conferences held throughout the state. Smaller local events at senior centers and senior housing facilities have been utilized for the workshops as well. In addition, workshops on financial exploitation and special legal issues of Lesbian, Gay, Bisexual and Transgender (LGBT) seniors have also been given. The project period is July 1, 2010, through June 30, 2013. The total approved budget for the project period July 1, 2011, through June 30, 2012, is \$137,900.

#### **West Virginia Transition Initiative**

The West Virginia Transition Initiative, based on the federal "Money Follows the Person" Medicaid rebalancing grant, has been operational since 2007. Currently, the Program targets people who reside in nursing facilities to "cut through the red tape" of the long term care system. Two pilot programs each employ a full-time Transition Navigator and cover 22 counties. Transition Navigators provide the following support: direct transition support; outreach and education; information and referral; assessment and planning; and advocacy. The purpose of the initiative is to coordinate services, resources, and providers, thereby enabling nursing home residents to return to their communities to live. Working in partnership with the Olmstead Office, working in partnership with the Bureau and Transition Navigator agencies, the Initiative served 151 individuals this past year.

#### **Other Resources and Partnerships**

The West Virginia Bureau of Senior Services continues its long-established practice of partnerships and collaboration with a wide array of community organizations, institutions of higher education, the medical community, advocates and state and local agencies to expand and enhance services to seniors and those with disabilities. Collaboration covers a spectrum of tasks which can include program planning, service coordination and consultation and technical assistance. The Bureau relies on its partners and fellow coordinators throughout the WV Aging Network, including the West Virginia Directors of Senior and Community Services and the West Virginia Bureau of Senior Services Aging

Programs Advisory Group to continuously provide feedback and support it in making changes that benefit West Virginia's older citizens and adults with disabilities.

### **Consumer Guide**

The West Virginia Bureau of Senior Services, in partnership with the West Virginia Health Care Association and AARP, published the *2011-2012 Consumer Guide, Helping Families Make Informed Choices about Care*. The purpose of the guide is to familiarize seniors and those who provide services to seniors with many of the programs and services available to them. The *Consumer Guide* covers the continuum of care—from assistance with transportation and meals to in-home care to making the transition to assisted living or nursing facility care. It has been distributed to agencies, organizations, facilities, and individuals statewide and is free upon request from the Bureau, the West Virginia Health Care Association or AARP West Virginia. The Consumer Guide is also available on the Bureau's website located at [www.wvseniorservices.gov](http://www.wvseniorservices.gov) as well as the WV Health Care Associations web site at [www.wvseniorcare.com](http://www.wvseniorcare.com).

### **Advance Care Planning Assistance**

~~To make informed decisions about end-of-life care, individuals and families need to have access to and understand information relevant to those decisions. Patients should be encouraged to reflect on their own personal goals, values, and beliefs as they make care decisions, and they should discuss those decisions with family members.~~ The Bureau continues to make the following information available free of charge to all who request it to assist with advance care planning and end-of-life decision making and care:

- ***Advance Directives for Health Care Decision-Making in West Virginia,***

answers questions about end-of-life decisions and contains the advance directives recognized by West Virginia law to implement those decisions—Medical Power of Attorney, Living Will, and the Combined Medical Power of Attorney/Living Will. This publication is also downloadable on the West Virginia Center for End-of-Life Care website, [www.wvendlife.org](http://www.wvendlife.org) as well as the Bureau's website, [www.wvseniorservices.gov](http://www.wvseniorservices.gov).

- ***Five Wishes,*** a product of Aging with Dignity, is a living will that allows individuals to determine how they would wish to be treated if they were seriously ill, including choices related to spiritual, personal, and emotional needs, as well as medical wishes. It is valid under the law in 42 states, including West Virginia.

- ***End-of-Life: Helping with Comfort and Care,*** from the National Institute on Aging, covers issues and decisions that a caregiver might face when a loved one is near the end of life. This booklet does not replace specific advice from the doctor, but it can help make sense of what is happening, give the family a framework for making care decisions, and help to ensure that end-of-life treatment and care are consistent with a loved one's wishes. Additionally, the Bureau has an advance care planning facilitator who can assist patients and families in understanding difficult and challenging end-of-life decisions.

### **Program Pamphlets/Information**

The Bureau also publishes brochures and pamphlets for each of the programs offered throughout the WV Aging Network. These brochures are available at the Bureau offices, County Aging service provider Program facilities, on the Bureau's web site and are used as handouts at presentations and meetings throughout the state.

## **Consumer Guide**

The West Virginia Bureau of Senior Services, in partnership with the West Virginia Health Care Association and AARP, published the *2011-2012 Consumer Guide, Helping Families Make Informed Choices about Care*. The purpose of the guide is to familiarize seniors and those who provide services to seniors with many of the programs and services available to them. The *Consumer Guide* covers the continuum of care—from assistance with transportation and meals to in-home care to making the transition to assisted living or nursing facility care. It has been distributed to agencies, organizations, facilities, and individuals statewide and is free upon request from the Bureau, the West Virginia Health Care Association or AARP West Virginia.

## **Charleston Area Medical Center Nutritionist**

The West Virginia Bureau of Senior Services contracts with Susan Poindexter, MS, RD, LD, CDE, Nutrition/Diabetes Educator, to conduct nutrition/health education and menu evaluations at County Aging service providers senior centers Programs statewide. Ms. Poindexter travels the state to consult with the service providers county senior centers' nutrition staff on compliance with state and federal nutrition guidelines. In addition, Ms. Poindexter gives presentations to seniors on healthy eating strategies. Topics include but are not limited to, ways to lower the sodium in their diets, diabetes prevention, lowering blood pressure, stroke prevention, the importance of protein in their diets and countless other topics related to health promotion and disease prevention. This partnership is a very important aspect of nutrition and health education because it is one-on-one interaction with the people we serve and the information she provides is vital to living a healthier life.

## **Alzheimer's Outreach and Registry Program**

The Alzheimer's Outreach and Registry Program (AORP) is a partnership of the Blanchette Rockefeller Neurosciences Institute; West Virginia Medical Foundation; Alzheimer's Association, West Virginia Chapter; and the West Virginia Bureau of Senior Services. The goals of the partnership are to improve diagnosis and treatment for West Virginians with Alzheimer's disease and to increase support for individuals with Alzheimer's and their caregivers. One component of the project is a two-hour continuing medical education activity, *Alzheimer's Disease Basics for West Virginia Physicians*, which was developed by the partners and has been presented to physician groups and other health care providers throughout the state. In addition to the continuing medical education programs, AORP will create and maintain the first ever West Virginia Alzheimer's Disease Registry to collect information on Alzheimer's diagnoses from hospitals, physicians and other caregivers, and create reports—without identifying data—that will allow policymakers and researchers to develop more effective means of dealing with the growing number of Alzheimer's cases in the state. How Access?

## **Make a Plan for Alzheimer's Project (MAP)**

West Virginia recently completed its statewide "Make a Plan for Alzheimer's Project (MAP)". This project was designed to create a State Plan for West Virginia not only to review current system policies and procedures, but to also offer recommendations for improvements to those systems as well. The Plan encompasses all facets of caring for those with Alzheimer's or related dementia and was broken down into three main components; 1. **Care Systems** (the organizations of people, resources and institutions that provide the services to deliver care to people with Alzheimer's disease or a related dementia – acute care, in-home services and residential care), 2. **Research and Quality Improvements** (research about Alzheimer's disease, its causes, onset and possible cures. Also research on quality of care for delivery

of services and methods to enhance the quality of life for this population), and 3. **Education and Training** (evaluating the education and training needs of a wide range of medical professionals, first responders, family members and other lay people to ensure that all those dealing with this population are as well trained and educated as possible). With the Alzheimer's Association, WV Chapter taking the lead, the Plan was completed through the cooperative efforts of more than 30 agencies and organizations, including the WV Bureau of Senior Services. The Plan was finalized just after the end of FY 2011 and was passed by the WV Legislature. The Legislature also included \$50,000 in funding for a 24-hour Help Line to be maintained by the Alzheimer's Association, WV Chapter that will offer information and assistance to individuals who are affected by this disease.-

### **Wellness Programs**

The Bureau partnered with the West Virginia Bureau for Public Health to implement the American Recovery & Reinvestment Act grant, "Communities Putting Prevention to Work." A staff member conducted workshops to provide the evidence-based program "Chronic Disease Self Management" as developed by Stanford University. The evidence-based physical activity program "Enhanced Fitness" was delivered with success at the Dunbar, WV Nutrition Site. Bureau staff is continuing to develop wellness programs for implementation into the county aging service provider programs across the state.

### **Relatives as Parents Program (RAPP)**

The Relatives as Parents Program (RAPP) operates through Mission WV, a 501 (c)(3) organization that is involved in many facets of family support programs. RAPP has developed networks, support groups and resources (legal, educational, social) for relatives (mostly grandparents) who are raising children for family members. The Bureau funds the bulk of this program through annual grants. Previous special projects funded through this program was the development of a Legal Guide and Resource Guide for kinship care providers in West Virginia. Mission WV also staffs a toll-free Warm Line that offers resource information and a listening ear by a licensed professional social worker.

### **West Virginia Senior Farmer's Market Program**

Working in conjunction with the West Virginia Department of Agriculture, the Bureau coordinated the distribution of Farmer's Market coupons to seniors aged 60 and older. A total of 23,429 voucher booklets were distributed to seniors throughout the state beginning July 1, 2011. The coupons could be exchanged for garden seeds, fruits, vegetables, and other fresh market items.

### **AARP Foundation**

The Bureau of Senior Services continues to fund a toll-free Help Line through the AARP Foundation in West Virginia. The Help Line connects people to local services, including credit counseling, housing agencies and food banks.

## **SECTION V: Goals and Objectives and Performance Measures**

**GOAL 1** **Coordinate with Area Agencies on Aging, ADRNEs, eCounty aAging sService- pProviders Programs, (hereinafter referred to collectively as the "WV Aging Network") and with other health care and social service agencies to provide older individuals and those with disabilities, easy access to West Virginia's integrated array of services and social supports.**

**Objective 1.1** Increase and strengthen the Bureau's capacity to provide information to older individuals and those with disabilities that can help them access health and social supports while also educating the public about the importance of improving access to these health care and social supports.

**Strategies to Accomplish Objective:**

- | ♦ Develop public education information campaigns to include dissemination of information throughout the WV Aging Network, at fairs and festivals, seminars and conferences, medical offices, retail establishments, restaurants and other common senior gathering places. Also through the use of Public Service Announcements broadcast via local and state-wide news media.
- | ♦ Educate Inform the public (using the resources mentioned above) about the challenges older people face in trying to access services and create strategies that can be used to address these challenges.
- | ♦ Educate Inform state policymakers and top management staff of other State agencies about the challenges older people face in trying to access services and strategies that can be used to address these challenges.
- ♦ Disseminate information to seniors, those with disabilities and their families, with emphasis on those who are low-income, rural, and limited English speaking (when applicable), to assist them in accessing health and social supports.
- ♦ Increase the use of social media (Facebook/Twitter) to disseminate information regarding the services and supports offered by the WV Aging Network.

**Objective 1.2** Support and facilitate the WV Aging Network's role in developing improved systems of care that provide older people and those with disabilities 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.
- ♦ 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.
- ♦ Continuously seek out and apply for grant funding that supports the objectives of expanding and improving the WV Aging Network's creation of more efficient systems of care.
- ♦ Develop a strategic plan for expanding/improving the current array of service offerings of the WV Aging Network to fill the unmet needs of seniors, those with disabilities and their families in their communities.
- ♦ Use the Older Americans Act area plan requirements to encourage the WV Aging Network to advance health promotion/disease prevention activities through the Core OAA Title III-D Program.
- | ♦ Continuously research and identify proven service models and techniques that will improve older people's access to an integrated array of health and social supports and communicate these findings throughout the WV Aging Network.
- ♦ Identify and 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.

- ◆ Explore the establishment and utilization of Participant Cost Sharing, where appropriate and as the OAA permits, to further enhance the WV Aging Network's ability to increase access to their integrated array of health and social services.

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

**Strategies to Accomplish Objective:**

- ◆ Disseminate information to the aging network on evidence-based health initiatives as provided by Administration on Aging, Centers for Disease Control and other agencies and organizations.
- ◆ Educate/Inform the WV Aging Network and all potential partners, on current programs provided by national, state and local health initiatives.
- ◆ Share 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 to help identify the health needs of West Virginia's aging population.
- ◆ Collaborate with other State agencies (i.e. DHHR, Public Health, and Workforce WV) in an effort to better integrate the programs and services of the WV Aging Network into the health care arena.
- ◆ 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** Continue to research systems that promote coordination of transportation services for West Virginia's elderly and disabled population, to increase access to services and social supports.

**Strategies to Accomplish Objective:**

- ◆ Continue to utilize information gathered from the WV Aging Network to identify the transportation needs of seniors and those with disabilities across the state.
- ◆ Explore potential cost saving and coordination models to increase aging and disabled individuals' access to transportation services. ~~This could include implementing regional or multi-county transportation services.~~
- ◆ Educate/Inform 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 pilot projects 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.

**Objective 1.5** Strengthen the capacity to provide information and access to services to older adults and those with a disability by utilizing the ~~"one-stop-shop"~~ Aging and

Disability Resource Centers Network (ADRNCs) and County-based Aging Programs (CAPs).

**Strategies to Accomplish Goal:**

- ◆ ~~Educate~~Inform the public about the information and referral options offered at the states' ADRNC offices that will assist individuals in making long-term care support decisions.
- ◆ Assist individuals with various program eligibility applications to expedite access to services.
- ◆ Advocate for continued state funding of ADRNCs to provide older and disabled adults access to information and referral services ~~on a~~ and to refine and develop a statewide basis in a single point of entry format., No Wrong Door System.
- ◆ Encourage and assist ADRNC and ADRCs Aging Service providers Programs (CAPs) in applying for AoA discretionary grants and other financing opportunities to increase access to services.
- ◆ County Aging Sservice Programs providers and ADRNCs will strengthen their partnership with the WV Department of Health & Human Resources by becoming a Community Partner. This partnership will allow ADRNC and County Aging Program service-provider 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.
- ◆ ~~Assist ADRCs in e~~Establishing partnerships with State agencies, local social services organizations, C-county Aging Programs service providers senior centers and health care organizations to improve information sharing and to streamline referral and application processes to better serve individuals.

**Objective 1.6** Strengthen access to services for older individuals and those with disabilities by expanding self-directed service delivery options.

**Strategies to Accomplish Objective:**

- ◆ Continue to expand 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.
- ◆ Research and implement other self-directed models of service provision, including Older Americans Act service programs.
- ◆ Explore implementation of the Veterans Directed Home and Community Based Services (VD-HCBS) Programs to increase access to services to veterans.
- ◆ ~~FBI~~
- ◆ ~~IDD Waiver~~

**Objective 1.7** Strengthen the ability of the WV Aging Network 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 placed 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~~Inform 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.
- ◆ Ensure that seniors and those with disabilities are made aware of the new prevention benefits under Medicare.
- ◆ 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 ten (10) Medicare call centers within ADRC's located in Wheeling, Princeton, Fairmont, Petersburg, Elkins, Parkersburg, Martinsburg, Lewisburg, Milton and Dunbar.~~
- ◆ Provider leadership to County Aging Programs and ADRNs operating SHIP.

**Objective 1.8** Strengthen the ability of older West Virginians in their efforts to continue learning, ~~strengthen~~improve 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).

**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.

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 Bureau 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.	
1.1, 1.5, 1.7	# of older individuals/consumers that seek services face-to-face or via telephone.	Annually
1.4	# of older individuals in the aging network that utilize transportation services	Annually
1.8	# of older individuals seeking learning opportunities in the aging network.	Annually
1.6	# of older individuals that selected the self-directed service delivery option.	Annually

**Goal 2 Encourage and empower older individuals and those with disabilities to adopt active and healthy lifestyles thereby enabling them to remain in their own homes and communities.**

**Objective 2.1** Educate/Inform Seniors and those with disabilities about the integrated array of services available throughout the WV Aging Network, thereby enabling them to make informed decisions on all options available, including adopting healthy life style choices and disease prevention strategies.

**Strategies to Accomplish Objective:**

- ◆ Educate/Inform the growing number of seniors, the general public and policymakers of the importance of maintaining active lifestyles and healthy behaviors for successful aging.
- ◆ Enhance the Bureau of Senior Services Social Media presence by establishing/increasing the use of the Bureau's a Facebook Page and Twitter account.
- ◆ Continually update the Bureau's website to ensure that it displays the most current information.
- ◆ Disseminate information throughout the WV Aging Network on health promotion and disease prevention programs to seniors and those with disabilities, with emphasis on 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 WV Aging Network to advance health promotion/disease prevention activities through the core OAA Title III D Programs.
- ◆ Continue the publication and distribution of the *Food and Fitness* newsletter written by the Bureau of Senior Service's consulting registered dietitian.
- ◆ Increase the number of individuals trained as leaders in implementing evidence-based disease prevention and health promotion programs. Also develop web-based or remotely broadcast programs which may be more cost effective.
- ◆ Provide consultation to West Virginia's 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.
- ◆ Continue MIPAA and SHIP funded outreach activities aimed at promoting wellness and preventing disease, with emphasis on provisions in the Affordable Care Act.

**Objective 2.2** Support the WV Aging Network's role in developing programs that help seniors and those with disabilities adopt and maintain active lifestyles and practice healthy behaviors so that they can remain in their homes and communities for as long as possible.

**Strategies to Accomplish Objective:**

- ◆ Provide formula grants that support health promotion services and ensure the effective use of these grant funds.
- ◆ Utilize The CMS Innovation Center, recently established by The Affordable Care Act, to explore new ways to pay for and deliver improved systems of care and health while lowering costs.
- ◆ Use the Older Americans Act area plan requirements to help the WV Aging Network document how they utilize funds through the Older Americans Act Core Titles 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 seniors.
- ◆ 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** Encourage partnerships 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, Inc. and encourage the aging network to participate in the program.
- ◆ Partner with the West Virginia Partnership for Elder Living by participating in its Work Groups for In-Home Direct Care Workers; Economic Factors and/or Transitional Care for Elders with Chronic Diseases.
- ◆ Partner with the West Virginia University, Department of Orthopedics, in its 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.
- ◆ Continue the partnership with the Bureau for Public Health in the administration of the American Recovery and Reinvestment grant to sustain 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 West Virginia Aging Network about the triggers of asthma and its prevention.
- ◆ Continue involvement with the West Virginia Office of Healthy Lifestyles (OHL).
- ◆ Participate in the State Health Education Council.
- ◆ Partner with the West Virginia Diabetes Prevention and Control Program through the West Virginia Bureau for Public Health.

- ◆ Work with Area Agencies on Aging, as well as aging service providers to implement proven evidence-based models throughout the WV Aging Network..
- ◆ Encourage the coordinated vaccination of seniors, particularly for influenza and pneumonia, through their local providers by promoting participation in health fairs, medication management and other related venues.

**Objective 2.4** Strengthen the Bureau’s capacity to provide information to seniors and their families about home and community-based services, self-directed assistance models, and caregiver support by utilizing the Aging and Disabilities Resource Centers Network (ADRNC) and County Aging Service Program providers.

**Strategies to Accomplish Objective:**

- ◆ Educate/Inform the public about the information and referral options that ADRCs and county aging service providers offer to assist individuals in making decisions that promote active and healthy lifestyles.
- ◆ Utilize the ADRNC to pilot additional care transition projects 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 work with AoA, the WV Bureau for Public Health and AAAs to cross-train ADRC County Aging Program staff to be leaders in Chronic Disease Self-Management Courses to increase awareness of these programs and the availability of classes.
- ◆ Continue to disseminate information regarding assistance to caregivers through Older Americans Act and West Virginia’s state-funded FAIR and Lighthouse programs and increase the number of families who receive caregiver assistance.
- ◆ Increase the use of social media (Bureau web site, Facebook/Twitter) to disseminate information regarding the services and supports offered by the WV Aging Network.

Objective	Performance Measure	Target Date
2.1; 2.2; 2.3; 2.4	# of agencies and private sector organizations that promote healthy lifestyles and health promotion for older individuals.	Annually
2.1, 2.2, 2.3	# of county aging service providers that have added to/expanded healthcare-related services.	Annually
2.1; 2.4	# of new individuals, including family members who receive information on services available throughout the WV Aging Network .	Annually
2.1, 2.2, 2.3	Evidence-based disease prevention and health promotion programs are implemented in each county throughout the WV Aging Network.	Annually

**GOAL 3** Continue to promote coordination among the WV Aging Network that ensures that the rights of older individuals and those with disabilities are protected against elder abuse, neglect and/or exploitation and to increase the role of volunteers in this area.

**Objective 3.1** Strengthen the WV Aging Networks capacity to promote coordination among all

agencies to ensure that the rights of older individuals and those with disabilities to be protected against abuse, neglect and exploitation are preserved.

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

- ◆ Develop a network at the State and Regional levels, whose focus is the prevention of abuse, neglect, and exploitation. Other agencies may include the West Virginia Attorney General's office, Department of Health and Human Services, West Virginia Health Care Association, legal aid organizations, State Police, local law enforcement and WV Aging Network providers.
- ◆ Develop public education/awareness campaign that disseminates up-to-date information regarding the varied and insidious means by which older individuals and those with disabilities are abused, neglected, or exploited in West Virginia. Campaign information should be developed through coordinated contacts with all agencies to clearly define each agency's perspective regarding what constitutes abuse, neglect or exploitation and the current role of each agency in the prevention process. Information could then be disseminated to the public via Public Service Announcements, local and statewide news media, service provider newsletters, senior-centered health fairs, and social media (Facebook/Twitter).
- ◆ Educate/Inform the top management of State and regional agencies about the roles other agencies play in prevention of abuse, neglect, and exploitation of older individuals and persons with disabilities. The roles of individual agencies will be defined based upon the information gathered in the development of public education information.
- ◆ Identify policies that may require strengthening in order to prevent abuse and fraud and implement improvements to strengthen existing policies.
- ◆ Educate/Inform state, regional and local policymakers of the rights of older individuals and persons with disabilities to be protected against fraud and abuse and provide them background information regarding the needs within the State's older and disabled population.
- ◆ Encourage active participation in meetings of multi-agency organizations involved in the prevention of abuse, neglect and exploitation in order to establish rapport and strengthen inter-agency relations.
- ◆ Support regional conferences or a statewide event directed at providing information to agency representatives from throughout the area and the general public about abuse, neglect, and exploitation and methods of prevention.
- ◆ Identify and disseminate information and technical assistance to the Area Agencies on Aging to support the knowledge base of employees who provide technical assistance to County Providers.

**Objective 3.2      Strengthen the WV Aging Network's capability of identifying, recruiting and keeping volunteers involved in the process of preventing abuse, neglect, and exploitation of the State's older and disabled population.**

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

- ◆ Identify volunteer agencies/organizations statewide that are willing to provide assistance in increasing public awareness of abuse, neglect, or exploitation.
- ◆ Determine through contact with volunteer agencies/organizations other activities the volunteers could provide to protect older individuals and persons with disabilities from abuse, neglect, or exploitation.
- ◆ Disseminate information regarding volunteer organizations with which partnerships can be formed to prevent abuse, neglect or exploitation throughout the WV Aging Network.

**Objective 3.3      Strengthen and increase the educational opportunities of older individuals and persons with disabilities regarding their rights for protection from abuse, neglect, exploitation, and fraud.**

**Strategies to Accomplish Objective:**

- ◆ Continue to ~~edueate~~inform the public about the services the ADRNCs and Ceounty Aaging service providers Programs senior centers offer to assist older individuals and persons with disabilities in understanding their rights to be protected.
- ◆ Continue to ~~edueate~~inform the public about the services of Senior Health Insurance Program (SHIP) Counselors throughout each region, who have been trained to identify fraudulent Medicare and health insurance practices.
- ◆ Continue to strengthen and support partnerships with all agencies working to prevent abuse, such as WV Senior Legal Aid, the Department of Health and Human Resources and the West Virginia Attorney General’s office, which is the State Agency that primarily targets perpetrators of fraud.

**Objective 3.4      Develop a relationship with long-term care facilities and acute care facilities to identify older adults or disabled persons who are returning to their homes and who may need information about abuse, neglect or exploitation.**

**Strategies to Accomplish Objective:**

- ◆ ~~Educate~~Inform social workers and discharge planners about agencies that can provide support for indentified individuals
- ◆ Develop a system for following up on those individuals who have been discharged from long-term and acute care facilities who have suffered abuse, neglect and/or exploitation and provide may need information and referral services regarding the various forms of assistance available to them.~~preventing abuse, neglect and exploitation.~~

Objective	Performance Measure	Target Date
3.1, 3.3,3.4	# of organizations the Bureau partnered with to provide information and assistance to older consumers on elder rights and consumer protection issues.	Annually
3.2	# of volunteers trained and sustained to assist Ombudsman in preventing elder abuse, neglect and exploitation.	Annually
3.3, 3.4	# of programs and educational opportunities offered on the importance of preventing elder abuse, neglect and exploitation and dissemination of information on such.	Annually

**GOAL 4      Maintain effective, responsive management by improving communication, coordination and training throughout the WV Aging network ; Also improve data collection and reporting processes to facilitate the review of fiscal and programmatic performance and facilitate targeting of populations .**

Continue to strengthen and build on the education and skills of those individuals responsible for steering the direction of the provision of services throughout West Virginia's aging network. Improve the exchange of information within the aging network by encouraging communication and coordination between agencies, improving data collection and reporting options related to service provision and improve overall performance measures to better gauge the outcomes of provided services.

**Objective 4.1** Offer ongoing education and training opportunities in senior, disability and finance issues for those individuals currently in leadership positions throughout the WV Aging Network as well as individuals who will be seeking employment in the state's aging network.

**Strategies to Accomplish Objective:**

- ◆ The Bureau will conduct quarterly meetings with Ceounty Aaging Programs service-provider directors, and AAAs, finance officers and program directors offering seminars on topics to include fiscal training, legislative updates, program updates and other timely topics relevant to the aging network.
- ◆ As finances allow, encourage Bureau staff and other relevant aging network staff to attend local, state and national conferences related to the aging network.
- ◆ Offer technical, financial and programmatic support and/or assistance to all aging network service providers on an as-needed basis.
- ◆ Maintain Bureau's website and Sharepoint site Facebook page to ensure both have the most up-to-date information relevant to the aging network.
- ◆ Collaborate/partner with the West Virginia's colleges and universities to establish the WV Aging Network's providers as placement sites for students in their professional programs; thereby giving students better access to training and giving providers better access to trained job candidates.

**Objective 4.2** Encourage and improve communication and coordination between the Bureau, AAAs, ADRNCs, county aging service providers and other public and private entities involved in the provision of services to seniors and those with disabilities throughout West Virginia.

**Strategies to Accomplish Objective:**

- ◆ The Bureau will conduct bi-monthly meetings with Area Agencies on Aging to keep both parties abreast of issues which could affect seniors and those with disabilities throughout the state.
- ◆ Encourage aging service providers to seek out and expand coordination of efforts with other aging network agencies.
- ◆ Require Area Agencies on Aging to conduct financial and programmatic performance reviews of aging network service providers on at least a quarterly basis to enable the AAA's and the Bureau the opportunity to respond to issues that may need to be addressed.

- ◆ Institute the West Virginia Bureau of Senior Services Aging Programs Advisory ~~Committee~~Group (APAEG). The purpose of APAEG will be to facilitate policy recommendations, facilitate and coordinate the most efficient systems of delivering services, encourage coordination and cooperation of services between all agencies, and develop plans and strategies for both current and future programmatic and fiscal activities. Members of the Committee will include representatives from the Bureau, Ceounty Aaging service providers Programs, Council on Aging, client tracking, AAA's, and other related service agencies.
- ◆ Continue to meet at least ~~twice~~three times per year with the West Virginia Council on Aging, the Governor-appointed advisory council to the Commissioner of the Bureau of Senior Services.
- ◆ Maintain Bureau's website and Facebook page and Sharepoint site to ensure that they have the most up-to-date information relevant to the aging network.
- ◆ Require Bureau staff to monitor AAAs and ADRNG offices at least twice per year on financial status, programmatic performance and contract fulfillment. –

**Objective 4.3** Strengthen the ability of the Bureau, through modifications to management methodologies (~~including increased competitive processes~~structure, cost analysis), to provide maximum cost efficiencies and equitable access to quality services in delivery of services to older West Virginians under the Older Americans Act.

**Strategies to Accomplish Objective:**

- ◆ Initiate thorough reviews of program costs, efficiencies and structure over the next two years and make necessary improvements to achieve the most efficient system of service delivery.
- ◆ Review current methods of financing services and explore more cost effective processes to ensure maximum efficiencies.
- ◆ Utilize broad-based input from the AAA's and Ceounty Aaging service providers Programs in the review of management processes and use this information to implement review possible - needed modifications.
- ◆ Review performance standards ~~utilized in the competitive process~~ for provision of services to enhance maximum cost efficiencies, equitable access, and quality and structure.
- ◆ Review the current administrative methodology practices utilized throughout the aging network and make improvements, where necessary.
- ◆ Seek to maximize limited resources through enhanced management and competitive processes.
- ◆ Increase the Bureau's efforts in the Encourage all stakeholders within the WV Aging Network to implement aggressive programs for the recruitment, training and retention of volunteers to supplement provision of services to seniors and those with disabilities - and encourage all stakeholders within the WV Aging Network to adopt similar practices.

**Objective 4.4** Offer ongoing education and training opportunities for those individuals involved in the input, collection and analysis of service data into the statewide client tracking system.

**Strategies to Accomplish Objective:**

- ◆ Increase training ~~capacity of~~provided by the Upshur County Senior Citizens Opportunity Center, Inc. for all employees involved in the entry of service data into the Bureau's client

tracking system.

- ◆ Implement training on analyzing reports generated from the client tracking system, including using demographic data to target low income, minority individuals with low English speaking proficiency.
- ◆ Ensure that client tracking system manuals are posted on Bureau's web site and SharePoint site.
- ◆ Create and implement a train-the-trainer model for select employees within the aging network to expand client tracking training opportunities statewide.
- ◆ Implement a system of Quality Assurance that will improve the accuracy and timeliness of data input as well as decrease the occurrence of missing data in the client tracking database.
- ◆ Assurement that Client Tracking Systems Manuals are up to date and posted on the BoSS Website.
- ◆ Enhance SAMS Program capacity to provide invoicing for services inputted.
- ◆ Work to ensure all County Aging Programs SAM skills are developed to utilize the SAMS invoicing system.

Objective	Performance Measure	Target Date
4.1, 4.2, 4.3	Provide maximum cost efficiencies and equitable access to quality services and <del>increase the number of individuals served to work toward increased services.</del>	Monthly, Quarterly
4.4	All levels of employee who are responsible for entering, maintaining and analyzing data in the statewide client tracking system trained	Monthly
4.4	Increased accuracy and timeliness with decreased omission of data in client tracking database.	Annually

**GOAL 5: Strengthen Emergency Planning and Citizen Preparedness Capabilities.**

**Objective 5.1** The Bureau, AAAs/ADRCs, CAP and ADRN and ~~county Aging Programs~~ service providers will work together to ~~educate/inform~~ older individuals on the necessary precautions to be taken in the event of an emergency/disaster.

**Strategies to Accomplish Objective:**

- ◆ Provide ongoing training and distribution of emergency/disaster information to the aging network.
- ◆ Design an emergency/Disaster Response guide specifically targeting seniors and those with disabilities.
- ◆ Continue to work with AAAs/ADRCs, CAP, ADRN ~~county aging service providers~~ and regional/county Emergency Service Teams to prepare lists of older individuals who may need special assistance in the event of an emergency or disaster situation.

**Objective 5.2** Develop a Best Practices manual for responding to older adults and other vulnerable populations in emergencies of all types, and disseminate this information throughout the WV Aging Network.

**Strategies to Accomplish Objective:**

- ◆ Facilitate an information exchange between AAAs and County Aging Programs service-providers about how their respective Emergency Contingency System Operation Plans (ECSOPs) address vulnerable populations, regardless of where they live.
- ◆ Coordinate disaster preparedness efforts between AAAs and County Aging Programs service-providers to secure the connection between officials responding to disasters and emergencies with providers of services for the elderly in regional and local communities.
- ◆ Continue collaboration with the State Fire Marshal's Office in the development of "Fire Safety for Seniors" educational materials.
- ◆ Continue to work with Federal Emergency Management Agency to promote the West Virginia Outreach Information.
- ◆ Coordinate preparedness efforts with those persons responsible in local communities, both formal and informal groups.

**Objective 5.3**      The Bureau and WV Aging Network, AAAs and the Aging and Disability Resource Centers will continue to address how seniors with specialized needs, people with disabilities and individuals with mental illness can be assisted before, during and after crisis situations.

**Strategies to Accomplish Objective:**

- ◆ Continue to provide ongoing information and referral services.
- ◆ Monitor changing conditions in the external environment and communicate changes to callers or other accessing ADRC information via the internet.
- ◆ Monitor the status of critical services during disasters by communicating with disaster relief organizations (Red Cross, FEMA, EMS).

Objective	Performance Measure	Target Date
5.1; 5.2; 5.3;	# of organizations BoSS partnered with to provide information to older consumers and people with all types of disabilities on emergency preparedness and educate the public on the importance of such programs.	Annually
5.1	# of individuals reached through education and outreach programs.	Annually

**SECTION VI: A Look Ahead – West Virginia’s Plan for the Future**

West Virginia is keenly aware of the challenges facing seniors and those with disabilities in the coming years and is fully committed to provide the most efficient services and assistance they will require to enable them to live their best life and age in place with security and dignity. We also understand that it is imperative that we partner with both public and private agencies and coordinate the efforts of the

entire WV Aging Network in order to provide services to an increasing number of individuals possibly with little or no increases in funding.

Some specific challenges that West Virginia will face is the prevalence of a number of chronic conditions which exist throughout all categories in the state's population. For example, approximately 38% of West Virginians are overweight and another 32% are considered obese. Approximately 12% of West Virginia adults have been diagnosed with diabetes and 23% of adults aged 65 and older report having diabetes. High blood pressure is reported to exist among approximately 33 % of adults in the state with 42% reporting high cholesterol as well.

Not only are these conditions major health risks, they are also costly and in most cases very preventable. In light of these statistics, the need for disease prevention and health promotion strategies will be even more critical. Additionally, with the recent change in requirements that all Title III-D funded programs be evidence-based, it is even more important to implement proven, documentable health promotion and disease prevention programs statewide.

As mentioned in the ~~Geographical & Demographic Characteristics~~ Section previously, by 2030, West Virginia's seniors age 65 and over will jump to 23.3% of the state's population. Effective, and efficient, and cost effective provision of services will be crucial in order to meet the demands of an ever-increasing senior population.

Another challenge that West Virginia, as well as every other state in the nation seems to be facing is the "brain drain" occurring within the aging network. This departure of a large number of skilled, knowledgeable employees with many years of experience in the field of aging will be a challenge as states attempt to replace this vast knowledge-base with a shrinking pool of those graduates who have chosen social work or geriatrics as their profession of choice. The use of internships at the Bureau and all agencies within the WV Aging Network for those students in the field of geriatrics could be one solution to replacing this out flux of experienced workers.

Historically, state agencies are not afforded "public relations" budgets; therefore we must explore new, innovative platforms on which to "get the word out" about the services available to our most vulnerable citizens. In conjunction with the tried and true, standard forms of communication, including word of mouth, newsletters, presentations at various conferences and seminars, etc., we must increase our presence in the world of social media which will enable us to reach an audience that in recent years has been overlooked.

Although we will always strive to improve performance by exploring new initiatives and taking advantage of the many opportunities for information sharing and cooperation that exist throughout the entire aging network, West Virginia will remain focused on those core services that we feel are doing the most good and those that the WV Aging Network can provide in the most effective and efficient way possible. This will allow us to be good stewards of those monies entrusted to us to provide outstanding service to the vast majority of citizens who are the very individuals that our programs were designed to serve.

Following are highlights of various goals, program improvements and other initiatives we are undertaking to expand and improve services to those seniors and individuals with disabilities who are in greatest need.

## **Volunteers**

The Bureau will work to develop a plan to assist in the recruitment, training, marketing and retention of volunteers to assist with the delivery of operations of services through County Aging Programs.

## **Older Americans Act Programs**

Older Americans Act core services are at the heart of providing seniors and those with disabilities the opportunity to remain in their own homes and communities with a high quality of life for as long as possible. The provision of the services and supports made possible through OAA funding will be crucial for an ever-growing segment of our population. West Virginia will continue to identify those individuals in the target populations, and will strive to provide these core services by the most efficient /cost efficient means possible. In addition, the continued partnership and coordination of efforts between OAA program service providers with other public and private entities will become even more important in the coming years, as demand for these services will increase. Also, with the implementation of Title III-D evidence-based disease prevention requirement, West Virginia must expedite the adoption of these programs on a statewide basis. We are in the process of surveying all Title III-D service providers to determine our current base of evidence-based programs. This information will then enable us to formulate a plan to implement these programs at all Title III-D service providers. The Bureau Wellness Program Coordinator will be working to implement CDMP in all senior centers.

The Bureau will be reviewing the potential to adopt cost sharing in some of the AOA Programs related to In-Home Care, Transportation, Respite or other AOA eligible cost share services. To help meet a growing demand to a growing aging population.

## **Medicaid Aged and Disable Waiver Program**

As with all other federally funded services, Medicaid Aged and Disabled Waiver Programs will also face challenges going forward as the demand for services increase while funding may remain stagnant or possibly be reduced. Strengthening the ability of the Bureau to be involved in the State's efforts dedicated to Medicaid long-term care reforms will be crucial to improving long-term care services in the future. Some strategic objectives that will contribute to the Bureau's success in this area include:

- 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.
- Expand and/or develop data tracking tools in conjunction with the State Medicaid Unit that demonstrate that these objectives effectively reduce Medicaid's costs.

Other important aspects of the ADW program we will focus on as we move forward are communication and coordination. The Bureau will continue to utilize the ADW hotline which is used for ADW member complaints or requests for information. In addition, we will continue to make use of 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). With the information gleaned from the Council, we can implement improvements in all aspects of the ADW program in West Virginia.

### **Transportation**

Transportation services are a vital component of the vast array of services available to seniors and those with disabilities in West Virginia and the nation. The Bureau will continue its representation on the West Virginia Department of Transportation's Transportation Coordination Council and work closely with all stakeholders in this area to attempt to implement those improvements outlined in the Council's most recent publication of the "2011 Public Transit/Human Service Transportation Plan". The Plan summarizes available funding opportunities, assesses local demographic and economic conditions, identifies common unmet transportation needs including the common challenges to coordinated transportation efforts in West Virginia, and outlines the future goals of achieving true coordination of transportation services.

### **Aging & Disability Resource Network Centers**

Having already established ten statewide ADRC offices, West Virginia will look ahead to goals outlined in our most recent five-year plan. The three main goals that we will focus on going forward are, 1) Develop a survey tool that will be used to evaluate consumer satisfaction with ADRC services, 2) Develop a Policy and Procedures Manual that will define standard operating procedures for ADRCs and 3) Develop and implement a formalized training program for options counselors and to develop and implement a comprehensive set of standards that will guide the delivery of options counseling within the ADRCs. The collection and analysis of data is an integral part of ensuring that the services we provide are indeed assisting consumers in finding answers to their long-term care questions. Going forward, the ADRCs will be referred to as the Aging & Disability Resource Network (ADRN). Our ??? database will be modified for I & R contacts and tracking along with enhancing database with additional ??? ??? information in cooperation with WV Disability Service Providers and Network. Further working toward a full ??? ADRN No Wrong Door System.

### **SHIP**

West Virginia will continue to provide the state's 300,000 plus citizens receiving Medicare benefits with the most reliable and accurate information available and assist them in choosing the plan(s) and options that are best for them. Going forward, WV SHIP will provide training to the local Social Security Administration and Department of Health and Human Resource employees on the proper referrals to the statewide toll-free telephone number where trained counselors will assist them with their Medicare needs. We will also continue outreach activities by increasing our presence at Social Work and Aging-related conferences, presenting at senior and low-income housing units, health fairs, etc. to attempt to reach an increasing number of seniors and their families who are receiving Medicare benefits and help to ensure they have the best plan available to them. During the open enrollment period, additional outreach activities including radio, newspaper and television ads are utilized to encourage Medicare beneficiaries to review and compare their Medicare Part D and C plans. Approximately 80% of West Virginia's SHIP counselors are certified with the goal of certifying 100% by the end of this grant year. Although all SHIP counselors are required to attend training, the Bureau is working with CMS to create a standardized curriculum for all future training.

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

As the baby boomers age and the number of people with Alzheimer's disease or a related dementia continues to grow, the Bureau of Senior Services will advocate for additional dollars for this state-funded program. We will also continue to monitor County Aging Programs service providers to

ensure that they are serving as many families as possible with available funding. Additionally, we will work with the Physician Outreach Program of the Blanchette Rockefeller Neurosciences Institute to continue to educate physicians and other health care professionals about services that are available to families in West Virginia who have a loved one with Alzheimer's disease or a related dementia. Over the next five years, we will be working with the Alzheimer's Association and other appropriate agencies to implement both short and long term goals of the state plan for Alzheimer's that was adopted in January 2012, when the Joint Senate & House of Delegates Seniors Committee passed a resolution in support of Make a Plan for Alzheimer's (Map's) recommendations. Also, we will work to ensure that dementia care training is included as part of any standardized curriculum for in-home direct care workers.

### **Client Tracking**

In August 2010, West Virginia went "live" with a new client tracking system purchased from Harmony Information Systems, Inc. The Bureau of Senior Services purchased Harmony's Social Assistance Management System (SAMS) for each County Aging Program service provider (senior center) that have contracts with the four regional AAA offices to provide Older Americans Act and various state-funded services to the seniors in their counties. The purchase of the new client tracking system was undertaken to improve service tracking, reporting and analysis of data. The SAMS software also streamlined the reporting process of the National Aging Program Information System (NAPIS) report submitted annually to the Administration on Aging. Training for the new system was conducted regionally across the state and we are currently creating a training center at the Upshur County Senior Citizens Opportunity Center, Inc. located in Buckhannon, WV that will offer training for all new SAMS users as well as refresher training to current users. The SAMS Information and Referral program was also implemented at all Aging & Disability Resource Centers. After completing a software upgrade required by Harmony (projected to be complete by summer, 2012) we will begin working towards invoicing for services utilizing SAMS, which should streamline invoicing and facilitate a more efficient reimbursement process.

### **In-Home Direct Care Worker Curriculum & Registry**

Representatives from more than twenty agencies and organizations, both public and private, including the Bureau of Senior Services, have been meeting since October 2011 to develop a standardized curriculum for in-home direct care workers. There are currently a handful of Adult Education Centers, Provider Agencies, Community and Technical Schools, including several high schools that offer a certification for in-home direct care workers; however, the curriculum is not standardized throughout the system. With the Hancock County Senior Wellness Center in New Cumberland, WV taking the lead, a work group was formed to create a standardized curriculum that would be used statewide for this certification. The curriculum would include training in all programs offered by the WV Aging Network, including Medicaid Waiver and West Virginia's F.A.I.R and Lighthouse programs. In addition, county aging service providers will also participate in the training and certification of these workers, who would then be qualified to work with any program offered throughout the Network. A second, related future goal of this project is to make the in-home direct care worker certification the first step in the career ladder to becoming a Certified Nursing Assistant (CNA), Medical Assistant, Licensed Practical Nurse (LPN), etc.

Through a grant provided by the WV Partnership for Elder Living, West Virginia is creating an in-home direct care worker registry which will be housed at the Bureau of Senior Services. Both the House and Senate passed legislation in January 2012, approving the plan to implement the registry. When

completed, the registry will be a means of not only keeping one centralized, statewide list of workers, it will also enable potential employers to ensure that workers in the registry have secured the required criminal background checks, educational requirements and more. ~~The development of a direct care worker curriculum is underway as well. West Virginia is in the process of developing a standardized curriculum for in-home direct care workers that would be offered at community colleges, adult education centers, etc.~~

### **Community Transformation Grant**

The West Virginia Bureau for Public Health has applied for a five-year Community Transformation Transportation Grant which will focus on three main strategies for health promotion. First, to increase the number of people with access to tobacco-free or smoke-free environments, second, to increase the number of community venues that offer, encourage, and market healthy food and beverage options, and third, to increase the number of counties in the state that have implemented a team-based coordinated approach to clinical and preventive services that support increased control of high blood pressure and high cholesterol. And although the first two strategies are very important and the Bureau may have some involvement with those, the WV Aging Network would be more involved in strategy number three, specifically related to partnering with agencies at the state level “to support and enhance local efforts related to implementing evidence based programs....” and “utilizing community health workers to improve access to health care and services”. The Bureau’s involvement would most likely be to disseminate information and participate in educational opportunities at the county aging service provider locations.

### **WV Physical Activities Plan**

On January 19, 2012, the official WV Physical Activity Plan was released. Activities took place throughout the state including a school-wide line dance by more than 100,000 WV students, county resolutions and proclamations, and a variety of events at the state Capitol. Local groups from the Charleston, WV area conducted activity demonstrations in the Capitol. The WV Senate passed a resolution in support of physical activity and during a noon ceremony, Governor Tomblin issued a proclamation declaring January 19, 2012 as West Virginia Physical Activity Day. Modeled after the National Plan, the aim of the WV Physical Activity Plan is to provide a strategic direction for physical activity promotion within the state. It is expected that the Plan’s implementation will increase the physical activity levels of children and adults to meet or exceed the national physical activity recommendations and to therefore improve the health and quality of life of West Virginians. The Bureau was a member of one of the sector groups in crafting the WV Physical Activities Plan and has representation on the Board of WV On the Move, Inc., one of many partners in the creation of the Plan. Going forward, we will take the ideals of the Plan to seniors in West Virginia to promote healthy lifestyles, reduce chronic disease and assure them a better quality of life as they age.

### **“Take Me Home” – Money Follows the Person Grant**

In 2011, West Virginia’s Region II Area Agency on Aging in collaboration with the states’ ADRCs were selected as the Transition Navigator Agencies for the Money Follows the Person Take Me Home, West Virginia Demonstration Project, designed to help individuals with disabilities 18 years or older and individuals age 65 or older transition from an institutional setting into the community. In addition to being funded for the initial project, the ADRCs, through the Bureau for Medical Services and the Bureau of Senior Services, have been awarded \$400,000 in supplemental funds to build capacity and strengthen ~~the role of the ADRCs~~ database and screening tools for use by the WV Aging Network in the Take Me Home, West Virginia project.

### **Medicaid Emergency Psychiatric Demonstration**

The Centers for Medicare & Medicaid Services (CMS) announced that 11 States and the District of Columbia will participate in the Medicaid Emergency Psychiatric Demonstration, established under the Affordable Care Act to test whether Medicaid beneficiaries who are experiencing a psychiatric emergency get more immediate, appropriate care when institutions for mental diseases (IMDs) receive Medicaid reimbursement. The CMS Innovation Center will provide up to \$75 million in federal Medicaid matching funds over three years to 11 States—Alabama, California, Connecticut, Illinois, Maine, Maryland, Missouri, North Carolina, Rhode Island, Washington, and West Virginia— and the District of Columbia, to enable private psychiatric hospitals, also known as “institutions for mental disease” (IMDs), to receive Medicaid reimbursement for emergency care provided to Medicaid enrollees aged 21 to 64 who have an acute need for treatment. Historically, IMDs are not reimbursed under Medicaid for these services without an admission to an acute care hospital first. The Medicaid Emergency Psychiatric Demonstration will test whether Medicaid reimbursement to treat psychiatric emergencies, described as suicidal or homicidal thoughts or gestures, in IMD settings will enable States to increase the quality of care for people experiencing mental illness at lower cost, and will also test whether such expanded coverage reduces the burden on general acute care hospital emergency departments.

### **West Virginia Bureau of Senior Services Website and, Facebook Page and SharePoint Site**

The Bureau is committed to entering the world of social media and in addition to maintaining the agency website, has recently created a Facebook page. The hope is to reach a previously untapped generation to educate and inform them of the vast array of services available to them and/or a loved one within the WV Aging Network.

The Bureau’s website, [www.wvseniorservices.gov](http://www.wvseniorservices.gov), was named the #1 state website by the West Virginia Statewide Internet Group, which recognizes excellence in design, content, and accessibility. In addition to general information about aging services in West Virginia, the site includes weekly HIPAA/privacy tips and updates; Hot Topics and upcoming events; and the *Food & Fitness* newsletter, created monthly by the Bureau’s Nutrition Consultant. During the past twelve months, the website had 37,427 visitors, and its pages received 231,642 hits. The Bureau’s new Facebook page will contain some much of the same information as our website but will also include photos of WV Aging Network events, announcements, current event and web site information. All media outlets will be maintained to include the most up-to-date and relevant information available.

### **Elder Abuse**

The Bureau will be working to support efforts for Legislative changes in the area of financial elder abuse and Elder Fare Bill of Rights. We will also be working in a coordinated effort with the State DHHR office on elder Abuse and Public campaigns for preventing and reporting. The Bureau of Senior Services Special Projects Coordinator will be working on the Development of Region Governors Conferences on the Elderly, to address the issue and provide training to register nurses, social workers, nutrition providers and a question and answer with the public for their input into services and service delivery.

The Bureau has also recently added the Survey Monkey survey tool to be used as needed in our review of program structure, cost analysis, etc. This easy to use survey tool will assist us in overall monitoring and information gathering throughout the WV Aging Network.

## SECTION VII: Collaborations & Partnerships

West Virginia's Aging Network collaborates and partners with countless agencies, both public and private and is represented on many Boards. The list below, though substantial, is but a fraction of the many dedicated professionals, lay people and volunteers who work together to improve the lives of seniors in our state.

In a cooperative agreement with Meals on Wheels Association of American, the Bureau has paid membership for all AOA/WV Nutrition providers to attend trainings and conferences and become certified nutrition providers.

### National

~~Administration on Aging (AoA)~~ on Community Living (ACL)  
Blanchette Rockefeller Neurosciences Institute  
Centers for Medicare and Medicaid Services  
Disabled American Veterans  
Federal Emergency Management Agency (FEMA)  
National Arthritis Foundation  
National Association of State United for Aging and Disabilities (NASUAD)  
National Association of Area Agencies on Aging (N4a)  
National Council on Aging (NCOA)  
United Mine Worker of America  
U.S. Department of Agriculture  
U.S. Department of Health and Human Services  
U.S. Department of Veterans Affairs

### State

AARP Foundation  
AARP West Virginia  
Alzheimer's Association, West Virginia Chapter  
American Red Cross – West Virginia Region  
Asthma Coalition  
College and University Extension Services

Meals on Wheels  
Mission West Virginia, Relatives as Parents Program (RAPP)  
Mountains of Hope Cancer Coalition  
National Arthritis Foundation  
Nursing Home Advisory Committee  
Olmstead Council  
Public Partnerships, LLC  
Retired Senior Volunteer Program (RSVP)  
Shepherd University  
State Health Education Council  
Statewide Independent Living Council  
West Virginia A Vision Shared – Long-Term Health Care Team  
West Virginia Asthma Coalition  
West Virginia Attorney General’s Office  
West Virginia Bureau for Behavioral Health & Health Facilities  
West Virginia Bureau for Medical Services  
West Virginia Bureau for Public Health  
West Virginia Center for End-of-Life Care  
West Virginia Commission for the Deaf & Hard of Hearing  
West Virginia Comprehensive Cancer Control Coalition  
West Virginia Cost Management Council  
West Virginia Department of Agriculture  
West Virginia Department of Health and Human Resources  
West Virginia Department of Transportation  
West Virginia Developmental Disabilities Council  
West Virginia Directors of Senior and Community Services  
West Virginia Division of Rehabilitation  
West Virginia Federation of the Blind  
West Virginia Geriatric Education Center  
West Virginia Health Care Association  
West Virginia Legislature  
West Virginia Lottery Commission  
West Virginia Homeland Security  
West Virginia Medical Foundation  
West Virginia Medical Institute, Quality Improvement Steering Committee  
West Virginia Mental Health Planning Council  
West Virginia Partnership for Elder Living  
West Virginia Partnership to Promote Community Well-Being  
West Virginia Primary Care Association  
West Virginia Rural Health Aging Network  
West Virginia Secretary of State’s Office  
West Virginia Suicide Prevention Council  
West Virginia University Center for Excellence in Disabilities  
West Virginia University Summer Institute on Aging Steering Committee  
West Virginia Workforce Investment Council  
WorkForce WV

### **County/Local**

Faith-Based Organizations  
Local Chamber of Commerce Offices  
Case Management Agencies  
Community & County Hospitals and Health Clinics  
Community and Technical Colleges  
County Commissions  
County and Local Law Enforcement Agencies  
County and Local Planning & Development Commissions  
County Health Departments  
County Libraries  
Home Health Agencies  
Hospice Organizations  
Independent Living Councils  
Lion's Club  
Local, County & Regional Transportation Providers  
Local Extension Offices  
Local Farmer's Markets  
Local Food Banks  
Local Internet Service Providers  
Private Health Professionals  
Rotary Clubs  
Salvation Army  
Social Service Agencies  
United Way  
YWCA's

**NOTE: The Intrastate Funding Formula is under review due to the major negative impact on WV southern coalfield counties.**

**SECTION VIII: Intrastate Funding Formula & Funding**

**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**

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

Data from the 2010 Census as listed below was used to arrive at the following formula for each region:

**Chart 2**

<b>REGION</b>	<b>FORMULA</b>
Northwestern	.275313
Metro	.299757
Upper Potomac	.201807
Appalachian	.223123
<b>TOTAL</b>	<b>1.0</b>

<b>REGION</b>	<b>POPULATION 60+</b>	<b>65+ BELOW POVERTY LEVEL</b>	<b>MINORITY 65+</b>

**Chart 3**

Northwestern	116,127	12,939	1,726
Metro	128,977	8,640	2,827
Upper Potomac	88,026	6,535	1,518
Appalachian	89,731	7,402	,2,926
<b>TOTAL</b>	<b>422,861</b>	<b>35,516</b>	<b>8,997</b>

### **FORMULA DEVELOPMENT AND ASSUMPTIONS**

The three formula factors (60+, 65+ low income and 65+ 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, not just on a statewide basis. (The 60+ minority factor is not currently available; therefore, 65+ minority 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 recently released 2010 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.

†The following financial information will be updated. Waiting on Final Intrastate Funding 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
Northwestern	\$2,121,904	\$ 0	\$ 690,198	\$ 2,812,102
Metro	2,306,529	464,438	739,964	3,510,931
Upper Potomac	1,511,987	281,280	502,525	2,295,792
Appalachian	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 ADMINISTRATION/OMBUDS	958,745
<b>TOTAL</b>	<b>\$82,018,507</b>

## **FUNDING**

### **Financial Sources**

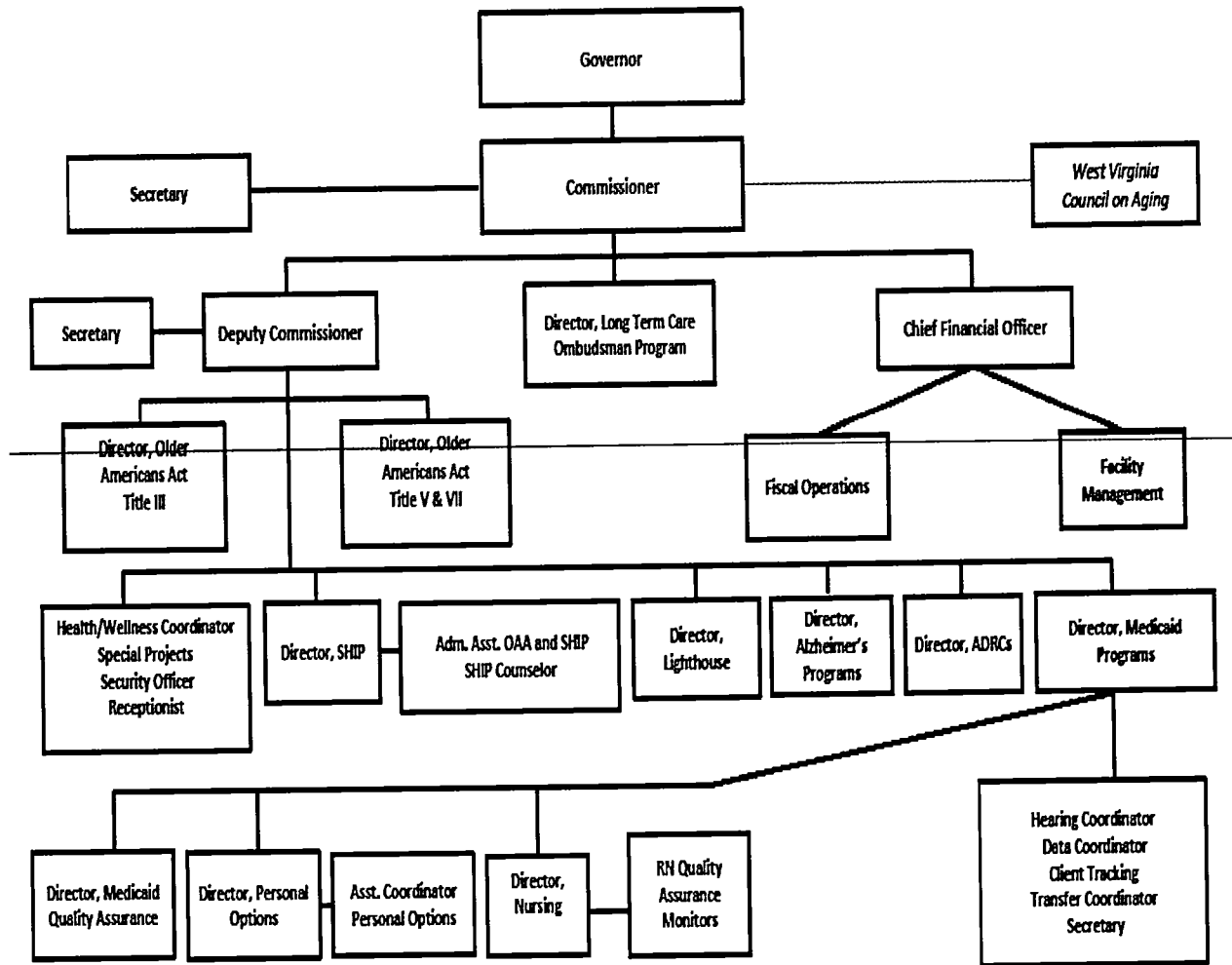
The Bureau receives funding from five sources under the agency's budget:

- Lottery appropriations amounted to \$63.7 million, of which \$39.9 million was transferred to the Department of Health and Human Resources to match Medicaid funding for services to seniors;
- License fee appropriations from casino license fees in the amount of \$9.25 million;
- Federal Appropriations in the amount of \$13.5 million;
- Special Revenue allotments totaling \$1.9 million; and
- General Revenue appropriations in the amount of \$.2 million.

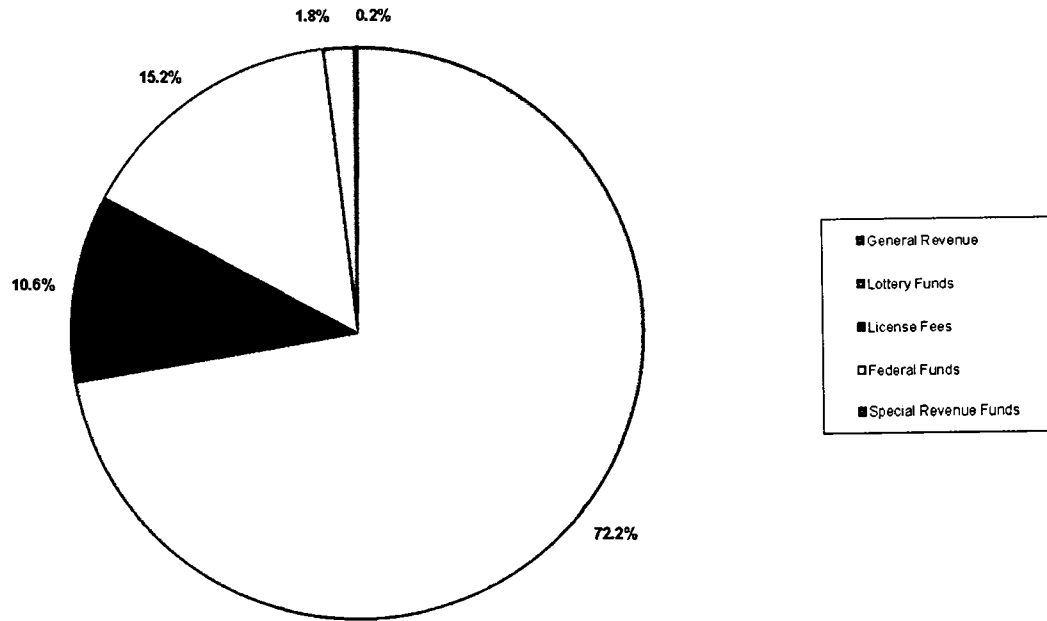
The following charts illustrate the Bureau's actual fiscal year 2011 expenditures by program and funding source. Also included in these figures is funding re-appropriated from prior fiscal years.

To be replaced.

### West Virginia Bureau of Senior Services Organizational Chart



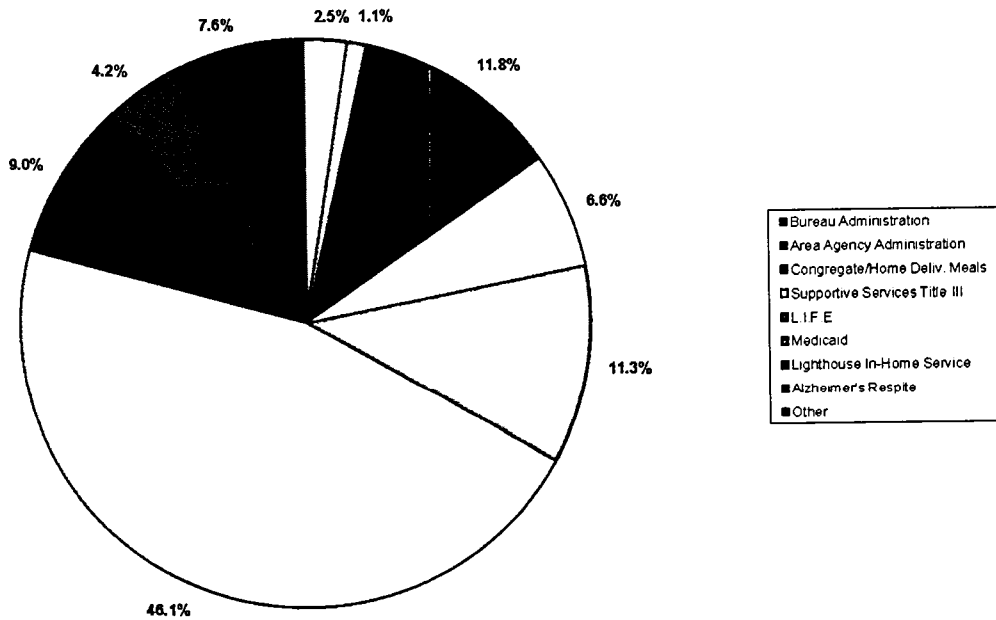
**BUREAU OF SENIOR SERVICES  
FY2011 EXPENDITURES BY SOURCE**



**BUREAU OF SENIOR SERVICES  
FY 2011 EXPENDITURES BY SOURCE**

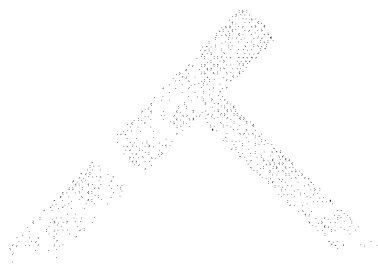
General Revenue	0.19%	\$169,481
Lottery Funds	72.20%	\$63,456,039
License Fees	10.59%	\$9,311,217
Federal Funds	15.25%	\$13,402,498
Special Revenue Funds	1.77%	\$1,551,639
<b>TOTAL</b>	<b>100.00%</b>	<b>\$87,890,874</b>

**BUREAU OF SENIOR SERVICES  
FY2011 EXPENDITURES BY PROGRAM**

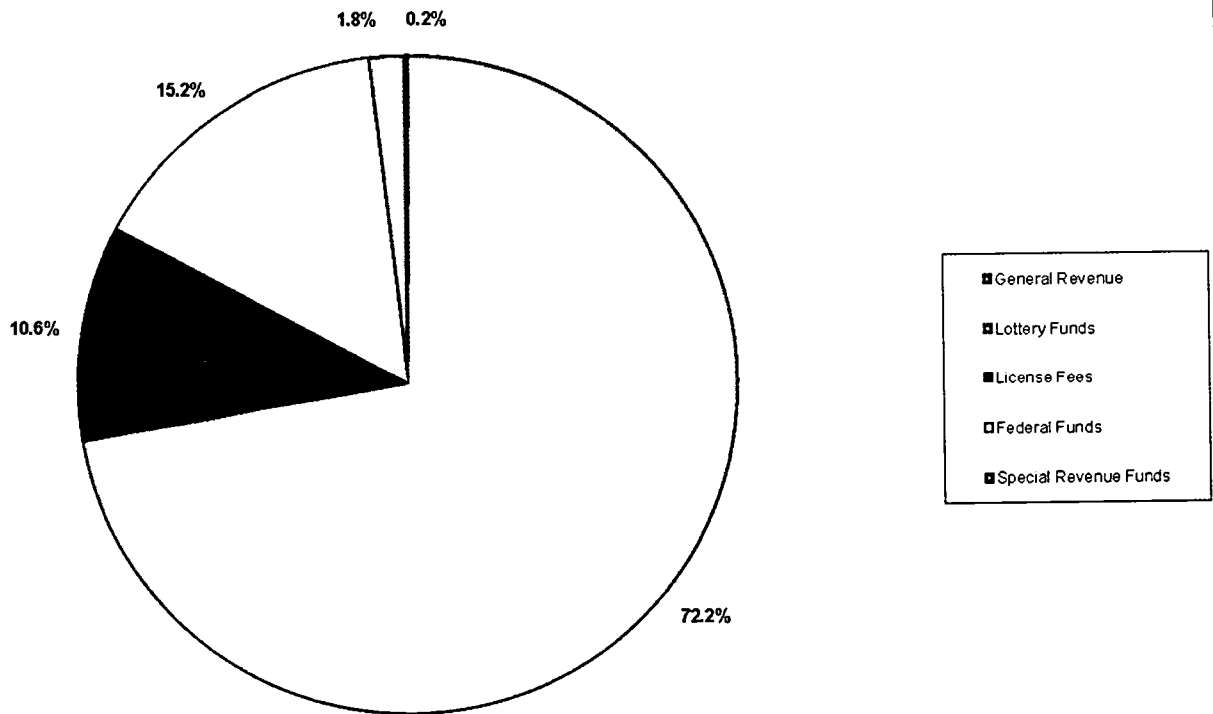


**BUREAU OF SENIOR SERVICES  
FY 2011 ACTUAL EXPENSES**

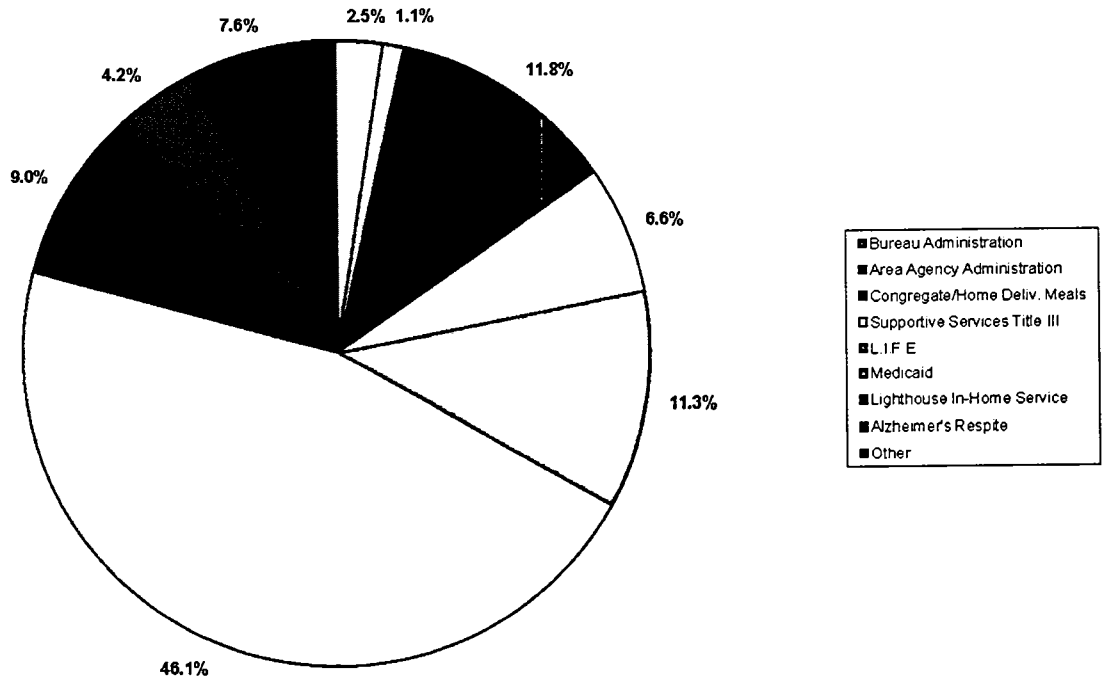
Bureau Administration	2.50%	\$2,200,671
Area Agency Administration	1.05%	\$923,078
Congregate/Home-Delivered Meals	11.83%	\$10,393,475
Supportive Services Title III	6.55%	\$5,759,393
L.I.F.E.	11.26%	\$9,900,000
Medicaid	46.07%	\$40,492,578
Lighthouse In-Home Service	8.98%	\$7,893,252
Alzheimer's Respite	4.19%	\$3,684,741
Other	7.56%	\$6,643,686
<b>TOTAL</b>	<b>100.00%</b>	<b>\$87,890,874</b>
Employment Programs		\$1,228,802
Benefits Counseling (SHIP)		\$1,092,360
Sub-State Ombudsman Program		\$731,906
Aging & Disability Resource Centers		\$921,368
Community Partnership Funding		\$2,282,269
Misc.Other		\$386,981
<b>TOTAL OTHER</b>		<b>\$6,643,686</b>



**BUREAU OF SENIOR SERVICES  
FY2011 EXPENDITURES BY SOURCE**



**BUREAU OF SENIOR SERVICES  
FY2011 EXPENDITURES BY PROGRAM**



**WEST VIRGINIA  
2010 Census Population Characteristics**

Region I				Region II			
	Pop 60+	Below Poverty 65+	Minority 65+		Pop 60+	Below Poverty 65+	Minority 65+
Brooke	6,403	347	98	Boone	5,248	460	8
Calhoun	2,014	89	23	Cabell	21,303	1,575	643
Dodd	1,923	255	-	Jackson	6,954	493	19
Gilmer	1,657	450	45	Kan	45,378	2,602	1,708
Hancock	7,930	2,302	145	Lincoln	4,747	417	14
Harrison	16,035	4,634	227	Logan	8,250	391	225
Marion	13,277	782	273	Mason	6,481	435	10

Marshall	8,386	543	102
Mon	14,204	704	358
Ohio	11,261	702	174
Pleas	1,755	122	6
Ritchie	2,618	270	4
Tyler	2,384	156	17
Wetzel	4,410	430	-
Wirt	1,330	72	4
Wood	20,540	1,081	250
<hr/>			
Total	<u>116,127</u>	<u>12,939</u>	<u>1,726</u>

Mingo	5,529	377	97
Putnam	11,538	484	26
Roane	3,648	375	51
Wayne	9,901	1,031	26
<hr/>			
Total	<u>128,977</u>	<u>8,640</u>	<u>2,827</u>

**Region III**

	Pop 60+	Below Poverty 65+	Minority 65+
Barbour	3,881	358	44
Berkeley	18,013	697	458
Grant	3,117	255	11
Hamp	5,681	646	6
Hardy	3,340	307	22
Jeff	9,661	405	421
Lewis	4,098	358	44
Mineral	6,906	562	143
Morgan	4,528	314	58

**Region IV**

	Pop 60+	Below Poverty 65+	Minority 65+
Braxton	3,624	326	28
Clay	2,102	245	3
Fayette	11,066	955	416
Greenbr	9,560	866	248
McDowell	5,271	740	492
Mercer	15,732	1,235	541
Monroe	3,740	132	62
Nicholas	6,392	533	7
Poc	2,432	161	22

Pendl	2,258	358	41
Preston	7,516	485	28
Rand	7,381	531	60
Taylor	3,891	420	108
Tucker	2,084	295	3
Upshur	5,671	544	71

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Total	88,026	6,535	1,518
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Raleigh	18,327	1,260	1,061
Summers	3,755	462	35
Webster	2,334	171	8
Wyoming	5,396	316	3

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Total	89,731	7,402	2,926
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Statewide Total	<u>422,861</u>	<u>35,516</u>	<u>8,997</u>
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**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 aging shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
- (5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.
- (6)(F) Each area agency will: in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;
- (9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a) (9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.
- (11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—
  - (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
  - (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
  - (C) an assurance that the area agency on aging will make services under the area plan available; to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.
- (13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.
- (13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency—
  - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
  - (ii) the nature of such contract or such relationship.
- (13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title

by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

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

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

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

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

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

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

### **Sec. 307, STATE PLANS**

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

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

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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

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

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

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

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

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

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

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

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

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

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

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

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

- (A) to utilize in the delivery of outreach services under section 306(a) (2) (A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
- (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—
  - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
  - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

- (A) identify individuals eligible for assistance under this Act, with special emphasis on—
  - (i) older individuals residing in rural areas;
  - (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
  - (iii) older individuals with greatest social need (with particular attention to low-income 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—

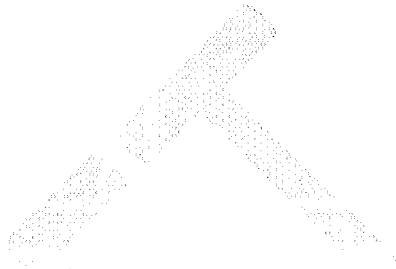
- (i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
- (ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
- (iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

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Signature and Title of Authorized Official

Date





**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.