

**TITLE 76
INTERPRETIVE RULE
WEST VIRGINIA BUREAU OF SENIOR SERVICES**

**SERIES 4
WEST VIRGINIA STATE PLAN FOR AGING PROGRAMS**

§76-4-1. 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.

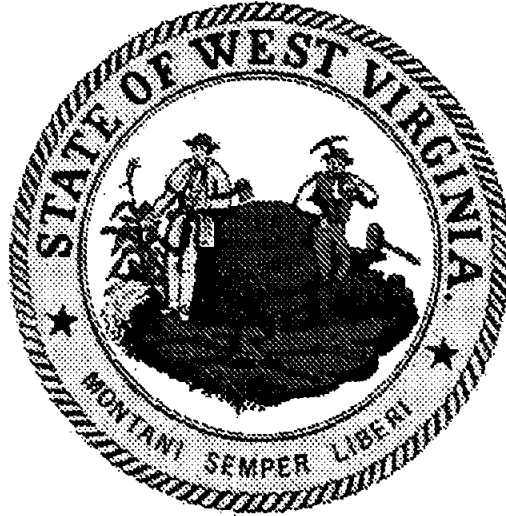
1.2. Authority. -- W. Va. Code §16-5P-1 et. seq.

1.3. Filing Date. -- July 3, 2018

1.4. Effective Date. -- August 1, 2018.

§76-4-2. 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 1, 2016 – September 30, 2020**

Assuring Well and Vital Seniors

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A. NARRATIVE

Executive Summary

West Virginia's 2016 to 2020 four-year State Plan is the blueprint of how the state will continue to meet the increasing challenges facing West Virginia's (State Unit on Aging) the West Virginia Bureau of Senior Services (Bureau) and our Aging Network. With each new year, West Virginia identifies and examines the tasks and responsibilities of providing for both our frail and elderly seniors as well as anticipating the needs and expectations of our emerging younger seniors. As the recognized state agency, we continuously seek creative and innovative processes to serve those needs within the framework of decreasing revenues and modified regulations. The reality of today's senior service landscape requires greater efficiency of resources and provider structure to ensure maximum service delivery. West Virginia continues to take a proactive view and approach to ensure well and vital seniors across our state.

The Older Americans Act (OAA) core services are the foundation from which we will begin to build a more robust and efficient system to meet these ever increasing needs.

The Bureau has in past years been defined by a county system of provider agencies. This network allows the ability to connect with all areas of our state. This structure allowed us greater opportunity to disseminate information, and educate our seniors and our service provider staff. Annual training opportunities in all four Area Agencies on Aging (AAA) regions offer participatory learning experiences to our seniors, our network of providers, and the public. The Bureau will continue to build stronger relationships with its current partners to cultivate a deeper understanding of the operations, trainings, outreach efforts, and help needed to create a more efficient network of senior services and delivery. The Bureau will promote new service delivery models due to increased demand and less State revenue with options of mergers, partnerships, management agreements and possible consolidation.

A crucial component in the strength of the Bureau's foundation looking forward is the continual cultivation of close and cooperative relationships with the West Virginia Department of Health and Human Resources (DHHR), the Department of Veteran's Assistance, Herbert Henderson Office of Minority Affairs, Centers for Independent Living (CIL), Rehabilitation Services, Developmentally Disabled and the disability community. These connections allow us to deliver quality services and bring together new opportunities to our Aging and Disability Resource Network (ADRN) and the balance of our Aging Network. We also continue to develop and refine a seamless, no wrong door approach to access services for all West Virginia seniors and disabled.

Nutrition Services have always been a core component in the array of service offered by the West Virginia Aging Network. We will begin to expand our offerings in this program category to include wellness, prevention, evidenced based services and abuse prevention education and information.

Communications is fundamental to our efforts, and through our current aging network, awareness of the services provided will continue to be reviewed to ensure the highest outreach possible to our over 30,000 seniors and consumers. This will be achieved via newsletters, flyers and fact sheets delivered regularly. The Bureau continues to announce and share information through our website and Facebook page. We will enhance the website with improved layout and functionality making it more user friendly. We have also added Twitter to our social media tool kit, which connects us more readily with consumers, caregivers and the media. This feedback loop of information delivered and responses received will assist the Bureau,

our provider network and its clients in all aspects of care management, healthy living, awareness, abuse prevention, and disease management.

Firming up our foundation while focusing on the future, the Bureau recognizes that every challenge presents an opportunity to advance a more efficient and cost effective service delivery system. We strongly believe that progress forward involves a collaborative mix of the state's youth, college students, motivated seniors and other retirees can serve to help us keep our delivery systems current and adaptable to ensure greater effectiveness and quality. Encouraging volunteerism at the local provider level is an exciting part of our foundation, which we strongly support. Volunteerism can build community and can often make the difference in how far an outreach can be accomplished for minimal expense. The Bureau will continue the work to build and facilitate a volunteer opportunity network and an Internship Program that will span our entire Aging Network. This will allow both educational opportunities, and at the same time bring new thought and direction to service delivery and possibly new employment opportunities to those whose volunteering may put them on a new career track.

We are acutely aware that we must continue to build within a specific framework of decreasing available funding that is directly impacted by growing demand. As a result, we must generate new ideas for cost sharing. Past experience has shown that when individuals can contribute to services provided, personal ownership of those services increases. Consequently, revenue increases to support additional services or to reduce costs. In addition, ownership leads to self-directed and person-centered services. Effective with program year 2016, the Bureau has developed a cost share process in state lottery dollars for in-home services and all allowable cost sharing programs within federal Title III programs and state programs.

There is opportunity to expand within our Aging Network to build a larger, more innovative network capable of delivering targeted services to an ever increasing client base. Our Aging Network brings an array of services from meals, transportation, education, wellness, in-home care, recreation all together in senior centers designed as focal points in each West Virginia County. This service delivery structure allows the Bureau the ongoing flexibility to work with providers who know the senior population management structure, need to evolve to meet current demands, revenues and need for effective management. This enables us to expand on and further secure avenues to disseminate the latest information to the seniors concerning wellness and quality of life that are more person-centered and inclusive. Resources such as senior employment opportunities, educational opportunity, health insurance assistance, chronic disease management, wellness, stress reduction and socialization and recreation will have a greater impact by partnering with our fellow state agencies, colleges, technical schools and social organizations.

To clarify the opportunities and new directions we seek, the Bureau will develop monitoring devices, and evaluative tools to assist in the measurement and efficiency of an improved delivery system and its impact. One method of advancing our efforts is to continue to cultivate and building on our partnerships with institutions of higher education such as extension services through West Virginia University, West Virginia State University and Marshall University's Rural Health Program. These relationships not only give us access to the latest academic developments in the field, but also to students and graduates who will become future leaders in the senior service sector. Creating an internship program and having them work with our managers, financial officers, and personnel managers will bring a shared learning opportunity to the students, program staff, and agency network managers. This "pipeline" will help to ensure that the development of processes and analysis of delivery systems is ongoing. To additionally ensure the development and continuity of a quality delivery system, we must include educational opportunities for all staff within our network. This will be achieved by hosting annual regional educational conferences. The Bureau will continuously seek the best thought leaders on topics relevant to the providers and the needs of seniors. Other groups with which we will work closely will include the Alzheimer's Association for training and education opportunities for our day centers and in-home care providers;

providing social workers and nurses educational opportunities within a conference setting and partnering with Meals on Wheels Association of American (MOWAA) to provide training of meal service staff in areas of preparation, delivery, staffing, and cost principle.

Most certainly we cannot build out our vision for a more efficient and effective network delivery system without increasing our outreach to other agencies with which we have a shared mission. Bringing together Veteran Administration Hospitals, veteran community based services, ADRNs, the developmental disability community and independent living centers, as well as individuals on the same path and with shared goals will truly create an environment of making opportunities for an improved quality of life better for the citizens we serve.

The Bureau continues to challenge its self and its aging network in the face of a changing funding landscape. It is our intent to design and implement better systems to achieve the best results that will positively impact the life of the citizens we serve.

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 4) 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 21) depicts the designation of West Virginia's four planning and service areas.

D. MISSION STATEMENT

To be West Virginia's premier advocates 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.



A Look Ahead – West Virginia’s Plan for the Future

West Virginia is keenly aware of the challenges facing seniors in the coming years and is fully committed to providing 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 the Bureau 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. The Bureau Wellness Director will facilitate the embedding of chronic disease trainers and evidenced based activities. By the year 2030, West Virginia’s seniors age 65 and over will jump to 23.3% of the State’s population. Effective, 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 WV 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 the Bureau 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 the Bureau 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 WV 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 the Bureau to be good stewards of those monies entrusted to it 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 the Bureau is undertaking to expand and improve services to those seniors who are in greatest need.



Older Americans Act Programs

Older Americans Act core services are at the heart of providing seniors 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 means possible. West Virginia is also committed to person-centered care and ensuring that individuals receive respectful and responsive services taking into account their preferences, needs, values, cultures and diverse backgrounds. 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.

Medicaid Aged and Disabled Waiver Program

As with all other federally funded services, Medicaid Aged and Disabled Waiver Program will also face challenges going forward as the demand for services increases 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:

- Continue 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.
- 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.
- Expand and/or develop data tracking tools in conjunction with the State Medicaid Unit that demonstrate that these objectives effectively reduce Medicaid's costs.
- Continue working with providers on Plans of Correction to increase appropriate delivery of services to ADW Participants and reduce monetary disallowances.
- Continue to provide training to the county providers in best practice for service delivery to reduce duplication of services among programs.

The Bureau completed the development of a Continuing Certification Review system that enables ADW providers to enter information about the credentials of their staff members. This system is a self-report system aimed at ensuring that ADW direct care providers have the appropriate credentials in place before beginning work with ADW participants. This system in its most current iteration implemented on July 1, 2015, continues to be maintained and operated by the Bureau and county providers continue to utilize the system.

Other important aspects of the ADW program the Bureau will focus on as it moves 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, the Bureau 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 in West Virginia and the nation. The Bureau will continue its representation on the West Virginia Department of Transportation's Coordinating 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. The West Virginia Bureau for Medical Services also awarded a statewide Non-Emergency Medical Transportation contract to MTM in 2015. Many county aging network providers have become part of this transportation network to assist individuals to access medical appointments.

Aging & Disability Resource Centers

Having already established three (3) statewide ADRN offices, West Virginia will look ahead to goals outlined in the Bureau's most recent five-year plan. The three main goals that the Bureau will focus on going forward are: 1) develop a survey tool that will be used to evaluate consumer satisfaction with ADRN services, 2) develop a Policy and Procedures Manual that will define standard operating procedures for ADRNs, and 3) develop and implement a formalized training program for options counselors and develop and implement a comprehensive set of standards that will guide the delivery of options counseling. The collection and analysis of data is an integral part of ensuring that the services the Bureau provides 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 Networks (ADRNs).

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 individuals with their Medicare needs. The Bureau will also continue outreach activities by increasing its presence at Social Work and Aging-related conferences and 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 and Bureau's goal is 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 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 support for this state-funded program. The Bureau will continue to monitor County Aging Programs to ensure that they are effectively serving as many families as possible with available funding. Over the next four years, the Bureau will work with the Alzheimer's Association and other appropriate agencies on 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) recommendations. Additionally, Bureau staff are members of the workgroup that is revising the standardized curriculum for in-home dementia care workers (DCWs) that includes a module on dementia care. The Bureau will work to expand use of this curriculum in secondary schools, career and technical schools and community colleges, as well as by county aging providers and in-home care agencies.

Connecting the DOTS (Dementia-Capable Outreach, Training and Supports) in WV

Implementation of this three-year grant, which was awarded to the Bureau in 2015, will stretch into the 2019 fiscal year. It will give the Bureau time and resources to train many in our communities who interact

with and provide services to individuals with dementia and their families. Additionally, it's an opportunity to pilot programs in communities throughout the state to show how agencies, businesses and organizations can work together in rural communities to make the services they provide more dementia capable for families. By the end of the grant period, these communities will have developed guidelines and tools that any group can use to increase the dementia-capability of their community.

Client Tracking

In August 2010, West Virginia went "live" with a 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 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. A training center was developed at the Upshur County Senior Citizens Opportunity Center, Inc. located in Buckhannon, West Virginia. They offer training for all new SAMS users as well as refresher training courses for current users. The SAMS Information and Referral program was also implemented at all Aging & Disability Resource Networks. The Bureau continues to work toward invoicing for services utilizing SAMS, which should streamline invoicing and facilitate a more efficient reimbursement process.

In-Home Direct Care Worker Curriculum & Registry

The Bureau of Senior Services is continuing to develop Phase 2 of the In-Home Direct Care Worker Registry related to outside, independent agency workers.

Community Transformation Grant

The West Virginia Bureau for Public Health has applied for a five-year Community Transformation 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. 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 be to disseminate information and participate in educational opportunities at the County Aging Programs locations.



WV Physical Activity Plan

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, West Virginia 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. The Plan's implementation is expected to increase the physical activity levels of children and adults to meet or exceed the national physical activity recommendations and improve the health and quality of life of West Virginians. The Bureau was a member of one of the sector groups in designing the WV Physical Activity 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, the Bureau 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. Active WV 2020 will continue to provide a strategic direction for physical activity promotion within the state. It's important to make physical activity a priority and participate together from all walks of life to make it happen.

“Take Me Home” – Money Follows the Person Grant

In 2011, West Virginia's Region II Area Agency on Aging in collaboration with the State's ADRNs 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 funding being allocated for the initial project, the ADRN, 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 database and screening tools for use by the WV Aging Network in the Take Me Home, West Virginia project.

West Virginia Bureau of Senior Services Website and Facebook Page

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 West Virginia Statewide Internet Group, which recognizes excellence in design, content, and accessibility of state government websites, awarded The Bureau's website, www.wvseniorservices.gov, with the distinction of being the #1 state website. 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 76,316 visitors, and its pages received 647,172 hits. The Bureau's Facebook page will contain some of the same information as our website but will also include photos of WV Aging Network events, announcements, current event, and website information. All media outlets will be maintained to include the most up-to-date and relevant information available. During the past twelve months, the Facebook page averaged 500 visitors per week.

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

Goals, Objectives and Performance Measures

GOAL 1 **Coordinate with AAA, ADRNs, County Aging Programs, (hereinafter referred to collectively as the “WV Aging Network”) and with other health care and social service agencies to provide older individuals 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 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:

- A. Develop public 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.
- B. 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.
- C. 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.
- D. Disseminate information to seniors, 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.
- E. Increase the use of social media (Facebook, Twitter, etc.) to disseminate information regarding the services and supports offered by the WV Aging Network. Updating data and page information weekly.
- F. Develop an interactive state map of Bureau services available by county.

Strategies	Performance Measures	Target Date
1.1 A. & B.	Six public service announcements on services available to seniors.	2017 and annually for each plan year
1.1 C.	Bureau staff representatives on the state agency committees will advocate at each meeting and at legislative presentations.	Ongoing
1.1 D.	Supply newsletter information on service access (10 articles).	10 times a year
1.1 E. & B.	Weekly update data and information on the Bureau’s Facebook page.	Ongoing
1.1 F.	Development of interactive map and quarterly updates of available services.	2017 and Ongoing

Objective 1.2 Support and facilitate the WV Aging Network’s role in developing improved systems of care that provide older people an integrated array of health and social supports.

Strategies to Accomplish Objective:

- A. Provide formula grants that support information, outreach, access, nutrition and supportive services and ensure the effective use of these grant funds.
- B. Conduct analysis of research findings, demographic trends annually, program data monthly and other information to identify strategies and approaches to support future program and policy development in this area.
- C. 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.
- D. 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. The use of quarterly provider meetings will help to facilitate the planning development.
- E. Encourage the WV Aging Network to advance health promotion/disease prevention activities through the OAA Title IIID Program. Assign Bureau staff to quarterly bring evidence-based options to providers.
- F. 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 quarterly meetings.
- G. 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.
- H. Monitor and adapt 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.

Strategies	Performance Measures	Target Date
1.2 A.	Annual allocation via state contracts signed with County Aging Programs.	Annually each August
1.2 B.	Review and analyze research findings on systems of care and demographic trends and quarterly AAA program delivery desktop reviews, monthly review of services and financial invoices.	Ongoing/Annually
1.2 C.	Seek out and apply for a minimum of three grants per year.	Throughout year
1.2 D.	Conduct quarterly provider meetings.	Annually – October, January, April, July
1.2 E.	Meetings four times a year as needed by the Wellness Coordinator with the County Aging Programs to embed and facilitate Health Promotions and present information to assist that process.	11/1/16 - Quarterly
1.2 F.	Gather information quarterly from National Council on Aging (NCOA), National Institute of Senior Centers (NISC), Meals on Wheels Association of America, (MOWAA) and discuss with County Aging Programs and AAA's.	Quarterly/Ongoing
1.2 G.	Test four access models at County Aging Programs.	2018
1.2 H.	Establish a fee schedule and tracking system for cost sharing in allowable Title III programs.	2017

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 who have access to information regarding an integrated array of health and social supports.

Strategies to Accomplish Objective:

- A. Disseminate information to the WV Aging Network on evidence-based health initiatives as

provided by the Administration on Aging (AoA), the Centers for Disease Control (CDC) and other agencies and organizations.

- B. Inform the WV Aging Network and all potential partners, on current programs provided by national, state, and local health initiatives via Facebook, web page and Bureau representation on councils.
- C. Share information and input regarding the health needs of the aging population to the WV Bureau for Medical Services (BMS) (the state Medicaid agency) for Medicaid services to help identify the health needs of West Virginia's aging population.
- D. Collaborate with other State agencies (i.e. DHHR, Public Health, Veterans Assistance, Division of Rehabilitation and Workforce WV, Federally Qualified Health Center (FQHC)) in an effort to better integrate the programs and services of the WV Aging Network into the health care arena.
- E. 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.

Strategies	Performance Measures	Target Date
1.3 A., B. & C.	Make available Bureau staff to participate in County Aging Programs Association Meeting, Aging Programs Advisory Group to increase knowledge and disseminate to seniors.	Ongoing
1.3 D. & E.	Include VA Rehab Workforce, Public Health, DHHR and CIL into ADRN database with help from Money Follows the Person subcontract from the BMS.	July 2017/Update Ongoing

Objective 1.4 Continue to research systems that promote coordination of transportation services for West Virginia's elderly population to increase access to services and social supports.

Strategies to Accomplish Objective:

- A. Utilize information gathered from the WV Aging Network, rural transit and the State Department of Transportation to identify the transportation needs of seniors across the state quarterly.
- B. Explore potential cost saving and coordination models to increase aging individuals' access to transportation services. Review potential for Route Coordination Software.
- C. Educate the WV Aging Network about the AoA Transportation Toolkit.
- D. Provide technical assistance to the transportation providers in the WV Aging Network about coordination efforts, particularly with local transit authorities by having Regional Transit Agencies attend quarterly Provider Meetings.
- E. Work with the West Virginia Transportation Coordinating Council in efforts to secure funding for pilot projects for coordination of transportation services.
- F. Serve as a representative on the West Virginia Transportation Coordinating Council as future funding opportunities become available.

Strategies	Performance Measures	Target Date
1.4 A. & B.	Research the availability and potential purchase of a vehicle cost tracking model for use by County Aging Programs to facilitate cost efficiency.	October, 2016 and September, 2017
1.4 C.	Disseminate toolkit to all County Aging Programs transportation providers (55).	October, 2016 and with new providers
1.4 D., E. & F.	Meet with WV Transit Authorities and Rural Transit Annually and have Bureau Staff work with WV Transit Coordinating Council to facilitate transportation efficient with County Aging Programs on behalf of seniors and disabled.	2 times per year

Objective 1.5 Strengthen the capacity to provide information and access to services to older adults and those with a disability by utilizing the ADRNs and County Aging Programs.

Strategies to Accomplish Goal:

- A. Inform the public about the information and referral options offered at the State’s ADRN’s that will assist individuals in making long-term care support decisions.
- B. Assist individuals with various program eligibility applications to expedite access to services.
- C. Transition to a Bureau hosted web based ADRN model.
- D. County Aging Programs and ADRNs will strengthen their partnership with the WV Department of Health & Human Resources (DHHR) by becoming a Community Partners. This partnership will allow ADRN and County Aging Service Programs 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.
- E. Establish partnerships with State agencies, local social services organizations, County Aging Programs and health care organizations to improve information sharing and to streamline referral and application processes to better serve individuals by adding Disability, Developmental Disability, CIL, ADRN and Veteran’s Assistance (VA).

Strategies	Performance Measures	Target Date
1.5 A.	Continue ADRN toll-free number and ADRN website.	Ongoing
1.5 B. & D.	Have each County Aging Program become Community partners with DHHR	45 of 57 providers by September 2017
1.5 C.	Develop and transition to a Bureau hosted web based ADRN model	December, 2016
1.5 E.	Meet with Disability Group, Veteran’s Assistance, CIL and WV Directors of Senior and Community Services to enhance ADRN database and information exchange.	October 2016 and ongoing updates

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:

- A. Work with BMS on their plans 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.
- B. Research and implement other self-directed models of service provision, including Older Americans Act Service Programs by testing in two counties in each Region.
- C. Explore implementation of the Veterans Directed Home and Community Based Services (VD-HCBS) Programs to increase access to services for veterans by meeting with all four VA Centers and develop a relationship with a minimum of one.
- D. Traumatic Brain Injury (TBI) – At this time, the Bureau is not involved with this waiver, but may become involved at a later date – provider monitoring only.
- E. Intellectual/Developmental Disabilities Waiver (IDD Waiver) – At this time, the Bureau is not involved with this waiver, but may become involved at a later date – provider monitoring only.

Strategies	Performance Measures	Target Date
1.6 A.	Work with BMS to assist in increasing client knowledge and self-direction and Personal Options program via quarterly provider training as per contract.	4 times a year 2016 – 2020
1.6 B.	Develop process and test self-directed in-home Title III	Complete by September, 2017
1.6 C.	Meet with all four VA facilities and develop a relationship with a minimum of one for better HCBS access of VA services.	Complete by October, 2017

Objective 1.7 Strengthen the ability of the WV Aging Network to provide information to older individuals 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:

- A. Inform Medicare beneficiaries, their families, and caregivers about health insurance coverage and benefits through the State Health Insurance Assistance Program (SHIP).
- B. Provide one-on-one counseling to consumers to facilitate an understanding of their health insurance coverage benefits through SHIP Coordinator.
- C. Ensure that seniors are made aware of the new prevention benefits under Medicare. Place information on the Website, Facebook and twice annually in County Aging Program newsletters.
- D. Provide training for SHIP staff to keep them up to date on policy changes and other relevant information annually and for any new counselor.
- E. Apply for any supplemental grants that become available through the Centers for Medicare & Medicaid Services, its contractors or other agencies or organizations.
- F. Partner with other state and local organizations to maximize all available resources in the provision of services to Medicare beneficiaries.
- G. Assist Medicare beneficiaries in applying for programs that will help pay Medicare costs including premiums and co-pays.
- H. RFP: Five (5) full-time SHIP Regional Providers

Strategies	Performance Measures	Target Date
1.7 A. & B.	Increase total SHIP contacts each a year; provide four articles to County Aging Programs Newsletters.	5% increase 2016-2020
1.7 C.	Place benefit information monthly on Facebook, website and four newsletters.	Ongoing
1.7 D.	Annually and to all new staff provide SHIP Training Updates.	Ongoing
1.7 E.	Review monthly Federal Register funding sources for grant opportunities.	Ongoing
1.7 F.	Continue memorandum of understanding with CILs, DDC, Social Security, and Herbert Henderson Office of Minority Affairs for SHIP outreach	Ongoing
1.7 G.	Increase SHIP referrals for Medicare Extra Help by 5%.	2016 and each program year/Ongoing
1.7 H.	RFP: Five (5) full-time SHIP Regional Providers	2017 ongoing and continue

Objective 1.8 Strengthen the ability of older West Virginians in their efforts to continue learning, 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 OAA funding (Title V).

Strategies to Accomplish Objective:

- A. 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.
- B. Advocate on behalf of seniors seeking employment through public education and marketing strategies on the benefits of employing older West Virginians.
- C. Work with the national contractors employed by the U.S. Department of Labor.
- D. Provide technical assistance, support, and guidance to the local sub-recipients in order to assure achievement of mandated performance goals meeting twice a year with local sub-recipients.
- E. 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.
- F. Take an active role on the WV Workforce Development Board and the Workforce WV Interagency Collaborative Team.

Strategies	Performance Measures	Target Date
1.8 A.	Bureau SCSEP Director meeting with Workforce Board	Four times per year
1.8 B. & E.	Bureau SCSEP Director meeting with Workforce; share information with 10 providers per quarter; SCSEP Director will continue relationship with Local, State and National Workforce Group; Work with sub-grantee, National Providers to assist workers	Quarterly/Ongoing Ongoing Ongoing
1.8 C.	SCSEP currently works with and will continue ongoing relationship with sub-grantee.	Quarterly/Ongoing
1.8 D.	Meet two times a year with sub-recipient for technical assistance.	Bi-Annually/Ongoing
1.8 F.	SCSEP Director of state contract will continue representation on WV Workforce Development Board and Workforce WV Interagency Collaborative Team.	Currently Ongoing

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

Objective 2.1 Inform seniors 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 lifestyle choices and disease prevention strategies.

Strategies to Accomplish Objective:

- A. Inform the growing number of seniors, the general public and policymakers of the importance of maintaining active lifestyles and healthy behaviors for successful aging.
- B. Enhance the Bureau’s social media presence by increasing the use of the Bureau’s Facebook Page.
- C. Continually update the Bureau’s website to ensure that it displays the most current information.
- D. Disseminate information throughout the WV Aging Network on health promotion and disease

- prevention programs to seniors, with emphasis on those who are low-income, rural, and limited English speaking (when applicable), and to the general public.
- E. Use the OAA Area Plan requirements to further encourage the WV Aging Network to advance health promotion/disease prevention activities through the core OAA Title III D Program and conduct outreach with local groups, churches, etc.
 - F. Publish and distribute the *Food and Fitness* newsletter written monthly by the Bureau's consulting registered dietitian.
 - G. 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 in delivery of Evidence Based Programs.
 - H. Provide consultation to WV Aging Network on livable/walkable communities.
 - I. Disseminate information on health promotion and disease prevention programs at the annual Robert W. Jackson Senior Conference and other events as appropriate.
 - J. Conduct MIPAA and SHIP funded outreach activities aimed at promoting wellness and preventing disease, with emphasis on provisions in the Affordable Care Act.
 - K. Develop interactive state map of wellness programs and opportunities.
 - L. Establish workgroup to develop Regional Wellness Plan.

Strategies	Performance Measures	Target Date
2.1 A, B., C. & D.	Coordinate data and prevention information and healthy aging information on all social medias of the Bureau newsletters and ADRNs	Ongoing
2.1 E.	Require minimum of two Chronic Disease Management activities in each region in 2017 county provider contracts.	2017/Serving 40 of 55 counties
2.1 F.	Post Food & Fitness Newsletter on website, Facebook, ADRN and to contracted agencies	Monthly/Ongoing
2.1 G.	Provide training on Chronic Disease Management for one leader in each regional area working with Public Health agencies.	October, 2016/Ongoing
2.1 H.	Assign Wellness Director to meet quarterly with County Aging Programs.	Quarterly/Ongoing
2.1 I.	Coordinate the Robert W. Jackson Senior Conference annually.	May each year
2.1 J.	Provide SHIP along with wellness and disease prevention programs regionally as funds are available from CMS.	Ongoing
2.1 K.	Develop interactive State Map of Wellness Programs and Opportunities and conduct quarterly updates of information.	October 2016, Ongoing
2.1 L.	Develop Regional Wellness Program Initiative to make better use of limited resources	Active by October, 2017

Objective 2.2 Support the WV Aging Network's role in developing programs that help seniors 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:

- A. Provide regional grants that support health promotion services and ensure the effective use of these grant funds.
- B. Utilize the Centers for Medicare and Medicaid Services (CMS) Innovation Center, established by the Affordable Care Act, to explore new ways to pay for and deliver improved systems of care and health while lowering costs.
- C. Use the OAA area plan requirements to help the WV Aging Providers document how they utilize funds through the OAA Core Titles to advance priorities in this area.
- D. 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.

- E. Support the development and testing of new models and techniques that can help older people stay active and healthy, including models targeted as high risk populations.
- F. 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.
- G. 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.
- H. Coordination with universities, health departments, and State Health Department.

Strategies	Performance Measures	Target Date
2.2 A., B., C. and D	Use Title III-D Regional grants and monitor quarterly by Wellness Director Disseminate information to Title B, D, and E. Reaching 5,000 seniors with healthy living and reporting.	Current and ongoing
2.2 E.	Wellness Director will develop and test four models; one in every region.	October 2017
2.2 F.	Track Social Assistant Management System (SAM's) Data for trend and develop future programs on Healthy Lifestyles.	Ongoing
2.2 G.	Coordinate agencies and Bureau staff to monitor in cost share in health promotions and Disease Prevention Programs quarterly and report results.	Effective October, 2017
2.2H.	Meet on wellness management models, meal standards and handling	2016/Ongoing

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:

- A. Participate on the Board of West Virginia on the Move, Inc. and encourage the WV Aging Network to participate in the program.
- B. Partner with West Virginia University, Department of Orthopedics, in its grant to evaluate evidence-based community-delivered physical activity programs.
- C. Participate with the West Virginia Osteoporosis/Arthritis Advisory Panel to provide presentations to the WV Aging Network on the prevention of falls and osteoporosis, and partner with the West Virginia Comprehensive Cancer Control Coalition in order to educate the WV Aging Network about the challenges of cancer control and to disseminate information on prevention, early detection, and quality of life.
- D. Partner with the Bureau for Public Health's (BPH) Cardiovascular Health Program to educate the senior population about the signs and symptoms of strokes.
- E. Participate and work with the West Virginia Office of Healthy Lifestyles (OHL).
- F. Participate in the State Health Education Council.
- G. Partner with the West Virginia Diabetes Prevention and Control Program through BPH.
- H. Work with the WV Aging Network to implement proven evidence-based models.
- I. Encourage the coordinated vaccination of seniors, particularly for influenza, shingles and pneumonia, through their local providers by promoting participation in health fairs, medication management, and other related venues.
- J. Partner with Aging and Family Services of Mineral County, Inc. in Senior Olympics.

Strategies	Performance Measures	Target Date
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2.3 A.	Facilitate 10 County Programs per year to participate with WV on the Move.	October, 2016 – September, 2020
2.3 B.	Facilitate four presentations to Senior Center Activity Director of Physical Activities and evidence-based program for County Aging Programs.	Annually
2.3 C.	Distribute cancer education information to all In-Home Clients, Osteoporosis and Fall Prevention.	Cover a year
2.3 D.	Distribute materials on cardio vascular heart disease and early detection and symptoms.	Cover a year
2.3 E.	Work with WV Office of Healthy Lifestyles (OHL) to present four educational sessions a year to staff and public on healthy lifestyles.	Regionally Annually
2.3 F.	Bureau staff will continue attending the WV Health Education Council Meetings.	Ongoing
2.3 G.	Wellness Director will facilitate four trainings for the Aging Network staff to be able to host Diabetes Prevention and Control Programs, training 15 staff.	Four times each plan year
2.3 H.	Coordinate with BPH to train 15 County Regional based Directors; Train 20 County Program Staff to implement Evidence Based Disease Management Programs.	October, 2016 - Ongoing
2.3 I.	Facilitate Volunteer Clinic at all senior centers contracted with the Bureau for pneumonia and influenza – 35 centers.	Ongoing/Annually
2.3 J.	Annually partner with Mineral County for Senior Olympics	Ongoing

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 ADRN and County Aging Programs.

Strategies to Accomplish Objective:

- A. Inform the public about the information and referral options that ADRNs and County Aging Programs offer to assist individuals in making decisions that promote active and healthy lifestyles.
- B. Utilize the ADRN 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. Money Follows the Person Options Counseling.
- C. Work with AoA, BPH and AAA to cross-train ADRN and County Regional Aging Program staff to be leaders in Chronic Disease Self-Management Courses to increase awareness of these programs and the availability of classes.
- D. Disseminate information regarding assistance to caregivers through OAA and West Virginia’s state-funded FAIR Title III E programs and increase the number of families who receive caregiver assistance by targeting low participation areas.
- E. Increase the use of social media (Bureau website, Facebook) and the ADRN web-based resource directory to disseminate information regarding the services and supports offered by the WV Aging Network.

Strategies	Performance Measures	Target Date
2.4 A.	Increase ADRN referral contacts by 5% per year.	October, 2016/Ongoing
2.4 B. & C.	Work with BPH office and train ADRN staff and five County Aging Programs in Chronic Disease Management.	2017/2018 program year/Ongoing
2.4 D.	Work with WV Alzheimer’s and WV Primary Care Association to distribute information and target FAIR and Title III E Services in WV Mountain area by hours and clients.	October 2016/Ongoing
2.4 E.	Evaluate and measure social media contacts and ADRN web-based resource directory visitors and page views.	Quarterly/Ongoing

GOAL 3 Promote coordination among the WV Aging Network that ensures that the rights of older individuals 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 Network’s capacity to promote coordination among all agencies to ensure that the rights of older individuals to be protected against abuse, neglect, and exploitation are preserved.

Strategies to Accomplish Objective:

- A. Maintain 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, DHHR, West Virginia Health Care Association, legal aid organizations, State Police, local law enforcement, and WV Aging Network providers.
- B. Develop public education/awareness campaign that disseminates up-to-date information regarding the varied and insidious means by which older individuals 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 will 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 and Twitter).
- C. Inform upper level management of State and regional agencies about the roles other agencies play in prevention of abuse, neglect, and exploitation of older individuals. The roles of individual agencies will be defined based upon the information gathered in the development of public education information.
- D. Identify policies that may require strengthening in order to prevent abuse and fraud and implement improvements to strengthen existing policies.
- E. Inform state, regional, and local policymakers of the rights of older individuals to be protected against fraud and abuse and provide them background information regarding the needs within the State’s older and disabled population.
- F. 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.
- G. Support regional conferences or a statewide event directed at providing information to agency representatives from throughout the area and the public about abuse, neglect, and exploitation and methods of prevention.
- H. Identify and disseminate information and technical assistance to the AAA to support the knowledge base of employees who provide technical assistance to County Aging Programs.

Strategies	Performance Measures	Target Date
3.1 A.	Support the West Virginia Financial Exploitation Task Force.	2016 and Ongoing
3.1 B., C., D., E. & F.	Work with DHHR to coordinate Elder Abuse Day and assist in developing a media campaign.	Ongoing
3.1 G. & H.	Embed elder abuse training information in quarterly Governor’s Conferences;	October, 2016/Ongoing

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 population.

Strategies to Accomplish Objective:

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

Strategies	Performance Measures	Target Date
3.2 A.	Identify and recruit volunteer organizations to cover all 55 counties to assist with elder abuse prevention with a minimum of one organization per county.	Ongoing
3.2 B.	Work with Adult Protective Services and volunteers to facilitate four regional elder abuse workshops.	Annually
3.2C	Disseminate lists of volunteer groups and activities with Adult Protective Services to all county DHHR offices, ADRN, County Aging Programs and online.	Annually/Ongoing

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

Strategies to Accomplish Objective:

- A. Inform the public about the services the ADRNs and County Aging Programs offer to assist older individuals in understanding their rights to be protected by Statewide Elder Abuse Awareness.
- B. Inform the public about the services of SHIP Counselors and Senior Medicare Patrol (SMP) throughout each region, who have been trained to identify fraudulent Medicare and health insurance practices.
- C. Strengthen and support partnerships with all agencies working to prevent abuse, such as WV Senior Legal Aid, DHHR and the West Virginia Attorney General's office, which is the State agency that primarily targets perpetrators of fraud.

Strategies	Performance Measures	Target Date
3.3 A.	Bi-monthly Facebook Information, Twitter Account and Website Twitter Account on Elder Abuse and where to turn.	Annual training/Monthly
3.3 B.	Train County and Regional SHIP Counselors to assist seniors in identifying medicine and health insurance products and fraud.	Ongoing
3.3 C.	See performance measure 3.1A See performance measure 3.2C.	2016 and Ongoing Annually and Ongoing

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

Strategies to Accomplish Objective:

- A. Inform social workers and discharge planners about agencies that can provide support for identified individuals. ADRN will develop relations with a minimum of four discharge planners per region.

Strategies	Performance Measures	Target Date
3.4 A.	The ADRN will accept referrals to MFP and determine if they are likely eligible for the Program, and if so, make referrals to our Transition Navigators. If they are not likely eligible, the ADRN staff process as any other referral and provide information on home and community-based service options.	Ongoing

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 serving the most vulnerable populations.

Objective 4.1 Offer ongoing education and training opportunities on senior, disability, person-centered care 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 WV Aging Network.

Strategies to Accomplish Objective:

- A. The Bureau will offer workshops/training to County Aging Programs directors and staff and Area Agencies on topics to include fiscal training, legislative updates, policy and procedures updates, person-centered care and other timely topics relevant to the WV Aging Network
- B. Conduct monthly conference calls with AAA to provide regional updates and collaborate on resolutions to identified issues.
- C. Provide information on MOWAA and leadership programs to promote best practices in nutrition programs.
- D. Offer technical, financial, and programmatic support and/or assistance to all WV Aging Network service providers.
- E. Maintain Bureau’s website, Facebook page, and Twitter Account to ensure all have the most up-to-date information relevant to the WV Aging Network.
- F. Collaborate/partner with 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. Work with the Governor’s Internship program—WV State, Bridge Valley Community and Technical College, West Virginia University, Marshall University and the state education institutions.
- G. Attend quarterly Provider Meetings upon invitation and provide Speaker to Fall and Spring Conference.

- H. Evaluate the feasibility of a Governor’s Conference on Aging either statewide or regional.
- I. Assess grants and contracts to ensure person-centered principles and service delivery models.
- J. Identify appropriate person-centered planning methodologies for OAA services.
- K. Provide training and technical support to the WV Aging Network on person-centered care.

Strategies	Performance Measures	Target Date
4.1 A.	All County Aging Programs and Area Agencies on Aging will attend at least three of four trainings.	Ongoing
4.1 B.	AAA’s (or staff) will participate in 100% of monthly conference calls with the Older Americans Act Director.	Ongoing
4.1 C.	Enroll county aging providers in MOWAA and encourage participation in nutrition magnet accreditation and leadership certificates (20% participation in magnet accreditation and/or leadership certificates).	Ongoing Enrollment 2020 accreditation and/or certificates
4.1 D.	Provide ongoing technical assistance and conduct annual on-site reviews and/or desktop reviews utilizing \policy manual(s).	Ongoing
4.1 E.	Assign staff to monitor and update website, Facebook page, Twitter Account and other social network sites.	Ongoing
4.1 F.	Work and partner with the Governor’s Internship program—WV State University, Bridge Valley Community and Technical College, West Virginia University, Marshall University, Shepherd University to place a minimum of 20 students annually in County Aging Programs.	Ongoing
4.1 G.	Provide a speaker to the annual fall and spring provider meeting.	Ongoing
4.1 H.	Assemble a study group to determine the feasibility of a Governor’s Conference on Aging.	2017
4.1 I.	Incorporate person-centered methodologies in all grants and contracts.	2017
4.1 J.	Establish a workgroup to develop person-centered planning methodologies for all OAA services.	2019
4.1 K.	Ensure that at least one quarterly provider meeting will include person-centered care training.	Ongoing
4.1 K.	Invite Aging Network and ADRN representatives to join Long-Term Care Advisory Council.	2016 and Ongoing

Objective 4.2 Encourage and improve communication and coordination between the Bureau, AAAs, ADRNs, CIL, DDC, Disabled Veterans, County Aging Programs and other public and private entities involved in the provision of services to seniors throughout West Virginia.

Strategies to Accomplish Objective:

- A. The Bureau will continue to conduct bi-monthly meetings with AAA to keep both parties abreast of issues which could affect seniors throughout the State.
- B. Encourage County Aging Programs to seek out and expand coordination of efforts with other aging Service Providers (CIL, Developmental Disabilities, Behavior Health, Hospice, Hospitals).
- C. 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 AAAs and the Bureau the opportunity to respond immediately to issues that may need to be addressed.
Require Bureau staff to monitor AAAs and ADRN offices at least twice per year on financial status, programmatic performance, and contract fulfillment.

Strategies	Performance Measures	Target Date
4.2 A.	Four AAAs will attend 5 of 6 meetings annually.	October, 2016/Ongoing

4.2 B.	Facilitate with WVDSCS data exchange and annual meetings with Disability Community Programs.	Annually
4.2 C.	AAA will perform desktop reviews of all contracted providers..	Annually or as needed
4.2 D.	Each AAA will be monitored on financial status, contract fulfillment and reporting twice annually by desk top review or onsite review.	Ongoing

Objective 4.3 Strengthen the ability of the Bureau, through modifications to management methodologies (structure, cost analysis), to provide maximum efficiencies in delivery of services under the OAA to enable older West Virginians to live independently and with dignity in their communities.

Strategies to Accomplish Objective:

- A. Compile data on core services currently provided in each West Virginia County.
- B. Develop an aging network work group to evaluate data on core service provision and identify gaps in services.
- C. Utilize work group and other research/informational tools to develop a hierarchy of the core services that identify each service and their level of assistance at maintaining an individual in their own home.
- D. Review current methods of financing services and explore more cost effective processes to ensure maximum efficiencies.
- E. Review performance standards for provision of services to enhance maximum cost efficiencies, equitable access, quality, and structure.
- F. Seek to maximize limited resources through enhanced management and competitive. Review the current administrative practices utilized throughout the WV Aging network and make improvements, where necessary.
- G. Seek to maximize limited resources through enhanced management, coordination and collaboration and competitive processes.
- H. Research prioritization strategies and provide technical assistance to the WV Aging Network.
- I. Increase the WV Aging Networks recruitment, training, and retention of volunteers to supplement provision of services to seniors.
- J. Increase the WV Aging Network providers/employees understanding of business fundamentals.
- K. Promote new service delivery models with options of mergers, partnerships, management agreements and possible consolidation.

Strategies	Performance Measures	Target Date
4.3 A.	Research, monitor programs, to assist in design for improvement and effectiveness.	2016 through 2018
4.3 B., C., D., E., F & G.	Form an aging network group on finance and services to review operations and recommend program changes. Survey 20% of service recipients in each service category for input on service delivery and develop or redesign system.	2017
4.3 G., H	Provide training opportunities and technical assistance on non-profit management models and prioritization.	Annually
4.3 I.	Collect data on the current volunteer workforce and form a working collaborative involving the SUA, AAA's and providers identified with strong volunteer workforces to increase the volunteer workforce by at least 5%.	Test and incorporate by 2018
4.3.J.	Provide resources and training opportunities on business acumen.	2017/Ongoing
4.1.K.	Research various service delivery models and evaluate possible mergers, partnerships, management agreements and consolidation plans.	2016/2017

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:

- A. Conduct training via the Bureau’s data contracted agency 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 annually.
- B. Conduct 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 annually.
- C. Conduct train-the-trainer sessions for select employees within the WV Aging Network to expand client tracking training opportunities statewide.
- D. Develop and implement the Services Assessment Evaluation Form within SAMS to streamline client tracking and decrease the occurrences of missing data in the client tracking database.

Strategies	Performance Measures	Target Date
4.4 A.	Provide annual training for all county data entry staff annually. Minimum of one staff per county trained.	Ongoing
4.4 B.	Provide census tracking data research and how to use data reports and maps annually.	2016 and ongoing
4.4 C.	Train three train-the-trainers in each region on data entry operations.	Annually 2016 and Ongoing
4.4 D.	Increase data entry and accuracy by 10% annually.	2016/annually

GOAL 5: Strengthen Emergency Planning and Citizen Preparedness Capabilities.

Objective 5.1 The Bureau, AAAs/ADRNs, and County Aging Programs will work together to inform older individuals on the necessary precautions to take in the event of an emergency/disaster.

Strategies to Accomplish Objective:

- A. The Bureau will participate in planning meetings held by the West Virginia Department of Homeland Security and Emergency Management (DHSEM) to develop the West Virginia Emergency Operations Plan (WVEOP).
- B. The Bureau will update the agency Emergency Operation Plan.
- C. The Bureau will develop a plan template and coordinate and collaborate with AAA’s and County Aging Providers to develop emergency response plans that are coordinated with the WVEOP.
- D. Provide ongoing training and distribution of emergency/disaster information to the WV Aging Network.
- E. Emergency/disaster response guide specifically targeting seniors.
- F. Work and partner with AAAs/ADRNs, County Aging Programs, 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.
- G. Ensure each provider has a current Emergency Plan and that it specifically targets vulnerable

seniors in their county.

- H. Work and partner with the Center for Threat Preparedness to ensure that senior's needs are considered in any emergency/disaster plans.
- I. Maintain connection with the DHSEM to ensure that the WVEOP meets the needs of all West Virginia seniors.

Strategies	Performance Measures	Target Date
5.1 A.	The Bureau will participate in scheduled planning meetings held by the DHSEM to develop the WVEOP.	2018 (or as scheduled)
5.1 B.	The Bureau will update its agency Emergency Operations Plan annually.	2016 and Ongoing
5.1 C.	The Bureau will develop a new Emergency Contingency Services Operation Plan (ECSOP) for County Aging Providers to develop and submit to the AAA's and the Bureau annually.	2017 and Ongoing
5.1 D.	Provide emergency preparedness information at least annually at quarterly provider meetings.	Ongoing
5.1 D.	Develop a best practices manual for responding to older adults and other vulnerable populations in emergencies of all types and disseminate to the WV Aging Network and other partners that work specifically with these populations.	2018
5.1 E.F.	Annually provide senior and disabled specific emergency informational guide to county aging providers, AARP, American Red Cross and other state agency/organization partners for dissemination to those populations.	Ongoing (Annually)
5.1 G.	Evaluate county aging providers ECSOP annually and provide training on developing a list of seniors who may need assistance during an emergency and develop an emergency communication and response process.	2016 and Ongoing
5.1 H.	Develop partnership with DHHR Center for Threat Preparedness	2016 and Ongoing
5.1 I.	Work with DHSEM on WVEOP.	2016 and Ongoing

Objective 5.2 The Bureau and WV Aging Network will continue to address how seniors with specialized needs and individuals with mental illness can be assisted before, during and after crisis situations.

Strategies to Accomplish Objective:

- A. Provide ongoing information and referral services.
- B. Monitor changing conditions in the external environment and communicates changes to callers or others accessing information via the internet.
- C. Monitor the status of critical services during disasters by communicating with disaster relief organizations (Red Cross, FEMA, Bureau for Behavioral Health and EMS) and emergency management agencies (Center for Threat Preparedness, DHSEM).

Strategies	Performance Measures	Target Date
5.2 A.	Provide emergency preparedness information with specific information related to mental health and specialized needs to seniors before, during, and after flood/snow or other emergencies via website, Facebook, county newsletters and flyer distribution.	Ongoing
5.2 B.	Emergency preparedness staff will be on hand and updating emergency information via website and online	Ongoing
5.2 C.	Emergency preparedness staff will be active for state or regional emergency issues.	Ongoing

B. Intrastate Funding Formula & Funding (No Changes in this Formula)

A. State Funding Formula

The Bureau allocates Title III-B, C, D, E and Elder Abuse Prevention funds to the AAA via a formula developed to conform to OAA requirements. This formula combines factors and weights as listed below, and was implemented in Federal FY2005. It is consistent with the previous State Plan submission.

Chart 1

FACTORS	WEIGHTS
Population aged 60+	0.8
Population aged 65+ Low Income	0.1
Population aged 65+ Minority	0.1
TOTAL	1.0

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

Chart 2

REGION	FORMULA
Northwestern	0.275313
Metro	0.299757
Upper Potomac	0.201807
Appalachian	0.223123
TOTAL	1.0

Chart 3

REGION	POPULATION 60+	65+ BELOW POVERTY LEVEL	MINORITY 65+
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
TOTAL	422,861	35,516	8,997

FORMULA DEVELOPMENT AND ASSUMPTIONS

The three formula factors (60+, 65+ low income and 65+ minority) were selected in response to OAA directives which correlate with the need for services. There is acceptable, current, demographic data available for each factor. The weight of 0.1 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 0.1 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 the Bureau serves an older demographic of our population and the census provides those numbers.) Part of this 2016-2020 Plan is to update intrastate Funding Formulas to reduce the eighty percent population factor and add new factors that include isolation, medical underserved and possibly other factors to target seniors with the greatest need. The currently approved Intrastate Funding Formula will be used until a new Funding Formula is approved and an amendment to this plan is submitted.

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 OAA. The formula is also applied to remaining State Programs for the Elderly funds allocated to meet matching requirements.

Beginning with Federal FY2012, the new formula amounts derived using the 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 was 75%.

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 OAA that are not allocated by formula include Title V 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.

C. ATTACHMENTS

**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 aging, or by the State in the case of single planning and service area States.



Sec. 306(a), AREA PLANS

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

- (A) services associated with access to services (transportation, health services [including mental health services], outreach, information and assistance [which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible], and case management services);
- (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

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

- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need 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.

_____, Commissioner

Signature and Title of Authorized Official

Date

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 306(a) (17)

Each AAA works with providers to have a county Emergency Contingency Services Operation Plan (ECSOP) in place that covers the types of services that can be provided to service recipients in different types of emergencies. Providers work closely with their county emergency services and many senior centers are designated as official emergency shelters. Providers update plans annually or as changes occur.

Section 307(a)(2)

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 86% of the total federal Part B expenditures. For expenditures from all sources for Part B related activities, over 81% 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) (14)

(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 307(a)(29)

The Bureau works with the county aging providers and Area Agencies on Aging on disaster preparedness. County aging providers are required to submit an Emergency Contingency Services Operation plan annually for review and approval that demonstrates their preparedness to meet the needs of seniors in their counties in emergency situations. County aging providers partner with local emergency response agencies, relief organizations and local governments.

Section 307(a)(30)

The Commissioner of the Bureau of Senior Services as well as assigned Bureau staff work and partner with the West Virginia Division of Homeland Security & Emergency Management in the development of the West Virginia Emergency Operations Plan to deal with disasters and large-scale threats that result from terrorism, enemy attack, sabotage or other hostile action, or from fire, flood earthquakes or other natural or man-made causes.

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 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.



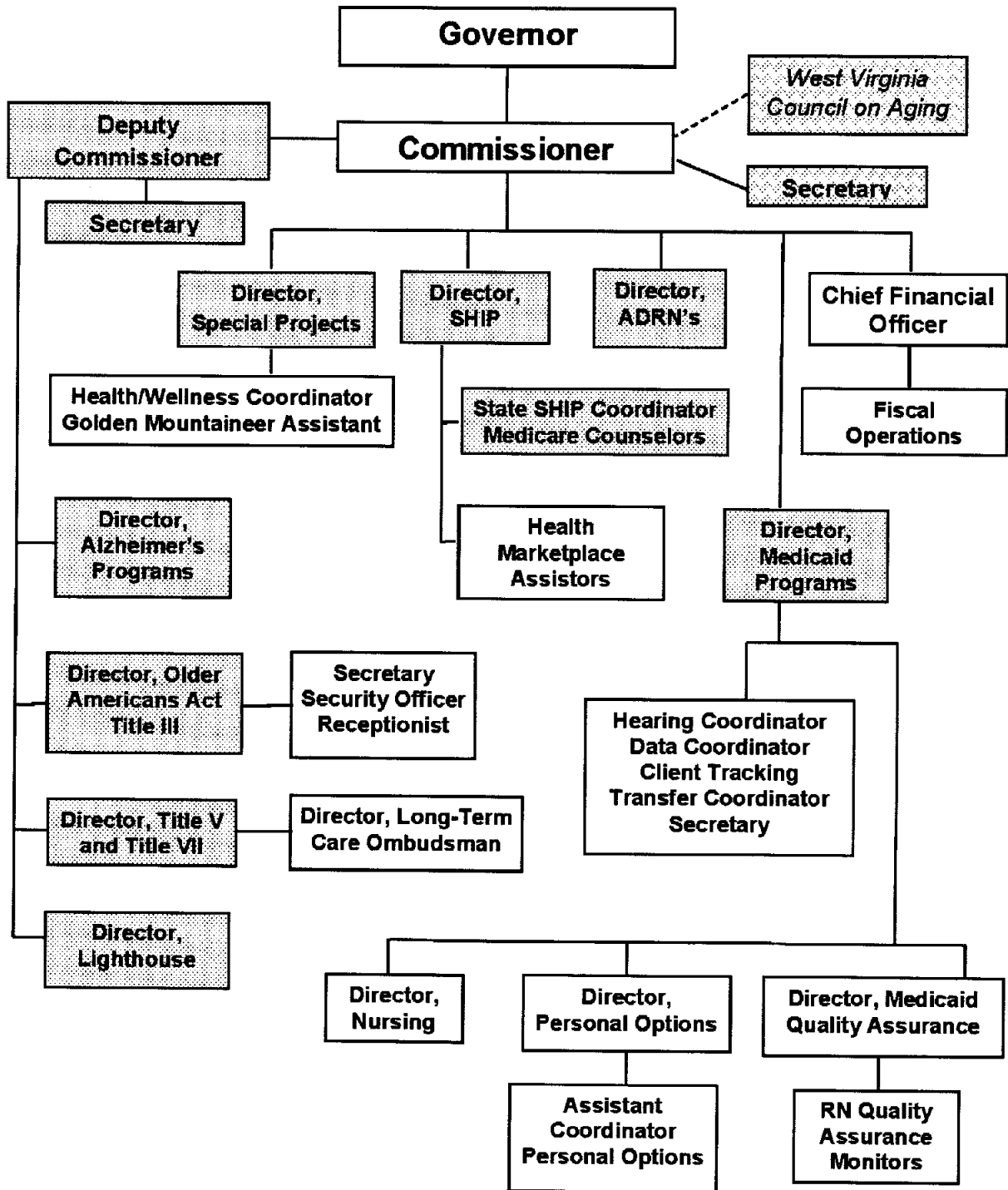
(B) The State does not permit involuntary or coerced participation in services by alleged victims, abusers, or their households.

(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.

West Virginia Bureau of Senior Services Organizational Chart



Geographical and 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 51.3 percent of its citizens living in rural areas and 48.7 percent in urban areas; the state’s population density is about 77 people per square mile. West Virginia is made up of about 325 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 228,000. The Census Bureau classifies West Virginia as one of the most rural states in the nation, yet it is within a 500 mile radius of more than half of the U.S. population. West Virginia is the 38th largest state in the U.S.

West Virginia, is most often referred to as a Mid-Atlantic state, nestled in the Appalachian highlands in the east central section of the United States. It is accessible 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 lies entirely within the Appalachian Mountain Chain and served by the Appalachian Regional Commission.

Ethnically, the ancestry of the State’s population is diverse. It is composed primarily of a combination of English (35.2%), German (17.2%), Irish (8%), Scots-Irish (5%) and Italian (4.8%). Only 1.5% of the state’s residents were foreign-born. This is in part a reflection of the static that only 2.4% of the state’s population speaks a language other than English at home. A little more than 3 percent of the population is classified as nonwhite.

A lifestyle that includes independence, self-sufficiency, and preservation of the family homestead are the values that older West Virginians maintain. This is demonstrated by the fact that older residents consistently sustain the highest percentage of home ownership in the nation at an estimated 73 percent.

West Virginia has a median age of 41.3 years. Various statistical reporting sources including the U.S. Census indicates that the number of older people will steadily increase with each decade. The number of people 65 years of age or older increased by 7.4 percent or up 20, 509 people to 297,404 from 2000 to 2010. The number of individuals 85 years of age rose by 4,142 for a total of 35,951 individuals or by 13 percent during the same period. West Virginia continues to project to be one of the grayest States in both the nation and world by 2030 and beyond.

Economic Status

In 2014 the median household income in West Virginia was \$41,576 compared to the national average of \$51,939. West Virginia households have the lowest income in the nation with 18.3 percent living in poverty. For people age sixty-five and older, 9.4 percent of the population or estimated 29,347 seniors live in poverty based on the 2010 census. As noted earlier however, West Virginians maintain a high home ownership rate which, in most instances, is their only significant asset. As of 2014, the median value of these homes was \$100,200 compared to the national average of \$188,900.

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 21,300 family-run farms that generate over \$1 billion in value of production. Additionally, West Virginia is home to Toyota, Amazon.com, biotechnology firms including Protea Bioscience, Mylan Pharmaceuticals and Progenesis, as well as the Blanchette Rockefeller Neurosciences Institute, the Mary Babb Randolph Cancer Center, and the West Virginia University Erma Byrd Biomedical Research Center. The Tourism industry continues its growth with travel spending in the state of approximately \$4.5 billion dollars in calendar year 2014.

Health and Long-Term Care Status

In terms of acute care access, there are medically under-served areas in 49 of the 55 Counties, and all or parts of 43 counties are designated health professional shortage areas. The State's 64 acute care community and specialty hospitals are spread among 42 counties with 13 counties having no community hospital. There are, however, 52 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 10,386 beds in 128 nursing homes, acute care and specialty hospitals provide an additional 1,901 beds to meet this need and to compensate for decreasing inpatient acute care. West Virginians also have access to long-term care through 101 assisted living residence homes with 3,339 beds and an additional 345 beds in 115 legally unlicensed homes.

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

Current Services and Supports

The Bureau, 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 AAA offices, three (3) regional ADRNs, 55 county-based Aging Service Programs and a multitude of other partner agencies. Following are summaries of the Bureau's current OAA 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, and caregiver support services, etc.

Nutrition

Congregate meals are served by County Aging Programs/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 2.148 million congregate and home-delivered meals to 28,739 seniors.

There are currently 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 Aging Programs 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 County Aging Service Providers (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 with West Virginia Senior Legal Aid, Inc. (WVSLA). WVSLA targets those seniors with the greatest economic and social need including disabled, rural, minority, LGBT, very elderly, and low-income seniors statewide. This year, WVSLA served a total of 730 seniors across all 55 counties, providing 1,359.5 hours of individual legal assistance, including legal advice, counsel, document review and drafting, and out of court advocacy. WVSLA's client access points include a toll-free number, 1-800-229-5068; their website, www.seniorlegalaids.org; and outreach visits to individual county senior centers and partners. WVSLA delivered substantive elder law and issue-spotting trainings and case consultation to legal, aging, and disability advocacy organizations and networks throughout the state. This year, WVSLA published the 18th edition of its manual, *Legal Questions Frequently Asked by West Virginia Seniors*, both in hard copy

and on its website. WVSLA continued to publish occasional news posts on its award-winning Aging and Law in West Virginia blog at www.seniorlegalaid.blogspot.com. WVSLA continued to participate in the WV Coalition Against Domestic Violence's partnership project focusing on abuse in later life this year, the statewide Financial Exploitation Task Force, the ADRC Advisory Council for Regions I and III, the Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS), the WV LGBT Legal Advocacy Network, and the WV Access to Justice Commission. WVSLA partnered with the Alzheimer's Association and AARP to present legal workshops as part of day-long programs around the state targeted to caregivers, both family and professional. WVSLA provided legal information to more than 1200 workshop participants at these and other events who included seniors, family caregivers, paid caregivers, social workers, attorneys, physicians, geriatric professionals, and law students this year on topics including financial powers of attorney law, mental capacity and legal decision-making and planning for incapacity, special legal issues of LGBT seniors, dealing with debt, preserving autonomy through proactive legal planning, myths and realities of Medicaid estate recovery, grandparent rights in West Virginia, avoiding financial exploitation, the new Transfer on Death deed, and legal issues related to Green/Natural Burial in West Virginia.

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 Ombudsman Program conducted 944 monitoring visits in 274 long-term care residential facilities (nursing homes, assisted living residences, and legally unlicensed homes) in 2015. The ombudsmen investigated 1015 complaints made by or on behalf of long-term care residents in 2015. Sixty-two percent (62%) of those complaints were verified. Two-thirds (2/3) of the complaints opened were resolved, or partially resolved, to the satisfaction of the resident and/or complainant. The ombudsmen worked with resident councils 420 times; participated in 37 community education sessions; conducted 60 trainings for facility staff on the topics of resident rights, abuse and abuse reporting, and dealing with difficult behaviors; and provided 1,870 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, Inc. in Kingwood, WV, which works directly with seniors in eleven (11) 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, Inc. provided support to 153 people, with 16 achieving unsubsidized employment. During enrollees' on-the-job training, they provided 59,275 hours to general community service groups, with an additional 29,091 hours to senior specific groups. The annual grant for 2016 was submitted in May of this year.



Non-Title III Services and Supports – State Funded

West Virginia is extremely fortunate in that state legislators and the Governor, recognizing the growing unmet need of seniors in the state, enacted legislation earmarking funds from the West Virginia Lottery for senior programs. As a result, the following state-funded programs 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 Network (A Network of Resource Centers)

In 2003, West Virginia established two ADRCs targeting seniors over the age of 60 and adults with physical disabilities, utilizing funds received through an AoA grant. With additional funding from a 2006 supplemental grant and additional monies received through the West Virginia Legislature, West Virginia's ADRCs have expanded to three (3) centers covering all fifty-five counties in the state. With the ongoing addition of Agencies and Provider partners the ADRC has transformed to the Aging and Disability Resource Network. Following the vision of AoA, Aging and Disability Resource Networks are working to become 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 statewide. Consumers receive a comprehensive needs assessment that helps determine which services best suit their individual long-term care needs. ADNRNs also assist consumers in applying for long-term care services and benefits and are involved in various evidence based disease prevention programs and care transitions. In 2015, ADNRNs assisted 16,494 individuals with their long-term care needs. ADNRNs are state funded through the Bureau and are operated by the two of the four Area Agencies on Aging and a State Unit at the WV Bureau of Senior Services. The ADNRNs have a statewide toll-free number and a website that contains a comprehensive resource directory for every county in the state (www.wvnavigate.org). See Attachment 22 for a map of ADNRNs.

Family Alzheimer's In-Home Respite (FAIR)

FAIR is a state-funded (WV Lottery) program created by the Bureau in 2006 and 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. Trained workers from each county aging program give caregivers a much needed break and, at the same time, offer stimulation and socialization to individuals with dementia. 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 \$1.50 per hour. Payment for FAIR is on a state cost share scale, based on the income of the care recipient. In 2015, FAIR provided 222,460 hours of service to 1,600 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. Direct care workers receive required dementia care training prior to providing services through FAIR.

Lighthouse

The Lighthouse Program is a personal care service designed to assist seniors who have functional needs in their homes and do not qualify for any Medicaid in-home care programs. Services are provided by a trained caregiver who is employed by the County Aging 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 \$1.50 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 assessed by the County Aging Program's registered nurse. In this eighth year (2015) of the Lighthouse Program more than 2,545 seniors received over 620,550 hours of service. The fees collected for services averaged \$1.08 for each unit of service and are used to provide additional in-home services in the county.

Legislative Initiative for the Elderly (LIFE) Programs

LIFE is funded by the State Legislature also through lottery funds. These funds can be used for County Aging Program facility renovations and AAA administration costs and the balance is distributed to the County Aging Programs to supplement services. Services delivered with these funds are modeled after those provided by the OAA, with each County Aging service provider 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

Title XIX Medicaid Aged & Disabled Waiver (ADW) Program

The Bureau 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 participants. The program served 6,450 participants in FY 2015. To be eligible for the ADW program, applicants must submit a Medical Necessity Evaluation Request form signed by a MD, D.O., Physician Assistant or Nurse Practitioner. Financial eligibility will then be determined. 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 financially and medically approved, their services cannot exceed the average cost of nursing home care. ADW participants can choose to receive their services – case management, personal attendant services, skilled nursing assessment/supervision, non-medical transportation – 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.

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 2015, 9,641 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 support and assistance outside the home to help obtain/retain competitive employment of at least 40 hours per month. Bureau staff provides full-time program monitoring to assure quality services and to meet state and federal regulations as well as provider training and technical support.

Medicaid Personal Options

Personal Options offers 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. In FY 2015, 835 ADW participants chose to self-direct their services through this program option. Bureau staff members



enroll participants 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 provides educational group presentations and use 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 at the Bureau and within the Aging and Disability Resource Network throughout the state. Additionally, counselors are located in County Aging Programs locations. SHIP counselors also provide assistance in applying for programs to help with Medicare premiums and co-pays. Between October 2014 and September 2015, SHIP has served 27,263 Medicare beneficiaries and provided 1,051 public media events statewide.

Other Services

Robert W. Jackson Senior Conference

The annual Robert W. Jackson Senior Conference was held May 17-19, 2016, at Cedar Lakes Conference Center in Ripley, West Virginia. More than 250 seniors from 23 counties participated in a variety of workshops, and health and recreational activities that reflected the theme, "Blaze A Trail."

West Virginia Silver Haired Legislature

The 34th session of the West Virginia Silver Haired Legislature convened on October 21, 2015, at the Charleston Town Center Marriott Hotel. Following one day of writing position papers, the session concluded at the House Chamber on October 23, 2015. Sixteen Position Papers were adopted and are available on the Bureau's website.

West Virginia Summer Institute on Aging

The West Virginia University School of Social Work, with funding and support from the Bureau, hosts the Summer Institute on Aging, which is the only annual conference offered in West Virginia that focuses solely on serving seniors. The conference provides education in the field of aging to social workers, nurses, counselors and other health professionals and students in the School of Social Work. Bureau staff serves on the planning committee and as workshop leaders. The Commissioner provides an update every year on Bureau programs, activities and plans. The Summer Institute on Aging is held in Morgantown, WV every year in June.

Aging Well Conference

The Social Work Program at Shepherd University, with sponsorship from the Bureau, 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 was Commissioner Robert E. Roswall of the Bureau of Senior Services.

Geri-Olympics



Geri-Olympics Event was held on April 24, 2015 at the South Charleston Community Center. Sponsored, in part by the Bureau, the event hosted seniors from various residential and long-term care facilities from Kanawha and surrounding counties. Over 290 active athletes did their best not to be sedentary and enjoyed being on a team.

Senior Olympics

The 14th annual Mineral County Senior Olympics kicked off with the traditional torch walk on June 9, 2015 at Potomac State College in Keyser, West Virginia. Over 120 senior athletes represented 16 counties participated in various events such as the long jump, ladder ball, basketball, bocce ball and many other events. Each event had winners of gold, silver and bronze medals for men and women for their age group.

Elder Abuse Awareness Day

The DHHR and the Bureau hosted two separate events. The first event on June 17, 2015, at the Columbia Gas Building, 1700 MacCorkle Ave SE in Charleston and the second one on June 18, 2015 at the Days Inn Conference Center, 350 Days Drive in Flatwoods. The Charleston event included speakers John Frisby of the WV State Auditor's office and Georgia J. Anetzberger, PhD. In addition, the Ron Nestor award was presented on June 17, 2015, to the individual who had advocated ending elder abuse and helped raise awareness. CEU's for SW's and RN's were made available.

Training

Bureau employees provide training and conduct workshops on a variety of topics to inform individuals within the WV Aging Network on the most up-to-date information available that will help them serve seniors. Aside from the required individual program training, other workshops include:

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.

Understanding Medicare helps Medicare beneficiaries understand their benefits.

Person-Centered Planning and Service Plan Development defines person-centered planning and discusses ways in which an individualized plan can be developed taking into account the goals, strengths and limitations of each ADW participant. ADW providers are the intended audience for this session and it is posted on the Public Learning Center so that providers may access it anytime.

Abuse/Neglect/Exploitation Identification defines abuse, neglect, and financial exploitation as applicable to adults and explains how and when to report suspected incidents. ADW providers are the intended audience for this session, and it is posted on the Public Learning Center so that providers may access it anytime.

Conflict-free Case Management defines what a conflict of interest is in the world of case management and delineates the consequences of such behavior. This training was developed to meet CMS educational requirements regarding Conflict-Free Case Management and aimed at protecting each participant's freedom of choice of providers. ADW providers are the intended audience for this session and it is posted on the Public Learning Center so that providers may access it anytime.

Discretionary Grants

Connecting the DOTS (Dementia-Capable Outreach, Training and Supports) in WV

The Bureau received a three-year Alzheimer's Disease Supportive Services Program (ADSSP) grant from the Administration on Aging/Administration for Community Living and the National Alzheimer's and Dementia Resource Center. The goal of **Connecting the DOTS (Dementia-Capable Outreach, Training and Supports) in WV** is to improve quality of care and increase access to comprehensive and disease appropriate services for individuals with Alzheimer's or a related dementia and their family caregivers in pilot communities across the state. By the end of the grant period in 2018, the Bureau, in partnership with public and private agencies and organizations, will strive to accomplish the following grant objectives:

1. Ensure that frontline staff at referral and service agencies have the knowledge and tools to connect families to available resources and best practices.
2. Improve the knowledge and skills of family caregivers, provider agencies and community gatekeepers.



3. Develop dementia-capable pilot communities that will effectively serve and support individuals with Alzheimer’s disease or a related dementia and their families.

For the purpose of this grant, *community* is defined as a group of people who live in the same area and/or share common interests (faith community, provider agency, organization, business), who want to work together to improve their community’s ability to provide services to individuals with dementia and their families.

“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 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. The purpose is to deliver the CDSMP to older adults with the goal of creating and sustaining a state-wide infrastructure that supports community organizations including County Aging Programs as they work to embed these programs. This would help Older Adults to maintain their health and independence in the community.

Other Resources and Partnerships

The Bureau 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 includes program planning, service coordination and consultation and technical assistance. The Bureau relies on more than 140 partners and fellow coordinators throughout the WV Aging Network, including county aging provider agencies in all fifty-five counties to continuously provide feedback and support in making changes that benefit West Virginia’s older citizens and adults with disabilities.

Advance Care Planning Assistance

The Bureau continues to make the following information available free of charge to all who request it to assist with advance care planning end-of-life decision making and care services:

- *Advance Directives for Health Care Decision-Making in West Virginia*, a publication that 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.wvendoflife.org, as well as the Bureau’s website, 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 meets the legal requirements for an advance directive 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. Also, 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 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 Programs, AAA's provider facilities, on the Bureau's website and are used as handouts at presentations and meetings throughout the state.

Marshall University Nutritionist

The Bureau contracts with Katherine Clark, MS, RD, to conduct nutrition/health education and menu evaluations at County Aging Programs statewide. Ms. Clark travels the state to consult with County Aging Program nutrition staff on compliance with state and federal nutrition guidelines. Ms. Clark also provides input and assistance to the Bureau in the development of nutrition policy and procedures, nutrition education and nutrition counseling. In addition, Ms. Clark 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, food safety, 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 interaction with the seniors the Bureau serves. 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 Bureau. 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 has created and maintains the first ever West Virginia Alzheimer's Disease Registry to collect information on Alzheimer's diagnoses from hospitals, physicians and other caregivers. Reports from registry data will allow policymakers and researchers to develop more effective means of dealing with the growing number of Alzheimer's cases in the state.

Make a Plan for Alzheimer's Project (MAP)

West Virginia has a state plan to address issues related to Alzheimer's disease and related dementias. Implementation of the plan is ongoing, not only to review current system policies and procedures but also to offer recommendations for dementia-capable improvements to those systems. The plan is 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, and 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 individuals with dementia are as well trained and educated as necessary to effectively serve families living with dementia). 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 Bureau. The Plan was finalized just after the end of FY 2011 and was approved by the WV Legislature. The Legislature also included \$50,000 in funding through the Bureau 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. That funding is continued in the present budget.

Wellness Programs

The Bureau partnered with a coalition of organizations in West Virginia that are collaborating on two grant applications in response to HHS-2016-ACL-AOA-CS-0128, "Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs", and grant application HHS-2016-ACL-AOA-FP-0132", "Evidence-Based Falls Prevention Programs". These projects are funded solely by 2016 Prevention and Health Funds (PPHF-2016) authorized through the Patient Protection and Affordable Care Act, 42 U.S.C. 300u-11. The following organizations are: West Virginia University, West Virginia School of Osteopathic Medicine, Jefferson /Berkeley County Health Departments, Greenbrier Health Department, and Dina Jones will be submitting the grant through WV University. Bureau staff continues to develop wellness programs for implementation into the County Aging Programs across the state. The programs support healthy lifestyles and promote healthy behaviors, thus reducing the need for more doctors' visits and the possibility of costly medical interventions.

Relatives as Parents Program (RAPP)

The Relatives as Parents Program (RAPP) operates through Mission WV, a non-profit organization that has developed networks, support groups, trainings and resources (legal, educational, social) for relatives (mostly grandparents) who are raising children for other family members. The Bureau provides funding for this program through annual grants. Previous special projects funded through this program were the development of a Legal Guide and Resource Guide for kinship care providers in West Virginia. Caregivers and service providers also have the opportunity to participate in training sessions on topics such as legal, education, caregiver health, and substance abuse. 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 17,895 \$24 voucher booklets were distributed to seniors throughout the state beginning July 1, 2015. The coupons could be exchanged for garden seeds, fruits, vegetables, and other fresh market items.

Attachment 6

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 with whom we work to improve the lives of seniors in our State.

National

Administration for Community Living (ACL)
Blanchette Rockefeller Neurosciences Institute
Centers for Medicare and Medicaid Services (CMS)
Disabled American Veterans
Federal Emergency Management Agency (FEMA)
Meals on Wheels Association of America
National Arthritis Foundation
National Association of State Ombudsman Programs (NASOP)
National Association of States United for Aging and Disabilities (NASUAD)
National Association of Area Agencies on Aging (N4a)
National Council on Aging (NCOA)
National Federation of the Blind
Social Security Administration
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
Association of Counties Higher Education Policy Commission
Asthma Coalition
College and University Extension Services
Legal Aid of West Virginia
Mission West Virginia, Relatives as Parents Program (RAPP)
Money Follows the Person, Take Me Home, West Virginia
Mountains of Hope Cancer Coalition
National Arthritis Foundation
Nursing Home Advisory Committee
Olmstead Council
Public Partnerships, LLC
Retire WV
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 Arthritis Advisory Council
West Virginia Asthma Coalition

West Virginia Association of Counties
West Virginia Attorney General's Office
West Virginia Bankers Association
West Virginia Bureau for Behavioral Health & Health Facilities
West Virginia Bureau for Medical Services
West Virginia Bureau for Public Health
West Virginia CARES
West Virginia Center for End-of-Life Care
West Virginia Center for Threat Preparedness
West Virginia Coalition Against Domestic Violence
West Virginia Commission for the Deaf & Hard of Hearing
West Virginia Comprehensive Cancer Control Coalition
West Virginia Cost Management Council
West Virginia Dementia Care Coalition
West Virginia Department of Agriculture
West Virginia Department of Education
West Virginia Department of Education, Office of Career Technical Instruction
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 Financial Exploitation Task Force
West Virginia Future of Aging and Caregiving Taskforce
West Virginia Geriatric Society
West Virginia Geri-Olympics
West Virginia Health Care Association
West Virginia Health Innovation Collaborative
West Virginia Higher Education Policy Commissioner
West Virginia Homeland Security
West Virginia Library Commission, J.V. Show
West Virginia Legislature
West Virginia Lottery Commission
West Virginia Medicaid Fraud Control Unit
West Virginia Medical Foundation
West Virginia Medical Institute
West Virginia Mental Health Planning Council
West Virginia Office of the Governor
West Virginia Office of the Insurance Commissioner
West Virginia on the Move
West Virginia Partnership for Elder Living
West Virginia Partnership to Promote Community Well-Being
West Virginia Primary Care Association
West Virginia Rosie the Riveters
West Virginia Rural Health Aging Network
West Virginia Secretary of State's Office
West Virginia Senior Legal Aid
West Virginia Suicide Prevention Council
West Virginia United Methodist Conference

West Virginia University Center for Excellence in Disabilities
West Virginia University School of Social Work
West Virginia University Summer Institute on Aging Steering Committee
West Virginia's Working Interdisciplinary Networks of Guardianship Stakeholders
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
Lions Clubs
Local, County & Regional Transportation Providers
Local Extension Offices
Local Farmers' Markets
Local Food Banks
Local Internet Service Providers
Private Health Professionals
Rotary Clubs
Salvation Army
Social Service Agencies
United Way
YWCA

**BUREAU OF SENIOR SERVICES
FY 2017 APPROPRIATION REQUEST**

<u>BUDGET LINE ITEM</u>	<u>ACI</u>	<u>FY 2017 REQUEST</u>	<u>FY 2016 BUDGET</u>	<u>LINE CHANGE</u>	<u>% Change</u>
<u>FUND 0420-GENERAL REVENUE</u>					
TRANSFER TO DHHR MEDICAID WAIVER MATCH	53900	\$13,931,598	\$14,063,432	-\$131,834	-0.94%
<u>FUND 5405-LOTTERY</u>					
PERSONAL SERVICES	00100	\$195,000	\$193,414	\$1,586	0.82%
REPAIRS & ALTERATIONS	06400	\$1,000	\$1,000	\$0	0.00%
CURRENT EXPENSES	13000	\$332,095	\$333,681	-\$1,586	-0.48%
LOCAL PROGRAM SERVICE DELIVERY	20000	\$2,435,250	\$2,435,250	\$0	0.00%
SILVER HAired LEGISLATURE	20200	\$18,500	\$18,500	\$0	0.00%
TRANSFER TO DHHR MEDICAID WAIVER MATCH	53900	\$20,634,860	\$20,503,026	\$131,834	0.64%
ALZHEIMER'S RESPITE CARE	64300	\$2,296,543	\$2,296,543	\$0	0.00%
WV ALZHEIMER'S HOTLINE	72400	\$45,000	\$45,000	\$0	0.00%
AGED & DISABLED RESOURCE CTRS.	76700	\$425,000	\$425,000	\$0	0.00%
SR.SERVICES MEDICAID MATCH TRANSFER TO DHHR	87100	\$8,870,000	\$8,870,000	\$0	0.00%
LEG. INITIATIVES FOR ELDERLY (LIFE)	90400	\$9,871,239	\$9,871,239	\$0	0.00%
LONG TERM CARE OMBUDS	90500	\$297,226	\$297,226	\$0	0.00%
BRIM PREMIUM	91300	\$6,500	\$6,500	\$0	0.00%
IN-HOME SERVICES/NUTRITION	91700	\$4,320,941	\$4,320,941	\$0	0.00%
LOTTERY TOTAL		\$49,348,154	\$49,217,320	\$131,834	0.27%
<u>FUND 5407</u>					
SPECIAL REVENUE TOTAL		\$1,900,000	\$1,900,000	\$0	0.00%
<u>FUND 5409</u>					
COMMUNITY BASED SERVICE FUND		\$10,500,000	\$10,500,000	\$0	0.00%
<u>FUND 8724</u>					
FEDERAL TOTAL		\$14,536,248	\$14,536,248	\$0	0.00%
AGENCY TOTAL		\$80,216,998	\$80,216,988	\$0	0.00%

FUNDING, EXPENDITURES AND BUDGETS

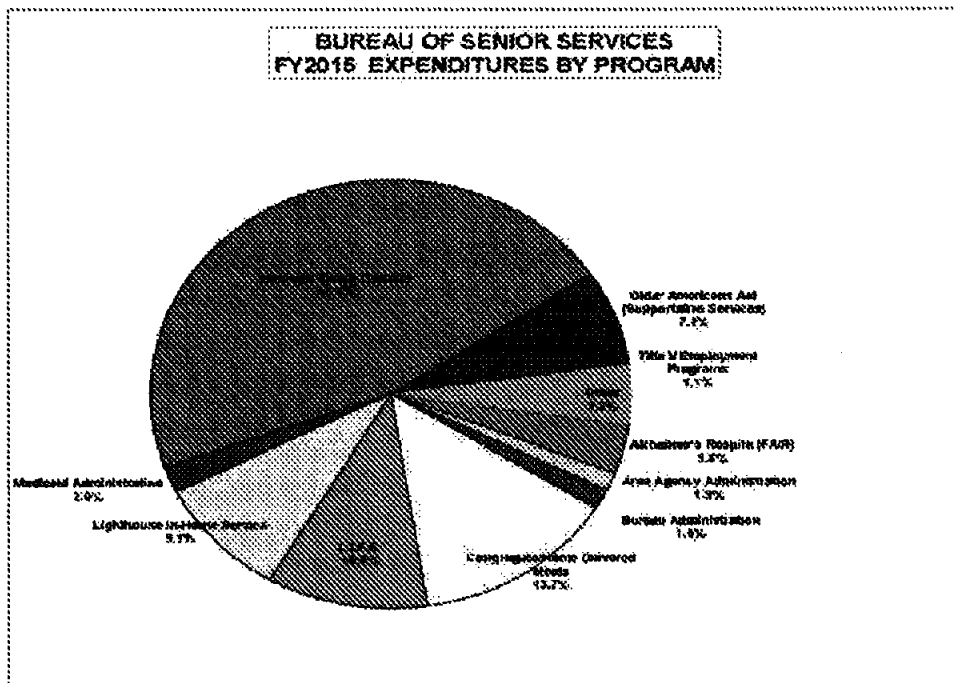
Financial Sources

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

- Lottery appropriations amounted to \$46.9 million, of which \$26.3 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 \$10.5 million;
- Federal Appropriations in the amount of \$14.5 million;
- Special Revenue allotments totaling \$1.9 million; and
- General Revenue appropriations in the amount of \$14.5 million.

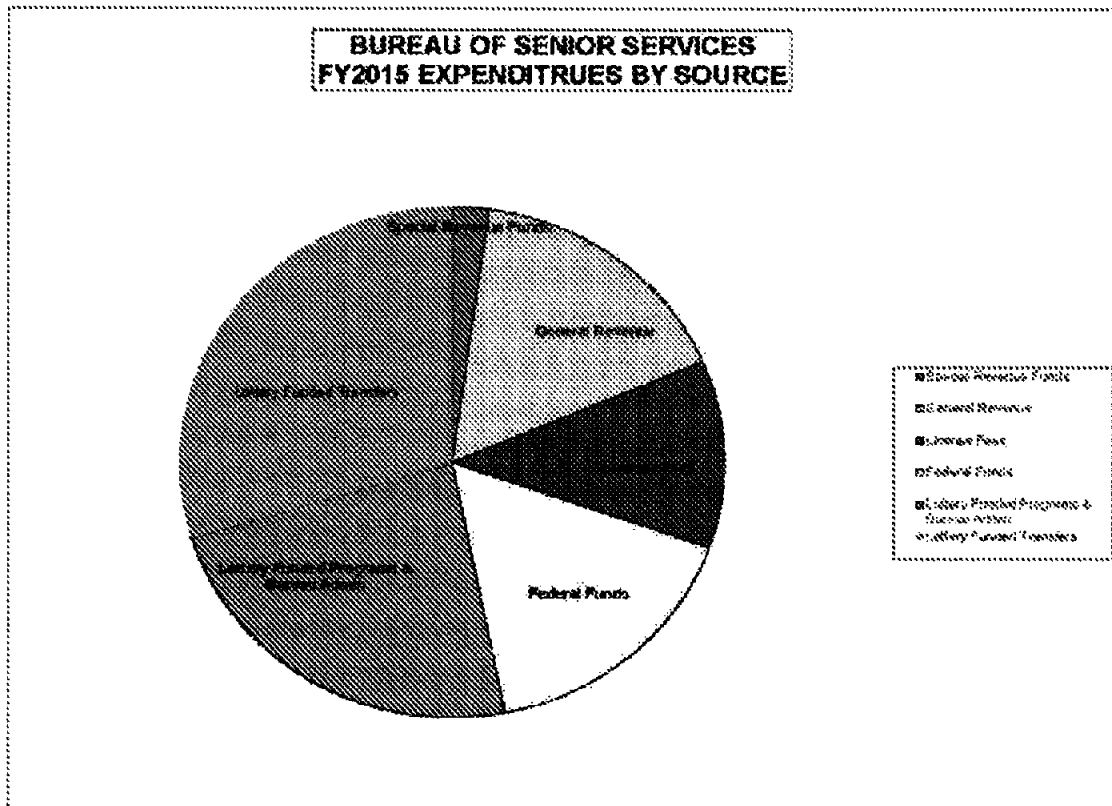
The following charts (Attachments 11, 12, and 13) illustrate the Bureau's actual fiscal year 2015 expenditures by program and funding source. Also included in these figures is funding re-appropriated from prior fiscal years.





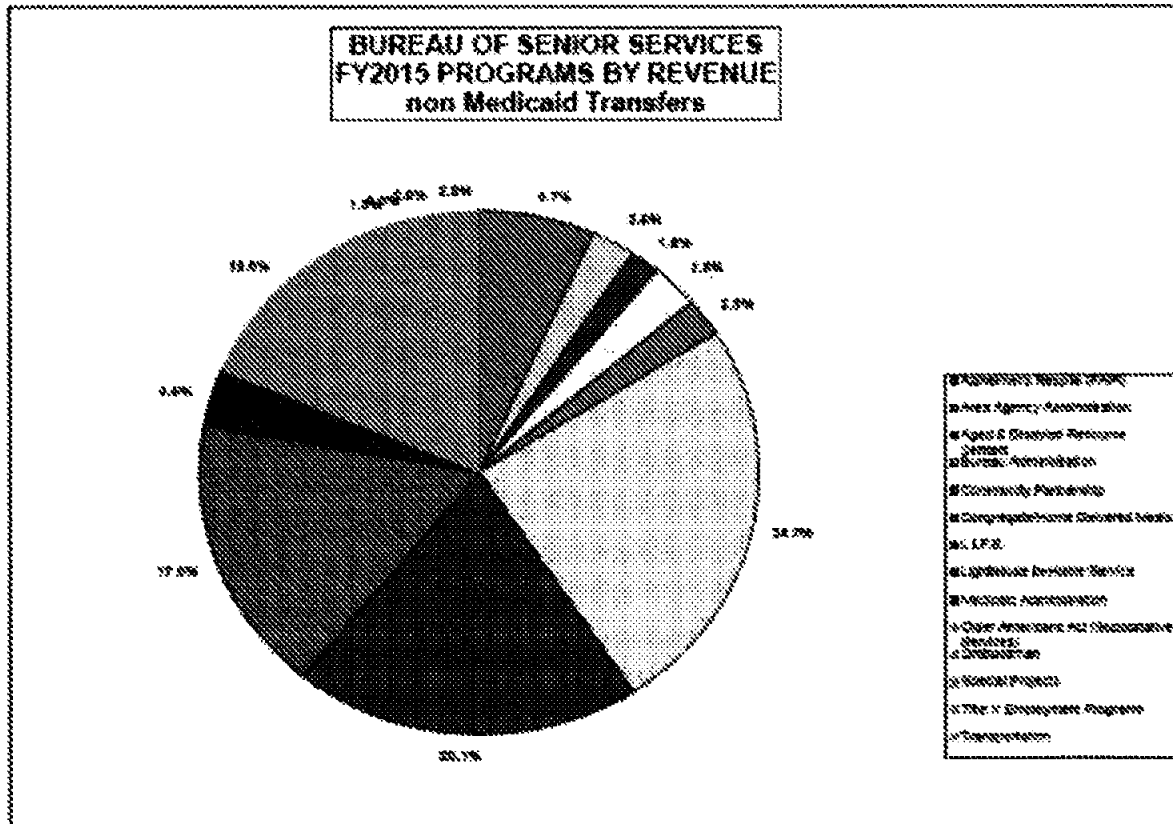
**BUREAU OF SENIOR SERVICES
FY 2016 EXPENDITURES BY PROGRAM**

Alzheimer's Respite (FAIR)	3.78%	\$3,312,180
Area Agency Administration	1.33%	\$1,179,450
Bureau Administration	1.54%	\$1,361,205
Congregate/Home Derived Meals	13.71%	\$12,112,211
L.I.F.E.	10.84%	\$9,571,239
Lighthouse In-Home Service	9.10%	\$8,036,556
Medicaid Administration	1.96%	\$1,730,000
Medicaid Match Transfer	46.13%	\$40,736,450
Older Americans ACT	7.23%	\$6,363,728
Title V Employment Programs	1.13%	\$1,000,000
Other	3.28%	\$2,892,450
TOTAL	100.00%	\$98,313,948
Other		
Special Projects	0.07%	\$63,000
Aged & Disabled Resource Center	0.48%	\$425,000
Ombudsman	0.70%	\$617,226
Community Partnership	1.01%	\$893,132
Transportation	1.01%	\$893,542
TOTAL OTHER	3.26%	\$2,692,900



**BUREAU OF SENIOR SERVICES
FY 2015 EXPENDITURES BY SOURCE**

Special Revenue Funds	2.15%	\$1,980,800
General Revenue	10.37%	\$14,457,650
License Fees	11.89%	\$10,590,800
Federal Funds	16.46%	\$14,536,246
Lottery Funded Programs & Bureau Admin	23.37%	\$20,641,244
Lottery Funded Transfers	20.76%	\$26,275,768
TOTAL	100.00%	\$88,313,948



**BUREAU OF SENIOR SERVICES
FY 2015 PROGRAMS BY REVENUE
(non Medicaid Transfers)**

Alzheimer's Receipts (FAIR)	5.72%	\$9,311,578
Area Agency Administration	2.93%	\$1,259,753
Aged & Disabled Resource Centers	1.78%	\$884,575
Bureau Administration	2.78%	\$1,380,135
Community Partnership	2.32%	\$1,143,132
Congregate/Home Delivered Meals	34.87%	\$12,152,211
L.I.F.E.	20.19%	\$9,999,000
Lighthouse In-Home Service	17.32%	\$8,383,118
Medicaid Administration	3.51%	\$1,739,930
Older Americans Act (Supportative Services)	12.99%	\$6,382,728
Ombudsman	1.25%	\$917,236
Special Projects	0.93%	\$162,530
Title V Employment Programs	2.33%	\$1,330,000
Transportation	2.59%	\$1,500,000
TOTAL	100.00%	\$49,248,264

TITLE III FUNDED IN-HOME CARE PROGRAMS

Federal Cost Share Chart

Cost Share Percent	III-E In-Home Cost Share per Hour	III-E Congregate Respite Cost Share per Hour	Title III-B Personal Care Cost Share per Hour	Title III-B Homemaker Cost Share per Hour	Title III-B CHORE Cost Share per Hour	Annual Income Individual
12.5%	\$1.75	\$1.50	\$2.00	\$2.00	\$2.00	\$23,541 to \$28,540
25.0%	\$3.50	\$2.00	\$4.00	\$3.25	\$3.25	\$28,541 to \$33,540
37.5%	\$5.25	\$3.00	\$6.00	\$5.00	\$5.00	\$33,541 to \$38,540
50.0%	\$7.00	\$4.00	\$8.00	\$6.50	\$6.50	\$38,541 to \$43,540
63.5%	\$8.75	\$5.00	\$10.00	\$8.25	\$8.25	\$43,541 to \$48,540
75.0%	\$10.50	\$6.00	\$12.00	\$9.75	\$9.75	\$48,541 to \$53,540
87.5%	\$12.25	\$7.00	\$14.00	\$11.50	\$11.50	\$53,541 to \$58,540
100%	\$14.00	\$8.00	\$16.00	\$13.00	\$13.00	\$58,541 and up

•Federally Funded Programs – Cost Share Funds must be expensed in Current Federal fiscal year; cannot discontinue services for not cost sharing.

•For individuals with income above 200% U.S. 2015 Poverty Guidelines.

•Income is self-declared; Income is service recipient only. For Title IIIE the income level will be based on the care receiver's income (the at-risk, frail individual at least sixty [60] years old or an individual of any age with a written diagnosis of Alzheimer's disease or a related dementia).

•Medical expenses must be deducted from declared income.

**WEST VIRGINIA BUREAU OF SENIOR SERVICES
State Cost Share Chart Lighthouse and FAIR**

Cost Share Percent	FAIR In-home Cost Share per Hour	FAIR Congregate Cost Share per Hour	Lighthouse Cost Share per Hour	Individual Annual Income	Individual and Spouse Annual Income
Minimum	\$1.50	\$1.50	\$1.50	Up to \$23,540*	Up to \$31,860*
12.5%	\$1.75	\$1.50	\$2.00	\$23,541 to \$28,540	\$31,861 to \$38,860
25.0%	\$3.50	\$2.00	\$4.00	\$28,541 to \$33,540	\$38,861 to \$45,860
37.5%	\$5.25	\$3.00	\$6.00	\$33,541 to \$38,540	\$45,861 to \$52,860
50.0%	\$7.00	\$4.00	\$8.00	\$38,541 to \$43,540	\$52,861 to \$59,860
63.5%	\$8.75	\$5.00	\$10.00	\$43,541 to \$48,540	\$59,861 to \$66,860
75.0%	\$10.50	\$6.00	\$12.00	\$48,541 to \$53,540	\$66,861 to \$73,860
87.5%	\$12.25	\$7.00	\$14.00	\$53,541 to \$58,540	\$73,861 to \$80,860
100%	\$14.00	\$8.00	\$16.00	\$58,541 and up	\$80,861 and up

•State Cost Share can be carried over and expensed in the next state fiscal year for additional services.

•County to set policy on non-payment of fees regarding service termination.

•Scale based on *200% U.S. Poverty Guidelines

•Income is self-declared.

•Allowances can be made for medical expenses by reducing income in the amount of the annual expense incurred. (Example: Income \$29,000 minus Annual Medical Expenses, \$8,000 = Income would be reduced to \$21,000.)

•The Agency is still responsible for \$1.00/hour for each hour of service provided.

FY 15 in-Home	LH Hours	FAIR Hours	Total Hours	SF Collected	Fees per hour	Amount owed
Barbour	9973.75	2682.50	12636.25	\$ 13,638.00	\$ 1.06	
Berkeley	18388.00	4576.00	22964.00	\$ 29,104.00	\$ 1.27	
Boone	9248.00	2569.00	11817.00	\$ 10,823.00	\$ 0.92	\$ 994.00
Braxton	8092.75	4928.50	13021.25	\$ 10,840.00	\$ 0.83	\$ 2,181.25
Brooke	10356.25	2006.75	12365.00	\$ 20,109.00	\$ 1.63	
Cabell	18951.88	6762.50	25734.38	\$ 30,081.00	\$ 1.17	
Calhoun	3919.00	1910.50	5829.50	\$ 4,884.00	\$ 0.84	\$ 945.50
Clay	5132.00	4062.25	9194.25	\$ 8,674.00	\$ 0.94	\$ 520.25
Doddridge	8713.00	1774.00	10487.00	\$ 5,440.00	\$ 0.52	\$ 5,047.00
Fayette	3883.75	5259.38	9143.10	\$ 6,661.00	\$ 0.73	\$ 2,482.10
Glinn	6316.75	2384.00	8700.75	\$ 12,913.00	\$ 1.48	
Grant	11184.00	2886.75	14070.75	\$ 12,131.00	\$ 0.86	\$ 1,939.75
Greenbrier	3842.00	3975.25	7817.25	\$ 9,286.00	\$ 1.19	
Hampshire	20474.00	2813.00	23287.00	\$ 27,406.00	\$ 1.18	
Hancock	9031.75	4213.75	13245.50	\$ 14,901.00	\$ 1.12	
*Hardy	8162.00	3318.00	11480.00	\$ 13,196.00	\$ 1.15	
Harrison	11854.09	3876.00	15730.09	\$ -11,196.00	\$ -0.71	\$ -4,634.09
Jackson	11929.00	3412.50	15336.50	\$ 22,234.50	\$ 1.45	
Jefferson	10984.75	4236.30	15223.05	\$ 14,100.00	\$ 0.93	\$ 1,123.05
Kanawha	49128.75	24149.00	73277.75	\$ 82,012.34	\$ 1.12	
Kanawha (Putnam)	2650.75	0.00	2650.75	\$ 2,929.00	\$ 1.10	
Lewis	11506.50	4258.00	15763.50	\$ 18,842.00	\$ 1.20	
*Lincoln	20317.75	4877.75	25195.50	\$ 24,520.52	\$ 0.97	\$ 674.98
Lincoln (Logan)	6859.50	0.00	6859.50	\$ 5,438.00	\$ 0.93	\$ 421.50
*Logan	9530.75	1759.25	11290.00	\$ 10,037.00	\$ 0.89	\$ 1,263.00
Marion	15610.00	5400.50	21210.50	\$ 27,246.00	\$ 1.28	
Marshall	12366.50	1522.00	13888.50	\$ 14,407.00	\$ 1.04	
*Mason	10680.25	3706.60	14386.75	\$ 22,085.75	\$ 1.54	
McDowell	12715.75	2678.50	15394.25	\$ 15,242.00	\$ 0.99	\$ 152.25
Mercer	16769.50	5934.50	22704.00	\$ 19,775.00	\$ 0.87	\$ 2,929.00
Mineral	9221.50	3722.75	12944.25	\$ 14,444.00	\$ 1.12	
*Mingo	8299.00	2186.25	10485.25	\$ 10,587.00	\$ 1.01	
Monongalia	10325.50	7358.75	17684.25	\$ 6,533.00	\$ 0.37	\$ 11,151.25
Monroe	4231.00	3177.90	7408.90	\$ 3,991.00	\$ 0.54	\$ 3,417.90
*Morgan	9729.75	3350.50	13080.25	\$ 10,951.00	\$ 0.84	\$ 2,129.25
Nicholas	8481.00	3845.75	12326.75	\$ 8,482.98	\$ 0.69	\$ 3,843.77
Ohio	14393.50	3124.25	17517.75	\$ 9,838.00	\$ 0.56	\$ 7,679.75
*Pendleton	6373.75	1079.50	7453.25	\$ 7,869.00	\$ 1.06	
Pleasants	2025.75	1587.25	3623.00	\$ 3,370.00	\$ 0.93	\$ 253.00
Pocahontas	3358.20	1803.94	5162.14	\$ 6,554.53	\$ 1.27	
Preston	10599.50	3608.00	14207.50	\$ 18,154.00	\$ 1.28	
Putnam	8908.50	1911.50	10820.00	\$ 18,264.08	\$ 1.69	
Raleigh	36781.75	8772.25	45554.00	\$ 34,349.00	\$ 0.75	\$ 11,205.00
Randolph	10749.50	3386.50	14136.00	\$ 12,857.00	\$ 0.91	\$ 1,281.00
Ritchie	7374.75	2386.50	9761.25	\$ 10,404.00	\$ 1.07	

FY 15 In-Home	LH Hours	FAIR Hours	Total Hours	SF Collected	Fees per hour	Amount owed
Roane	3917.50	2348.00	6265.50	\$ 6,871.00	\$ 1.10	
Summers	9089.00	2333.75	11422.75	\$ 12,292.00	\$ 1.08	
Taylor	8434.00	3181.50	11615.50	\$ 16,382.00	\$ 1.41	
Tucker	9243.75	2910.75	12154.50	\$ 7,418.00	\$ 0.61	\$ 4,736.50
Tyler	4891.25	3988.50	8879.75	\$ 10,064.00	\$ 1.23	
Upshur	9549.00	2603.00	12152.00	\$ 46,705.00	\$ 3.84	
Wayne	15577.80	3877.00	19454.80	\$ 28,370.00	\$ 1.46	
Webster	6807.50	3621.25	10428.75	\$ 8,173.87	\$ 0.78	\$ 2,254.88
Wetzel	7407.50	4214.00	11621.50	\$ 13,186.00	\$ 1.13	
Wirt	6617.00	2914.75	9531.75	\$ 9,986.00	\$ 1.05	
Wood	8484.75	9399.75	18884.50	\$ 18,986.00	\$ 1.01	
Wyoming	12268.33	3301.25	15569.58	\$ 16,963.00	\$ 1.09	
Totals	611806.08	217945.99	829832.04	\$ 893,076.67	\$ 1.08	\$ 73,150.02

* III B or III E used and deducted from total units
Revised 11/2/2015

2000 Census							
FACTORS	WEIGHTS						
Population aged 60+	0.8						
Population aged 65+ Low Income	0.1						
Population aged 65+ Minority	0.1						
	1.0						
Region	60+			65+ Below PL 65+ Minority Formula			
	60+	Below PL	Minority	60+	65+ Below PL	65+ Minority	Formula
Northeastern	104,270	7,554	2,532	0.228826	0.023838	0.018482	0.272347
Metra	114,080	10,086	4,358	0.251558	0.031863	0.032547	0.316669
Upper Potomac	65,405	5,840	1,878	0.144227	0.018587	0.013708	0.176442
Appalachian	79,839	8,075	4,831	0.174289	0.025590	0.035163	0.235142
	362,795	31,555	13,700	0.8	0.1	0.1	1.0

2010 Census							
FACTORS	WEIGHTS						
Population aged 60+	0.8						
Population aged 65+ Low Income	0.1						
Population aged 65+ Minority	0.1						
	1.0						
Region	60+			65+ Below PL 65+ Minority Formula			
	60+	Below PL	Minority	60+	65+ Below PL	65+ Minority	Formula
Northeastern	116,127	12,938	1,726	0.219698	0.036431	0.019184	0.275313
Metra	128,977	8,640	2,827	0.244808	0.024327	0.031422	0.299797
Upper Potomac	88,826	6,535	1,518	0.168534	0.018400	0.016872	0.201887
Appalachian	89,731	7,402	2,926	0.168766	0.028841	0.032522	0.223123
	422,661	35,516	8,997	0.8	0.1	0.1	1.0

2010 Census Difference to 2000							
FACTORS	WEIGHTS						
Population aged 60+	8						
Population aged 65+ Low Income	0						
Population aged 65+ Minority	0						
	0.0						
Region	60+			65+ Below PL 65+ Minority Difference			
	60+	Below PL	Minority	60+	65+ Below PL	65+ Minority	Difference
Northeastern	11,857	5,385	-806	-0.01082837	0.01248211	0.0070242	0.00196667
Metra	14,897	-1,446	-1,532	-0.00754873	-0.00763617	-0.00122566	-0.01631176
Upper Potomac	22,820	685	-360	0.02356725	-0.00018721	0.00316428	0.02338430
Appalachian	10,682	-673	-1,905	-0.00452826	-0.00474893	-0.00274082	-0.01201961
	60,056	3,961	-4,702				

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
Doddridge	1,923	255	-	Jackson	6,954	493	19
Gilmer	1,657	450	45	Kanawha	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	Mingo	5,529	377	97
Monongalia	14,204	704	358	Putnam	11,538	484	26
Ohio	11,261	702	174	Roane	3,648	375	51
Pleasants	1,755	122	6	Wayne	9,901	1,031	26
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				
Total	116,127	12,939	1,726	Total	128,977	8,640	2,827

Region III			
	Pop 60+	Below Poverty 65+	Minority 65+
Barbour	3,881	358	44
Berkeley	18,013	697	458
Grant	3,117	255	11
Hampshire	5,681	646	6
Hardy	3,340	307	22
Jefferson	9,661	405	421
Lewis	4,098	358	44
Mineral	6,906	562	143
Morgan	4,528	314	58
Pendleton	2,258	358	41
Preston	7,516	485	28
Randolph	7,381	531	60
Taylor	3,891	420	108
Tucker	2,084	295	3
Upshur	5,671	544	71
Total	88,026	6,535	1,518

Region IV			
	Pop 60+	Below Poverty 65+	Minority 65+
Braxton	3,624	326	28
Clay	2,102	245	3
Fayette	11,066	955	416
Greenbrier	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
Pocahontas	2,432	161	22
Raleigh	18,327	1,260	1,061
Summers	3,755	462	35
Webster	2,334	171	8
Wyoming	5,396	316	3
Total	89,731	7,402	2,926

Statewide Total	422,861	35,516	8,997
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FORMULA 2010 CENSUS				FORMULA 2000 CENSUS			INCREASE (DECREASE)			
2010 CENSUS	2010	2010	2010	2000	2000	2000	POP 60+	LI POP 65+	MIN 60+	% Increase 60+
	POP 60+	LI POP 65+	MIN 65+	POP 60+	LI POP 65+	MIN 60+				
REGION 1:	116,127	12,939	1,726	104,270	7,554	2,532	11,897	5,385	-908	11%
BROOKE	6,403	347	98	5,959	404	83	444	-57	15	7%
CALHOUN	2,014	89	23	1,856	309	20	358	-220	3	22%
DODDRIDGE	1,923	255	0	1,478	150	28	445	105	-28	30%
GILMER	1,657	450	45	1,448	94	22	209	356	23	14%
HANCOCK	7,930	2,302	145	7,791	407	239	139	1,895	-94	2%
HARRISON	16,036	4,634	227	14,515	1,023	408	1,520	3,611	-181	10%
MARION	13,277	782	273	12,718	837	489	559	-55	-218	4%
MARSHALL	8,386	543	102	7,513	630	108	873	-87	-6	12%
MONONGALIA	14,204	704	358	11,461	685	383	2,743	19	-25	24%
OHIO	11,261	702	174	11,081	876	351	180	-174	-177	2%
PLEASANTS	1,755	122	6	1,460	85	18	295	37	-12	20%
RITCHIE	2,618	270	4	2,148	214	23	470	56	-19	22%
TYLER	2,384	166	17	2,107	192	17	277	-36	0	13%
WETZEL	4,410	430	0	3,872	422	35	538	8	-35	14%
WIRT	1,330	72	4	1,091	106	14	239	-33	-10	22%
WOOD	20,540	1,081	250	17,972	1,121	294	2,568	-40	-44	14%
REGION 2:	128,977	8,940	2,827	114,080	10,096	4,459	14,897	-1,446	-1,632	13%
BOONE	5,248	460	6	4,622	471	87	626	-11	-79	14%
CABELL	21,303	1,575	643	19,948	1,594	892	1,355	-19	-249	7%
JACKSON	6,954	493	19	5,851	363	60	1,103	130	-41	19%
KANAWHA	45,378	2,602	1,708	42,452	3,370	2,468	2,926	-768	-760	7%
LINCOLN	4,747	417	14	4,003	594	60	744	-177	-46	19%
LOGAN	8,250	391	225	7,188	751	365	1,062	-360	-140	15%
MASON	6,481	435	10	5,358	548	83	1,123	-113	-73	21%
MINGO	5,529	377	97	4,720	644	196	809	-267	-99	17%
PUTNAM	11,536	484	26	8,188	444	89	3,350	40	-63	41%
ROANE	3,646	375	51	3,115	342	58	533	33	-7	17%
WAYNE	9,901	1,031	26	8,635	965	101	1,266	66	-75	15%
REGION 3:	98,026	6,535	1,518	85,406	5,840	1,878	22,620	895	-380	35%
BARBOUR	3,881	358	44	3,209	382	67	672	-24	-23	21%
BERKELEY	18,013	697	458	11,513	821	511	6,500	-124	-53	56%
GRANT	3,117	255	11	2,323	299	37	794	-44	-26	34%
HAMPSHIRE	5,681	646	6	3,940	370	75	1,741	276	-69	44%
HARDY	3,340	307	22	2,525	369	67	815	-62	-45	32%
JEFFERSON	9,661	406	421	6,485	430	507	3,176	-25	-86	49%
LEWIS	4,098	358	44	3,654	303	59	444	55	-15	12%
MINERAL	6,906	562	143	5,463	455	163	1,443	107	-20	26%
MORGAN	4,528	314	58	3,302	204	60	1,226	110	-2	37%
PENDLETON	2,258	358	41	1,918	172	44	340	186	-3	19%
PRESTON	7,516	465	28	5,807	604	70	1,709	-119	-42	29%
RANDOLPH	7,381	531	60	5,641	513	87	1,740	18	-27	31%
TAYLOR	3,891	420	108	3,286	377	55	605	43	53	18%
TUCKER	2,084	295	3	1,772	192	14	312	103	-11	18%
UPSHUR	5,671	544	71	4,568	349	62	1,103	195	9	24%
REGION 4:	89,731	7,402	2,828	79,039	8,075	4,831	10,692	-873	-1,905	14%
BRAXTON	3,624	326	28	3,056	306	64	568	20	-36	19%
CLAY	2,102	245	3	1,889	205	44	213	40	-41	11%
FAYETTE	11,066	955	416	9,993	1,011	758	1,073	-56	-342	11%
GREENBRIER	9,560	866	248	7,962	919	383	1,598	-53	-135	20%
MCDOWELL	5,271	740	492	5,598	915	992	-427	-175	-500	-7%
MERCER	15,732	1,235	541	14,063	1,339	872	1,659	-104	-331	12%
MONROE	3,740	132	62	2,967	261	85	783	-129	-23	26%
NICHOLAS	6,392	533	7	5,334	530	60	1,058	3	-53	20%
POCAHONTAS	2,432	161	22	2,105	218	38	327	-57	-16	16%
RALEIGH	18,327	1,260	1,061	15,818	1,241	1,320	2,509	19	-259	16%
SUMMERS	3,755	482	35	3,321	354	106	434	108	-71	13%
WEBSTER	2,334	171	8	1,996	299	27	338	-128	-19	17%
WYOMING	5,396	316	3	4,847	477	82	549	-161	-79	11%
	422,861	35,518	8,997	362,795	31,555	13,700	60,066	3,961	-4,703	17%



ALLOCATION OF FUNDS TO AREA AGENCIES AND SERVICE PROVIDERS FOR FY15

PLANNING & SERVICE AREA	TITLE III SERVICE FUNDS (B, C, D, E AND ELDER ABUSE)	TITLE V FUNDS	NON-TITLE FUNDS*	TOTAL AWARD
Northwestern	\$2,139,414	\$ 0	\$ 1,944,135	\$ 4,083,549
Metro	2,302,351	0	2,178,942	4,481,293
Upper Potomac	1,564,057	0	1,880,128	3,444,185
Appalachian	2,030,570	0	2,109,273	4,140,297
Other** (Unclassified)			30,520,273	30,520,273
TOTAL	\$8,036,392	\$0	\$38,633,205	\$46,669,597

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

ESTIMATED STATE AGENCY BUDGET FOR FY15

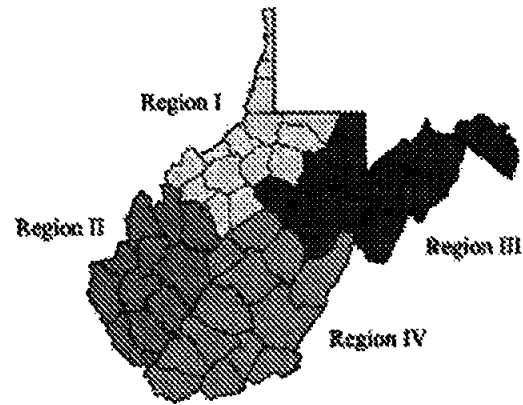
PROGRAMS	FEDERAL TITLE III	STATE FUNDS	TITLE V	OTHER FEDERAL	TOTALS
Title III State Administration	473,710				\$ 473,710
Long-Term Care Ombudsman Program	109,269				\$ 109,269
Title V SCSEP			\$65,330		\$ 65,330
CMS – Information Counseling & Assistance				503,869	\$ 503,869
AOA – No Wrong Door				26,506	\$ 26,506
Alzheimer's Respite Care		\$ 66,208			\$ 66,208
Affordable Care Act				230,812	
SHIP, SMP, MIPPA	366,425				\$ 366,425
DOTS	137,444				\$ 137,444
No Wrong Door	26,500				\$ 26,500
Marketplace	230,812				\$230,812
State		965,139			\$965,139
TOTAL	\$1,344,160	\$ 1,031,347	\$65,330	\$761,181	\$2,440,837

SUMMARY: FY2015 SOURCES OF FUNDING (Estimated)

FEDERAL FUNDING	
TITLE III-B	\$2,744,934
TITLE III-C	4,787,058
TITLE III-D	143,702
TITLE III-E	987,307
NURSING HOME OMBUDSMAN	109,529
ELDER ABUSE PREVENTION	36,736
NSIP CASH OPTION	1,661,411
TITLE V SCSEP	972,379
SHIP COUNSELING	491,310
SENIOR MEDICAID PATROL	242,072
MIPPA	268,013
NO WRONG DOOR	215,500
AFFORDABLE HEALTH CARE ACT	488,184
STATE FUNDING	
LOTTERY REVENUE	21,048,212
LICENSE FEE REVENUE	10,500,000
LOTTERY & GENERAL REVENUE MEDICAID MATCH	42,236,458
OTHER FUNDING	
MEDICAID ADMINISTRATION/OMBUDS	1,381,403
TOTAL	\$88,313,948

Area Agencies on Aging

West Virginia's four Area Agencies on Aging (AAAs) are part of a nationwide network of organizations created by the Older Americans Act for the purpose of developing a comprehensive and coordinated plan that assures seniors have access to needed services and programs. The AAAs contract with county aging providers (senior centers) for the provision of meals, transportation, and other services; they also monitor the providers for programmatic and fiscal compliance.



Region I

Northwestern AAA
 PO Box 2086 (105 Bridge Street Plaza)
 Wheeling, WV 26003
 Telephone: 304-242-1800; 800-924-0088
 Fax: 304-242-2437
 E-mail: lwilliams@belomar.org
 Website: www.belomar.org/nwaaa.htm
 Lynn Williams Dipasquale, Director

Counties Served: Brooke, Calhoun, Doddridge, Gilmer, Hancock, Harrison, Marion, Marshall, Monongalia, Ohio, Pleasants, Ritchie, Tyler, Wetzels, Wirt, Wood

Region II

WVSC-Metro AAA
 1 Dunbar Plaza, Suite 102
 Dunbar, WV 25064
 Telephone: 304-720-6858
 Fax: 304-720-6864
 E-mail: landerbr@wvstateu.edu
 Website: <http://www.wvstateu.edu/metro-aaa>
 Brenda Landers, Director

Counties Served: Boone, Cabell, Jackson, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam, Roane, Wayne

Region III

Upper Potomac AAA
 131 Providence Lane
 Petersburg, WV 26847
 Telephone: 304-257-1221; 800-296-1221
 Fax: 304-257-4958
 E-mail: upaaa@regioneight.org
 Website: www.upaaa.net/index.html
 Scott Gossard, Director

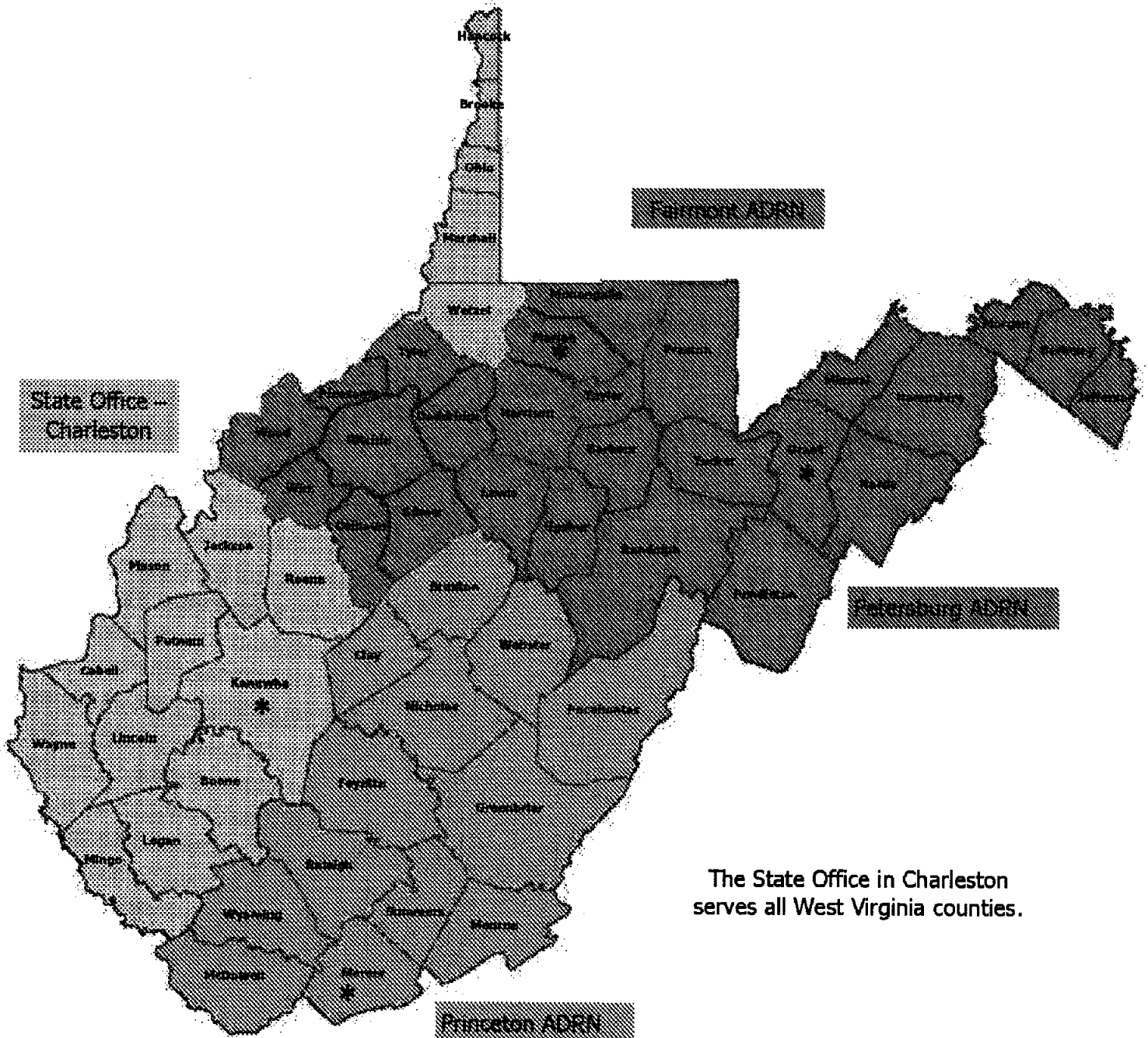
Counties Served: Barbour, Berkeley, Grant, Hampshire, Hardy, Jefferson, Lewis, Mineral, Morgan, Pendleton, Preston, Randolph, Taylor, Tucker, Upshur

Region IV

Appalachian AAA
 1460 Main Street, Box 2
 Princeton, WV 24740
 Telephone: 304-425-1147; 800-473-1207
 Fax: 304-487-3767
 E-mail: stanleyramona@etlink.net
 Website: www.aaaoa.org
 Ramona McNeely-Stanley, Director

Counties Served: Braxton, Clay, Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster, Wyoming

AGING & DISABILITY RESOURCE NETWORK OFFICES



PUBLIC COMMENT PERIOD

“The WV State Plan on Aging 2016-2020 was filed with the WV Secretary of State’s Office on May 30, 2018 for a 30 day public comment period and the comment period ended on June 29, 2018. The WV Bureau of Senior Services did not receive any written comments during the comment period.

