



WEST VIRGINIA SECRETARY OF STATE

MAC WARNER

ADMINISTRATIVE LAW DIVISION

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Office of West Virginia
Secretary Of State

**NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE EXEMPT, INTERPRETIVE OR PROCEDURAL
RULE**

AGENCY: Senior Services TITLE-SERIES: 76-04
RULE TYPE: Interpretive Amendment to Existing Rule: Yes Repeal of existing rule: No
RULE NAME: West Virginia State Plan for Aging Programs
CITE STATUTORY AUTHORITY: W. Va. Code 16-5P-1 et. seq.

This rule is filed with the Secretary of State. This rule becomes effective on the following date:

October 1, 2022

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENT IS TRUE AND CORRECT.

Yes

Robert E Roswall -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.

76CSR4

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.

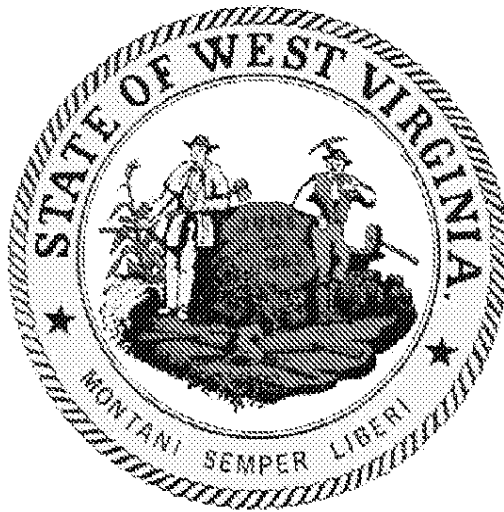
1.2. Authority. -- W. Va. Code §16-5P-1 et. seq.

1.3. Filing Date. – April 14, 2022

1.4. Effective Date. – October 1, 2022

§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, 2022 – September 30, 2025**

Ageing Well in West Virginia

Contents

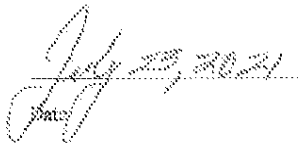
- Verification of Intent 2**
- I. State Plan Narrative..... 8-33**
 - A. Introduction and Context.....8-9**
 - 1. Executive Summary3-4
 - 2. Geographical and Demographical Characteristics5-6
 - 3. Services, Supports and Discretionary Grants 7-17
 - 4. Needs Assessment and Public Input..... 18-19
 - 5. A Look Ahead – West Virginia’s Plan for the Future 20
 - B. Goals, Objectives, Strategies, and Performance Measures 21-32**
 - 1. Goal 1 21-24
 - 2. Goal 2 24-28
 - 3. Goal 3 28-29
 - 4. Goal 4 29-32
 - C. Quality Management 33**
- II. Intrastate Funding Formula 34-36**
- III. Attachments 37-96**
 - A. State Plan Assurances and Required Activities 38-53**
 - B. Information Requirements..... 54-64**
 - C. Needs Assessment and Public Input..... 65-72**
 - D. Mission, Administrative Organization and Statutory Authority 73-75**
 - E. West Virginia Bureau of Senior Services Organizational Chart..... 76**
 - F. Collaborations and Partnerships..... 77-79**
 - G. Budget Appropriation FY22..... 80**
 - H. Funding, Expenditures and Budgets 81**
 - I. Appropriation by Program FY22..... 82**
 - J. Revenues by Source FY22..... 83**
 - K. Expenditures by Programs FY22 (Non-Medicaid Transfers) 84**
 - L. Allocation of Funds to Area Agencies on Aging and Service Providers, Estimated
State, Agency Budget FY22, Summary, Sources of Funding (Estimated FY22)..... 85-86**
 - M. Revised Formula US Census American Community Survey 2019..... 87-89**
 - N. Area Agencies on Aging: Contact Information and County Designation Map 90**
 - O. Aging and Disability Resource Centers County Designation Map 91**
 - P. Elder Justice Multi-Disciplinary Committees 92**
 - Q. Public Comment Period..... 93**

VERIFICATION OF INTENT

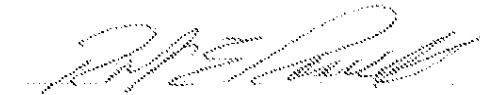
The Older Americans Act State Plan for Aging Programs is hereby submitted by the West Virginia Bureau of Senior Services (the Bureau) for the period of October 1, 2022 through September 30, 2025. This document includes all assurances and plans to be conducted by the Bureau under provisions of the Older Americans Act, as amended (the Act), during the period identified. The West Virginia Bureau of Senior Services has been given the authority to develop and administer the Older Americans Act State Plan for Aging Programs in accordance with all requirements of the Act and is primarily responsible for the coordination of all State activities related to the purposes of the Act. The Bureau will assume full authority to develop and administer the Older Americans Act State Plan in accordance with all requirements of the Act and related State policies, procedures, and regulations. In accepting this authority, the Bureau assumes the major responsibilities to develop and administer a comprehensive and coordinated system of services and activities for providing a positive impact on the lives of older people within the service area.

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

"I hereby execute this Verification of Intent on behalf of the Bureau. I also hereby approve this Older Americans Act State Plan for Aging Programs as the Authorized Designee of the Honorable James C. Justice, II, Governor of the State of West Virginia, and submit it to the U.S. Department of Health & Human Services Assistant Secretary for Aging for approval."



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



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

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

Executive Summary

West Virginia's State Plan on Aging serves as a guide to the direction and service goals the West Virginia Bureau of Senior Services and its statewide county aging provider network will be working to achieve in the next four (4) years.

The West Virginia provider network consists of fifty-five (55) county-based provider agencies, four (4) area agencies on aging, nine (9) long-term care ombudsmen, and a contract relationship with WV Legal Aid and one (1) Senior Legal Aid services.

Over the years, the Bureau's fifty-five (55) provider agencies have worked to meet the needs of West Virginia seniors. Since the March 2020 closure of West Virginia senior centers due to the pandemic, West Virginia providers have continued to serve the state's seniors with in-home care services, transportation to appointments and necessary shopping, wellness checks and hot meals. Dedication is at the heart of our providers' efforts throughout West Virginia and a caring spirit for our West Virginia seniors.

Since the beginning of the Pandemic, meal services have continued to be provided via home delivery, the new option of grab and go, emergency five (5) day meal packs and weekly shelf stable meals. The Bureau also participated in WV Governor Justices' Summer Food Assistance Program providing meals to seniors and GrandFamilies (grandparents raising their grandchildren). West Virginia's meal services increased significantly.

This 2022-2025 State Plan on Aging increases West Virginia's commitment and initiatives to participant-directed, person-centered services for our seniors and training of the provider network to achieve person-centered service delivery.

West Virginia seniors are part of the most rural state in the country. The seniors we serve are many of our most at risk elderly (female, widowed, over the age of sixty-five (65), low-income and rural, with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) needs).

This Plan for 2022 through 2025 focuses on enabling West Virginia seniors to make informed decisions regarding services and supports, which includes the use of the Bureau's webpage, our Facebook page and a monthly nutrition newsletter, along with providing information via the Aging and Disability Resource Centers (ADRC), web resource center or offices.

Empowering seniors with resources and information, participant-directed and person-centered care plans and chronic disease management will allow them to remain in their homes and communities as independently as possible for as long as possible.

The Plan stresses the availability of resources for seniors to combat abuse and neglect, including the Long-Term Care Ombudsman Program, Legal Aid and the Aging & Disability Resource Centers. It provides training for provider staff to better understand and combat elder abuse and financial exploitation.

The Bureau maintains working relationships with more than one hundred (100) partners throughout West Virginia. This includes AARP, West Virginia University, Marshall University, WV State University, WV Cancer Society, Charleston Area Medical Center, Herbert Henderson Office of Minority Affairs, American Diabetes Association, American Heart Association, DHHR Adult Protective Services and the WV Attorney General's Office, Elder Abuse Litigation and Prevention Unit. These partnerships provide training and information resources to assist West Virginia seniors but also to help seniors manage chronic diseases as addressed in the plan's Goal 3.

West Virginia conducted surveys with three (3) groups throughout West Virginia.

1. Directors and staff of the provider agencies and Area Agencies on Aging;
2. The Bureau's most active partners; and
3. West Virginia seniors.

Results of these surveys were the foundation for West Virginia's State Plan on Aging for the next four years.

The seniors themselves stressed access to information and transportation. Transportation is a very important service for West Virginia seniors, due to the state's rural population, isolation, chronic diseases, and age of the population we serve.

West Virginia has developed a State Program Operations Manual that addresses the processes and operations of each of the programs and services it provides, including:

- All of West Virginia's provider agencies are contracted providers and have conditions for management as an attachment to contracts.
- Area agencies monitor each provider agency in their region annually via in-person and desktop reviews of programs and finances. Senior services invoicing and data reporting are also part of the provider review.
- West Virginia contracts with a nutritionist from Marshall University who monitors providers annually and provides yearly training, ongoing technical support and a monthly nutrition newsletter.
- The Bureau has program staff that review each program and monitor invoicing and performance delivery.
- West Virginia maintains an active Quality Management Program.

The State Plan the WV Bureau of Senior Services is submitting for the years 2022 to 2025 helps address many of the seniors' needs to allow seniors to remain in their homes and age well in West Virginia. With this Plan, West Virginia will continue to meet the needs of our aging population and make services available in a cost-effective manner within the budgets, guidance, and funding available.

In closing, West Virginia has a dedicated aging network providing services to our seniors, even in difficult times and circumstances. The Bureau of Senior Services appreciates their work and commitment.

Geographical and Demographic Characteristics

West Virginia, the Mountain State, covers 24,038 square miles of land and has the highest average altitude east of the Mississippi River. According to 2020 Census Bureau statistics, the state's population is approximately 1.78 million, down 3.3% since 2010.

The Census Bureau classifies West Virginia as one of the most rural states in the nation, with more than half of its citizens living in rural areas. Yet, the state is within 500 miles of half of the nation's population. Located in the east central region of the country, West Virginia is often referred to as a mid-Atlantic state. It is crossed by six (6) interstates, two (2) major railroads and 680 miles of navigable inland waterways. The state's fifty-five (55) counties are a composite of wooded mountains, deep valleys and broad plateaus, and it is the only state entirely within the region known as Appalachia.

The state capital and largest city is Charleston, with 46,536 residents and a metro population of approximately 250,000. The state's population density is 77.1 people per square mile in 210 cities and towns, as well as the farms, hills and hollows of this rural state.

From the U.S. Census Bureau's Quick Facts about West Virginia, 2015-2019, only 3.6% of the state's population is African American; 93.5% is white, and less than 2%, Hispanic or Latino. Nearly 87% of adults have a high school education or more, and 20.6% have a bachelor's degree or higher. By 2019, West Virginians sixty-five (65) and older outnumbered those under the age of eighteen, 20.5% to 20.1%.

According to the U.S. Census Bureau's American Communities Report, *December 2019*, West Virginia is the third oldest state in the country, with a median age of 42.8. Twenty percent of its residents are sixty-five (65) or older. With abundant land, retiree-friendly taxes and a cost of living 13% below the national average, the state is projected to become even grayer by 2030.

Economic Status

Individual: In 2019, the median household income in West Virginia was the second lowest in the country at \$46,711, compared to \$65,712 nationally. Senior households live on less than \$30,000 per year on average, and 17.6% of seniors have an income that falls below the federal poverty line. Thirty percent (30%) of seniors live alone. Seven (7) of ten (10) who live alone are female.

Nearly 300,000 West Virginians provide care for parents, spouses and other older adults, which can be emotionally, financially and physically difficult. As the state's population continues to age, there will be increased demand for services to support family and other unpaid caregivers. Meeting that demand will require a properly trained, adequately compensated workforce.

Business and Industry: West Virginia is one of the largest producers of oil and natural gas east of the Mississippi River and top five (5) in coal production. The state has more than 19,500 family-run farms that generate over \$500 million in commodity sales each year. Agribusiness adds another \$100 million to the economy. Additionally, the state is home to West Virginia United Health System, other large health systems, Toyota and other large industries, steel plants and several biotechnology firms. The backbone of the state's economy is the thousands of small businesses that employ more than 49% of West Virginia's private workforce. The tourism industry in the state generated \$4.55 billion dollars in 2018, growing at an annual rate of 6.5%.

Health Status

The United Health Foundation's 2020 Senior Health report ranks West Virginia at or near the bottom in several crucial health-related categories:

Physical activity and nutrition	49 th
Smoking (65+)	50 th
Food insecurity (60+)	47 th
Risk of social isolation (65+)	47 th
Air and water quality	46 th

The report also ranks the state's older adults (65-74) last in health status, preventable hospitalizations and mortality. Health status: Percent of West Virginians 65+ who are able-bodied, percent with cognitive difficulties and percentage with frequent mental and/or physical distress. Preventable hospitalizations: Discharges per 100,000 Medicare enrollees ages 65-74. Mortality: A combination, per 100,000 residents, of drug deaths, early deaths and suicides. That same report also lists older West Virginians as 48th in Injury and Illness, which includes falls, multiple chronic conditions, obesity and teeth extractions.

The state ranks 45th in access to care for those sixty-five (65+), in part due to cost of care, and 50th in quality of care, which includes hospice care, hospital readmissions and nursing home quality.

Adding to that, the West Virginia Behavioral Risk Factor Surveillance System (WVBRFSS) 2018 Report ranked West Virginia highest in the nation for adults with arthritis, prevalence of kidney disease and obesity and third for smokeless tobacco use. Since 2013, obesity has increased 23% in people sixty-five (65+). Exacerbating these statistics, the number of geriatricians in the state is declining (down to 10.3 per 100,000 adults sixty-five (65+) in 2018 from 11.1 the year before).

There are bright spots. West Virginia has the fewest 65-74-year-olds who drink excessively, ranks 19th in flu, pneumonia and shingles immunizations and is 21st in individuals over sixty-five (65) with a dedicated health provider. Additionally, 31% of those sixty-five plus (65+) volunteer in their communities.

Despite multiple challenges, proud, self-sufficient West Virginia seniors are determined to live as independently as possible, and the state is committed to providing services, to the best of our ability, to allow them to do so safely. These statistics illustrate how important this state plan is to the future of West Virginia's seniors.

Services, Supports and Discretionary Grants

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 ADRCs, fifty-five (55) county-based Aging Service Programs and a multitude of other partner agencies. Following are summaries of the Bureau's current programs and services.

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.

Nutrition

Prior to COVID-19, congregate meals were served by county aging providers 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.

Due to the pandemic seniors have been getting meals through a grab and go system, or they have been switched to the home-delivered meal routes. The number of meals has increased significantly during the pandemic. Home Delivered Meals: The number of home-delivered meals has increased significantly during the pandemic. This increase is due to seniors who have not needed services in the past now needing this service, former congregate meal recipients now receiving their meals through home-delivery and a Bureau directive that there be no waitlist for meals at this time. There has been a significant increase in Nutrition Services due to COVID-19. The total number of meals for FY2020 is 2,491,169. This is an increase of 398,562 meals from FY2019. That increase includes the summer feeding meals, as well as 285,691 meals that eliminated any waitlist, with 3000 new seniors receiving meal services. Eighty-four percent of the meals served were hot meals.

There are currently hot/cold meal delivery vehicles on the roads in every county serving seniors in West Virginia. In 2019, Governor Jim Justice and the 2019 West Virginia Legislature allocated \$1 million in Lottery Funds to provide new nutrition program transport vehicles to the Aging Provider Network. In August 2020, the Bureau presented sixteen new Ford F-150 Hot/Cold Meal transport vehicles and twenty-seven Ford Explorers for meal service delivery. Forty-two nutrition programs received new vehicles through this initiative. County aging programs have expanded and developed additional 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.

Transportation

Transportation services are a vital component of the 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 Policy and Technical Team and work closely with all stakeholders in this area to attempt to implement those improvements outlined in the Council's most recent 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 Bureau is currently serving on the WV Department of Transportation's Policy and Technical Team to assist in development of the 2050 Multimodal Long-Range Transportation Plan. The team has identified rural transportation gaps and senior mobility as needs to be addressed. The West Virginia Bureau for Medical Services also awarded a statewide Non-Emergency Medical Transportation contract in 2015. Many county aging network providers have become part of this transportation network to assist individuals to access medical appointments.

Caregiver Services and Support

Family Caregiver Support Services are provided to families who care for older individuals. This would include information and referral services, caregiver training, and caregiver support services, including in-home and congregate respite.

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, information and referral, chore, homemaker, adult daycare, and other supports.

Legal Assistance

Legal services are available to West Virginians aged sixty (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. WVSLA serves approximately 750 seniors across all fifty-five (55) counties annually, providing approximately 1300 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.seniorlegalaid.org; and outreach visits to individual county senior centers and partners. WVSLA delivers substantive elder law and issue-spotting trainings and case consultation to legal, aging, and disability advocacy organizations and networks throughout the state. WVSLA publishes occasional news posts on its award-winning Aging and Law in West Virginia blog at <http://www.seniorlegalaid.blogspot.com>, as well as on Facebook and Twitter. WVSLA actively participates in the WV Coalition Against Domestic Violence's public policy partnership, the statewide Financial Exploitation Task Force, the WV Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS), the Sexual Assault Response Team for Monongalia county,

the STOP violence team for Preston and Monongalia counties, and the WV Access to Justice Commission legal services stakeholders and consumer committees. WVSLA partners with Alzheimer's Association WV, AARP, the state public library networks, the WV chapter of the National Association of Social Workers palliative care group, and others to present legal workshops in conjunction with their events around the state targeted to caregivers, both family and professional. WVSLA provides legal information to more than 1000 workshop participants a year at these and other events who include seniors, family caregivers, paid caregivers, social workers, attorneys, physicians, geriatric professionals, and law students 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 Transfer on Death deed, and other timely relevant legal issues.

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 having a paid regional ombudsman and, in some instances, one or more volunteers. Program staff also include the state ombudsman, the regional program director/volunteer coordinator, and an attorney. The ombudsmen investigated complaints made by or on behalf of long-term care residents, worked with resident councils, participated in community education sessions, conducted trainings for facility staff on the topics of resident rights, abuse and abuse reporting, and dealing with difficult behaviors and provided telephone consultations to individuals in the community and for facility staff.

Evidence-Based Disease Prevention and Health Promotion Programs

The Bureau will focus its wellness programs and initiatives on addressing the high rates of chronic diseases prevalent in WV, including diabetes, heart disease, obesity, cancer, and COPD, and improve mobility and balance in older adults.

Programs that address these issues are being implemented and administered through our county aging Providers across the state. These programs include Tai Chi for Diabetes, Tai Chi for Arthritis, Tai Chi for Osteoporosis, Chronic Disease Self-Management, Dining with Diabetes, Healthy Coaches for Hypertension Control, Walk with Ease, and Tai Ji Quan: Moving for Better Balance.

By offering these programs it is our goal to support healthy lifestyles and promote healthy behaviors in WV seniors.

Client Tracking

In August 2010, West Virginia went “live” with a client tracking system purchased from Harmony Information Systems, Inc (now WellSky). The Bureau of Senior Services purchased Harmony's

Social Assistance Management System (SAMS) for each county aging provider to offer 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.

West Virginia also implemented the Services and Assessment Evaluation Form (SAEF) for service recipients to obtain information such as demographics, poverty level, nutritional assessments, activities of daily living and instrumental activities of daily living. The SAEF must be fully completed for all service recipients per instructions for each service. The SAEF provides scoring enabling providers to prioritize services for target populations and those with the most needs and at risk. Many county aging providers have also invested and are utilizing Copilot's web-based application to record and document services provided and utilizing the import and export functions to transfer required data directly into SAMS. This technology has simplified the collecting and reporting of services consumed by seniors allowing county aging providers to easily track attendance, congregate meals, home delivered meals, health promotion programs, transportation, volunteer services, etc. Many are also using CopilotPro21 which supports and facilitates the entire process for care plan and client record management, electronic visit verification (EVV capabilities), direct care worker scheduling, direct care worker training certification requirements and the reporting process.

Discretionary Grants

West Virginia State Health Insurance Assistance Program (SHIP)

West Virginia SHIP is administered by the Bureau through a grant from the Administration for Community Living 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. SHIP counselors also help in applying for low-income programs to help with Medicare premiums and drug costs. The SHIP statewide toll-free number (877-987-4463) is answered by trained counselors located throughout the state. Counselors are located in County Aging Program locations, Aging and Disability Resource Centers, and the Bureau of Senior Services. Between October 2019 and September 2020, SHIP has served 15,298 Medicare beneficiaries and provided 640 group and media outreach activities statewide (COVID may have impacted services provided).

West Virginia Senior Medicare Patrol (WV SMP)

West Virginia Senior Medicare Patrol (WV SMP) will continue to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect and report health care fraud, errors, and abuse through outreach, counseling, and education. WV SMP will continue to conduct

outreach and education through group presentations, exhibits at events, and work one-on-one with Medicare beneficiaries. WV SMP will also engage volunteers to help carry out the mission and goals of the SMP program. WV SMP will continue to receive beneficiary complaints about fraud, errors, and abuse and help to refer suspected fraud or abuse to appropriate state and federal agencies for further investigation.

Medicare for Patients and Providers Act (MIPPA)

All three MIPPA funding priorities are overseen by the WV Bureau of Senior Services with the State SHIP director serving as the lead contact. MIPPA funding helps to provide outreach and assistance to Medicare beneficiaries with limited income and assets. MIPPA trained counselors help educate beneficiaries about the Low-Income (LIS) program for Medicare Part D, Medicare Savings Programs (MSPs), and Medicare Preventive Services. They also provide one-on-one assistance to eligible Medicare beneficiaries to help them apply for benefit programs that help lower the costs of their Medicare premiums and deductibles. “Hard to reach” beneficiaries are especially targeted including beneficiaries under sixty-five (65), Native American beneficiaries, beneficiaries who reside in rural areas, beneficiaries who speak English as a secondary language, and beneficiaries who experience other health inequities.

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 aged fifty-five (55) and older who live at or below 125% of poverty, the SCSEP places seniors at non-profit organizations and state agencies for up to forty-eight (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 the National Council on Aging. During the program year 2019, Preston County Senior Citizens, Inc. provided support to 111 people, with eight (8) achieving unsubsidized employment in the second quarter after exit, and nine achieving unsubsidized employment in the fourth quarter after exit. During enrollees’ on-the-job training, they provided 46,322 hours to general community service groups, with an additional 18,805 hours to senior specific groups.

West Virginia Aging and Disability Resource Centers (A Network of Resource Centers)

West Virginia will look ahead to goals outlined in the Bureau’s most recent five-year plan. The main goals that the Bureau will focus on going forward are: 1) Complete regular ADRC quality satisfaction surveys through an online survey tool and a targeted yearly written questionnaire to consumers 2) complete a Policy and Procedures Manual that will define standard operating procedures for ADRCs, 3) formalize a Person Centered Counseling training program for ADRC Resource Counselors and No Wrong Door Partners, 4) Research and secure a software platform that will be used by the ADRC’s and No Wrong Door partners to ensure older adults and those with a disability can make informed choices and have streamlined access to LTSS through building an information service delivery system. 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 Centers (ADRCs).

”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 ADRCs were selected as the Transition Navigator Agencies for the Money Follows the Person Take Me Home, West Virginia Demonstration Project, designed to help individuals with disabilities eighteen (18) years or older and individuals sixty-five (65) or older transition from an institutional setting into the community. In addition to funding for the initial project, the ADRC, through the Bureau for Medical Services and the Bureau of Senior Services, has 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. The Bureau is currently reviewing the State’s No Wrong Door Data System to determine what system is best for West Virginia.

No Wrong Door (NWD)

In response to the COVID-19 outbreak, the WV Bureau of Senior Services and Metro Area Agency on Aging applied for and received a grant from the Administration for Community Living (ACL) to implement a No Wrong Door system in West Virginia. The No Wrong Door initiative in West Virginia, led by a core Steering Committee and stakeholder Advisory Council, has a vision to transform the multiple access systems for LTSS into a fully integrated, person-centered NWD system of access for all programs and populations, regardless of age, income level, type of disability or payer source. This will be done by purchasing NWD software and continuing to solicit meaningful input from key stakeholders to identify gaps in the current structure and implementation of a strategic plan.

This will direct us in transforming the long-term services and supports system in West Virginia into a single, coordinated system of information by 2022, which will serve to greatly minimize confusion, enhance consumer choice, support informed decision making and improve the state’s ability to manage resources and monitor quality of services.

State Funded Services and Supports

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.

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 fifty-five (55) counties. FAIR provides up to sixteen (16) hours of respite per week for family caregivers of individuals with Alzheimer’s disease or a related dementia, based on need and availability of workers. Direct care workers employed by county aging providers receive required dementia care training before they can provide FAIR services. Workers give caregivers a needed break from the responsibilities of caregiving and, at the same time, offer stimulation and socialization to individuals with dementia. FAIR is fee-for-service based on the income of the care receiver (and spouse when there is one), with a minimum fee of \$1.50 per hour. In 2020, FAIR provided 217,565 hours of service to 1,626 caregivers and persons with Alzheimer’s disease or a

related dementia. Monitoring of FAIR is ongoing to ensure that the program is adhering to program guidelines and effectively serving as many families as possible statewide.

Lighthouse

The Lighthouse Program is a personal care service to assist seniors with functional needs in their homes. It is for seniors who 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. The Lighthouse Plan of Care is developed by the county aging provider's registered nurse. Clients contribute for services based on their monthly income minus medical expenses. A client can receive up to sixty (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 a citizen of West Virginia, be at least sixty (60) years old and meet the functional eligibility criteria established by the Bureau, as determined by the county aging provider's registered nurse.

In this thirteenth year (2020) of the Lighthouse Program, 2,308 seniors received 590,272 hours of service. As with FAIR, payment for Lighthouse services is on a sliding fee scale, based on the income of the service recipient (and spouse), and funds are used to provide additional hours of service in the county where they are collected. This year's Lighthouse/FAIR contributions totaled \$1,152,728. The fees collected for services averaged \$1.43 per hour of service.

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 provider facility renovations and AAA administration costs, and the balance is distributed to the county aging provider to supplement services. Services delivered with these funds are modeled after those provided by the OAA, with each county aging provider receiving funds to expand and enhance those services. This year, 1,606 individuals received 59,557 trips and 14,748 individuals received 202,523 hours of services, all funded from Lottery and/or LIFE monies.

Medicaid Programs

The Bureau of Senior Services is the program operating agency under contract with the Bureau for Medical Services. Our focus includes provider training, continuing certification of providers, annual monitoring of provider agencies, managing the incident management report, and facilitating provider and public work groups. The Bureau does not write or develop policy because that is the responsibility of the Bureau for Medical Services.

Title XIX Medicaid Aged & Disabled Waiver (ADW) 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.

Medicaid Personal Care

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

Personal Care members are 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 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.

Incident Management System

A new Incident Management System (WV IMS) was developed and implemented on July 2, 2019. The system was the result of both a need for increased focus on member health and welfare and the need for an increase in system functionality with the current incident system. The WV IMS allows the provider agency to report the incident within one business day and conduct incident follow-up or investigation within fourteen (14) days of learning of the incident. It has created a trail for tracking Adult Protective Services or Child Protective Services referrals for evidence for Quality Assurances and Sub-Assurances requirements for the Center for Medicare and Medicaid (CMS). This data is then reported to CMS. The functionality of the system and ability to retrieve critical data is paramount to the Aged and Disabled Waiver program federal requirements.

The system created a targeted reports function to collect data for the monthly and annual Performance Measures data for the ADW. Data is reviewed monthly at the contract management

team meeting between the State Medicaid Agency and the Operating Agency to assess level of compliance with both policy and CMS Assurances. Strategies for remediation are discussed in the meeting or referred to the Aged and Disabled Waiver Quality Improvement Advisory Council for potential inclusion in the Quality Work Plan. Data is monitored closely to meet CMS' new requirement which states that 85% or less must have a formal Quality Improvement Project.

The new system provided agency directors the opportunity to approve access and assign roles for the system based on the agency's direct need. The higher the role, the more access the user has in the IMS system.

Following implementation of the new system, system enhancements have been identified and prioritized to increase functionality of the system and meet data needs for federal requirements. The WV Take Me Home WV has coordinated and funded the system. The Bureau has been actively involved in the development of this new system from day one and continues to participate in IMS development meetings to ensure federal requirements are considered. The IMS is a valuable resource for mortality reviews, incident type tracking, member health and safety monitoring and quality improvement. Data has been utilized to develop educational brochures for members or families to prevent hospital or emergency room admission improve quality of life. The initiative is "Stop the Top Three" reasons for admission (pneumonia, sepsis and urinary tract infection). The Bureau conducted incident system training on system access and utilization, methodology for problems resolution and remediation and prevention. Videos were developed by the Bureau to educate Aged and Disabled and Personal Care providers on the new system.

Additional Programs

Healthy GrandFamilies

In 2015, West Virginia State University (WVSU) Healthy GrandFamilies began as a USDA grant funded pilot project. In 2018, it became a statewide comprehensive service to the GrandFamilies in all fifty-five (55) counties in West Virginia. Grandparents who are raising their grandchildren range in age from thirty-nine to eighty-two (39-82). Healthy GrandFamilies provides advocacy, intervention, tangible resources, education through an eight-week program and a point of contact. The WVSUHG is funded through a variety of sources, including the WV Legislature and the Bureau of Senior Services. This program is in our sixth year of supporting this growing population of households in West Virginia. For more information go to <http://www/healthygrandfamilies.com>

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 Farmers' Market Program

Working in conjunction with the West Virginia Department of Agriculture, the Bureau coordinated the distribution of Farmers' Market coupons to eligible seniors sixty (60) and older. A total of 16,760 voucher booklets (seven \$4 coupons per voucher booklet, totaling \$469,280) were distributed to seniors throughout the state beginning June 1, 2020. The coupons could be exchanged for locally grown fruits, vegetables, and honey. With distribution having to be drive-thru, mail, or by in-home caregiver, this impacted the number of vouchers issued. Also, many of the seniors were hesitant to get vouchers, because they did not want to go out to farmer's markets and socialize with other people. In addition, there were limited farmers at these markets for the same reason. A few farmers' markets did not even open, and some closed early due to COVID-19 or not having a supply of produce. This meant that some seniors did not have a place to take the vouchers.

Shared Table Initiative for Senior Citizens

The Shared Table Initiative for Senior Citizens Rule became effective on April 14, 2021. The rule details methods, establishes and affirms the creation of the shared table initiative for senior citizens who suffer from food insecurity. The purpose of the rule is to establish a statewide initiative to facilitate shared tables at senior centers and similar facilities where congregate and home delivered meals are provided to seniors in need. Senior citizens may not always want to consume certain foods or beverage items included in their meal and can return any unopened pre-packaged items (pretzels, crackers, bags of fruits and vegetables stored in cooling bins, wrapped whole fruit, such as apples and bananas and unopened milk which has been stored in a cooling bin maintained at forty-one (41) degrees Fahrenheit or below may be distributed at a sharing table). Senior citizens may take an additional helping of a food or beverage item from the share table during congregate serving times, or the food or beverage item may be provided as an extra serving to home delivered meal recipients. Proper sanitizing of Shared Tabled items will be implemented due to Covid-19.

Events (Events postponed during Covid-19)

Robert W. Jackson Senior Conference

The annual Robert W. Jackson Senior Conference is held annually in May at Cedar Lakes Conference Center in Ripley, West Virginia. Seniors participate in a variety of workshops, and health and recreational activities.

West Virginia Silver Haired Legislature

The West Virginia Silver Haired Legislature convenes annually during the West Virginia Legislative Session. Silver Haired Legislature members develop and submit position papers to the WV Legislature. Adopted position papers are available on the Bureau's website.

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

A Geri-Olympics Event is held in Kanawha county in the spring, the largest county in West Virginia. Sponsored, in part by the Bureau, the event hosts hundreds of seniors from various residential and long-term care facilities from Kanawha and surrounding counties.

Senior Olympics

Mineral County Senior Olympics is held annually in Keyser, West Virginia. Hundreds of senior athletes representing many West Virginia counties participate 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 Bureau is a partner with the WV Department of Health and Human Services and Adult Protective Services in hosting an annual elder abuse awareness education event for all Bureau contracted providers and Area Agencies on Aging. This conference also provides continuing education credit for social workers, nurses, nursing home administrators, and attorneys.

Needs Assessment and Public Input

The West Virginia Bureau of Senior Services, due to the Covid-19 Pandemic, chose to avoid in-person contact to collect public input for the West Virginia State Plan on Aging. It was through their guidance and recommendations that the Bureau elected to avoid gatherings and protect the health and safety of our seniors, our network provider staff, our partners, and our own staff to obtain input for the State Plan. In lieu of those face-to-face gatherings, the Bureau opted to use an online and paper needs assessment and survey. This input has been invaluable to the Bureau for the development of the State Plan on Aging and will assist us in determining what services our senior citizens need going forward.

The online needs assessment and public input surveys were geared toward services (both established services and others the target groups felt were not available or under-utilized) for seniors and in-home caregivers, aging network staff with an understanding of the services provided to our seniors, and those stakeholders with an interest in the betterment of the lives of seniors. Surveys also included goals within the State Plan for input and comment. These were provided to all county aging providers for distribution of the needs assessment and public input survey to seniors throughout each West Virginia county. Bureau partners and County Aging Provider Directors were also provided with a State Plan survey via email to encourage their input on new and innovative ways to serve our seniors more effectively and efficiently. This survey focused only on the Goals, Objectives, and Strategies within the State Plan.

After gathering and analyzing responses from surveys, several trends and patterns were indicated. Of the individuals who completed the survey, the majority fell into two (2) identifiable groups. Forty-two percent (42%) indicated they were family caregivers (past or present), while thirty-six percent (36%) indicated they were employed by a local senior center. Socialization or contact with others was the most critical issue faced by seniors, while in-home care was the most important service to seniors. Caregivers identified two (2) areas as their most important needs: ensuring the safety of the care recipient in the home and a break from the responsibilities of caregiving for themselves.

When asked if they agreed or disagreed with the four (4) Goals stated in our plan, those completing the survey overwhelmingly (between 99.1%-100%) indicated that they agreed with the Bureau's plan goals. In reviewing the open comments/suggestions, many seniors reported loneliness and need for socialization. West Virginia is in the process of re-opening senior centers statewide with a target date to be fully reopened by June 22, 2021. West Virginia is addressing the key indicators of lack of socialization and loneliness within the plans' goals, objectives, and strategies. (Attachment C).

The input and comments provided to the Bureau afford us the opportunity to target services to West Virginia seniors that are the most important and necessary to them. In doing this, we can make available to them the services and resources that will enable them to remain in their homes and communities, living independently, healthy, and safe.

West Virginia requires the State Plan to be posted online with the West Virginia Secretary of State's Office for public comments for thirty (30) days. All comments will be addressed and considered. Comments will be addressed and considered but will not affect the required submission date to Administration for Community Living. If it is determined that any changes need to be made to the State Plan as a result of the public comment period, the Bureau will submit a State Plan amendment to ACL for approval in accordance with ACL's requirements.

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

While the Bureau of Senior Services already provides a wide array of programs and services for the state’s seniors, we know that there is more to do and there are additional ways that we can reach an ever-growing segment of the West Virginia population. In 2022-2025, the Bureau and aging network partners will:

- Evaluate direct care workforce training curriculums and platforms
- Develop an online training library
- Explore methods to recruit and retain direct care workers
- Increase the number of families receiving personal care services and/or respite care
- Explore piloting a self-directed option for state-funded in-home care
- Increase awareness of the Long-Term Care Ombudsman Program
- Reach new audiences with educational materials and information
- Include person-centered planning in all Bureau trainings
- Evaluate and work to reduce senior food insecurity statewide
- Develop partnerships with organizations that work with minority, rural and other target populations
- Increase use of technology to improve the quality of services
- Increase the level of seniors’ physical activity
- Help seniors deal with chronic illness and conditions
- Increase participation in evidence-based exercise and health promotions activities for seniors
- Increase awareness of senior abuse, neglect and financial exploitation statewide

Goals, Objectives, Strategies and Performance Measures

1. GOAL 1: Enable older adults and other interested parties to make informed decisions regarding services and supports for older individuals.

Objective 1.1: Provide awareness, educational and training opportunities to the West Virginia aging population and stakeholders regarding available services and supports for older adults.

<p>Strategy 1: Work with Area Agencies on Aging (AAA’s), county aging network providers and ADRC’s to develop a multi-platform public awareness campaign and establish awareness and training opportunities for the aging population and/or other interested parties in West Virginia.</p> <p>Performance Measure 1: Provide at a minimum three (3) awareness campaign and/or trainings annually to a minimum of one hundred (100) of West Virginia’s older adults and/or stakeholders.</p> <p>Timeline: Begin FY22, annually</p>
<p>Strategy 2: Provide updated brochures on all programs to seniors, county aging network providers and other agencies and organizations such as churches and medical offices.</p> <p>Performance Measure 2: Distribute and track program brochures to a minimum of fifty (50) targeted entities annually.</p> <p>Timeline: Begin FY23, annually</p>
<p>Strategy 3: Provide in-person and/or virtual presentations to seniors on legal services and resources.</p> <p>Performance Measure 3: Provide a minimum of four (4) in person and/or virtual presentations annually to seniors regarding legal services and resources.</p> <p>Timeline: Begin FY22, annually</p>
<p>Strategy 4: Develop a workgroup to evaluate direct care workforce training curriculums and viability of regional training centers for the provision of training modules.</p> <p>Performance Measure 4: Develop a report of direct care workforce training recommendations and submit to the Commissioner of the WV Bureau of Senior Services.</p> <p>Timeline: Begin FY23</p>
<p>Strategy 5: Increase the awareness of the Long-Term Care Ombudsman Program (LTCOP) in long-term care facilities.</p> <p>Performance Measure 5: Provide a minimum of three (3) education and media events to a minimum of ten (10) individuals per event for long-term care providers and/or residents and families.</p> <p>Timeline: Begin FY22, annually</p>
<p>Strategy 6: Increase the awareness of the Long-Term Care Ombudsman Program (LTCOP) among aging service providers and/or other interested community partners and stakeholders.</p> <p>Performance Measure 6: Provide a minimum of three (3) education events, public events and/or media events related to the problems and concerns of long-term care residents to a minimum of ten (10) individuals from the aging population and/or other interested West Virginia parties.</p> <p>Timeline: Begin FY22, annually</p>
<p>Strategy 7: Working with aging network partners, develop and implement an online aging network training library.</p>

<p>Performance Measure 7: An online aging network training library will be developed and housed within the Bureau’s website with a minimum of fifty (50) website visits/hits annually. Timeline: Begin FY23</p>
<p>Strategy 8: Establish a workgroup to research and evaluate virtual platforms and their utilization across the aging network. Performance Measure 8: Develop a report analyzing and evaluating a minimum of three (3) virtual platforms and implementation strategies and submit to the Commissioner of the WV Bureau of Senior Services. Timeline: Begin FY23</p>
<p>Strategy 9: Partner with the West Virginia Nurses Association to provide educational materials to nursing students regarding the aging population and best practices. Performance Measure 9: Educational materials will be provided annually to the WV Nurses Association to be distributed to one hundred percent (100%) of WV nursing programs. Timeline: Begin FY23</p>
<p>Strategy 10: Provide dementia friendly practices training for SHIP and Senior Medicare Patrol staff and the WV No Wrong Door advisory group. Performance Measure 10: Dementia friendly practices training is provided to seventy-five percent (75%) of those who work with SHIP, Senior Medicare Patrol and No Wrong Door. Timeline: Begin FY23</p>

Objective 1.2: Work to strengthen the aging network workforce through recruitment, retention, and training opportunities.

<p>Strategy 1: Continue to host trainings regarding aging programs, policy guidelines, and reporting requirements with the aging network workforce and partners. Performance Measure 1: Conduct annual and/or quarterly trainings across all aging programs to a minimum of two (2) staff people per county aging network provider and one hundred percent (100%) of all discretionary grant team members. Timeline: Begin FY22</p>
<p>Strategy 2: Conduct training presentations in person and/or virtually with professional partners on SHIP, SMP and MIPPA programs. Performance Measure 2: Conduct presentations about SHIP, SMP, and MIPPA programs to a minimum of two (2) professional partner agencies per year. Timeline: Begin FY22</p>
<p>Strategy 3: Recruit and retain volunteers in the aging network. Performance Measure 3: Develop and distribute to a minimum of fifty (50) stakeholders’ outreach and educational materials to recruit volunteers for multiple aging programs, such as meal delivery, SHIP, SMP, and peer support. Timeline: Begin FY22</p>
<p>Strategy 4: The WV Bureau of Senior Services Title V program will assess program participants and their training needs and provide support services. Performance Measure 4: Monitor four percent (4%) per DOL requirements of program participants documentation and DOL data validation. Timeline: Begin FY22, annually</p>
<p>Strategy 5: Develop and disseminate SCSEP marketing tools to potential host agencies.</p>

Performance Measure 5: Disseminate SCSEP marketing tools to a minimum of ten (10) potential host agencies.

Timeline: Begin FY23, annually

Strategy 6: Title V will conduct research within the eleven (11) SCSEP counties and target information to entities to become host agencies.

Performance Measure 6: SCSEP will have the addition of a minimum of one (1) new SCSEP host agency annually.

Timeline: Begin FY22, annually

Strategy 7: Bureau SCSEP Director will attend and provide information/training at Workforce WV meetings, provider meetings, local events and resource/job fairs.

Performance Measure 7: Attend and provide information at a minimum of three (3) meetings/events to a minimum of fifty (50) individuals.

Timeline: Begin FY22, annually

Objective 1.3: Enhance technology capabilities and knowledge to expand training and educational opportunities.

Strategy 1: The Bureau will evaluate various virtual conferencing technology platforms (Zoom, GoToMeeting, WebEx, Microsoft Teams) and provide training to Bureau staff on appropriate platforms.

Performance Measures 1: One hundred percent (100%) of Bureau staff will receive virtual conferencing technology training annually.

Timeline: Begin FY23, annually

Strategy 2: Facilitate information/training opportunities for county aging network providers regarding virtual technology platforms (i.e., Zoom, Facebook Live) and training modules to enhance the abilities of their staff and the older population.

Performance Measure 2: Facilitate information/training opportunities for one hundred percent (100%) of county aging network providers at a minimum of one (1) time annually.

Timeline: Begin FY23, annually

Objective 1.4: The WV Aging Network will be trained and knowledgeable about participant-directed, person-centered planning that focuses on each individual's goals to promote independence, respect and dignity.

Strategy 1: Continue required county aging network provider training on participant-directed, person-centered planning.

Performance Measure 1: AAA monitors will annually review each provider's staff for required participant-directed, person-centered training with one hundred percent (100%) monitoring compliance.

Timeline: Begin FY22, annually

Strategy 2: SCSEP Coordinators will receive participant-directed, person-centered planning training.

Performance Measure 2: Monitor/track training received annually with one hundred percent (100%) compliance.

Timeline: Begin FY22, annually

Strategy 3: Provide person-centered planning for SHIP, SMP, and MIPPA counselors.

Performance Measure 3: One hundred percent (100%) SHIP, SMP and MIPPA counselors will receive participant-directed, person-centered planning training annually.

Timeline: Begin FY22, annually

Strategy 4: Apply person-centered planning concepts to caregiver support programs and care plans.

Performance Measure 4: Monitor caregiver support programs, including FAIR and Title III-E, for one hundred percent (100%) compliance with person-centered planning concepts.

Timeline: Begin FY23

Strategy 5: Provide ombudsmen with training on how to incorporate resident-directed, person-centered care into the daily life of long-term care residents.

Performance Measure 5: One hundred percent (100%) of ombudsmen will receive participant-directed, person-centered planning training annually.

Timeline: Begin FY22

Outcomes

- Through development of multi-platform public awareness campaigns, Bureau staff and county aging providers provide consistent, current and person-centered information to WV seniors and other interested parties.
- The WV direct-care workforce has consistent training curriculum and electronic access to training materials and modules.
- West Virginia seniors have increased awareness and knowledge of the Long-Term Care Ombudsman Program as evidenced via annual service survey.
- SCSEP host agencies increase to provide employment opportunities to West Virginia seniors.
- West Virginia seniors, caregivers and other interested parties have access and training to utilize virtual platforms for services and supports.

2. GOAL 2: Support and empower older adults to continue to remain in the least restrictive environment.

Objective 2.1: The WV Aging Network will target seniors who reside in rural communities, and those who are minorities, low income and/or more at-risk, based on activities of daily living assessments.

Strategy 1: State Unit on Aging, AAA's and WV Senior Legal Aid will review and analyze SPR data elements for targeted populations.

Performance Measure 1: Annual SPR data will maintain levels or demonstrate increases in the targeted populations.

Timeline: Begin FY22, annually

Strategy 2: Title V will annually review and analyze Census and SPARQ data elements for targeted populations.

<p>Performance Measure 2: Annually monitor and ensure Department of Labor Core Performance Measures percentage requirements as established by the Department of Labor are met.</p> <p>Timeline: Begin FY22, annually</p>
<p>Strategy 3: Using data provided by different sources – ACL, CMS, and Census, targeted outreach will be conducted to rural, minority, low-income, and high-risk older individuals to provide and/or increase awareness about programs available that may help them remain in their community.</p> <p>Performance Measure 3.1 All discretionary grant programs (SCSEP, SMP, MIPPA, ADRC) will provide outreach materials to OAA nutrition sites to distribute for one (1) program per month to all meal recipients.</p> <p>Timeline: Begin FY22</p> <p>Performance Measure 3.2: Provide SHIP and ADRC joint brochure to each applicant of the Aged and Disabled Waiver Home and Community Based Service program.</p> <p>Timeline: Begin FY22, ongoing</p>
<p>Strategy 4: County aging network providers and ADRCs will develop partnerships with organizations who work with rural, minority, low-income, or high-risk older individuals to help reach these target population groups.</p> <p>Performance Measure 4: Develop partnerships with a minimum of two (2) organizations per year who work with rural, minority, low-income, or high-risk older individuals.</p> <p>Timeline: Begin FY 22</p>
<p>Strategy 5: Continue partnership with the Herbert Henderson Office of Minority Affairs to identify concerns of seniors in the African American Community and other minorities.</p> <p>Performance Measure 5: Bureau staff will participate in a minimum of two (2) events annually.</p> <p>Timeline: FY22, annually</p>
<p>Strategy 6: Long-Term Care Ombudsman Program will continue its partnership with Take Me Home WV, West Virginia’s Money Follows the Person (MFP) program, to assure nursing home residents are informed about their right to receive services in the least restrictive environment and receive information about how to access MFP services.</p> <p>Performance Measure 6: Provide informational brochures and technical assistance regarding the MFP program in one hundred percent (100%) of West Virginia Medicaid-certified nursing homes.</p> <p>Timeline: Begin FY22, annually</p>
<p>Strategy 7: Continue to work with county aging network providers to offer evidence-based programs that target fall prevention exercises.</p> <p>Performance Measure 7: Coordinate training for one hundred percent (100%) of county aging network providers to have certified staff and/or volunteers lead classes in approved Title IID programs.</p> <p>Timeline: Begin FY22, annually</p>
<p>Strategy 8: Develop a workgroup to research, evaluate and develop an aging network consolidation plan.</p> <p>Performance Measure 8: The workgroup will develop a consolidation plan and submit it to the Commissioner of the WV Bureau of Senior Services for review.</p> <p>Timeline: Begin FY23</p>

Strategy 9: Review, update and develop on-going trainings for Ombudsmen through the use of virtual platforms to reflect revised ACL training requirements and current best practices for the Long-Term Care Ombudsman Program.

Performance Measure 9: Provide one (1) initial training event of ACL approved modules to one hundred percent (100%) of certified ombudsmen.

Timeline: Begin FY23, annually.

Strategy 10: County Aging Network providers will serve as SCSEP host agencies and provide training opportunities for eligible enrollees.

Performance Measure 10: Increase the number of County Aging Network provider SCSEP by a minimum of one (1) host agencies annually.

Timeline: Begin FY23, annually

Strategy 11: Develop a social determinant of health assessment (SDoH) tool to identify social factors that affect seniors, such as physical/mental health care, stable housing, nutritious food, clean drinking water, access to transportation, and social supports.

Performance Measure 11: Distribute SDoH tool to one hundred percent (100%) of county aging providers.

Timeline: Begin FY23

Objective 2.2: County aging network providers will provide nutritious, cost effective meals and reduce food insecurity.

Strategy 1: County aging network providers will provide meals that meet the Dietary Guidelines of America and submit menus to the registered dietician.

Performance Measure 1: Annually monitor county aging network providers per Registered Dietician contract to ensure meals meet Dietary Guidelines.

Timeline: Begin FY22, annually.

Strategy 2: Training will be provided for county aging network providers related to cost allocation, direct costs, indirect costs and meal unit costs.

Performance Measure 2: One hundred percent (100%) of county aging network providers will submit an annual meal cost allocation plan to AAA's for review and approval of methodologies.

Timeline: Begin FY23, annually

Strategy 3: Conduct and evaluate results of an annual statewide senior food insecurity survey assessment.

Performance Measure 3: Evaluate one hundred percent (100%) of survey results received and develop report for the Commissioner of the Bureau of Senior Services.

Timeline: Begin FY23

Strategy 4: SHIP, SMP, and MIPPA counselors will partner with local food banks to share information about Medicare programs, including low-income assistance programs that may allow an individual to have access to funds for food.

Performance Measure 4: Establish and maintain at least one (1) food bank partnership annually.

Timeline: Begin FY23, annually

Strategy 5: Develop partnership with WV Rural Health Clinics to identify and refer older adults with malnutrition or food insecurity concerns to the county aging provider network.

Performance Measure 5: Number of referrals (with an increase in referrals each State Plan FY) from WV Rural Health Clinics to county aging provider network of older adults with malnutrition or food insecurity concerns.

Timeline: Begin FY23

Objective 2.3: County aging network providers will continue to maintain or increase transportation services to older individuals that meet their needs and support aging in place.

Strategy 1: County aging network providers will maintain or increase transportation services to seniors in their communities.

Performance Measure 1: Annual SPR data will maintain levels or demonstrate increases in the targeted populations.

Timeline: Begin FY22, annually

Objective 2.4: County aging network providers will continue to improve the capacity to serve older adults through in-home service programs that meet their needs and support aging in place.

Strategy 1: Establish a career and training ladder for in-home direct care workers including instructions and training.

Performance Measure 1: Develop a career ladder and a training ladder for in-home direct care workers with partners in the aging network and provide to one hundred percent (100%) of county aging network providers.

Timeline: Begin FY 23

Strategy 2: Establish a workgroup to evaluate and explore methods to recruit and retain direct care workforce.

Performance Measure 2: Develop a set of recommendations to recruit and retain direct care workforce and provide to one hundred percent (100%) of county aging providers.

Timeline: Begin FY23

Strategy 3: Establish a system to distribute state funded in-home service funds regionally, allowing the Bureau more flexibility to allocate funds to county providers within that region as needed.

Performance Measure 3: At least two (2) regions use one hundred percent (100%) of state funded in-home service funds allocated to them for distribution to counties within each region.

Timeline: Begin FY23

Strategy 4: Establish a workgroup to develop a plan for a self-directed option pilot program within in-home care services and caregiver respite services for older individuals.

Performance Measure 4: Develop a plan for a self-directed caregiver respite option and implement a self-directed pilot program in three (3) pilot counties.

Timeline: Begin FY23

Strategy 5: Continue to offer caregiver respite, through FAIR and Title III-E, to family and other unpaid caregivers over the age of eighteen (18) in all West Virginia counties.

Performance Measure 5: Using fiscal year 2021 as a base, increase FAIR and III-E service hours by ten percent (10%) each fiscal year through FY25.

Timeline: Begin FY22

Objective 2.5: Utilize technology to improve the quality and efficiency of aging network services.

Strategy 1: Evaluate avenues to deliver digital content to seniors to serve more older adults.
Performance Measure 1: Implement digital content within service delivery and one hundred percent (100%) of program policy manuals.

Timeline: Begin FY23

Strategy 2: Implement additional data quality checks to improve data integrity and accountability to improve services and advocacy initiatives.

Performance Measure 2: Decrease SPR missing data elements.

Timeline: FY22, ongoing

Outcomes

- West Virginia seniors and caregivers continue to receive home and community-based services as evidenced by annual SPR, SPARQ, ADRC, SHIP and Medicaid HCBS data.
- West Virginia seniors are accessing their senior centers as evidenced by an increase in attendance.
- West Virginia seniors receiving OAA nutrition services will be provided healthy meals that reduce food insecurity as evidenced via annual senior services survey, SPR and SAEF assessment for nutrition.
- County aging providers will improve their business practices through training provided regarding cost allocation and meal unit costs.
- Partnerships will be strengthened with other nutrition entities as evidenced by membership on various committees and councils.
- Transportation issues for the aging will be addressed in the State Transportation Plan currently in development.
- Virtual programming will be addressed in all Bureau policy manuals.

3. GOAL 3: Enable and empower older adults to stay active and healthy and manage chronic conditions.

Objective 3.1: The WV Aging Network will continue to train/facilitate how seniors with chronic diseases can be assisted with managing chronic conditions through in person education, in home care and other education opportunities.

Strategy 1: Utilize the Service Assessment and Evaluation Form (SAEF Bureau's Intake Form) to identify seniors with highest needs and conduct needs surveys.

Performance Measure 1: Have a valid survey response rate of thirty (30%) or higher.

Timeline: FY23, annually

Strategy 2: Conduct outreach on staying active and healthy and managing chronic conditions.

Performance Measure 2: One hundred percent (100%) of agencies that receive SHIP, SMP, and/or MIPPA funding will include information at least quarterly about Medicare preventive

services in newsletters and provide education about Medicare preventive services during health/chronic disease activities taking place in the community.

Timeline: Begin FY22, annually

Strategy 3: Continue collaboration with Charleston Area Medical Center and participation with the American Cancer Society Colorectal Cancer Awareness workgroup to educate and promote awareness.

Performance Measure 3: Distribute educational screening materials and presentations to a minimum of fifty (50) seniors annually and conduct educational workshops at a minimum of three (3) senior events.

Timeline: FY23, annually

Strategy 4: Offer evidence-based programs at senior centers and other events.

Performance Measure 4: Increase the percentage of evidence-based program participants annually.

Timeline: FY22, ongoing

Strategy 5: Increase awareness and knowledge of chronic disease and prevention.

Performance Measure 5: Provide one hundred percent (100%) of county aging providers and a minimum of five (5) other partners with information annually to distribute to seniors who are at risk or have developed chronic diseases.

Timeline: FY22, annually

Objective 3.2: Increase the level of physical activity for in-home care service recipients, family caregivers and care receivers.

Strategy 1: Implement a pilot program with aging network providers that will include suitable physical activities on in-home services plans of care.

Performance Measure 1: Fifty percent (50%) of Plans of Care will include physical activities, and direct care worker logs will indicate physical activities completed.

Timeline: FY23, annually

Objective 3.3 Promote evidence-based exercise and health promotion programs for all older adults, regardless of age and/or ability.

Strategy 1: Provide training and certification opportunities at each IIID county aging provider agency to teach Title III-D exercise and health promotion courses for arthritis, falls prevention, obesity and balance.

Performance Measure 1.1: A minimum of one (1) individual at each IIID county aging provider agency will be trained/certified to teach IIID exercise and health promotion courses.

Performance Measure 1.2: Number of seniors enrolled in evidence-based exercise and health promotion programs will increase by fifty percent (50%) by FY24.

Timeline: PM 1.1 FY 23, PM 1.2 FY24

Strategy 2: Partner with WV Pharmacist Association to develop education and safety awareness materials regarding medications that cause a risk for falls.

Performance Measure 2: Provide educational materials to one hundred percent (100%) of county aging provider network for distribution to seniors.

Timeline: Begin FY23

Outcomes

- Chronic disease and management will be identified via survey.
- Partnerships to advocate for the needs of seniors and caregivers will be strengthened with West Virginia medical facilities as evidenced through representation on committees and councils.
- Physical activity of seniors and family caregivers will increase through implementation and demonstration of pilot program.
- Falls will decrease due to educational programming as evidenced by incident management system.

4. GOAL 4: Ensure the dignity and rights of older West Virginians, and reduce abuse, neglect and financial exploitation.

Objective 4.1: The State Unit on Aging will implement an electronic incident management system (i.e., Falls, minor injuries of unknown origin, environmental issue, etc.) for County aging provider programs.

Strategy 1: The State Unit on Aging will develop a work group and work with WellSky, the WV Bureau for Medical Services and other entities to explore and evaluate the implementation of an electronic incident management system.

Performance Measure 1: The State Unit on Aging will develop and submit a plan to the Commissioner regarding the implementation of an electronic incident management system.

Timeline: Begin FY23

Objective 4.2: Strengthen the WV Aging Network’s efforts to prevent and respond to reports of abuse, neglect, and financial exploitation among all agencies to ensure the rights of older individuals are protected.

Strategy 1: Provide statewide policy and educational coordination of West Virginia’s financial exploitation awareness, prevention, and response.

Performance Measure 1: The State Long-Term Care Ombudsman and staff from West Virginia Senior Legal Aid will participate in one hundred percent (100%) of the quarterly meetings of the Financial Exploitation Taskforce (Attachment P).

Timeline: FY22, ongoing

Strategy 2: Bureau staff including The State Long-Term Care Ombudsman, SMP director, and Medicaid unit will continue participation in the Committee for Quality Improvement with Adult Protective Services (Attachment P).

Performance Measure 2: Bureau staff will participate in one hundred percent (100%) of scheduled meetings of the Committee for Quality Improvement.

Timeline: FY22, ongoing

Strategy 3: The Bureau will identify and communicate with other entities involved in the prevention of abuse, neglect and exploitation to strengthen interagency relations.

Performance Measure 3: Identify, communicate and participate with a minimum of one (1) additional agency or organization involved in the prevention of abuse, neglect and exploitation.

Timeline: Begin FY22

Objective 4.3: The Aging Network will provide information to older individuals, caregivers, providers and other stakeholders about abuse, neglect, financial exploitation and reporting.

Strategy 1: SMP counselors will provide Medicare fraud and abuse education and outreach through individual interactions, presentations, events, and print/social media.

Performance Measure 1: SMP counselors will provide monthly Medicare fraud and abuse education and outreach to a minimum of twenty (20) beneficiaries per month.

Timeline: Begin FY23, ongoing

Strategy 2: The Bureau will provide abuse, neglect, financial exploitation and/or reporting information and training to county aging providers, older individuals, caregivers and stakeholders.

Performance Measure 2.1: Provide abuse, neglect, financial exploitation and/or reporting information to one hundred percent (100%) of county aging providers at a minimum of bi-annually.

Timeline: Begin FY22, ongoing

Performance Measure 2.2: Conduct annual statewide education and prevention programs targeting specific groups of a minimum of one hundred individuals (banks, healthcare professionals, facility staff, family caregivers, older adults)

Timeline: Begin FY22, at least annually.

Performance Measure 2.3: Create public awareness campaign material and provide to a minimum of five West Virginia media outlets (newspaper, radio, television) to increase the general public's awareness of abuse, neglect, and exploitation and the importance of reporting.

Timeline: Begin FY22, annually.

Strategy 3: Continue co-sponsorship with the Department of Health and Human Resources to mark World Elder Abuse Awareness Day.

Performance Measure 3: Annually participate in the planning/organization of a statewide education event to provide a minimum of one hundred (100) professionals access to cutting edge information and experts in elder abuse awareness, prevention, and response.

Timeline: Begin FY22, annually.

Strategy 4: WV Senior Legal Aid will continue to provide legal information, legal advice and out of court legal advocacy statewide.

Performance Measure 4: Provide assistance and/or referral to one hundred percent (100%) of eligible individuals.

Timeline: Begin FY22, ongoing

Outcomes

- West Virginia's seniors, caregivers and partners will have an increased awareness and recognition of elder abuse, neglect and exploitation as evidenced by an increase in the number of reported cases.

- West Virginia will be able to obtain better data related to incidents such as falls, minor injuries and medication errors through data collected via the incident management system.

Quality Management

The West Virginia Bureau of Senior Services quality management system and processes consist of internal quality measures, county aging provider network monitoring, plans of correction, data collection, analysis and reporting. These processes serve as the basis for qualitative and quantitative performance assessments and continuous improvement of services, organizational capabilities and management.

WV Bureau of Senior Services Internal Quality Measures

The WV Bureau of Senior Services has established internal quality measures and a foundation for performance management utilizing Employee Performance Appraisals from the WV Division of Personnel. Employee appraisals include employee responsibilities, performance goals and standards, performance improvement strategies, measures, expectations and objectives to be accomplished. Meetings are held at specific time periods throughout the year with employee supervisors to discuss, evaluate and address work performance.

County Aging Provider Network Monitoring and Plans of Correction

The West Virginia Bureau of Senior Services utilizes Area Agencies on Aging, State Program Directors and a registered dietician to conduct annual county aging provider monitoring of aging programs and services. Provider monitoring's are conducted on site and/or via desktop review for each program/service provided by each county aging provider. Monitors utilize WV Bureau of Senior Services monitoring tools that evaluate and assess key requirements for aging service programs, interviews with service recipients and interviews with agency staff. Based on findings, monitoring reports are developed and provided to county aging providers and their boards of directors. Findings of non-compliance to policy and requirements call for the county agency provider to submit a Plan of Correction for review and approval. Non-compliance to policy and requirements may also result in additional monitoring, repayment of reimbursed funds and/or involuntary closure.

Data Collection, Analysis and Reporting

The West Virginia Bureau of Senior Services utilizes WellSky's Social Assistance Management System (SAMS) to meet U.S. Administration on Aging State Program reporting requirements. The Bureau administers numerous state and federal programs, and reporting requirements for these programs are met through the use of applications from WellSky (SAMS). The WV Bureau of Senior Services functions as the administrator of the state-wide SAMS database and provides ongoing technical support and training to area agencies and county aging providers. Users access SAMS through the internet and a web browser. The Bureau utilizes and maintains a single statewide database to prevent duplication of data and effort. The benefits of this system include the capacity to track multiple service programs and consumers who receive services from multiple programs. Area agencies and providers throughout West Virginia have the ability to access provider and consumer data for care coordination, planning, contract oversight and reporting. The Bureau utilizes SAMS data to identify trends, gaps, targeted provider/county issues and systemic issues which may result in quality improvement projects and remediation plans.

West Virginia Intrastate Funding Formula

2022 – 2025 State Plan on Aging

Background

West Virginia is updating its Intrastate Funding Formula (IFF) that is used to allocate Older Americans Act (OAA) Titles IIIB, C, D and E funding to its four (4) Area Agencies on Aging (AAA). The Administration for Community Living (ACL) issued a conditional approval on September 14, 2021, of West Virginia’s current four (4) year (2022 – 2025) State Plan on Aging, which required the West Virginia Bureau of Senior Services (the “Bureau”) to revise its IFF. West Virginia’s implementation of the new IFF will be effective October 1, 2022, for federal fiscal year 2023.

Each State IFF submitted to ACL must demonstrate that the requirements in OAA Sections 305(a)(2)(C) have been met: OAA, Sec. 305(a)(2)(C)

“States shall,

(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that considers

(i) the geographical distribution of older individuals in the State; and

(ii) the distribution among planning and service areas of older individuals with the greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals.”

Model Development, IFF Input and Public Comment Process

West Virginia researched various other States’ IFF strategies and formulas and collaborated with the West Virginia AAAs and the county aging providers throughout development of the IFF. The West Virginia Metro AAA contracted with the Marshall University Center for Business and Economic Research (MU CBER) to conduct an expansive survey of service providers and research the various formula factors. Among other things, the results of the needs survey indicate a need to directly assess the unique needs of West Virginia’s rural seniors, a factor that was not accounted for in previous funding formulas. The repeated feedback on the need for more transportation services aligns this aspect of need with rural demographics.

Throughout the development process virtual platform meetings were held with Bureau staff, AAAs, and the county aging providers. MU CBER also scheduled virtual platform meetings with those parties to explain the research findings and the formula data details.

The Bureau also developed a survey regarding the proposed funding formula. The survey was distributed to AAAs, county aging providers, and Bureau partners/stakeholders. The survey was also placed on the Bureau's website and social media platforms. The results received from the survey were supportive of the IFF weighted factors. The Bureau has also made the Executive Branch and Legislature aware that the State Plan is conditionally approved, pending the development and approval of a new IFF. West Virginia's IFF model development is aimed at providing funding to ensure quality services to persons aged sixty (60) or over in the demographics required in OAA, Sec. 305(a)(2)(C).

MU CBER developed the formula utilizing data from the U.S. Census Bureau's American Community Survey (ACS) 2019 5-Year data and Purdue University's 2010 Index of Relative Rurality (the "IRR"). This data will be used for the IFF for FFY 2023.

The Bureau will update the demographic data used in the IFF periodically (at least every three (3) years), using updated ACS 5-Year data, to lessen the impact of demographic changes that may occur over time. The IRR, which is more fully explained below, uses decennial U.S. Census rural data (the U.S. Census Bureau updates the rural data every ten years as part of each decennial U.S. Census). The 2020 U.S. Census data has not been released as of the preparation of this document. It is anticipated that Purdue University will update the IRR using 2020 U.S. Census data following the release of the 2020 U.S. Census data. Provided that Purdue University has so updated the IRR, the Bureau will use the updated IRR in the next IFF calculation following such update (for years after FFY 2023). If the 2020 U.S. Census rural data has been released, but the IRR has not been updated by Purdue University in time for the next IFF calculation following the release of the 2020 U.S. Census rural data, the Bureau, in lieu of the IRR, will use in the IFF calculation U.S. Census data, more recent 5-Year ACS data, or other more recent rural data available in the State that is of equivalent quality to U.S. Census data or to the IRR (such as RUCA Codes or GIS analysis). The Bureau will exercise its reasonable judgment in determining which alternative rural factor measure to use in the IFF, if applicable.

Targeted Population Definitions and Weights

The funding formula is comprised of five factors. These factors are in keeping with OAA guidelines and were selected to reflect changing demographics and to give preference to target populations. Prior to 2022 the formula was heavily focused on the size of the senior population, with lesser emphasis on the number of seniors living in poverty and minority seniors and contained no rurality metric. The five factors used in the IFF are the following:

1. **Population Aged 60 to 74:** This factor the age group that are or are soon to be “young seniors” who are eligible for but do not use services as often as older seniors do. This group is also the “rising 75+” demographic for planning purposes. (10% weight)
2. **Population Aged 75+:** This factor addresses the age group most in need of services, including the “oldest old” aged 85+. (30% weight)
3. **Population 65+ in Poverty:** This factor focuses on individuals most in need of services due to lack of their own resources to pay for needs in retirement. (30% weight)
4. **Population of Minorities Age 65+:** This factor focuses on the seniors with the largest relative need due to higher shares in poverty and lower household incomes. Most minorities also have less generational wealth to draw on to pay for needs in retirement compared to their white counterparts. (10% weight)
5. **Scaled Relative Rurality:** This factor is based on Purdue University’s Index of Relative Rurality (IRR) which aggregates data on population, population density, remoteness, and built-up area by county using GIS analysis. It provides a measure of relative access to services like healthcare and groceries. Since all 55 counties contain rural areas, MU CBER scaled the indices to accentuate differences in rurality and assigned a value of zero to the least rural county (Berkeley) and a value of 1 to the most rural county (Pocahontas). The county IRRs are available at <https://purr.purdue.edu/publications/2960/1>. (20% weight)

Table 1: Factor Weights for the Proposed Senior Services Funding Formula

Factor	Pop 60 to 74	Pop 75+	Minority Pop 65+	Pop 65+ in Poverty	Rurality
% Weight	10%	30%	10%	30%	20%

Compared to previous versions of the IFF for West Virginia, this formula triples the emphasis on seniors in poverty and reduces the emphasis on the base population by half. These weights were selected to address the seniors most in need.

Formula Application

The IFF is used to determine each AAA’s portion of Older Americans Act Title III B, C, D, and E funds:

- Title IIIB (Supportive Services)
- Title IIIC1 (Congregate Meals)
- Title IIIC2 (Home Delivered Meals)
- Title IIID (Health Promotion)
- Title IIIE (Caregiver Services)

The implementation of the IFF allocates Older Americans Act Title III B, C, D, and E funding to the four regional Area Agencies on Aging (AAA). Allocations by the Bureau for State Agency administration and Long-Term Care Ombudsman are deducted first from the available funding, in compliance with, and subject to, all applicable OAA requirements. The remaining funding (the “Available Funding”) is allocated to the Area Agencies on Aging pursuant to the IFF, as set forth in the next section below.

The IFF is not used to allocate the Nutrition Services Incentive Program (NSIP) funds. NSIP funds are distributed based on the total number of eligible meals served in each planning and service area to each AAA in proportion to the total number of eligible meals served in the State in the prior federal fiscal year.

IFF Funding Formula Allocations

Base Amount for Area Plan Administration Allocation

The first step in the formula is the allocation from the Available Funding of a base amount of funding to be awarded to the Area Agencies on Aging (AAAs) for use for Older Americans Act area plan administration. The amount of funding to be allocated to area plan administration will be determined by the Bureau, will not exceed allowable amounts under the OAA and will follow, and subject to, all applicable OAA requirements. The area plan administration funding determined by the Bureau will be divided equally among, and allocated equally to, the AAAs. The OAA Title III B, C, D and E funds remaining after deductions from the Available Funding for Area Plan administration is referred to as the “Service Funding,” and the Service Funding will be allocated to the AAAs, as set forth below.

Service Funding Allocations

Demographic Data Calculations

Each AAA’s percentage share of the following factors:

1. The share of individuals aged 60 to 74 residing in each county
2. The share of individuals aged 75+ residing in each county
3. The share of individuals aged 65+ in poverty residing in each county
4. The share of minority individuals aged 65+ residing in each county

is determined as follows:

First, for each AAA, the applicable data for each county located in the AAA’s region is aggregated, using ACS 2019 5-Year data. The following Table 2 shows the AAA-level demographic data for each of the first four factors listed above:

Table 2: Key Demographic Data by AAA

AAA	Pop 60 to 74	Pop 75+	Pop 65+ Poverty	Minority Pop 65+
Region I/Northwestern	91,993	39,647	8,034	3,127
Region II/Metro	101,826	43,473	10,774	4,428
Region III/Potomac	76,876	30,067	7,066	3,541
Region IV/Appalachian	71,788	30,047	7,535	4,208
WV Total	342,483	143,234	33,409	15,304

SOURCE: U.S. Census Bureau, ACS 2019 5-Year Data

Next, each AAA’s percentage share for each of these four factors is determined by dividing each AAA’s demographic data for each factor by the WV Total for that factor:

Demographic data for factor X = AAA percentage share for the factor
WV Total for the factor X

The following Table 3 shows the calculation of the AAA percentage shares using ACS 2019 5-Year data:

Table 3: Shares of Factor Data by AAA

AAA	Pop 60 to 74	Pop 75+	Minority Pop 65+	Pop 65+ Poverty
Region I/Northwestern	26.9%	27.7%	20.4%	24.0%
Region II/Metro	29.7%	30.4%	28.9%	32.2%
Region III/Potomac	22.4%	21.0%	23.1%	21.1%
Region IV/Appalachian	21.0%	21.0%	27.5%	22.6%
WV Total	100%	100%	100%	100%

AAA Scaled Average County Rurality Calculations

The incorporation of ruralness in the IFF is important as rural seniors comprise a large portion of the clients served in West Virginia. Every county has residents living in places considered rural. The majority of the State's counties are more than 50 percent rural, and 13 of 55 counties are 100 percent rural.

MU CBER initially estimated of the number of rural seniors residing in each AAA using 2010¹ Census data for rural and urban designation. However, because the sum of individuals living in rural census blocks does not account for differences in terms of access, a simple rural population variable was not used in the IFF. Purdue University's IRR was used instead.

The IRR is a tool developed by geography researchers at Purdue University that accounts for aspects of ruralness in addition to population.² It ranks the relative rurality of each county and calculates a value (between 0 and 1) for each county based on 4 dimensions of ruralness:

- Size: logarithm of population size.
- Density: logarithm of population density.
- Remoteness: network distance. The shortest route along the network of roads and highways, using a geospatial database of the U.S. Census Bureau and Federal Highway Administration.
- Built-up area: urban area (per the US Census Bureau) as a percentage of total land area.

MU CBER adjusted the IRR values by scaling them to create distinction between counties. This process is based on the difference between the most rural (Pocahontas in Region 4) and the least rural (Berkeley in Region 3) counties in West Virginia, and the average county IRR for each AAA.

- Maximum County IRR: Pocahontas at 0.584
- Minimum County IRR: Berkeley at 0.393
- Difference: $0.584 - 0.393 = 0.191$

¹ Until the 2020 Census data is available, the 2010 data is the most recent for rural designation and population.

² Waldorf, Brigitte, and Kim, Ayoung (2018). The Index of Relative Rurality (IRR): US County Data for 2000 and 2010. Purdue University Research Repository. doi:10.4231/R7959FS8

Each AAA’s average county IRR is scaled as follows:

First, the average of the IRRs for the counties in the AAA’s region is determined using county data from the IRR tool. The average is determined by summing all the county IRRs in the region and dividing that sum by the total number of counties in the region:

$$\text{AAA average county IRR} = \frac{\text{county 1 IRR} + \text{county 2 IRR} + \text{county 3 IRR} + \dots \text{county IRR}}{\text{Total number of counties in the AAA region}}$$

Next, the minimum IRR for the State (0.393) is deducted from the AAA’s average county IRR. The resulting figure is then divided by the difference between the most rural and least rural counties in the State (0.191).³ This creates a wider range of values between 0 and 1 and provides additional distinction between areas that are rural. This resulting figure is the Scaled IRR for the AAA.

Once the Scaled IRR for a AAA is calculated, the share of rurality for the AAA is calculated. This is done by dividing the AAA’s Scaled IRR by the sum of all four AAAs’ scaled IRRs. The resulting number, the AAA’s Share of Rurality, is the number used for the IFF (expressed as a percentage – see the column on the right in the table below).

Table 4: Share of Rurality by AAA

AAA	County Avg IRR	Scaled IRR Equation	Scaled IRR	Share of Rurality Equation	Share of Rurality	Share of Rurality (%)
Region I/Northwestern	0.4959	$(0.4959 - 0.393) \div (0.191)$	0.5386	$0.5386 \div 2.3820$	0.2261	22.6%

³ NOTE: These results are the same as if had scaled all counties in each AAA and averaged those values.

Region II/Metro	0.4893	$(0.4893 - 0.393) \div (0.191)$	0.5040	$0.5040 \div 2.3820$	0.2116	21.2%
Region III/Potomac	0.5167	$(0.5167 - 0.393) \div (0.191)$	0.6478	$0.6478 \div 2.3820$	0.2720	27.2%
Region IV/Appalachian	0.5251	$(0.5251 - 0.393) \div (0.191)$	0.6915	$0.6915 \div 2.3820$	0.2903	29%
Sum			2.3820		1.0000	100%

Demonstration of Allocation of Service Funding through the Intrastate Funding Formula (IFF)

Each AAA's percentage share of the Service Funding = (AAA percentage share of Pop 60 to 74 * 0.10) + (AAA percentage share of Pop 75+ * 0.30) + (AAA percentage share of Minority Pop 65+ * 0.10) + (AAA percentage share of Pop 65+ In Poverty * 0.30) + (AAA Relative Rurality percentage share * 0.20)

When applying the factor percentage shares from Tables 3 and 4 above, the formulas for each AAA are the following:

Region I Total IFF Share:

$$= (26.9\% * 0.10) + (27.7\% * 0.30) + (20.4\% * 0.10) + (24.0\% * 0.30) + (22.6\% * 0.20) = 0.2477$$

Region II Total IFF Share:

$$= (29.7\% * 0.10) + (30.4\% * 0.30) + (28.9\% * 0.10) + (32.2\% * 0.30) + (21.2\% * 0.20) = 0.2888$$

Region III Total IFF Share:

$$= (22.4\% * 0.10) + (21.0\% * 0.30) + (23.1\% * 0.10) + (21.1\% * 0.30) + (27.2\% * 0.20) = 0.2264$$

Region IV Total IFF Share:

$$= (21.0\% * 0.10) + (21.0\% * 0.30) + (27.5\% * 0.10) + (22.6\% * 0.30) + (29.0\% * 0.20) = 0.2371$$

Table 5 demonstrates an example of the allocation of the Service Funding among the AAAs using FFY 2021 funding. It applies the Region Total IFF Share to each Title III award *after* allowable State Plan administration, Long-Term Care Ombudsman, and Area Agency on Aging area plan administration funds have been deducted.

Regional Title III Service Allocation = (Title III B Award* X Region Total IFF Share) + (Title III C-1 Award* X Region Total IFF Share) + (Title III C-2 Award* X Region Total IFF Share) + (Title III D Award* X Region Total IFF Share) + (Title III E Award*⁴ X Region Total IFF Share)

Table 5: Demonstration of Allocation of Funds

AAA	Title III B Support Services	Title III C1 Congregate Meals	Title III C2 Home Delivered Meals	Title III D Health Promotion	Title III E Family Caregiver	<u>Regional Title III Service Allocation</u>
Region 1/Northwestern	\$536,698	\$700,862	\$366,536	\$39,004	\$263,682	<u>\$1,906,782</u>
Region 2/Metro	\$625,740	\$817,140	\$427,347	\$45,475	\$307,429	<u>\$2,223,131</u>
Region 3/Potomac	\$490,620	\$640,689	\$335,067	\$35,655	\$241,043	<u>\$1,743,074</u>
Region 4/Appalachian	\$513,910	\$671,104	\$350,973	\$37,348	\$252,486	<u>\$1,825,821</u>
Allocation	\$2,166,970	\$2,829,795	\$1,479,924	\$157,483	\$1,064,640	<u>\$7,698,808</u>

*Allocation of funds based on FY2021 Title III Allocations

Data Sources for Funding Formula

- 2019 American Community Survey 5-year Estimates: <https://data.census.gov/cedsci>
- Purdue University Index of Relative Rurality: <https://purr.purdue.edu/publications/2960/1>

* Refers to award amount remaining after allowable State Plan administration, Long-Term Care Ombudsman, and Area Agency on Aging area plan administration funds have been deducted. No III D funds will be used for area plan administration.

III. ATTACHMENTS

**State Plan Guidance
Attachment A**

**STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2020**

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such 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;

(B) 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; . . .

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

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) 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;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—...

(5) in the case of a State specified in subsection (b)(5), the State agency, and 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. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

- (1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,
- (2) a numerical statement of the actual funding formula to be used,
- (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) 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 and behavioral 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 with 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;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

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

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

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

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

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

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

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

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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals 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 (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an 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) 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) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) 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 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) 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;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) 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;

(C) 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 contract or such relationship;

(D) 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 contract or such relationship; and

(E) 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) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of 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;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response

agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) 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 those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in

such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require 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) be based on such area plans.

(2) The plan shall provide that the State agency will—

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(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).

(5) The plan shall provide that the State agency will—

(A) afford an opportunity for a 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) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any 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 plan shall provide that 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.

(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.

(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.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be 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.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) 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 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(10) The plan shall provide assurances 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) The plan shall provide that with respect to legal assistance —

(A) the plan contains 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 (i) 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;

(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.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(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; and

(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 —

(A) 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—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(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 where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

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

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

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

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

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

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State’s statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (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

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

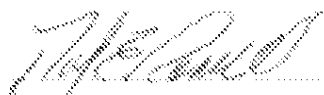
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order...



Commissioner



Signature and Title of Authorized Official

**State Plan Guidance
Attachment B**

INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring 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;

West Virginia's Response: All Area Agencies on Aging must adhere to how they will include targeted outreach to priority populations, and this requirement is within the assurances in their annual Area Plans. The Bureau of Senior Services also requires providers to complete the Bureau's Services Assessment and Evaluation Form (SAEF) for services received by West Virginia seniors. This completed assessment and evaluation form scores and prioritizes seniors based on ADL and IADL needs and greatest social need such as minority, low-income, rural, and limited English proficiency. Monitoring tools also address this assurance by validating that prioritization of services are targeting those with greatest social need.

Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

West Virginia's Response: The Bureau and the Area Agencies on Aging will work with the WV Center for Excellence in Disabilities and the WV Assistive Technology System to stay informed on the West Virginia Assistive Technology System and provide information to county aging providers and seniors statewide. The Aging and Disability Resource Centers (ADRCs) will make the information available to seniors and provider agencies quarterly and report referrals.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

West Virginia’s Response: Area Agencies on Aging and the County Provider Agencies are required via contract to have an Emergency Contingency Services Operation Plan (ECSOP). The Area Agencies on Aging are required to submit their plan to the Bureau annually for review and approval to ensure the coordination of activities and long-range emergency preparedness within their region. County aging providers are required to submit their ECSOP to their regional Area Agency on Aging, and all plans are reviewed for approval and must be kept current. The Area Agency on Aging ensures via their review process the coordination of activity and long-range emergency preparedness with county and state emergency response and relief organizations. In addition, most of our Area Agencies on Aging and county aging providers are members of their County Emergency Management Team. Bureau staff also serve as part of the team to develop the WV Emergency Operations Plan and the Bureau has a multitude of Emergency Support Functions (ESF) within the Plan, including ESF1 (Transportation), ESF5 (Mass Care), ESF8 (Public Health & Medical Services) and ESF15 (External Affairs). The Bureau serves on disaster teams during disaster incidents with the West Virginia Governor’s Office, the West Virginia Department of Health and Human Resources, FEMA, the West Virginia National Guard, the American Red Cross, WV Voluntary Organizations Active in Disaster (WV VOAD) and other partners active in disaster preparedness and response.

Section 307(a)(2)

The plan shall provide that the State agency will —...

(C) *specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

West Virginia’s Response: The West Virginia Bureau of Senior Services specifies that county aging providers must utilize fifty percent (50%) of Title IIIB funds among each of the following priority services; access, in-home and legal assistance. For the next contract period, specific minimum percentages will be applied to each service separately. These requirements are stipulated in county aging provider grant agreements. It is also included within their budgets of required Area Plans. West Virginia is very rural, and there is a high demand for transportation services with limited resources. In FY20, fifty-four percent (54%) of Title IIIB funds were expended for transportation. West Virginia also provides the opportunity for individuals whose income is below two hundred percent (200%) of the federal poverty level and receiving Title IIIB Personal Care, Homemaker, Chore and/or Adult Day Care to cost share. (Chapter 300, Older Americans Act Title III Services Policy Manual, Section 300.17) The Bureau provides a sliding fee scale for county aging providers to determine the suggested cost share. County aging providers are monitored to ensure compliance with the requirements of the OAA Section 315 regarding cost sharing. Exclusions from cost sharing include assisted transportation, information and assistance, legal assistance, transportation, group

client support and individual client support.

Section 307(a)(3)

The plan shall—

...

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;

West Virginia's Response:

The Bureau of Senior Services annually submits a certified Maintenance of Effort report. Each county aging provider receives annually as much funding as it received in the year 2000.

(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*

West Virginia's Response:

Rural Counties Title III ONLY FY 2020 (and additional State Plan fiscal years)

IIB	\$2,156,561
IIC	\$1,828,116
IID	\$ 116,292
III E	<u>\$1,033,091</u>
	\$5,134,060

Total Title III Funding FY2020 (and additional State Plan fiscal years)

Title IIB	\$2,539,569
Title IIC	\$4,747,319
Title IID	\$ 157,012
Title III E	\$1,147,440
Title III Administration	<u>\$ 500,000</u>
Total	\$8,591,340

As indicated in the charts above, West Virginia expends sixty percent (60%) of its Title III funding in rural counties. These budgets will remain the same for each fiscal year of the plan unless there is a change in the Intrastate Funding Formula or an increase in federal funding.

Each county provider agency submits an Annual Cost Report to their Area Agency on Aging, and it is forwarded to the Bureau of Senior Services.

Each Area Agency on Aging provides a four-year plan to the Bureau of Senior Services, and each county provider agency provides a two-year Provider Plan to their Area Agency. This plan includes public comments, and goals to service target priority population.

(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

West Virginia’s Response: The West Virginia Bureau of Senior Services works with the Area Agencies on Aging and county aging providers to conduct evaluations, including public input, of activities and projects carried out under the Older Americans Act, including evaluation of the effectiveness of the Bureau in reaching older individuals with the greatest economic need and social needs or disabilities, with particular attention to minority individuals with low incomes and individuals residing in rural areas. The Bureau solicits the views and experiences of entities and partners knowledgeable about the needs and concerns of the populations served. The Bureau also utilizes other methods, such as website communication, task force workgroups, and statewide conferences/meetings/trainings, to obtain the views of older individuals, area agencies, and others regarding programs carried out under the Older Americans Act.

Section 307(a)(10)

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

West Virginia’s Response: West Virginia has fifty-five (55) counties and thirty (30) of these counties are considered rural. Per AGID 219,863 persons 60+ live in rural areas. Per AGID 52% of persons 60+ live in rural areas (from 2010 Census). Even with the few urban counties within West Virginia, many areas of those counties are still considered rural. The Bureau of Senior Services obtains rural information on the SAEF, and prioritization for services is given to those residing in rural areas. The Bureau of Senior Services monitors providers and utilizes monitoring tools to ensure that prioritization is given to those residing in rural areas. In FY20, seventy-five percent (75%) of clients that received registered services resided in rural areas. This requirement is also addressed through the assurances within Area Agency on Aging Area Plans.

Section 307(a)(14)

(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*

West Virginia’s Response: The AGID WV State Profile 2018 indicates that four-point seven percent (4.7%) of West Virginians are minorities sixty plus (60+). AGID WV State Profile 2018 indicates that eighteen-point twenty-one percent (18.21%) of the four-point seven percent (4.7%) are minority persons sixty plus (60+) for whom poverty is determined. AGID 2013-2017 ACS Special Tabulation on Aging indicates eighty-three (83) minority individuals with a poverty level status who either could not speak English well (79) or not at all (4).

(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.

West Virginia’s Response: The Bureau of Senior Services obtains low-income, minority and limited English proficiency information on the SAEF, and prioritization of services is given to those individuals based on SAEF scores. County aging providers also do outreach within their counties to provide information on services and supports. This requirement is also addressed through the assurances within Area Agency on Aging Area Plans. West Virginia’s intrastate funding formula also includes factors for low income and minority populations.

Section 307(a)(21)

The plan shall —

...

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, *and specify the ways in which the State agency intends to implement the activities.*

West Virginia’s Response: The 2019 U.S. Census Bureau QuickFacts reports West Virginia has a 0.3 percent Native American population. The Area Agencies on Aging and Bureau will work with county aging providers to provide outreach and to increase access for these older individuals to aging services. West Virginia has a history profoundly impacted by Native Americans, as reflected in the names of our rivers, such as Monongahela and Kanawha, our counties, such as Logan and Mingo, and our state parks and forests, such as Seneca Rocks and Watoga. There are no federally recognized tribes in West Virginia.

Section 307(a)(27)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State’s statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

West Virginia's Response: West Virginia currently has contracted with Marshall University to provide a needs assessment of West Virginia Seniors. This assessment will be used to develop a new intrastate funding formula and for evaluation of the service delivery system. While West Virginia's overall population is expected to continue to decline, it is still estimated that thirty percent (30%) of West Virginia's population will be sixty (60) or older by the year 2030. U.S. Census Bureau Quick Facts 2019 shows that West Virginia's population over age sixty-five (65) is greater than those under 18 (20.5% to 20.1%).

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

West Virginia's Response: With a continued decrease in overall population, many West Virginia counties will be impacted and challenged by decreased tax bases for infrastructure that supports the aging population within their communities and counties. West Virginia will continue to analyze these financial impacts, as well as the impact of a decreasing workforce to provide core services, such as in-home care and the challenge for family caregivers. The Bureau will also continue to work with partners across the state to address West Virginia's aging population that will continue to have an impact on the entire system serving seniors and the infrastructure of health care systems such as an increased need for those specializing in chronic disease and gerontology.

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

West Virginia's Response: West Virginia has quarterly meetings with Area Agencies on Aging and county provider agencies on services, policies and procedures. The Bureau will continue to use these meetings to evaluate and analyze the current status of county needs based on the changing population of older individuals in West Virginia. Area Agencies on Aging will also continue to analyze each county within their region and the effect of any decreases in population, tax base, county funding, etc. This State Plan also creates a work group to further analyze, evaluate and develop a plan to address the issue of a decreasing direct care workforce.

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

West Virginia's Response: The Bureau tracks service delivery and demographics of our service population and the services that they utilize for planning purposes. It is expected that this West Virginia age demographic will also continue to increase

as the overall population decreases. It is therefore expected that the same needs and challenges as mentioned above will also apply to this demographic.

Section 307(a)(28)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

West Virginia’s Response: 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 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, local governments and state emergency response agencies. Most of them serve on their local emergency response agencies teams, and many serve as shelters for disasters in their counties. In recent years, County aging providers have worked with local and state agencies during floods, snowstorms, ice storms, the MCHM water contamination incident and COVID-19. County plans include strategies to implement emergency shelter, meals, wellness check calls and contacts, identification of those with mobility issues, those dependent upon oxygen, etc. to respond to emergent needs during disasters.

The Bureau has a working relationship and partnership with the WV Emergency Management Division which manages disaster preparedness, mitigation, response, and recovery efforts throughout the state by coordinating with all responsible local, state and federal agencies.

Section 307(a)(29)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

West Virginia’s Response: The Commissioner of the WV 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.

Bureau staff also serve as part of the team to develop the WV Emergency Operations Plan, and the Bureau has a multitude of Emergency Support Functions (ESF) within the Plan, including ESF1 (Transportation), ESF5 (Mass Care), ESF8 (Public Health & Medical Services) and ESF15 (External Affairs).

Section 705(a) ELIGIBILITY —

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307— . . .*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

West Virginia’s Response: 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 Bureau of Senior Services supports and maintains an extremely strong and effective Long Term Care Ombudsman Program. The Bureau utilizes state funds, Title III funds and Medicaid funds to support an overall Ombudsman Program budget of nearly \$890,000. These funds support both the activities of the Office of the State Long-term Care Ombudsman and a local ombudsman program through an agreement with Legal Aid of West Virginia that employs nine regional Long-Term Care Ombudsmen located throughout West Virginia who visit all facilities regularly to ensure that residents receive high quality ombudsman advocacy services to protect the rights and well-being of the state's most vulnerable seniors.

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

West Virginia's Response: 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 and other state agency staff who work with the senior population. 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) 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;

West Virginia's Response: 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 service workers throughout the State. This will be accomplished 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) 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;

West Virginia's Response: The State uses funds made available 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 one hundred percent (100%) of our allocation for this purpose and secures the required matching funds; therefore, there is no capability of supplanting.

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

West Virginia's Response: 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 West Virginia Code Chapter 16 Article 5L, which closely mirrors Section 712(a)(5)(c) pertaining to designation of local ombudsman entities under Section 712(a)(5). West Virginia is in compliance with these requirements.

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

West Virginia's Response: 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; to receive reports of elder abuse; to engage participation of older individuals 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 being referred consent; and to refer complaints to law enforcement or public protective services agencies, if appropriate. The Bureau is a partner with the WV Department of Health and Human Services and Adult Protective Services in hosting an annual elder abuse awareness education event for all Bureau contracted providers and Area Agencies on Aging. This conference also provides continuing education credit for social workers, nurses, nursing home administrators, and attorneys.

(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

West Virginia's Response: 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 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.

West Virginia's Response: 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 collaborates with the state Adult Protective Services agency and the state licensure agency, via memorandums of understanding, 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 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.

Needs Assessment and Public Input

A Needs Assessment and Public Input Survey was completed by 225 individuals. The following charts show their responses to the questions, the percentage of those completing the survey that chose that response, and the number of individuals who responded to each question.

How do you identify? (Check all that apply)

Answered: 213

Skipped: 12

Question Responses	Percentage	Number
Receive services from a senior center	18.78%	40
Employed by a senior center	37.56%	80
Work with seniors at a social service or healthcare agency	10.33%	22
Veteran	5.63%	12
Past or present family caregiver	44.13%	94
Non-family caregiver (ex. friend, neighbor, other)	7.98%	17
Volunteer who works with seniors	7.51%	16
Grandparent(s) raising grandchild(ren)	5.16%	11
Advocate for seniors	21.60%	46

What do you believe are the most critical/difficult issues faced by West Virginia Seniors? (Check all that apply)

Answered: 223

Skipped: 2

Question Responses	Percentage	Number
Lack of food or money for food	49.33%	110
Contact with other people and socialization	76.23%	170
Transportation	64.57%	144
In-home care	66.82%	149
Finding appropriate medical care	27.80%	62
Enough money to cover expenses	62.78%	140
Fraud and scams	46.64%	104
Access to the internet and/or computer	36.77%	82
Accessible housing	23.77%	53
Affordable housing	32.74%	73
Mental health issues	26.91%	60
Paying for prescriptions	55.61%	124
Someone to help me find services	38.12%	85

What services and supports are most important to you as a West Virginia senior?

Answered: 216 Skipped: 9

Question Responses	Percentage	Number
Meals on Wheels	51.39%	111
Meals served at a senior center	49.54%	107
In-home care (Bathing, dressing, grooming, toileting, etc.)	61.11%	132
Transportation	56.02%	121
Housekeeping	48.61%	105
Activities at a senior center	50.93%	110
Exercise classes	29.17%	63
Information on managing diseases and caring for self	23.61%	51
Medicare assistance	44.44%	96
Legal assistance	27.31%	59
A break from caregiving responsibilities/time for yourself	31.94%	69
Employment programs for seniors	23.61%	51
Aging & Disability Resource Network referral to services	31.02%	67
Assistance for nursing home residents' issues	19.44%	42

Are you familiar with West Virginia Adult Protective Services?

Answered: 223 Skipped: 2

Question Responses	Percentage	Number
Yes	66.82%	149
No	33.18%	74

Are you familiar with the WV Elder Abuse Hotline -- 1800-352-6513?

Answered: 224 Skipped: 1

Question Responses	Percentage	Number
Yes	74.55%	167
No	25.45%	57

If you are a caregiver, what are your most important needs?

Answered: 131 Skipped: 94

Question Responses	Percentage	Number
Availability of devices to assist with care (ex. walker, bath chair)	36.64%	48
More information about the care recipient's condition(s)	16.79%	22
Training on how to provide condition appropriate care	30.53%	40
Caregiver health issues/ability and time to care for self	30.53%	40
Money issues	32.82%	43
Legal issues	11.45%	15
Assistance with end-of-life planning	19.08%	25
Emotional support	35.88%	47
A break from caregiving responsibilities/time for self	41.98%	55
Family support	35.88%	47
Resources to assist in making care recipients home safe/accessible for them	42.75%	56

WV State Plan Goal #1: Provide older adults and other interested parties with access to accurate and dependable information to assist them to make informed decisions regarding services and supports for older individuals.

Answered: 222 Skipped: 3

Question Responses	Percentage	Number
Yes	99.10%	220
No	.90%	2

WV State Plan Goal #2: Support and empower older adults to continue to remain in the least restrictive environment.

Answered: 222 Skipped: 3

Question Responses	Percentage	Number
Yes	99.10%	220
No	.90%	2

WV State Plan Goal #3: Enable and empower older adults to stay active, and healthy and manage medical conditions.

Answered: 223 Skipped: 2

Question Responses	Percentage	Number
Yes	100.00%	223
No	0.00%	0

WV State Plan Goal #4: Ensure the dignity and rights of older West Virginians and reduce abuse and neglect (physical, mental, financial, etc.).

Answered: 223

Skipped: 2

Question Responses	Percentage	Number
Yes	100.00%	223
No	0.00%	0

Please share any additional comments or suggestions you may have on issues or concerns for seniors. (Comments presented as originally submitted by each individual.)

Answered: 89

Skipped: 136

1	Meals for takeout at the senior center is remarkable during this pandemic. In fact it's been a lifeline!
2	There is a lack of caregivers to take care of the elderly. There needs to be a halfway between nursing home and personal care living situation. affordable-like group home
3	I will need services for myself once mother passes away. I have no clue how to find help
4	After I returned home to Tyler County, WV, as a War Veteran, who had recently suffered injuries as well as Cardiac and Pulmonary Issues, the Tyler County Senior Center came to my home and provided Meals-On-Wheels, as well as provided local Caregivers to assist me until I was medically able to medically recover. The Meals-On-Wheel's service is one that needs to be EXPANDED most greatly as it not only provides food service home delivery on a daily bases, but it also provided someone to check in and make sure everything was OK.
5	Provide more money to senior centers to help provide for elderly care
6	Need daily care calls for singles with no family.
7	Need more money, so we can get more home makers
8	Family members/friends taking advantage of elderly/handicapped
9	Keep them home as long as possible health safe happy
10	More programs/funding for seniors that don't qualify for wavier/Medicare programs
11	It would be great if the state could pay family to take care of their elderly family members. Instead of paying a nursing home. A lot have quit their jobs in order to take care of a parent.
12	I come across around 50 seniors a day in my work. What I see the most is they're lonely and have lack of family connection. Some are getting signs of dementia as a result. What I see is some have terrible living conditions and no help.
13	Need more things for seniors to do
14	Better representation and support from WV State Government. More services for the low-income seniors of WV. Fight to lower the income guidelines for seniors to qualify for services, such as food stamps, Medicare, etc.
15	Senior centers need to be reopened! It's ok for restaurants to be at full capacity, for parks to be open, other public venues to be open where there are many more people and chances of contracting COVID-19 and other communicable diseases. Whereas at senior centers the public traffic is much less and a much easier to maintain cleanliness/sanitize common areas. Opening senior centers would be a much safer domain for seniors to be able to obtain a meal and to socialize. Depression among seniors has been on a steep incline during the COVID-19 pandemic due to isolation.
16	There seems to be a lack of caregivers for the number of Seniors in need.
17	Providing the help they need.
18	EDUCATION ON HEALTH DIAGNOSIS AND ACTIVITIES FOR SENIORS

19	need money and programs to keep our healthy young seniors healthy and vibrant and connected -- i.e., yoga classes with qualified instructors -- exercises classes -- healthy diet classes with meal prep instructions -- and social events once it is safe to do so
20	Please open the centers, the seniors need this time to interact with each other. They need this for mental, emotional & physical. This has caused a lot of depression in the older generation.
21	FOLLOW THROUGH IS SO IMPORTANT & SO EARNED.
22	Having help in our home for baths, meals, and laundry due to incontinence is the only way I can keep my job and my sanity.
23	Providing mental health and supportive services for seniors that are showing signs of mental decline but still want to remain independent.
24	It is hard to find information on what services are out there. Need more outreach.
25	Senior Center reopening should be based on county vaccination rates rather than the entire state. Some seniors that attend the Senior Monongalians Center shop at grocery stores, drug stores, attend church, medical appointments, etc. So why can they not eat and socialize at the Center?
26	Due to covid all senior centers closed. Now over a year later everything seems to be opening except the senior centers, when are they going to open back up. The seniors in this area depends on it for socializing with other seniors.
27	I don't know what WV State Plan is
28	We need to look out after the seniors in our state. Men don't have resources don't have Internet or access to outside agencies unless someone brings it to them. We have to figure out a way to take care of our seniors and allow them to maintain their dignity.
29	Many of the homes I have worked in are not accessible for seniors, especially bathrooms. There needs to be some way to get seniors financial help to update their bathrooms (ex. walk in showers, raised toilets).
30	More information on volunteering
31	I need in home help and transportation. Preston County has too many rules and a long wait list.
32	good people work at the senior center
33	Feel as if all seniors are not treated equal at county senior centers.
34	None
35	Thank you
36	none
37	Talking with members, family, and direct care workers will give invaluable insight as to the dilemmas each face. Hopefully, this survey will give a first place to start.
38	Lack of employment opportunity in this county means children and grandchildren live far away.
39	Each individual is different and has different needs. Caring for each person is the most important need and putting ourselves in their position and see things 'their' way, is when you can care the most and hope you can solve whatever the problem is.
40	Tyler Co Senior Citizens organization does NOTHING for its seniors. Rides for Dr appointments, activities at the center, activities outside the center and more are not offered. I believe the money for these services are not being used properly.
41	I am trying to find help with keeping my mother out of a nursing home. The local senior citizens program was no help at all.
42	How to know when it's time for assisted living?
43	Get quick assistance
44	WE NEED TO MAKE EASIER AND QUICKER FOR A SENIOR TO GET THE HELP THEY MAY NEED!
45	Care taking requires prioritizing. No teeth, soft food. Blindness, need feeding help. Wheelchair bound, need assistance. Safety. Housekeeping. All necessary. If senior used to read, listen to music, socialize, worship, these activities are reduced or eliminated unless someone is available to step in and help perform these activities.
46	none
47	Medication is hard when she's in the gap/ donut hole. Bills from drs, medication and food on her SS.

48	N/A
49	Develop a legitimate, independent and objective program for rating the services at long term care facilities, including unannounced inspections. Some terrible things are happening under the radar in these poorly staffed places.
50	Disabled needing assistance who are not senior aged yet
51	There is a growing need to assist seniors in a rural setting, many of our seniors need assistance in their homes in very remote locations. Many of our senior programs cannot afford to pay affordable wages to those individuals that travel to the remote locations of the most rural seniors. In-home caregivers are becoming one of the lowest paid employees in our area. When employees can gain employment at a fast food restaurant making more than In-home caregiving they tend to go for the easier, more high paying job. I personally feel the rate of reimbursement is too low to assist the programs to keep up in the ever changing job market. I personally work at a senior center, and am forced to work a second job to keep my head above water.
52	Having one central location to access resource information for each specific county (website or number) to call or print and given out to seniors when needing specific resources or services. Seniors are often referred to the senior center through various agencies or businesses when they are not able to help them. The senior center will then try to locate the correct resource and number for them but it often leads to many different numbers and much frustration for the senior. Poor eyesight, hearing impaired, or not enough minutes on their cell phone service seem to be the most prevalent issues.
53	SENIORS NEED TO BE ABLE TO ACCESS ADVOCATES THEY CAN TRUST TO HELP THEM NEGOTIATE MEDICARE, SOCIAL SECURITY, HUD, HEALTHCARE, AND OTHER SYSTEMS
54	Making the meals on wheels more accessible to the elderly, and the disabled easier to be eligible the meals help when caregivers are not there to cook the lunch or evening meal.
55	Why do prescription medications cost more under Medicare Drug Plan than paying privately for them. I pay each month for the Medicare plan but don't use it.
56	Technology is helping businesses and our society to do more with less reliance on human assets. This is beginning to increase the isolation of seniors and will gain more momentum as it becomes more widespread. We can't stop the spread of technology but do need to mitigate its impact on senior isolation now or it will make a bad situation worse. Seniors do not adapt to new tech as fast as the rate at which new tech is developed and implemented. Senior centers will need to play a more important role in keeping this isolation in check and educating the community of it's impact on seniors lives.
57	Meals on Wheels program is absolutely essential to Senior Citizens. For some of these people this is the only hot meal they get. As a plus the delivery person is an essential contact for homebound seniors. It is imperative that funding for food trucks and personnel is included in the state budget each year with adjustments for inflation. In home health care is vitally important to seniors so they can remain in their homes as opposed to a nursing home which saves the state money in the long run. Also a program for affordable vision care would be great for Senior Citizens. Medicare does not cover vision care and a lot of Seniors don't qualify for Medicaid but can't afford the normal costs of eye exams or glasses. Same with dentistry. There are so many needs for Seniors, it's difficult to prioritize, but food and medications would top my list.
58	Time to open senior centers. Seniors have been vaccinated for the most part and need to see others and participate in activities.
59	Many of the seniors in our county depend on the senior center for their only interaction with their peers. It has been a very hard time of them not having that. They understand it is for their safety but in turn they just need that human interaction to "feel normal" again.
60	One of my biggest problems is with the food we serve. The state has went with a state wide menu for all State hospitals we now get pork and chicken at least twice a week. We get are food from the Manchin Center in Fairmont and they do a great job but can only fix what the state lets them. People are getting tired of same thing over and over.
61	I think we need a goal that includes diversifying the services that we offer to appeal to a variety of seniors. Especially as we consider that there is a population of healthy, active seniors who are looking for a location and community to connect with.
62	fraud, scams phone calls
63	We need more affordable housing within this immediate area

64	Allow the Senior Centers to open up with activities.
65	No additional comments at this time.
66	Seniors that own a home and want to stay in their home face issues with up- keep and accessibility for their older selves.
67	This is an important, serious issue. My mother can't take care of herself, but lies to her doctor, and to the hospital. It all falls on me and my 19 year old son. She can't get out of her chair to go to the toilet - so use your imagination. She hasn't bathed in months, and her hair hasn't been washed in probably a year. She tries to play it off like I'm just trying to control her. By the way, she lives alone, and won't accept help because she is ashamed of her disgusting home. My hands are tied, I can do nothing. I wish there was an agency or program that would just show up and check on her without giving notice.
68	HAVE WORKED AS CNA AND CAREGIVER AND I HAVE SEEN DIFFERENT IN PEOPLE
69	one of the major issues for sr. centers is hiring, the wage is not competitive. \$ 9.00 hr. compared to other agency in the area that pay 11-14. BECAUSE of this issue it reflects on much needed service for seniors being underserved in Berkeley Co. we take the time to train new staff then there going to higher paying job in the same field in 2-3 months..... please help us to continue to help our seniors in need by paying a competitive salary for direct care workers. Great care starts are that level for our seniors. Thank you
70	Open the Sr centers! We need the social contact.
71	MANY SENIORS HAVE NO FAMILY OR FAMILY WHO DONT CARE ABOUT THEIR HEALTH OR LIVING CONDITIONS.WHEN THEY GO TO HOSPITAL THEY GET RELEASTED BACK INTO THEIR HOME CONDITIONS AND NOT ENOUGH HEALTH CARE WORKERS TO HELP THEM.IT HAPPENED VERY DAY NEED AGENICES THAT CAN GO IN THE HOMES AND CLEAN FOR THEM IT IS SAD WHEN A SENIOR TELLS YOU THEY WANT TO DIE AT HOME BECAUSE THEY FEEL NO ONE CARES ABOUT THEM AND THEY ARE A BURDEN
72	This pandemic has left a lot of our seniors without the social activities. The daily lunch plus other physical and mental activities that the Senior Center provides, has proved detrimental to our members. I volunteer to do weekly "welfare check calls" and hear firsthand their distress.
73	Internet training
74	Better pay for the Home Health Caregivers.\$9.95 an hour is simply not enough \$ to survive.
75	Joe Stalin Biden is our worst enemy, He thinks old folks drain money from the socialist network of working adults.
76	Help is needed to cover cost of high cost prescriptions.
77	How come the Senior Citizens isn't open for the public when just about everything else is? We are a little PO while they sit there and make their money and don't feed or let us use the facility for anything. We need it opened to the public as usual and get over this COVID crap.
78	There are no Or not enough care facilities for the elderly now. What's going to happen with all the baby boomers. Dementia and Alzheimer's patients and caregivers do not have enough help and definitely not enough support. Our elderly with severe Alzheimer's are not accepted in WV nursing homes along with obese - they are sent out if the state to Ohio nursing homes. It very sad. My mom was evicted from WV nursing home because their caregivers were incapable/ incompetent ! New legislation needs to be approved for mild restrain fir the elderly. They can't even put the sides up on the elderly beds in a nursing home. My mom fell out of bed at the nursing home , broke a hip and never recovered. She died days after hip surgery !
79	Senior centers not open for fellowship which seniors need. More housing for seniors. Knowing where they can find help with living by themselves
80	Low cost or some free service's
81	It seems with COVID there are so many seniors unable to be able to socialize as others I'm sure. But somehow to make activities in person but not - so many have no internet especially in our county. We send home information in our meals on wheels but soon we hope to open -- people need people. Friendships need to be reunited. Laughing and sharing. That is what is needed. And to a place to come to to get questions answered.
82	I think all of the needs of Seniors have been identified in # 7. As the Social worker for the Senior Center I think financial concerns on paying for utilities, rent and food is the most requested help that I have assisted

	with in referral information or help the "Senior" contact the agency that may help with the issues that they have.
83	Need more resources available for rural areas such as affordable transportation, companion services and in home services in general for the general public not just for Medicaid eligible seniors.
84	Funding in our area for senior center is low they have trouble competing with other agencies to provide competitive wages due to the reimbursement rate they receive therefore they can not provide services to in-home individuals due to workforce. Rural communities deserve the same quality of services and care that urban communities do. Provide more or the same funding across the state.
85	Help is needed to continue funding many of the programs that are offered throughout the state. Because of so many mandates, it takes a team of dedicated individuals to ensure that all these requirements are met. These staff members are working in this field because of a passion for what they do, not for the pay check they receive.
86	We have a lack of caregivers to care for seniors in our home. The reimbursement rates are low resulting in low wages (to stay within grant budget) and we can not compete with other for profit agencies for quality caregivers. The cost of supplies, travel and the nurse supervisor must also be paid out of those rates. The reimbursement rates have not changed in many years and they need to be reviewed.
87	Senior Centers need to be opened back up. Restaurants and bars are at full capacity with social distancing, yet our seniors can go to their senior centers. They need contact and socialization. They are going to restaurants anyway to open the centers should be a no brainer.
88	I do not think whoever the Commissioner on Aging is, is not s
89	Need for in-home service staff. Senior Center had no staff available to provide services.

Mission, Administrative Organization and Statutory Authority

A. 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.

B. ORGANIZATION

A Commissioner appointed by the Governor is the chief administrative officer and oversees all program and fiscal operations of the Bureau. The chart (Attachment D) 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 (4) 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 (4) 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 M) depicts the designation of West Virginia's four (4) planning and service areas.

D. 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.

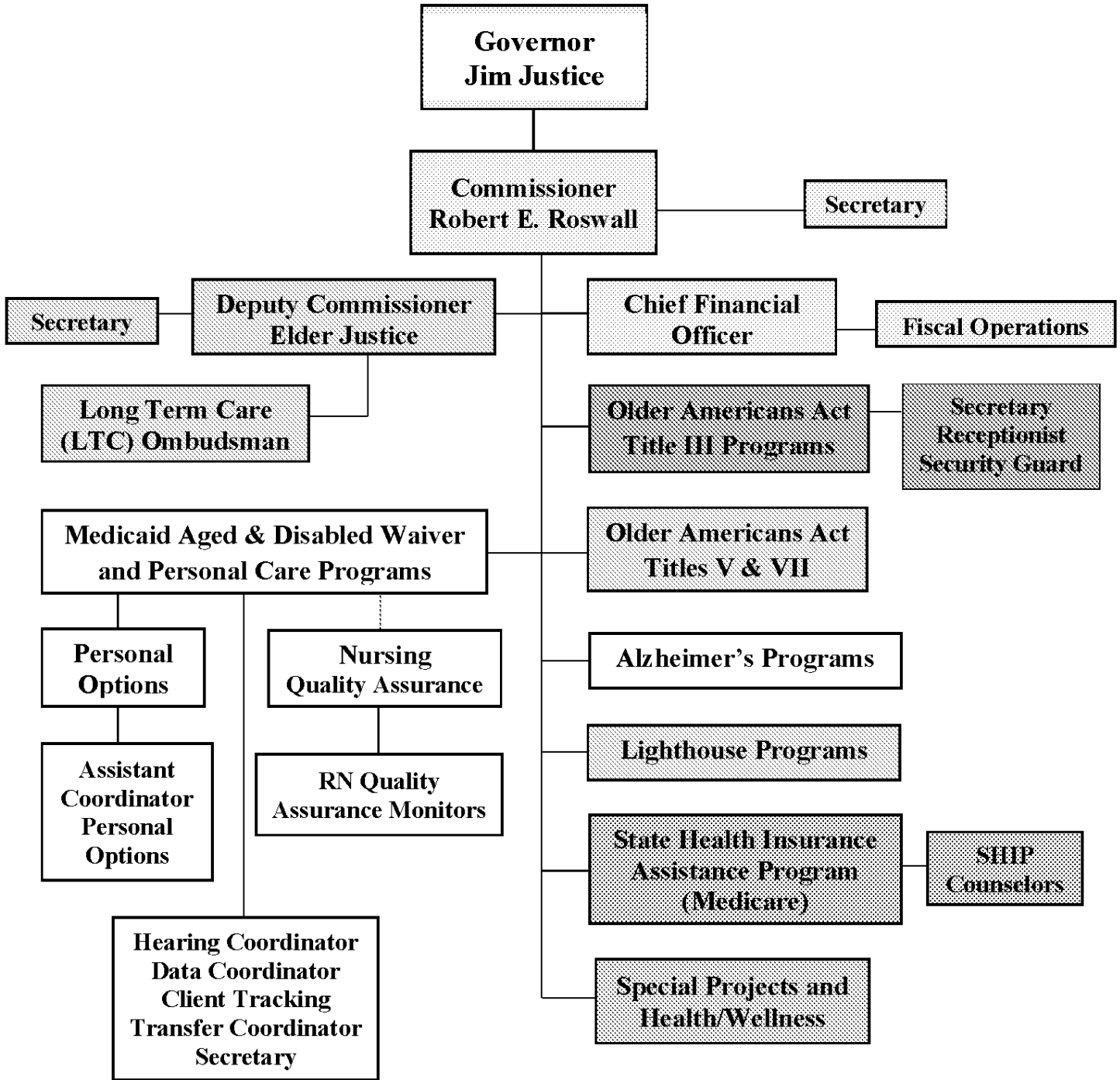
§ 16-5P-12. Designated state agency for handling federal programs.

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.

West Virginia Bureau of Senior Services Organizational Chart



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
- Healthy GrandFamilies
- 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

Budget Appropriation FY22

BUREAU OF SENIOR SERVICES		
FY 2022 BUDGET APPROPRIATION		
BUDGET LINE ITEM	APPROPRIATION	HB 2022
<u>FUND 0420-GENERAL REVENUE</u>		
CURRENT EXPENSE	13000	\$0
TRANSFER TO DHHR MEDICAID WAIVER MATCH	53900	\$29,950,955
<u>FUND 5405-LOTTERY</u>		
PERSONAL SERVICES	00100	\$144,190
SALARY & BENEFITS AGENCY HEADS	00201	\$65,190
CURRENT EXPENSE	13000	\$332,284
REPAIRS & ALTERATIONS	06400	\$1,000
LOCAL PROGRAM SERVICE DELIVERY	20000	\$2,435,250
SILVER HAIRED LEGISLATURE	20200	\$18,500
TRANSFER TO DHHR MEDICAID WAIVER MATCH	53900	\$4,615,503
ALZHEIMER'S RESPITE CARE	64300	\$2,302,016
AGED & DISABLED RESOURCE CTRS.	76700	\$425,000
SR.SERVICES MEDICAID MATCH TRANSFER TO DHHR	87100	\$16,400,070
WV ALZHEIMER'S HOTLINE	72400	\$45,000
LEG. INITIATIVES FOR ELDERLY (LIFE)	90400	\$9,671,239
LONG TERM CARE OMBUDS	90500	\$297,226
BRIM PREMIUM	91300	\$7,718
IN-HOME SERVICES/NUTRITION	91700	\$8,095,941
LOTTERY TOTAL		\$44,856,127
<u>FUND 5407</u>		
SPECIAL REVENUE TOTAL		09900
		\$2,300,000
<u>FUND 5409</u>		
COMMUNITY BASED SERVICE FUND		\$10,509,593
<u>FUND 8724</u>		
FEDERAL TOTAL		\$14,582,217
AGENCY TOTAL		\$102,198,892
LOTTERY NET PROFITS SURPLUS ACCRUED FY2022		
SENIOR CITIZENS-LOTTERY SURPLUS		\$750,000
SENIOR SERVICES MEDICAID TRANSFER_ LOTTERY SURPLUS		\$16,000,000

Funding, Expenditures and Budgets

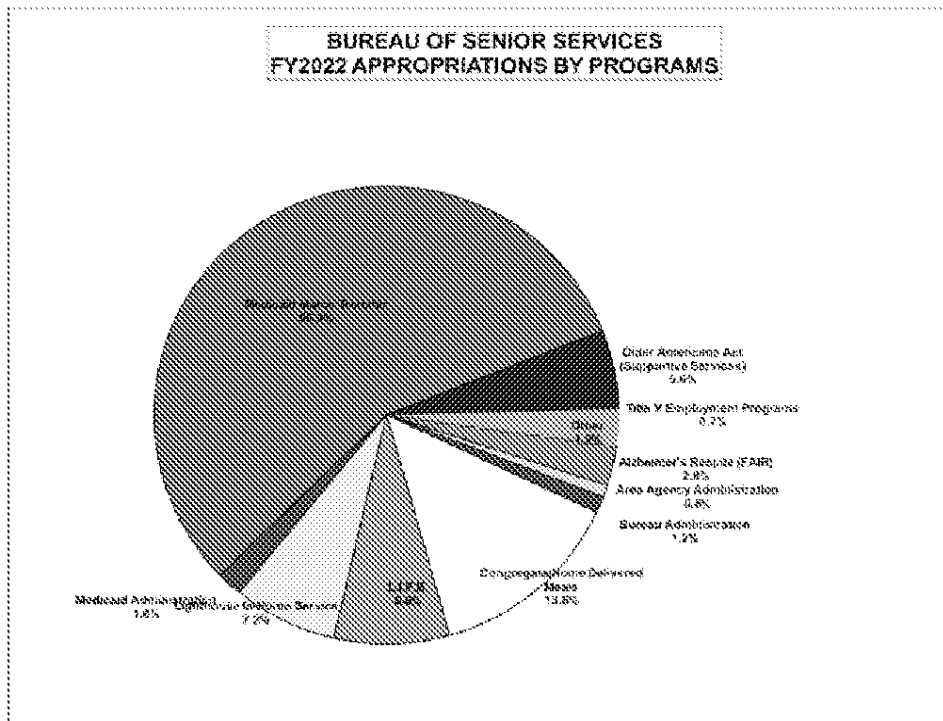
Financial Sources

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

- Lottery appropriations amounted to \$44.9 million, of which \$21.0 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 \$29.9 million.

The following charts (Attachments I, J, and K) illustrate the Bureau's actual fiscal year 2022 State Appropriation by program and funding source.

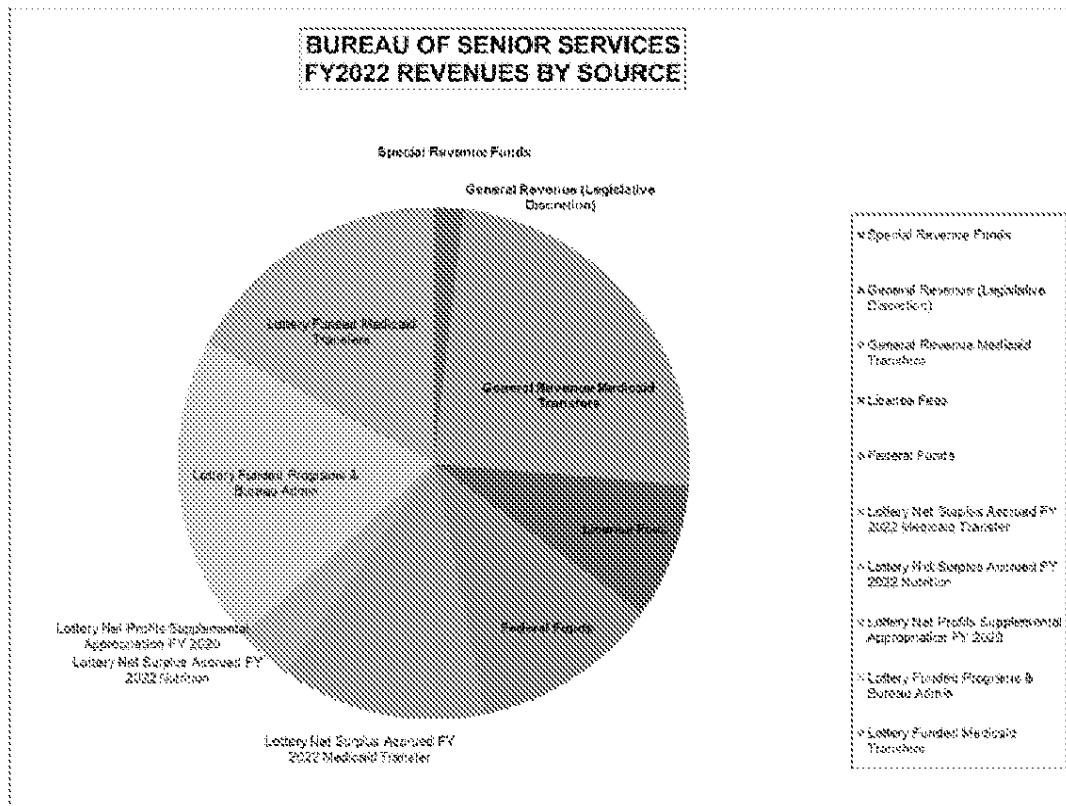
Appropriations by Program – FY22



BUREAU OF SENIOR SERVICES FY 2022 PROGRAMS BY REVENUE

Alzheimer's Respite (FAIR)	2.79%	\$3,317,455
Area Agency Administration	0.83%	\$984,712
Bureau Administration	1.16%	\$1,382,975
Congregate/Home Delivered Meals	13.60%	\$16,177,479
L.J.F.E.	8.05%	\$9,574,527
Lighthouse In-Home Service	7.25%	\$8,623,118
Medicaid Administration	1.79%	\$2,130,000
Medicaid Match Transfer	56.30%	\$66,966,528
Older Americans Act (Supportive Services)	5.62%	\$6,690,795
Title V Employment Programs	0.75%	\$889,511
Other	1.86%	\$2,211,792
TOTAL	100.00%	\$118,948,892
Other		
Special Projects	0.05%	\$63,500
Aging & Disability Resource Centers	0.38%	\$425,000
Ombudsman	0.61%	\$723,292
Bureau Administration (Legislative)	0.00%	\$0
Transportation	0.84%	\$1,000,000
	1.86%	\$2,211,792

Revenues by Source FY22

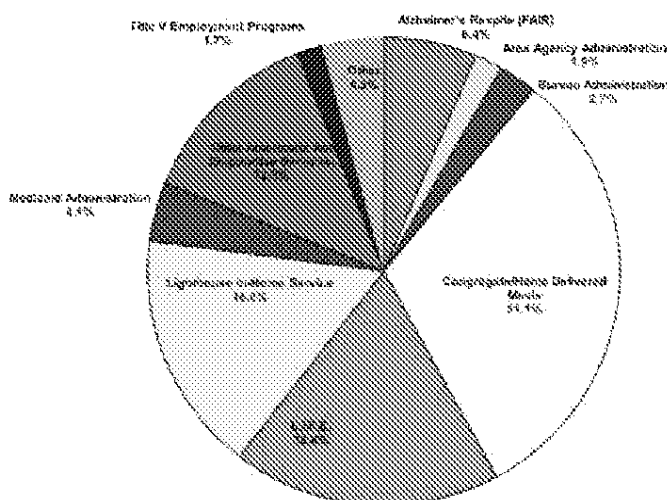


BUREAU OF SENIOR SERVICES FY 2022 REVENUES BY SOURCE

Special Revenue Funds	1.93%	\$2,300,000
General Revenue (Legislative Discretion)	0.00%	\$0
General Revenue Medicaid Transfers	25.18%	\$29,950,955
License Fees	8.84%	\$10,509,593
Federal Funds	12.26%	\$14,582,217
Lottery Net Surplus Accrued FY 2022 Medicaid Transfer	13.45%	\$16,000,000
Lottery Net Surplus Accrued FY 2022 Nutrition	3.57%	\$750,000
Lottery Net Profits Supplemental Appropriation FY 2020	0.00%	\$0
Lottery Funded Programs & Bureau Admin	20.04%	\$23,840,554
Lottery Funded Medicaid Transfers	17.67%	\$21,015,573
TOTAL	100.00%	\$118,948,892

Expenditures by Program – Non-Medicaid Transfers FY22

**BUREAU OF SENIOR SERVICES
FY2022 EXPENDITURES BY PROGRAMS
non Medicaid Transfers**



BUREAU OF SENIOR SERVICES FY 2022 PROGRAMS BY REVENUE (non Medicaid Transfers)		
Alzheimer's Respite (FAIR)	6.38%	\$3,317,455
Area Agency Administration	1.89%	\$984,712
Bureau Administration	2.66%	\$1,382,975
Congregate/Home Delivered Meals	31.12%	\$16,177,479
L.I.F.E.	18.42%	\$9,574,527
Lighthouse In-Home Service	16.59%	\$8,623,118
Medicaid Administration	4.10%	\$2,130,000
Older Americans Act (Supportive)	12.87%	\$6,690,795
Title V Employment Programs	1.71%	\$889,511
Other	4.25%	\$2,211,792
TOTAL	100.00%	\$51,982,364
Other		
Special Projects	0.12%	\$63,500
Aging & Disability Resource Centers	0.82%	\$425,000
Ombudsman	1.39%	\$723,292
Bureau Administration (Legislative)	0.00%	\$0
Transportation	1.92%	\$1,000,000
	4.25%	2,211,792

**ALLOCATION OF FUNDS TO AREA AGENCIES
AND SERVICE PROVIDERS FOR FY22**

PLANNING & SERVICE AREA	TITLE III SERVICE FUNDS (B, C, D, E AND ELDER ABUSE)	TITLE V FUNDS	NON-TITLE FUNDS*	TOTAL AWARD
Northwestern	\$2,656,024	\$ 0	\$ 1,705,473	\$ 4,361,497
Metro	2,916,663	0	1,892,295	4,808,958
Upper Potomac	1,969,673	0	1,399,795	3,369,468
Appalachian	2,530,438	0	1,791,888	4,322,326
Other** (Unclassified)			34,369,258	34,369,258
TOTAL	\$10,072,799	\$0	\$41,158,709	\$51,231,508

**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 FY22

PROGRAMS	TITLE III & TITLE VII	STATE FUNDS	TITLE V	OTHER FEDERAL	TOTALS
Title III State Administration	\$500,000				\$ 500,000
Long-Term Care Ombudsman Program	119,332				119,332
Title V SCSEP			\$58,303		58,303
Alzheimer's Respite Care		\$ 66,208			66,208
SHIP, SMP, MIPPA				\$243,879	243,879
State		395,253			395,253
TOTAL	\$619,332	\$461,461	\$58,303	\$243,879	\$1,382,975

SUMMARY: FY2022 SOURCES OF FUNDING (Estimated)

FEDERAL FUNDING	
TITLE III-B	\$2,699,569
TITLE III-C	5,027,319
TITLE III-D	157,012
TITLE III-E	1,207,440
NURSING HOME OMBUDSMAN	119,332
ELDER ABUSE PREVENTION	36,736
NSIP	1,526,674
TITLE V SCSEP	900,598
SHIP COUNSELING	525,414
SENIOR MEDICAID PATROL	258,072
MIPPA	268,000
OTHER (Spending Authority)	1,855,791
STATE FUNDING	
LOTTERY REVENUE	24,590,814
LICENSE FEE REVENUE	10,509,593
LOTTERY & GENERAL REVENUE MEDICAID MATCH	66,966,528
OTHER FUNDING	
MEDICAID ADMINISTRATION/OMBUDS NO WRONG DOOR, IMS	2,300,000
TOTAL	\$118,948,892

22 REVISED FORMULA US CENSUS AMERICAN COMMUNITY SURVEY 2019

	2010 CENSUS			2019 CENSUS			DIFFERENCE			% INCREASE/DECREASE 60+	% INCREASE/DECREASE 65+ LI	% INCREASE/DECREASE 65+ MIN
	2010	2010	2010	2019	2019	2019	POP 60+	LOW INCOME POP 65+	MINORITY 65+			
	POP 60+	LOW INCOME POP 65+	MINORITY 65+	POP 60+	LOW INCOME POP 65+	MINORITY 65+						
REGION 1:	116,127	12,939	1,726	131,640	8,034	2,617	15,513	-4,905	891	13%	-38%	52%
BROOKE	6,403	347	98	6,889	227	5	486	-120	-93	8%	-35%	-95%
CALHOUN	2,014	89	23	2,293	184	18	279	95	-5	14%	106%	-22%
DODDRIDGE	1,923	255	0	2,346	106	45	423	-149	45	22%	-59%	100%
GILMER	1,657	450	45	1,827	81	17	170	-369	-28	10%	-82%	-62%
HANCOCK	7,930	2,302	145	9,010	736	247	1,080	-1,566	102	14%	-68%	70%
HARRISON	16,035	4,634	227	17,990	1,172	313	1,955	-3,462	86	12%	-75%	38%
MARION	13,277	782	273	14,842	819	481	1,565	37	208	12%	5%	76%
MARSHALL	8,386	543	102	9,343	463	56	957	-80	-46	11%	-15%	-45%
MONONGALIA	14,204	704	358	18,209	718	618	4,005	14	260	28%	2%	73%
OHIO	11,261	702	174	12,259	848	329	998	146	155	9%	21%	89%
PLEASANTS	1,755	122	6	1,904	152	11	149	30	5	8%	24%	83%
RITCHE	2,618	270	4	2,971	248	100	353	-22	96	13%	-8%	2400%
TYLER	2,384	156	17	2,612	127	2	228	-29	-15	10%	-19%	-88%
WETZEL	4,410	430	0	4,488	422	59	78	-8	59	2%	-2%	100%
WIRT	1,330	72	4	1,538	157	10	208	85	6	16%	118%	150%
WOOD	20,540	1,081	250	23,119	1,576	306	2,579	495	56	13%	46%	22%
REGION 2:	128,977	8,640	2,827	145,299	10,774	4,058	16,322	2,134	1,231	13%	25%	44%
BOONE	5,248	460	8	6,262	406	74	1,014	-54	66	19%	-12%	825%
CABELL	21,303	1,575	643	23,040	1,479	761	1,737	-96	118	8%	-6%	18%
JACKSON	6,954	493	19	7,987	599	106	1,033	106	87	15%	22%	458%
KANAWHA	45,378	2,602	1,708	50,781	3,551	2,272	5,403	949	564	12%	36%	33%
LINCOLN	4,747	417	14	5,527	393	0	760	-24	-14	16%	-6%	-100%
LOGAN	8,250	391	225	8,991	932	211	741	541	-14	9%	138%	-6%
MASON	6,481	435	10	7,463	481	49	982	46	39	15%	11%	390%
MINGO	5,529	377	97	6,349	560	200	820	183	103	15%	48%	106%
PUTNAM	11,538	484	26	14,055	851	285	2,517	367	259	22%	76%	996%
ROANE	3,648	375	51	3,993	322	51	345	-53	0	9%	-14%	0%
WAYNE	9,901	1,031	26	10,851	1,199	49	950	168	23	10%	16%	88%
REGION 3:	88,026	6,535	1,518	106,943	7,066	2,990	18,917	531	1,472	21%	8%	97%
BARBOUR	3,881	358	44	4,260	368	44	379	10	0	10%	3%	0%
BERKELEY	18,013	697	458	23,884	1,283	1,189	5,871	586	731	33%	84%	160%
GRANT	3,117	255	11	3,675	358	82	558	103	71	18%	41%	645%
HAMPSHIRE	5,681	646	6	7,101	497	94	1,420	-149	88	25%	-23%	1467%
HARDY	3,340	307	22	4,165	245	231	825	-62	209	25%	-20%	950%
JEFFERSON	9,661	405	421	12,697	659	671	3,036	254	250	31%	63%	59%
LEWIS	4,098	358	44	4,420	347	55	322	-11	11	8%	-3%	25%
MINERAL	6,906	562	143	7,505	630	209	599	68	66	9%	12%	46%
MORGAN	4,528	314	58	5,621	327	133	1,093	13	75	24%	4%	129%
PENDLETON	2,259	358	41	2,445	261	35	187	-97	-6	8%	-27%	-15%
PRESTON	7,516	485	28	9,052	669	101	1,536	184	73	20%	38%	261%
RANDOLPH	7,381	531	60	8,401	598	28	1,020	67	-32	14%	13%	-53%
TAYLOR	3,891	420	108	4,686	260	61	795	-160	-47	20%	-38%	-44%
TUCKER	2,084	295	3	2,368	95	1	284	-200	-2	14%	-68%	-67%
UPSHUR	5,671	544	71	6,663	470	56	992	-74	-15	17%	-14%	-21%
REGION 4:	89,731	7,402	2,926	101,835	7,535	3,858	12,104	133	932	13%	2%	32%
BRAXTON	3,624	326	28	4,335	338	120	711	12	92	20%	4%	329%
CLAY	2,102	245	3	2,447	239	0	345	-6	-3	16%	-2%	-100%
FAYETTE	11,066	955	416	12,553	872	514	1,487	-83	98	13%	-9%	24%
GREENBRIER	9,560	866	248	10,773	898	345	1,213	32	97	13%	4%	39%
MCDOWELL	5,271	740	492	5,523	508	394	252	-232	-98	5%	-31%	-20%
MERCER	15,732	1,235	541	17,470	1,111	755	1,738	-124	214	11%	-10%	40%
MONROE	3,740	132	62	4,243	265	125	503	133	63	13%	101%	102%
NICHOLAS	6,392	533	7	7,626	557	123	1,234	24	116	19%	4%	1657%
POCAHONTAS	2,432	161	22	2,800	115	32	368	-46	10	15%	-28%	45%
RALEIGH	18,327	1,260	1,061	20,975	1,508	1,161	2,648	248	100	14%	20%	9%
SUMMERS	3,755	462	35	4,142	430	78	387	-32	43	10%	-7%	123%
WEBSTER	2,334	171	8	2,586	353	0	252	182	-8	11%	106%	-100%
WYOMING	5,396	316	3	6,362	341	211	966	25	208	18%	8%	693%
TOTAL:	422,661	35,516	8,997	485,717	33,409	13,523	62,856	-2,107	4,526	15%	-6%	50%

22 REVISED FORMULA US CENSUS AMERICAN COMMUNITY SURVEY 2019

	2010 CENSUS			2019 CENSUS			DIFFERENCE			% INCREASE/DECREASE 60+	% INCREASE/DECREASE 65+ LI	% INCREASE/DECREASE 65+ MIN
	2010	2010	2010	2019	2019	2019	POP 60+	LOW INCOME POP 65+	MINORITY 65+			
	POP 60+	LOW INCOME POP 65+	MINORITY 65+	POP 60+	LOW INCOME POP 65+	MINORITY 65+						
REGION 1:	118,127	12,989	1,728	131,640	8,084	2,617	15,513	-4,905	891	13%	-38%	52%
BROOKE	6,403	347	98	6,889	227	5	486	-120	-93	8%	-35%	-95%
CALHOUN	2,014	89	23	2,293	184	18	279	95	-5	14%	106%	-22%
DODDRIDGE	1,923	255	0	2,346	106	45	423	-149	45	22%	-59%	100%
GILMER	1,657	450	45	1,827	81	17	170	-369	-28	10%	-82%	-62%
HANCOCK	7,930	2,302	145	9,010	736	247	1,080	-1,566	102	14%	-68%	70%
HARRISON	16,035	4,634	227	17,990	1,172	313	1,955	-3,462	86	12%	-75%	38%
MARDIN	13,277	782	273	14,842	819	481	1,565	37	208	12%	5%	78%
MARSHALL	8,386	543	102	9,343	463	56	957	-80	-46	11%	-15%	-45%
MONONGALIA	14,204	704	358	18,209	718	618	4,005	14	260	28%	2%	73%
OHIO	11,261	702	174	12,259	848	329	998	146	155	9%	21%	89%
PLEASANTS	1,755	122	6	1,904	152	11	149	30	5	8%	24%	83%
RITCHE	2,618	270	4	2,971	248	100	353	-22	96	13%	-8%	2400%
TYLER	2,384	156	17	2,612	127	2	228	-29	-15	10%	-19%	-88%
WETZEL	4,410	430	0	4,488	422	59	78	-8	59	2%	-2%	100%
WIRT	1,330	72	4	1,538	157	10	208	85	6	16%	118%	150%
WOOD	20,540	1,081	250	23,119	1,576	306	2,579	495	56	13%	46%	22%

22 REVISED FORMULA US CENSUS AMERICAN COMMUNITY SURVEY 2019

	2010 CENSUS			2019 CENSUS			DIFFERENCE			% INCREASE/DECREASE 60+	% INCREASE/DECREASE 65+ LI	% INCREASE/DECREASE 65+ MIN
	2010	2010	2010	2019	2019	2019	POP 60+	LOW INCOME POP 65+	MINORITY 65+			
	POP 60+	LOW INCOME POP 65+	MINORITY 65+	POP 60+	LOW INCOME POP 65+	MINORITY 65+						
REGION 2:	128,977	8,640	2,827	145,299	10,774	4,058	16,322	2,134	1,221	13%	25%	44%
BOONE	5,248	460	8	6,262	406	74	1,014	-54	66	19%	-12%	825%
CABELL	21,303	1,575	643	23,040	1,479	761	1,737	-96	118	8%	-6%	18%
JACKSON	6,954	493	19	7,987	599	106	1,033	106	87	15%	22%	458%
KANAWHA	45,378	2,602	1,708	50,781	3,551	2,272	5,403	949	564	12%	36%	33%
LINCOLN	4,747	417	14	5,527	393	0	780	-24	-14	16%	-6%	-100%
LOGAN	8,250	391	225	8,991	932	211	741	541	-14	9%	138%	-6%
MASON	6,481	435	10	7,463	481	49	982	46	39	15%	11%	390%
MINGO	5,529	377	97	6,349	560	200	820	183	103	15%	48%	106%
PUTNAM	11,538	484	26	14,055	851	285	2,517	367	259	22%	76%	99%
ROANE	3,648	375	51	3,993	322	51	345	-53	0	9%	-14%	0%
WAYNE	9,901	1,031	26	10,851	1,199	49	950	168	23	10%	16%	88%

22 REVISED FORMULA US CENSUS AMERICAN COMMUNITY SURVEY 2019

	2010 CENSUS			2019 CENSUS			DIFFERENCE			% INCREASE/DECREASE 60+	% INCREASE/DECREASE 65+ LI	% INCREASE/DECREASE 65+ MIN
	2010	2010	2010	2019	2019	2019	POP 60+	LOW INCOME POP 65+	MINORITY 65+			
	POP 60+	LOW INCOME POP 65+	MINORITY 65+	POP 60+	LOW INCOME POP 65+	MINORITY 65+						
REGION 3:	88,026	6,535	1,518	106,943	7,066	2,990	18,917	531	1,472	21%	8%	97%
BARBOUR	3,881	358	44	4,260	368	44	379	10	0	10%	3%	0%
BERKELEY	18,013	697	458	23,884	1,283	1,189	5,871	586	731	33%	84%	160%
GRANT	3,117	255	11	3,675	358	82	558	103	71	18%	41%	845%
HAMPSHIRE	5,681	646	6	7,101	497	94	1,420	-149	88	25%	-23%	1467%
HARDY	3,340	307	22	4,165	245	231	825	-62	209	25%	-20%	950%
JEFFERSON	9,661	405	421	12,697	659	671	3,036	254	250	31%	63%	5%
LEWIS	4,098	358	44	4,420	347	55	322	-11	11	8%	-3%	25%
MINERAL	6,906	562	143	7,505	630	209	599	68	66	9%	12%	46%
MORGAN	4,528	314	58	5,621	327	133	1,093	13	75	24%	4%	129%
PENDLETON	2,258	358	41	2,445	261	35	187	-97	-6	8%	-27%	-15%
PRESTON	7,516	485	28	9,052	669	101	1,536	184	73	20%	38%	261%
RANDOLPH	7,381	531	60	8,401	598	28	1,020	67	-32	14%	13%	-53%
TAYLOR	3,891	420	108	4,686	260	61	795	-160	-47	20%	-38%	-44%
TUCKER	2,084	295	3	2,368	95	1	284	-200	-2	14%	-68%	-67%
UPSHUR	5,671	544	71	6,663	470	56	992	-74	-15	17%	-14%	-21%

22 REVISED FORMULA US CENSUS AMERICAN COMMUNITY SURVEY 2019

	2010 CENSUS			2019 CENSUS			DIFFERENCE			% INCREASE/DECREASE 60+	% INCREASE/DECREASE 65+ LI	% INCREASE/DECREASE 65+ MIN
	2010	2010	2010	2019	2019	2019	POP 60+	LOW INCOME POP 65+	MINORITY 65+			
	POP 60+	LOW INCOME POP 65+	MINORITY 65+	POP 60+	LOW INCOME POP 65+	MINORITY 65+	POP 60+	LOW INCOME POP 65+	MINORITY 65+			
REGION 4:	89,731	7,402	2,926	101,835	7,535	3,858	12,104	133	932	13%	2%	32%
BRAXTON	3,624	326	28	4,335	338	120	711	12	92	20%	4%	329%
CLAY	2,102	245	3	2,447	239	0	345	-6	-3	16%	-2%	-100%
FAYETTE	11,066	955	416	12,553	872	514	1,487	-83	98	13%	-9%	24%
GREENBRIER	9,560	866	248	10,773	898	345	1,213	32	97	13%	4%	39%
MCDOWELL	5,271	740	492	5,523	508	394	252	-232	-98	5%	-31%	-20%
MERCER	15,732	1,235	541	17,470	1,111	755	1,738	-124	214	11%	-10%	40%
MONROE	3,740	132	62	4,243	265	125	503	133	63	13%	101%	102%
NICHOLAS	6,392	533	7	7,626	557	123	1,234	24	116	19%	4%	1657%
POCAHONTAS	2,432	161	22	2,800	115	32	368	-46	10	15%	-28%	45%
RALEIGH	18,327	1,260	1,061	20,975	1,508	1,161	2,648	248	100	14%	20%	9%
SUMMERS	3,755	462	35	4,142	430	78	387	-32	43	10%	-7%	123%
WEBSTER	2,334	171	8	2,586	353	0	252	182	-8	11%	106%	-100%
WYOMING	5,396	316	3	6,362	341	211	966	25	208	18%	8%	6933%

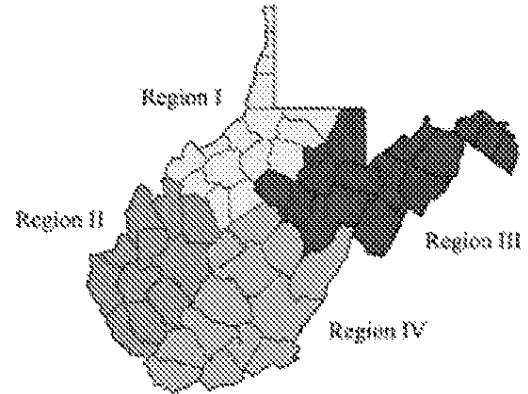
2010 US CENSUS							
2010	LOW INCOME			LOW INCOME			FORMULA
	POP 60+	POP 65+	MINORITY 65+	POP 60+	POP 65+	MINORITY 65+	
Region 1	116,127	12,939	1,726	0.219698	0.036431	0.019184	0.275313
Region 2	128,977	8,640	2,827	0.244008	0.024327	0.031422	0.299757
Region 3	88,026	6,535	1,518	0.166534	0.018400	0.016872	0.201807
Region 4	89,731	7,402	2,926	0.169760	0.020841	0.032522	0.223123
Totals	422,861	35,516	8,997	0.80	0.10	0.10	1.00

2019 US CENSUS							
2019	LOW INCOME			LOW INCOME			FORMULA
	POP 60+	POP 65+	MINORITY 65+	POP 60+	POP 65+	MINORITY 65+	
Region 1	131,640	8,034	2,617	0.216818	0.024047	0.019352	0.260216
Region 2	145,299	10,774	4,058	0.239315	0.032248	0.030008	0.301571
Region 3	106,943	7,066	2,990	0.176140	0.021150	0.022110	0.219401
Region 4	101,835	7,535	3,858	0.167727	0.022555	0.028529	0.218812
Totals	485,717	33,409	13,523	0.80	0.10	0.10	1.00

2019 INCREASE/DECREASE FROM 2010							
DIFFERENCE	LOW INCOME			LOW INCOME			FORMULA
	POP 60+	POP 65+	MINORITY 65+	POP 60+	POP 65+	MINORITY 65+	
Region 1	15,513	-4,905	891	-0.002880	-0.012385	0.000168	-0.015097
Region 2	16,322	2,134	1,231	-0.004694	0.007921	-0.001413	0.001814
Region 3	18,917	531	1,472	0.009606	0.002750	0.005238	0.017594
Region 4	12,104	133	932	-0.002033	0.001714	-0.003993	-0.004311
Totals	62,856	-2,107	4,526	0.000000	0.000000	0.000000	0.000000

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: khudak@belomar.org
 Website: www.belomar.org/nwaaa.htm
 Katie Hudak, Director
 Counties Served: Brooke, Calhoun, Doddridge, Gilmer, Hancock, Harrison, Marion, Marshall, Monongalia, Ohio, Pleasants, Ritchie, Tyler, Wetzel, 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@citlink.net
 Website: www.aaaaa.org
 Ramona McNeely-Stanley, Director
 Counties Served: Braxton, Clay, Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster, Wyoming

Elder Justice Multi-Disciplinary Committees

West Virginia Financial Exploitation Taskforce

The mission of West Virginia's Financial Exploitation Taskforce is to empower individuals and create a culture and an environment where vulnerable adult West Virginians are safe from financial exploitation. This multi-disciplinary taskforce primarily focuses on educational efforts targeting professionals and semi-professionals who may have an opportunity to observe early signs of financial exploitation and serves as a repository of information for legislators, policymakers, and community leaders who are seeking credible information and/or speakers about the financial exploitation problem and solutions. The State Long-term Care Ombudsman leads the taskforce whose participants include representatives from:

- West Virginia Bureau of Senior Services (including the State Health Insurance and Senior Medicare Patrol project director as well as staff of West Virginia Senior Legal Aid)
- WV AARP
- Banking Industry
- Federal Trade Commission
- West Virginia Attorney General's office,
- West Virginia State Police
- Department of Health and Human Resources (including Adult Protective Services and Medicaid Fraud Control Unit),
- Long-term Care Ombudsmen, (both State and Regional representatives)
- Disability Rights of West Virginia
- Legal Aid of West Virginia
- Private Bar
- Coalition Against Domestic Violence
- Office of the United States Attorney
- Independent Consultants
- State legislators
- Other Concerned Individuals.

Committee on Quality Improvement

This multi-agency committee is part of an ongoing quality improvement effort of the West Virginia Department of Health and Human Resources (WVDHHR) Bureau for Children and Families. The committee meets quarterly to co-ordinate and improve the services victims of abuse, neglect, and exploitation receive. Participants include:

- Bureau for Children & Families (WVDHHR)
- Senior Medicare Patrol (Bureau of Senior Services)
- Legal Aid of West Virginia
- Bureau for Medical Services (WVDHHR)
- Medicaid Fraud Control Unit (Attorney General Office)
- Office of Health Facility Licensure & Certification (WVDHHR)
- Disability Rights of West Virginia
- Bureau for Behavioral Health (WVDHHR)

PUBLIC COMMENT PERIOD

“The WV State Plan on Aging 2022-2025 was filed with the WV Secretary of State’s Office on June 22, 2021 for a 30-day public comment period, and the comment period ended on July 22, 2021. The WV Bureau of Senior Services did not receive any written comments during the comment period.”