# WEST VIRGINIA

# SECRETARY OF STATE

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# ADMINISTRATIVE LAW DIVISION

Form #5

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THIS DATE March 16, 1992
ADMINISTRATIVE LAW DIVISION

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

AGENCY: West Virginia Commission on Aging TITLE NUMBER: 76

CITE AUTHORITY: 29-14

RULE TYPE: PROCEDURAL _____ INTERPRETIVE x

EXEMPT LEGISLATIVE RULE _____
CITE STATUTE(s) GRANTING EXEMPTION FROM LEGISLATIVE REVIEW

AMENDMENT TO AN EXISTING RULE: YES x , NO ___

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 3

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

IF NO, SERIES NUMBER OF NEW RULE BEING ADOPTED: _____

TITLE OF RULE BEING ADOPTED: _____

THE ABOVE RULE IS HEREBY ADOPTED AND FILED WITH THE SECRETARY OF STATE. THE EFFECTIVE DATE OF THIS RULE IS April 15, 1992

Bob Bianchunatti

# WEST VIRGINIA COMMISSION ON AGING

## STATE PLAN ON AGING PROGRAMS


October 1, 1991 - September 30, 1993

7.40

WEST VIRGINIA COMMISSION ON AGING

State Plan for Aging Programs

FY1992 - FY1993

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## SECTION I: FY92-FY93 VERIFICATION OF INTENT

The FY92-93 State Plan for Aging Programs is hereby submitted by the West Virginia Commission on Aging for the period of October 1, 1991 through September 30, 1993. This document includes all assurances and plans to be conducted by the West Virginia Commission on Aging under provisions of the Older Americans Act, as amended, during the period identified. The State Unit on Aging, as identified, has been given the authority to develop and administer the 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 West Virginia Commission on Aging will assume full authority to develop and administer the State Plan in accordance with all requirements of the Act and related State policies, procedures and regulations. In accepting this authority, the West Virginia Commission on Aging 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 State Plan to the United States Administration of Aging for approval, the West Virginia Commission on Aging and its directors, managers, and councilors agree to comply with all requirements identified in the Older Americans Act.

Sept 11, 1991
Date

Dr. David K. Brown
Executive Director

I hereby approve this State Plan for Aging Programs and submit it to the United States Commissioner of the Administration on Aging for approval.

September 11, 1991
Date

Gaston Caperton, Governor

## SECTION II: ASSURANCE OF COMPLIANCE

This section of the FY1992 through FY1993 State Plan for Aging Programs asserts and affirms West Virginia's acceptance of the federal conditions and assurances which govern use of Older Americans Act funds.

### Administration

The West Virginia Commission on Aging hereby assures it will:

- Report methods used during the preceding fiscal year to satisfy the needs of older individuals residing in rural areas.
- Provide an opportunity for a hearing to area agencies, service providers and applicants to provide services.
- Use such methods of administration (including methods relating to the establishment and maintenance of personnel standards on a merit basis), as are necessary for the proper and efficient administration of the State Plan and, where necessary, reorganize and reassign functions to assure such efficient administration.
- Subject to the requirements of merit employment systems of the State and local governments, give preference to individuals aged 60 or older for any staff position (full- or part-time).
- Meet all requirements identified with the Act with respect to reporting and data collection as specified in Section 307(23)(A)(B).
- Submit such reports as the Commissioner may require and comply with such requirements as the Commissioner may impose to insure the correctness of such reports.
- Adopt such fiscal control and fund accounting procedures as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under the Act to the State Unit on Aging, including any such funds paid to the recipients of a grant or contract.
- Provide that no supportive services, nutrition services, or in-home services will be directly provided by the State Unit on Aging or an Area Agency on Aging, except where, in the judgement of the State Unit on Aging, provision of such services is necessary to assure an adequate supply of such services, or where such services are directly related to the State Unit on Aging or Area Agency on Aging's administrative functions, or where such services of comparable quality can be

provided more economically by the State Unit on Aging or Area Agency on Aging.

- Spend in each fiscal year, for services to older individuals residing in rural areas of the State assisted under Titles III-B and III-C, an amount equal or not less than 105 percent of the amount expended for such services in fiscal year 1978.

- Allocate an amount for the long term care program envisioned by Section 307(a)(12) of the Act at the same level committed prior to the 1987 amendments, as long as the federal appropriation for that purpose does not decrease below its FY1987 level.

- Provide that if the State Unit on Aging receives funds appropriated under Section 303(e), the State Unit on Aging and Area Agencies on Aging will expend such funds to carry out Part E of the Act covering "Additional Assistance for Special Needs of Older Individuals."

- Provide that if the State Unit on Aging receives funds appropriated under Section 303(f), the State Unit on Aging and Area Agencies on Aging will expend such funds to carry out Part F of the Act covering "Preventive Health Services."

- Provide that funds allotted for fiscal year 1989 under Section 304(a) for Part B of the Act that are attributable to the amount appropriated under Section 303(a)(3) shall be made available to carry out Section 306(a)(6)(P) in accordance with specified regulations in Section 307(a)(31)(B).

- Develop, publish and submit to the Commissioner for review and comment a formula for the distribution within the State of funds received under this title. The formula shall, to the maximum extent feasible, take into account the best geographical distribution of individuals aged 60 or older in the State.

- Provide that all services under Title III meet any existing State and local licensing, health and safety requirements for the specified.

- Provide that area plans shall specify as submitted, or be amended annually, to include details of the amount of funds expended for each priority service during the past year.

- Assure that the State Unit on Aging policies exist for governing all aspects of programs operated under the Act, including the manner in which the ombuds program operates at the State level and the relation of the ombuds program to area agencies where Area Agencies on Aging have been designated.

to make a summary of the information available to older individuals at multipurpose senior centers, congregate nutrition sites, and other appropriate places.

° Assure that services provided under the Act will be coordinated, where appropriate, with the services provided under Title VI of the Act.

° Assure that where there is a significant population of older Indians in any planning and service area that the Area Agency on Aging will provide outreach as required by Section 306(a)(6)(N) of the Act.

Elder Rights & Advocacy

The West Virginia Commission on Aging hereby assures it will:

° Establish and operate a long term care ombuds program under all applicable provisions of Section 307(a)(12) including assignment of a full-time individual to: investigate and resolve complaints concerning residents of long-term care facilities, provide for training staff and volunteers, promote the development of citizen organizations to participate in the ombuds program, and carry out such other activities as deemed appropriate. Additionally, set forth procedures for: appropriate access to long-term care facilities by ombudsmen; proper personnel training and certification; statewide uniform reporting system to collect and analyze data relating to complaints and conditions in long-term care facilities; maximum confidentiality in accordance with State law and the Act; and giving consideration to the views of Area Agencies on Aging, older individuals, and provider agencies in overall ombuds program planning and operation.

° Take into account the views of recipients of supportive services, or nutrition services, or individuals using multipurpose senior centers in connection with matters of general policy arising in the development and administration of the State Plan.

° Serve as an effective and visible advocate for the elderly by reviewing and commenting upon all State plans, budgets, and policies which affect the elderly and providing technical assistance to agencies, organizations, associations, and individuals serving older people.

° Assure that each Area Agency on Aging engages only in activities which are consistent with its statutory mission as prescribed in the Act and as specified in State Unit on Aging policies under 1321.11.

Service Development

The West Virginia Commission on Aging hereby assures it will:

° Establish a uniform format for the development of Area Agency on Aging plans that ensures compliance with the Older Americans Act, as well as use said area plans as a basis for the development of the State Plan.

° Evaluate the need for supportive services (including legal assistance, nutrition and multipurpose senior centers) within the State and ascertain the extent to which existing public or private programs meet such need.

° Evaluate activities, projects and public hearings carried out under the State Plan and ascertain their effectiveness in reaching older individuals with the greatest economic or social need, with particular attention to low-income minority individuals.

° Coordinate planning, identify and assess needs, develop collaborative programs, and provide services for older individuals with disabilities, with particular attention to individuals with severe disabilities.

° With respect to the fiscal year preceding the fiscal year for which the plan is prepared, identify the number of older individuals in the State and describe the methods used to satisfy the service needs of such older people.

° With respect to the fiscal year preceding the fiscal year for which the plan is prepared, identify the method used to satisfy the service needs of older individuals who reside in rural areas.

° Assure that Area Agencies on Aging will conduct efforts to facilitate the coordination of community based, long term care services, pursuant to Section 306(a)(6)(I).

° Provide that the State Unit on Aging has and employs appropriate procedures for data collection from Area Agencies on Aging to permit the State Unit on Aging to compile and transmit to the Commissioner accurate and timely statewide data requested by the Commissioner in such form as the Commissioner directs.

° Provide that if the State Unit on Aging proposes to use funds received under Section 303(f) of the Act for services other than those for preventative health specified in Section 361, the State Plan shall demonstrated the unmet need for the services and explain how the services are appropriate to improve the quality of life of older individuals, particularly those with the greatest economic or social need, with special attention to low income minorities.

° Assure that the State Unit on Aging (a) will not fund program development and coordinated activities as a cost of supportive services for the administration of area plans until it has spent 10% of the total of its combined allotments under Title III on the administration of areas plans; (b) will, consistent with budgeting cycles, annually, biannually, or otherwise, submit the details of proposals to pay for program development and coordination as a cost of supportive services, to the general public for review and comment; and (c) will certify that such expenditures by an Area Agency on Aging will have a direct and positive impact on the enhancement of services for older persons in the planning and service area.

Service Profile

The West Virginia Commission on Aging hereby assures it will:

° Establish and maintain information and referral services in sufficient numbers to assure that all older individuals in the State who are not furnished adequate information and referral services under Section 306(a)(4) will have reasonably convenient access to such services.

° Meet all requirements within the Act with respect to nutrition services as specified in Section 307(13)(A)(B)(C)(D)(E)(F)(G)(H) and (I).

° Initiate, whenever possible, services and the coordination thereof for the prevention of abuse of older individuals.

° Meet all requirements within the Act with respect to outreach activities as specified in Section 30724)(A)(B).

° Require, if a substantial number of older persons in a PSA are limited English-speaking, that the area agency will utilize outreach workers fluent in the language spoken and meet other requirements concerning counseling and assurance of cultural sensitivity.

° Consult and coordinate in the planning and provision of in-home services under Section 341 with State and local agencies and private nonprofit organizations which administer and provide

services relating to health, social services, rehabilitation, and mental health services.

- Provide for the acquisition, alteration, or renovation of existing facilities, and construction of multipurpose senior center facilities that serve as focal points for the delivery of services assisted under the Act, after full consideration of recommendations made by Area Agencies on Aging and meet all requirements with respect to multipurpose senior centers as outlined in Section 307(a)(14).

- Stimulate the development of legal assistance programs for older individuals throughout the State and meet all requirements with respect to legal assistance as specified in Section 307(15) (A)(B)(C) and (D).

- Provide that in-service training opportunities shall be available for personnel of agencies and programs funded under the Act and that education and training services may be initiated by Area Agencies on Aging, as appropriate.

- Specify that each Area Agency on Aging must expend a minimum percentage of funds under Title III-B that, in the absence of a waiver granted under Section 306(b)(1), provide each of the priority categories of services specified in Section 306(a)(2).

- Provide that if the State Unit on Aging receives funds appropriated under Section 303(g), the State Unit on Aging and Area Agencies on Aging will expend such funds to carry out Part G of the Act covering "Prevention of Abuse, Neglect and Exploitation of Older Individuals."

- Provide that service preference will be given to individuals with the greatest economic and social need, with particular attention to low-income minority people.

- Assure that procedures exist requiring Area Agencies on Aging to arrange for outreach at the community level that identifies individuals eligible for assistance under the Act and other programs, both public and private, and inform them of the availability of assistance. The outreach efforts place special emphasis on reaching older individuals with the greatest economic need, greatest social need and particularly those people who are low-income minority; including outreach to identify older Indians in the planning and service area and to inform such older Indians of the availability of assistance under the Act.

- Assure that area agencies shall compile available information, with necessary supplementation, on courses of post secondary education offered to older individuals with little or no tuition, including a commitment by the Area Agencies on Aging

- Assure that procedures exist to provide that all services provided through the Act are available without the use of means testing.

- Assure that older persons are provided the opportunity to contribute voluntarily to the cost of services.

- Assure that individuals with disabilities who reside in a non-institutional household with and accompany a person eligible for congregate meals under the Act shall be provided a meal on the same basis that meals are provided to volunteers pursuant to Section 307(a)(13)(I) of the Act.

## SECTION III: PROGRAM PLAN

### A. Prologue

West Virginia has been defined as the second most rural state in the nation and can be characterized by its mountainous terrain in the east to the gently sloping river valley on the west. All of the state's fifty-five counties, covering 24,282 square miles, fall within the federally recognized Appalachian region, unique in its cultural and social perspective of life style and independence.

Current statistical data indicate that slightly over 20% of the State's population are sixty years of age or older; however, preliminary analysis from the 1990 census indicates this figure will increase to 25%, one of the highest elder representative proportions in the nation. By the end of the decade, 50% of all West Virginians (sixty and older) will be seventy-five years or older at the prevailing rate of growth.

For elder West Virginians, barriers which limit maximum independence, can be attributed to two primary causes - the inability to provide adequate access to existing resources and the life conditions of elder people themselves. Economic conditions within the state further complicate the ability to effectuate a coordinated long-term care system. Nationally, WV is ranked 49th for per capita income, while the number of elder people living below poverty is almost 18% of all people sixty years of age and older. At the same time, overall personal expenditures for health care are 5.64% higher than found in any other state, with the elderly spending 18.1%. West Virginia's hospital admission rate of 155 per 1,000 is the third highest in the nation, with the second highest number of outpatient visits per 1,000 people. Medicaid funds 70% of all long term care services in the state, with one-third of the total funds going to nursing homes that serve 4% of the population needing long-term care assistance.

Social and environmental conditions also inhibit elder people's ability to access needed services. With almost 60% of the elderly people residing in isolated and rural parts of the state, in addition to 70% of the state determined to be medically underserved, the need for developing a comprehensive and coordinated service delivery system to meet the needs of older people at each level of the continuum of care becomes paramount.

Further complicating integration of resource allocation and policy development for meeting the long-term care needs are the various life conditions of the elder people themselves. Through surveys completed directly by older West Virginians, 20% of the 60+ age group considered themselves homebound with this percent increasing to 56% for those people 85 and older. Studies indicate West Virginia has over 31,000 elderly people determined to be frail or at risk of institutionalization unless alternate programs are developed. Should current rates of chronic disability and health care utilization be maintained, consumer demands for more and a greater variety of health services will double by the year 2020. For West Virginia the effort to effectively combine both medical and in-home support service configurations for the at-risk frail elderly and prevent premature institutionalization has become the singular objective to be completed by all aging service offices.

Efforts to improve the health of older West Virginians and contain medical costs are creating financial hardships at all levels of government service agencies. Similar crisis situations are being faced by the corporate community, the private/nonprofit sector and the informal caregivers in their efforts to meet the needs of older people. With average annual costs for nursing homes at $22,000 per person, this combined commitment to address the health needs (medical and supportive) of older people is the major focus of the State Plan on Aging for the 1990's.

## PART III: PROGRAM PLAN

### B. Introduction

This document, the West Virginia State Plan for Aging Programs, describes the objectives and plan of action that the aging network will follow in their coordinated efforts toward improving the quality of life for older West Virginians during the next two federal fiscal years, starting October 1, 1991 and ending September 30, 1993.

Under the authority of the West Virginia Commission on Aging, Article 14, Chapter 29, the West Virginia Commission on Aging is given authority and responsibility for West Virginia's State Unit on Aging.

> **§ 29-14-1. Creation and composition.** There is hereby created the "State Commission on Aging," hereinafter referred to as the "commission." The commission shall consist of seventeen members, as follows: Seven members, herein referred to as government representatives, who shall be the state superintendent of schools, the director of health, the director of mental health (director of health), the commissioner of public institutions (commissioner of corrections), the commissioner of welfare (commissioner of human services), the director of the West Virginia division of vocational rehabilitation, and the commissioner of the West Virginia department of employment security; and ten additional citizens of the state, herein referred to as citizen representatives, no more than five of whom shall belong to the same political party, who have demonstrated an interest in and knowledge of the problems of the aging. The governor shall appoint the ten citizen representatives of the commission by and with the advice and consent of the senate. (1964, c.4.)
>
> Administration of "Older Americans Act of 1965". -- The state commission on aging has sufficient authority, on behalf on the State of West Virginia, to implement and administer the federal "Older Americans Act of 1965." 51 Op. Att'y Gen. 472 (1965)....."

During the past few years, aging programs across West Virginia have faced many challenges in their combined effort to improve the quality of service to older people. Some of the more significant examples that have occurred include:

° the adoption of Senate Bill #2 whereby the Commission on Aging became a formal component of the West Virginia Department of

Health & Human Resources, while still maintaining the autonomy as a Governor-appointed Commission,

- the adoption of the Community Care Program which allows frail older West Virginians to receive additional services within their home and community,

- the approval of the Elder and Disabled Medicaid Waiver Program to allow nursing home eligible people to remain in their homes and still receive needed assistance, and

- the adoption of ombuds legislation that strengthens authority of the ombuds and encourages the utilization of volunteers to assist in the program.

One of the most recent actions occurring within State government was the adoption of the 1991 State Legislative Budgetary Digest. Contained within this document was language requiring the West Virginia Commission on Aging to reduce the number of Area Agencies on Aging from nine to four (Attachment A).

To implement changes required by the state legislature, the West Virginia Commission on Aging proposes to dedicate a significant portion of the mandated responsibilities toward reorganization of the aging network that will assure access by all, quality in the services being delivered and provide those services most needed by the at-risk and frail older population. Attempting to meet the challenges of the nineties and address the needs of older West Virginians, as directed under the authority of mandates contained within the Older Americans Act and West Virginia State law, the West Virginia Commission on Aging proposes to initiate its management responsibilities through four functional components - ADMINISTRATION, SYSTEMS DEVELOPMENT, SERVICE PROFILE and ELDER RIGHTS & ADVOCACY.

In general terms, this plan sees the necessity for basic recognition of two key elements which limit the various offices' and agencies' ability for improving the quality of life of the elder population. The first fundamental concern requiring a commitment of cooperation relates to the need for more positive and effective communications between the various agencies and organizations working on behalf of elder people. The second factor for improved services and programs to the elderly is the recognition and support of a coordinated effort to both increase resources and realign existing finances to meet the diverse needs of a rapidly increasing and more frail elder population. Underlying these elements, is how the achievement of this cooperation and coordination will help define the roles and direction of the aging network.

The partnerships that have been developed by the aging network link every level of government with aging programs. In this

regard, the aging network is linked horizontally to other state human services systems and educational and research institutions, and vertically to federal funding sources, Area Agencies on Aging and service providers. This cooperation has created a pivotal role for aging offices to play during the next two years as both a policy partner and policy implementer. As a partner for policy implementation, the aging network must "give" in exchange for what is "taken." To impact policy decisions, the aging network must continually educate, advise and support other social service offices to maintain the visibility of older people within their service support systems.

The following objectives and action steps outline how the aging network will determine future roles and responsibilities in an ever changing system, while improving the accountability and evaluative structure of agencies attempting to address the needs of elder West Virginians, operating under the authority of the Older Americans Act.

## PART III: PROGRAM PLAN

### C. Objectives

ADMINISTRATION

The reality of aging services delivery in West Virginia is that service delivery is county-based and locally-driven. Therefore, any design reorganizing aging services has to be based on the crucial position of county programs as the "point of entry" for accessing services. Each county program in the State has an ongoing senior center, an array of Title IIIB, IIIC and IIID services, in conjunction with in-home service responsibilities related to State-mandated Community Care services and the expanding responsibility for the Disabled and Elder Medicaid Waiver Program, targeted to the at-risk and frail older West Virginians.

Additionally, county programs are well-established as community focal points and possess a high visibility with the senior community, as well as the local political and private sectors. Counties are well-respected local, regional and state advocates on behalf of their older population. Therefore, the necessary program, service, outreach and advocacy base is well-established on the county level which can effectively serve as a point of departure for the reorganization of roles and functions of the aging network in the state.

**GOAL** **To establish an integrated state planning process in support of a county-based, comprehensive system of care and fiscal investment in older adults and their families.**

Objectives

1. The West Virginia Commission on Aging, in conjunction with the Bureau of Human Resources, the Aging Steering Committee, provider associations and aging advocates, will develop uniform standards and requirements for eligibility and reporting for all client services throughout the network.

   A. Utilize Activities of Daily Living and Instrumental Activities of Daily Living - oriented prescreening and intake forms which will also measure eligibility for services available through the Community Care Program, the Medicaid Waiver Program and institutional care services.

   B. Develop a system whereby community-based programs will coordinate long-term care activities with acute and nursing home facilities within their geographical service area.

C. Develop service standards that can be utilized in all aging programs with particular emphasis on cost accountability and containment.

2. The West Virginia Commission on Aging, in conjunction with the Bureau of Human Resources, local programs, area agencies and advocates will develop a standardized quality assurance model by September, 1992 for implementation during FY93.

A. Develop peer review groups comprised of area agencies and county providers to provide both technical assistance and monitoring to other aging offices.

B. Begin to institute specific measurements within the care plan and reporting process to determine service impact on the quality of life for participants.

C. Develop a quality assurance training program targeted to local provider managers to assist their efforts for improving supervisory responsibilities in their long-term care, in-home service activities.

D. Begin working toward developing specific standards for case management agencies that will allow consistent quality statewide.

E. Coordinate training with the Bureau of Human Resources in developing paraprofessional standards for in home service workers.

3. The West Virginia Commission on Aging will streamline the Title V and JTPA programs in a manner that will improve access to employment programs statewide.

A. Research other state programs in an effort to obtain "best practice" approaches that have applicability for West Virginia.

B. Work toward strengthening cooperation and communications with Employment Security offices for the purpose of program participation and training opportunities.

C. Redesign monitoring tools for both program and fiscal components.

4. The West Virginia Commission on Aging will redraft the Aging Program's Policy & Procedure Manual to assure compatibility with other aging service programs such as the Community Care Program and the Medicaid Waiver Program.

   A. Disseminate and publish the draft manual for the purpose of soliciting comments.

   B. Review and analyze the comments for potential incorporation into the manual.

   C. Review regulatory process and initiate required procedures for adoption of the manual.

   D. Conduct statewide training on the manual to aging network offices and advocates.

SYSTEMS DEVELOPMENT

A significant portion of current aging literature utilizes a continuum of care model upon which to base system design and service delivery. Levels of service and care in the continuum can be grouped into two broad categories:

Institutional Care - for those people needing acute, custodial and ongoing supervised care. This can include placement in hospitals, nursing, board and care homes and other long term care facilities.

Community-Based Support Services - includes services offered to older adults from three functional perspectives: those services targeted to older **people with little or no impairments** such as senior center activities, congregate meals, transportation, information and referral, outreach, and instruction and training. Services targeted to older **people need limited assistance and/or moderately impaired** may include services previously identified as well as legal assistance, telephoning, visiting, escort and limited non-medical in-home services. The third group of older people targeted for services are **people with severe impairments, having three or more functional impairments with significant frailty and/or at risk of institutionalization,** unless intervention from both public service agencies and informal caregivers are instituted. Services available to this most critical group include all services in addition to day care, respite, home modification and medical assistance.

The delivery of such services is the special strength of county based programs and form the core for assuring a comprehensive and coordinated system of services. It is critical, however, that such an array be prioritized in a given county, based on local needs as established through the implementation of a system that encompasses both the needs of older people and resources available.

**GOAL** **To establish an integrated county planning process in support of county-based service delivery systems on behalf of older adults.**

Objectives

1. To develop core management teams that will interact with the Commission on Aging for development of policy, planning and program issues.

   A. Convene monthly meetings of the core management teams for the purpose of sharing information relating to issues involving services and programs targeted to older people.

B. Include a specific component that will target planning activities related to encouraging non-traditional agencies and organizations to become more involved in assisting older people within each county program.

C. Include an advocacy-specific component within the teams that will address potential legislative direction needing to be pursued by the aging network as a whole.

D. Develop a training component that will attempt to set standards for personnel providing assistance to older people.

E. Disseminate the results and activities conducted by the core management teams, on a bimonthly basis, to other aging offices attempting to improve the quality of life for older people.

2. To increase coordination and communication between county programs that will assure effective transition between acute and long-term care facilities and the community-based service programs.

A. Provide technical assistance and support to county programs for the purpose of educating them on ways to improve communications with acute and long-term care facilities within their community.

B. Initiate specialized resource directories that will include contact information relating to acute care facilities, personal care/boarding homes and nursing homes within each county.

C. Conduct training programs that will assist county programs in working with local medical personnel.

3. To assist county programs on aging to have the organizational capacity and leadership to conduct effective and efficient local planning.

A. Develop a standardized training packet on management techniques for county providers.

B. Assist county programs in expanding capabilities of utilizing automated systems programs for the purpose of improving accounting and participant reporting procedures.

C. Coordinate efforts with West Virginia University on expanding the Aging Manager Certification program to address long-range planning activities.

D. Conduct training programs with county providers on effective utilization of demographic data for improved targeting and service delivery.

E. Conduct training programs with county providers on developing self-evaluation techniques for determining program/service accomplishments.

F. Provide technical assistance to county programs on techniques and ways to develop alternative resource programs and initiatives.

SERVICE PROFILE

Underlying all health and social needs of older West Virginians is the availability and development of services that will assure an improved quality of life. Traditional focus has encouraged multiple agencies at federal, state and local levels to target specific services to certain segments of the older population. Such fragmentation has, in many cases, prevented many older people from being able to access those services most needed due to the complexity of the various agencies' eligibility guidelines, identification of which agency provides what types of services, and visibility of the agency at the local level. Ultimately this approach to service management results in limited and/or nonexistent services that never reach those people in greatest need or makes available services that may not be what the older person actually needs.

Although state and federal agencies develop memos of agreement which clearly outline critical points of cooperation, joint training needs and coordination responsibilities' limited impact is perceived at the local level where those people most in need of assistance are asking for help. The Older Americans Act clearly defines the need for local programs to be the focal point of all services that may assist people, while at the same time requiring clear and concise targeting requirements that will provide needed services to the older population. Across West Virginia, the county senior centers serve the purpose of being the local focal point of access whereby all agencies, including representatives from such offices as Social Security, Veterans Affairs, Legal Service Corporations, Human Resources, etc., should be available. There is a clear responsibility for interagency efforts to occur at the local level.

The primary focus of service delivery is on the at-risk and frail person who needs assistance to live in his or her environment of choice. To effectively achieve this right of choice, a diverse array of services must be readily available and accessible at the local level. Targeting of services and resources to those individuals in greatest need must be fundamental toward assuring a comprehensive service delivery system. Services will be integrated, with each specific service having a justifiable role in the service package. These "service packages" are in turn based on locally-derived needs and form the basis of a county and regional plan.

**GOAL To develop specific service packages that will meet the needs of the various targeted elder population groups in the most efficient and cost effective manner possible.**

Objectives

1. To coordinate efforts with the Bureau of Human Resources, local service providers, area agencies, and aging advocates for developing the specific service packages and resource levels that will meet the needs of the three levels of care.

   A. Create a planning committee that will begin to determine the specific service needs for each of the level of care groups - little or no impairments, moderately impaired needing limited assistance, and at-risk or frail older people.

   B. Evaluate and analyze all aging funding sources for determining service capability and maximum funding capability from each resource.

   C. Assess the distribution of resources and services relative to the profile of service needs based on functional capacity.

   D. Draft the specific policies necessary to assure equity in distribution of services to older people.

   E. Develop and distribute the proposed reorganization of service delivery for public input.

   F. Develop contractual structure necessary for implementing the system by the end of FY93.

2. To increase technical assistance to local providers on improving access and coordinating resources from other agencies that have the potential to assist older people.

   A. Assist West Virginia University in expanding the capabilities of the church and rural aging initiative to each of the county programs.

   B. Provide training to the county programs on methods that will enhance the capabilities of informal caregivers.

   C. Develop at the state, regional and local levels specific coordination and informational sharing activities with developmentally disabled councils and the various Alzheimer's support groups.

   D. Utilize information obtained from the AoA ElderCare initiative for assisting county programs in accessing new resources to assist older people.

3. To coordinate with and assist the Bureau of Human Resources in implementing the Medicaid Wavier program statewide.

A. Provide technical assistance to the Medicaid Wavier program on determining specific participant levels on a county by county basis based on the individual's level of need and economic status.

B. Determine resources necessary toward implementing the program statewide.

C. Conduct an inventory of services available from other resources in order to target Medicaid Waiver funds to services currently nonexistent or severely limited.

D. Provide technical assistance and support in determining maximum service levels that can be available to each participant.

E. Develop an implementation plan in order that the program can be phased-in as financial resources and legislative authority become available.

F. Provide technical assistance to Medicaid Waiver staff on submitting an amendment and/or new plan to the federal offices.

4. To begin redirecting and obtaining additional resources toward developing day care services within each county senior center.

A. Develop a cost allocation plan for determining, on a county by county basis, the anticipated budget necessary for developing at least one day care facility within each county over a ten-year period.

B. Inventory and analyze current resources that have potential for being targeted toward supporting day care facilities.

C. Initiate communications with the Benedum Foundation toward obtaining technical assistance from their offices to develop this initiative.

D. Begin providing technical assistance and training to county programs on developing and managing a day care program within their senior centers.

E. Develop a specific plan of action that will encourage maximum expansion of day care facilities statewide.

## ELDERLY RIGHTS AND ADVOCACY

The purpose of a state unit on aging is to establish common service standards and quality assurance measures, clarify eligibility guidelines for participant entrance into the continuum of care, integrate fiscal resources, integrate the state plan with local and regional plans, and, most importantly, serve as a state-level advocate for older people. When the Older Americans Act was first debated at the congressional level, elder rights and advocacy were and still remain the vanguard of all services and programs initiated by the West Virginia Commission on Aging.

Fundamental to assuring the rights of older people are met at all levels of service delivery, whether institutional or community-based, are services and programs focusing on advocacy, legal assistance and the ombuds program. For West Virginia, advocacy activities relate to services targeted to educate and inform the general public, policymakers and older people on current research findings, facts, and legal rights and/or procedures that can potentially affect the quality of life. Legal assistance services relate to direct lawyer representation, instruction and training programs on legal considerations and assistance toward resolving benefit/financial matters. Ombuds services are targeted directly to those individuals residing in an institution or personal care/boarding home to assure that older people are not being neglected, abused or exploited.

In concurrent operation are those services and activities encompassing adult protective services, retirement planning, guardianship issues, elder abuse and technical assistance to the various senior advocacy groups.

**GOAL To develop specific visibility and access instruments that will assure older West Virginians receive all information and support necessary toward protecting their rights.**

Objectives

1. To fulfill the intent of recently enacted legislation requiring the development and implementation of a "volunteer ombuds program" statewide.

   A. Develop the necessary tools needed for training potential volunteers wishing to work in the ombuds program.

   B. Attempt to coordinate part of the volunteer training program with the State Bar Association.

   C. Develop a cost allocation plan in order to determine amount of funds needed on a regional and local basis.

D. Create an evaluative structure that will measure the future needs, current impact, and problems with utilizing volunteers in the ombuds program.

E. Annually, develop a report for legislative informational purposes.

F. Annually, develop a volunteer recognition program for the ombuds volunteers.

2. To strengthen and further define coordination responsibilities between adult protective services, legal services, the ombuds program and the health facilities licensure and certification authority.

A. Update the memorandum of agreement between each of the agencies for compatibility with current contractual responsibilities.

B. Develop and sponsor a coordinated training conference that will encourage communication between state, regional and local staff.

C. Schedule on a bimonthly basis, meetings between the leadership of each of the agencies to discuss problems, proposed initiatives and information sharing.

3. To provide the recently enacted Health Planning Commission with technical support relating to older West Virginians toward developing a comprehensive statewide health care plan that encompasses all types of health care services.

A. Assign specific Commission on Aging staff to work with the Planning Commission.

B. Extract and analyze elderly data from the 1990 census for usage by the Commission.

C. Disseminate pertinent information/recommendations coming from the Planning Commission to the aging network.

D. Evaluate and take appropriate action on proposed changes that will be considered by the Commission for determining impact on older people.

4. To reorganize roles and responsibilities of both area agency and county provider boards and advisory councils in an effort to meet both federal and state mandates.

A. Restructure provider boards in such a manner as to assure that procedures exist to prevent potential conflict of interest.

B. Develop a standardized training packet to assist provider agencies in orienting advisory councils to aging programs.

C. Strengthen the responsibilities of area agency boards and provide technical assistance for improved management capabilities.

D. Develop minimum board/advisory council standards for agencies receiving funding through the Older Americans Act.

E. Provide statewide training to the various boards and advisory council representatives on the standards.

5. To increase the availability of information and awareness of the issues relating to elder abuse and guardianship responsibilities.

A. Continue to support the statewide guardianship task force in developing potential legislative information.

B. Further expand the public awareness of elder abuse and ways in which both agencies and the general public can assist in helping prevent abuse, as defined by the Older Americans Act.

C. Provide training and technical assistance to local agencies on effective procedures for handling/referring abuse cases.

D. Begin working toward the creation of specific standards on qualifications of people assuming guardianship of older people.

## SECTION IV: FINANCIAL PLAN

### A. State Funding Formula

In accordance with the Older Americans Act, the West Virginia Commission on Aging allocates Title III-B, C, D and G funds via a formula. This formula currently combines and weights the following factors:

| Factors | Weights |
|---|---|
| Population aged 60+ | .3 |
| Population aged 60+ Low Income | .3 |
| Population aged 75+ | .2 |
| Population aged 60+ Minority | .1 |
| Square miles/region | .1 |
| | 1.0 |

Raw data is computerized. Census data available is used for population and characteristics. This translates to the following intrastate formula for each region:

| Region | Formula |
|---|---|
| I | .26454 |
| II | .29413 |
| III | .17457 |
| IV | .26676 |
| | 1.00000 |

FY 1992 FORMULA APPLICATION

Prior to the application of the formula, the following funds are appropriated for the purposes specified:

From the Title III-B allotment to the State, $95,336 will be used for the statewide ombudsprogram. For state agency administration, a total of $379,906 will be allocated proportionately from Titles III-B and III-C. Due to minimal funding of Titles III-D and III-G, no state administrative dollars were reserved in FY 1991, although this decision will be reviewed and reconsidered annually in light of actual federal appropriation levels.

The maximum level currently established for each area agency administration is $151,072 and will be reviewed annually. This comes from Title III-B, Title III-C and appropriated State funds, with an additional match of $15,000 each from the Department of Health & Human Resources Lottery Funding.

From Title III-B and State funds, $27,250 is currently allocated as an operational base to each county in the state in addition to funds appropriated by formula. Again, this base level is subject to annual review and reconsideration.

Other funds authorized by the Older Americans Act which are not allocated by formula include those earmarked for the Title V Senior Community Service Employment Program (SCSEP) and meal supplements appropriated via the U.S. Department of Agriculture (USDA). These funds are appropriated for use in accordance with their respective regulations.

FY 1992 FUNDING SOURCES

| Sources of Funding | Amounts |
|---|---|
| Title III-B Est. | $2,556,380 |
| Ombudsman | 21,444 |
| Title III-C Est. | 3,943,456 |
| Title III-D Est. | 60,047 |
| Title III-G Est. | 25,733 |
| Title IV | 49,647 |
| Title V | 889,063 |
| USDA Est. | 1,339,473 |
| State Appropriation | 3,372,490 |
| DHHS Lottery Funds | 60,000 |
| | $12,317,733 |

The Older Americans Act requires states to assure "that an adequate proportion" will be expended for access, in-home and legal assistance services. To achieve this standard and to assure that services are available to the most needy populations, the State of West Virginia shall require Area Agencies on Aging to expend a minimum of 50% of their Title III-B funds in each region for the following services: Case Management, Chore, Day Care, Escort, Housekeeping, Legal Assistance, Personal Care, Respite and Transportation.

Guidelines for services of Client Finding, Counseling, Home Repair, Referral and Shopping (second priority level services) are 30% of Title III-B funds. A maximum of 20% of the funds may be used in third priority level services of Assessment, Care Training, Housing Assistance, Instruction and Training, Letter/Reading/ Writing, Material Aid, Telephoning and Visiting and Discount Services.

## SECTION IV: FINANCIAL PLAN

### B. Regional Allocation of Funds for FY 1992

| Planning and Service Area | Title III Service Funds (B C, D & G) | Other OAA Funds (Title V) | Non-Title III Funds | Total Funds Awarded |
|---|---|---|---|---|
| I | $1,631,602 | $198,863 | $792,512 | $2,622,977 |
| II | 1,699,588 | 356,783 | 789,740 | 2,846,111 |
| III | 1,181,853 | 81,884 | 602,454 | 1,866,191 |
| IV | 1,597,331 | 222,258 | 760,148 | 2,579,737 |
| PSA Subtotals | $6,110,374[1] | $859,788 | $2,944,854[2] | $9,915,016 |
| Other (unclassified) | | | $1,564,473[3] | $1,564,473 |
| TOTAL ALLOCATIONS | $6,110,374 | $859,788 | $4,509,327 | $11,479,489 |

[1] Title III-B, C, D and G amounts based on FY 1991 levels.

[2] Includes appropriated State funds ($2,884,854) and DHHS Lottery ($60,000) for area agency administration. Minimum State match is $483,846.

[3] Includes USDA cash estimated ($1,339,473), State Senior Center Facility appropriation ($75,000), and State TXIX Waiver appropriation ($150,000).

## SECTION IV: FINANCIAL PLAN

### C. Estimated State Agency Budget

RESOURCES TO BE USED FOR STATE AGENCY ADMINISTRATION:

| | Title III | State Funds | Title IV Title V | Total |
|---|---|---|---|---|
| Title III: State Administration | $379,906 | | | $379,906 |
| Title III: (Part B) Long-Term Care Ombudsman Program[1] | 95,336 | | | 95,336 |
| Ombudsman | 21,444 | | | 21,444 |
| Other Older Americans Act Funds | | | $78,922[3] | 78,922 |
| State | | $262,636[2] | | 262,636 |
| Local Public | | | | |
| TOTAL | $496,686 | $262,636 | $78,922 | $838,244 |

[1] Title III supportive service funds (Part B) are used directly by the State Agency only for purposes of operating the Long Term Care Ombudsman Program.

[2] Minimum required match is $147,245.

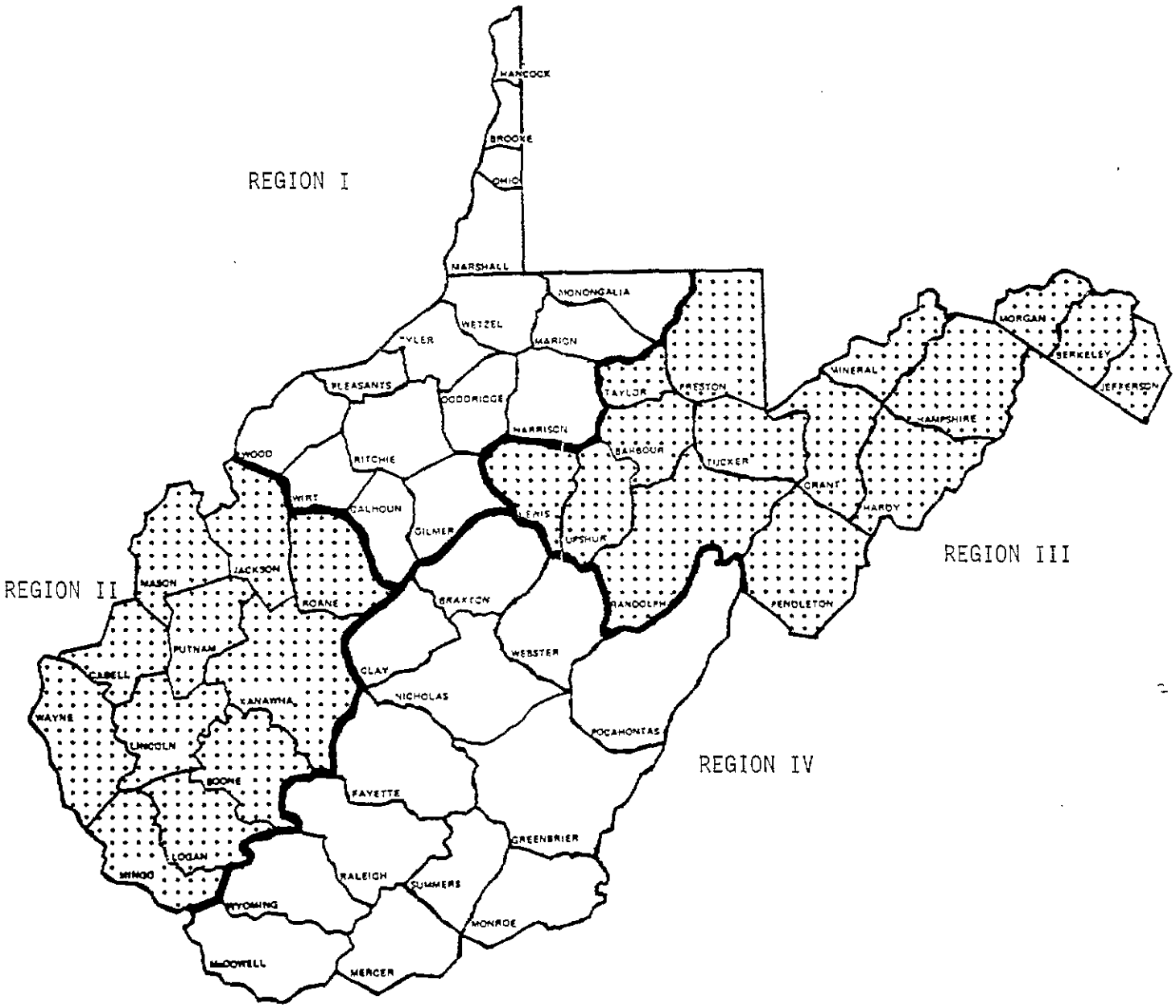
[3] Title IV Hold Harmless ($49,647), Title V Administration ($29,275).

# ATTACHMENTS

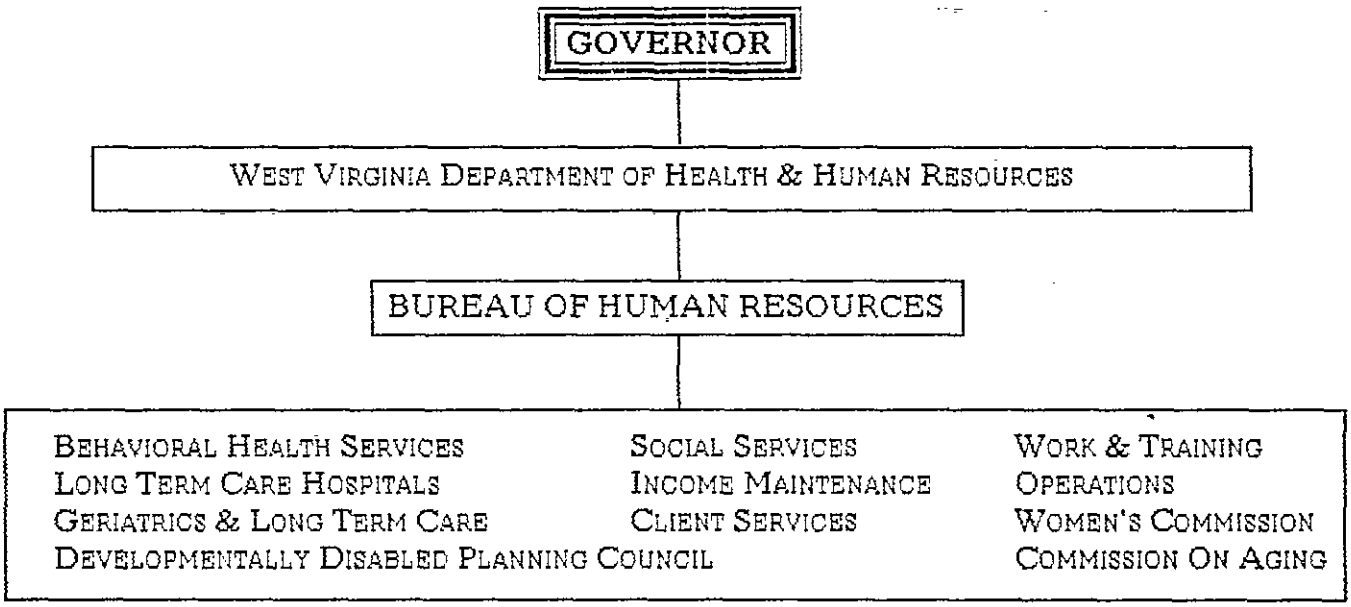
ATTACHMENT A. DESIGNATED PLANNING & SERVICE AREAS

FOR

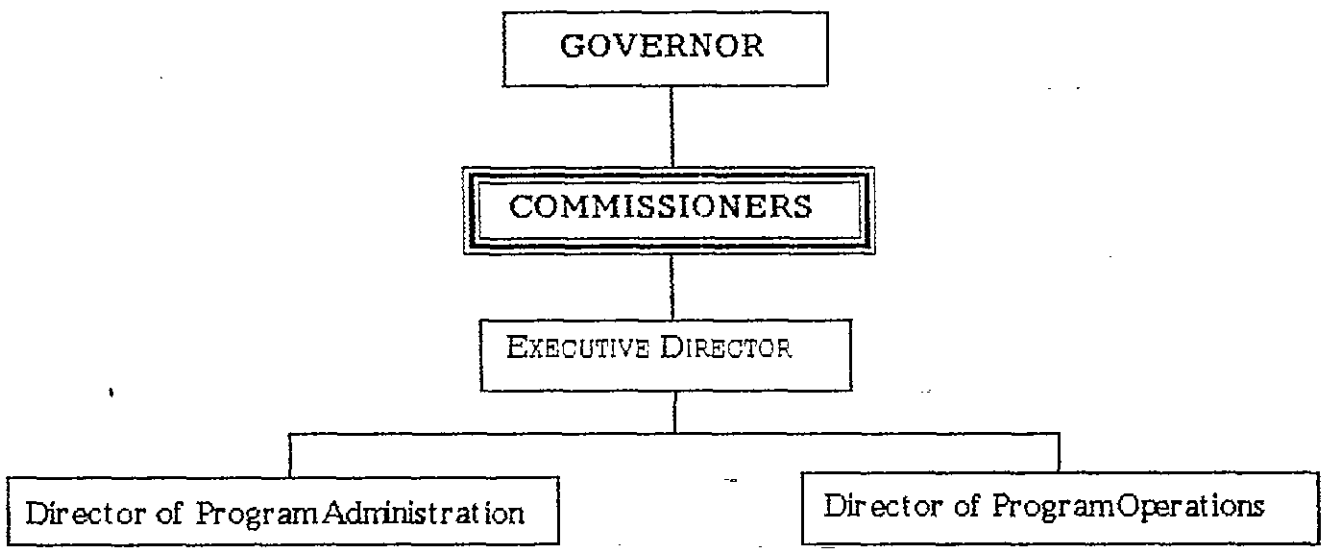
WEST VIRGINIA'S AGING NETWORK FY92-FY93



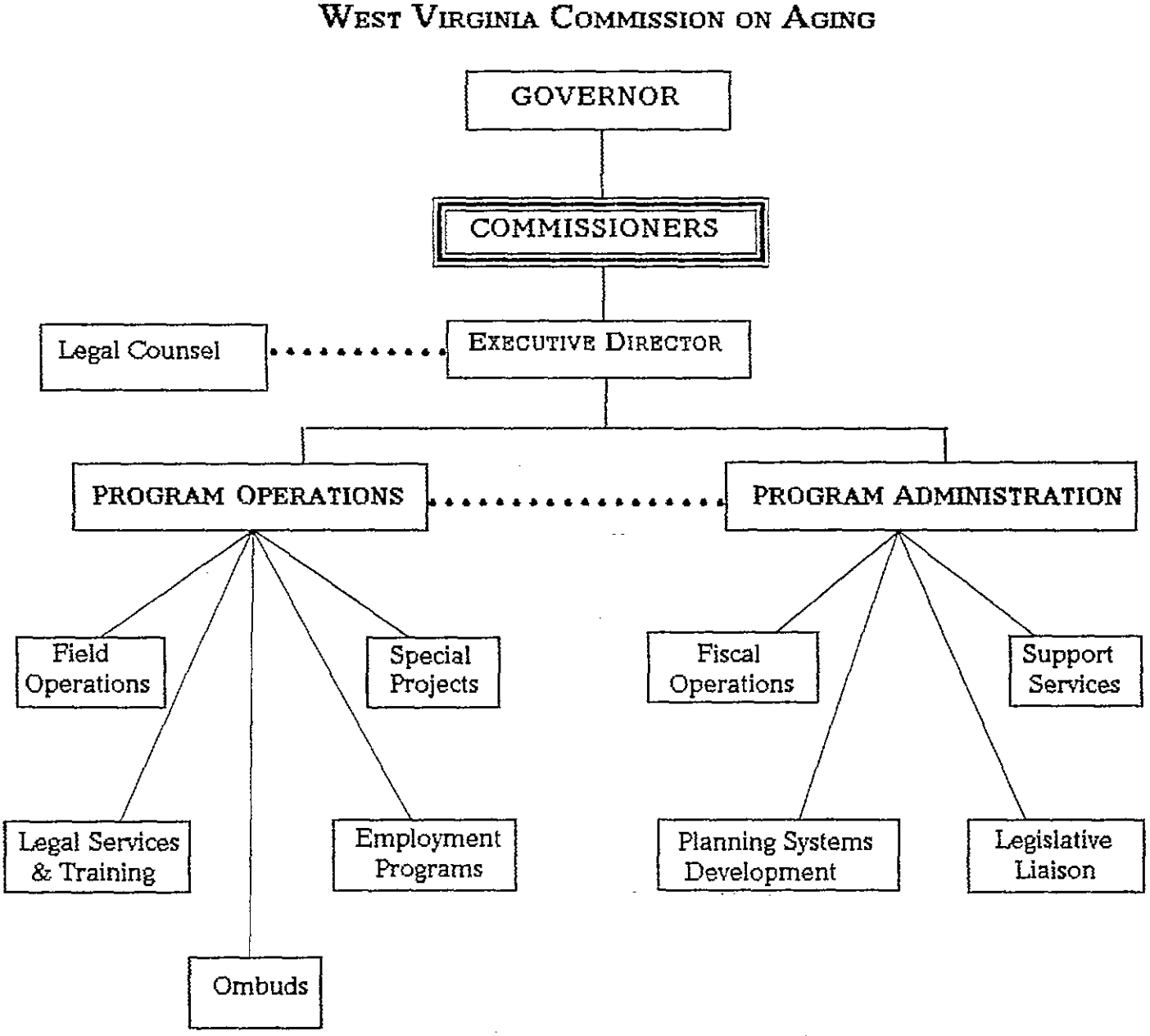
ATTACHMENT B: 1 HEALTH & HUMAN RESOURCES ORGANIZATIONAL CHART




## WEST VIRGINIA COMMISSION ON AGING



ATTACHMENT B: 2 WEST VIRGINIA COMMISSION ON AGING ORGANIZATION CHART



## ATTACHMENT C.1. PROGRAM & CRITERIA DESCRIPTIONS

Assistive technology means technology, engineering methodologies, or scientific principles appropriate to meet the needs of, and address the barriers confronted by, older individuals with functional limitations. Direct products provided under the description of "assistive technology" are identified within the service definition for Material Aid.

Area Agencies on Aging (AAA's) are those agencies designated by the State Unit on Aging in a planning and service area to develop, administer and plan all activities and resources for providing a comprehensive and coordinated system of aging services. Additionally, AAA's are responsible for advocating on behalf of older people.

At-Risk, Frail Elderly (A.R.E.) are those older individuals who are in jeopardy of institutionalization due to a documentable mental or physical impairment, or a combination of both, that results in substantial functional limitations in three or more of the following activities of daily living (ADL's) or instrumental activities of daily living (IADL's).

Activities of Daily Living are bathing, eating, dressing, toileting, continence, transferring and mobility.

Instrumental Activities of Daily Living are preparing meals, shopping, laundry, managing money, housework, taking medication, and mobility outside of the home.

Individuals potentially able to be deinstitutionalized with the availability of adequate support systems who meet the above criteria would also be defined as A.R.E.

Older individuals who are victims of Alzheimer's disease or a related disorder with neurological and/or organic brain dysfunction are classified as A.R.E. individuals for reporting purposes.

Older individuals who have a permanent physical disability that severely limits their independence (i.e., blind or confined to a wheelchair) are classified as A.R.E. individuals for reporting purposes.

Caregivers are individuals who have the responsibility for the care of an older individual, either voluntarily, by contract, receipt of payment for care, as a result of family relationship, or by court order.

Catered meals are those meals prepared under contract by a commercial caterer, restaurant, hospital, school, etc. and which are usually purchased at a fixed price per meal.

Central kitchen prepared meals are those meals served at multiple sites which were prepared in one location. This includes meals served at both satellite sites and the site in which the preparation center is located.

Community focal points are facilities and/or mobile units that are available in a community or neighborhood designated by the Area Agency on Aging for the collocation and coordination of services for older persons.

Congregate meal (C1) participants include the following:

persons age 60+;

spouses of participants, regardless of age;

handicapped/disabled individuals who have not attained 60 years of age, but reside in housing facilities primarily occupied by the elderly at which a congregate nutrition program is offered;

individuals with disabilities who reside at the home of eligible participants, and accompany them to the congregate site.

Volunteers, under the age of 60, working at the nutrition site are eligible for meals provided the individual is an ongoing volunteer of the program and works a minimum of 24 hours per quarter (3 month period). Volunteers, 60+, are automatically eligible for a meal.

Congregate meal sites are those facilities and/or locations where congregate meals are served to eligible persons and the cost of which is supported in whole or part by Title III funds.

Elder abuse means abuse of an older individual who has been willfully intimidated, or suffered cruel punishment with resulting physical harm or pain or mental anguish due to any of the following: infliction of injury, unreasonable confinement, deprivation by a caregiver of goods, services and/or finances which are necessary to the senior's comfort.

Emergency meals are those meals, meeting 1/3 RDA, which are provided to seniors for use at their homes and can be consumed during emergency situations where regular meals cannot be provided and/or normal food preparation equipment/utilities are unavailable.

Greatest economically needy (GEN) criteria is based on the following poverty figures defined by the U.S. Department of Health and Human Services as 125% of poverty guidelines.

| Family Size | Per Month | Per Year |
|---|---|---|
| 1 | $ 689.58 | $ 8,275 |
| 2 | $ 925.00 | $ 11,100 |
| 3 | $ 1,160.42 | $ 13,925 |
| 4 | $ 1,395.84 | $ 16,750 |
| For Families of More than 4 add for each | 235.42 | $ 2,825 |

A means test is not to be used to determine greatest economic need.

Greatest socially needy (GSN) are those elderly individuals having non-economic factors, which include physical and mental disabilities, language barriers, cultural or social isolation including that caused by racial or ethnic status, which restricts an individual's ability to perform normal daily tasks or threatens his/her capacity to live independently.

An individual would be classified as GSN if he is a resident of a long term care facility, has a disability not fully corrected, or needs assistance to leave the home.

OR

An individual would be classified as GSN if any two of the following factors apply: client is a member of a racial or ethnic minority group, is over 75 years of age, lacks a telephone, has a language/illiteracy barrier, lives alone, or lacks means of transportation.

Home delivered meal (C2) participants include the following:

persons 60+ who are homebound by reasons of illness, incapacitating disability, or are otherwise isolated (must meet GSN criteria);

the spouse of an eligible C2 participant, regardless of age or condition, if it is in the best interest of the homebound older person as determined by the Area Agency on Aging;

individuals with disabilities who reside at the home of persons eligible for this service.

Long-term care facility means any skilled nursing facility, as defined in section 1861(j) of the Social Security Act, any intermediate care facility, as defined in section 1905(c) of the Social Security Act, any nursing home, as defined in section 1908(e) of the Social Security Act, any category of institutions regulated by a State pursuant to the provisions of section 1616(e)

of the Social Security Act (for purposes of section 307(a)(12)), and any other similar adult care home.

Minority are those individuals perceiving themselves belonging to one of the following minority groups: Black, Hispanic, Native American, Asian, Pacific Islander.

Multipurpose senior center is a community facility for the organization and provision of a broad spectrum of services which shall include, but not be limited to, health (including mental health), social, nutritional, educational, and supportive services.

Multipurpose senior centers must be open and available to the senior population a minimum of forty hours per week, five days a week. All multipurpose senior centers are identified as community focal points.

Rural Elderly are defined as seniors living outside a community of 2500 people. The incorporation status of a community should not be considered for defining rural elderly.

Service Providers are community, county, or multi-county based agencies operated and developed for providing direct services to an older person which enable that individual to live in his community for as long as possible. Providers operating under this definition provide and coordinate availability of services in the most efficient and effective manner possible.

Site-prepared meals are those meals prepared and served at the same location.

State Unit on Aging is the agency of state government (West Virginia Commission on Aging) designated by the governor and state legislature as a focal point for all matters related to the needs of older persons within the state.

Volunteers are those persons working at least 24 hours per quarter (3 month period) in the aging program. These individuals may be reimbursed for out-of-pocket expenses relative to their volunteer work.

Paid staff, regardless of funding source, are not classified as volunteers for reporting purposes. The fact that volunteers may be reimbursed for miscellaneous expenses does not constitute defining them as paid staff.

Board and advisory council members of the aging program are not classified as volunteers.

## ATTACHMENT C.2. SERVICE ACTIVITY DEFINITIONS

1. **ASSESSMENT** (1 Contact): To provide health care by conducting tests such as blood pressure, hearing, vision, etc. Also includes on-going and regularly scheduled preventicare exercise and wellness (physical/mental) programs.

Should an individual be provided several different tests during the same day or within the same announced program (i.e., health fair), this would be counted as only one unit.

2. **CARE TRAINING** (1 hour): To provide training for primary caregivers to assist them in the performance of in-home services for dependent seniors.

Although this service may (in most instances) be provided to those under the age of 60, the Participant Intake Form (PIF) should reflect information about the senior for whom the care is provided.

3. **CASE MANAGEMENT** (1 hour): To complete a comprehensive and individual assessment of a client and to identify and actively obtain all the services available through any service providers in the community which are necessary to meet the individual's needs.

In order to provide this service, staff specifically trained in the case management approach to service delivery must perform all of the following functions for each client: intake/screening, assessment, care planning, arranging for services, follow-up, monitoring and reassessment.

An integral part of the intake/screening and assessment processes must include medical support evaluation (registered nurse or doctor).

If two staff members go to a client's house and spend one hour, this would be one unit regardless of the tasks performed.

4. **CHORE** (1 hour): To perform household chores such as heavy cleaning (moving furniture, turning mattresses), and yard and walk maintenance, which the client is unable to handle on his own.

This service does not require the services of a trained homemaker or other specialist nor does it require a care plan.

5. **CLIENT FINDING** (1 hour): To seek out and identify inactive (one year or longer) or previously unknown individuals and to encourage them to utilize existing services and benefits.

Client Finding visits may also be used as a means of clarifying the needs of an already identified client when it is determined assistance cannot be provided by phone or in the office. This service can be initiated by a telephone contact (i.e., by utilizing a list of potential clients from another agency, but not

a referral) provided comprehensive available service programs are explained to the individual and appropriate follow-up is provided.

Time spent in the office coordinating Title III services for a new client can be counted in Client Finding units.

If, while performing other responsibilities in the field (i.e., taking LIEAP application), a new client is found and the individual's entire situation and related needs are evaluated, Client Finding units may be counted.

6. **COUNSELING** (1 hour): To advise and enable the client and/or his family to resolve problems (concrete and/or emotional) or to otherwise relieve temporary stress encountered by them, by using the casework mode of relating to a client (via interview, discussion, etc.).

Providers must be trained counselors with a minimum educational background of a master's degree in social work, clinical psychology, guidance and counseling, or a related field.

This service may be performed in a group setting involving those clients with similar problems/needs.

7. **DAY CARE** (1 participant day): To provide a comprehensive program to frail elderly individuals, in a protective non-residential setting, for a defined portion of a 24-hour day as a supplement to family care.

Transportation and meals, if provided by the agency, may be counted for the Day Care participant. Any other services received during the day (i.e., assessment, instruction/training) may not be counted separately.

8. **ESCORT** (1 hour): To accompany and personally assist a client obtain a service or utilize a community resource or medical facility.

Escort can be counted only when it is necessary for a client to be assisted throughout the entire process of acquiring a needed service. (I.E., it is not Escort if a driver carries groceries in or out of the van or assists a client getting on or off the van.)

The actual transporting of the client is to be included in the time involved in the Escort process. Transportation units should not be counted when providing Escort.

When appointments have been scheduled back-to-back at a clinic/doctor and a worker is assisting more than one client through the entire process, Escort may be counted. The units of service provided each client are then divided among the number of clients who receive the service. (I.E., if Mr. Smith and Mr. Jones both receive two hours of Escort, only two hours are reported, not four.)

9. **HOUSEKEEPING** (1 hour): To provide help with housecleaning, laundry and meal preparation. Providers must be appropriately trained and supervised.

Services to be provided must be outlined in a detailed care plan. The care must be in writing and be developed with the client who is to receive the service or, if they are unable, with the person's next of kin or caregiver. The plan must detail specifically what services are to be provided, by whom and how often. The client must receive a copy of the care plan.

10. **HOUSING ASSISTANCE** (1 hour): To assist a client in obtaining a suitable temporary or permanent place to live.

Housing Assistance can be provided to an individual or family unit and can include financial planning, application completion, lease interpretation and assistance with the physical move. This service includes relocation assistance to persons entering or leaving a long-term care facility.

11. **INSTRUCTION/TRAINING** (1 contact): To formally or informally present information geared to the interests and concerns of seniors on a planned basis.

Instruction/Training sessions can be presented by project personnel or outside resource people. Presentations should be designed to help seniors better cope with their economic, health, environmental and personal needs. Examples of this service include: consumer education; health education, pre-retirement education, financial planning, home safety, crime prevention, advocacy and legislative process training (including Senior Days at the Legislature).

Preventicare or other physical fitness sessions which are not ongoing activities should be included in Instruction/ Training.

If an individual participates in a series of Instruction/ Training sessions within the same announced program, this would counted as only one unit.

12. **LEGAL ASSISTANCE** (1 hour): The term "legal assistance" means legal advice and representation by an attorney (including, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney), and includes counseling or representation by a non-lawyer where permitted by law, to older individuals with economic or social needs.

13. **LETTER/WRITING/READING** (1 hour): To read, write, interpret and/or translate business and personal correspondence.

This service is provided upon the request of the senior and in his own place of residence. It may be provided in a senior center if privacy is given and the individual is an ongoing participant at the center.

Assistance in completing forms may be counted under this service if reimbursement is not made for the form completion (i.e., LIEAP, Golden Mountaineer).

14. **MATERIAL AID** (1 hour): To provide support in the form of goods or food products, such as the direct distribution of surplus commodities, seeds, garden produce, clothing, smoke detectors, eye glasses, emergency and security devices, etc.

Senior Centers which operate food/medical equipment (assistive technology)/clothing pantries may count these program under Material Aid.

The unduplicated count under this service is to be indicated by a G-6 (Group Services Posting), since a PIF will not be completed on each participant.

15. **MEALS - CONGREGATE** (1 meal): To provide an eligible person at a congregate meal site one hot or other appropriate meal which assures a minimum of 1/3 RDA (Recommended Dietary Allowance).

Eligible congregate meal participants include persons aged 60+, the spouses of participants, handicapped/disabled persons who reside with a participant, volunteers working at the meal site a minimum of 24 hours in any given quarter, and handicapped/disabled persons under 60 who reside in a housing facility which serves as a congregate nutrition site.

16. **MEALS - HOME-DELIVERED** (1 meal): To provide in an eligible person's home one hot or other appropriate meal which assures a minimum of 1/3 RDA (Recommended Dietary Allowance).

An eligible participant is a person aged 60(+) who is homebound and lives alone. If there is a capable adult in the home or immediate area, but there is evidence this adult does/will not prepare adequate meals, the applicant may be approved if it is determined to be in his best interest.

A person may be eligible if he is isolated from a transportation system, is unable to secure groceries and if his independence in the home is threatened; eligibility is subject to the vendor's transportation routes and schedules.

The spouse of an eligible participant (regardless of age) is also eligible if receipt of the meal is determined to be in the best interest of the participant.

17. **PERSONAL CARE** (1 hour): To assist with bathing, medication dressing, personal grooming, feeding and toileting under the direction of a medical professional. Providers are to appropriately trained, supervised and insured.

A care plan must be in place, prepared by a physician or, minimally, a registered nurse.

18. **REFERRAL** (1 hour): To link with appropriate community resources in order to ensure that necessary services are delivered.

Referral must include assessing the senior in order to identify the type of assistance needed, to place the senior in contact with appropriate services/resources and to follow up to determine if needs have been met. Follow up must be conducted directly with the senior who requested the service or with the agency to which the senior was referred.

An example of Referral would be if a senior needed assistance in acquiring a specific form (i.e., Medicare billing, Food Stamp application) and he makes a request to a staff member to help obtain and complete the form.

All contacts initiated by the provider, including follow up, are one unit.

19. **REPAIR/MAINTENANCE/RENOVATION** (1 hour): To improve or maintain the residence of an older person.

This service includes the provision of skilled workmen and/or materials to improve/maintain a senior's home. Services may include work on safety conditions, adaptations to home to accommodate a disabled senior, weatherization for fuel efficiency and comfort, and installation of security devices and other structural modifications to prevent unlawful entry.

20. **RESPITE** (1 hour): To provide an interval of rest or relief for primary caregivers of at-risk, frail elderly.

21. **SHOPPING** (1 hour): To provide assistance in obtaining food, clothing, medical supplies and household items for seniors confined to their homes/places of residence.

If the individual is capable of going with the provider to obtain needed supplies, it would not be Shopping, but rather Escort or Transportation.

22. **TELEPHONING** (1 completed call): To telephone <u>at least weekly</u> and on a scheduled basis frail, elderly seniors in order to provide comfort, help and determine that they are safe and well.

This service can be provided more than one time per week. Calls made <u>less</u> than one time per week are not to be counted on the

IIIB report. An average number of units for each participant during the year is 39.

A formalized program that requires the senior to call in to the office may be counted, provided the program is operating on a regular basis, at specific times during the day. There must be a follow up system to determine the well-being of the senior if he does not call in.

23. **TRANSPORTATION:** (1 one-way trip): To transport seniors to and from community facilities and resources.

Taking a person from his place of residence to the general area of town, regardless of the number of stops in town, is one unit. Taking a person back home from town is counted as one unit, regardless of the number of stops. The number of vans being used should have no bearing on the way the units are counted.

This service is not to be counted again under Escort or Shopping.

If the people on the van leave the Center and travel a number of miles to another activity, then this would not be counted as a unit of transportation. (Depending on the specific activity, it may be counted in another service.)

If the total operating expenses of the vehicle are provided with IIIB, the services may be counted regardless of the funding source of the driver (i.e., Title V, CWEP, volunteer, etc.). It should be noted, however, that if due to the driver's funding source these services are reported to another agency, they may not be counted.

24. **VISITING** (1 visit): To schedule and make weekly visits to frail older persons in their places of residence in order to comfort, help and determine that they are safe and well.

This service can be provided more than one time per week. Visits made less than one time per week are not to be counted on the IIIB report. An average number of units for each participant during the year is 39.

A person receiving this service should not be receiving Telephoning service at the same time.

A driver, while delivering home-delivered meals, may report visiting provided the needs of the senior are fully discussed. Dropping off the meal and just asking how the individual is doing is not acceptable.

# ATTACHMENT D. ELDER DEMOGRAPHICS

## WEST VIRGINIA COMMISSION ON AGING

### ELDER TARGETING DATA

| REGIONAL & COUNTY BREAKDOWN | 60+ EST. 1990 | 60+ TOTAL | 60+ RURAL | RURAL % | 60+ MINORITY | MINORITY % | 60+ SOCIALLY NEEDY | G.S.N. % | 60+ AT RISK ELDERLY | A.R.E. % | 60+ BELOW POVERTY | G.E.N. % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| REGION I | 113,280 | 100,338 | 44,107 | 43.96% | 1,738 | 1.73% | 6,598 | 6.58% | 9,503 | 9.47% | 14,744 | 14.69% |
| BROOKE | 5,568 | 5,038 | 2,050 | 40.69% | 58 | 1.15% | 402 | 7.98% | 464 | 9.21% | 573 | 11.37% |
| CALHOUN | 1,836 | 1,662 | 1,603 | 96.45% | 0 | 0.00% | 140 | 8.42% | 176 | 10.59% | 403 | 24.25% |
| DODDRIDGE | 1,633 | 1,505 | 1,484 | 98.60% | 0 | 0.00% | 340 | 22.59% | 150 | 9.97% | 306 | 20.33% |
| GILMER | 1,907 | 1,548 | 1,507 | 97.35% | 5 | 0.32% | 219 | 14.15% | 187 | 12.08% | 425 | 27.45% |
| HANCOCK | 8,423 | 6,642 | 1,974 | 29.72% | 203 | 3.06% | 324 | 4.88% | 534 | 8.04% | 687 | 10.34% |
| HARRISON | 17,253 | 15,574 | 7,393 | 47.47% | 224 | 1.44% | 1138 | 7.31% | 1,491 | 9.57% | 2,678 | 17.20% |
| MARION | 14,099 | 12,975 | 6,664 | 51.36% | 518 | 3.99% | 751 | 5.79% | 1,142 | 8.80% | 1,794 | 13.83% |
| MARSHALL | 8,048 | 6,920 | 2,289 | 33.08% | 40 | 0.58% | 193 | 2.79% | 620 | 8.96% | 969 | 14.00% |
| MONONGALIA | 11,355 | 9,656 | 5,268 | 54.56% | 201 | 2.08% | 969 | 10.04% | 987 | 10.22% | 1,177 | 12.19% |
| OHIO | 13,593 | 12,888 | 1,380 | 10.71% | 342 | 2.65% | 647 | 5.02% | 1,153 | 8.95% | 1,689 | 13.11% |
| PLEASANTS | 1,424 | 1,277 | 1,290 | 101.02% | 0 | 0.00% | 80 | 6.26% | 134 | 10.49% | 261 | 20.44% |
| RITCHIE | 2,635 | 2,541 | 2,562 | 100.83% | 0 | 0.00% | 180 | 7.08% | 254 | 10.00% | 577 | 22.71% |
| TYLER | 2,176 | 1,984 | 1,769 | 89.16% | 0 | 0.00% | 130 | 6.55% | 192 | 9.68% | 415 | 20.92% |
| WETZEL | 4,236 | 3,648 | 2,183 | 59.84% | 0 | 0.00% | 140 | 3.84% | 356 | 9.76% | 788 | 21.60% |
| WIRT | 841 | 905 | 956 | 105.64% | 0 | 0.00% | 62 | 6.85% | 103 | 11.38% | 235 | 25.97% |
| WOOD | 18,253 | 15,575 | 3,735 | 23.98% | 147 | 0.94% | 883 | 5.67% | 1,560 | 10.02% | 1,767 | 11.35% |

| REGIONAL & COUNTY BREAKDOWN | 60+ EST. 1990 | 60+ TOTAL | 60+ RURAL | RURAL % | 60+ MINORITY | MINORITY % | 60+ SOCIALLY NEEDY | G.S.N. % | 60+ AT RISK ELDERLY | A.R.E. % | 60+ BELOW POVERTY | G.E.N. % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| REGION II | 114,716 | 101,213 | 47,091 | 46.53% | 4,251 | 4.20% | 9,226 | 9.12% | 9,698 | 9.58% | 16,575 | 16.38% |
| BOONE | 4,768 | 4,148 | 3,538 | 85.29% | 66 | 1.59% | 677 | 16.32% | 384 | 9.26% | 597 | 14.39% |
| CABELL | 20,847 | 19,830 | 4,199 | 21.17% | 866 | 4.37% | 1016 | 5.12% | 1,803 | 9.09% | 2,880 | 14.52% |
| JACKSON | 4,701 | 3,680 | 2,357 | 64.05% | 2 | 0.05% | 295 | 8.02% | 395 | 10.73% | 969 | 26.33% |
| KANAWHA | 45,386 | 39,455 | 10,243 | 25.96% | 2,462 | 6.24% | 2665 | 6.75% | 3,411 | 8.65% | 5,269 | 13.35% |
| LINCOLN | 3,741 | 3,513 | 3,610 | 102.76% | 0 | 0.00% | 440 | 12.52% | 384 | 10.93% | 906 | 25.79% |
| LOGAN | 8,123 | 6,884 | 5,492 | 79.78% | 533 | 7.74% | 858 | 12.46% | 665 | 9.66% | 1,037 | 15.06% |
| MASON | 4,919 | 4,263 | 3,164 | 74.22% | 46 | 1.08% | 478 | 11.21% | 458 | 10.74% | 841 | 19.73% |
| MINGO | 4,757 | 4,636 | 3,759 | 81.08% | 257 | 5.54% | 379 | 8.18% | 476 | 10.27% | 829 | 17.88% |
| PUTNAM | 6,232 | 4,871 | 3,970 | 81.50% | 7 | 0.14% | 1490 | 30.59% | 630 | 12.93% | 957 | 19.65% |
| ROANE | 3,119 | 3,098 | 2,387 | 77.05% | 0 | 0.00% | 255 | 8.23% | 277 | 8.94% | 757 | 24.44% |
| WAYNE | 8,123 | 6,885 | 4,372 | 63.96% | 12 | 0.18% | 673 | 9.85% | 815 | 11.92% | 1,533 | 22.43% |

| REGIONAL & COUNTY BREAKDOWN | 60+ EST. 1990 | 60+ TOTAL | 60+ RURAL | RURAL % | 60+ MINORITY | MINORITY % | 60+ SOCIALLY NEEDY | G.S.N. % | 60+ AT RISK ELDERLY | A.R.E. % | 60+ BELOW POVERTY | G.E.N. % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| REGION III | 61,585 | 52,910 | 38,805 | 73.34% | 1,108 | 2.09% | 4,186 | 7.91% | 5,545 | 10.48% | 10,336 | 19.54% |
| BARBOUR | 3,446 | 3,160 | 2,682 | 84.87% | 34 | 1.08% | 212 | 6.71% | 313 | 9.91% | 613 | 19.40% |
| BERKELEY | 9,783 | 7,577 | 4,427 | 58.43% | 288 | 3.80% | 244 | 3.22% | 804 | 10.61% | 1,142 | 15.07% |
| GRANT | 1,773 | 1,722 | 1,717 | 99.71% | 36 | 2.09% | 213 | 12.37% | 188 | 10.92% | 573 | 33.28% |
| HAMPSHIRE | 3,299 | 2,556 | 2,484 | 95.23% | 18 | 0.70% | 348 | 13.62% | 273 | 10.68% | 548 | 21.44% |
| HARDY | 2,128 | 1,914 | 1,935 | 101.10% | 49 | 2.56% | 203 | 10.61% | 209 | 10.92% | 587 | 30.67% |
| JEFFERSON | 5,735 | 4,483 | 3,619 | 80.73% | 382 | 8.52% | 280 | 6.25% | 496 | 11.06% | 506 | 11.29% |
| LEWIS | 4,325 | 4,035 | 2,306 | 57.15% | 27 | 0.67% | 377 | 9.34% | 389 | 9.64% | 811 | 20.10% |
| MINERAL | 5,560 | 4,567 | 2,484 | 54.39% | 109 | 2.39% | 199 | 4.36% | 450 | 9.85% | 616 | 13.49% |
| MORGAN | 2,625 | 1,966 | 1,902 | 96.74% | 28 | 1.42% | 200 | 10.17% | 210 | 10.68% | 369 | 18.77% |
| PENDLETON | 1,760 | 1,628 | 1,624 | 99.75% | 12 | 0.74% | 199 | 12.22% | 161 | 9.89% | 431 | 26.47% |
| PRESTON | 5,537 | 5,203 | 4,508 | 86.64% | 16 | 0.31% | 505 | 9.71% | 515 | 9.90% | 1,123 | 21.58% |
| RANDOLPH | 5,805 | 5,256 | 3,351 | 63.76% | 43 | 0.82% | 309 | 5.88% | 554 | 10.54% | 1,135 | 21.59% |
| TAYLOR | 3,223 | 3,088 | 1,508 | 48.83% | 44 | 1.42% | 426 | 13.80% | 301 | 9.75% | 585 | 18.94% |
| TUCKER | 2,044 | 1,812 | 1,735 | 95.75% | 0 | 0.00% | 274 | 15.12% | 194 | 10.71% | 420 | 23.18% |
| UPSHUR | 4,542 | 3,943 | 2,573 | 65.25% | 22 | 0.56% | 197 | 5.00% | 488 | 12.38% | 877 | 22.24% |

| REGIONAL & COUNTY BREAKDOWN | 60+ EST. 1990 | 60+ TOTAL | 60+ RURAL | RURAL % | 60+ MINORITY | MINORITY % | 60+ SOCIALLY NEEDY | G.S.N. % | 60+ AT RISK ELDERLY | A.R.E. % | 60+ BELOW POVERTY | G.E.N. % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| REGION IV | 84,447 | 76,046 | 57,899 | 76.14% | 6,475 | 8.51% | 7,086 | 9.32% | 6,999 | 9.20% | 13,958 | 18.35% |
| BRAXTON | 3,841 | 2,902 | 2,896 | 99.79% | 18 | 0.62% | 232 | 7.99% | 294 | 10.13% | 844 | 29.08% |
| CLAY | 1,733 | 1,803 | 1,807 | 100.22% | 0 | 0.00% | 927 | 51.41% | 179 | 9.93% | 546 | 30.28% |
| FAYETTE | 11,160 | 10,784 | 9,193 | 85.25% | 1,065 | 9.88% | 678 | 6.29% | 988 | 9.16% | 1,475 | 13.68% |
| GREENBRIER | 8,016 | 7,279 | 5,827 | 80.05% | 310 | 4.26% | 745 | 10.23% | 722 | 9.92% | 1,521 | 20.90% |
| MCDOWELL | 7,626 | 7,430 | 6,547 | 88.12% | 1,743 | 23.46% | 519 | 6.99% | 467 | 6.29% | 1,313 | 17.67% |
| MERCER | 15,115 | 13,355 | 7,068 | 52.92% | 1,231 | 9.22% | 840 | 6.29% | 1,252 | 9.37% | 2,140 | 16.02% |
| MONROE | 2,852 | 2,563 | 2,530 | 98.71% | 89 | 3.47% | 404 | 15.76% | 255 | 9.95% | 602 | 23.49% |
| NICHOLAS | 5,367 | 4,184 | 3,013 | 72.01% | 0 | 0.00% | 439 | 10.49% | 414 | 9.89% | 783 | 18.71% |
| POCAHONTAS | 2,557 | 2,157 | 2,204 | 102.18% | 44 | 2.04% | 224 | 10.38% | 238 | 11.03% | 458 | 21.23% |
| RALEIGH | 17,177 | 14,522 | 9,154 | 63.04% | 1,760 | 12.12% | 686 | 4.72% | 1,365 | 9.40% | 2,192 | 15.09% |
| SUMMERS | 2,742 | 2,969 | 1,850 | 62.31% | 111 | 3.74% | 612 | 20.61% | 264 | 8.89% | 757 | 25.50% |
| WEBSTER | 1,999 | 2,146 | 2,205 | 102.75% | 0 | 0.00% | 320 | 14.91% | 200 | 9.32% | 582 | 27.12% |
| WYOMING | 4,762 | 3,952 | 3,605 | 91.22% | 104 | 2.63% | 460 | 11.64% | 361 | 9.13% | 745 | 18.85% |
| WEST VIRGINIA | 374,028 | 330,507 | 187,902 | 56.85% | 13,572 | 4.11% | 27,096 | 8.20% | 31,745 | 9.60% | 55,613 | 16.83% |

| | GENERAL DEMOGRAPHICS & ENVIRONMENTAL DATA | | | | | | | HEALTH & SOCIAL CHARACTERISTICS | | | | | | | | | FINANCIAL DATA | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| REGIONAL & COUNTY BREAKDOWN | 60+ EST. 1990 | 60+ TOTAL | 65+ TOTAL | 75+ TOTAL | 85+ TOTAL | 60+ RURAL | 60+ MINORITY | LIVING IN A GROUP FACILITY | 60+ LIVING ALONE | 60+ SOCIALLY NEEDY | 60+ RETIRED VETERANS | 65+ DISABLED | 60+ AT RISK OF INSTIT. | 60-64 % A.D.L.'s | % ADL's Below Poverty | 65+ % A.D.L.'s | % ADL's Below Poverty | 60+ BELOW POVERTY | 75+ BELOW POVERTY | RETIRED & RECEIVING SOC. SEC. | RECEIVING S.S.I. BENEFITS |
| REGION I | 113,280 | 100,338 | 72,698 | 29,560 | 6,364 | 44,107 | 1,730 | 2,415 | 25,723 | 6,598 | 27,420 | 10,067 | 9,503 | 1,607 | 298 | 8,069 | 1,190 | 14,744 | 5,468 | 58,783 | 8,452 |
| BROOKE | 5,568 | 5,030 | 3,510 | 1,291 | 257 | 2,050 | 58 | 107 | 1,226 | 402 | 1,850 | 342 | 464 | 89 | 10 | 390 | 44 | 575 | 240 | 2,113 | 238 |
| CALHOUN | 1,836 | 1,662 | 1,256 | 467 | 77 | 1,609 | 0 | 0 | 857 | 140 | 330 | 137 | 176 | 24 | 6 | 139 | 24 | 489 | 147 | 771 | 108 |
| DODDRIDGE | 1,633 | 1,505 | 1,146 | 1,505 | 165 | 1,484 | 0 | 0 | 877 | 340 | 390 | 141 | 150 | 21 | 4 | 127 | 24 | 306 | 96 | 624 | 190 |
| GILMER | 1,987 | 1,540 | 1,223 | 484 | 113 | 1,587 | 5 | 0 | 884 | 219 | 270 | 109 | 187 | 19 | 5 | 136 | 37 | 425 | 169 | 762 | 328 |
| HANCOCK | 8,422 | 6,642 | 4,524 | 1,570 | 363 | 1,974 | 203 | 168 | 1,561 | 324 | 2,070 | 717 | 534 | 129 | 13 | 502 | 52 | 687 | 199 | 3,629 | 278 |
| HARRISON | 17,253 | 15,574 | 11,206 | 4,353 | 1,010 | 7,393 | 224 | 317 | 4,830 | 1130 | 4,390 | 1,686 | 1,491 | 248 | 43 | 1,235 | 216 | 2,678 | 911 | 7,955 | 1,202 |
| MARION | 14,099 | 12,975 | 9,406 | 3,798 | 887 | 6,464 | 518 | 902 | 3,586 | 751 | 3,490 | 1,500 | 1,142 | 207 | 29 | 1,044 | 144 | 1,794 | 664 | 6,656 | 962 |
| MARSHALL | 8,848 | 6,920 | 4,888 | 1,839 | 404 | 2,289 | 40 | 134 | 1,710 | 193 | 1,949 | 628 | 620 | 118 | 17 | 542 | 76 | 969 | 369 | 3,365 | 464 |
| MONONGALIA | 11,355 | 9,656 | 6,925 | 2,834 | 652 | 5,268 | 201 | 291 | 2,486 | 969 | 2,410 | 981 | 987 | 158 | 19 | 769 | 94 | 1,177 | 361 | 4,698 | 660 |
| OHIO | 13,593 | 12,888 | 9,420 | 3,842 | 838 | 1,380 | 342 | 417 | 3,618 | 647 | 3,380 | 1,077 | 1,153 | 261 | 26 | 1,046 | 187 | 1,689 | 629 | 6,889 | 824 |
| PLEASANTS | 1,424 | 1,277 | 916 | 348 | 78 | 1,290 | 0 | 0 | 927 | 88 | 600 | 123 | 134 | 21 | 4 | 102 | 21 | 261 | 131 | 626 | 208 |
| RITCHIE | 2,635 | 2,541 | 1,917 | 837 | 208 | 2,562 | 0 | 78 | 586 | 180 | 590 | 355 | 254 | 36 | 8 | 213 | 48 | 577 | 178 | 1,267 | 310 |
| TYLER | 2,1 : | 1,984 | 1,487 | 567 | 113 | 1,769 | 0 | 0 | 513 | 130 | 498 | 138 | 192 | 29 | 6 | 145 | 35 | 415 | 158 | 871 | 190 |
| WETZEL | 4,2:: | 3,649 | 2,701 | 1,101 | 235 | 2,103 | 0 | 53 | 954 | 140 | 1,050 | 456 | 356 | 55 | 12 | 309 | 65 | 780 | 348 | 1,903 | 506 |
| WIRT | 84: | 905 | 657 | 232 | 48 | 956 | 0 | 4 | 212 | 62 | 220 | 192 | 103 | 14 | 4 | 78 | 19 | 235 | 98 | 474 | 158 |
| WOOD | 18,253 | 15,575 | 11,264 | 4,552 | 1,078 | 3,735 | 147 | 344 | 3,936 | 883 | 3,958 | 1,485 | 1,560 | 244 | 28 | 1,261 | 143 | 1,767 | 782 | 8,184 | 1,426 |

| | GENERAL DEMOGRAPHICS & ENVIRONMENTAL DATA | | | | | | | HEALTH & SOCIAL CHARACTERISTICS | | | | | | | | | FINANCIAL DATA | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| REGIONAL & COUNTY BREAKDOWN | 60+ EST. 1990 | 60+ TOTAL | 65+ TOTAL | 75+ TOTAL | 85+ TOTAL | 60+ RURAL | 60+ MINORITY | LIVING IN A GROUP FACILITY | 60+ LIVING ALONE | 60+ SOCIALLY NEEDY | 60+ RETIRED VETERANS | 65+ DISABLED | 60+ AT RISK OF INSTIT. | 60-64 % A.D.L.'s | % ADL's Below Poverty | 65+ % A.D.L.'s | % ADL's Below Poverty | 60+ BELOW POVERTY | 75+ BELOW POVERTY | RETIRED & RECEIVING SOC. SEC. | RECEIVING S.S.I. BENEFITS |
| REGION II | 114,716 | 101,213 | 71,887 | 26,984 | 5,546 | 47,091 | 4,251 | 1,204 | 25,519 | 9,226 | 25,720 | 13,427 | 9,698 | 1,701 | 278 | 7,979 | 1,309 | 14,575 | 5,591 | 47,497 | 12,676 |
| BOONE | 4,768 | 4,148 | 2,919 | 1,053 | 212 | 3,538 | 66 | 0 | 962 | 477 | 970 | 789 | 384 | 71 | 10 | 324 | 47 | 597 | 200 | 1,655 | 502 |
| CABELL | 20,847 | 19,830 | 14,601 | 5,958 | 1,253 | 4,199 | 864 | 464 | 5,605 | 1016 | 5,290 | 2,998 | 1,803 | 303 | 44 | 1,621 | 295 | 2,680 | 915 | 18,624 | 2,896 |
| JACKSON | 4,781 | 3,490 | 2,653 | 1,077 | 241 | 2,357 | 2 | 138 | 836 | 295 | 590 | 529 | 395 | 60 | 16 | 294 | 78 | 969 | 289 | 1,758 | 532 |
| KANAWHA | 45,986 | 39,455 | 27,593 | 10,135 | 2,108 | 10,243 | 2,442 | 449 | 10,237 | 2665 | 10,560 | 4,506 | 3,411 | 688 | 92 | 3,048 | 407 | 5,269 | 1,831 | 19,594 | 3,700 |
| LINCOLN | 8,741 | 8,513 | 2,535 | 920 | 196 | 8,610 | 0 | 18 | 788 | 440 | 760 | 589 | 884 | 57 | 15 | 291 | 73 | 906 | 267 | 1,813 | 962 |
| LOGAN | 8,128 | 6,884 | 4,769 | 1,697 | 264 | 5,492 | 593 | 0 | 1,559 | 858 | 1,660 | 933 | 665 | 128 | 18 | 529 | 80 | 1,037 | 386 | 2,873 | 1,884 |
| MASON | 4,919 | 4,263 | 3,150 | 1,216 | 279 | 3,164 | 46 | 98 | 1,080 | 478 | 1,010 | 492 | 450 | 65 | 18 | 350 | 69 | 841 | 408 | 1,907 | 602 |
| MINGO | 4,757 | 4,634 | 3,171 | 1,187 | 236 | 3,759 | 257 | 0 | 1,164 | 379 | 910 | 824 | 476 | 85 | 15 | 352 | 63 | 829 | 236 | 1,982 | 1,026 |
| PUTNAM | 6,232 | 4,871 | 3,402 | 1,177 | 293 | 3,970 | 7 | 11 | 1,043 | 1490 | 1,380 | 498 | 630 | 85 | 17 | 378 | 74 | 957 | 388 | 1,963 | 526 |
| ROANE | 3,119 | 3,098 | 2,267 | 892 | 180 | 2,387 | 0 | 12 | 679 | 255 | 600 | 314 | 277 | 48 | 12 | 252 | 61 | 757 | 329 | 1,456 | 504 |
| WAYNE | 8,123 | 6,835 | 4,927 | 1,764 | 344 | 4,872 | 12 | 14 | 1,566 | 673 | 1,990 | 1,093 | 815 | 116 | 26 | 536 | 120 | 1,533 | 431 | 2,378 | 1,222 |

| | GENERAL DEMOGRAPHICS & ENVIRONMENTAL DATA | | | | | | | HEALTH & SOCIAL CHARACTERISTICS | | | | | | | | | FINANCIAL DATA | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| REGIONAL & COUNTY BREAKDOWN | 60+ EST. 1990 | 60+ TOTAL | 65+ TOTAL | 75+ TOTAL | 85+ TOTAL | 60+ RURAL | 60+ MINORITY | LIVING IN A GROUP FACILITY | 60+ LIVING ALONE | 60+ SOCIALLY NEEDY | 60+ RETIRED VETERANS | 65+ DISABLED | 60+ AT RISK OF INSTIT. | 60-64 3+ A.D.L.'s | 3+ ADL's Below Poverty | 65+ 3+ A.D.L.'s | 3+ ADL's Below Poverty | 60+ BELOW POVERTY | 75+ BELOW POVERTY | RETIRED & RECEIVING SOC. SEC. | RECEIVING S.S.I. BENEFITS |
| REGION III | 61,585 | 52,910 | 38,513 | 14,854 | 3,369 | 38,805 | 1,108 | 1,381 | 12,963 | 4,186 | 13,720 | 5,146 | 5,545 | 885 | 181 | 4,275 | 839 | 10,336 | 3,654 | 26,067 | 7,289 |
| BARBOUR | 3,446 | 3,160 | 2,352 | 948 | 239 | 2,682 | 34 | 75 | 790 | 212 | 700 | 327 | 813 | 47 | 9 | 261 | 51 | 613 | 222 | 1,445 | 536 |
| BERKELEY | 7,783 | 7,577 | 5,325 | 1,907 | 382 | 4,427 | 288 | 124 | 1,906 | 244 | 3,040 | 614 | 894 | 131 | 20 | 592 | 89 | 1,342 | 488 | 4,223 | 670 |
| GRANT | 1,773 | 1,722 | 1,226 | 461 | 89 | 1,717 | 36 | 0 | 378 | 213 | 480 | 189 | 188 | 29 | 10 | 136 | 45 | 578 | 186 | 832 | 482 |
| HAMPSHIRE | 3,299 | 2,556 | 1,941 | 659 | 141 | 2,434 | 18 | 14 | 618 | 348 | 640 | 252 | 273 | 41 | 9 | 204 | 44 | 548 | 175 | 1,291 | 464 |
| HARDY | 2,128 | 1,914 | 1,387 | 525 | 110 | 1,935 | 49 | 16 | 451 | 209 | 380 | 243 | 289 | 81 | 9 | 154 | 47 | 397 | 208 | 926 | 512 |
| JEFFERSON | 5,735 | 4,483 | 3,070 | 1,052 | 252 | 3,619 | 392 | 224 | 967 | 280 | 1,270 | 390 | 496 | 82 | 9 | 841 | 98 | 506 | 168 | 2,456 | 396 |
| LEWIS | 4,325 | 4,035 | 3,060 | 1,275 | 271 | 2,984 | 27 | 46 | 1,058 | 377 | 930 | 381 | 389 | 57 | 11 | 340 | 48 | 811 | 289 | 2,045 | 640 |
| MINERAL | 5,560 | 4,567 | 3,224 | 1,180 | 253 | 2,484 | 109 | 124 | 1,209 | 199 | 1,540 | 404 | 430 | 78 | 11 | 358 | 49 | 614 | 249 | 2,107 | 458 |
| MORGAN | 2,625 | 1,966 | 1,431 | 547 | 111 | 1,902 | 28 | 149 | 468 | 200 | 350 | 179 | 210 | 31 | 6 | 159 | 30 | 349 | 159 | 1,002 | 162 |
| PENDLETON | 1,760 | 1,628 | 1,214 | 486 | 107 | 1,624 | 12 | 91 | 340 | 199 | 320 | 227 | 161 | 24 | 6 | 135 | 36 | 431 | 134 | 774 | 328 |
| PRESTON | 5,537 | 5,283 | 3,857 | 1,589 | 390 | 4,508 | 16 | 98 | 1,261 | 505 | 1,290 | 659 | 515 | 78 | 17 | 428 | 92 | 1,123 | 341 | 2,343 | 458 |
| RANDOLPH | 5,885 | 5,256 | 3,874 | 1,460 | 835 | 3,351 | 43 | 289 | 1,245 | 309 | 1,080 | 444 | 554 | 88 | 17 | 430 | 93 | 1,135 | 415 | 2,559 | 964 |
| TAYLOR | 3,223 | 9,088 | 2,351 | 998 | 231 | 1,588 | 44 | 91 | 810 | 426 | 750 | 337 | 301 | 43 | 8 | 261 | 49 | 585 | 242 | 1,352 | 836 |
| TUCKER | 2,044 | 1,812 | 1,368 | 537 | 130 | 1,735 | 0 | 93 | 460 | 274 | 330 | 168 | 194 | 26 | 6 | 152 | 35 | 420 | 122 | 808 | 248 |
| UPSHUR | 4,542 | 3,943 | 2,933 | 1,232 | 314 | 2,573 | 22 | 68 | 1,011 | 197 | 860 | 310 | 488 | 59 | 13 | 326 | 72 | 877 | 361 | 1,904 | 520 |

| | GENERAL DEMOGRAPHICS & ENVIRONMENTAL DATA | | | | | | | HEALTH & SOCIAL CHARACTERISTICS | | | | | | | | | FINANCIAL DATA | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| REGIONAL & COUNTY BREAKDOWN | 60+ EST. 1990 | 60+ TOTAL | 65+ TOTAL | 75+ TOTAL | 85+ TOTAL | 60+ RURAL | 60+ MINORITY | LIVING IN A GROUP FACILITY | 60+ LIVING ALONE | 60+ SOCIALLY NEEDY | 60+ RETIRED VETERANS | 65+ DISABLED | 60+ AT RISK OF INSTIT. | 60-64 3+ A.D.L.'s | 3+ ADL's Below Poverty | 65+ 3+ A.D.L.'s | 3+ ADL's Below Poverty | 60+ BELOW POVERTY | 75+ BELOW POVERTY | RETIRED & RECEIVING SOC. SEC. | RECEIVING S.S.I. BENEFITS |
| REGION IV | 84,447 | 76,046 | 54,830 | 20,284 | 4,139 | 57,899 | 6,475 | 1,355 | 18,578 | 7,986 | 17,160 | 10,411 | 6,999 | 1,291 | 224 | 6,086 | 1,120 | 13,958 | 4,467 | 32,866 | 10,952 |
| BRAXTON | 3,341 | 2,902 | 2,184 | 864 | 172 | 2,896 | 18 | 12 | 468 | 232 | 670 | 429 | 294 | 42 | 12 | 242 | 71 | 844 | 354 | 1,318 | 610 |
| CLAY | 1,733 | 1,803 | 1,329 | 488 | 98 | 1,807 | 0 | 0 | 449 | 927 | 440 | 256 | 179 | 27 | 8 | 148 | 45 | 546 | 208 | 751 | 442 |
| FAYETTE | 11,160 | 10,784 | 7,870 | 2,865 | 569 | 9,193 | 1,065 | 250 | 2,778 | 678 | 2,380 | 1,690 | 988 | 169 | 23 | 874 | 119 | 1,473 | 469 | 4,732 | 1,256 |
| GREENBRIER | 8,816 | 7,279 | 5,475 | 2,104 | 477 | 5,827 | 310 | 252 | 1,772 | 745 | 1,640 | 793 | 722 | 105 | 22 | 608 | 127 | 1,521 | 586 | 3,477 | 996 |
| MCDOWELL | 7,626 | 7,430 | 5,151 | 1,691 | 909 | 6,547 | 1,743 | 0 | 1,689 | 519 | 1,350 | 1,047 | 467 | 132 | 23 | 572 | 101 | 1,319 | 315 | 2,997 | 1,314 |
| MERCER | 15,115 | 13,955 | 9,556 | 3,619 | 743 | 7,068 | 1,291 | 168 | 3,514 | 840 | 3,300 | 1,603 | 1,252 | 220 | 95 | 1,961 | 170 | 2,148 | 726 | 5,560 | 1,542 |
| MONROE | 2,852 | 2,563 | 1,873 | 757 | 166 | 2,530 | 89 | 176 | 592 | 404 | 510 | 298 | 255 | 49 | 9 | 208 | 49 | 602 | 167 | 1,373 | 514 |
| NICHOLAS | 5,367 | 4,184 | 2,966 | 1,101 | 209 | 3,013 | 0 | 0 | 932 | 439 | 880 | 857 | 414 | 71 | 13 | 329 | 62 | 783 | 253 | 1,956 | 634 |
| POCAHONTAS | 2,557 | 2,157 | 1,622 | 608 | 147 | 2,284 | 44 | 157 | 474 | 224 | 490 | 262 | 238 | 91 | 7 | 188 | 38 | 458 | 185 | 1,084 | 352 |
| RALEIGH | 17,177 | 14,522 | 10,389 | 3,871 | 838 | 9,154 | 1,760 | 340 | 3,592 | 686 | 3,290 | 1,937 | 1,365 | 240 | 36 | 1,159 | 174 | 2,192 | 682 | 6,076 | 1,416 |
| SUMMERS | 2,742 | 2,949 | 2,162 | 816 | 147 | 1,850 | 111 | 0 | 769 | 612 | 620 | 865 | 264 | 47 | 12 | 240 | 61 | 757 | 243 | 1,061 | 662 |
| WEBSTER | 1,999 | 2,146 | 1,592 | 564 | 106 | 2,205 | 0 | 0 | 539 | 320 | 420 | 236 | 200 | 82 | 9 | 177 | 48 | 582 | 142 | 1,022 | 546 |
| WYOMING | 4,742 | 3,952 | 2,661 | 854 | 165 | 3,605 | 164 | 0 | 870 | 460 | 1,170 | 618 | 941 | 75 | 14 | 895 | 56 | 745 | 225 | 1,451 | 668 |
| WEST VIRGINIA | 374,628 | 338,587 | 237,868 | 91,686 | 19,409 | 187,962 | 18,572 | 6,355 | 82,783 | 27,096 | 84,020 | 39,051 | 91,745 | 5,373 | 896 | 24,403 | 4,458 | 55,613 | 19,175 | 157,213 | 39,368 |

SOURCE: All data was derived from US Bureau of Census, 1980, unless identified below.

SOCIALLY NEEDY: Projected estimates developed by the West Virginia Commission on Aging.

VETERANS: Veteran information obtained through the West Virginia Department of Veterans Affairs, March, 1989.

FY86 Update from US Bureau of Statistics indicate the sixty-plus population at 353,000.

ADL: Derived from the Supplement on Aging and refers to the number of people with limitations in activities of daily living.

ATTACHMENT E
STATE PLAN COMMENT PROCESS

1. Public Announcement

Commission on Aging Announces State Plan Comment Period

The West Virginia Commission on Aging is receiving public comments on the proposed State Plan for Aging Programs for Fiscal Years 1992-1993. The State Plan is the basis for funding under the Older Americans Act of 1965, as amended, under authority granted to the Commission on Aging by the Code of West Virginia, Chapter 29, Article 14.

The priority issues defined for West Virginia's aging programs in the proposed State Plan include: Reorganization of the planning and service areas in the state, a restructured planning process which stresses local and county capacity and emphasis on targeting mandate as required under the Older American Act. Increased emphasis will be placed on training and technical assistance.

The State Plan is an interpretive rule of the Code of West Virginia, Chapter 29A, Article 1, Section 2(c).

The public hearing schedule is as follows:

Beckley - Friday, August 30, 1991 at 2:30 p.m. at the Raleigh County Commission on Aging, 471 North Vance Drive, Beckley, West Virginia;

Clarksburg - Tuesday, September 3, 1991 at 2:30 p.m. at the Harrison County Senior Center, 500 West Main Street, Clarksburg, West Virginia.

Elkins - Wednesday, September 4, 1991 at 2:30 p.m. at Randolph County Senior Citizens Center, Fifth Street and Railroad Avenue, Elkins, West Virginia.

Comments may also be mailed to the West Virginia Commission on Aging, Holly Grove, State Capitol Complex, Charleston, West Virginia 25305, for receipt on or before 5:00 p.m. Wednesday, September 4, 1991.

2. Public Hearings

Public hearings on the West Virginia Commission on Aging's State Plan for Aging Programs were conducted in the following locations:

Beckley - This hearing held at the Raleigh County Commission on Aging on August 30, 1991 was attended by 6 individuals. There were three persons who commented on the Plan; the hearing lasted one hour.

Clarksburg - This hearing was held on September 3, 1991 at the Harrison County Senior Center and was attended by 69 individuals. There were 12 persons who made comments on the Plan; the hearing lasted 1 1/2 hours.

Elkins - Sixty (60) persons attended this hearing on September 4, 1991 at Randolph County Senior Citizens Center. There were 18 individuals who commented on the Plan; the hearing lasted 1 1/2 hours.

In addition to the public hearings a total of 123 individuals submitted written comments directly to the State Commission on Aging office in Charleston. These written comments were overwhelmingly in support of the proposed plan.

Each of the public hearings was taped. A copy of all comments, both oral and written, is available for review at the offices of the Commission on Aging.

### 3. Impact on Plan

A compilation of major comment areas received during the public hearing process which affect aspects of the State Plan under provisions of the Older Americans Act are outlined within this section. Explanations or plan revisions undertaken in response to these comments are noted. Some comments received were not specifically tied to elements of the State Plan, but will be used as guides in program and policy development activities.

## ADMINISTRATION

**COMMENT:**

**Several concerns were expressed about negative impacts relating to the realignment of Public Service Areas including: potential negative impact on service delivery, lessening of the ability of advisory committees and citizens to have input into the decision-making process; limitations on area agency management oversight, and the possible increase in administrative costs for both area agencies and local providers in their attempts to effectively communicate with each other.**

*RESPONSE:*

*Within the State Plan, information is provided to indicate the need to streamline, standardize and improve management oversight responsibilities of area agencies on aging. The impact of the realignment on funds appropriated for service delivery will not be affected. The Commission believes that improved coordination and communication between the state unit on aging, area agencies on aging and all local service providers will reduce and/or maintain the amount of funds needed for administration.*

**COMMENT:**

**Concerns were expressed over the criteria and reasoning for creating the four public service areas including the true meaning of the "legislative intent", the lack of explanation of criteria utilized in the selection of the proposed PSA's, the lack of public and agency input prior to selection, the problems arising from splitting some current area agency counties into new geographic areas and the approach utilized of splitting up existing PSA counties into new regions versus possible combining of existing regions into the new PSA's.**

*RESPONSE:*

*In 1989 the West Virginia Commission on Aging became a part of the West Virginia Department of Health & Human Resources (DHHR) through Senate Bill #2. Commonly referred to as the "reorganization bill", this legislation required that the Commission become an integral component and working unit of the Bureau of Human Resources. The Bureau of Human Resources utilizes a four region administrative structure compatible with the public service areas identified within the State Plan. Additionally, the Older Americans Act encourages and mandates that a State Unit on Aging attempt to work with other human service offices to enhance and improve services to older people. Adoption of PSA's that conform to the DHHR regional structure will facilitate the DHHR's current planning and resource allocation activities at the State level, lead to the establishment of common points of entry into the human services system and create more efficiently integrated programs and services for seniors.*

**COMMENT:**

**Concern was expressed over the current timeframes and related grant closeout of existing area agencies on aging and the possible negative impact on current services such as Ombudsman and Senior Companions.**

*RESPONSE:*

*The West Virginia Commission on Aging maintains that current closeout of existing grants is not pertinent to the FY92-93 State Plan on Aging. However, to assure adequate funding under existing grants to cover costs related to closeout procedures, the Commission was obligated to initiate proceedings to complete grant closeouts. Ombuds and Senior Companion Programs will continue to be enhanced. Ombuds services have received an increase in funding.*

**COMMENT:**

**A majority of the comments expressed during the public hearings urged that the Commission on Aging not reduce the number of area agencies from the current nine to four. Reasons cited included the current good work being performed; the loss of experienced area agency staff; the lack of access for citizen input and the curtailment of the area agency's ability to perform management, technical assistance and administrative functions; and the reconsideration of six area agencies instead of four.**

*RESPONSE:*

*The West Virginia Commission on Aging is legally obligated to fulfill all requirements and laws passed by the State of West Virginia. When passage of the state's budget was approved by the Governor in the regular session of 1991, the Commission was required to fulfill the intent identified within the digest. On May 24, 1991 the West Virginia Commission on Aging adopted a resolution that required the state unit to proceed to implement the intent identified within the State Budget pertaining to the reduction of area agencies on aging. During the discussion of the Commission's adoption of the resolution, the state unit was directed to proceed with the implementation plan as proposed.*

**COMMENT:**

**Several comments related to the level of funding that will be allocated, by formula, to the public service area identified as Region III and that the Region III funding will constitute the lowest percentage in the state. Other funding concerns included: too much emphasis on minority; too many formula factors that allowed "double counting" of some older population segments; and the lack of weight given to the rural factor.**

*RESPONSE:*

*While the Commission on Aging recognizes that Region III will receive less funding than other public service areas across the State, no changes have occurred in the funding formula for the past several years. Criteria utilized to award funds, under the Older Americans Act, are being reviewed on an ongoing basis and population data will be adjusted as new census figures are calculated into the formula. As the final results of litigation related to funding formula factors at the national level are ascertained, the rural factor will be reevaluated. Traditionally, those regions and/or areas having fewer seniors receive less funding related to funding formula calculations.*

COMMENT:

A number of comments were made in support of the realignment with particular emphasis on the State Plan on Aging recognizing the county-based system of service delivery, that the reorganization should facilitate improved consistency and uniformity of statewide reporting and service delivery, and that the plan was substantially in compliance with the intent of the Legislature and policy of the DHHR.

*RESPONSE:*

*The State Plan proposes a reorganization of the planning process with greater emphasis on locally driven county-based needs. The State Plan also sharpens the focus on the functions of area agencies and local service providers in relation to targeting services to the most needy including low income and minorities, a greater integration of aging and human services programs, and enhanced fiscal and programmatic accountability.*

COMMENT:

Concern was expressed that there should be, and is, recognition that county programs are the focal points of service delivery and in this context all should recognize that certain potential service contractors will only be able to fund regional based entities due to cost-effective considerations - that in order to maximize all available federal state and local dollars, flexibility is needed and that there is room for compatibility in both approaches.

*RESPONSE:*

*At this time the Commission on Aging accepts the merit of this comment and sees the need for flexibility in the establishment of a service delivery system.*

COMMENT:

Concerns were expressed that current area agencies presently doing good work should be continued, thereby negating the loss of those experienced in aging service delivery.

*RESPONSE:*

*The Commission on Aging recognizes the long-standing commitment and leadership provided by area agencies. We are committed to enhance the efficiency and effectiveness of the role of area agencies under the proposed reorganization plan.*

## SERVICE PROFILE

**COMMENT:**

**Several people expressed concern over the possibility of how the realignment of area agencies on aging will potentially reduce the amount of money that will go directly to service delivery.**

*RESPONSE: Throughout the course of the process of reorganization, the West Virginia Commission on Aging and the Department of Health & Human Resources continues with the commitment of maintaining all service levels through both increased funding of services and greater administrative efficiencies.*

**COMMENT:**

**Concern was expressed relating to the structure identified within the Plan relating to the Peer Review Process.**

*RESPONSE:*

*The intent of the Peer Review Process is to utilize both area agencies on aging and local providers to work with and provide assistance to other service providers in an effort to improve services and to establish mutual commitments of accountability and oversight.*

**COMMENT:**

**Several comments related to the potential negative impact on the ombudsman program from the reorganization plan.**

*RESPONSE:*

*The Commission on Aging remains totally committed to the Ombudsman Program and will continue to play a proactive leadership role in that program. A major priority for the next fiscal year will be the recruitment, training and certification of volunteers to further enhance the capacity of the program to serve seniors in long-term care facilities.*

## ELDER RIGHTS & ADVOCACY

**COMMENT:**

**Concern was expressed over the impact of the area agencies' ability to advocate on behalf of older people with a reduction in the number of area agencies.**

*RESPONSE:*

*One of the primary mandates of the Older Americans Act relates to both the state unit on aging and area agencies on aging to advocate on behalf of older people. Advocacy responsibilities address many different arenas including such activities as ombuds, legal rights, and education of older people. The West Virginia Commission on Aging is not persuaded that fewer area agencies on aging denotes a weaker advocacy capability. The appropriate focus is on the quality of advocacy throughout all components of the network.*

**COMMENT:**

**Concern was expressed over the lack of input that was given from local projects, area agencies, advocates and the public in the development of the State Plan and over the Commission's requirement that all comments submitted on the State Plan must be in writing.**

*RESPONSE:*

*The direction given in developing the State Plan on Aging was derived in part from mandates of the West Virginia State Legislature which represent the general public, including area agencies on aging and senior citizens. The Commission on Aging rests on its authority under the Older Americans Act to develop and administer a State Plan on Aging.*

*To effectively conduct the public hearings in a cost efficient and effective manner, the Commission announced in the legal advertisements of the public hearing that all comments must be submitted in writing. To assist those people coming to the public hearings who did not prepare written comments in conjunction with their oral presentations, the Commission did make available both resources and staff during each public hearing to assist any person to prepare written comments.*

COMMENTS:

Concerns were expressed over the lack of input that was given from area agencies, advocates, and from the older population, in the development of the state plan, and ranged from questioning the legality of the Older Americans Act, geographic location of the public hearings, and completion of the plan prior to such hearings.

*RESPONSE:*

*Title III programs under the Older Americans Act are state administered, state driven. The Commission has painstakingly submitted documents, action plans and proposals to all appropriate state and federal authorities. Furthermore, the state office has available an impressive array of county, area and state plans. We stand on the process developed and anticipate positive implementation of the plan.*

*As to timing and logistics of public hearings, we are persuaded that all who wished to comment on the plan have been given fair and ample opportunity to do so, and that the solicitation of public input meets the requirements Older Americans Act.*

# THE HONORABLE GASTON CAPERTON
# GOVERNOR

# STATE OF WEST VIRGINIA

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Taunja Willis Miller, Secretary

WEST VIRGINIA DEPARTMENT OF
HEALTH & HUMAN RESOURCES

Dr. Ruth A. Panepinto, Commissioner
BUREAU OF HUMAN RESOURCES

DR. DAVID K. BROWN, EXECUTIVE DIRECTOR

West Virginia Commission on Aging

Holly Grove - State Capitol Complex
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