

WEST VIRGINIA
SECRETARY OF STATE
KEN HECHLER
ADMINISTRATIVE LAW DIVISION

Form #1

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WEST VIRGINIA
SECRETARY OF STATE

NOTICE OF PUBLIC HEARING ON A PROPOSED RULE

AGENCY: West Virginia Commission on Aging TITLE NUMBER: 67

RULE TYPE: Interpretive; CITE AUTHORITY _____

AMENDMENT TO AN EXISTING RULE: YES ___ NO X

IF YES, SERIES NUMBER OF RULE BEING AMENDED: _____

TITLE OF RULE BEING AMENDED: _____

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: Series 3

TITLE OF RULE BEING PROPOSED: _____

West Virginia State Plan for Aging Programs

DATE OF PUBLIC HEARING: Monday, August 8, 1988 TIME: 1:00 p.m.

LOCATION OF PUBLIC HEARING: Grant County Commission on Aging
111 Virginia Avenue
Petersburg, West Virginia 26847

COMMENTS LIMITED TO: ORAL ___ , WRITTEN ___ , BOTH X

COMMENTS MAY ALSO BE MAILED TO THE FOLLOWING ADDRESS: WV Commission on Aging

Holly Grove

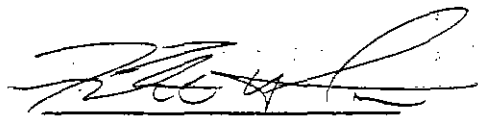
Capitol Complex

Charleston, WV 25305

The Department requests that persons wishing to make comments at the hearing make an effort to submit written comments in order to facilitate the review of these comments.

The issues to be heard shall be limited to the proposed rule.

ATTACH A **BRIEF** SUMMARY OF YOUR PROPOSAL



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

TITLE OF RULE BEING PROPOSED: _____

West Virginia State Plan for Aging Programs

DATE OF PUBLIC HEARING: Thursday, August 4, 1988 TIME: 2:00 p.m.

LOCATION OF PUBLIC HEARING: Raleigh County Commission on Aging

471 North Vance Drive

Beckley, West Virginia 25801

COMMENTS LIMITED TO: ORAL _____, WRITTEN _____, BOTH X

COMMENTS MAY ALSO BE MAILED TO THE FOLLOWING ADDRESS: WV Commission on Aging

Holly Grove

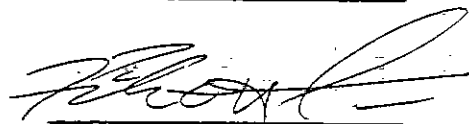
Capitol Complex

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TITLE OF RULE BEING AMENDED: _____

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

TITLE OF RULE BEING PROPOSED: _____

West Virginia State Plan for Aging Programs

DATE OF PUBLIC HEARING: Friday, August 5, 1988 TIME: 1:30 p.m.

LOCATION OF PUBLIC HEARING: Harrison County Senior Citizens Center

500 West Main Street

Clarksburg, West Virginia 26301

COMMENTS LIMITED TO: ORAL ___ , WRITTEN ___ , BOTH X

COMMENTS MAY ALSO BE MAILED TO THE FOLLOWING ADDRESS: WV Commission on Aging

Holly Grove

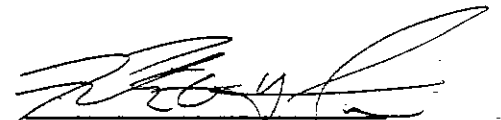
Capitol Complex

Charleston, WV 25305

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APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: West Virginia State Plan for Aging Programs

Type of Rule: Legislative X Interpretive Procedural

Agency Commission on Aging Address Building 10, State Capitol
Charleston, WV 25305

1. Effect of Proposed Rule	ANNUAL		FISCAL YEAR		
	Increase	Decrease	Current	Next	Thereafter
Estimated Total Cost	\$	\$	\$ 9,114,488	\$	\$ 10,047,978
Personal Services			290,840	+5%	320,651
Current Expense			179,546	+5%	197,949
Repairs and Alterations					
Equipment			7,265		7,265
Other			8,636,837	+5%	9,522,113

2. Explanation of above estimates.
 State Plan portion of operating budget of Commission on Aging.

3. Objectives of these rules:
 Compliance with Older Americans Act governing use of federal funds and required state matching funds.

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4. Explanation of Overall Economic Impact of Proposed Rule.

A. Economic Impact on State Government.

A State Plan is conditional for receipt of federal funding authorized under the Older Americans Act for programs/services for West Virginia citizens 60 and over. The Commission on Aging is the designated State agency to handle federal aging programs and funds, except for those specially entrusted to another state agency by the Legislature.

B. Economic Impact on Political Subdivisions; Specific Industries; Specific groups of citizens.

Pass-through funding authorized under an approved State Plan is directed via grants/contracts to 9 area agencies covering the state who, in turn, fund local service agencies in all 55 counties which provide direct services to West Virginians aged 60 and over.

C. Economic Impact on Citizens/Public at Large.

Older Americans Act funds support a variety of services to West Virginians aged 60 and over with particular emphasis on frail elderly who are at risk of institutionalization. Funded services include in-home care services, congregate and home-delivered meals, employment services, etc. Federal funds provide services without means testing, although participant contributions are encouraged. With loss of local Revenue Sharing dollars, federal and state dollars now underwrite the bulk of local service availability.

Date 7/1/88

Signature of Agency Head or Authorized Representative



Susan M. Harman
Executive Director

SECRETARY OF STATE

1988 JUL - 1 AM 4: 14

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WEST VIRGINIA
STATE PLAN FOR AGING PROGRAMS

FISCAL YEARS 1989 - 1992

Submitted To:
Administration on Aging
Office of Human Development Services
U.S. Department of Health and Human Services

By:
West Virginia Commission on Aging
State Capitol
Charleston, West Virginia 25305

1989 JUL - 1 AM 4: 14
LETTER FROM
SECRETARY OF STATE

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WEST VIRGINIA COMMISSION ON AGING

State Plan for Aging Programs

FY1989 - FY1992

- I. Verification of Intent

- II. Assurance of Compliance

- III. Program Plan
 - A. Demographics
 - B. Introduction
 - C. Status of Program Accomplishments
 - D. Work Plans for Priority Issue Areas

- IV. Financial Plan
 - A. State Funding Formula
 - B. Regional Allocation of Funds
 - C. State Agency Operating Budget

- V. Training Issues

- VI. Attachments
 - A. West Virginia Code
 - B. Planning & Service Areas
 - C. Organizational Chart
 - D. Aging Program & Eligibility Criteria Descriptions
 - E. Scope of Aging Services
 - F. Census Data - Statistical Projections
 - G. Public Hearing(s)

SECTION I: FY 89 VERIFICATION OF INTENT

The FY 89-92 State Plan for Aging Programs is hereby submitted for the West Virginia Commission on Aging for the period October 1, 1988 through September 30, 1992. It 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 Agency named above 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 elderly people within the service area.

By submitting this State Plan to the United States Administration on Aging for approval, the West Virginia Commission on Aging and its directors, managers, and councilors agree to comply with all requirements identified within the Older Americans Act.

(Date)

(State Agency Director's Signature)

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

(Date)

(Governor's Signature)

SECTION II: ASSURANCE OF COMPLIANCE

This section of the FY1989-1992 State Plan for Aging Program asserts and affirms West Virginia's acceptance of the federal conditions and assurances which govern use of Older Americans Act funds.

Evaluation and Plan 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.
- Report methods used during the preceding fiscal year to satisfy the needs of older individuals residing in rural areas.

Services

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 306(24)(A)(B).

- Consult and coordinate in the planning and provision of in-home services under Section 341 with State and local agencies and private non-profit 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 or recommendations made by Area Agencies on Aging.

- 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.

- 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.

- 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).

Administration

The West Virginia Commission on Aging hereby assures it will:

- 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, including any such funds paid to the recipients of a grant or contract.

- 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.

- Provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an Area Agency on Aging, except where, in the judgement of the State agency, provision of such services is necessary to assure an adequate supply of such services, or where such services are directly related to the State or Area Agency on Aging's administrative functions, or where such services of comparable quality can be provided more economically by the State or Area Agency on Aging.

Fiscal

The West Virginia Commission on Aging hereby assures it will:

- 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.

- 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), to provide each of the priority categories of services specified in Section 306(a)(2).

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

- Provide that if the State receives funds appropriated under Section 303(g), the State agency 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 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 in accordance with specified federal regulations.

SECTION III: PROGRAM PLAN

Part A. Demographics

The "greying" of the population is one of the most significant demographic trends West Virginia and America will confront in the twentieth and twenty-first centuries. Very simply, the state and country are growing older -- both in actual numbers and in the proportion of those 60 years and older in relation to the balance of the population.

The "Greying" of the Population

The older population is growing in number faster than the population as a whole:

- ° Between 1980 and 1986, Americans 60-plus grew by 4.3 million or 12%, compared to only a 5% increase for the under-60 population. Overall, the total U.S. population advanced 6.1% -- a rate the senior segment doubled.
- ° In the same time-frame, West Virginia's 60-plus population increased 6.7% (from 330,525 to 352,759), while the under-60 population decreased by 3.3%. Overall, the state's population declined by 1.6%, posting 1,919,000 citizens in 1986 compared to 1,950,183 in 1980.
- ° In 1986, 16.6% of the U.S. population was in the 60-plus category, compared to 15.7% in 1980. The proportion of West Virginia's seniors is increasing at a faster rate with 18.4% of the population 60-plus in 1986, compared to 16.9% in 1980.
- ° It is anticipated that with almost 1 in 5 West Virginians in the 60-plus category now, the state will find nearly 1 in 4 of its citizens will be over-60 by the early twenty-first century.
- ° The "elderly support ratio" (the number of 65-plus persons in relation to persons of working age, 18 to 64) is changing rapidly. In 1900, 7.35% of the population was aged compared to 76.3% of working age. By 1990, that ratio is predicted at 21% aged to 42% of working age and by 2040, the balance is projected to be 38% aged to 37% of working age.

The "Aging" of the Aged

One of the most critical trends, from a public policy standpoint, is the dramatic increase in both the 75-plus and 85-plus populations. With individuals living longer, increasing frailty and more multiple health and service needs require greater support and resources.

- In 1980, 39% of the nation's senior population was aged 75 or older. By the year 2000, those 75-plus will comprise half the elderly.
- By the end of the century, five million Americans are expected to be 85-plus, compared to the fact that less than three million citizens were 65-plus at the beginning of the century.
- Currently, West Virginia's 85-plus services account for about eight (8) percent of the state's 60-plus population. Between 1980 and 2000, West Virginians 85 or older are expected to increase two-and-a-half times, from 19,409 to 48,000. By 2050, a seven-fold increase in the 85-plus segment is projected nationally over 1980.
- The number of Americans expected to live past 100 years is projected to quadruple by the end of the century. In 1980, 14,200 Americans were 100-plus in 1980. That figure increased to 25,000 in 1986 and is expected to hit 100,000 by the year 2000.

Urban-Rural/Living Arrangements

- Only 25.5% of the nation's 65-plus population live in rural areas compared to 56.1% in West Virginia.
- In 1980, 29% of West Virginians 60-plus reported living alone compared to 31% nationally. Of those 75-plus state seniors, 34.9% were living alone.
- Between 1963 and 1983, the number of seniors living alone increased 130%, nearly three times the actual growth rate in the older population. Additionally, nearly 50% of older women reported being widowed while only 13% of the older men were.
- About 1 in 5 West Virginians 60-plus consider themselves to be homebound because of illness, disability, lack of transportation or a combination of these reasons. In contrast, 56% of those state seniors 85-plus consider themselves homebound.
- Older West Virginians exceeded the national average with 78.5% living in owner-occupied dwellings compared to 21.5% renters in 1980. Of those in owner-occupied dwellings, 51.8% reported living there 20 or more years.

- However, in 1980, 18.5% of those seniors in owner-occupied units were living below the poverty level and 18.2% of the homes had at least one substandard condition. Substandard conditions existed in 43.5% of rental units. Sixty percent of older West Virginians' homes were built prior to 1940, compared to only 40% nationally.

Income/Poverty Level

- In 1979, 15.2% of the nation's 65-plus population had incomes below the poverty level compared to 18% in West Virginia. In 1980, 20.9% of older females in the state were below poverty compared to 13.8% of the males.
- Of all state seniors 75-plus, 21.3% had incomes below the poverty level in 1980. About 24.1% of the women were in that category in comparison to 16.5% of the males.
- When looking only at those 75-plus West Virginians living alone in 1980, 59.6% had incomes below poverty.
- In 1986, the official poverty level for a senior living alone was \$5,255 annually compared to \$5,570 for a non-senior single. The annual level for an elderly couple was \$6,630 versus \$7,372 for a non-elderly couple. National estimates predict that if uniform poverty standards were applied to households without regard to age, 3 more percent of older households would be reported below the poverty level.
- Of West Virginia's 65-plus population, 50.8% fell below 125% of the poverty level in 1980, while 40% had household incomes below \$5,000 annually.
- In 1980, the median family income for households with a 65-plus head or spouse was \$10,557 compared to the average of \$17,308 for households of all ages.
- Approximately 76.7% of all householders 65-plus reported annual incomes below the state median of \$17,308, while 3.4% reported incomes above \$40,000 in 1980.
- Approximately 2.8% of all 60-plus households below the poverty level in 1980 reported no Social Security income, while 8.2% of those 65-plus were employed.
- Only 6.6% of West Virginians 65-plus reported completing 4 years of college in 1980, while 59.7% completed 0 to 8 years of school only.

Health/Health Care

- ° The elderly are the heaviest users of health care services. Nationally, they account for 29% of all hospital discharges and one-third of the country's personal health care expenditures -- even though they constitute only about one-eighth of the population.
- ° Per capita health care costs are projected to have an 8% annual growth rate between 1985 and 1991.
- ° Nationally, 11.5% of the 65-plus population living in the community requires the assistance of another person to perform basic activities of daily living, such as bathing, dressing, eating, toileting, handling money or routine chores. Twenty-two percent of those over 75 and 40% of those over 85 need such assistance.

SECTION III: -PROGRAM PLAN

Part B. Introduction

In accordance with requirements of P.L. 89-73, this document sets forth a four-year State Plan for Aging Programs in the State of West Virginia during fiscal years 1989-1992. This West Virginia plan responds to the mandates and framework outlined in the Older Americans Act and focuses on improving the quality of life for older West Virginians while respecting the needs and circumstances unique to the State and its communities.

As specified by the Older Americans Act, the State of West Virginia has designated a single agency to develop and administer its State Plan for Aging Programs. That agency is the West Virginia Commission on Aging whose authority and mission are defined by Chapter 29, Article 14 of the West Virginia Code. (See Section VI, Attachment A.)

Specifically, the Code states: "The commission [on aging] shall constitute the designated state agency for handling all programs of the federal government relating to the aging requiring action within the state, which are not the specific responsibility of another state agency under the provisions of federal law or which have not been specifically entrusted to another state agency by the legislature."

To carry out these mandates and those of the Older Americans Act, the Commission on Aging has divided the state into nine geographic Planning and Service Areas (PSA's) for regional management by Area Agencies on Aging. Each Area Agency on Aging, in turn, contracts with local providers to develop services, programs, and activities that meet the needs of the elderly within their service areas, as well as fulfill the objectives set forth by the Older Americans Act. Further improving the effective management capabilities of the aging network, each administrative level of the aging network (including the State Commission on Aging, the Area Agencies on Aging and the Direct Service Providers) has an Advisory Council in place comprised of local citizens, program participants, and community representatives to impact service design, delivery and effectiveness.

Broadly addressed, the Commission on Aging's leadership mission is targeted within three statutory mandates:

- ° TO REPRESENT THE STATE'S CONCERN FOR ITS OLDER CITIZENS AND ADVOCATE ON THEIR BEHALF THROUGH POLICY INFLUENCE.
- ° TO PROVIDE AN ADMINISTRATIVE NETWORK OF AGENCIES, ORGANIZATIONS, BUSINESSES, PROVIDERS OF SERVICE, AND LAY PERSONS FOR COORDINATING SERVICE PROGRAMS.

- ° TO ENCOURAGE AND AID IN THE DEVELOPMENT OF SERVICES WHICH PROMOTE AND MAINTAIN THE ECONOMIC, SOCIAL, PHYSICAL AND MENTAL WELL-BEING OF WEST VIRGINIA'S OLDER POPULATION.

In order to fulfill these responsibilities within the parameters of the Older Americans Act, the Commission on Aging has consolidated its four-year development focus for services, initiatives and funding into five major issue areas. Through the combined efforts of the Commission on Aging and Area Agencies on Aging, the specific goals and activities necessary to enhance West Virginia's capabilities in these priority areas are outlined within Section III: Part D of this plan.

CLARIFICATION:

It should be noted that final regulations governing 1987 amendments to the Older Americans Act have not been issued by the federal Administration on Aging. Therefore, any new or revised conditions governing the content or format for state plans were not available at the time this FY 1989-1992 State Plan for Aging Programs in West Virginia was developed or tendered for public review and comment.

However, upon receipt of final regulations, the West Virginia Commission on Aging will determine if any additions or modifications to this four-year plan are called for and will subsequently file any additional data or reports dictated by Administration on Aging regulation or directive.

SECTION III: PROGRAM PLAN

Part C. Status of Program Accomplishments

Cooperative Endeavors

Seeking innovative means of (and new partners in) expanding services to older West Virginians has been a critical component of West Virginia's aging programs in light of recent cutbacks or state levels of federal, state and local appropriations. Some of the more successful ventures have included:

- ° PASS -- An enthusiastic reception to the concept of Partnerships Among Students and Seniors (PASS) was experienced during pilot training for new education and aging alliances in 13 north central counties. The program is designed to encourage and assist local education and senior service staff in implementing intergenerational activities of mutual benefit. Ventures geared toward the special needs of frail or isolated seniors, as well as at-risk students, are being emphasized, as are cooperative efforts that encourage double-duty of limited funds and expanded volunteer intervention.
- ° Gatekeeper Program -- Joining forces with employers whose personnel have regular contact with the public (such as utility firms), the aging network moved toward implementation of the Gatekeeper Program. Designed as an early warning system for seniors who may be in crisis or need assistance, the Gatekeeper Program has attracted the support of such companies as Appalachian Power, WV-American Water Company, Mountaineer Gas, C&P Telephone and other community-based firms.
- ° Link-Up America -- A cooperative program was implemented in 1987 with West Virginia telephone companies to offer low income residents a discount on telephone installation charges. Lead coordination was handled by the Department of Human Services, with the aging network assisting with information and applications. Coupled with Tel-Assistance options initiated in 1986 which offer discounts for limited phone service to income eligibles, these two programs now enable many isolated seniors to install and maintain phone service for emergency use.
- ° Integrated Planning -- Other significant accomplishments have been achieved in joint ventures with various groups, including:

Employee Caregiver Issues - Initiated cooperative efforts via a joint symposium with State Chamber of Commerce and Health Care Coalition of West Virginia, Inc.

Homeless State Plan - Developed via a Governor's Task Force.

Community Care Development - Achieved enacting legislation and seed money via coordination with Continuum of Care board, state agencies, task force and senior advocacy groups.

Long Term Care (LTC) Insurance - Jointly developed legislation with Human Services, Insurance and Tax Departments to stimulate private market purchase of LTC insurance with tax credits.

Literacy - Utilized a grant to make available introductory programmed tutorial series and equipment to seniors in all counties.

Training/Program Development - WVU Gerontology Center; WVU Affiliated Center for Developmental Disabilities; WV Chapter of the National Federation of the Blind.

Transportation Coordination - Finance & Administration; 16-b-2 program.

Clearinghouse - Training calendar and activity newsletter to all in-state entities offering senior training or services.

Wellness Programs - Demonstration project with a local hospital; statewide conference on wellness in the workplace; first statewide wellness symposium for aging specialists; and development of information for employee assistance programs on retiree wellness.

Advocacy Developments

Improving the ability of seniors to obtain information about issues affecting them, as well as their participation in national, state and local policy and program debates, is a charge of both federal and state aging legislation. Several notable efforts have been undertaken in this regard:

- ° Silver Haired Legislature -- Since 1981, the West Virginia Silver Haired Legislature has provided a valuable learning experience for older adults and a successful forum for their deliberations on a diversity of issues, which are not limited to those affecting the senior community.

Two outstanding features of West Virginia's Silver Haired Legislature are its realistic duplication of the legislative process and its in-depth training for members and alternates, including emphasis on bill research and drafting.

Although training is the primary purpose of the Silver Haired Legislature, its well-researched and feasible legislative proposals attract the attention of the Executive and Legislative branches of State Government. Approximately one-third of the bill topics passed by the Silver Haired

Legislature have been enacted into law, including such landmark pieces of legislation as probate reform, inheritance tax reform, adult protective services, tel-assistance, hospital cost containment, utility rate reform, 300-foot limitation from the polling place for electioneering activities, increased supplemental benefits for retired teachers and school employees, and raised drinking age.

On March 24, 1988, last year's Silver Haired Legislature bill on establishing a community care program was signed into law by the Governor, having passed both houses of the State Legislature without amendment. Another of last year's SHL issues, standards for long-term care facilities, was also passed by the 1988 West Virginia Legislature.

◦ Coordinating Councils of Senior Advocacy Groups -- To encourage the leadership and members of various senior advocacy groups in the state to share information, discuss mutual concerns and develop consensus on issues affecting the elderly in West Virginia, the Commission has initiated a State Coordinating Council and recommended that similar councils be established regionally and locally as part of advocacy and advisory committee efforts.

The state level meetings have focused on such issues of mutual concern as long term care alternatives. Represented on the Coordinating Council are the American Association of Retired Persons, West Virginia Association of Retired School Employees, Coalition on Legislation for the Elderly, Council of Senior West Virginians, Silver Haired Legislature, and the Commission on Aging.

◦ Conference of Local Aging Boards of Directors -- Priority was directed to establishing stronger linkages with local aging advisory or management boards. New initiatives were developed to enhance communication regarding needs, problems and issues confronting the elderly, as well as local innovations, best practices and successful programs.

Involving local board presidents or representatives with state Commission and Advisory Council members in planning for and discussing emerging issues was the goal of the first statewide training conference for board members held during the past year. State, area and local management teams also attended to define and chart future directions, as well as gain new insights and skills in such topics as effective local programming and fund-raising, cost-sharing options, personnel management and community networking.

◦ Nursing Home Family Conference -- The nation's first Nursing Home Family Conference was convened last year in Morgantown. The event, drawing statewide representation, offered training to the families of nursing home residents in establishing resident councils and family councils to help monitor and improve nursing home environments for the benefit of residents. Forums were also presented on such

relevant issues as geriatric medicine, nursing care, social services, nursing home laws and the roles of nursing home staff.

- Senior Citizens Conference -- Highlighting May and Older Americans Month for the past seventeen years has been the West Virginia Senior Citizens Conference at Jackson's Mill in Lewis County. In recent years, this annual event has emphasized health and wellness issues.

Information Development

The Commission on Aging has revitalized its informational programs to achieve greater awareness of issues facing West Virginia's older population and of services available.

- In May, 1987, a bimonthly newsletter, The Vintage Voice, was developed for staff, volunteers and related service organizations. Its format allows the network to share innovative efforts within West Virginia and other states, communicate up-to-date analyses of various federal or state program changes affecting seniors, and highlight technical assistance and resources available to those in the aging field.
- A similar objective was set for News Nips, a monthly sampling of state and national articles of interest to seniors and aging specialists.
- A monthly planning calendar that forecasts training and events of interest to those serving older West Virginians has been initiated. Cooperating contributors range from local programs and collateral agencies to the state's universities and senior advocacy groups.
- Special statewide observances and celebrations are also conducted throughout the year, showcasing seniors and the programs that serve them. Such efforts have included "Employ the Older Worker Week", a "West Virginia Centenarian Day", National Grandparents Day (the founder of the national observance being a West Virginian), and a cooperative effort with the Department of Human Services calling attention to "Adult Abuse Week."

Resource Enhancements

1987 was the year in which West Virginia achieved the goal of having a senior center in every county with the completion and opening of the Monongalia County Senior Center.

Through a combination of funding, 19 senior centers or nutrition/service facilities were under development, completed or awarded capital funds during the past year. This represented \$2.6 million in state-assisted development and a total project value of approximately \$4.1 million.

Legislative Advancements

Several significant bills affecting West Virginia's older citizens and endorsed by senior advocacy groups, the Silver Haired Legislature and/or the Governor have been enacted in recent years by the West Virginia Legislature.

What has been characterized as landmark legislation for West Virginia's senior community was signed into law by Governor Moore March 24, 1988. It established the development of community care alternatives for the frail elderly, disabled or terminally ill, based on a sliding fee scale, as a state priority and charges the Commission on Aging to take the lead in establishing a comprehensive program. Even in difficult financial times, the Governor's recommendation of \$300,000 in seed money was approved by the Legislature, representing almost a 22 percent increase in state funds to aging programs.

Additional 1988-approved legislation of particular concern to senior citizens included: civil liability immunity for directors of certain governmental and nonprofit entities in the performance of their "managerial function"; application of the hospice durable power of attorney law to nursing and personal care home service decisions for incapacitated patients; licensing of non-covered residential board and care facilities; and extensive restructuring of the public employees insurance system plus an enactment of an early retirement program both of which affect active employees as well as retirees and their families.

Legislative actions in 1987 resulted in sweeping changes in the state's age discrimination and Medigap insurance laws. The Legislature increased the definition of age from "forty through sixty-five years" to "above the age of forty" in setting state age discrimination levels. The Medigap reforms now allow the Insurance Commissioner to approve the rates, forms and advertising of group insurance policies sold to state seniors by out-of-state firms via the mass media.

Other measures approved in 1987 eliminated the consumer sales tax on food purchases made with food stamps; specified provisions for the assignment of durable power of attorney for hospice service decisions for an incapacitated person; granted senior citizen drivers a reduction in campground rental fees at state parks during certain months of the year; and revised language governing the sale and fitting of hearing aids.

In 1986, legislative enactments supported a Tel-Assistance Program to provide low-cost telephone service to low-income disabled persons and senior citizens for local exchange lines and usage, as well as reduced automobile insurance premium rates for persons 55-plus who complete an accident prevention course.

National Models & Initiatives

- ° National Recognitions - West Virginia's aging network achieved national recognition in 1987 with the selection of

Doddridge County's integrated service center as one of only 13 programs honored nationally with a Community Achievement Award and a \$30,000 incentive grant from the Administration on Aging (AoA).

Bringing together a variety of serving agencies to offer a one-stop, multi-service facility at the Doddridge County Senior Center was cited by federal officials as an excellent model for other communities to emulate. Building on the foundation offered by the central core of senior center services, the Doddridge County program added its state's first adult day care center and then opened its doors to other agencies.

West Virginia was also selected as one of four states by the Washington Business Group on Health and Brandeis University for a national demonstration project to build business and aging partnerships that address the needs of employees who are caregivers for older individuals. The National Association of State Units on Aging also selected West Virginia to provide leadership in designing similar programs for employees in the public sector.

° Grant Proposals - Determined to move forward with aging program development despite a difficult state and federal fiscal picture, a variety of grant applications were designed to support such initiatives as:

Development of elderly housing models supported by services that are designed to respond to West Virginia's unique rural needs and preferences, as well as be highly marketable to private developers, financiers and senior consumers.

Activation of a statewide Guardianship Task Force to review decision-making rights in light of current laws, policies and practices, as well as recommend needed revisions.

Creation of a training program and curriculum for guardian ad litem.

Expansion of an existing senior center day care program to physically add overnight suite accommodations to offer combined 24-hour respite and adult group care.

Proposed testing of case management models suited to the unique needs of rural seniors and community service agencies.

SERVICE HIGHLIGHTS

Commission on Aging-funded programs touch upon the lives of our state's senior citizens in a variety of ways. Supportive programs help to sustain independent living, while nutrition

programs assist the senior citizen in maintaining adequate dietary needs.

In an effort to redirect existing programs to those individuals in greatest need, the aging network has begun to increasingly access previously untapped resources to augment and/or replace federal and state dollars. In Hardy County, for example, the availability of services has been improved by co-locating several social service agencies at one site. Acquiring a large tract of land through a participant's bequest, the site now includes funding for a senior citizen apartment complex. Future development plans include the construction of additional businesses and housing.

- ° Supportive Programs -- The aging network has established over 170 focal points for direct service delivery in the state. During the past year, with the move toward emphasizing community care alternatives, there was a 29% increase in persons receiving supportive services, while the number of hours and units provided increased by 131,430 units or 116%.

The targeted populations of economically and socially needy showed slight increases in the number of participants served. In addition, the minority population served increased by 23%.

Through discussions with religious, fraternal and civic organizations, the aging network is tapping into a vast array of volunteer resources to assist in the provision of services. For example, the Wood County adult day care center draws on a staffing pattern consisting of 85% in volunteer man hours.

- ° Nutrition Services -- County or multi-county nutrition programs funded by the Commission on Aging serve balanced meals to senior citizens who are unable to maintain an adequate diet due to limited skills, mobility or income. Meals are served in centrally located congregate sites, such as senior centers, community centers, churches, schools, etc. Meals are also delivered to individuals who are incapable of leaving their homes.

A new record of 185 congregate nutrition sites will soon be expanded further, with the total number of meals served throughout the state now topping the two million mark. Efforts to encourage meal contributions based on the ability to pay have also grown to a new statewide level of total project income of \$1.6 million.

Almost every nutrition project relies heavily on local volunteers to deliver meals to seniors incapable of leaving their homes. In Hampshire County, the Committee on Aging expanded this effort even further by using volunteers to

maintain a seven-day per week center operations, as well as home delivered meals service.

To improve overall management of senior nutrition programs, performance-based contracting and improved bulk nutrition purchasing is being tested, in combination with competitive bidding for nutrition contractors.

SECTION III: PROGRAM PLAN

Part D. Work Plans For Priority Issue Areas

ISSUE #1: Target services to all priority populations groups identified through the Older Americans Act and through determination of need within the aging network of West Virginia. Special emphasis must be placed on minimally targeting services and finances to the special need groups in proportion to regional statistical data including: low income minority, developmentally disabled individuals, rural elderly, at risk-frail elderly, seniors with greatest social need, and seniors living in poverty.

- 1) Identify and increase targeting efforts to the at-risk, frail elderly statewide.
- 2) Identify and increase targeting efforts to the developmentally disabled in cooperation with other supportive agencies statewide.
- 3) Technically assist to the Area Agencies on Aging and local service providers to improve their targeting capabilities to priority service populations.
- 4) Ascertain, prioritize and program for the evolving service needs of older West Virginians.
- 5) Enhance the financial structure of the aging network so it can expand and improve its service capabilities to targeted priority groups.

ISSUE #2: Improve the service delivery system by coordinating efforts with all other groups that affect the well being of older West Virginians including: civic organizations, the religious community, businesses, social organizations/agencies, governmental bodies/agencies, volunteer groups, and senior citizen organizations.

- 1) Impact the service delivery system by encouraging resource sharing from previously untapped community resources.
- 2) Continually expand linkages with existing cooperative agencies.
- 3) Identify and target administrative efforts toward organizations being confronted with a rapidly expanding older population.
- 4) Provide technical assistance and training to the aging network to bolster efforts involving the state's religious and civic communities and resources.
- 5) Support the financial independence of older West Virginians through employment assistance programs and activities.

ISSUE #3: Assist and coordinate efforts with agencies/organizations concerned with the needs of elderly toward developing a more comprehensive service delivery system for those individuals institutionalized or at risk of being institutionalized and facing serious health problems due to severe financial, environmental, physical, or mental concerns.

- 1) Institute a statewide management structure that will maximize efforts newly initiated by the State to develop a comprehensive community care program.
- 2) Serve as a catalyst between acute care facilities, nursing home facilities, and board/care facilities to achieve intervention that prevents premature institutionalization.
- 3) Further expand and support efforts being initiated by the West Virginia Continuum of Care Board.
- 4) Investigate and encourage the implementation of new models that will allow alternative funding sources to be utilized for a comprehensive community care service system.
- 5) Augment service delivery capabilities of the aging network by assisting service providers to acquire necessary licensure and certification approvals in order to utilize funds from all available services.

ISSUE #4: Provide for a comprehensive outreach plan that positively benefits all seniors and ensures their access to needed information and referral support.

- 1) Coordinate efforts with the Social Security Administration and the West Virginia Department of Human Services to identify and assist those eligible seniors presently not receiving maximum benefits.
- 2) Promote information and referral capabilities of the aging network by implementing model program visibility efforts across the state.
- 3) Continue technical assistance and training to the aging network toward developing a statewide outreach effort that responds to isolated and rural communities and seniors not currently served by aging programs.
- 4) Increase and expand points of access by involving previously underutilized civic, religious, governmental, and community organizations as an integral part of the aging network.
- 5) Develop new volunteer programs that can positively impact outreach capabilities of the aging network.

ISSUE #5: Develop an advocacy plan that will have a positive impact on older individuals through mechanisms that educate both older people and the general public on issues and concerns facing the elderly.

- 1) Assist and facilitate Area Agency on Aging responsibilities for coordinating a comprehensive ombuds program which protects the rights of older individuals.
- 2) Assist and facilitate Area Agencies on Aging in the development of legal assistance resources for seniors.
- 3) Develop and provide a standardized training structure that enhances the awareness and involvement of aging-related advisory councils and boards.
- 4) Serve as the statewide information exchange center between various senior-specific advocacy groups.
- 5) Encourage coordination among senior advocacy groups to achieve consensus and a unified front in meeting the needs of older West Virginians.
- 6) Improve the awareness of the business community by exchanging information concerning the problems facing older people.
- 7) Sustain and expand existing endeavors that inform and train seniors on how to advocate on their own behalf.
- 8) Actively involve the seniors in new and existing educational opportunities for self improvement.

SECTION IV: FINANCIAL PLAN

Part A. Funding Formula

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

<u>Factors</u>	<u>Weights</u>
Population aged 60+	.3
Population aged 60+ Low Income	.3
Population aged 75+	.2
Population aged 60+ Minority	.1
Population aged 60	.1
	<u>1.0</u>

Weighted raw data is computerized using multiple regression. The latest Census data available is used for population and characteristics, while low income and minority factors are based on 1980 Census data. This translates to the following intrastate formula for each region:

<u>Region</u>	<u>Formula</u>
I	.159
II	.141
III	.140
IV	.089
V	.089
VI	.137
VII	.080
VIII/IX	.082
X/XI	.083
	<u>1.000</u>

FY 1989 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, \$40,000 will be used for the statewide ombudsprogram. For state agency administration, a total of \$304,697 will be allocated proportionately from Titles III-B and III-C. Due to minimal funding of Title III-D, no state administrative dollars were reserved in FY 1988, although this decision will be reviewed and reconsidered annually in light of actual federal appropriation levels.

The maximum level currently established by the Commission on Aging for area agency administration is \$80,000 and will be reviewed annually. This comes from Title III-B and Title III-C and State funds, however, this level and its potential expansion to Title III-D funds will be reviewed and reconsidered annually.

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 and include the following amounts:

Title V \$759,237, and USDA \$1,203,400

<u>Sources of Funding, FY 1989</u>	<u>Amounts</u>
Title III-B Est.	\$2,379,358
Title III-C Est.	3,045,639
Title III-C Est.	668,934
Title III-D Est.	42,337
State Match and Base Support	1,015,583
Source Total.	<u>\$7,151,851</u>

The Older Americans Act requires states to assure "adequate" funds are directed to "priority" services. To achieve this standard, the State of West Virginia shall require Area Agencies on Aging to expend 50 percent of their Title III-B funds in each region for the following priorities:

Services designed to provide seniors access to needed resources, as well as those reinforcing in-home and community-based care. Any area agency whose plan fails to commit the required funding level for priority services must request and justify a waiver from the Commission on Aging.

SECTION IV: FINANCIAL PLAN

Part B. State Program Allocations
By Planning and Service Area for FY 1989

<u>Planning and Service Area</u>	<u>Title III Service Funds (B, C and D)</u>	<u>Other OAA Funds (Title V)</u>	<u>Non-Title III Funds</u>	<u>Total Funds Awarded</u>
I	\$ 856,372	\$187,402	\$ 99,412	\$1,143,186
II	775,738		99,412	875,150
III	741,257	316,010	74,912	1,132,179
IV	527,789		87,162	614,951
V	572,789		123,912	696,701
VI	757,817	231,496	99,412	1,088,725
VII	517,470		111,662	629,132
VIII/IX	541,430		123,912	665,342
X/XI	500,909		87,162	588,071
PSA Subtotals	\$5,791,571	\$734,908	\$906,958 ²	\$7,433,437
Other (unclassified)			\$1,203,400 ²	\$1,203,400
TOTAL ALLOCATIONS	\$5,791,571	\$734,908	\$2,110,358	\$8,636,837

¹ Title III-B, C and D amounts based on FY 1988 levels.

² State funds for area agency administration and county base and estimated USDA Cash to be distributed on basis of meals served.

SECTION IV: FINANCIAL PLAN

Part C. State Agency Operating Budget for FY 1989

RESOURCES TO BE USED FOR STATE AGENCY ADMINISTRATION:

	<u>Title III</u>	<u>Match to Title III</u>	<u>Title V</u>	<u>Total</u>
Title III: State Administration	\$304,697			\$304,697
Title III: (Part B) Long-Term Care Ombudsman Program ¹	40,000			40,000
Other Older Americans Act Funds			\$24,329	24,329
Other Federal funds				
State		\$108,625		108,625
Local Public				
TOTAL	\$344,697	\$108,625	\$24,329	\$477,651

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.

SECTION V: TRAINING ISSUES

This part will list the overall training goals and topics that are proposed to be initiated during the four year plan cycle. Additional training topics will be included based upon training plans submitted as a part of the annual plans submitted by each Area Agency on Aging.

Primarily, the list below describes certain topics that have already been identified for training support by the aging network and the senior population.

Professional Development Topics

- Professionalism - Licensure & Certification
- Personnel - Statewide Ombuds Standardization
- Older Americans Act - Aging Network Advisory/Board Members

Management Issues

- Aging In Place - Senior Facility Managers
- Volunteer Recruitment - Individuals & Groups
- Fund Raising - Long Range Programs
- Corporate Involvement - Preretirement Programs
 - Caregivers
 - Referral Programs
- Legal Advocacy - Program Structures & Coordination

Service Development

- Community Care Program - Interagency Linkages
- Outreach - Visibility and Informational Pursuits
- Quality Review - Financial & Programmatic Efficiency
- Targeting Services - Priority Population Groups

Advocacy Issues

- Legislative Process - Senior Population
- State & National Policy Development - Aging-Related Issues
- Health - Wellness
 - Nutrition
 - Dementia

SECTION VI. ATTACHMENTS

Part A. West Virginia Code

ARTICLE 14.

STATE COMMISSION ON AGING.

Sec.		Sec.	
29-14-1.	Creation and composition.	29-14-9a.	Prevention of crimes against the elderly.
29-14-2.	Terms of citizen representatives; vacancies.	29-14-9b.	Creation of a community care program.
29-14-3.	Office space; officers; meetings.	29-14-10.	Designated state agency for handling federal programs.
29-14-4.	Expenses of citizen representatives.	29-14-11.	Donations.
29-14-5.	Director.	29-14-12.	Records and files.
29-14-6.	Personnel.	29-14-13.	Reports.
29-14-7.	Advisory committees.		
29-14-8.	Purposes; actions.		
29-14-9.	Programs of services for the 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).

§ 29-14-2. Terms of citizen representatives; vacancies.

The citizen representatives shall be appointed for terms of four years each, and until their successors are appointed and qualified; except that of the members first appointed, four shall be appointed for terms of one year, two for terms of two years, two for terms of three years, and two for terms of four years. Vacancies shall be filled for the remainder of any unexpired term in the same manner as the original appointment. (1964, c.4.)

§ 29-14-3. Office space; officers; meetings.

The commission may be supplied with necessary office space. A majority of the members of the commission shall constitute a quorum for the transaction of business. The commission shall elect a chairman, a vice chairman, and such other officers as it deems necessary. The commission shall meet at least two times each year. If unable to attend a commission meeting, a government representative shall send in his place his deputy or another person who has authority to act on behalf of the government representative, who shall be considered a member of the commission for the purpose of obtaining a quorum for the transaction of business. (1964, c.4.)

§ 29-14-4. Expenses of citizen representatives.

Each citizen representative shall be entitled to receive out of funds appropriated or available for such purposes, travel and other necessary expenses actually incurred in the performance of his official duties under the provisions of this article. Requisition for such expenses shall be accompanied by a sworn and itemized statement which shall be filed with the auditor. (1964, c.4.)

§ 29-14-5. Director.

After its citizen members have been appointed by the governor, the commission shall appoint a director who shall act as the chief administrative officer of the commission. He shall be a person who is professionally qualified by experience and training to assume the responsibilities of the position. The director's annual salary shall, within the limits of funds available, be fixed by the governor, and he may be reimbursed for travel and other necessary expenses actually incurred in the performance of his official duties. Requisition for such expenses shall be accompanied by a sworn and itemized statement which shall be filed with the auditor. (1964, c.4; 1969, c.13.)

§ 29-14-6. Personnel.

The director shall, with the advice and consent of the commission, appoint such other personnel as the commission deems to be necessary for the efficient performance of the duties

prescribed by this article. Within the limits of funds available, and with the approval of the governor, the commission may fix the compensation of such other personnel, and may incur other expenses necessary to the effective discharge of its powers and duties. (1964, c.4; 1969, c.13.)

§ 29-14-7. Advisory committees.

The commission may create whatever advisory committees it deems necessary in such fields as health and mental health; income maintenance; employment and vocational rehabilitation; education; recreation and library services; social services; state and local community organization and leadership development, and may use funds appropriated or available for such purposes to defray the expense of such advisory committees. It shall, where feasible, designate a commission member having special competence in a field as chairman of any advisory committee it may create in that field. The commission may, in its discretion, also create such local or regional advisory committees. All such advisory committees shall report to the commission with regard to their activities and findings. Members of all such advisory committees may be entitled to receive out of funds appropriated or available for such purposes travel and other necessary expenses actually incurred in the performance of their official duties under the provisions of this article. Requisition for such expenses shall be accompanied by a sworn and itemized statement which shall be filed with the auditor. (1964, c.4.)

§ 29-14-8. Purposes; actions.

The commission through its director shall take action to carry out the following purposes:

- (a) Conduct, and encourage other organizations to conduct, studies of the problems of the state's older people;
- (b) Encourage, promote and aid in the establishment of local programs and services for the aging. The commission may assist local governmental and other agencies by designing surveys that could be used locally to determine needs of older people; by recommending the creation of such services and facilities as appear to be needed; by serving as a clearinghouse for the collection and distribution of information on aging; and by assisting organizations and communities in such other ways as the commission may deem appropriate;
- (c) Conduct programs of public education on the problems of the aging;
- (d) Review existing state programs for the aging, and annually make recommendations to the governor and the legislature for improvements in and additions to such programs;

(e) Encourage and assist governmental and private agencies to coordinate their efforts on behalf of the aging in order that such efforts be effective and the duplication and wasting of effort be eliminated;

(f) Represent the state's concern for its senior citizens by collecting, analyzing and disseminating information about the aged and aging; and coordinate statewide local and voluntary efforts to serve the aging and make use of their wisdom and capacities, with due regard to the development of programs at the local level. (1964, c.4.)

§ 29-14-9. Programs of services for the aging.

The commission may establish, under the administration of the director, in selected areas and local communities of the state, programs of services for the aging. Particular emphasis shall be given to services designed to foster continued participation of older people in family and community life and to prevent, insofar as possible, the onset of dependency and the need for long-term institutional care. Any allocations by the commission of appropriations for such programs may be made contingent upon local appropriations or gifts in money or in kind for the support of such programs. The county commission of any county or governing body of any municipality in this state may appropriate and expend money for establishing and maintaining such programs. Funds so appropriated by the county commission or by the governing body of any municipality in this state may be contributed from time to time to any committee or organization approved by the commission on aging for the purposes authorized by this section.

The commission on aging as provided hereunder may receive and expend appropriate funding, including the state's share of federal revenue-sharing funds, for the construction, acquisition and renovation of senior centers.

From time to time the legislature may appropriate funds on a matching basis for funds from any other source to be used for the purposes stated above. (1964, c.4; 1975, c.1; 1976, c.3.)

§ 29-14-9a. Prevention of crimes against the elderly.

(a) It is the express intent of the legislature that all state agencies cooperate with the state commission on aging and the department of public safety in carrying out the provision of this section.

(b) The commission on aging shall, within existing appropriations, prepare yearly plans for the years one thousand nine hundred eighty-five through one thousand nine hundred eighty-nine, and a comprehensive five-year plan for that period, for the development, implementation and operation of programs designed to prevent crime against the elderly and to reduce the fear of crime in the elderly. The commission shall identify,

through research and through monitoring and evaluation of programs and projects conducted outside the commission, any social, economic or educational methods, techniques or procedures which have the potential effectively to prevent crime against the elderly and reduce fear of crime in the elderly. The commission shall determine the costs and benefits that would be associated with such prevention and reduction efforts and shall develop or recommend the implementation of, those methods, techniques and procedures which are found likely to be cost efficient. The commission shall identify funding needs for such programs.

(c) In planning and developing programs and recommendations relating to the prevention of crime against elderly persons and reduction of fear of crime in elderly persons, the commission shall, within existing appropriations, consider and evaluate the potential for new or improved programs in, but not limited to, the following areas:

- (1) Public education and awareness;
- (2) Community coordination in areas of social services and criminal justice;
- (3) Use of the elderly as a resource in community crime prevention and the voluntary involvement of elderly persons and retired professionals in the criminal justice system itself in order to improve the responsiveness and effectiveness of the existing system;
- (4) Victim and witness assistance;
- (5) Reduction of the economic and physical consequences of crime against the elderly; and
- (6) Reduction of isolation of the elderly in the community.

(d) Other agencies of state government shall cooperate with and assist the commission, within their available resources, in gathering statistical data and in implementing programs which have the potential to prevent crime against elderly persons and to reduce the fear of crime in elderly persons and shall consider the findings and recommendations in the commission in developing and implementing agency programs and formulating agency budget requests. The department of public safety shall participate in the preparation and implementation of the plans required by this section, and shall collect statistical data on the characteristics of elderly victims of crimes.

(e) The commission shall submit to the governor for transmittal to the president of the senate and the speaker of the house of delegates the first yearly plan to prevent crime against the elderly and to reduce the fear of crime in the elderly not later than the first day of January, one thousand nine hundred eighty-five, and such plan shall be updated and resubmitted not later than the first day of January of each calendar year thereafter through the year one thousand nine hundred eighty-nine. The plan shall outline commission proposals for the

identification of appropriate prevention and reduction efforts and the development of prevention and reduction programs and the provisions for services under such programs. The yearly plan shall contain, but not be limited to, the following elements:

(1) A compilation of and analysis of statistical data on types of crimes committed against the elderly in this state and the incidence of such crime. Included in this shall be an identification of the areas of the state where crime against the elderly is of significant proportions. Such data should also reflect an assessment of the degree of unreported, as well as officially reported, criminal acts.

(2) An identification and projection of the potential population for which prevention programs should be considered.

(3) An inventory and evaluation of existing prevention and reduction programs, facilities and services in the state or nationally, including population served, cost of services provided, percentage of unmet needs and an identification of any needed program improvement or change.

(4) A listing of potential prevention efforts identified by the commission, the estimated annual cost of providing such prevention services for the anticipated target population, an identification of potential funding sources and the projected benefits of providing such services.

(f) The yearly plans shall be compiled and analyzed by the commission in the five-year comprehensive plan, which shall be submitted to the governor for transmittal to the president of the senate and speaker of the house of delegates with the last yearly plan on or before the first day of January, one thousand nine hundred eighty-nine.

(8) All funding sources, including reallocated LEAA funds, shall be considered by the commission for implementing programs and projects for crimes against the elderly. (1984, c. 52.)

§ 29-14-9b. Creation of a community care program.

(a) As used in this section:

(1) "Care management" and "comprehensive assessment" mean the planning, arrangement for and coordination of appropriate community-based, in-home services and alternative living arrangements for the frail elderly, disabled or terminally ill. "Care management" and "comprehensive assessment" include assessment of needs, counseling in the development of a case plan, arrangement for services and on-going monitoring of the frail elderly, disabled or terminally ill client's situation to ensure that needed services are received.

(2) "Care services" means housekeeping, personal care, chore, escort/transportation, meals, in-home nursing, day care and/or respite services.

(3) "Community care" means a system of community-based, in-home services and alternative living arrangements in order to provide a full range of preventive, maintenance and restorative services for the frail elderly, disabled or terminally ill. This community care program would be part of the continuum of care system of services.

(4) "Continuum of care" means a system of services which has a primary emphasis on in-home care and community service and which includes services such as nursing, medical, transportation and other health and social services available to an individual in an appropriate setting over an extended period of time as a result of such individual's changing health status.

(5) "Disabled" means a person sixty years old or older who has temporary or permanent impairments which cause him to need or who is likely, in the foreseeable future, to need services within the continuum of care.

(6) "Frail elderly" means any person sixty years of age or older, with limitations which restrict the individual's ability to perform the normal activities of daily living and which impede individual capacity to live independently.

(7) "Sliding fee scale" means a fee for services provided based on the frail elderly client's ability to pay. The sliding fee scale shall be established and at least annually reviewed by the state commission on aging.

(b) The state commission on aging shall establish, administer and implement a program for the delivery of community care services for the frail elderly, disabled or terminally ill, based on a sliding fee scale. Such a program shall include, but not be limited to, care management, comprehensive assessment and community and in-home care services. (1988, c. 20.)

§ 29-14-10. Designated state agency for handling federal programs.

The commission shall constitute the designated state agency for handling all programs of the federal government relating to the aging requiring action within the state, which are not the specific responsibility of another state agency under the provisions of federal law or which have not been specifically entrusted to another state agency by the legislature. (1964, c.4.)

§ 29-14-11. Donations.

The commission may receive on behalf of the state any grant or gift and accept the same, so that the title shall pass to the state. All moneys from grants or gifts shall be deposited with the state treasurer in a special fund and shall be used for the purposes set forth in the grant or gift, if the purposes are within the powers conferred on the commission. The commission

shall be empowered to comply with all regulations and requirements to qualify for federal grants and to administer such federal funds. (1964, c. 4.)

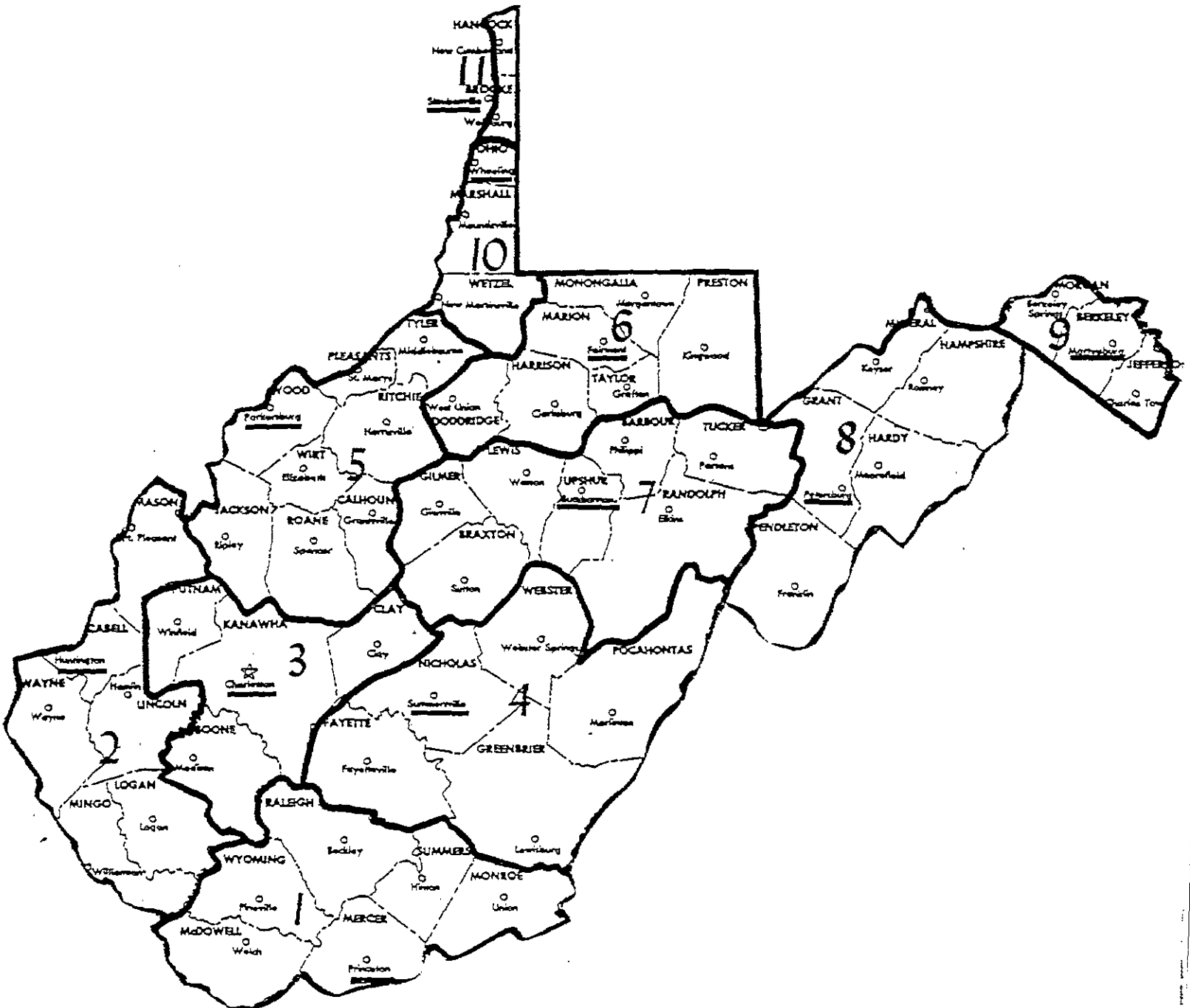
§ 29-14-12. Records and files.

All records, files and other property belonging to the state commission on problems of the aging pursuant to appropriation made and funds available under the provisions of senate concurrent resolution number four heretofore adopted on the twenty-eighth day of February, one thousand nine hundred fifty-seven, and senate committee substitute for house concurrent resolution number five heretofore adopted on the twelfth day of March, one thousand nine hundred fifty-nine, shall be turned over to the commission on aging herein created and shall be continued as part of the records, files and other property thereof. (1964, c.4.)

§ 29-14-13. Reports.

The commission shall submit a progress report to the governor and to the members of the legislature on or before January first of each year, in addition to such other recommendations, studies and plans as it may submit from time to time. (1964, c.4.)

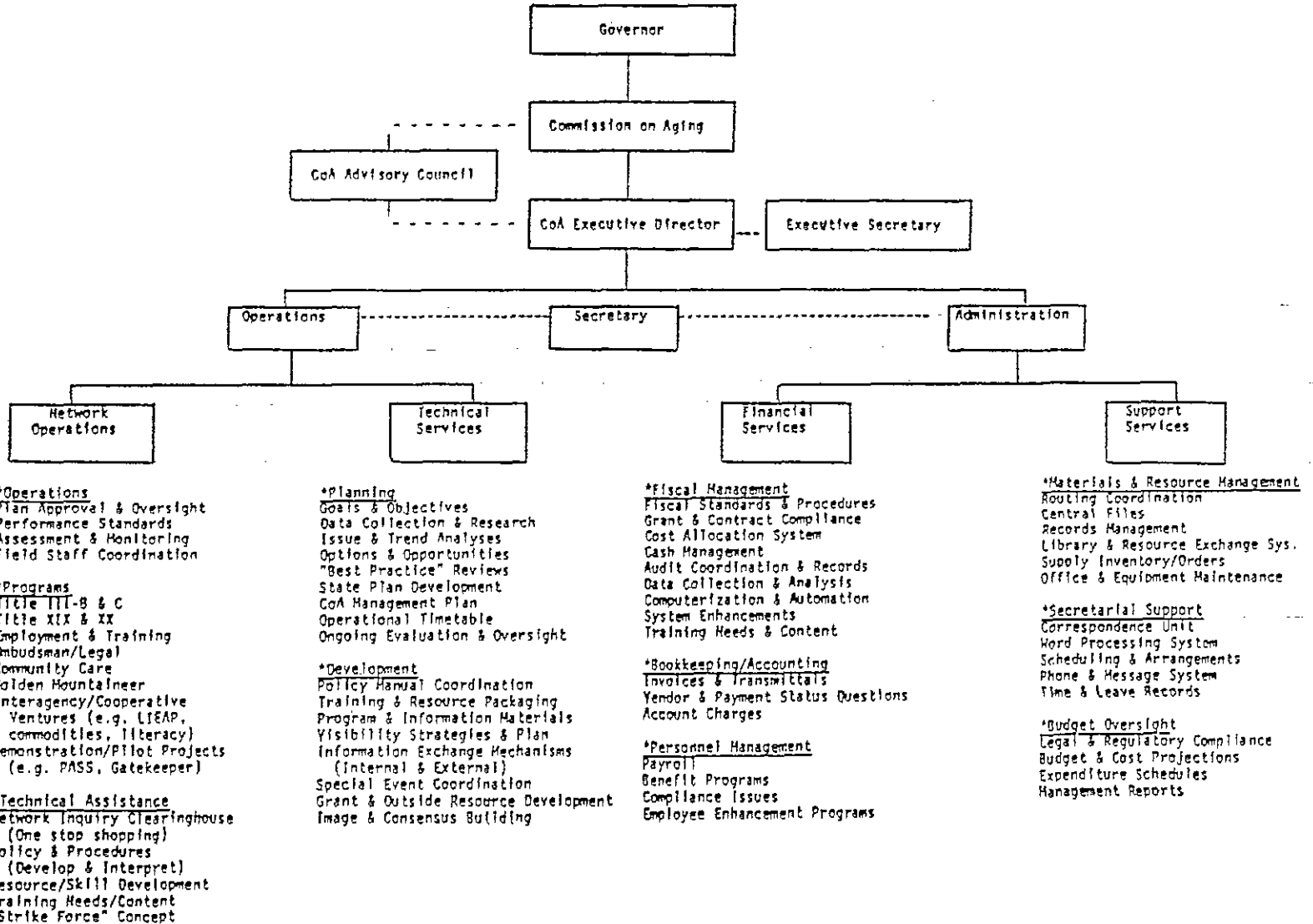
SECTION VI: ATTACHMENTS
 Part B. Planning & Service Areas
 For
 Area Agencies on Aging



SECTION VI: ATTACHMENTS

Part C. Organizational Chart

West Virginia Commission on Aging



SECTION VI. ATTACHMENTS

Part D. Aging Program & Eligibility Criteria Descriptions

AGING PROGRAM & ELIGIBILITY CRITERIA DESCRIPTIONS

Access Services are those services and activities designed to enhance and facilitate the awareness of programs available to the older population. Examples include transportation, client finding/outreach, referral, diagnosis.

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 Material Aid services.

Area Agencies on Aging (AAA) are those agencies designated by the State Unit on Aging within a planning and service area (PSA) 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 two or more of the following activities of daily living (ADL's) or instrumental activities of daily living (IADL's):

- ° Activities of Daily Living including bathing, eating, dressing, toileting, continence, transferring and mobility.
- ° Instrumental Activities of Daily Living include: preparing meals, shopping, laundry, managing money, housework, taking medication, and mobility outside of the home.
- ° Other groups defined as At-Risk, Frail Elderly include:
 - ° Individuals potentially able to be deinstitutionalized with the availability of adequate support systems and who meet the above criteria.
 - ° Older individuals who are victims of Alzheimer's disease or a related disorder with neurological and/or organic brain dysfunction.
 - ° Older individuals who have a permanent physical disability that severely limits their independence (i.e., blind or confined to a wheelchair).

Caregivers are individuals who have the responsibility for the care of an older individual, whether voluntarily, by contract,

due to receipt of care payments, 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 Care Program is a comprehensive and coordinated approach to setting forth and executing a service delivery plan for frail older persons who have multiple or complex needs and may require assistance from a variety of qualified service providers.

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.

Community Services are those services and activities designed to meet the needs of the seniors by helping them partake of community-based facilities and programs. Examples include assessment, escort, legal assistance, counseling, housing assistance, employment placement, instruction/training, and material aid.

Congregate meal (C1) participants include those persons age 60+ and their spouses, regardless of age, as well as 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. Death of the C1 participant makes the spouse ineligible for C1 meals unless he/she meets other eligibility criteria.

Others who may also be served based on specific guidelines in each area include:

- ° Spouses of 60-plus participants.
- ° Individuals with disabilities who reside at the home of eligible participants and accompany them to the congregate site.
- ° Volunteers, under the age of 60, who work at a senior nutrition site provided the individual is an ongoing volunteer of the program and works a minimum of 24 hours per quarter (3 month period).

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 encompasses the abuse, neglect or exploitation 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, or deprivation by a caregiver of goods, services and/or finances which are necessary to the senior's comfort.

Emergency Meals are those meals, meeting one-third of a senior's required daily allowance (RDA), which are provided for use at home and for consumption during emergency situations when regular meals cannot be provided and/or normal food preparation equipment or utilities are unavailable.

GEN Service Area is any geographical area or community with a high concentration of low income persons in which at least 20% of the 60+ population is living below the federally-established poverty level.

Greatest Economically Needy (GEN) targeting is based on the following poverty figures defined by the U.S. Department of Health and Human Services for FY89:

<u>Family Size</u>	<u>Per Month</u>	<u>Per Year</u>
1	\$ 481	\$ 5,770
2	\$ 644	\$ 7,730
3	\$ 807	\$ 9,690
4	\$ 971	\$11,650
5	\$1,134	\$13,610
6	\$1,298	\$15,570
7	\$1,461	\$17,530
8	\$1,624	\$19,490

(For each additional family member, \$163/month or \$1,960/year is added.)

Greatest Socially Needy (GSN) are those elderly individuals having non-economic factors, (such as physical and mental disabilities, language barriers, cultural or social isolation including that caused by racial or ethnic status) which restrict an individual's ability to perform normal daily tasks or threaten 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 persons 60+ who are homebound by reasons of illness, incapacitating disability, or isolation. All C2 participants are to meet GSN criteria.

Others who may be served under guidelines set forth by each area agency include:

- ° The spouse of an eligible C2 participant, regardless of age or condition, if it is in the best interest of the homebound older person.
- ° Individuals with disabilities who reside at the home of individuals eligible for this service.

In-Home Services are those services and activities designed to meet the needs of the at-risk, frail elderly in their homes or places of residence. Examples include housekeeping, personal care, chore service, letter/reading/writing, telephoning, visiting, shopping, day care, repair/maintenance/renovation, respite, and caregiver training.

Minority are defined as individuals who perceive themselves belonging to one of the following minority groups: Black, Hispanic, Native American, Asian, or 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: provision of health (including mental health), social, nutritional, educational, and supportive services provided for enhancing the quality of life for older individuals.

Multipurpose senior centers are required to be open and available to the senior population a minimum of forty hours per week, five days a week, and to include services supported through two or more funding sources (i.e., Older Americans Act & Human Service program dollars). 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 is not considered when 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 the 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 to coordinate and facilitate 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 or miscellaneous expenses relative to their volunteer work and such reimbursement does not constitute being paid staff. However, neither paid staff (regardless of funding source) or board or advisory council members of the aging program are classified as volunteers for reporting purposes.

SPECIFIC AGING PROGRAM FISCAL DEFINITIONS

Indirect Costs are those budgeted costs developed through an formal indirect cost plan that has received approval from the agency's corresponding federal grantor.

Inkind Resources are costs provided at no charge to the agency, such as volunteer hours, free space, etc. These items are budgeted as both an expense and revenue.

Non-Federal Local Match includes local match provided in support of the Title III Program. It can include cash, inkind, or project income. At a minimum, it is 10% of the Title III grant.

Non-Federal State Match includes state monies used to meet Title III match. It is a minimum of 5% of the Title III grant.

Other Resources are those resources not Title III match (minimum local and state), project income or USDA supplements that support operations of the program/agency being funded to serve older adults.

Project Income is gross income earned from activities the cost of which is borne directly from the federal or nonfederal portion of a grant budget. Examples are income from participant contributions, sale of commodities, crafts whose cost was borne from project funds, usage or rental fees, interest, and any "other" defined by the Commission on Aging. It can be either used as match or as an added cost option.

SECTION VI: ATTACHMENTS

Part E. Scope of Aging Services

1. ASSESSMENT: Providing health care directly to older persons by conducting tests such as blood pressure, hearing, vision, etc. Also includes on-going preventive exercise programs.
2. CARE TRAINING: Training primary caregivers to assist them in the performance of in-home services.
3. CHORE SERVICE: Handling household chores such as heavy cleaning (moving furniture, cleaning cabinets, turning mattresses) and yard and walk maintenance, which older persons are unable to handle on their own and which does not require the services of a trained homemaker or other specialist.
4. CLIENT FINDING: Seeking out and identifying inactive or previously unknown older individuals to encourage them to utilize existing services and benefits. (Interventions initiated by a provider.)
5. COUNSELING: Advising and enabling older persons and/or their families to resolve problems (concrete and 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 masters degree in social work, clinical psychology, guidance and counseling, or related field.)
6. DAY CARE: Providing 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.
7. DIAGNOSIS: Completing a comprehensive and individual assessment of a client 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 and monitoring and reassessment.)
8. EMPLOYMENT-PLACEMENT: Assisting older persons in retaining, regaining or securing full or part-time employment or providing an older person with training/education leading to employment. Activities may include assessment, counseling, referral to community resources, job development, job placement and follow-up, and development of a job bank.

9. ESCORT: Accompanying and personally assisting an older person obtain a service or utilize a community resource.
10. EVALUATION: Investigating and resolving complaints made by or on behalf of older persons who are residents of long-term care facilities.
11. HOUSEKEEPING: Helping with housecleaning, laundry and meal preparation. (Providers are to be appropriately trained and supervised and services provided must be outlined in a detailed care plan.)
12. HOUSING ASSISTANCE: Assisting an older person in obtaining a suitable place that provides emergency or permanent housing, institutionalization, etc.
13. MATERIAL AID: Providing 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 center operations that provide food/medical equipment/clothing pantries are included under this service.)
14. INSTRUCTION/TRAINING: Formally or informally presenting information geared to the interests and concerns of older persons on a planned basis.
15. LEGAL ASSISTANCE: Providing assistance to older persons in the resolution of non-criminal legal matters, the protection of legal rights, including legal counseling, advice, representation, guidance and other related activities. (This service may be provided by an attorney, paralegal or law student under the supervision of an attorney or representation by a non-lawyer where permitted by law. In conformity with applicable laws, non-lawyer representation may include securing the rights and entitlements of older persons, tax and financial counseling, advocacy on consumer concerns and referrals to lawyers.)
16. LETTER/WRITING/READING: Reading, writing, interpreting and/or translating business and personal correspondence. This service is provided upon the request of older persons in their own homes or places of residence.
17. MEALS - CONGREGATE: Providing an eligible person at a congregate meal site one hot or other appropriate meal which assures a minimum of one-third of the Recommended Dietary Allowance (RDA).
18. MEALS - HOME DELIVERED: Providing a hot or other appropriate meal in an eligible person's home which assures a minimum of one-third of the Recommended Dietary Allowance (RDA).
19. PERSONAL CARE: Assisting older persons with bathing, medication, dressing, personal grooming, feeding and

toileting under the direction of a medical professional. Providers are to be appropriately trained, supervised and insured.

20. REFERRAL: Linking older persons with appropriate community resources in order to ensure that necessary services are delivered. This activity must include assessing the individual in order to identify the type of assistance needed, placing individuals in contact with appropriate services/resources and following up referrals to determine if needs are met. Follow-up must be conducted directly with the individual who requested the service or with the agency to whom the individual was referred.
21. REPAIRS/MAINTENANCE/RENOVATIONS: Improving or maintaining the residence of an older person.
22. RESPIRE CARE: Providing an interval of rest or relief for primary caregivers of at-risk, frail elderly.
23. SHOPPING: Providing assistance in obtaining food, clothing, medical supplies and household items for older persons confined to their homes or places of residence.
24. TELEPHONING: Telephoning at least weekly and on a scheduled basis frail, elderly individuals in order to provide comfort or help and to determine if they are safe and well.
25. TRANSPORTATION: Transporting older persons to and from community facilities and resources.
26. VISITING: Scheduling and making weekly visits to frail older individuals in their homes or place of residence in order to comfort or help and to determine if they are safe and well.

SECTION VI: ATTACHMENTS

PART F. CENSUS DATA - STATISTICAL PROJECTIONS

WEST VIRGINIA AGING NETWORK - TARGETED POPULATIONS

	60+ TOTAL	60+ MINORITY	% OF MIN.	60+ GEN MINORITY	GEN % MIN.	60+ G.S.N.	% OF G.S.N.	60+ G.E.N.	% OF 60+ G.E.N.
REGION I	44,791	5,038	11%	687	14%	3,521	8%	7,749	17%
MCDOWELL	7,430	1,743	23%	258	15%	519	7%	1,313	18%
MERCER	13,355	1,231	9%	153	12%	840	6%	2,140	16%
MONROE	2,563	89	3%	30	34%	404	16%	602	23%
RALEIGH	14,522	1,760	12%	221	13%	686	5%	2,192	15%
SUMMERS	2,969	111	4%	23	21%	612	21%	757	25%
WYOMING	3,952	104	3%	2	2%	460	12%	745	19%
REGION II	45,961	1,714	4%	269	16%	3,844	8%	8,026	17%
CABELL	19,830	866	4%	126	15%	1016	5%	2,880	15%
LINCOLN	3,513	0	0%	0	0%	440	13%	906	26%
LOGAN	6,884	533	8%	93	17%	858	12%	1,037	15%
MASON	4,263	46	1%	2	4%	478	11%	841	20%
MINGO	4,636	257	6%	46	18%	379	8%	829	18%
WAYNE	6,835	12	0%	2	17%	673	10%	1,533	22%
REGION III	50,277	2,535	5%	331	13%	5,838	12%	7,369	15%
BOONE	4,148	66	2%	0	0%	677	16%	597	14%
CLAY	1,803	0	0%	0	0%	927	51%	546	30%
KANAWHA	39,455	2,462	6%	329	13%	2665	7%	5,269	13%
PUTNAM	4,871	7	0%	2	29%	1490	31%	957	20%
REGION IV	26,550	1,419	5%	198	14%	2,406	9%	4,819	18%
FAYETTE	10,784	1,065	10%	127	12%	678	6%	1,475	14%
GREENBRIER	7,279	310	4%	55	18%	745	10%	1,521	21%
NICHOLAS	4,184	0	0%	14	0%	439	10%	783	19%
POCAHONTAS	2,157	44	2%	0	0%	224	10%	458	21%
WEBSTER	2,146	0	0%	2	0%	320	15%	582	27%
REGION V	30,722	149	0%	4	3%	2,025	7%	5,384	18%
CALHOUN	1,662	0	0%	0	0%	140	8%	403	24%
JACKSON	3,680	2	0%	2	100%	295	8%	969	26%
PLEASANTS	1,277	0	0%	0	0%	80	6%	261	20%
RITCHIE	2,541	0	0%	0	0%	180	7%	577	23%
ROANE	3,098	0	0%	0	0%	255	8%	757	24%
TYLER	1,984	0	0%	0	0%	130	7%	415	21%
WIRT	905	0	0%	0	0%	62	7%	235	26%
WOOD	15,575	147	1%	2	1%	883	6%	1,767	11%

PART F. CENSUS DATA - STATISTICAL PROJECTIONS
WEST VIRGINIA AGING NETWORK - TARGETED POPULATIONS

	60+ TOTAL	60+ MINORITY	% OF MIN.	60+ GEN MINORITY	GEN % MIN.	60+ G.S.N.	% OF G.S.N.	60+ G.E.N.	% OF 60+ G.E.N.
REGION VI	48,001	1,003	2%	215	21%	4,135	9%	7,663	16%
DODDRIDGE	1,505	0	0%	0	0%	340	23%	306	20%
HARRISON	15,574	224	1%	50	22%	1138	7%	2,678	17%
MARION	12,975	518	4%	119	23%	751	6%	1,794	14%
MONONGALIA	9,656	201	2%	34	17%	969	10%	1,177	12%
PRESTON	5,203	16	0%	7	44%	505	10%	1,123	22%
TAYLOR	3,088	44	1%	5	11%	426	14%	585	19%
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REGION VII	22,656	149	1%	36	24%	1,820	8%	5,125	23%
BARBOUR	3,160	34	1%	13	38%	212	7%	613	19%
BRAXTON	2,902	18	1%	0	0%	232	8%	844	29%
GILMER	1,548	5	0%	0	0%	219	14%	425	27%
LEWIS	4,035	27	1%	6	22%	377	9%	811	20%
RANDOLPH	5,256	43	1%	12	28%	309	6%	1,135	22%
TUCKER	1,812	0	0%	3	0%	274	15%	420	23%
UPSHUR	3,943	22	1%	2	9%	197	5%	877	22%
=====									
REGIONS VIII/IX	26,413	922	3%	118	13%	2,146	8%	4,772	18%
BERKELEY	7,577	288	4%	25	9%	244	3%	1,142	15%
GRANT	1,722	36	2%	2	6%	213	12%	573	33%
HAMPSHIRE	2,556	18	1%	9	50%	348	14%	548	21%
HARDY	1,914	49	3%	15	31%	203	11%	587	31%
JEFFERSON	4,483	382	9%	38	10%	280	6%	506	11%
MINERAL	4,567	109	2%	19	17%	199	4%	616	13%
MORGAN	1,966	28	1%	2	7%	200	10%	369	19%
PENDLETON	1,628	12	1%	8	67%	199	12%	431	26%
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REGIONS X/XI	35,136	643	2%	103	16%	1,706	5%	4,706	13%
BROOKE	5,038	58	1%	14	24%	402	8%	573	11%
HANCOCK	6,642	203	3%	28	14%	324	5%	687	10%
MARSHALL	6,920	40	1%	16	40%	193	3%	969	14%
OHIO	12,888	342	3%	45	13%	647	5%	1,689	13%
WETZEL	3,648	0	0%	0	0%	140	4%	788	22%
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WEST VIRGINIA	330,525	13,572	4%	1,997	15%	27,441	8%	55,613	17%
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SECTION VII: ATTACHMENTS

Part G. Public Hearing(s)

This part will be completed based upon information obtained through each of the Area Agency on Aging's Public Hearing proceedings, as well as the West Virginia Commission on Aging's Public Hearings on the State Plan for Aging Programs.