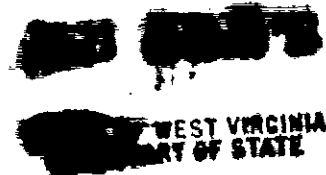


WEST VIRGINIA  
SECRETARY OF STATE  
KEN HECHLER  
ADMINISTRATIVE LAW DIVISION

Form #2

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NOTICE OF A COMMENT PERIOD ON A PROPOSED RULE

AGENCY: West Virginia Commission on Aging TITLE NUMBER: 76

RULE TYPE: Interpretive; CITE AUTHORITY 29-14

AMENDMENT TO AN EXISTING RULE: YES \_\_\_ NO X

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 3

TITLE OF RULE BEING AMENDED: WV State Plan on Aging

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

TITLE OF RULE BEING PROPOSED: West Virginia State Plan on Aging

IN LIEU OF A PUBLIC HEARING, A COMMENT PERIOD HAS BEEN ESTABLISHED DURING WHICH ANY INTERESTED PERSON MAY SEND COMMENTS CONCERNING THESE PROPOSED RULES. THIS COMMENT PERIOD WILL END ON July 26, 1993 AT 5:00 p.m. ONLY WRITTEN COMMENTS WILL BE ACCEPTED AND ARE TO BE MAILED TO THE FOLLOWING ADDRESS.

WV Commission on Aging

1900 Kanawha Blvd., East - Capitol Complex

Charleston, WV 25305

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

ATTACH A **BRIEF** SUMMARY OF YOUR PROPOSAL

13-30

**WEST VIRGINIA**  
**SECRETARY OF STATE**  
**KEN HECHLER**  
**ADMINISTRATIVE LAW DIVISION**

Form #1

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JUL 13 1993  
OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE

**NOTICE OF PUBLIC HEARING ON A PROPOSED RULE**

AGENCY: West Virginia Commission on Aging TITLE NUMBER: 76

RULE TYPE: Interpretive; CITE AUTHORITY 29-14

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: \_\_\_\_\_

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

West Virginia State Plan on Aging

DATE OF PUBLIC HEARING: July 6, 1993 TIME: 10:00 a.m.

LOCATION OF PUBLIC HEARING: Cabell/Huntington Multipurpose Senior Center

724 10th Avenue

Huntington, WV 25701

Phone: 529-4952

COMMENTS LIMITED TO: ORAL\_\_\_, WRITTEN\_\_\_, BOTH X

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

1900 Kanawha Blvd., East

State 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 \_\_\_\_\_

**WEST VIRGINIA**  
**SECRETARY OF STATE**  
**KEN HECHLER**  
**ADMINISTRATIVE LAW DIVISION**

Form #1

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JUL 13 1993  
WEST VIRGINIA  
SECRETARY OF STATE

**NOTICE OF PUBLIC HEARING ON A PROPOSED RULE**

AGENCY: West Virginia Commission on Aging TITLE NUMBER: 76

RULE TYPE: Interpretive; CITE AUTHORITY 29-14

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: \_\_\_\_\_

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

West Virginia State Plan on Aging

DATE OF PUBLIC HEARING: July 7, 1993 TIME: 10:00 a.m.

LOCATION OF PUBLIC HEARING: Raleigh County Senior Center

422 City Avenue

Beckley, WV 25801

Phone: 255-1397

COMMENTS LIMITED TO: ORAL\_\_\_, WRITTEN\_\_\_, BOTH X

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

1900 Kanawha Blvd., East

State 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

**WEST VIRGINIA**  
**SECRETARY OF STATE**  
**KEN HECHLER**  
**ADMINISTRATIVE LAW DIVISION**

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**23 1993**  
**WEST VIRGINIA**  
**SECRETARY OF STATE**

**NOTICE OF PUBLIC HEARING ON A PROPOSED RULE**

AGENCY: West Virginia Commission on Aging TITLE NUMBER: 76

RULE TYPE: Interpretive; CITE AUTHORITY 29-14

AMENDMENT TO AN EXISTING RULE: YES  NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: \_\_\_\_\_

TITLE OF RULE BEING AMENDED: \_\_\_\_\_

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

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

West Virginia State Plan on Aging

DATE OF PUBLIC HEARING: July 8, 1993 TIME: 10:00 a.m.

LOCATION OF PUBLIC HEARING: Hardy County Committee on Aging Center

Spring Avenue

Moorefield, WV 26836

Phone: 538-2030

COMMENTS LIMITED TO: ORAL , WRITTEN , BOTH

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

1900 Kanawha Blvd., East

State 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 \_\_\_\_\_

**WEST VIRGINIA**  
**SECRETARY OF STATE**  
**KEN HECHLER**  
**ADMINISTRATIVE LAW DIVISION**

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OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE

**NOTICE OF PUBLIC HEARING ON A PROPOSED RULE**

AGENCY: West Virginia Commission on Aging TITLE NUMBER: 76

RULE TYPE: Interpretive; CITE AUTHORITY 29-14

AMENDMENT TO AN EXISTING RULE: YES  NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: \_\_\_\_\_

TITLE OF RULE BEING AMENDED: \_\_\_\_\_

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

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

West Virginia State Plan on Aging

DATE OF PUBLIC HEARING: July 9, 1993 TIME: 10:00 a.m.

LOCATION OF PUBLIC HEARING: Harrison County Senior Citizens Center

500 West Main Street

Clarksburg, WV 26301

Phone: 623-6795

COMMENTS LIMITED TO: ORAL , WRITTEN , BOTH

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

1900 Kanawha Blvd., East

State 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 \_\_\_\_\_

TITLE 76  
INTERPRETIVE RULES  
WEST VIRGINIA COMMISSION ON AGING

SERIES 3  
WEST VIRGINIA STATE PLAN FOR AGING PROGRAMS

§76-3-1. General.

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

1.2. Authority. -- W. Va. Code §29-14-1 et. seq.

1.3. Filing Date. -- March 16, 1992

1.4. Effective Date. -- April 15, 1992

§76-3-2. Incorporation By Reference.

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

WEST VIRGINIA  
COMMISSION ON AGING  
FILED

# West Virginia Commission on Aging

Gaston Caperton  
Governor

William E. Lytton, Jr.  
Interim Executive Director

June 22, 1993

Honorable Ken Hechler  
Secretary of State  
Building 1, Suite 157K  
Charleston, West Virginia 25305

Dear Mr. Secretary:

The Commission on Aging hereby submits a "Notice of A Comment Period on a Proposed Rule" in accordance with West Virginia State Code and Regulations.

The comment period will be for the West Virginia State Plan for Aging Programs. The State Plan is the basis for funding under the Federal Older Americans Act of 1965, as amended, under authority granted to the West Virginia Commission on Aging by the Code of West Virginia, Chapter 29, Article 14.

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

Please advise if further information is required.

Thank you for your assistance in this matter.

Sincerely,



William E. Lytton, Jr.  
Interim Executive Director

WEL/BB/st  
B:statplan

APPENDIX B

**FILED**

FISCAL NOTE FOR PROPOSED RULES

Rule Title: West Virginia State Plan for Aging Programs

Type of Rule: Legislative  Interpretive  Procedural

Agency: West Virginia Commission on Aging

Address: 1900 Kanawha Boulevard East  
Building 10, Holly Grove - State Capitol  
Charleston, West Virginia 25305-0160

1. Effect of Proposed Rule

	ANNUAL FISCAL YEAR				
	INCREASE	DECREASE	CURRENT	NEXT	THEREAFTER
<u>ESTIMATED TOTAL COST</u>	\$	\$	\$ 12,941,292	\$	\$ 13,588,006
PERSONAL SERVICES			455,206	+ 5%	477,966
CURRENT EXPENSE *			372,378	+ 5%	390,997
REPAIRS & ALTERNATIONS					
EQUIPMENT			7,000		7,000
OTHER			12,106,708		12,712,043

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 state funds used to provide services.

\* Includes fringe benefits.

Rule Title: West Virginia State Plan for Aging Programs

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 Older Americans Act aging programs and funds.
- 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 area agencies covering the state which, 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 transportation, in-home care services, congregate and home-delivered meals, employment services, etc. Federal funds provide services without means testing, although participant contributions are encouraged.

Date: 6-23-93

Signature of Agency Head or Authorized Representative

William E. Lytton, Jr.

William E. Lytton, Jr.  
Interim Executive Director

**FILED**

OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE

**West Virginia**

**State Plan  
on  
Aging**

**1994 - 1997**

WEST VIRGINIA COMMISSION ON AGING  
State Plan for Aging Programs  
FY1994 - FY1997

**FILED**

**JUN 23 10 59 AM '93**

**OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE**

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SECTION I: FY94-FY97 VERIFICATION OF INTENT

The FY94-97 State Plan for Aging Programs is hereby submitted by the West Virginia Commission on Aging for the period of October 1, 1993 through September 30, 1997. This document includes all assurances and plans to be conducted by the West Virginia Commission on Aging under provisions of the Older Americans Act, as amended, during the period identified. The State Unit on Aging, as identified, has been given the authority to develop and administer the State Plan for Aging Programs in accordance with all requirements of the Act, and is primarily responsible for the coordination of all State activities related to the purposes of the Act. The West Virginia Commission on Aging will assume full authority to develop and administer the State Plan in accordance with all requirements of the Act and related State policies, procedures and regulations. In accepting this authority, the West Virginia Commission on Aging assumes the major responsibilities to develop and administer a comprehensive and coordinated system of services and activities for providing a positive impact on the lives of older people within the service area.

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

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Date

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William E. Lytton, Jr.  
Interim Executive Director

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

---

Date

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Gaston Caperton, Governor  
State of West Virginia

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## SECTION II: ASSURANCE OF COMPLIANCE

This section of the FY1994 through FY1997 State Plan for Aging Programs asserts West Virginia's acceptance of the following federal conditions and assurances which govern use of Older Americans Act funds (Public Law 89-73 as amended on September 30, 1992).

**Sec. 305(a)(2)(B)** The State agency shall provide assurances satisfactory to the Commissioner, that it will take into account, in connection with matters of general policy arising in the development and administration of state plans for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

**Sec. 305(a)(2)(E)** The State agency shall provide assurances that preference will be given to providing services to older individuals with the greatest economic and individuals with greatest social need, with particular attention to low-income minority individuals, and include proposed methods of carrying out the preference in the State plan.

**Sec. 305(a)(2)(F)** The State agency shall provide assurances that it will require use of outreach efforts described in section 307(a)(24).

**Sec. 305(a)(2)(G)(i)** The State agency will set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals.

**Sec. 305(a)(G)(ii)** The State agency will provide an assurance that it will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals.

**Sec. 305(a)(G)(iii)** The State agency will provide a description of the efforts described in subparagraph (ii) that will be undertaken by the State agency.

**Sec. 306(a)** requires the area agency to assure that Title III funds will not be used to pay any part of the cost of a commercial contract.

**Sec. 306(a)** requires the area agency to assure that preference in receiving Title III services will not be given to any individual as a result of a contract or commercial relationship that is not to implement Title III.

**Sec. 306 (a)(5)(A)(i)** provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic and social need including specific objectives for providing services to low-income minority individuals, and proposed methods of carrying out the preference in the area plan.

**Sec. 306(a)(13)** requires area agency to describe [in the area plan] all of the area agency activities, whether funded by public or private funds and assure that the activities conform with the responsibilities of the area agency, laws, regulations and state policy.

**Sec. 306(a)(14)** requires an assurance that the area agency will: maintain the integrity and public purpose of services; disclose to the Commissioner and State agency the identity of each non-governmental entity with which it has a contract and the nature

of the contract; demonstrate that services will be enhanced by the contract; and, on request of the Commissioner or State, disclose all sources and expenditures of funds.

**Sec. 306(a)(17)** requires the area agency to assure that projects will reasonably accommodate participants described in Sec. 307(a)(13)(G), that is, persons with particular dietary needs.

**Sec. 306(a)(18)** requires the area agency to assure, to the maximum extent feasible, coordination between Title III and Title VI services.

**Sec. 306(a)(19)** requires the area agency to assure that it will pursue activities to increase access to Title III services by Native Americans and to specify the ways in which the area agency intends to implement the activities.

**Sec. 307(a)(1)** The State plan shall provide, where appropriate, assurances that the State plan will be based upon areas' plans developed by area agencies on aging within the State designated under section 305(a)(2)(A) and that the State will prepare and distribute a uniform format for use by area agencies in developing area plans under section 306.

**Sec. 307(a)(3)(B)** The State plan shall provide assurances that the State agency will spend in each fiscal year, for services to older individuals residing in rural areas in the State assisted under this title, an amount equal to not less than 105 percent of the amount expended for such services (including amounts expended under title V and title VII) in fiscal year 1978.

**Sec. 307(a)(7)(A)** The State plan shall provide assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure

proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

**Sec. 307(a)(7)(B)(i)** The State plan shall provide assurances that no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act.

**Sec. 307(a)(7)(B)(ii)** The State plan provides assurances that no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act.

**Sec. 307(a)(7)(B)(iii)** The State plan shall provide assurances that mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

**Sec. 307(a)(7)(C)(i)** The State plan shall provide assurances that the State agency and each area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under the State plan in all contractual and commercial relationships.

**Sec. 307(a)(7)(C)(ii)** The State plan shall provide assurances that the State agency will disclose to the Commissioner the identity of each nongovernmental entity with which the State agency or area agency on aging has a contract or commercial relationship relating to providing any services to older individuals, and the nature of such contract or such relationship.

**Sec. 307(a)(7)(C)(iii)** The State plan shall provide assurances that the State agency will demonstrate that a loss or diminution in the quantity or quality of the services provided,

or to be provided under this Act by such agency, has not resulted and will not result from such contract or such relationship.

**Sec. 307(a)(7)(C)(iv)** The State plan shall provide assurances that the State agency will demonstrate that the quantity or quality of the services to be provided under the State plan will be enhanced as a result of such contract or such relationship.

**Sec. 307(a)(7)(C)(v)** The State plan shall provide assurances that the State agency will on the request of the Commissioner, for the purpose of monitoring compliance with this Act (including conducting of an audit), disclose all sources and expenditures of funds the State agency and area agency on aging receive or expend to provide services to older individuals.

**Sec. 307(a)(12)** The State plan shall provide assurances that the State agency will carry out, through the Office of the State Long Term Care Ombudsman, a State Long Term Care Ombudsman program in accordance with section 712 and this title.

**Sec. 307(a)(14)** The State plan shall, with respect to the acquisition, (in fee simple or by lease for 10 years or more), alteration, or renovation of existing facilities (or the construction of new facilities in any area in which there are no suitable structures available), as determined by the state agency, after full consideration of the recommendations by area agencies on aging, to be a focal point for the delivery of services assisted under this title) to serve as multipurpose senior centers.

**Sec. 307(a)(14)(A)(i)** The State plan shall contain or is supported by reasonable assurances that for not less than 10 years after acquisition, or not less than 20 years after the completion of construction, the facility will be used for the purpose for which it is to be acquired or constructed,

unless for unusual circumstances the Commissioner waives the requirement of this division.

**Sec. 307(a)(14)(A)(ii)** The State plan shall contain or is supported by reasonable assurances that sufficient funds will be available to meet the non-Federal share of the cost of acquisition or construction of the facility.

**Sec. 307(a)(14)(A)(iii)** The State plan shall contain or is supported by reasonable assurances that sufficient funds will be available when acquisition or construction is completed, and that the facility will effectively use that facility according to the purpose in which it is being acquired or constructed.

**Sec. 307(a)(14)(A)(iv)** The State plan shall contain or is supported by reasonable assurances that the facility will not be used and is not intended to be used for sectarian instruction or as a place for religious worship.

**Sec. 307(a)(14)(B)** The State plan shall contain or is supported by reasonable assurance that, in the case of purchase or construction, there are no existing facilities in the community suitable for leasing as a multipurpose senior center.

**Sec. 307(a)(14)(D)** The State plan shall contain or is supported by adequate assurance that any laborer or mechanic employed by any contractor or subcontractor in the performance of work on the facility will be paid wages at rates not less than those prevailing for similar work in the locality as determined by the Secretary of Labor in accordance with the Act of March 3, 1931 (40 U.S.C. 276a--276A-5, commonly known as the Davis-Bacon Act), and the Secretary of Labor shall have, with respect to the labor standards specified in this paragraph, the authority and functions set forth in reorganization plan numbered 14 of

the 1950 (15 FR 3176; 64 Stat. 1267), and section 2 of the Act of June 13, 1934 (40 U.S.C. 276c).

**Sec. 307(a)(14)(E)** The State plan shall contain assurance that the State agency will consult with the Secretary of Housing and Urban Development with respect to the technical adequacy of any proposed alteration or renovation.

**Sec. 307(a)(15)(A)(i)** The State plan shall provide that, with respect to legal assistance, that area agencies on aging will enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance.

**Sec. 307(a)(15)(A)(ii)** The State plan shall provide that, with respect to legal assistance, that area agencies on aging will include in any such contract provisions to assure that any recipient of funds under the above division will be subject to specific restrictions and regulations promulgated under the Legal Service Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Commissioner.

**Sec. 307(a)(15)(A)(iii)** The State plan shall provide that, with respect to legal assistance, that area agencies on aging will attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

**Sec. 307(a)(15)(B)** The State plan shall provide that no legal assistance will be furnished unless the grantee--administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee,

to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need and the area agency on aging makes a finding after assessment, pursuant to standards for service promulgated by the Commissioner, that any grantee selected is the entity best able to provide the particular services.

**Sec. 307(a)(15)(D)** The State plan shall provide, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals.

**Sec. 307(a)(15)(E)** The State plan shall provide that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

**Sec. 307(a)(16)** The State plan shall, for a fiscal year whenever the state desires, provide services in the prevention of abuse of older individuals that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for public education to identify and prevent abuse of older individuals; receipt of reports of abuse of older individuals, active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred, and referral of complaints to law enforcement or public

protective service agencies where appropriate.

**Sec. 307(a)(17)** The State plan shall provide that the State agency will provide in-service training opportunities for personnel of agencies and programs funded under this Act.

**Sec. 307(a)(18)** The State plan shall provide that the State agency will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

**Sec. 307(a)(19)** The State plan shall, with respect to education and training services, provide assurance that area agencies on aging may enter into grants and contracts with providers of education and training services which can demonstrate the experience or capacity to provide such services (except that such contract authority shall be effective for any fiscal year only to such extent, or in such amounts, as are provided in appropriation Acts).

**Sec. 307(a)(20)(A)** The State plan shall provide assurance that if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area to utilize, in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.

**Sec. 307(a)(20)(B)** The State plan shall provide assurance, if a substantial number of the older individuals residing in any

planning and service area in the State are of limited English-speaking ability, that the area agency on aging will designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

**Sec. 307(a)(21)** The State plan shall provide assurance that the State agency, in carrying out the State Long-Term Care Ombudsman program, under section 307(a)(12), will expend not less than the total amount expended by the agency in fiscal year 1991 in carrying out such a program under this title.

**Sec. 307(a)(24)(A)** The State plan shall provide assurance that the State agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on (1) older individuals residing in rural areas; (2) older individuals with greatest economic need (with particular attention to low income minority individuals); (3) older individuals with greatest social need (with particular attention to low-income minority individuals); (4) older individuals with severe disabilities; (5) older individuals with limited English-speaking ability; and (6) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals).

**Sec. 307(a)(24)(B)** The State plan shall provide assurance that the older individuals referred to in clauses (1) through (6) of subparagraph (A), and the caretakers of such individuals, will be informed of the availability of such assistance.

**Sec. 307(a)(25)** The State plan shall, with respect to the needs of older individuals with severe disabilities, provide assurance that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

**Sec. 307(a)(26)** The State plan shall provide assurance that area agencies will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(6)(I), for older individuals who reside at home and are at risk of institutionalization because of limitations on their ability to function independently; are patients in hospitals and are at risk of prolonged institutionalization; or are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

**Sec. 307(a)(27)** The State plan shall, with respect to planning and provision of in-home services under section 341, provide assurance of consultation and coordination with State and local agencies and private nonprofit organizations which administer and provide services relating to health, social services, rehabilitation, and mental health services.

**Sec. 307(a)(28)** The State plan shall provide, that if the State receives funds appropriated under section 303(e), assurances will be given that the State agency and area agencies on aging will expend such funds to carry out part E.

**Sec. 307(a)(30)** The State plan requires that the State plan include the assurances and descriptions required by Sec. 705(a) [Title VII Vulnerable Elder Rights Protection Activities].

**Sec. 307(a)(32)** The State plan shall provide assurance that special efforts will be made to provide technical assistance to minority providers of services.

**Sec. 307(a)(34)** The State plan shall provide assurance that the State agency will coordinate programs under this title and title VI, if applicable.

**Sec. 307(a)(35)** The State plan shall provide assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits under this title, if applicable; and specify the ways in which the State agency intends to implement the activities.

**Sec. 307(a)(38)** The State plan shall provide assurance that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

**Sec. 307(a)(39)** The State plan shall provide assurance that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

**Sec. 307(a)(40)** The State plan shall provide assurance 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.

**Sec. 307(a)(41)** The State plan shall provide assurance that demonstrable efforts will be made to coordinate services provided under this Act with other State services that benefit older individuals; and to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisors in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

**Sec. 307(a)(42)** The State plan shall provide assurance that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

**Sec. 307(a)(44)** The State plan shall provide assurance that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

**Sec. 705(a)(1)** The State agency shall include in the State plan submitted under section 307 assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of this chapter.

**Sec. 705(a)(2)** The State agency shall include in the State plan submitted under section 307 assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will hold public hearings and use other means, to obtain the views of older individuals, area agencies on aging, recipients of title VI, and other interested persons regarding programs carried out under this chapter.

**Sec. 705(a)(3)** The State agency shall include in the State plan submitted under section 307 assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will, in consultation with area agencies on aging, identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

**Sec. 705(a)(4)** The State agency shall include in the State plan submitted under section 307 assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out the vulnerable elder rights protection activities described in the chapter.

**Sec. 705(a)(5)** The State agency shall include in the State plan submitted under section 307 assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

**Sec. 705(a)(6)(A)** The State agency shall include in the State plan submitted under section 307 assurance that the State, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3, will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for public education to identify and prevent elder abuse; receipt of reports of elder abuse; active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and referral of complaints to law enforcement or public protective service agencies if appropriate.

**Sec. 705(a)(6)(B)** The State agency shall include in the State plan submitted under section 307 assurance that the State, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3, will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households.

**Sec. 705(a)(6)(C)** The State agency shall include in the State plan submitted under section 307 assurance that the State, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3, that permit all information

gathered in the course of receiving reports and making referrals to remain confidential except if all parties to such complaint consent in writing to the release of such information; if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or upon court order.

**Sec. 705(a)(7)(A)** The State agency, from funds appropriated under section 702(d) for chapter 5, will make funds available to eligible area agencies on aging to carry out chapter 5 and, in distributing such funds among eligible area agencies, will give priority to area agencies on aging based on the number of older individuals with greatest economic need, and older individuals with greatest social need, residing in their respective planning and service areas; and the inadequacy in such areas of outreach activities and application assistance of the type specified in chapter 5.

**Sec. 705(a)(7)(B)** The State agency will require, as a condition of eligibility to receive funds to carry out chapter 5, an area agency on aging to submit an application that describes the activities for which such funds are sought; provides for an evaluation of such activities by the area agency on aging; and includes assurances that the area agency on aging will prepare and submit to the State agency a report of the activities conducted with funds provided under this paragraph and the evaluation of such activities.

**Sec. 705(a)(7)(C)** The State agency will distribute to area agencies on aging the eligibility information received under section 202(a)(20) from the Administration; and information, in written form, explaining the requirements for eligibility to receive medical assistance under title XIX of the Social Security Act (42 U.S.C. 1296 et seq.).

**Sec. 705(a)(7)(D)** The State agency will submit to the Commissioner a report on the evaluations required to be submitted under subparagraph (B); and a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (7).

**Sec. 705(a)(8)** requires in the State plan a description of the manner in which the state agency will carry out Title VII.

**Sec. 705(a)(33)** requires that the State plan include a descriptive statement of the intrastate formula's assumptions and goals, and the application of the definitions of greatest economic or social need (Sec. 305(d)(2)) and a demonstration of the allocation of funds, pursuant to the formula, to each PSA (Sec. 305(d)(2); and indicates that the State plan may not be approved

unless the Commissioner approves the statement and demonstration.; States are advised carefully to review the guidance given in PI-93-02 in preparing this amendment to the State Plan.

**Sec. 307(a)(35)** requires that the State agency specify the ways in which it intends to implement the assurance that it will pursue activities to increase the access of older Native Americans to aging programs and services.

**Sec. 307(a)(37)** requires that the State plan identify, for each fiscal year, the actual and projected additional costs of services in rural areas. [The Act requires that this be done in accordance with a standard definition of rural areas specified by the Commissioner. Until the Commissioner issues a standard definition, states should apply their current definition of "rural" to this requirement.]

## SECTION III: BACKGROUND

### West Virginia Characteristics

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

Statistical data compiled in 1990 indicate that slightly over 20% of the State's population are sixty years of age or older; and that this figure will increase to 20.1%, one of the highest elder representative proportions in the nation. At the prevailing rate of growth, by the end of the decade, fifty percent of all West Virginians (sixty and older) will be seventy-five years or older with nearly 50,000 being over 85.

These factors complicate comprehensive planning for the integration of resource allocation and policy development for meeting the state's long-term care needs as do the various life conditions of the West Virginia elderly population. For example, through surveys completed directly by older West Virginians, 20% of the 60+ age group considered themselves homebound with this percent increasing to 56% for those people 85 and older. Recent studies indicate West Virginia has over 31,000 elderly people determined to be frail or at risk of institutionalization. Should current rates of

chronic disability and health care utilization be maintained, consumer demands for more and a greater variety of health services will double by the year 2020. For West Virginia the effort to effectively integrate medical, community-based and in-home support services for high-risk elderly to prevent premature institutionalization, has become the primary objective to be completed by all aging service offices.

At every level, national, state and local, study after study indicates how important it is for state policy formulators to envision the concept of a state aging program as an integrated, comprehensive system of medical, in-home, community-based, alternative living, and institutional-based services. Recognition of this "medical/social continuum of care model" provides the framework wherein a comprehensive state aging policy may be established in contrast to the current piecemeal approach to financing and administering such services.

West Virginia ...  
defined as third most  
rural state in the nation...  
characterized by its  
mountainous terrain....

In the years immediately ahead, the state will infuse its programs and services with an aggressive intent toward self-sufficiency that will focus and redirect resources both to the individual senior and those agencies committed to providing a comprehensive and coordinated community-based service system. Although visionary and futuristic in its approach and grasp, the "planned system" for addressing the long-term care needs of the elderly will enable older West Virginians to lead independent, meaningful and dignified lives in their own homes and communities as long as possible.

## PART IV: ORGANIZATION

This document, the West Virginia State Plan for Aging Programs, describes the goals and objectives that the aging network will pursue in its coordinated effort toward improving the quality of life for older West Virginians during the next four federal fiscal years, starting October 1, 1993 and ending September 30, 1997.

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

### § 29-14-1. Creation and composition.

There is hereby created the "State Commission on Aging," hereinafter referred to as the "commission." The commission shall consist of seventeen members, as follows: Seven members, herein referred to as government representatives, who shall be the state superintendent of schools, the director of health, the director of mental health (director of health), the commissioner of public institutions (commissioner of corrections), the commissioner of welfare (commissioner of human services), the director of the West Virginia division of vocational rehabilitation, and the commissioner of the West Virginia department of employment security; and ten additional citizens of the state, herein referred to as citizen representatives, no more than five of whom shall belong to the same political party, who have demonstrated an interest in and knowledge of the problems of the aging. The governor shall appoint the ten citizen representatives of the commission by and with the advice and consent of the senate. (1964, c.4.)

Administration of "Older Americans Act of 1965". -- The state commission on aging has sufficient authority, on behalf on the State of West Virginia, to implement and administer the federal "Older Americans Act of 1965." 51 Op. Att'y Gen. 472 (1965)....."

State Authorized Functions - Article 14 indicates that the Commission shall:

- 1) Conduct, and encourage other organizations to conduct studies of the state's older people;
- 2) Encourage, promote and aid in the establishment of local programs and services for the aged by assisting local governments or agencies in the design of needs assessments, by recommending the creation of services and facilities that appear to be needed, by serving as an information clearinghouse, and by offering other local assistance the Commission may deem appropriate;
- 3) Conduct programs of public education on the problems of aging;
- 4) 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;
- 5) Encourage and assist governmental and private agencies to coordinate their efforts on behalf of the aging to improve effectiveness and eliminate duplication or overlap;

- 6) Represent the state's concern for its seniors by collecting, analyzing and disseminating information about the aged and aging; and
- 7) Coordinate statewide, local and voluntary efforts to serve older citizens and make use of their wisdom and capacities with due regard to the development of programs at the local level.

In broad terms, the Commission on Aging is charged with two primary responsibilities: 1) to represent the state's concern for its older citizens and to advocate on their behalf; and 2) 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 seniors.

#### Federally Authorized Functions

From the perspective of the Federal Older Americans Act of 1965, as amended, the Commission is the single State Unit on Aging, responsible for developing and administering a State Plan that responds to all requirements of the Act, for allocating and accounting for those federal funds appropriated for aging programs, and for serving as a liaison with the federal Administration on Aging in proposing and commenting upon national policy and regulations affecting older Americans.

In conformance with Older Americans Act requirements, and to lend direction to the state's extensive network of aging programs, the Commission on Aging requires an annual plan from each of state's four designated area agencies on aging. Each plan specifies the types and levels of service that will be provided to meet the particular needs of the elderly within each of the four planning and services areas, based on both community and area needs assessments.

Area plans also emphasize coordination with other public/private resources to avert duplication or overlap in programming.

#### State Organizational Configuration

West Virginia's aging network has experienced significant organizational restructuring in recent years.

On July 1, 1989, as part of a broad reorganization of the Executive Branch of state government, the West Virginia Commission on Aging became a component of the newly-created West Virginia Department of Health and Human Resources.

The Department of Health and Human Resources is charged with the responsibility of developing, maintaining and enhancing an integrated system of social and health care supportive services for the citizens of our State, including our increasing elderly population. This structural reorganization, therefore, facilitated the creation of a framework designed to enhance development of a collaborative, comprehensive system of services to meet the varied needs of older West Virginians.

In 1991, the West Virginia Legislature authorized the designation of four area agencies on aging and their accompanying planning and service areas (PSA's) for the state.

Subsequently, on October 1, 1991, in accordance with administrative procedures authorized by the Older Americans Act, of 1965, as amended, the Commission on Aging designated four area agencies on aging. Each area agency is now fully operational and is involved in both short- and long-range planning as well as monitoring and providing technical assistance to local providers of aging services.

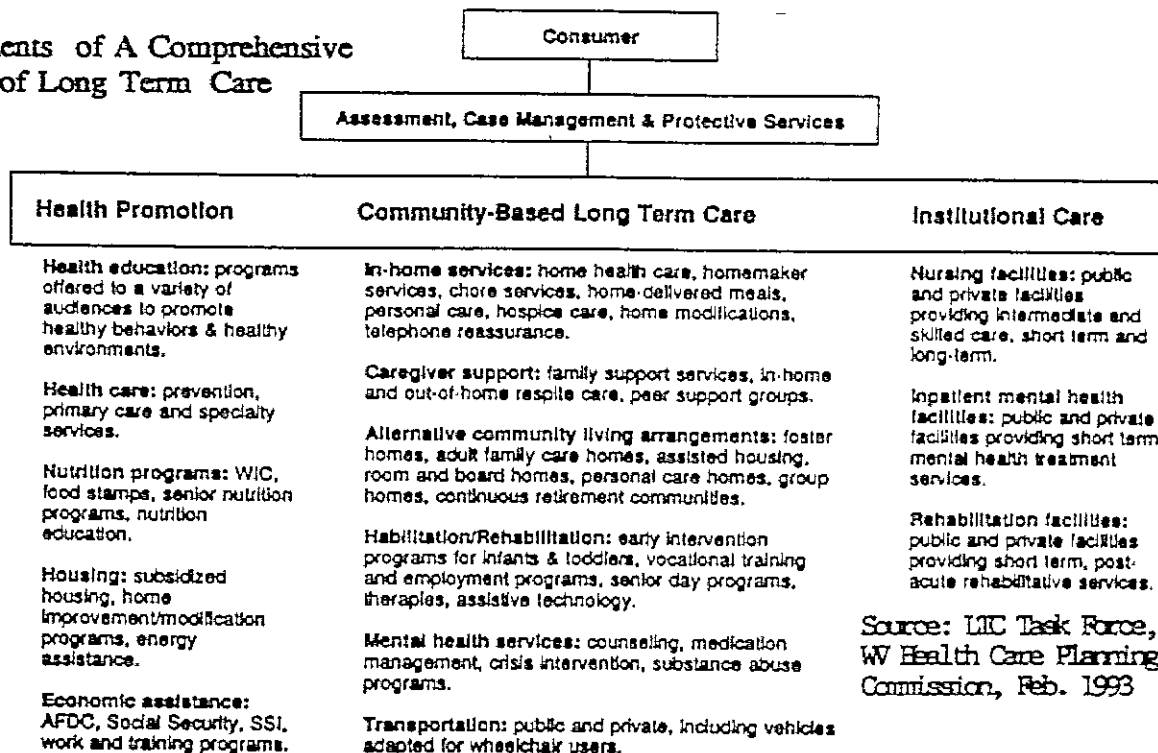
On October 23, 1992, in relationship to legal action undertaken as a result of this administrative change, the West Virginia Supreme Court of Appeals issued a decision on the West Virginia Commission on Aging appeal of an order issued by the Circuit Court of Marshall County. This Circuit Court order had reversed the decision of an administrative hearing examiner in the appeal of the statewide reduction of area agencies on aging, from nine to four. The Supreme Court held that the action taken by the Commission on Aging in this reduction was entirely within its discretion; that the Commission violated no law when it resolved to reduce from nine to four; and that the decision of the Circuit Court of Marshall County be reversed.

On July 1, 1992, state level aging organizational restructuring was unveiled with the creation of an Office of Aging within the Bureau of Human Resources - Community Support, a division of the Department of Health and Human Resources. The new Office of Aging unified the community-based programs of the

Commission on Aging and the Office of Geriatrics and Long-Term Care, thereby consolidating what was at one time a fragmented, somewhat competitive array of in-home service programs for older people. These programs have now come under one management umbrella. As a result, home and community-oriented services have become allied; linkages among service providers strengthened; awareness and visibility of available resources fostered; quality assurance standards improved; roles and responsibilities more clearly defined.

From a management perspective, this will facilitate the ability of the Commission on Aging to address on-going objectives over the next four years including the continual assessment of the proper mission of the aging network in relationship to the broad range of health and behavioral health services in the state, the improvement in the design of reporting, client tracking, monitoring and quality assurance procedures. This process will enhance improved efficiency, account-ability and the quality of service delivery.

### Components of A Comprehensive System of Long Term Care



Source: LIC Task Force, WV Health Care Planning Commission, Feb. 1993

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## PART V. GOALS AND OBJECTIVES

### Mission Statement

The mission statement of the Commission on Aging provides the framework from which all goals and objectives flow.

*The mission statement says:*

*"As the 21st century rapidly approaches, the leadership responsibility of the West Virginia Commission on Aging toward improving the quality of life for elder West Virginians becomes paramount to all West Virginians. With over 20% of all residents being at least 60 years old and comprised of people whose strengths and needs vary significantly, the impact of this maturing society will have far-reaching ramifications to all walks of life.*

*In the years immediately ahead, the Commission on Aging will infuse its programs and services with an aggressive intent toward self-sufficiency that will focus and redirect resources both to the individual senior and those agencies committed to providing a comprehensive and coordinated community-based service system. Although visionary and futuristic in its approach and grasp, the "planned system" for addressing the long-term care needs of the elderly will enable older West Virginians to lead independent, meaningful and dignified lives in their own homes and communities as long as possible.*

*Simultaneously, the well-being of elder people bears a direct impact on the economic viability of West Virginia as a whole. While over 31,000 seniors need physical assistance to manage their lives on a day-to-day basis and over 55,000 are living below poverty level, significant numbers of elderly hold meaningful assets that must be considered and utilized when economic planning for*

*the state occurs. In fulfilling the mandates of the Older Americans Act, the Commission is committed to market the potential resources of elder people.*

*Specific emphasis is placed on initiatives that encourage re-entrance into the labor market, the senior population's discretionary purchasing power on the retail market and the educational experiences held by older people who can assist West Virginia in progressively moving the state forward.*

*Fundamental to achieving any success in these endeavors is the Commission's active support in protecting the rights of all elder people by furthering advocacy strategies that involve active participation of both the elderly and the aging network. For the Commission on Aging, advocacy is a process whereby the needs of older people are brought to the attention of decision makers at all levels of government, and in the private nonprofit and corporate sectors of society as well.*

*Additional responsibility focus on providing the support mechanisms that will guide and direct the elderly themselves toward self involvement in protecting the rights of peers and themselves.*

*Finally, as the instrument for social and policy change that recognizes the strengths and needs of the elder population which focuses on the individual's needs first, the Commission on Aging's vanguard involvement in developing referral and community linkages is of great importance. The provision of leadership to articulate immediate and future issues, the commitment toward sound policy development, in conjunction with innovative planning approaches, will assure effective resource allocation improving the social, physical and mental condition of elder people in our state."*

**The provision of leadership... toward sound policy development, in conjunction with innovative planning approaches, will assure effective resource allocation improving the social, physical and mental condition of elder people in our state.**

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## Assumptions Underlying Plan Goals and Objectives

In general terms, this plan sees the necessity for basic recognition of two key elements which limit the various offices' and agencies' ability for improving the quality of life of the elder population. The first factor requires a commitment of cooperation and relates to the need for more positive and effective communications between the various organizations and agencies working on behalf of elder people. The second factor is the recognition and support of a coordinated effort to both increase resources and realign existing finances to meet the diverse needs of a rapidly increasing and more frail elder population.

Attempting to meet the challenges of the nineties and address the needs of older West Virginians as outlined in mandates contained

within the Older Americans Act and West Virginia State law, the West Virginia Commission on Aging proposes to address its responsibilities through the identification of goals and objectives in four functional areas: Administration, Systems Development, Service Profile, and Elder Rights and Advocacy.

The following goals, objectives and action steps outlined for each of the four functional areas, will determine the manner in which the aging network will address the problems of older West Virginians, while at the same time, improving the accountability and evaluative structure of agencies attempting to address the needs of elder West Virginians.

### ADMINISTRATION GOAL AND OBJECTIVES

West Virginia will continue the concept of comprehensive county-based programs for older adults in counties which provide authorized service delivery for older people. Local service plans for aging are completed in partnership with the Area Agencies on Aging (AAAs) and with participation by older adults themselves. The primary objectives of a network of county-based programs is the provision of comprehensive planning for older adults; a core of services for those at highest risk; and a range of supportive services, rights and protections, and opportunities to all older adults in need.

It is important that local service providers have some flexibility to meet their individual needs; however, the design of a statewide network of comprehensive county-based program requires a measure of standardization to achieve state, regional, and local goals. Therefore, a successful county-based system of care is the result of the efforts of many different people and institutions, both public and private, the ultimate determinant of success and direction is a function of clear state, regional, and county leadership.

The state's responsibilities include: establishment of a state vision and a strategic plan for achieving equitable services for all older adults; establishment of common service standards and clear eligibility guidelines for core health and human services programs; and provision for the integration of financing and service delivery strategies.

Area agencies on aging, by design, work in conjunction with the state to develop plans and provide technical assistance, consultation, and quality assurance. However, there are

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two key roles area agencies must perform -- local and regional planning as well as program development. In this regard, area agencies are responsible for facilitating both county and regional planning efforts as they pertain to services for older adults.

The state's fifty-five county-based programs are well-established as community focal points and possess a high visibility with the senior community, as well as the local political and private sectors. Therefore, the necessary program, service, outreach and advocacy base is well-established on the county level which can effectively serve as a point of departure for the reorganization of roles and functions of the aging network in the state.

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

#### Objectives

1. The West Virginia Commission on Aging, in conjunction with the Bureau of Human Resources, the CORE Management team, provider associations, aging advocates and area agencies, will continue to develop and maintain uniform standards and requirements for eligibility and reporting for all client services throughout the network.
  - A. Utilize Activities of Daily Living and Instrumental Activities of Daily Living - oriented prescreening and intake forms which will also measure eligibility for services available through the Community Care Program, the Medicaid Waiver Program and institutional care services.
  - B. Develop a system whereby community-based programs will attempt to coordinate long-term care activities and long-term care facilities within their geographical service areas.
  - C. Develop service standards that can be utilized in all aging programs with particular emphasis on cost accountability and containment.
  - D. Coordinate activities in 1 (A,B,C,) with long-term care legislation such as the proposed health care reform legislation.
2. The West Virginia Commission on Aging, in conjunction with the Bureau of Human Resources, local programs, area agencies and advocates will develop a standardized quality assurance model for implementation during FY95.
  - A. Continue to utilize peer review groups comprised of area agencies and county providers to provide both technical assistance and monitoring for all programs administered through the Commission on Aging.
  - B. Begin to institute specific measurements within service plans and reporting processes to determine service impact on the quality of life for participants.

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- C. Develop a quality assurance training program targeted to local provider managers to assist their efforts for improving supervisory responsibilities in their long-term care, in-home service activities.
  - D. Assist the Office of Aging toward developing specific standards for case management agencies that will allow consistent quality statewide.
  - E. Work in conjunction with the Office of Aging to develop a statewide training manual and curriculum to meet the personal care service requirements of all providers to be implemented at the local level.
  - F. Access home health care, other professional associations and standards for appropriate training and certification.
3. The West Virginia Commission on Aging will streamline the Title V program in a manner that will improve access to employment programs statewide.
    - A. Research other state programs in an effort to obtain "best practice" approaches that have applicability for West Virginia.
  4. The West Virginia Commission on Aging will redraft the aging program's Policy and Procedure Manual to assure compliance with other aging service programs such as Personal Care, Title V, Older Americans Act programs, Medicaid Waiver Programs, etc.
    - A. Disseminate and publish the draft manual for the purpose of soliciting comments.
    - B. Develop a subcommittee of CORE Management to review, analyze and incorporate pertinent comments for programs into the manual.
    - C. Review regulatory process and initiate required procedures for adoption of the manual.
    - D. Conduct statewide training on the manual for aging network offices and advocates within 30 days after adoption.
  - B. Redesign monitoring tools for both program and fiscal components.

### SYSTEMS DEVELOPMENT GOAL AND OBJECTIVES

An essential element of a truly effective service delivery system is choice in the selection of quality health and social service interventions appropriate to the needs of older adults and their families. The choice is governed by such factors as: 1) availability of a range of health and social care settings and services; 2) availability of services that meet varying needs within different service settings; and 3) an adequate service capacity to meet the needs of high-risk older adults.

Older people with high risk or at-risk conditions need different types of health and social services, which can be seen as continuing from those delivered in the home to those delivered in institutions for older adults who have experienced some significant measure of impairment.

Levels of care in an adequate service system can generally be grouped into three categories. Institutional care includes placement in a state psychiatric hospital, an acute care hospital, or a skilled or intermediate-care nursing home. Community-based care, includes services offered in settings usually outside of the home, such as senior centers, adult day care programs, community mental health centers, and community residential care, among others. In-home services are those offered in the least restrictive setting, the individual's own home. All levels of services are integral to a county and its home and community-based system of care.

Systems development refers to the ability of local service providers to evolve within changing environments. A successful aging program must have the capability to engage in the following activities and functions: resource development; effective, appropriate service delivery; work-force development, including training and orientation; research and evaluation; and building public awareness.

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

#### Objectives

1. To utilize and maintain the established CORE Management team to interact with the Commission on Aging for development of policy, planning and program issues.
  - A. Participate in monthly meetings of the CORE Management team for the purpose of sharing information relating to all issues involving services and programs targeted to older people, including review of grant proposals prior to submission to the funding source.
  - B. Include a specific component that will target planning activities related to encouraging non-traditional agencies and organizations to become more involved in assisting older people within each county program.
  - C. Develop a subcommittee of CORE Management that will include representatives of the CoA, AAA, and Project Directors to address advocacy-specific issues needing to be pursued by the network as a whole.
  - D. Develop a training component that will attempt to set standards for personnel providing assistance to older people by establishing a subcommittee comprised of local service providers/individuals providing direct services who will represent no less than 1/3 of the total number of committee members.
  - E. Disseminate the results and activities conducted by the CORE Management team, on a monthly basis to all aging staff, and to other aging offices attempting to improve the quality of life for older people.
  - F. Support the expansion of CORE to include provider representatives from the Waiver Program Case Management - homemaker/home health personnel.

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2. To assist in the development of statewide systems that will improve effective transition between acute and long-term care facilities and the community-based service programs.
    - A. Provide technical assistance to county programs through the AAA's for the purpose of educating them on ways to improve communications with acute/long-term care facilities within their communities.
    - B. Develop a statewide specialized resource communities directory that will include contact information relating to acute care facilities, personal care/boarding homes and nursing homes within each county.
    - C. The AAA's will conduct training programs that will assist county programs in working with local medical personnel, through technical assistance from the state office.
  3. To assist county programs on aging to have the organizational capacity and leadership to conduct effective and efficient local planning.
    - A. Develop and implement a standardized training packet on management techniques for county providers by the 2nd quarter of 1994.
    - B. Assist county programs in expanding capabilities of utilizing automated systems programs for the purpose of improving accounting and participant reporting procedures.
- C. Conduct statewide training programs with county providers and AAA's on effective utilization of demographic data for improved targeting and service delivery by the 3rd quarter of FY94.
  - F. The AAA's will provide technical assistance on techniques to develop programs that will bring counties up to peer review standards for those counties with weaknesses identified through the peer monitoring process or upon request by the county.
  - E. Conduct training programs with county providers on developing self-evaluation techniques for determining program/service accomplishments.
  - F. Provide technical assistance to county programs on techniques and ways to develop alternative resource programs and initiatives.
  - G. Work with West Virginia Aging Alliance to enhance professional training to all interested persons in gerontology-aging programs and practices.
  - H. Coordinate Older Americans Act service objective and outreach with Waiver and Community Care Programs.

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## SERVICE PROFILE GOAL AND OBJECTIVES

Underlying all health and social needs of older West Virginians is the availability and development of services that will assure an improved quality of life. Traditional focus has encouraged multiple agencies at federal, state and local levels to target specific services to certain segments of the older population. Such fragmentation has, in many cases, prevented many older people from being able to access those services most needed due to the complexity of the various agencies' eligibility guidelines, identification of which agency provides what types of services, and visibility of the agency at the local level. Ultimately this approach to service management prevents services from reaching those people in greatest need or makes available services that may not be what the older person actually needs.

The Older Americans Act defines the need for local programs to be the focal point of OAA services that may assist people, while at the same time requiring clear and concise targeting requirements that will provide needed services to the older population. The county senior programs serve the purpose of being the local focal point of access for Older Americans Act programs whereby other agencies, including representatives from such offices as Social Security, Veterans Affairs, Legal Service Corporations, Human Resources, etc., are given the opportunity to be available to provide services.

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

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

### Objectives

1. Create a planning structure for ongoing review of best practices for service, organizational design and resource packages to enhance the aging network's capacity to respond to ongoing and new Older Americans Act mandates (low-income minority, rural, frail, target populations).
2. To increase technical assistance to local providers on improving access and coordinating resources from other

agencies that have the potential to assist older people.

- A. Develop at the state, regional and local levels specific coordination and informational sharing activities with developmentally disabled councils and the various Alzheimer's support groups.
- B. Utilize information obtained from the AoA ElderCare initiative for assisting county programs in accessing new resources to assist older people.

3. To coordinate with and assist the Bureau of Human Resources in the expansion of the Medicaid Wavier program.
  - A. Review the Medicaid Wavier program method of determining specific participant levels on a county by county basis based on the individual's level of need and economic status.
  - B. Determine available resources to enhance implementation of the program statewide.
  - C. Review the feasibility of expansion of services available through Medicaid Waiver funds for services non-existent or severely limited, such as adult day-care, respite, hospice and home health.
4. Within limited and available resources, study the feasibility and appropriateness of developing day care services within each county senior center.
  - A. Develop a plan for determining, on a county-by-county basis, the anticipated resources necessary for developing at least one adult day care facility within each county on an as needed basis over a four-year period.
  - B. Consider submission of proposal to the Benedum Foundation and request technical assistance from their offices to develop this initiative.
  - D. The Commission on Aging, area agencies on aging, state adult day care associations, mental health, and developmental disabilities providers will work cooperatively to provide technical assistance and training to county programs on developing and managing a day care program within their senior centers.
  - E. Consider development of plan of action that will encourage maximum expansion of day care facilities statewide.
  - F. Work with Office of Aging to develop cross agency training for monitors of OAA, Waiver, and Community Care Programs.

### RIGHTS AND ADVOCACY GOAL AND OBJECTIVES

Individual and collective advocacy is the essential core of the Older Americans Act and a central mission of state, area and local agencies. Each state aging network's primary purpose is to assure that individual older people have their civil rights, autonomy and dignity protected, their claims to entitlements honored and their contracts and covenants for care and benefits fulfilled. This responsibility is paramount with respect to those who are unable to secure and protect their own interests.

Elder rights issues typically arise in one of four different ways: a violation of legally established protections or benefits; a restriction in choice; abuse and neglect; and fraud and exploitation. Title VII of the Older Americans Act calls for the development of a comprehensive, coordinated system of elder care services in each state.

Elder rights services should seek to help older people to: understand their rights; maintain and exercise older persons control over decisionmaking; benefit from services

and opportunities promised by law; maintain rights consistent with capacity; and resolve disputes using the most efficient and appropriate methods for representation and assistance.

On a personalized level, the key functions of the elder rights system include: information and assistance; training; investigation; representation; counseling; complaint handling; oversight; dispute resolution; and protection.

At another level, elder rights programs incorporate a variety of advocacy functions which address the collective needs of older persons, in response to recurrent practices by public or private organizations or individuals which have the potential for harmful effect. Collective advocacy for elder rights includes such functions as: legislative and regulatory initiatives; litigation designed to pursue "class-action" issues; pursuit of administrative relief from public agencies in response to onerous regulations and administrative practices which threaten elder rights; coordination among agencies whose responsibilities are to enhance or protect specific elder rights and public education.

Title VII provides the opportunity for state leadership through development and coordination of capacities to address: abuse and neglect and exploitation; access to public benefits and entitlements; legal assistance and elder rights including ombudsman activities.

West Virginia will strive for the development of a comprehensive, coordinated system of care that defines a set of elder rights programs that can be implemented in a comprehensive, statewide fashion.

**RIGHTS AND ADVOCACY GOAL:** To develop in accordance with Title VII, goals and objectives that will assure older West Virginians receive all information and support necessary toward protecting their rights.

### Objectives

1. To continue legislatively mandated efforts to develop and implement a "volunteer ombudsman program" statewide.
  - A. Develop the necessary tools for recruiting, screening, training and certifying potential volunteers requesting to work in the ombuds program.
  - B. Create an evaluative structure that will measure the future needs, current impact, and problems with utilizing volunteers in the ombuds program.
  - C. Annually, develop a report for legislative informational purposes that is part of the agency yearly report.
  - D. Annually, develop a volunteer recognition program for the ombuds volunteers.
2. To strengthen and further define coordination responsibilities between adult protective services, legal services, the ombudsman program and health facilities licensure and certification.

- A. Update the memorandum of agreement between each of the agencies for compatibility with current contractual responsibilities.
  - B. Develop and sponsor a coordinated training conference that will encourage communication between state, regional and local staff.
  - C. Schedule on a quarterly basis, meetings between the leadership of each of the agencies to discuss problems, proposed initiatives and information sharing.
3. Continue work with the successor agency to the West Virginia Health Planning Commission on the development of appropriate health-related long-term care services.
- A. Disseminate pertinent information/recommendations coming from the health care reform efforts.
  - B. Evaluate and take appropriate action on proposed changes that will be considered by the Commission's successor agency for determining impact on older people.
4. To recognize roles and responsibilities of both area agency and county provider boards and advisory councils in an effort to meet both federal and state mandates.
- A. Develop a standardized training packet to assist provider agencies in orienting advisory councils to aging programs.
  - B. Strengthen the responsibilities of area agency boards and provide technical assistance for improved management capabilities.
- C. Develop minimum board/advisory council standards for agencies receiving funding through the Older Americans Act.
  - D. Provide statewide training to the various boards and advisory council representatives on the standards.
5. To increase the availability of information and awareness of the issues relating to elder abuse, neglect, and exploitation as well as guardianship responsibilities.
- A. Continue to support the statewide Guardianship Task Force in developing consumer information on alternatives to guardianship.
  - B. Further expand the public awareness of elder abuse and ways in which both agencies and the general public can assist in helping prevent abuse, as defined by the Older Americans Act.
  - C. Provide training and technical assistance to local agencies on effective adult protective services procedures for handling/referring abuse cases.
  - D. Support legislative reform for committeeship/guardianship.
  - E. Continue to provide members of the Commission on Aging with appropriate information to enhance their ability to work with aging program issues.
  - F. Conduct public hearings to obtain the views of older individuals and other interested parties regarding programs and services to be carried out under Title VII.

- 
- G. Continue the highly successful Governor's Conference on Adult/Elder Abuse.
6. Implement a statewide benefits counseling grant funded by the Health Care Financing Administration, and coordinate, as appropriate, the Older Americans Act counseling and assistance program activities with this initiative.
7. To implement Title VII initiatives through the coordination of public hearings related to planned Title VII programs and through the creation of a state Elder Rights and Protections Advisory Committee to the Office of Aging and the Commission on Aging.

## SECTION IV: FINANCIAL PLAN

### A. State Funding Formula

The West Virginia Commission on Aging allocates Title III-B, C, D, F, and Title VII Elder Abuse Prevention funds via a formula developed to conform to Older Americans Act requirements. This formula combines factors and weights as listed below, and will be implemented for the first time for FY 1994 allocations.

<u>Factors</u>	<u>Weights</u>
Population aged 60+	.4
Population aged 60+ Low Income	.4
Population aged 60+ Minority	.2
	1.0

Data from the 1990 Census as listed below was used with the Bureau of Social Science Research (BSSR) formula simulation models (1984) to arrive at the following formula for each region:

<u>Region</u>	<u>Formula</u>
I	.257594
II	.310189
III	.162069
IV	.270148
	1.00000

<u>Region</u>	<u>*Pop60</u>	<u>BPL60</u>	<u>Min60</u>
I	107341	15149	2063
II	112851	17263	4154
III	59873	10386	1460
IV	80454	13608	5603
	360519	56406	13280

\* Pop60 - Population 60+  
 BPL60 - Below Poverty Level 60+  
 Min60 - Minority 60+

### Formula Development and Assumptions

Funding formula requirements, experience of other states, factors, weights, and demographic materials were reviewed exhaustively for more than a year by a committee consisting of state agency, area agency, and service provider staff. The final factors and weights were recommended by the committee and endorsed by a larger CORE Management Group, also composed of representatives from all levels of the West Virginia aging network.

All three formula factors were selected in response to Older Americans Act directives, which correlate with the need for services. There is acceptable, current, demographic data available for each factor. The weight of .4 was given to the low income factor in recognition of additional needs and requirements to serve those in poverty. The minority factor received the weight of .2 for additional targeting of funds to minority older persons, who are also more likely to have economic needs and will benefit additionally from the low income weighting. Minority persons are also more likely to be in greatest social need, as are low income elderly, and this was recognized in the weights assigned.

The formula, as displayed, is the sum for each region of each factor weight multiplied by one divided by total factor weights, then multiplied by the proportion that region's factor population bears to the state total factor population.

## Formula Application

From the Title III-B allotment to the State, \$130,102 is currently projected to be used for the statewide ombudsman program. In addition, \$70,059 has been set aside in FY94 for legal services contracts statewide. These contracts are made by the state commission on behalf of the area agencies, since planning and service areas do not coincide with legal services regions. Title VII Elder Abuse Prevention funding has been allocated by formula; area agencies may delegate administration to the state office for a statewide education initiative.

For state agency administration, \$390,848 has been set aside, allocated proportionately from Titles III-B and III-C. No state agency administrative dollars have been budgeted from the other titles for FY 1994; however this will be reviewed annually.

The maximum amount established for area agency administration is currently \$147,428 each. This comes from Title III-B, Title III-C and State General Revenue funds, with an additional \$60,000 from Senior Support (Lottery) funds to provide match. This will be reviewed annually.

From Title III-B and State funds, \$40,000 is currently allocated to each planning and service area for each county in the region. This is also subject to review and reconsideration for each funding cycle. The funding formula is applied to the remainder.

Other funds authorized by the Older Americans Act that are not allocated by formula include Title V Senior Community Service Employment Program (SCSEP) and USDA cash supplement to the Title III-C meals program. Senior Support (Lottery) funding and related state funds are used to maintain services formerly provided under Title XX of the Social Security Act., and are not allocated by formula.

Area agencies are required to use at least 50% of Title III services funds for access, in-home and legal services. This requires focus upon those older persons who suffer the most severe and greatest numbers of impairments to activities of daily living.

Guidelines for services of client finding, counseling, home repair, referral and shopping (second priority level services) are 30% of Title III-B funds. A maximum of 20% may be used for third priority services of assessment, care training, housing assistance, instruction and training, letter writing/reading, material aid, telephoning and visiting, and discount.

### Cost in Rural Areas

West Virginia, according to the latest Census information available, is third highest in the nation in percentage of state population 65+ defined as rural (56%). In eighteen of the fifty-five counties, more than 95% of persons 60+ live in rural areas. In only nine of the counties are less than 50% of older persons classified as rural.

Projections of service cost in rural areas:

FY	Title III-B/D	Title III-C
1992	\$ 2,827,712	\$ 4,739,349
1994	\$ 2,941,951	\$ 4,930,819
1995	\$ 3,000,790	\$ 5,029,435
1996	\$ 3,060,806	\$ 5,130,023
1997	\$ 3,122,022	\$ 5,232,623

*Note: Cost includes local match and program income.*

Cost increases are projected for inflation and energy-related purchases. However, with funding remaining at current levels, realistically we can expect that total costs will hold relatively constant and services will be reduced.

**B. Regional Allocation of Funds for FY 1994**

PLANNING AND SERVICE AREA	TITLE III SERVICE Funds (B, C, D, F TITLE VII)	TITLE V	NON-TITLE III FUNDS*	TOTAL FUNDS AWARDED
I	\$ 1,659,932	0	\$ 929,622	\$ 2,589,554
II	\$ 1,728,272	\$ 376,702	\$ 782,133	\$ 2,887,107
III	\$ 1,233,375	\$ 264,254	\$ 703,818	\$ 2,201,447
IV	\$ 1,622,048	\$ 179,917	\$ 726,157	\$ 2,528,122
Other (unclassified)			\$1,402,147	\$ 1,402,147
<b>Total Allocations</b>	<b>\$ 6,243,627</b>	<b>\$ 820,873</b>	<b>\$4,543,877</b>	<b>\$11,608,377</b>

\*Includes State General Revenue \$2,549,417, Senior Support (Lottery) \$600,000, USDA \$1,394,460. Minimum match for Title III and VII is \$488,683, which includes area agency administration match of \$147,428 provided by state funds.

**C. Estimated State Agency Budget**

PROGRAMS	FEDERAL	STATE FUNDS	TITLE IV TITLE V	TOTALS
TITLE III STATE ADMINISTRATION	\$ 390,848			\$ 390,848
LONG TERM CARE OMBUDSMAN				
Title III: (Part B)	\$ 130,102			\$ 130,102
Title VII Ombudsman	\$ 33,183			\$ 33,183
LEGAL SERVICES	\$ 70,059			\$ 70,059
OTHER OLDER AMERICANS ACT Funds				
Title IV Hold Harmless			\$ 34,277	\$ 34,277
Title V			\$ 61,787	\$ 61,787
STATE		\$ 612,658		\$ 612,658
<b>TOTAL</b>	<b>\$ 624,192</b>	<b>\$ 612,658</b>	<b>\$ 96,064</b>	<b>\$1,322,914</b>

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 and the Legal Services Program. Legal Services contracts are on behalf of the area agencies, since legal services and area agency regions do not coincide. Required minimum state match is \$152,244.

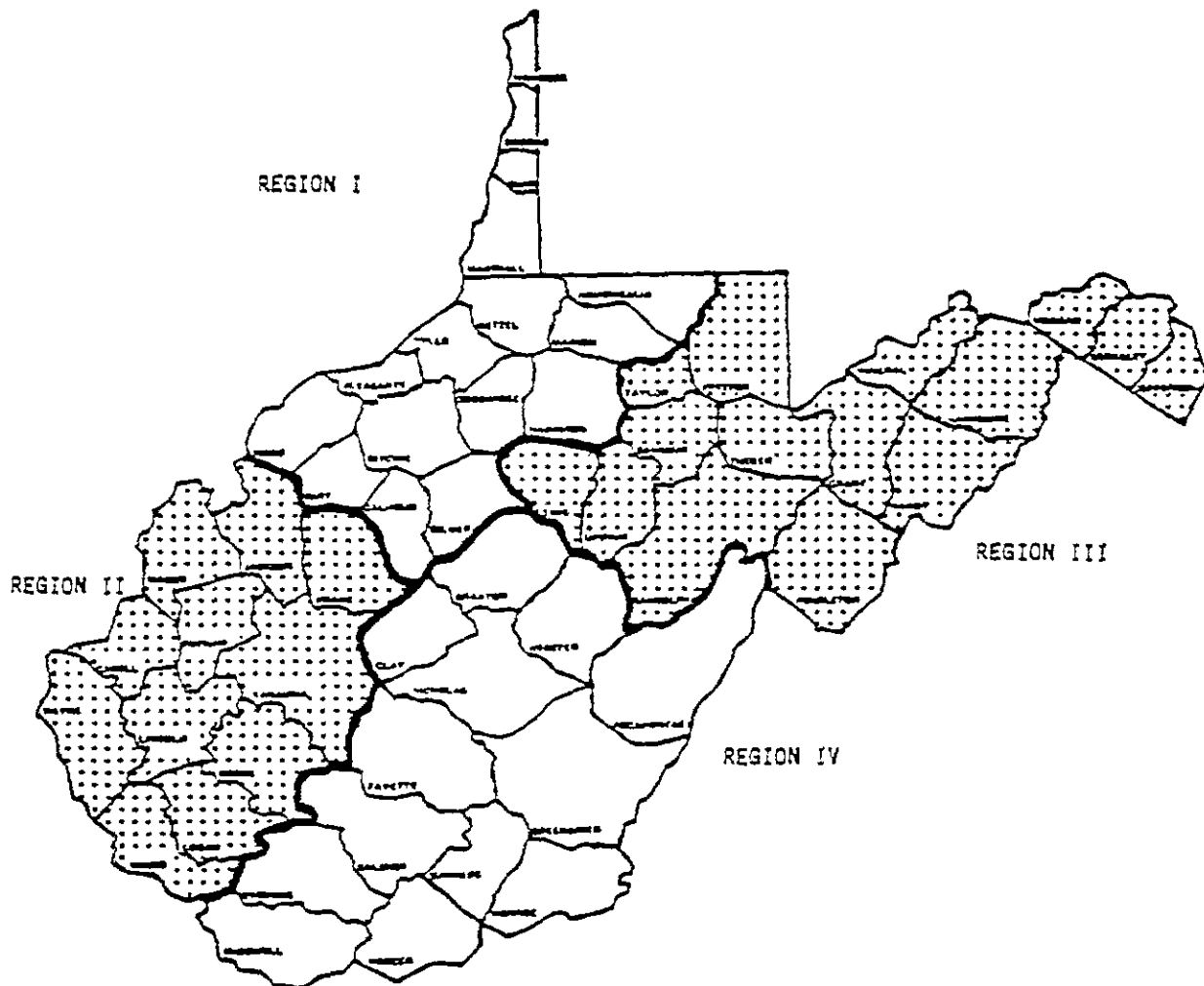
**SUMMARY: SOURCES OF FUNDING (Estimated)**

TITLE III-B	\$ 2,613,154
TITLE III-C	\$ 3,973,680
TITLE III-D	\$ 62,282
TITLE III-F	\$ 148,237
TITLE VII OMBUDSMAN	\$ 33,183
TITLE VII ELDER ABUSE	\$ 37,283
TITLE IV HOLD HARMLESS	\$ 34,277
TITLE V SCSEP	\$ 882,660
USDA	\$ 1,394,460
STATE APPROPRIATION	\$ 3,162,076
SENIOR SUPPORT (LOTTERY)	\$ 600,000
<b>TOTAL</b>	<b>\$12,941,292</b>

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- A. Planning and Service Areas of West Virginia
- B. Organizational Chart  
Health & Human Resources  
West Virginia Office of Aging
- C. Criteria Standards & Definitions  
Program & Criteria Descriptions  
Service Activity Definitions
- D. Elder Demographics
- E. Inventory of Long Term Care Services in  
West Virginia
- F. State Plan Comment Process  
Public Notification  
Record of Public Hearings  
Effect on State Plan

ATTACHMENT A. DESIGNATED PLANNING & SERVICE AREA MAP



**NORTHWESTERN AREA AGENCY ON AGING**

P. O. Box 2086

Wheeling, West Virginia 26003

REGION I (Northwestern West Virginia)

COUNTIES SERVED: Brooke, Calhoun, Doddridge, Gilmer, Hancock, Harrison, Marion, Marshall, Monongalia, Ohio, Pleasants, Ritchie, Tyler, Wetzel, Wirt and Wood.

**WV State College Metro Area Agency on Aging**

P. O. Box 518

Institute, WV 25112-0518

REGION II (Southwestern West Virginia)

COUNTIES SERVED: Boone, Cabell, Jackson, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam, Roane and Wayne.

**UPPER POTOMAC AREA AGENCY ON AGING**

P. O. Box 869

Petersburg, West Virginia 26847

REGION III (Northeastern West Virginia)

COUNTIES SERVED: Barbour, Berkeley, Grant, Hampshire, Hardy, Jefferson, Lewis, Mineral, Morgan, Pendleton, Preston, Randolph, Taylor, Tucker and Upshur.

**APPALACHIAN AREA AGENCY ON AGING**

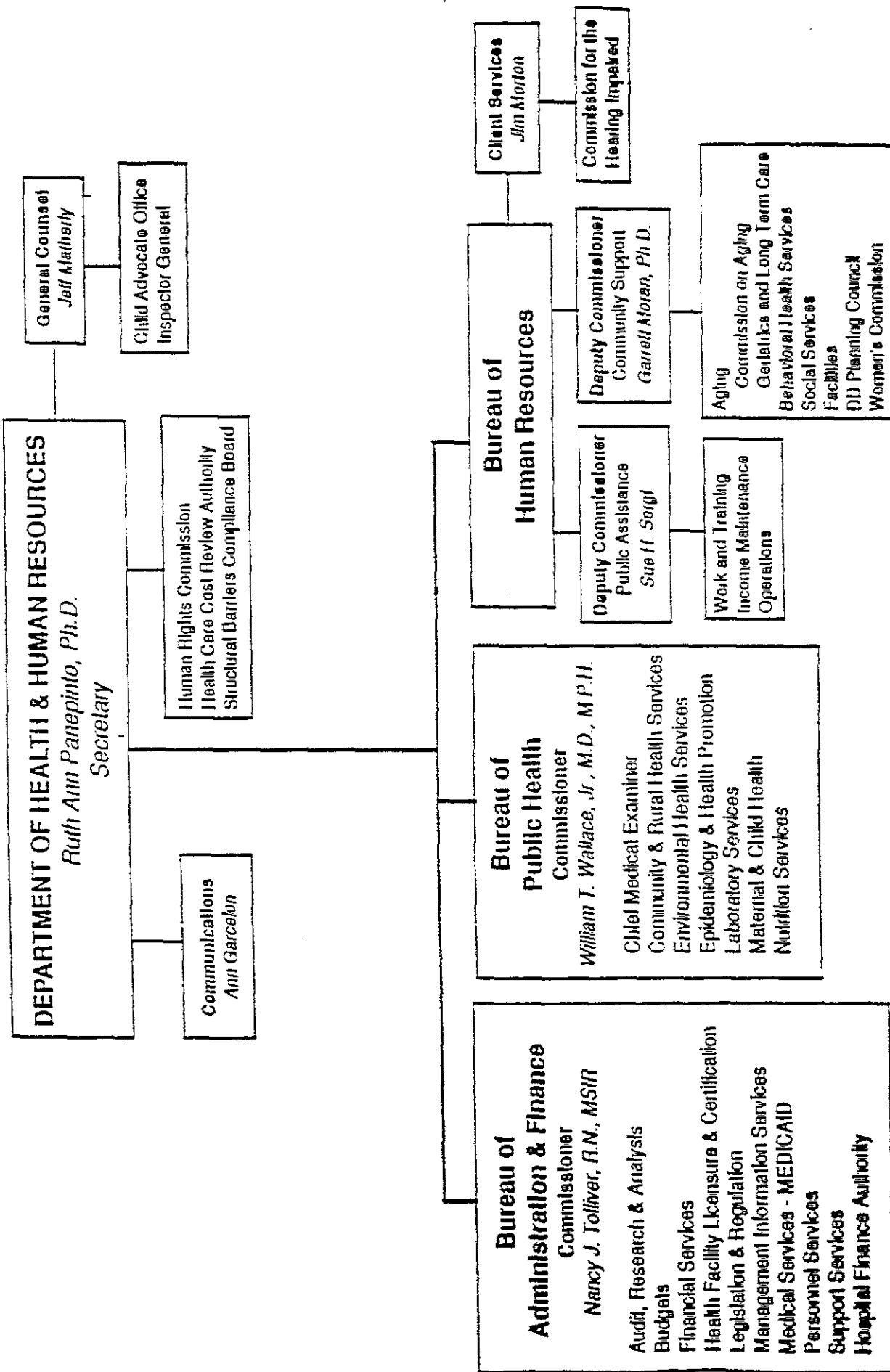
P. O. Box 1432

Princeton, West Virginia 24740

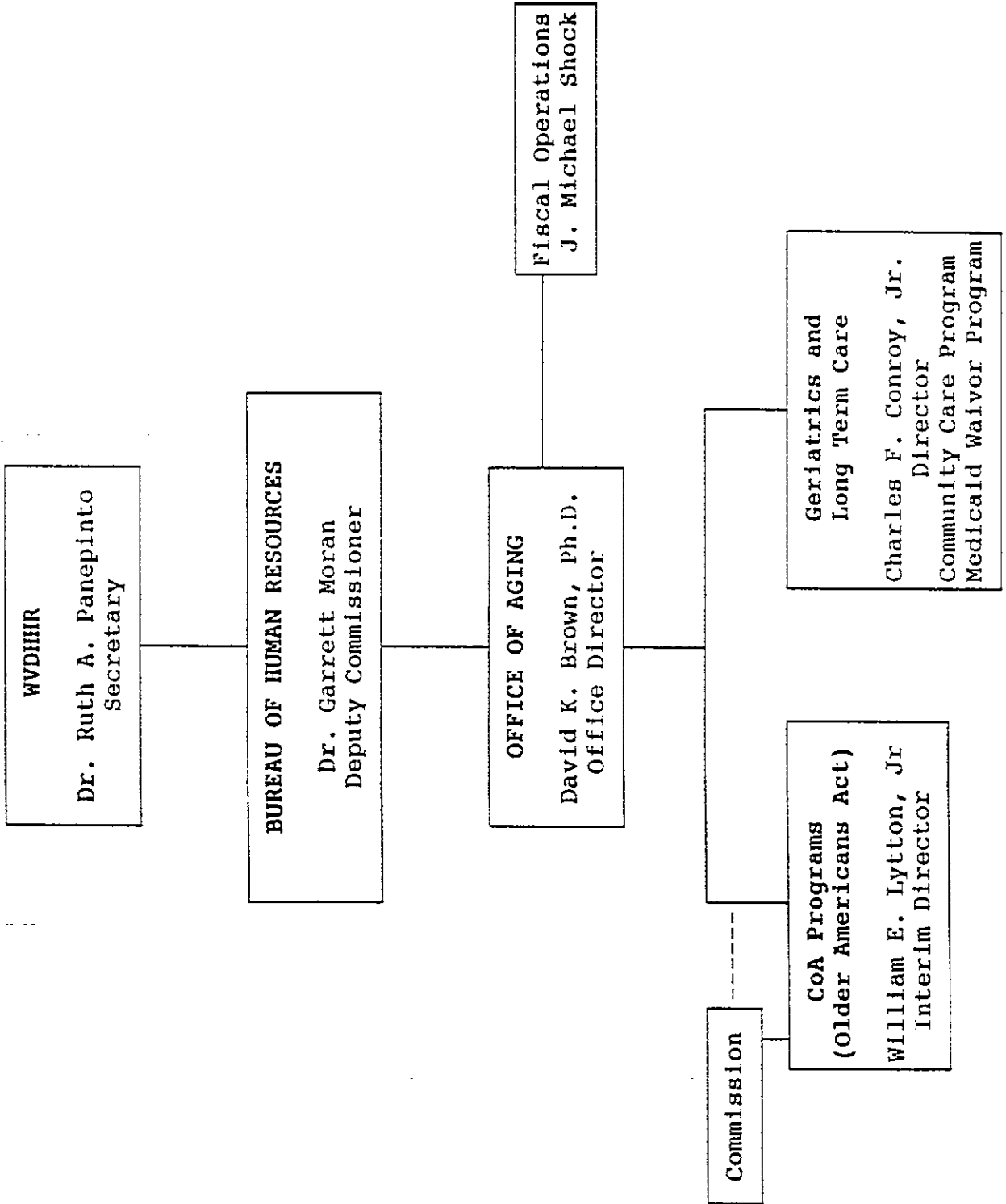
REGION IV (Southeastern West Virginia)

COUNTIES SERVED: Braxton, Clay, Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster and Wyoming.

# WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES



WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU OF HUMAN RESOURCES  
OFFICE OF AGING



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## ATTACHMENT C - CRITERIA STANDARDS & DEFINITIONS

### PROGRAM & CRITERIA DESCRIPTIONS

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

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

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

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

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

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

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

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

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

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

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

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

**Congregate meal (C1)** participants include the following:

persons age 60+;

spouses of participants, regardless of age;

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

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

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

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

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

**Emergency meals** are those meals, meeting 1/3 RDA, which are provided to seniors for use at their homes and can be

consumed during emergency situations where regular meals cannot be provided and/or normal food preparation equipment/utilities are unavailable.

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

<u>Family Size</u>	<u>Per Month</u>	<u>Per Year</u>
1 .....	\$ 580.83.....	\$ 6,970
2 .....	\$ 785.83.....	\$ 9,430
3 .....	\$ 990.83.....	\$ 11,890
4 .....	\$ 1,195.83.....	\$ 14,350

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

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

OR

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

**Home delivered meal (C2)** participants include the following:

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

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

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

**Long-term care facility** means any skilled nursing facility, as defined in section 1861(j) of the Social Security Act, any intermediate care facility, as defined in section 1905(c) of the Social Security Act, any nursing home, as defined in section 1908(e) of the Social Security Act, any category of institutions regulated by a State pursuant to the provisions of section 1616(e) of the Social Security Act (for purposes of section 307(a)(12)), and any other similar adult care home.

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

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

Multipurpose senior centers must be open and available to the senior population a

minimum of forty hours per week, five days a week. All multipurpose senior centers are identified as community focal points.

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

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

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

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

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

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

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

## ATTACHMENT C – CRITERIA STANDARDS & DEFINITIONS

### SERVICE ACTIVITY DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

Client Finding visits may also be used as a means of clarifying the needs of an already identified client when it is determined assistance cannot be provided by phone or in the office. This service can be initiated by a telephone contact (i.e., by utilizing a list of potential clients from another agency, but not a referral) provided comprehensive available service programs are explained to the individual and appropriate follow-up is provided.

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

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

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

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

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

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

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

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

Escort can be counted only when it is necessary for a client to be assisted throughout the entire process of acquiring a

needed service. (I.E., it is not Escort if a driver carries groceries in or out of the van or assists a client getting on or off the van.)

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

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

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

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

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

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

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

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

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

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

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

13. **Letter/Writing/Reading** (1 hour): To read, write, interpret and/or translate business and personal correspondence.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

An example of Referral would be if a senior needed assistance in acquiring a specific

form (i.e., Medicare billing, Food Stamp application) and he makes a request to a staff member to help obtain and complete the form.

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

19. **Repair/Maintenance/Renovation** (1 hour): To improve or maintain the residence of an older person.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DATA FOR PEOPLE SIXTY-FIVE AND OLDER

	West Virginia	Northwestern Area Agency on Aging	WVSC-Metro Area Agency on Aging	Upper Potomac Area Agency on Aging	Appalachian Area Agency on Aging
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3 OR MORE ACTIVITY OF DAILY LIVING LIMITATIONS

Below Poverty	5,439	5,577	5,696	2,968	4,041
Above Poverty	3,253	1,665	1,774	1,140	1,425
TOTAL	8,691	7,242	7,470	4,108	5,466

NO WORK DISABILITY BUT HAS MOBILITY AND SELF CARE LIMITS

People	25,435	7,030	8,488	3,868	6,049
Percent	9%	9%	10%	9%	10%

POSSESSES A WORK DISABILITY BUT HAS LIMITS BASED ON

Mobility	28,342	7,766	9,033	4,396	7,147
Self-Care	11,646	4,228	3,180	1,730	2,508

NURSING/GROUP HOME RESIDENT

	11,210	3,438	2,831	2,485	2,456
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HOUSEHOLD INCOMES UNDER \$10,000

	69,374	19,857	20,576	12,673	16,268
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RURAL PERCENT OF ALL PEOPLE

	63.9%	51.8%	52.7%	81.0%	82.7%
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WEST VIRGINIA OLDER POPULATION PROFILE

	West Virginia	Northwestern Area Agency on Aging	WVSC-Metro Area Agency on Aging	Upper Potomac Area Agency on Aging	Appalachian Area Agency on Aging
PEOPLE BY AGE					
Sixty & Older	360,519	107,341	112,851	59,873	80,454
Percent of 60+	20.10%	20.88%	19.48%	18.98%	20.91%
65+	268,897	80,836	83,078	44,834	60,149
75+	113,154	34,746	34,047	19,031	25,330
85+	25,451	7,957	7,613	4,349	5,532
60+ POVERTY	56,406	15,149	17,263	10,386	13,608
Percent	15.65%	14.11%	15.30%	17.35%	16.91%
60+ MINORITY	13,280	2,063	4,145	1,460	5,603
Percent	3.68%	1.92%	3.68%	2.44%	6.96%
65+ WOMEN	161,721	49,143	49,935	26,271	36,372
Percent	60.14%	60.79%	60.11%	58.60%	60.47%
60+ LIVES ALONE	99,574	29,970	31,002	16,062	22,539
Percent	27.62%	27.92%	27.47%	26.83%	28.01%

WEST VIRGINIA OLDER POPULATION PROFILE - APPALACHIAN AREA AGENCY ON AGING

REGION & COUNTY BREAKDOWN	West Virginians by Age				Sixty & older in Poverty	Minority people sixty & older	Women by age and percent		Living Alone and Percent				
	60+	%	65+	75+	85+	%	%	65+	%	60+	%		
REGION IV	80,454	20.91%	60,149	25,330	5,532	13,608	16.91%	5,603	6.96%	36,372	60.47%	22,539	28.01%
Braxton	2,892	22.25%	2,227	1,016	1,016	739	25.55%	22	0.76%	1,325	59.50%	779	26.94%
Clay	1,776	17.79%	1,282	567	567	558	31.42%	5	0.28%	720	56.16%	513	28.89%
Fayette	10,854	22.64%	8,189	3,499	3,499	1,632	15.04%	897	8.26%	4,995	61.00%	3,163	29.16%
Greenbrier	7,784	22.44%	5,867	2,699	2,699	1,399	17.97%	340	4.37%	3,547	60.46%	2,202	28.29%
McDowell	7,049	20.01%	5,207	2,056	2,056	1,494	21.19%	1,458	20.68%	3,165	60.78%	1,978	28.06%
Mercer	14,250	21.93%	10,784	4,496	4,496	1,972	13.84%	1,066	7.48%	6,744	62.54%	3,979	27.92%
Monroe	2,790	22.49%	2,100	866	866	566	20.29%	62	2.22%	1,218	58.00%	745	26.70%
Nicholas	5,017	18.74%	3,730	1,552	1,552	857	17.08%	9	0.18%	2,137	57.29%	1,325	26.41%
Pocahontas	2,184	24.25%	1,698	810	810	469	21.47%	43	1.97%	940	55.36%	590	27.01%
Raleigh	15,829	20.61%	11,757	4,851	4,851	1,974	12.47%	1,498	9.46%	7,298	62.07%	4,573	28.89%
Summers	3,283	23.11%	2,486	1,073	1,073	676	20.59%	108	3.29%	1,489	59.90%	908	27.66%
Webster	2,183	20.35%	1,662	724	724	476	21.80%	10	0.46%	933	56.14%	556	25.47%
Wyoming	4,563	15.74%	3,160	1,121	1,121	796	17.44%	85	1.86%	1,861	58.89%	1,226	26.87%

PEOPLE SIXTY FIVE YEARS OF AGE AND OLDER

REGION & COUNTY BREAKDOWN	With 3 or more ADL limits Below Poverty		NO WORK DISABILITY Mobility & Self-Care Limits	WITH WORK DISABILITY Mobility Self-care Limit	Lives in Household Nursing or Group Home	Household Incomes Less Than \$10,000	Percent of County Rural				
	ADL limits Below Poverty	ADL limits Above Poverty	%	Daily	Daily	%	%				
REGION IV	4,041	1,425	5,466	6,049	10%	7,147	2,536	16,268	40.00%	82.7%	
Braxton	132	83	215	219	10%	278	87	71	762	50.30%	100.0%
Clay	69	60	129	151	12%	258	47	0	524	55.22%	100.0%
Fayette	565	169	734	804	10%	1,449	353	354	2,165	37.97%	85.8%
Greenbrier	385	154	539	468	8%	527	248	313	1,688	41.88%	81.6%
McDowell	337	146	483	624	12%	739	396	128	1,524	41.03%	91.4%
Mercer	745	220	965	1,026	10%	1,105	388	422	2,718	42.70%	69.5%
Monroe	134	62	196	229	11%	200	119	160	675	48.35%	100.0%
Nicholas	247	94	341	366	10%	390	175	126	1,003	39.24%	78.7%
Pocahontas	107	52	159	177	10%	189	59	136	506	44.86%	100.0%
Raleigh	837	197	1,034	1,239	11%	1,369	463	468	2,559	31.26%	72.4%
Summers	162	68	230	247	10%	402	66	178	835	49.41%	75.8%
Webster	106	49	155	155	9%	243	14	63	551	48.33%	100.0%
Wyoming	214	71	285	344	11%	398	93	37	758	33.01%	100.0%

WEST VIRGINIA OLDER POPULATION PROFILE - UPPER POTOMAC AREA AGENCY ON AGING

REGION & COUNTY BREAKDOWN	West Virginians by Age					Sixty & older in Poverty		Minority people sixty & older		Women by age and percent		Living Alone and Percent	
	60+	%	65+	75+	85+	%	%	%	65+	%	60+	%	
REGION III	59,873	18.98%	44,834	19,031	4,349	10,386	17.35%	1,460	2.44%	26,271	58.60%	16,062	26.83%
Barbour	3,275	20.90%	2,515	1,165	1,165	691	21.10%	57	1.74%	1,527	60.72%	962	29.37%
Berkeley	9,674	16.33%	6,971	2,679	2,679	1,324	19.79%	391	4.04%	3,939	56.51%	2,546	26.32%
Grant	2,026	19.43%	1,545	710	710	482	23.79%	37	1.83%	910	58.90%	529	25.81%
Hampshire	3,100	18.79%	2,261	870	870	761	24.55%	29	0.94%	1,254	55.46%	845	27.26%
Hardy	2,308	21.03%	1,684	693	693	570	24.70%	47	2.04%	935	55.52%	572	24.78%
Jefferson	5,584	15.54%	4,103	1,538	1,538	733	13.13%	498	8.92%	2,393	58.32%	1,373	24.59%
Lewis	3,491	21.43%	2,839	1,297	1,297	684	18.53%	34	0.92%	1,701	59.92%	1,077	29.18%
Mineral	5,251	19.67%	3,918	1,593	1,593	755	14.38%	128	2.44%	2,360	60.23%	1,441	27.44%
Morgan	2,771	22.85%	2,039	802	802	400	14.44%	43	1.55%	1,158	56.79%	633	22.84%
Pendleton	1,844	22.90%	1,391	652	652	451	24.46%	23	1.25%	770	55.36%	388	21.04%
Preston	5,518	19.00%	4,073	1,746	1,746	1,026	18.59%	38	0.69%	2,363	58.02%	1,418	25.70%
Randolph	5,669	20.39%	4,388	1,971	1,971	926	16.33%	55	0.97%	2,662	60.67%	1,586	27.98%
Taylor	3,210	21.20%	2,448	1,109	1,109	578	18.01%	38	1.18%	1,522	62.17%	936	29.16%
Tucker	1,673	21.65%	1,293	624	624	293	17.51%	7	0.42%	790	61.10%	512	30.60%
Upshur	4,279	18.71%	3,366	1,582	1,582	702	16.41%	35	0.82%	1,987	59.03%	1,250	29.21%

PEOPLE SIXTY FIVE YEARS OF AGE AND OLDER

REGION & COUNTY BREAKDOWN	With 3 or more ADL limits			NO WORK DISABILITY Mobility & Self-Care		WITH WORK DISABILITY Mobility Self-care		Lives in Household Nursing Incomes		Percent of County Rural	
	Below Poverty	Above Poverty	TOTAL	Limits	%	Limit Only	Limit Only	or Group Home	Less Than \$10,000	%	%
REGION III	2,968	1,140	4,108	3,868	9%	4,396	1,730	2,485	12,673	42.53%	81.8%
Barbour	160	76	236	349	14%	292	93	60	809	46.36%	80.3%
Berkeley	482	142	624	515	7%	449	225	555	1,801	40.04%	75.0%
Grant	95	51	146	148	10%	144	68	104	504	51.12%	100.0%
Hampshire	133	86	219	134	6%	242	85	27	802	51.21%	100.0%
Hardy	96	69	165	156	9%	134	62	57	592	51.48%	100.0%
Jefferson	284	84	368	207	5%	477	167	191	917	34.71%	83.3%
Lewis	186	75	261	270	10%	344	88	121	928	47.27%	71.0%
Mineral	267	87	354	315	8%	370	190	68	1,138	42.93%	66.7%
Morgan	140	44	184	222	11%	129	63	166	451	35.04%	100.0%
Pendleton	82	53	135	185	13%	115	54	92	404	45.65%	100.0%
Preston	269	105	374	301	7%	437	177	311	1,149	42.63%	88.8%
Randolph	297	101	398	477	11%	396	167	335	1,114	38.12%	73.3%
Taylor	163	60	223	170	7%	320	92	144	770	46.72%	63.5%
Tucker	85	33	118	122	9%	125	67	99	407	45.94%	100.0%
Upshur	228	76	304	303	9%	422	132	155	893	39.03%	74.2%

WEST VIRGINIA OLDER POPULATION PROFILE - WVSC METRO AREA AGENCY ON AGING

REGION & COUNTY BREAKDOWN	West Virginians by Age					Sixty & older in Poverty		Minority people sixty & older		Women by age and percent		Living Alone and Percent	
	60+	%	65+	75+	85+	%	%	%	65+	%	60+	%	
REGION II	112,851	19.48%	83,078	34,047	7,613	17,263	15.30%	4,154	3.68%	49,935	60.11%	31,003	27.47%
Boone	4,506	17.42%	3,251	1,221	260	846	18.77%	51	1.13%	1,930	59.37%	1,237	27.45%
Cabell	21,076	21.77%	15,847	6,862	1,670	2,938	13.94%	845	4.01%	9,892	62.42%	6,229	29.51%
Jackson	4,800	18.51%	3,480	1,546	375	956	19.92%	15	0.31%	1,992	57.24%	1,142	23.79%
Kanawha	44,142	21.26%	32,562	13,195	2,935	4,969	11.26%	2,436	5.52%	19,858	60.99%	12,435	28.17%
Lincoln	3,631	16.98%	2,676	1,138	228	951	26.19%	15	0.41%	1,486	55.53%	932	25.67%
Logan	7,553	17.55%	5,422	2,093	408	1,403	18.58%	451	5.97%	3,211	59.22%	1,912	25.31%
Mason	4,830	19.18%	3,560	1,484	313	856	17.72%	47	0.97%	2,080	58.43%	1,341	27.76%
Mingo	4,947	14.66%	3,503	1,299	292	955	19.30%	217	4.39%	2,063	58.89%	1346	0.2721
Putnam	6,526	15.24%	4,715	1,883	397	1,058	16.21%	37	0.57%	2,717	57.62%	1,475	22.60%
Roane	3,053	20.19%	2,344	1,051	248	726	23.78%	14	0.46%	1,361	58.06%	863	28.27%
Wayne	7,787	18.70%	5,718	2,275	487	1,605	30.61%	26	0.33%	3,345	58.50%	2,100	26.97%

PEOPLE SIXTY FIVE YEARS OF AGE AND OLDER

REGION & COUNTY BREAKDOWN	With 3 or more ADL limits			NO WORK DISABILITY Mobility & Self-Care		WITH WORK DISABILITY Mobility Self-care		Lives in Nursing or Group Home	Household Incomes Less Than \$10,000	Percent of County Rural	
	Below Poverty	Above Poverty	TOTAL	Limits	%	Limit Only	Limit Only				
REGION II	5,696	1,774	7,470	8,488	10%	9,033	3,180	2,831	20,376	36.15%	52.7%
Boone	216	82	298	440	14%	360	159	6	922	39.08%	88.2%
Cabell	1,103	310	1,413	1,381	9%	1,523	611	779	3,787	35.36%	27.7%
Jackson	222	102	324	381	11%	350	159	263	968	42.59%	72.2%
Kanawha	2,335	519	2,854	2,996	9%	3,216	1,072	840	7,096	31.76%	29.3%
Lincoln	164	91	255	384	14%	442	79	54	822	43.82%	100.0%
Logan	359	138	497	612	11%	820	261	176	1,364	35.75%	92.2%
Mason	240	84	324	331	9%	395	136	233	962	39.95%	80.2%
Mingo	233	87	320	527	15%	516	155	109	964	38.35%	87.7%
Putnam	314	116	430	484	10%	430	155	220	1,164	37.99%	48.1%
Roane	141	84	225	293	13%	304	147	63	783	48.79%	100.0%
Wayne	369	162	531	659	12%	677	226	88	1,744	44.12%	71.1%

WEST VIRGINIA OLDER POPULATION PROFILE - NORTHWESTERN AREA AGENCY ON AGING

REGION & COUNTY BREAKDOWN	West Virginians by Age					Sixty & older in Poverty		Minority people sixty & older		Women by age and percent		Living Alone and Percent	
	60+	%	65+	75+	85+		%	%	%	65+	%	60+	%
REGION I	107,341	20.88%	80,836	34,746	7,957	15,149	14.11%	2,063	1.92%	49,143	60.79%	29,970	27.92%
Brooke	5,971	22.12%	4,425	1,776	356	785	13.15%	51	0.85%	2,660	60.11%	1,616	27.06%
Calhoun	1,649	20.91%	1,243	585	113	574	34.81%	11	0.67%	709	57.04%	460	27.90%
Doddridge	1,442	20.62%	1,134	475	97	304	21.08%	4	0.28%	648	57.14%	394	27.32%
Gilmer	1,598	20.84%	1,249	645	163	474	29.66%	6	0.38%	733	58.69%	399	24.97%
Hancock	7,800	22.14%	5,633	2,154	442	675	86.50%	213	2.73%	3,340	59.29%	1,898	24.33%
Harrison	16,007	23.07%	12,295	5,398	1,235	2,053	12.83%	425	2.66%	7,494	60.95%	4,505	28.14%
Marion	13,663	23.87%	10,455	4,605	1,105	1,727	12.64%	524	3.84%	6,528	62.44%	3,932	28.78%
Marshall	7,782	20.83%	5,689	2,246	480	998	12.82%	94	1.21%	3,375	59.33%	2,158	27.73%
Monongalia	11,068	14.66%	8,243	3,463	837	1,330	12.02%	277	2.50%	5,056	61.34%	2,978	26.91%
Ohio	12,623	24.81%	9,618	4,117	969	1,704	13.50%	286	2.27%	6,005	62.44%	3,944	31.24%
Pleasants	1,470	19.48%	1,096	488	121	226	15.37%	2	0.14%	671	61.22%	413	28.10%
Ritchie	2,272	22.20%	1,773	862	217	442	19.45%	1	0.04%	1,044	58.88%	622	27.38%
Tyler	2,007	20.49%	1,509	675	142	366	18.24%	10	0.50%	839	55.60%	553	27.55%
Wetzel	3,883	20.16%	2,856	1,313	279	744	19.16%	14	0.36%	1,699	59.49%	1,117	28.77%
Wirt	972	18.72%	745	331	56	247	25.41%	2	0.21%	428	57.45%	283	29.12%
Wood	17,134	19.71%	12,873	5,623	1,345	2,500	14.59%	143	0.83%	7,914	61.48%	4,698	27.42%

PEOPLE SIXTY FIVE YEARS OF AGE AND OLDER

REGION & COUNTY BREAKDOWN	With 3 or more ADL limits			NO WORK DISABILITY		WITH WORK DISABILITY		Lives in Household or Group Home	Household Incomes Less Than \$10,000	Percent of County Rural	
	Below Poverty	Above Poverty	TOTAL	Mobility & Self-Care Limits	%	Limit Only	Self-care Limit Only				
REGION I	5,577	1,665	7,242	7,030	9%	7,766	4,228	3,438	19,857	36.44%	51.8%
Brooke	315	75	390	353	8%	367	343	225	989	33.04%	45.8%
Calhoun	65	62	127	212	17%	108	49	0	456	51.82%	100.0%
Doddridge	72	33	105	109	10%	93	38	0	369	46.07%	100.0%
Gilmer	67	58	125	108	9%	141	62	52	445	55.83%	100.0%
Hancock	411	78	489	359	6%	460	344	241	1,161	31.05%	38.9%
Harrison	870	216	1,086	1,273	10%	1,142	582	536	2,798	33.82%	60.6%
Marion	741	182	923	971	9%	1,078	506	309	2,482	35.09%	64.7%
Marshall	400	104	504	491	9%	563	423	204	1,442	37.40%	50.2%
Monongalia	589	136	725	623	8%	803	329	399	1,655	30.10%	49.8%
Ohio	662	201	863	666	7%	838	495	590	2,323	35.43%	20.1%
Pleasants	75	24	99	104	9%	80	73	46	300	39.74%	100.0%
Ritchie	113	32	165	177	10%	229	94	83	548	47.12%	100.0%
Tyler	98	42	140	122	8%	157	60	49	495	47.23%	90.9%
Wetzel	180	88	268	264	9%	316	167	154	870	44.82%	54.9%
Wirt	44	28	72	64	9%	79	32	0	278	53.46%	100.0%
Wood	877	284	1,161	1,134	9%	1,312	631	550	3,246	37.77%	33.8%

ATTACHMENT E  
1992 Inventory of Long Term Care Services in West Virginia<sup>1</sup>

<u>Service</u>	<u>Description</u>	<u>Eligibility/Funding</u>
Nursing Facilities	Skilled and intermediate care provided by 4 state facilities with a total of 596 beds; 104 private facilities with a total of 9,789 licensed beds.	Individuals 18+ who need skilled or intermediate nursing care; Medicaid, Medicare and private pay.
Hospital LTC Units	Skilled care provided by 21 hospital facilities with a total of 745 licensed beds.	Individuals 18+ who need skilled nursing care; Medicaid, Medicare and private pay.
Intermediate Care Facilities for MR	60 facilities providing residential habilitation and other services with a total of 697 licensed beds.	Individuals 18+ who have developmental disabilities and require intermediate care; Medicaid.
Inpatient Mental Health Facilities	Inpatient mental health treatment at Huntington and Weston State Hospitals with a total of 319 beds; 16 private facilities with a total of 662 beds.	Children and adults needing intensive inpatient treatment; State appropriations, Medicaid for children and elderly.
Personal Care Facilities	68 facilities providing supervision and assistance with ADLs and medications, with a total of 2,508 beds.	Individuals 18+ who are capable of self-preservation; Private pay, State appropriations.
Board and Care Facilities	156 facilities providing room and board for more than three adults, with a total of 1096 beds.	Individuals 18+ who are ambulatory and capable of self-preservation; Private pay.
Adult Family Care Homes	425 homes providing room, board and supervision with ADLs for one to three adults, with a total of 650 beds.	Individuals 18+ who are capable of self-preservation; Private pay, State appropriations.
Specialized Care Homes	225 homes providing room, board and assistance with ADLs for one to three children or adults, serving a total of 241 people.	Children and adults with developmental disabilities; Medicaid.

<sup>1</sup> Source: Long Term Care Task Force, WV Health Care Planning Commission, Feb. 1993

<u>Service</u>	<u>Description</u>	<u>Eligibility/Funding</u>
Veterans Administration Facilities	4 hospitals operated by the Veterans Administration which include 216 long term care beds	Veterans; Federally-funded.
Unlicensed Facilities	Privately arranged and paid care in unlicensed facilities serving more than 1,000 people.	No eligibility requirements; Private pay.
Home and Community-Based Waiver (Aged/Disabled)	Chore, homemaker and case management services provided by certified homemakers and case management agencies. 2,400 people were served in 1992.	Individuals 18+ needing nursing home level of care who meet income criteria; Medicaid-funded.
Home and Community-Based Waiver (MR/DD)	Residential habilitation, day habilitation, case management and respite care provided by community behavioral health centers. 528 people were served in 1992.	Children and adults with developmental disabilities needing ICF-MR level of care; Medicaid-funded.
Community Care Program	In-home personal care provided by senior citizen centers. 3,431 people were served in 1992.	Individuals 60+ who are Medicaid eligible and medically stable; Medicaid-funded.
Behavioral Health Services	Case management, crisis services, medical services, psychotherapy, behavior management, personal care, transportation, habilitation and residential services provided by community behavioral health programs. 24,487 people were served in 1992.	Children and adults with mental illness, developmental disabilities and substance abuse. Funded by Medicaid, federal block grant and State appropriations.
Family Support Program	Goods and services to enable families to care for disabled family members at home administered through behavioral health providers. 600 families were served in 1992.	Children and adults with developmental disabilities who are living with their families; Funded by federal grants and State appropriations.

<u>Service</u>	<u>Description</u>	<u>Eligibility/Funding</u>
Early Intervention	Therapies, training and related services for developmentally delayed infants and toddlers provided by 13 EI programs statewide. 1,600 children and their families were served in 1992.	Developmentally delayed infants and toddlers as defined by state law. Funded by Medicaid, federal grants, state appropriations.
Home Health Care	In-home nursing and related services provided by certified home health agencies. 300,000 visits were made in 1992.	Individuals needing skilled level of care; Funded by Medicare, Medicaid, private pay.
Hospice Care	Care for dying persons provided by State licensed and Medicaid certified agencies.	Individuals with a life-threatening illness with a prognosis of 6 months or less; Funded by Medicare and private pay.
Independent Living Centers	Three agencies operate centers in Huntington, Beckley, Charleston and Morgantown to provide training and support to people with disabilities.	People with disabilities; Funded by state and federal grants.
Rehabilitation Services	The State Division of Rehabilitation Services administers state and federal funds for employment and other rehabilitative services, including attendant care services related to employment, independent living services, and a disabled homemaker program.	People with disabilities; eligibility requirements vary with particular programs; funded by state appropriations and federal grants.
Older Americans Act Programs	Chore, day care, escort, housekeeping, personal care, respite, transportation, congregate and in-home meals provided to 51,894 older adults in 1992.	Individuals age 60+, targeted to economically needy, minority, rural and at risk; Funded under Title III of the Older Americans Act.

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State of West Virginia

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West Virginia Department of  
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Dr. Garrett Moran, Deputy Commissioner  
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