



WEST VIRGINIA SECRETARY OF STATE

KRIS WARNER

ADMINISTRATIVE LAW DIVISION

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Office of West Virginia
Secretary Of State

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

AGENCY: Senior Services

TITLE-SERIES: 76-04

RULE TYPE: Interpretive Amendment to Existing Rule: Yes Repeal of existing rule: No

RULE NAME: West Virginia State Plan for Aging Programs

CITE STATUTORY AUTHORITY: W. Va. 16-5P-1 et. seq.

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

October 1, 2025

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

Yes

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

TITLE 76
INTERPRETIVE RULE
WEST VIRGINIA BUREAU OF SENIOR SERVICES

SERIES 4
WEST VIRGINIA STATE PLAN FOR AGING PROGRAM

§76-4-1. General.

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

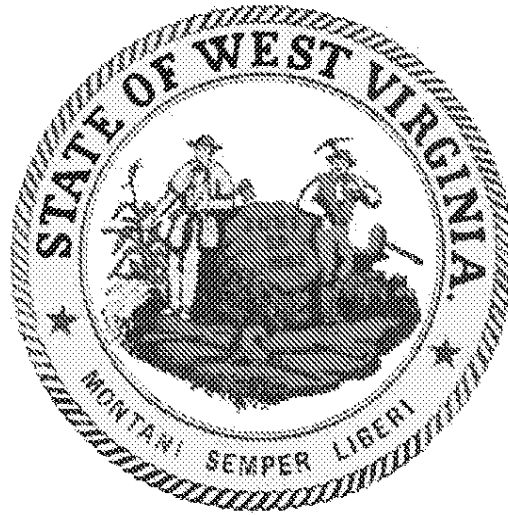
1.2. Authority. – W. Va. Code §16-5P-1 et. seq.

1.3. Filing Date. – June 23, 2025

1.4. Effective Date. – October 1, 2025

§76-4-2. Incorporation By Reference.

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



**West Virginia Bureau of Senior Services
State Plan on Aging
October 1, 2025 - September 30, 2029**

Aging Well in West Virginia

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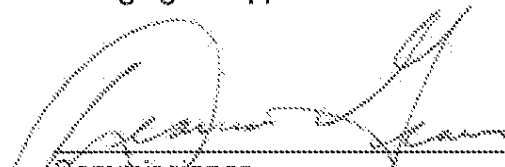
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VERIFICATION OF INTENT

The Older Americans Act State Plan for Aging Programs is hereby submitted by the West Virginia Bureau of Senior Services (the Bureau) for the period of October 1, 2025, through September 30, 2029. This document includes all assurances and plans to be conducted by the Bureau under provisions of the Older Americans Act, as amended (the Act), during the period identified. The West Virginia Bureau of Senior Services has been given the authority to develop and administer the Older Americans Act State Plan for Aging Programs in accordance with all requirements of the Act and is primarily responsible for the coordination of all State activities related to the purposes of the Act. The Bureau will assume full authority to develop and administer the Older Americans Act State Plan in accordance with all requirements of the Act and related State policies, procedures, and regulations. In accepting this authority, the Bureau assumes the major responsibility to develop and administer a comprehensive and coordinated system of services and activities for providing a positive impact on the lives of older people within the service area.

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

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



Commissioner
West Virginia Bureau of Senior Services

6-19-2025
Date

EXECUTIVE SUMMARY

The West Virginia Bureau of Senior Services has been given the authority to develop and administer the Older Americans Act State Plan for Aging Programs and this State Plan details our responsibility and intended actions to carry out our duties to the seniors of West Virginia over the next four years.

West Virginia is blessed to have a provider network consisting of 55 county-based senior centers who strive to meet the needs of area senior citizens. These senior centers are generally independent, 501(c)(3) entities that operate under boards of directors who seek to better the lives of the seniors they serve. The Bureau considers its primary mission to do all within our power to get services and information to seniors who can benefit from and who need that outreach. The senior centers are the lifeblood that delivers these services to West Virginia's seniors, and the Bureau supports their efforts with information, funding, and oversight where applicable.

West Virginia senior citizens are part of an extremely rural state as well as being the fourth most elderly state in the nation. Our population is heavily at risk for needing services to allow individual seniors to stay safely in their homes if they so choose. These services may be to deal with the activities of daily living, housekeeping, shopping, cooking, and delivery of meals among many others. The Bureau aims to protect seniors by providing these services to those in need.

Part of our mission is to deliver information -- when seniors do not know what services are available, they are less able to make informed decisions about important matters that could affect their quality of life, their longevity and their contribution to society. The Bureau will re-design its website to make it more user friendly, to make available in a usable format the knowledge seniors need to make important care decisions. We will continue to promote resources for seniors such as the Long-Term Care Ombudsman Program and the Aged and Disabled Waiver Program, and we will connect seniors to important partners such as the AARP, West Virginia University, Marshall University, West Virginia State University (home of the free Healthy Grandfamilies program), and the West Virginia Attorney General's Office Elder Abuse Litigation and Prevention Unit, among others.

The Bureau believes this State Plan helps to address many of the needs of an aging population and make services available in a cost-effective manner. We will administer it to the best of our ability and conscientiously work to fulfill our mission to help West Virginian seniors.

Context: Setting the Stage in West Virginia

Needs Assessment Summary and Plan Development

A Needs Assessment was conducted by the Center for Business and Economic Research at Marshall University on behalf of the WV Bureau of Senior Services. This project used multiple surveys and various methods of data collection. To gather data swiftly and efficiently, three versions of the Senior Needs Survey were deployed throughout the state. Distribution methods included in person surveys (during group meals and activities), mail-in surveys, and online surveys using SurveyMonkey. Each of the three surveys aimed to gather information from a different audience (Seniors, Unpaid Caregivers, Senior Center Staff) with the intent to garner information regarding the unmet needs of seniors throughout the state. This process resulted in the collection of 725 completed senior surveys, 166 completed caregiver surveys, and 124 completed senior center staff surveys. Each survey was comprised of a different set of questions geared toward the target audience. Survey results were tabulated and analyzed and can be found in completion in the appendix of this report. Survey results were distributed to Area Agencies on Aging and the State Plan development team which consists of providers from each Area Agency on Aging region in the state, and all county aging providers. State plan developers with the Bureau, each of the four Area Agency on Aging Directors and the State Plan Development Team work cohesively on plan required components and identification of the needs of seniors in West Virginia. Identified survey outcomes including obesity, mental health, suicide, social isolation, malnutrition and poverty were utilized for incorporation into objectives and strategies in both Area Plans and the State Plan

Population Characteristics

Looking at population growth for seniors residing in West Virginia, we see that in 2023 the US Census reported that there were 497,318 seniors (aged 60 and older) residing in the state¹. Seniors make up approximately 30.00% of West Virginia's population². An age breakdown of these seniors can be found below.

WV Seniors	Number of Seniors	Percentage of Seniors (within total population)	Percentage of Seniors (within Senior population)
60-74	350,996	19.70%	70.57%
75+	146,322	8.20%	29.42%
85+	37,416	2.10%	7.52%
Total	497,318	30.00%	

¹ U.S. Census Bureau, U.S. Department of Commerce. "Age and Sex." *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0101, 2023*, <https://data.census.gov/table/ACSST5Y2023.S0101?t=Age and Sex&g=040XX00US54>. Accessed on February 3, 2025.

² U.S. Census Bureau, U.S. Department of Commerce. "Sex by Age (Two or More Races)." *American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B01001G, 2023*, <https://data.census.gov/table/ACSST1Y2023.B01001G?t=Race and Ethnicity&g=040XX00US54>. Accessed 2025.

The following tables depict WV Seniors (65 and older) by Gender.

Gender (60+)	Number of Seniors	Percentage of Seniors
Male	231,858	46.62%
Female	265,460	53.38%

Overall Health Status

Looking at health outcomes for seniors in the state, we see that 59% of those ages 65-74 residing in WV in 2022 reported having three or more chronic conditions³. There were 2,526 preventable hospitalizations for seniors in 2022. Many lifestyle factors can contribute to chronic health conditions. When analyzing and comparing certain lifestyle choices of seniors we see that 35.8% of seniors are suffering from obesity, 40.4% reported that they are physically inactive, 4.9% admitted to excessive drinking and 12.9% reported that they smoke daily. Many seniors report that in addition to physical health complications they also suffer from mental health issues. 11.2% of seniors reported that their mental health was not good 14 or more days in the past month⁴. In addition to this, from the years 2020-2022, 24.3 seniors (aged 65+) residing in the state of WV intentionally took their own lives⁵. Many factors are known to be conducive to poor mental health in seniors, one of the biggest being isolation. In the Index of Social Isolation Risk Factors, seniors residing in WV received a score of 84 out of 100 with 100 equaling the greater risk. Risk factors are identified as “living alone; being divorced, separated or widowed; having never married; having a disability; and having an independent living difficulty⁶.” When looking further at preventable death; in 2022, it was reported that 2,180 seniors in West Virginia suffered from an “early or premature death” which can also be defined as not reaching their 75th birthday. Many seniors residing in the state deal with comorbidities. Coupling this with poverty and malnutrition leaves many seniors struggling to manage their health.

Population Growth

The West Virginia Center on Budget and Policy projects that the number of seniors in West Virginia will grow at a much faster rate than any other population. They report that at this current growth rate, by 2035, the senior population will have grown by at least 150,000⁷. The senior population is already increasing at a drastic rate. The CDC Wonder population estimates show that West Virginia’s senior population was approximately 16% in 2010. Estimates for 2023 show

³America’s Health Rankings analysis of U.S. HHS, Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities Tool, United Health Foundation, AmericasHealthRankings.org, accessed 2025.

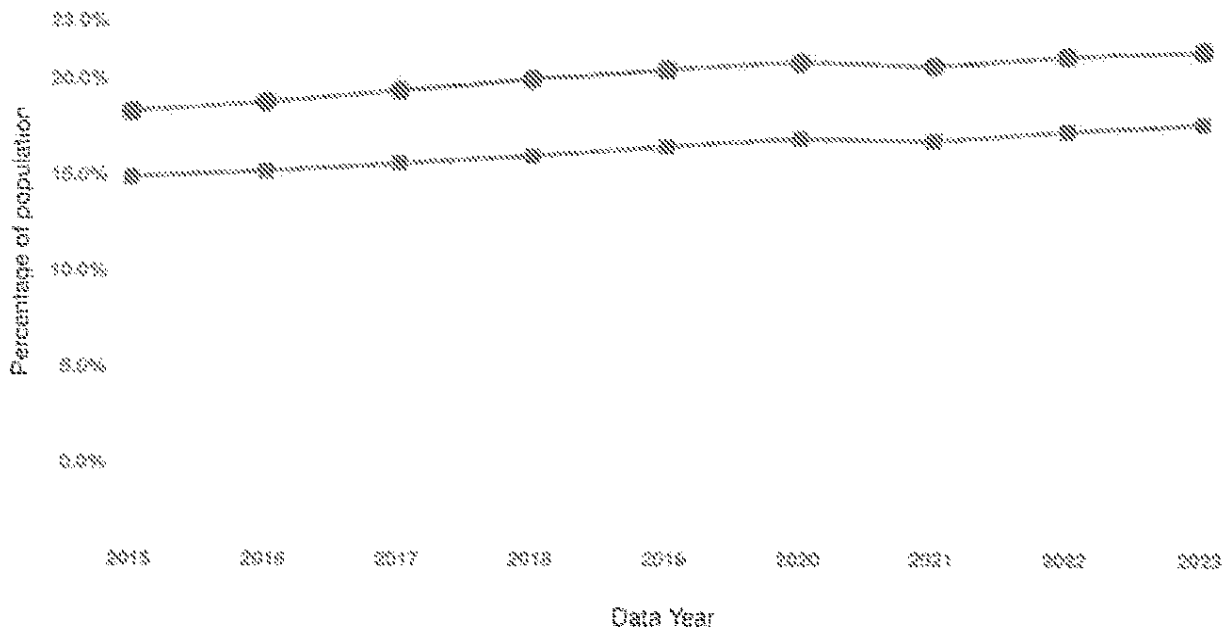
⁴America’s Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, accessed 2025.

⁵America’s Health Rankings analysis of CDC WONDER, Multiple Cause of Death Files, United Health Foundation, AmericasHealthRankings.org, accessed 2025.

⁶ America’s Health Rankings analysis of U.S. Census Bureau, American Community Survey, United Health Foundation, AmericasHealthRankings.org, accessed 2025.

⁷ https://wvpolicy.org/wp-content/uploads/2018/5/PEL_Report_7.11.12.pdf

that the number is now closer to 21.5%. The image below shows senior population growth for West Virginia and the United States⁸.



Greatest Economic Need and Greatest Social Need

The Bureau defines greatest economic need in policy as a need resulting from an income level at or below the federal established poverty line. Greatest social need is defined as a need caused by non-economic factors, which include: a) chronic conditions b) housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, utility assistance needs; c) interpersonal safety concerns d) rural location and e) any other status that restricts the ability of an individual to perform normal or routine daily tasks; or threatens the capacity of the individual to live independently.

Approximately 44,449/12.00% of West Virginia Seniors are living below the poverty level. The current state poverty level is 16.7%. Poverty increased 30% for WV seniors 65+ between 2019-2022.

The following are a few key disparity metrics for aged 60 and older population in West Virginia⁹:

- 19.3% of WV Seniors 65+ are suffering from food insecurity
- 18.5% of WV Seniors 60+ are having severe housing problems

⁸ CDC WONDER, Single-Race Population Estimates

⁹ CDC, Behavioral Risk Factor Surveillance System

- 56.6% of WV Seniors 65+ are rural
- Drug deaths for WV 65+ seniors increased 82% from 2019-2022
- The drug death rate was 5.5 times higher among black WV seniors than white WV seniors

The number of 65+ minorities in West Virginia is approximately 22,301/4.17%. The table below shows a breakdown of minorities residing in West Virginia.

Race/Ethnicity	Number of Seniors	Percentage of Seniors
White/Caucasian	357,766	94.11%
Black/African American	8,605	2.26%
American Indian/Alaska Native	148	0.04%
Asian	1,025	0.27%
Native Hawaiian	73	0.02%
Other	1,520	0.40%
Two or More Races	11,003	2.89%
Hispanic/Latino(a)	3,601	0.09%

Stewardship and Oversight

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

WV Bureau of Senior Services Internal Quality Measures

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

County Aging Provider Network Monitoring and Plans of Correction

The West Virginia Bureau of Senior Services utilizes Area Agencies on Aging, State Program Directors and a registered dietician to conduct annual county aging provider monitoring of aging programs and services. Provider monitoring is conducted on site and/or via desktop review for each program/service provided by each county aging provider. Monitors utilize WV Bureau of

Senior Services monitoring tools that evaluate and assess key requirements for aging service programs, interviews with service recipients and interviews with agency staff. Based on findings, monitoring reports are developed and provided to county aging providers and their boards of directors. Findings of non-compliance with policy and requirements call for the county agency provider to submit a Plan of Correction for review and approval. Non-compliance with policy and requirements may also result in additional monitoring, repayment of reimbursed funds, the addition of special conditions and/or involuntary closure. Area Agencies on Aging also monitor financial operations components during annual reviews. They monitor policies and processes related to accounting procedures, travel, purchasing, payroll, cost allocation, invoices for NSIP compliance, invoices and SAMS, indirect cost allocation, conflict of interest, audits, internal checks and balances on banking processes and signatures, grant management, budget revisions, agency by-laws and board minutes. They also utilize a Risk Evaluation Matrix tool to assess risk level. The matrix has indicators to assess low risk, moderate risk and high risk related to staff qualifications, staff turnover, program deliverables, fiscal reporting, funding utilization, audit findings, contracts and commercial relationships, and internal controls.

Area Agencies on Aging also provide onboarding training for all new executive agency staff. The Bureau provides ongoing training via provider communication and various virtual and in-person meetings.

Data Collection, Analysis and Reporting

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

Older Americans Act Core Services, State Supported Programs, Discretionary Grants and other Initiatives

The Bureau, the designated State Unit on Aging (SUA), offers seniors and those with disabilities a vast array of services and supports through coordinated efforts between four regional AAA offices, three (3) regional ADRCs, fifty-seven (57) county aging providers in fifty-five (55) counties, and a multitude of other partner agencies. The following are summaries of the Bureau's current programs and services.

OAA Core Programs, Services and Supports

<p>Nutrition Program</p>	<p>The OAA Title III nutrition program provides nutritious meals to address a multitude of issues and is critical to providing seniors with the opportunity and ability to remain in their own homes. As often stated, it is not just a meal. This program addresses issues of malnutrition, food insecurity and hunger and just as importantly, socialization and participation in programs such as evidence-based disease prevention and health promotion. Nutrition programs are in each county of West Virginia, with approximately 136 congregate locations statewide. Home-delivered meals are provided in each county to individuals who have difficulty for various reasons leaving their home and attending a congregate meal site. Home-delivered meal participants are also encouraged to attend congregate meal sites if possible, and doing so is celebrated. This "flexibility" has been in West Virginia Title III policy since 2018.</p>
<p>Supportive Services Program</p>	<p>OAA Title IIIB supportive services programs offer many important services and supports. A critical service in West Virginia that is targeted in State Plan objectives/strategies is transportation. West Virginia is primarily rural, and much of the state lacks access to public transportation systems or transportation network companies such as Uber and Lyft. There are many IIIB services/supports offered throughout the aging network. These include personal care, homemaker, adult day care, chore, assisted transportation, transportation, information & assistance, outreach, public information/education, and other services group client support and individual client support.</p>

<p>Evidence-Based Disease Prevention and Health Promotion</p>	<p>West Virginia county aging providers provide a multitude of evidence-based programs to seniors in their counties to address chronic health conditions and implement self-management strategies. Programs offered include A Matter of Balance, Bingocize, Chronic Disease Self-Management, Drums Alive, Tai Chi for Arthritis for Falls Prevention, Tai Ji Quan: Moving for Better Balance and Walk with Ease. The Bureau, AAA's and county aging providers will continue to focus its wellness programs and initiatives on addressing the high rates of chronic diseases prevalent in WV, including diabetes, heart disease, obesity, cancer and COPD.</p>
<p>National Family Caregiver Support Program</p>	<p>The OAA Title IIIE Caregiver Program provides services and supports to caregivers of older adults in West Virginia and older relative caregivers. With West Virginia's aging population, the need for both services continue to grow. West Virginia formerly offered older relative caregiver services via the Healthy GrandFamilies program. This service is now being offered through the county aging providers. Services offered include information and assistance, public information/education, training, support groups, in-home respite and out-of-home respite.</p>
<p>Senior Centers</p>	<p>West Virginia county aging providers operate fifty-seven comprehensive senior centers throughout fifty-five counties statewide. Many of these senior centers have multiple satellite sites within their counties, for a total of over 136 locations that offer OAA services and supports. County aging providers offer Title III OAA nutrition, transportation, in-home care, outreach, wellness activities, socialization and a variety of other services and supports. Many also offer other services such as Medicaid Waiver, Medicaid Personal Care, veterans services, Head Start, weatherization programs, Healthy GrandFamilies, and many others.</p>
<p>Legal Services</p>	<p>The legal services program is contracted through West Virginia Senior Legal Aid, Inc., which focuses on serving economically and socially disadvantaged, disabled, and rural seniors. West Virginia Senior Legal Aid employs one staff attorney and an administrative assistant. Legal counsel</p>

	<p>provides legal advice, information and referrals on matters affecting West Virginia seniors, and, in appropriate cases, provides in-court and out-of-court full or limited legal representation for civil matters facing West Virginia seniors. West Virginia Senior Legal Aid serves seniors without imposing income requirements to qualify for such services, thereby enabling West Virginia Senior Legal Aid to serve a senior who may not qualify for legal services from Legal Aid of West Virginia – the state’s Legal Service’s Corporation (LSC) – because of the LSC’s income guidelines. West Virginia Senior Legal Aid’s toll-free telephone voicemail and its email are accessible 24/7/365 for inquiries and other communications, and its office is open for in-person legal services by appointment. West Virginia Senior Legal Aid also publishes informative articles each month on its website and in West Virginia newspapers, and it works cooperatively with other state agencies and service providers to advance and protect the rights and interests of West Virginia seniors.</p>
<p>Long-Term Care Ombudsman (LTCOP)</p>	<p>The Long-Term Care Ombudsman Program advocates for residents of long-term care facilities—nursing homes, assisted living residences, legally unlicensed homes, and similar care homes. The mission of the Ombudsman Program is to enhance the quality of life, improve the level of care, protect the individual rights, and promote the dignity of each long-term care resident. This often involves educating residents, their families and/or legal representatives, and providers about residents’ rights. The Ombudsman Program operates statewide in nine separate regions, each having a paid regional ombudsman and, in some instances, one or more volunteers. Program staff also include the state ombudsman, the regional program director/volunteer coordinator, and an attorney. The ombudsmen investigate complaints made by or on behalf of long-term care residents, work with resident councils, participate in community education sessions, conduct training for facility staff on the topics of resident rights, abuse and abuse reporting, and provides telephone consultations to individuals in the community and for facility staff.</p>

State Programs, Services and Initiatives

<p>Family Alzheimer's In-Home Respite (FAIR)</p>	<p>FAIR is a state-funded (WV Lottery) program created by the Bureau in 2006 and available in all fifty-five (55) counties. FAIR provides up to sixteen (16) hours of respite per week for family caregivers of individuals with Alzheimer's disease or a related dementia, based on need and availability of workers. Direct care workers employed by county aging providers receive required dementia care training before they can provide FAIR services. Workers give caregivers a needed break from the responsibilities of caregiving and, at the same time, offer stimulation and socialization to individuals with dementia. FAIR is fee-for-service based on the income of the care receiver (and spouse when there is one), with a minimum fee of \$1.50 per hour. In 2024, FAIR provided 169,344 hours of service to 1,176 caregivers and persons with Alzheimer's disease or a related dementia. Monitoring FAIR is ongoing to ensure that the program is adhering to program guidelines and effectively serving as many families as possible statewide.</p>
<p>Lighthouse</p>	<p>The Lighthouse Program is a state-funded (WV Lottery) personal care service to assist seniors with functional needs in their homes. It is for seniors who do not qualify for Medicaid in-home care programs. Services are provided by a trained caregiver who is employed by a county aging provider. Service recipients contribute to services based on their monthly income minus medical expenses. A client can receive up to sixty (60) hours of service each month, including personal care, meal preparation, mobility assistance, and environmental tasks. To participate in the program, an individual must be a citizen of West Virginia, be at least sixty (60) years old and meet the functional eligibility criteria established by the Bureau.</p> <p>In this seventeenth year (2024) of the Lighthouse Program, 1,899 seniors received 487,495 hours of service. As with FAIR, payment for Lighthouse services is on a sliding fee scale, based on the income of the service recipient (and spouse), and funds are used to</p>

	provide additional hours of service in the county where they are collected.
Aging & Disability Resource Centers (ADRC's)	Aging & Disability Resource Centers aim to streamline access to long-term care services and supports by offering a centralized resource for information, referrals and assistance. West Virginia operates three regional ADRC's in four offices across the state. ADRC's provide information to individuals regarding long-term services and supports and many other resources. They employ certified, professionally trained Community Resource Specialists to help individuals with eligibility applications, referrals to programs, and unbiased information on services and resources to enable individuals to make informed decisions.
Legislative Initiative for the Elderly	Legislative Initiatives for the Elderly (LIFE) are funds appropriated by the Legislature through lottery funds that are allocated based on legislative instruction. Funds are distributed equally to Title IIIB program providers each state fiscal year. County aging providers may use Life monies for operational costs (i.e. rent, utilities, facility insurance, repairs, kitchen equipment) or for Title III services as well as state funded Lighthouse and FAIR services. Funds used for services must adhere to all program/service policies for which they were used and any program income received must be used to provide additional services for the service for which they were received.
Mission WV: Relatives as Parents Program	Funding provided to Mission WV, a non-profit organization that has developed networks, support groups, trainings and resources (legal, educational, social) for relatives who are raising children for other family members. Special projects through this project have funded a Legal Guide and Resource Guide for kinship care providers. Mission WV also staffs a toll-free line that offers resource information and support by a licensed social worker.
Seniors Farmers Market Nutrition Program	This program is administered through the WV Department of Agriculture (DOA) through a federally funded grant. The Bureau has a Memorandum of Understanding (MOU) to work with DOA and county aging providers to provide low-income seniors with access to locally grown fruits, vegetables, honey and

	herbs, and to increase the domestic consumption of agricultural commodities through farmers markets and roadside stands.
Person-Centered & Trauma Informed Care	Person-centered care has been an initiative within aging services for many years. County aging providers are knowledgeable and strive to focus on the individual, their preferences, values and needs. It has been a core component of guidance and required training component within policy. Trauma care has also been incorporated as an initiative into policy and county aging provider training requirements.

Discretionary, Competitive and Congressional Directed Spending (CDS) Grants, and Governor Initiatives

West Virginia State Health Insurance Assistance Program (SHIP)	West Virginia SHIP is administered by the Bureau through a grant from the Administration for Community Living and serves West Virginians receiving Medicare. The program provides free assistance from trained counselors to beneficiaries by providing one-on-one in-person and/or telephone counseling. SHIP staff also provides educational group presentations and uses media resources for outreach. Information is provided to beneficiaries, their families, and caregivers on a variety of Medicare topics, including assistance with prescription medications, preventative services, Medigap policies, Long-Term Care insurance plans, and Medicare Savings Programs. SHIP counselors also help in applying for low-income programs to help with Medicare premiums and drug costs. The SHIP statewide toll-free number is answered by trained counselors located throughout the state. Counselors are located in County Aging Program locations, Aging and Disability Resource Centers, and the Bureau of Senior Services.
West Virginia Senior Medicare Patrol (WV SMP)	West Virginia Senior Medicare Patrol (WV SMP), through a grant from the Administration for Community Living, empowers and assists Medicare beneficiaries, their families, and caregivers to prevent, detect and report health care fraud, errors, and abuse through outreach, counseling, and education. WV

	<p>SMP conducts outreach and education through group presentations, exhibits at events, and works one-on-one with Medicare beneficiaries. WV SMP uses volunteers, in-kind team members, and paid staff to help carry out the mission and goals of the SMP program. WV</p> <p>SMP receives beneficiary complaints about fraud, errors, and abuse and helps to refer suspected fraud or abuse to appropriate state and federal agencies for further investigation.</p>
<p>Medicare for Patients and Providers (MIPPA)</p>	<p>All three MIPPA grant funding priorities from the Administration for Community Living are overseen by the WV Bureau of Senior Services with the State SHIP director serving as the lead contact. MIPPA funding helps provide outreach and assistance to Medicare beneficiaries with limited income and assets. MIPPA trained counselors help educate beneficiaries about the Low-Income Subsidy (LIS) program for Medicare Part D, Medicare Savings Programs (MSPs), and Medicare Preventive Services. They also provide one-on-one application assistance to eligible Medicare beneficiaries to help them apply for these programs.</p>
<p>Senior Community Service Employment Program (SCSEP)</p>	<p>The SCSEP is a training program that provides older West Virginians with the skills needed to obtain employment. Targeting those aged fifty-five (55) and older who live at or below 125% of poverty, the SCSEP places seniors at non-profit organizations and state agencies for up to forty-eight (48) months, where they acquire on-the-job skills that will enable them to find gainful employment. The Bureau administers the SCSEP via a contract with the U.S. Department of Labor. For federal program year 24, the Bureau contracted with Preston County Senior Citizens, Inc., in Kingwood, WV, which worked directly with seniors in eleven (11) counties across the state. Remaining counties participate in the SCSEP through the National Council on Aging. During program year 2023, Preston County Senior Citizens, Inc., provided support to one hundred eighteen (118) people. By Quarter 2, five (5) individuals achieved unsubsidized employment after exit and by Quarter 4, nine (9) individuals achieved unsubsidized employment. During enrollees'</p>

	<p>on-the-job training, they provided 47,959 hours to general community service groups. In state FY25 (beginning July 1, 2024), the Bureau is contracting with the Human Resource Development Foundation, Inc. (HRDF) to provide the SCSEP program in the eleven (11) counties that Preston County Senior Citizens, Inc., previously served.</p>
<p>Take Me Home: Money Follows the Person Grant (MFP)</p>	<p>West Virginia was awarded a Money Follows the Person (MFP) Demonstration grant by the Centers for Medicare and Medicaid Services (CMS) in 2011. West Virginia's MFP program, which is administered by the West Virginia Bureau for Medical Services (BMS), is called Take Me Home West Virginia (TMH). The purpose of MFP is to support state Medicaid programs in providing people with long-term care needs a greater choice of where to live and receive needed long-term services and support. Each state MFP program consists of two parts: (1) A transition program to identify Medicaid members living in long-term care facilities (such as nursing homes) who wish to live in the community and help them do so; and (2) A rebalancing program through which states make system-wide changes to their state long-term care systems to enhance home and community-based service options for Medicaid beneficiaries. BMS operates the TMH Transition program via contract with the Metro Area Agency on Aging (AAA). Metro AAA provides TMH central office staff and field staff to do outreach and education to likely eligible individuals, hospital and nursing home staff, and property managers. The field staff are regional teams consisting of a Transition Coordinator, Community Liaison Specialist, and a Housing Specialist. Each team is placed throughout the state to provide state-wide coverage for those likely eligible individuals who want to explore the opportunity to live in the community.</p>
<p>No Wrong Door</p>	<p>One of the rebalancing programs that TMH funds is the No Wrong Door (NWD) initiative. BMS provides MFP dollars via a contract with the WV Bureau of Senior Services to administer the NWD initiative. The Bureau utilizes Metro AAA to operate WV's NWD initiative called Bridging Resources West Virginia (BRWV). Bridging Resources WV</p>

	<p>supports older adults, caregivers, individuals with disabilities, veterans, and families by</p> <p>(1) Raising visibility of the full range of available long-term service options</p> <p>(2) Providing objective information, advice, and assistance</p> <p>(3) Empowering people to make informed decisions about the supports and services needed to live well in their communities and,</p> <p>(4) Helping people access public and private services and support programs.</p>
WV Governor's Office Funding Initiative	<p>In FY23, the Governor Office provided \$4,267,000 in funding to be awarded to fifty-seven county aging providers. Projects and initiatives were completed in FY24 and included approximately \$1,400,000 for the purchase of vehicles, \$1,500,000 for building renovation and additions, \$644,000 equipment, \$571,000 for nutrition services and \$132,000 for transportation services.</p>
Congressionally Directed Spending (CDS) – Aging Well “Safe at Home”	<p>CDSFY23. Congressionally Directed spending funds received for a project to assist WV seniors aged 60 and older to obtain needed home modifications to assist them with remaining in their own homes and communities. The Bureau received \$500,000 and an additional \$200,000 in state funding utilized to sustain projects through FY25. Project and funding to be re-evaluated for FY26.</p>
CDS – Open, Active and Accessible Seniors	<p>CDSFY24. Congressionally Directed Spending funds received to provide funding to county aging providers for facility maintenance projects, facility renovations to meet ADA requirement's multi-purpose passenger vehicles or hot/cold meal delivery vehicles, and equipment purchase and/or repairs.</p>
CDS – WV Senior Health and Wellness Initiative	<p>CDSFY25. Congressionally Directed Spending funds received to provide funding to county aging providers for services and programming to support healthy lifestyles. Examples of funding utilization are lending libraries of wellness equipment for homebound older adults, development of senior center gardens, equipment, materials and training costs for various wellness and fall prevention programs and healthy cooking and nutrition classes.</p>

Medicaid: Bureau Operating Agency

<p>Aged & Disabled Waiver</p>	<p>The Bureau of Senior Services is the program operating agency under contract with the Bureau for Medical Services (BMS) for the Medicaid Aged & Disabled Waiver Program. In FY24, 8,551 individuals were served on the program. The Medicaid Aged & Disabled Waiver Program provides services in the home or in the workplace to members who are certified by a physician as requiring these services. Individuals must have five deficits in Activities of Daily Living (dressing, grooming, bathing, etc.) to be medically eligible for the program.</p> <p>Bureau focus includes provider training, continuing certification of providers, annual monitoring of provider agencies, managing the incident management system and reporting, and facilitating provider and public work groups. The Bureau does not write or develop policy because that is ultimately the responsibility of BMS, however, the Bureau works closely with BMS when policies and processes are being developed.</p>
<p>Aged & Disabled Waiver Personal Options Program</p>	<p>Personal Options offers participants an additional service model to choose from (i.e. participants can choose to be served by a traditional service provider agency, or they can elect to hire their workers directly). Enrollment for the program, entitled Personal Options, began in May 2007. Bureau staff members enroll participants into Personal Options and provide full-time program monitoring to assure quality services and to meet state and federal regulations, as well as provider training and technical support.</p>
<p>Medicaid Personal Care Program</p>	<p>The Bureau of Senior Services is the program operating agency under contract with the Bureau for Medical Services for the Medicaid Personal Care Program. In FY24, 5,546 individuals were served on the program. The Medicaid Personal Care Program provides services in the home or in the workplace to members who are certified by a physician as requiring these services. Individuals must have three deficits in Activities of Daily Living (dressing, grooming, bathing, etc.) to be medically eligible for the program.</p>

	<p>Personal Care members are provided with in-home, hands-on, medically necessary activities, such as dressing, personal hygiene, feeding, assistance with self-administration of medications, and meal preparation. Other services include support and assistance outside the home to help obtain/retain competitive employment of at least 40 hours per month. Bureau staff provides full-time program monitoring to ensure quality services and to meet state and federal regulations as well as provider training and technical support.</p>
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Events

Robert W. Jackson Senior Summit	<p>The annual Robert W. Jackson Senior Summit is held annually in May at the Cedar Lakes Conference Center in Ripley, West Virginia. Seniors participate in a variety of workshops and health and recreational activities.</p>
Senior Olympics	<p>Held annually by Mineral County Senior Center in Keyser, West Virginia. Hundreds of senior athletes representing many West Virginia counties participate in various events such as the long jump, ladder ball, pickleball, basketball and bocce ball. Each event awards gold, silver and bronze medals for men and women for their age group.</p>
Older Americans Act Month	<p>The Bureau and county aging providers statewide hold various events during the month of May to celebrate Older Americans Act Month.</p>
Elder Abuse Awareness Day	<p>The Bureau is a partner with the West Virginia Department of Human Services and Adult Protective Services hosting an elder abuse awareness education event for county aging providers and various other providers and interested parties statewide. The conference provides continuing education credit for social workers, nurses, nursing home administrators and attorneys.</p>

GOAL 1 – Providing Effective and Quality Older Americans Act (OAA) Core Programs:
Provide effective and quality OAA core programs to enable and empower older adults and caregivers to make informed decisions, easily access programs and improve quality of life and services.

OBJECTIVE 1.1: Organize Title III and V services to enable older adults to live independently at home and stay connected in their communities.

	STRATEGY	PROJECTED OUTCOME
IIIB	<ol style="list-style-type: none"> 1. Utilize monitoring tools and processes to annually monitor the delivery of 3B services. 2. Require all county aging provider directors to receive OAA Title III Policy Manual training from the AAA upon employment. 3. Require all staff with direct contact with service recipients to receive mandated competency-based training including person-centered care and trauma-informed care and annual training on abuse, neglect, and exploitation. 4. Increase outreach and public information/education activities for WV Senior Legal Aid services. 5. The Northwestern Area Agency on Aging (NWAAA) will monitor Senior Legal Aid on a quarterly basis to ensure target populations, legal service categories, and fiscal compliance. 6. Communicate with county aging providers and provide education and technical assistance to expand outreach services and public information/education. 7. Evaluate potential methods to recruit and sustain direct care workforce staff through methods such as: increased wages, enhanced career pathways, and enhanced recruitment efforts. 8. Establish workgroup with providers and identified WV transportation service entities to evaluate current senior transportation needs and barriers in each county. 	<ol style="list-style-type: none"> 1. Improved accountability and quality management. Improved quality of services. 2. Improved knowledge of OAA policy and requirements, and increased service quality. 3. Increased staff competency, quality of care/services, and increased ability to identify and report abuse, neglect, and exploitation. 4. Increase senior legal aid service units and services to seniors. 5. Improved accountability and quality management of legal services provided to West Virginia seniors. 6. Increased awareness and knowledge of services, support, and senior related topics. 7. Increased direct care workforce to provide Title III B services. 8. Identification of current needs/barriers and development of resources and solutions.
IIIC	<ol style="list-style-type: none"> 1. Area Agency on Aging’s will utilize monitoring tools and processes to annually monitor the delivery of IIIC services. 	<ol style="list-style-type: none"> 1. Improved accountability and quality management. 2. Compliance with nutritional requirements and ensure seniors are

	STRATEGY	PROJECTED OUTCOME
	<ol style="list-style-type: none"> 2. State registered dietician will annually monitor county aging providers to ensure compliance with OAA nutritional requirements utilizing food pattern modeling or nutritional analysis methodologies. 3. State Registered Dietician will provide nutrition counseling during county aging provider onsite visits 4. Continue to require county aging providers to offer and encourage home-delivered meal participants to participate in congregate meals and other senior center services and activities, as feasible, utilizing person-centered approaches as required by policy established by the Bureau. 5. Educate senior centers on common therapeutic and medically tailored meals and how to customize meals to support seniors' health needs. 6. Use the Service Assessment Evaluation Form (SAEF) assessment and prioritization tool to ensure nutrition services are delivered to high-risk clients, prioritizing those with greatest economic/social need. 7. The Bureau and AAA will continue to educate county aging providers regarding the waitlist policy and AAA's will monitor compliance. 8. Continue nutrition counseling requirements for individuals identified on the Determine Your Nutritional Health Assessment for individuals who indicate a risk of malnutrition, food insecurity, and/or other nutritional concerns. 9. Ensure health and safety check systems, education and policies for individuals identified as socially isolated and/or those with physical and mental health conditions that indicate a health and/or safety risk. 	<ol style="list-style-type: none"> receiving necessary calories and nutrients. 3. Increased knowledge about nutrition and improved health outcomes for seniors. 4. Increased socialization, wellness and health outcomes for home-delivered meal participants. 5. Increased knowledge about therapeutic and medically- tailored meals and improved health outcomes. 6. Ensure that meals are provided to the highest need clients. 7. Monitor need for additional meals/funding and ensure prioritization of high need individuals on the waitlist when able to be served. 8. Improved senior health benefits, quality of life, and the reduction of malnutrition and food insecurity through informed dietary choices. 9. Decrease social isolation and improve health status through communication and education.

	STRATEGY	PROJECTED OUTCOME
IID	<ol style="list-style-type: none"> 1. Coordinate collaborative efforts with AAA's and county aging providers to expand the impact and effectiveness of evidence-based health promotion programs. 2. Area Agency on Aging's will utilize monitoring tools and processes to annually monitor the delivery of IID services. 3. Educate county aging providers on additional evidence-based programs that address obesity, diabetes, mental health, and other chronic issues as identified in survey outcomes. 4. Continue to work with county aging providers that target fall prevention. 	<ol style="list-style-type: none"> 1. Best practices by AAA's and county aging providers and increased participation of seniors in evidence-based programs. 2. Improved accountability and quality management. Improved quality of services 3. Implementation of additional programs to address identified chronic issues. 4. Increase fall prevention programs and decrease older adult falls.
Title V SCSEP	<ol style="list-style-type: none"> 1. Ensure SCSEP participants undergo screening through the ADRC to access and apply for eligible home and community-based services. 2. Explore and develop new partnerships with companies and individuals in the private sector to increase the job experience opportunities. 3. Disseminate SCSEP marketing tools and information to potential host agencies. 	<ol style="list-style-type: none"> 1. Providing additional needed services to increase independence in their community. 2. Opportunities for participants in higher paying jobs. 3. Educate and increase host agencies.

Objective 1.2 Strengthening our State Long-Term Care Ombudsman program.

<p>Title VII Long-Term Ombudsman Program (LTCOP)</p>	<ol style="list-style-type: none"> 1. Provide training regarding the LTCOP through training of service providers, residents, family members, public officials, state and local agencies, and other interested community partners and stakeholders. 2. Continue partnership with Take Me Home WV, and Money Follows the Person. 3. The State Long-Term Care Ombudsman will coordinate, collaborate, and participate with the Financial Exploitation Taskforce. 4. Collaborate and participate in WV Elder Abuse Awareness Day events and activities. 5. Collaborate and participate along with the SMP Director and Medicaid unit on the Committee for Quality Improvement headed by Adult Protective Services. 6. Work collaboratively with the Office of Health Facility, Licensure and Certification (OHFLAC), to address complaints and concerns regarding residents in long term care by receiving notifications from surveyors when they enter and exit long term care facilities. 	<ol style="list-style-type: none"> 1. Increase awareness of the services provided by the LTCOP. 2. Ensure nursing home residents are informed about these programs and their rights to receive services in the least restrictive environment. 3. Increase awareness and prevention of financial exploitation. 4. increased knowledge of abuse, neglect, and exploitation, and how to recognize and report. 5. Increased knowledge and quality improvement in Adult Protective Service Programs. 6. Address and resolve complaints and concerns of long-term care residents.
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Objective 1.3: Provide quality non-formula-based services and integrate with OAA core programs.

<p>ADRC</p>	<ol style="list-style-type: none"> 1. Work with ADRC's to develop a public awareness campaign and increase awareness of their services. 2. Provide ADRC outreach materials to all OAA senior centers and nutrition sites. 3. Develop partnerships with organizations who work with rural, low income, chronic conditions, mental health, suicide prevention (988), and other high-risk individuals to reach these target population groups. 4. Strengthen collaboration with OAA and Medicaid programs to explore new person-centered and trauma-informed training materials for ADRC counselors statewide. 5. Continued development of statewide marketing campaign for West Virginia's No Wrong Door initiative Bridging Resources WV. 6. Collaborate with comprehensive behavioral health centers to educate ADRC's on older population suicide prevention and referral processes. 	<ol style="list-style-type: none"> 1. Increase awareness of services offered by the ADRC to increase seniors' ability to access resources and assistance. 2. Increase awareness of ADRC services to seniors. 3. Via expanded partnerships, increase reach to target populations. 4. Increase knowledge of person-centered and trauma-informed services. 5. Raise visibility of Bridging Resources services and supports. 6. Increase knowledge of suicide prevention/referral and decrease suicide in older adults.
<p>SHIP / MIPPA/SMP</p>	<ol style="list-style-type: none"> 1. Conduct training presentations in-person and /or virtually with professional partners on SHIP, MIPAA and SMP. 2. Provide SHIP and ADRC joint brochure to each applicant of the Aged & Disabled Waiver Program. 3. Partner with local food banks to share information about Medicare programs, including low-income assistance programs that may allow an individual to have access to funds for food. 4. Integrate SHIP, MIPPA/SMP outreach services the various Title III programs to distribute Medicare enrollment and Medicare cost-savings benefit information. 	<ol style="list-style-type: none"> 1. Increase knowledge of Medicare programs with partners. 2. Provide information, knowledge and resources to over 5000 current Aged & Disabled Waiver participants. 3. Provide Medicare information, knowledge and target low-income individuals eligible for assistance. 4. Expand outreach through collaboration with Title III programs. 5. Develop an updated user-friendly website to

	<p>5. In partnership with Title III, Title V, Title VII, ADRC, WV Assistive Technology System, Medicaid ADW and Personal Care programs, update websites to include the most recent fraud scams, news, calendar of events, resources, etc.</p>	<p>increase knowledge of services and programs.</p>
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Objective 1.4: Increase Alzheimer’s and Dementia awareness, education and services.

<p>Alzheimer’s and Dementia</p>	<ol style="list-style-type: none"> 1. Require respite workers to receive dementia care training <i>The Person Comes First: A Practical Approach to Alzheimer’s Care, Prior to Providing Care.</i> 2. Explore Alzheimer’s / Dementia doll and pet therapy. 3. Provide dementia friendly practices training for SHIP and Senior Medicare Patrol team members and the WV No Wrong Door Advisory Group. 4. Work with members of the Alzheimer’s State Plan Task Force to convene a statewide dementia care summit. 5. Educate legislators on the difficulties facing individuals with dementia and family (unpaid) caregivers. 6. Work with the WV Lottery (FAIR funder) to do PSAs that promote the need for in-home direct care workers. 7. Explore methods to increase the number of congregate respite centers in the state. 	<ol style="list-style-type: none"> 1. Increase staff competency and understanding of Alzheimer’s and Dementia care. 2. Implement initiatives that have been demonstrated to decrease stress and agitation. 3. Increase knowledge of dementia best practices to be utilized practice and the provision of services and I&A. 4. Increase understanding of dementia and the needs of those who provide unpaid care. 5. Increase resources and service options for individuals with dementia and/or their family caregivers. 6. Increase in the number of families receiving services. 7. Increase respite opportunities for caregivers.
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GOAL 2 – Targeting Greatest Economic Need (GEN) and Greatest Social Need (GSN): To target services and supports to older adults and family caregivers with the greatest economic need and greatest social need.

Objective 2.1: Target those with GEN and GSN in OAA and other grant programs.

<ol style="list-style-type: none"> 1. Continued requirement for county aging providers and AAA's to annually attest Assurances and Grant Conditions which include GEN and GSN. 2. Utilize the SAEF scoring system to target individuals with the GEN and GSN. 3. Implement training and resource opportunities for county aging providers, other program staff, and partners to help them recognize and address the needs of vulnerable populations. 4. Create targeted public information/education strategies to reach vulnerable/targeted populations, including mental health populations and HIV/AIDS populations, by partnering with community organizations, faith-based groups, and local agencies in targeted populations. 5. The Bureau will communicate with the Appalachian American Indians of West Virginia, Inc., and the Native American Indian Federation, Inc., and share information with AAA's and county aging providers for outreach and public information/education. 6. The Bureau, AAA's, and West Virginia Senior Legal Aid will monitor, review, and analyze SPR data for targeted populations. 7. Title V will annually review and analyze Census SPARQ data elements for targeted populations. 8. Discretionary grant programs (SCSEP, SMP, MIPPA, ADRC) will provide outreach materials to all county aging providers for distribution to service recipients and other interested parties. 9. Utilization of Risk Indicator Assessment within the SAEF that identifies individuals with many GSN (i.e. chronic conditions, food insecurity, utility issues, lack of transportation). 	<ol style="list-style-type: none"> 1. Acknowledgment/agreement to Assurance and Grant Conditions. 2. To provide services to those with GEN and GSN. 3. Increase knowledge of the needs of vulnerable populations and target GEN and GSN. 4. Increase knowledge of the needs of vulnerable populations and target GEN and GSN such as low income, mental health and HIV/AIDS populations and rural. 5. Increase knowledge, outreach and public information/education to additional populations. 6. Through analysis, implement needed strategies to improve service provisions to targeted populations. 7. Through analysis, implement needed strategies to improve service provisions to targeted populations. 8. Increase knowledge of seniors and vulnerable populations to assist with targeting GEN and GSN. 9. Targeting services to high risk/high need older individuals.
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Objective 2.2: Ensure program participants receive person-centered services and address Social Determinants of Health (SDoH).

<ol style="list-style-type: none"> 1. Continue required OAA county aging provider staff, SHIP, SMP, MIPPA, ADRC, and SCSEP staff receive training on person-centered planning and trauma-informed care. 2. AAA's annually monitor the provision of person-centered training and trauma-informed care training. 3. Develop new SDoH training module for county aging providers, AAA's, and other partners/stakeholders. 4. Utilization of Risk Indicator Assessment within the SAEF to identify individuals with the core elements of SDoH (Transportation, Utilities, Housing, Food, Personal Safety). 5. Provide person-centered planning training for SHIP/MIPPA/SMP counselors. 	<ol style="list-style-type: none"> 1. Collaborative planning development based on an older individual's strengths and preferences. 2. Ensuring that staff are knowledgeable of person-centered care and trauma-informed care. 3. Delivery of knowledge and skills to understand and address the non-medical factors that influence health outcomes such as age, support systems and access to transportation and healthcare. 4. Identification of individuals and targeting of services to high risk/high need older individuals. 5. Ensure counselors are utilizing person-centered practices.
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GOAL 3: Expanding Access to Home and Community-Based Services; Enable, support, and empower older adults to maintain a high quality of life in the least restrictive environment through the provision of OAA and other home and community-based services and supports.

Objective 3.1: Explore additional Title III-B services and increase service provision of current services.

<ol style="list-style-type: none"> 1. Explore re-implementation of Wellness Checks conducted during the pandemic with appropriate policy parameters. 2. Work with AAA's and county aging providers and rate setting experts to evaluate implementation of transportation reimbursement rates. 3. Research and analyze best practices in other states. 4. Evaluate outreach and marketing strategies for West Virginia Senior Legal Aid. 	<ol style="list-style-type: none"> 1. Increase identification of health and safety issues and decreased social isolation. 2. Implementation of a methodology that would result in cost savings to be used to increase services. 3. Utilize successful, best practices in other states to emulate and expand services and programming. 4. To increase legal services to West Virginia older adults.
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Objective 3.2: Explore additional Title IIIC services and increase service provision of current services.

<ol style="list-style-type: none"> 1. Work with AAA's and other identified partners to evaluate group food and disposables purchasing. 2. Research and analyze best practices in other states. 3. Research other states with high congregate program attendance for best practices. 	<ol style="list-style-type: none"> 1. Increase purchasing power and reduce costs. Increase ability to provide more meals and fiscal responsibility. 2. Utilize successful, best practices in other states to emulate and expand services and programming. 3. To incorporate new initiatives to increase participation.
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Objective 3.3: Explore additional Title IIID services and increase service provision of current services.

<ol style="list-style-type: none"> 1. Based on West Virginia Needs Assessment, evaluate methodologies such as partnerships between providers. 2. Develop Title IIID work group to evaluate and seek grants and other funding sources to increase services and programs. 3. Research and analyze best practices in other states. 	<ol style="list-style-type: none"> 1. Through collaborations and other methodologies, increase services and programming with current funding allocations. 2. To obtain additional funding to receive services and programs. 3. Utilize successful, best practices in other states to emulate and expand services and programming
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Objective 3.4: Provide information and seek other resources to increase older adult independence, health and safety.

<ol style="list-style-type: none"> 1. Collaborate with ADRC's to ensure older individuals receive information on all available HCBS services, including Medicaid. 2. Provide training opportunities for assistive technology (AT) and durable medical equipment (DME) for county aging providers. 3. Develop further collaboration with housing entities such as West Virginia Housing Agency. 4. Collaborate with the West Virginia Department of Economic Development, Office of Broadband, to expand broadband to West Virginia communities that lack access to affordable broadband internet 	<ol style="list-style-type: none"> 1. Individuals receive information to make informed decisions regarding waiver services in addition to all other available HCBS. 2. Increase staff knowledge to better assist older adults in accessing AT and DME for increased independence. 3. To positively impact the need for accessible and affordable housing for West Virginia's older population. 4. Allow seniors to stay connected to family and friends, access health services,
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<p>and the tools needed to make full use of the internet.</p> <p>5. Collaborate with SAMHSA, the West Virginia Bureau of Behavioral Health, comprehensive behavioral health centers, and 988 partners on the development of the suicide prevention policy plan.</p>	<p>manage finances, participate in educational opportunities, combat social isolation, and stay engaged in local communities.</p> <p>5. To provide suicide prevention and education to decrease suicide in older adults.</p>
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GOAL 4: Improving Services and Support for Caregivers; Educate, support, and enhance services to caregivers.

Objective 4.1: Organize Title III-E services to enable older adults to live at home and stay connected in their communities.

<ol style="list-style-type: none"> 1. Utilize monitoring tools and processes to annually monitor the delivery of Title III-E services. 2. Continue additional training requirements for Title III-E staff in the areas of communication, psycho-social needs, role of the respite worker, and service recipient rights. 3. Work with partners evaluating recruitment of direct care workforce methods for Title III-E respite programs. 4. Support county aging providers involved with Healthy Grandfamilies program to support grandparents raising grandchildren. 5. Addition of III-E older relative caregivers' services in Title III policy manual for county aging providers. 	<ol style="list-style-type: none"> 1. Improved accountability and quality management 2. Increase staff competency and quality of care/services. 3. Increased respite workforce to provide Title III-E services and state-funded respite services. 4. The provision of education and resources tools to assist grandparents in their roles. 5. To increase services to West Virginia older relative caregivers.
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Objective 4.2: Implement the RAISE Family Caregiver Advisory Council, the National Strategy to Support Family Caregivers and the National Technical Assistance Center on Grandfamilies and Kinship Family recommendations, as feasible, to better address caregiver needs.

<ol style="list-style-type: none"> 1. Requirement for all Title III-E staff to receive person-centered care training. 2. Continue to provide education on training opportunities to county aging providers. 3. Conduct outreach and public information/education to targeted populations 	<ol style="list-style-type: none"> 1. The delivery of services based on an individual's needs and preferences. 2. Increase staff knowledge for the provision of quality services.
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<p>to inform caregivers of the supports, services, and resources available.</p> <ol style="list-style-type: none"> 4. Reach out to various government officials and community leaders to request efforts to recognize and support caregivers. 5. Provide educational materials on how to recognize behavioral signs that a family caregiver or care recipient may have unique needs such as sensitivity to noise, memory loss, etc. 6. Develop resources specific to kinship care for distribution to county aging providers, community partners, and other entities. 7. Compile a statewide inventory of existing resources and programs for caregivers of older adults and older relative caregivers. 8. Explore opportunities for collaboration with various organizations such as: hospitals, employers, philanthropies, and faith-based entities that may have a role in supporting family caregivers. 9. Explore partnerships with county school districts to distribute information about older relative caregiver programs and kinship families. 10. Explore developing initiatives to promote church-based volunteer networks as well as collegiate level volunteer / community service with university students. 11. Explore direct care workforce recruitment and retention initiatives including quality incentive payments and quality licensing designation for providers. 12. Advocate for the implementation of caregiver-friendly workplaces. 	<ol style="list-style-type: none"> 3. Increase awareness and knowledge of services and resources available to caregivers. 4. To increase caregiver awareness through efforts such as proclamations and media coverage. 5. Increase staff knowledge of unique behavioral needs and deliver services person-centered. 6. Increased knowledge and awareness of services and programs available to kinship caregivers. 7. Improve ability for caregivers to locate resources and programs. 8. Increased opportunities to support family caregivers. 9. Expand outreach to family caregivers regarding services and resources. 10. To increase the workforce through volunteerism. 11. To increase quality direct care workforce. 12. Caregiver friendly workplaces that offer benefits such as flexible working hours, support services, telecommuting, paid/unpaid leave and financial assistance, etc.
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GOAL 5: Preparedness, Response, and Recovery: To plan and prepare for emergencies, implement appropriate and necessary responses, and be knowledgeable of recovery processes and resources and implement initiatives to promote independence.

Objective 5.1: Strengthen Emergency Service Contingency Operation Plans (ESCOP).

<ol style="list-style-type: none"> 1. Develop partnerships with local county emergency personnel to provide emergency preparedness, response, and recovery training for each county provider agency. 2. Continued development of standardized emergency planning, response, recovery template to be utilized by each county aging provider. 3. Implement continuity of operations planning (COOP) within development of emergency plans. 	<ol style="list-style-type: none"> 1. Every county aging provider will receive emergency event training directly from their local emergency personnel. 2. Utilization of standardized emergency plans with consistent requirements and components for all county aging providers. 3. Strengthen the continuation of operations and services during emergencies.
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Objective 5.2: Implement initiatives to protect older adults at risk.

<ol style="list-style-type: none"> 1. Implementation of requirement for annual completion of risk and all-hazards emergency assessment tool. 2. Utilization of Risk Indicators within the SAEF assessment to identify older adults at risk. 3. Implementation of required referral process of identified high risk individuals to local emergency service agencies. 4. Explore grant and other funding opportunities to acquire generators for county aging providers during emergencies. 	<ol style="list-style-type: none"> 1. Inclusion of identified risk/hazards in county aging provider emergency plans that are applicable to their county. 2. Identification of individuals and targeting of services to high risk/high need older individuals. 3. Improved emergency response to high-risk individuals during emergency events. 4. Provide capability to serve as emergency county focal points during emergencies.
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Objective 5.3: Implement initiatives to promote independence and decrease social isolation.

<ol style="list-style-type: none">1. Implementation of a referral system for individuals in need of assistive technology to West Virginia Assistive Technology System (WVATS).2. Continuing partnership with WVATS to provide education and training opportunities to county aging providers.3. Evaluate social isolation assessment tools for implementation in HCBS programs.	<ol style="list-style-type: none">1. Improve the lives and independence of older individuals through assistive technology.2. Increase knowledge of Assistive Technology to promote independence for older individuals.3. Improved identification of individuals experiencing social isolation and implementation of strategies to decrease isolation.
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III. ATTACHMENTS

Attachment A

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

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

Sec. 305, ORGANIZATION

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

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan; . . .

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

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

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

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

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

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

(5) in the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency

finds that no such office within the planning and service area will have the capacity to carry out the area plan.

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

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

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

Sec. 306, AREA PLANS

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

- (1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;
- (2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance

(which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

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

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

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

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

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

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

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

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

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

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

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

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

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

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

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

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

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

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

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

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

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

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

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

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

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

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

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

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

(2) Such assessment may include—

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

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

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

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

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

(L) assistive technology devices and services; and

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

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs

under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

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

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

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

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

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

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

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

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

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

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

Sec. 307, STATE PLANS

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

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

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

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

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

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

(3) The plan shall—

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

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

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

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

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

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with

greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

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

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(7) (A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

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

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

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

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

(10) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

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

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

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

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

- (i) public education to identify and prevent abuse of older individuals;
- (ii) receipt of reports of abuse of older individuals;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

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

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

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

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

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

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

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

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

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

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

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

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

- (A) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

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

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

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

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

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

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

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

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

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

(21) The plan shall—

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

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

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

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

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

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

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

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

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

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

(B) Such assessment may include—

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

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

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

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

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

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

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

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

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

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

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

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

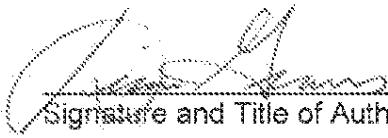
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

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

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

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

- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order...



Signature and Title of Authorized Official

Commissioner

6-19-2025

Date

Attachment B

INFORMATION REQUIREMENTS

Except as indicated where optional or only applicable to States with multiple planning and service areas, the State Plan must state how the following provision(s) will be met:

Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (d) requires each State Plan must include a description of how greatest economic need and greatest social need are determined and addressed by specifying:

- (1) How the State agency defines greatest economic need and greatest social need, which shall include the populations as set forth in the definitions of greatest economic need and greatest social need, as set forth in 45 CFR § 1321.3; and
- (2) The methods the State agency will use to target services to such populations, including how OAA funds may be distributed to serve prioritized populations in accordance with requirements as set forth in 45 CFR § 1321.49 or 45 CFR § 1321.51, as appropriate.

“Greatest economic need” means “the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses” (45 CFR § 1321.3).

“Greatest social need” means the need caused by the following noneconomic factors as defined in 45 CFR § 1321.3.

A State agency’s response must establish how the State agency will:

- (1) identify and consider populations in greatest economic need and greatest social need;
- (2) describe how they target the identified the populations for service provision;
- (3) establish priorities to serve one or more of the identified target populations, given limited availability of funds and other resources;
- (4) establish methods for serving the prioritized populations; and
- (5) use data to evaluate whether and how the prioritized populations are being served.

West Virginia Response:

All Area Agencies on Aging and county aging providers must adhere to how they will include targeted outreach to greatest economic need (GEN) and greatest social need (GSN) populations, and this requirement is within the assurances in their annual Area Plans and provider plans, it is a requirement in the Title III Older Americans Act Policy Manual, and it is included within grant agreement conditions. Another mechanism used for assuring services are targeted to GEN and GSN populations appropriately is the funding formula utilized to distribute Title III funds. The formula was implemented taking into consideration multiple GEN and GSN factors including age, low-income, and rurality. The Bureau of Senior Services also requires county aging providers to complete the Bureau’s Services Assessment and Evaluation Form (SAEF) for services received by West Virginia seniors. This completed assessment and evaluation form scores and prioritizes seniors based on Activities of Daily Living (ADL) and

Instrumental Activities of Daily Living (IADL) needs and greatest economic and greatest social needs such as, low-income, rural, and limited English proficiency. The required completion of SAEF's is monitored annually by the Area Agencies on Aging. In addition to the SAEF, on October 16, 2024, Risk Indicators were added to the assessment. These indicators address many specific greatest social needs indicators such as individuals who use oxygen, those with chronic conditions, food insecurity, terminal illness, utility issues in the home and lack of transportation. The SAEF has a scoring mechanism that provides prioritization scoring using all these factors of greatest economic need and greatest social need. Monitoring tools also address this assurance by validating that prioritization of services are targeting those with greatest economic and greatest social need. Federal SPR data reports are utilized to evaluate target and prioritized populations being served.

Native Americans: Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (g):

Demonstration that the determination of greatest economic need and greatest social need specific to Native American persons is identified pursuant to communication among the State agency and Tribes, Tribal organizations, and Native communities, and that the services provided under this part will be coordinated, where applicable, with the services provided under Title VI of the Act and that the State agency shall require area agencies to provide outreach where there are older Native Americans in any planning and service area, including those living outside of reservations and other Tribal lands.

West Virginia Response:

WV does not receive Title VI funding and does not have any federally recognized Tribes, Tribal organizations or Native communities. The Bureau will communicate with the following Native American organizations in West Virginia: the Appalachian American Indians of West Virginia, Inc., and the Native American Indian Federation, Inc. The Bureau will share information with Area Agencies on Aging and county aging providers for outreach and public information/education to these entities and population of older individuals. The SAEF also provided county aging providers with American Indian demographic identification they can utilize for outreach.

Activities to Increase Access and Coordination for Native American Older Adults

OAA Section 307(a)(21): The plan shall —

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

45 CFR § 1321.53:

- (a) For States where there are Title VI programs, the State agency's policies and procedures, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the State's aging network, including area agencies and service providers, will coordinate with Title VI programs to ensure compliance with

sections 306(a)(11)(B) (42 U.S.C. 3026(a)(11)(B)) and 307(a)(21)(A) (42 U.S.C. 3027(a)(21)(A)) of the Act. State agencies may meet these requirements through a Tribal consultation policy that includes Title VI programs.

(b) The policies and procedures set forth in (a) of this provision must at a minimum address:

- (1) How the State's aging network, including area agencies on aging and service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III and/or VII;
- (2) The communication opportunities the State agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;
- (3) The methods for collaboration on and sharing of program information and changes, including coordinating with area agencies and service providers where applicable;
- (4) How Title VI programs may refer individuals who are eligible for Title III and/or VII services;
- (5) How services will be provided in a culturally appropriate and trauma-informed manner; and
- (6) Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils, as set forth in § 1321.63.

West Virginia Response:

WV does not receive Title VI funding and does not have any federally recognized Tribes, Tribal organizations or Native communities. The Bureau will communicate with the following Native American organizations in West Virginia: the Appalachian American Indians of West Virginia, Inc., and the Native American Indian Federation, Inc. The Bureau will share information with Area Agencies on Aging and county aging providers for outreach and public information/education to these entities and population of older individuals. The SAEF also provided county aging providers with American Indian demographic identification they can utilize for outreach.

Low Income Minority Older Adults

OAA Section 307(a)(14):

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

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

West Virginia Response:

- (A) The ACS 2023 indicates that 4.17% of West Virginians are minority older individuals. It also indicates 12% are minority older individuals for whom poverty is determined. ACS 5-year estimates data profiles indicate 2.5% of West Virginians speak a language other than English and 0.7% have limited English proficiency. ACS Special Tabulations (latest release 1/30/24) Table S21014B indicates only three-hundred ninety-five (395) individuals over the age of 60 who cannot speak English well and eighty who cannot speak English at all. Table S21056 indicates 95 minority individuals who cannot speak English well and 15 who cannot speak English at all, for a total of 110. Applying the 12% minority persons older individuals for whom poverty is determined, that indicates 13.2% low-income minority older individuals with limited English proficiency.
- (B) The Bureau of Senior Services obtains demographic information on all targeted OAA populations on the SAEF. County aging providers also do outreach and public information/education within their counties targeting areas with high populations of older low-income seniors to provide information on services and supports. They provide information to local social service organizations that serve low-income populations as well as community organizations, churches and associations.

The Bureau also tracks registered clients for home-delivered meals, adult day care, chore, homemaker and personal care. Of the 25,838 registered clients served in FY24, 139 were Hispanic or Latino and 1147 or 4.6% were racial minority, which is a higher percentage than West Virginia's 4.17 total minority population. These requirements are also addressed through the assurances within Area Agency on Aging Area Plans and West Virginia's intrastate funding formula.

Rural Areas – Hold Harmless

OAA Section 307(a)(3): The Plan shall—

- (B) with respect to services for older individuals residing in rural areas—
- (i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;
 - (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and
 - (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

West Virginia Response:

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

(ii) Rural Counties Title III Services ONLY FY2024 (and additional State Plan fiscal years).

IIIB	\$1,318,696
IIIC	\$2,967,935
IIID	\$ 95,738
IIIE	<u>\$ 673,844</u>
	\$5,056,213

Total Title III Services Funding FY2024 (and additional State Plan fiscal years)

Title IIIB	\$2,220,870
Title IIIC	\$4,998,420
Title IIID	\$ 161,237
Title IIIE	<u>\$1,094,302</u>
Total	\$8,474,829

As indicated above, West Virginia expends sixty percent (60%) of its Title III service funding in rural counties. This calculation doesn't account for the services provided to individuals who live in a rural area of an "urban" county. These budgets will remain the same for each fiscal year of the State Plan unless there is a change in the Intrastate Funding Formula or an increase or decrease in federal funding.

- (iii) In FFY24, Title III funds totaled \$9,689,829. Of this, \$8,474,829 (87%) was allocated to fifty-six (56) county aging providers based on the population of older adults residing in rural areas. As described above in the response for 307(a)(2), a minimum of fifty percent (50%) of Title IIIB funds must be spent on access services.

West Virginia has four Planning and Service Areas (PSA's) each with an Area Agency on Aging (AAA). The AAA's contract with fifty-six (56) senior centers across the state, with forty-four of those being in rural counties (80%) where they serve as local focal points to reach seniors in rural areas to provide information and services. The Bureau also works with the Area Agencies on Aging and county aging providers to conduct evaluations, including public input, of activities and projects carried out under the Older Americans Act, including reaching older individuals with the greatest economic need and social needs or disabilities, with particular attention to individuals with low incomes and individuals residing in rural areas. The Bureau solicits the views and experiences of entities and partners knowledgeable about the needs and concerns of the populations served. The Bureau also utilizes other methods, such as website communication, task force workgroups, and statewide conferences/meetings/trainings, to obtain the views of older individuals, area agencies, and others regarding programs carried out under the Older Americans Act.

Rural Areas – Needs and Fund Allocations

OAA Section 307(a)(10):

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

West Virginia Response:

West Virginia is a rural state. West Virginia has fifty-five (55) counties, and forty-four (44) of these counties are considered rural. Per AGID, 219,863 persons 60+ live in rural areas. As of 2022, 56.6% of persons 60+ residing in West Virginia live in rural areas (U.S. Census Bureau, American Community Survey). Even with the few urban counties within West Virginia, many areas of those counties are rural. The largest county by population, Kanawha County, is approximately twenty-five (25) percent rural. As indicated above, West Virginia expends sixty percent (60%) of its Title III service funding in rural counties. The funding formula utilized to distribute Title III funds takes into consideration multiple factors, including a rurality index developed by Mississippi State University. The Bureau of Senior Services obtains rural information on the SAEF, and prioritization for services is given to those residing in rural areas. The Bureau of Senior Services monitors providers and utilizes monitoring tools to ensure that prioritization is given to those residing in rural areas. In FY24, sixty-nine percent (69%) of clients that received registered services resided in rural areas. This requirement is also addressed through the assurances within Area Agency on Aging Area Plans.

Assistive Technology

OAA Section 306(a)(6)(I):

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

West Virginia Response:

The Bureau and Area Agencies work with the Director at the West Virginia University Center for Excellence in Disabilities (WVUCED) and the Assistive Technology Specialists at West Virginia Assistive Technology System (WVATS) to stay informed, collaborate and make referrals to the West Virginia Assistive Technology System and provide information to county aging providers and seniors statewide. WVATS has implemented an online referral system that county aging providers and the Aging and Disability Resource Centers can utilize for assistive technology needs which include demonstrations, training, evaluations, communication access (CAAT), a lending library as well as resources for work incentive planning and assistance and mental health resources. Collaboration and outreach also include written materials regarding WVATS provided to all these entities for dissemination to older individuals and other interested parties.

Minimum Proportion of Funds

OAA Section 307(a)(2):

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

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

West Virginia Response:

The West Virginia Bureau of Senior Services specifies that county aging providers must utilize a minimum of fifty percent (50%) of Title IIIB funds among each of the following priority services: services associated with access to services, in-home and legal assistance. Within that fifty percent (50%) requirement, the following minimum proportions must be utilized to carry out part B services:

Access – 80%

In-Home – 16%

Legal – 4%

These requirements are in the Title III OAA Policy Manual, Section 300.18, as well as county aging provider grant agreements. These percentage requirements must also be reflected within their annual provider budgets submitted for review and approval. West Virginia is very rural, and there is a high demand for transportation services with limited resources. West Virginia also provides the opportunity for individuals whose income is above two hundred percent (200%) of the federal poverty level and receiving Title IIIB Personal Care, Homemaker, Chore and/or Adult Day Care to cost share (Chapter 300, Older Americans Act Title III Services Policy Manual, Section 300.17). The Bureau provides a sliding fee scale for county aging providers to determine the suggested cost share. County aging providers are monitored to ensure compliance with the requirements of the OAA Section 315 regarding cost sharing. Exclusions from cost sharing include congregate meals, home-delivered meals, assisted transportation, information and assistance, legal assistance, transportation, group client support and individual client support. There is no means testing, and services cannot be denied if individuals choose not to cost share.

Assessment of Statewide Service Delivery Model

OAA Section 307(a)(27):

- (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in

the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

West Virginia Response:

The West Virginia Bureau of Senior Services has elected to not include an assessment for the 10-year period following the fiscal year for which the plan is submitted in the 2025-2029 State Plan on Aging.

Shelf Stable, Pick-Up, Carry-Out, Drive-Through, or Similar Meals Using Title III Congregate Nutrition (C-1) Service Funding (Optional, only for States that elect to pursue this activity)

45 CFR § 1321.87(a)(1)(ii):

Title III C-1 funds may be used for shelf-stable, pick-up, carry-out, drive-through, or similar meals, subject to certain terms and conditions:

- (A) Such meals must not exceed 25 percent of the funds expended by the State agency under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;
- (B) Such meals must not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;
- (iii) Such meals are to be provided to *complement* the congregate meal program:
 - a. During disaster or emergency situations affecting the provision of nutrition services;
 - b. To older individuals who have an occasional need for such meal; and/or
 - c. To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need; and

45 CFR § 1321.27 (j):

If the State agency allows for Title III, part C-1 funds to be used as set forth in §1321.87(a)(1)(i), the State agency must include the following:

- (1) Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation;
- (2) Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;
- (3) Description of the eligibility criteria for service provision;
- (4) Evidence of consultation with area agencies on aging, nutrition and other direct services providers, other stakeholders, and the general public regarding the provision of such meals; and
- (5) Description of how provision of such meals will be coordinated with area agencies on aging, nutrition and other direct services providers, and other stakeholders.

West Virginia Response:

West Virginia is not utilizing C1 funds for shelf-stable, pick-up, carry-out, drive-through, or similar meals.

Funding Allocation – Ombudsman Program

45 CFR Part 1324, Subpart A:

How the State agency will coordinate with the State Long-Term Care Ombudsman and allocate and use funds for the Ombudsman program under Title III and VII, as set forth in 45 CFR part 1324, subpart A.

West Virginia Response:

The Chief Fiscal Officer of the West Virginia Bureau of Senior Services will meet quarterly, and more often as needed, with the State Long Term Care Ombudsman (SLTCO) to inform the SLTCO of all sources of funds for the program and requirements for those funds and to assure that the SLTCO approves all allocations of programs resources before they are distributed to determine that such allocations are consistent with laws, policies, and procedures that govern the Ombudsman program.

Funding Allocation – Elder Abuse, Neglect, and Exploitation

45 CFR § 1321.27 (k):

How the State agency will allocate and use funds for prevention of elder abuse, neglect, and exploitation as set forth in 45 CFR part 1324, subpart B.

West Virginia Response:

The West Virginia Bureau of Senior Services will continue to partner with the WV Department of Human Services and Adult Protective Services by co-sponsoring an annual elder abuse awareness education event for all Bureau contracted providers, Area Agencies on Aging, and others. This conference offers continuing education credit for social workers, nurses, nursing home administrators, and attorneys.

The West Virginia Bureau of Senior Services will conduct a program of services consistent with relevant state law and coordinates with existing state adult protective service activities for public education to identify and prevent elder abuse; to receive reports of elder abuse; to engage participation of older individuals in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance, if appropriate, and if the individuals being referred consent; and to refer complaints to law enforcement or public protective services agencies, if appropriate.

The West Virginia Bureau of Senior Services will support county aging providers to offer abuse, neglect, financial exploitation and/or reporting information and training to county aging providers, older individuals, caregivers and stakeholders.

The West Virginia Bureau of Senior Services will support and collaborate with the State Long-Term Care Ombudsman in the program's educational efforts to identify, report, and prevent abuse, neglect, and financial exploitation of older adults residing in residential long-term care facilities.

Monitoring of Assurances

45 CFR § 1321.27 (m):

Describe how the State agency will conduct monitoring that the assurances (submitted as Attachment A of the State Plan) to which they attest are being met.

West Virginia Response:

The Bureau has established annual monitoring processes to ensure that the assurances are being met and services are being provided per policy. Monitoring tools include OAA requirements and can be located at www.wvseniorservices.gov. Assurances are also annually provided and signed by both the Area Agencies on Aging and county aging providers and are included within their annual signed grant agreement conditions. Area Agencies on Aging monitor monthly services provided and invoices to ensure services are provided as required. The SAEF assessment is utilized to identify and target the greatest social need individuals and greatest economic need individuals. Reports are generated to regularly (most monthly) monitor meals served, in-home care services, evidence-based disease prevention and health promotion services, caregiver services and other services.

State Plans Informed By and Based on Area Plans

45 CFR § 1321.27 (c):

Evidence that the State Plan is informed by and based on area plans, except for single planning and service area States.

West Virginia Response:

The State Plan and Area Plans are developed as a team project with the Bureau staff, the Area Agencies on Aging and county aging providers. The core team consists of Bureau staff including the Commissioner, Deputy Commissioner, Director of the OAA Program and the Chief Financial Officer, the Executive Directors of each of the four AAA's and four county aging provider Executive Directors (Marion County, Lincoln County, Randolph County and McDowell County, one from each region). Information is distributed regularly with all county aging providers for development input throughout the process. The State Plan and Area Plans are developed together via meetings, collaboration and communication utilizing the needs assessments conducted and following the ACL guidance issued regarding content and key topics of OAA core programs, greatest economic and greatest social need, expanding access to home and community-based services and caregiving.

Public Input and Review

45 CFR § 1321.29:

Describe how the State agency considered the views of older individuals, family caregivers, service providers and the public in developing the State Plan, and how the State agency considers such views in administering the State Plan. Describe how the public review and comment period was conducted and how the State agency responded to public input and comments in the development of the State Plan.

West Virginia Response:

Four AAA's and four county provider agency Executive Directors served on State Plan Development/Area Plan team formed in October 2024. Development meetings are held monthly or more frequently. Email communication of all plan development content is shared with team members for input and development. Information is disseminated to all county aging providers for input.

- Statewide needs assessment conducted with older individuals, caregivers, service providers and other interested parties.
- During development, information is shared via sections with AAA's, county aging providers and other interested parties.
- County aging providers disseminated information to seniors in their counties via senior center forums and newsletters.
- Plan posted on Bureau website for public comment and notices placed on county aging provider websites.
- 30-day comment period on Secretary of State's website.

Program Development and Coordination Activities (Optional, only for States that elect to pursue this activity)

45 CFR § 1321.27 (h):

Certification that any program development and coordination activities shall meet the following requirements:

- (1) The State agency shall not fund program development and coordination activities as a cost of supportive services under area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;
- (2) Program development and coordination activities must only be expended as a cost of State Plan administration, area plan administration, and/or Title III, part B supportive services;
- (3) State agencies and area agencies on aging shall, consistent with the area plan and budgeting cycles, submit the details of proposals to pay for program development and coordination as a cost of Title III, part B supportive services to the general public for review and comment; and
- (4) Expenditure by the State agency and area agency on program development and coordination activities are intended to have a direct and positive impact on the enhancement of services for older persons and family caregivers in the planning and service area.

West Virginia Response:

West Virginia does not elect to pursue this activity.

Legal Assistance Developer

45 CFR § 1321.27 (i):

How the State agency will meet responsibilities for the Legal Assistance Developer, as set forth in part 1324, subpart C.

West Virginia Response:

The West Virginia Bureau of Senior Services LAD will meet at least quarterly, and more often as needed, with the Title IIIB legal services provider (West Virginia Senior Legal Aid) to discuss current legal trends/concerns and communicate information from partners, including but not limited to, the LSC-funded legal service provider (Legal Aid of West Virginia), the Office of the West Virginia Attorney General, the State Long Term Care Ombudsman and other relevant resources, i.e., National Center on Law and Elder Rights.

The West Virginia Bureau of Senior Services LAD will participate in scheduled senior center events and co-ordinate the dissemination of information and provision of training for senior center providers to help assure that older individuals understand their rights, exercise choices, benefit from services and opportunities, and avoid unnecessary guardianship or conservatorship proceedings.

The West Virginia Bureau of Senior Services will provide the LAD with opportunities to learn from and network with LAD colleagues and state/national legal professionals, including but not limited to attendance at the annual National Aging and Law Conference, to assure that the LAD has the knowledge and resources to carry out the activities required by the OAA and this regulation.

Emergency Preparedness Plans – Coordination and Development

OAA Section 307(a)(28):

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

West Virginia Response:

The Bureau works with the county aging providers and Area Agencies on Aging on emergency planning and disaster preparedness. County aging providers are required to submit an Emergency Contingency Services Operation Plan (ECSOP) for review and approval that demonstrates their preparedness to meet the needs of seniors in their counties in emergency situations. We also implemented a risk/hazard policy on October 1, 2024. County aging providers must complete this assessment annually as part of the process to develop their ECSOP. Events that have a high probability and/or high severity score must be addressed in emergency plans. The Bureau also implemented risk indicators that were incorporated into the SAEF on October 16, 2024, to identify and maintain lists for individuals at high risk due to indicators such as unable to vacate, uses oxygen, on dialysis, uses wheelchair, terminal illness, bedbound, cognitive deficits, etc. County aging providers partner with local emergency response agencies, relief organizations, local governments and state emergency response agencies. Most serve on their local emergency response agencies teams, and many serve as shelters for disasters in their counties. In recent years, county aging providers have worked with local and state agencies during floods, snowstorms, ice storms, the MCHM water contamination incident and COVID-19. County plans include strategies to implement emergency shelter, meals, wellness check calls and contacts, identification of those with mobility issues, those dependent upon oxygen, etc., to respond to emergent needs during disasters.

The Bureau has a working relationship and partnership with the WV Division of Homeland Security and Emergency Management which manages disaster preparedness, mitigation, response, and recovery efforts throughout the state by coordinating with all responsible local, state and federal agencies. Staff-assigned Bureau staff serve as part of the team to develop the WV Emergency Operations Plan, and the Bureau has a multitude of Emergency Support Functions (ESF) within the Plan, including ESF1 (Transportation), ESF5 (Mass Care), ESF8 (Public Health & Medical Services) and ESF15 (External Affairs). Bureau staff also serve as a member of the WV Department of Health's Center for Threat Preparedness, Access to Functional Needs group. This group specifically works on projects that target individuals with access and/or functional needs during emergent and/or disaster situations. They are currently working on an updated statewide Risk Assessment.

Emergency Preparedness Plans – Involvement of the head of the State agency

OAA Section 307(a)(29):

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

West Virginia Response:

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

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

Attachment C

West Virginia Intrastate Funding Formula

Background

The following is a description of the intrastate funding formula used to allocate federal funds and to meet the following federal requirements:

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

"States shall,

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

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

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

Model Development, IFF Input and Public Comment Process

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

When the IFF was developed, virtual platform meetings were held with Bureau staff, AAAs, and county aging providers. MU CBER also held virtual platform meetings with those parties to explain the research findings and the formula data details.

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

MU CBER developed the original formula for State Plan 2022-2025 utilizing data from the U.S. Census Bureau's American Community Survey (ACS) 2019 5-Year data and Purdue University's 2010 Index of Relative Rurality (the "IRR"). This data will be used for the IFF for FFY 2023.

The Bureau updates the demographic data used in the IFF periodically (at least every three (3) years), using updated ACS 5-Year data, to lessen the impact of demographic changes that may occur over time. The IRR, which is more fully explained below, uses decennial U.S. Census rural data (the U.S. Census Bureau updates the rural data every ten years as part of each decennial U.S. Census).

MU CBER updated the formula for the upcoming 2025-2029 State Plan utilizing data from the U.S. Census Bureau's American Community Survey (ACS) 2023 5-Year data and Mississippi State University's Index of Relative Rurality (IRR) 2020.

The data collection methods used by Mississippi State University to establish the 2020 IRR are very similar to that of Purdue University's which was used in the formula for 2022-2025.

Targeted Population Definitions and Weights

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

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

(Pocahontas). The county IRRs are available at <https://zinodec.org/records/7675745> (20%weight).

Table 1: Factor Weights for the Senior Services Funding Formula

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

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

Formula Application

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

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

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

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

IFF Funding Formula Allocations

Base Amount for Area Plan Administration Allocation

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

Service Funding Allocations

Demographic Data Calculations

Each AAA's percentage share of the following factors:

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

First, for each AAA, the applicable data for each county located in the AAA's region is aggregated, using ACS 2023 5-year Data. The following Table 2 shows the AAA-level demographic data for each of the first four factors listed above:

Table 2: Key Demographic Data by AAA

AAA	Pop 60 to 74	Pop 75+	Pop 65+ Poverty	Minority Pop 65+
Region I/Northwestern	93,934	39,935	13,842	3,938
Region II/Metro	104,670	44,421	17,119	5,753
Region III/Potomac	76,666	32,060	12,966	6,196
Region IV/Appalachian	70,953	29,916	14,775	4,269
WV Total	346,223	146,322	58,702	20,156

SOURCE: U.S. Census Bureau, ACS 2023 5-Year Data

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

$$\text{Demographic data for factor X} = \frac{\text{AAA percentage share for the factor}}{\text{WV Total for the factor X}}$$

The following Table 3 shows the calculation of the AAA percentage shares using ACS 2023 5-Year data:

Table 3: Shares of Factor Data by AAA

AAA	Pop 60 to 74	Pop 75+	Minority Pop 65+	Pop 65+ Poverty
Region I/Northwestern	27.13%	27.29%	19.54%	23.58%
Region II/Metro	30.23%	30.36%	28.54%	29.16%
Region III/Potomac	22.14%	21.91%	30.74%	22.09%
Region IV/Appalachian	20.49%	20.44%	21.18%	25.17%
WV Total	100%	100%	100%	100%

AAA Scaled Average County Rurality Calculations

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

MU CBER estimated the number of rural seniors residing in each AAA using Mississippi State University's 2020 IRR.

The IRR is a tool developed by geography researchers at Mississippi State University that accounts for aspects of ruralness in addition to population.¹⁰ It ranks the relative rurality of each county and calculates a value (between 0 and 1) for each county based on 4 steps:

1. Identifying the dimensions of rurality: population size, density, remoteness, and built-up areas

¹⁰ Ayoung Kim, & Brigitte Waldorf. (2023). The Index of Relative Rurality (IRR): US County Data for 2020 (1.0.0) [Data set]. Zenodo. <https://doi.org/10.5281/zenodo.7675745>

2. Selecting measurable variables to adequately represent each dimension:
 - Size: logarithm of population size.
 - Density: logarithm of population density.
 - Remoteness: network distance. The shortest route along the network of roads and highways, using a geospatial database of the U.S. Census Bureau and Federal Highway Administration.
 - Built-up area: urban area (per the US Census Bureau) as a percentage of total land area.
3. Re-scaling the variables onto bounded scales that range from 0 to 1.
4. Selecting a link function: unweighted average of the four re-scaled variables.

MU CBER adjusted the IRR values by scaling them to create distinction between counties. This process is based on the difference between the most rural (Gilmer and Ritchie in Region I and Barbour in Region III) and the least rural (Kanawha in Region II) counties in West Virginia, and the average county IRR for each AAA.

- Maximum County IRR: Gilmer, Ritchie, and Barbour at 0.56
- Minimum County IRR: Kanawha at 0.38
- Difference: $0.56 - 0.38 = 0.18$

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

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

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

Next, the minimum IRR for the State (0.36) is deducted from the AAA's average county IRR. The resulting figure is then divided by the difference between the most rural and least rural counties in the State (0.18).¹¹ This creates a wider range of values between 0 and 1 and provides additional distinction between areas that are rural. This resulting figure is the Scaled IRR for the AAA.

Once the Scaled IRR for a AAA is calculated, the share of rurality for the AAA is calculated. This is done by dividing the AAA's Scaled IRR by the sum of all four AAAs' scaled IRRs. The

¹¹ NOTE: These results are the same as if had scaled all counties in each AAA and averaged those values.

resulting number, the AAA's Share of Rurality, is the number used for the IFF (expressed as a percentage – see the column on the right in the table below).

Table 4: Share of Rurality by AAA

AAA	County Avg IRR	Scaled IRR Equation	Scaled IRR	Share of Rurality Equation	Share of Rurality	Share of Rurality (%)
Region I/Northwestern	0.4956	$(0.4956 - 0.38) + (0.18)$	0.6422	$0.6422 + 2.503$	0.2566	25.66%
Region II/Metro	0.4700	$(0.4700 - 0.38) + (0.18)$	0.5000	$0.5000 + 2.503$	0.1998	19.98%
Region III/Potomac	0.5027	$(0.5027 - 0.38) + (0.18)$	0.6817	$0.6817 + 2.503$	0.2723	27.23%
Region IV/Appalachian	0.5023	$(0.5023 - 0.38) + (0.18)$	0.6794	$0.6794 + 2.503$	0.2714	27.14%
Sum			2.50		1.0000	100%

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

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

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

Region I Total IFF Share:

$$= (27.13\% * 0.10) + (27.29\% * 0.30) + (19.54\% * 0.10) + (23.58\% * 0.30) + (25.66\% * 0.20) = 0.2506$$

Region II Total IFF Share:

$$= (30.23\% * 0.10) + (30.36\% * 0.30) + (28.54\% * 0.10) + (29.16\% * 0.30) + (19.98\% * 0.20) = 0.2773$$

Region III Total IFF Share:

$$= (22.14\% * 0.10) + (21.91\% * 0.30) + (30.74\% * 0.10) + (22.09\% * 0.30) + (27.23\% * 0.20) = 0.2393$$

Region IV Total IFF Share:

$$= (20.49\% * 0.10) + (20.44\% * 0.30) + (21.18\% * 0.10) + (25.17\% * 0.30) + (27.14\% * 0.20) = 0.2328$$

Table 5: Allocation of Funds to AAA's

The following table reflects FY2025 Allocations of Federal and State Funds to West Virginia's four Area Agency on Aging and 55 County Aging Service Providers.

ALLOCATION OF FUNDS TO AREA AGENCIES & SERVICES PROVIDERS FOR FY25			
PLANNING & SERVICE AREA	TITLE III SERVICE FUNDS (B, C, D, E) & TVII ELDER ABUSE	NON-TITLE FUNDS	TOTAL AWARD
Northwestern Area Agency on Aging	\$2,199,478	\$3,020,777	\$5,220,255
Metro Area Agency on Aging	\$2,456,985	\$3,574,641	\$6,031,626
Upper Potomac Area Agency on Aging	\$2,004,627	\$2,644,956	\$4,649,583
Appalachian Area Agency on Aging	\$2,109,808	\$3,421,379	\$5,531,187
Other** (Unclassified)		\$27,713,716	\$27,713,716
TOTAL	\$8,770,898	\$40,375,469	\$49,146,367

**Other (Unclassified) Funds include Federal NSIP, State funded programs for Nutrition, In-Home Care, Legislative Initiatives for the Elderly (LIFE), Long Term Care Ombudsman, Senior Centers & Medicare Programs

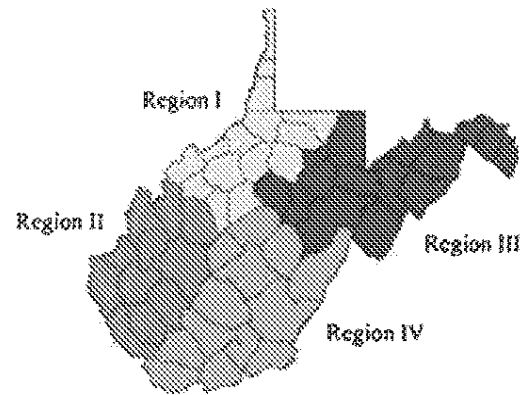
Data Sources for Funding Formula

- 2023 American Community Survey 5-year Estimates:
[https://data.census.gov/table?t=Age%20and%20Sex&q=0400000US54.0500000_040XX00US54\\$05000000](https://data.census.gov/table?t=Age%20and%20Sex&q=0400000US54.0500000_040XX00US54$05000000)
- Mississippi State University Index of Relative Rurality:
<https://scholarjunction.msstate.edu/mafas-publications/1/>

Attachment D

Area Agencies on Aging Geographical Boundaries

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



Region I

Northwestern AAA

PO Box 2086 (105 Bridge Street Plaza)

Wheeling, WV 26003

Telephone: 304-242-1800; 800-924-0088

Fax: 304-242-2437

E-mail: khudak@belomar.org

Website: <https://www.belomar.org/aging/>

Katie Hudak, Director

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

Region II

Metro AAA

824 Cross Lanes Drive

Cross Lanes, WV 25313

Telephone: 304-720-6858

Fax: 304-720-6864

E-mail: LanderBR@metroaaa.com

Website: <https://www.metroaaa.com/>

Brenda Landers, Director

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

Region III

Upper Potomac AAA
131 Providence Lane
Petersburg, WV 26847
Telephone: 304-257-1221; 800-296-1221
Fax: 304-257-4958

E-mail: AAnderson@regioneight.org

Website: <https://www.regioneight.org/upaaa>

Ashley Anderson, Director

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

Region IV

Appalachian AAA
1460 Main Street, Box 2
Princeton, WV 24740
Telephone: 304-425-1147; 800-473-1207
Fax: 304-487-3767

E-mail: Rebecca.Bivens@appalachianaaa.org

Website: <https://www.aaaca.org/>

Rebecca Bivens, Director

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

Attachment E

Public Comment and Input

1. Four AAA's and four county provider agency Executive Directors served on State Plan Development/Area Plan team formed in October 2024. Development meetings held monthly or more frequently. Email communication of all plan development content shared with team members for input and development. Information disseminated to all county aging providers for input.
2. Statewide needs assessment conducted with older individuals, caregivers, service providers and other interested parties.
3. During development, information is shared via sections with AAA's, county aging providers and other interested parties. Attachment B also submitted to ACL Regional Administrator for review during development.
4. County aging providers disseminated information to seniors in their counties.
5. Plan posted on Bureau website, social media sites for public comment and notices placed on county aging provider websites.
6. 30-day public comment period through Secretary of State's website.

Attachment F

Needs Assessment for West Virginia Residents Aged 60 and Over & Caregivers

Objectives

The Center of Business and Economic Research (CBER) at Marshall University conducted this needs assessment on behalf of the West Virginia Bureau of Senior Services to identify the unmet needs of Seniors (defined as those aged sixty and older) in the State of West Virginia. Primary data collection for this assessment began in October 2024 and ended December 2024. A total of 725 individuals aged sixty and over, 165 Caregivers, and 123 individuals who work directly with seniors participated in surveys as part of this project, all of whom resided in the State of West Virginia. Specific goals for this project included identifying unmet needs for Seniors in the state, seeking to understand how to better meet these needs, and identifying how services should adapt to meet these needs.

Background

Definitions

The Code of Regulations set forth by the West Virginia Legislature defines a Senior as an individual who is sixty years of age or older.¹²

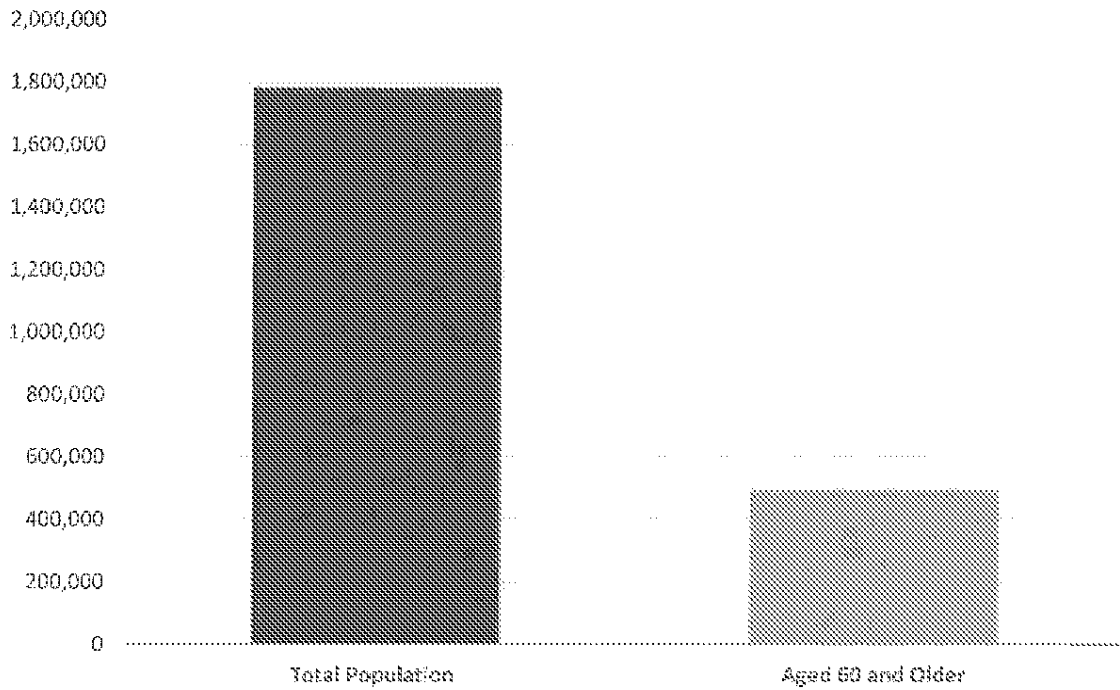
Demographic Statistics

Data from the 2023 American Community Survey 5-Year Estimates Series data indicates that there are approximately 497,318 seniors in West Virginia,¹³ equating to approximately 27.9 percent of the total population. Of these Seniors, approximately 46.6 percent are male, and 53.4 percent are female. A significant majority (94.3 percent) identified their race as being "White", with 2.5 percent identified as "Black or African American", 0.1 percent identified as "Native American or Alaskan Native", 0.5 percent reported their race as "Asian", 0.3 percent reported being some other race, 2.3 percent identified as two or more races and 0.8 percent identified as Hispanic. This data is presented graphically in **Figures 1-4**.

¹² WV Legislature §16-5S-3. Chapter 16, Article 5S. Meaning of Senior as defined by West Virginia Code. <https://code.wvlegislature.gov/16-5S-3/>

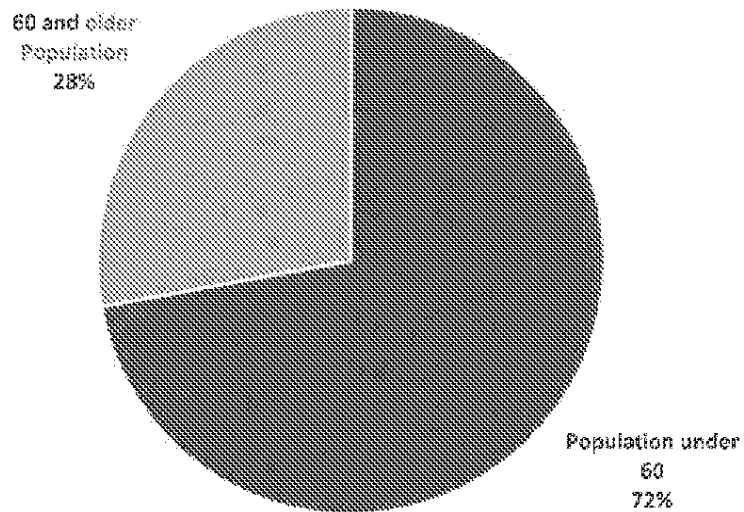
² U.S. Census Bureau, U.S. Department of Commerce. "ACS Demographic and Housing Estimates." *American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP05*, 2023.

Figure 1. Total Population and Seniors in West Virginia



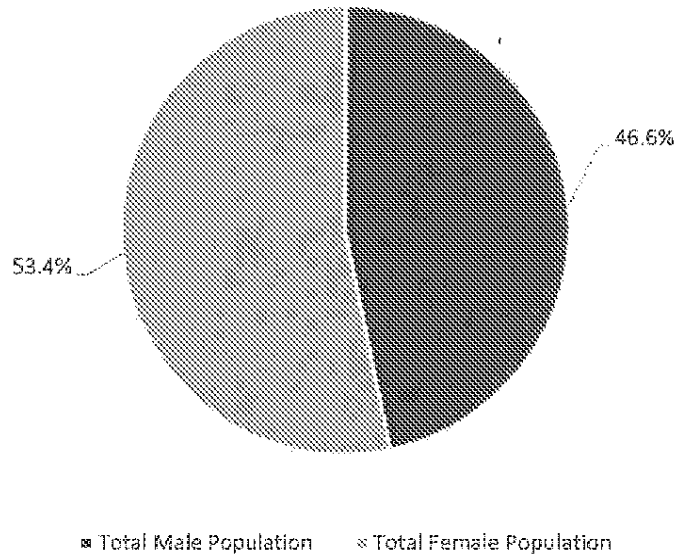
Source: 2023 American Community Survey 5-Year Estimates Series

Figure 2. West Virginia Seniors as a Percentage of Total Population



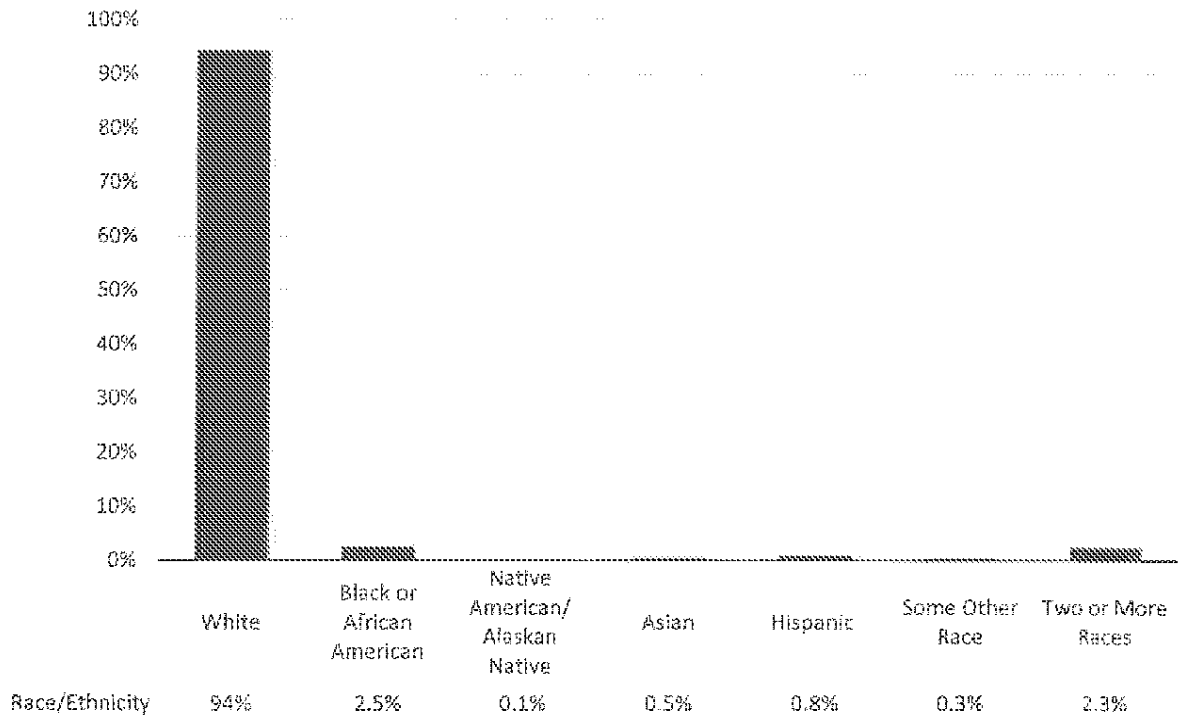
Source: 2023 American Community Survey 5-Year Estimates Series

Figure 3. West Virginians Aged Sixty and Older by Gender



Source: 2023 American Community Survey 5-Year Estimates Series

Figure 4. West Virginians Aged Sixty and Older by Race/Ethnicity



Methodology

Survey Instrument

This project used multiple surveys and various methods of data collection. In order to gather data swiftly and efficiently, three versions of the Senior Needs Survey were deployed throughout the state. Distribution methods included in person surveys (during group meals and activities), mail-in surveys, and online surveys using the online SurveyMonkey™ platform. Each of the three surveys aimed to gather information from a different audience (Seniors, Unpaid Caregivers, Senior Center Staff) with the intent to garner information regarding the unmet needs of seniors throughout the state. This process resulted in the collection of 725 completed senior surveys, 166 completed caregiver surveys, and 124 completed senior center staff surveys. Each survey was comprised of a different set of questions geared toward the target audience. A copy of each survey can be found in the appendix.

Survey Results

Survey results are broken down into three categories, each containing two sections. Categories will include Senior Survey Results, Unpaid Caregiver Survey Results, and Senior Staff Survey Results. Each of these categories will contain two sections; the first provides demographic information, while the second details respondent perceived needs.

Senior Survey Results

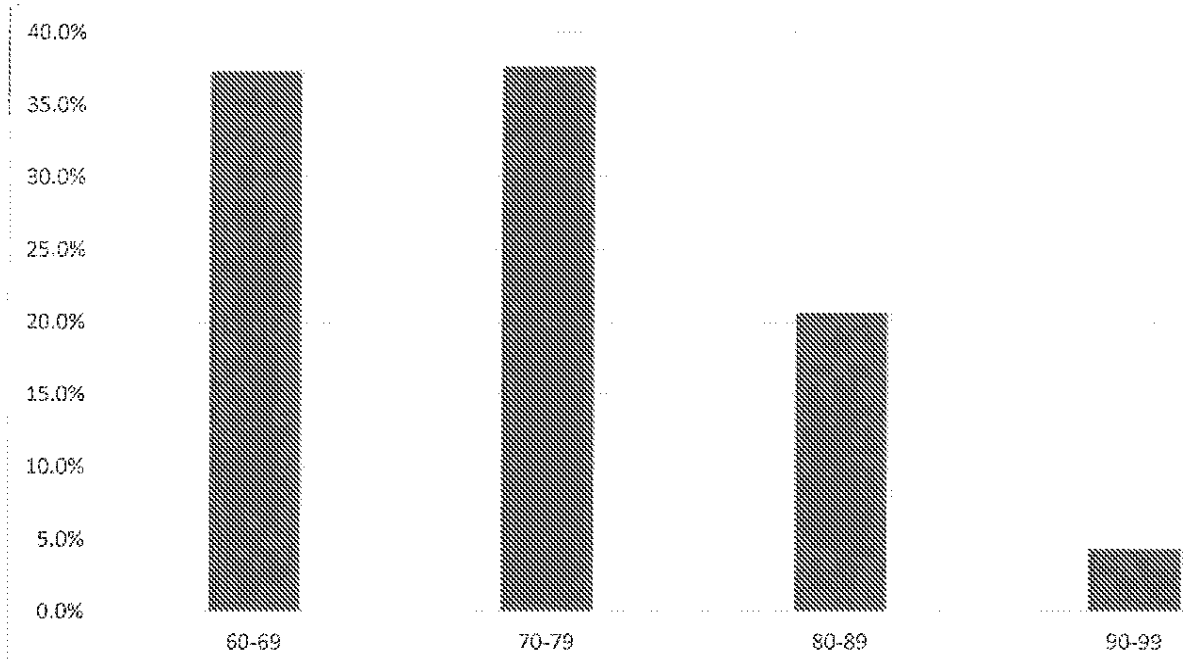
1. What Age Range Do You Fall In?

The survey began by asking respondents basic demographic questions such as age, race/ethnicity, and gender. The ages surveyed ranged from 60-99, however, most respondents were between the ages of 60-89. **Table 1** and **Figure 5** show a breakdown of respondent ages.

Table 1. What Age Range Do You Fall In?

What Age Range Do You Fall In?		
Age Range	Number of Responses	Percentage of Responses
60-69	280	38.6%
70-79	282	38.9%
80-89	127	17.5%
90-99	27	3.7%
No Answer	9	1.2%

Figure 5. What Age Range Do You Fall In?



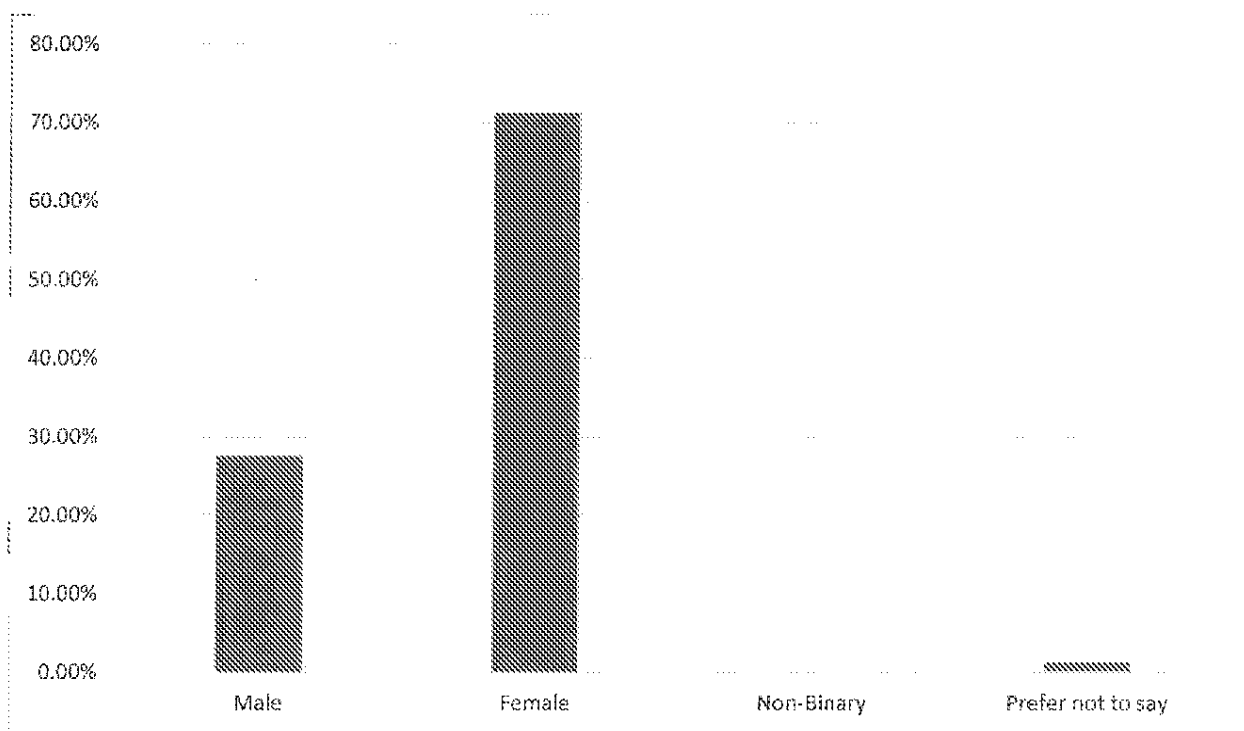
2. What is your preferred gender?

The majority of respondents who took part in the senior needs survey were female. The complete breakdown of survey participants' gender can be found in Table 2 and Figure 6.

Table 2. What Is Your Preferred Gender?

Response	Number of Responses	Percentage of Responses
Male	221	30.5%
Female	492	67.9%
Non-Binary	0	0.00%
Prefer not to say	8	1.1%
No Answer	4	0.5%

Figure 6. What Is Your Preferred Gender?



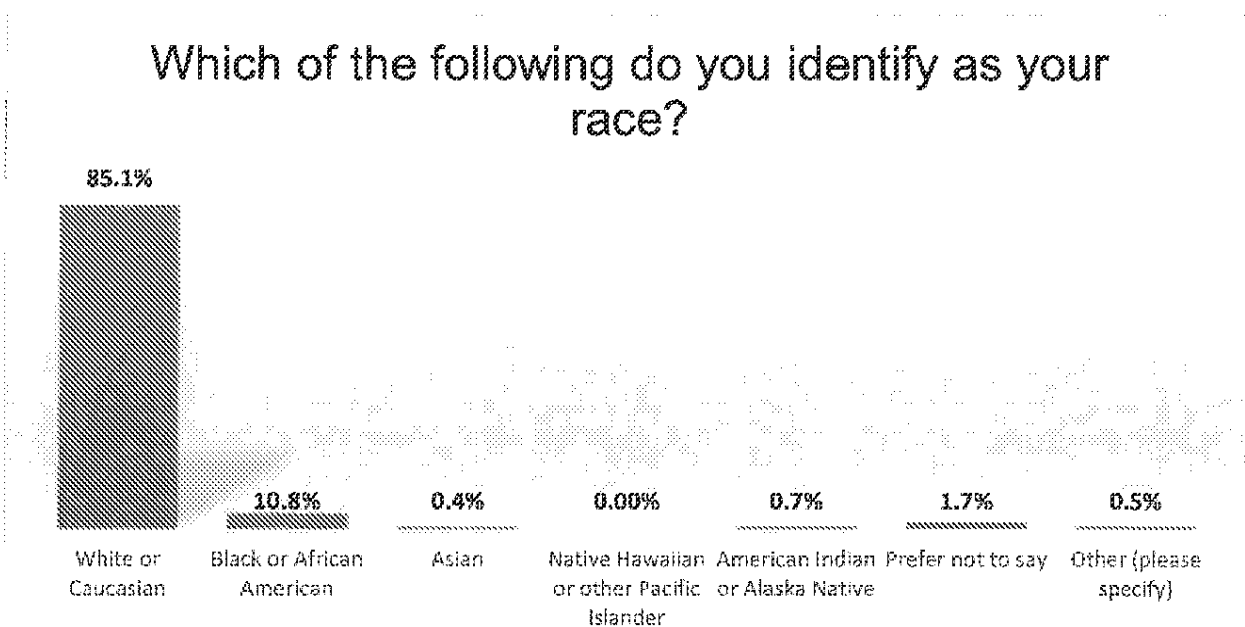
3. Which of the following do you identify as your race?

This survey question was used to identify the race of survey respondents. The majority of participants (85.1%) identified their race as *White/Caucasian*. All responses to this question can be found in Table 3 and Figure 7.

Table 3. Which Of the Following Do You Identify as Your Race?

Which Of the Following Do You Identify as Your Race?		
Response	Number of Responses	Percentage of Responses
White or Caucasian	617	85.1%
Black or African American	78	10.8%
Asian	3	0.4%
Native Hawaiian/Pacific Islander	0	0.00%
American Indian or Alaska Native	5	0.7%
Prefer not to say	12	1.7%
Other	4	0.5%
No Answer	6	0.8%

Figure 7. Which Of the Following Do You Identify as Your Race



4. Do you identify as Hispanic or Latino/a?

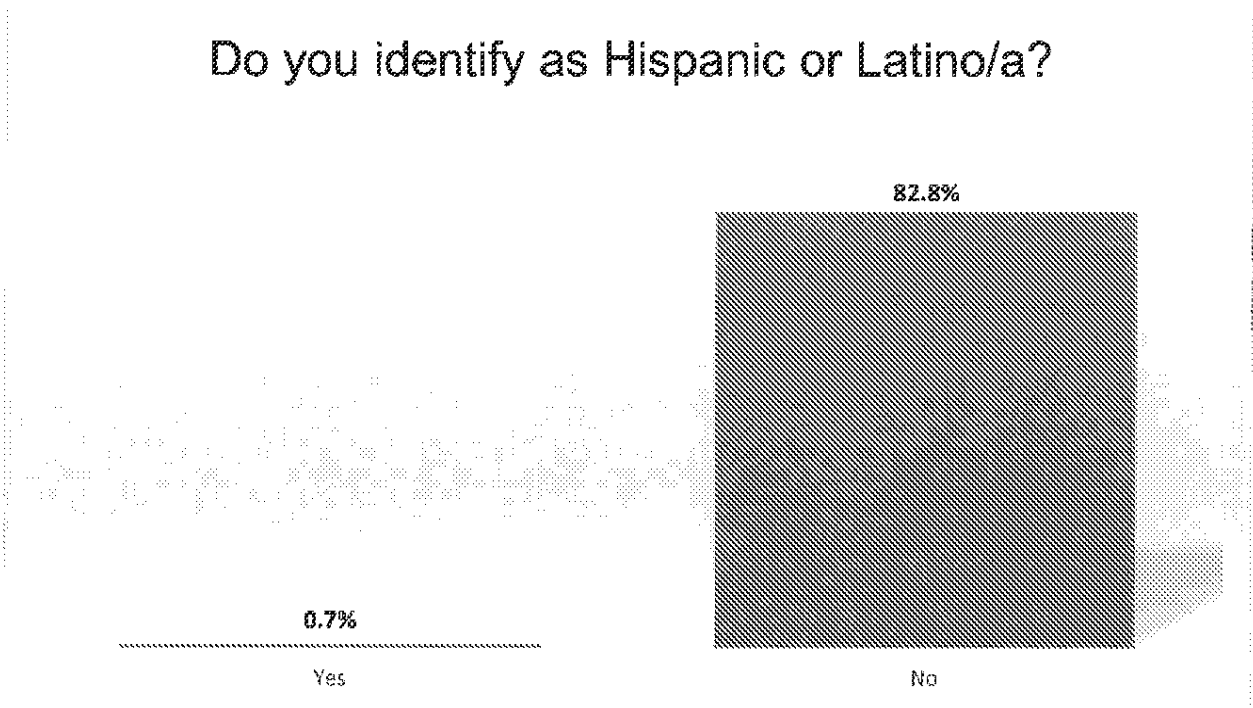
The majority of participants did not identify as Hispanic or Latino/a. The complete breakdown of this question can be found in Table 4 and Figure 8.

Table 4. Do you identify as Hispanic or Latino/a?

Do you identify as Hispanic or Latino/a?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
Yes	5	0.7%
No	600	82.8%
No Answer	120	16.5%

Figure 8. Do you identify as Hispanic or Latino/a?



5. Which of the following best describes your personal income last year?

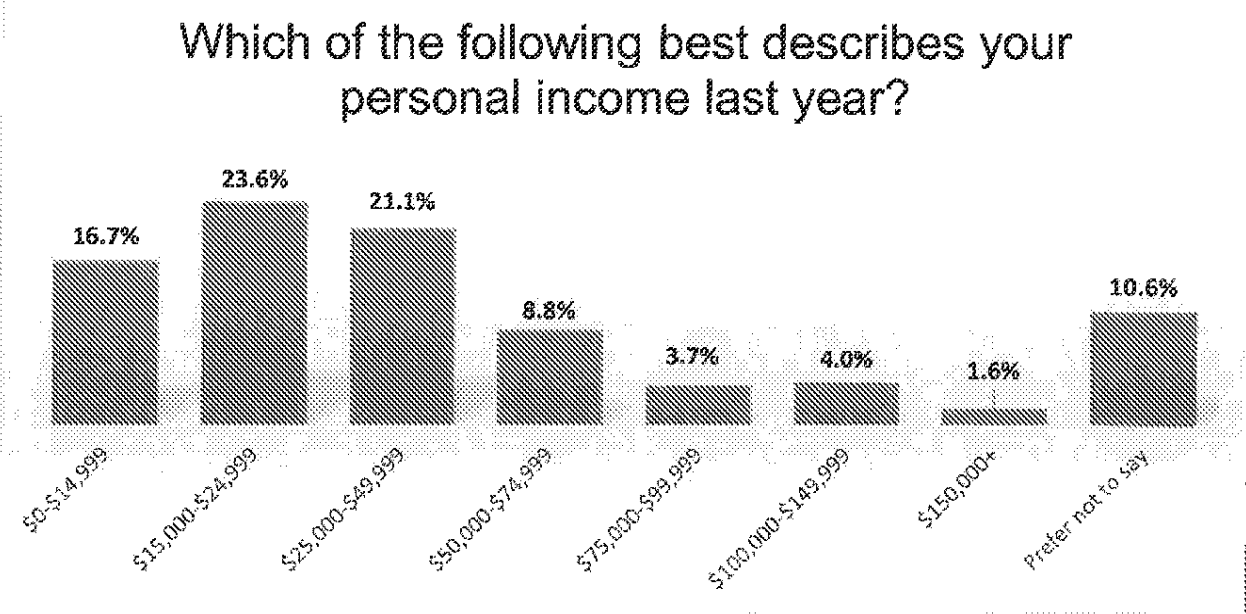
Most respondent answers fell between \$0-\$49,999/year. Only 1.6% of respondents reported their income as being over \$150,000/year and approximately 20% of respondents chose not to disclose this information. The income breakdown of respondents can be found in Table 5 and Figure 9.

Table 5.

Which of the Following Best Describes Your Personal Income Last Year?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>\$0-\$14,999</i>	121	16.7%
<i>\$15,000-\$24,999</i>	171	23.6%
<i>\$25,000-\$49,999</i>	153	21.1%
<i>\$50,000-\$74,999</i>	64	8.8%
<i>\$75,000-99,999</i>	27	3.7%
<i>100,000-\$149,999</i>	29	4.0%
<i>\$150,000</i>	12	1.6%
<i>Prefer not to say</i>	77	10.6%
<i>No Answer</i>	71	9.8

Figure 9. Which of the Following Best Describes Your Personal Income Last Year?



6. What is your current employment status?

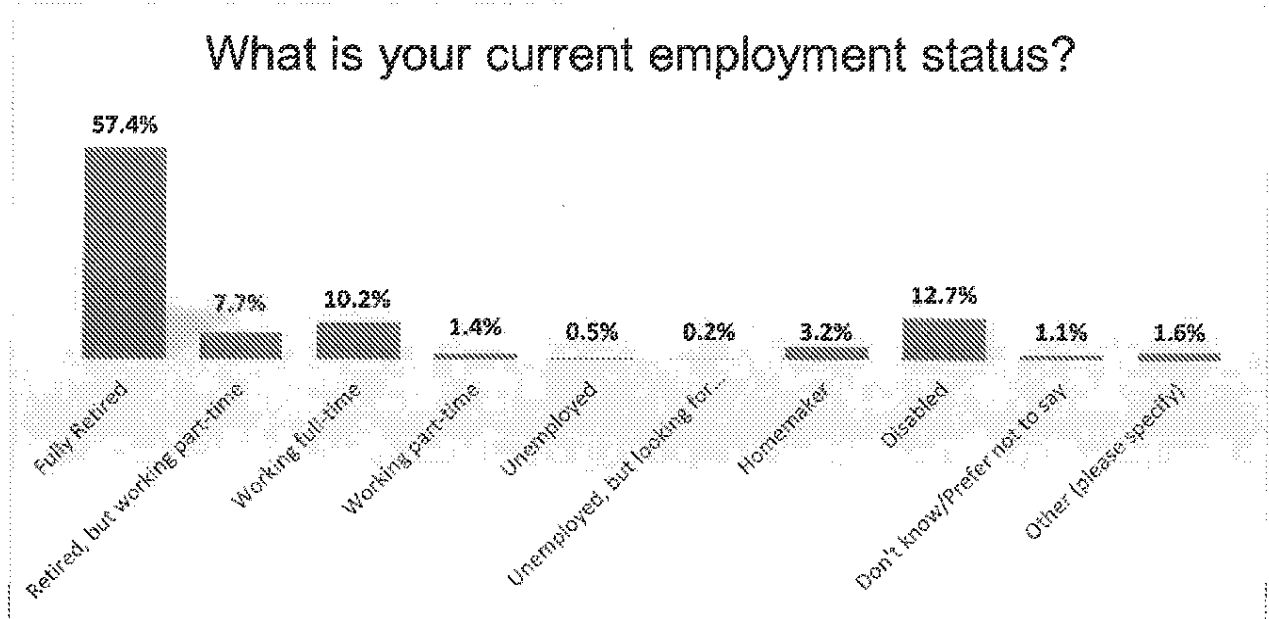
A majority of survey participants reported being fully retired or disabled. However, some are still working full-time. The results of this question can be found in Table 6 and Figure 10.

Table 6. What Is Your Current Employment Status?

What Is Your Current Employment Status?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>Fully Retired</i>	416	57.4%
<i>Retired, but working part-time</i>	56	7.7%
<i>Working full-time</i>	74	10.2%
<i>Working part-time</i>	10	1.4%
<i>Unemployed</i>	4	0.5%
<i>Unemployed, but looking for work</i>	1	0.2%
<i>Homemaker</i>	23	3.2%
<i>Disabled</i>	92	12.7%
<i>Don't Know/Prefer Not to Say</i>	8	1.1%
<i>Other</i>	12	1.6%
<i>No Answer</i>	29	4.0%

Figure 10. What Is Your Current Employment Status?



This question begins Section 2 of the Senior Needs Survey.

7. How would you rate your current physical health?

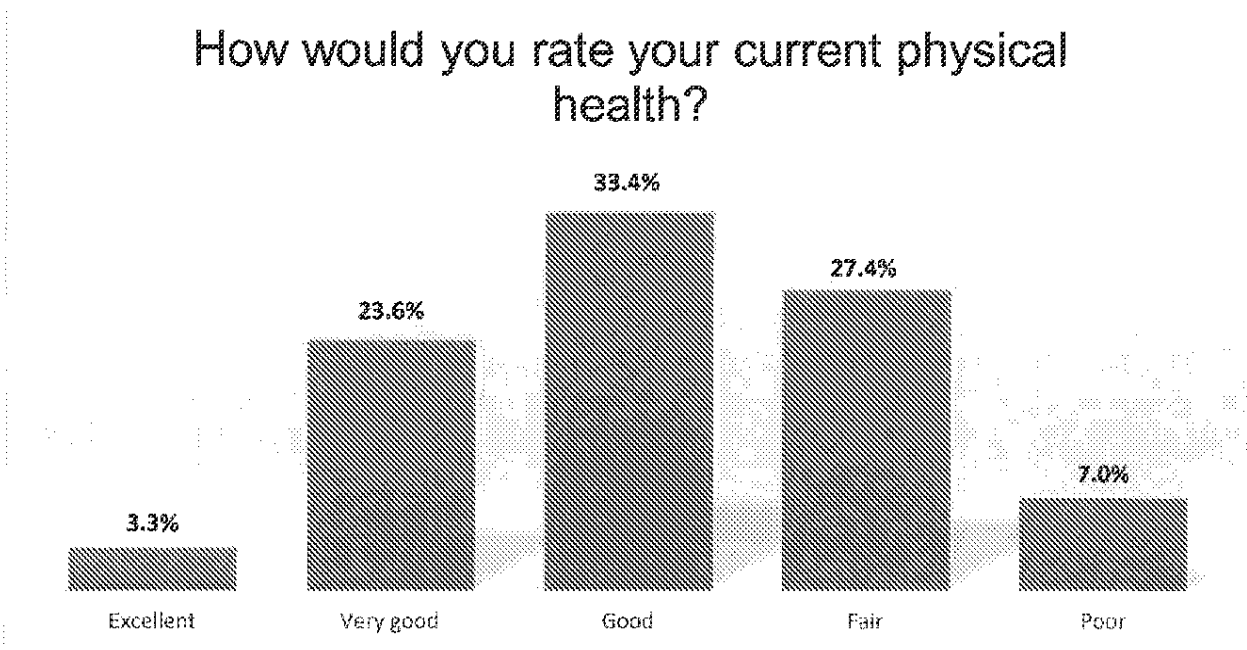
The next few questions focus on perceived health status. Many participants report to be in good or fair physical health. The complete breakdown for this question can be found in Table 7 and Figure 11.

Table 7. How Would You Rate Your Current Physical Health?

How Would You Rate Your Current Physical Health?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>Excellent</i>	24	3.3%
<i>Very Good</i>	171	23.6%
<i>Good</i>	242	33.4%
<i>Fair</i>	199	27.4%
<i>Poor</i>	51	7.0%
<i>No Answer</i>	35	4.8%

Figure 11. How Would You Rate Your Current Physical Health?



8. How would you rate your current mental health?

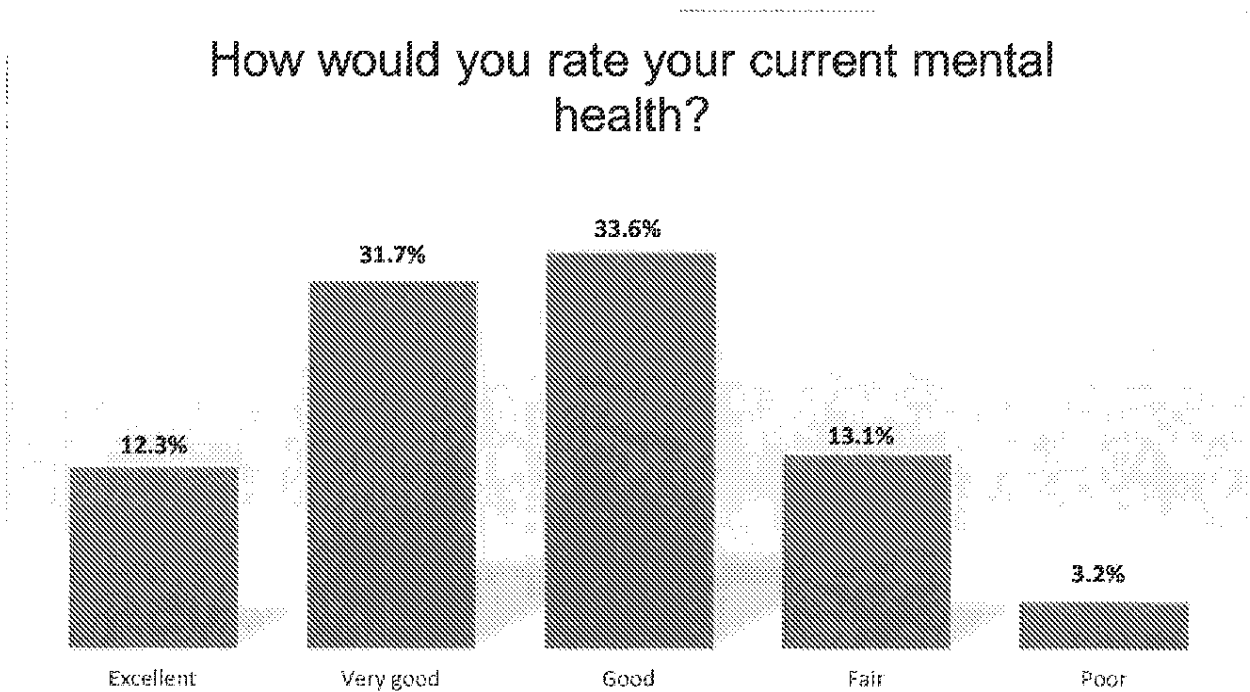
Participants also perceive themselves to be in good mental health with the majority of participants responding that their mental health is “good” or “very good.” Responses to this question can be found in Table 8 and Figure 12.

Table 8. How Would You Rate Your Current Mental Health?

How Would You Rate Your Current Mental Health?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>Excellent</i>	89	12.3%
<i>Very Good</i>	230	31.7%
<i>Good</i>	244	33.6%
<i>Fair</i>	95	13.1%
<i>Poor</i>	23	3.2%
<i>No Answer</i>	44	6.1%

Figure 12. How Would You Rate Your Current Mental Health?



9. Do you currently have any of the following chronic health conditions?

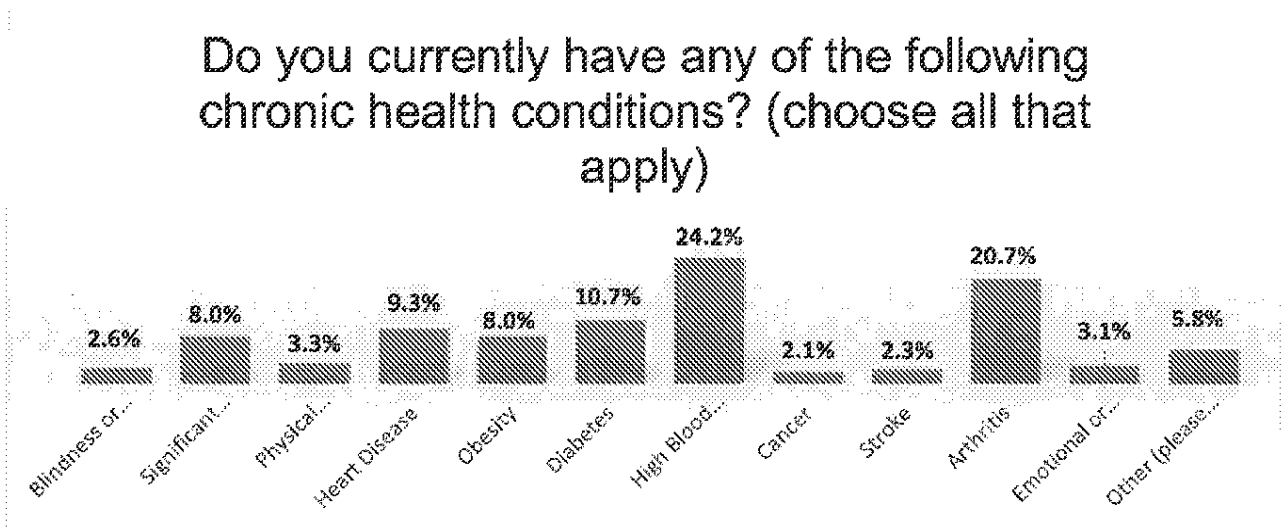
This question asked participants to select any of the listed chronic health conditions they have been diagnosed with. Arthritis and High Blood Pressure were reported as affecting over half of the survey participants. A full breakdown of chronic disease morbidity can be found in Table 9 and Figure 13.

Table 9. Do You Currently Have Any of the Following Chronic Health Conditions?

Do You Currently Have Any of the Following Chronic Health Conditions?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>Blindness or Severe Vision Impairment</i>	41	2.6%
<i>Significant Hearing Loss</i>	128	8.0%
<i>Physical Handicap/Loss of Limb</i>	53	3.3%
<i>Heart Disease</i>	148	9.3%
<i>Obesity</i>	128	8.0%
<i>Diabetes</i>	171	10.7%
<i>High Blood Pressure</i>	387	24.2%
<i>Cancer</i>	33	2.1%
<i>Stroke</i>	37	2.3%
<i>Arthritis</i>	330	20.7%
<i>Emotional or Mental Illness</i>	50	3.1%
<i>Other</i>	92	5.8%

Figure 13. Do You Currently Have Any of the Following Chronic Health Conditions?



10. Have you received at least one or more doses of the Covid-19 vaccine?

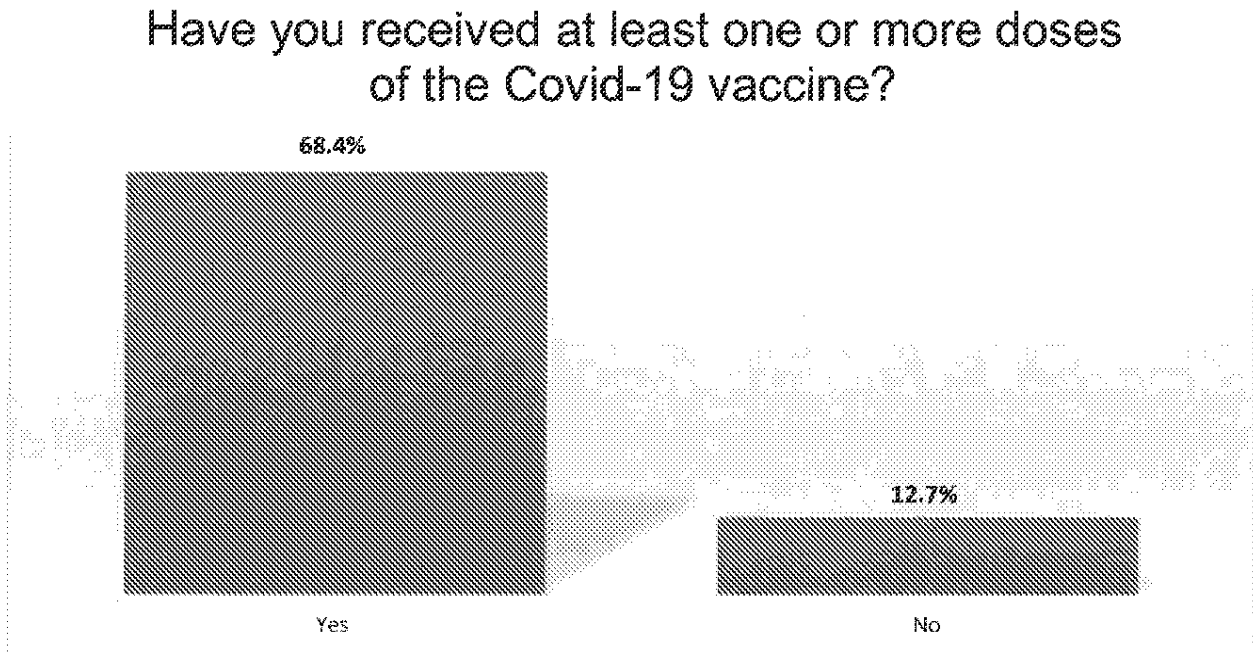
The majority of respondents (68.4%) reported that they had received at least one dose of the vaccine. Of those who answered “No” when prompted with the answer “why not” the most common response was “They just don’t want it.” More responses can be found in the appendix. The full breakdown of results for this question can be found in Table 10 and Figure 14.

Table 10. Have You Received At Least One Or More Doses of the Covid-19 Vaccine?

Have You Received At Least One Or More Doses of the Covid-19 Vaccine?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
Yes	496	68.4%
No	92	12.7%
No Answer	137	18.9%

Figure 14. Have You Received At Least One Or More Doses of the Covid-19 Vaccine?



11. In the past few months, have you needed help getting enough food or the right kinds of foods to eat?

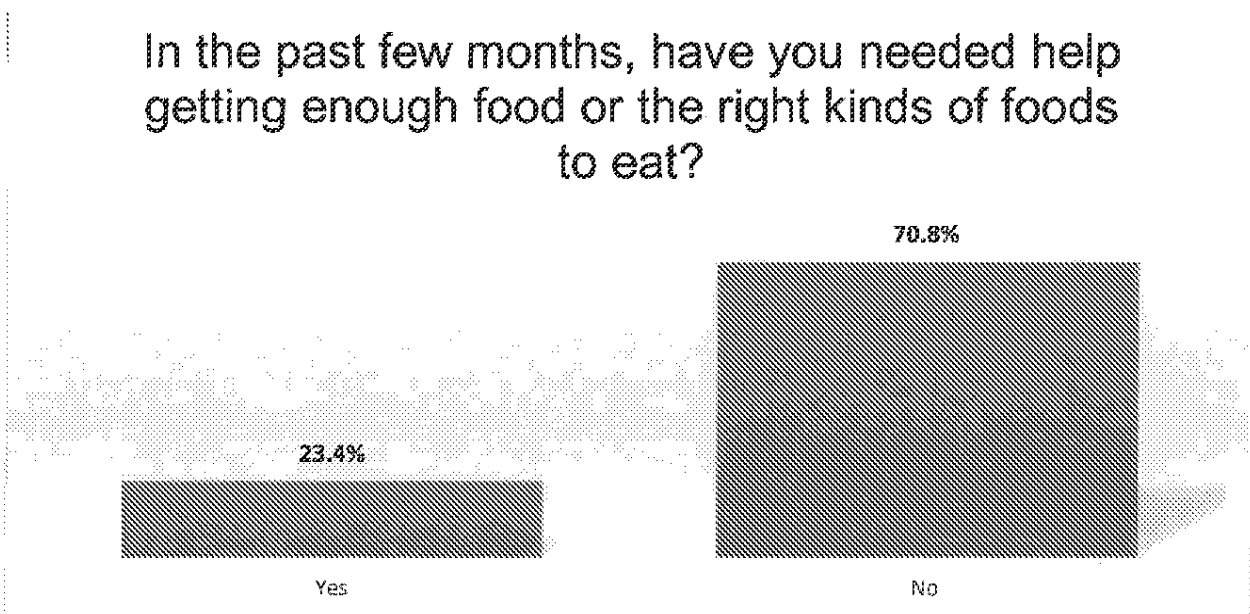
This question and the following question were used to gauge food scarcity among participants. The majority of respondents (70.8%) reported that they did not need help with getting food to eat. The results of this question can be found in Table 11 and Figure 15.

Table 11. In The Past Few Months, Have You Needed Help Getting Enough Food or the Right Kinds of Foods to Eat?

In The Past Few Months, Have You Needed Help Getting Enough Food or the Right Kinds of Foods to Eat?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
Yes	170	23.4%
No	513	70.8%
No Answer	42	5.8%

Figure 15. In The Past Few Months, Have You Needed Help Getting Enough Food or the Right Kinds of Foods to Eat?



12. If you answered “Yes” to the previous question, which of the following has prevented you from obtaining these foods?

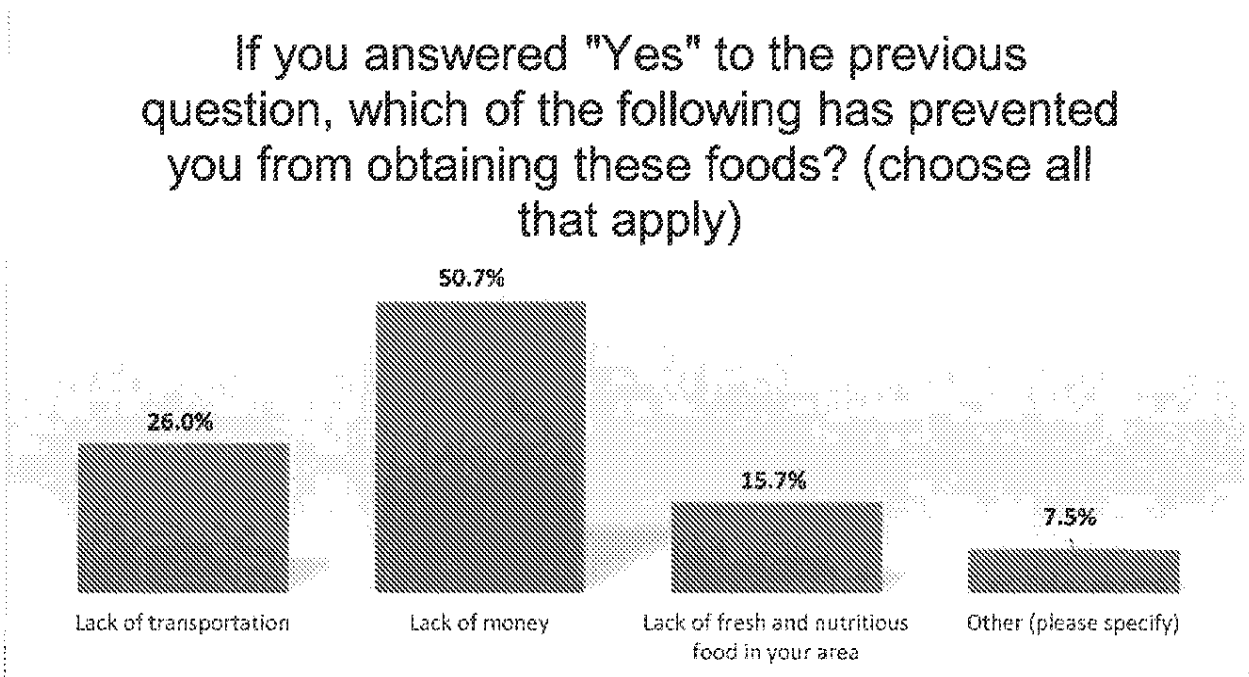
This question is a follow-up to the previous question regarding food scarcity. The biggest barrier to obtaining food for respondents was reported as “lack of money.” A complete breakdown of these answers can be found in Table 12 and Figure 16.

Table 12. Which of the Following Has Prevented You from Obtaining These Foods?

Which of the Following Has Prevented You from Obtaining These Foods?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>Lack of Transportation</i>	38	26.0%
<i>Lack of Money</i>	74	50.7%
<i>Lack of Fresh and Nutritious Food in Your Area</i>	23	15.7%
<i>Other</i>	11	7.5%

Figure 16. Which of the Following Has Prevented You from Obtaining These Foods?



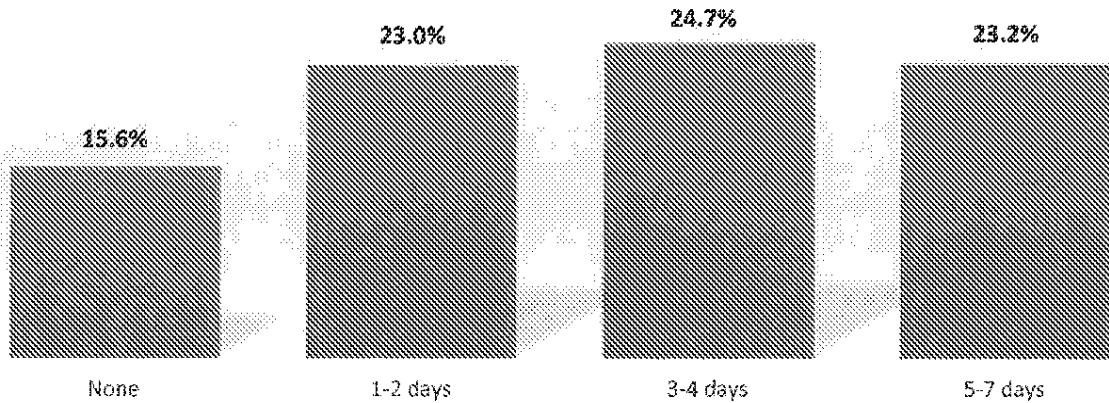
13. On average, how many days a week do you engage in physical activity?
 For this question, examples of physical activity included exercise, gardening, and housework. Levels of physical activity varied amongst respondents with most seniors engaging in some sort of physical activity at least one day a week. A full breakdown of responses can be found in Table 13 and Figure 17.

Table 13. On Average How Many Days A Week Do You Engage in Physical Activity?
On Average How Many Days A Week Do You Engage in Physical Activity??

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>None</i>	113	15.6%
<i>1-2 Days</i>	167	23.0%
<i>3-4 Days</i>	179	24.7%
<i>5-7 Days</i>	168	23.2%
<i>No Answer</i>	98	13.5%

Figure 17. On Average How Many Days A Week Do You Engage in Physical Activity?

On average, how many days a week do you engage in physical activity? (exercise class, gardening, housework)



14. If you answered “None” to the previous question, what barriers prevent you from being physically active?

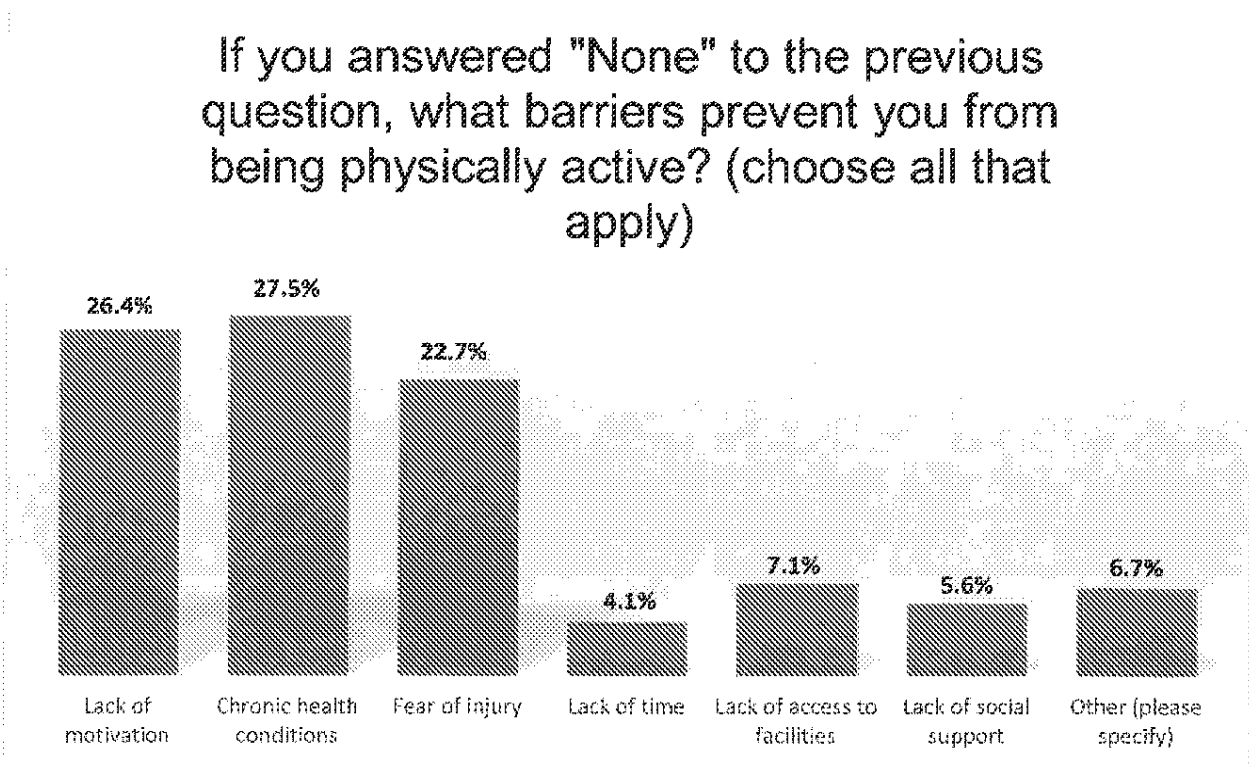
For those who responded that they were not engaging in any physical activity during the week, the three biggest perceived barriers were “lack of motivation,” “chronic health conditions,” and “fear of injury.” A full breakdown of these answers can be found in Table 14 and Figure 18.

Table 14. What Barriers Prevent You from Being Physically Active?

What Barriers Prevent You from Being Physically Active?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>Lack of Motivation</i>	71	26.4%
<i>Chronic Health Conditions</i>	74	27.5%
<i>Fear of Injury</i>	61	22.7%
<i>Lack of Time</i>	11	4.1%
<i>Lack of Access to Facilities</i>	19	7.1%
<i>Lack of Social Support</i>	15	5.6%
<i>Other</i>	18	6.7%

Figure 18. What Barriers Prevent You from Being Physically Active?



15. How do you travel on a regular basis?

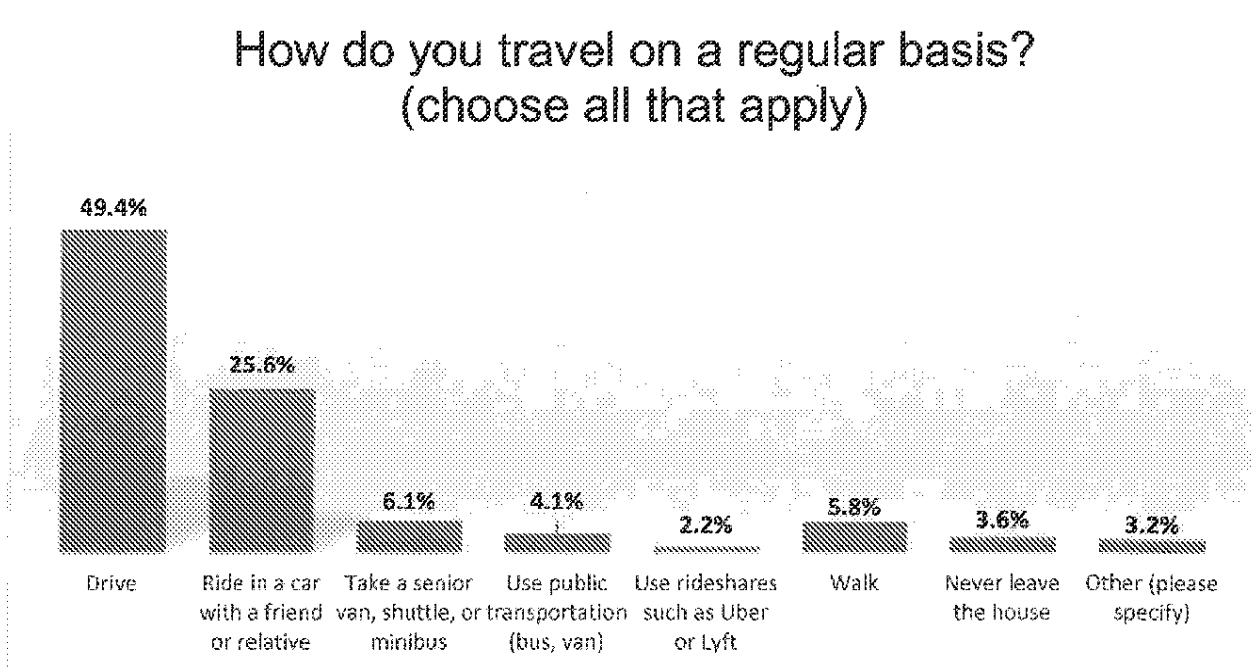
The next few questions were used to identify what areas of need there are regarding transportation for seniors. The majority of respondents reported that they drive themselves (49.4%). A number of seniors also reported never leaving the house because they have no transportation. Table 15 and Figure 19 show the results from this question.

Table 15. How do you Travel on a Regular Basis?

How do you Travel on a Regular Basis?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>Drive</i>	400	49.4%
<i>Ride in a Car with a Friend or Relative</i>	207	25.6%
<i>Take a Senior Shuttle or Van</i>	49	6.1%
<i>Use Public Transportation</i>	33	4.1%
<i>Use Rideshares</i>	18	2.2%
<i>Walk</i>	47	5.8%
<i>Never Leave the House</i>	29	3.6%
<i>Other</i>	26	3.2%

Figure 19. How do you Travel on a Regular Basis?



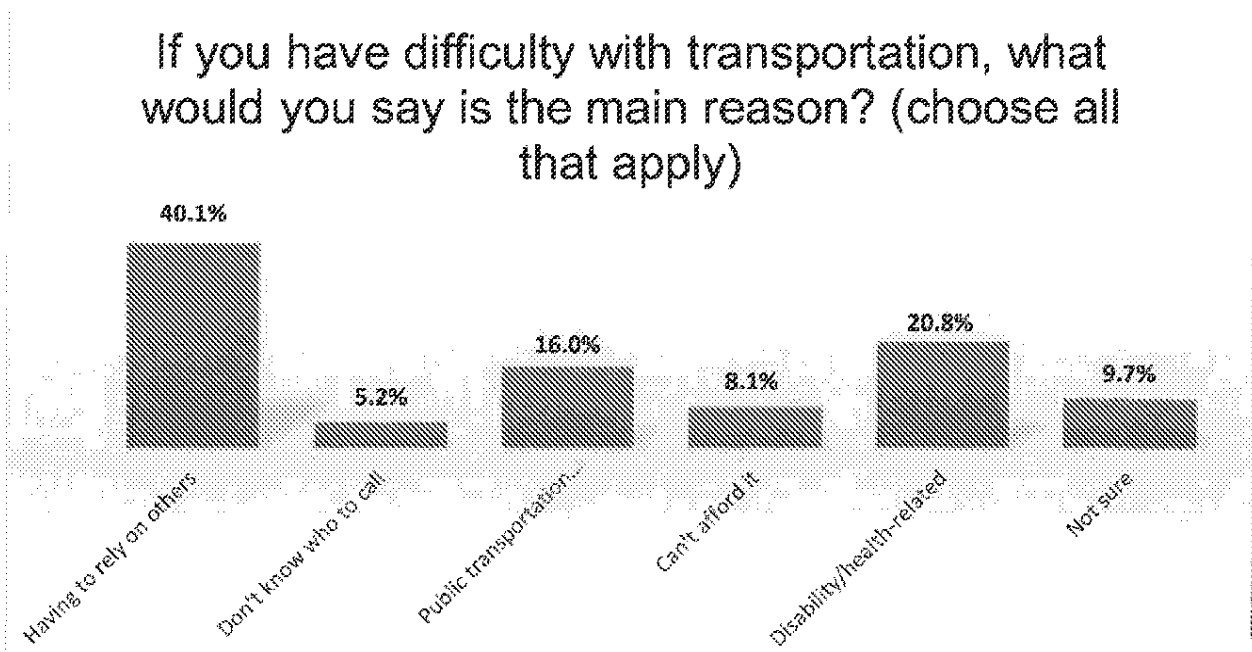
16. If you have difficulty with transportation, what would you say is the main reason? Respondents reported that “having to rely on others” was their biggest issue regarding transportation. This was followed by “Disability/health-related issues,” and public transportation not being available in their area. A full breakdown of the results from this question can be found in Table 16 and Figure 20.

Table 16. What is the Main Reason you have Difficulty with Transportation?

What is the Main Reason you have Difficulty with Transportation?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>Having to rely on others</i>	108	40.1%
<i>Don't know who to call</i>	14	5.2%
<i>Public transportation isn't available in my community</i>	43	16.0%
<i>Can't afford it</i>	22	8.1%
<i>Disability/Health-Related</i>	56	20.8%
<i>Not Sure</i>	26	9.7%

Figure 20. What is the Main Reason you have Difficulty with Transportation?



17. How would you describe your current housing situation?

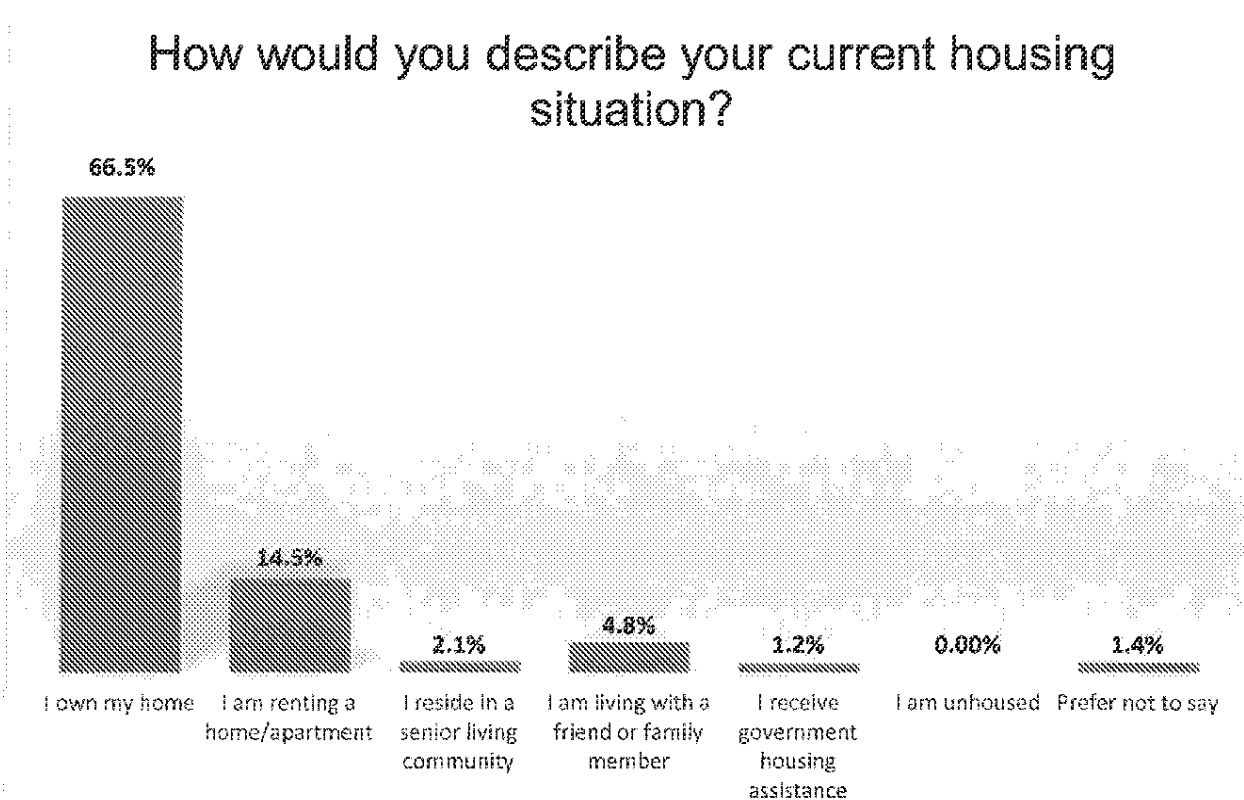
This question was used to gauge the need for housing assistance for seniors. Most participants (66.5%) reported that they own their own home. Table 17 and Figure 21 depict all responses to this question.

Table 17. How Would You Describe Your Current Housing Situation?

How Would You Describe Your Current Housing Situation?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>I Own My Home</i>	482	66.5%
<i>I Am Renting a Home/Apartment</i>	105	14.5%
<i>I Reside in a Senior Living Community</i>	15	2.1%
<i>I Am Living with A Friend or Family Member</i>	31	4.8%
<i>I Receive Government Housing Assistance</i>	9	1.2%
<i>I Am Unhoused</i>	0	0.00%
<i>Prefer Not to Say</i>	10	1.4%
<i>No Answer</i>	73	10.1%

Figure 21. How Would You Describe Your Current Housing Situation?



18. Do you feel safe in your home?

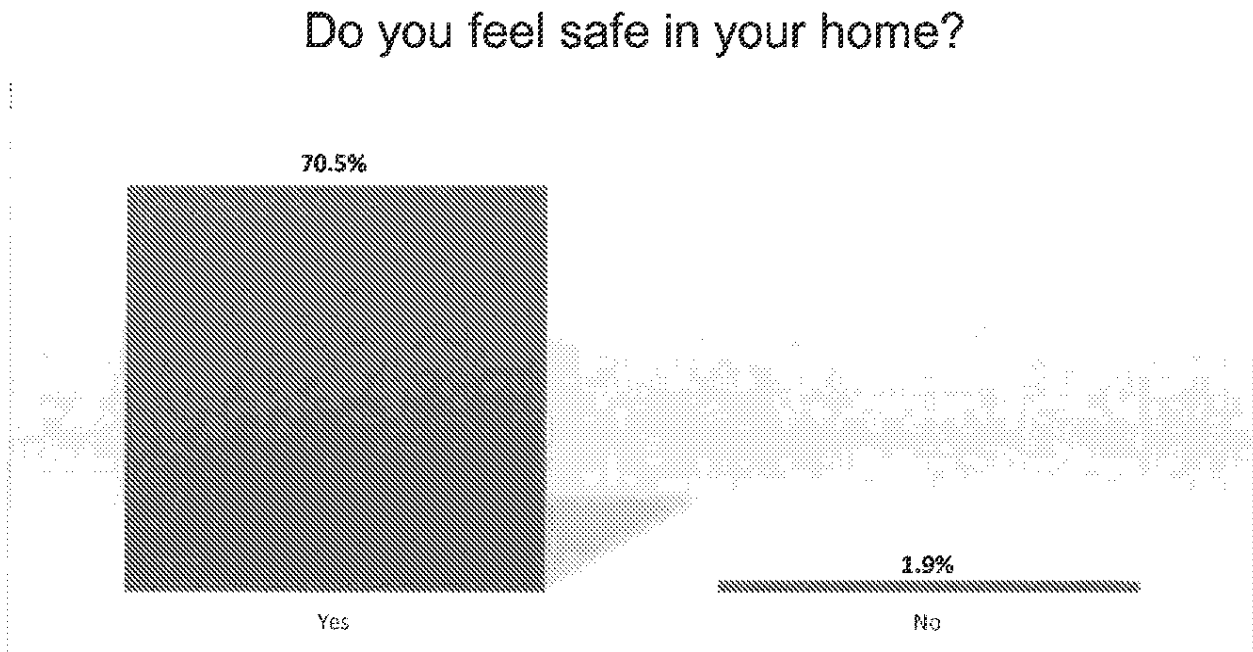
Approximately 70.5% of participants reported that they feel safe in their home. A complete breakdown of responses can be found in Table 18 and Figure 22.

Table 18. Do You Feel Safe in Your Home?

Do You Feel Safe in Your Home?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
Yes	511	70.5%
No	14	1.9%
No Answer	200	27.6%

Figure 22. Do You Feel Safe in Your Home?



19. What programs and services do you want or need assistance with?

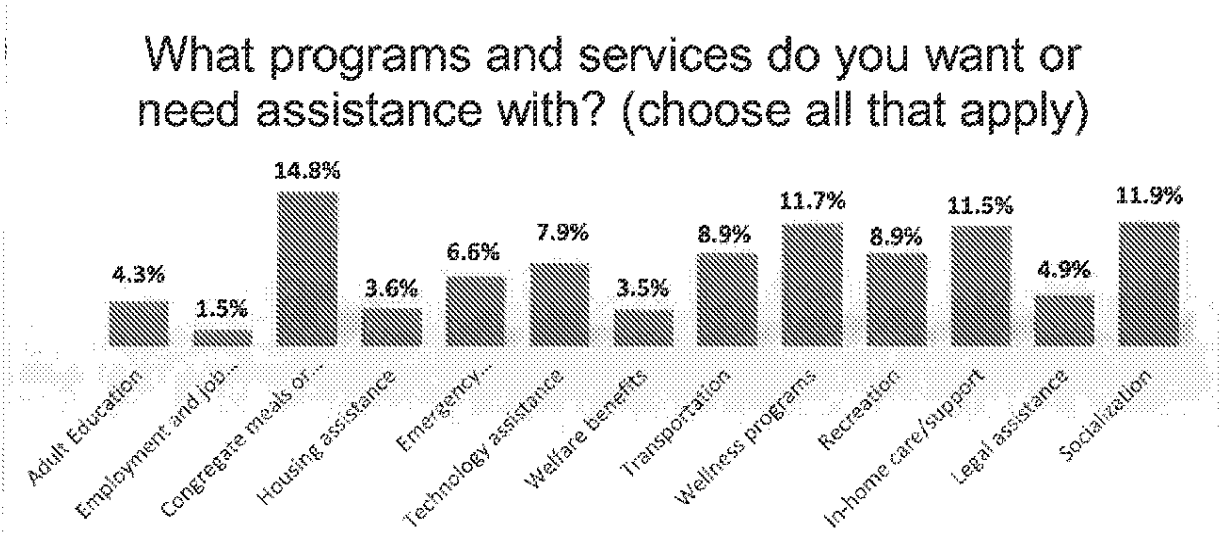
This question was used to assess what services are most desired by seniors in the state. The most requested services were Home-Delivered/Congregate Meals followed by Transportation and Recreation. All results for this question can be found in Table 19 and Figure 23.

Table 19. What Programs and Services do you Want or Need Assistance With?

What Programs and Services do you Want or Need Assistance With?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>Adult Education</i>	33	4.3%
<i>Employment and Job Training</i>	12	1.5%
<i>Congregate/Home-Delivered Meals</i>	115	14.8%
<i>Housing Assistance</i>	28	3.6%
<i>Emergency Preparedness</i>	51	6.6%
<i>Technology Assistance</i>	61	7.9%
<i>Welfare Benefits</i>	27	3.5%
<i>Transportation</i>	69	8.9%
<i>Wellness Programs</i>	91	11.7%
<i>Recreation</i>	69	8.9%
<i>In-Home Care/Support</i>	89	11.5%
<i>Legal Assistance</i>	38	4.9%
<i>Socialization</i>	92	11.9%

Figure 23. What Programs and Services do you Want or Need Assistance With?



20. During the last year, have you had any problems with any of the following? If yes, how would you describe the problem?

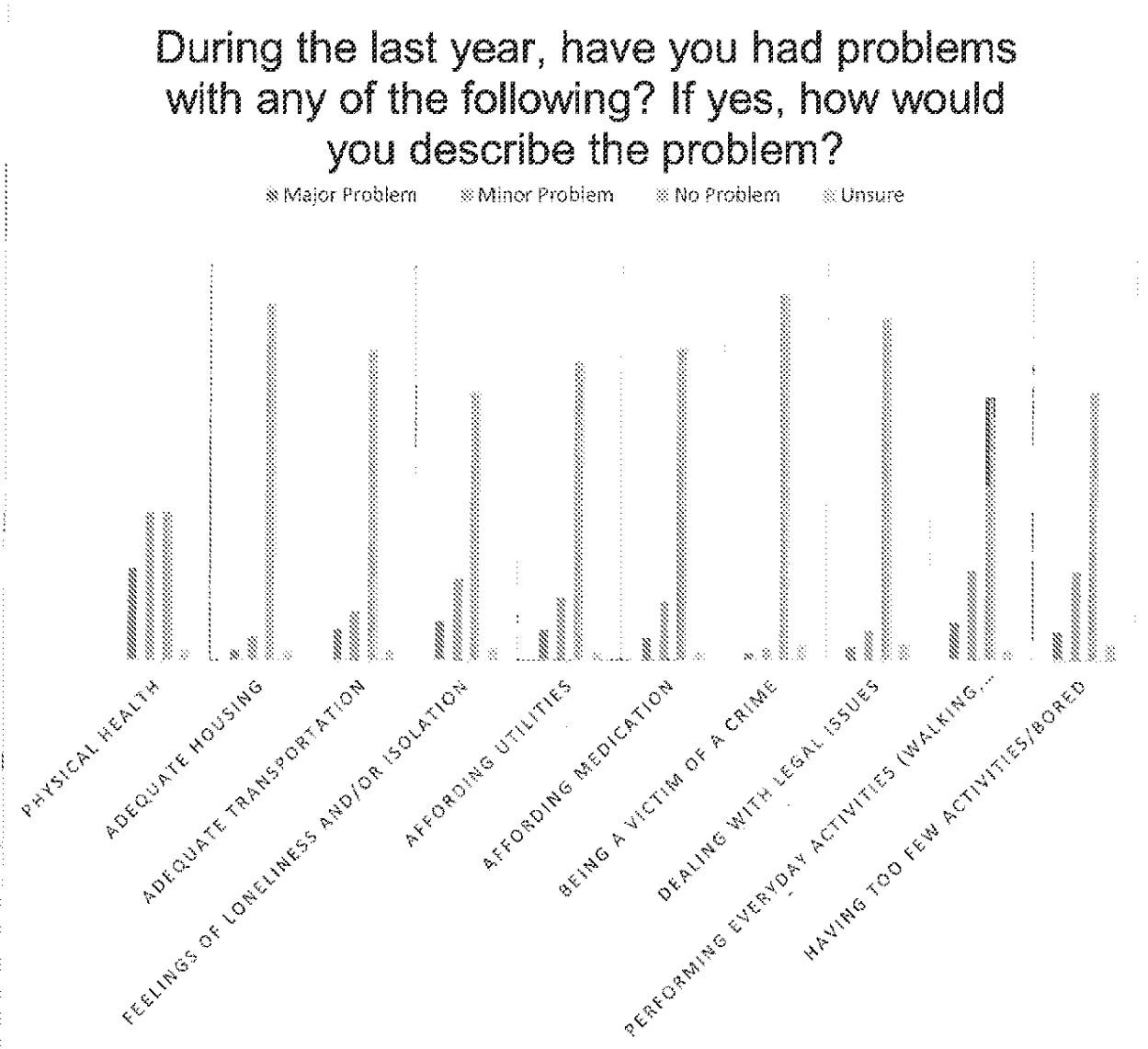
Physical health was the most reported problem for respondents. Approximately 23.0% reported that they would describe their physical health as a major problem and 37.1% reported it as a minor problem. A breakdown of results for this question can be found in Table 20 and Figure 24.

Table 20. During the Last Year, have you Had Problems with Any of the Following?

During the Last Year, Have You Had Problems with Any of the Following?

<i>Answer Choice</i>	<i>Major Problem</i>		<i>Minor Problem</i>		<i>No Problem</i>		<i>Unsure</i>	
<i>Physical Health</i>	118	23.0%	190	37.1%	190	37.1%	14	2.7%
<i>Adequate Housing</i>	13	2.7%	29	6.0%	430	89.0%	11	2.3%
<i>Adequate Transportation</i>	38	7.9%	59	12.2%	373	77.4%	12	2.5%
<i>Feelings of Loneliness or Isolation</i>	48	9.9%	99	20.4%	325	66.9%	14	2.9%
<i>Affording Utilities</i>	37	7.7%	76	15.7%	360	74.5%	10	2.1%
<i>Affording Medication</i>	27	5.6%	71	14.7%	377	77.9%	9	1.9%
<i>Being a Victim of a Crime</i>	8	1.7%	14	2.9%	440	91.7%	18	3.7%
<i>Dealing with Legal Issues</i>	16	3.3%	36	7.5%	411	85.3%	19	3.9%
<i>Performing Everyday Activities</i>	56	9.6%	119	20.3%	388	66.3%	22	3.8%
<i>Having Too Few Activities</i>	46	9.5%	109	22.5%	318	65.6%	12	2.5%
<i>Other</i>	33	6.8%	107	22.2%	323	67.0%	19	3.9%

Figure 24. During the Last Year, have you Had Problems with Any of the Following?



21. In case of an emergency, do you have the following? (choose all that apply)

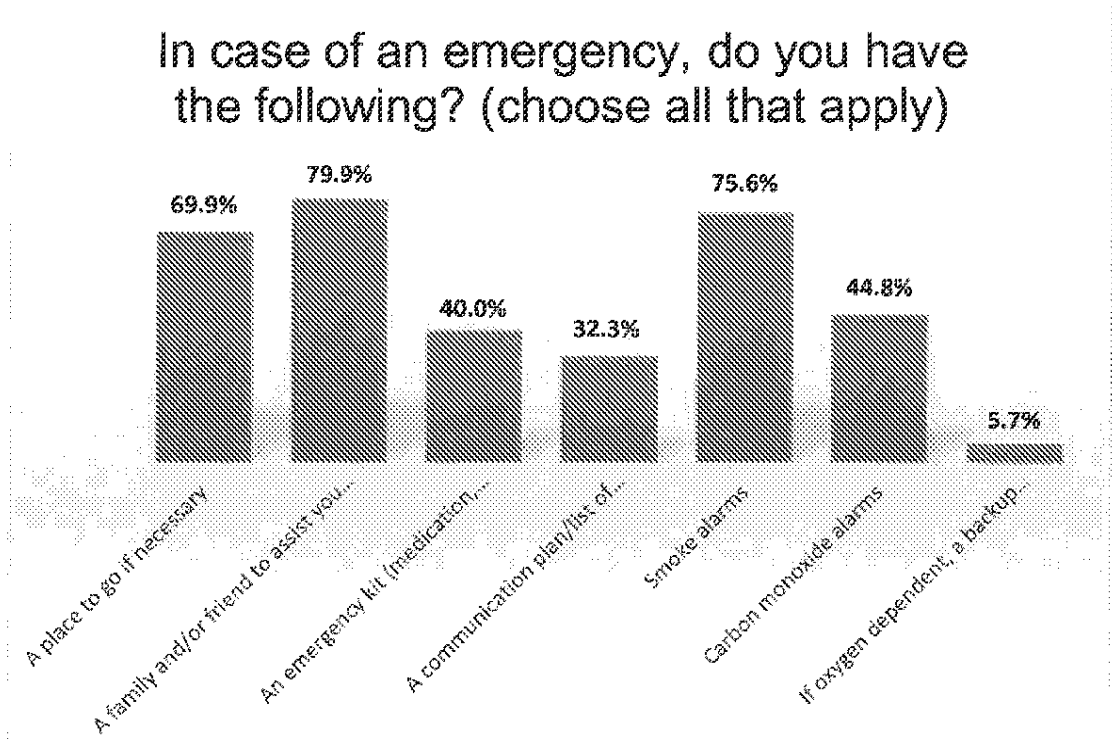
This question was used to gauge the extent to which seniors in the state are prepared for an emergency. Most seniors reported having a place to go and/or a family or friend to assist if necessary. Less than half of participants reported that they have carbon monoxide alarms and only 40.04% reported having access to an emergency kit. Responses to this question can be found in Table 21 and Figure 25.

Table 21. In Case of an Emergency, Do You Have the Following?

In Case of an Emergency, Do You Have Access to the Following?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>A place to go if necessary</i>	389	69.9%
<i>A family and/or friend to assist you if needed</i>	443	79.9%
<i>An emergency kit</i>	227	40.0%
<i>A communication plan/list of emergency contacts</i>	185	32.3%
<i>Smoke alarms</i>	420	75.6%
<i>Carbon monoxide alarms</i>	253	44.8%
<i>If oxygen dependent, a backup supply or power source</i>	41	5.7%

Figure 25. In Case of an Emergency, Do You Have the Following?

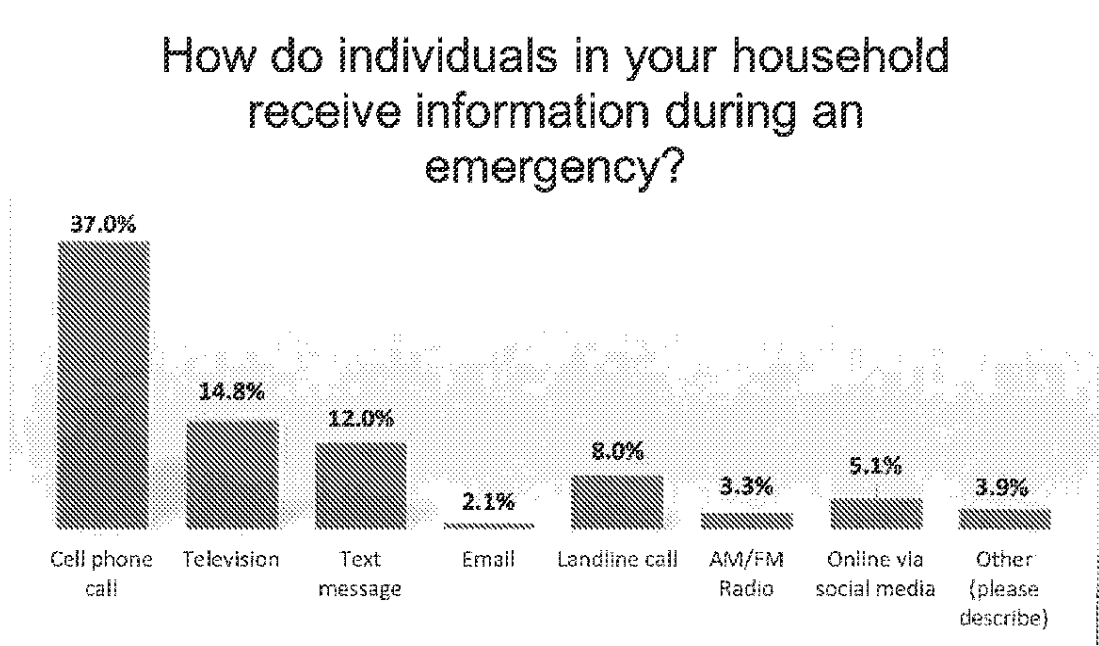


22. How do individuals in your household receive information during an emergency?
 "Cell Phone Call" was the most chosen response for this question followed by "Television" and "Text Message." Several respondents also reported receiving information via Landline Call. All reported responses to this question can be found in Table 22 and Figure 26.

Table 22. How Do Individuals in Your Home Receive Information During an Emergency?
How Do Individuals in Your Home Receive Information During an Emergency?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>Cell Phone Call</i>	268	37.0%
<i>Television</i>	107	14.8%
<i>Text Message</i>	87	12.0%
<i>Email</i>	15	2.1%
<i>Landline Call</i>	58	8.0%
<i>AM/FM Radio</i>	24	3.3%
<i>Online Via Social Media</i>	37	5.1%
<i>Other</i>	28	3.9%
<i>No Answer</i>	101	13.9%

Figure 26. How Do Individuals in Your Home Receive Information During an Emergency?



23. How Do You Get Your Information About Senior Citizens Services? (Choose all that apply)

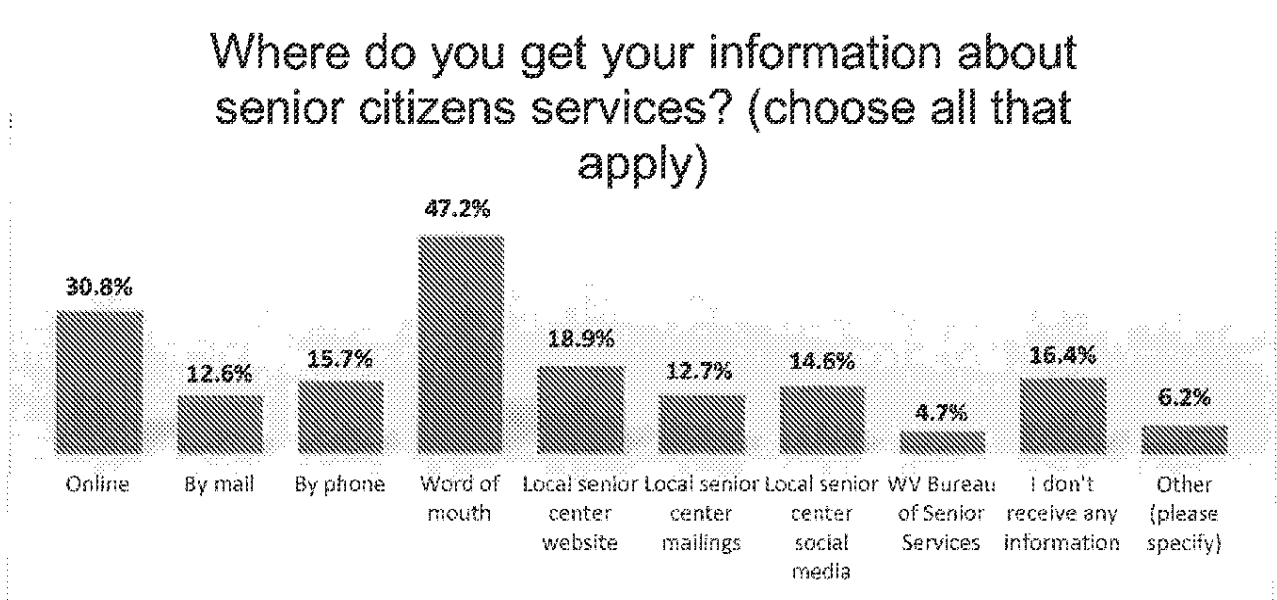
The most chosen response for this question was “Word of Mouth” followed by “Local Senior Center Website.” Approximately 16.4% of respondents reported that they don’t receive any information. A full breakdown for this response can be found in Table 23 and Figure 27.

Table 23. How Do You Get Your Information About Senior Citizen Services?

How Do You Get Your Information About Senior Citizen Services?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>Online</i>	179	30.8%
<i>By Mail</i>	79	12.6%
<i>By Phone</i>	96	15.7%
<i>Word of Mouth</i>	269	47.2%
<i>Local Senior Center Website</i>	114	18.9%
<i>Local Senior Center Mailings</i>	80	12.7%
<i>Local Senior Center Social Media</i>	90	14.6%
<i>WV Bureau of Senior Services</i>	36	4.7%
<i>I Don't Receive Any Information</i>	100	16.4%
<i>Other</i>	44	6.2%

Figure 27. How Do You Get Your Information About Senior Citizen Services?



This concludes the Senior Survey portion of the needs assessment. All responses to questions including an “Other” option can be found in the appendix.

B. Senior Caregiver Survey Results

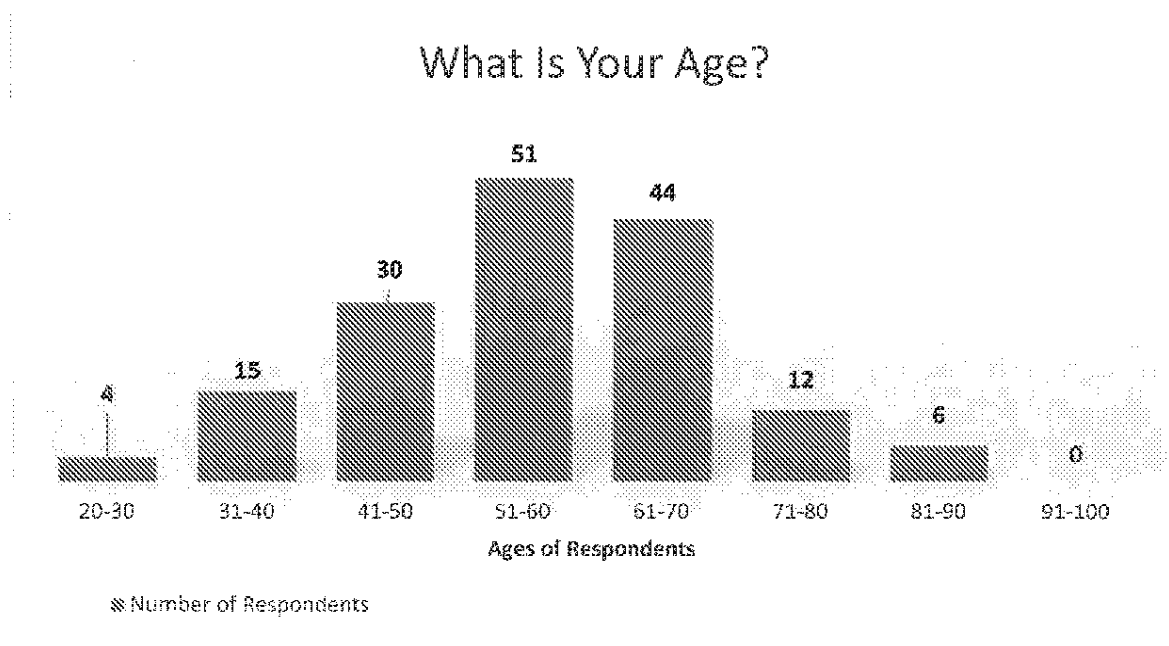
1. What is your age?

This question begins the demographic section of the Unpaid Caregiver survey. Most respondents reported that they were between the ages of 50 and 70. A complete breakdown of the results for this question can be found in Table 24 and Figure 28.

Table 24. What Is Your Age?

<i>Age Range</i>	<i>Number of Responses</i>
20-30	4
31-40	15
41-50	30
51-60	51
61-70	44
71-80	12
81-90	6
91-100	0

Figure 28. What Is Your Age?



2. What is your preferred gender?

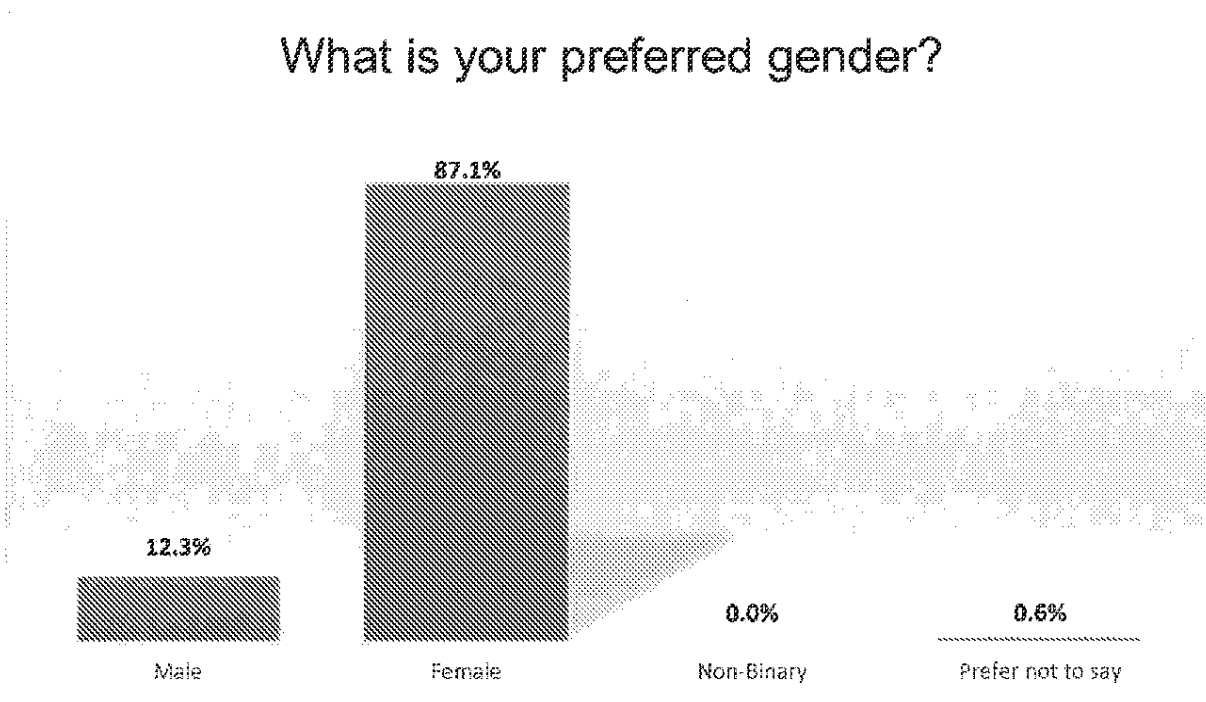
Approximately 87.12% of unpaid caregivers who took this survey were female. The results for this question can be found in Table 25 and Figure 29.

Table 25. What Is Your Preferred Gender?

What Is Your Preferred Gender?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>Male</i>	20	12.3%
<i>Female</i>	142	87.1%
<i>Prefer Not to Say</i>	1	0.6%
<i>Non-Binary</i>	0	0.0%

Figure 29. What Is Your Preferred Gender?



3. Which of the following do you identify as your race?

Approximately 95% of respondents reported their race as white. All respondent responses can be found in Table 26 and Figure 30.

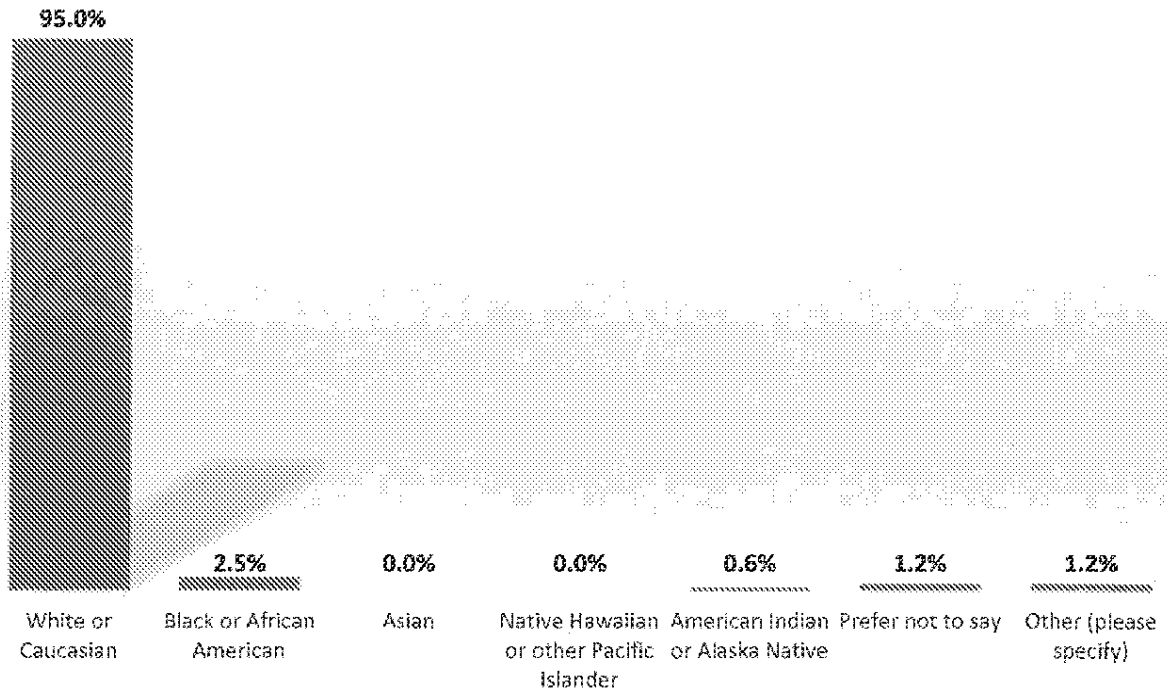
Table 26. Which Of the Following Do You Identify as Your Race?

Which Of the Following Do You Identify as Your Race?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>White or Caucasian</i>	152	95.0%
<i>Black or African American</i>	4	2.5%
<i>Asian</i>	0	0.0%
<i>Native Hawaiian or Pacific Islander</i>	0	0.0%
<i>American Indian or Alaska Native</i>	1	0.6%
<i>Prefer Not to Say</i>	2	1.2%
<i>Other</i>	2	1.2%

Figure 30. Which Of the Following Do You Identify as Your Race?

Which of the following do you identify as your race?



4. Do you identify as Hispanic or Latino/a.

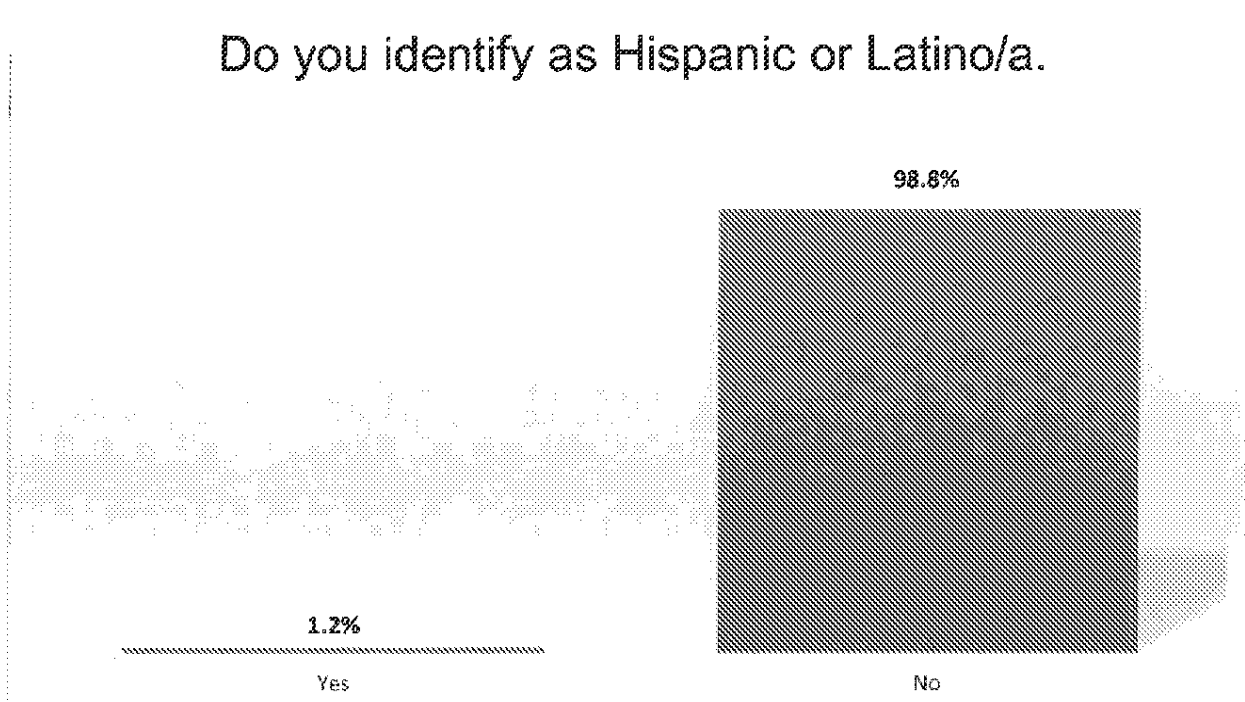
Only 1.2% of respondents reported that they identify as Hispanic or Latino/a. All results for this question can be found in Table 27 and Figure 31.

Table 27. Do You Identify as Hispanic or Latino/a?

Do You Identify as Hispanic or Latino/a?

<i>Answer Choice</i>	Number of Responses	Percentage of Responses
Yes	2	98.8%
No	161	1.2%

Figure 31. Do You Identify as Hispanic or Latino/a?



This question begins Section 2 of the Unpaid Caregiver Survey.

5. What is your relation to the senior you are providing care to?

The most reported relation was "Adult Child" followed closely by "Other Relative." Approximately 13.7% of respondents reported that they were the spouse of the senior to whom they were providing care for and approximately 10% referred to themselves as "Friend." Results for this question can be found in Table 28 and Figure 32.

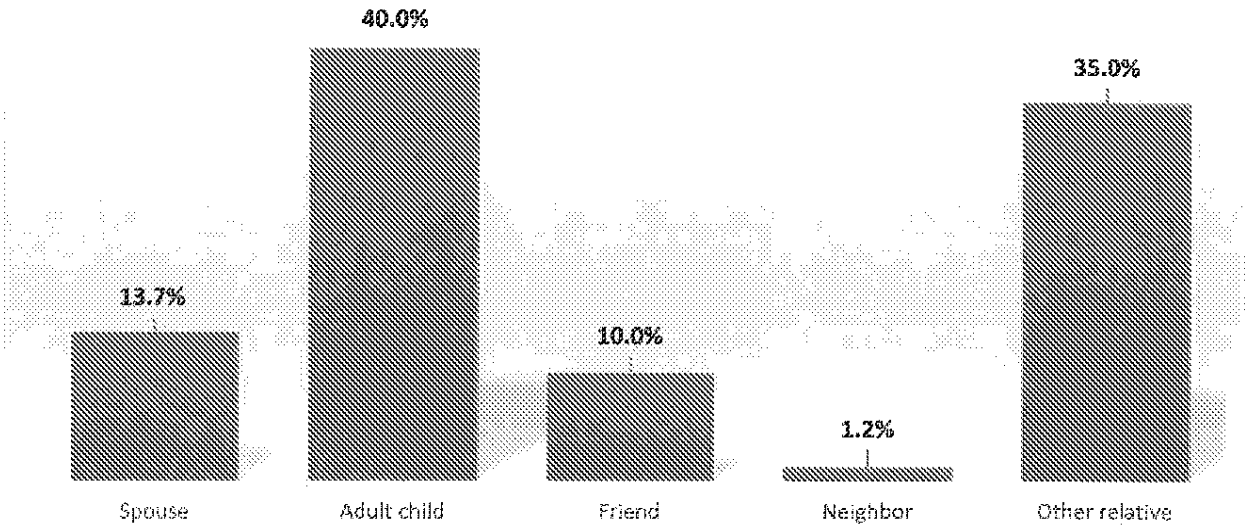
Table 28. What Is Your Relation to the Senior You are Providing Care To?

What Is Your Relation to the Senior You Are Providing Care To?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>Spouse</i>	22	13.7%
<i>Adult Child</i>	64	40.0%
<i>Friend</i>	16	10.0%
<i>Neighbor</i>	2	1.2%
<i>Other Relative</i>	56	35.0%

Figure 32. What Is Your Relation to the Senior You are Providing Care To?

What is your relation to the senior you are providing care to?



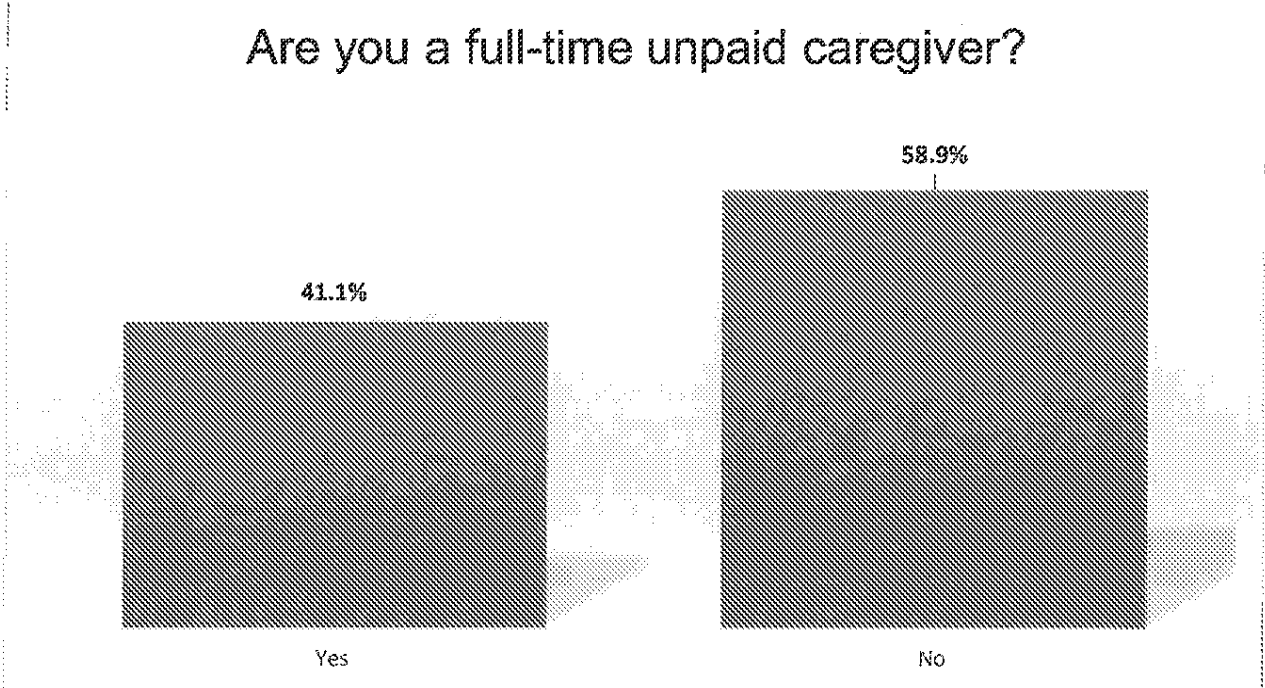
6. **Are you a full-time unpaid caregiver?** Approximately 58.9% of respondents reported that they were not full-time unpaid caregivers. This question was used to determine whether unpaid caregivers are also employed. Table 29 and Figure 33 show the results for this question.

Table 29. Are You a Full-Time Unpaid Caregiver?

Are You a Full-Time Unpaid Caregiver?

Answer Choice	Number of Responses	Percentage of Responses
Yes	67	41.1%
No	96	58.9%

Figure 33. Are You a Full-Time Unpaid Caregiver?



7. Do you provide care for more than one family member on a regular basis?
 Less than half but more than 20% of respondents reported that they care for more than one family member on a regular basis. A breakdown of results for this question can be found in Table 30 and Figure 34.

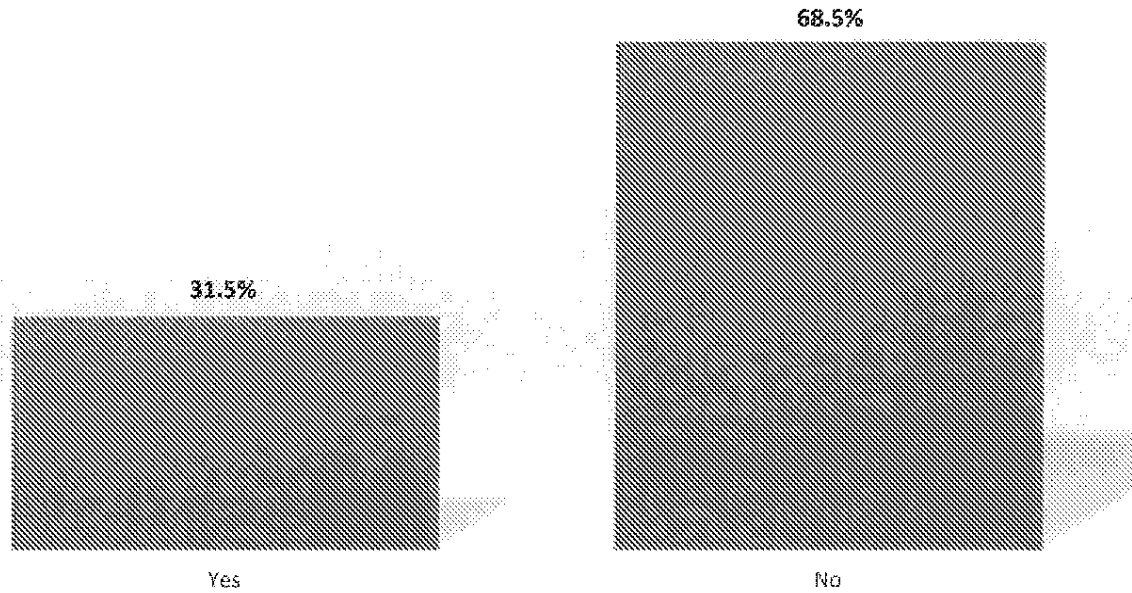
Table 30. Do You Provide Care for More Than One Family Member on a Regular Basis?

Do You Provide Care for More Than One Family Member on a Regular Basis?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
Yes	51	31.5%
No	111	68.5%

Figure 34. Do You Provide Care for More Than One Family Member on a Regular Basis?

Do you provide care for more than one family member on a regular basis?



8. What kind of care do you provide? (choose all that apply)

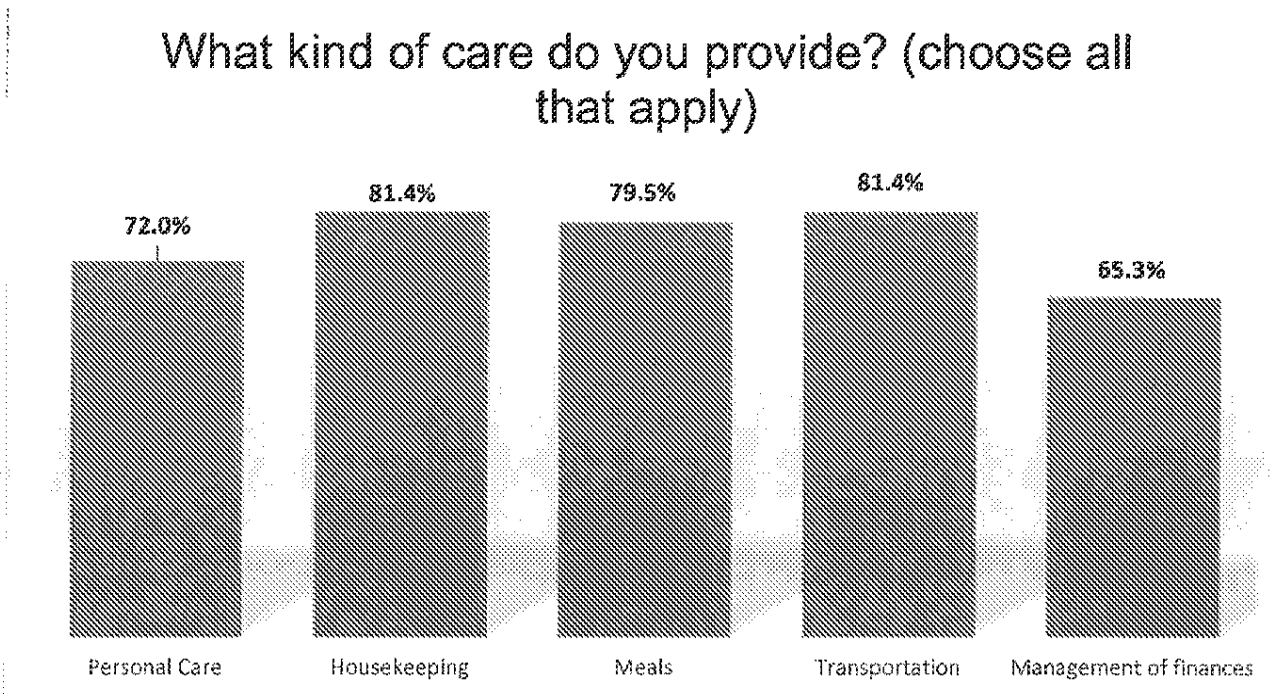
Most respondents reported that they provide a variety of care for their senior(s). A complete breakdown of responses can be found in Table 31 and Figure 35.

Table 31. What Kind of Care Do You Provide?

What Kind of Care Do You Provide?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>Personal Care</i>	116	72.0%
<i>Housekeeping</i>	131	81.4%
<i>Meals</i>	128	79.5%
<i>Transportation</i>	131	81.4%
<i>Management of Finances</i>	105	65.3%

Figure 35. What Kind of Care Do You Provide?



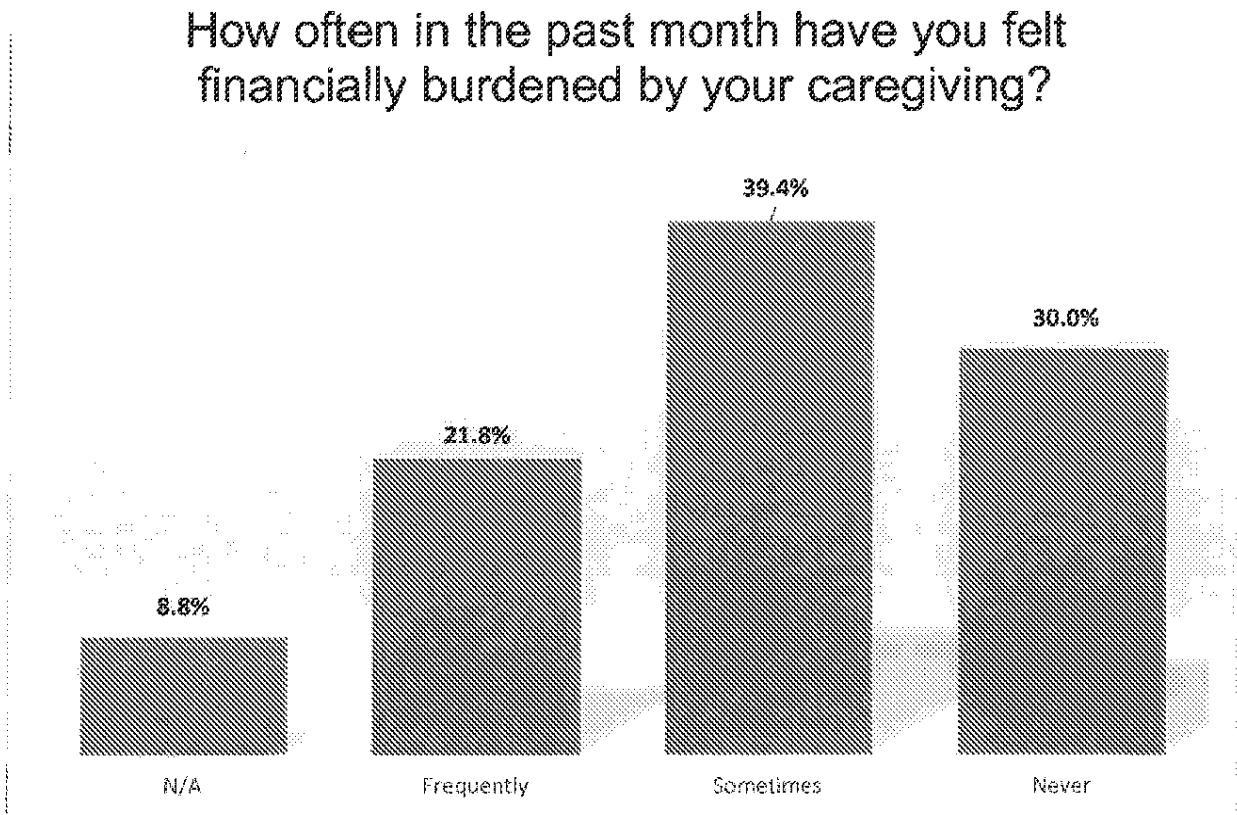
9. How often in the past month have you felt financially burdened by your caregiving?
 The most reported response to this question was “Sometimes” followed by “Never.”
 Results for this question can be viewed in Table 32 and Figure 36.

Table 32. How Often in The Past Month Have You Felt Financially Burdened By Your Caregiving?

How Often in the Past Month Have You Felt Financially Burdened by Your Caregiving?

Answer Choice	Number of Responses	Percentage of Responses
N/A	14	8.8%
Frequently	35	21.8%
Sometimes	63	39.4%
Never	48	30.0%

Figure 36. How Often in The Past Month Have You Felt Financially Burdened by Your Caregiving?



10. How often have you struggled physically due to your caregiving?

Over half of respondents reported that they sometimes struggle physically with their caregiving. A full breakdown of responses to this question can be found in Table 33 and Figure 37.

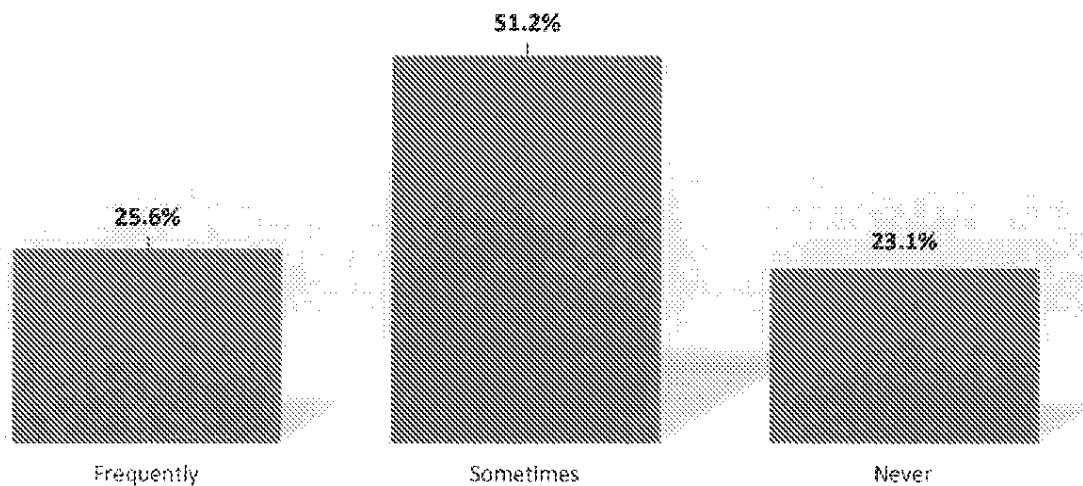
Table 33. How Often in The Past Month Have You Struggled Physically Due to Your Caregiving?

How Often in the Past Month Have You Struggled Physically Due to Your Caregiving?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>Frequently</i>	41	25.6%
<i>Sometimes</i>	82	51.2%
<i>Never</i>	37	23.1%

Figure 37. How Often in The Past Month Have You Struggled Physically Due to Your Caregiving?

How often have you struggled physically due to your caregiving?



11. When thinking of the senior you care for, please describe their level of need for the following choices:

Based on responses to this question, unpaid caregivers perceive the biggest needs for their seniors to be “assistance with in-home caregiving,” “transportation,” and “combating feelings of loneliness and isolation.” All responses to this question can be found in Table 34 and Figure 38.

Table 34. When Thinking of the Senior You Care For, Please Describe Their Level of Need for the Following Choices:

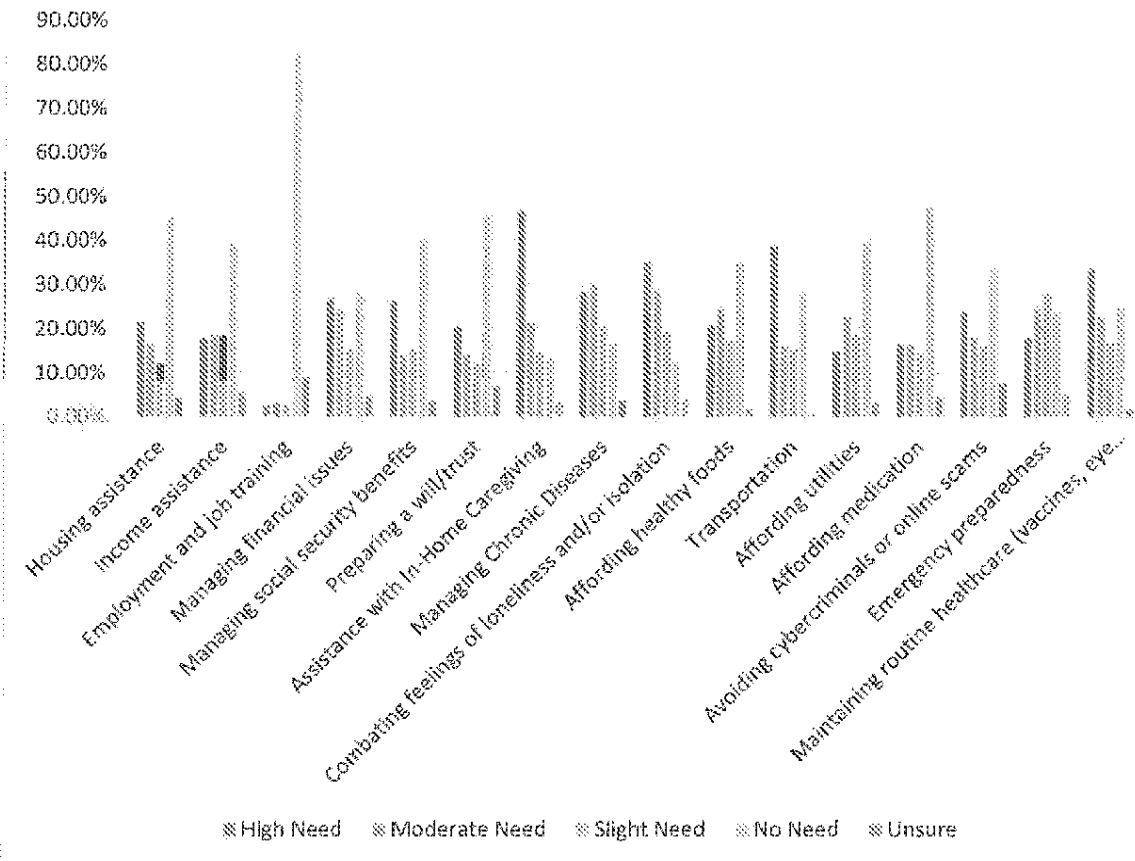
When Thinking of the Senior You Care For, Please Describe Their Level of Need for the Following Choices:

<i>Answer Choice</i>	High Need	Moderate Need	Slight Need	No Need	<u>Unsure</u>
<i>Housing Assistance</i>	34 21.7%	26 16.6%	19 12.1%	71 45.2%	7 4.5%
<i>Income Assistance</i>	28 17.9%	29 18.6%	29 18.6%	61 39.1%	9 5.8%
<i>Employment and Job Training</i>	4 2.6%	5 3.3%	4 2.6%	125 82.2%	14 9.2%
<i>Managing Financial Issues</i>	42 26.9%	38 24.4%	24 15.4%	44 28.2%	8 5.1%
<i>Managing Social Security Benefits</i>	41 26.4%	22 14.2%	24 15.5%	62 40.0%	6 3.9%
<i>Preparing a Will/Trust</i>	32 20.6%	22 14.2%	19 12.3%	71 45.8%	11 7.1%
<i>Assistance with In-Home Caregiving</i>	72 46.7%	33 21.4%	23 14.9%	21 13.6%	5 3.2%
<i>Managing Chronic Diseases</i>	44 28.4%	47 30.3%	32 20.6%	26 16.8%	6 3.9%

<i>Combating Feelings of Loneliness and/or Isolation</i>	54	44	30	19	6
	35.3%	28.8%	19.6%	12.4%	3.9%
<i>Affording Healthy Foods</i>	32	38	27	54	3
	20.8%	24.7%	17.5%	35.1%	1.9%
<i>Transportation</i>	60	25	24	44	1
	39.0%	16.2%	15.6%	28.6%	0.6%
<i>Affording Utilities</i>	23	35	29	62	5
	14.9%	22.7%	18.8%	40.3%	3.2%
<i>Affording Medication</i>	25	25	22	72	7
	16.6%	16.6%	14.6%	47.7%	4.6%
<i>Avoiding Cybercriminals</i>	37	28	25	52	12
	24.0%	18.2%	16.2%	33.8%	7.8%
<i>Emergency Preparedness</i>	28	38	43	37	8
	18.2%	24.7%	27.9%	24.0%	5.2%
<i>Maintaining Routine Healthcare</i>	52	35	26	38	3
	33.8%	22.7%	16.9%	24.7%	1.9%

Figure 38. Please Describe Their Level of Need for the Following Choices:

When thinking of the senior you care for, please describe their level of need for the following choices:



This concludes the Unpaid Caregiver Survey portion of the report. All responses to questions including an “Other” option can be found in the appendix.

C. Senior Center Staff Survey Results

This survey does not include a demographic section.

1. Please estimate the percentage of seniors at your center who are living at or below the poverty level:

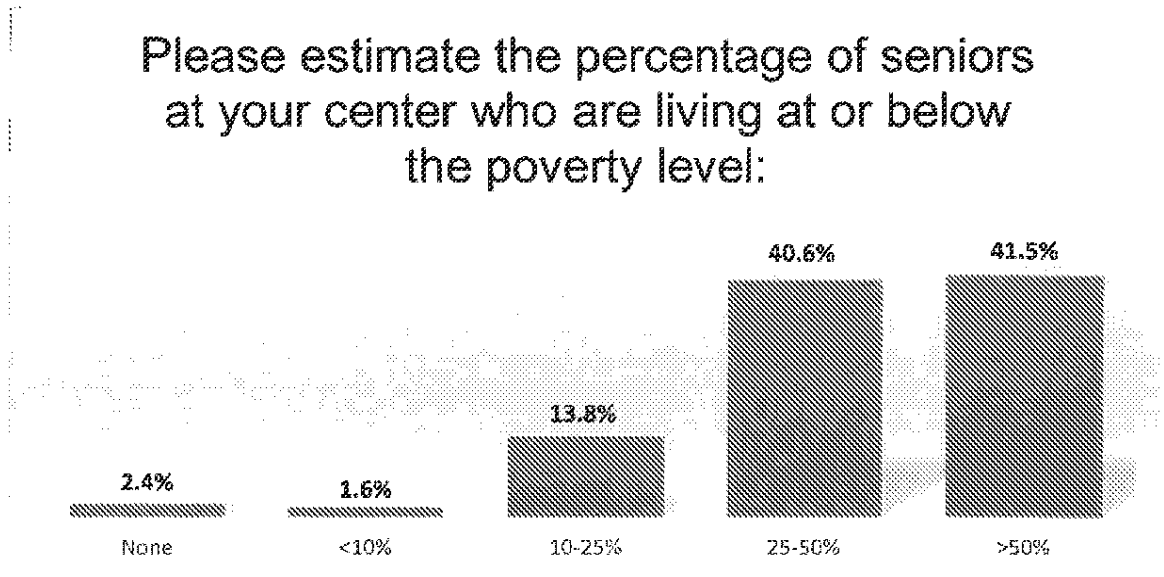
Participants reported that many of their seniors were living at or below the poverty level. Approximately 40.6% of participants reported that 25%-50% of their seniors were at or below the poverty level and approximately 41.5% reported that more than 50% of their seniors were living at or below the poverty level. All data for this question can be found in Table 35 and Figure 39.

Table 35. Please Estimate the Percentage of Seniors at your Center Who Are Living At Or Below the Poverty Level:

Please Estimate the Percentage of Seniors at Your Center Who Are Living At or Below the Poverty Level

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>None</i>	3	2.4%
<i><10%</i>	2	1.6%
<i>10-25%</i>	17	13.8%
<i>25-50%</i>	50	40.6%
<i>>50%</i>	51	41.5%

Figure 39. Please Estimate the Percentage of Seniors at your Center Who Are Living At Or Below the Poverty Level:



2. Approximately how many of your seniors are rural?

Over half of respondents reported that over 50% of their seniors reside in an area that is considered rural. All response data for this question can be found in Table 36 and Figure 40.

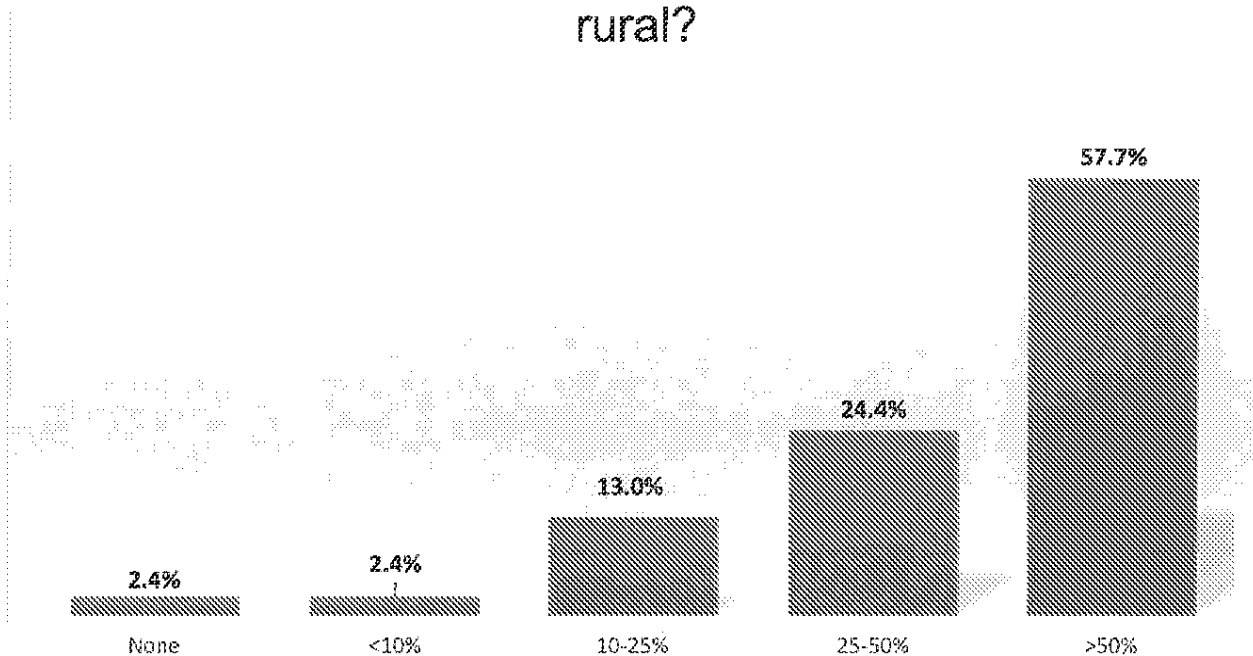
Table 36. Approximately How Many of Your Seniors Are Rural:

Approximately How Many of Your Seniors Are Rural

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>None</i>	3	2.4%
<i><10%</i>	3	2.4%
<i>10-25%</i>	16	13.0%
<i>25-50%</i>	30	24.4%
<i>>50%</i>	71	57.7%

Figure 40. Approximately How Many of Your Seniors Are Rural

Approximately how many of your seniors are rural?



3. When it comes to income and housing, what do you perceive to be the level of need for your seniors?

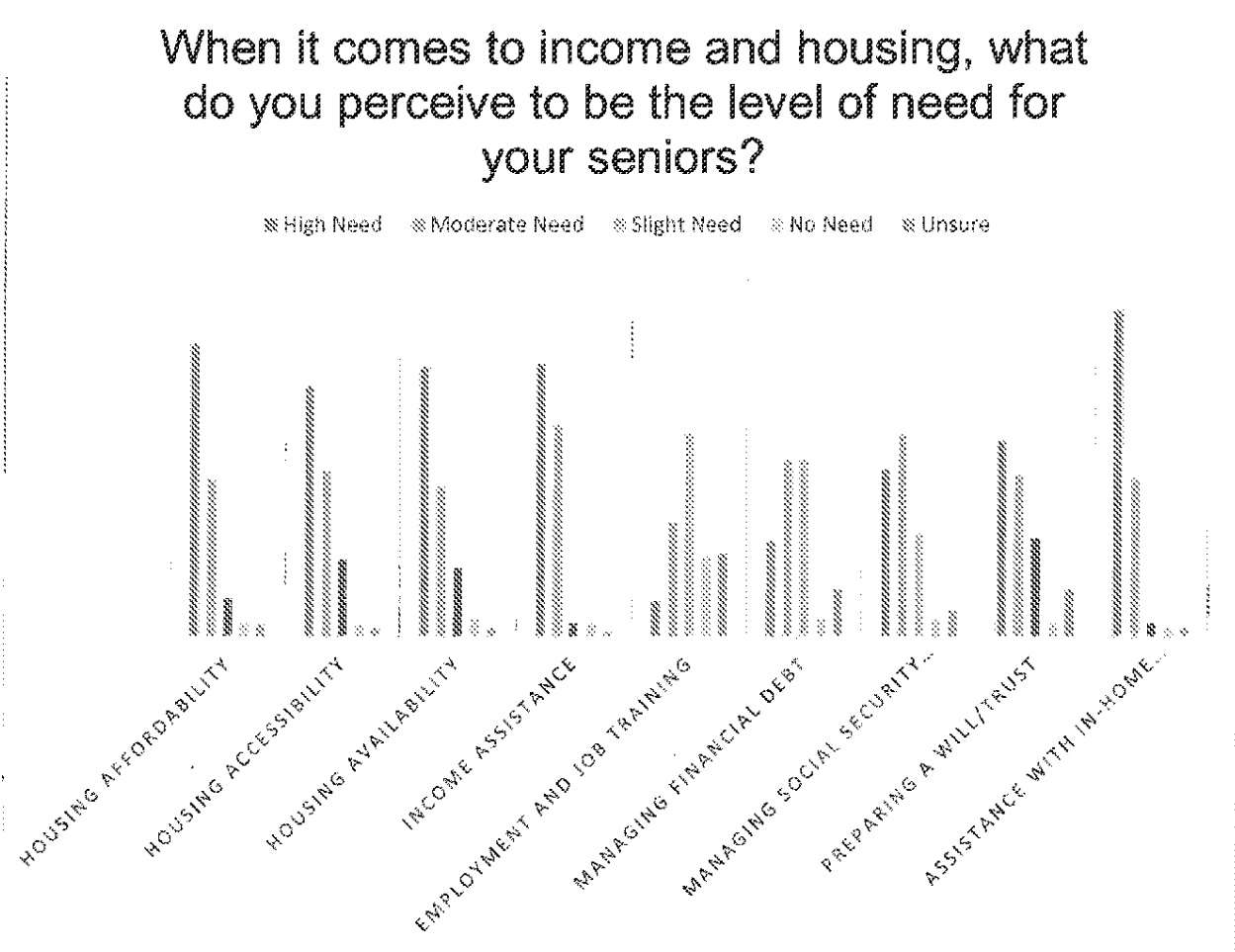
Respondents reported that the three biggest needs for their seniors were "Housing Availability," "Income Assistance," and "Transportation." A complete breakdown of these results can be found in Table 37 and Figure 41.

Table 37. When It Comes to Income and Housing, What Do You Perceive to Be the Level of Need for Your Seniors:

When It Comes to Income and Housing, What Do You Perceive to Be the Level of Need for Your Seniors:

<i>Answer Choice</i>	High Need	Moderate Need	Slight Need	No Need	<u>Unsure</u>
<i>Housing Affordability</i>	69 57.0%	37 30.6%	9 7.4%	3 2.5%	3 2.5%
<i>Housing Accessibility</i>	59 48.8%	39 32.2%	18 14.9%	3 2.5%	2 1.7%
<i>Housing Availability</i>	63 52.5%	35 29.2%	16 13.3%	4 3.3%	2 1.7%
<i>Income Assistance</i>	63 52.9%	49 49.2%	3 2.5%	3 2.5%	1 0.8%
<i>Employment and Job Training</i>	8 6.8%	26 22.2%	46 39.3%	18 15.4%	19 16.2%
<i>Managing Financial Debt</i>	22 18.5%	41 34.4%	41 34.4%	4 3.7%	11 9.2%
<i>Managing Social Security Benefits</i>	39 32.5%	47 39.2%	24 20.0%	4 3.3%	6 5.0%
<i>Preparing a Will/Trust</i>	46 38.0%	38 31.4%	23 19.0%	3 2.5%	11 9.1%
<i>Assistance with In-Home Caregiving</i>	76 63.3%	37 30.8%	3 2.5%	2 1.7%	2 1.7%

Figure 41. When It Comes to Income and Housing, What Do You Perceive to Be the Level of Need for Your Seniors:



4. Please estimate the percentage of seniors in your center who are dealing with malnutrition:

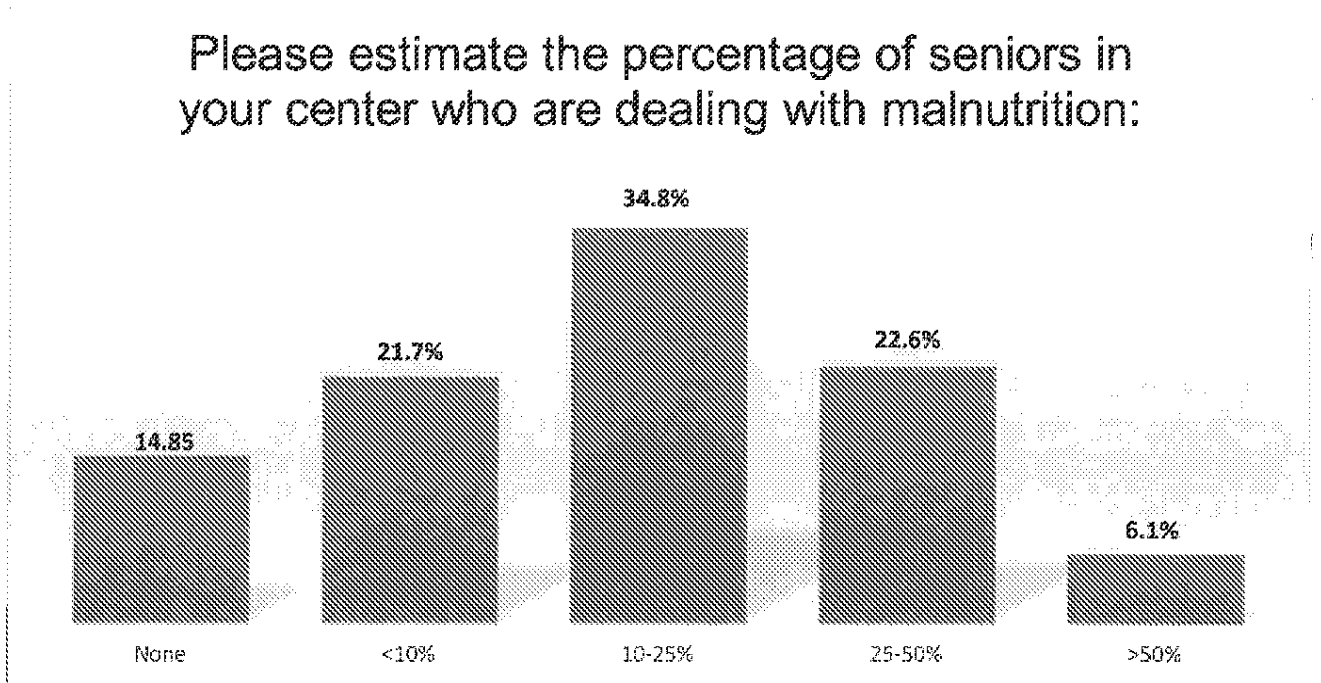
Approximately 34.8% of respondents reported that 10-25% of their seniors were experiencing malnutrition and approximately 22.6% of respondents reported that 25-50% of their seniors were experiencing malnutrition. All results for this question can be found in Table 38 and Figure 42.

Table 38. Please Estimate the Percentage of Seniors in Your Center Who Are Dealing with Malnutrition:

Please Estimate the Percentage of Seniors in Your Center Who Are Dealing with Malnutrition

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>None</i>	17	14.8%
<i><10%</i>	25	21.7%
<i>10-25%</i>	40	34.8%
<i>25-50%</i>	26	22.6%
<i>>50%</i>	7	6.1%

Figure 42. Please Estimate the Percentage of Seniors in Your Center Who Are Dealing with Malnutrition:



5. What do you perceive to be the biggest barrier to obtaining healthy foods for your seniors? (choose all that apply)

Participants responded that "Affordability" was the biggest barrier followed by "lack of transportation to stores." Responses to this question can be found in Table 39 and Figure 43.

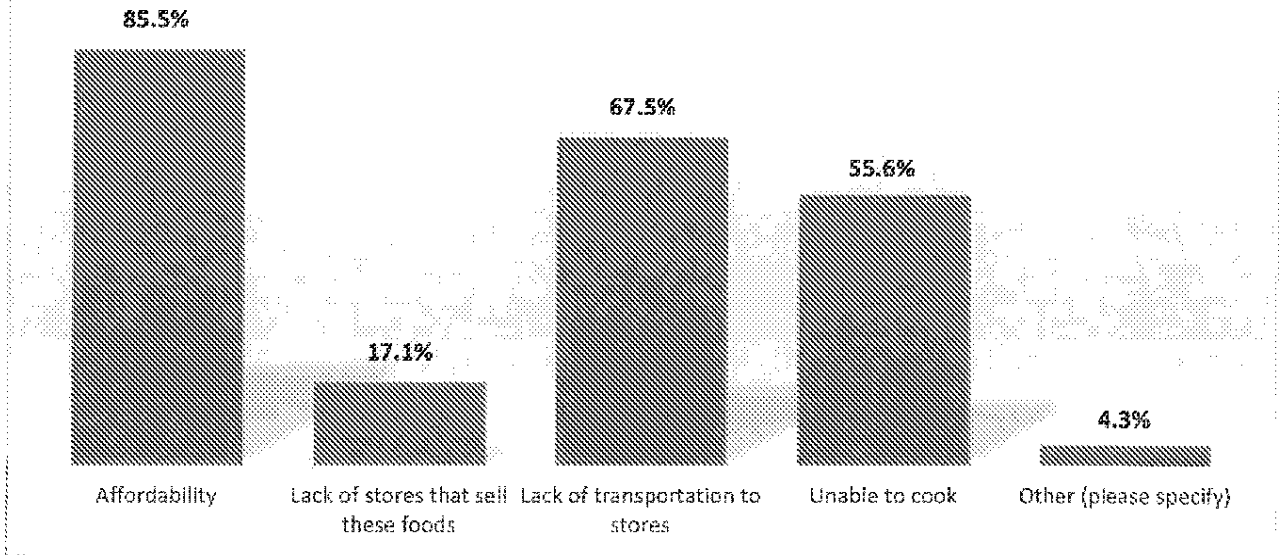
Table 39. What Do You Perceive to Be the Biggest Barrier to Obtaining Healthy Foods for Your Seniors?

What Do You Perceive to Be the Biggest Barriers to Obtaining Healthy Foods for Your Seniors?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>Affordability</i>	100	85.5%
<i>Lack of Stores That Sell These Foods</i>	20	17.1%
<i>Lack of Transportation to Stores</i>	79	67.5%
<i>Unable to Cook</i>	65	55.6%
<i>Other</i>	5	4.3%

Figure 43. What Do You Perceive to Be the Biggest Barrier to Obtaining Healthy Foods for Your Seniors?

What do you perceive to be the biggest barrier to obtaining healthy foods for your seniors?
(choose all that apply)



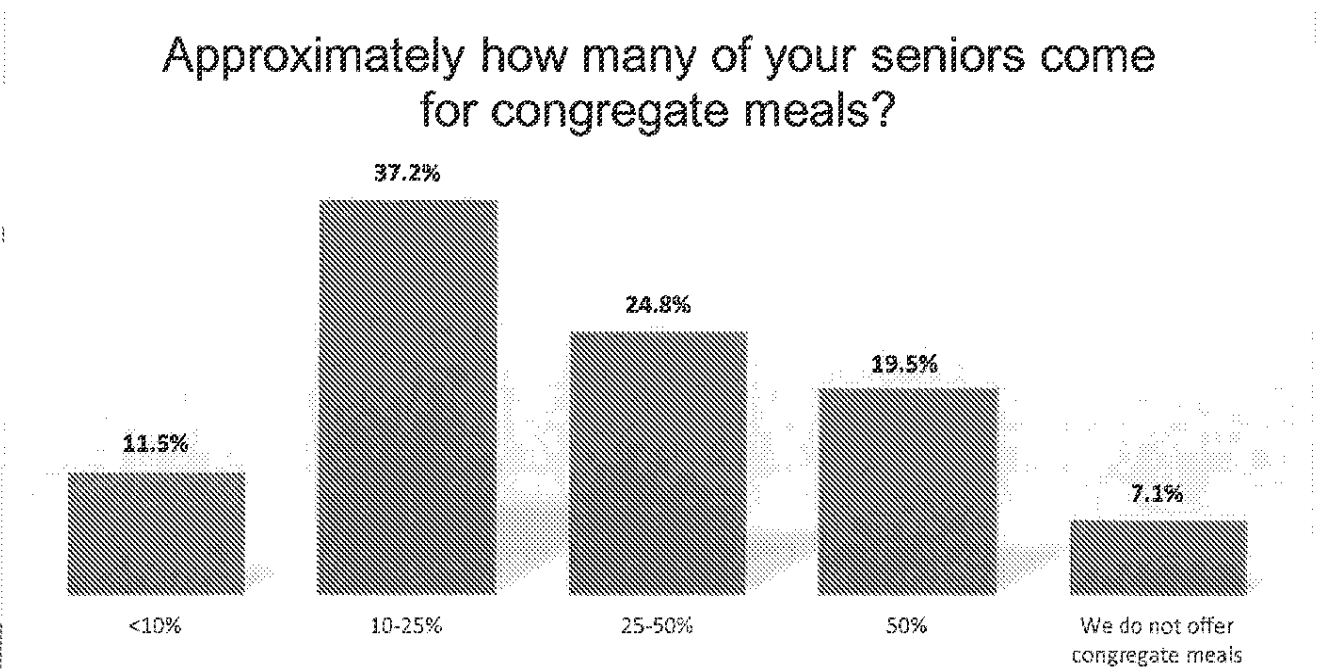
6. Approximately how many of your seniors come for congregate meals?
 Respondents reported most frequently that between 10-25% of their seniors come for congregate meals. A complete breakdown of results for this question can be found in Table 40 and Figure 44.

Table 40. Approximately How Many of Your Seniors Come for Congregate Meals?

Approximately How Many of Your Seniors Come for Congregate Meals?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<10%	13	11.5%
10-25%	42	37.2%
25-50%	28	24.8%
50%	22	19.5%
<i>We Do Not Offer Congregate Meals</i>	8	7.1%

Figure 44. Approximately How Many of Your Seniors Come for Congregate Meals?



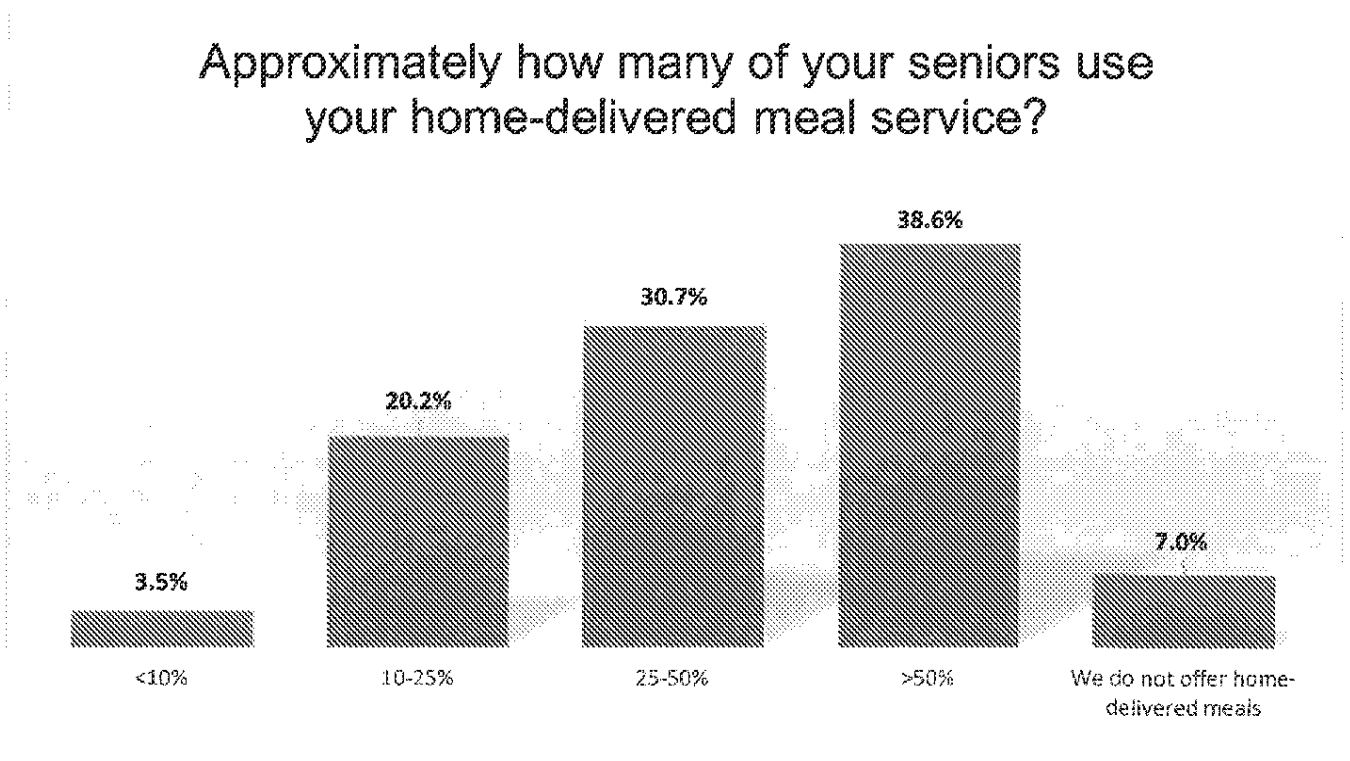
- 7. Approximately how many of your seniors use your home-delivered meal service?**
 Most respondents reported that at least 10% of their seniors use their home-delivered meal service. Of those who responded only 3.5% reported less than 10% usage and approximately 7.0% responded that they do not offer home-delivered meals. A complete breakdown of results for this question can be found in Table 41 and Figure 45.

Table 41. Approximately How Many of Your Seniors Use Your Home-Delivered Meal Service?

Approximately How Many of Your Seniors Use Your Home-Delivered Meal Service?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i><10%</i>	4	3.5%
<i>10-25%</i>	23	20.2%
<i>25-50%</i>	35	30.7%
<i>50%</i>	44	38.6%
<i>We Do Not Offer Home-Delivered Meals</i>	8	7.0%

Figure 45. Approximately How Many of Your Seniors Use Your Home-Delivered Meal Service?



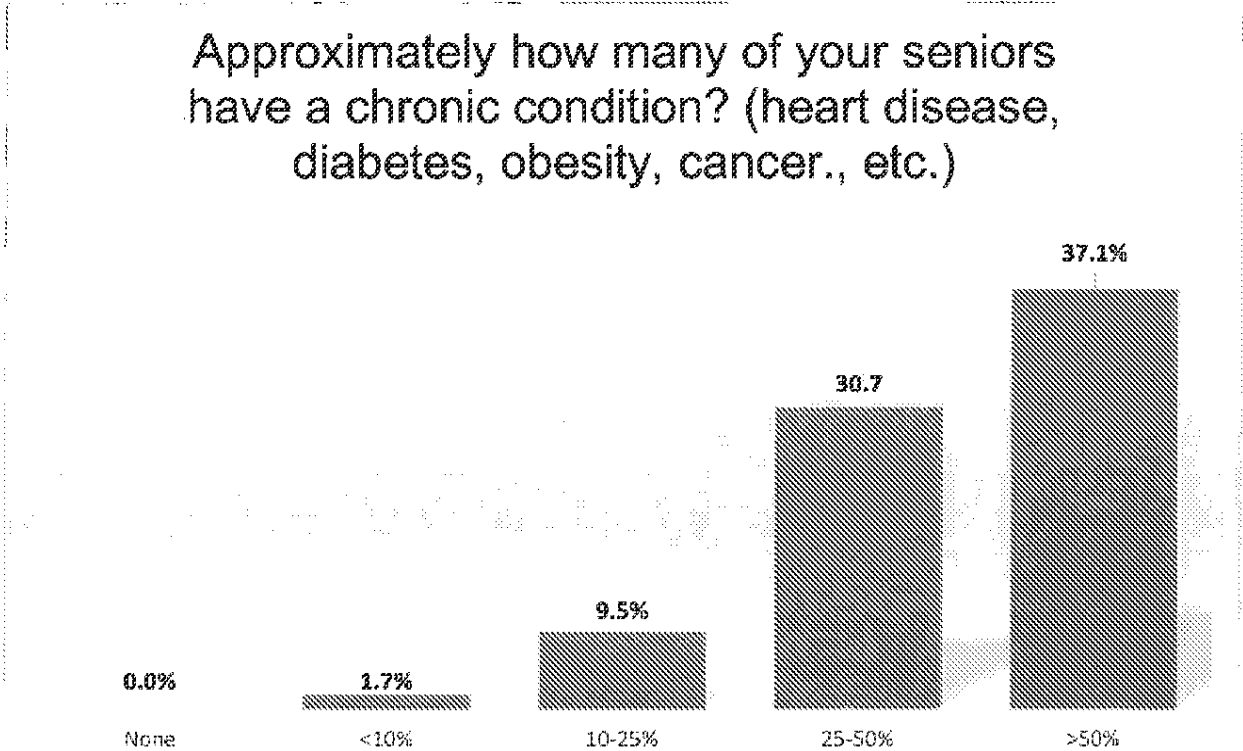
8. **Approximately how many of your seniors have a chronic health condition?**
 Over half of respondents replied that more than 50% of their seniors has a chronic health condition. All results for this question can be found in Table 42 and Figure 46.

Table 42. Approximately How Many of Your Seniors Have a Chronic Health Condition?

Approximately How Many of Your Seniors Have a Chronic Health Condition?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<10%	2	1.7%%
10-25%	11	9.5%
25-50%	43	30.7%
50%	60	37.1%
None	0	0.0%

Figure 46. Approximately How Many of Your Seniors Have a Chronic Health Condition?



9. Approximately how many of your seniors have received at least one dose of the Covid-19 Vaccine?

Over half of the respondents reported being unsure about the number of seniors who had been vaccinated for covid. Approximately 22.6% reported that more than 50% of their seniors had been vaccinated. A full breakdown of results for this question can be found in Table 43 and Figure 47.

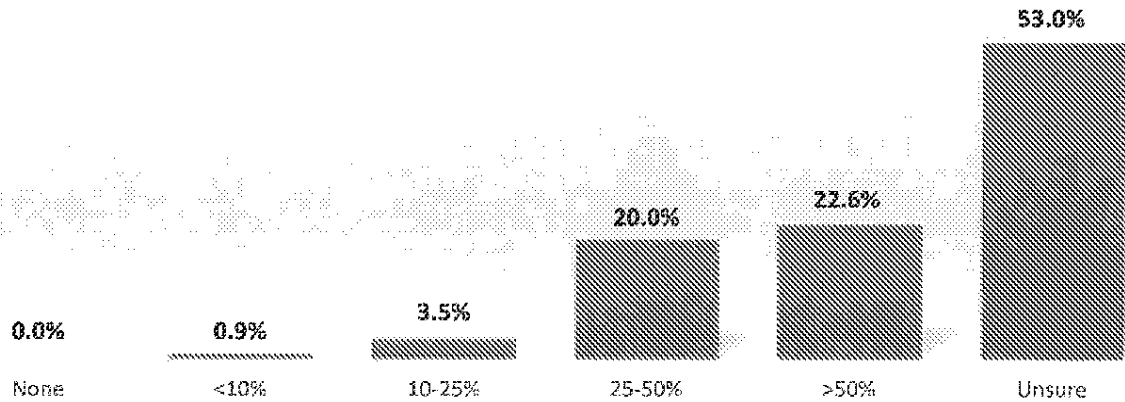
Table 43. Approximately How Many of Your Seniors Have Received At Least One Dose of the Covid-19 Vaccine?

Approximately How Many of Your Seniors Have Received At Least One Dose of the Covid-19 Vaccine?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i><10%</i>	1	0.9%
<i>10-25%</i>	4	3.5%
<i>25-50%</i>	23	20.0%
<i>50%</i>	26	22.6%
<i>None</i>	0	0.0%
<i>Unsure</i>	61	53.0%

Figure 47. Approximately How Many of Your Seniors Have Received At Least One Dose of the Covid-19 Vaccine?

Approximately how many of your seniors have received at least one dose of the Covid-19 vaccine?



10. Is access to healthcare an issue for your seniors?

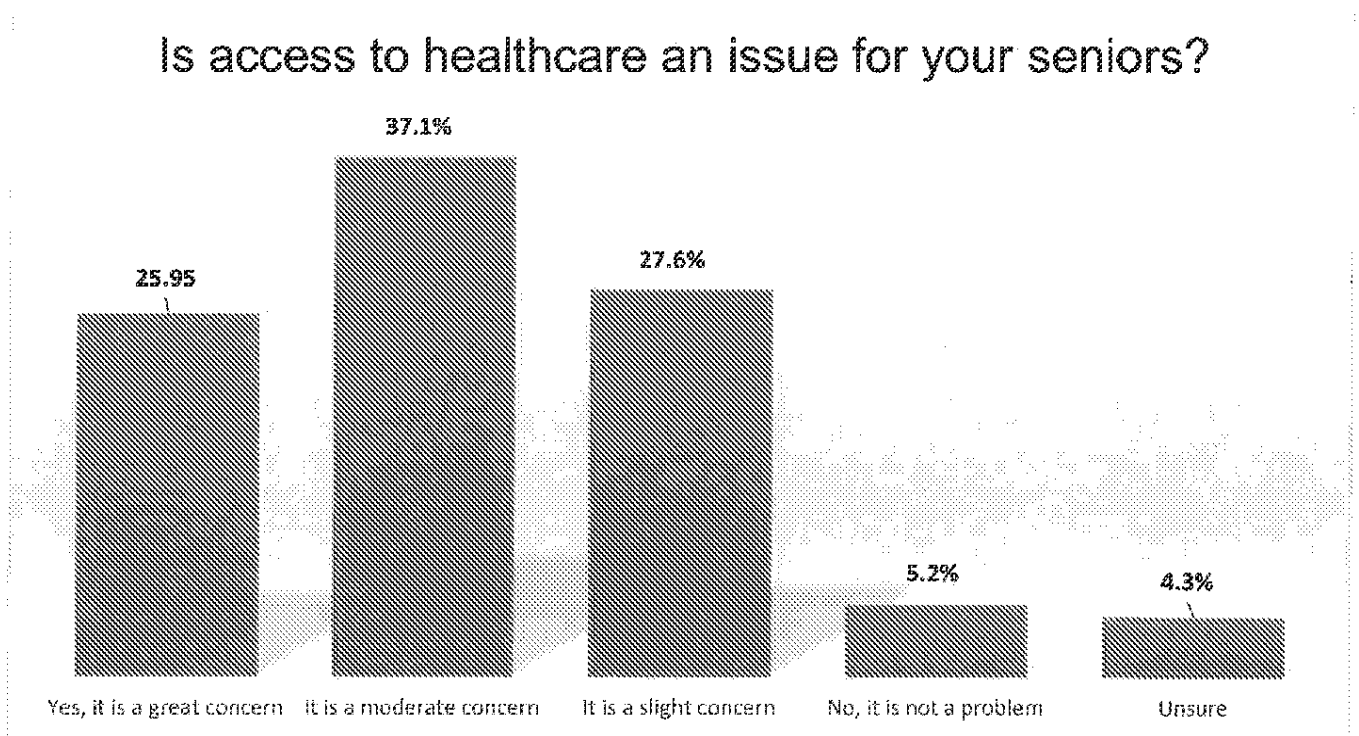
Approximately 37.1% reported that access to proper healthcare is a moderate concern for their seniors, approximately 27.6% reported that it was a slight concern, and approximately 25.9% responded that it was a great concern for their seniors. All responses to this question can be found in Table 44 and Figure 48.

Table 44. Is Access to Healthcare an Issue for Your Seniors?

Is Access to Healthcare an Issue for Your Seniors?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>Yes, It Is a Great Concern</i>	30	25.9%
<i>It Is a Moderate Concern</i>	43	37.1%
<i>It Is a Slight Concern</i>	32	27.6%
<i>No, It Is Not a Problem</i>	6	5.2%
<i>Unsure</i>	5	4.3%

Figure 48. Is Access to Healthcare an Issue for Your Seniors?



11. What Do You Perceive to Be the Biggest Area(s) of Unmet Medical Needs for Your Seniors?

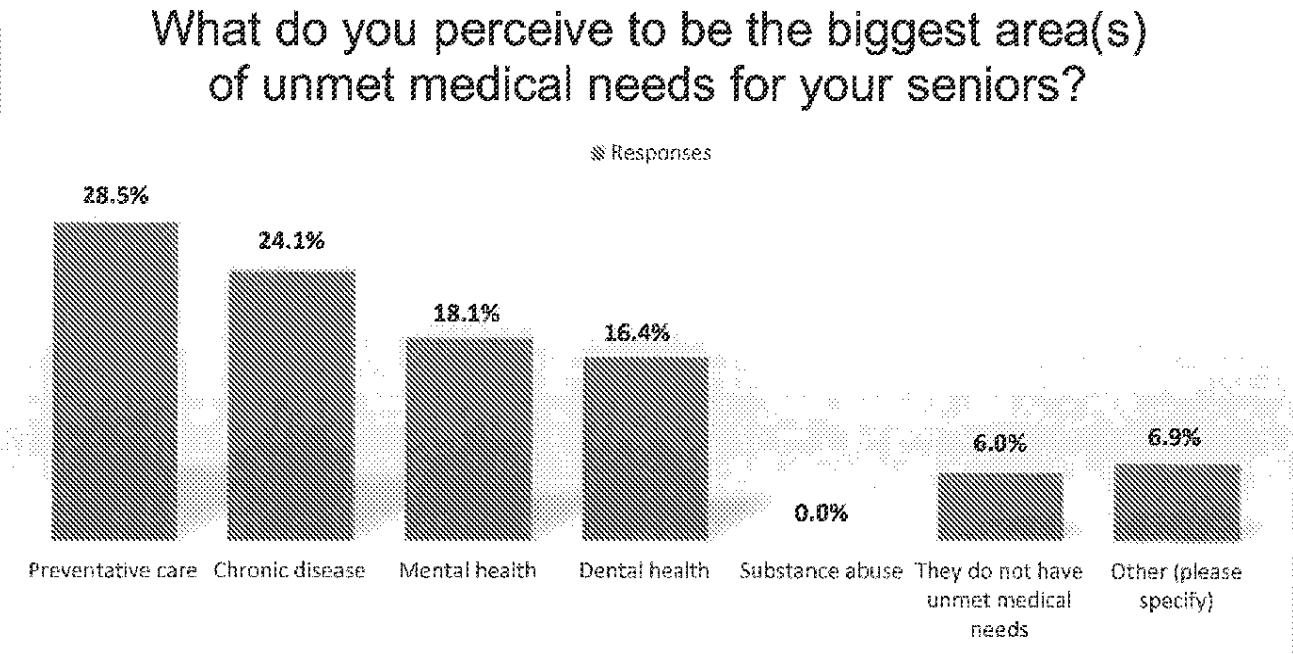
The biggest areas of unmet needs according to respondents were “Preventative Care,” followed closely by “Chronic Disease Management,” and “Mental Health.” All responses to this question can be found in Table 45 and Figure 49.

Table 45. What Do You Perceive to Be the Biggest Areas of Unmet Medical Needs for Your Seniors?

What Do You Perceive to be the Biggest Areas of Unmet needs for Your Seniors?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>Preventative Care</i>	33	28.5%
<i>Chronic Disease Management</i>	28	24.1%
<i>Mental Health</i>	21	18.1%
<i>Dental Health</i>	19	16.4%
<i>Substance Abuse</i>	0	0.0%
<i>They Do Not Have Unmet Needs</i>	7	6.0%
<i>Other</i>	8	6.9%

Figure 49. What Do You Perceive to Be the Biggest Areas of Unmet Medical Needs for Your Senior?



12. Approximately how many of your seniors are physically active?

Most respondents reported that at least 10% of their seniors are physically active. A complete breakdown of results for this question can be found in Table 46 and Figure 50.

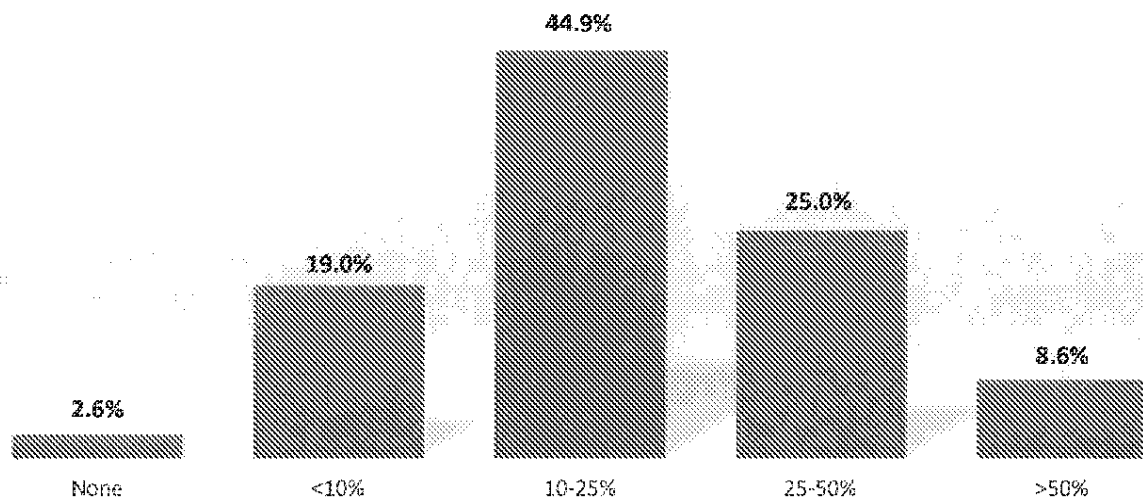
Table 46. Approximately How Many of Your Seniors Are Physically Active?

Approximately How Many of Your Seniors Are Physically Active?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i><10%</i>	22	19.0%
<i>10-25%</i>	52	44.9%
<i>25-50%</i>	29	25.0%
<i>50%</i>	10	8.6%
<i>None</i>	3	2.6%

Figure 50. Approximately How Many of Your Seniors Are Physically Active?

Approximately how many of your seniors are physically active?



13. Approximately How Many of Your Seniors Do Not Have Access to Transportation?

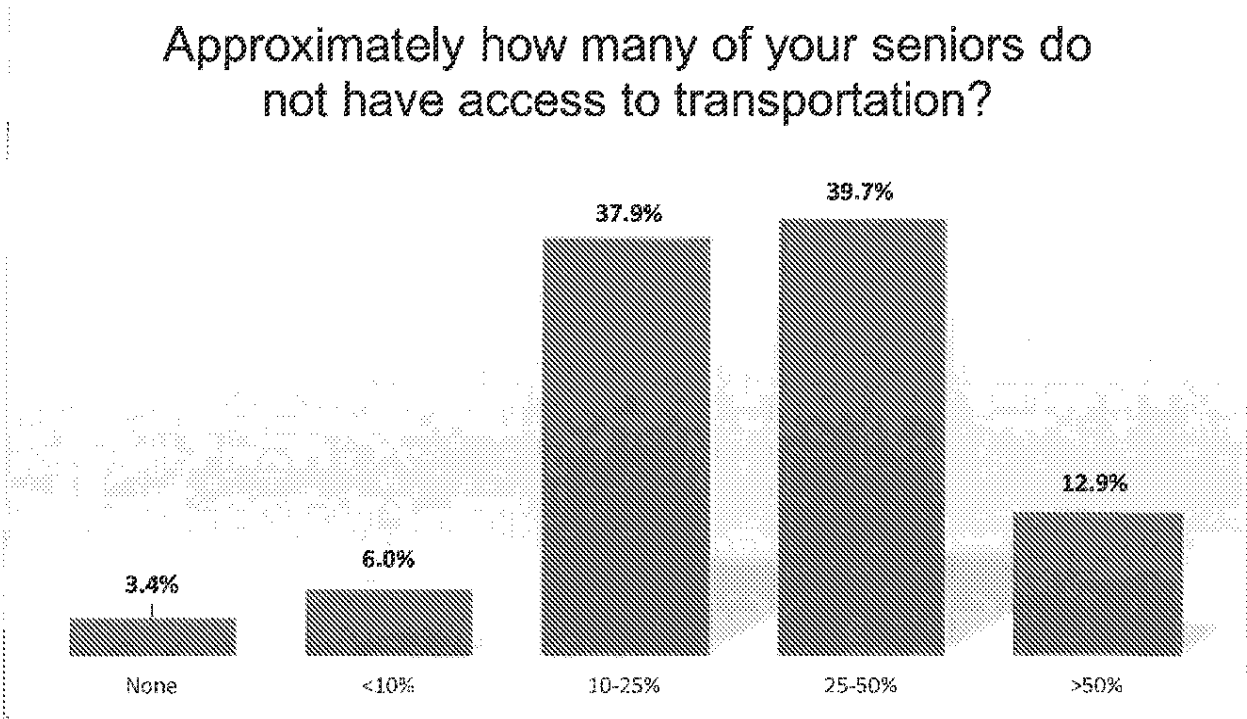
Respondents reported most frequently that between 10-50% of their seniors do not have access to transportation. Approximately 37.9% reported that 10-25% of their seniors do not have access to transportation and approximately 39.7% reported that 25-50% do not have access to transportation. All data for this question can be found in table 47 and Figure 51.

Table 47. Approximately How Many of Your Seniors Do Not Have Access to Transportation?

Approximately How Many of Your Seniors Do Not Have Access to Transportation?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i><10%</i>	7	6.0%
<i>10-25%</i>	44	37.9%
<i>25-50%</i>	46	39.7%
<i>50%</i>	15	12.9%
<i>None</i>	4	3.4%

Figure 51. Approximately How Many of Your Seniors Do Not Have Access to Transportation?



14. What are the biggest barriers to providing transportation services to seniors?

Most respondents reported that “Funding” is their biggest perceived barrier to providing transportation services to seniors. All results for this question can be found in Table 48 and Figure 52.

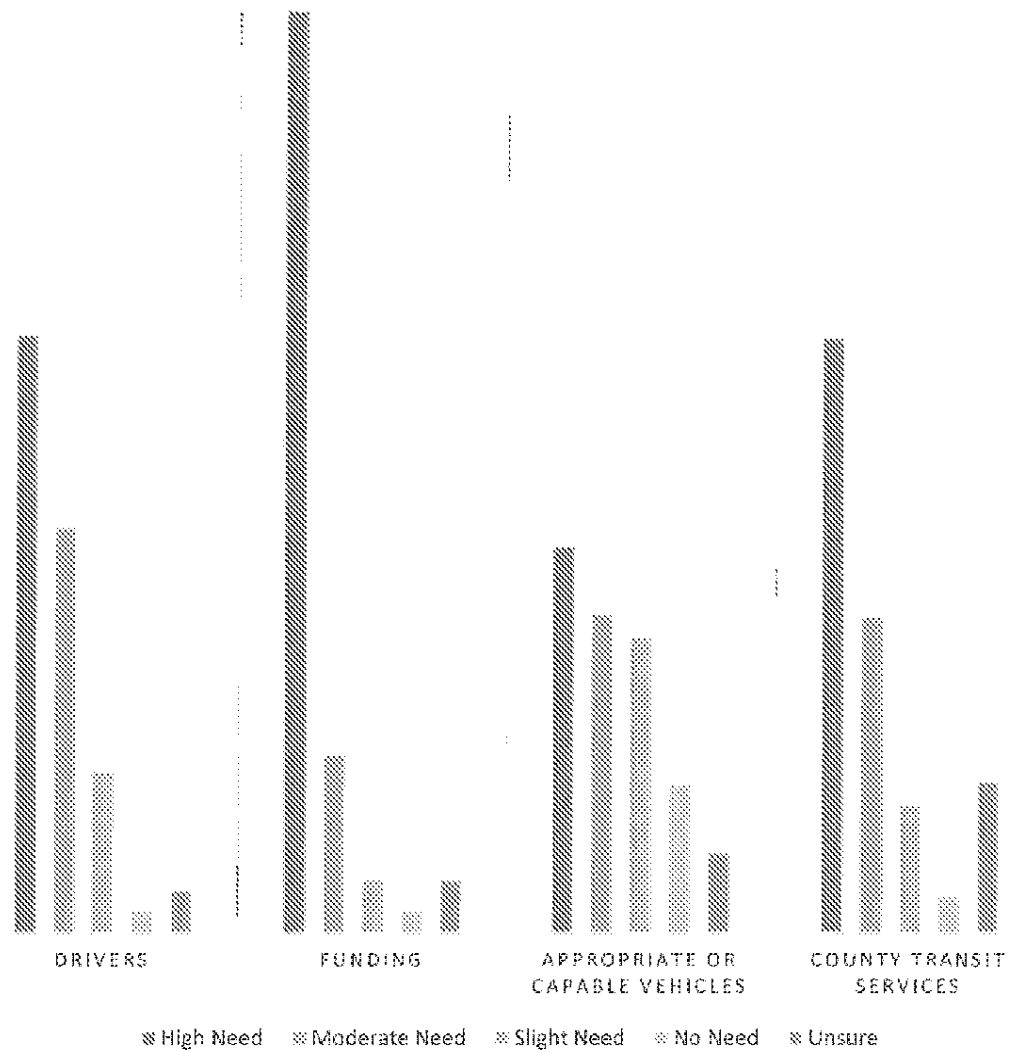
Table 48. What Are the Biggest Barriers to Providing Transportation Services to Seniors?

What Are the Biggest Barriers to Providing Transportation Services to Seniors?

<i>Answer Choice</i>	High Need	Moderate Need	Slight Need	No Need	<u>Unsure</u>
<i>Drivers</i>	56 48.7%	38 33.0%	15 13.0%	2 1.7%	4 3.5%
<i>Funding</i>	88 75.2%	17 14.5%	5 4.3%	2 1.7%	5 4.3%
<i>Appropriate or Capable Vehicles</i>	34 31.5%	28 25.9%	26 24.1%	13 12.0%	7 6.5%
<i>County Transit Vehicles</i>	47 48.4%	25 25.8%	10 10.3%	3 3.1%	12 12.4%

Figure 52. What Are the Biggest Barriers to Providing Transportation Services to Seniors?

What are the biggest barriers to providing transportation services to seniors?



15. Are seniors in your area aware of services available to them?

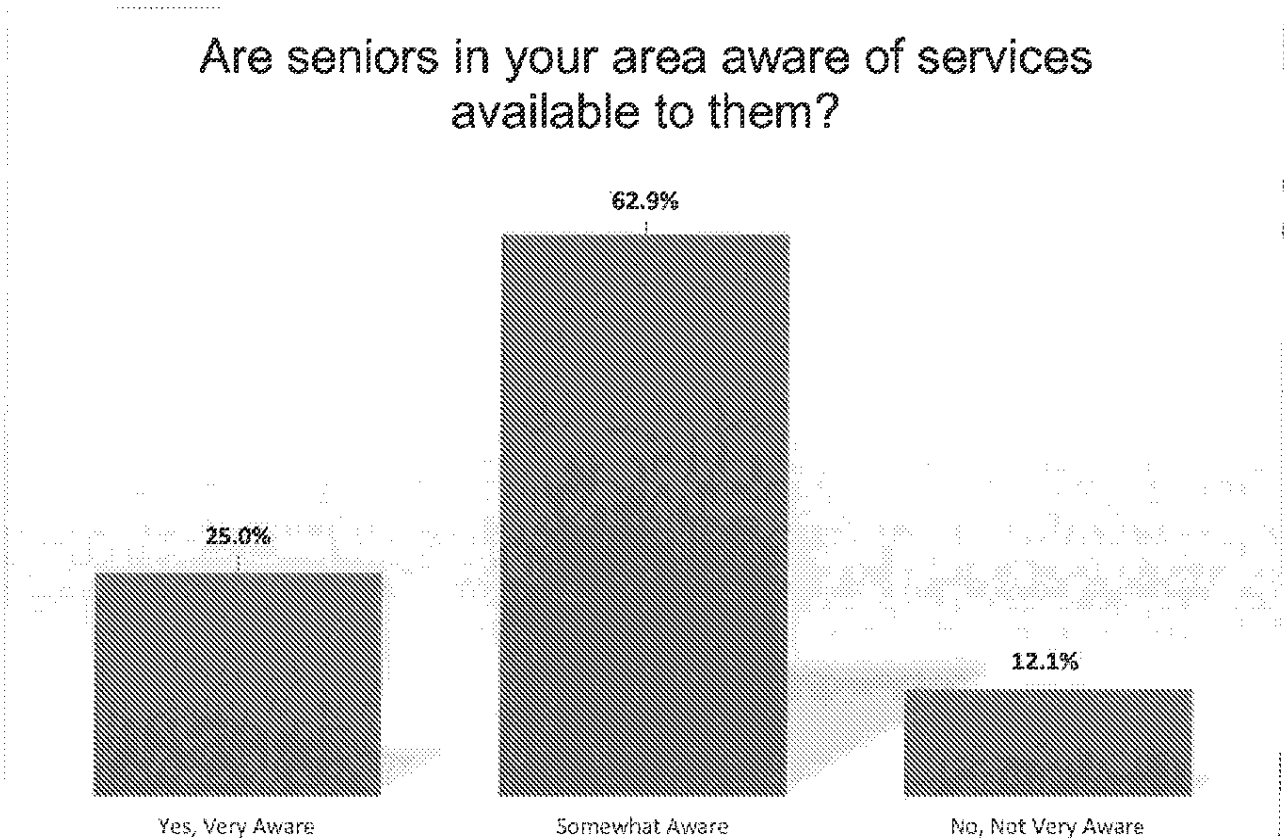
Approximately 62.93% of respondents believe their seniors to be "Somewhat Aware" of services offered to them. All responses to this question can be found in Table 49 and Figure 53.

Table 49. Are Seniors in Your Area Aware of Services Available to Them?

Are Seniors in Your Area Aware of Services Available to Them?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>Yes, Very Aware</i>	29	25.0%
<i>Somewhat Aware</i>	73	62.9%
<i>No, Not Very Aware</i>	14	12.1%

Figure 53. Are Seniors in Your Area Aware of Services Available to Them?



16. What public information/education methods would be most effective? (choose all that apply)

Most respondents felt that "Direct Mail from Bureau of Senior Services, etc." would be the most effective followed by "Television" and "Outreach Via Community Organizations." All data relating to this question can be found in Table 50 and Figure 53.

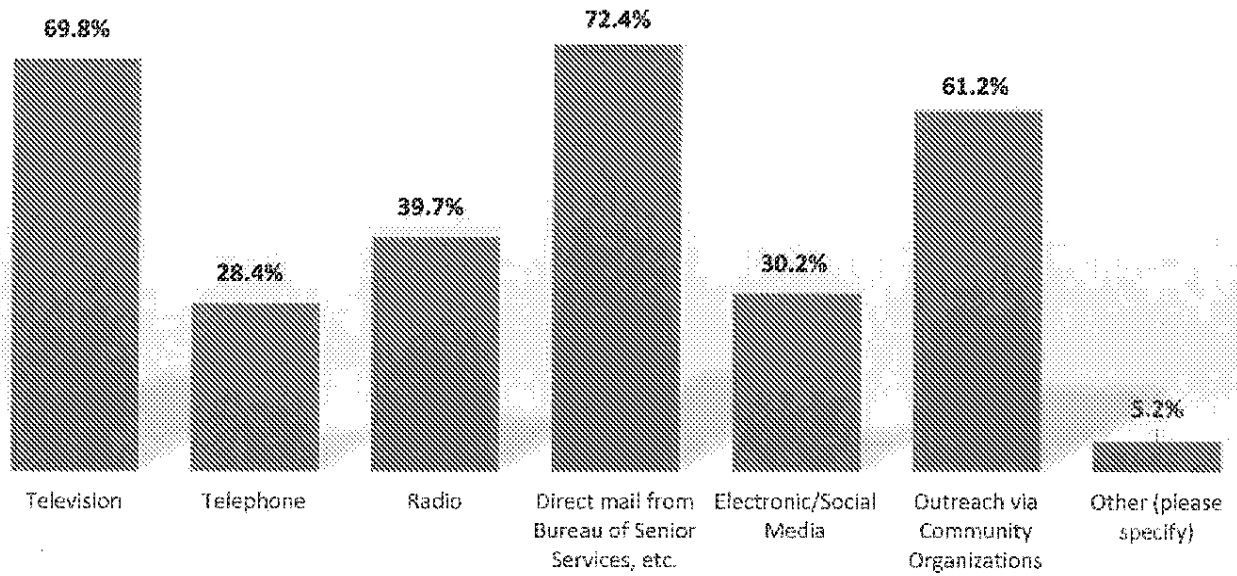
Table 50. What Public Information/Education Methods Would Be Most Effective?

What Public Information/Education Methods Would Be Most Effective?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i>Television</i>	81	69.8%
<i>Telephone</i>	33	28.4%
<i>Radio</i>	46	39.7%
<i>Direct Mail from Bureau of Senior Services, etc.</i>	84	72.4%
<i>Electronic/Social Media</i>	35	30.2%
<i>Outreach via Community Organizations</i>	71	61.2%
<i>Other</i>	6	5.2%

Figure 53. What Public Information/Education Methods Would Be Most Effective?

What public information/education methods would be most effective? (Choose all that apply)



17. Please estimate the need of each of the following services for your senior.
 Based on the results of this question, which can be viewed in Table 51 and Figure 54,
 the biggest areas of need appear to be “In-Home Care” and “Transportation.”

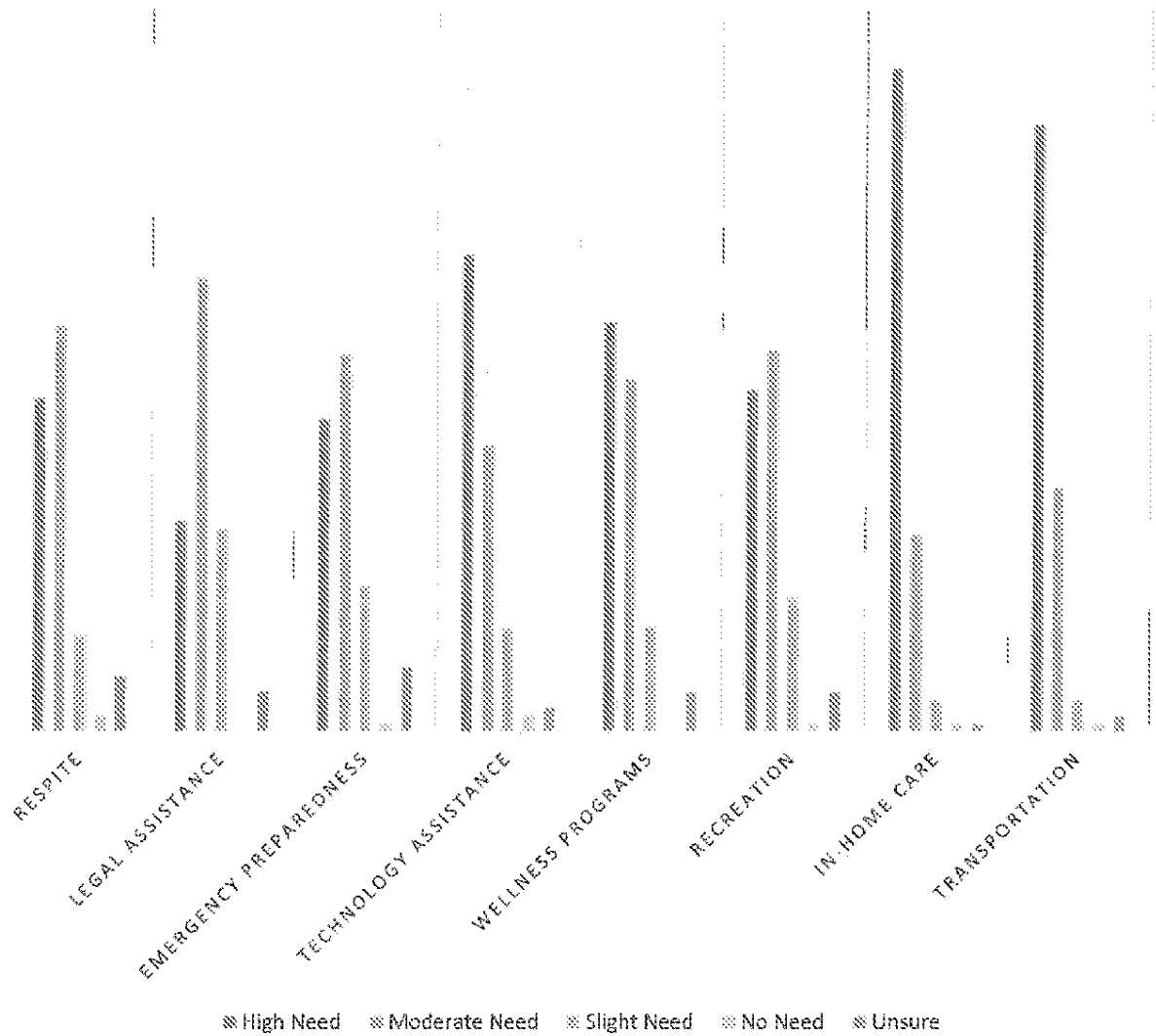
Table 51. Please Estimate the Need of Each of The Following Services for Your Seniors:

Please Estimate the Need of Each of the Following Services for Your Seniors

<i>Answer Choice</i>	High Need	Moderate Need	Slight Need	No Need	<u>Unsure</u>
<i>Respite</i>	42 36.8%	51 44.7%	12 10.5%	2 1.7%	7 6.1%
<i>Legal Assistance</i>	26 23.2%	56 50.0%	25 22.3%	0 0.0%	5 4.5%
<i>Emergency Preparedness</i>	39 34.5%	47 41.6%	18 15.9%	1 0.9%	8 7.1%
<i>Technology Assistance</i>	60 52.6%	36 31.6%	13 11.4%	2 1.8%	3 2.6%
<i>Wellness Programs</i>	51 45.1%	44 38.9%	13 11.5%	0 0.0%	5 4.4%
<i>Recreation</i>	43 37.7%	48 42.1%	17 14.9%	1 0.9%	5 4.4%
<i>In-Home Care</i>	84 73.0%	25 21.7%	4 3.5%	1 0.9%	1 0.9%
<i>Transportation</i>	77 67.0%	31 27.0%	4 3.5%	1 0.9%	2 1.7%

Figure 54. Please Estimate the Need of Each of The Following Services for Your Seniors:

Please estimate the need of each of the following services for your seniors:



18. Please estimate the percentage of seniors who have an emergency preparedness plan in place:

Respondents appear to be mostly unsure or do not believe the majority of their seniors have an emergency preparedness plan in place. All results for this question can be found in Table 52 and Figure 55.

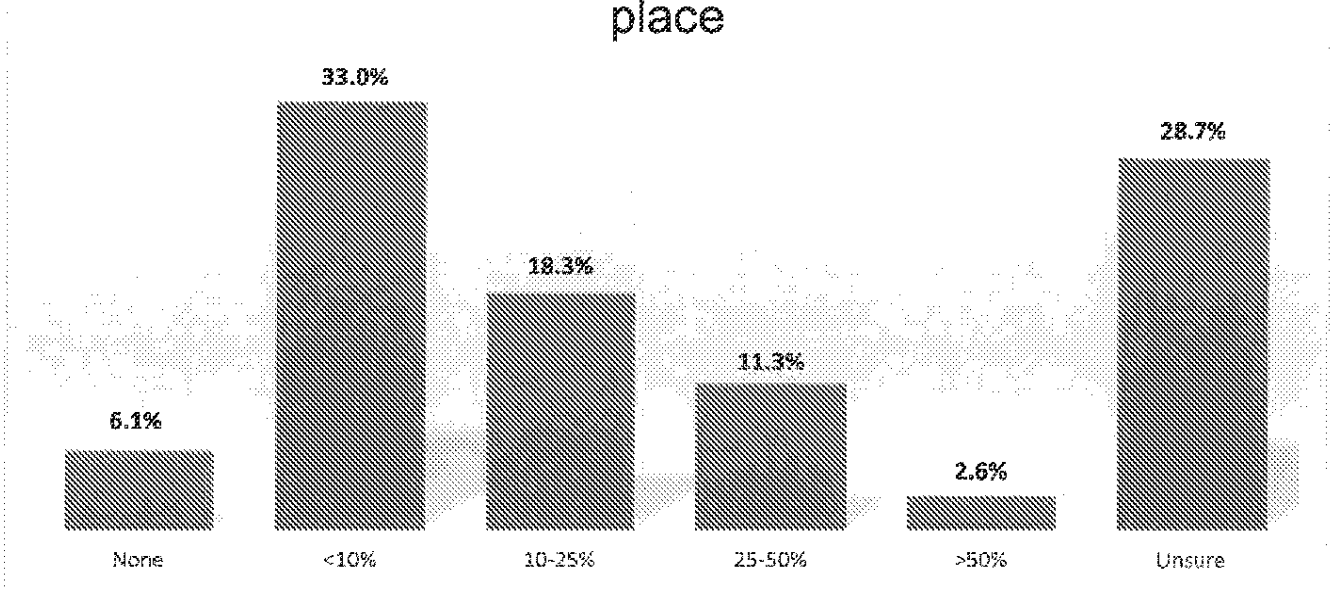
Table 52. Please Estimate the Percentage of Seniors Who Have an Emergency Preparedness Plan in Place:

Please Estimate the Percentage of Seniors Who Have an Emergency Preparedness Plan in Place?

<i>Answer Choice</i>	<i>Number of Responses</i>	<i>Percentage of Responses</i>
<i><10%</i>	38	33.0%
<i>10-25%</i>	21	18.3%
<i>25-50%</i>	13	11.3%
<i>50%</i>	3	2.6%
<i>None</i>	7	6.1%
<i>Unsure</i>	33	28.7%

Figure 55. Please Estimate the Percentage of Seniors Who Have an Emergency Preparedness Plan in Place:

Please estimate the percentage of your seniors who have an emergency preparedness plan in place



19. What are your biggest staffing areas of need?

Respondents report their biggest staffing areas of need to be “In-Home Services,” followed by “Drivers,” and “Volunteers.” All responses to this question can be found in Table 53 and Figure 56.

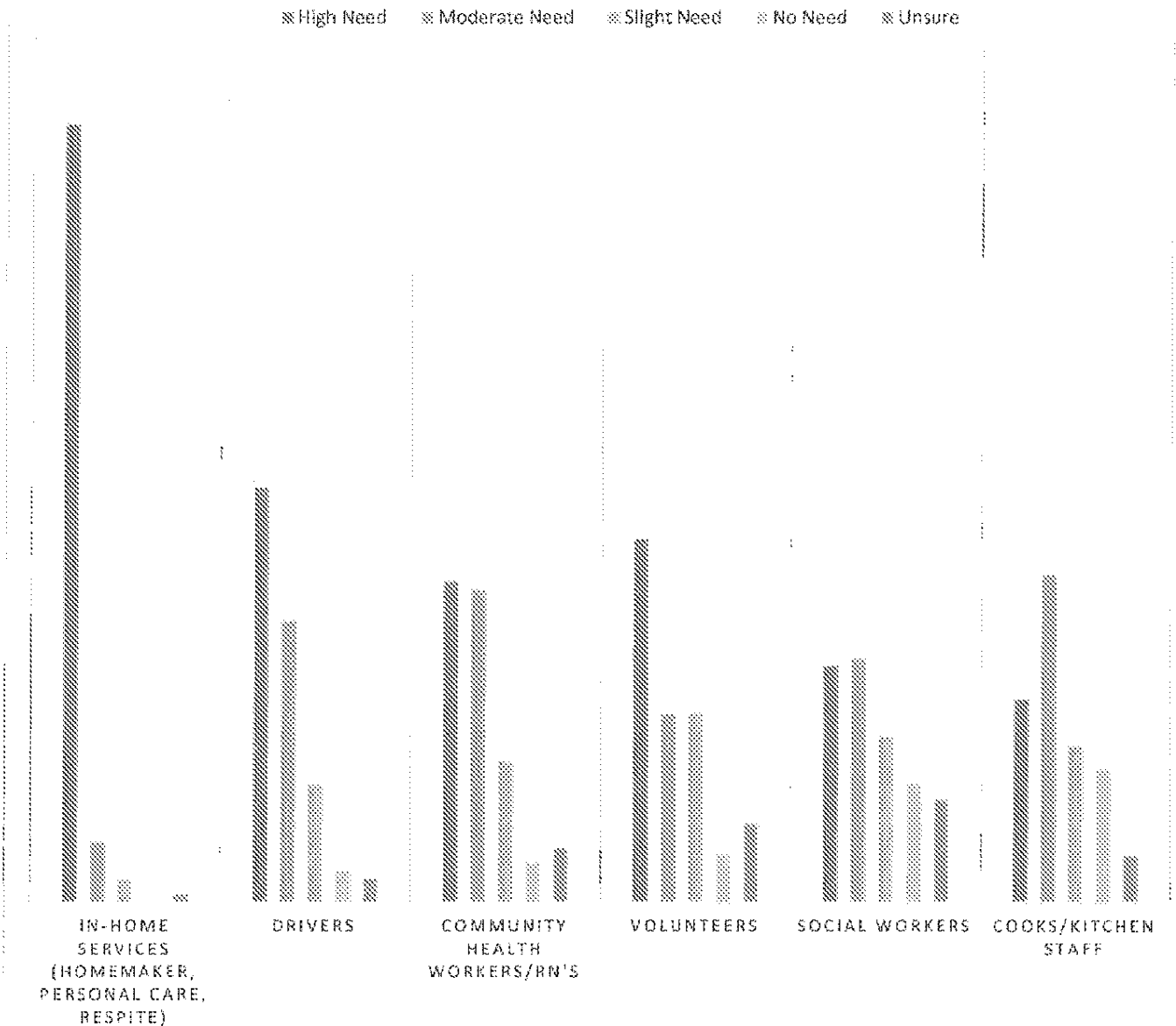
Table 53. What Are Your Biggest Staffing Areas of Need?

What Are Your Biggest Staffing Areas of Need?

<i>Answer Choice</i>	High Need	Moderate Need	Slight Need	No Need	<u>Unsure</u>
<i>In-Home Services</i>	103	8	3	0	1
	89.6%	7.0%	2.6%	0.0%	0.9%
<i>Drivers</i>	53	36	15	4	3
	47.7%	32.4%	13.5%	3.6%	2.7%
<i>Community Health Workers/RN's</i>	41	40	18	5	7
	36.9%	36.0%	16.2%	4.5%	6.3%
<i>Volunteers</i>	46	24	24	6	10
	41.8%	21.8%	21.8%	5.4%	9.1%
<i>Social Workers</i>	30	31	21	15	13
	27.3%	28.2%	19.1%	13.6%	11.8%
<i>Cooks/Kitchen Staff</i>	26	42	20	17	6
	23.4%	37.8%	18.0%	15.3%	5.4%

Figure 56. What Are Your Biggest Staffing Areas of Need?

What are your biggest staffing areas of need?



This concludes the Needs Assessment Survey Section.

A. Appendix

Senior Needs Survey Open Ended Question Responses

Which of the following do you identify as your race?
English
Appalachian American
Middle Eastern

What is your current employment status?
Short term disability
Caregiver
Widow's pension
Self employed
Volunteer

If you answered "None" to the previous question, what barriers prevent you from being physically active? (choose all that apply)
COPD
Physical limitations
Mobility issues

Have you received at least one or more doses of the Covid-19 vaccine? If no, why not?
It's a bio weapon!
Alternative treatment methods are better
I am concerned there is not enough research done; people were dying from the effects of taking the vaccine
Very little testing, negative results of those with chronic health issues, i.e., heart issues
Don't want
I didn't trust the government!
Because Pfizer lied and the health czar is all about himself and not West Virginians
Don't trust them
Personal choice
Heart condition
Believe it could harm me

If you answered "Yes" to the previous question, which of the following has prevented you from obtaining these foods? (choose all that apply)
Physically unable to shop
Don't want to go to the store alone
Not much appetite
Had rare cancer in pallet, unable to get teeth
Senior center limitations
Hard to walk
Mobility issues
Do not qualify for SNAP, was turned away from the food bank

During the last year, have you had problems with any of the following? If yes, how would you describe the problem?
TBI
no energy, get tired easily, need to sleep extended hours
Fibromyalgia & Arthritis
Needing someone to do minor house repairs
concern for when I retire
knee replacement and physical therapy
Please help all seniors with lowering the costs of utilities; prices of daily living expenses are going up and up and the increase of SS is not keeping up!
Do not use computer & surveys, information are kept on internet.
A lack of energy
need activities to do or groups with Alzheimer's

How do individuals in your household receive information during an emergency?
In House alarms
N/A
Online alerts
newspaper
Weather app for our county
Depends on what kind of emergency
Alexa
Depends on emergency. Do not have cell service at house. There is landline IF it is working. Do not have TV. Can't text or get text messages because of no cell service. Would have to be email or landline for house. Radio is only in vehicles.

Where do you get your information about senior citizens services? (choose all that apply)
In person at center
Newsletter from BCSCC
Family

Unpaid Caregiver Survey Open Ended Question Responses

What is your age?					
26	48	54	58	66	75
27	48	54	58	66	75
28	48	54	61	66	75
30	49	54	62	66	76
31	49	54	62	66	76
31	49	55	62	66	79
33	49	55	62	66	79
33	49	55	62	66	80
35	50	55	62	67	80
36	50	55	63	67	80
36	50	55	63	67	80
37	50	55	64	67	84
38	51	56	64	67	84
39	51	56	64	68	85
39	51	56	64	68	85
40	51	56	64	68	85
40	52	56	64	68	85
40	53	56	65	68	87
42	53	57	65	68	87
42	53	57	65	69	89
43	54	57	65	72	89
43	54	57	65	72	89

43	54	57	65	72	89
43	54	58	65	73	60s

When thinking of the senior you care for, please describe their level of need for the following choices
Affordable meal delivery
Adult daycare services in Putnam County
Caregiving assistance
Maintaining daily medication
transportation
The state relies too heavily on providing benefits via the internet
I am a senior and they base help on both my husband and mine income, which puts it out of the bracket to get help. He is on oxygen and does pretty well.

Senior Center Staff Survey Open Ended Question Responses

When it comes to income and housing, what do you perceive to be the level of need for your seniors?
Housekeeping
Transportation for shopping and social
Meal delivery made available for a wider area
Medical adult day health services, personal care homes, transportation
Senior high rise for 60+ no longer exists

What do you perceive to be the biggest barrier to obtaining healthy foods for your seniors? (choose all that apply)

Some of our seniors are homeless and only receive cooked meals from our center or at the occasional church event.

we need a place all seniors can get fresh fruits and vegetables once a week

Poor appetite and isolation reducing desire to eat

there is a waiting list

What do you perceive to be the biggest area(s) of unmet medical needs for your seniors?

specialist care

Properly educated medical professionals who understand Alzheimer's and other forms of dementia. In asking a case management team recently if they knew who noted dementia expert Teepa Snow is, not one Case Manager knew who she is. They admitted to not having training. We passed legislation in WV to provide funds for dementia training for first responders, yet they do not get enough training and have cases like in one county where a person with Alzheimer's was arrested for repeatedly calling the police. She had no understanding. Our state is seriously lacking in helping older adults.

cleaning and doing chores they are no longer able to perform like grass and weed cutting heavy lifting and small home repairs

medical transportation

What are the biggest barriers to providing transportation services to seniors?

There is county transportation, but the scheduling seems off. It takes a tremendous amount of time and switching buses to get from certain parts of the main part of town to the other. You have to dedicate a lot of time to go places and return. At times this takes the whole day.

appropriate pay

unmet needs are evenings and weekends

Vehicles used to last 7 - 8 years, now we are lucky if they last 3 years without needing major repairs

TRAVEL OUTSIDE OF THE STATE IN COUNTIES BORDERING OTHER STATES

What public information/education methods would be most effective? (Choose all that apply)

Booths at health fairs, etc.

PARTNERSHIPS WITH OTHER COMMUNITY AGENCIES

Word of mouth

Newspapers

Direct mail

Surveys

The Center for Business and Economic Research at Marshall University is conducting a survey on behalf of the West Virginia Bureau of Senior Services to help understand the needs of seniors across the state and how services should adapt to meet those needs. We are seeking your input as a means of gathering information from a diverse group of citizens.

Section 1: Demographics

1. Area/Zip Code: _____
2. What age range do you fall in?
 50-59 60-69 70-79 80-89 90-99 100+
3. What is your preferred gender?
 Male
 Female
 Non-Binary
 Prefer not to say
4. Which of the following would you identify as your race?
 Caucasian
 Black or African American
 Asian
 Native Hawaiian or Other Pacific Islander
 American Indian or Alaskan Native
 Prefer not to say
 Other _____
5. Do you identify as Hispanic or Latino/a.
 Yes No

Section 2: Income and Employment

6. Which of the following best describes your personal income last year?

- \$0-\$14,999
- \$15,000-\$24,999
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,999
- \$150,000+
- Prefer not to say

7. What is your current employment status?

- Fully Retired
- Retired but working part-time
- Working full-time
- Working part-time
- Unemployed
- Unemployed, but looking for work
- Homemaker
- Disabled
- Other _____
- Don't know/Prefer not to say

Section 3: Health and Nutrition

8. How would you rate your current physical health?

- Excellent Very good Good Fair Poor

9. How would you rate your current mental health?

- Excellent Very good Good Fair Poor

10. Do you currently have any of the following chronic health conditions? (choose all that apply)

- Blindness or severe vision impairment
- Significant hearing loss
- Physical handicap/loss of limb
- Heart Disease
- Obesity
- Diabetes
- High Blood Pressure
- Cancer
- Stroke
- Arthritis
- Emotional or mental illness
- Other_____

11. Have you received at least one or more doses of the Covid-19 vaccine? If no, why not?

- Yes No_____

12. In the past few months, have you needed help getting enough food or the right kinds of foods to eat?

- Yes No

If yes, which of the following has prevented you from obtaining these foods?

- Lack of transportation
- Lack of money
- Lack of fresh and nutritious food in your area
- Other_____

13. On average, how many days a week do you engage in physical activity?

- None
- 1-2 days
- 3-4 days
- 5-7 days

If none, what barriers prevent you from being physically active?

- Lack of motivation
- Chronic health conditions
- Fear of injury
- Lack of time
- Lack of access to facilities
- Lack of social support
- Other _____

Section 4: Transportation and Housing

14. How do you travel on a regular basis?

- Drive
- Ride in a car with a friend or relative
- Take a senior van, shuttle, or minibus
- Use public transportation (bus, van)
- Use rideshares such as Uber or Lyft
- Walk
- Never leave the house
- Other _____

14. If you have trouble with transportation, what would you say is the main reason?

- Having to rely on others
- Don't know who to call
- Public transportation isn't available in my community
- Can't afford it
- Disability/health-related
- Not sure

15. How would you describe your current housing situation?

- I own my home
- I am renting a home/apartment
- I reside in a senior living community
- I am living with a friend or family member
- I receive government housing assistance
- I am unhoused
- Prefer not to say

Section 5: Services

16. What programs and services do you want or need assistance with? (choose all that apply)

- Adult Education Employment and job training Congregate meals or home-delivered meals
- Housing assistance Emergency Preparedness Technology assistance
- Income assistance Transportation Wellness programs Recreation
- In-home care/support Transportation Legal Assistance Socialization

17. How often in the past month have you felt financially burdened by your caregiving?

- Frequently
- Sometimes
- Never
- N/A

18. During the last year, have you had problems with any of the following? If yes, how would you describe the problem?

Problems/Concerns	Major Problem	Minor Problem	No Problem	Unsure
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of loneliness and/or isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affording Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affording Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a victim of a crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with legal issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing everyday activities (walking, bathing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having too few activities/bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you have an emergency preparedness plan?

Yes No

20. How do individuals in your household receive information during an emergency?

- Cell phone call
- Television
- Text message
- Email
- Land line call
- AM/FM Radio
- Online via social media
- Text message
- Email
- Land line call
- AM/FM Radio
- Other (please describe)

21. Where do you get your information about senior citizens services?

- Online
- By mail
- By phone
- Word of mouth
- Local senior center
- WV Bureau of Senior Services
- Other
- I don't receive any information

Thank you so much for your participation. Your answers will help form the basis of recommendations for service improvements statewide.

IF YOU HAVE A CAREGIVER, PLEASE REFER THEM TO SECTION 6 BELOW

Section 6: Caregiving



1. What is your age?

2. What is your gender?

- Male
- Female
- Non-Binary
- Prefer not to say

3. Which of the following would you identify as your race?

- Caucasian
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaskan Native
- Prefer not to say
- Other

4. Do you identify as Hispanic or Latino/a.

- Yes No

5. What is your relation to the senior you are providing care to?

- Relative
- Friend
- Hired through an agency
- Assigned by the state
- Other

6. Is Caregiving your full-time job?

- Yes No

If not, what is?

.....

7. Do you provide care for more than one family member on a regular basis?

- Yes No

8. How often have you struggled financially due to your caregiving?

- Frequently Sometimes Never

9. How often have you struggled physically due to your caregiving?

- Frequently Sometimes Never

10. What kind of care do you provide? (choose all that apply)

- Personal Care
- Housekeeping
- Meals
- Transportation
- Management of finances

11. When thinking of the senior you care for, please describe their level of need for the following choices:

Area of Need	High Need	Moderate Need	Slight Need	No Need	Unsure
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment and job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing financial issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Social Security benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing a will/trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with In-Home Caregiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing chronic diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combating feelings of loneliness and/or isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affording healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affording Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affording Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding cybercriminals or online scams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining routine healthcare (vaccines, eye exams, dental exams)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Center for Business and Economic Research at Marshall University is conducting a survey on behalf of the West Virginia Bureau of Senior Services to help understand the needs of seniors across the state and how services should adapt to meet those needs. We are seeking your input as a means of gathering information from a diverse group of providers.

Name (Optional):	
Position in center:	
Senior Center Name:	
County in which senior center is located:	

Section 1: Income and Housing

1. Please estimate the percentage of seniors at your center who are living at or below the poverty level:

- None < 10% 10-25% 25-50% >50%

2. Approximately how many of your seniors are rural?

- None < 10% 10-25% 25-50% >50%

3. When it comes to income and housing, what do you perceive to be the level of need for your seniors?

Area of Need	High Need	Moderate Need	Slight Need	No Need	Unsure
Housing affordability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment and job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing financial debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Social Security benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing a will/trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with in-home caregiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Health and Nutrition

4. Please estimate the percentage of seniors in your center who are dealing with malnutrition:

- None
- < 10%
- 10-25%
- 25-50%
- >50%

5. What do you perceive to be the biggest barrier to obtaining healthy foods for your seniors? (choose all that apply)

- Affordability
- Lack of stores that sell these foods
- Lack of transportation to stores
- Unable to cook
- Other _____

6. Approximately how many of your seniors come for congregate meals or use your home-delivered meal service?

Congregate meals

- < 10% 10-25% 25-50% >50% We do not offer congregate meals

Home-Delivered Meals

- < 10% 10-25% 25-50% >50% We do not offer home-delivered meals

7. Approximately how many of your seniors have a chronic condition? (heart disease, diabetes, obesity, cancer., etc.)

- None < 10% 10-25% 25-50% >50%

8. Approximately how many of your seniors have received at least one dose of the Covid-19 vaccine?

- None < 10% 10-25% 25-50% >50% Unsure

9. Is access to healthcare an issue for your seniors?

- Yes, it is a great concern It is a moderate concern It is a slight concern
 No, it is not a problem Unsure

10. What do you perceive to be the biggest area(s) of unmet medical needs for your seniors?

- Preventive care Chronic disease Mental health Dental health
 Substance abuse Other _____
 They do not have unmet medical needs

11. Approximately how many of your seniors are physically active?

- None < 10% 10-25% 25-50% >50%

Section 3: Transportation

12. Approximately how many of your seniors do not have access to transportation?

- None < 10% 10-25% 25-50% >50%

13. What are the biggest barriers to providing transportation services to seniors?

Area of Need	High Need	Moderate Need	Slight Need	No Need	Unsure
Drivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate or capable vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County Transit Services					
Other (please describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Services

14. Are seniors in your area aware of services available to them?

- Yes, Very Aware Somewhat Aware No, Not Very Aware

15. What public information/education methods would be most effective? (Choose all that apply)

- Television
- Telephone
- Radio
- Direct mail from county aging provider, etc.
- Electronic/ Social Media
- Outreach via community organizations
- Other _____

16. Please estimate the need of each for the following services for your seniors:

Area of Need	High Need	Moderate Need	Slight Need	No Need	Unsure
Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellness programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In home care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Please estimate the percentage of your seniors who have an emergency preparedness plan in place:

- None < 10% 10-25% 25-50% >50% Unsure

Section 5: Needs

18. What are your biggest staffing areas of need?

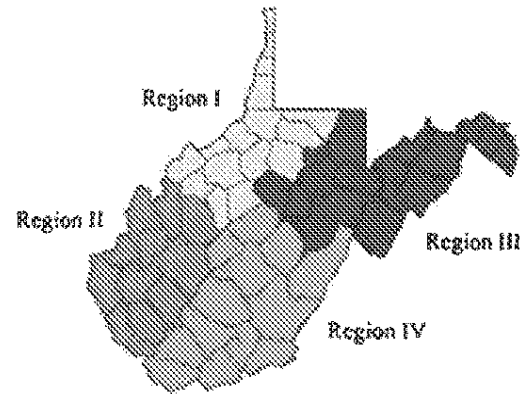
Area of Need	High Need	Moderate Need	Slight Need	No Need	Unsure
In-home services (homemaker, personal care, respite)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community health workers/ RN's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooks/Kitchen staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you so much for your participation. Your answers will help form the basis of recommendations for service improvements statewide.

Attachment D

Area Agencies on Aging

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



Region I

Northwestern AAA

PO Box 2086 (105 Bridge Street Plaza)

Wheeling, WV 26003

Telephone: 304-242-1800; 800-924-0088

Fax: 304-242-2437

E-mail: KHudak@belomar.org

Website: www.belomar.org/aging

Katie Hudak, Director

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

Region II

WVSC-Metro AAA

824 Cross Lanes Drive

Cross Lanes, WV 25313

Telephone: 304-720-6858

Fax: 304-720-6864

E-mail: LanderBR@metroaaa.com

Website: <https://www.metroaaa.com>

Brenda Landers, Director

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

Region III

Upper Potomac AAA
131 Providence Lane
Petersburg, WV 26847
Telephone: 304-257-1221; 800-296-1221
Fax: 304-257-4958

E-mail: sanderson@regioneight.org

Website: <https://www.regioneight.org/upaaa>

Ashley Anderson, Director

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

Region IV

Appalachian AAA
1460 Main Street, Box 2
Princeton, WV 24740
Telephone: 304-425-1147; 800-473-1207
Fax: 304-487-3767

E-mail: Rebecca.Bivens@appalachianaaa.org

Website: www.aaaos.org

Rebecca Bivens, Director

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