

State Plan on Aging

Community Living Section

*Wyoming Department of Health
Aging Division*

For October 1, 2013 through September 30, 2017

Governor Matthew H. Mead

Thomas O. Forslund, Director



Wyoming
Department
of Health

Commit to your health.

ACKNOWLEDGEMENTS – THANKS, TOO, TO OUR CLIENTS AND PROVIDERS WHO PARTICIPATED!

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DEPARTMENT OF TRANSPORTATION*

*Served on Stakeholder Committee

Our Mission

The mission of the Community Living Section is to increase the self-sufficiency, safety, health and wellness of Wyoming's older adults and people with disabilities in the least restrictive environment while supporting their caregivers.

TABLE OF CONTENTS

<u>CONTENT</u>	<u>PAGE No.</u>
SECTION A. SIGNED VERIFICATION OF INTENT	5
SECTION B. NARRATIVE.....	7
EXECUTIVE SUMMARY.....	7
CONTEXT	10
GENERAL.....	10
TRENDS.....	11
FINDINGS OF ASSESSMENTS.....	12
GOALS, OBJECTIVES AND STRATEGIES	14
GENERAL GOALS	20
AOA CORE PROGRAM GOALS.....	21
INNOVATION GRANT	23
OTHER ACA RELATED PROGRAMS.....	25
CONSIDERATION OF COST SHARING.....	25
TITLE III AND TITLE VI COORDINATION	25
QUALITY MANAGEMENT	27
SECTION C. INTRASTATE FUNDING FORMULA.....	30
SECTION D. ATTACHMENTS	31
ATTACHMENT A: ORGANIZATIONAL CHART.....	32
ATTACHMENT B: AGING ADVISORY COUNCIL.....	33
ATTACHMENT C: CLIENT SURVEY INSTRUMENT.....	34
ATTACHMENT D: PROVIDER SURVEY INSTRUMENT.....	48

SECTION A. SIGNED VERIFICATION OF INTENT

The State Plan on Aging is hereby developed and submitted for the State of Wyoming for the Federal Fiscal Years 2014-2017. It includes all assurances and will be conducted by the Wyoming Aging Division under provisions of the Older Americans Act, as Amended, during the period identified. The Wyoming Aging Division has been granted the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act and is primarily responsible for the coordination of State activities related to the purposes of the Act; i.e., the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the elderly of Wyoming.

The plan is hereby approved by the Governor and constitutes as authorization to proceed with the activities under the plan upon approval by the Assistant Secretary for Aging.

The State Plan on Aging hereby submitted has been developed in accordance with all Federal statutory and regulatory requirements.

6/19/13 (Signed) 
Date _____
Heather Babbitt
Senior Administrator
Aging Division

I hereby approve this State Plan on Aging and submit it to the Assistant Secretary for Aging for approval.

6/18/13 (Signed) 
Date _____
Thomas O. Forslund
Director
Wyoming Department of Health
(As authorized designee for the Honorable
Governor Matthew H. Mead)

MATTHEW H. MEAD
GOVERNOR

THE STATE



OF WYOMING

STATE CAPITOL
CHEYENNE, WY 82002

Office of the Governor

January 28, 2013

**Thomas O. Forslund, Director
Wyoming Department of Health
401 Hathaway Building
Cheyenne, WY 82002**

Dear Director Forslund:

I delegate authority to you to execute and sign the certification, and to perform similar acts relevant to the administration of the State of Wyoming Aging Plan, until such time as this delegation of authority is rescinded in writing.

Sincerely,

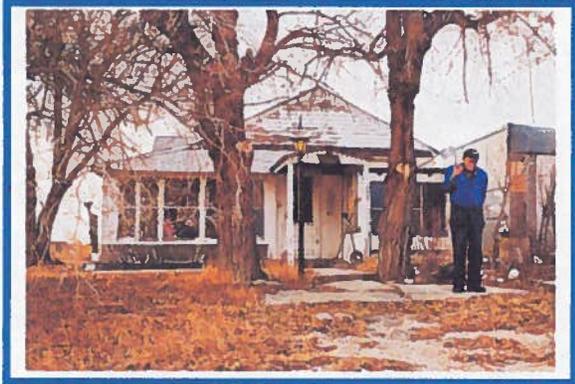
A handwritten signature in blue ink, appearing to read "Matthew H. Mead".

**Matthew H. Mead
Governor**

MHM:mdm

SECTION B: NARRATIVE

EXECUTIVE SUMMARY



In 2010, the number of people over 60 years of age in Wyoming increased by 32.7% from the 2000 U.S. Census. By 2030, those 60 and older will comprise 32.2% of the total population making Wyoming the fourth oldest state in the nation.

As reported in the Aging Division, Community Living Section (CLS) survey, over 73% plan to stay in their homes throughout retirement. As people age,

however, they will need more help. It is estimated that in 2020 there will be 13,000 people in Wyoming suffering from Alzheimer's alone. Alzheimer's unpaid care was estimated to be valued at over \$30 million in 2011. Add the increased number of caregivers for all conditions, the increase in home delivered meals and the overall aging of the population – one can see how important meals, in-home assistance and other programs are to seniors.

The purpose of the Wyoming State Plan on Aging is to identify these and other needs within the scope of the Older Americans Act (OAA) core programs and other focus areas. In addition, the plan will include initiatives that are important to the State of Wyoming.

Wyoming is a single state planning unit. The State does not operate with Area Agencies on Aging (AAAs) but contracts directly with senior centers, not-for-profits and other entities to provide services.

Administration on Aging (AoA) Programs: CLS will utilize evidenced based practices and specific outcome measures to ensure AoA programs are being delivered effectively and efficiently. The Aging Division, Community Living Section currently receives federal funding for the following programs:

- Title III- B; Title III-C; Title III-D; Title III-E; Title VII Ombudsman, Elder Abuse, and Legal Services.

Community Based In-Home Services (CBIHS): This program is not to be confused with Medicaid's Home and Community Based Service Waiver. Rather, CBIHS is operated completely on State general funds with a biennium budget of approximately \$6,300,000 and requires a 5% local match. The services that are provided are not

medically related, but rather help with housekeeping, errands and daily care to enable individuals to stay in their homes and communities. Clients on the program contribute to the costs as best they can and the average cost of service per client per year is approximately \$1,200.

Elder Abuse Prevention: CLS will actively partner with the Department of Family Services (DFS) on elder abuse prevention and outreach to include training of community gatekeepers and building resources in the faith-based community and elsewhere to identify and prevent elder abuse and neglect. DFS will be establishing financial abuse teams in the State to prevent and intervene in cases of elder financial abuse and exploitation.

Advisory Council on Aging: The Aging Advisory Council will continue to be a key partner with CLS. Together we will work to update the mission and vision of the council. Areas of focus will include Adult Protection and working with local service providers, nursing homes, assisted living facilities, etc.

Caregiver Support: Caregiver support will continue to be an important system for elders and their families. According to the 2010 U.S. Census and AARP, 4,573 grandparents have responsibility for grandchildren in their homes. As the State ages, more individuals will also be taking care of elder partners and spouses. CLS will work with Wyoming communities to determine where, despite limited resources, they can build capacity for caregiver respite and advice.

Wyoming Grandparents

- 4,573 grandparents are the householders and are responsible for their grandchildren living with them. Of these:
 - 82% of the grandparents are White and not Hispanic, 7% are American Indian and Alaska Native, and 7% are Hispanic/Latino, and may be of any race.
 - 53% have no parents of the children present in the home.
 - 77% are under age 60.
 - 8% live in poverty.

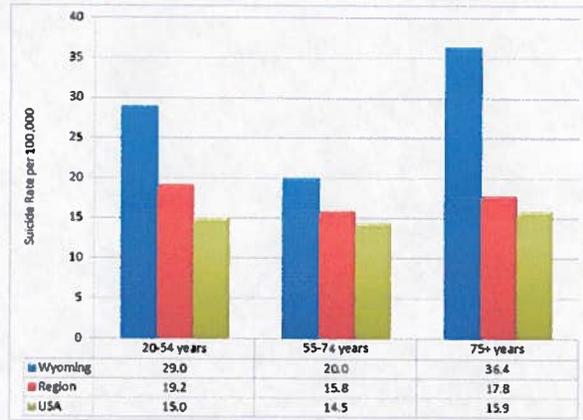
Source: AARP, *Grandfacts for Wyoming*.

Transportation: CLS will continue its partnership with the Wyoming Department of Transportation. Working with small transit agencies and dial-a-ride services, CLS will look at creative ways to expand transportation services to seniors.

Senior Centers: The baby boomer generation will not want to eat at congregate settings that seem institutional. They will want to socialize and integrate with a variety of ages and people. Senior centers will need to embrace a new way of doing business and the plan includes strategies to help them do so.

“The Conversation”: Sometimes seniors and their families are reluctant to talk about preferences if and when seniors need assistance or can no longer care for themselves. The plan includes strategies to educate seniors, their families and caregivers to more comfortably discuss what the future may hold under a variety of circumstances.

Behavioral Health: Although the responses to the survey indicate Wyoming seniors feel pretty comfortable about their mental and behavioral health, statistics prove otherwise. Wyoming has a higher suicide rate than the region or the United States for people age 55 and over. CLS is partnering with the Behavioral Health Division as they work to develop behavioral health homes for our citizens.

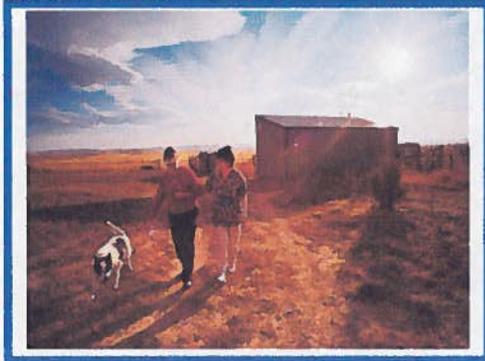


Source: Centers for Disease Control, Vital Statistics, 2008

CONTEXT

GENERAL

Wyoming is a frontier state and although one of the largest states geographically, the total 2010 population for the State was only approximately 565,000. The frontier nature of Wyoming poses challenges to accessing AoA programs, health care and other services.



Wyoming is a single state planning unit. The Division does not operate with Area Agencies on Aging (AAAs) but contracts directly with senior centers, not-for-profits and other entities to provide services.

On November 1, 2012, the agency that provides the AoA services was renamed from “Senior Services Section” to the “Community Living Section” or “CLS”. CLS resides within the Aging Division, one of five divisions within the

Wyoming Department of Health (an organizational chart is included as Attachment A). As a result of the inauguration of a new Governor, Matthew H. Mead, in January 2011 and a departmental reorganization in April 2011, it seemed prudent to re-assess the direction of the current State Plan on Aging. The Aging Division requested, and was granted, an amendment to the State plan that shortened it by one year so that it terminates October 1, 2013. This plan is intended to replace it.

In order to assess our needs, challenges and opportunities the Division sought out a variety of people. The Aging Division is grateful for their participation and insight. Wyoming’s Aging Advisory Council participated along with a stakeholder committee. The membership of the stakeholder committee is listed in “Acknowledgements.” It was comprised of a wide range of representatives ranging from AARP to HUD to senior center representatives. The disability community was also included in the stakeholder group. In addition, a staff working group included the same kind of broad representation. The working group included staff from DFS - Adult Protective Services, the Behavioral Health Division, Wyoming Department of Transportation, Healthcare Financing (Medicaid) and Community Living Section staff. A listing of all these participants can also be seen on the acknowledgement page.

In addition to the stakeholders and committees, both paper surveys and Survey Monkey were used to gather input from clients and providers. AARP used their email list to distribute the survey link to their membership as well. We received a total of 245 client responses and 52 provider responses. Copies of the survey tools are included as Attachments C and D. An excel sheet summarizes the client responses to key, but not all questions.

CLS published legal notices in each local newspaper in which the public input session was conducted along with a legal notice in Wyoming’s state newspapers, the Casper Star Tribune and the Wyoming Tribune Eagle. In addition, the state plan was posted on the CLS website with an email address to send comments. During the comment period, the reception to the plan was overall positive. The areas that were most commented on were, a perceived over use of the “faith based organization” to make some sections inclusive to more organizations. Public comments were documented. Based on public comments received, CLS did make modifications to this plan.

Wyoming State Plan Public Comment Sessions

CITIES	DATE	TIME	LOCATION
CASPER	5/22/2013	1 p.m.	Central Wyoming Senior Services, Inc.
CHEYENNE	5/29/2013	8 a.m.	Laramie County Library System
EVANSTON	6/5/2013	6 p.m.	Uinta Senior Citizens, Inc.
GILLETTE	5/22/2013	6 p.m.	Campbell County Senior Citizens Association
RAWLINS	6/6/2013	1 p.m.	Carbon County Senior Services, Inc.
THERMOPOLIS	5/8/2013	6 p.m.	Hot Springs County Senior Citizens Center
WHEATLAND	5/28/2013	9 a.m.	Services for Seniors, Inc.
ETHETE	5/21/2013	2 p.m.	Wind River Reservation Tribal Chambers
ATTENDANCE	23		

TRENDS: TRADITIONAL AOA PROGRAMS

Wyoming’s population is aging. By 2030 Wyoming will be the fourth oldest state in the nation. The large geography and a small population make service access, socialization and provider availability a challenge.

Given reduced federal and state funding traditional services such as Title III-B (Supportive Services) and Title III-D (Preventative Health) are able to continue to maintain current service levels. Home delivered meals have increased from just over 400,000 in 2010 to 500,000 in 2012. The number of congregate meals served are also increasing.

With an aging baby boomer generation, traditional programs may not be enough to attract them and assure their needs are met. To address this, centers are doing things like changing their names to appear to be more community centered so they don’t have the stigma of “being where the old people go.”

Caregiver programs continue to be in demand as more elders are taking care of their spouses or grandchildren. This is particularly true of baby boomers that may care for parents and grandchildren. In State Fiscal Year 2012, the caregiver program served 729 clients. Federal restrictions on expenditures for this program will force CLS to think creatively about services. The number of people served in the Title III-D (Disease Prevention and Health Promotion Services) program is also increasing while the cost per person is declining. Wyoming is following the national trend of having a large number of informal caregivers. Because Wyoming is a frontier state and family members may live miles or states away, many neighbors and friends are stepping in to provide care.

The Ombudsman Elder Abuse program continues to see an increase in cases and maintains a case resolution rate of 95%. In addition to working with and advocating for seniors, the Ombudsman(s) also travel long distances to visit nursing homes, and senior centers at least quarterly.

Wyoming contracts with Legal Aid of Wyoming, Inc. to provide legal services. There are four offices within the state located in Cheyenne, Casper, Lander, and Rock Springs. Legal Aid of Wyoming Inc. has made a commitment to help as many 60 and over clients as possible with educating and advocating on legal issues. CLS appropriates 4.5% of Title III-B funding combined with some state general funds to help with matching requirements.

SURVEY RESULTS

CLS conducted a survey and received 245 responses from clients, and 52 responses from providers. Some responses may contradict others. Overall, key focus areas were identified.

- **RESPONDENTS:** Respondents range in age from 27 to 101 years old. They are predominantly white with an average age of 69 years old.
- **FOOD SECURITY:** Of the responses, 15.9% report that having enough food is a minor, moderate or major problem.
- **PLANS TO STAY PUT:** An overwhelming majority of the respondents plan to stay in their communities (84.4%) or in their homes (78.2%). Over 40.9% of them say that doing heavy housework is a problem. They will need help to remain at home. This will put pressure on programs such as C-2 Home Delivered Meals and Community Based in Home Services.
- **ACCESS TO HEALTHCARE:** Respondents reported that having issues finding affordable health insurance. Overall 31.3% report that finding affordable health insurance is a moderate to major problem while 19.5% stated that getting the

healthcare they need is also a problem. In addition, 19.4% say that affording medication is a problem at some level. CLS believes this will take some additional study and perhaps some of the respondents aren't aware of existing programs. Wyoming will become part of the Federal health insurance exchange, and that may result in better insurance access.

- **TRANSPORTATION:** Given the rural and frontier nature of Wyoming, transportation is an ongoing issue. While most respondents think their local bus systems are good (35.2%), 25.9% say the dial-a-ride service is poor. There are only four public transit systems in the state and as seniors get to a point they can no longer drive, they will need assistance. The goals and objectives of this plan will speak to expanding transportation opportunities in a restricted funding environment. Improved transportation services will help improve access to healthcare as well.
- **OUR COMMUNITIES:** Wyoming seniors plan to stay in their communities, in part because 61.7% responded that their communities value older residents, while 48.9% responded that communities value their disabled residents.
- **HEALTH:** Respondents consider themselves healthy (69.1 % responded "excellent" or "good") and in good mental state (83.9% responding "excellent" or "good"). Over 13% of respondents report isolation and loneliness as a problem. Wyoming has a higher suicide rate than the region or the United States for people aged 55 and over. CLS, in partnership with the Mental Health and Medicaid Divisions of the Department of Health will be working to address mental health service opportunities across the State, including for our senior population.
- **ELDER ABUSE AND EXPLOITATION:** Although most of respondents stated they feel safe and have not been victims of crime or abuse, it's also known these are underreported events nationally.
- **TECH SAVVY:** Respondents stated that 56.4% of them use the Internet daily. They use it primarily for email, but also for some banking and social media. This presents a wonderful opportunity for CLS and other agencies to reach out and inform.
- **HOUSING:** Even though most people said they intend to stay in their homes, they did indicate a concern with housing availability.
- **WHAT KEEPS SENIORS FROM USING SERVICES?** Of the respondents, 44% don't access services because of cost, yet many of the programs and services are low or no cost. In addition, 32% reported they don't use the services because they are reluctant to ask for help. Pride and independence may be keeping them from getting the assistance they need.

GOALS, OBJECTIVES AND STRATEGIES

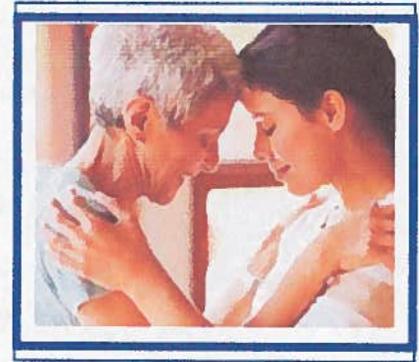
The following goals and objectives are presented according to topical areas both as required by AoA and as defined by our surveys. Some of the goals are modest because of either reduced or static funding. In other cases, goals were tailored to identify needs in Wyoming. By leveraging resources with other agencies or by acting as leaders in the policy arena we can influence change. In addition, some of the unique goals overlap with AoA core programs, and if so it is noted. Lastly, strategies are imbedded into the goals along with specific measurements for success.

CAREGIVING: Caregiving support will continue to be an important need because seniors plan to stay in their homes. In addition, 9.4% are taking care of someone under the age of 18 and 22.4% of are caring for an older adult.

GOAL 1: TO DEVELOP ALTERNATIVE CAREGIVING PROGRAMS AND BUILD THE CAREGIVER SUPPORT GROUP NETWORK.

Objective 1.1: Reach out to at least four faith-based organizations during the term of this plan to provide the tools to establish caregiver support groups.

Objective 1.2: By January 1, 2015 and in partnership with the University of Wyoming's Geriatric Education Center (WyGEC) ensure that WyGEC's new website, "Wyoming Center on Aging," has information and links regarding caregiving, especially for grandparents raising grandchildren.



Objective 1.3: By January 1, 2014 ensure that the Aging and Disability Resource Center (ADRC) has the informational tools it needs to assist callers with caregiving information, especially for grandparents raising grandchildren.

Objective 1.4: By October 1, 2015 explore options for expanding respite care for longer terms such as overnight or weekends. Establish a pilot project for respite care.

Objective 1.5: By October 1, 2015 strengthen the relationship between the Aging Division and local and national chapters of the Alzheimer's Association by linking our websites, participating on joint taskforces or other opportunities to collaborate.

TRANSPORTATION: Access to transportation alternatives is frequently raised as an issue, especially in a rural state.

GOAL 2: TO INCREASE ACCESS TO TRANSPORTATION OPTIONS FOR SENIORS AND THE DISABLED.

Objective 2.1: To set Title III B funds aside to work with transportation providers to expand services in non-traditional hours.

Objective 2.2: In partnership with the Wyoming Department of Transportation (WYDOT) promote the availability of check program vouchers (available to anyone that has a barrier to transportation including those that are age 60 and over whom has no access to a vehicle, no driver license, a disability that prevents a person from driving, etc.) by distributing information to our providers and clients on a semi-annual basis.

COMMUNITY BASED IN HOME SERVICES (CBIHS): This popular and needed program will see more demand as citizens age and wish to stay in their homes.

GOAL 3: *TO ASSIST INDIVIDUALS ALLOWING THEM TO REMAIN IN THEIR HOMES FOR AS LONG AS POSSIBLE WHILE GIVING THEM THE CHOICES TO DIRECT THEIR OWN CARE.*



Objective 3.1: By January 1, 2014, evaluate and recommend changes to program rules for the general fund CBIHS program to include clear program admission and discharge criteria.

Objective 3.2: By June 1, 2015, review eligible CBIHS services and determine if they need to be adjusted or expanded to meet the ongoing needs of clients. For example, medicine delivery to client homes where pharmacies may not provide this service.

Objective 3.3: By June 1, 2015 amend the evaluation tools to target clients that are at the greatest risk of pre-mature nursing home admission and enroll them for services.

Objective 3.4: By June 1, 2015 engage the Cheyenne Regional Medical Center's Program of All Inclusive Care for the Elderly (PACE) program in discussions regarding client needs and services.

SENIOR CENTER BUSINESS MODELS: Wyoming's senior centers will be challenged to attract clients and to sustain their programs. However, 21.2% of the providers responded that they don't market their programs at all. Of the respondents, 76.9% rely on word of mouth to spread the word about their programs. In addition, only 23.1% of the providers use email to market when 56.4% of clients and seniors use the Internet on a daily basis. Lastly, 78.8% of the providers responded that they are not considering using a non-traditional service model.

Another barrier discovered by the survey, is the perception that the center is for "elderly or old people." Nationwide it is known that 50 – 70 year olds are still active, and they do not see themselves as a "senior." Some people responded that "the center was for their parents – in their 80's and 90's."

Source: Minutemannewscenter.com
re: survey for Fairfield, Connecticut Senior Center

GOAL 4: TO ENABLE TRADITIONAL SENIOR CENTERS TO RE-INVENT THEMSELVES TO ATTRACT A NEW GENERATION OF SENIORS.

Objective 4.1: Provide at least one training per year on innovative senior center business models to providers. Innovative programs include café style dining (as the Sheridan Senior Center is doing), expanded or alternate business hours, innovative programming including creating “virtual senior centers” for homebound clients.

Objective 4.2: By January 1, 2014 establish an awards program for senior centers that recognizes and promotes best practices within centers in Wyoming.

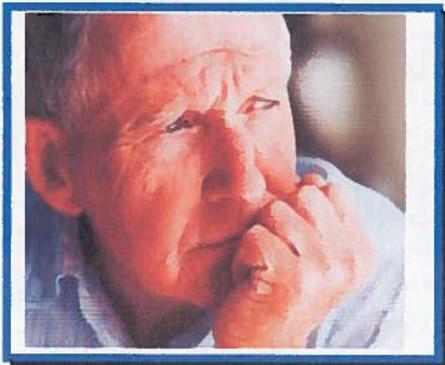
Objective 4.2: By October 1, 2014 develop a list of changes that senior centers can make to shift to a new business model.



Objective 4.3: By January 1, 2015 develop training for senior centers on integrating a variety of people into their programs and facilities. As the disabled population ages, they will seek senior center services.

BEHAVIORAL HEALTH: Seniors need access to behavioral health services and professionals. These goals are a direct result of the SAMHSA and ACL Policy Academy that was held in 2012.

GOAL 5: TO INCREASE ACCESS FOR ELDERS TO BEHAVIORAL HEALTH RESOURCES.



Objective 5.1: By January 1, 2015 and in cooperation with the University of Wyoming’s Center on Aging and the Wyoming Department of Health, Behavioral Health Division will train senior center directors, Community Health centers and other local providers on behavioral issues of elders including depression, abuse, substance abuse and more.

Objective 5.2: By January 1, 2015 and in cooperation with the Department of Health’s Behavioral Health Division establish behavioral health homes in concert with primary care providers in our community.

Objective 5.3: By January 1, 2015 and in cooperation with the Behavioral Health Division, provide at least annual training to senior centers and other providers on the community mental health center system, processes and access for elders.

Objective 5.4: By January 1, 2015 and in cooperation with the Behavioral Health Division provide at least annual training to gatekeepers and others on "Mental Health First Aid" to give them the tools to intervene early on mental health behaviors and problems.

LONG-TERM OPTIONS - "THE CONVERSATION": Whether it be the ADRC or senior center providers, they've all gotten the call from individuals or families desperately asking for help. Too many wait to have the conversation about their wishes and need for help until there is a crisis. The purpose of this goal is to foster that conversation with family and friends.

GOAL 6: TO ENCOURAGE AND FACILITATE FAMILIES AND ELDERS TO HAVE A CONVERSATION ABOUT LONG-TERM CARE CHOICES AND SOLUTIONS BEFORE IT BECOMES A CRISIS.

Objective 6.1: By January 1, 2014 establish a link on the Division's website to The Conversation Project at theconversationproject.org.



Objective 6.2: By January 1, 2015 develop a training to be offered at senior centers and other venues about "having the conversation," including discussing living wills, powers of attorney, and guardianship issues.

Objective 6.3: By January 1, 2015 develop both a traditional and virtual library of information on discussing long-term care issues with family and friends.

VETERANS: Wyoming veterans are our heroes. CLS will partner with veteran organizations to assure that veterans have access to the CLS services available to them. It is important that the Wyoming Aging and Disabilities Resource Center (ADRC), CBIHS or other programs emphasize veteran directed care so veterans have a choice in their services.

In addition, the Wyoming Department of Health Behavioral Health Division's (BHD) Veteran Outreach & Advocacy Program assists veterans and their families in accessing mental health and substance abuse services. In 2012 the budget was \$813,000 and included Quality of Life services to veterans. Three BHD veterans' advocates provide case management services to the veteran and their family by meeting with them wherever they may live in the state. The advocates provide linkage to services that are available within their home communities, within the state, and at times out of state. All services provided are confidential. From July 1, 2011 to June 30, 2012 the veteran's advocates

provided services to 192 veterans. Out of the 192 veterans served, 122 were referred to mental health and substance abuse service providers.

GOAL 8: *TO EXPAND THE OPPORTUNITIES FOR VETERANS TO ACCESS SERVICES.*



Objective 8.1: By October 1, 2014 reach out to the Veterans' Administration to see where we can help bridge service or information gaps.

Objective 8.2: By October 1, 2015 reach out to the American Legion, the Veterans' Commission and other veteran groups to assess where we can help and educate regarding CLS services available.

Wyoming Veterans

Total: 56,434
Wartime Veterans: 43,711
Gulf War: 26,513
Vietnam Era: 17,530
Korean Conflict: 4,497
Peacetime: 12,723
Female: 5,612
Male: 50,822

As of 9/30/12
Source: U.S. Department of Veterans' Affairs

ELDER ABUSE: According to the National Center on Elder Abuse, approximately 2.1 million elders are victims of abuse in one form or another. Because so many abusers are family members, caregivers or people that the elder trusts, it is also estimated that as many as ten times that amount of incidents go unreported.

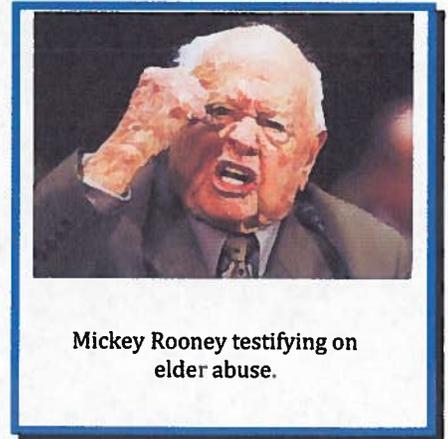
GOAL 9: *TO INCREASE ELDER ABUSE AWARENESS,*

DETECTION, AND REPORTING.

Objective 9.1: Provide biannual education for the members of the Aging Advisory Council on elder abuse, Adult Protection Services (APS) team.

Objective 9.2: Develop and implement a mechanism to educate the long term care (LTC) facilities on the Aging Advisory Council, its role and mission related to APS by June 1, 2014.

Objective 9.3: In partnership with DFS, train gatekeepers in at least one community per quarter. Gatekeepers are identified as those individuals who have direct contact with elders and can help identify abuse, self-neglect or financial exploitation. Gatekeepers can include, but are not limited to Meals on Wheels (home delivered meals) drivers, postal workers, bus drivers or local law enforcement.



Mickey Rooney testifying on elder abuse.

Objective 9.6: CLS and DFS will jointly reach out to the faith-based community by contacting the ministerial alliances in at least two communities to develop a plan for educating clergy and church members on elder abuse issues.

Objective 9.7: CLS and DFS will contact Wyoming PBS to air two programs per year on elder abuse issues.

Objective 9.8: By June 1, 2014 increase the requirement for background checks for direct care providers in the CBIHS program.

AGING AND DISABILITY RESOURCE CENTER: WyADRC: The Wyoming Aging and Disability Resource Center was reestablished with the assistance from the Administration on Aging funding in 2010. The Wyoming ADRC (WyADRC) currently operates statewide. WyADRC not only provides information and referral services but employs three option counselors that assist people with navigating the very complex long term care system. The main office is located in Green River which is located in the southern part of Wyoming along Interstate 80. While federal grant funding has ended, the WyADRC continues to be funded by State General Fund dollars.

GOAL 10: TO ESTABLISH A PLAN FOR WYADRC SUSTAINABILITY.

Objective 10.1: By January 1, 2014 establish a written strategy for the sustainability of the WyADRC.

GOAL 11: TO IMPROVE HEALTHCARE AND SERVICE ACCESS FOR ELDERS.



Objective 11.1: The Department of Health continues to work on the implementation of telehealth and other services to expand healthcare options, including opportunities to partner with Wyoming Community Health Centers.

Objective 11.2: To work with senior centers, healthcare providers, and faith-based communities to expand elder transportation services to provide rides to medical appointments (e.g. Buffalo Senior Center offers scheduled trips to urban centers for medical appointments).

OLDER AMERICANS ACT CORE PROGRAM/GOALS:
WYOMING SENIOR SERVICES BOARD.

Demonstrating its commitment to Wyoming's seniors, the Wyoming State Legislature has budgeted approximately \$11.6 million per biennium of general fund monies for the

support of Wyoming senior programs. In order to be eligible for grants for operations, wage supplements, and emergencies, the senior center must be a recipient of AoA Title III B or C programs. The Wyoming Senior Services Board (WSSB) is a volunteer board appointed by the Governor that oversees the distribution of these funds and monitors the WSSB grant programs. The WSSB money directly links to AoA funding and supports senior center operations where federal funding, local funding or program income may be insufficient to effectively maintain services.

TITLE III-B. SUPPORTIVE SERVICES.

Currently, the Title III-B programs are intended to provide opportunities for transportation, general assistance, education and physical activity. With federal and state funding reductions the goal continues to be to serve as many unduplicated individuals as possible.

GOAL 13: MAINTAIN THE NUMBER OF UNDUPLICATED CLIENTS SERVED BY TITLE III-B SERVICE PROVIDERS.

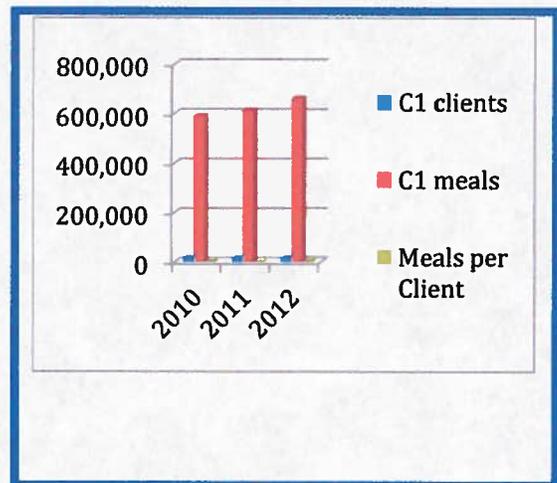
Objective 13.1: Maintain the total number of unduplicated clients served per year.

TITLE III- C1. CONGREGATE MEALS.

The core mission of the Title III – C1 program is to provide nutritious meals and nutrition services to eligible clients aged 60 years of age and older in order to alleviate hunger and food insecurity. After a steep decline in 2009, both congregate and home delivered meals are on the rise. With federal and state funding reductions the goal continues to be to serve as many unduplicated individuals as possible.

GOAL 14: MAINTAIN THE NUMBER OF UNDUPLICATED CLIENTS SERVED BY THIS PROGRAM.

Objective 14.1: Maintain the number of unduplicated clients served per year.



Number of State of Wyoming Meals

GOAL 15: INCREASE THE NUMBER OF UNDUPLICATED CLIENTS WHO ARE SELF-DECLARED TO BE AT OR BELOW THE FEDERAL POVERTY LEVEL.

Objective 15.1: Increase by 1% per year, the number of unduplicated clients served who live at or below poverty.



Senior Center of Jackson Hole, Inc.

GOAL 16: INCREASE THE NUMBER OF UNDUPLICATED CLIENTS SERVED WHO LIVE ALONE.

Objective 16.1: Increase by 1% per year, the number of unduplicated clients served who live alone.

TITLE III- C2. HOME-DELIVERED MEALS.

The core mission of the Title III-C2 program is to provide nutritious meals and nutrition services to homebound eligible clients aged 60 years of age and older in order to alleviate hunger and food insecurity. With federal and state funding reductions, the goal continues to be to serve as many unduplicated individuals as possible.

GOAL 17: MAINTAIN THE NUMBER OF UNDUPLICATED CLIENTS SERVED BY THIS PROGRAM PER YEAR.

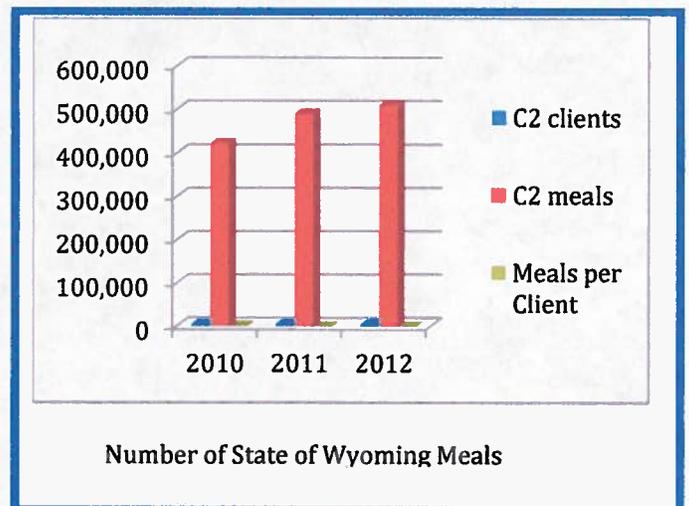
Objective 17.1: Maintain the number of unduplicated clients served per year.

GOAL 18: INCREASE THE NUMBER OF UNDUPLICATED CLIENTS WHO ARE SELF-DECLARED TO BE AT OR BELOW THE FEDERAL POVERTY LEVEL.

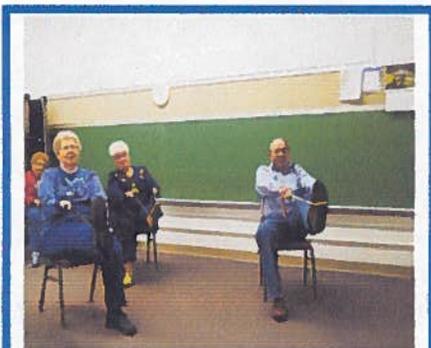
Objective 18.1: Increase by 1% per year the number of unduplicated clients served who lives at or below the poverty level.

GOAL 19: INCREASE THE NUMBER OF UNDUPLICATED CLIENTS SERVED WHO LIVE ALONE.

Objective 19.1: Increase by 1% per year the number of unduplicated clients served who live alone.



TITLE III-D. DISEASE PREVENTION AND HEALTH PROMOTION SERVICES.



Golden Hour Senior Center
Green River, WY

The Title III-D programs are intended to provide opportunities and services that enable older Wyoming adults to access services so they remain living independently and continue to be active members in their communities; provide health education and information to increase the quality of life of older

Americans, especially for those who have the greatest economic needs and those with limited English proficiency; and promote physical activities and healthy life styles to prevent pre-mature institutionalization. The goal is to serve as many unduplicated individuals as possible.

There are limited corporations and research facilities in Wyoming that can provide resources to support an advanced level of evidence-based practices. Due to limited resources, Wyoming is unable to raise our evidence-based practice under Title III-D to levels two or three, which would require extensive time and immense resources to complete. Wyoming will continue to research a higher level of evidence based Title III-D practices to get at or above level two. With Federal and state funding reductions the goal continues to be to serve as many unduplicated individuals as possible.

GOAL 20: MAINTAIN THE TOTAL NUMBER OF UNDUPLICATED CLIENTS SERVED BY THE TITLE III-D SERVICE PROVIDERS.

Objective 20.1: Maintain the total number of unduplicated clients served by 1% per year.

Objective 20.2: Increase by 1% per year the number of unduplicated clients served who live at or below the poverty level.

Objective 20.3: Increase the number of unduplicated clients served who live alone by 1% per year.

TITLE III-E. NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM.

This program supports caregivers and helps relieve the daily stresses of the caregiver and encourages support instead of paid services. With Federal and state funding reductions the goal continues to be to serve as many unduplicated individuals as possible.

GOAL 21: MAINTAIN OR INCREASE UP TO 1% PER YEAR THE NUMBER OF QUALIFIED CAREGIVERS IN THE STATE PROVIDING SUPPORT WITH FOCUS ON THE VULNERABLE POPULATION.

Objective 21.1: Inform potential caregivers about the program through media, senior center trainings, faith based groups and WyADRC.

GOAL 22: REDUCE THE DAILY STRESS ON THE TITLE III-E CAREGIVER'S EVALUATION SCORE BY 5%.

Objective 22.1: Utilize the Caregiver Evaluation form to monitor if the services being provided to the caregiver are reducing stress. Average scores should be less than 20.

TITLE VII – LONG TERM CARE OMBUDSMAN AND ELDER ABUSE PREVENTION

The mission of the Long Term Care Ombudsman and Elder Abuse Prevention Program is protecting the rights of residents in long-term care facilities by investigating, advocating, mediating, and resolving issues on behalf of residents. In addition the program strives to educate Wyoming citizens on elder rights and the prevention of elder abuse, neglect, and exploitation.

GOAL 23: INCREASE THE NUMBER OF PERSONS THAT UTILIZE THE LONG TERM CARE OMBUDSMAN AND ELDER ABUSE PREVENTION SERVICES.

Objective 23.1: Increase up to 2% the number of aging individuals and disabled adults in Wyoming who utilize the program.

Objective 23.2: Maintain an annual level of at least 98% of cases being resolved to the satisfaction of the complainant as documented by the Ombudsman office.



INNOVATION PROJECT

In 2012 Cheyenne Regional Medical Center was the recipient of an innovation award from the Centers for Medicare and Medicaid Center for Innovation. They are partnering in this venture with the Wyoming Integrated Care network (WyICN) to create a statewide network of **Medical Neighborhoods to Transform Rural Care Delivery** across Wyoming. This effort is being coupled with an earlier grant from Win Health to develop Patient Centered Medical Homes (PCMH) and more recently a grant from Wyoming for \$250,000 to also support development of PCMHs.

Efforts are well underway as they conclude the second quarter of the award. *Medical neighborhoods* that integrate community services are critical in managing the health of a population of vulnerable or high-risk patients who struggle with chronic disease, advanced illness management, and access to care for a variety of reasons.

Our five tightly focused HCIA strategies recognize that:

- A well-functioning *medical neighborhood* encourages the flow of information across and between clinicians and patients, and facilitates patient-centered

transition across multiple care sites. Telehealth solutions are necessary in a rural state the size of Wyoming (Physician Desk Top Solutions).

- Establishing Telehealth Physician Desktop Solution – final infrastructure has been designed; 28 webcams and associated software have been installed in 12 communities around the state.



- Patient-Centered Medical Homes (PCMHs) function as the core, playing a key role in facilitating care coordination, developing inter-professional care teams, developing individualized care plans for complex patients, and maintaining connections with community-based services for referral and follow-up (PCMH Transformation).

- Although the original operations plan targeted 10 participating practices, they will have 20 by March 31, 2013.

- There are PCMH participation agreements in place with 17 practices.
 - Their contractor, TransforMed® will focus on internal practice management strategies, internal quality and clinic performance metrics and patient experience assessment.
- Patients who require hospitalization for serious illness or injury have a particular need for continuity between sites of care (Wyoming Rural Care Transitions Program).
 - Cheyenne Regional and WMC will wrap up hiring of their allotted Care Transition Nurses (CTN).
 - A web-based data system to compile Wyoming Rural Care Transition Program data is in development.
 - Screening Admission, Program Admission, Home/Telephone Visiting, Medication Clarification, Medication Reconciliation and Discharge from the Wyoming Rural Care Transition Program forms have been created and will be provided to CTNs to use with patients.
 - Participating hospitals will begin providing CTNs with access to the most current admissions, current (real time) medical records, and past admission medical records to assist them in determining eligibility for the WRCTP. The nurses will visit the patients as soon as the next morning after admission, and continue to see them during their in-patient stay. Once the patient has signed the appropriate release, the CTN will work

with the Case Managers and Discharge Planners to assist with operationalizing the discharge plan for each of the eligible patients.

- Pharmacists play a key role in managing medications and patient education so we will link “virtual” pharmacists to PCMHs.
- A community approach to increasing access to prescription medications is necessary to optimize care plans for un- and under-insured populations so the Wyoming Donated Medication Program was established.

GOAL 24: CLS AND THE WYADRC WILL WORK WITH DISCHARGE PLANNERS TO HELP IDENTIFY COMMUNITY RESOURCES TO ENSURE A SUCCESSFUL TRANSITION FROM THE HOSPITAL TO LOCAL SERVICES, INCLUDING HOME DELIVERED MEALS, IN-HOME SERVICES AND SENIOR COMPANIONS.

OTHER ACA RELATED PROGRAMS

The State of Wyoming did not qualify for the Balancing Incentives Program, as we are not spending more than 50% of total long-term care funds on facility services. The State analyzed the Money Follows the Person Program and elected not to participate, as it didn't provide significant value when weighed against starting a new program. We have, however, had good success with our Project Out program that facilitates moving people from institutional to community or home based settings.

CONSIDERATION OF IMPLEMENTING COST SHARING

The Wyoming Department of Health, Aging Division, Community Living Section has explored the option of implementing a “cost share” to the Title III programs. After reviewing the average annual program income that has been collected by providers since 2011 that would have been eligible for cost share, it was determined not to implement cost sharing.

TITLE III AND TITLE VI COORDINATION

Wyoming has two tribes, Northern Arapaho and Eastern Shoshone, located on the Wind River Reservation in Fremont County. Both tribes receive Title VI funding as administered directly by ACL/AoA. In 2012 a RFP for Title III grants was issued for the Wind River Reservation planning area. Only the Northern Arapaho Business Council responded to the RFP and was awarded Title III-B (Supportive services); Title C1 (Congregate); and Title C2 (Home Delivered) funding. The Title III services are being offered through the Black Coal Senior Center located in Arapahoe, Wyoming. Even though limited funding was applied for by the business council, the Title III-D (Preventative Services); and Title III-E (National Family Caregiver Support Programs)

are offered by providers that must provide the respective services for the entire county. Fremont In-Home Services and the Wyoming Senior Services, Inc. work together to ensure services are offered on the reservation for both tribes. CLS understands the importance of working with the Native American councils and the elders of their communities. CLS has dedicated one staff member to be the CLS liaison with both tribal councils to help coordinate services within the Aging Division, CLS and other Department of Health programs.

GOAL 25: TO STRENGTHEN THE RELATIONSHIP WITH THE NATIVE AMERICAN TRIBES IN WYOMING AND BUILD THEIR CAPACITY TO SERVE THEIR ELDERS.

Objective 25.1: CLS staff will meet quarterly with the Northern Arapaho Council to update them on program changes or concerns with the Black Coal Senior Center.

Objective 25.2: CLS staff will invite Title VI providers to all formal and informal trainings sponsored by the CLS office.

Objective 25.3: The WyADRC will serve the Wind River Reservation through intake and referral and by having an options counselor on the reservation at least quarterly.

PARTICIPANT-DIRECTED/PERSON-CENTERED PLANNING

The Community Based In-Home Services program is exploring a consumer directed option. This option would grant current and future Community Based In-Home Services clients more control over services that support their independence. Consumer Directed would empower these clients by giving them choices and enable them to employ their own staff.

The National Family Caregiver Support program is exploring a self-directed option. This option would provide flexibility to current and future Caregivers on the services they need to continue providing caregiving to their loved ones, friends and/or acquaintances. The Self Directed option would continue to improve the quality of life for these Caregivers.

QUALITY MANAGEMENT

As a division of the Wyoming Department of Health, the Aging Division, CLS is participating in the HealthStat Initiative. Modeled after New York City's "CompStat" program, the principle is simple. Define your mission, measure something important, and make sure your outcomes have impact and relate to your mission. Each program manager throughout the Department must prepare a program performance report that specifies the program mission, goals, efficiencies and outcomes. The program manager then must present and "defend" their program to the senior management of the Department of Health in a formal setting with questions and answers. A copy of a program performance report is included here for reference. Each program will be held accountable for its goals and outcomes.

This is a unique approach for the Department, Aging Division, CLS and for program managers. Program managers are more aware of the program purpose, budget, constraints and opportunities. It is forcing managers to actually measure their program's performance and impact on the lives and well-being of Wyoming citizens. Given the budget constraints at the state and federal levels, this type of analysis and accountability will encourage program managers to be innovative and imaginative when developing program changes.

Example of Quality Management Document



SFY2012 PROGRAM PERFORMANCE | v. 2.5

Long Term Care Ombudsman & Elder Abuse Prevention

Program Core Mission

The mission of the Long Term Care Ombudsman and the Elder Abuse Prevention program is protecting the rights of residents of long-term care facilities by investigating, advocating, mediating, and resolving issues on behalf of residents and to educate Wyoming citizens on elder rights and the prevention of elder abuse, neglect, and exploitation.

Chosen Program Goals and Objectives¹

Goal 1.	Increase the number of persons that utilize LTC Ombudsman and Elder Abuse Prevention Services.		
	Objective A:	Increase up to two percent (2%) the number of aging individuals and disabled adults in Wyoming that utilize the Long Term Care Ombudsman services and increase the number of persons attending Elder Abuse Prevention education and information training	
	Baseline:	1,142 (2011) clients	Target: 1,165 clients
	Data source:	Quarterly program report from contractor.	
	Objective B:	Increase the number of person attending elder rights, abuse prevention and information training	
	Baseline:	652	Target: 665
	Data source:	Quarterly program report from contractor.	
Goal 2.	To effectively identify and address elder rights and abuse issues in the State of Wyoming		
	Objective A:	Increase the number of referrals to Adult Protective Services (Department of Family Services) by the LTC Ombudsman Program	
	Baseline:	195	Target: 198
	Data source:	Quarterly program report from contractor.	
	Objective B:	Maintain the low percent of Ombudsman cases not resolved to satisfaction of complainant per year	
	Baseline:	≥ 5%	Target: ≥ 5%
	Data source:	Quarterly program report from contractor.	

¹Programs were asked to choose up to 3+ goals and affiliated objectives for the purposes of this report. It should be noted that this may not represent the entirety of the program's functions or work product.

Program Performance Tracking

Goal-Objective	INPUT								
	Staffing	FTE	AWEC	Other					
		01	0	0					
		SFY 2011 Baseline	SFY 2012 Target	Q1	Q2	Q3	Q4	Running Total	
	Expenditures	\$279,044	\$271,227	\$67,806	\$67,806	\$67,806	\$67,806	\$271,227	
	Direct Service Costs	\$279,044	271,227	\$67,806	\$67,806	\$67,806	\$67,806	\$271,227	
Goal-Objective	OUTPUT								
	Performance Metric	SFY 2011 Baseline	SFY 2012 Target	Q1	Q2	Q3	Q4	Running Total	
1-A	People served (Both Programs)	1,142	1,165	472	398	325	389	1,574	
1-B	Persons attending Adult Protective Services educational events	652	655	130	198	176	155	659	
1-A	Ombudsman new cases per year	1,124	1,200	395	321	312	292	1320	
	Number of visit to all services per quarter by Ombudsman program	123	130	157	148	150	174	157	
Goal-Objective	EFFICIENCY								
	Performance Metric	SFY 2011 Baseline	SFY 2012 Target	Q1	Q2	Q3	Q4	Running Total	
	Cost per persons served	\$244	233	\$143	\$175	\$208	\$175	\$173/yr	
	Ombudsman cost per case (\$250,800/1320)	\$223	\$220	\$158	\$195	\$200	\$214	\$190/case	
	Elder Rights cost per person trained (\$20,427/639)	\$32	\$30	\$32	\$30	\$39	\$25	\$31	
	Percent of license facilities visited (nursing homes, assisted living, and boarding homes, hospice) visited each quarter. (Note: a licensed facility may be visited more than once during a quarter, if a complaint arises.)	99%	100%	120%	100%	100%	110%	108%	
Goal-Objective	OUTCOME								
	Performance Metric	Baseline	2012 Target	2010	2011	2012	2013	Running Total	
2-A	Referrals to Adult Protective Services or MH Ombudsman	195	195	-	195	191		NA	
2-B	Percent of Cases Not Resolved to Satisfaction of Complainant per year	2.5%	3.0%	-	2.5%	1.6%		NA	
	Percent Cases resolved satisfactorily or referred to other agencies per year	97.5%	97.0%	-	97.5%	98.4%		NA	

Story Behind the Performance

1. It is expected that the Title VII federal allocation will drop by 7-10% for FFY14, so the Ombudsman and the Elder Abuse Prevention will have fewer funds to provide services. More efficiency will be expected with less federal funds.
2. Four full-time Ombudsmen provide these services statewide. Each Ombudsman handles 300 or more cases a year.
3. More elder rights training has been accomplished during the last fiscal year. Additional emphasis has been placed on financial exploitation and the growing phenomena of adult children moving back to live with their elderly parents or grandparents and taking advantage of the elderly person. More cases of this type are being referred to Adult Protective Services.

SECTION C: INTRASTATE FUNDING FORMULA

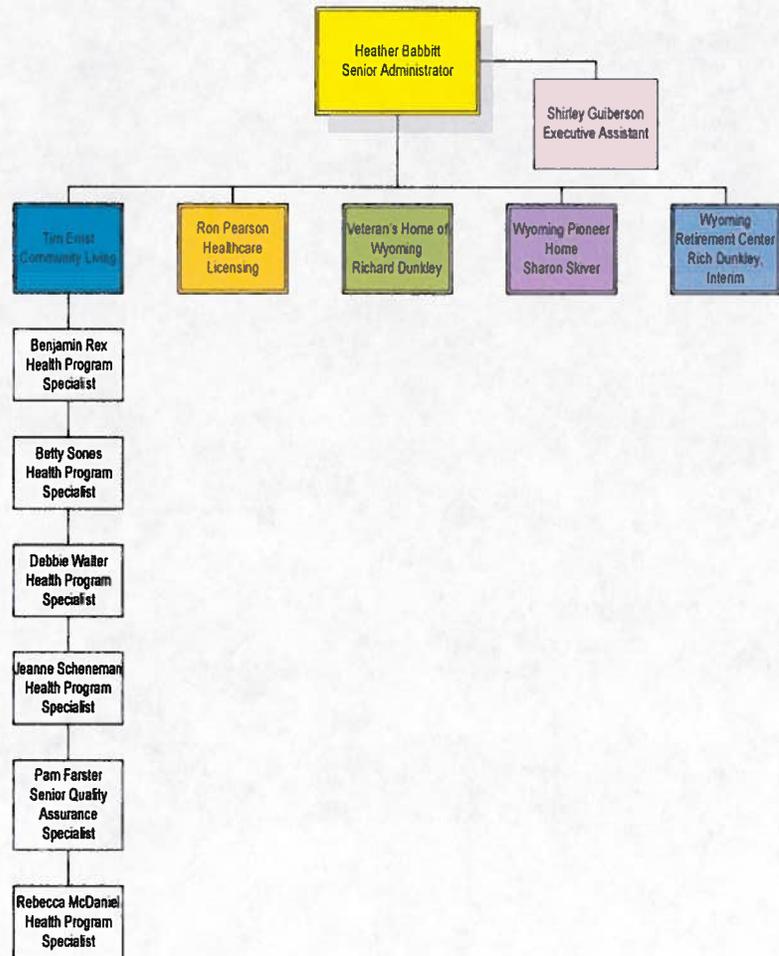
The State of Wyoming is a single state planning unit and no intrastate funding formula is applicable.

SECTION D: ATTACHMENTS

ATTACHMENT A: ORGANIZATIONAL CHART

Updated April 8, 2013

AGING DIVISION



AGING ADVISORY COUNCIL

DISTRICT I – LLOYD HINZE
(LARAMIE, GOSHEN, & PLATTE COUNTIES)

DISTRICT II - CLAUDE (MARTY) MARTIN, CHAIR
(ALBANY, CARBON, & SWEETWATER
COUNTIES)

DISTRICT III – RONALD STEVENS*
(LINCOLN, SUBLETTE, TETON & UINTA
COUNTIES)

DISTRICT IV – JACK TARTER
(CAMPBELL, JOHNSON & SHERIDAN
COUNTIES)

DISTRICT V – SHERRY L. STOTTLER
(BIG HORN, HOT SPRINGS, PARK &
WASHAKIE COUNTIES)

DISTRICT VI- MARGE MYERS
(CROOK, NIOBRARA & WESTON
COUNTIES)

DISTRICT VII-CAROL CRUMP
(CONVERSE, FREMONT & NATRONA
COUNTIES)

SHARON SKIVER, PIONEER HOME

RICHARD DUNKLEY, INTERIM
WYOMING RETIREMENT CENTER

RICHARD DUNKLEY, VETERANS'
HOME OF WYOMING*

ATTACHMENT B: CLIENT SURVEY INSTRUMENT

Living Well: A Community Needs Assessment for Older Adults and Adults

Goals of the Survey

The goal of the Aging Plan Work Group at the Wyoming Department of Health is to maximize the independence, safety and health of older adults, people with disabilities across the life-span, and their families and caregivers.

This survey was designed to assess the needs of older adults and adults with disabilities in the state of Wyoming to determine what support is needed to enable older adults and adults with disabilities to continue living and remain active in their communities.

The following survey was designed for people that are over the age of 60 and/or adults with a disability (e.g., developmental, physical, and/or mental health). Please do not complete the survey unless you fit into one or more of those categories.

We know your time is valuable, so we chose only the most important questions for this survey. In these questions, we would like you to select the answer which represents your opinion the best. Your responses will stay anonymous, and we will not ask for any identifying information. When looking at the results of this survey, we will only present information at the group level. This survey should take approximately 15-30 minutes to complete. Please only take this survey once.

We will be asking several questions about your community. Please think of your "community" as those things that are within 30 miles of your residence.

Living Well: A Community Needs Assessment for Older Adults and Adults with...

The following questions examine how well your community meets your basic needs.

Please answer as honestly as possible. Remember when looking at the results of this survey we are only interested in information at the group level.

1. What types of housing are available in your community? (Select all that apply)

- Affordable rental apartments
- Affordable house and condos for homeowners
- Independent Living Facilities
- Assisted Living Facilities
- Long-term-care Facilities with skilled nursing
- Other alternatives, such as home-sharing, adult foster care or supported living arrangements.

Living Well: A Community Needs Assessment for Older Adults and Adults

2. Which services are AVAILABLE in your community to help OLDER ADULTS continue to live at home? (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Snow shoveling | <input type="checkbox"/> Yard work |
| <input type="checkbox"/> Volunteer visitor program | <input type="checkbox"/> Home repairs |
| <input type="checkbox"/> Personal care service | <input type="checkbox"/> Home pharmacy delivery |
| <input type="checkbox"/> Religious group support, like parish nursing | <input type="checkbox"/> Home delivered meals on wheels |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Senior group meals |
| <input type="checkbox"/> Heavy cleaning services | <input type="checkbox"/> Senior companion program |
| <input type="checkbox"/> Grocery delivery | <input type="checkbox"/> Respite care |
| <input type="checkbox"/> Phone-buddy program to check up on people | <input type="checkbox"/> Emergency protective services for adults |

Other (please specify)

3. Which services are NEEDED by you or someone in your community to help OLDER ADULTS continue to live at home? (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Snow shoveling | <input type="checkbox"/> Yard work |
| <input type="checkbox"/> Volunteer visitor program | <input type="checkbox"/> Home repairs |
| <input type="checkbox"/> Personal care service | <input type="checkbox"/> Home pharmacy delivery |
| <input type="checkbox"/> Religious group support, like parish nursing | <input type="checkbox"/> Home delivered meals on wheels |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Senior group meals |
| <input type="checkbox"/> Heavy cleaning services | <input type="checkbox"/> Senior companion program |
| <input type="checkbox"/> Grocery delivery | <input type="checkbox"/> Respite care |
| <input type="checkbox"/> Phone-buddy program to check up on people | <input type="checkbox"/> Emergency protective services for adults |

Other (please specify)

Living Well: A Community Needs Assessment for Older Adults and Adults

4. Which services are AVAILABLE in your community to help ADULTS WITH DISABILITIES continue to live at home? (Select all that apply)

- Snow shoveling
- Volunteer visitor program
- Personal care service
- Religious group support, like parish nursing
- Housekeeping
- Heavy cleaning services
- Grocery delivery
- Phone-buddy program to check up on people
- Yard work
- Home repairs
- Home pharmacy delivery
- Home delivered meals on wheels
- Group meals
- Senior companion program
- Respite care
- Emergency protective services for adults

Other (please specify)

5. Which services are NEEDED by you or someone in your community to help ADULTS WITH DISABILITIES continue to live at home? (Select all that apply)

- Snow shoveling
- Volunteer visitor program
- Personal care service
- Religious group support, like parish nursing
- Housekeeping
- Heavy cleaning services
- Grocery delivery
- Phone-buddy program to check up on people
- Yard work
- Home repairs
- Home pharmacy delivery
- Home delivered meals on wheels
- Group meals
- Senior companion program
- Respite care
- Emergency protective services for adults

Other (please specify)

6. What prevents you from accessing available services? (Select all that apply)

- Cost
- Transportation
- Wait List
- Hours of operation
- Reluctance to ask for help
- Availability of providers
- Location of services
- Not handicap accessible

Other (please specify)

Living Well: A Community Needs Assessment for Older Adults and Adults

7. Is there a senior center in your community?

- Yes
- No
- Don't Know

8. How safe do you feel in your neighborhood?

- very safe
- safe
- somewhat safe
- somewhat unsafe
- unsafe
- very unsafe

9. How would you rate the following

	Excellent	Good	Fair	Poor	Don't Know
Openness of the community towards older residents	<input type="checkbox"/>				
Openness of the community towards adults with disabilities	<input type="checkbox"/>				
Valuing older residents in your community	<input type="checkbox"/>				
Valuing adults with disabilities in your community	<input type="checkbox"/>				
Neighborhoodness of your community	<input type="checkbox"/>				

Living Well: A Community Needs Assessment for Older Adults and Adults

10. Which healthcare services are AVAILABLE in your community? (Select all that apply)

- Family Practice Doctors
- Geriatrist (doctors for the aging)
- Podiatrists (doctors for people with foot, ankle, and leg problems)
- Audiologists (doctors for hearing problems)
- Oncologists (doctors who treat cancer)
- Home health care
- Hospice
- Dialysis
- Eye Exams
- Urgent care clinics
- Ambulance services
- Dentist
- Pharmacy
- Mental health services
- Substance abuse services
- Alternative medicine
- Chiropractor
- Hospital
- Clinic for people with limited income
- Day care or facility for the needs of people with Alzheimer's
- Preventative health care (e.g., flu shots, support groups, nutrition classes)

Other (please specify)

11. Which healthcare services are NEEDED in your community? (Selected all that apply)

- Family Practice Doctors
- Geriatrist (doctors for the aging)
- Podiatrists (doctors for people with foot, ankle, and leg problems)
- Audiologists (doctors for hearing problems)
- Oncologists (doctors who treat cancer)
- Home health care
- Hospice
- Dialysis
- Eye Exams
- Urgent care clinics
- Ambulance services
- Dentist
- Pharmacy
- Mental health services
- Substance abuse services
- Alternative medicine
- Chiropractor
- Hospital
- Clinic for people with limited income
- Day care or facility for the needs of people with Alzheimer's
- Preventative health care (e.g., flu shots, support groups, nutrition classes)

Other (please specify)

Living Well: A Community Needs Assessment for Older Adults and Adults

12. What type of caregiving support is available in your community? (Select all that apply)

- Respite care (giving the caregiver a break)
 Caregivers support groups
 Adult day care

Other (please specify)

13. How do you find out information about services in your community? (Select all that apply)

- Newspaper
 Television
 Radio
 Word of Mouth
 Internet (Computer)
 Medical professional
 Churches
 Mental health professional
 Senior center, library, or other public agency
 Case worker

Other (please specify)

Community Navigation

The following questions examine how well your community encourages navigation. Please rate the following community indicators based on what you know about your home community.

14. Ease of navigating the community

	Excellent	Good	Fair	Poor	Don't know
Labeling on streets, businesses, and houses	<input type="radio"/>				
Availability of parking	<input type="radio"/>				
Handicap accessibility	<input type="radio"/>				
Availability of sidewalks, especially in busy areas	<input type="radio"/>				
Maintenance of sidewalks and paths	<input type="radio"/>				
Timing of pedestrian lights	<input type="radio"/>				
Properly marked crosswalks	<input type="radio"/>				
Lighting	<input type="radio"/>				

Living Well: A Community Needs Assessment for Older Adults and Adults

15. Affordable, accessible transportation

	Excellent	Good	Fair	Poor	Don't know
Bus	<input type="radio"/>				
Dial-a-ride van or circulator van	<input type="radio"/>				
Volunteer driver program	<input type="radio"/>				
Medical centers	<input type="radio"/>				
Vans from assisted living or long-term care facilities	<input type="radio"/>				
Local organizations (e.g., senior centers, churches, etc.) that offer rides	<input type="radio"/>				

16. Transportation is available at the following times:

- 24 hours / 7 days a week
- 7 days a week from 8am to 5pm
- Week days only from 8am to 5pm
- Week day evenings
- Weekends
- By appointment
- Not available

Overall Thoughts

The following questions examine your overall thoughts on the community.

17. How would you rate your community overall for

	Excellent	Good	Fair	Poor	Don't know
older adults	<input type="radio"/>				
adults with disabilities	<input type="radio"/>				

18. What would make your community better for older adults?

19. What would make your community better for adults with disabilities?

The following questions ask about your life and experiences.

20. How would you rate your overall

	Excellent	Good	Fair	Poor	Don't know
physical health	<input type="radio"/>				
mental health	<input type="radio"/>				
quality of life	<input type="radio"/>				

21. Thinking about the last 12 months, how many days did you spend in a nursing home or in-patient rehabilitation facility?

- None
- 1-30 days
- 31-60 days
- 61-90 days
- Over 90 days

22. Thinking back over the past 12 months, how many times have you fallen and injured yourself?

- Never
- Once or twice
- 3-5 times
- More than 5 times
- Don't know

23. How much exercise do you engage in each week?

- Less than 1 hour
- 1 - 3 hours a week
- 4 - 6 hours a week
- 7 or more hours a week

24. How likely are you to remain in your community throughout your retirement?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Don't know

Living Well: A Community Needs Assessment for Older Adults and Adults

25. How likely are you to remain in your home throughout your retirement?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Don't know

26. The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem has each of the following been for you?

	not a problem at all	minor problem	moderate problem	major problem	don't know
Performing regular activities, including walking, eating, and preparing meals	<input type="checkbox"/>				
Having enough food to eat	<input type="checkbox"/>				
Doing heavy or intense housework	<input type="checkbox"/>				
No longer being able to drive	<input type="checkbox"/>				
Feeling depressed	<input type="checkbox"/>				
Feeling isolated or lonely	<input type="checkbox"/>				
Experiencing confusion or forgetfulness	<input type="checkbox"/>				

Living Well: A Community Needs Assessment for Older Adults and Adults

27. The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem has each of the following been for you?

	not a problem at all	minor problem	moderate problem	major problem	don't know
Having friends or family you can rely on	<input type="radio"/>				
Finding affordable health insurance	<input type="radio"/>				
Getting the health care you need	<input type="radio"/>				
Affording the medications you need	<input type="radio"/>				
Getting the oral health care you need	<input type="radio"/>				
Having enough money to meet daily expenses	<input type="radio"/>				
Finding meaningful volunteer work	<input type="radio"/>				
Being a victim of crime	<input type="radio"/>				
Being a victim of financial exploitation	<input type="radio"/>				

28. During a typical week do you provide care for one or more of the following individuals: (Select all that apply)

- Children (under 18 years old)
- Adults with disabilities (age 18 to 59)
- Older Adults (age 60 and above)

29. How frequently do you use the internet?

- I don't use the internet (do not answer Question 30).
- Once a week
- A few days a week
- Daily

Living Well: A Community Needs Assessment for Older Adults and Adults

30. If you use the internet, what do you do? (Select all that apply)

- Social media (e.g., Facebook, Twitter, Pinterest, etc.)
- E-mail
- Read the news
- Watch videos
- Other (please specify)

Demographic Information

Our last sets of questions are about you and your household. Remember that all of your responses are anonymous.

31. Please select the county in which your community is located.

- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Albany | <input type="checkbox"/> Natrona |
| <input type="checkbox"/> Big Horn | <input type="checkbox"/> Niobrara |
| <input type="checkbox"/> Campbell | <input type="checkbox"/> Park |
| <input type="checkbox"/> Carbon | <input type="checkbox"/> Platte |
| <input type="checkbox"/> Converse | <input type="checkbox"/> Sheridan |
| <input type="checkbox"/> Crook | <input type="checkbox"/> Sublette |
| <input type="checkbox"/> Fremont | <input type="checkbox"/> Sweetwater |
| <input type="checkbox"/> Goshen | <input type="checkbox"/> Teton |
| <input type="checkbox"/> Hot Springs | <input type="checkbox"/> Uinta |
| <input type="checkbox"/> Johnson | <input type="checkbox"/> Washakie |
| <input type="checkbox"/> Laramie | <input type="checkbox"/> Weston |
| <input type="checkbox"/> Lincoln | |

32. How many years have you lived in your community?

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-20 years
- More than 20 years

Living Well: A Community Needs Assessment for Older Adults and Adults

33. Which best describes your home?

- Single family home
- Townhouse, condominium, duplex, or apartment
- Mobile home
- Independent senior living
- Assisted living residence
- Nursing home

Other (please specify)

34. About how much is your monthly housing cost for the place you live (including rent, mortgage payment, property tax, property insurance, and homeowner's association fees)?

- Less than \$300 per month
- \$300-599 per month
- \$600-\$999 per month
- \$1,000-\$1,499 per month
- \$1,500-\$2,499 per month
- \$2,500 or more per month

35. How many people including yourself, live in your household?

36. How many of these people, including yourself, are 60 or older?

37. What is your job status?

- Fully retired (Please skip to question 39)
- Working full time for pay
- Working part time for pay
- Unemployed, looking for paid work

38. At what age do you expect to retire completely and not work for pay at all?

Living Well: A Community Needs Assessment for Older Adults and Adults

39. How much do you anticipate your total income before taxes will be for the current year?

- Less than \$15,000
- \$15,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more

40. What is your race? (Mark one or more races to indicate what race you consider yourself to be)

- American Indian
- Asian or Pacific Islander
- Black/African American
- Hispanic/Latino
- White/Caucasian

Other (please specify)

41. What is your age?

42. What is your sex?

- Male
- Female

43. Do you have a disability? (Select all that apply)

- I don't have a disability
- Physical
- Developmental
- Mental Health

44. Many people don't have time to vote in elections. Did you vote in the last general election?

- Yes
- No
- Ineligible to vote
- Don't know

Thank You!

Thank you for participating in this survey. We value your feedback.

ATTACHMENT C: PROVIDER SURVEY INSTRUMENT

Living Well: A Provider Needs Assessment for Serving Older Adults and

The purpose of the following survey is to gather information about the availability of services to older adults and adults with disabilities in Wyoming. Please complete this questionnaire if you provide services to older adults or adults with disabilities. In the following questions, select the answer that represents your opinion the best. Your responses are anonymous. We will not ask for any identifying information. We will only look at information from these surveys at the group level.

1. What services do you provide to AGING ADULTS?

- I do not provide services to Aging Adults (skip to Question 2)
- Medical health care
- Home health care
- Hospice
- Mental health services
- Substance abuse services
- Alternative medicine
- Hospital
- Day care or facility for the needs of people with Alzheimer's
- Preventive health care (e.g., flu shots, support groups, nutrition classes)
- Sexual health services
- Snow shoveling
- Senior Companion Program
- Personal care service
- Religious group support, like parish nursing
- Housekeeping
- Heavy cleaning services
- Grocery delivery
- Phone-buddy program to check up on people
- Yard work
- Home repairs
- Home pharmacy delivery
- Home delivered meals
- Senior group meals
- Senior companion program
- Respite care
- Emergency protective services for adults
- Pedicure services
- Pet Care services

Other (please specify)

Living Well: A Provider Needs Assessment for Serving Older Adults and

2. What services do you provide to ADULTS with DISABILITIES? (Select all that apply)

- I do not provide services to Adults with Disabilities (please skip to question 3)
- Medical health care
- Home health care
- Hospice
- Mental health services
- Substance abuse services
- Alternative medicine
- Hospital
- Day care or facility for the needs of people with Alzheimer's
- Preventive health care (e.g., flu shots, support groups, nutrition classes)
- Sexual health services
- Snow shoveling
- Personal care service
- Religious group support, like parish nursing
- Housekeeping
- Heavy cleaning services
- Grocery delivery
- Phone-buddy program to check up on people
- Yard work
- Home repairs
- Home pharmacy delivery
- Home delivered meals
- Group meals
- Companion program
- Respite care
- Emergency protective services for adults
- Pedicure services
- Pet Care services

Other (please specify)

Living Well: A Provider Needs Assessment for Serving Older Adults and

3. Which services would you be INTERESTED in providing to AGING ADULTS that you do not already provide? (Please Select all that apply)

- I would not like to provide any other services to aging adults.
- Medical health care
- Home health care
- Hospice
- Mental health services
- Substance abuse services
- Alternative medicine
- Hospital
- Day care or facility for the needs of people with Alzheimer's
- Preventive health care (e.g., flu shots, support groups, nutrition classes)
- Sexual health services
- Snow shoveling
- Personal care service
- Religious group support, like parish nursing
- Housekeeping
- Heavy cleaning services
- Grocery delivery
- Phone-buddy program to check up on people
- Yard work
- Home repairs
- Home pharmacy delivery
- Home delivered meals
- Senior group meals
- Senior Companion Program
- Respite care
- Emergency protective services for adults
- Pet care services
- Other (open-ended)

Other (please specify)

Living Well: A Provider Needs Assessment for Serving Older Adults and

4. Which services would you be INTERESTED in providing to ADULTS with DISABILITIES that you do not already provide? (Please select all that apply)

- I would not like to provide any other services to adults with disabilities.
- Medical health care
- Home health care
- Hospice
- Mental health services
- Substance abuse services
- Alternative medicine
- Hospital
- Day care or facility for the needs of people with Alzheimer's
- Preventive health care (e.g., flu shots, support groups, nutrition classes)
- Sexual health services
- Snow shoveling
- Personal care service
- Religious group support, like parish nursing
- Housekeeping
- Heavy cleaning services
- Grocery delivery
- Phone-buddy program to check up on people
- Yard work
- Home repairs
- Home pharmacy delivery
- Home delivered meals on wheels
- Group meals
- Companion program
- Respite care
- Emergency protective services for adults
- Pedicure services
- Pet Care services

Other (please specify)

Living Well: A Provider Needs Assessment for Serving Older Adults and

5. What services do your clients request the most? (Please select the top 5 five requested services)

- Medical health care
- Home health care
- Hospice
- Mental health services
- Substance abuse services
- Alternative medicine
- Hospital
- Day care or facility for the needs of people with Alzheimer's
- Preventive health care (e.g., flu shots, support groups, nutrition classes)
- Sexual health services
- Snow shoveling
- Personal care service
- Religious group support, like parish nursing
- Housekeeping
- Heavy cleaning services
- Grocery delivery
- Phone-buddy program to check up on people
- Yard work
- Home repairs
- Home pharmacy delivery
- Home delivered meals
- Senior group meals
- Companion program
- Respite care
- Emergency protective services for adults
- Pedicure services
- Pet Care services

Other (please specify)

6. Many programs work from a strategic plan to deliver services. How have you developed a strategic plan for your program(s)?

- We do not use a strategic plan.
- Survey the needs of the community or your program
- Planning meetings
- Research other practices used by similar programs
- Use performance outcomes

Other (please specify)

7. Do you USE a non-traditional model to provide services?

Yes (Please describe the model in the other box)

No

Other (please specify)

8. Are you CONSIDERING using a non-traditional model to provide services?

Yes (Please describe the model in the other box)

No

9. Do you have a needs-based assessment for people choosing to use your services?

Yes

No

10. Do you have a needs-based assessment for those NOT choosing to use your services?

Yes

No

11. How do you market your services? (Select all that apply)

Newspaper

Television

Newsletter

Email

Social Media (e.g., facebook)

Word of mouth

I do not market my services

Other (please specify)

Living Well: A Provider Needs Assessment for Serving Older Adults and

12. Who do you typically contact regarding YOUR concerns or ideas? (Select all that apply)

- Wyoming Department of Health/Division on Aging
- Local Department of Health
- Department of Family Services
- Federal Administration on Aging
- AARP
- Political representatives (e.g., legislators)

Other (please specify)

13. Who you do contact regarding your CLIENTS' concerns or ideas? (Select all that apply)

- Wyoming Department of Health/Division on Aging
- Local Department of Health
- Department of Family Services
- Federal Administration on Aging
- AARP
- Political representatives (e.g., legislators)

Other (please specify)

Demographic Information

Living Well: A Provider Needs Assessment for Serving Older Adults and

14. Please select all the counties you serve.

- Albany
- Big Horn
- Campbell
- Carbon
- Converse
- Crook
- Fremont
- Goshen
- Hot Springs
- Johnson
- Laramie
- Lincoln
- Natrona
- Niobrara
- Park
- Platte
- Sheridan
- Sublette
- Sweetwater
- Teton
- Uinta
- Washakie
- Weston

15. How many (unduplicated) people do you serve on average per month?

16. Do you have a wait list for your services?

- Yes
- No (please skip the next question)

Living Well: A Provider Needs Assessment for Serving Older Adults and

17. If yes, what is the average length of time a client must wait before he/she receives a service from your agency?

- 1-6 days
- 1 week
- 2 weeks
- 3 weeks
- 1 month
- 2 months
- 3 months
- More than 3 months

18. If an expert, geriatric, clinical consultation service were made available to you at low or no cost, would you use the service?

- Yes
- No
- Maybe

If no or maybe please explain

19. If an expert, geriatric, clinical grand rounds (where you could submit cases for discussion or simply listen to discussion of other cases) were made available on a monthly basis via teleconference would you participate?

- Yes
- No
- Maybe

If no or maybe please explain

Thank you for participating in this needs assessment. Your input is very important to us.

ATTACHMENT D: STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to perform all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service 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.

(a)(2)(B) The State agency shall 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.

(a)(2)(E) The State agency shall 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;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall 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 and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies 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.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall 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 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 who are victims of 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.

(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 subclause (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

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--10

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas 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 (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall 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--

(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; and

(4)(C) Each area agency on agency shall provide 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) Each area agency on aging shall 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)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental

health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall 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 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall 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.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will 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.

(13)(C) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, 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) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out 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;12

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

Sec. 307, STATE PLANS

(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.

(7)(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.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, 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 2000, and an amount that is not less than the

amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance 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)(A) The plan shall provide 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

(A) 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.

(11)(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.

(11)(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;

(11)(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, 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--

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

- (B) receipt of reports of abuse of older individuals;
- (C) 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
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(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.

(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 14

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

(27) 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.

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

(b)(3)(E) No application by a State under subparagraph (b)(3)(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 (as numbered in statute)

(1) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A) The State Agency requires 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) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

(A) evaluates, 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) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(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). Note: —Periodic (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

(A) affords an opportunity for a public 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) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a 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 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.

(8)(A) No supportive services, nutrition services, or in-home services are 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.

Michael Robert Senior Administrator, 6-18-13
Signature and Title of Authorized Official Ageing Date
Division

ATTACHMENT E: INFORMATION REQUIREMENTS

States must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

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

Response: Wyoming is a frontier state with significant challenges in providing services. Our senior centers and other providers market to low-income clients and use screening tools to assess their income levels and care needs. Wyoming is a predominantly White state with American Indian and Hispanic populations. We conduct outreach to the Tribal Nations through our training, ADRC, and consultation.

White Persons, percent	93.5%
American Indian and Alaska Native persons, percent	2.6%
Black persons, percent	1.1%
Asian persons, percent	.9%
Native Hawaiian and Other Pacific Islander persons, percent	.1%
Persons reporting two or more races, percent	1.8%
Persons of Hispanic or Latino Origin, percent	9.1%
White persons not Hispanic, percent	85.5%

Section 306(a)(17)

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

Response: The Aging Division is working with the Public Health Division, Public Health Emergency Preparedness (PHEP) Unit in several ways. Aging is meeting regularly with PHEP staff to develop a plan and a role for the Aging Division in the case of emergencies. We have conducted table-top exercises to assess our strengths and weaknesses in the case of an emergency and for amendment to the Agency's emergency preparedness plan. Emergency Preparedness also has travel and training monies to send individuals to a conference in May 2013 entitled "Long Term and Residential Care Disaster Preparedness: Protecting Our Most Vulnerable." The University of Nebraska Medical Center sponsors the conference and attendees from Wyoming will include long term care facility administrators, senior center association leadership, University of Wyoming WyGec faculty, program managers and health care licensing staff.

Section 307(a)(2)

The plan shall provide that the State agency will:

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

The state of Wyoming has opted not to use federal funding for this section (in-home services) as the state provides a 100% state funded program that mirrors the objective under this section. As to the Legal Services program, the State has allotted 4.5% of the total adjusted Title IIIB funding to assist with the program which is contracted out to Legal Aid of Wyoming, Inc.

Projected Cost of Providing Aging Services in Wyoming for Fiscal Years 2014-2017

Program Descriptions	2013 (Baseline)		2014		2015		2016		2017									
	Federal	State	Federal	% Change	State	% Change	Federal	% Change	State	% Change								
Title III B Supportive Services	\$1,735,993	\$215,083	\$1,652,829	-4.8%	\$121,744	-43.4%	\$1,573,659	-4.8%	\$118,092	-3.0%	\$1,498,281	-4.8%	\$114,549	-3.0%	\$1,426,513	-4.8%	\$111,112	-3.0%
Title III C1 Congregate Meals	\$2,077,361	\$169,660	\$1,977,855	-4.8%	\$128,098	-24.5%	\$1,883,116	-4.8%	\$124,255	-3.0%	\$1,792,915	-4.8%	\$120,527	-3.0%	\$1,707,034	-4.8%	\$116,912	-3.0%
Title III-C2 Home Delivered Meals	\$1,025,885	\$133,687	\$976,745	-4.8%	\$105,979	-20.7%	\$929,959	-4.8%	\$102,800	-3.0%	\$885,414	-4.8%	\$99,716	-3.0%	\$843,003	-4.8%	\$96,724	-3.0%
Title III-D Preventive Health Program	\$99,083	\$0	\$93,752	-5.4%	\$0	-	\$88,708	-5.4%	\$0	-	\$83,936	-5.4%	\$0	-	\$79,420	-5.4%	\$0	-
Title III-E Family Caregiver	\$726,824	\$61,553	\$692,009	-4.8%	\$0	100.0%	\$658,862	-4.8%	\$0	-	\$627,302	-4.8%	\$0	-	\$597,255	-4.8%	\$0	-
Nutrition Service Incentive Program	\$755,360	\$0	\$719,103	-4.8%	\$0	-	\$684,586	-4.8%	\$0	-	\$651,726	-4.8%	\$0	-	\$620,443	-4.8%	\$0	-
Title VII Ombudsman	\$79,307	\$42,443	\$75,210	-5.2%	\$39,005	8.1%	\$71,329	-5.2%	\$37,835	-3.0%	\$67,649	-5.2%	\$36,700	-3.0%	\$64,158	-5.2%	\$35,999	-3.0%
Title VII Elder Abuse	\$23,829	\$7,866	\$22,599	-5.2%	\$7,866	0.0%	\$21,433	-5.2%	\$7,630	-3.0%	\$20,327	-5.2%	\$7,401	-3.0%	\$19,278	-5.2%	\$7,179	-3.0%
Wyoming Senior Services Board	\$0	\$5,827,500	\$0	-	\$5,536,915	-5.0%	\$0	-	\$5,370,808	-3.0%	\$0	-	\$5,209,683	-3.0%	\$0	-	\$5,053,393	-3.0%
Community Based In-Home Services	\$0	\$3,136,954	\$0	-	\$3,123,257	-0.4%	\$0	-	\$3,029,589	-3.0%	\$0	-	\$2,938,673	-3.0%	\$0	-	\$2,850,912	-3.0%
Long Term Care Ombudsman	\$0	\$100,000	\$0	-	\$100,000	0.0%	\$0	-	\$97,000	-3.0%	\$0	-	\$94,090	-3.0%	\$0	-	\$91,367	-3.0%
Aging Disability Resource Center (ADRC)	\$0	\$100,000	\$0	-	\$100,000	0.0%	\$0	-	\$100,000	0.0%	\$0	-	\$100,000	0.0%	\$0	-	\$100,000	0.0%
Senior Companion Program	\$0	\$168,000	\$0	-	\$161,280	-4.0%	\$0	-	\$156,442	-3.0%	\$0	-	\$151,748	-3.0%	\$0	-	\$147,196	-3.0%
Foster Grandparents	\$0	\$77,000	\$0	-	\$73,720	-4.3%	\$0	-	\$71,508	-3.0%	\$0	-	\$69,363	-3.0%	\$0	-	\$67,282	-3.0%
Totals	\$6,529,627	\$10,099,746	\$6,210,104	-4.8%	\$9,497,864	-5.4%	\$5,911,653	-4.8%	\$9,215,998	-3.0%	\$5,627,549	-4.8%	\$8,942,450	-3.0%	\$5,357,104	-4.8%	\$8,677,177	-3.0%

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 of the plan, 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).
- (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.

Response: The state of Wyoming utilizes funding formulas to allocate Title III-B (Supportive), Title III-C (Nutrition C1 and C2), Title III-D (Preventive Health) and Title III-E (National Family Caregiver) funding and other Aging state-funded services.

Wyoming is designated as a single planning and service area. As a result, the formulas

for Title III programs are designed to help ensure equitable distribution on a county by county basis.

Aging services funded through the Community Living Section are contracted with a network of Senior Centers, Community Based In-Home Services (CBIHS) programs, and private non-profit organizations. Grantees are required, as part of their application process, to identify how they will target services to low-income rural minorities, disabled older adults, and those isolated by reason of geography while meeting the needs of a larger eligible population.

The following are funding formulas and factors for the Title III-B, Title III-C1 and C2 Nutrition programs, Title III-D (Preventive Health), Title III-E (National Family Caregiver) programs and the state-funded CBIHS program.

Formulas:

Title III-B Supportive Services are based on the following:

- Social, economic, and client factors – Census bureau measures identifying possible differences between centers based upon specific social economic and client-based factors that might impact how funding is distributed within service area covered. These social, economic and client factors are in compliance with those defined in the Older Americans Act
- Base amount is 25% of total federal funds distributed statewide equally to Title III-B Supportive Service areas.
- Hold Harmless distribution

Title III-C1 and C2 Nutrition Services are based on the following:

- Client must be 60 years of age or older, with particular attention to serving economically and socially vulnerable older adults and rural residents
- Federal funding to the contractor is based upon meals served in the prior year
- State funding is a percentage of the federal funding (the percentage changes each year)

III-D Preventive Health

- Client must be 60 years of age or older
- Funding distributed on a county basis
- \$2,000 baseline for each county

Community Based In-Home Services Program and Title III National Family Caregiver program

- The CBIHS formula is based on five characteristics or "factors" that have been identified as being an important component of the program
- The Title III-E National Family Caregiver program utilizes the same county concept formula as the Community Based In-Home Services Program with focus

as the clientele being family caregivers of older adults and grandparents who are 60 years of age and older, and relative caregivers of children not more than 18 years of age. The Five Components for this program include:

- Information Services
- Assistance Services to Caregivers (Care or Case Management)
- Caregiver counseling, training and peer support
- Respite Services
- Supplement Services

Section 307(a)(10)

Response: The entire State of Wyoming is considered “rural/frontier” with the exception of two counties, Laramie and Natrona which have two standard Metropolitan areas, i.e., Cheyenne and Casper, Wyoming. The majority of the state’s elderly live in rural areas and are life-long residents of rural communities, even though some have chosen to relocate to urban areas. Those who make the choice to not relocate live in small communities struggling to maintain essential services. Thus, Wyoming faces a tremendous challenge in creating an effective community-based program in small communities. During FY 2011 82.5% of the Title III clients lived in rural areas of the state.

According to the Wyoming Department of Health, Rural and Frontier Section,

- 17 out of 23 counties have fewer than six (6) residents per square mile which translates to 47% of Wyoming’s population;
- Wyoming has 97,914 square miles with a population (2010) 563,626 a 14.1% increase from the 2000 census;
- 200,00 residents live within areas that have inadequate access to primary care;
- 8 out of 23 counties has a shortage of primary care physicians;
- 205,000 residents are in areas with inadequate access to dental care; and
- The entire state is designated as a shortage for mental health care.

The Aging Division, Community Living Section staff continues to assist all the providers with support groups, conferences, public speaking, assisting community organizations by promoting awareness of elderly concerns, determining elderly priorities within a community, and developing programs and services to address the priorities selected.

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.

Response:

Population Age 65 and Older by Race/Hispanic/and Latino Origin	Below <50 Percent of the poverty Level	Below <100 Percent of the poverty Level	Below <125 Percent of the poverty Level
TOTAL: 67,758 +/-427 error	2.1%	6.3%	11.8%
White:	3.9%	10.0%	13.3%
Black or African American:	9.1%	25.6%	39.0%
American Indian and Alaska Native:	11.3%	23.8%	36.1%
Asian:	7.5%	12.7%	16.6%
Native Hawaiian/Pacific Islander:	11.9%	20.8%	20.8%
Hispanic or Latino:	6.7%	18.4%	25.4%
Some Other Race:	2.8%	13.0%	23.0%
Two or More races	10.4%	21.7%	27.4%
Source: 2009-2011 American Community Survey 3-Year Estimates			

The 2011 American Community Survey has 93.6% (63,421) Wyomingites speaking English while 6.4% (4,337) Wyomingites speaking limited English; and only 1.74% (1,152) of Wyomingites speaking little to no English.

- (A) 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.
- The current funding factors include the number of minorities that are in a county service area.
 - The Wyoming Department of Health, Aging Division, Community Living section works with the Wyoming Office of Multicultural Health in partnering to exchange information, expertise, and assistance in improving the health status of the Wyoming's minority populations, health issues, cultural and linguistic barriers.
 - The Title VI are included in formal and informal mailings and invited to participate in all Community Living Section sponsored trainings.
 - Community Living Section continues to work collaboratively with the Wyoming Tribal Council on issues affecting elders.

- Community Living Section has dedicated .25 FTE to a liaison with the Northern Arapaho and Shoshoni Indian tribes.
- Maintains a relationship with the University of Wyoming Geriatric Education Center.

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 (Title III), if applicable, and specify the ways in which the State agency intends to implement the activities.

Response: See page 27 of the Plan discussing Title III and Title VI coordination.

Section 307(a)(29)

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.

Response: See response to Section 306(a)(17) above.

Section 307(a)(30)

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.

Response: See response to Section 306(a)(17) above.

Section 705(a)(7)

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

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

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

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

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

(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.