

STATE PLAN ON AGING

COMMUNITY LIVING SECTION



Wyoming Department of Health
Aging Division

October 1, 2017 through September 30, 2021

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- A. State Plan Signed Assurances and Required Activities
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Thomas O. Forslund, Director

Governor Matthew H. Mead

July 7, 2017

Ref: LO-2017-120

To the State of Wyoming Residents:

The Wyoming Department of Health (WDH), Aging Division's 2017-2021 State Plan for Aging Services covers the period of October 1, 2017 through September 30, 2021. It is the blueprint for the agency's planned effort and services for older adult Wyoming residents during the next four years. The plan for the coming years is to continue serving Wyoming's rapidly aging population through programs offered by its Aging Division.

The number of Wyoming residents over the age of 65 is expected to grow from approximately 90,000 individuals in 2016 to 138,000 in 2030, representing a 56 percent increase. In contrast, Wyoming's entire population is expected to increase by less than 12 percent during the same period.

These state projections tell us to expect a much higher percentage of Wyoming's population to be older residents. As we look ahead, we must recognize the changing nature of our population and our residents' needs.

The WDH Aging Division serves as a focal point for Wyoming's aging network by administering state and federal funding through grants to local providers. The U.S. Administration on Aging requires a new "Wyoming State Plan on Aging" every four years.

The funds we receive and distribute make it possible to maintain a comprehensive network of services to help older adults and people with severe disabilities live as independently as possible, as well as to support their families.

Sincerely,

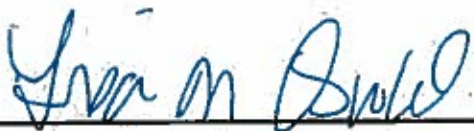
Lisa M. Osvold, B.S.W., M.B.A.
Senior Administrator, Aging Division

VERIFICATION OF INTENT

The Wyoming's State Plan for Aging is hereby submitted for the State of Wyoming for the period of October 1, 2017 through September 30, 2021. It includes all plans to be conducted by the Wyoming Department of Health, Aging Division, Community Living Section, under the provisions of the Older American Act, as amended, during the period identified. The Aging Division has been given the authority to develop and administer the Wyoming State Plan for Aging, in accordance with all requirements of the Act. The Division is responsible for the coordination of all State activities related to the purpose of the Act, i.e., the development of comprehensive and coordinated systems for the delivery of supportive services, nutrition services, and support of multipurpose senior centers. The Division also serves as the primary advocate for older adults and persons with disabilities in the State. The Division agrees to abide by all assurances required by the Administration on Aging.

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

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



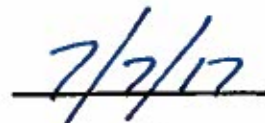
Lisa M. Osvold, B.S.W., M.B.A., Senior Administrator, Aging Division



Date



Thomas O. Forslund, Director, Wyoming Department of Health



Date

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



Matthew H. Mead, Governor, State of Wyoming



Date

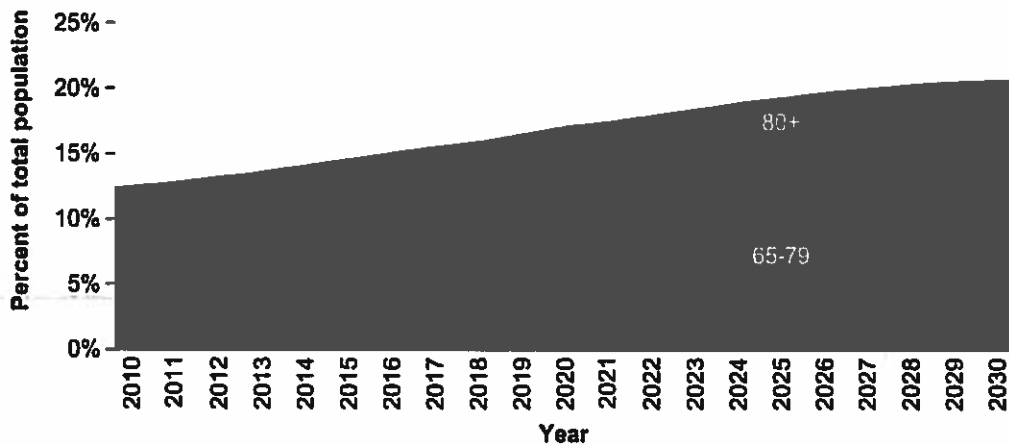
EXECUTIVE SUMMARY

The Wyoming Department of Health (WDH), Aging Division's (Division) 2017-2021 State Plan for Aging Services covers the period of October 1, 2017 through September 30, 2021. It is the blueprint for the agency's planned effort and services for older adult Wyoming residents during the next four years. Since the Division's inception in 1981 as the single State Planning Unit on Aging, it has consistently been the primary advocate for older adult Wyoming residents by developing, implementing and coordinating programs for them throughout the state. The Division serves as a focal point for the aging network by administering, through grants to local providers, the state and federal funding it receives. These funds make it possible to maintain a comprehensive network of services to meet the needs of older adults and people with severe disabilities and their families to live as independently as possible.

In the coming four years, the Division will continue to work toward management of the many challenges faced in Wyoming through collaboration and realignment of resources and policies.

By 2030, Wyoming's population over the age of 65 is expected to grow from approximately 90,000 in 2016 to 138,000, a 56% increase. Wyoming's entire population is expected to increase by less than 12% during that time; therefore, the vast majority of growth will come from the senior population.

Figure 1: Elderly Residents as a Percentage of Total Projected State Population, 2010 - 2030



Low population density and long distances to travel for many medical specialists make delivering services challenging. As the number of people requiring services increases and the ratio of working age adults to retiree decreases, Wyoming will have to find ways to “do more with less.”

With a rapidly aging population, limited healthcare infrastructure, a small population living in a large geographical area, and growing expenditures for long-term care, Wyoming must follow the strategic goals outlined in this plan in order to ensure the State's elderly residents are able to healthily age in place.

This State Plan sets forth the following goals:

1. Strengthen and expand programs that delay or prevent the need for long-term care services.
2. Improve awareness of and access to services.
3. Ensure the rights and safety of older adults.
4. Enhance the quality of existing programs.

These goals are based on the following four components:

- Anticipating increased needs and financial restraints, improving the health of older adults in order to delay the need for services must be a priority. Improved health also increases the likelihood of aging in place, which is the preference of most older adults and a priority for the State of Wyoming.
- Without awareness and access, quality services offer little benefit to older adults. Wyoming is rural in nature, and lacks robust public transportation services; thus, access to services is a primary barrier for people who cannot drive, do not own a car, or live long distances from available services.
- Preventing abuse and exploitation of older adults is important. Increased awareness of elder abuse and exploitation helps maintain the mental and physical safety of older adults in the full range of living arrangements. The safety of older adults also needs to be considered more broadly in the context of the community. For example, older adults living alone could face additional challenges in the event of an emergency, such as a natural disaster.
- Increased access to services is less meaningful if those services are not of a high quality; thus, quality improvement and performance improvement are an important part of our mission.

These goals are designed to encompass all initiatives, which the department will undertake to improve aging services in Wyoming. As conditions change, the department may find it necessary to revise its approach to certain services or initiatives.

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CONTEXT

Mission Statement

The overarching mission of aging network services is to ensure that older adults have the opportunity to age with dignity, have choices in managing their own lives, and remain as healthy, active, and independent as possible within their communities. Accomplishing this mission, especially during a time of growth in the older population, requires a broad network of quality providers of home and community-based care for older adults and their caregivers. It also requires an older population that is knowledgeable about available services, health issues and options, their rights and responsibilities, and how to access assistance.

Wyoming Department of Health

With the Division being located within WDH, the department's mission to promote, protect, and enhance the health of all Wyoming residents strengthens the Division's efforts on improving the lives of older adults. WDH envisions a Wyoming in which all residents are able to achieve their maximum health potential through a continuum of services including prevention, screening, early intervention, wellness, and health promotion delivered in safe and healthy communities. WDH values solving health problems using scientifically driven and research validated programs that are responsible, efficient, and effective.

The WDH was established in 1969. It has approximately 1,400 authorized full-time employees, and about 100 authorized part-time and contractual employees.

A number of national and state-level changes are influencing the infrastructure of the WDH by placing increased demands on limited resources. As a result, the WDH has placed a renewed focus on the public health functions of: needs assessment, effective policy development, assurance of needed services, and performance measurement. See (Attachment G) for the WDH organizational chart and (Attachment H) for the Division, Community Living Section (CLS) organizational chart. Having a clear and concise state plan, allows the Division to align with WDH's approach of effectively providing services in a changing environment.

Aging Division Structure and Organization

CLS is located within the Division and responsible for administering the Older Americans Act (OAA) core programs. The mission of CLS, "To increase self-sufficiency, safety, health and wellness of Wyoming's older adults and people with disabilities in the least restrictive environment while supporting their caregivers." provides focus to fulfilling the requirements of the OAA and meeting the needs of constituents. As defined in the OAA, Section 301(a)(1): "It is the purpose of this title to encourage and assist State agencies and area agencies on aging to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements in each State with the persons described in paragraph (2), for the planning, and for the provision of, supportive services, and multipurpose senior centers, in order to—

(A) secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services;

- (B) remove individual and social barriers to economic and personal independence for older individuals;
- (C) provide a continuum of care for vulnerable older individuals; and
- (D) secure the opportunity for older individuals to receive managed in-home and community-based long-term care services.

The persons referred to in paragraph (1) include—

- (A) State agencies and area agencies on aging;
- (B) other State agencies, including agencies that administer home and community care programs;
- (C) Indian tribes, tribal organizations, and Native Hawaiian organizations;
- (D) providers, including voluntary organizations or other private sector organizations, of supportive services, nutrition services, and multipurpose senior centers;
- (E) organizations representing or employing older individuals or their families; and
- (F) organizations that have experience in providing training, placement, and stipends for volunteers or participants who are older individuals (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings.”

Section 305(a) states that in order for a State to be eligible to participate in programs of grants to States from allotments under this title, the State “shall, in accordance with regulations of the Assistant Secretary, designate a State agency as the sole State agency to—

- (A) develop a State plan to be submitted to the Assistant Secretary for approval under section 307;
- (B) administer the State plan within such State;
- (C) be primarily responsible for the planning, policy development, administration, coordination, priority setting, and evaluation of all State activities related to the objectives of this Act;
- (D) serve as an effective and visible advocate for older individuals by reviewing and commenting upon all State plans, budgets, and policies which affect older individuals and providing technical assistance to any agency, organization, association, or individual representing the needs of older individuals; and
- (E) divide the State into distinct planning and service areas (or in the case of a State specified in subsection (b)(5)(A), designate the entire State as a single planning and service area), in accordance with guidelines issued by the Assistant Secretary.”

As a Single State Planning Unit on Aging, the Division has a unique opportunity to be the primary advocate for Wyoming’s older adults. By working directly with providers, partners and stakeholders the Division is able to develop, implement and coordinate programs throughout the state. The Division also relies on associated boards and councils to provide feedback and guidance.

Wyoming Advisory Council on Aging

The Division is required under the OAA and its accompanying regulations to have an advisory council. The Wyoming Advisory Council on Aging (Council) serves this OAA function, and has expanded to serve as an advisory body for the entire spectrum of the Division activities and to advocate for the well-being of older adults in Wyoming. The Council consists of one member from each of the seven appointment districts and one member from each of the healthcare facilities overseen by the Division, including the Wyoming Pioneer Home, the Wyoming Retirement Center, and the Veterans’ Home of Wyoming. Members are appointed by the Director of the WDH. The Council recently participated in

a strategic planning session to provide input to the Aging State Plan and to renew their focus on the mission.

Wyoming Senior Services Board

The Wyoming Senior Services Board (WSSB) was created by statute by the State Legislature in 2003 to provide additional state funding (currently \$5.46 million per year) for eligible senior centers throughout Wyoming for the following purpose:

- to meet the demands of Wyoming's growing elderly population;
- to enhance services to Wyoming's older adults;
- to strengthen the opportunity for older adults to age in the least restrictive environment possible;
- to be cost effective in the provision of services to older adults;
- to promote compliance with federal and state mandates requiring placement of people in the least restrictive environment; and
- to supplement and enhance existing programs providing services to older adults in the state.

“Eligible Senior Center” means an organization that receives funds under the AoA’s Title III-B supportive services program or Title III-C nutrition programs, excluding organizations that only receive Title III-B Supportive Services funds used exclusively for transportation. The term “eligible senior center” may include a community facility or statewide service, which is the focal point for providing a broad spectrum of services, including health, mental health, social, nutritional, recreational, and educational services for senior citizens.

Pursuant to W.S. 9-2-1210 through 9-2-1215 (effective July 1, 2003), the seven-member, Governor-appointed WSSB is authorized to oversee, in consultation with the Division, the award and distribution of specially appropriated state funds to benefit Wyoming’s senior citizens. The distribution of these funds is accomplished using three approaches, basic, formula, and innovative, as specified in applicable law and rules.

Native American Tribal Leadership Council

Two years ago, WDH leadership established an advisory council to provide, in policy and contract, a mechanism for Wyoming’s tribal leadership to share, discuss, evaluate impact, and provide feedback on all projects and/or regulatory revisions proposed by any state agency or division within WDH as cited in **Attachment J**. This mechanism works to improve coordination with Native American programs, strengthen programs and services, and work toward integration of systems of our core discretionary programs.

The Council, WSSB, and the Native American Tribal Leadership Council each meet on a quarterly basis. The Division Senior Administrator serves as an Ex-Officio on the Council and WSSB, and a Division representative serves on the Native American Tribal Leadership Council. This structure allows for the Division to provide support, and assist with each of their respective missions. As mentioned previously, it also allows the Division to receive feedback and guidance on pertinent issues related to older adults.

FOCUS AREAS

CLS Serves as the State Unit on Aging for the State of Wyoming. In this role, CLS coordinates both the federal and state services described in the focus area. Within this area services are provided by fifty (50) providers with approximately \$14 million in annual expenditures.

Older Americans Act Core Programs

The OAA programs administered by the Division, and listed below, are funded through the AoA, with the State of Wyoming providing matching funds. Funds are made available to organizations in Wyoming through a competitive grant process. There are no income eligibility requirements for recipients of the programs, but contributions may be suggested. Anyone over the age of 60 may receive services, although there is special emphasis on serving low-income and minority individuals, as well as other older adults with special needs.

Title IIIA – Administration

Administrative functions include identifying critical areas of concern regarding the older adult population and their needs and developing guidelines and strategies to address those concerns. The Division assists with and analyzes the service delivery system, program needs, and available resources. The Division funds, monitors, and assesses grants authorized under the OAA and adopts rules and regulations regarding these grants. Information and referral activities, as well as technical assistance, are also critical aspects of administrative functions.

Title IIIB – Supportive Services Program

The Title IIIB Supportive Services program provides funding for services to support and enable state and community agencies serving adults, ages 60 and older, to remain independent. Services include: preventive health services and activities to increase quality of life; socialization services to decrease isolation and provide a safe networking environment to maintain an active lifestyle; supportive services to enable and advocate for self-care and promote aging with dignity; and transportation services to facilitate access to services and increase self-reliance.

Title IIIC1 - Congregate Meals and Title IIIC2 - Home Delivered Meals

The Nutrition Services Programs' (Congregate and Home Delivered Meals) focus is to reduce food insecurity and hunger while promoting socialization among Wyoming's older adults. The goals for these programs include: to increase services to eligible adults living alone, living at or below poverty, and/or who are minorities; attracting the growing Baby Boomer population as they become eligible to receive services; increasing the proportion of older adults who receive diabetes self-management education; and increasing the number of C2 clients served who have an Independent Activities of Daily Living (IADL) score of three or more.

Title VI Provider the Black Coal Senior Center is affiliated with the Northern Arapaho Tribe and is a Nutrition Services Provider. The Warm Valley Senior Center affiliated with the Eastern Shoshone Tribe is not a Nutrition Services Provider.

Title IIID - Disease Prevention and Health Promotion

The Title IIID Disease Prevention and Health Promotion Services program supports healthy lifestyles and promotes healthy behaviors. Health education and successful self-management reduces the need for more costly medical intervention. Priority is given to serving older adults living in medically underserved areas or who have the greatest economic need. Title IIID allocates funds to programs that meet AoA's highest level of Evidence-Based Programming (EBP) criteria. CLS collaborates with Mountain Pacific Quality Health Foundation in the implementation of the Diabetes Empowerment and Education Program (DEEP) and the WDH, Public Health Division's Chronic Disease and Injury Prevention programs in the implementation of the Tai-Chi Moving for Better Balance Program.

Title IIIE – National Family Caregiver Support Program

The National Family Caregiver Support Program's focus is to maintain the dignity and welfare of older adults by assisting the family and informal caregivers to care for their loved ones at home for as long as possible. The Title IIIE program assists in organizing, coordinating, and providing community-based services and opportunities for older adults and their families. The goals for this program include: increasing the number of qualified caregivers, with a focus on vulnerable populations; reducing the number of potential Title IIIE clients on the waiting list; reducing the Title IIIE clients' evaluation scores; monitoring the cost efficiency of services per client per quarter; and reporting all potential adult abuse, neglect, or exploitation to appropriate authorities and participating in the local Adult Protective Services Group.

Title VI Providers (Northern Arapaho and Eastern Shoshone Tribes) are not Caregiver providers. CLS has one grantee, Fremont In-Home Services, who provides services to individuals residing in the entire Fremont County area.

Title III - Legal Assistance and Legal Development Program

The Legal Assistance Program has one grantee, Legal Aid of Wyoming, Inc., (Legal Aid) who is responsible for providing statewide services for people ages 60 and older. Legal Aid assures that older adults, especially those at the greatest social and economic risk, have access to the civil justice system. Access to legal information, advice, and assistance helps older adults preserve financial and personal independence, maintain control of their finances and healthcare decisions, maintain appropriate family relationships, and protect their assets and personal well-being.

Title VI – Native American Programs

Refer to Title III and Title VI Coordination section on the next page.

Title VII – Elder Rights Programs

The mission of the Long Term Care Ombudsman and Elder Abuse Prevention Program is to protect 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, exploitation, and intimidation.

Wyoming has a full-time State Long Term Care Ombudsman and three full-time Regional Long Term Care Ombudsmen, who cover the entire state with an annual caseload of approximately 1,200 to 1,300 complaints and requests for information. The WDH, Director's Office, oversees the function of the State Long Term Care Ombudsman position, and the regional Ombudsmen are managed through a contract with Wyoming Senior Citizens, Inc. (WSCCI). The contract with WSCCI helps to provide these services statewide. More emphasis has been given to the issue of financial exploitation in the training and information on Elder Abuse Prevention to older adults, facilities, and senior centers. The primary causes of complaints are related to violations of the residents' rights. It has also been noted that an unmet need in Wyoming is the lack of availability of geriatric-psychiatric care specialists for residents.

Title III and Title VI Coordination

The Wind River Indian Reservation is home to the Eastern Shoshone and Northern Arapaho tribes in the central western portion of Wyoming. Located in Fremont County, both tribes receive Title VI funding as administered directly by the AoA and the Administration for Community Living (ACL). In 2016, a request for proposal (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 IIIB, C1, and C2 funding. The federal funding for the Northern Arapaho Tribe qualified them to apply for additional State funds administered by the WSSB. Fremont In-Home Services offers both Title IIIE and the Wyoming Home Services (WyHS) program, which provides home and community based services to eligible residents. WSCCI offers Title IIIE services for Fremont County. The Northern Arapaho Business Council and Fremont In-Home Services work together to ensure services are offered for both tribes on the Wind River Indian Reservation.

CLS understands the critical importance of communicating and fostering collaborative relationships with the Native American Tribal Councils and their members. CLS employs program staff who has many years of experience and good working relationships with members of both tribal senior centers on the Reservation. For example, the CLS is an active member of the WDH Tribal Leadership Advisory Council and recently presented at the WDH Tribal Leadership Advisory Council about the Alzheimer's Town Hall Listening Session held at the Wind River Tribal College in Ethete, Wyoming.

Title III and Title VII Coordination

In accordance with Title III and Title VII of the OAA and Wyoming Statute § 9-2-1301, the mission of the Long Term Care Ombudsman Program is to seek resolution of problems and advocate for the rights of residents in long term care facilities and recipients of long term care services with the goal of enhancing the quality of life and care of these residents and recipients. The Long Term Care Ombudsman Program utilizes Title IIIB and VII funding in order to meet the following goals:

Solving resident concerns through complaint resolution and other services of the Ombudsman Program; ensuring residents and recipients have regular access to an Ombudsman; and ensuring that Ombudsman representatives accurately and consistently report data about resident complaints and other program activities in a timely manner.

Other Aging Division Programs

The Division administers additional programs that assist both older adults and disabled adults from premature institutionalization; as well as encourage older adults to assist others who are at risk of institutionalization and individuals who need role models and mentors.

Wyoming Home Services Program

The Wyoming Home Services (WyHS) program is mandated by the State of Wyoming through W.S. § 9-2-1208 and funded solely through the State of Wyoming General Fund. WyHS funds are awarded to one (1) provider in each county in Wyoming, totaling 23 providers throughout the state. Every four (4) years the program is put out for a competitive application. Years two (2) through four (4) are continuation grant years, in which the organization, awarded the grant in the competitive year houses and maintains the program.

In order to apply to be a provider for WyHS, an organization must apply during the competitive grant year. At that time, public notices are published in statewide newspapers. If there is more than one applicant in a county, a team of individuals is gathered to score the applications submitted and the grant funds shall be awarded to the highest scoring applicant.

When an organization applies to become a provider of WyHS in their county, they select which services they are going to provide. The one (1) mandatory service to be provided is care coordination. The organization is required to employ an individual who is trained by the Division to serve as an Access Care Coordinator (ACC) to provide care coordination services. ACC training is provided by the Division at least once per year, with individualized trainings available as needed throughout the year.

In order to be eligible for the WyHS program, potential clients must be at least eighteen (18) years of age, determined through an ongoing assessment to be at risk of premature institutionalization, and be in need of program services. No person shall be denied services based upon their ability to pay for services. Payment for services is based upon a sliding fee scale and a mutual agreement between the client and the provider of services. Any payment collected is considered program income.

National Senior Corps Programs

The National Senior Corps (NSC) consists of two programs: Foster Grandparent Program (FGP), and the Senior Companion Program (SCP). These programs, which are primarily funded by the Corporation for National and Community Services, help older adults continue to have productive lifestyles; address communities' needs by assisting children and youth with exceptional or special needs (FGP); and assist frail older adults who need individual support in order to continue to live independently (SCP). There are three providers of these services in Wyoming. They have over 1,100 volunteers in over 250 volunteer stations, and provide 150,000 hours of service each year.

These additional programs and services complement OAA core programs by providing older adults and individuals with disabilities the needed resources to live in the least restrictive environment as possible.

ACL/AoA Discretionary Grants

The ACL/AoA provide discretionary grant opportunities which allow for partners of the aging network to apply for funding that meets the specific needs of their constituents and aligns with the core mission of their organization. Currently, CLS collaborates and provides support for two discretionary grants and waiting for award notification of two additional grants.

Senior Medicare Patrol

The Senior Medicare Patrol (SMP) is administered by Wyoming Senior Citizens, INC. (WSCCI) and the Wyoming State Health Insurance Information Program (WSHIIP) to educate and train partners and volunteers. According to WSCCI's website, "These partners and volunteers help Medicare recipients to understand their Medicare Summary Notices (MSN) through community presentations and one-on-one counseling to detect and resolve unintended errors. In addition, they are made aware of how threats to financial independence and health status may occur when citizens are victimized by fraudulent schemes. SMP partners with the aging network, as well as community, faith-based, tribal, and healthcare organizations. Together they utilize a variety of outreach strategies to educate and empower Medicare beneficiaries to identify, prevent, and report healthcare fraud." CLS and the State Long Term Care Ombudsman Program promote SMP through the aging network and support WSCCI in their work to inform Wyoming residents about healthcare fraud options.¹

Alzheimer's Disease Initiative Supportive Services

The Sheridan Senior Center in Sheridan, Wyoming was one of 11 national recipients of the AoA/ACL Alzheimer's Disease initiative grants. The Center was awarded a \$1.1 million dollar grant over three years and plans to expand and significantly strengthen Sheridan County's capability for individuals with dementia and their caregivers by improving awareness, providing early diagnosis and access to services, and improving quality of life. The Center plans to focus on the following objectives: creating communities where people living with dementia feel accepted and understood; encouraging meaningful activity and social interaction while reducing risks and providing quiet, safe spaces; assuring integration of care across health and social services; ensuring that people living with dementia and their families can receive initial and ongoing support; and involving, including, and caring for those living with dementia. The CLS will continue to collaborate and support Sheridan's grant objectives in this effort.

¹ <http://www.wyomingseniors.com/services/senior-medicare-patrol>

Pending AoA/ACL Discretionary Grants

CLS provided letters of support for two discretionary funding applications through WDH's, Public Health Division's Chronic Disease Prevention Program and Chronic Disease Prevention to develop capacity for the following areas:

1. Evidence-Based Falls Prevention Programs, which reduce the number of falls, fear of falling, and fall-related injuries in older adults and adults with disabilities. The funding will lend support to community-based falls prevention programs beyond the grant period, while embedding the programs into an integrated, sustainable evidence-based prevention program network.
2. Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education empowers older adults and adults with disabilities to better manage their chronic conditions. The funding will offer the opportunity to increase the number of older adults and adults with disabilities who participate in evidence-based self-management programs while embedding the programs into an integrated, sustainable evidence-based prevention program network.

As stated in the letters of support, CLS will actively partner with the Public Health Division to promote both programs to develop and strengthen a sustainable network for fall prevention and chronic disease self-management.

Participant Directed & Person Centered Planning

Participant directed and person centered planning is a process for developing an individual support plan that is directed by an individual or an individual's representative. This allows the person's preferences, strengths, needs and goals to be fully identified and utilized. This can prevent pre-mature or inappropriate institutionalization and allow for the individual to live more independently. The Division utilizes the following federally funded and state funded programs to actualize a more person centric focus.

Initially termed the Community Based In-Home Services Program, WyHS was created to serve Wyoming's senior citizens and disabled adults eighteen (18) years of age and older. Priority is given to individuals at risk of premature or inappropriate institutionalization. WyHS is a social program, which can provide up to ten (10) services for eligible individuals. These services include: care coordination, personal care, homemaking, chore, respite, personal emergency response systems, adult daycare, hospice, home modification, and medication setup.

The National Family Caregiver Support Program provides self-directed options through the support of care coordination to caregivers on the needed services to continue providing caregiving to the care receiver. Self-directed care improves the quality of life for the individuals who are at risk of premature institutionalization and to their caregiver(s) who may need respite, counseling support, resources and supplemental services to aid the caregiver in keeping the care receiver in the home.

Title III-C2, Home Delivered Meal providers in Wyoming provide self-directed options by offering therapeutic diets and special menus where feasible and appropriate, to meet the particular dietary needs arising from an individual's health requirement, religious requirement, or ethnic background.

The Division and the University of Wyoming, Wyoming Center on Aging (WyCOA) have mutual goals when connecting Wyoming residents, researchers, service providers, and educators, as well as fostering innovative aging research, training care providers, disseminating evidence-based practices, and serving as a resource for older adults and their family caregivers. The purpose of this project is to arrive at a user-friendly resource. With the implementation of the Aging and Disability Resource Connections (ADRC), the Division initiated a systems change effort to develop the enhancement of a person-centered tool. With the support of a state funded grant, WyCOA is developing a custom web template integrated with a complete content management system consisting of easily navigable pages, agreed upon functionality, typography, and image placement. The new website will be launched later in 2017 and managed by CLS.

Elder Justice

With Wyoming's rapidly increasing aging population, the state is faced with increasing challenges of abuse, neglect and financial exploitation of elder and vulnerable adults. Therefore, in response to a request from Wyoming Supreme Court Chief Justice Burke, on February 17, 2016, Governor Mead signed Executive Order 2016-1, Elder and Vulnerable Adult Task Force (EVA) that stated the mission of EVA was to compile data and identify areas of concern, identify existing laws and resources that could assist vulnerable adults, propose changes to Wyoming's laws and policies relating to vulnerable adults, make recommendations for increasing awareness of current resources, increase public awareness of issues facing our vulnerable adult population, and examine and make recommendations, specifically with regard to the state's current laws relating to guardianships, conservatorships, powers of attorney, and financial exploitation, as well as abuse and neglect of vulnerable adults. The order directed that the EVA Task Force summarize its findings and recommendations in a report to the Governor. The Division was a key member of the Task Force and new Division leadership will continue to be a strong and present contributor in this effort. See **Attachment D**, Elder and Vulnerable Adult Task Force Report to Governor, January 20, 2017, for specific and concrete recommendations to improve the issues associated with this population.

Alzheimer's Disease

With the rapidly increasing aging population the number of individuals afflicted by Alzheimer's is also increasing. According to the Alzheimer's Association, Wyoming residents living with Alzheimer's is expected to grow from an estimated 9,100 individuals in 2016 to 13,000 in 2025. To prepare for this projection, the Wyoming Alzheimer's Task Force began in the Fall of 2015 when Dr. Martha Stearn of the St. John's Institute for Cognitive Health, St. John's Medical Center in Jackson, Jennifer Simon of the St. John's Hospital Foundation, Janet Lewis, Executive Director of the Alzheimer's Association - Wyoming Chapter and the Governor's Office came to together to ascertain various initiatives in Wyoming related to Alzheimer's Disease and Other Related Dementias, identify stakeholders, and articulate next steps to creating an Alzheimer's State Plan. The Division, The Wyoming Center on Aging (WyCOA) and various sponsors hosted town hall listening sessions throughout the state to gain insight into the lives of those with or caring for an individual

with Alzheimer's disease or another form of dementia. See Attachment E, Alzheimer's State Plan: Town Hall Listening Sessions. The plan will identify available resources, detect resource gaps, and map opportunities to improve the lives of those with dementia. The Division is a key member on the task force and will actively work with stakeholders to address the identified needs See Attachment B for the broad themes identified in the listening sessions.

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WYOMING'S AGING POPULATION – INITIAL PROJECTIONS AND STRATEGIES

Problem Statement

As a safety-net provider of long-term care services, the State of Wyoming will face increasing costs to support Wyoming's aging population. Depending on the policies that the State pursues, for example, the cost to Wyoming Medicaid for long-term care could increase from \$130 million in 2017 to between \$184 and \$312 million in 2030.

This problem is the product of five major factors:

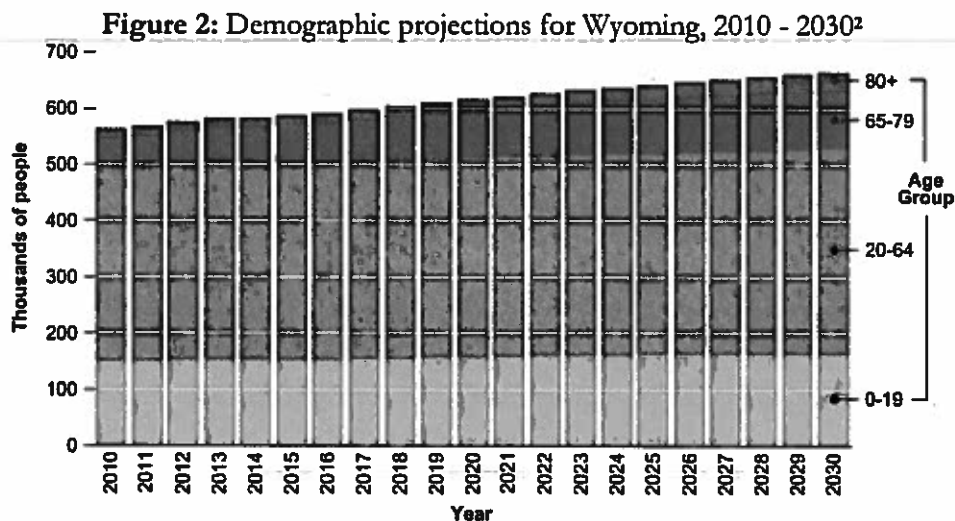
- A decreasing ratio of working-age adults per older individual;
- An aging population that is increasingly burdened with chronic disease;
- The high and increasing cost of long-term care;
- A population that is increasingly unprepared to pay for long-term care costs out-of-pocket; and,
- A small and weakening long-term care insurance market.

The primary lever that the State has in influencing these future costs lies in encouraging healthy aging-in-place. Ultimately these efforts must support the ability of the State to serve more individuals in home- and community-based settings and prevent premature institutionalization.

Factors Contributing to the Problem

(1) Wyoming's population is growing older

Figure 2, below, shows how Wyoming's population is projected to grow between 2010 and 2030. The projection is broken into four major groups by age: 0 to 19-year olds ("children"), 20-64 ("working age adults"), adults aged 65-79, and individuals who are over age 80.



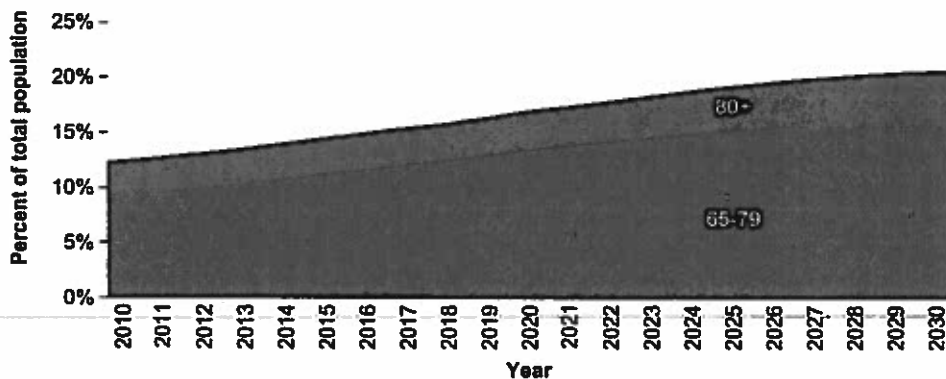
² Projections from Wyoming Department of Administration and Information, Economic Analysis Division. Retrieved in March, 2017. <http://eadiv.state.wy.us/pop/pop.html>

Note that while Wyoming’s population is expected to grow to a total of 665,672 persons in 2030, most of this population growth will be in the two oldest demographics.

- Where the population of children is projected to grow at an annual average of approximately 0.5% and the population of working age adults at 0.3% between 2017 and 2030, the expected annual average growth rate of people between ages 65 and 79 will be approximately 3.3% per year - and the rate for those over age 80 will be 5.6% per year.
- In 2017, the State had a projected 71,410 people between the ages of 65 and 79 years, and 20,830 persons over 80 years old. By 2030, these numbers are expected to grow to 102,180 and 35,963, respectively.

Due to this faster growth, Wyoming’s population mix will gradually grow older, with a median age of 37.4 years in 2017 increasing to 39.7 years in 2030. Figure 3, below, shows further how the two oldest demographics are projected to increase from approximately 12% and 3.5% of Wyoming’s population in 2017 to 15.3% and 5.4%, respectively, by 2030.

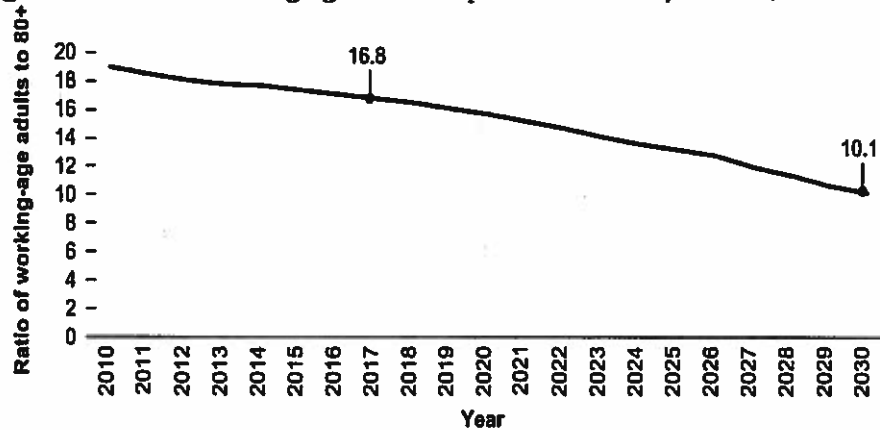
Figure 3: Persons 65+ and older, as a percent of the total Wyoming population, 2010 – 2030



Another way to look at this change is in the decreasing “aged dependency ratio” -- the number of working-age adults for every individual over 80 years old.

Figure 4, on the next page, illustrates how this ratio will shrink from 16.8 adults for every person over age 80 to 10.1 adults. Not only does this ratio indicate that there will be fewer working-age adults paying taxes to support safety net programs, but there will also be fewer adults available to provide informal, unpaid caregiving to the elderly population.

Figure 4: Ratio of working-age adults to persons over 80 years old, 2010 - 2030



(2) While disability rates appear to be stable, chronic diseases are increasing

From 2008 to 2016, the prevalence of self-reported disabilities in the 65+ age group has remained stable in Wyoming, with approximately 33-39% of individuals in this age group reporting at least one disability (hearing, vision, cognitive, self-care, or independent living). For self-care, the percentage has consistently been approximately 5 - 6.5%, and for independent living, 10 - 15%.³

National studies, however, have found that while disability prevalence has remained stable nationally, older Americans are increasingly burdened with chronic disease.⁴

(3) Long-term care is expensive

The current average private rates for various settings of long-term care in selected states are shown in Table 1, on the next page. Note that, with the exception of Colorado, Wyoming has, on average, slightly higher prices than the region.

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³ American Fact Finder. US Census. Data table S1810, from 2008 to 2015.

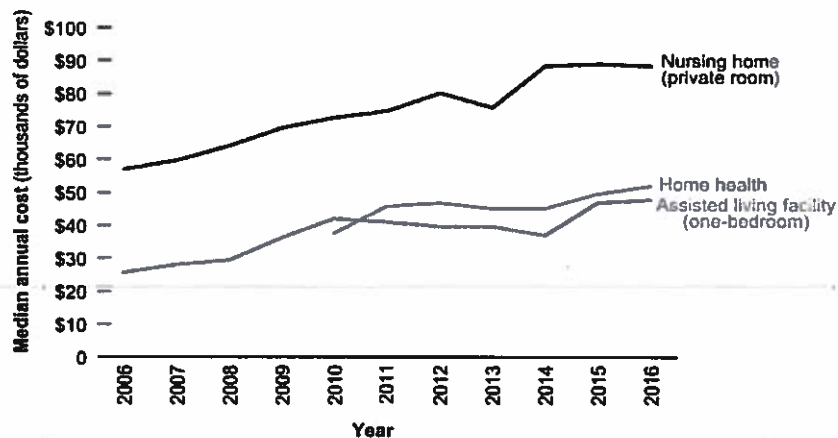
⁴ Hung, et al. BMC Geriatrics 2011, 11:47 "Recent trends in chronic disease, impairment and disability among older adults in the United States." <http://www.biomedcentral.com/1471-2318/11/47>

Table 1: 2016 median annual (private pay) price for long-term care options, selected states⁵

State	Home Health	Assisted Living (Single occupancy)	Nursing Home (Private room)
Wyoming	\$52,052	\$47,940	\$88,505
Montana	\$52,624	\$42,150	\$83,220
Idaho	\$45,760	\$38,400	\$88,878
Utah	\$48,048	\$35,400	\$76,650
Colorado	\$54,912	\$48,750	\$97,546
Nebraska	\$53,768	\$42,120	\$76,833
US Median	\$46,332	\$43,539	\$92,378
5-year annual growth	1.28%	2.16%	3.51%

In Wyoming, these prices have trended upwards over time, shown in the figure below, at average annual rates between 5% and 8% since 2006, though price growth has slowed in the last five years. This growth rate is higher than the average 2% rate of inflation (CPI) in the same time period.

Figure 5: Private rates for long-term care settings in Wyoming, 2006 - 2016⁶



(4) People are increasingly unprepared for long-term care costs

Generally speaking, the cost of long-term care can be financed through a mix of financial tools:

- Income (or principal) from employer-sponsored defined-contribution plans and individual investment accounts or annuities;

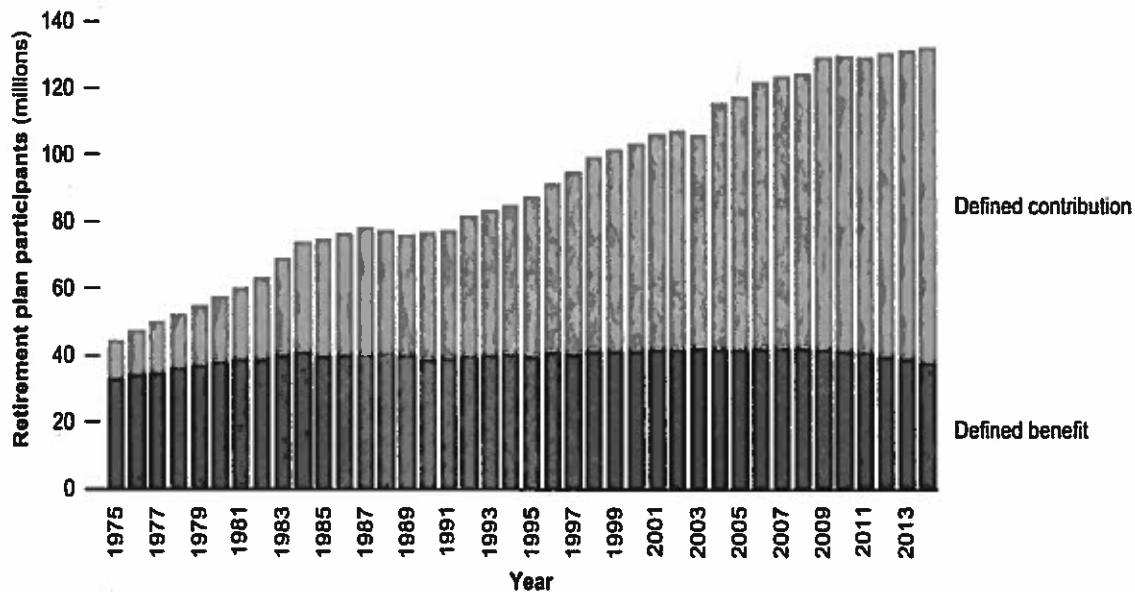
⁵ 2016 Genworth Cost of Care Survey (https://www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/cost-ofcare/179703_CofC_Annual_060316.pdf)

⁶ 2006 - 2016 Genworth Cost of Care Surveys

- Defined-benefit (pension) plan payments;
- Long-term care insurance (and increasingly, hybrid LTC/life insurance policies);
- Home equity; and,
- Social Security payments.

Before the 1990s, most workers relied on defined-benefit (employer pension) plans for retirement security. As shown in Figure 6, however, these plans are dwindling, especially relative to employer-sponsored defined-contribution plans (i.e., 401(k)).

Figure 6: Retirement plan participation, 1975 – 2014⁷



Defined-contribution plans, of course, require individuals to take responsibility for their own savings and investment strategy. Most retirees, however, fail to accumulate sufficient assets to be able to guarantee a significant cash flow in retirement.

A 2015 analysis of Survey of Consumer Finances (SCF) data by the Government Accountability Office⁸ found that:

- Approximately 41% of households between the ages of 55 and 64, and 52% of households between 65 and 74, have no retirement savings.
- 27% of households between 55 and 74 have neither retirement savings nor a defined-benefit plan. Further, households between 55 and 64 had a median net worth of \$9,000, and median home equity of \$53,000.

⁷ Private Pension Plan Bulletin Historical Tables and Graphs 1975-2014, Employee Benefits Security Administration, US Department of Labor. September 2016. <http://www.gao.gov/assets/680/670153.pdf>

⁸ Government Accountability Office. "Most households approaching retirement have low savings." GAO-15-419. May 12, 2015. <http://www.gaogov/products/GAO-15-419>

- Of those with some retirement savings, the median amount was \$104,000 for households between the ages of 55 and 64, and \$148,000 for households between the ages of 65-74. These assets represent an inflation-protected cash flow of approximately \$3,720 to \$7,788 per year, respectively.
- Social Security makes up an average of 52% of household income for households over 65.

These figures indicate that, for the average retiree, accumulated assets will not provide sufficient cash flow to pay for the annual costs of long-term care, even in the least-expensive settings.

(5) The long-term care insurance market is neither large nor robust

The primary alternative to self-pay for long-term care is, of course, private long-term care insurance. Few people, however, have long-term care insurance policies, and fewer people are purchasing them each year. Generally speaking, the outlook for the industry as a whole is not promising.

As with national trends, few Wyomingites purchase long-term care coverage. In 2015, the National Association of Insurance Commissioners (NAIC) estimated the total number of covered lives in the State at 11,050.⁹ Even fewer will be buying coverage in the future. Figure 7, below, shows how the total number of lives covered by long-term care insurance has plateaued since the mid-2000s.

Figure 7: Total covered lives, long-term care insurance¹⁰

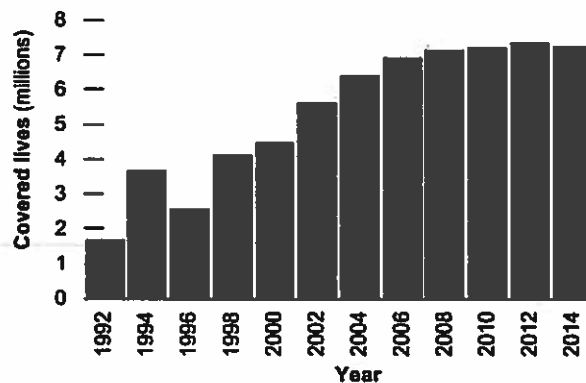


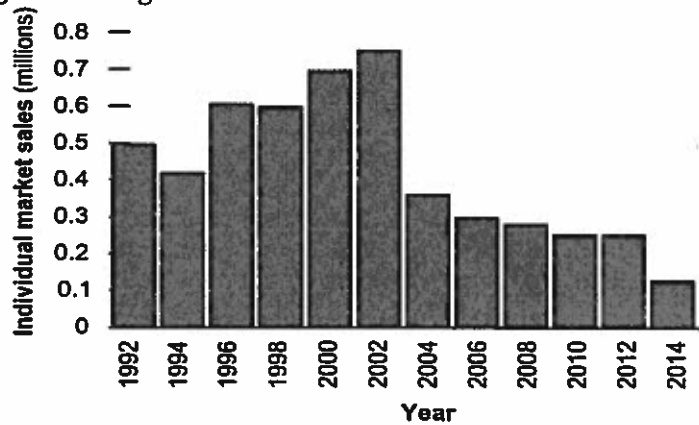
Figure 8, on the next page, illustrates the decreasing number of new individual market policies written.¹¹

⁹ National Association of Insurance Commissioners, Long-term care insurance experience reports. 2015. http://www.naic.org/documents/prod_serv_statistical_ltc_lr.pdf

¹⁰ Center for Insurance Policy and Research. The State of Long-Term Care Insurance. May 2016. http://www.naic.org/documents/cipr_current_study_160519_ltc_insurance.pdf

¹¹ Ibid.

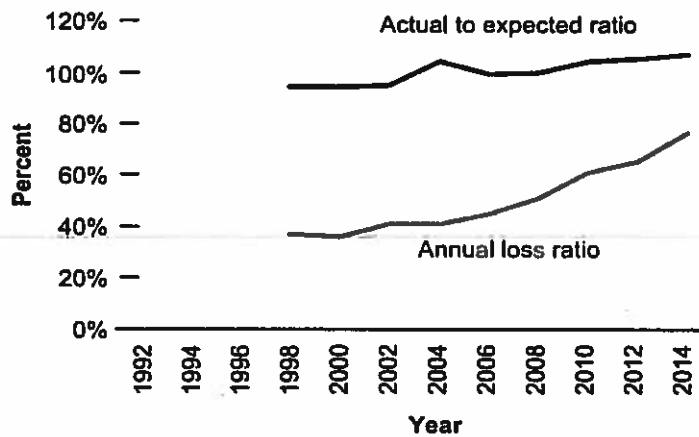
Figure 8: Long-term care insurance annual individual market sales



This stagnant and rapidly aging base of covered lives has gradually manifested itself in two trends:

- Annual loss ratios (the ratio of paid claims to premium received) have crept upwards from 40% in the late 1990s to 80% today.
- The ratio of actual-to-expected losses has increased from the mid-90% to just over 107% today.

Figure 9: LTC insurance loss ratio and actual to expected ratio



In addition to these worsening ratios, new policy premiums have increased, largely due to corrections in underlying pricing assumptions relating to: voluntary lapses (the number of people that give up a policy before it pays back); overly-optimistic morbidity assumptions; and worse than expected interest earnings on reserves.

The authors of the NAIC/CIPR study note that, “all of these factors together have resulted in significant financial shortfalls for insurers in the face of increasing claims liabilities.”¹²

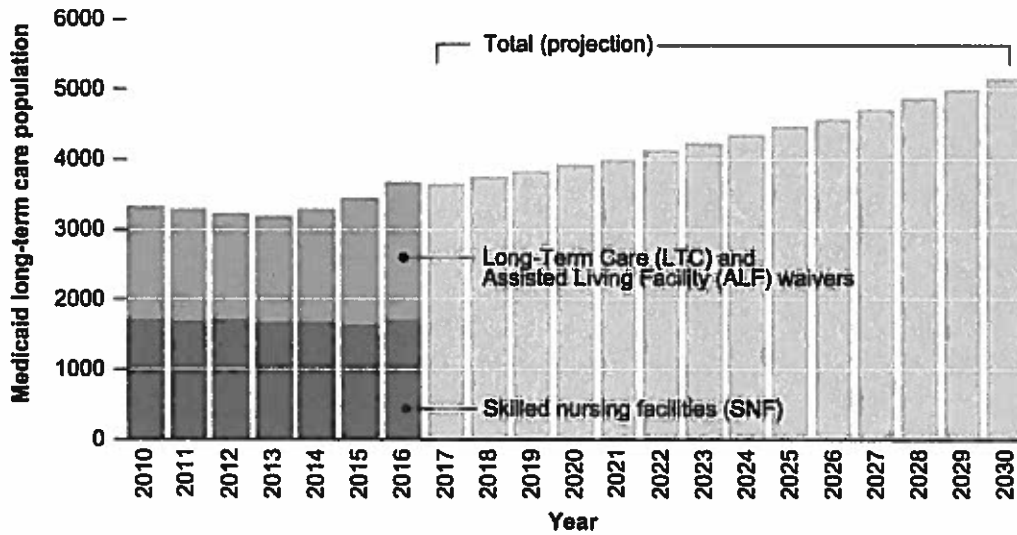
¹² Ibid.

(6) The State of Wyoming will shoulder an increasing burden of the cost of long-term care

An aging population that is increasingly unprepared for retirement, combined with the high cost of long-term care, means that a growing majority of older people will not be able to afford long-term care and will likely rely on public assistance.

Based on current trends, Figure 10, below, illustrates how the current Wyoming Medicaid long-term care population is expected to grow between 2017 and 2030. Due to the factors mentioned above, this estimate is conservative.

Figure 10: Projected Medicaid members requiring long-term care



Note that Wyoming Medicaid serves long-term care clients in three major settings:

- Skilled Nursing Facilities (nursing homes);
- Assisted Living Facilities; and
- At home (through the Long Term Care waiver also known as Wyoming Community Choices).

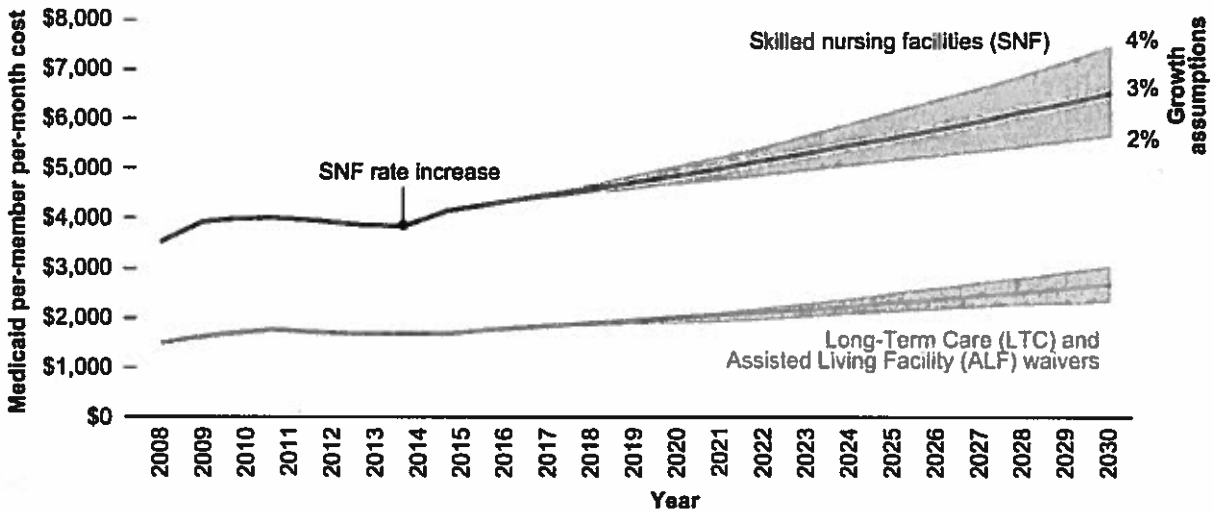
Strategy to Address the Problem

A primary strategic policy lever to address the problem is the percentage of long-term care clients served in home- and community-based settings.

In order to contain long-term care costs in the future, the State of Wyoming should therefore aim to maximize the percentage of individuals served in home- and community-based settings.

Total long-term care costs for Medicaid are the product of the enrollment shown in Figure 10, combined with per-member per-month (or per-year) costs, shown in Figure 11, on the next page.

Figure 11: Actual and projected per-member per-month cost for long-term care Medicaid members



Note from the figure that:

- Generally speaking, nursing home care is twice as expensive to Wyoming Medicaid as home- and community-based alternatives (~\$4,000 per member per month cost compared to < \$2,000 PMPM for LTC and ALF waivers).
- Growth rates have historically been relatively low. For the purposes of this estimate, we assume a range between 2% and 4%.

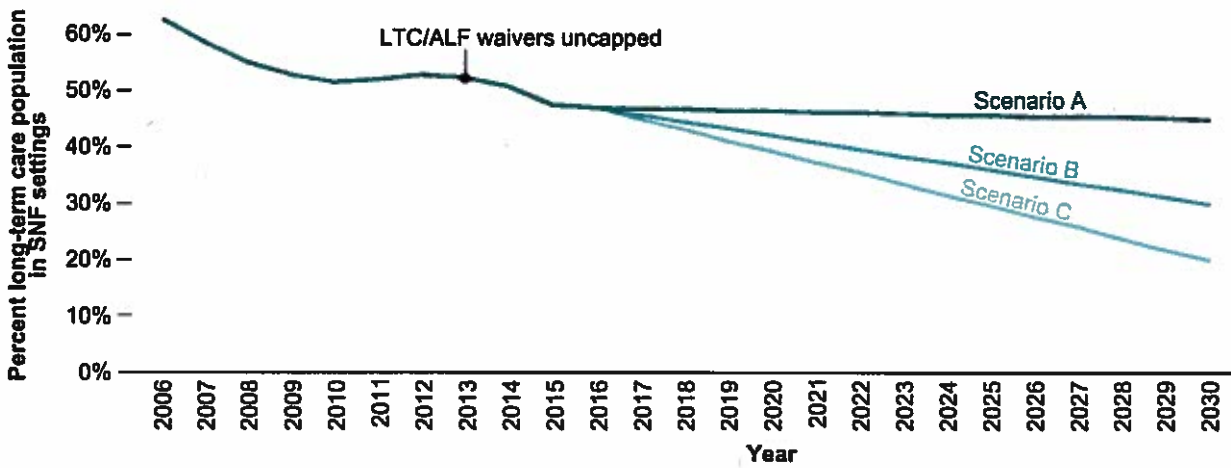
Because nursing home settings are more expensive than home- and community-based settings, the projected total cost depends heavily on the percentage of long-term care clients that are served in nursing home environments.

As shown in Figure 12, on the next page, this percentage has fallen over the last decade, from approximately 60% to 45% in 2017. There is no guarantee, however, that it will continue to fall on its own.

For the purposes of this analysis, three scenarios are illustrated:

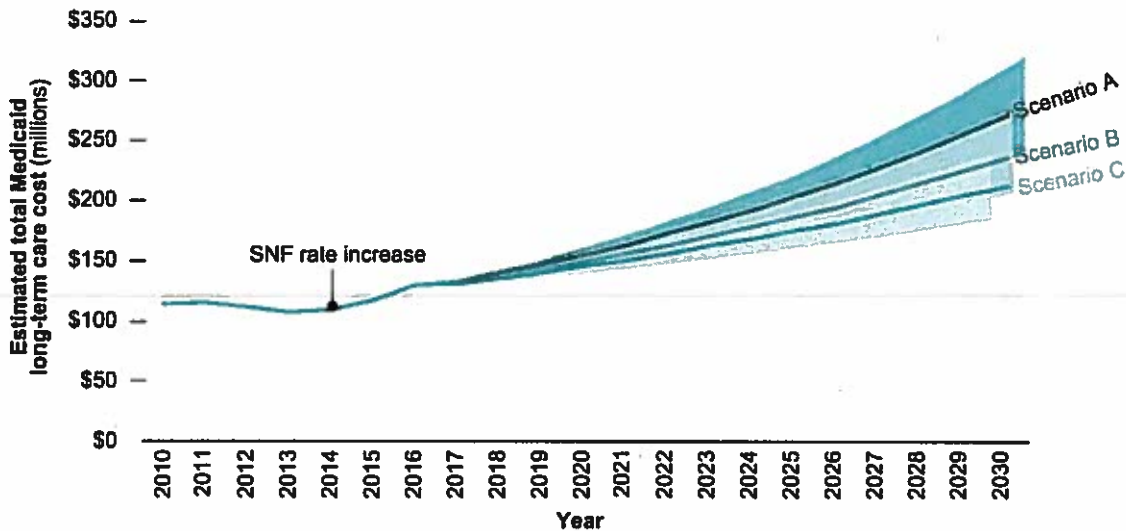
- **Scenario A:** the 'status quo' scenario, where the percentage of clients served in nursing homes remains flat at 45% until 2030;
- **Scenario B:** a scenario where current trends continue and the percentage falls to 30% by 2030; and
- **Scenario C:** a more aggressive trend, where only 20% of clients are in nursing homes by 2030.

Figure 12: Three scenarios for the percentage of long-term care clients served in SNF environments



When these three scenarios are combined with the 2-4% range in PMPM growth assumptions, Figure 13, below, shows the total expected cost of long-term care to Wyoming Medicaid out to 2030.

Figure 13: Cost projections for the three long-term care scenarios



Note that these estimates range from a low of \$186 million (2% growth in PMPM costs and 20% in SNF settings) to a high of \$312 million (4% growth in PMPM costs and 45% in SNF settings), compared with the current level of \$130 million.

In order to contain long-term care costs in the future, the State of Wyoming should therefore aim to maximize the percentage of individuals served in home- and community-based settings.

In order to do this, however, efforts between the Division and Wyoming Medicaid must be coordinated and aligned to ensure older individuals are healthier and prepared to age-in-place -- before they reach the institutional eligibility threshold for Medicaid.

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GOALS, OBJECTIVES, STRATEGIES AND PERFORMANCE MEASURES

The State of Wyoming puts forth the following goals for the 2017-2021 State Plan for Aging Services:

Goal 1: Strengthen and expand programs that delay or prevent the need for long-term care services.

Anticipating increased needs and fiscal restraints, improving the health of older adults in order to delay the need for services must be a priority. Improved health also increases the likelihood of aging in place, which is the preference of most older adults and a priority for the State of Wyoming.

Objectives:

1.1 Promote healthy living programs to help older adults maintain better health into later life.

Strategies

- 1) Promote injury prevention, chronic disease self-management, and delivery of appropriate community-based services through the use of the website, social media, publications, and public forums.
- 2) Collaborate with members of the aging network to expand and enhance available services.

Performance Measures

- a) Increase in Title IIID program enrollees by 5%.
- b) Increase in the number of Title IIID programs offered by providers by 5%.

1.2 Promote older adult independence.

Strategies

- 1) Promote access to Title III services.
- 2) Collaborate and coordinate with the Wyoming Medicaid Community Choices program.
- 3) Establish a baseline of Wyoming Medicaid Community Choices Program referrals to Division services.

Performance Measures

- a) Increase in Title III program enrollees.
- b) Upon establishing a baseline of Wyoming Medicaid Community Choices Program referrals, specific targets will be implemented for CLS.

1.3 Enhance supports for Wyoming caregivers.

Strategies

- 1) Promote Title IIIE, National Family Caregiver Support, through the use of the website, social media, and publications.
- 2) Promote awareness of available services and support for caregivers.

Performance Measures

- a) Increase enrollment in Title IIIIE program by 5%.
- b) After establishing a baseline, increase the number of website and social media hits 3% per year.

Goal 2: Improve awareness of and access to services.

Due to the rural and frontier nature of Wyoming, older adults often face unique challenges; therefore, awareness of available services is of the utmost importance, as well as being able to access the services. Often access is hindered by the lack of transportation services in many Wyoming communities.

Objectives:

2.1 Assess the need for increased transportation options.

Strategies

- 1) Collaborate with state and local government to facilitate the exchange of information regarding transportation resources.
- 2) Coordinate and perform a statewide needs assessment and identify areas of greatest need.

Performance Measures

- a) Upon completion of needs assessment specific performance measures will be implemented for CLS and its providers.

2.2 Partner with providers to reach more eligible older adults

Strategies

- 1) Conduct annual in-person or webinar trainings to providers on new and effective strategies to identify eligible older adults.
- 2) Provide information to stakeholders on resources and opportunities related to aging services.
- 3) Review and update CLS publications.

Performance Measures

- a) Title III program enrollment.
- b) Number of completed trainings by CLS (in relation to the number of providers).
- c) 100% of publications will be reviewed by December 2017. Upon completion of review, targets to update all materials and trainings will be determined.

2.3 Identify eligible people not yet receiving services.

Strategies

- 1) Conduct a gaps analysis, relying on available census data and other data sources, that compares estimated eligibility with services delivered by providers.
- 2) Using the gap analysis, target education and services to providers and underserved populations.

Performance Measures

- a) Upon completion of gap analysis, specific performance measures will be implemented for CLS.

Goal 3: Ensure the rights and safety of older adults.

Preventing the maltreatment of older adults by increasing awareness of elder abuse and exploitation will help maintain the mental and physical safety for older adults. The safety of older adults also needs to be considered more broadly in the context of the community. For example, older adults living alone may face additional challenges in the event of an emergency such as a natural disaster or prolonged power outage.

Objectives:

- 3.1 Promote the Long Term Care Ombudsman Program services that are available to long-term care clients.

Strategies

- 1) Collaborate with long-term care facilities to explore the use of volunteers to support the work of the ombudsman program representatives who advocate for the rights of the long-term care consumers.
- 2) Collaborate with regional ombudsman to encourage increased visitation to long-term care facilities within their jurisdiction.
- 3) Encourage resident participation in their care.

Performance Measures

- a) Ombudsman staffing/certified ombudsmen to bed count ratio, for long-term care facilities.
- b) Ombudsman participation in facility surveys.
- c) Percentage of nursing homes, assisted livings, and boarding homes visited on a quarterly basis.

- 3.2 Improve the emergency preparedness of older adults, especially those who live independently, outside of a nursing home or assisted living facility.

Strategies

- 1) Meet with local emergency response coordinators throughout Wyoming on an annual basis.

- 2) Collaborate with the Public Health Emergency Preparedness section to ensure that Wyoming's older adults are included in their planning and programming.
- 3) Conduct a needs assessment on older adults and their preparation for natural disasters/emergencies.

Performance Measures

- a) Upon completion of a needs assessment, specific performance measures will be implemented for CLS.
- b) If determined necessary by the needs assessment, track the number of trainings provided to, and completed by, emergency response coordinators.

3.3 Provide trainings on abuse and neglect to providers and agencies, as well as residents.

Strategies

- 1) The Long Term Care Ombudsman Program will continue to provide community education on abuse, neglect, exploitation, and intimidation to providers, agencies, and residents of Wyoming.
- 2) Work with Adult Protective Services to maintain and improve the relationship between APS and CLS.
- 3) Explore joint training options for providers, agencies, and residents.

Performance Measures

- a) Total community educations provided by the LTCOP.
- b) Establish baseline of joint activities coordinated with CLS and APS.
- c) Ratio of the number of abuse and neglect reports received by LTCOP to SNF beds in Wyoming.
- d) Number of cases referred to APS.

3.4 Enhance respite and adult daycare services for unpaid family caregivers.

Strategies

- 1) Conduct a gaps analysis to determine the amount of additional respite and adult daycare services needed.

Performance Measures

- a) Upon completion of gap analysis, specific performance measures will be implemented for CLS.

Goal 4: Enhance the quality of existing programs.

By continuous improvement the Division will identify opportunities to improve outcomes for older adults, stakeholders, and other program beneficiaries.

Objectives:

4.1 Incorporate best practices.

Strategies

- 1) Network and collaborate with other combined SUA/AAA States.
- 2) Continue participation in regional and national meetings/conferences.
- 3) Maintain a policies and procedures update schedule.

Performance Measures

- a) Performance metrics will be developed as practices are adopted.

4.3 Collaborate with outside agencies to improve service delivery.

Strategies

- 1) Improve coordination of care and other services to older adults in community-based settings.
- 2) Contact hospital discharge planners annually to familiarize them with aging network services and providers.
- 3) Review recipient overlap between the Medicaid Long-term Care Waiver and WyHS.

Performance Measures

- a) Increase enrollment in WyHS.
- b) Ratio of contacts with hospital discharge planners to completed meetings with CLS staff.
- c) Upon completion of review between the Medicaid Long-term Care Waiver and WyHS, benchmarks will be established and performance measures developed.

4.4 Assess the value of current trainings and educational programming and determine the need for additional or substitute programs.

Strategies

- 1) Survey participants on current trainings and educational programming.

Performance Measures

- a) Upon completion of the survey, training and educational needs will be identified and specific performance measures will developed and implemented for CLS.

QUALITY MANAGEMENT

The Division participates in the WDH performance management system, HealthStat, including regular reviews of program performance by both Division and WDH senior leadership, as well as providing annual reports to the Governor and Legislature of Wyoming.

Quality Assurance Review: Site Procedures

CLS conducts annual quality assurance reviews for sub recipients of Title III, VII, and state funded grant programs. Reviews are scheduled throughout the year and may be conducted on-site or through a desk audit format. These reviews are conducted to ensure funds are expended in accordance with their regulatory guidelines, established through contracts. Site visits are an opportunity for technical assistance, establishing relationships with providers, and gathering best practice strategies. Positive reinforcement is an integral part of the review to promote continued success. CLS recently adopted the use of the OMB Uniform Guidance when reviewing administration and fiscal components. The Guidance offers a uniform tool to assess compliance.

Interstate Funding Formula

The CLS funding allocation plan considers factors related to age density of older adults, economic indicators, and older adult minority populations. Low-income population calculations consist of the number of persons with incomes at or below the federal poverty level as established by the U.S. Census Bureau.

CLS plans to update the funding formula in the coming year to apply current demographic and economic data, thus fairly distributing funds to meet the greatest need.