



Wyoming
Department
of Health

Title III-B Program Overview and Reports

New Directors Training 2020

Day 2 - Session 1 (3/8) - November 4th

Ageing Division Community Living Section



Hathaway Building
2300 Capitol Avenue, 4th Floor
Cheyenne, WY 82002
Main Office: (307) 777-7995
Toll Free: (800) 442-2766
Fax: (307) 777-5340

Email: wyaging@wyo.gov
WellSky A&D/Data Requests: aging-sams@wyo.gov
Website: health.wyo.gov/aging
Social Media: facebook.com/agingdivision



Objectives

Day 2 - Session 1 (3/8)

- **Understand key facts and statistics on aging for Wyoming**
- **Outline the Title III programs B (Legal) & B (Support)**
- **Outline the reporting process for Title III programs B (Legal) & B (Support)**



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Statistics on Aging

Aging Division Community Living Section



Wyoming Senior Health Care Measures

- **Behavioral**

- 67.9% of older adults saw a dentist in 2018.
- 8.5% of older adults in Wyoming smoke.
- 5.8% of older adults in Wyoming engage in excessive drinking.



Wyoming Smoking Rates

- **Wyoming smoking rates amongst older adults are higher than the national average**
 - Smoking rates vary widely among the following indicators:
 - Income
 - Education
 - Gender



Physical Inactivity

- **29.2% of older adults in Wyoming are considered physically inactive.**
 - Roughly the same since 2013.
 - Virtually no difference when considering Urban vs. Rural.
 - When income and education are considered, those with less education and less income are at a far greater risk of physical inactivity.

Wyoming Senior Health Care Measures

- **Behavioral**
 - 25.8% of older adults in Wyoming are considered obese.
- **Nursing Home Entrants Obesity Rates (Moderate to Severe)**
 - 2000: 14.7%
 - 2010: 25%



Health Outcomes

- 62.1% of Wyoming's older adults are considered able-bodied.
- 57.3% of Wyoming's older adults received a flu vaccine in 2018.
- 32.1% of Wyoming's older adults have experienced a fall in 2018.
- 17.9% of Wyoming's older adults experienced a tooth extraction in 2018.



Mental Health

- **Although Wyoming ranks 16th in the nation on the risk of social isolation, Wyoming ranks 49th in suicides amongst older adults.**
 - In 2018, Wyoming experienced a 7.1% increase in the suicide rate amongst older adults.



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Title III-B Legal Services



Betty Sones
Program Manager
(307) 777-6321
betty.sones@wyo.gov

Legal Services Developer Program

- The Title III-B and Title VII, Legal Assistance and Legal Services Developer Program of the Older Americans ACT (OAA) identifies and serves the civil, legal needs of those older adults, particularly those who are most vulnerable due to social and/or economic circumstances or who are frail, isolated and/or direct minorities.
- The goals of the program are to provide, on a statewide basis, the protection and rights of vulnerable older persons through education, training, networking, and advocacy.

Legal Services Developer Program

- Legal Aid of Wyoming, Wyoming Legal Services Program Grantee, assists older individuals in understanding their rights, exercising their choices to benefiting from services and opportunities authorized by law; maintains the rights of older individuals at risk of guardianship, and improve the quality and quantity of legal services provided to older individuals; and provides outreach and education to eligible Wyoming citizens.

Legal Services Developer Program

- **The Legal Services and Legal Services Developer Program is part of Legal Aid of Wyoming, Inc., and the main office is in Cheyenne, Wyoming. The phone number is 1-877-432-9955. Their website is <http://www.lawyoming.org/>**
 - Casper – 159 N. Wolcott, Suite 100, Casper, WY 82601 (307) 232-9827
 - Cheyenne – 1920 Thomes Ave., Suite 320, Cheyenne, WY 82003 – (307) 432-0807
 - Cody - 1501 Stampede Ave., Ste 3212, Cody, WY 82414 - (307)459-5757
 - Gillette - 400 S. Kendrick, Suite 304, Gillette, WY 82716 - (307)459-5766
 - Lander – 420 Lincoln St, Lander, WY 82520 – (307) 332-3517
 - Rock Springs – 2620 Commercial Way, Ste 5, Rock Springs, WY 82901 – (307) 459-5764
- **The Legal Services and Legal Services Developer Programs are**
 - For the benefit of senior citizens, 60 years or older
 - Free to senior citizens and those helping senior citizens
 - Funded by Title IIIB of the Older Americans Act.



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Title III-B Support Services



Betty Sones
Program Manager
(307) 777-6321

betty.sones@wyo.gov



Title III-B History

Authorized under the [Older Americans Act](#), Section 321

Title III-B is one of the largest components of the Older Americans Act. Title III-B funds helped to develop the infrastructure of State Units on Aging (SUAs), Area Agencies on Aging (AAAs), and local community providers, collectively known as the “aging network.”

The aging network works in local communities to support older persons throughout the United States. The Title III-B program helps the aging network to serve as the entry point into the long-term care system, providing critical information, case management services, and direct funding of long-term care services for individuals who otherwise might go without needed assistance.

Title III-B Purpose

There are four services under Title III-B:

Health

Socialization

Support

Transportation

- Provide access to services allowing people to remain independent and continue as active members of society.
- 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.
- Promote physical activities and a healthy lifestyle to prevent premature institutionalization.



Title III-B Eligibility

Age 60 or older

- Economically and socially vulnerable adults, 60 and older, and rural residents.
- Older adults with the greatest economic needs and those with limited English proficiency.



Title III-B Services & Sub-Services

| Service Category | B - Service Plans (they can do more than these) | | | | | | |
|------------------|-------------------------------------------------------|---------------------------------------|--------------------------------|----------------------------------------|------------------------------|------------------------------------|----------------------------|
| | Service | Sub-Service | Sub-Service | Sub-Service | Sub-Service | Sub-Service | Sub-Service |
| Health | Health Educations (Check Funding Source) | General Health Education (Occurrence) | Mental Health (Occurrence) | | | | |
| | Health Exercises (Check Funding Source) | Exercise Rooms (Activity) | | | | | |
| | Health Treatment & Preventions (Check Funding Source) | Clinics (Occurrence) | Health Screenings (Occurrence) | Massage-Health Treatments (Occurrence) | | | |
| Socialization | Clubs/Group Activities | Book Clubs (Occurrence) | Monthly Movies (Occurrence) | Morning Break Socials (Occurrence) | Pot Luck Dinner (Occurrence) | Special Event Parties (Occurrence) | Support Group (Occurrence) |
| | Crafts | Art Classes (Hourly) | Ceramic Classes (Hourly) | Quilting Classes (Hourly) | | | |
| | Games | Bingo (Activity) | Bunco Games (Activity) | Card Games (Activity) | Pool/Billiards (Activity) | | |
| | Physical Activities | Field Trip (Per round trip) | | | | | |
| | Shopping | Shopping (Per round trip) | | | | | |



Title III-B Services & Sub-Services

| Service Category | B - Service Plans (they can do more than these) | | | | | | |
|------------------|--------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------|--------------------------------------------------|--------------------------------------|------------------------|------------------------|
| | Service | Sub-Service | Sub-Service | Sub-Service | Sub-Service | Sub-Service | Sub-Service |
| Support | Chores | Handyman (Hourly) | | | | | |
| | Counseling (i.e. Financial & Housing) | Pension Counseling (Hourly) | | | | | |
| | Crisis Intervention (change name to Quality of Life?) | Eye Glasses Repair (Occurrence) | Hearing Aid Repairs (Occurrence) | Respite – Vol (Occurrence) | Support Groups (Occurrence) | | |
| | Education/ Training | EP & Staff Education/ Training (One session) | Presenters (One session) | | | | |
| | Information & Assistance | Forms Assistance (Per contact) | Home Health (Per contact) | Material Aids (Per contact) | | | |
| | Outreach | Advocacy (One contact) | Outreach Follow-up (One contact) | Newsletter – IA (1 unit, not total readership X) | Telephone Service (One contact) | Visiting (One contact) | Websites (One contact) |
| | Volunteering (Only those valid for III-B Services) | Peer Support – Vol (Hourly plus 15 min/0.25 increments in A&D) | | | | | |
| Transportation | Transportation | Local (One way trips only) | Organized Trips (One way trips only) | Out-of-Town trips (One way trips only) | | | |
| | Assisted Transportations | Handicapped – Out-of-Town Trip (One way trips only) | Handicapped Trip (One way trips only) | Wheelchair Out-of-Town Trip (One way trips only) | Wheelchair Trip (One way trips only) | | |



Title III-B Data Requirements

- An Aging Needs Evaluation Summary (AGNES) form must be filled out for every participant and entered into the WellSky Aging & Disability (A&D) system to be reimbursed for Title III-B services.
- The AGNES form needs to be completed on each participant, 60 and older, annually, page 1.
- Data must be entered by the 15th day of the month for the previous month's activities.
- Enter only 60 and older eligible adults into A&D.



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Program and Fiscal Reporting Requirements



Betty Sones
Program Manager
(307) 777-6321

betty.sones@wyo.gov



Title III-B Program Reporting

- **Monthly Reimbursement**
 - Submit monthly invoice on the 15th for reimbursement of the previous month's services.
 - Must include the Profit and Loss statement for the corresponding previous month.
- **Quarterly Financial and Program Reports**
 - Submit quarterly financial report (January 15, April 15, July 15, October 15) with a summary of 3 months expenditures (these must match Profit and Loss statements previously provided).
 - Must submit Title III-B Program Reports A&D for those services that you selected in your grant application.

Title III-B Quarterly Program Report

- **Run the Title IIIB A&D reports to complete your quarterly program report.**
- **CLS has created reports with all of the parameters set in order to generate the appropriate information.**
- **Provide the required A&D reports for the 4th quarter and (year-end) program report.**



Wyoming Department of Health

Switch To... - X

Report Types: Services

Report Types

Apply | Cancel | Clear All Filters

- Activities & Referrals
- Administrative
- Assessments
- Care Plans
- Consumers
- Contracts
- Financial
- Services

| Row Actions | Type | Title | Description |
|-------------|----------|---------------------------------------|---------------------------------------------|
| + | Services | Agency Summary Report | Summary Report showing Service Delivery |
| + | Services | Agency Summary Report - New Consumers | Summary Report showing Service Delivery |
| + | Services | Agency Summary Report (Totals Only) | Totals only report showing Service Delivery |
| + | Services | clientsites | |

Report Definitions

Sorted By Last Updated (Filtered)

| Row Actions | Title | Description |
|-------------|------------------------------------------------------------------------------------|-------------|
| | 2020 COVID-19 Take Out and Delivery Report | |
| | 2020 Title III B Quarterly Report | |
| | 2020 Quarterly-Unduplicated counts by Care Program | W |
| | 2020 Quarterly C1 plus COVID-19 - Unduplicated count by Care Program | |
| | 2020 MONTHLY IIIB - Aggregate and Unduplicated count by Care Program with COVID-19 | |
| | 2020 WyHS Quarterly - Unduplicated Count | |
| | 2020 MONTHLY C1 - Unduplicated Count | |
| | 2020 IIIE ORC End of Year - Poverty Status | |
| | 2020 IIIE ORC End of Year - Live Alone Status | |



A&D Report - Sample

Agency Summary Report

- FFY2020 Title III B QUARTERLY - Aggregate and Unduplicated count by Care Program

Report Comments:

Parameters List:

Report:

Print Parameters: Selected Only
 Sort By: Last Name
 Totals by Agency: Yes
 Group By: No Grouping
 Group per Page: No
 Sub Group By: Service Category
 Group and Subtotal by Service Month: No
 Show Consumers: No
 Show Client ID: No
 Show Monthly Details: No
 Show Subservice Totals: Yes
 Show Consumer Subtotals: No
 Show Daily Details: No
 Include Consumer Groups: Yes
 Service Date Details to Include: (All)
 Service Caregiver/Care Recipient Details to Include: (All)

Service Delivery:

Service Start Date (on or after): 10/01/2019
 Service End Date (on or before): 12/31/2019
 Agency: Wyoming State Division on Aging
 Provider: Buffalo Senior Center
 Care Program/Service: 18 Items

Restricted View:

Match Option: (Any)
 Agency: Wyoming State Division on Aging
 Provider: Buffalo Senior Center

1/15/2020

Agency Summary Report

Service Period: From 10/1/2019 to 12/31/2019

1/15/2020

- FFY2020 Title III B QUARTERLY - Aggregate and Unduplicated count by Care Program

| | * Consumers/ Consumer Groups | Units | Cost |
|-------------------------------------------------------------|---------------------------------|----------|--------|
| Agency: Wyoming State Division on Aging | | | |
| Service Category: Health Services | | | |
| Service: Health Exercises - Check Funding Source | | | |
| Subservice: Exercise Rooms | | | |
| Subtotal for Subservice: | 87 / 0 | 1,063.00 | \$0.00 |
| Subtotal for Service: | 87 / 0 | 1,063.00 | \$0.00 |
| Service: Health Treatment & Preventions - Check Fund Source | | | |
| Subservice: (No Subservice) | | | |
| Subtotal for Subservice: | 31 / 0 | 38.00 | \$0.00 |
| Subservice: Clinics | | | |
| Subtotal for Subservice: | 26 / 0 | 26.00 | \$0.00 |
| Subservice: Health Screenings | | | |
| Subtotal for Subservice: | 41 / 0 | 160.00 | \$0.00 |
| Subtotal for Service: | 85 / 0 | 224.00 | \$0.00 |
| Subtotal for Service Category: | 141 / 0 | 1,287.00 | \$0.00 |
| Service Category: Socializations | | | |
| Service: Clubs/Group Activities | | | |
| Subservice: (No Subservice) | | | |
| Subtotal for Subservice: | 44 / 0 | 130.00 | \$0.00 |
| Subservice: Morning Break Socials | | | |
| Subtotal for Subservice: | 70 / 0 | 1,190.00 | \$0.00 |
| Subservice: Pot Luck Dinner | | | |
| Subtotal for Subservice: | 49 / 0 | 84.00 | \$0.00 |
| Subservice: Special Event Parties | | | |
| Subtotal for Subservice: | 39 / 0 | 39.00 | \$0.00 |
| Subservice: support group | | | |
| Subtotal for Subservice: | 6 / 0 | 6.00 | \$0.00 |
| Subtotal for Service: | 138 / 0 | 1,449.00 | \$0.00 |
| Service: Crafts | | | |
| Subservice: Art Classes | | | |
| Subtotal for Subservice: | 21 / 0 | 101.00 | \$0.00 |
| Subservice: Ceramic Classes | | | |
| Subtotal for Subservice: | 10 / 0 | 107.00 | \$0.00 |
| Subservice: Quilting Classes | | | |
| Subtotal for Subservice: | 27 / 0 | 152.00 | \$0.00 |
| Subtotal for Service: | 51 / 0 | 360.00 | \$0.00 |
| Service: Games | | | |
| Subservice: Bingos | | | |
| Subtotal for Subservice: | 41 / 0 | 294.00 | \$0.00 |
| Subservice: Card Games | | | |
| Subtotal for Subservice: | 55 / 0 | 393.00 | \$0.00 |
| Subservice: Pool/Billiard | | | |
| Subtotal for Subservice: | 10 / 0 | 92.00 | \$0.00 |
| Subtotal for Service: | 90 / 0 | 779.00 | \$0.00 |
| Service: Physical Activities | | | |
| Subservice: Field Trip | | | |

* Consumer counts are distinct over group totals. Grand Total represents the distinct count of consumers served.

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Title III-B Quarterly Program Report

Wyoming Department of Health
 Aging Division, Community Living Section
 Fiscal Year 2018 Grants Quarterly Program Report Form

ACL Title III-B Supportive Services

| | |
|-------------------|-----------------------------------------|
| Grantee: | COMPLETE TO FILL IN FOR ALL TABS |
| Address: | |
| City, State, Zip: | |
| Phone: | |
| Email: | |
| County: | |

Reporting Time Frame: **October 2017 through December 2017**

Per contractual agreement, grantees must submit required program reports to the Aging Division to provide information on the progress of the funded program. The questions refer directly to the FY2018 grant application that was submitted to the Division. The first quarter program and the fiscal reports for fiscal year 2018 are due on or before **January 15, 2018**. Attach a copy of the SAMS report that validates this data. [Please refer to the guidelines on SAMS CAN report items 1 through 4 for this report- 2018 Title III B Quarterly - Unduplicated Count by Care Program.](#)

*This form must be computer generated. No typewritten or hand-written documents will be accepted.

*A response must be provided to each question; do not leave any question blank. If there is no answer to a question, write "none".

Signature of Director _____ (SIGN IN BLUE INK) Date _____

 Type Name

II. PROGRAM GOALS: Provide progress on the actions steps listed for each program goal and answer the questions about services provided, in narrative format, during the first quarter of the reporting period (October 1, 2017 - December 31, 2017).

A. PROGRAM GOAL # 1 - Increase the number of unduplicated clients receiving ACL Title III-B services for the grant period of October 1, 2017, through December 31, 2017 by at least one percent (1%). Attach a copy of the SAMS report that validates this data. **Please refer to SAMS CAN report listing for Quarterly Financial Reports items 1 through 4. i.e. Services -Agency Summary Report: 2018 Title III B Quarterly - Unduplicated Count by Care Program.**

i. Please describe the Title III-B activities and services you have provided, during this reporting period? Ex: Health screening, western dance classes, internet user computer class, field trips to Grand Teton, etc...

1. Numbers of unduplicated clients received ACL Title III-B services, during reporting period of fiscal year 2018 (10/1/2017 - 12/31/2017)
2. Total numbers of unit of Title III-B services provided to clients during reporting period of fiscal year 2018 (10/1/2017 - 12/31/2017)
3. Of the clients reported in Question #1, how many were new (have not received ANY Title III-B services from your organization in the previous three years), using SAMS data submitted with your Fiscal Report (10/1/17 - 12/31/17)? Use SAMS Report or your own recording system to complete this information.
4. Of the clients reported in Question #1, how many relocated or moved into a long-term care facility (i.e. assisted living facility, nursing home, etc.) during this reporting period (10/1/17 - 12/31/17)? Use your own recording system to complete this information.
5. Of the clients reported in Question #1, how many TEMPORARILY moved out of your service area (i.e. snowbirds or someone lives elsewhere for part of the year during this reporting period (10/1/17 - 12/31/17). Use your own recording system to complete this information.
6. Of the clients reported in Question #1, how many PERMANENTLY moved out of your service area (moved out of State to with children or relatives), for this reporting period (10/1/17 - 12/31/17). Use your own recording system to complete this information.
7. Of the clients reported in Question #1, how many passed away during this reporting period (10/1/17 - 12/31/17)? Use your own recording system to complete this information.



Title III-B Final Notes

- Title III-B Grantees are part of the community senior network which enables older individuals to maintain physical, mental and social well-being through programs designed to meet their needs.
- Remember to select the III-B services you intend to provide in your III-B grant application: Health Services, Socialization Services, Support Services, and Transportation Services.



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Contact Us

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Hathaway Building
2300 Capitol Avenue, 4th Floor
Cheyenne, WY 82002
Main Office: (307) 777-7995
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