



Wyoming
Department
of Health

**Wyoming
State Plan on Aging
2021-2025**



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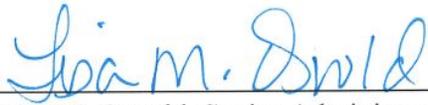
Diane & Randy Harrop

Verification of Intent

The Wyoming's State Plan for Aging is hereby submitted for the State of Wyoming for the period of October 1, 2021 through September 30, 2025. It includes all plans to be conducted by the Wyoming Department of Health, Aging Division, Community Living Section, under the provisions of the Older Americans Act, as amended during the period identified. The Aging Divisions 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 als 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, Senior Administrator, Aging Division



Date

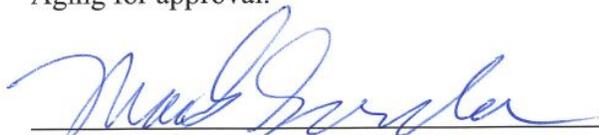


Stefan Johansson, Interim Director, Wyoming Department of Health



Date

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



Mark Gordon, Governor, State of Wyoming



Date

Letter from Senior Administrator

Dear Wyoming Resident,

The Wyoming Department of Health (WDH), Aging Division's 2021-2025 State Plan on Aging covers the period of October 1, 2021 through September 30, 2025. This document serves as the blueprint for the agency's planned effort and services for older adult Wyoming residents during the next four years.

Wyoming's aging population is rapidly increasing, therefore it is expected that the demand for services will also increase. As we look ahead, we must recognize these challenges and find innovative solutions to ensure older adults, caregivers, and providers have the resources necessary to navigate the changing times. The very attributes of Wyoming's majestic landscape which alternates between prairie, stark desert, and rugged mountains, can make it potentially difficult for older adults to age in place. This is compounded by sparse population centers and often long distances between communities.

As the focal point for Wyoming's aging network, the State Unit on Aging (SUA) located within the Wyoming Department of Health, Aging Division, administers funding provided both by the federal Older Americans Act and the State for older adults. As a single planning area, the SUA is able to partner directly with local providers to ensure services are delivered in a timely and efficient manner. However, the SUA recognizes the importance of collaborating with key partners across the state to ensure as many services as possible are available to assist older adults.

We recognize and appreciate the significant contributions made by older adults and seek to ensure they receive the support they need to age with dignity and respect. This State Plan describes the programs and services designed to deliver that very support.

Sincerely,



Lisa M. Osvold
Senior Administrator
Wyoming Department of Health, Aging Division

Executive Summary

The 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 faces two main challenges in this regard: its rapidly aging population, and its exceptionally low population density.

- Wyoming’s population is aging quickly. It was the fastest aging state in the United States, with the median resident age increasing by 0.4 years from 2018 to 2019. 17 of 23 counties have median ages above the national median of 38.4 years old.¹
- Wyoming is one of the most sparsely-populated states, with an overall density of 5.17 people per square mile, and 17 of 23 counties meeting the federal ‘frontier’ definition of fewer than six people per square mile.²

The Wyoming Department of Health Aging Division is required by the Older Americans Act of 1965, as amended (OAA), to develop a State Plan on Aging every two to four years. This plan on aging is for the time-period beginning July 1, 2021 through June 30, 2025.

The Older Americans Act supports a wide range of social services and programs for individuals aged 60 years or older. Title III services are available to all persons aged 60 and older but are targeted to those with the greatest economic or social need, particularly low-income and minority persons, older individuals with limited English proficiency, and older persons residing in rural areas.

The State Plan on Aging functions as Wyoming’s Aging Division contract with the Administration for Community Living (ACL). It allows the State of Wyoming to receive funding under Titles III and VII of the OAA. Titles III and VII provide for funding for important services for older Wyominites, known as “core” programs, such as:

¹ State of Wyoming, Economic Analysis Division (EAD) “Press Release - 07/07/2020” page 2 - <https://sheridanmedia.com/news/23094/census-bureau-wyoming-aging-faster-than-any-state/>; http://eadiv.state.wy.us/pop/POP_NEWSRLSE_ASR19.pdf

² Wyoming Department of Health - Office of Rural Health - “What is Rural health?” - <https://health.wyo.gov/publichealth/rural/officeofruralhealth/what-is-rural/>

- Personal Care
- Respite
- Adult Day Services
- Legal Services
- Personal Emergency Response Systems
- Case Management
- Congregate and Home-Delivered Meals
- Preventative Care
- Adult Protective Services
- Long-Term Care Ombudsman

As a Single Planning and Service Area (PSA), Wyoming's Aging Division serves as a State Unit on Aging (SUA). 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. The SUA also performs the functions of an Area Agency on Aging (AAA), delivering and contracting for services for older persons at the local level. Wyoming's SUA administers additional state funded programs that assist both older adults and individuals with disabilities from premature institutionalization. To carry out these activities, Wyoming's SUA collaborates with partnering organizations within the aging and disability network.

As a single planning state Wyoming has a unique opportunity to work directly with providers. This allows the SUA to more rapidly adjust to the needs of older adults by creating new or enhanced partnerships with service providers. This also creates the opportunity to collaborate with key partners to develop a more robust information and referral system when it comes to service delivery and availability.

As indicated in the 2017-2021 State Plan, the State of Wyoming, as a safety net provider of long-term care services, will face increasing costs to support Wyoming's aging population. As outlined in the State Plan, factors contributing to the problem include; a rapidly increasing aging population; a net migration loss among working adults; an increase in the cost of long-term care; an increase in poverty rates among older adults; and the increased burden being placed on informal caregivers, will continue to place pressures on the aging network system.

The pressures on the system will create demand for the critical core services funded by Titles III and VII of the OAA. Wyoming's SUA will utilize the strategies outlined in this State Plan on Aging to address the growing and changing needs of Wyoming's older adults and persons with disabilities.

In order to meet the challenges of Wyoming's aging population the Aging Division identified the following four components to develop the goals for the State Plan:

- Anticipating the increasing needs and costs of long-term care, delaying institutionalization and promoting aging in place will continue to be a priority for the State of Wyoming.
- Addressing Wyoming’s barriers to aging in place among older adults and caregivers as outlined in both the statewide survey and community listening sessions.
- The need to adapt technology to the current infrastructure of service delivery.
- The impacts of social isolation and loneliness on the older adult population in Wyoming which is further exacerbated by the rural nature of our state.

The 2021 – 2025 State Plan on Aging focuses on four important areas: OAA core programs, ACL discretionary grants, participant-directed/person-centered planning, and elder justice. The plan includes four goals that reflect Wyoming’s State Unit on Aging’s priorities going into the next four years:

Goal 1: Support and strengthen opportunities for aging in place by collaborating with organizations.

Goal 2: Improve communication networks among older adults to expand service opportunities.

Goal 3: Increase and improve services made possible by the Older American’s Act

Goal 4: Ensure the rights and safety of older adults.

The fulfillment of the goals and objectives of this State Plan on Aging will be the foundation that Wyoming will build on to increase capacity to serve the needs of the aging population. This will be accomplished by providing needed services, and also by providing those services at the person’s direction and in the setting of their choice.

Context

This Wyoming State Plan on Aging 2021-2025 must accommodate a number of factors and issues facing Wyoming's older adult population. While the population of Wyoming is slowly increasing, the older adult population is growing exponentially leading to a growing proportion of older adults living in the state.

The vast majority of people want to age in place. That is, older adults would rather continue living in their homes rather than move housing to a long-term care facility. In a 2018 national survey conducted by AARP, more than 75 percent of respondents aged 50 or older wanted to remain in their homes or communities as they aged.³ This sentiment was also seen in the results of the survey the Aging Division conducted as part of State Plan outreach in Wyoming. Like the AARP national survey, around 75 percent of respondents over the age of 60 in Wyoming's Aging Survey indicated that their future housing plans were to stay in current housing or remain in the community.⁴

However, older adults also face specific challenges. Older adults may be living in poverty, making services unaffordable to those hoping to age in place. Long-term care facility stays and community services are also becoming increasingly expensive. Therefore, to better promote healthy aging Wyoming's caregivers must be involved and supported for their efforts. Additionally, work to make homes and communities more accommodating to older adults must be done.

The State Unit on Aging will continue supporting and encouraging healthy aging in place among older Wyomingites. The SUA will support older adults in their goals of growing older in their homes and communities to prevent premature institutionalization. Ultimately these efforts must align with the ability of the Aging Division to serve more individuals in home and community-based settings. Continued studies and targeted programming are needed to isolate the areas where efforts can be best placed to combat the effects of rising older populations and fewer resources.

Wyoming's Aging Population

Wyoming is known as the Equality State and the Cowboy State, and it is rapidly becoming known for being an 'aging state'. Over the past 10 years, Wyoming's overall population has grown by 2.3%.⁵ However, in contrast, the older adult population (65+) had grown by

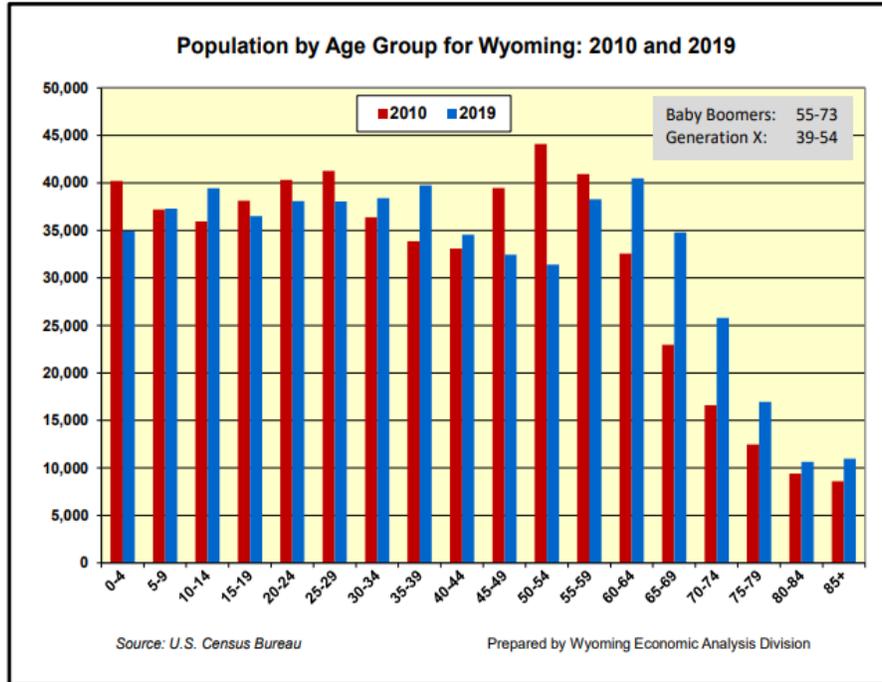
³ Binette, Joanne and Kerri Vasold. 2018 Home and Community Preferences: A National Survey of Adults Age 18-Plus. Washington, DC: AARP Research, August 2018. <https://doi.org/10.26419/res.00231.001>

⁴ Attachment E - State Plan Supplement Survey of Wyoming Residents Report

⁵ State of Wyoming, Economic Analysis Division (EAD) "Press Release - 04/26/2021" page 1 - http://eadiv.state.wy.us/demog_data/pop2020/POP_NEWSRLSE_2020Census.pdf

approximately 3.8% from July 2018 to July 2019.⁶ According to 2020 Census Data, the current population of Wyoming is 576,851. In 2019, the number of persons aged 60+ were 138,116, a total of 24% of the total population.

Figure 1: Population by Age Group for Wyoming: 2010 and 2019⁷



Wyoming’s population is aging as members of the Baby Boomer generation are growing older and reaching retirement age. In addition, Wyoming is seeing higher outmigration of young people and a decline in fertility rate. As the median age of Wyomingites rose from 38.0 to 38.4 from 2018 to 2019 and more people from ‘Generation X’ age in Wyoming, this total is expected to get higher into 2030 and beyond.

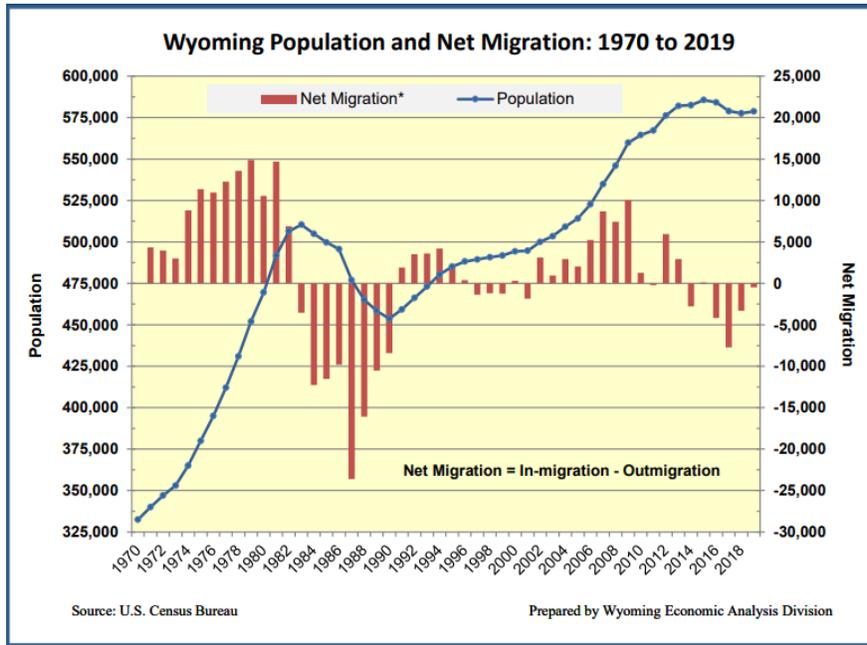
Wyoming’s population has unique circumstances to address. While an aging populace is not an issue unique to the State of Wyoming, as the US grows older as a whole, Wyoming does not have enough workers to replace older adults who are retiring.⁸

⁶ State of Wyoming, Economic Analysis Division (EAD) “Press Release - 07/07/2020” page 1 - http://eadiv.state.wy.us/pop/POP_NEWSRLSE_ASR19.pdf

⁷ State of Wyoming, Economic Analysis Division (EAD) “Press Release - 07/07/2020” page 1 - http://eadiv.state.wy.us/pop/POP_NEWSRLSE_ASR19.pdf

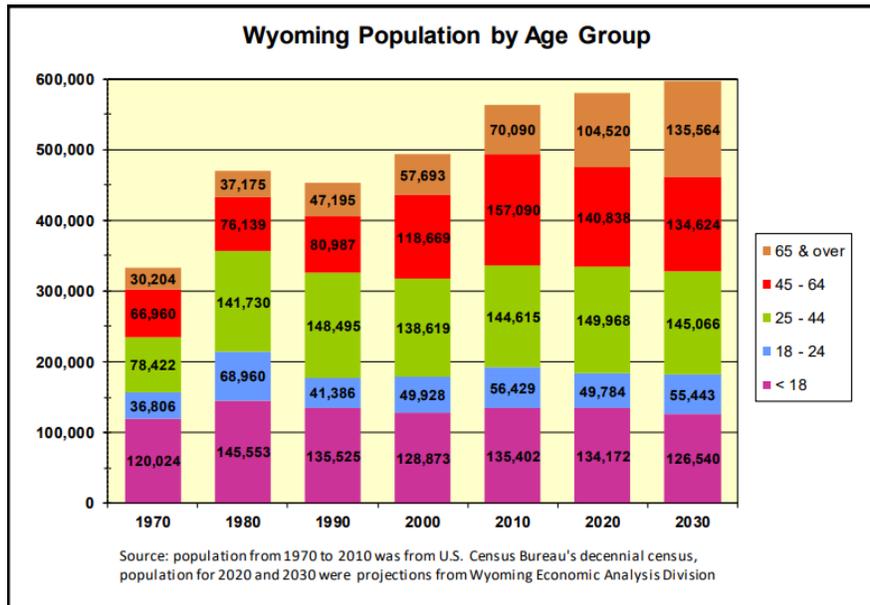
⁸ State of Wyoming, Economic Analysis Division (EAD) “Press Release - 07/07/2020” page 1 - http://eadiv.state.wy.us/pop/POP_NEWSRLSE_ASR19.pdf

Figure 2: Wyoming Population and Net Migration: 1970 to 2019⁹



The rate of working migrants from outside Wyoming has been on the decline since 2012, and has been on an overall downward trend since the mid 1990's. Even if there is an increase of migration in this decade, the downward trend is likely to continue. With a rising population this puts increasing pressure on revenue resources and the workforce to care for older adults.

Figure 3: Wyoming's 65+ Age Group Set for Largest Growth into 2030.¹⁰



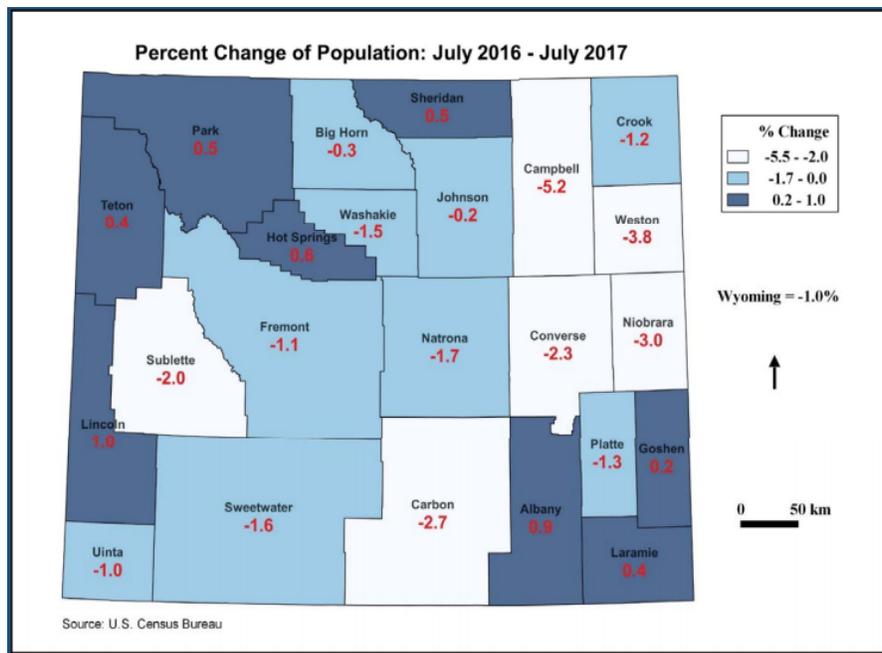
⁹ State of Wyoming, Economic Analysis Division (EAD) "Wyoming Demographic, Economic and Revenue Trends and Outlook" page 5 - http://eadv.state.wy.us/specialreports/Wyoming_trends2020.pdf

¹⁰ State of Wyoming, Economic Analysis Division (EAD) "Wyoming Demographic, Economic and Revenue Trends and Outlook" page 30 - http://eadv.state.wy.us/specialreports/Wyoming_trends2020.pdf

Between 2020 and 2030, the 65+ population will increase by 30,000 people, while working-age adults will decrease. Growth of the 65+ population will be met with increased demand on community-based services. Along with this, the ratio of working-age adults in terms of tax payers, caregivers and home health employees to provide necessary care for an aging population is decreasing.

Wyoming is expecting an increase of 30,000 older adults residing in our communities by the end of the decade, which will be met by a likely increased demand on community-based services. The increase in older adults is due to middle aged people staying in Wyoming and aging in their communities, whereas more younger adults are moving out of the state.

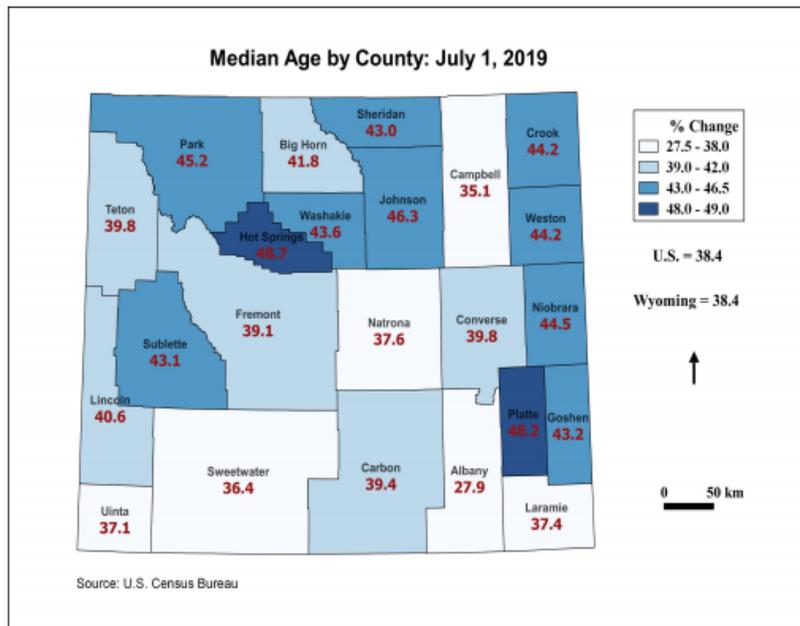
Figure 4: Percent Change of Population July 2016 - July 2017¹¹



The rural counties in the state face significantly more population changes than the more urban areas, such as in Teton, Laramie and Albany counties. More rural counties, such as Carbon and Weston counties, have experienced larger losses in populations. See Figure 4. Although this chart only shows one year, it is reflective of a changing demographic across the region. Wyoming’s overall population is growing, but this growth has not been evenly distributed across counties.

¹¹ State of Wyoming, Economic Analysis Division (EAD) “Wyoming Demographic, Economic and Revenue Trends and Outlook” page 7 - http://eadiv.state.wy.us/specialreports/Wyoming_trends2020.pdf

Figure 5: Median Age of Wyoming Residents by County 2019¹²



In 12 of Wyoming’s 23 counties, the median resident’s age is at least 40 years old. Older populations tend to be found in more rural counties. In particular, Platte and Hot Springs have the highest median ages of residents with over half each county’s population being 48 years or older. In counties with larger urban populations, such as Laramie, Natrona, Cambell, and Albany counties, the median age of residents is lower than or equal to the United States median age. In Goshen, Niobrara, Weston, and Sublette counties, which have some of the lowest populations in the state, the median resident age is above the national median. 47% of Wyoming’s total population live in frontier areas of the state. With the exception of people living in Cheyenne and Casper, the remaining population lives in rural areas.¹³ Combine this with our rapidly growing aging population, and we begin to understand why services aimed at maintaining residents’ ability to age in place are so crucial.

The Increasing Cost of Long-Term Care in Wyoming

Along with the projected increase of people over 65, we can also expect increasing rates of chronic diseases among this population. This compares to national statistics that show an increase across all types of chronic health conditions, aside from heart disease which is on the decline. These conditions include: COPD, asthma, arthritis, cancer, hypertension and strokes.¹⁴ With these conditions comes an increase of associated health care costs.

¹² State of Wyoming, Economic Analysis Division (EAD) “Press Release - 07/07/2020” page 2 - http://eadv.state.wy.us/pop/POP_NEWSRLSE_ASR19.pdf

¹³ Wyoming Department of Health - Office of Rural Health - “What is Rural health?” - <https://health.wyo.gov/publichealth/rural/officeofruralhealth/what-is-rural/>

¹⁴ Federal Interagency Forum on Aging-Related Statistics. (2020). “Older Americans 2020: Key indicators of well-being”. Washington, DC - pages 26 & 101 https://agingstats.gov/docs/LatestReport/OA20_508_10142020.pdf

Over the period of the next four years, the state of Wyoming will face increasing costs for long-term care to support its aging population. For example, Medicaid costs for long-term care could increase from \$130 million in 2017 to between \$184 and \$312 million in 2030. According to the Genworth Cost of Care survey, conducted in August 2020, Wyoming is significantly more expensive compared to the median rate of the other 49 states, in areas such as Adult Day Care (second highest in the nation) and Home Health Aide (seventh highest).¹⁵ Adult Day facilities are also highly limited in Wyoming, with only five facilities across the entire state.¹⁶ The limited availability of Adult Day Care services in some counties or towns adds another barrier beyond cost to people requiring services. Adult Day Care and Home Health services are important services for supporting informal caregivers and for helping community-dwelling older adults remain in their homes.

Wyoming is below the median costs for both Assisted Living Facilities (ALF) and nursing homes, also known as skilled nursing facilities (SNF), but the figures are still rising significantly above the national median. Although the average costs for living in an Assisted Living Facility (ALF) in Wyoming are below the national average, these costs have been rising faster than national costs. The average costs for stays in a nursing home, also known as a skilled nursing facility (SNF), in Wyoming are close to the national average and rising. These figures included with an ever larger group of older adults in poverty and still paying nearly one-third of their income on housing needs means the demand on this sector is only set to increase over time, placing further demands on scarce community based resources.

Table 1: Annual Median Cost of long-term Care Support Services for Wyoming¹⁷

<i>Care Category</i>	<i>Wyoming</i>			<i>National</i>	
	<i>2020 Annual Cost</i>	<i>Change Since 2019</i>	<i>State Rank (High/Low)</i>	<i>2020 Annual Cost</i>	<i>Change Since 2019</i>
<i>Homemaker Services</i>	\$64,339	0.43%	#9	\$53,768	4.44%
<i>Home Health Aide</i>	\$66,627	3.12%	#7	\$54,912	4.35%
<i>Adult Day Health Care</i>	\$39,000	108.33%	#2	\$19,240	-1.33%
<i>Assisted Living Facilities</i>	\$50,100	10.45%	#27	\$51,600	6.15%
<i>Nursing Home Semi-Private Room</i>	\$99,098	12.42%	#27	\$93,075	3.24%
<i>Nursing Home Private Room</i>	\$104,573	8.52%	#28	\$105,850	3.57%

¹⁵ Genworth, “Cost of Care Survey” - August 2020 - <https://pro.genworth.com/riiproweb/productinfo/pdf/298701.pdf>

¹⁶ Steinman BA, McKibbin C, Carrico CP, Johnson T, and Cooley KL. (2016) “Aging in Wyoming: An Atlas of Resources Targeting Wyoming’s Older Adults.” Wyoming Center on Aging, commissioned by Wyoming Department of Health - Page 36 www.uwyo.edu/wycoa/files/brochures/aging-in-wyoming-an-atlas-of-resources-targeting-wyomings-older-adults-wdoh.pdf

¹⁷ Genworth, “Increase in Long-Term Care Costs in Wyoming Surpass National Trends; COVID-19 Pressures Future Costs”, Dec 2020 <https://newsroom.genworth.com/2020-12-2-Increase-in-Long-Term-Care-Costs-in-Wyoming-Surpass-National-Trends-COVID-19-Pressures-Future-Costs?mobile=No>

As the cost of long-term care rises, the need for adequate insurance or planning to cover those costs places a great financial responsibility on older adults. The lower rankings in Table 1 indicate more expensive care compared to the other 49 states. Currently, about 11 million Americans of all ages require long-term care, but only 1.4 million live in nursing homes. Looking into the future, 70% of people who reach age 65 are expected to need some form of long-term care at least once in their lifetime, and approximately half of the people requiring long-term care are expected to enter a nursing home at least once in their lifetime.¹⁸

Despite this need for more assistance to pay for long-term care and the financial risk of paying for such assistance, comprehensive insurance policies are available but rarely purchased.¹⁹ Cost is the most cited reason for foregoing long-term care insurance, with average premiums costing buyers over \$2,500 per month. Beyond costs, other factors that contributed to low rates of enrollment were; misunderstanding of long-term care policy, lack of knowledge of the existence of long-term care insurance itself, restrictions on pre-existing conditions, and refusal to cover either some or all the costs of long-term care.²⁰ Current drivers behind the increased cost of long-term care are: inflation from year to year and workforce shortages. 54% of long-term care facilities cited a shortage of skilled home health care workers. Pressures from COVID-19, such as cost increases due to cleanliness, PPE purchases, and more rigorous hygiene practices being normalized, adds financial strain on nursing facilities with costs unable to be absorbed elsewhere.²¹ Although these numbers match national trends, the situation in Wyoming is similar.

Medicaid Enrollment projections for Nursing Homes (SNF) and Community-Based Services (HCBS) by the Wyoming Department of Health (as seen in Figure 6 below), reflect that aging in place is the most responsible goal to both respect the independence of individuals and be fiscally responsible. While enrollment in a SNF through Medicaid funding will likely remain stable or grow slightly through 2030, provision of HCBS is expected to increase over the next ten years.

One local study of two counties in Wyoming suggested that we needed “support planning for growth in the number and proportion of residents who are age 60 and older. By 2030, this segment of the population will make up a significant share of the population in Laramie and Albany Counties. Understand that increased numbers of older residents will impact virtually every aspect of the community.”²²

¹⁸ NAIC, “A Shopper’s Guide to Long-Term Care Insurance”, page 4 - https://www.naic.org/prod_serv/LTC-LP-19.pdf

¹⁹ Brown, Jeffrey & Finkelstein, Amy. (2004). “Supply or Demand: Why is the Market for Long-Term Care Insurance So Small?”. *Journal of Public Economics*. 91.10.1016/j.jpubeco.2007.02.010.

https://www.researchgate.net/publication/5185450_Supply_or_Demand_Why_is_the_Market_for_Long-Term_Care_Insurance_So_Small/citation/download

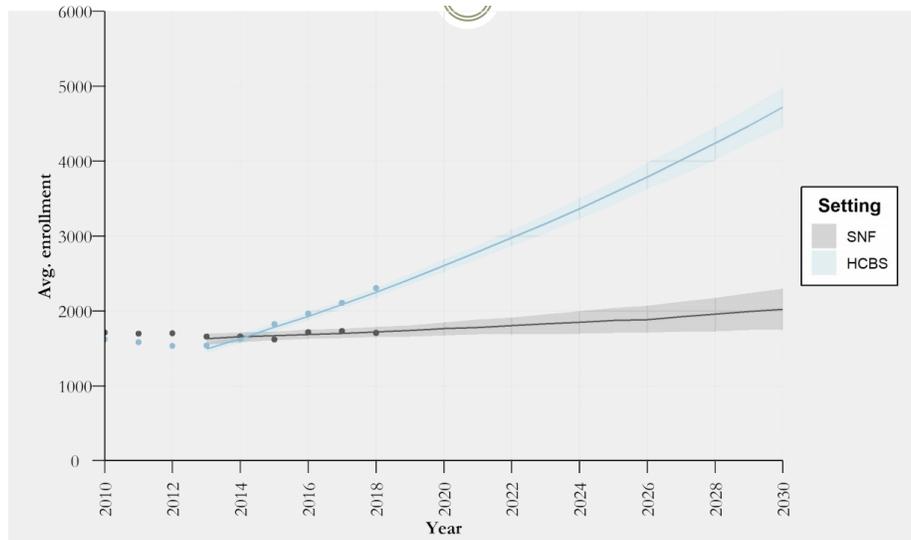
²⁰Howard Gleckman, “Why People Don’t Buy Long-Term Care Insurance.” *Forbes*. Sept. 2011.

<https://www.forbes.com/sites/howardgleckman/2011/09/12/why-people-dont-buy-long-term-care-insurance/?sh=709234fd3817>

²¹ Genworth, “Drivers of the Cost of Care”, November 2020, pro.genworth.com/riiproweb/productinfo/pdf/650501.pdf

²² Steinman, Tabler, Mittlieder, Schulte, “Age-Friendly Laramie: Assessing Livability, Age-Friendliness, and Perceived Needs to Age Well in Albany County, Wyoming” - March 2020, <https://agefriendlywyoming.org/>

Figure 6: Projected Medicaid Enrollment for Nursing Homes (SNF) and Community-Based Services (HCBS)²³



Planning for growth in the older adult population also requires preparing for growth in people living with Alzheimer’s disease or other dementias. Dementia care in Wyoming will need to meet these growing demands. The number of Alzheimer's patients are projected to increase 30% by 2025 - an increase of 3,000 patients. By 2060, the rate of dementia in populations 85+ is expected to grow exponentially. People with Alzheimer’s disease have the highest numbers of emergency department (ED) visits nationwide, and will account for an extra \$25,000,000 spent on Medicaid payments by 2025 (an increase of 29%).²⁴

This burden falls heavily on our state’s estimated 16,000 unpaid caregivers. It can be approximated they would have earned an accumulated \$379,000,000 for 21,000 hours of care, had they been paid. Wyoming’s caregivers will require more support as the need for informal caregiving continues to grow.²⁵ This support would take the form of direct assistance for caregivers such as mental and physical health support services, and educational materials on caregiving. Alternatively, increased opportunities for respite care and adult day care services may help ease the burden on caregivers as well.

Older Adults Living in Poverty in Wyoming

Persons aged 60+ who were living in poverty, rose from 7.3% to 8.3% from 2018 to 2019, and have steadily been on the rise since 2010 where the percentage of older adults 60+ in poverty was only 6.2%.²⁶ According to a 2019 Profile of Older Americans, nationwide study, “37% of

²³ Franz Fuchs, Aging & Long-Term Care Review, June 2019, <https://www.wyoleg.gov/InterimCommittee/2019/10-20190613JLHSSPresentation-6.13.2019updated.pdf>

²⁴ Alzheimer’s Association, “2021 Alzheimer’s Disease Facts and Figures” - <https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf>

²⁵ Alzheimer’s Association, “2021 Alzheimer’s Disease Facts and Figures” - <https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf>

²⁶ US Census Bureau - Wyoming, Older Population, ACS 1 year comparisons 2010-2019

older householders {75+} spent one-third or more of their income on housing costs: 30% for owners and 65% for renters.” This highlights the housing insecurity problem facing Wyoming.²⁷ Poverty also exacerbates problems with accessing long-term care and support, such as homemaking and meal delivery services. Many older adults, particularly those living on a fixed or limited income, have expressed concern about financing these important services.

Wyoming’s Caregivers

“Older adult caregiving is relevant to a large portion of households in the state of Wyoming; 68% of Wyoming residents cohabit with caregivers, such as a spouse, children, or grandchildren, and 1 in 3 homes has at least 1 resident 60 years or older, many of whom provide care to their cohabitating family members.”²⁸

Aging Division research conducted in 2020 with older adults already placed in SNFs revealed that a large portion of the older adult population rely heavily on informal caregivers for support, citing few good alternatives for care.²⁹ The biggest problem for rural caregivers remains financial. Additionally, caregivers for elderly parents who continue to work find that the struggle to balance family and work is the most burdensome. The aim of the study was to see what reasons older adults gave for not being able to age in place, in their communities and in their homes. This was the conclusion of the study:

“Successful interventions will also... acknowledge the many structural factors affecting the ability to safely age in place in rural areas. These include rural transport limitations, fragmented healthcare delivery systems, and spotty broadband access, all of which require creative solutions to serve a rural aging population... Overall, an increasingly patient- and caregiver-centered approach to both HCBS and long-term care services will allow for an empowerment of older adults and their caregivers to feel supported and make informed care decisions.”³⁰

Informal caregivers and caregiver support were identified as important components to encourage healthy aging in place in Wyoming. Caregiver support and empowerment are emerging areas of interest for the SUA as it contends with accomplishing more with fewer formal resources. Services aimed at assisting older adults or adults with disabilities, such as transportation and adult day care, also help to relieve the burden from informal caregivers.

²⁷ ACL, “2019 Profile of Older Americans”, page 15 -

<https://acl.gov/aging-and-disability-in-america/data-and-research/profile-older-americans>

²⁸ Claire Quinlan, (2020), “Barriers to Aging in Place for Rural, Institutionalized Older Adults: A Qualitative Exploration” page 10 - <https://www.tandfonline.com/doi/abs/10.1080/07317115.2020.1820651>

²⁹ Research was conducted by Claire Quinlan who was working for WDH as an AmeriCorps VISTA member from 2019 to 2020

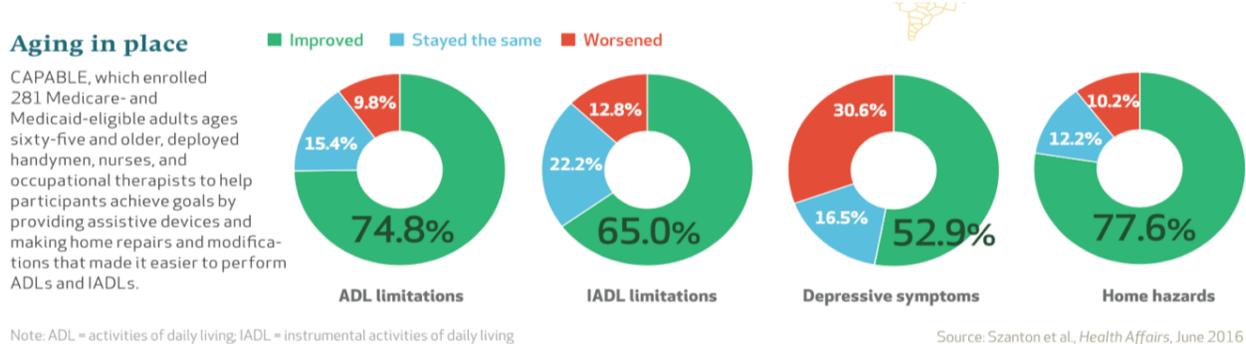
³⁰ Claire Quinlan, (2020) “Barriers to Aging in Place for Rural, Institutionalized Older Adults: A Qualitative Exploration” pages 7-10 - <https://www.tandfonline.com/doi/abs/10.1080/07317115.2020.1820651>

Aging In Place

The intent of the Older American Act is to assist older adults to age in place. Wyoming must address a variety of issues that could hinder an individual’s ability to age in place. Improving services such as caregiver support, home modifications, and community organization support, would work towards achieving this goal. Ultimately, aging in place is both financially sustainable for the state and the preference of older adults themselves. It reduces the stress on Medicaid and other federal programs, and enables the employment of more health care coordinators to manage the additional home services that patients and their caregivers will need.³¹

Accordingly, part of the SUA’s outreach efforts focused on understanding resources for aging in place and caregivers. Questions regarding aging in place resources were asked throughout the Division’s outreach efforts. Older adults who received home visits from medical staff and home modification contractors felt their living conditions significantly improved for those with limitations on daily living and daily activities, those with mental health problems, and those with significant hazards in the home. This research enables the SUA to address the needs of older adults who want to age in place.

Figure 7: Home Modifications and Subsequent Quality of Life Changes³²



Support for aging in place shows on average an improved quality of life and high levels of satisfaction. Aging in place is seen as necessary as 93.5 percent of older adults live in the community, with 4.5 percent in SNF and a further one percent in assisted living. With federal policy moving towards aging in place, it is imperative that the quality of the care and modifications to age in place is high, through the efforts of the SUA.³³

³¹ Steinman, Bernard & Tabler, Jennifer & Mittlieder, Cassandra & Schulte, Michaela. (2020). Age-Friendly Laramie: Assessing the livability, age-friendliness, and perceived needs to age well in Albany County, Wyoming. 10.13140/RG.2.2.26186.52169.

³² Zanton et al, “Health Affairs”, June 2016

³³ Nancy Wellman, “Food Preparation and Consumption Habits of Community-Dwelling Population”, pages 26-27 https://www.ncbi.nlm.nih.gov/books/NBK51847/pdf/Bookshelf_NBK51847.pdf

Outreach Efforts & Data Gathering for the State Plan on Aging

Online Focus Groups and Community Listening Sessions

In 2020, during the period of time intended to collect community input and feedback to inform Wyoming's upcoming State Plan on Aging, the United States was affected by the COVID-19 pandemic, making in-person community listening sessions impossible to safely conduct. As a result, alternative channels of collecting feedback were employed. The AGD conducted a series of focus group sessions and community listening sessions over Zoom, which was fully licensed and could accommodate any number of willing participants. We did not reach capacity in any session. These focus groups were handpicked by an advisory group from a variety of regions, genders, ages and professions. The advisory group was composed of people on the peripherals of the aging network; none were program directors, provider staff or state staff. The group met three times from November 2019 to January 2020 and provided names and contact information for local community members from each region.

Each advisory group member was invited to the focus group session of their choice, with the flexibility to join a neighboring region if the day was not convenient. They were able to attend the session via telephone or internet, to maximize attendance. Please refer to Attachment F for the full breakdown of public comments by topic area, region, regional geographical breakdown, and an overall statewide evaluation.

Statewide Focus Groups & Community Listening Sessions

There were 8 days of regional sessions, consisting of 16 focus groups and 8 community listening sessions for a total of 24 sessions across the 8 days.

A total of 71 people participated in the sessions, with some duplicates who joined for multiple sessions. This leaves the total number of unduplicated participants at 61. The same questions were asked at every session. The first set broadly asked about participants' overall satisfaction with aging in Wyoming and the challenges older adults face. The second set of questions asked about the services available to older adults that are utilized most. The final set of questions allows people to speak about anything they want regarding aging in Wyoming that had not been addressed in earlier questions or discussions. Each question set lasted about 15 minutes on average, with the last 15 for introductions at the start and closing questions at the end. These questions were installed as discussion prompts to move conversations along and open up conversation.

Each session had four polls with prompts for questions to encourage discussion on issues they may not have been aware of. Age was not recorded as a requirement, and was used as a test poll question. Anecdotal evidence suggests most participants in the focus groups and community listening sessions were between the ages of 40 and 65

Individuals who joined in the morning and noon sessions were handpicked by an advisory group of community leaders. The Community Listening sessions were published on the WDH website, the AGD Facebook page, community newspapers, statewide and regional newspapers, a pre-recorded interview on WPR, WPR online events, medicaid email newsletters and our own aging network. The virtual video conference attendance details were posted along with dates and times, and they were open to everyone.

We rotated speakers for various sessions, had multiple note takers and presented disclaimers that no recordings would take place, only typed note-taking that were de-identifiable.

Comments from these focus group/community listening sessions were then organized and coded into salient themes. Table 2 takes the top four themes identified across sessions. If an important aspect of aging was mentioned during an online session, it was recorded as having been brought up on that day. Many topics were mentioned across multiple sessions, across a day, which is reflected with a higher number in Table 2. Every topic can have a maximum of three mentions per day for regions two, three, four, and eight. Every topic can have a maximum of two mentions per day for regions one, five, six, and seven, which only had two online sessions. Every topic can be mentioned a total of twenty times across eight regions. The top four topics were identified by their high prevalence across multiple sessions, having been brought up in seven out of eight regions and in at least 50 percent of all sessions held. A complete analysis of topics covered during focus group sessions and community listening sessions across eight days can be found in Attachment F. This document shows the frequencies of comments for all topics, full regional breakdown maps and includes more detailed explorations of issues faced by each region of Wyoming.

Table 2: Top Topics Raised in Focus Groups/Community Listening Sessions

	1*	2	3	4	5*	6*	7*	8		Total Topics %	Regional Mentions %
Healthcare	2	3	1	3	2	0	1	1		65	87.5
Transportation	1	3	0	2	1	1	2	3		65	87.5
Community Services	2	1	2	1	1	0	1	2		50	87.5
Dementia/ Mental Health Services	1	1	3	0	1	1	1	2		50	87.5

See next page for key

Key:

0	0 mentions out of 3 potential for each session on the regional day of listening sessions*
1	1 mention out of 3 potential for each session on the regional day of listening sessions*
2	2 mentions out of 3 potential for each session on the regional day of listening sessions*
3	3 mentions out of 3 potential for each session on the regional day of listening sessions*

**The AM session for Regions 1, 5, 6 & 7 all had zero (0) participants, so there were 20 sessions included in this analysis.*

The two top identified issues for Wyoming were healthcare and transportation, which both appeared in 65 percent of all sessions and were discussed as issues in seven out of eight regions of Wyoming. Wyoming’s particularly rural nature is a contributing factor for both of these issues to be prominent among community-dwelling adults.

Healthcare was a major issue of concern for the focus group and community listening session participants. Many Wyoming residents live in small towns with limited health clinics, while hospitals with advanced medical equipment and the capacity to perform more advanced procedures are further away. Local healthcare resources in more rural areas may be inadequate for people with chronic health issues. Even the largest cities in the state have populations below 100,000. Highly advanced medical care may force residents to access healthcare out-of-state. The time and travel required for these medical visits can be stressful.

Having many home based service programs in place creates an even greater strain on other similar programs across the State of Wyoming. In some instance having multiple programs doing more or less the same thing means losing one or two does not automatically mean the end of support for older & disabled adults, but it does add more pressure on the system and on those patients who have to navigate the system yet again to find a qualifying program that can support them elsewhere, including CCW and Medicaid, at a time when there is already increasing demand for medicaid services. A participant in region four asked the question: ***“How do we raise the consciousness in the state that seniors need this kind of support?”***

The Behavioural Health unit has a lot of overlap with the Aging Division and there should be more connections made between both of these units of WDH. There is a stigma on institutionalized people being outcast in their community when they start receiving services like mental health care or when they try and return. Specialists in geriatric care are very important and there are simply not enough of them. Young doctors are not staying in this area. Their salaries are low and they have very high caseloads, which makes being a geriatric doctor in Wyoming extremely unappealing. Most facilities can only manage a few people, and there is a limit based on staff training on what they can incentivize. The University of Wyoming has tried to complete education drives around geriatric needs with programs like ECHO. The education drive is

definitely helpful but real support is needed from the medical side once the older adult is in a facility. There is simply no training.

Regions four & five say that healthcare services also tend to be further away from home. ***“Many of those who have serious medical situations would prefer to stay in the area but without the medical expertise available they have to move away.”*** Part of the problem comes from overall staffing levels. ***“Wyoming needs to improve their ability to draw specialists to the state. Their loan and physician incentives do not compete with other states. Until this improves, we will struggle with this.”*** For example there is no doctor here that works with Parkinson's disease. These younger medical professionals feel isolated, as more of their younger adult peers are moving away. This only compounds the issues facing older adults further.

There is a history of systemic racism and sexual assaults in region seven. Local big cities get a lot of money from us, in essence the reservation funds their schools. They are called border towns to us, and they are essentially places we do not want to visit. People are talking about moving out of the central Wyoming (Region Seven) areas because of the undue strain on necessary medical care when it is needed most during the unexpected times of crisis, and when planning to age in place.

The barriers to accessing healthcare are closely related to the barriers of transportation. Travel by car is the primary mode of transportation for most people because many towns do not have robust public transportation systems. Once someone is unable to drive, they face considerable difficulties travelling to and from important appointments, medical or otherwise. Senior centers have been important resources for providing transportation to older adults , but can be limited by individual schedules.

Another issue for many people is that senior center transportation is unable to make trips across state lines. Insurance is a big issue for many centers, but these centers have not had the time to research alternative transport insurance companies. Some insurance providers tend to limit travel within Wyoming only. This restricts the destinations that can be reached, forcing senior center clients who are unable to drive to take longer trips to somewhere within Wyoming or be left to arrange alternative, informal means of transportation.

The third biggest topic discussed by Wyomingites, appearing in 50 percent of all sessions, was community services such as the Older Americans Act programs. In general, seniors have trouble asking for help. There is a lack of information, especially with home help services. Local telephone information services are available but people simply do not use them, or are unaware that they exist. Small towns may lack professionals for services like occupational therapists, handymen and other individuals working together and helping older adults in their home. There are few support programs for people living with dementia. One participant noted, “I hear from constituents that access to facilities and trained workers in dementia care can be hard to find.” Although there are seniors trying to live independently with dementia, there is a lack of

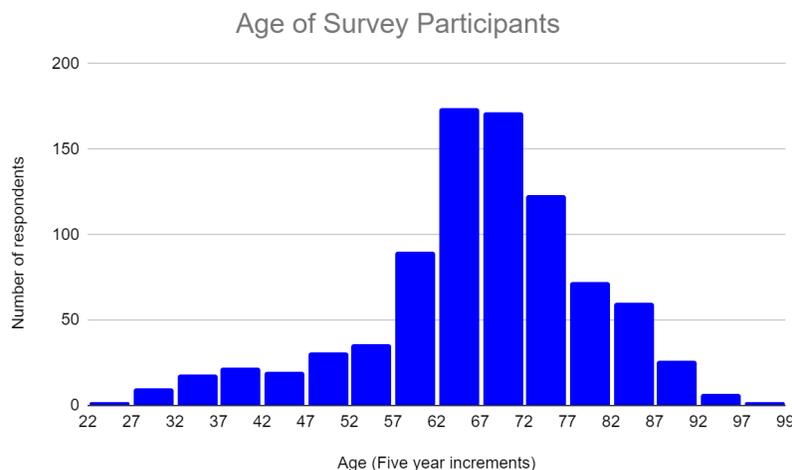
knowledge and understanding from family members. There are also limited options for nursing homes with memory care units, meaning many patients go without the support they need.

Other important topics that came up were; volunteerism, older adult isolation, in-home personal care and health services, elder rights protection, adult day care services, and technology. Surprisingly, informal caregiver issues and indigenous aging issues, despite being critical to the Aging Division’s goals, were not discussed often. Informal caregiving was discussed in four sessions out of the possible twenty. There are a couple of interpretations for this information. Perhaps a disconnect exists between the perceived issues for aging and problems that lead to premature transitions to long-term care facilities. Another possible explanation could be that the general perception of the public is that informal caregiving is outside the scope of the Aging Division’s capabilities and responsibilities; in this case, more communication about Aging Division programs to support family caregivers would be important.

Statewide Aging Survey

In addition to the community listening sessions and study of ALF & NH compared with Acuity Rates, a statewide survey was developed and opened to the general public. A variety of channels, ranging from randomized mailings of invitations to social media and news promotions, were employed to reach a broad audience. A full report about survey distribution and analysis can be found in Attachment E. In total, 1241 responses were recorded. Completely empty responses were removed for a total of 1120 responses. Other screens included removing responses that did not indicate Zip code or sex and excluding responses with a completion percentage of 6 or less (as calculated by Qualtrics), for a total of 866 responses. This set of 866 is used for all analyses within this document, though all written final comments were read and taken into consideration by the SUA. A total of 198 paper copies were received by the Aging Division and constituted 187 of the 866 responses, making paper responses 21.6% of the final survey count.

Figure 8: Histogram of Ages of Survey Participants.

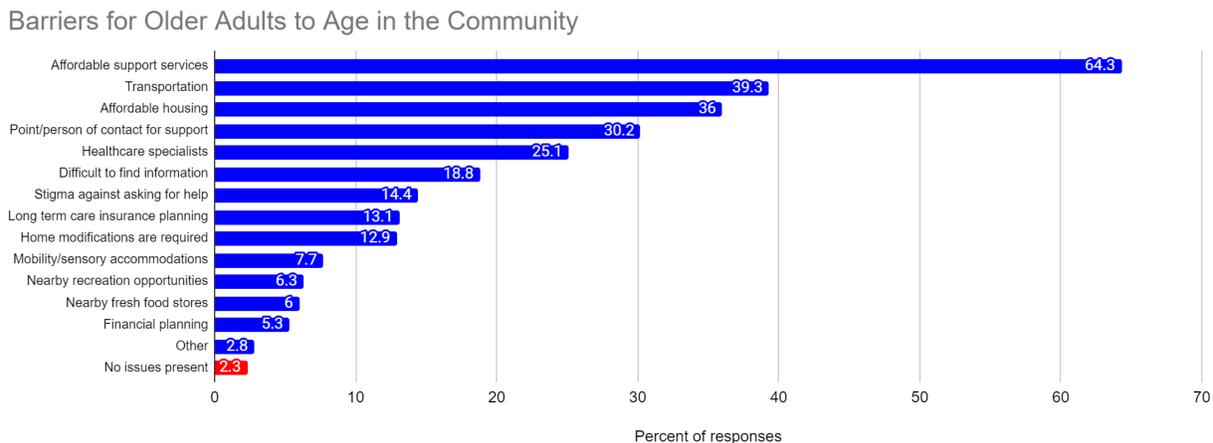


The sample of survey respondents, compared with the demographics of Wyoming, was older and mostly female. Ages ranged from 22 years old to over 95 years old. Survey respondents' average age was 66.5 years old with a standard deviation of 12.8 years. 72.7% of the respondents indicated that they were female as well. Although the sex ratio is skewed from Wyoming, it may be expected for female respondents to answer once for the entire household.

Among a list of identified issues among Older Adults in Wyoming, participants were asked to choose among a list three of the biggest issues facing older adults in their area. Some respondents returning paper surveys chose more than three options. Although a small percentage of survey-takers (3.7%) indicated that there were no major problems older adults faced in their areas, the vast majority of people identified areas for improvement for Wyoming.

The top three issues involved costs for long-term support services such as nursing home stays and community-based services, availability of healthcare services, and options for long-term care facilities. Another issue that concerned more than 28% of survey-takers was isolation among older individuals. Loneliness and isolation were seen as important issues that the highly rural landscape of Wyoming may exacerbate. Other significant, though less commonly cited issues facing older adults were lack of support for people with dementia, difficulties accessing home modification services, and financial exploitation of older adults. The financial burden of medical services and insurance, combined with overall difficulties associated with limited or fixed income, are issues identified specifically in regard to aging in place.

Figure 9: Wyoming Older Adults' Barriers to Aging in their Communities



When survey participants were asked specifically about perceived barriers to aging in place, a majority of respondents (64.3%) indicated that services to support aging were too expensive. Services include community programs such as meal deliveries but extended to include long-term care services, such as nursing homes stays. Other top responses involved a lack of transportation in the community (39.3%), lack of affordable housing that includes tax and utility payments

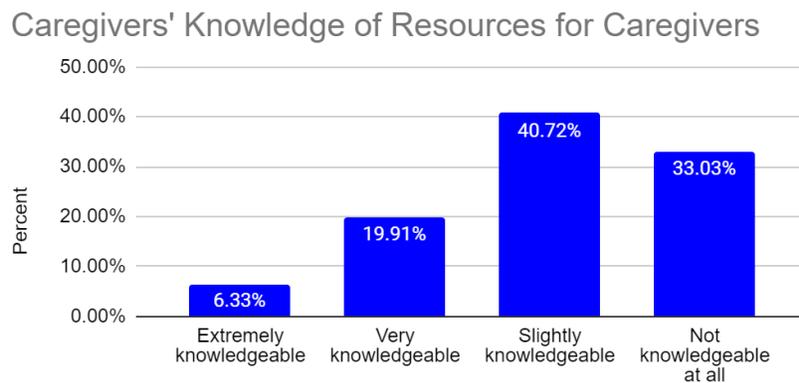
(36.0%), and difficulties in knowing where to access help (30.2%). A low percentage of participants (2.3%) did not see issues for older adults aging in place.

Caregiver Findings: A Summary of Conclusions from the Statewide Survey

For a more complete evaluation of the findings and interpretations of the findings from the Aging Survey, see Attachment E. The Aging Survey reinforces previous research suggesting that most people want to age in place in the community rather than in a long-term care facility.

Specific questions were asked of caregivers, who were defined in the survey as an unpaid family member, friend, or neighbor working to ensure the well-being of someone else. The three categories of caregivers were: adults caring for an older adult, caregivers are also adults caring for an adult with a disability, or an older adult (60+) caring for a child not as a parent (eg. grandparent raising grandchild). Approximately one-third (33.4%) of survey respondents identified as informal caregivers or former informal caregivers in some capacity, which is more than national estimates for caregiver numbers in the United States.³⁴ 76.4% of caregivers continued to answer caregiver-specific survey questions. Of the subsection of caregivers, 76.5% indicated they were caregivers for at least three years.

Figure 10: Self-Described Level of Knowledge about Caregiver Resources



Caregiver respondents indicated overall low knowledge of resources available to support informal caregiving efforts. The vast majority of caregivers (73.8 percent) described themselves as either slightly knowledgeable or not knowledgeable at all of caregiver resources.

³⁴ Caregiving in the United States 2020. *AARP, National Alliance for Caregiving*, May 14, 2020. <https://www.aarp.org/ppi/info-2020/caregiving-in-the-united-states.html>.

Table 3: Caregiver Determination of Support Importance

	Not at all important	Slightly important	Very important	Extremely important
Respite care (N=208)	17.3%	30.3%	25.5%	26.9%
Home services (N=213)	9.4%	19.7%	28.2%	42.7%
Support groups (N=205)	17.6%	44.3%	20.5%	17.6%
Finance support options (N=205)	17.6%	25.9%	27.3%	29.3%
Informal friend or family support (N=205)	4.9%	15.1%	42.0%	38.0%

Caregivers indicated how important select supports were to them. Although every option was deemed by quite a few respondents as either “Very important” or “Extremely important”, the two kinds of most important support that emerged from survey results were the support from having a network of family or friends nearby and the support of home services to assist with caregiving. 80 percent of respondents saw family and friends as integral to successful caregiving, but this support cannot be provided by the Aging Division directly. However, home services have been an important service to the Aging Division. Both finance support options and respite care were indicated as being either “Very important” or “Extremely important” to more than half of respondents. Work will be done to explore and understand these service availability across Wyoming.

Insights on Native American Aging

Taking special attention to understanding the challenges faced by Wyoming’s Native American older adults was an important component of the Aging Division’s outreach efforts. Wyoming has an important community of indigenous Americans, both living across the state and on the Wind River Reservation, which is land reserved for the Northern Arapaho and Eastern Shoshone tribes. The Aging Survey outreach, despite the Aging Division’s efforts, left Native American voices underrepresented when compared to the population living in Wyoming. Only about one percent of survey respondents identified as Native American. However, in regional analyses, region seven (Fremont County), was identified as being an important region that may reflect native aging interests.

Understanding the issues faced on the Wind River Reservation was also a topic to be covered during focus group and community listening sessions. Merging insights from the Zoom sessions with results from region seven of the Aging Survey helped the Aging Division understand some of the more unique circumstances of the aging indigenous population.

Although loneliness and isolation were considered important issues across Wyoming, they were less problematic in Fremont County. (10.42% of respondents in Fremont County as opposed to 20.51%-34.64% range for the rest of Wyoming indicated isolation as a top problem facing older adults.) While there are some issues for older adults that are less pronounced in Fremont County, other issues across Wyoming are exacerbated. Poverty is a major issue for people hoping to age in their communities, and on the Wind River Reservation, lack of resources makes successful aging in place difficult and adds more burden to informal family caregivers. Healthcare services are also difficult to access, because the Wind River Reservation and surrounding areas are highly rural; ambulance services often have to travel across long distances to reach people experiencing medical emergencies. Complex medical procedures and management for complex diseases also require more travel to places like Casper, Cheyenne, Rock Springs, or even out of Wyoming to Utah or Colorado or Idaho. The Aging Division will continue to be devoted to building stronger relationships with the indigenous communities living in Wyoming through outreach efforts.

Review of Goals for the previous State Plan 2017-2021

The SUA set forth the following goals to achieve in the previous four-year state plan: (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.

In response to strengthening and expanding programs that delay or prevent the need for long-term care services, the SUA engaged in a number of strategies to be fully successful. Promoting existing programs, and collaboration with members of Wyoming's aging network were the primary success points. Overall, program participation within the SUA portfolio of services has remained level since the drafting of the state plan submitted for 2017-2021.

Improving access and awareness to services has taken multiple forms. Due to the rural and frontier nature of Wyoming, the SUA identified transportation as a major barrier to access of services. The results of a statewide survey, including all current transportation providers in the aging network, indicated that no waiting lists existed for local transportation services. However, transportation to and from remote locations, including proximal out-of-state locations, remains a primary limitation. In response to these limitations the SUA has undertaken new partnerships with the Wyoming Department of Transportation (WyDOT) to establish a baseline or perform a gap analysis of these transportation limitations. The focus of this analysis will be on access to major health care services for older adults. Beyond transportation, older residents' awareness of aging programs in Wyoming has remained a primary focus within our agency and among our aging network providers. The SUA engaged in numerous public outreach efforts to inform Wyomingites about available services.

In addition to these in-person outreach and informative efforts, the SUA also created a Facebook page to expand our online presence. Since the start date of our social media presence in March

2020, we have generated an estimated 5000 unique views/visits to our consistently updated content, and 873 likes, mostly from organic Facebook searches, our WDH website link, and Google referrals. This is consistent with our unique views for the Division website.

Our Division website has also generated an average of 5220 unique visitors per year since 2017, followed closely by the CLS website portion with an average of 2876 unique visitors per year since 2017. The National Family Caregiver Program (NFCP) portion of the CLS website generated an average of 964 unique visitors per year since 2017.

Ensuring the rights and safety of older adults remains highly important to the SUA during the last four years. The SUA partnered with the LTC Ombudsman program (overseen by the Department of Health in the Director's Office), and Adult Protective Services (overseen by the Department of Family Services), to curate training for our aging network of providers. This training was provided annually to our WyHS and NFCP, Access Care Coordinators, also known as case managers. The SUA also adapted a similar training to address our aging network and the public about elder abuse awareness. This was developed during the pandemic response of COVID-19 to reach those individuals volunteering with telephone outreach to isolated adults.

Finally, enhancing the quality of existing programs took many forms. The SUA participates in constant contact efforts within our network of providers. Monthly and quarterly group check-ins provided an opportunity to engage with our providers and understand their needs. This also provided a way for the SUA to communicate areas of inconsistencies to these provider groups and provide real time solutions for improvements.

In order to achieve a number of these goals and objectives the SUA partnered with a variety of outside organizations with overlapping interests in serving the aging population of Wyoming. Of particular mention, AARP, WyCOA, the Alzheimer's Association, Wyoming 2-1-1, the Senior Community Service Employment Program, Wyoming's First Lady's Office, and the Wyoming Department of Health's Public Health division.

Goals & Focus Areas

Listed below are the Aging Division's goals, objectives, sub-objectives, strategies, outcomes and the links to each focus area with a short description. At the end of this portion we will summarize the goals that fit into each of the focus areas so a more holistic approach can be viewed. Goals, objectives, sub-objectives, strategies, outcomes and focus areas, are described as follows:

- Goals are visionary statements that describe the strategic direction in which the Aging Division is moving.
- Objectives are the attainable, specific, and measurable steps the state will take to achieve its goals.
- Strategies outline how the state will achieve the goals and objectives.
- Performance measures are the measurable benefit older individuals should derive from the State Plan goals, objectives and strategies.

ACL is focusing on four areas of aging, and our goals align with these four focus areas. For planning purposes, the SUA determined that the focus areas would not be the goals as we have many that cross multiple focus areas. It was decided that a summary approach would include the areas of greatest interest to ACL and make the document accessible to partner organizations who may want to review our vision as a division. ACL Focus areas are described as:

Focus Area 1 - OAA core programs:

- *Relates to all the core programs the SUA offers such as nutrition, support services, legal services and caregiver support.*
 - *Objective 1.1, 1.2, 2.2, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, and 3.7*

Focus Area 2 - Discretionary grants:

- *Relates to any extra grants the SUA receives and administers outside of OAA funds.*
 - *Objective 1.2, 1.3, 1.4, 2.1, and 2.2,*

Focus Area 3 - Person-Centered Planning:

- *Relates to making fundamental changes in state policies and programs which support consumer control and choice is recognized as a critical focus.*
 - *Objective 1.1, 1.4, 2.3, 3.3, 3.7, and 4.1*

Focus Area 4 - Elder justice

- *Relates to issues regarding elder abuse prevention and increasing legal services counsel and access.*
 - *Objective 4.1*

Goal 1: Support and strengthen opportunities for aging in place by collaborating with organizations.

Objective 1.1: Partner with Healthcare Financing (HCF) to increase awareness of AGD programs as a complement to Home and Community Based Services (HCBS) and Community Choice Waiver (CCW) and to fill gaps in residents' service needs to remain in the community.

The focus areas for Objective 1.1 are OAA core programs and Person-Centered Planning. Working with HCF, the Aging Division will maximize the effectiveness of programs administered by fitting them into the more comprehensive picture of the network of supports for aging individuals in Wyoming. This will be an opportunity to improve administration of the Aging Division's OAA programs. Success in this area will focus on overall enrollments to OAA programs, specifically those with referrals from Medicaid applications.

The desired outcomes of this objective will be the increased awareness of OAA services among Medicaid waiver program participants and more person-centered options for older adults with high care needs.

Strategies 1.1:

1. Refine education components, increase awareness, and create a training session of CLS programs for HCF Case Managers.
2. Partnering with HCF, the AGD will move forward with the options awareness campaign through the Triple-A survey.
3. Explore disability definitions via HCF and update the AGD intake assessment form.
4. Partner with HCF to update the register of vetted services, contractors, and network providers.
5. Integrate our Aging Network providers with CCW case management networks for a cohesive sharing of information and potential clients.

Performance Measures 1.1:

1. Increased number of training efforts offered to HCF case managers on AGD programs.
2. Increased enrollment of individuals into AGD programs from HCF referral sources.
3. Increased cross-referrals of services between HCF and AGD providers.

Objective 1.2: Increase access to quality transportation in all areas of the state by partnering with WyDOT.

The focus areas for Objective 1.2 are OAA core programs and Discretionary grants. Collaboration with WyDOT will aim to improve transportation services provided under OAA Title IIIB funding. Working with the State Department of Transportation will allow senior centers and service providers to potentially access other sources of funds as well through discretionary grants or WyDOT specific grants.

An overall measure of success will be seen in older adult ridership on a statewide basis. Increasing the number of transportation routes and options available for older adults will also be viewed as a success.

Strategies 1.2:

1. Create a report of AGD funding and how it can be implemented through cross department collaboration.
2. Perform a gap analysis to find areas of improvement in transportation services for both WyDOT and the AGD to address.
3. Develop a better understanding of grants offered by WyDOT to assist organizations in providing transportation services.
4. Identify barriers for older adults seeking transportation services.

Performance Measures 1.2:

1. Increase awareness of transportation services available for older adults.
2. Increase the number of transportation options available for older adults.
3. Increase the number of older adults receiving transportation services.

Objective 1.3: Support communities in becoming more age-friendly through cultivating partnerships with WyCOA/Age Friendly Wyoming, city & county officials.

The focus area for Objective 1.3 is Discretionary grants. Working with our partners at the University of Wyoming will open up possibilities to apply for grants. The purpose of acquiring and utilizing these funds will be to make communities across Wyoming more accessible to older adults and adults with disabilities. A desired outcome would be improved community accessibilities for older adults across regions, counties, cities and towns.

Strategies 1.3:

1. Support community efforts in creating age-friendly communities.
2. Educate potential age-friendly community leaders on AGD programs.
3. Assess how effective the growth of age-friendly communities is in Wyoming through surveys and focus groups.

Performance Measures 1.3:

1. More communities will take on efforts to become age-friendly.
2. Increase in overall satisfaction with aging in place in age-friendly communities.

Objective 1.4: Assist older adults and people living with disabilities to remain in their homes through partnering with WyCOA and DFS to develop a strong Home Modification program in Wyoming.

The focus areas for objective 1.4 are Discretionary grants and Person-Centered Planning. Working with partners at the University of Wyoming will open up possibilities to apply for

grants to make individuals' homes across Wyoming more accessible and livable for aging in place.

Strategies 1.4:

1. Develop plans, policies, and procedures to be put in place for an improved Home Modifications initiative state-wide, differentiated for renters and homeowners with different budget sources.
2. Analyze and evaluate the next steps for a centralized list of labourers and contractors for referrals through Aging Network Providers.

Performance Measures 1.4:

1. Increased number of participants utilizing home modification programs.

Goal 2: Improve communication networks among older adults to expand service opportunities.

Objective 2.1: Collaborate with distributors and internet service providers to obtain easy to use devices and home internet connections for older adults.

The focus areas for objective 2.1 is Discretionary grants. There are opportunities for funding to assist older adults with accessing the internet through grants or partnerships with organizations in Wyoming.

The desired outcome will be more older adults using technology regularly for social, informational, and medical reasons.

Strategies 2.1:

1. Strengthen existing partnerships and identify new opportunities with technology-oriented organizations to provide support to older adults in need of internet services and devices.
2. Advocate for the needs of older adults with respect to technology and the internet.
3. Increase awareness of low-cost offers for internet services and electronic devices, and share this information within our aging network of providers.

Performance Measures 2.1:

1. Increased number of devices used by older adults in Wyoming's aging network.
2. Increased number of referrals to low-cost internet services and electronic devices in Wyoming.
3. Increase broadband connectivity among older adults.

Objective 2.2: Collaborate with partner organizations who specialize in internet access, using devices, and online safety to train older adults.

The Focus Areas for objective 2.2 are Discretionary grants and OAA core programs. Increasingly, the internet is being used as a primary resource of communication to access

information and support. It is important that older adults who want to use the internet can access it.

The desired outcome will be a measurable increase in connectivity and usage of the internet in Wyoming. This information will be analyzed using data collected by local, county, state, and federal resources for the next four years.

Strategies 2.2:

1. The Aging Division will collaborate with the Wyoming Technology Network to advocate for older adults, caregivers and disabled adults in Wyoming to be technologically independent.
2. Develop, make accessible, and distribute training materials aimed to assist our target demographic to successfully work with technology.

Performance Measures 2.2:

1. Increase broadband connectivity among older adults.
2. Increase participation of device and internet training offered by Wyoming community organizations.

Objective 2.3: As a member of the Wyoming Telehealth Consortium (WTC), prioritize telehealth access and availability for older adults.

The Focus Areas for objective 2.3 is Person-Centered Planning. As improved telehealth options for adults with varying healthcare needs will allow them more freedom in living in a manner that they desire. Telehealth is a viable solution for Wyoming, particularly in our rural communities where access to healthcare is often limited. The Aging Division will collaborate to expand telehealth services for older adults across the state. The Aging Network will be used as a resource to introduce telehealth to communities in need.

Strategies 2.3:

1. Conduct a needs assessment of Aging Network providers to gain a better understanding of the barriers to telehealth access among older adults in Wyoming.
2. With WTC, develop an action plan to make telehealth more accessible to older adults, specifically those with mobility restrictions and those living in more remote areas.
3. Partner with aging network providers to become community champions for telehealth services targeted at older adults.

Performance Measures 2.3:

1. Increase the number of participating Aging Network providers acting as community champions with telehealth awareness in Wyoming.
2. Increase the number of older adults accessing telehealth services in Wyoming.

Goal 3: Increase and improve services made possible by the Older Americans Act

Objective 3.1: Increase options and access to nutrition services for older adults.

The focus area for Objective 3.1 is OAA core programs. The Aging Division is aiming to improve service delivery of OAA Title III Nutrition services over the next four years.

Strategies 3.1:

1. Assess Aging Network providers' capacities to accommodate dietary restrictions and therapeutic diets for people living with chronic conditions.
2. Assess the capacity of the Aging Division to offer more nutrition options to Wyoming residents with the highest level of need.
3. Pilot new programs to assist Aging Network providers who may be limited in their capacity to accommodate special diets.

Performance Measures 3.1:

1. Outcome for providers will be dependent on the findings of the initial report.
2. Increased services to people with the highest need.

Objective 3.2: Increase participation among Native American aging and disability communities.

The focus area for Objective 3.2 is OAA core programs. Although every objective and goal has the target of being administered equitably, which would require inclusion of Native American aging interests in every project, it is important to dedicate an objective to supporting aging for Native American older adults in Wyoming and, specifically, living on the Wind River Reservation.

Strategies 3.2:

1. Build relationships and host strategic planning meetings with the Eastern Shoshone Tribe.³⁵
2. Strengthen relationships and host strategic planning meetings with the Northern Arapaho Tribe.³⁶
3. Implement new strategies and goals as a result of the strategic planning meetings.
4. Coordinate with Federal partners to ensure alignment of services are meeting Tribal needs. Coordinate tribal usage of Title VI and Title III funds to support aging.

Performance Measures 3.2:

1. Increase the number of Native American older adults utilizing OAA Title III programs and services.

³⁵ All tribal relationships are of equal importance to the Aging Division. For the purpose of the Wyoming State Plan on Aging, the AGD is listing tribal organizations in alphabetical order only.

³⁶ All tribal relationships are of equal importance to the Aging Division. For the purpose of the Wyoming State Plan on Aging, the AGD is listing tribal organizations in alphabetical order only.

Objective 3.3: Increase access to and availability of support for caregivers across Wyoming.

The focus areas for Objective 3.3 are OAA core programs and Person-Centered Planning. There are several supports available for caregivers, which outreach and prior research have suggested to be critical to older adults' abilities to age in place. Objective 3.3 is concerned with getting people more informed and able to help themselves in caregiving roles.

Strategies 3.3:

1. Educate the public on the role of informal caregivers and help individuals self-identify as caregivers.
2. Increase outreach of the availability of caregiver services.
3. Identify and engage additional Title III-E providers.
4. Identify potential funding match alternatives for Wyoming caregiver providers.

Performance Measures 3.3:

1. Increase the number of participants enrolling in services.
2. Increase in the number of providers offering caregiving support services across Wyoming.

Objective 3.4: Increase social engagement among older adults.

The focus area for objective 3.4 is OAA core programs, with the expected outcome being more older adults using OAA programs to reconnect with their communities. Social isolation is an increasing area of focus for ACL, and the recent pandemic has made this issue more acute in Wyoming.

Strategies 3.4:

1. Support programming aimed at identifying older adults who are socially isolated to decrease and programs which aim to decrease the effects of social isolation.
2. Utilize targeted strategies to address social isolation in rural and urban settings.
3. Educate older adults on the value of virtual social engagement.

Performance Measures 3.4:

1. Increase the number of participants utilizing the senior centers for in person activities.
2. Increase the participation in remote access technologies for virtual activities.
3. Increase the number of available evidence-based programs aiming to reduce social isolation.

Objective 3.5: Improve business acumen of Aging Network service providers.

The focus area for objective 3.5 is OAA core programs, with the expected outcome being more sustainable OAA programs being provided by Aging Network providers. Each provider needs to service a large area, and in some cases, an Aging Network Provider may be the sole service provider in some communities.

Strategies 3.5

1. Provide Aging Network Providers with nationally recognized information and resources on business acumen.
2. Partner with Wyoming Center on Aging to develop an Aging Network resource library.
3. Improve financial literacy by conducting yearly fiscal training for Aging Network Providers and their fiscal staff.

Performance Measures 3.5

1. An increase in available resources for Aging Network Providers.
2. Decrease the number of adverse findings in annual review.

Objective 3.6: Improve coordination between the Senior Community Service Employment Program (SCSEP) and Other Older Americans Act programs.

The focus area for objective 3.6 is OAA core programs. The SCSEP program funding is administered through the Wyoming Department of Workforce Services. The current recipient of the SCSEP grant to promote older adult employment opportunities is the Wyoming AARP Foundation. A desired outcome will be improved opportunity for older adults to gain employment when it is desired.

Strategies 3.6

1. Provide SCSEP overview to SUA program managers.
2. Share SCSEP Information on a quarterly basis with Aging Network service providers.

Performance Measures 3.6

1. An increase in available resources for Aging Network Providers.
2. Increased referrals of interested older adults to SCSEP resources.

Objective 3.7: Educate older adults on community-based and facility long-term care options.

The focus areas for Objective 3.7 are OAA core programs and Person-Centered Planning. Although the CLS is primarily engaged with community organizations that provide services to help people age in place the AGD recognizes people with high care needs will opt to transition to an ALF/SNF. The desired outcome is to increase autonomy for older adults and awareness of home and community based programs and viable long-term care residential facilities.

Strategies 3.7

1. Increase outreach efforts to promote awareness and understanding of available community-based services to promote aging in place.
2. Improve community awareness of long-term care facility options.

Performance Measures 3.7

1. Increased enrollment in OAA services.
2. Increased transitions from LTC facility settings back into the community.

Goal 4: Ensure the rights and safety of older adults

Objective 4.1: Improve education and outreach regarding Elder Justice issues, the Prevention of Abuse and financial/legal independence across multiple state agencies through partnerships with Adult Protective Services and the Wyoming Long-Term Care Ombudsman.

The focus areas for Objective 4.1 are Person-Centered Planning and Elder Justice. This comprehensive plan will lay the foundation for strong training in elder abuse awareness at the aging network level, APS and Ombudsman level, and a possible partnership with law enforcement training and first responder training. The expected outcome will be increased elder justice in Wyoming and advocacy for older adults. Title VII funds are used to support the efforts of Wyoming's Long-Term Care Ombudsman Office to promote older adults' abilities to be active players in determining their future plans of care.

The desired outcome of this objective will be an increase in community organizations more engaged with issues involving elder rights.

Strategies 4.1:

1. AGD will survey the database & provider community to identify gaps in knowledge and training for elder abuse prevention and intervention.
2. AGD will develop a departmental internal Aging Database Training Platform to support efforts in ongoing training for both AGD staff, Aging Network Service providers and volunteers.
3. APS and Ombudsman will be included in future Aging Conferences to serve as subject matter experts to conference attendees.
4. AGD will launch an outreach campaign to include information and links for elder abuse awareness that will be featured on the AGD and WDH websites, including hosting of the developed training materials and statewide awareness campaign.
5. With support from APS and Ombudsman the AGD will work with organizations such as law enforcement to improve awareness in targeted populations.
6. Once baseline data is determined, AGD will continue to measure elder abuse case trends and outreach results in Wyoming from APS.

Performance Measures 4.1

1. An increase in the number of community task forces on elder abuse.
2. An increase in the number of organizations with elder abuse prevention training.
3. An increase in outreach, awareness, and reporting activities related to elder abuse.
4. Increase YouTube upload view numbers on the Aging Division channel.

www.youtube.com/channel/UC6FpALJpL0uC56x4lwihhoA

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. These activities provide for a robust review of programs and coordination of services across multiple Divisions.

The SUA is committed to ensuring good stewardship of the funds provided through the Older American's Act. As such, the SUA continually provides oversight of how funds are spent, and the quality of services provided. The oversight is provided through annual quality assurance reviews of subrecipients.

Quality Assurance Reviews: Site Procedures

CLS conducts annual quality assurance reviews for subrecipients 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 uses the OMB Uniform Guidance when reviewing administration and fiscal components. The guidance offers a uniform tool to assess compliance.



Wyoming
Department
of Health

Attachment Section



Attachment A - ACL Assurances

**State Plan Guidance
Attachment A**

**STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2020**

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

Sec. 305, ORGANIZATION

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

(2) The State agency shall—

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

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

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

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

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

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

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

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

(5) in the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning

and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

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

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

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

Sec. 306, AREA PLANS

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

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose

senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

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

(C) legal assistance;

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

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

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

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

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

(bb) include specific objectives for providing services to low-income minority

older individuals , older individuals with limited English proficiency, and older individuals residing in rural areas; and

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low -income minority individuals and older individuals residing in rural areas); (IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

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

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

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

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

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

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

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

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

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

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service

programs administered by the Corporation for National and Community Service), in community service settings;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Such assessment may include—

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

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

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

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

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

- (A) health and human services;
- (B) land use;
- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

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

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

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

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

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

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

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

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

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

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

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

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

Sec. 307, STATE PLANS

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

(1) The plan shall—

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

(B) be based on such area plans.

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

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

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

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

(3) The plan shall—

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

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

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

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

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

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

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

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

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

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316. (6) The plan shall provide that the State agency will make such reports, in such form, and containing such

information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

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

(B) The plan shall provide assurances that—

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

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

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

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

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

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

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

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

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

(9) The plan shall provide assurances that—

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

(B) funds made available to the State agency pursuant to section 712 shall be used to

supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

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

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of abuse of older individuals;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (i) older individuals residing in rural areas;
- (ii) older individuals with greatest economic need (with particular attention to low - income older individuals , including low-income minority older individuals , older individuals with limited English proficiency, and older individuals residing in rural areas);
- (iii) older individuals with greatest social need (with particular attention to low -income older individuals , including low-income minority older individuals , older individuals with limited English proficiency, and older individuals residing in rural areas);
- (iv) older individuals with severe disabilities;
- (v) older individuals with limited English-speaking ability; and
- (vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

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

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

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

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

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

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

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

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

(21) The plan shall—

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

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

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

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

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

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

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

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

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

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

(B) Such assessment may include—

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

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

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

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

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

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

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

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

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

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

Se c. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

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

Se c. 705, ADDITIONAL STATE PLAN REQUIREMENTS

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

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

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

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

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

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

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

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

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

- (ii) receipt of reports of elder abuse;
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
 - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—
- (i) if all parties to such complaint consent in writing to the release of such information;
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
 - (iii) upon court order...



Signature and Title of Authorized Official



Date

Attachment B - Information Requirements

State Plan Guidance

Attachment B

INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. 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.

Assurance: The State agency assures preference will be given to providing services to older adults with the greatest economic need or social needs, with particular attention to low-income minority individuals and those residing in rural areas. This emphasis is incorporated in the Aging Division subgrantee applications and grant agreements, training and quality assurance monitoring. With much of Wyoming's communities being in rural areas, continued relationships with service providers in rural communities and for low-income or minority populations.

Section 306(a)(6)(I)

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

Assurance: Wyoming has no AAA's and has the SUA work directly with grantees and other organizations within the state's aging network. The AGD will be working with WyCOA and WIND to apply for discretionary funding and to make assistive technology options accessible to Wyoming's older adult population. The AGD has already engaged in an iPad lending program, and it will continue efforts to help connect older adults with assistive technology in the form of OAA funds and collaboration with Age-Friendly Wyoming, which will be housed within WyCOA.

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.

Assurance: Wyoming has no AAA's and has the SUA work directly with grantees and other organizations within the state's aging network. The Aging Division works with the Health Readiness and Response Section of the Public Health Division in the Department of Health. The Aging Division meets regularly and coordinates preparedness and response for public health emergencies, coordinates efforts to improve the health of rural, medically underserved residents across Wyoming. The COVID-19 pandemic was a long-term emergency situation for much of Wyoming, resulting in the Aging Division hosting regular meetings to address issues created by the pandemic. This period of time strengthened partnerships the Aging Division had with other organizations across the state. It is also an objective of this State Plan on Aging to improve emergency preparedness and promote emergency resources for service providers, older adults, and caregivers.

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.)

Assurance: The Aging Division is a Single State Unit on Aging without AAAs. The Division uses its portion of the Wyoming Senior Services Board (WSSB) funds for the support and enhancement of supportive services, nutrition program, caregiver program and the Wyoming Home Services (WyHS) Program. WSSB funding provides nearly one and one half as much funding as the federal OAA Title III allocation to Wyoming. Because the Division uses both Title III and WSSB funds for the same purpose and in accordance with the federal requirements, grantees and types of service funding may shift between the two funding streams.

WYOMING			
ESTIMATED ALLOCATIONS	(2020) 2021 Baseline		
Program Descriptions	Federal	State	Wyoming Seniors Served
Title III-B Supportive Services	\$ 1,938,430.00	\$ 128,950.00	18,967
Title III-C1 Congregate Meals	\$ 1,758,341.00	\$ 107,500.00	13,849
Title III-C2 Home Delivered Meals	\$ 2,064,634.00	\$ 123,749.00	12,758
Title III-D Preventive Health Program	\$ 123,409.00	\$ -	216
Title III-E Family Caregiver	\$ 920,449.00	\$ -	351
Nutrition Service Incentive Program	\$ 888,652.00	\$ -	N/A
Title VII Ombudsman	\$ 89,269.00	\$ 35,402.00	2,023
Title VII Elder Abuse	\$ 23,769.00	\$ 7,866.00	
Wyoming Senior Services Board		\$ 5,479,454.00	N/A
Wyoming Home Services		\$ 2,869,893.00	1,882
Long Term Care Ombudsman		\$ 51,643.00	
Senior Companion Program		\$ 51,200.00	
Foster Grandparents		\$ 73,800.00	
Totals	\$7,806,953	\$8,929,457	
FFY 2022	\$7,806,953	\$8,929,457	
FFY 2023	\$7,806,953	\$6,179,563	
FFY 2024	\$7,806,953	\$6,179,563	
FFY 2025	\$7,806,953	\$6,179,563	

Section 307(a)(3)

The plan shall—

...

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

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

Assurance: The State Agency assures that Title III expenditures for each fiscal year covered by this State Plan for services to older individuals residing in Wyoming’s Rural Areas will be equal to the amount expended in fiscal year 2000.

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

Assurance: The State Agency assures that the State Plan identifies, for each fiscal year, the actual and projected costs of services in Wyoming rural areas. By Administration on Aging standards, the entire State of Wyoming is considered rural. The State Agency assures Title III projected expenditures for each fiscal year covered by this State Plan for services to older individuals residing in Wyoming’s Rural Areas will be equal to the amount expended in the previous fiscal year.

(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.*

Assurance: The State Agency has met the needs for services to older individuals residing in expansive frontier areas in the fiscal year preceding the first year to which this plan applies by letting out formulated allocations for services in the form of grant agreements with senior centers, community based in-home service agencies, and private non-profit organizations located across Wyoming. The State Agency requires senior funding applicants to apply through a four-year competitive grant cycle. The applicants must justify their funding requests with statistical data, validated waitlists, and service performance measures. Applicants are required, as part of the grant application process, to identify how they will target services to low-income minority individuals, disabled individuals, and those isolated by reason of geography while meeting the needs of a larger eligible population. The applicants develop grants with plans of action, which includes goals/outcomes/results and objectives/action steps, which demonstrate effective provision of services to meet the needs of the older individual in their rural areas. Through this process, individual grant recipients are identified. The State Agency monitors grantees annually through on-site quality assurance reviews or by the grantee completing a desk audit to determine if they are meeting their performance projections. The State Agency periodically completes targeted statewide surveys to ascertain the needs of the older rural individuals of the state. The results of needs surveys will be reflected in the Aging Division's program development. Needs surveys conducted by the local senior projects determine how best to meet the needs of the rural older individuals in their areas. Once these service needs are demonstrated, the Aging Division assures that the senior projects throughout the state are provided with the necessary technical assistance and fiscal assistance, based on available resources, to assist them in their efforts to make sure that these needs are met.

Section 307(a)(10)

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

Assurance: The State Agency so assures. For a description of how the needs of Rural-Frontier Wyoming seniors are met, refer to the preceding response for Section 307(a)(3).

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*

Assurance: The United States Census was taken throughout 2020. Although there have been delays in presenting the results of the Census to the public, these results will give highly accurate estimates of Wyoming's demographics and allow the Aging Division to understand the number

of low income minority individuals with limited English proficiency living in the state. Continued efforts through collaboration with the University of Wyoming and Wyoming Department of Health Director's Unit for Policy, Research, and Evaluation to understand the makeup of Wyoming's aging population and formal and informal support programs to encourage healthy aging will also be pursued during the years of effect of this State Plan.

(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.

Assurance: To meet the needs for low-income, minority older adults with limited English proficiency, the Aging Division gathers information regarding service needs of older adults across the state through a variety of sources, for example the outreach report through the Wyoming Aging Survey, (see Attachment E), through reports and projects published by the Economic Analysis Division, Behavioral Risk Factor Surveillance System, and the U.S. Census Bureau. Satisfying the needs of older minority adults is always a priority and the Aging Division requires our grantees to address these needs in grant applications and program reports.

The Aging Division employs a funding formula, which has been recently updated, factoring in the number of minority individuals in the service area. The Community Living Section works with the Wyoming Office of Multicultural Health by partnering to exchange information, expertise, training and assistance in improving the health status of the Wyoming minority populations regarding health issues, cultural and linguistic barriers. Title VI providers are included by invitation to all formal and informal training and general communication. The Community Living Section continues to collaborate with the Wyoming Tribal Health Council on issues impacting tribal elders.

Section 307(a)(21)

The plan shall —

...

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

Assurance: The Aging Division assures that it will continue to pursue activities to increase access to and inform older adult Native Americans of training and services. This will be accomplished by the coordination and collaboration of Older Americans Act programs and services. Title III funding is granted to the Northern Arapaho Tribe located in Ethete, Wyoming.

Section 307(a)(27)

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

(B) Such assessment may include—

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

Assurance: The State Agency will plan to conduct multiple assessments, if needed, to determine how prepared the State is in anticipation of the change in the statewide service delivery model, given the number of projected increases in older individuals living in Wyoming. The assessments will be completed early in the 10-year period following the fiscal year for which this plan is submitted. There are currently models to predict changes in the State’s aging population into 2030, and further work will be done to keep them updated and accurate.

Section 307(a)(28)

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

Assurance: Please see response to Section 306(a)(17).

Section 307(a)(29)

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

Assurance: Please see response to Section 306(a)(17).

Section 705(a) ELIGIBILITY —

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

(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) of 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;

Assurance: The State of Wyoming has established programs based upon the Projected Cost of Providing Services during Fiscal Years 2018-2021 under 307(a)(3)B(ii). The Aging Division will follow the requirements of the Older Americans Act, to the best of our ability, in the establishment and implementation of these programs.

(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;

Assurance: In the development of the State Plan, the Aging Division held a series of online public sessions, advertised on social media and in a press release, asking for older adults to join and share their views on aging in Wyoming. The results of these sessions informed the State Plan (see Attachment F). The Aging Division also developed and ran an online public survey to understand the needs and views of Wyoming residents (see Attachment E). Both of these efforts were done through virtual channels to be safe during the COVID-19 health crisis. Further public hearings will be hosted in the future for other outreach projects and at the request of Wyoming residents.

The Community Living Section staff will meet semi-annually or quarterly, if needed, with the Northern Arapaho Tribe (Black Coal Senior Center) to listen to comments regarding the Title III contracted programs they have and to answer questions. Community Living Section staff will invite Title VI providers to formal and informal training sponsored by the Community Living Section.

(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;

Assurance: The Community Living Section is cognizant of the need for accessibility of services for Wyoming's older citizens. The Community Living Section will be developing an awareness campaign to inform Wyoming's citizens about potential services available to older individuals. Many partnerships have been established and more will be sought to improve participation and collaboration, including efforts to protect the rights of Wyoming's citizens. The Community Living Section has an active partnership with the Long-Term Care Ombudsman Program and Adult Protection Services to address elder rights and abuse issues. The Community Living Section will be contacting law enforcement in every county, to partner and collaborate to protect the rights of Wyoming's older citizens. The Aging Division is also represented on the Elder and Vulnerable Adults (EVA) Task Force as part of the statewide initiative to protect populations vulnerable to abuse or exploitation. A stated objective within the narrative of the State Plan is to bolster these partnerships to effectively protect the rights of older adults in the State through developing awareness and subsequent training programs for service providers and other involved parties.

(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;

Assurance: 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 that stated that the mission of the Elder and Vulnerable Adult (EVA) Task Force 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 in 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 Aging Division was a key member of the Task Force and new Aging Division leadership will continue to be a strong and present contributor in this effort. 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.

(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);

Assurance: This is assured through the long-term Care Ombudsman Program: Policies & Procedures Manual, page 15 titled ‘Designation of Ombudsman Program’.

(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;

Assurance: This is assured through the long-term Care Ombudsman Program: Policies & Procedures Manual under ‘Information and Assistance’. Note the activity of ‘Community education’ would include the aforementioned public education to identify and prevent elder abuse.

(ii) receipt of reports of elder abuse;

Assurance: The Wyoming Department of Family Services, Adult Protective Services division receives all reports of elder abuse, per W.S. § 35-20-101 through 35-20-116.

(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;

Assurance: Wyoming is a mandatory reporting state, per W.S. § 35-20-111 Duty to Report.

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

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

Assurance: This and subparts i, ii, and iii are assured through the APS W.S. § 35-20-101 through 35-20-116, as well as the long-term Care Ombudsman Program Policies and Procedures regarding ‘Long-term Care Ombudsman Program Records’.

(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.

Attachment C - Intrastate Funding Formula (IFF)

Each State IFF submittal must demonstrate that the requirements in Section 305(a)(2)(C) have been met:

*OAA, Sec. 305(a)(2) “States shall,
(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account--
(i) the geographical distribution of older individuals in the State; and
(ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals.”*

The State of Wyoming is a single planning and service area and is not required to have an interstate funding formula.

However, 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. As such, federal funds are allocated for services that best address the needs of the following targeted demographic groups in each county:

- Population age 60 and older
- Rural
- Minority
- Low-Income

Attachment D - Study of Assisted Living Facilities and Nursing Homes compared with Acuity Rates

In September 2020 the Community Living Section conducted a small-scale study of Assisted Living Facility (*ALF*) and Nursing Home (*NH*) occupancy rates compared to their relative acuity rates. Acuity level is the assessed level of need for individuals entering a nursing facility. High acuity level means they are entering the nursing establishment with need for high level nursing care. Low acuity means they are entering the nursing facility with only low level help needed. These generalizations are used to assess if an individual was entered into an institution prematurely, or if they could have potentially benefited from home health services that would have allowed them continue living in their own homes.

The purpose of this study was to identify the overarching trends that surround nursing home entry requirements. Trends can be attributed to many factors: financial constraints, staff turnover, occupancy pressures, and variance among individual evaluators. These trends are reflected through qualitative data, captured by measuring the acuity level against a quantitative measure of nursing home occupancy rates. From this, a conclusion can be drawn in each region.

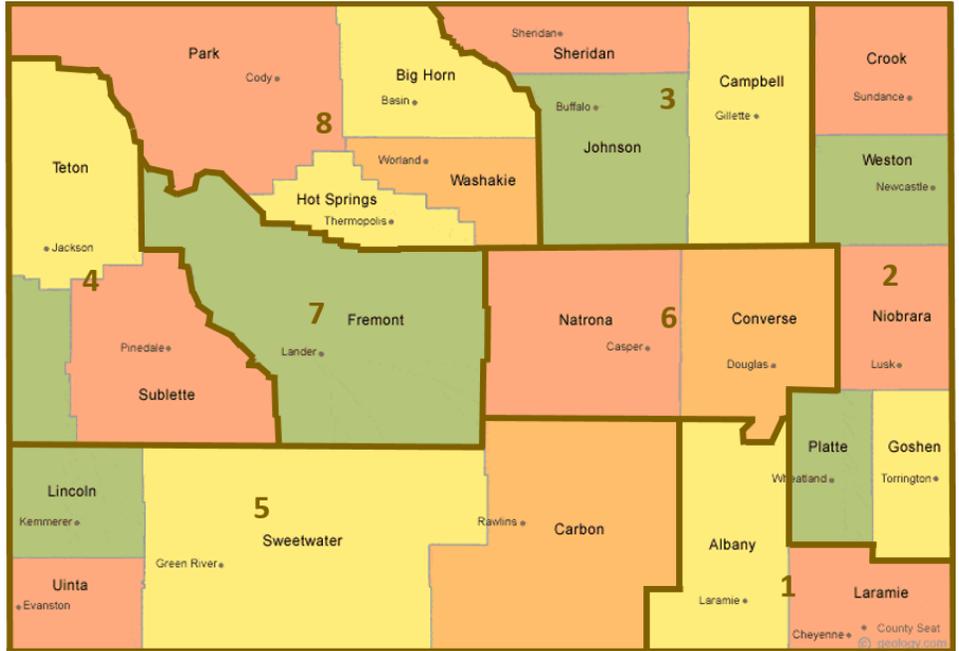
Eight Regions

Wyoming was split into eight geo-political regions for analysis. The regions followed mostly along county lines, however, Lincoln county was divided into northern and southern regions using zip codes to create an even divide between the ‘West’ and ‘Southwest’ regions. Zip codes along that artificial line were subsequently used to identify and connect the correct townships and regions within Lincoln County. These regions informed the analysis. We also utilized the RUCA codes for regions.

Table 1: List of Focus Groups/Community Listening Sessions

	Focus Group/Community Listening Session	County List
1	Southeast Wyoming (Cheyenne/Laramie)	Laramie, Albany
2	East Wyoming (Lusk)	Platte, Goshen, Niobrara, Weston, Crook
3	North Central Wyoming (Buffalo/Sheridan)	Campbell, Johnson, Sheridan
4	West Wyoming (Thayne)	Teton, Sublette, Lincoln (½ to La Barge and Cokeville)
5	Southwest Wyoming (Evanston/Rock Springs/Kemmerer)	Lincoln (½-Kemmerer, Sage, Fontenelle), Uinta, Sweetwater, Carbon
6	Central Wyoming (Casper/Douglas)	Converse, Natrona
7	Wind River (Riverton/Lander)	Fremont
8	Bighorn Basin (Thermopolis/Greybull)	Park, Hot Springs, Washakie, Big Horn

Figure 1: Map of Wyoming showing Regions for focus groups/Community Listening Sessions



Each region was chosen for the importance of understanding the distinct, but similar needs, of the constituent counties of each region that share a similar quality of living.

Methodology

The data for ALF and NH occupancy rates was obtained from the WDH website which contained the most up to date records regarding nursing home occupancy rates in late 2019.³⁷ While this data reflects pre-pandemic conditions, it should be reflective of normal operational conditions.

The data was processed into county level totals for NH and ALF occupancy. County totals for available and unavailable beds were converted into percentages, and then totaled for the corresponding regions and their counties. Italicised red numbers in the region 4 and 5 data sets/tables highlight that due to the region split in Lincoln county, this number will be slightly lower than what is outlined here, and does not reflect the true acuity score for the number of providers, unoccupied swing beds, or acuity rates. Despite this, the Aging Division is confident that these figures still closely align to the correct figures as it pertains to this snapshot in time, and conclusions can still be drawn from them.

Acuity level data was obtained from another small-scale study of LT101 Medicaid assessment from 38 providers in Wyoming. In total 1831 entry assessments were randomly sampled and reviewed. For each provider an average acuity score between 28 and 34 was calculated on two

³⁷ <https://health.wyo.gov/aging/hls/healthcare-facility-directory/>

key evaluating questions. This acuity score is a determining factor for estimating the average level of need among entrants to facilities upon admission. Whole numbers closer to 28 reflect lower acuity levels for entry, while whole numbers closer to 34 reflect much higher levels of acuity/need upon entry.

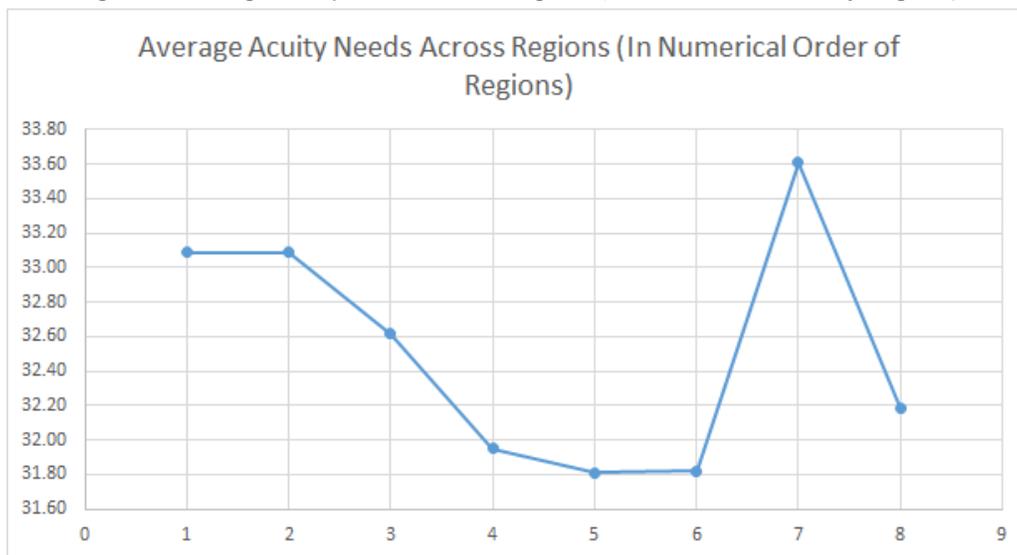
The average score of these assessments was calculated per patient, then a final score was combined and attributed to that particular ALF or NH. The final score for each provider is used in this analysis to create county and regional totals.

These figures are not evaluations of individual providers, but rather a statistical assessment of when people enter nursing facilities, and do they do so because of lower needs or much greater needs. The study was carried out by MK and then reviewed/verified by reviewers DB and JC.

Table 2: Average Acuity Needs Across Regions (In Numerical Order of Regions)

Region Number	ALF/NH #1	ALF/NH #2	ALF/NH #3	ALF/NH #4	ALF/NH #5	ALF/NH #6	Average Acuity Needs Across Regions (In Numerical Order of Regions)
1	32.65	31.13	34.65	33.91			33.09
2	33.76	33.11	33.01	32.47			33.09
3	31.44	32.68	31.66	34.67			32.61
4	32.08	31.98	32.08	31.66			31.95
5	31.27	33.35	33.76	32.03	31.96	28.5	31.81
6	32.94	32.3	30.9	31.13			31.82
7	35.65	32.26	32.91				33.61
8	33.08	32.02	32.48	32.95	31.8	30.77	32.18

Figure 2: Average Acuity Needs Across Regions (In Numerical Order of Regions)



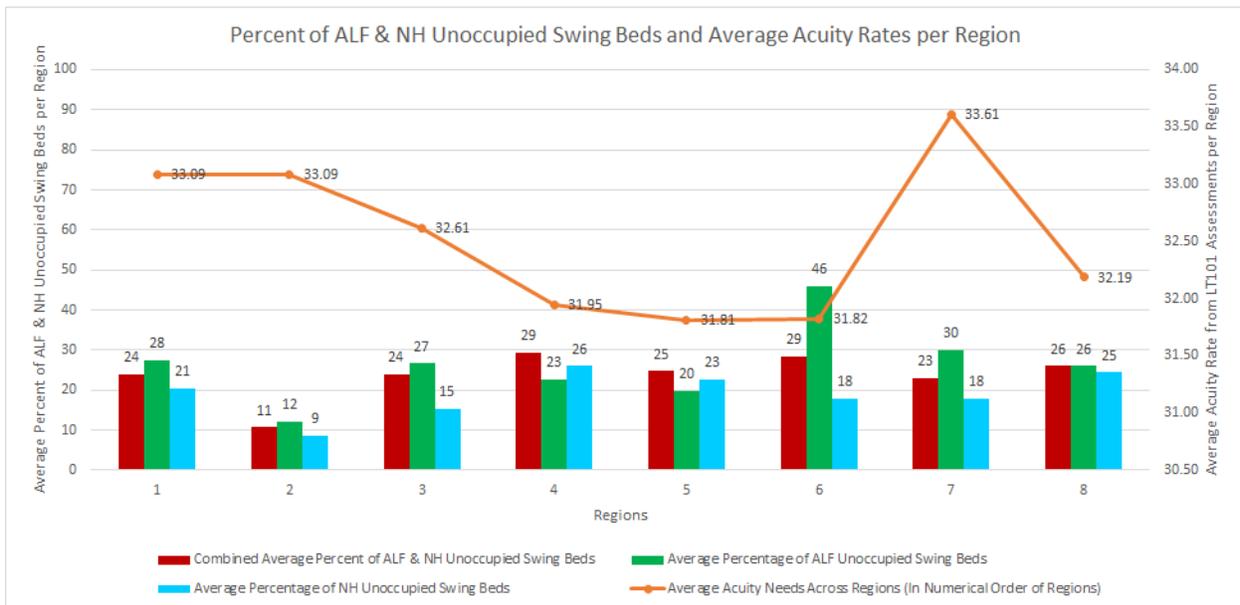
Acuity Percentages and Unoccupied Beds

The average acuity for the region is based on the providers' average. Table 4 contains the total ALF & NH count per county, of which there may be many facilities. This county total comprised the regional total that you see in Figure 2.

Table 3: Percent of ALF & NH Unoccupied Swing Beds and Average Acuity Rates per Region

Region Number	Average Acuity Needs Across Regions (In Numerical Order of Regions)	Percentage of ALF & NH Unoccupied Swing Beds - County #1	Percentage of ALF & NH Unoccupied Swing Beds - County #2	Percentage of ALF & NH Unoccupied Swing Beds - County #3	Percentage of ALF & NH Unoccupied Swing Beds - County #4	Combined Average Percent of ALF & NH Unoccupied Swing Beds
1	33.09	27	21			24
2	33.09	14	10	6	13	11
3	32.61	17	28	27		24
4	31.95	16	35	37		29
5	31.81	35	16	21	27	25
6	31.82	26	31			29
7	33.61	23				23
8	32.19	24	32	21	27	26
					Average	24

Figure 3: Percent of ALF & NH Unoccupied Swing Beds and Average Acuity Rates per Region



Most regions have high acuity entry rates and a low percentage of available beds. Regions 4, 5 and 6 have low acuity scores and high percentages of available ALF and NH spaces. We see a correlation between low acuity levels and entry into nursing homes. This correlation suggests

that space is available, and medical professionals are admitting more of these patients on average based on lower levels of care needs than other regions of the state. This could be due in part to there being too many facilities and not enough patients leading to increased pressure to admit more at a lower acuity than Regions 2 or 7.

Despite the low level of general acuity, the number of unoccupied swing beds (ALF &NH) remains relatively stable across most regions ranging from 24-29% capacity at that time. The one outlier is Region 2 with a low 11% unoccupied beds. Acuity levels also vary across regions. The reason for this difference was not indicated by the data. Some hypothesized factors could include the skill level of facility staff, speed of referrals, and awareness of available community services.

Regions 2 and 7 have the highest average level of acuity/care needs per patient, and the lowest percentages of available swing beds. This suggests that where there is a shortfall of beds, medical professionals tend to score their patients higher on the LT101 intake assessment. There is enough evidence to suggest a correlation between when an assessment recommends community support versus nursing home placements, and the number of available beds. Facilities lacking available beds may only admit those with high acuity, while those with excess beds are able to operate on looser restrictions. This supports the state plan survey analysis which found that most older adults do not want to relocate across the state. Our efforts may be better served by targeting SUA services to regions with a greater pressure on nursing home beds. This could lead to increased acuity levels, and ease pressure on available beds. Large investments into facilities in more populous regions leads to more vacant spaces. This creates a culture where assessments may be made in favor of a nursing home placement rather than doing whatever is necessary to assist that older adult to age in place.

The data shows that most providers have a higher admittance into nursing homes based on the average LT101 score of 32.40, which is in the third quartile of the range 28-34. That is positive news for Wyoming as a whole, and is an indicator that community support programs are effective when it comes to activities such as meals, chores and daily living.

Statewide, most ALF's and NH's have 25% of their swing beds unoccupied at a time. Analyzing just ALF's alone, 24% are unoccupied, and NH's alone report 26% of the beds unoccupied. County disparities are larger, with the average county expected to have a large 56% unoccupied NH's and 44% unoccupied ALF's, possibly due to regions 4, 5 & 8 with higher county totals as compared with the regions they belong to. Some of the disparity could be due to transition periods between one patient passing away and another organizing the move from their home so these figures need to be taken with a degree of caution.

Conclusions

Using research conducted by Clare Quinlan (Attachment G), our statewide survey, and the community listening sessions (Attachment F), it can be concluded that the majority of people

want community support to help them age in place. The existing correlation between the number of empty beds, and admitting people with low acuity levels needs to be dismantled. Although having some available beds is always desirable, too many or too few leads to skewed acuity-based admittance. In order to create balance in the types of support facilities needed by older adults across Wyoming, developments in more populous regions of the state should begin to slow, and developments in less populous regions of the state need to be increased to support a changing demographic and enable people to age in their communities.

The state would ideally like to see tightened evaluations for entry, requiring higher acuity ratings, and a stable turnover of available beds between 15% and 20%. This would put the emphasis on providing stronger community based support services. This enables business operations of the nursing home to remain strong, and more older adults aging in place with the correct supports.



Attachment E - State Plan Supplement Survey of Wyoming Residents Report

Executive Summary

This report presents research findings from a state-wide assessment of Wyoming residents and was conducted in collaboration with researchers from the *Wyoming Center on Aging (WyCOA)* at the *University of Wyoming (UW)*. The goal of the survey was to investigate and document current and future perceived needs and preferences of residents with respect to aging in Wyoming. Mixed-method research was conducted during Winter 2021 to assess the aging-related needs and concerns of current and future resident cohorts throughout the state. For this project, we compiled data from several sources, including publicly available information obtained through the U.S. Census Bureau, and quantitative and qualitative data collected directly from residents of Wyoming.

Demographic Profile (U.S. Census Bureau)

- In 2019 there were an estimated 581,024 people living in Wyoming. Of that population, the majority (58.9%) were under age 45, and about 41% was age 45 or older.
- About 22.5% of the state's population is age 60 and older, including 6.2% who are aged 75 and older.
- The share of the population aged 45 to 59 declined in size by 9.6% between 2010 and 2019.
- By 2040, the proportion of older people is expected to nearly double. By that time, almost 1 in 3 residents (28.0%) will be age 60 or older.
- About 28.1% of Wyoming residents age 65 and older live alone in their households.
- An estimated 38.7% of Wyoming's 230,101 households contain at least one person who is age 60 or older.
- About 49.7% of individuals age 75 and older experience one or more disabilities that could inhibit their ability to age in place.

Survey of Wyoming Residents Highlights

- Challenges to aging in Wyoming include the expense of services ranging from meal delivery to nursing home stays (reported by 41.0% of the total sample),

distance from important healthcare services (40.7%), and limited options for nursing homes or assisted living facilities (39.6%).

- Most older respondents 60 to 74 (86.3%) and 75 and older (89.9%) said that they [will] depend on Social Security for their financial wellbeing.
- Significant numbers of older adults, particularly those in the 60 to 74 age group (26.5%) indicated that they planned to continue working for money as part of their financial plan for old age.
- Most respondents reported a preference to stay in their current housing with no changes, with slightly greater indication of this preference among respondents age 75 and older (60.6%) compared to those age 60 to 74 (55.3%).
- Elder abuse remains a significant problem. About 1 out of 3 (31.0%) survey respondents indicated that they had experienced or personally known an older adult who had experienced elder abuse.
- The most frequently cited barriers to remaining in the community included costs of paying for care and support for long term community living (64.3%); limited transportation options in communities throughout the state (39.3%); and expenses associated with housing, such as taxes and utility payments (36.0%).
- Among the resources deemed most important for aging in the community by participants of all ages were access to local medical care (97.1%); sufficient transportation services (95.0%); affordable accessible housing (92.1%); and home health care (medical) services (89.5%).
- About 1 in 3 respondents (33.4%) reported that they were currently an informal caregiver looking after aging parents, grandparents looking after or raising grandchildren, older adults caring for an adult child with a disability, or an older adult caring for their older adult spouse.
- A substantial proportion (43.5%) reported that better access to information and support services and referral programs would facilitate their caregiving.
- Most older Wyoming residents meet their local and regional travel needs using private transportation, including a large percentage of individuals who drive their own automobiles well into old age.

- The attribute of senior centers that was rated highest by older adults for attractiveness was the opportunity to socialize with others. Almost 61% of all older respondents rated this attribute as attractive. Other highly rated attributes of senior centers included hot meals in a social setting (41.0%); and access to health, fitness, and wellness services (30.3%).
- The most common barrier to using senior centers was the perception that senior center services were not needed, as reported by 27.2% of respondents age 60 to 74, and 18.6% of respondents age 75 and older.
- Most older Wyoming residents are connected to the Internet, but more respondents age 60 to 74 (93.0%) have Internet connections than those age 75 and older (75.8%).
- Most older respondents (90.8%;) have devices such as cell phones, computers, and tablets that can be used to access information from the internet, but nearly 1 in 10 do not.

Focus Groups/Listening Sessions Summary

- The top three identified issues for Wyoming were healthcare, transportation, and services which were each cited in most focus group sessions and were discussed as issues in seven out of eight regions of Wyoming. Wyoming's particularly rural nature is a contributing factor for these issues to be prominent among community-dwelling adults.

This report is attached as a separate document. To view the full report please visit the Aging Division's Webpage at: <https://health.wyo.gov/aging/>

To cite:

Steinman, B. A., Barbakoff D., Tabler J., Kelly M. J., Clark J., Carrico C. P., McKibbin C. (2021) *State Plan Supplement: Survey of Wyoming Residents Report*. Cheyenne, WY. Wyoming Department of Health - Aging Division.

Attachment F - Statewide Focus Groups & Community Listening Sessions

Online Focus Groups and Community Listening Sessions

In 2020, during the period of time intended to collect community input and feedback to inform Wyoming's upcoming State Plan on Aging, the United States was affected by the COVID-19 pandemic, making in-person community listening sessions impossible to safely conduct. As a result, alternate channels of collecting feedback were employed. The AGD conducted a series of focus group sessions and community listening sessions over Zoom, which was fully licensed and could accommodate any number of willing participants. We did not reach capacity in any session. These focus groups were handpicked by an advisory group from a variety of regions, genders, ages and professions. The advisory group was composed of people on the peripherals of the aging network; none were program directors, provider staff or state staff. The group met three times from November 2019 to January 2020 and provided names and contact information for local community members from each region.

Each advisory group member was invited to the focus group session of their choice, with the flexibility to join a neighboring region if the day was not convenient. They were able to attend the session via telephone or internet, to maximize attendance. Please refer to Attachment F for the full breakdown of public comments by topic area, region, regional geographical breakdown, and an overall statewide evaluation.

Eight Regions

Wyoming was split into eight geo-political regions along county lines, with the exception of Lincoln county, which was separated into a northern and southern subdivision that were sorted into West and Southwest Wyoming, respectively. Zip codes along that artificial line were subsequently used to identify and connect the correct townships and regions within Lincoln County. These regions informed the schedule and structure of the listening sessions and were also used later in parts of survey analysis. We also utilized the federal RUCA codes to determine regions. Below is a chart to show which Wyoming counties were included in which region, and a map to show the location.

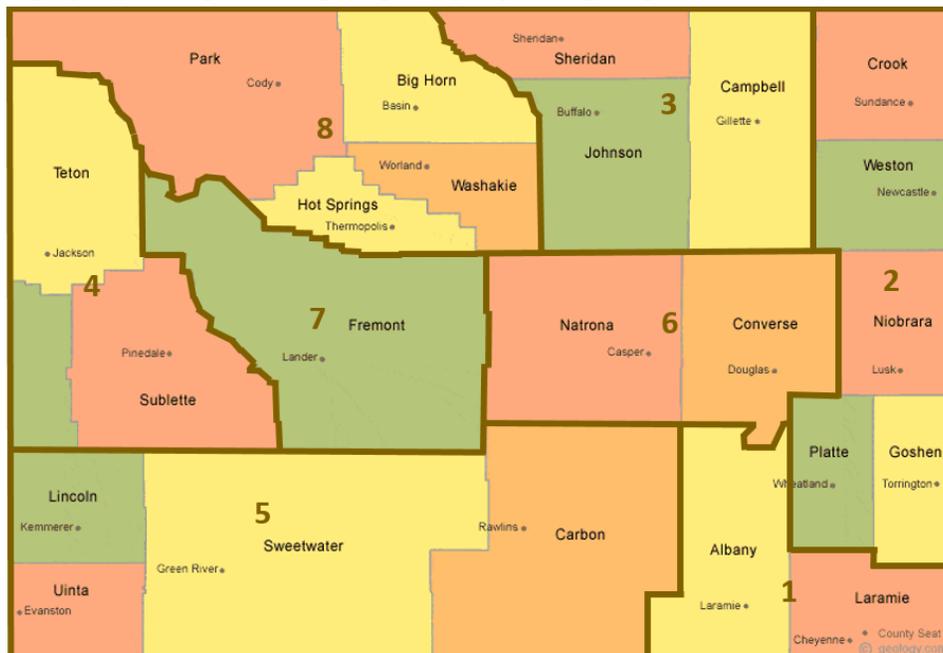
Each region had two focus group sessions in the daytime, and one Community Listening Session in the evening. Each region was chosen for the importance of understanding the distinct, but similar needs, of the constituent counties of each region that share a similar quality of living. In each region we held 3 sessions. These sessions were held according to the schedule below, and lasted for one hour each.

We rotated speakers for various sessions, had multiple note takers and presented disclaimers that no recordings would take place, only typed note-taking that was de-identifiable.

Table 1: List of Focus Groups/Community Listening Sessions

	Focus Group/Community Listening Session	County List
1	Southeast Wyoming (Cheyenne/Laramie)	Laramie, Albany
2	East Wyoming (Lusk)	Platte, Goshen, Niobrara, Weston, Crook
3	North Central Wyoming (Buffalo/Sheridan)	Campbell, Johnson, Sheridan
4	West Wyoming (Thayne)	Teton, Sublette, Lincoln (½ to La Barge and Cokeville)
5	Southwest Wyoming (Evanston/Rock Springs/Kemmerer)	Lincoln (½-Kemmerer, Sage, Fontenelle), Uinta, Sweetwater, Carbon
6	Central Wyoming (Casper/Douglas)	Converse, Natrona
7	Wind River (Riverton/Lander)	Fremont
8	Bighorn Basin (Thermopolis/Greybull)	Park, Hot Springs, Washakie, Big Horn

Figure 1: Map of Wyoming showing Regions for focus groups/Community Listening Sessions



Content Analysis

Three raters (DB, MK, JC) conducted a content analysis using emergent coding according to the recommended guidelines to determine the underlying themes (Stemler, 2001). First, the three raters independently reviewed the data with the primary coder (MK) making a list of key words and themes that emerged through the data and created broader content categories based on concepts of similar meaning in discussion responses.

Next, the raters compared the content categories to the original data and reconciled differences in codes, creating a consolidated list of content categories. Third, the raters used the list of agreed-upon content categories to independently identify the number of times the content categories appeared in the session discussions. Finally, the raters independently determined the frequency of occurrence of each category. A content category was either discussed at an individual session or via polls. The reliability of coding was deemed acceptable once discrepancies were discussed and mutually agreed upon and a 100% agreement between raters was reached across all codes, which exceeded the recommended 95% reliability (Stemler, 2001). Content categories were listed in order of frequency of occurrence, with more frequently occurring content categories indicating a higher level of significance (Francis et al., 2004).

The coding process was then processed by topic, per regional session/day, and enabled a detailed breakdown by topic, by region and state wide implications. Statistics on frequencies were then analyzed against the mentions per region alongside the data collected per session. Important quotations and findings are summarized here (Attachment E - State Plan Survey Supplement Report) and in detail in “Attachment F - Focus Groups & Community Listening Sessions” of the State Plan on Aging.

Session Times

Table 2: Session times for Focus Groups/Community Listening Sessions

Session	Session Time
1 - AM	7:00am - 8:00am - Focus Group (handpicked by Advisory Group)
12 - Noon	12:00pm - 1:00pm - Focus Group (handpicked by Advisory Group)
3 - PM	5:30pm - 6:30pm - Community Listening Session - Open to the Public

The Focus Groups were not listed publicly, and were held by invitation only. The Community Listening sessions were published on the WDH website, the AGD Facebook page, community newspapers, statewide newspapers, regional newspapers (larger cities in Wyoming), a pre-recorded interview on WPR, WPR online events, medicaid email newsletters and our own aging network. The virtual video conference attendance details were posted along with dates and times, and they were open to everyone. No one had to set up a zoom account in order to participate.

Each session had four polls with prompts for questions to encourage discussion on issues they may not have been aware of. These poll results were included in sessions for flow between question segments, were the same for all 24 sessions, and those results were not included in the frequency table below unless they prompted an independent comment from a participant on a topic that mattered to them. Age was not recorded as a requirement, and was used as a test poll question. Anecdotal evidence suggests most participants in the focus groups and community listening sessions were between the ages of 40 and 65. Full poll prompt questions will be included as an attachment to this analysis section, but the question sets they were pulled from are included below.

Each question set lasted about 15 minutes on average, with the last 15 for introductions at the start and closing questions at the end. (Discussion prompters)

Question Set A:

- I. Are you happy with your current situation in aging or caring for someone who is aging in Wyoming?
- II. What do you think is the major issue facing Older Adults in Wyoming?

Question Set B:

- I. What services do you currently use?
- II. What services would you use?

Question Set C:

- I. What else should we be looking closely at?
- II. What are we missing?

Table 3: Frequencies of Focus Groups/Community Listening Sessions attendance

	Focus Group	Date for Sessions	AM	Noon	PM	TOTAL
1	Southeast Wyoming (Cheyenne/Laramie)	Tues 01/26/21	0*	4	4	8
2	East Wyoming (Lusk)	Thurs 01/28/21	1	7	2	10
3	North Central Wyoming (Buffalo/Sheridan)	Tues 02/02/21	2	5	8	15
4	West Wyoming (Thayne)	Thurs 02/04/21	2	4	1	7
5	Southwest Wyoming (Evanston/Rock Springs/Kemmerer)	Tues 02/09/21	0*	1	5	6
6	Central Wyoming (Casper/Douglas)	Thurs 02/11/21	0*	6	4	10
7	Wind River (Riverton/Lander)	Tues 02/16/21	0*	3	1	4
8	Bighorn Basin (Thermopolis/Greybull)	Thurs 02/18/21	1	6	4	11
TOTAL			6	36	29	71**
<p><i>*The AM session for Regions 1, 5, 6 & 7 all had zero (0) participants</i> <i>**TOTAL of 71 participants joining sessions. This leaves a total number of unduplicated participants at 61 as some participants joined multiple sessions</i></p>						

There were 8 regional days of sessions, consisting of 16 focus group sessions and 8 community listening sessions for a total of 24 listening sessions across the 8 days, January 26th, 2021 to February 18th, 2021. As seen on the table above, the most popular sessions were the afternoon session for the focus groups, and the evening session for the community listening sessions.

There were a total of 71 participants joining all sessions, with some duplicates because some participants joined multiple sessions. This leaves a total number of unduplicated participants at 61. At every session, the same questions were asked. The first set of questions broadly asked about participants' overall satisfaction with aging in Wyoming and the challenges older adults face. The second set of questions asks about services available for older adults that are utilized most and what services would be the most important to have in a community. The final set of questions allows people to speak about anything they want regarding aging in Wyoming that had not been addressed in earlier questions or discussions.

Table 4: Topics Raised in Focus Groups/Community Listening Sessions

Topics	Sessions								Total Topics x/20*	Total Topics %	Regional Mentions x/8	Regional Mentions %
	1*	2	3	4	5*	6*	7*	8				
Healthcare	2	3	1	3	2	0	1	1	13	65	7	87.5
Transportation	1	3	0	2	1	1	2	3	13	65	7	87.5
Community Services	2	1	2	1	1	0	1	2	10	50	7	87.5
Dementia Care/Mental Health Services	1	1	3	0	1	1	1	2	10	50	7	87.5
Volunteering	1	1	1	1	1	1	1	0	7	35	7	87.5
Isolation	1	2	2	1	1	0	1	0	8	40	6	75
Aging In Place	0	0	1	1	1	1	1	1	6	30	6	75
Nursing Home Options	1	1	1	1	1	0	0	1	6	30	6	75
Home Health Services	0	1	1	1	1	1	0	1	6	30	6	75
Senior Housing - Home Modification	1	0	2	2	0	2	0	1	8	40	5	62.5
Elder Abuse & Financial Awareness	0	3	1	0	1	1	1	0	7	35	5	62.5
Elder Day Care	1	0	2	1	2	1	0	0	7	35	5	62.5
Staffing/Pay	0	0	1	2	1	1	2	0	7	35	5	62.5
Caregivers	0	1	0	1	0	1	0	1	4	20	4	50
Elder Fitness	1	0	0	1	0	0	1	1	4	20	4	50
Advocates	1	0	0	2	0	0	1	0	4	20	3	37.5
Reservations	0	0	0	0	0	0	1	0	1	5	1	12.5
Total Regional Comments	15	18	19	20	14	11	15	15	127			

Key:

0	0 mentions out of 3 potential for each session on the regional day of listening sessions*
1	1 mention out of 3 potential for each session on the regional day of listening sessions*
2	2 mentions out of 3 potential for each session on the regional day of listening sessions*
3	3 mentions out of 3 potential for each session on the regional day of listening sessions*
	Highest volume of comments and most successful public commentary obtained
	Second highest volume of comments and most successful public commentary obtained

****The AM session for Regions 1, 5, 6 & 7 all had zero (0) participants, so there were 20 sessions included in this analysis.***

Table 3 identifies many aspects of the Focus Groups/Community Listening Sessions that we will breakdown here. Beginning with the 8 regions, Region 4 with the most concerns across a variety of sessions and a variety of topics. These are highlighted yellow. Region 7 (highlighted in light yellow), also had many discussion topics mostly related to the problems faced by the Native American community with racial discrimination and poorer healthcare in Fremont county, (we will focus on this more in depth later in this analysis under the topic area of reservations).

All topic areas highlighted in either yellow or light yellow are the topics of greatest concern to participants, all of which are represented by 62.5% of regions or higher. Out of these, the top three concerns are; healthcare in general, transportation problems, increasing community services in general. Second tier concerns include; dementia care/mental health services, isolation, the need to age in place, nursing home options are sparse or non-existent, home health services, senior housing including home modification, elder abuse & financial awareness, elder day care, staffing problems for county-wide responsibilities and problems around lower wages for rural areas, technology concerns (broadband, devices and the cost of an ISP).

Each topic area has a maximum of 3 possible entries per topic, to mirror the 3 sessions per region that we completed. The total number of topics is out of 20 sessions instead of 24, because 4 of those sessions we held, live, had zero (0) participants and so were not counted in the percentages. Thus there was a maximum of 20 sessions where topics of concern could have been raised, and the percentages of frequencies are based on this figure of 20 sessions for statistical purposes.³⁸ The list above is ordered first by the total occurrences out of 8 regions, and then by the number of sessions those topics were brought up in. Any frequencies There were a total of 128 separate occurrences of 19 topic areas (plus/minus 20 non-descript comments that cannot be codified).

Focus Groups & Community Listening Sessions - A Qualitative Review

This overview is a montage of key points and commentary from a selection of the 122 topics that were brought up during the listening sessions and focus groups. They have been weaved together to form a cohesive narrative, whilst staying true to the original spirit of the statements made during the regional sessions. Every effort has been taken to ensure no local provider or participant is identifiable in any way.

This evaluation is not all inclusive, and should not be taken as such. They include reviews of each individual topic per region (with a number in brackets to represent said region) followed by an overall review per topic of that issue statewide. Finally a collective statewide evaluation will be conducted that ties together all the separate topics. We will start with a review per topic per region:

Public Comments per Topic Area per Region

Healthcare

(1) Different ways are needed to access care. Telemedicine is a big part of this access. Care management and accurate planning, using access points like senior centers, are crucial to connect

³⁸ The AM session for Regions 1, 5, 6 & 7 all had zero (0) participants

seniors with all manner of specialists. Adequate screening would improve healthcare for the elderly.

A good PACE program would meet many of these needs, however it has been defunded and is closing. One access point for information would go a long way to ensuring people have access to the care they need.

One participant stated that *“some people don’t have insurance and live alone. It takes a long time to find a placement for them,”* going so far as to say *“sometimes, they don’t like asking for help.”*

(2) With the departure of the home health nurse our local healthcare system has deteriorated. Public health is here, but we are a very small community. We simply don’t have enough qualified staff to support our elders. Financial situation of older adults in Lusk and Niobrara county in general is dire, with inadequate education and guidance for older adults needing financial advice.

We particularly struggle with those individuals who have different dietary needs like diabetes, but there may be some companies that can help with that. The fact that physical therapy does not go to the home anymore. This means that older adults are not being served as they should.

The success of telehealth being provided by the private sector or government sector relies on usage, and that the doctor uses it first. If you don’t get them onboard, it will not work.

There is a doctor in town but more advanced procedures need to be done an hour away with difficult transportation. There is a fee which is difficult for some people. There is also a hospital in town, but it lacks the advanced equipment (People go to Douglas or Casper with a few going to Nebraska).

(3) A local senior center is speaking with the discharge team at the hospital so the Discharge Nurse or Social Worker can let them know what is available, and help with form filling. This new development we are pushing forward is because of our research where we find that Care Coordination efforts are unaware these local services are available through senior centers. We can’t speak to what is happening at the local hospital, YMCA, and other service providers, but the awareness for senior centers is very poor. Communication and community awareness are so important for what we do. Knowing what documents that discharging patients have and what to do next are very important. Wyoming does not mandate options counselling, and this is a real shame. There is lots of push back in the state as nursing homes and ALF’s do not want that. The local senior center is hearing from caregivers who are looking for other community support and are not finding them.

As we all know, there is a difference between Medicaid and Medicare. Can the AGD run a PSA to provide information to the people on this difference. Consistent information campaign throughout the state, not just on the definitions, but on programs such as CCWP, which is meant to keep people in their homes, would help proactively stop people turning to nursing homes as a last resort when situations arise like seniors going to the ER for not having community support they needed. Once they enter the system, they feel and become trapped, as the system then impedes on them, almost like a punishment for going into the ER in the first place and becoming a drain on public resources.

(4) Focus Group members stated that there needs to be a stable way for funds to be delivered. Preventative type home care is a good option for reducing healthcare costs in the long run. Instead Wyoming is cutting the funding for home care programs like WyHS. ***“How do we raise the consciousness in the state that seniors need this kind of support?”***

When asked, ‘What do you think about mandatory counseling?’ One participant responded ***“I think it should be incorporated into the discharge planning.”*** Another said, ***“the piece that is left out is mental health counselling”***. The system of healthcare is not easy to navigate.

Healthcare services also tend to be further away from home. ***“Many of those who have serious medical situations would prefer to stay in the area but without the medical expertise available they have to move away. The particular situation I am aware of has to deal with dementia, strokes, and cancer care.”***

Part of the problem comes from overall staffing levels. ***“Wyoming needs to improve their ability to draw specialists to the state. Their loan and physician incentives do not compete with other states. Until this improves, we will struggle with this.”*** For example there is no doctor here that works with Parkinson's disease. These younger medical professionals feel isolated, as more of their younger adult peers are moving away. This only compounds the issues facing older adults further.

All who try and work together in these smaller western Wyoming communities and utilize limited resources across the state are hampered by an unattractive offer.

A lot of older adults face having to complete medical visits to neighbouring Idaho, and local providers cannot take patients across state borders.

(5) We need to do more as a region and as a state. Nursing home rooms in Colorado have pictures on the doors, but in Wyoming they all look like hospital rooms... dreary and drab. Also, memory care facilities in Wyoming were far away in places like Rock Springs and Casper. These take the older adults out of the communities they had spent decades in, cutting them off from

loved ones, and compounding the issues around loneliness that come with a relocation for anyone, let alone a vulnerable older adult.

Healthcare services coordination is poor and needs to be consistent across the board. The local healthcare providers here only have a few thousand patients. Most of their potential patients travel to Salt Lake (Utah) or Green River (Wyoming) for doctor services like vaccinations instead of local providers. Medical resources in other states or other regions of Wyoming have vastly more resources to look after their seniors than we do here in Region 5.

Education on care for seniors, especially those with dementia, is behind the times. ***“We are not doing enough. We formed a rural healthcare district but it was too far from Rawlins for people to make the benefit of it.”***

Patients who need to see endo physicians, (those who treat people for diabetes), have to go to Utah every 90 days because medical services are lacking in these communities. 100% of people needing medical services in this region say that this is the biggest issue facing rural Wyoming.

Barriers to having extra medical services available is licensing and a participating physician. Colorado doctors, for example, have to be licensed in Wyoming, but Wyoming doctors don't have to have Colorado licenses. This includes all nurses. People can travel to the physicians but physicians cannot travel out of Wyoming because they are not mandated to get a Colorado license. Smaller medical practices may find it not cost effective to gain this without any real evidence of return. If it was mandated, it could be factored into general costs anyway and make Wyoming doctors more competitive. One participant said that there were ***“lots of licensing issues all the way across the board in terms of medical licensing”*** and the ability for private medical institutions to compete and draw in more local customers needs to be enhanced as much as possible by government incentives.

A smaller network was created in Baggs, and this method could benefit Rock Springs also. Another participant said, in terms of the medical network mentioned previously, ***“I don't use them right now but I am glad that we do have these services here.”***

(6) The Behavioural Health unit has a lot of overlap with the Aging Division and there should be more connections made between both of these units of WDH. There is a stigma on institutionalized people being outcast in their community when they start receiving services like mental health care or when they try and return.

Specialists in geriatric care are very important and there are simply not enough of them. Young doctors are not staying in this area. Their salaries are low and they have very high caseloads, which makes being a geriatric doctor in Wyoming extremely unappealing. Most facilities can only manage a few people, and there is a limit based on staff training on what they can incentivize.

The University of Wyoming has tried to complete education drives around geriatric needs with programs like ECHO. The education drive is definitely helpful but real support is needed from the medical side once the older adult is in a facility. There is simply no training.

(7) We have to drive a long distance for medical help, especially when the weather turns bad, and then the facilities themselves cancel or the patient (through no fault of their own). Telehealth is only okay once that relationship has been built up in person, it is a combination feature only that now and then older adults may trust that they can adequately be treated over the internet, and that they will be heard. On the flip side, overnight hotel trips are also needed for some specialist medical appointments. Both measures put unnecessary strain on older adults. Both methods are ineffective.

One of the biggest issues at the local hospitals is that most locals are a little concerned with going to them. They are treated like a “band-aid” station. Most of the best doctors are out of town, and the patients know it. For example, the local hospital has no dedicated mental health services.

People are talking about moving out of the central Wyoming areas because of the undue strain on necessary medical care when it is needed most during the unexpected times of crisis, and when planning to age in place.

There is a general distrust of larger hospitals nearby. They are not great facilities for anybody, and then you add racism and social problems into the mix, and it becomes a toxic environment. Many people tell stories of trouble in the ER, how they don't get waited on as they are of a very distinct and marginalised racial group. It is a complex issue. Wrong medications, condescending nature, inaccurate notes with no rationale for treatments... These are just some of those stories.

There is a history of systemic racism and sexual assaults in this region. Local big cities get a lot of money from us, in essence the reservation funds their schools. They are called border towns to us, and they are essentially places we do not want to visit.

There is a workforce issue with hiring competent CNA's, homemakers, and not enough people to work with older adults in general. There is poor compensation for an already tough job. People can make more money at a fast food restaurant than as a CNA, so they move out of the area. There have been so many children who have moved out of the area that the community feels like it is dying figuratively and literally.

(8) Zoom healthcare visits would be good for our region. Medicare is federal so there is no problem crossing state lines and getting the best doctors via telemedicine. Medicare providers need to do more.

Project Out was a great program for discharge planning. Now that it is going, there is no Medicare replacement policy. The only case management services were through that. That program engaged those that don't normally get involved with community services.

Overall there is a lack of medical providers in this area, for example psychiatric services in home and mental health care for the elderly. Maybe if there were lab tests in the home, they could stay at home for longer.

Insurance seems to prefer paying for services after an illness/injury, etc than to pay for preventative care. This approach makes no sense from a personal care point of view and a business point of view.

Finally, there needs to be more conversations held about end of life care for the elderly, closer work with hospice services, and improving POLST. Healthcare should mean birth until the moment of death, so as much investment needs to go into dying with dignity as there is in keeping newborns alive at an earlier foetal age.

(Wyoming-Healthcare) Losing the WyHS and PACE programs places even greater strain on other similar programs. In some instance having multiple programs doing more or less the same thing means losing one or two does not automatically mean the end of support for older & disabled adults, but it does add more pressure on the system and on those patients who have to navigate the system yet again to find a qualifying program that can support them elsewhere, including CCW and Medicaid, at a time when there is already increasing demand for medicaid services. ***“How do we raise the consciousness in the state that seniors need this kind of support?”***

Project Out was a great program for discharge planning. Now that it is going, there is no Medicare replacement policy. The only case management services were through that. That program engaged those that don't normally get involved with community services.

Region 3 & 6 mentioned that healthcare was a huge priority for most regions we surveyed, and the interplay between healthcare and home based community services is a vital link that seems disjointed across the state. AGD may be able to become an intermediary for older adults with education and PSA's, to enable advocates to work on behalf of older adults one on one. Possibly state level resources created with medicaid to aid the form filling and awareness of services.

The Behavioural Health unit has a lot of overlap with the Aging Division and there should be more connections made between both of these units of WDH. There is a stigma on institutionalized people being outcast in their community when they start receiving services like mental health care or when they try and return.

Specialists in geriatric care are very important and there are simply not enough of them. Young doctors are not staying in this area. Their salaries are low and they have very high caseloads, which makes being a geriatric doctor in Wyoming extremely unappealing. Most facilities can only manage a few people, and there is a limit based on staff training on what they can incentivize. The University of Wyoming has tried to complete education drives around geriatric needs with programs like ECHO. The education drive is definitely helpful but real support is needed from the medical side once the older adult is in a facility. There is simply no training.

Regions four & five say that healthcare services also tend to be further away from home. ***“Many of those who have serious medical situations would prefer to stay in the area but without the medical expertise available they have to move away.”*** Part of the problem comes from overall staffing levels. ***“Wyoming needs to improve their ability to draw specialists to the state. Their loan and physician incentives do not compete with other states. Until this improves, we will struggle with this.”*** For example there is no doctor here that works with Parkinson's disease. These younger medical professionals feel isolated, as more of their younger adult peers are moving away. This only compounds the issues facing older adults further.

There is a history of systemic racism and sexual assaults in region seven. Local big cities get a lot of money from us, in essence the reservation funds their schools. They are called border towns to us, and they are essentially places we do not want to visit. People are talking about moving out of the central Wyoming (Region Seven) areas because of the undue strain on necessary medical care when it is needed most during the unexpected times of crisis, and when planning to age in place.

Transportation

(1) There is an app called “Go Go Grandparent”. It uses the main Uber app and it's considered safe to track drivers, to get older adults to their appointment as a service that has a paid component that could be reimbursable for drivers and clients. This app would have to be for generic unassisted transportation though. It seems like a good solution, but older adults are very wary of strangers as they feel vulnerable. We need to build up a community feeling between our uber drivers and these older adults who want to use the system for it to be a success here in Wyoming.

For veterans, especially the most senior, the transportation that works best is door to door rather than a bus. Services are not available in this area. When transportation is not available they just don't travel anywhere.

One participant had an older gentleman living across the street. He had a motorized three wheeler scooter he could get out of the house and visit neighbours and did not have to rely on transportation as much. Rural veterans have the biggest issues, and highly rural transportation programs for counties of 7 or less people per square mile helps, but it's not the final answer.

(2) We do have transportation through the senior center, and we do have a hospital here, but the fees are too expensive. If there were no fee then we would see more people using this service. Transportation is a very important service for people, but there is no night-time or weekend transportation (eg. from hospital back home). Additionally, transportation cannot cross state lines for shopping trips (30 miles to Scott's Bluff vs. 85 to Cheyenne)

(3) The distance or mileage between destinations, and cost of both maintaining and offering transportation services out here is the biggest barrier. There is also the overall stereotype of ***“senior centers are for old people.”***

Service is also limited to Monday through Friday.

Transportation is necessary for maintaining independence and can't be just for food/emergency/medical services.

(4) We cannot take patients across state borders because of the limitations of insurance. As such, medical visits to Idaho cannot happen. Public transportation is so variable that seniors cannot access it.

We need curb to curb service. Missing medical appointments makes people turn into shut ins and quality of life decreases.

(5) Field trips for younger seniors is what is most appreciated for places like Hot Springs. We cannot go over state lines due to local liability. It looks like all border towns have the same issue, so we definitely need to have a conversation with their underwriting company to change those laws.

Senior Centers in general are the co-owners of their vehicles. There is a bus that goes to Craig, Colorado for major shopping and doctors visits each tuesday. Everyone of the participants who ride that bus regularly would have to move from the community if they did not have access to what they needed in Craig. WyDOT is providing the extra funding to enable us to cross state

lines, but this is only possible with special extra federal funding that has a grant that can cross state lines. We could not avoid a second insurance policy if it were not for this grant.

(6) Funding for public transportation is needed, but if there is nobody to hire to drive the buses that would be pointless. Funding has to be holistic.

(7) There is a reluctance among older adults to give up driving despite it being unwise for them to drive. The reason is that public transportation is such a big issue. If older adults give up driving too soon, then their freedom is almost entirely curtailed. Cab services come and go, but regular transportation services are needed. Convenience of public transportation is one of the biggest barriers to getting mobile.

Utilizing an app like Uber would need some kind of background check to help people get more comfortable with using these rideshare services. There needs to be more background checks, possibly AGD interviews/vetted, and regular annual review and reapplication (to keep the system up to date with people able to help older adults).

(8) Being so rural, non-emergency transport to appointments is needed. Transportation issues are still poor. Transportation services are a big problem, as services are limited. Mobile X-ray services, mobile labs, all those services are needed here.

Ambulances are the only transport available, and there is no transport out of state for services. Whatever non-emergency transport there is, goes only to the state lines which is a problem for those travelling for better healthcare out of state.

In the case of the most acceptable forms of transportation being funding and provided, we still need drivers. For the vehicles that are generally provided, wheelchair accessible vans are needed more than ever, and good CPR training. Maybe younger seniors in the community need a simple taxi service only.

Insurance is a big issue for us, but we have not done research on alternative transport insurance companies to replace ours.

In this region, transportation hours are extremely limited. Driving people around shouldn't stop at 3pm or noon. Transportation may also be more of a seasonal issue which makes the feelings of isolation worse still.

Could we have some sort of legal protection for volunteer drivers perhaps? There is this for medical professionals, accident victims, and it could certainly be there for drivers who slide off icy roads for example, which provided a much needed volunteer service for older adults.

(Wyoming-Transportation) There is an overall feeling that transportation needs to change across the state, that it needs to get better and do more for older adults. This will go hand in hand in reducing social isolation and decreasing mental health problems amongst older adults.

Veterans affairs, fees, availability, accessibility, and border crossing issues were the biggest concerns Wyomingites had in regards to transportation.

For veterans in region 1, especially the most senior, the transportation that works best is door to door rather than a bus. Services are not available in this area. When transportation is not available they just don't travel anywhere. It does not always have to be buses and taxis. One resident stated that someone they know, an older gentleman living across the street, had a motorized three wheeler scooter he could get out of the house and visit neighbours and did not have to rely on transportation as much. Rural veterans have the biggest issues, and highly rural transportation programs for counties of 7 or less people per square mile helps, but it's not the final answer.

Other regions such as 2 mentioned that they do have transportation through the senior center, and they do have a hospital there, but the fees are too expensive. If there were no fee then they would see more people using this service.

Transportation is a very important service for people, but there is no night-time or weekend transportation (eg. from hospital back home). Service is also limited to Monday through Friday. One senior center in region 3 stated that the distance or mileage between destinations, and cost of both maintaining and offering transportation services out here is the biggest barrier. There is also the overall stereotype of ***“senior centers are for old people.”*** Transportation is necessary for maintaining independence and can't be just for food/emergency/medical services.

Region 8 said: Driving people around shouldn't stop at 3pm or noon. Transportation may also be more of a seasonal issue which makes the feelings of isolation worse still.

Additionally, transportation cannot cross state lines for shopping trips (30 miles to Scott's Bluff vs. 85 to Cheyenne), which defies logic. This issue was seen in region 4 saying: We cannot take patients across state borders because of the limitations of insurance. As such, medical visits to Idaho cannot happen. Public transportation is so variable that seniors cannot access it. We need curb to curb service. Missing medical appointments makes people turn into shut-ins and quality of life decreases.

Region 5 mentioned having similar issues with cross borders travel: Field trips for younger seniors is what is most appreciated for places like Hot Springs. We cannot go over state lines due to local liability. It looks like all border towns have the same issue, so we definitely need to have a conversation with their underwriting company to change those laws.

Senior Centers in general are the co-owners of their vehicles. There is a bus that goes to Craig, Colorado for major shopping and doctors visits each tuesday. Everyone of the participants who ride that bus regularly would have to move from the community if they did not have access to what they needed in Craig. WyDOT is providing the extra funding to enable us to cross state lines, but this is only possible with special extra federal funding that has a grant that can cross state lines. We could not avoid a second insurance policy if it were not for this grant.

Finally Region 8 stated: Insurance is a big issue for us, but we have not done research on alternative transport insurance companies to replace ours.

If we can address the issue of utilizing resources in other states and crossing county lines, we will be able to address most of these transport concerns overnight.

Community Services

(2) We use C1, C2, B and WyHS for funding. B is huge for activities (although COVID ruined the trips), as is homemaker as there is no home health anymore. Seniors have trouble asking for help in general. We could push the conversation for elderly in the community to call local phone directory services for a neutral third party seeking help but they are embarrassed, especially in small communities. Local phone directory services could be taught to be aware of the embarrassment felt by older adults in small communities as part of a review and improvement process of referral services. Pride and unwillingness to ask for help are part of the problem, and we are mostly getting help requests from their neighbors as the patients themselves are too proud.

“I think education is needed for older adults when they get discharged from the hospital, so they know all the resources they can find.” Programs like PACE were ***“good because it was a smooth integration into a continuum of care for people.”***

(3) Seniors will tell you when they are not happy. Knowing your clientele in the dining room is a good first step to understanding and responding to their needs. They will suggest things they need, for example they can't have yoga as its COVID-19 right now, so they offered online versions that could be done. The trick is to be in tune with the older adults being served. ***“They are not shy.”***

We want to grow as providers and there is a huge discord between younger seniors and the oldest old. There are initiatives trying to target younger seniors and trying to balance the two different generational groups of elders. The two groups just won't mix. It's like Junior High and High School kids to find a meaningful comparison, but they are sometimes decades apart.

Providers are eager to try new activities and see what works. They have the freedom to do everything they can (despite COVID-19 restrictions).

(4) The services for different skill/physical levels are not based on age (60 or 90). By basing activities off of skill/physical ability, we find that the youngest old and the oldest old are more likely to mix as their energy is similar. ***“We have just started offering some community courses in partnership with the senior center here. In the future it would be great to be a center for information for seniors, provide activities and more education opportunities.”***

In regards to inter agency projects ***“I think there is a lot of willingness to cooperate between agencies. Challenges are simply a lack of time or even the funds to do so.”***

There has been an increased need for deliveries since COVID-19, and now staff are able to be kept on because of Pick-Up Meals for example.

A local phone directory service is a great asset in West Wyoming for information on services and connecting seniors to providers.

Finally, one local town could do with a brand new Senior Center to be built, costing \$5-6 M... custom built for activities, as the old one is not up to par.

(5) Our local senior center has tried to change their name to be more like a community center in the past, but there is no news on that change being accepted yet.

Activities that people find useful in our regions are; games, Tai Chi, health improvement programs like Matter of Balance. The average age of participants here is 70.

We have found that it is hard to get the younger older adults to be involved more with the oldest old, all these activities seem to be not spontaneous. That regimented control or forced fun has stifled any creative self creation of clubs or groups. We have not pinpointed yet the reason why younger seniors have not been on activities with the oldest old. We do know that younger seniors enjoy more field trips, and they mostly appreciate places like Hot Springs, but we are forbidden from going over state lines due to local liability.

Finally, we need more long-term services like meal deliveries, and working age people need to be encouraged to stay in their communities. Many are moving out of the area altogether.

(6) Rural areas are being hit the most with cuts, especially to the WyHS program. For individuals who would not qualify, the problem is around income or the ADL level of need. The biggest gap is in financial income. Family ranches mean there is equity but no real cash, which means people are in poverty even if they have real estate wealth. This dichotomy creates suffering. Americans in general do not want to lose assets they have worked so hard for all their life, and they fear that upon entering the system it will only be downhill from there in terms of losing ownership of major assets. This is a bigger problem than pride about self-determination of healthcare choices... the fear of losing your legacy because of age related care needs.

If there is no home help and no providers then self directed care becomes the only means of help. Lots of older adults are making real choices with meager options, with going to the senior centers for meals.

“Folks either have zero assistance or little assistance.” A little support from the community via these services can keep guardianship at bay, and empower independent living.

(7) Income revenue would help to support people and give employment as they care for older adults and elders on the reservation. Employment could be offered in home repairs & chores. No one fully understands how difficult it is to get help with changing light bulbs and other simple things like that.

There is a lack of information in general, especially with home help services. Lots of calls needed. Local telephone information services are available but people simply do not use them, or are unaware that they exist. The local town does have an Occupational Therapist, a Handyman and someone else all working together and helping individuals in their home.

(8) Homemaker services are very useful for older adults. There are private companies that do serve the local area and sometimes fill in gaps that the state funded providers cannot help with. Services can include; medicine management, shower/bathing assistance, mobile IT assistance, grocery delivery services. All of these are vital services for these regional communities.

Let's talk about the issues surrounding bathing. Home health aids will have care plans in place other than what is needed for case management for federal reporting, and many other issues surrounding case management. There is a barrier for clients based on what they need to receive, and what they actually receive in the end. Case Management is going to go to a phone call network, ***“It's like a finger plugging a dam, I guess it works but for how long?”*** but it occurs with people they do not know. It should be a medical service. There is an immeasurable amount of value in Social Workers, and RN's being in the program, they bring a lot of knowledge.

Case Managers should be there to provide information on all services. More Case Management companies are coming from outside the area and they drive in, available to them if patients need something, but other companies are coming in not local, beyond state lines, and are not devoting as much time to patient care.

When aid services under the waiver program went it caused a big problem in our communities. If someone wants help with a shower, for example, there is no longer any help with that. This decline started 12 or 13 years ago. We would be able to run errands for them anywhere from 5-10 hours per week. When eventually the waiver ran out of money, it turned to personal care focus, and now those check ins have gone to 2 hours a week, until now it has gone completely. The waiver program even had nursing assistants and everybody misses that highly educated professionalism we used to have in the care sector. ***“Community Senior Centers are the primary resource for services”***

“Here we are focused on getting meals to those who need them, as well as providing rides to their medical appointments since this pandemic is here.”

(Wyoming-Community Services)

The third biggest topic discussed by Wyomingites was community services such as the OAA programs. Seniors have trouble asking for help in general. Region 2, we could push the conversation for elderly in the community to call local phone directory services for a neutral third party seeking help but they are embarrassed, especially in small communities. Local phone directory services could be taught to be aware of the embarrassment felt by older adults in small communities as part of a review and improvement process of referral services. Pride and unwillingness to ask for help are part of the problem, and we are mostly getting help requests from their neighbors as the patients themselves are too proud.

Although mostly embarrassed to ask for help, seniors in region 2 will tell you when they are not happy. Knowing your clientele in the dining room is a good first step to understanding and responding to their needs. They will suggest things they need, for example they can't have yoga as its COVID-19 right now, so they offered online versions that could be done. The trick is to be in tune with the older adults being served. ***“They are not shy.”***

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Navigating this tight walk correctly will ensure we are serving our customers by finding exactly what they want, how they want it, and then providing services to match that ethos. This is a rule

of business, and successful business owners know to find your buyer before you try and sell to them. In this instance, we are selling community support. Seniors in general need a one stop shop for information, resources for different skill/physical levels are not based on age (60 or 90). By basing activities off of skill/physical ability, we find that the youngest old and the oldest old are more likely to mix as their energy is similar. ***“We have just started offering some community courses in partnership with the senior center here. In the future it would be great to be a center for information for seniors, provide activities and more education opportunities.”*** In regards to inter agency projects. ***“I think there is a lot of willingness to cooperate between agencies. Challenges are simply a lack of time or even the funds to do so.”***

The last issue raised was around case management. There is a barrier for clients based on what they need to receive, and what they actually receive in the end. Case Management is going to go to a phone call network, ***“It’s like a finger plugging a dam, I guess it works but for how long?”*** but it occurs with people they do not know. It should be a medical service. There is an immeasurable amount of value in Social Workers, and RN’s being in the program, they bring a lot of knowledge.

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Dementia Care/Mental Health Services

(1) There is little support for people living with dementia. ***“I hear from constituents that access to facilities and trained workers in dementia care can be hard to find.”*** You find seniors trying to live independently with dementia but there is a lack of knowledge and understanding from family members. There are also limited options for nursing homes meaning many patients go without the support they need.

Sometimes, there can be good information out there, but then issues become more about supporting caregivers; what happens when a caregiver needs to go to the hospital?

(3) Some dementia patients live in senior housing, and there is a lack of knowledge on the family's part. The family doesn't quite know what's happening with their loved one. WyCOA has a group for caregiving with dementia. People aren't following through to ask for help either possibly for not raising issues among the community or denial that there is a problem. Some of these caregivers are not comfortable using a computer for any virtual support.

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Volunteering

(1) In regards to Volunteering or civic engagement opportunities, Denver has the 'Colorado feeding kids' program, one older adult wanted to be involved, so they brought bags to him so he could add stickers there at his home. Volunteering doesn't necessarily mean traveling to a location, we can get homebound older adults involved as well.

(2) Camaraderie across age groups is important; younger 60+ people who may not need a senior center may be able to help the oldest-old feel more included.

(3) Volunteers are mostly found through churches or on Facebook or through the local newspapers.

(4) VISTA and SeniorCorp need a new sponsor. Would the Aging Division sponsor these ventures? Sponsors are reimbursed federally for sponsorship.

(5) “Most people delivering Meals on Wheels are older people themselves. This is a double edged sword. How do you ask someone to help older adults when they will need help themselves?”

Instead of relying on older adults to volunteer, maybe we can use Community Service kids, or high school volunteer parties also. We could call the school to get kids to help after school. We can use High Schools a lot for different things like yard clean up and painting.

(6) Volunteering or civic opportunities are improving in this region and groups are giving older adults more meaningful roles in organizations and they even run programs. There are also some younger volunteers who are also working. Recognition for their efforts is happening with campaigns to give thanks for the work volunteers are doing.

(7) The volunteer experience at the “Riverton Peace Mission”, which was established a year ago, has been successful. It provides resources to Wind River participants, and works on issues surrounding racism and community relations. Alongside that the Wyoming Interfaith Networks Peace and Justice committee would be a good place for help with volunteering requirements.

(Wyoming-Volunteering)

Overall there has been a mixed bag response to volunteers with some showing success and others showing issues, and that a more unified approach may be beneficial, or sharing of ideas, could help the Wyoming volunteering sector.

Region 5 said: ***“Most people delivering Meals on Wheels are older people themselves. This is a double edged sword. How do you ask someone to help older adults when they will need help themselves?”***

Instead of relying on older adults to volunteer, maybe we can use Community Service kids, or high school volunteer parties also. We could call the school to get kids to help after school. We can use High Schools a lot for different things like yard clean up and painting.

This is in contrast to region 2 who stated that there was a camaraderie between age groups; younger 60+ people who may not need a senior center may be able to help the oldest-old feel more included.

In Region 6 volunteering or civic opportunities are improving in this region and groups are giving older adults more meaningful roles in organizations and they even run programs. There are also some younger volunteers who are also working. Recognition for their efforts is happening with campaigns to give thanks for the work volunteers are doing.

Similarly in Region 7 the volunteer experience at the “Riverton Peace Mission”, which was established a year ago, has been successful. It provides resources to Wind River participants, and works on issues surrounding racism and community relations. Alongside that the Wyoming Interfaith Networks Peace and Justice committee would be a good place for help with volunteering requirements.

Region 1: In regards to Volunteering or civic engagement opportunities, Denver has the ‘Colorado feeding kids’ program, one older adult wanted to be involved, so they brought bags to him so he could add stickers there at his home. Volunteering doesn’t necessarily mean traveling to a location, we can get homebound older adults involved as well.

Isolation

(1) Isolation can still happen even in larger Wyoming cities in this region, and there are problems with accessibility also in the capital. We need to get people into settings where they can be more social. There are great people in our community who are always checking on those who are living alone. ***“Isolation can happen in large communities and small communities.”***

(3) Talking about isolation and what it can do to our seniors, one of the biggest recent impacts was the lockdown due to COVID-19. One older adult said about the initial lockdown ***“I aged ten years in that two months.”*** Isolation is a huge detriment to our older adults. Socialization services are so important, because we have anecdotal reports of people going to the ER simply to see other people.

(5) Isolation and depression are big problems in Wyoming due to the state's size and sparsity of people.

People don’t want to admit they are seniors, due to the stigma of the senior center (mindset). This is a terrible combination.

(7) Isolation is part of the culture, but COVID causes more isolation issues. Figuring out ways to decrease isolation via platforms like Zoom has been a way to increase ‘circles’. Tenderness and closeness by using technology and community halls is one way the isolation of 2020 was decreased.

(Wyoming-Isolation) A large issue for Wyoming statewide, highlighted with four regions mentioning it. Region 3 mentioned isolation and what it was doing to our seniors, one of the biggest recent impacts was the lockdown due to COVID-19. One older adult said about the initial lockdown ***“I aged ten years in that two months.”*** Isolation is a huge detriment to our older adults. Socialization services are so important, because we have anecdotal reports of people going to the ER simply to see other people.

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Aging In Place

(1) Aging in place is very important for the older adults we interact with. Access to respite care is a key barrier to aging in place. This can become a last resort when people end up needing to leave, and this issue is statewide. ***“Older adults like to be independent as much as they can”***

(4) Teton has the largest income and largest gap between rich and poor, with lots of undocumented migrant that are funding the community lifestyle.

Overall, people are happy with aging in Wyoming. ***“Here in this county it is becoming so very expensive, not only for those who are older to be able to pay their property taxes but also to be able to afford to get supportive services”***

“In my role in higher education, we work with many who are in the service industry and may not be documented. I know that our Senior Center has great services. However, some students/parents don’t feel comfortable taking advantage of them” said one participant.

We feel isolated from Wyoming much of the time. They do have good internet access for those who want it. High Speed internet came before TV signal out there, and solutions that work for the majority of the state residents are poorly applied here in regards to social reforms.

(5) ***“Aging is seen as a bad thing and especially as we are sparse out, people are scared to report if they fall because of fear of losing independence, and if they have to pay for it.”*** This attitude results in fewer people receiving the support they so desperately need.

WDH website overloads with information. Adjustments to the websites are needed for older adults to navigate easily. Information could be added like people you can call, who are trusted, that can help you with certain issues, possibly a quick access page. For some older adults, news comes from news articles by social media. Pamphlets in doctors offices are also very useful.

(6) Life expectancy is growing which means it becomes harder to care for aging parents. Non reservation residents who reside here feel more connected now than ever before.

Keeping the mind active to keep living in the community longer. It is the key to living longer, happier lives. To feel wanted. There is life outside of the family! ‘Stay Connected’ helps people make improvements in their life.

(8) There are so many great people in our community who are always checking in on those who are living alone. Aging in place is important and requires home modifications and age-friendly homes. ***“Sometimes, they don’t want to go live in a nursing home. How will we help them or have options for them? Older adults like to be independent as much as they can. Sometimes they don’t like asking for help.”***

(Wyoming-Aging In Place) Aging in place was seen as of particular concern to a small group of participants across five regions. ***“Older adults like to be independent as much as they can”***, that much is clear, but how this independence is fostered and maintained varies wildly across the state. Older Adults are leaving it longer and longer to seek help like respite care for example, to the point where the next jump is into nursing care.

Take Teton county as an example. The gap between the rich and the poor is largest in this county, and this makes paying property taxes year on year a burden for the elderly making it difficult for them to be able to afford supportive services.

Region 5 demonstrated that the biggest issue there wasn’t financial, but fear. Older Adults ***“are scared to report if they fall because of fear of losing independence, and if they have to pay for it.”*** This attitude results in fewer people receiving the support they so desperately need. They suggested making the WDH or AGD portion website more age friendly for navigating to crucial information.

Home Health Services

(2) The main barriers to providing home health are that we are over one hour away from someone who can provide home health help. There was someone who did travel here to work from further afield, but they have stopped working. We don't have a recreation center, and if young people are not having kids in schools here we lose a lot of the younger people and all the tax dollars that follow. There are not enough benefits for these younger people to stay in the community and it feels like our community is dying.

Other counties in the region have no home health service and a lot of low-income adults. Homemakers through WyHS are helpful for identifying problems.

(3) In response to budget cuts and the elimination of the WyHS program, to which one participant said: ***"Losing WyHS is killing my heart."***

(5) The availability of Home Health Care is poor. We seem to not be able to get good home health care, yet we can do chores and homemaking quite easily.

(Wyoming - Home Health Services) Overall the losing of WyHS was a big problem for Wyoming residents. This is confounded by the rise in distance between home health providers and the patients that they administer care to.

Senior Housing - Home Modification

(1) Local examples in this region of senior housing are for people 55 and older, and they are really good, but improvements can always be made. For instance, developers are not thinking of how people are aging in these apartments/houses. The Aging Division needs to be a part of the planning process to aid the development of homes that can be aged into before modifications are needed.

We don't live in multi-generational clusters anymore, or if we do it is not in this part of the world. Historically that is how we used to live, where older folks are among younger generations. Senior Housing is unnatural, and unprecedented. We need to accommodate for this change and make that living choice easier, with changes made before the person has to leave their home.

(2) Sometimes there is a handyman who comes around to do small repairs, which is great. We really do need to have more senior housing options in this region.

(Wyoming - Senior Housing - Home Modifications)

Elder Abuse & Financial Awareness

(3) There is not enough help for vulnerable adults before the situation is resolved. For example if the person has no heat, there is no immediate help to rectify that. APS needs to step in for elders lacking support.

(6) Older Adults are trying to make it on Social Security alone. Most of the clientele that need financial guidance are women without financial acumen to make it on their own. Traditionally, they allowed their husbands to do the majority of financial planning for the entire family. Fortunately there are programs available that will help women navigate finances and they need to be highlighted more so more older adults take them up (but not solely women).

There should be a plan for contacting bankers, CPA's, funeral directors, anyone who could volunteer to guide older adults with financial planning and financial security. We don't know how many older adults are estranged from their families. These adults are being abused by their families who are taking over their finances, and there are others who are not abusing, are trying to help, but cannot help. The financial abuse with elders is severe and needs to be tackled by the Aging Division.

Elder Day Care

(3) We are seeing some caregivers that could utilize a break. Daybreaks at least once a week would work. Unlicensed facilities can take up to 5 people at any one time, so we could rotate days and clients to meet that criteria.

Full daybreak is within the 5 year plan for a fully licensed facility. Uniquely it is all connected to one complex. They are looking at the situation since 2012, and especially looking at neighbouring models for inspiration but changing it to our needs. This plan was initiated because of the increased request for services. There are only four day break facilities in the state. More are needed, since nursing homes are meant to be a last resort.

(5) ***“There should be a support group for those adult children as they care for older adults.”***
An Adult Day Care would have been a great resource to get help and is lacking in this area and across the state. Without those services they go into a nursing home or pay for staff members, whereas with an Adult Day Care there will be less of an issue.

Staffing/Pay

(3) ***“Hiring people has become a bit of an arms race.”*** As local providers we worry about the jump that the minimum wage has on the nonprofit world. We are limited to what we can offer, as margins are always squeezed. Any private business venture (non care related) can charge more for utilising the labor market than we ever could, and they can always out bid us. We lose the best staff because of this, and whenever we decide to raise our wages, the others raise them higher. It is a never ending cycle and we have not found an adequate solution, as none of our benefits can compete either.

Funding is an issue and there is a wait list because of the employment rate not being able to get positions filled. Senior Centers are always in competition with the hospital and school district. They can't pay dollar for dollar what those entities can pay. Those that they want are qualified people and they have the ability to do documents, write things, there are simply not enough of these people in this region.

Technology

(1) ***“Not all older adults are tech savvy.”***

(2) Older adults don't want and often can't afford technology. As technology advances, it is difficult to keep up... there needs to be a level of comfort and trust in technology.

(7) Money is one major issue why older adults are not happy using technology to socialize. They are intimidated by modern technology, buying devices, running them, keeping up with an ISP and staying safe online. Also, the cost from the Internet Service providers is far too expensive, and computer repairs are a burden as they do not understand what is wrong and what they are paying for. This increases fear, and increases the risk for fraudulent activity against these vulnerable older adults.

(8) A lot depends on the level of education and the level of care they receive from friends and family. Some people are comfortable with computers, but we can do better. A complete move away from paper applications is bad, as we still have a large group who need that paper application option. Older Adults cannot afford the internet at home in general, although Zoom healthcare visits would be a good idea if the problems were overcome.

We find that caregivers also need technology help as well.

Caregivers

(4) People at senior centers who are caregivers of older adults need nurses or people to step in and help out.

(6) There needs to be further investment in resources for older adults to stay home like Adult Day Care. Caregivers will then get a much needed break and ensure they can care for them at home.

Some did say, on the flip side, ***“Extensive care is not needed, it's some light in home support that really makes a big difference for everyone”*** said one Wyoming resident. ***“A handful of services a couple of times a week”*** would benefit the most. Sometimes it is the ***“simplest things are the hardest to come by.”***

Geriatric help is also needed, counselling at hospitals in particular. This would ease mental health problems among older adults.

(8) Care or support for caregivers of dementia patients is very lacking, especially moving from Denver, Colorado. Services are a facility approach and provider approach.

Adult Day Care settings and other respite services are also desperately needed for non dementia patients.

Participants in this regional session stated that there were no in-home services to do small things for older adults. Caregiver support is seriously lacking.

Elder Fitness

(1) Elder fitness is important and has to be done from a different perspective than what was previously thought of. Exercise is blanketed as either being there or not, and we need to consider the physical attributes of older adults and not just their age category.

(3) Exercise opportunities are critical and we can and should get that done despite COVID-19.

(4) This region has a good elder fitness program. More elderly friendly ventures are needed like walking paths only, because electric bikes on the paths are a problem for seniors walking along those public walkways.

Exercise classes are very important, 30-40 people mostly women attend a class in this region, 3-4 times weekly, and also partake in activities like Tai Chi for example.

“Exercise is very very critical for the action of seniors.” In particular, ***“specific zoom exercise classes are needed for homebound people”*** especially once COVID-19 is finally over.

Elder fitness services should be tailored for different skill/physical level needs, and not based on age (60 or 90 for example), to make it more inclusive. How do we cater this program? How do we make this approach appealing to all Older Adults? The participant was not sure, but knew a skill level approach will build links between age groups and help narrow that generational divide for those from 60 to 90+. One participant mentioned that ***“it is a programming issue.”*** The exercise program is run by and heavily utilized by younger older adults (60+) only. We need oldest-old elder fitness advocates.

(7) Exercise sessions are a great addition to community services, but they are a compliment only to exercising at home with a gym bike. A place to exercise is important for older adults for the social aspect only. Fitness type clubs as opposed to a walk in gym would make older adults feel more confident exercising among younger people.

Advocates

(1) On the most part Older Adults are happy with Aging in Wyoming, but they feel it could be better. Another point was that ***“from my perspective the biggest challenge is the lack of elder advocates; navigating a government system; understanding where to go.”*** A network of

advocates is necessary to guide Older Adults with benefits, sign up and other documentation, and how medical establishments work and how to deal with the bureaucracy.

Age Friendly communities are a great idea to roll out statewide. How can we develop communities and take it into consideration age and the help needed as we age? Age Friendly advocates are a great way forward with this.

People generally don't know where services are, and they need to have easier access to finding the information. One access point for information would go a long way to ensuring people have access to care. Information services and a one stop shop for information would be a crucial tool for advocates to work easier. Maybe we could revamp the Wyoming ADRC to improve information access for all Wyomingites.

“Some don't have insurance and live alone. It takes a long time to find the right placement for them.”

“Sometimes, they just don't like asking for help.”

(2) People fall through the cracks and are unable to get help without face to face interactions. There is a general expectation put on older adults to complete a lot of government mandated documents, which is difficult for them. When forms are done wrong they get sent back back to health agencies, and the patient is not getting the help they need. Senior centers are not reimbursed for helping fill out tough applications, because they invariably turn to the senior centers for help and support, as there are no good advocates of alternatives willing to spend the time they need to assist them with this process.

(3) The hardest part for seniors is the complexity of and bureaucracy of enrolling in a variety of different services.

(4) ***“Communication is difficult. Prospective clients don't really know where to go, or who to speak to for help.”*** The need for advocates is there, because ***“even if our folks are in need, at times, they are hesitant to ask... people are proud.”***

Reservations

(1) Minority groups such as Native Americans, Japanese Americans (and others) may have different cultural expectations for aging, and we need to explore different approaches with different ethnic groups.

(7) On reservations it is the isolation/distance and the poverty that are the biggest problems. It is hard to attract doctors to this area. There is not enough volume to earn their income, so one possible solution could be to pair with telehealth visits substituted by other funding sources. It is a workforce issue, they don't want to take on a whole region or county.

People are ***“frightened about getting old there”*** in central Wyoming reservation areas.

“Wind River residents have relatives who have a program to look after an elder, and they are compensated for that. Allows folks to reclaim some indigenous values.” Financial abuse does happen though.

The reservation is unique. We are a nation, but we have a trust agreement with the federal government that ***“we were going to be taken care of. This did not happen.”*** Working with the tribes and strengthening treaties is a crucial next step to readdressing this balance that the federal government caused.

Summary of Conclusions from Statewide Focus Groups & Community Listening Sessions

There were 8 days of regional sessions, consisting of 16 focus groups and 8 community listening sessions for a total of 24 sessions across the 8 days.

A total of 71 people participated in the sessions, with some duplicates who joined for multiple sessions. This leaves the total number of unduplicated participants at 61. The same questions were asked at every session. The first set broadly asked about participants' overall satisfaction with aging in Wyoming and the challenges older adults face. The second set of questions asked about the services available to older adults that are utilized most. The final set of questions allows people to speak about anything they want regarding aging in Wyoming that had not been addressed in earlier questions or discussions. Each question set lasted about 15 minutes on average, with the last 15 for introductions at the start and closing questions at the end. These questions were installed as discussion prompts to move conversations along and open up conversation.

Each session had four polls with prompts for questions to encourage discussion on issues they may not have been aware of. These poll results were included in sessions for flow between question segments, were the same for all 24 sessions, and those results were not included in the

frequency table below unless they prompted an independent comment from a participant on a topic that mattered to them. Age was not recorded as a requirement, and was used as a test poll question. Anecdotal evidence suggests most participants in the focus groups and community listening sessions were between the ages of 40 and 65

Individuals who joined the AM and Noon sessions were handpicked by an advisory group of community leaders in all regions, across age groups and professional disciplines, and they were directed to the focus groups by invitation only. The Community Listening sessions were published on the WDH website, the AGD Facebook page, community newspapers, statewide newspapers, regional newspapers (larger cities in Wyoming), a pre-recorded interview on WPR, WPR online events, medicaid email newsletters and our own aging network. The virtual video conference attendance details were posted along with dates and times, and they were open to everyone. No one had to set up a zoom account in order to participate.

We rotated speakers for various sessions, had multiple note takers and presented disclaimers that no recordings would take place, only typed note-taking that were de-identifiable.

Comments from these focus group/community listening sessions were then organized and coded into salient themes. Table 2 takes the top four themes identified across sessions. If an important aspect of aging was mentioned during an online session, it was recorded as having been brought up on that day. Many topics were mentioned across multiple sessions, across a day, which is reflected with a higher number in Table 1. Every topic can have a maximum of three mentions per day for regions two, three, four, and eight. Every topic can have a maximum of two mentions per day for regions one, five, six, and seven, which only had two online sessions. Every topic can be mentioned a total of twenty times across eight regions. The top four topics were identified by their high prevalence across multiple sessions, having been brought up in seven out of eight regions and in at least 50 percent of all sessions held.

The two top identified issues for Wyoming were healthcare and transportation, which both appeared in 65 percent of all sessions and were discussed as issues in seven out of eight regions of Wyoming. Wyoming's particularly rural nature is a contributing factor for both of these issues to be prominent among community-dwelling adults.

Healthcare was a major issue of concern for the focus group and community listening session participants. Many Wyoming residents live in small towns with limited health clinics, while hospitals with advanced medical equipment and the capacity to perform more advanced procedures are further away. Local healthcare resources in more rural areas may be inadequate for people with chronic health issues. Even the largest cities in the state have populations below 100,000. Highly advanced medical care may force residents to access healthcare out-of-state. The time and travel required for these medical visits can be stressful.

Having many home based service programs in place creates an even greater strain on other similar programs across the State of Wyoming. In some instance having multiple programs doing

more or less the same thing means losing one or two does not automatically mean the end of support for older & disabled adults, but it does add more pressure on the system and on those patients who have to navigate the system yet again to find a qualifying program that can support them elsewhere, including CCW and Medicaid, at a time when there is already increasing demand for Medicaid services. A participant in region four asked the question: ***“How do we raise the consciousness in the state that seniors need this kind of support?”***

The Behavioral Health unit has a lot of overlap with the Aging Division and there should be more connections made between both of these units of WDH. There is a stigma on institutionalized people being outcast in their community when they start receiving services like mental health care or when they try and return. Specialists in geriatric care are very important and there are simply not enough of them. Young doctors are not staying in this area. Their salaries are low and they have very high caseloads, which makes being a geriatric doctor in Wyoming extremely unappealing. Most facilities can only manage a few people, and there is a limit based on staff training on what they can incentivize. The University of Wyoming has tried to complete education drives around geriatric needs with programs like ECHO. The education drive is definitely helpful but real support is needed from the medical side once the older adult is in a facility. There is simply no training.

Regions four & five say that healthcare services also tend to be further away from home. ***“Many of those who have serious medical situations would prefer to stay in the area but without the medical expertise available they have to move away.”*** Part of the problem comes from overall staffing levels. ***“Wyoming needs to improve their ability to draw specialists to the state. Their loan and physician incentives do not compete with other states. Until this improves, we will struggle with this.”*** For example there is no doctor here that works with Parkinson's disease. These younger medical professionals feel isolated, as more of their younger adult peers are moving away. This only compounds the issues facing older adults further.

There is a history of systemic racism and sexual assaults in region seven. Local big cities get a lot of money from us, in essence the reservation funds their schools. They are called border towns to us, and they are essentially places we do not want to visit. People are talking about moving out of the central Wyoming (Region Seven) areas because of the undue strain on necessary medical care when it is needed most during the unexpected times of crisis, and when planning to age in place.

The barriers to accessing healthcare are closely related to the barriers of transportation. Travel by car is the primary mode of transportation for most people because many towns do not have robust public transportation systems. Once someone is unable to drive, they face considerable difficulties travelling to and from important appointments, medical or otherwise. Senior centers have been important resources for providing transportation to older adults, but can be limited by individual schedules.

Another issue for many people is that senior center transportation is unable to make trips across state lines. Insurance is a big issue for many centers, but these centers have not had the time to research alternative transport insurance companies. Some insurance providers tend to limit travel within Wyoming only. This restricts the destinations that can be reached, forcing senior center clients who are unable to drive to take longer trips to somewhere within Wyoming or be left to arrange alternative, informal means of transportation.

The third biggest topic discussed by Wyomingites, appearing in 50 percent of all sessions, was community services such as the Older Americans Act programs. In general, seniors have trouble asking for help. There is a lack of information, especially with home help services. Local telephone information services are available but people simply do not use them, or are unaware that they exist. Small towns may lack professionals for services like occupational therapists, handymen and other individuals working together and helping older adults in their home. There are few support programs for people living with dementia. One participant noted, “I hear from constituents that access to facilities and trained workers in dementia care can be hard to find.” Although there are seniors trying to live independently with dementia, there is a lack of knowledge and understanding from family members. There are also limited options for nursing homes with memory care units, meaning many patients go without the support they need.

Other important topics that came up were; volunteerism, older adult isolation, in-home personal care and health services, elder rights protection, adult day care services, and technology. Surprisingly, informal caregiver issues and indigenous aging issues, despite being critical to the Aging Division’s goals, were not discussed often. Informal caregiving was discussed in four sessions out of the possible twenty. There are a couple of interpretations for this information. Perhaps a disconnect exists between the perceived issues for aging and problems that lead to premature transitions to long-term care facilities. Another possible explanation could be that the general perception of the public is that informal caregiving is outside the scope of the Aging Division’s capabilities and responsibilities; in this case, more communication about Aging Division programs to support family caregivers would be important.

Attachment G - Barriers to Aging in Place for Rural, Institutionalized Older Adults: A Qualitative Exploration

ABSTRACT

Objectives

Although the majority of older adults wish to “age in place” in their communities, rural contexts pose challenges to maintaining long-term independence. The purpose of this study was to develop an understanding of the experiences of rural older adults who live in Skilled Nursing Facilities (SNFs) and thus have not aged in place. By retrospectively analyzing their pre-institution care situation, we aim to generate foundational knowledge on the barriers to aging in place in rural settings.

Methods

A series of individual and group interviews was conducted in SNFs across seven rural communities. A grounded, thematic analysis was used to interpret interview findings, and coding was informed by the socio-ecological model (SEM).

Results

Participants were 32 adults with a mean age of 72 years (SD = 5.7 years) and an average SNF residence of 3.9 years. Two themes emerged as primary barriers to successful aging in place: (1) Caregiver-related support issues and (2) Present focus, or lack of advanced care-planning.

Conclusions

Findings suggest the importance of specifically supporting caregivers, to ease burden and allow for increased agency for rural older adults. A lack of access to caregiver supports and other services limits the ability of community-dwelling rural older adults to age in place or plan for the future.

Clinical Implications

Existing networks of rural community resources and innovative solutions should be leveraged to improve access to services for older adults and their informal caregivers.

Acknowledgments

We acknowledge the honesty and vulnerability of all older adults interviewed for this study, and would also like to thank all of those who supported this project from its inception: the Community Living Section (CLS) and Director’s Unit for Policy, Research and Evaluation (DUPRE) at the Wyoming Department of Health, especially Sharon Simpson, Mark Kelly and Franz Fuchs. We appreciate the input of Catherine P. Carrico, PhD and Dominick Duhamel, MFA at the Wyoming Center on Aging for consultation on data management and study framing.

Thank you to SNF and ALF directors and nursing staff, especially Laura Moore and Sharon Skiver, for guidance during interviews and data collection. We also appreciate those who provided report feedback and support, including John Freeman, Dirk Dijkstal, Dan Sicorsky, Gabe Rody-Ramazani, Kevin Murphy, and Veronica Gibson.

Disclosure statement

The authors have no financial or personal conflicts of interests related to the present research and have nothing to disclose. Ethical approval was granted by the Wyoming Department of Health Institutional Review Board. This study was approved with a waiver of consent, and did not collect individual identifiers with protected health information.

Clinical implications

- The existing network of senior centers and service providers should be leveraged by geriatric providers in clinical settings to raise awareness of these supports to the rural older adult and caregiver populations.
- Funding should be allocated to support the innovative ways these and other centers choose to address rural barriers to preparing for and successfully aging in place.
- Informal caregivers are instrumental in the ability of older adults to age in place, especially in rural areas; clinician advocacy is essential to support legislative policy which promotes community living for older adults and provides for the financial and service needs of informal caregivers.

To view and pull the full report by Claire Quinlan titled “Barriers to Aging in Place for Rural, Institutionalized Older Adults: A Qualitative Exploration” please visit:

<https://www.tandfonline.com/doi/abs/10.1080/07317115.2020.1820651>

Attachment H - Wyoming Department of Health: Background and Organizational Charts

Wyoming Department of Health

With the Aging Division being located within the Wyoming Department of Health (*WDH*), the department's mission is to promote, protect, and enhance the health of all Wyoming residents. This collective effort strengthens the Aging 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, due in part to the recent SARS-CoV-2 pandemic of 2020-2021 are influencing the infrastructure of the WDH by placing increased demands on limited resources. As a result, 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 H* for the WDH organizational chart. Having a clear and concise state plan, allows the Aging Division (*Division*) to align with WDH's approach of effectively providing services in a changing environment.

Aging Division

The Aging Division (*Division*) is one of four divisions within the WDH. It consists of 205 employees in five separate entities:

1. Community Living Section (*CLS*) with 9 full time employees
2. Healthcare Licensing and Surveys (*OHLS*)
3. Veteran's Home of Wyoming
4. Wyoming Pioneer Home
5. Wyoming Retirement Center

The CLS is located within the Division and responsible for administering the Older Americans Act (*OAA*) core programs. The mission of the CLS is 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." This

mission statement provides focus to fulfilling the requirements of the OAA and meeting the needs of constituents.

As defined in the OAA , Section 301(a)(I): "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 Section 301(a)(II), 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

Section 305(a) paragraph (II) of the OAA, as it pertains to Wyoming, includes the following stakeholders;

- A. A single State Unit on Aging (The CLS)
- B. Other State agencies, including agencies that administer home and community care programs
- C. Tribal organizations in alphabetical order; Northern Arapaho, Shoshone
- 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.

See *Attachment H* for the Division & Community Living Section (CLS) organizational charts

State Unit on Aging

In order to be eligible for receiving the allotment of grants under Section 305(a) of the OAA, Wyoming is responsible for conducting and evaluating the progress of initiatives instructed.

Wyoming "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 of the OAA
- B. Administer the State Plan within the State of Wyoming
- 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
- E. Divide the state into distinct planning and service areas (or in the case of a state specified in subsection (b)(S)(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 Unit on Aging (*SUA*), with no subsidiary Area Agencies on Aging, the Division has a unique opportunity to be the primary advocate for Wyoming's older adults. By planning and working directly with local 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, the three are subtitled below.

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. These include the Wyoming Pioneer Home, the Wyoming Retirement Center, and the Veterans' Home of Wyoming. Members are appointed by the Director of the WDH.

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 purposes;

- 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
- to supplement and enhance existing programs providing services to older adults in the state

An eligible senior center denotes an organization that receives funds under the Administration on Aging's (*AoA*) 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 AoA is a division of the Administration for Community Living (*ACL*), and the AoA funds all of the OAA programs across the State of Wyoming.

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

In 2015 WDH leadership established an advisory council to provide, via 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 I. 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.

Programs, Activities and Grants

The Community Living Section currently provides the following services through the OAA programs listed below:

- Title III-B Legal Services
- Title III-B Supportive Services - health services (health education, health exercise, preventative health), socialization services (transportation and assisted transportation, games/recreational activities), supportive services (chore services, counseling, crisis intervention, outreach)
- Title III-C Nutrition - home delivered meals, nutrition screening, assessment, education and counseling
- Title III-D Evidence Based Programs (*EBP*) for disease prevention and health promotion - Tai-Chi and
- Title III-E National Family Caregivers Program & Older Relative Caregivers - counseling, training, information, support, assistance, respite

In addition to our OAA program portfolio we also manage the following programs:

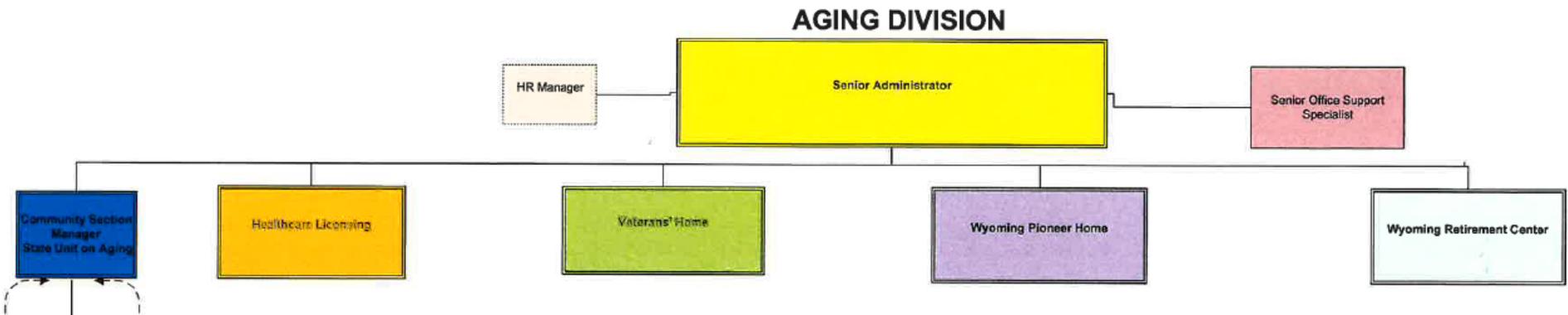
- Centenarian Program
- National Senior Corps Program
- Wyoming Long-Term Ombudsman
- Wyoming Provider Orders for Life Sustaining Treatment (*WyoPOLST*)
- Foster Grandparents Program
- Wyoming Home Services (*WyHS*) - care coordination, homemaking, personal care, respite, chore, adult daycare, Personal Emergency Response Systems (*PERS*), home modifications, and medication set up
- Wyoming Senior Services Board (*WSSB*) - We allocate the funds to the board directly, who then delegate the providers who will be receiving the funds, and we then process those payments. See section on WSSB above

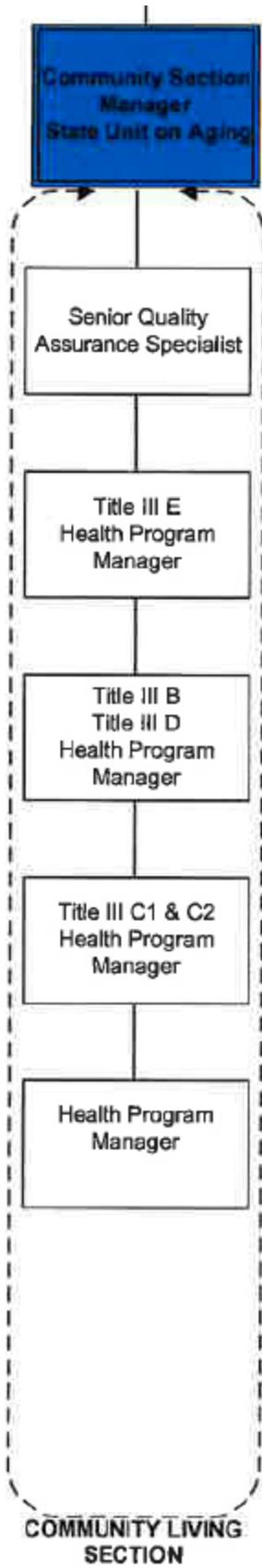
To complement the programs we manage, we also currently partake in a variety of extra grants, projects and initiatives aimed at meeting our Division's mission statement. A full list is provided below:

- Senior iPad program
- Emergency Broadband Benefit
- Palliative Care
- Wyoming Telehealth Consortium
- Wyoming Vulnerable Adult Working Group
- Elder Abuse Prevention - Cross department presentations and an abuse screening tool for weekly check in phone calls and state wide presentations

- GetSetUp - Company who aims to train older adults on everything related to technology from the comfort of their own home
- WyoPOLST Spanish Education Form
- Stay Connected
- Robotic companion pets
- Successful partnership with AmeriCorps
- Home Modification grant allocation for the federal Emergency Rental Assistance Program (*ERAP*)
- Geriatric Workforce Enhancement Program (GWEP) in collaboration with University of Wyoming Center on Aging (WyCOA)
 - Host biannual Wyoming Aging Conference
 - CNA Apprenticeship Program
 - ECHO sessions for medical professionals seeking to further education in geriatric care

****The next two pages contain organization charts for the Aging Division and Community Living Sections respectively.***





Attachment I - Native American Tribal Leadership Advisory Council



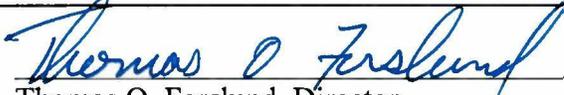
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Thomas O. Forslund, Director

Governor Matthew H. Mead

Policy Title:	Native American Tribal Leadership Advisory Council	
Policy Number:	DO-1004	
Effective Date:	July 15, 2015	
Revision Date:	December 14, 2015; December 12, 2016	
Approval:	 _____ Thomas O. Forslund, Director	 _____ Date

Purpose:

This policy describes the design and implementation of the Native American Tribal Leadership Advisory Council. The purpose of establishing an advisory council is to provide, in policy and contract, a mechanism for the Wyoming Department of Health (WDH) and Wyoming's tribal leadership to share, discuss, evaluate impact, and share feedback on all projects and/or regulatory revisions proposed by any state agency or division within the WDH.

Definitions:

- Contracted members from the Northern Arapaho tribal leadership.
- Contracted members from the Eastern Shoshone tribal leadership.
- Representatives from the WDH Division of Healthcare Financing, Office of Medicaid.
- Representative from the WDH Public Health Division.
- Representative from the WDH Aging Division.
- Representative from the WDH Director's Office.
- Representative from the WDH Behavioral Health, Developmental Disabilities Section.
- Representative from the WDH Behavioral Health Division, Mental Health and Substance Abuse Services Section.
- Representative from WDH Division of Healthcare Financing, Kid Care CHIP.
- Contracted representatives in a decision making capacity from Indian Health Service.
- Optional attendees may include any of the following: tribal liaisons, WDH Medicaid Medical Officer, WDH program managers, project lead/managers; other state agencies' staff as requested, legislators, tribal health directors, Centers for Medicare and Medicaid Services (CMS) representatives, and any other designated tribal member.

Policy:

The Native American Tribal Leadership Advisory Council will include two (2) contracted representatives from each Wyoming tribe and two (2) representatives from Indian Health Service, as well as appropriate representatives from all Wyoming Department of Health divisions. The Wyoming Department of Health will contract with Indian Health Service, the Northern Arapaho and Eastern Shoshone Tribes to provide two (2) representatives for each meeting. Designated tribal representatives shall be members of the Tribal Business Council or otherwise formally delegated to make decisions on behalf of the tribe represented.

The following membership will be required:

- a. Two (2) contracted members from the Northern Arapaho tribal leadership.
- b. Two (2) contracted members from the Eastern Shoshone tribal leadership.
- c. Two (2) representatives from the WDH Division of Healthcare Financing, Office of Medicaid.
- d. One (1) representative from the WDH Public Health Division.
- e. One (1) representative from the WDH Aging Division.
- f. One (1) representative from the WDH Director's Office.
- g. One (1) representative from the WDH Behavioral Health, Developmental Disabilities Section.
- h. One (1) representative from the WDH Behavioral Health Division, Mental Health and Substance Abuse Services Section.
- i. One (1) representative from WDH Division of Healthcare Financing, Kid Care CHIP.
- j. Two (2) contracted representatives in a decision making capacity from Indian Health Service.
- k. Optional attendees may include any of the following: tribal liaisons, Medicaid Medical Officer, program managers, project lead/managers, and other state agencies' staff as requested, legislators, tribal health directors, CMS representatives, and any other designated tribal member.

The Native American Tribal Leadership Advisory Council meetings will convene four (4) times each year. Two (2) of the meetings will be hosted in Cheyenne, Wyoming. Two (2) of the meetings will be scheduled after the biannual Select Committee on Tribal Relations meetings held in or around Fort Washakie, Lander, and Riverton, Wyoming.

The Native American Tribal Leadership Advisory Council meetings will be scheduled with lunch provided by the WDH. Each tribe will have a designated consultation with attendees. An open collaborative lunch will be allotted for all attendees from both tribes and all divisions represented.

The WDH designee will contact each tribal chairman at least 14 days prior to each meeting in order to collect agenda item topics of interest to each tribe. The WDH designee will create and distribute a final agenda to all identified attendees no later than seven working days prior to the scheduled meeting. The WDH designee will be responsible for compiling and providing meeting minutes to each contracted Tribal representative for review and approval prior to distributing to all attendees.

Review:

The review is annual unless there are changes by the WDH Division of Healthcare Financing or Native American Tribal Leadership Advisory Council.

Responsible Party:

WDH Division of Healthcare Financing

Forms:

None.

References:

None.

Training:

None.

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Attachment J - Key of Important Acronyms to Wyoming's Aging Network

A&D - Wyoming's contractor for aging and disability services database

AAA - Area Agency on Aging - Wyoming has no AAA's, therefore most activities for which a state's AAA's would be responsible are performed by Wyoming's SUA, which is the AGD.

AARP - American Association of Retired Persons

ACC - Access Care Coordinator

ACL - Administration for Community Living

ADL - Activity of Daily Living

ADRC - Aging and Disability Resource Center - Wyoming does not currently have a full ADRC with a database of supports and services as well as a referral service. However, there is a central database of helpful resources for older adults or adults with disabilities hosted through WyCOA at <https://adrcwyoming.org/>

AGD/AD/The Division - The Aging Division - Wyoming's federally designated SUA is the Aging Division, which is a division housed in the wider Wyoming Department of Health. The Aging Division consists of OHLS, CLS, and the three state-operated long-term care facilities (VHW, WPH, WRC). CLS is responsible for administration of OAA funds for programming.

AGNES - Aging Needs Evaluation Summary - The Aging Division asks all participants in senior center services to complete an AGNES to understand their nutritional risk and other social factors. Completion of the AGNES is optional but highly encouraged.

ALF - Assisted Living Facility

AoA - Administration on Aging

APS - Adult Protective Services - APS investigates potential instances of elder abuse and neglect in Wyoming. APS is part of Wyoming's DFS.

CAT - Caregiver Assessment Tool - Through the Wyoming Medicaid Office, caregivers are assessed with the form CCW15 to understand caregiver needs and assist with options counseling.

CCW - Community Choices Waiver - Operated through Wyoming's Healthcare Financing Division, CCW is a HCBS for low income older adults or adults with disabilities who require SNF level of care. CCW allows people to receive community services to stay in their homes rather than transition to SNF.

CDC - Center for Disease Control

CLS - Community Living Section - The CLS is part of the Aging Division, and it is responsible for administering OAA funds to service providers. The CLS also assists with management of other community programs that are funded by Wyoming State funds to assist community-dwelling older adults.

CMS - Centers for Medicare and Medicaid Office

CNA - Certified Nursing Assistant

COVID-19 - Coronavirus disease 2019

DD - Developmental Disabilities - Services for people living with developmental disabilities are managed through the HCBS section of HCF.

DFS - Department of Family Services - Wyoming's DFS houses the APS program to investigate cases of potential abuse and neglect.

DUPRE - Policy, Research, and Evaluation - Through WDH's Administration and Support Division, DUPRE is important for conducting research and creating reports and evaluations to inform policy. DUPRE was heavily involved by the COVID-19 pandemic in 2020.

EAD - Wyoming Economic Analysis Division - The mission of the Economic Analysis Division is "to coordinate, develop, and disseminate economic & demographic research and information" for Wyoming.

ED - Emergency department or emergency room

EMS - Emergency Medical Service

FGP - Foster Grandparents Program - There are opportunities for older adults to volunteer with the community through AmeriCorps Seniors (Senior Corps). FGP is an opportunity for older adults to serve as role models to schoolchildren with exceptional needs.

HCBS - Home and Community Based Services - Broadly, home and community based services are an array of services from community organizations that people can access in their homes rather than in an institutional setting. HCBS is operated by Medicaid in the HCF.

HCF - Healthcare Financing Office - Housed in the WDH similar to the AGD, HCF oversees Wyoming's public healthcare programs, which include Wyoming Medicaid and DD.

IADL - Instrumental Activity of Daily Living

LTC - Long-Term Care - LTC is an umbrella term referring to services that can be both health or non-health- related to meet the needs of people living with chronic illnesses or disabilities who have difficulties caring for themselves for long periods of time. LTC can be provided in the home through community services (HCBS) or in a residential facility (ALF/SNF)

NAIC - National Association of Insurance Commissioners

NFCP/NFCGP/NFCSP - National Family Caregiver Support Program - This program aims to provide support to informal caregivers in their roles by assisting with respite care, connecting caregivers to support groups, and helping with providing other specific, needed services.

NGA/NoA - Notice of Grant Award

NSIP - Nutrition Services Incentive Program

OAA - Older Americans Act

OAAPS - Older Americans Act Performance System

OAM - Older Americans Month

OHLS/HLS - Office of Healthcare Licensing and Surveys - OHLS is supported by Aging Division funding, but it operates completely independently of the Aging Division to ensure fairness. OHLS is responsible for inspecting and certifying LTC facilities and ensuring compliance with rules and regulations.

Ombudsman - Long-Term Care Ombudsman

PACE - Program of All-Inclusive Care for the Elderly - Discontinued in 2020, PACE was a program focused in southeast Wyoming out of Cheyenne that sought to assist older adults in staying in their homes at a level greater than what home health services alone can provide.

PERS - Personal Emergency Response System

PHN - Public Health Nursing

QA - Quality Assurance

RN - Registered Nurse

RSVP - Retired Senior Volunteer Program - RSVP is an opportunity for older adults to volunteer in their community through AmeriCorps Seniors (Senior Corps).

RUCA code - Rural-Urban Commuting Area code

SCP - Senior Companion Program - There are opportunities for older adults to volunteer with the community through AmeriCorps Seniors (Senior Corps). SCP is an opportunity for older adults to connect with other older adults who may have difficulties with tasks of daily living.

SNAP - Supplemental Nutrition Assistance Program

SNF/NH - Skilled nursing facility or nursing home

SUA - State Unit on Aging

Title IIIB. - Supportive programs, Older Americans Act Federal Funds

Title IIIC. - Nutrition programs, Older Americans Act Federal Funds

Title IIIC1. - Congregate Meals, Older Americans Act Federal Funds

Title IIIC2. - Home Delivered Meals, Older Americans Act Federal Funds

Title IIID. - Preventative Health Grant, Older Americans Act Federal Funds

Title IIIE. - See NFCP, Older Americans Act Funds

UCEDD - University Centers for Excellence in Developmental Disabilities

UW - University of Wyoming - Located in Laramie in Albany County, UW is Wyoming's only four-year research university, and UW partners with the WDH and AGD on various projects.

VA - Veterans Administration

VHW - Veterans' Home of Wyoming - VHW is a state-operated assisted living facility for veterans located in Buffalo. It is currently under construction to build a skilled nursing facility onsite.

WASPD - Wyoming Association of Senior Project Directors - Wyoming's network of senior centers are represented on WASPD.

WDH - Wyoming Department of Health - Wyoming's SUA is housed within the Wyoming Department of Health's Aging Division. In addition to the Aging Division, other branches of the WDH are Administration and Support, Public Health Division, Behavioral Health Division, and the Healthcare Financing Division.

WEAAD - World Elder Abuse Awareness Day - Typically held in June, WEAAD is an opportunity for different organizations dedicated to protecting elder rights to raise awareness and understanding of elder abuse and neglect.

WIL - Wyoming Independent Living - WIL is an organization dedicated to providing services to help ensure that every person experience dignity, safety, health and personal independence in their lives.

WIND - Wyoming Institute for Disabilities - WIND is a unit in the College of Health Sciences and a UCEDD in the University of Wyoming. WIND assists people with developmental and other disabilities to reach full community inclusion, community membership, independence, and social participation.

WPH - Wyoming Pioneer Home - WPH is a state-operated assisted living facility located in Thermopolis, Wyoming.

WRC - Wyoming Retirement Center - WRC is a state-operated skilled nursing facility located in Basin, Wyoming.

WSSB - Wyoming Senior Services Board - WSSB is a board of eight members, one of whom is a representative of the Aging Division, which is responsible for appropriating funds to eligible senior centers.

WTC - Wyoming Telehealth Consortium - The WTC has the goal of enhancing collaboration and alignment between collaboration organizations, key stakeholders, and consumers to promote telehealth initiatives in order to improve equity in and access to health services in Wyoming.

WTN/WyTN - Wyoming Telehealth Network - Healthcare providers and patients may go through the WyTN to improve accessibility to telehealth services.

WyCOA - University of Wyoming Center on Aging - WyCOA is a division of UW that aims to improve the health and well-being of older adults in Wyoming. WyCOA has a number of agreements with the Aging Division for the administration of Title IIID funds and GWEP. WyCOA has been an important partner for the Aging Division and will continue to be a partner into the future.

WyDOT - Wyoming Department of Transportation - The Wyoming Department of Transportation oversees roads and provides training for drivers. It also has access to grants for organizations providing transportation services to people who cannot drive.

WyHS - Wyoming Home Services - WyHS is a state program that provides in-home services to qualified individuals who are at risk of premature institutionalization. WyHS is different from CCW services in that people who receive WyHS services do not require SNF level of care and are not means tested to determine eligibility for services.

WYSAC - Wyoming Survey and Analysis Center - Through UW, WYSAC is responsible for providing information through polling and research projects. WYSAC was contracted for the component of the Aging Survey to randomly select recipients to take the online survey and for understanding people's views on the COVID-19 pandemic and vaccine.

WYTRANS - Wyoming Public Transportation Association - WYTRANS is a non-profit organization consisting of transit providers across Wyoming to advocate for, provide education on, and coordinate transit.