



# WYOMING STATE PLAN ON AGING



Wyoming  
Department  
of Health



**2025-2029**

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# Acknowledgements

*The following work group members contributed their time and knowledge to the creation and development of the Wyoming State Plan on Aging 2025-2029. Each has a passion for improving the lives of Wyoming's older adult population. We express sincere appreciation and gratitude to all the work group members and partner organizations.*

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*A special thanks to those who assisted the Aging Division in capturing the thoughts of Wyoming residents.*

# Verification of Intent

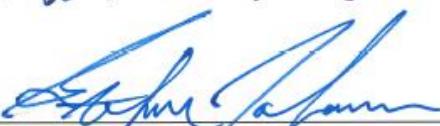
The Wyoming State Plan on Aging is hereby submitted for the State of Wyoming for the period of October 1, 2025 through September 30, 2029. It includes all plans to be conducted by the Wyoming Department of Health, Aging Division, Community Living Section, under the provisions of the Older Americans Act, as amended during the period identified. The Community Living Section has been given the authority to develop and administer the Wyoming State Plan on Aging, in accordance with all requirements of the Act, and to act as the designated State Unit on Aging, (SUA) in Wyoming. The SUA 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 SUA also serves as the primary advocate for older adults and persons with disabilities in the State. The SUA 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.

  
\_\_\_\_\_  
Jeff Clark, Community Living Section Manager, Aging Division

5/29/2025  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Stefan Johansson, Director, Wyoming Department of Health

5/29/2025  
\_\_\_\_\_  
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

27/5/2025  
\_\_\_\_\_  
Date

# Executive Summary

The purpose of this State Plan on Aging is to create a supportive environment that enables older adults in Wyoming to live healthy, meaningful, and fulfilling lives. This is achieved by:

- **Promoting health and well-being** by implementing evidence-based strategies and interventions to prevent chronic disease and manage existing health conditions.
- **Fostering independence** by expanding access to an array of home and community-based services that support older adults in remaining safely and comfortably in their chosen living environments.
- **Enhancing social engagement** by developing opportunities for older adults to connect with their peers, engage in meaningful activities, and contribute their skills and experience to their communities.
- **Advocating for age-friendly policies** that support the rights and needs of older adults.

The State Plan on Aging envisions a future where the majority of older adults in Wyoming are able to live independently in their homes and communities, with access to the supports and services they need to maintain their quality of life. In this vision, the family members and informal caregivers who provide essential support to older adults will receive the recognition, resources, and respite care they need to sustain their caregiving roles.

To achieve these outcomes, the State Plan on Aging outlines a multi-pronged approach that includes:

- **Expanding access to Home and Community-Based Services**, including programs that provide in-home care, transportation, meals, and other essential services to older adults.
- **Strengthening the long-term care system** by improving the quality of care and oversight in nursing homes and other long-term care facilities, while also promoting innovative models of care that emphasize person-centerness and quality of life.
- **Promoting healthy aging** by investing in initiatives that encourage healthy behaviors, prevent chronic disease, and support mental health among older adults.
- **Enhancing transportation options** for older adults, particularly in rural areas, to ensure access to healthcare, social services, and community activities.
- **Supporting family caregivers** by providing training, respite care, and financial assistance to family members and informal caregivers who provide care to older adults.
- Strengthening efforts to prevent, identify, and respond to elder abuse, neglect, and financial exploitation.

# Context

In preparing this State Plan, The State Unit on Aging, (SUA) conducted a comprehensive needs assessment involving surveys, focus groups, and public forums to gather insights from older adults, caregivers, and service providers. The findings, coupled with data preserved from Wyoming's previous state plan assessment, revealed significant challenges, including barriers to accessing healthcare, transportation limitations, and high rates of food insecurity among seniors.

## Wyoming's Aging Population

According to the U.S. Census Bureau, the 2023 estimate of the resident population in Wyoming was 584,057. Between 2010 and 2021, Wyoming's total population grew by 2.5%; for comparison, growth in the U.S. as a whole during that time was 7.3%. Within the state, Laramie County had the highest level of growth, gaining 8,617 more residents. Sweetwater County had the largest decline with 1,966 fewer people.<sup>1</sup>

Over the past several years, Wyoming's population has continued to age. According to the 2023 Wyoming Healthy Aging Data Report, between 2010 and 2021, the population of people 65+ was the fastest growing age group, with an increase of over 47%. In 2010, only 12.5% of the Wyoming population was 65+, but by 2021, the 65+ population had grown to more than 16%. The 2023 Wyoming Healthy Aging Data Report found that Wyoming has 135,237 people aged 60 or older, which make up 23.3% of the state's total population; of this group, 95,566 people are age 65 or older, making up 16.4% of the population.<sup>2</sup> A large portion of this 65+ group are "young-old" older people, or people between the ages of 65 and 74.<sup>3</sup> This indicates that Wyoming's aging population will only continue to grow in the coming years.

More rural counties tend to have a larger population of older adults. 74% of counties in Wyoming are classified as frontier, and the majority of the remaining counties are classified as rural. People who live in Wyoming's frontier counties are more likely to be older than those who do not, and they report less access to health care.<sup>4</sup> As a result, it is very important for any aging policies in the state to take the needs of rural older adults into account.

## Wyoming's Aging Population Projections

The population of older adults in Wyoming (ages 60 and older) is projected to increase by 12,044 between 2025 and 2040. The projected population of older adults aged 60+ by the Wyoming

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<sup>1</sup> [https://healthyagingdatareports.org/wp-content/uploads/2023/08/WY\\_Highlights\\_final2023.pdf](https://healthyagingdatareports.org/wp-content/uploads/2023/08/WY_Highlights_final2023.pdf), page 3.

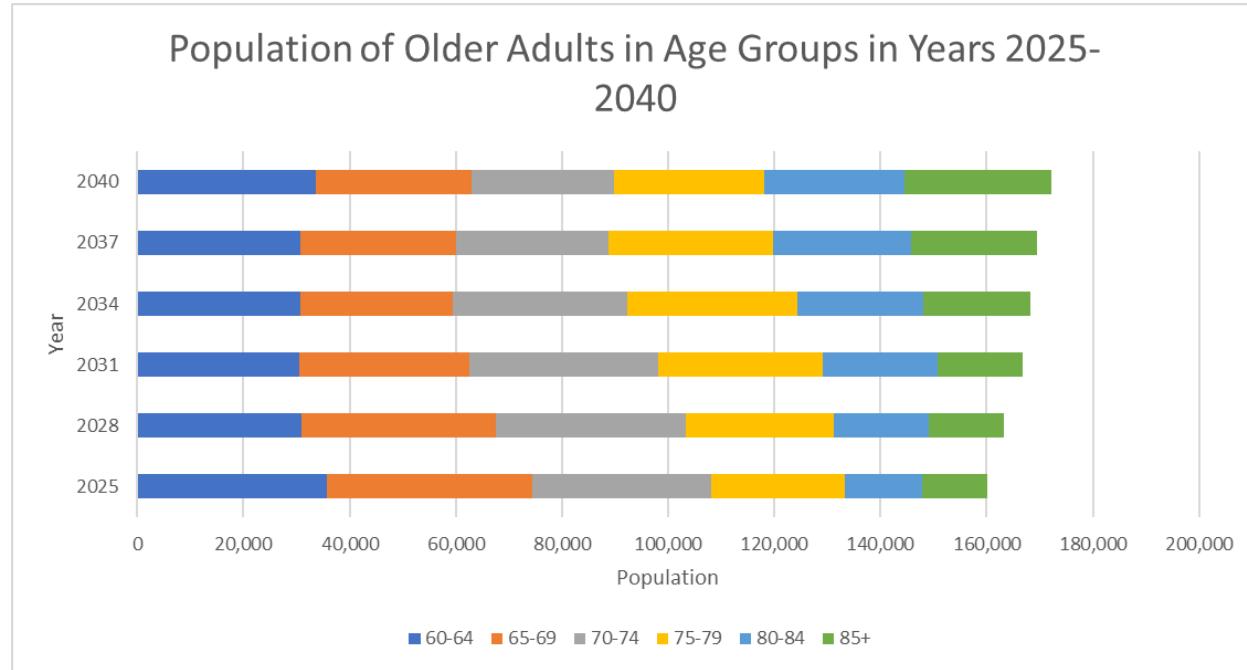
<sup>2</sup> [https://healthyagingdatareports.org/wp-content/uploads/2023/08/WY\\_Highlights\\_final2023.pdf](https://healthyagingdatareports.org/wp-content/uploads/2023/08/WY_Highlights_final2023.pdf), page 3 & 4.

<sup>3</sup> [https://healthyagingdatareports.org/wp-content/uploads/2023/08/WY\\_Highlights\\_final2023.pdf](https://healthyagingdatareports.org/wp-content/uploads/2023/08/WY_Highlights_final2023.pdf), page 5.

<sup>4</sup> [https://healthyagingdatareports.org/wp-content/uploads/2023/08/WY\\_Highlights\\_final2023.pdf](https://healthyagingdatareports.org/wp-content/uploads/2023/08/WY_Highlights_final2023.pdf), Page 6.

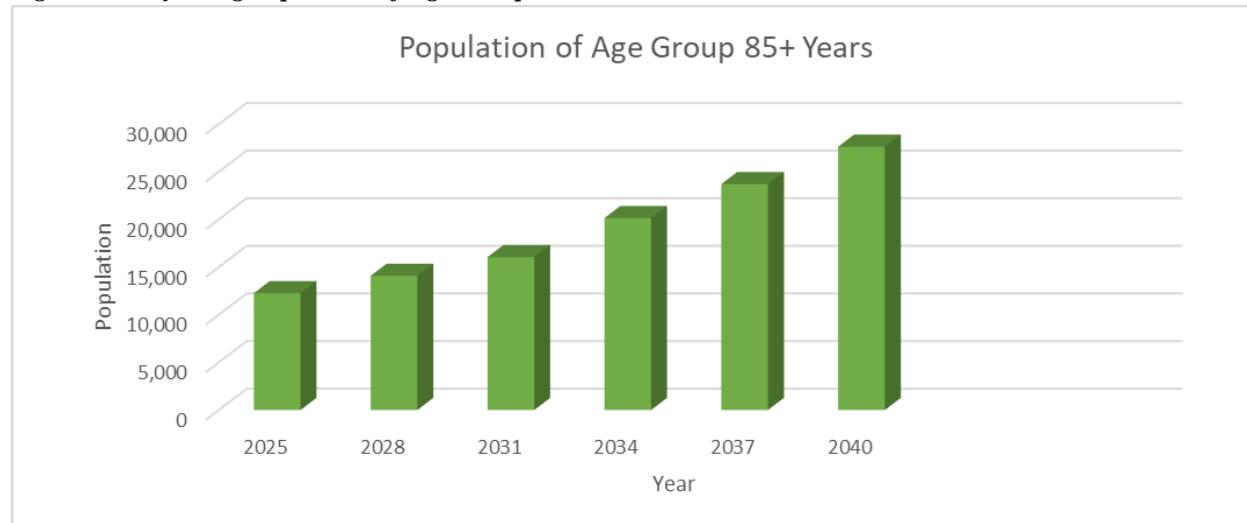
Department of Administration and Information, Economic Analysis Division in 2025 is 160,090 and by 2040 this number is projected to increase to 172,134. Figure 1 displays the increase in older adults within this timeline.

**Figure 1: Wyoming Population of Older Adults in Age Groups in Years 2025-2040**

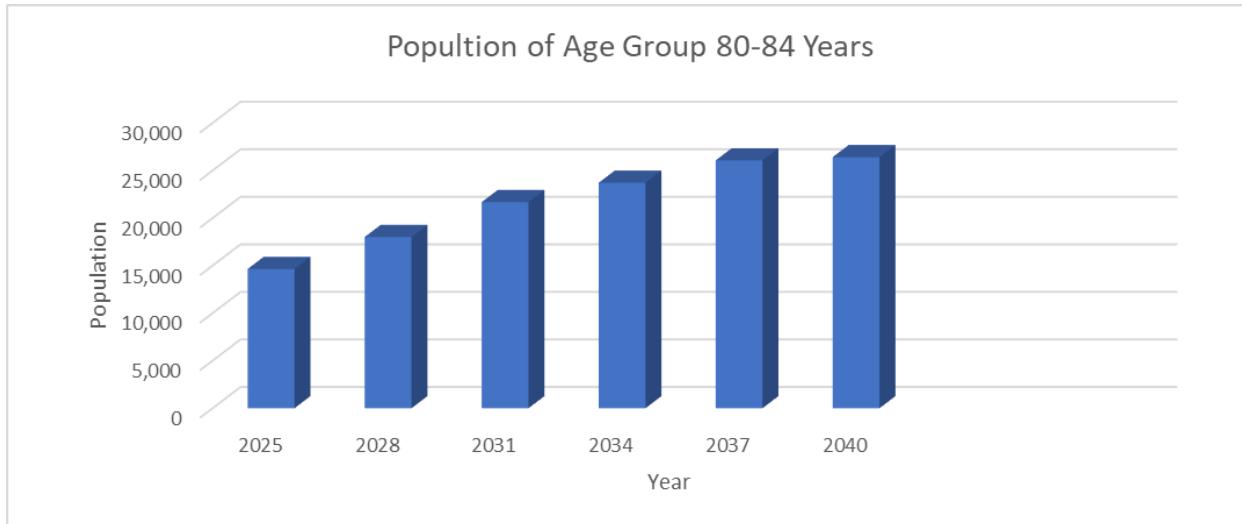


The groups that will increase in population between 2025-2040 are the 85+ group, the 80-84 group and the 75-79 group. Figures 2.1-2.3 exhibit the increase amongst these three age groups of older adults in Wyoming.

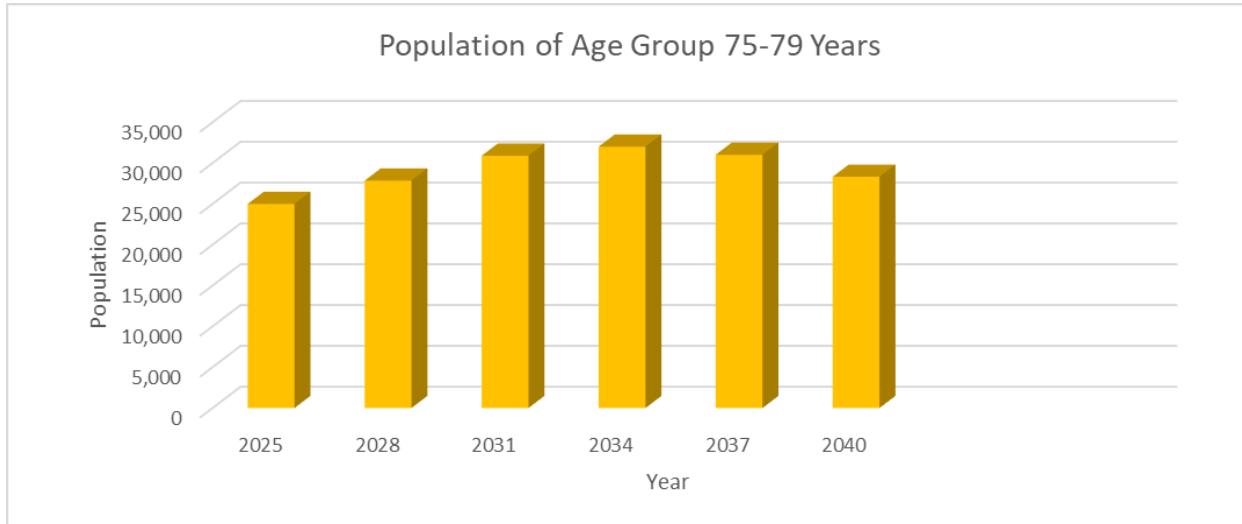
**Figure 2.1: Wyoming Population of Age Group 85+**



**Figure 2.2: Wyoming Population of Age Group 80-84**

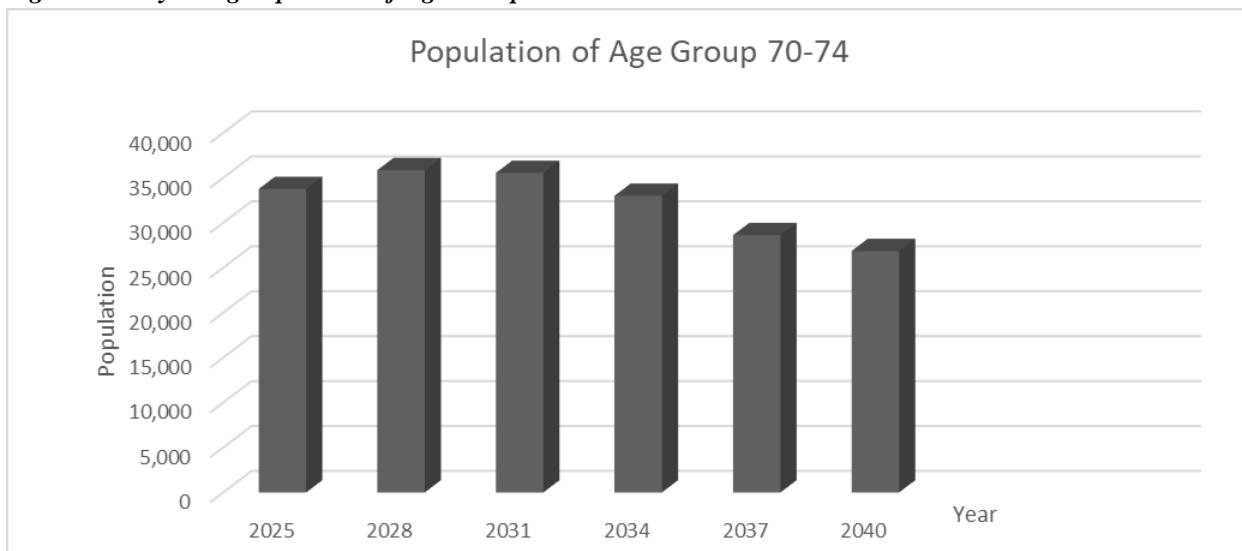


**Figure 2.3: Wyoming Population of Age Group 75-79**

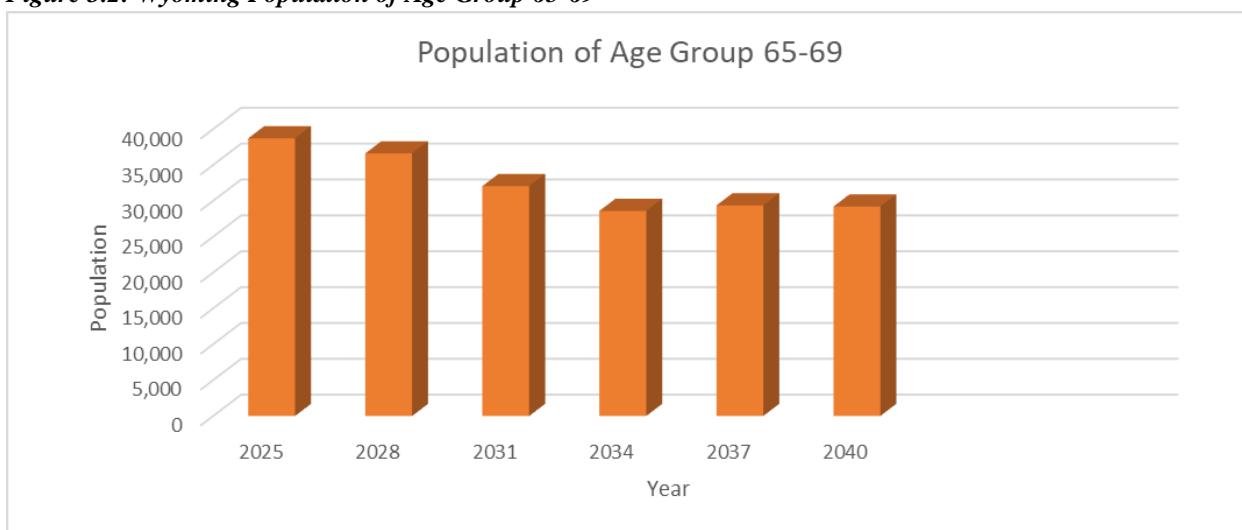


Older adult age groups in Wyoming including the age groups 70-74, 65-69, 60-64 are all projected to decrease between 2025 and 2040. Between all three of these age groups the population of Wyoming adults will decrease by 18,426 individuals. Figures 3.1-3.3 demonstrate the decrease of projected populations amongst these age groups.

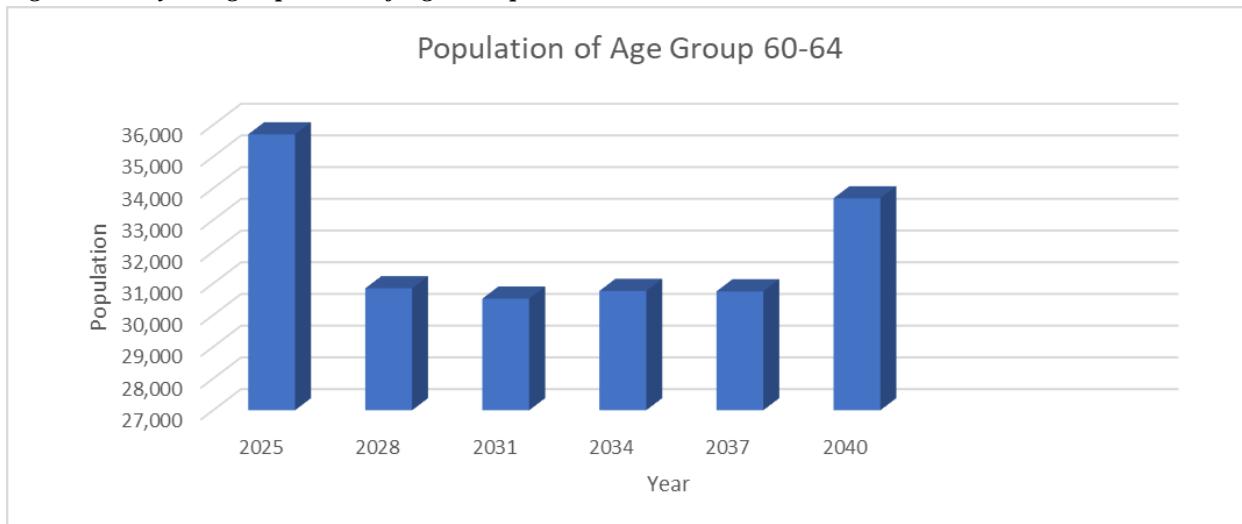
**Figure 3.1: Wyoming Population of Age Group 70-74**



**Figure 3.2: Wyoming Population of Age Group 65-69**



**Figure 3.3: Wyoming Population of Age Group 60-64**



The ratio of younger adults (age 20-59) compared to older adults (age 65+) in the state of Wyoming will decrease slightly from 2025 to 2040 based on data from the Wyoming Department of Administration and Information, Economic Analysis Division. The projected ratio in 2025 will be 1.758 younger adults to one older adult. In 2040 the projected ratio will be 1.733 younger adults to one older adult.

The demographic shift presents unique challenges and opportunities for the state's aging services network. The increasing number of older adults will necessitate expanded access to healthcare services, transportation options, and community support systems to ensure that seniors can age in place with dignity and independence. Additionally, the growing population of older individuals will likely exacerbate existing issues related to food insecurity, social isolation, and mental health concerns. In light of these projections, the needs assessment conducted by the SUA emphasized the importance of targeted interventions that address the specific needs of this demographic, particularly those facing economic and social hardships. The assessment revealed that many older adults experience difficulties accessing essential services due to geographic barriers, lack of transportation, and insufficient outreach efforts. Moreover, the needs assessment highlighted that older adults in rural areas of Wyoming often encounter significant challenges related to service availability and access. With many communities being small and spread out, ensuring that services reach those who need them most is a critical component of the state plan. The SUA's definition of "greatest economic need" and "greatest social need" will guide the prioritization of services to those who are most vulnerable, including low-income seniors and those living in isolated conditions.

### **Greatest Economic Need and Greatest Social Need**

The state defines "greatest economic need" as individuals whose income is at or below the federal poverty level, while "greatest social need" encompasses those facing barriers due to isolation,

disability, or lack of access to resources. These data have informed the development of the goals and objectives outlined in this plan.

The SUA has adopted a variety of strategies to prioritize older adults with the greatest social and economic needs. One population that experiences a great social need are older adults who live in rural and frontier areas. The SUA sought to prioritize service to older adults in rural and frontier areas in a variety of ways. This involved the identification of several small towns and communities throughout the state that were far away from existing Older Americans Act (OAA) services (Rural Focal Points), then collaborated with the Wyoming Office of Rural Health to identify community representatives in those areas. The SUA then conducted a needs assessment with these community representatives to better understand the needs of older adults in those communities. Then, based on their responses, the SUA attempted to find ways to expand needed services to those communities. As a result of these efforts, the SUA identified several rural communities in the state in need of additional support.

Identifying rural communities more than 30 miles from population centers with 25 or more older adults allowed the SUA to strategically focus its efforts on areas with the greatest unmet needs. This targeted approach ensures that limited resources are directed towards older adults facing significant geographical barriers to accessing essential services.

Extending services to rural and frontier areas offers numerous benefits for isolated older adults. It reduces social isolation by providing opportunities for engagement and connection within their communities. Access to OAA services, such as nutrition programs, transportation assistance, and caregiver support, can improve health outcomes, enhance independence, and promote overall well-being, allowing older adults to age in place with dignity.

The introduction of services in Farson and Meeteetse, Wyoming, demonstrates the positive impact of this focused strategy. Older adults in these previously underserved communities now have local access to crucial resources, reducing the burden of traveling long distances for assistance. This increased accessibility empowers them to maintain their independence and participate more fully in community life. The SUA's commitment to ongoing identification of potential service providers demonstrates a continued dedication to reaching the most rural areas and ensuring equitable access to services for all older adults in Wyoming.

In addition to this targeted outreach strategy, the SUA also created a heat map that compared Census population data by zip code to existing service locations. This awareness of potential service gaps will help the SUA better understand and serve the needs of older adults in rural and frontier communities.

The OAA requires services to be targeted to older individuals and family caregivers with the greatest economic need and greatest social need. The findings, coupled with the demographic projections, have informed the development of goals and objectives outlined in this State Plan to reach those in greatest economic need and greatest social need. The data underscores the pressing need for coordinated efforts among state agencies, local organizations, and community partners to create a comprehensive system of support that is responsive to the evolving needs of Wyoming's aging population.

Given these insights, the SUA is committed to fostering collaboration across sectors to ensure that older adults in Wyoming have access to the resources, services, and support they require to lead fulfilling lives. Additionally, the SUA is committed to the terms and conditions of each award notice and will comply with all requirements in order of precedence: (1) statute; (2) executive order; (3) program regulations; (4) 2 Code of Federal Regulations (CFR) Part 200 as codified by HHS at 45 CFR, Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards; (5) agency policies; and (6) any additional terms and conditions and remarks on future award notices. This plan will serve as a roadmap for addressing the complex challenges ahead, with respect for the needs of Wyoming's seniors.

## **Community Engagement**

Community organizations play a crucial role in supporting older adults by providing a wide range of services and resources tailored to their specific needs. As part of Wyoming's state plan the SUA wishes to provide a simple overview of how community engagement can have an impact on the services we deliver and ways that these organizations can coordinate their efforts to align with the state's goals for aging. Here are several ways in which these organizations can make a significant impact:

**Services Coordination:** Community organization can serve as hubs that coordinate services for older adults, helping them navigate the complexities of healthcare, social services, and community resources. This includes connecting seniors with appropriate medical care, transportation, and nutrition programs.

**Social Engagement:** Many older adults face social isolation, which can lead to negative health outcomes. Community organizations can facilitate social activities, clubs, and events that encourage interaction and foster a sense of belonging among older residents. Programs such as group outings, art classes, or support groups can significantly enhance the quality of life for seniors.

**Educational Programs:** Offering education workshops on topics such as health management, technology use, and financial planning can empower older adults to make informed decisions and

maintain independence. These programs can also provide valuable information on available services and resources in the community.

**Volunteer Opportunities:** Community organizations can engage older adults as volunteers, giving them a sense of purpose and connection. Volunteering can provide opportunities for seniors to share their skills and experiences while contributing positively to the community.

**Advocacy:** By advocating for the needs and rights of older adults at local, state, and national levels, community organization can help influence policies that improve services and support for seniors. This includes raising awareness about issues affecting older populations, such as affordable housing and access to healthcare. Also, advocating for age-friendly and dementia-friendly communities is crucial for fostering inclusive and supportive environments where everyone can thrive, regardless of age or cognitive ability. Age-friendly communities prioritize accessibility, social participation, health services, and respect for older individuals, enabling them to remain active, connected, and independent. Dementia-friendly communities specifically address the unique challenges faced by those with dementia and their caregivers which promotes understanding and ensures safe public spaces and accessible services and resources.

**Transportation Services:** Many older adults struggle with mobility, making it difficult for them to access essential services. Community organizations can provide or coordinate transportation services that help seniors reach medical appointments, grocery stores, and social events.

**Caregiver Support:** Community organizations can offer resources and support for caregivers of older adults, providing respite care, training, and counseling services. This support is vital for helping caregivers manage their responsibilities while maintaining their own well-being.

By leveraging their resources and connections within the community, organizations can create a supportive environment that meets the diverse needs of older adults, ultimately enhancing their quality of life and promoting healthy aging.

### **Approach to Native American Aging**

A critical component of the SUA's outreach efforts is understanding the unique challenges that Wyoming's Native American older adults experience. Wyoming is home to a significant population of indigenous Americans, residing both across the state and on the Wind River Reservation, land designated to the Northern Arapaho and Eastern Shoshone tribes.

Poverty is a substantial barrier to aging in place, and on the Wind River Reservation, resource scarcity makes successful aging in place difficult and places additional strain on informal family

caregivers. The resource scarcity includes inadequate housing, limited healthcare access and insufficient support services for older adults and their caregivers.<sup>5</sup>

Access to healthcare services is also limited due to the rural nature of the Wind River Reservation and surrounding areas. Ambulance services often must traverse long distances to reach individuals experiencing medical emergencies, potentially resulting in delays in receiving critical care and posing serious consequences for older adults with chronic health conditions. Furthermore, complex medical procedures and management of complex disease necessitate travel to cities such as Casper, Cheyenne, Rock Springs, or even to states like Utah, Colorado, or Idaho. This travel can be a significant financial and logistical burden for older adults and their families.

## **Stewardship and Oversight**

### **Stewardship and oversight of OAA programs**

The SUA will support the aging network in Wyoming to meet the goals of the OAA by providing comprehensive and effective program management. This includes evaluating and implementing new policy and procedures that align with ACL's new final rule for OAA programs issued in March of 2024. The SUA will ensure that policies and procedures are developed and implemented with the input of stakeholders and are regularly reviewed and updated as needed. The SUA will also maintain the integrity of advocacy activities, and assess and adjust program implementation to support targeted activities that meet the needs of older adults in Wyoming.

The SUA has recently adopted a new data tracking software which it uses to track all OAA activities occurring in Wyoming. With the new software the SUA will have enhanced capabilities to monitor and track service utilization, and waitlists for program activities. Additionally, the software will allow the SUA to incorporate an electronic information and referral network into existing activities, making it easier for older adults to find and be connected to services available in their area.

The SUA will regularly report on the state's activities to stakeholders, including the public, the Wyoming Legislature, and the federal government. The SUA will also conduct regular evaluations of its policies and procedures to assess their effectiveness and make improvements as needed. The SUA will track and document a variety of measures to demonstrate the effectiveness of its stewardship and oversight activities, including:

- The number and percentage of different demographic groups of people and organizations receiving services,

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<sup>5</sup> State Plan Supplement, Survey of Wyoming Residents Report, Steinman, et al., 2021.

- The percentage of overall population and the percentage of people with the greatest economic and social needs formed by each demographic group,
- Documentation of program quality (e.g., nutrition satisfaction surveys, status as an evidence-based program, solicitation of participant feedback),
- The level and frequency of services provided, and
- The number and types of corrective actions taken.

By implementing these stewardship and oversight activities, the SUA will ensure that OAA programs in Wyoming are effectively managed and that they meet the needs of older adults in the state.

## Goals & Focus Areas

Listed below are the SUA's goals, 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, strategies, outcomes and focus areas, are described as follows:

- Goals are visionary statements that describe the strategic direction in which Wyoming 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.
- Outcomes document 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 Division 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 work to include the areas of greatest interest to ACL, but also make the document accessible to partner organizations who may want to review our vision as a division. Focus areas are described as:

### Focus Area 1 - OAA core programs:

- Relates to all the core programs we offer such as nutrition, support services, legal services and caregiver support.
  - Objectives 1.1, 2.1, 2.2.

### Focus Area 2 - Greatest Economic Need and Greatest Social Need:

- Relates to The OAA's requirements for services to be targeted to older individuals and family caregivers with the greatest economic need and greatest social need. This State Plan addresses activities to reach those in greatest economic need and greatest social need.

- Objectives 3.1, 3.2.

Focus Area 3 - Expanding Access to Home- and Community-Based Services (HCBS)

- Relates to coordinating systems and efforts which improve access for older individuals to in-home and community-based services and supports.
  - Objectives 4.1.

Focus Area 4 - Caregiving:

- Relates to strengthening the direct care workforce and implementing actions from the National Strategy to Support Family Caregiving.
  - Objectives 5.1, 5.2, 5.3.

**Goal 1: Expand partnership with external agencies to assist with coordination of services for older adults.**

**Objective 1.1: Build a strong Information and Referral (I&R) system between the SUA and organizations like the Wyoming Alzheimer's Association and Wyoming 2-1-1.**

The focus area for Objective 1.1 is OAA core programs. The SUA will maintain an I&R database to enable partner agencies to make referrals within our provider network by expanding external access.

Wyoming 2-1-1 provides comprehensive information on community services and resources, which can help older adults navigate available services. Establishing a direct link between Wyoming 2-1-1 and the Wyoming Department of Health ensures more efficient referrals and a seamless support system.

The Alzheimer's Association has extensive resources and specialized services for individuals with Alzheimer's disease and related dementias. Strengthening this partnership will enable better coordination of services for families dealing with Alzheimer's and ensure timely and appropriate referrals.

By strengthening these partnerships, Wyoming can create a more integrated and efficient system of care for older adults, ensuring they have timely access to the services and support they need. This will also improve overall coordination across agencies, reduce fragmentation of services, and enhance the quality of life for Wyoming's aging population.

**Strategies 1.1: Develop partnership with outside organizations by providing them login ability to the Department's client database so they can utilize the Information and Referral software.**

1. By granting access to the Department's client database, additional agencies will have real-time access to up-to-date information, making it easier to provide accurate, timely referrals to local providers. This integration will streamline the referral process and reduce delays in service delivery.

2. As part of this effort, we will engage providers in training and awareness initiatives to ensure they are familiar with the new system and understand its benefits. Moving away from outdated methods like phone calls and paper forms will improve the speed and accuracy of referrals, ensuring that older adults receive the services they need more efficiently.

**Performance Measures 1.1: Using the Department's client database, track the number of information and referral clients each year.**

1. Monitor the volume of clients referred to external agencies through the system annually. This will allow for a better understanding of demand and help identify any trends or gaps in services that need to be addressed.
2. Track the number of successful referrals made via the new system to gauge its effectiveness. This will help assess whether the system is being used correctly and whether it is effectively connecting older adults with necessary services.

**Goal 2: Increase educational resources related to adequate nutrition guidelines in older adults and ensure OAA subrecipients have a standard method to collect participant specific preferences and medical needs related to meals.**

**Objective 2.1: Develop a collection of nutrition educational materials to be used by OAA subrecipients that address adequate nutrition in older adults.**

The focus area of objective 2.1 is OAA Core Programs. This will be achieved by providing Wyoming nutrition program providers with reliable educational materials for use in participant nutrition education services. Participants of nutrition programs are screened for nutrition risk and those who are at high risk are offered the services of nutrition education and nutrition counseling where available. To minimize nutritional risk factors among older adults, the SUA will create resources addressing issues such as disease, poor eating habits, oral health problems, financial difficulties, self-care limitations, social isolation, and unintended weight changes. Wyoming nutrition programs have shown a decrease in the units of nutrition education in the past year. By creating a collection of ready to use, topic specific, education materials, the SUA can ensure our nutrition providers are better equipped to provide meaningful nutrition education services for their participants. With this emphasis on increased education, participants with higher nutritional risk may be more willing to make changes or seek added services.

### **Strategies 2.1:**

1. Review and update the current collection of CLS nutrition education materials that are available. Ensure materials related to common diseases or conditions in older adults are available, such as osteoporosis, diabetes, and cardiovascular disease.
2. Encourage nutrition program providers to utilize the collection, and to specifically provide at least one education topic per year related to common nutrition risks in older adults.
3. Provide updated information to providers with links to resource collection annually.

### **Performance Measures 2.1:**

1. Monitor the number of nutrition education units recorded in the data system and compared to previous year(s) of data for increases of quarterly/yearly units.
2. Annually, through the grant application, gather nutrition education plans from program providers and assess them to ensure sufficient coverage of nutrition risk topics.
3. Utilize the annual survey responses to conclude if participants feel they are receiving overall health benefits from participating in the nutrition programs.

### **Objective 2.2: Work with nutrition program directors to establish a system that addresses cultural considerations, preferences, and medically identified diet needs for meals.**

The focus area of objective 2.2 is OAA Core Programs. The SUA will ensure nutrition program providers have well developed policies and procedures in place to provide meal specific needs that can be accommodated. These needs include cultural considerations and preferences in types of meals, and medically-related needs related to physician-identified conditions. Currently Wyoming policies and procedures for the nutrition programs identify that OAA subrecipients are to have a policy and procedure related to these areas. It is expected that the state working together with the providers to develop data collection will be a positive collaboration, allowing for a more effective process in developing policies and providing these types of meals that better accommodate participant specific needs. Additionally, the SUA will plan to develop policies that will offer home delivered meal participants the option to participate in other health and wellness activities, as feasible, and based on a person-centered approach.

### **Strategies 2.2:**

1. Review and update Wyoming's nutrition policies and procedures to ensure all elements for meal adjustments are specified for providers to address in their policies.
2. Gain insights into providers' current processes for meal adjustments by asking for input.
3. Work with the Wyoming Senior Services Association (WSSA) board to establish questions we can add to the Aging Needs Evaluation Summary (AGNES) form which would assist in identifying special meal related needs. (i.e. Do you have a specific diet your medical provider has asked you to follow?)

4. Offer ongoing education and training to service providers to ensure they understand the core principles of person-centered care and can apply them effectively in their daily interactions with older adults.
5. Expand the use of the SUA's data system to identify needs which would be reported out.

**Performance Measures 2.2:**

1. Measure the number of nutrition providers in the state that accommodate those with medically specific diets (physician-ordered therapeutic diets).
2. Measure the number of nutrition providers in the state that accommodate those with preferences in meals (such as offering a vegetarian option each day).
3. Measure the number of providers that have high numbers of participants with a specific cultural food preference.
4. Track and report the number of older adults engaging with OAA services, especially those under Title III-B (Support Services and Senior Centers), to evaluate if the person-centered care approaches are successfully attracting more participants and improving engagement.

**Goal 3: Develop a risk assessment that is based on the demographics of our participants to determine greatest social and economic need.**

**Objective 3.1: Evaluate high economic/social needs in provider areas to support decisions about funding and resources**

The focus area for Objective 3.1 is Greatest Economic Need and Greatest Social Need. The SUA plans to utilize demographic risk assessments by analyzing the population data among those with the greatest economic and social need. Analyzing the population risk scores can help the SUA identify areas of the state that may need more funding or resources for participants with the greatest economic and social need than other parts of the state.

**Strategies 3.1:**

1. Develop a risk scoring system within the Basic Client Information page of the current Aging Needs Evaluation Summary assessment to guide providers.
2. Work with the current database partner to duplicate the risk scoring system in our current database.
3. Partner with the Senior Community Service Employment Program (SCSEP) with Wyoming Department of Workforce Services on the development of the greatest social and economic need scoring system.
4. Add caregiver status into the risk assessment as being a caregiver can indicate a greater social and economic need which is not yet included on the Aging Needs Evaluation Summary assessment.

**Performance Measures 3.1:**

1. An increasing number of individuals served with a high social and economic risk score from year to year.

**Objective 3.2:** Ensure that clients who are on a waitlist for services are placed in the Wyoming Information and Referral system to find other resources that can meet their needs.

The focus area for Objective 3.2 is Greatest Economic Need and Greatest Social Need. The SUA aspires to support older adults in the state who may be on waitlists for OAA or state-funded services but also have a great economic and social need. Connecting these older adults with external resources in the state is an objective that the SUA has determined to take on. The Information and Referral system in the new state Aging and Disability database can be utilized to help connect older adults to those resources.

**Strategies 3.2:**

1. Educate providers on how to develop a waitlist policy that meets the "greatest need" as determined by the state.
2. Educate providers on the Information and Referral system in the new state Aging and Disability database.
3. Connect with the Wyoming 211 agency to build strong referral systems between the Aging and Disability database and their internal database.

**Performance Measures 3.2:**

1. Track the reduction of clients with the greatest social and economic needs on service waitlists using the SUA's monitoring capabilities in the new data system.

**Goal 4: Increased access to Home and Community-Based Services (HCBS) in rural areas.**

**Objective 4.1: Identify services which are most needed in the rural areas and implement new HCBS delivery models to enhance the network of services in rural areas.**

The focus area of objective 4.1 is Expanding Access to Home and Community-Based Services (HCBS). To tailor services effectively, we first need to assess the specific needs of older adults in rural areas. These might include transportation to medical appointments, home healthcare services, meal delivery, or assistance with daily living activities. By identifying these needs, Wyoming can ensure that HCBS are designed to fill gaps and deliver the right services.

Coordination with Public Health Nurses and Wyoming Medicaid's Community Choice Waiver (CCW) providers will ensure that services are comprehensive and responsive to the specific needs of older adults in rural areas.

**Strategies 4.1: Coordinate with Public Health Nurses, CCW and additional HCBS providers (hospitals, etc.) to identify and prioritize HCBS needs.**

1. Conduct needs assessments through surveys, focus groups, and interviews with rural residents, caregivers, and healthcare providers, including Public Health Nurses. Public Health Nurses have a unique understanding of the healthcare needs in rural communities. By partnering with them, we can design mobile services that bring healthcare and support directly to those in need. For example, mobile health clinics or care teams could visit rural communities on a regular basis to deliver services like health screenings, medication management, and wellness checks.
2. Coordinate educational initiatives focusing on prevention, detection, and response strategies related to social isolation. Leveraging HCBS networks in rural areas will enable us to address social isolation as a critical factor influencing the social health of older adults.
3. Coordinate with the CCW program to identify frequently requested but less accessible services in rural regions.

**Performance Measures 4.1:**

1. Complete needs assessments in all high priority rural areas.
2. Identify the top three most needed HCBS in each rural region based on assessment data.

**Strategies 4.2: Implement new HCBS delivery models in rural communities.**

1. Partner with local hospitals, private healthcare providers, non-profits, and other organizations to extend their service reach through in-home visits in rural areas.
2. Coordinate with transportation services to facilitate access to appointments and community-based activities for rural participants.
3. Explore the use of telehealth and remote monitoring technologies to supplement in-person services.

**Performance Measures 4.2:**

1. Increase the number of new HCBS delivery models established for eligible OAA participants.
2. Increase the number of rural residents receiving HCBS through these initiatives.

**Strategies 4.3: Coordinate HCBS with Wyoming's Community Choices Waiver (CCW).**

1. Establish clear referral pathways between existing HCBS programs and CCW Benefits & Eligibility Specialists in rural counties.
2. Educate rural residents and providers about the eligibility requirements and services offered through the CCW and existing HCBS initiatives.
3. Explore opportunities to utilize existing HCBS approaches to address the needs of individuals on the CCW waiting list in rural areas, where appropriate and feasible.

**Performance Measures 4.3:**

1. The SUA will begin to monitor and track the number of referrals to the CCW program. This is a new initiative, so we will first develop a baseline metric for these types of referrals.
2. Monitor and track the number of eligible CCW participants in rural areas receiving services through expanded HCBS initiatives.
3. Reduce the CCW waiting list in rural areas due to enhanced HCBS integration.

**Goal 5: Grow the number of providers and enhance support for grandfamilies and Kinship families to improve the types of care available for caregivers.**

**Objective 5.1:** Evaluate the current availability of caregiving services throughout the state.

The focus area for Objective 5.1 is Caregiving. To gain a clearer understanding of existing caregiving resources, the SUA will gather information from providers about their offerings. This will allow the state to identify gaps, redundant services, and areas where service expansion may be needed.

**Strategies 5.1:**

1. Analyze the data gathered during the information discovery phase to understand the current landscape of available services within Wyoming.
2. Map the caregiving services available in different areas of the state. This map will help the SUA and related agencies understand regional disparities in caregiving services and inform decisions about where to add providers or introduce new services.

**Performance Measures 5.1:**

1. Measure the number of providers in Wyoming Community Living (CLS) Section Network.
2. Track the number of caregiver-related service providers within the CLS network to help evaluate the expansion of available support services. The goal is to increase the number and variety of these providers, which will enhance the overall care options available to informal caregivers.

**Objective 5.2:** Add Caregiver providers in unserved/underserved parts of the state.

The focus area for Objective 5.2 is Caregiving. Informal caregivers are typically family members or close friends who provide daily assistance to older adults, often without financial compensation. These caregivers play an essential role in the well-being of older adults, helping with activities like bathing, meal preparation, medication management, and transportation. However, caregivers can experience significant physical, emotional, and financial stress, and without proper support, this can lead to burnout.

Support for informal caregivers is critical, as they often work in isolation without the training or resources they need to provide the best care. Expanding the provider network in Wyoming,

especially in rural and underserved areas, ensures that caregivers are not left without assistance and are supported in their critical role. Services like respite care, caregiver support groups, training, and counseling can alleviate some of the strain caregivers experience.

### **Strategies 5.2:**

1. Compare information within various state provider systems related to caregiving support organizations to understand what services are available. By analyzing the caregiver-related data in the system, we can identify existing support organizations, whether for respite care, caregiver training, or counseling, and find areas where there may be a shortage, or underserved regions. In regions where we identified gaps, build partnerships with the existing support organizations to incorporate their services into the SUA's formal provider network.

### **Performance Measures 5.2:**

1. Measure the number of clients receiving services. Measuring how many caregivers are utilizing the expanded services will be an essential indicator of success. The number of clients receiving support services will directly reflect the effectiveness of efforts to grow and diversify the caregiving provider network.

**Objective 5.3:** Establish a formal communication and collaboration channel with the National Technical Assistance Center (NTAC) on Grandfamilies and Kinship Families.

The focus area for Objective 10.3 is Caregiving. By increasing awareness of the National Technical Assistance Center (NTAC), resources, and implementing best practices, the SUA will develop strategies involving assigning a liaison, distributing information, conducting training, providing technical assistance, and participating in meetings.

### **Strategies 5.3:**

1. Develop and distribute informational materials (e.g., brochures, website content) about NTAC resources to relevant stakeholders.
2. Conduct workshops and webinars to train staff on utilizing NTAC tools and implementing best practices.
3. Collaborate with NTAC experts to provide targeted technical assistance to local organizations.
4. Participate in NTAC regional meetings and peer learning collaboratives.

### **Performance Measures 5.3:**

1. Measure the number of state agencies and community-based organizations accessing NTAC resources (tracked through website analytics and surveys).
2. Measure the number of NTAC-recommended best practices implemented.



## Attachment Section



## **Attachment A - ACL Assurances**

### **FFY25 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 aging, 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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach

activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Such assessment may include—

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

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

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

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

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

## Sec. 307, STATE PLANS

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

(1) The plan shall—

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

(B) be based on such area plans.

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

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

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

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

(3) The plan shall—

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

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

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

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

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

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

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

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

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

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

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

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

(B) The plan shall provide assurances that—

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

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

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

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

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

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

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

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

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

(9) The plan shall provide assurances that—

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

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

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

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

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal

assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

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

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

(21) The plan shall—

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

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

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

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

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

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

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

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

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

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

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

(B) Such assessment may include—

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

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

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

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

- (A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;
- (B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and
- (C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

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

## Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order...

*Jeff Clark - State Unit on Aging Director*  
Signature and Title of Authorized Official

5/29/2025  
Date

## **Attachment B - Information Requirements**

### **FY 2025 State Plan Guidance Attachment B**

#### **INFORMATION REQUIREMENTS**

##### **Greatest Economic and Greatest Social Need**

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

(1) How the State agency defines greatest economic need and greatest social need, which shall include the populations as set forth in the definitions of greatest economic need and greatest social need, as set forth in 45 CFR § 1321.3; and

(2) The methods the State agency will use to target services to such populations, including how OAA funds may be distributed to serve prioritized populations in accordance with requirements as set forth in 45 CFR § 1321.49 or 45 CFR § 1321.51, as appropriate.

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

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

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

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

#### RESPONSE:

The Wyoming Aging Division has implemented various strategies to prioritize older adults with the greatest social and economic needs. These strategies include:

- **Older adults in rural and frontier areas:** The Aging Division identified Rural Focal Points, collaborated with the Wyoming Office of Rural Health to conduct needs assessments, and created a heat map to visualize service gaps and expand services to these communities.

The data and insights gained from these efforts inform the goals and objectives outlined in the State Plan to reach those in greatest economic and social need, fostering collaboration across sectors to ensure that older adults in Wyoming have access to necessary resources and support.

#### **Native Americans: Greatest Economic and Greatest Social Need**

45 CFR § 1321.27 (g):

Demonstration that the determination of greatest economic need and greatest social need specific to Native American persons is identified pursuant to communication among the State

agency and Tribes, Tribal organizations, and Native communities, and that the services provided under this part will be coordinated, where applicable, with the services provided under Title VI of the Act and that the State agency shall require area agencies to provide outreach where there are older Native Americans in any planning and service area, including those living outside of reservations and other Tribal lands.

**RESPONSE:**

The Wyoming Department of Health (WDH) has taken proactive steps towards improving services for its Native American population by establishing the Native American Tribal Leadership Advisory Council. This initiative was aimed at fostering stronger relationships and open communication with tribal leaders, ensuring their concerns and perspectives are central to decision-making.

The council is made up of a diverse group of representatives, including members from the Northern Arapaho and Eastern Shoshone tribes, the Indian Health Service, and key divisions within the WDH. This collaborative approach ensures a comprehensive understanding of the unique service needs and challenges faced by Wyoming's Native American communities.

The council's primary function is to serve as a platform for in-depth discussions, evaluations, and feedback on proposed projects that directly impact Wyoming's Native American population. By actively seeking and incorporating tribal input, the WDH aims to develop culturally sensitive and responsive policies and services that address the specific needs of these communities. Through this collaborative initiative, the Wyoming Department of Health demonstrates its commitment to honoring tribal sovereignty and ensuring equitable access to services for all Wyoming residents, particularly its Native American population.

**Activities to Increase Access and Coordination for Native American Older Adults**

OAA Section 307(a)(21):

The plan shall —

...

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

45 CFR § 1321.53:

(a) For States where there are Title VI programs, the State agency's policies and procedures, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the State's aging network, including area agencies and service providers, will coordinate with Title VI programs to ensure compliance with sections 306(a)(11)(B) (42 U.S.C. 3026(a)(11)(B)) and 307(a)(21)(A) (42 U.S.C. 3027(a)(21)(A)) of the Act. State agencies may meet these requirements through a Tribal consultation policy that includes Title VI programs.

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

(1) How the State's aging network, including area agencies on aging and service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III and/or VII;

(2) The communication opportunities the State agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;

(3) The methods for collaboration on and sharing of program information and changes, including coordinating with area agencies and service providers where applicable;

(4) How Title VI programs may refer individuals who are eligible for Title III and/or VII services;

(5) How services will be provided in a culturally appropriate and trauma-informed manner; and

(6) Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils, as set forth in § 1321.63.

#### RESPONSE:

The SUA is committed to increasing access to aging programs and benefits for Native American older adults. To achieve this, we will: establish a Tribal Consultation Policy; enhance outreach to Tribal elders and caregivers; collaborate with Title VI programs to facilitate access to Title III and VII services; offer training and technical assistance to Title VI programs; ensure culturally appropriate and trauma-informed service delivery; and encourage Tribal representation on advisory councils and boards.

## **Low Income Minority Older Adults**

OAA Section 307(a)(14):

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

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

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

RESPONSE:

The State Unit on Aging (SUA) will utilize 2020 U.S. Census data to direct services towards low-income minority older individuals with limited English proficiency. Current estimates indicate that between 7,200 and 7,600 older individuals in Wyoming live below the poverty line, and approximately 11,300 are considered minority individuals with limited English proficiency. Further county-level details are provided in Attachment I of this state plan. Throughout the duration of this State Plan, the SUA will continue to collaborate with the University of Wyoming and the Wyoming Department of Health Director's Unit for Policy, Research, and Evaluation to gain a deeper understanding of Wyoming's aging population and to promote healthy aging through both formal and informal support programs.

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, 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.

### **Rural Areas – Hold Harmless**

OAA Section 307(a)(3):

The plan shall—

...

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

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

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

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

#### **RESPONSE:**

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.

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.

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.

### **Rural Areas – Needs and Fund Allocations**

OAA Section 307(a)(10):

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

RESPONSE:

The State Agency assures that the needs of seniors in Rural-Frontier Wyoming are met. Details on how these needs are addressed are included in the preceding response to Section 307(a)(3).

### **Assistive Technology**

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

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

RESPONSE:

Wyoming has no AAA's and has the SUA work directly with grantees and other organizations within the state's aging network. The SUA 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 SUA 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.

### **Minimum Proportion of Funds**

OAA Section 307(a)(2):

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

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306(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.)

RESPONSE:

The Aging Division is a Single State Unit on Aging without AAAs. For services under part B, the minimum funding allocation in Wyoming is 11% for access, 0% for in-home services, and 6% for legal assistance. The SUA utilized the Wyoming Home Services (WyHS) program to serve older adults for in-home services. The basis for funding levels is historic need and available funding. The SUA also 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 WyHS program. WSSB funding provides over 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	(JUN2025) 2026 Baseline		
Program Descriptions	Federal	State	Wyoming Seniors Served
Title III-B Supportive Services	\$2,033,556	\$196,735	18,392
Title III-C1 Congregate Meals	\$2,132,396	\$263,717	15,709
Title III-C2 Home Delivered Meals	\$2,510,637	\$122,301	8,161
Title III-D Preventive Health Program	\$130,378	\$0	174
Title III-E Family Caregiver	\$972,324	\$155,285	350
Nutrition Service Incentive Program	\$611,663	\$0	N/A
Title VII Ombudsman	\$108,901	\$35,402	2,207
Title VII Elder Abuse Prevention	\$23,626	\$7,866	
Wyoming Senior Services Board		\$5,479,454	N/A
Wyoming Home Services		\$2,749,894	1,438
Long Term Care Ombudsman		\$51,643	
Senior Companion Program		\$51,200	
Foster Grandparents		\$73,800	
<b>Totals</b>	<b>\$8,523,481</b>	<b>\$9,187,297</b>	
<b>FFY 2027</b>	<b>\$8,523,481</b>	<b>\$9,187,297</b>	
<b>FFY 2028</b>	<b>\$8,523,481</b>	<b>\$9,187,297</b>	
<b>FFY 2029</b>	<b>\$8,523,481</b>	<b>\$9,187,297</b>	
<b>FFY 2030</b>	<b>\$8,523,481</b>	<b>\$9,187,297</b>	

### Assessment of Statewide Service Delivery Model

OAA Section 307(a)(27):

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

(B) Such assessment may include—

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

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

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

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

**RESPONSE:**

The State Agency will plan to conduct multiple assessments, if needed, to determine how prepared the State will be 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 2050, and further work will be done to keep them updated and accurate.

**Shelf Stable, Pick-Up, Carry-Out, Drive-Through, or Similar Meals Using Title III**

**Congregate Nutrition (C-1) Service Funding**

45 CFR § 1321.87(a)(1)(ii):

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

(A) Such meals must not exceed 25 percent of the funds expended by the State agency under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(B) Such meals must not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(iii) Such meals are to be provided to complement the congregate meal program:

(A) During disaster or emergency situations affecting the provision of nutrition services;

(B) To older individuals who have an occasional need for such meal; and/or

(C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need; and

45 CFR § 1321.27 (j):

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

(1) Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation;

(2) Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;

(3) Description of the eligibility criteria for service provision;

(4) Evidence of consultation with area agencies on aging, nutrition and other direct services providers, other stakeholders, and the general public regarding the provision of such meals; and

(5) Description of how provision of such meals will be coordinated with area agencies on aging, nutrition and other direct services providers, and other stakeholders.

RESPONSE:

1) The FFY25 Title IIIC application included a question regarding the plan to provide take-out meals using C1 funding. Fifty-one percent (51%) of the nutrition providers responded they would like to provide C1 Take-out meals to participants who may benefit from this style of meal delivery. In FFY2024 there were a total of 48,837 Take-out meals provided in the state. At that time all of the Take-out meals were funded through title III C2. The addition of this meal delivery style did not cause any concern for traditional style congregate meals which are provided currently without limits or waitlists within the state nutrition provider network.

2) All congregate nutrition providers will be required to have a policy and procedure in place to direct the need for waitlisting if meal services must be limited. The processes must identify how those at greatest risk and need will be ensured priority.

3) Availability of C1 Take-out meals and shelf stable meals will be determined by the meal provider organization. Participants must be age 60 or older with some exceptions that include spouses, meal program volunteers and disabled persons. The state approved AGNES form will be completed for each participant and eligible participants of the congregate meals programs may receive a shelf stable and/or Take-out meal as the organization deems appropriate based on their policies and procedures.

4) Organized meetings held in December 2024 which included providers and various stakeholders did not identify delivery of nutrition services or meals within the state as a concern.

5) The SUA has developed a policy related to the 25% rule for provision of the specified C1 meals. Provider education will be completed related to the new rule by a virtual presentation and one on one discussions. Additional needs and feedback related to these meals will be an ongoing process to determine the challenges and benefits of the option for the Wyoming providers and program recipients.

### **Funding Allocation – Ombudsman Program**

45 CFR Part 1324, Subpart A:

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

RESPONSE:

The SUA will ensure that the Office of the State Long-Term Care Ombudsman complies with all relevant provisions of the Older Americans Act and this rule. The SUA will ensure that the Ombudsman program has sufficient authority and access to perform its duties. The SUA will provide training opportunities for the Ombudsman and Office representatives to maintain expertise and may use Title III and Title VII funds designated for direct services to support this training.

The SUA will provide personnel supervision and management for the Ombudsman and Office representatives who are State agency employees. This includes an assessment of whether the Office is performing all of its functions under the Act. The SUA will also monitor the Office and/or any local Ombudsman entity organizationally located within an agency under contract or other arrangement with the State agency, including fiscal monitoring. This monitoring will include an assessment of whether the Ombudsman program is carrying out all of its required functions, responsibilities, and duties. The SUA will ensure that the Ombudsman program places a focus on preventing, detecting, assessing, and intervening elder abuse, neglect, and financial exploitation.

Additionally, the SUA will integrate the Office's goals and objectives into the State Plan and coordinate them with other programs under Title VII of the Act and other relevant State programs, to promote collaboration and reduce duplication. The SUA will require coordination of Ombudsman program services with the activities of other programs authorized by Title VII and other State and local entities with responsibilities relevant to the health, safety, well-being, or rights of older adults, including residents of long-term care facilities.

### **Funding Allocation – Elder Abuse, Neglect, and Exploitation**

45 CFR § 1321.27 (k):

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

RESPONSE:

In adherence to the mandates outlined in 45 CFR § 1321.27 (k), the State of Wyoming is committed to a proactive strategy for the prevention of elder abuse, neglect, and exploitation. This commitment is supported by a strategic allocation and utilization of Title VII funds, directed towards fostering a secure and dignified environment for our senior population.

To achieve this objective, the State will engage in a contractual agreement with a singular, statewide provider. This deliberate choice of a single entity is designed to ensure maximum efficiency, and consistency in service delivery across all 23 counties of Wyoming. The selected provider will be entrusted with the administration of all functions meticulously detailed within 45 CFR part 1324, subpart B. These functions encompass a broad spectrum of activities, including but not limited to, community outreach and education, development and dissemination of preventative resources, identification and reporting mechanisms, and the cultivation of a support network for vulnerable elders.

The operational framework of this statewide provider will be characterized by close and continuous coordination with the State Long-Term Care Ombudsman. This relationship is paramount to the success of our elder abuse prevention initiatives. The Ombudsman's insights into the daily realities and challenges faced by long-term care residents will directly inform the provider's prevention strategies. This collaborative approach extends beyond mere information sharing; it involves joint planning, shared problem-solving, and a unified front in advocating for the rights and safety of older adults.

The strategy is to ensure a unified effort across the entire State to address the multifaceted issues of elder abuse, neglect, and exploitation. By centralizing resources, streamlining efforts, and

fostering strong inter-agency collaboration, Wyoming seeks to create a protective approach for its senior citizens, ensuring their well-being, dignity, and safety are upheld at all times.

### **Monitoring of Assurances**

45 CFR § 1321.27 (m):

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

RESPONSE:

The SUA will conduct thorough and ongoing monitoring to ensure that all assurances outlined in Attachment A of the State Plan are consistently met. This will include regular reviews of program operations, fiscal management and service delivery to assess compliance with all relevant regulations and guidelines. Additionally, the SUA will actively solicit feedback from stakeholders, including older adults and their caregivers, to identify any potential areas of concern. Through these comprehensive monitoring efforts, the SUA will maintain the highest standards of program integrity and ensure that the needs of older adults in Wyoming are effectively addressed.

### **State Plans Informed By and Based on Area Plans**

45 CFR § 1321.27 (c):

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

RESPONSE:

Wyoming is a single planning and service area state.

### **Public Input and Review**

45 CFR § 1321.29:

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

RESPONSE:

The SUA actively sought the views of older adults, family caregivers, services providers, and the general public through diverse mechanisms such as surveys, public forums, and online feedback platforms. These views were carefully considered and integrated into the development of this State Plan.

A public review and comment period of 30 days is scheduled to begin on March 24th 2025. Additional content will be provided after the public comment period.

### **Legal Assistance Developer**

45 CFR § 1321.27 (l):

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

RESPONSE:

The SUA will designate a Legal Assistance Developer with the necessary knowledge, resources, and capacity to provide leadership in securing and maintaining the legal rights of older individuals; coordinate the provision of legal assistance to those most in need to prevent, detect, and assess elder abuse and/or neglect; provide technical assistance and training to other agencies and service providers; promote financial management services and assist older individuals in understanding their rights and exercising choices to prevent and assess financial exploitation; and improve the overall quality and quantity of legal services provided to older individuals.

The SUA will take steps to prevent conflicts of interest in the designation of the Legal Assistance Developer, including considering both organizational and individual interests that may impact the effectiveness and credibility of the Legal Assistance Developer. The SUA will not designate anyone who is serving in a position that could create a conflict of interest, such as a director of adult protective services, a State Long-Term Care Ombudsman, or a guardian or conservator. Additionally, the SUA and the Legal Assistance Developer will be responsible for identifying and addressing any other potential conflicts of interest. The SUA will develop and implement policies and procedures to ensure that the Legal Assistance Developer does not hold positions or perform duties that would constitute a conflict of interest.

### **Emergency Preparedness Plans – Coordination and Development**

OAA Section 307(a)(28):

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

**RESPONSE:**

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.

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

OAA Section 307(a)(29):

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

**RESPONSE:**

The head of the Aging Division regularly meets and coordinates preparedness and response efforts to ensure the safety of Wyoming's older adult population, as described in the response to Section 307(a)(28).

## **Attachment C - Funds Distribution Plan Requirements**

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

### **Requirements Applicable to Single Planning and Service Area States**

Per 45 CFR § 1321.51(b), as part of their State Plan submission, single PSA States must provide a funds distribution plan which includes:

- (1) A descriptive statement as to how the SUA determines the geographical distribution of the Title III and NSIP funding;
- (2) How the SUA targets the funding to reach individuals with greatest economic need and greatest social need, with particular attention to low-income minority older individuals;
- (3) At the option of the SUA, a numerical/mathematical statement as a part of their funds distribution plan; and
- (4) Justification if the SUA determines it meets requirements to provide services directly where:
  - (i) As set forth in OAA section 307(a)(8)(A), no supportive services, except as set forth in paragraph (B) below, nutrition services, disease prevention and health promotion, or family caregiver services will be directly provided by the SUA, unless, in the judgment of the SUA:
    - (A) Provision of such services by the SUA is necessary to assure an adequate supply of such services;
    - (B) Such services are directly related to such SUA's administrative functions; or
    - (C) Such services may be provided more economically, and with comparable quality, by such State agency.
  - (ii) The SUA may directly provide case management, information and assistance services, and outreach.
  - (iii) Approval of the SUA to provide direct services may only be granted for a maximum of the State Plan period. For each time that approval is granted to a State agency to provide direct services, the State agency must demonstrate the SUA's efforts to identify service providers prior to being granted a subsequent approval.

(c) Single PSA States must adhere to use of the funds distribution plan for Title III and NSIP funds within the State.

### **Wyoming Funds Distribution Plan**

Wyoming's funding allocation plan considers a variety of factors when determining how best to distribute funds throughout the state, including the age density of older adults, economic indicators, and older adult minority populations. The funding allocation plan also seeks to target populations with the greatest economic need and greatest social need; the geographical location and density of these populations can be seen in Attachment I of this State Plan. As such, the SUA uses these tools to determine the geographical distribution of older adults, including those with the greatest economic and greatest social need and 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, namely Hispanic and Latino
- Low-Income

For NSIP funds, the SUA allocates the total awarded funding to existing Title III-C providers, including tribal entities, proportionally based on the total number of NSIP meals reported in the prior fiscal year.

The SUA does not provide services directly under the Older Americans Act. However, the SUA staff may directly provide case management, information and assistance services, and outreach to members of the public as the need arises. As these services occur throughout the normal activities of daily work, the SUA believes it can provide these services economically, and with comparable quality to that of our contracted services providers. Although, the SUA does not expect that these services can be fully replaced by the state staff alone, and therefore is not a full substitute for these services categories.

## **Attachment D - Identification of the geographic boundaries of Wyoming's PSA**

Wyoming is bordered by Montana to the north and northwest, South Dakota and Nebraska to the east, Idaho to the west, Utah to the southwest, and Colorado to the south. Specifically, Wyoming's north and northwest border is with Montana, its east border is with South Dakota and Nebraska, its west border is with Idaho, its southwest border is with Utah, and its south border is with Colorado. Wyoming's geographical location, bordered by six states, impacts the way it provides Older Americans Act services.

Given that Wyoming shares borders with Montana, South Dakota, Nebraska, Idaho, Utah, and Colorado, it's likely that there will be collaboration and coordination with these neighboring states to ensure that older adults residing near the borders have access to the services they need. This could include joint planning efforts, and sharing of resources and expertise. Additionally, transportation across state lines may be necessary to ensure that older adults in remote areas can access services in neighboring states if those services are not available within Wyoming.



## **Attachment E - Evidence of Providing the Minimum Public Comment Period**

State Plan Public Input Notice: Issued - March 24, 2025.

### **WDH Seeks Public Comment on Wyoming's Four-Year State Plan on Aging**

The Wyoming Department of Health (WDH) - Aging Division is seeking public comment on a draft of the proposed State Plan on Aging for Older Americans Act (OAA) programs. The OAA State Plan is Wyoming's strategy for managing the programs that assist seniors living in the community.

A copy of the draft plan is available for public inspection online here: <https://health.wyo.gov/aging/communityliving/agingstateplan/> Hard copies of the plan will be made available for review at the local Department of Health in Cheyenne. In accordance with the Americans with Disabilities Act, special assistance or alternate formats will be made available upon request. Chief elected officials, businesses, institutions of higher education, primary stakeholders, and the general public are encouraged to provide comments. Comments should be made in writing and must be submitted by 5:00 p.m. on April 23, 2025, to [wyaging@wyo.gov](mailto:wyaging@wyo.gov), or mailed to the attention of Jeff Clark at 316 W 22nd St., Cheyenne, Wyoming 82002.

Public comment was received from the Wyoming chapter of the Alzheimer's Association indicating support for our planned activities related to dementia care for older adults. The SUA acknowledges these comments, and will work to incorporate the suggestions into our goals related to our OAA core programs.

**The next page contains a copy of the Affidavit of Publication for the public comment period detailed above.**

From:  
Wyoming Tribune Eagle  
702 W. Lincolnway  
Cheyenne, WY 82001

**Affidavit of Publication**

Description of advertisement:

Public Input Notice  
Published: 03/22/25  
AD# 619071

THE STATE OF WYOMING ) ss.

County of Laramie )

*Yolanda McDonald*, do solemnly swear that I am the Publisher's Agent of the **Wyoming Tribune Eagle**, a newspaper of general circulation published in the **County of Laramie, State of Wyoming**; that the notice, of which the attached is a true copy, was published in said newspaper for 1 publications, the first having been made on 03/22/2025, and the last publication having been made on 03/22/2025; that said notice was published in the regular and entire issue of said newspaper during the period and times of publication aforesaid and that the notice was published in the newspaper proper, and not in a supplement.

Publication fees: \$65.00

**State Plan Public Input Notice:  
Issued - March 22, 2025  
WDH Seeks Public Comment  
on Wyoming's Four-Year State  
Plan on Aging.**

The Wyoming Department of Health (WDH) - Aging Division is seeking public comment on a draft of the proposed State Plan on Aging for Older Americans Act (OAA) programs. The OAA State Plan is Wyoming's strategy for managing the programs that assist seniors living in the community.

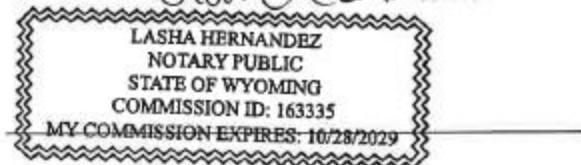
A copy of the draft plan is available for public inspection online here: <https://health.wyo.gov/aging/communityliving/agingstateplan/>.

Hard copies of the plan will be made available for review at the local Department of Health in Cheyenne. In accordance with the Americans with Disabilities Act, special assistance or alternate formats will be made available upon request. Chief elected officials, businesses, institutions of higher education, primary stakeholders, and the general public are encouraged to provide comments. Comments should be made in writing and must be submitted by 5:00 p.m. on April 23, 2025, to [wyaging@wyo.gov](mailto:wyaging@wyo.gov), or mailed to the attention of Jeff Clark at 316 West 22nd Street, Cheyenne, Wyoming 82002.

March 22, 2025  
NO. 619071

on-  
SOLIC

Subscribed and sworn to before me  
on this date: *March 24, 2025*



*Lasha Hernandez*  
Notary Public

## **Attachment F - 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 8 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)(1): "It is the purpose of this title to encourage and assist State agencies and area agencies on aging to concentrate resources in order to develop greater

capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements in each State with the persons described in 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 Bingocize®
- 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

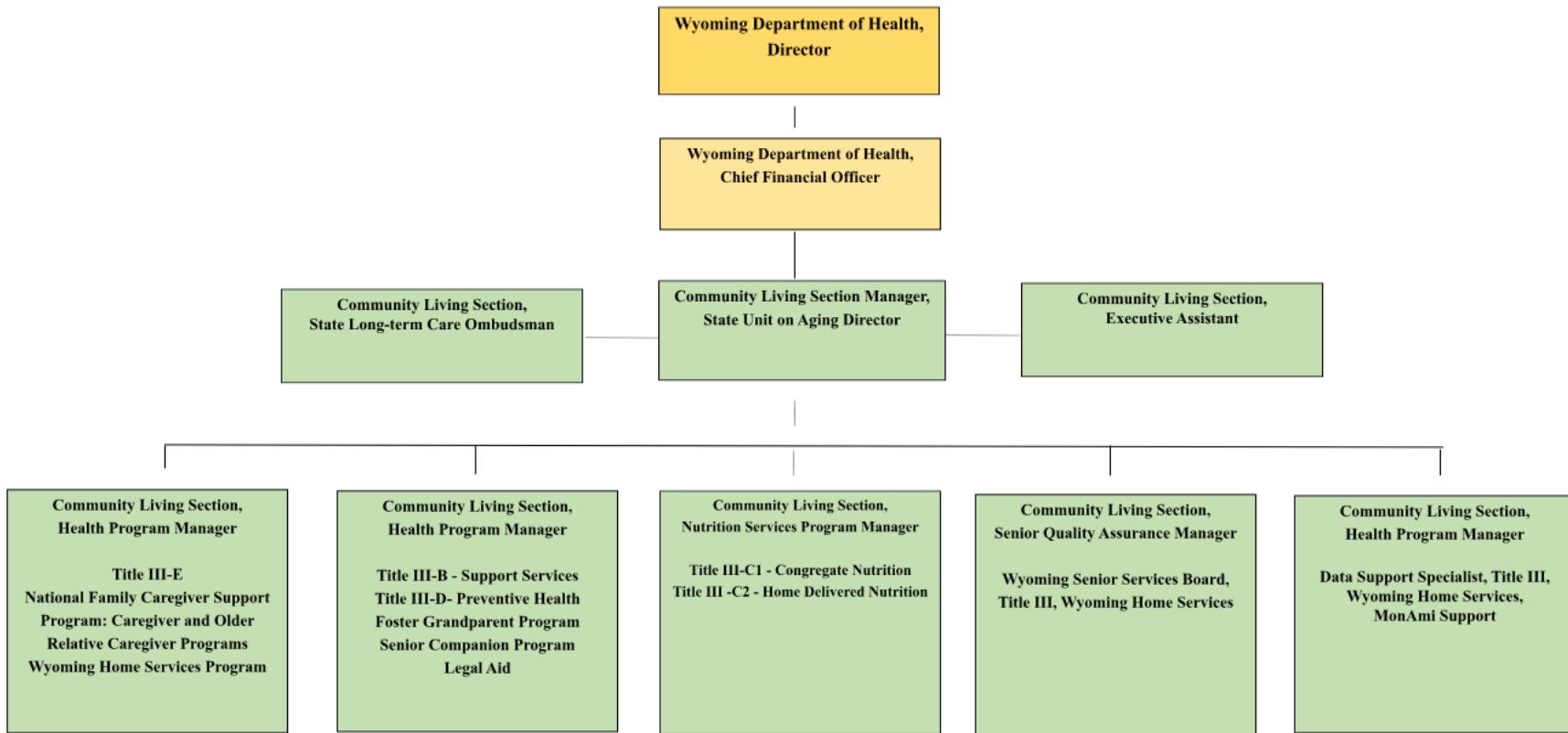
To complement the programs we manage, we also currently partake in a variety of extra grants, projects and initiatives aimed at meeting our Division's mission statement. A full list is provided below:

- 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 page contains the organization chart for the Aging Division, Community Living Section.***



Wyoming Department of Health  
Aging Division, Community Living Section  
Organizational Chart



## **Attachment G - Wyoming's Demographic Profile**

### **Demographic Profile**

As an initial step toward understanding characteristics of Wyoming's older population through quantitative data, we generated a demographic profile of the state using data from the *American Community Survey* (ACS)—a large, annual survey conducted by the *U.S. Census Bureau*. For purposes of this assessment, we primarily used information drawn from the most current 5-year ACS files (i.e., 2019-2023) for Wyoming and selected communities within Wyoming to highlight and compare demographic characteristics, such as growth of the older population, and shifts in the age distribution, as well as current composition data such as gender, race, educational attainment, householder status, living arrangements, household income, and disability status.

### **Results**

#### **Age-Structure and Population Growth**

According to the *American Community Survey* (ACS), in 2023 there were an estimated 579,761 people living in Wyoming. Of that population, the majority (57.9%) were under age 45, and about 42.1% were aged 45 or older (see **table 1**). Residents who were 60 to 74 (104,796 individuals) made up about 18.1% of the population, and another 38,994 residents (6.7%) were aged 75 and older.

**Table 1.** Percent distribution of Wyoming's Population by age group, 2023 estimates

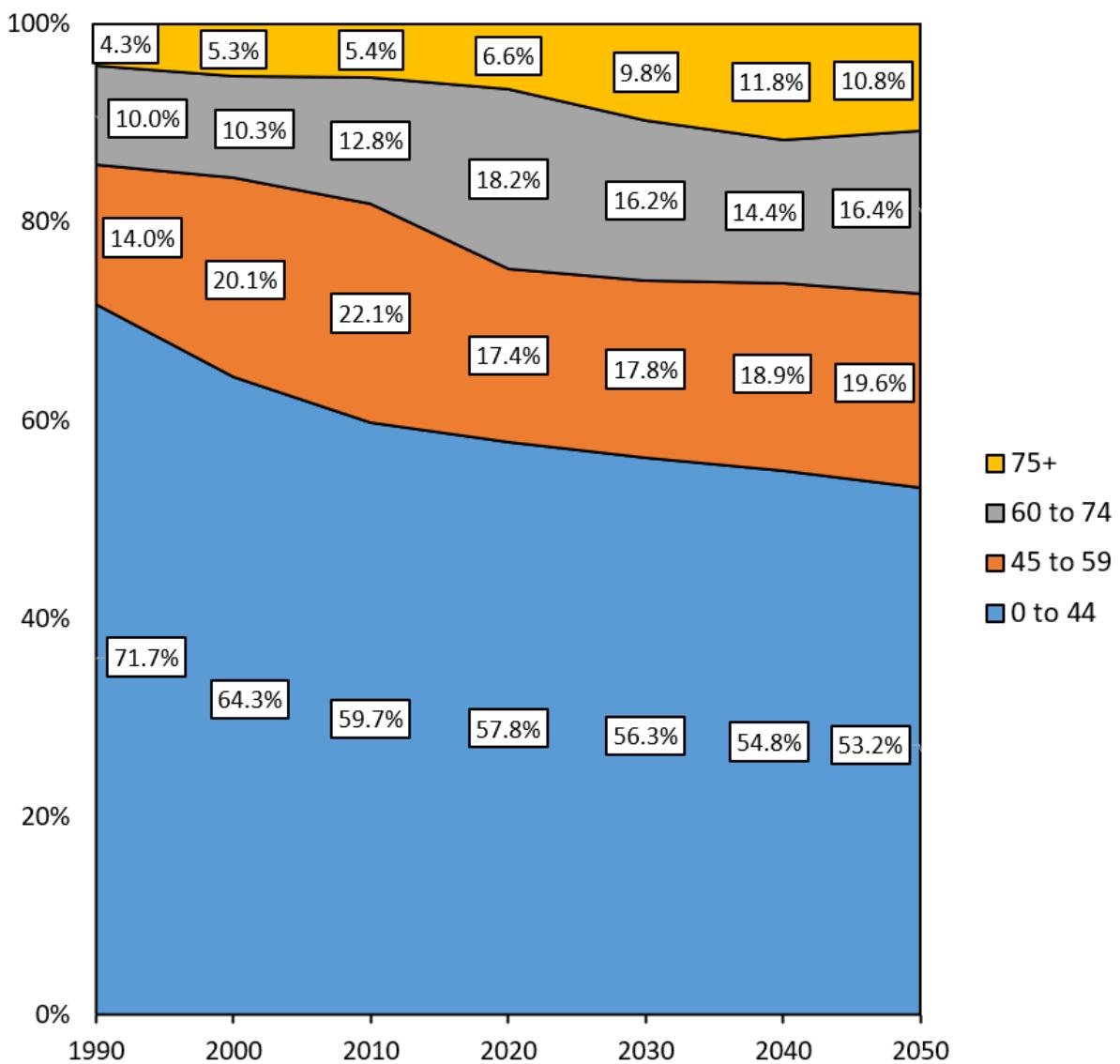
	<b>Number</b>	<b>Percent</b>
<b>Under Age 18</b>	132,359	22.8%
<b>Age 18-44</b>	203,352	35.1%
<b>Age 45-59</b>	100,260	17.3%
<b>Age 60-74</b>	104,796	18.1%
<b>Age 75 and Older</b>	38,994	6.7%
<b>Total</b>	579,761	100.0%

*Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates, Table S0101*

**Figure 1** (below) shows the distribution of Wyoming's population by age from 1990 and projected out until 2050. The dramatic growth of older age groups is evident across this period. For example, in 1990 just 14.3% of the population of Wyoming was aged 60 and older. By 2050, the proportion of older people is expected to nearly double. By that time,

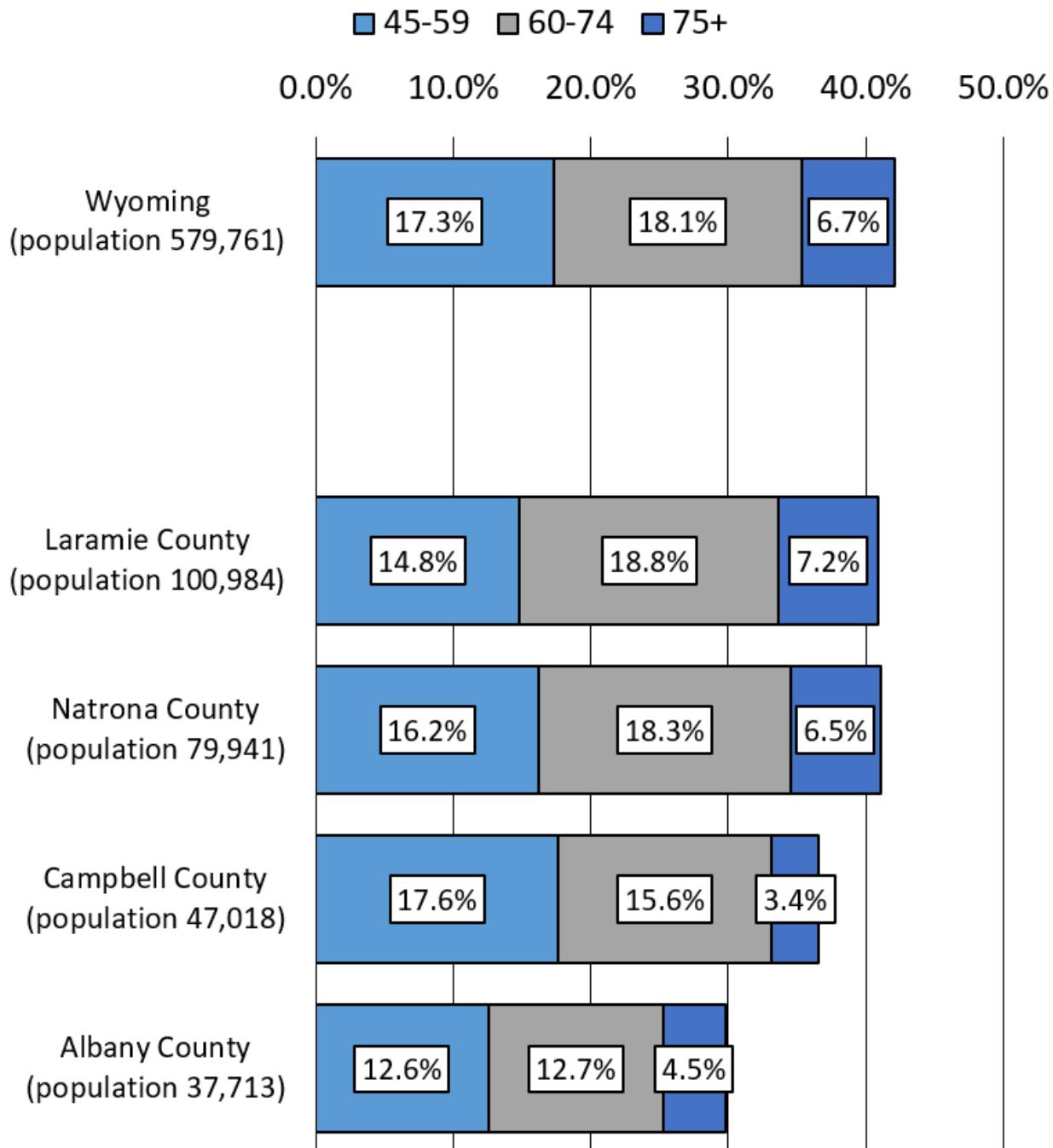
almost 1 in 3 residents (27.2%) will be aged 60 or older. Also noteworthy is the inverse decline in the proportion of relatively younger, working-aged residents, who often provide many of the important services that maintain and support communities and their residents. In 1990, residents aged 59 and younger made up about 85.7% of the population, whereas by 2050, that segment of the population is projected to make up only about 72.8% of the total. The peak of population aging in Wyoming appears to occur between 2030 and 2050, based on the rising percentage of residents aged 60-74 and 75 and older. The 75 and older age group sees a significant jump from 6.6% in 2020 to 9.8% in 2030, peaking at 11.8% in 2040 before slightly declining by 2050. The 60-74 age group also peaks at 16.2% around 2030 and 14.4% by 2040, before it potentially stabilizes. These trends suggest that Wyoming will be most impacted between 2030 and 2050, causing increased demand on all aspects of life in Wyoming, including healthcare, social services, and retirement.

**Figure 1.** Wyoming population stratified by age group, 1990 to 2050



Source: U.S. Census Bureau, *Census of Population for 1990 thru 2020; Projections for 2020 thru 2050*, Wyoming Department of Administration and Information, Economic Analysis Division ([http://eadiv.state.wy.us/pop/AgeSex\\_PROJ\\_2040.htm](http://eadiv.state.wy.us/pop/AgeSex_PROJ_2040.htm))

**Figure 2.** Age distribution of older residents in Wyoming and counties with major population centers.



Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates, Table DP05

A significant share of Wyoming's population is over the age of 45. **Figure 2** shows the population distribution of older adults for the state and four counties with relatively large populations for comparison. About 24.8% of the state's population is aged 60 and older, including 6.7% who are

aged 75 and older. According to Steinman[BS1] et al. (2016), large proportions of Wyoming residents age 60 and older live outside of Census Designated Areas (i.e., unincorporated and incorporated places including cities and towns such as the City of Laramie), suggesting that a significant number of the state's residents live in relatively rural or extremely remote settings where accessing services and meeting aging-related needs is likely more difficult.

Since the 2020 decennial U.S. Census, population growth in Wyoming overall and in comparison-counties has been concentrated in older age groups (**table 2**, below). Among the total population of all ages, Wyoming experienced just 2.1% growth between 2020 and 2025. Albany County saw the greatest change overall during that period, growing by 4.8%.

Remarkably, Wyoming and two comparison counties (i.e., Laramie County and Natrona County) each saw reductions in their population shares aged 45 to 59 between 2020 and 2025. For Wyoming, that age group declined in size by 1.7%. Of the four comparison communities, Laramie County saw the greatest decline in this age group, decreasing in size by 11.0%. Conversely, Albany County saw a 2.4% increase in their population aged 45 to 59 between 2020 and 2025.

The segment of the population aged 60 and older grew the most throughout the state between 2020 and 2025, increasing in size by 6.2% for Wyoming overall. In Laramie County, the number of residents aged 60 and older grew by nearly 3.2%; in Campbell County that age group grew by 23.1%, each suggesting that older people are congregating in larger relatively metropolitan regions of the state. Over the next ten years, the aging of the Baby Boomer cohort will continue to swell the proportion of older residents across Wyoming.

**Table 2.** Population growth between 2020 and 2025: Wyoming and comparison communities

<b>Community</b>	<b>All Ages</b>			<b>Age 45 to 59</b>			<b>Age 60+</b>		
	Pop. 2020	Pop. 2025	% Growth	Pop. 2020	Pop. 2025	% Growth	Pop. 2020	Pop. 2025	% Growth
<b>Wyoming (State)</b>	576,851	589,030	2.1%	100,574	98,880	-1.7%	143,091	151,900	6.2%
<b>Laramie County</b>	100,512	101,840	1.3%	18,051	16,058	-11.0%	23,832	24,596	3.2%
<b>Natrona County</b>	79,955	80,4900	0.7%	13,939	13,689	-1.8%	18,269	19,676	7.7%
<b>Campbell County</b>	47,026	47,920	1.9%	8,166	8,178	0.1%	8,332	10,257	23.1%
<b>Albany County</b>	37,066	38,860	4.8%	4,760	4,872	2.4%	6,747	6,963	3.2%

Source: U.S. Census Bureau, 2020 Census, Table DP-1; and Projections for 2025, Wyoming Department of Administration and Information, Economic Analysis Division ([http://eadiv.state.wy.us/pop/AgeSex\\_PROJ\\_2040.htm](http://eadiv.state.wy.us/pop/AgeSex_PROJ_2040.htm))

### Composition of Wyoming's Older Population

**Sex/Gender**—Although in most developed countries the sex/gender-longevity gap is narrowing, American women continue to have longer life expectancies than men. As a result, it is common for older populations in the U.S. to be composed of larger proportions of women relative to men. Thus, the older population in Wyoming is majority female. Among residents aged 75 or older, women 75 or older, women make up 54.4% of the population (ACS, 2019 – 2023, Table S0101), and this proportional disparity continues to increase with age

**Marital Status**— Sex/gender differences in life expectancy also impact marital status. The likelihood of being married or partnered decreases with age, especially for women. In Wyoming, 67.8% of men aged 65 and older are married, compared to 51.2% of women in that age group (ACS, 2019-2023, Table S1201). Similarly, just 10.8% of older men in Wyoming are widowers, compared to 29.1% of women who are widows. The remainder of both sexes are divorced, separated, or never married.

**Education**—American Community Survey estimates on educational attainment suggest that older Wyoming residents tend to be relatively well educated on average. The vast majority (94.1%) of Wyoming residents age 65 or older have attained a high school diploma or more education, including 30.9% with a high school diploma, 25.2% with some college but no degree, 8.4% with an Associate's degree, 17.3% with a Bachelor's degree, and 12.4% who have a graduate degree (ACS, 2019-2023, Table B15001).

Wyoming's well-educated older adults contribute to the state's character and vitality through their involvement in employment/volunteer and civic engagement activities, as well as late-life learning opportunities.

**Race/Ethnicity**—Compared to other places in the U.S., Wyoming is relatively homogeneous with respect to race and ethnicity of its residents. In the U.S., populations in all age groups have continued to become more racially and ethnically diverse, including older adults. By comparison, the vast majority (92.5%) of Wyoming’s residents aged 65 and older are White. At 4.1%, Two or More Races is the second-largest racial category, indicating a small but noticeable presence of multiracial individuals. While not a racial category, 3.7% Hispanic Ethnicity suggests a modest Hispanic/Latino presence despite the overall lack of racial diversity in Wyoming. (See **table 3**.)

**Table 3.** Race distribution of residents who are age 65 and older in Wyoming

<b><u>Race</u></b>	<b><u>Wyoming</u></b>
<b>White</b>	92.5%
<b>Black</b>	<1.0%
<b>Asian</b>	<1.0%
<b>American Indian / Alaska Native</b>	1.1%
<b>Native Hawaiian</b>	<1.0%
<b>Other</b>	1.5%
<b>Two or More Races</b>	4.1%
<b>Hispanic Ethnicity</b>	3.7%

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates, Tables B01001A-I.

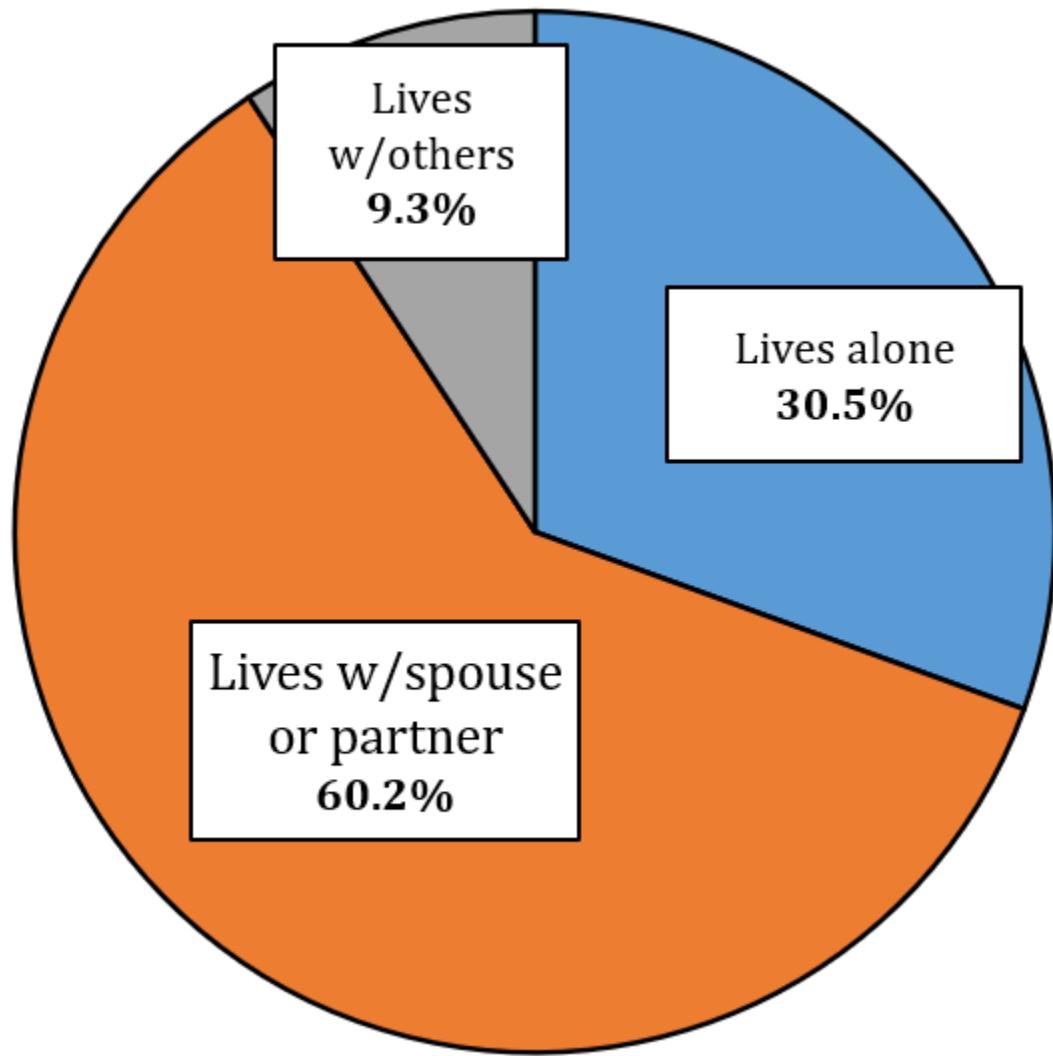
**Languages Spoken**—About 6.8% of Wyoming’s population of any age speaks a language other than English. This includes about 5.0% of residents aged 65 and older who speak a language other than English, such as Spanish (3.1%). About 4 out of 5 (75.4%) older residents who speak a language other than English report speaking English “very well” (ACS, 2019-2023, *Table S1601*). Many older residents from minority populations, especially those with low-English proficiency, may be more likely to experience barriers that impact access to community features due to the relative lack of language diversity in Wyoming.

**Employment**—Similar to older adults living in communities throughout the U.S., a considerable proportion of Wyoming residents aged 65 to 74 remain in the workforce (29.7% of men, and 24.7% of women). After age 75, 11.6% of men and just 5.4% of women were in the workforce (ACS, 2019-2023, *Table B23001*).

**Veteran Status**—A sizable share (37.8%) of Wyoming’s men aged 65 and older report veteran status, as do a small percentage (2.1%) of older women (ACS, 2019-2023, *Table B21001*). Veteran

status of older adult residents in Wyoming is slightly greater than U.S. rates (30.9% of older American men, and <1% of older American women are veterans). As a result, many of the state's older residents may be eligible for benefits and programs/services based on their military service or that of their spouses.

**Figure 3.** Living arrangements of Wyoming residents, age 65 and older



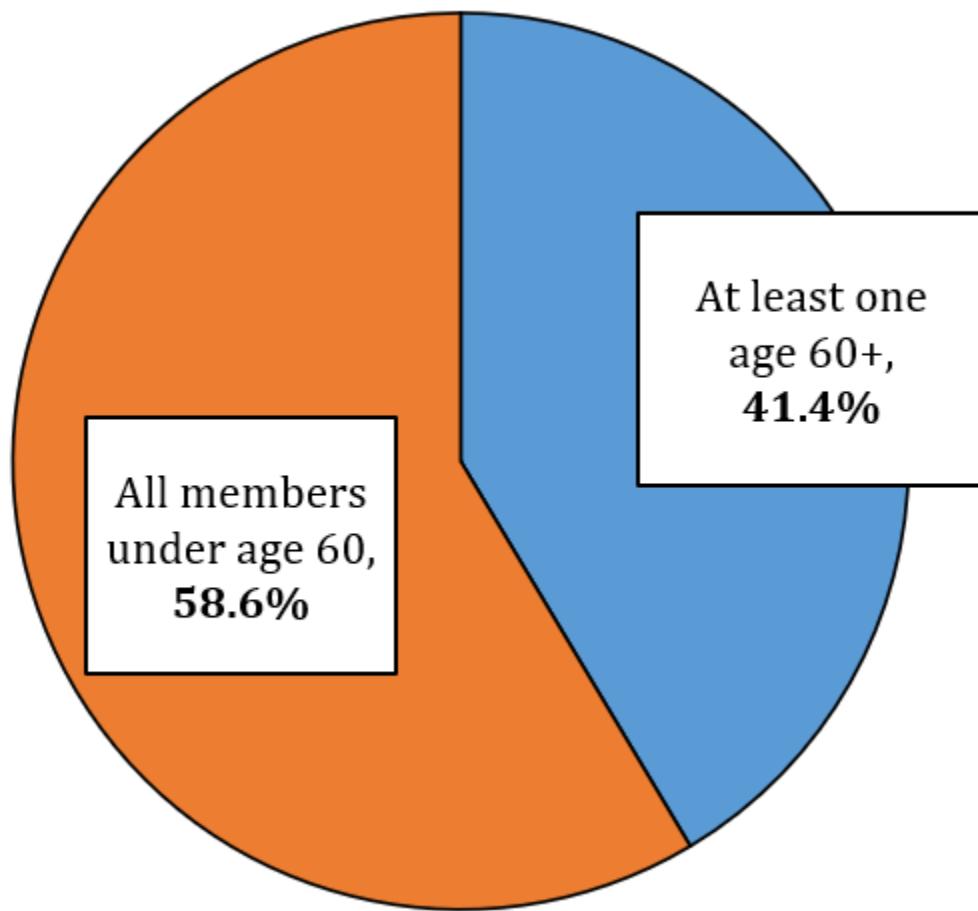
*Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates, Table B09021*

*Note: Includes only community households, not group quarters such as nursing homes.*

A sizable proportion of Wyoming residents who are age 65 and older (30.5%)—live alone in their households (figure 3); whereas the majority live either with their spouses or unmarried partners (60.2%) or with other relatives or non-relatives in the community (9.3%).

Living alone in later life can introduce unique challenges that make independent living and aging-in-place more difficult, especially if physical and cognitive health begins to decline and social networks become smaller. Thus, those living alone are of targeted concern for many programs and services supported by the Aging Division.

**Figure 4.** Households in Wyoming with at least one member aged 60 or older



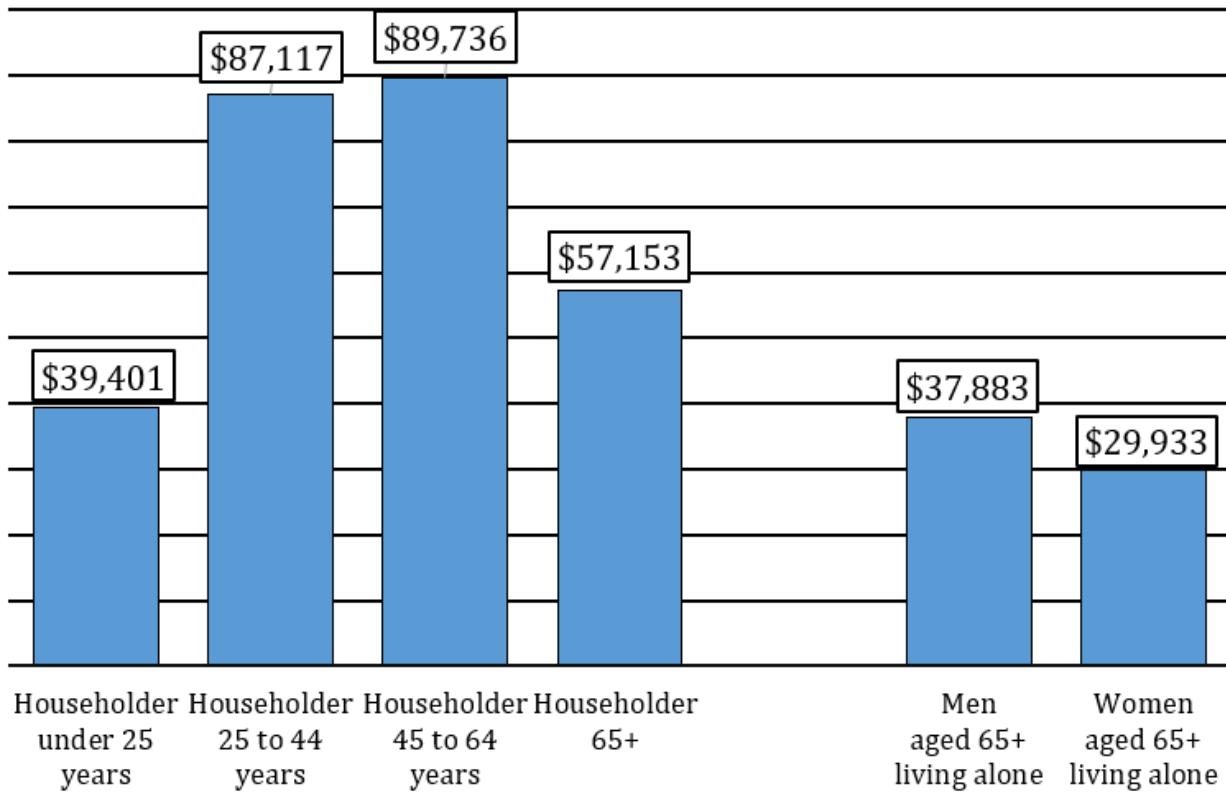
Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates, Table B11006

According to ACS data, an estimated 41.4% of Wyoming's 238,176 households contain at least one person who is age 60 or older (figure 4). This high proportion—which is likely to increase in the future—emphasizes the widespread demand for age-related considerations, including programs and services that address health and caregiving, social needs, transportation options, and safe home and community environments.

The median income for householders aged 65 and older in Wyoming is \$57,153 (see **figure 5**). Among all age groups, households headed by individuals who are age 45 to 64 have the highest

median income at \$89,736. Older Wyoming residents who live alone have notably lower household incomes—the median income for older men who live alone is \$37,883; whereas older women who live alone are substantially worse off, with a median income of \$29,933. Insofar as nearly a third of older residents aged 65 and older live alone in Wyoming, these figures suggest that some older residents may be at increased risk of economic insecurity and resulting outcomes.

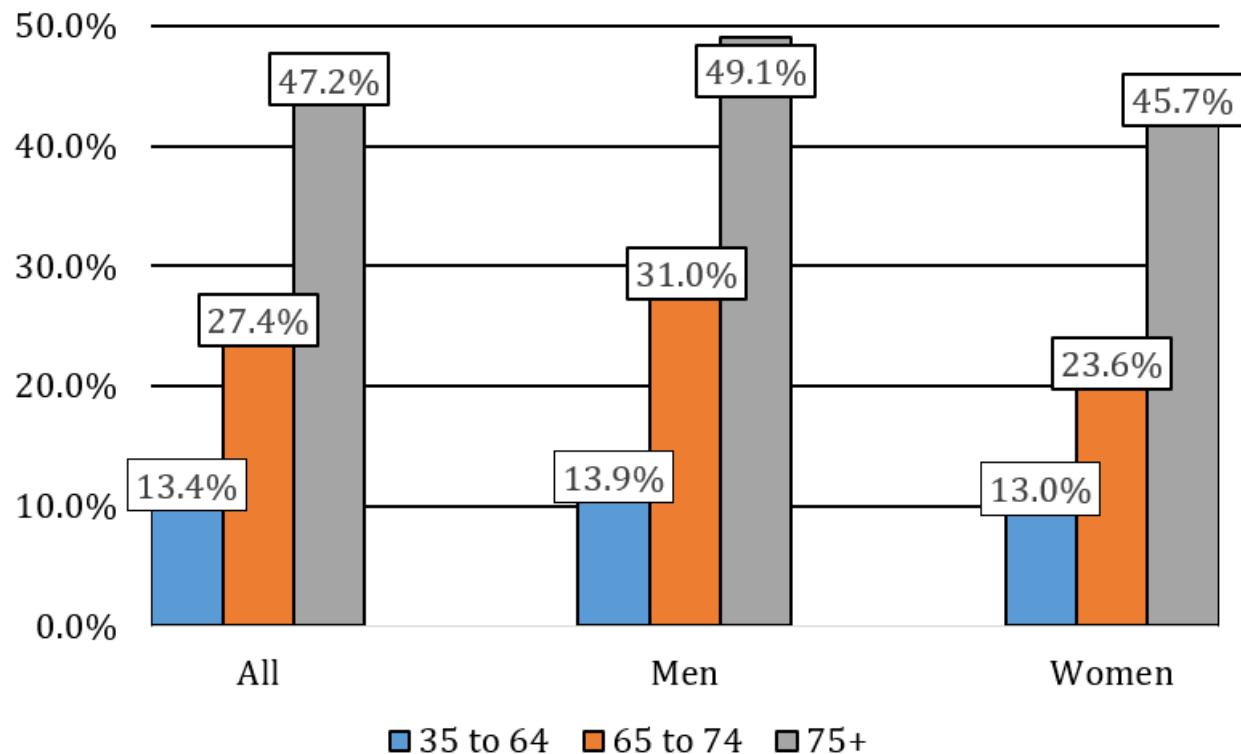
**Figure 5.** Median household income in Wyoming by age and living situation (in 2023 inflation-adjusted dollars)



*Source: U.S. Census Bureau; American Community Survey, 2019-2023, Tables B19049 and B19215.*

*Note: Includes only community households, not group quarters such as nursing homes.*

**Figure 6.** Percentage of Wyoming residents reporting at least one disability by age group and sex



Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates, Table B18101.

Many Wyoming residents aged 65 and older experience some level of disability that could impact their capacity to function independently in the community. **Figure 6** depicts the proportions of residents who report some level of disability by age and sex. Among residents aged 65 to 74, nearly 1 in 3 men (31.0%) and more than 1 in 5 women (23.6%) report at least one disability. Moreover, the risk of acquiring disability increases dramatically after age 75—in Wyoming, about 47.2% of individuals in this age group experience one or more disabilities, including 49.1% of men and 45.7% of women.

Among the diverse types of disability that are assessed in ACS, the most cited by older Wyoming residents (65 and older) was difficulties with ambulation (difficulty walking or climbing stairs; 18.2%). Other common disabilities experienced by older Wyoming residents included difficulties hearing (18.2%); independent living limitations (difficulty doing errands alone such as visiting a doctor’s office or shopping, 9.7%); cognitive difficulty (6.4%), vision problems (6.1%), and difficulty with self-care, reported by 4.7% of residents (ACS, 2019-2023, Table S1810).

## Attachment H - Native American Tribal Leadership Advisory Council



Wyoming  
Department  
of Health

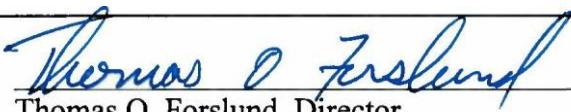
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Thomas O. Forslund, Director

Governor Matthew H. Mead

<b>Policy Title:</b>	Native American Tribal Leadership Advisory Council	
<b>Policy Number:</b>	DO-1004	
<b>Effective Date:</b>	July 15, 2015	
<b>Revision Date:</b>	December 14, 2015; December 12, 2016	
<b>Approval:</b>	 Thomas O. Forslund, Director	 12/12/16 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.

401 Hathaway Building • Cheyenne WY 82002

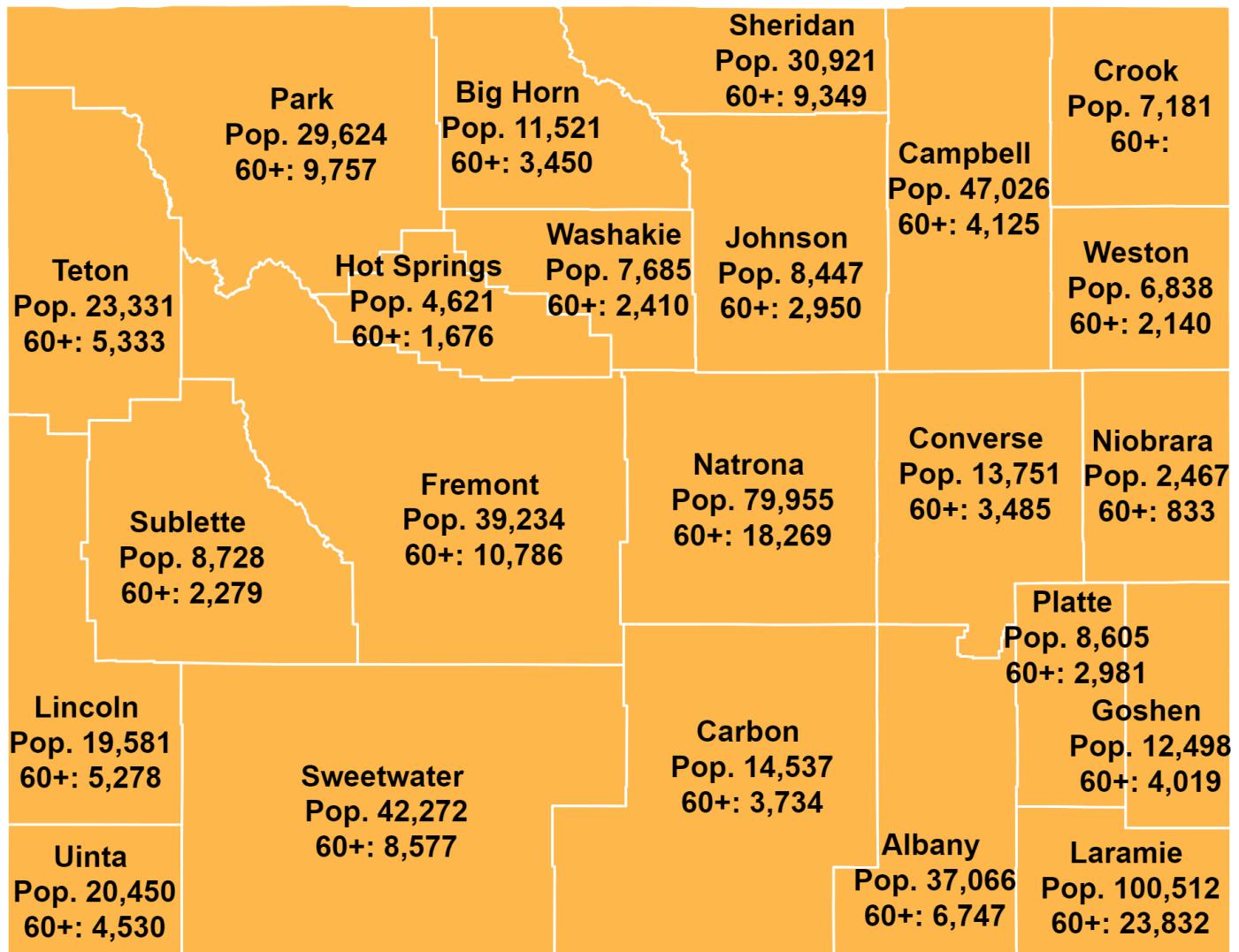
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## Attachment I - Maps for Identifying Targeted Demographic Groups

### I. Population Map:

A. County map with the overall population per county and the 60+ population per county, both figures were determined according to 2020 Census data.<sup>6</sup>



### II. Hispanic/Latino Map:

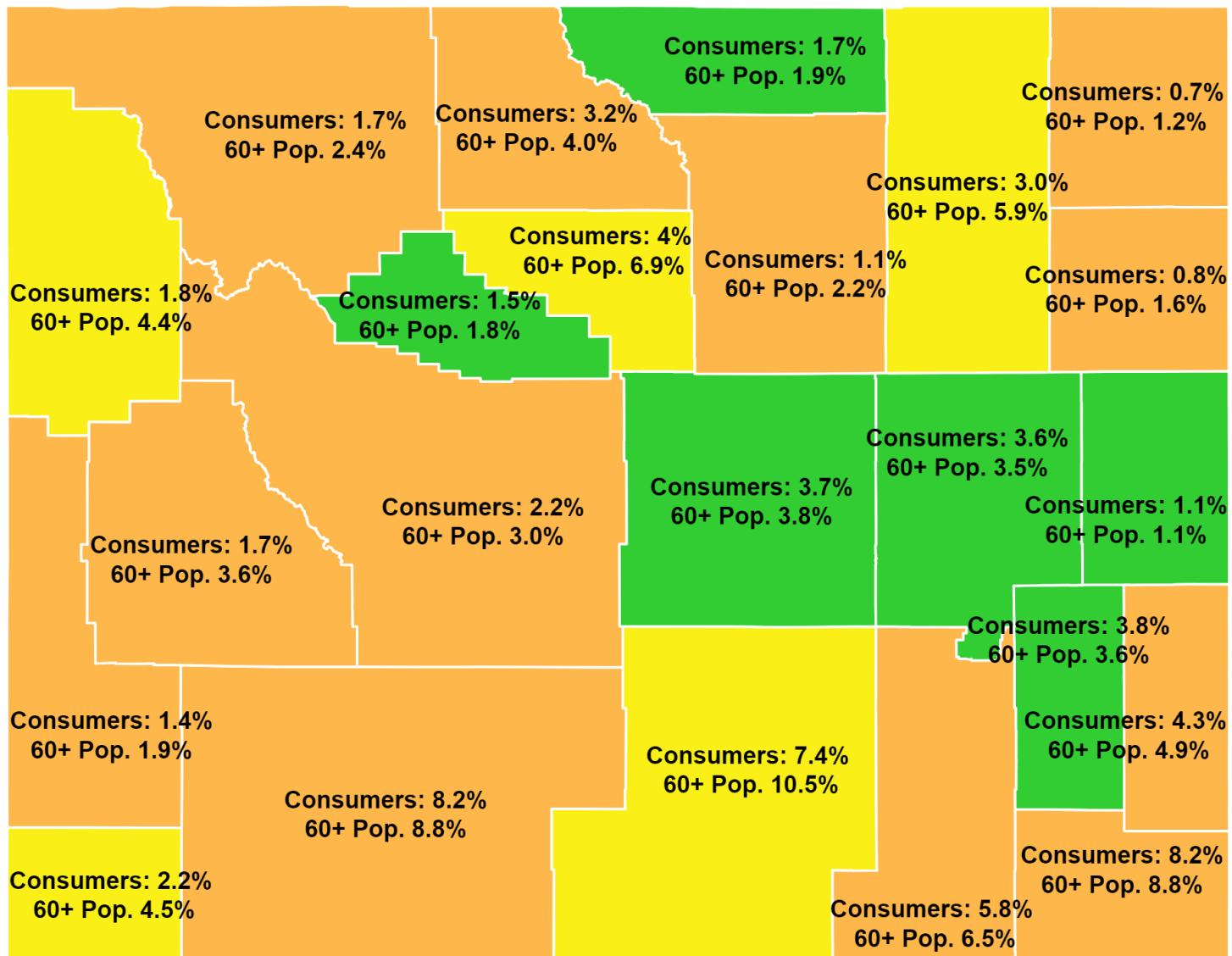
A. County map with the percentage of senior service consumers who are Hispanic or Latino per county according to provider data and with the percentage of the population of 60+ people in the county who are Hispanic or Latino according to 2020 Census data.<sup>7</sup>

B. **Green:** Percentage of consumers served who are Hispanic or Latino is either greater than, equivalent to, or 0.5% or less than the percentage of 60+ people in the county

<sup>6</sup> U.S. Census Bureau, 2020 Census Demographic and Housing Characteristics File

<sup>7</sup> U.S. Census Bureau, 2020 Census Demographic and Housing Characteristics File

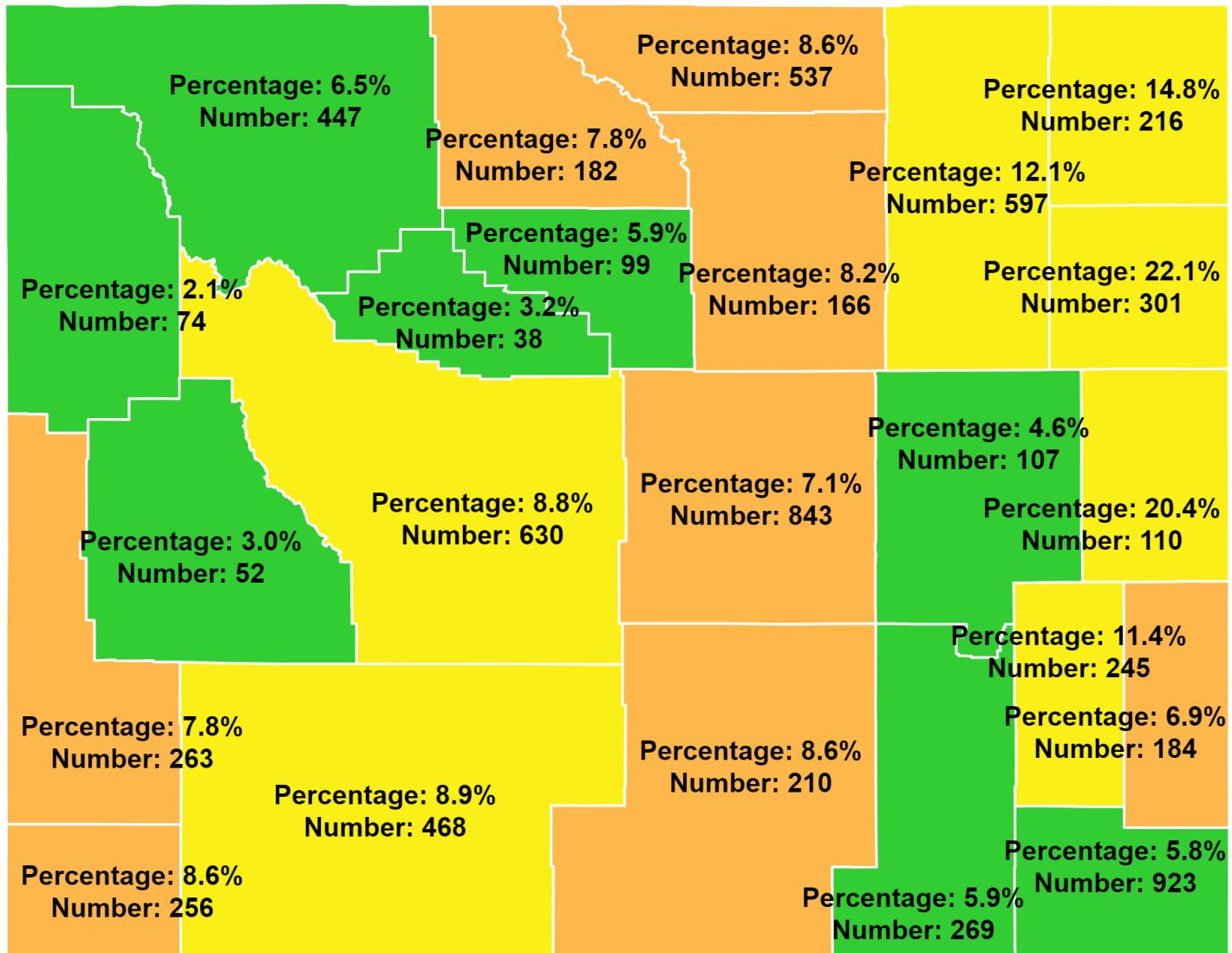
who are Hispanic or Latino; **Orange**: Percentage of consumers served who are Hispanic or Latino is between 0.5% and 2% less than the percentage of 60+ people in the county who are Hispanic or Latino; **Yellow**: Percentage of consumers served who are Hispanic or Latino is 2% or more less than the percentage of 60+ people in the county who are Hispanic or Latino.



### III. Low Income Map:

- Percentage and number of 65+ people living below the poverty line per county according to 2022 data from the Wyoming Department of Administration and Information: Economic Analysis Division ([Source](#))
- On the map, “Percentage” refers to the percentage of people aged 65+ in the county who are living below the poverty line, and ‘Number’ refers to the number of people aged 65+ in the county who are living below the poverty line.

C. In the state of Wyoming, the percentage of the 65+ population living below the poverty level is 7.6%. On the map, counties in **orange** are within one point of the state percentage (6.6% to 8.6%). Counties in **green** have a percentage lower than 6.6%, and counties in **yellow** have a percentage higher than 8.6%.



#### IV. Rurality Map:

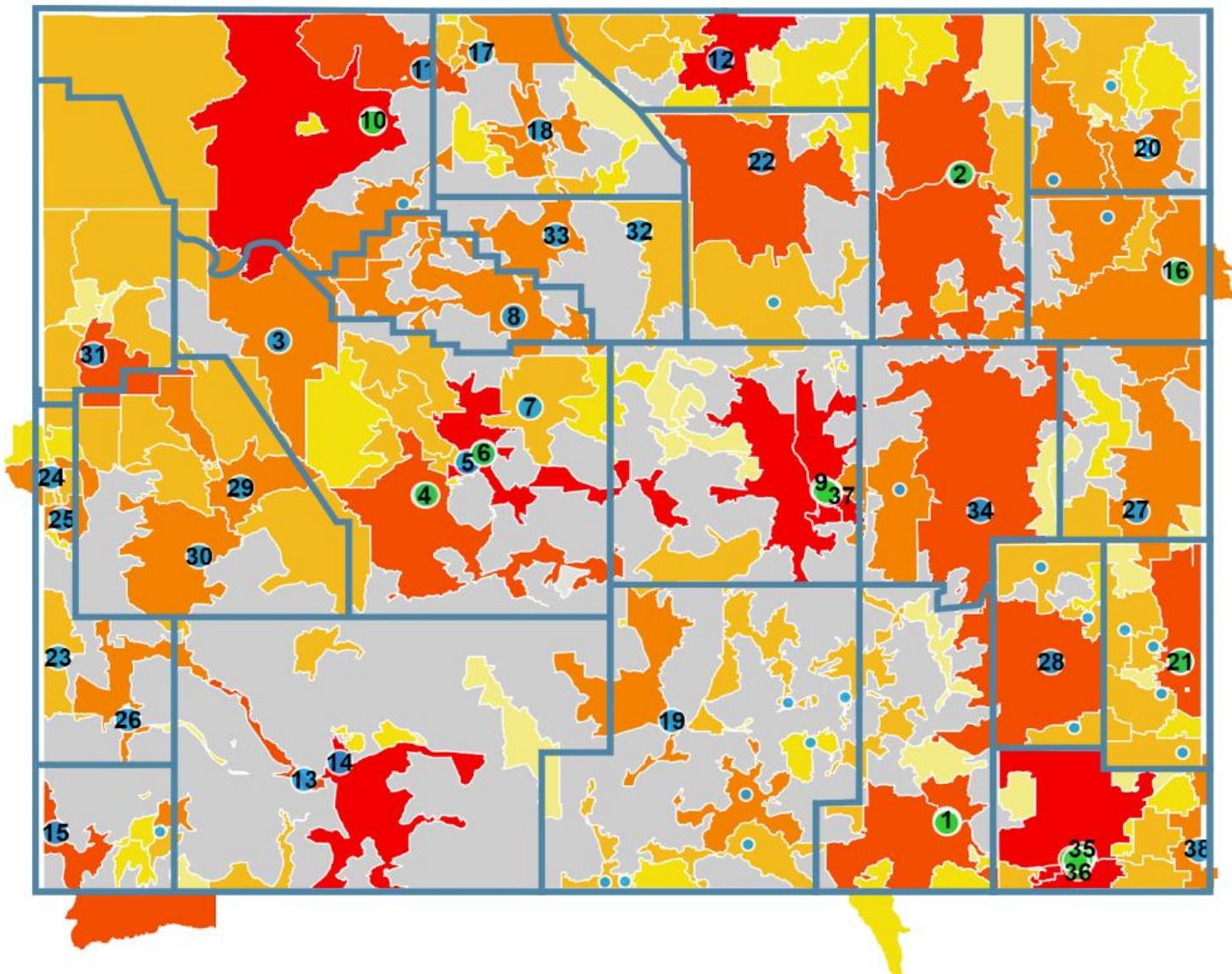
A. This map displays the population throughout the state based on zip code. Data was taken from the Census Bureau's 2022 American Community Survey 1-Year Estimates ([Source](#)). The numbered dots represent senior centers and senior services providers. [This document](#) contains more detailed information about these providers. Zip Codes (By Population):

B. Zip Codes (By Population):

- 1. 20 people or less
- 2. 100 to 21 people
- 3. 500 to 101 people
- 4. 2,000 to 501 people
- 5. 4,000 to 2,001 people
- 6. 4,000+ people
- 7. N/A
- 8. No zip code

C. Providers (By Type):

- 1. Senior Centers
- 2. Senior Center Satellites
- 3. Senior Services/AgingResources



## **Attachment J - Key of Important Acronyms to Wyoming's Aging Network**

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 Aging Division.

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 Wyoming 2-1-1 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.

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)

Mon Ami - Wyoming's contractor for aging and disability services database

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

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 IID. - 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.

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 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.

**WSSA** - Wyoming Senior Services Association - Wyoming's network of senior centers are represented on WSSA.

**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 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.