

# Oklahoma State Plan on Aging

Federal Fiscal Years 2023 - 2026



**OKLAHOMA**  
**Human Services**

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# VERIFICATION OF INTENT

## Oklahoma State Plan on Aging Fiscal Years 2022 – 2026

The State Plan on Aging is hereby submitted for the State of Oklahoma for the period October 1, 2022 through September 30, 2026. It includes all assurances, as well as plans to be implemented by Community Living, Aging and Protective Services of Oklahoma Human Services under provisions of the Older Americans Act, as amended, during the period identified. The State Agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act and is primarily responsible for the coordination of all State activities related to the purpose of the Act, such as, the development of comprehensive and coordinated systems for the delivery of nutrition, in-home and supportive services, and to serve as the effective and visible advocate for older Oklahomans.

This Plan is hereby approved by the Governor (or designee) and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary for the Administration for Community Living (ACL).

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

  
Jeromy Buchanan

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Buchanan  
Date: 2022.08.04 16:21:30 -05'00'

Jeromy Buchanan, Director for Community Living, Aging  
and Protective Services

\_\_\_\_\_  
Date

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

  
Justin B. Brown  
Digitally signed by Justin Brown  
Date: 2022.08.04 13:09:07 -05'00'

Justin B. Brown, Oklahoma Secretary of Human Services  
Designee for Kevin Stitt, Governor of Oklahoma

## **Executive Summary**

In 1963, the State of Oklahoma created the Special Unit on Aging (SUOA) as part of what was then known as the Department of Public Welfare to serve as the state's designated agency for administering programs under the Older Americans Act (OAA). The Department of Public Welfare transformed into the Oklahoma Human Services of today. In 1983, the state expanded services for the elderly by creating the Division of Aging Services, eventually known as the Aging Services Division, with the SUOA operating within that division. In 2020, the Aging Services Division merged with Adult Protective Services to form the Community Living, Aging and Protective Services (CAP) division to better represent and assist older Oklahomans and vulnerable adults.

Oklahoma, like the rest of the nation, is experiencing unprecedented growth in the over 60 population (also known as "seniors") and in the over 80 population (also known as "super seniors"). The 2020 Census reflects Oklahoma is home to 3,986,539 residents, an increase of over 208,000 in the last ten years. There are approximately 875,877 adults age 60 and older in Oklahoma and approximately 140,000 adults age 80 or older. By 2030, the population of older Oklahomans is projected to increase by 21.3% and for the first time in the known history of our state, seniors are expected to outnumber children. However, even as the population of older Oklahomans expands, the state continues to face many challenges in providing sufficient programs for older Oklahomans to feel safe and supported while retaining personal choice in how they live their senior years.

The SUOA will continue its mission to provide a variety of innovative and impactful programs and services to meet the changing needs of older Oklahomans. Over the years, Oklahoma has developed an Aging Network of federal and state funded programs, service providers, aging advocates, and community partners who strive to work together to cultivate and maximize opportunities to assist our aging population. Our Aging Network will continue to advocate and educate, to provide services necessary to keep older adults in the environment of their choice, to provide oversight to maintain quality services and care, and to support sustainable programs. As part of the SUOA's accountability for Older Americans Act services, State Plans are developed every four years with the input and assistance of our Aging Network. This State Plan serves as both a contract with the Administration on Community Living (ACL) and as a roadmap for the implementation of programs for older Oklahomans.

Under the Older Americans Act, the SUOA coordinates a comprehensive array of services that benefit older Oklahomans, their families, and their caregivers. These services are made available through a network of eleven local Area Agencies on Aging (AAAs) responsible for the planning, development, and implementation of the system of services for persons aged 60 and over in their respective planning and service areas.

To determine the future needs of older Oklahomans, CAP held focus groups with community stakeholders in 2021. Results from these focus groups aided CAP and SUOA in determining the strengths and weaknesses in existing programs, identifying gaps in services, and brainstorming creative alternatives for future services. The focus groups noted that previous methods of providing services might need to be revamped to provide equitable opportunities for all. Many previously identified service gaps widened following the pandemic, such as access to nutrition services, transportation, behavioral health/mental health services, access to healthcare and medical equipment, and total overall wellness. Community partners, local resources, and other state agencies have changed dramatically as well due to COVID-19. Many organizations have had to change focus from development of new services to efforts at retaining and training staff, purchasing personal protective equipment, making improvements in facilities to minimize potential spread of COVID, and having to pay drastically increased costs for salaries, supplies, and operating expenses.

Oklahoma has a diverse population of older adults with different needs and the Aging Network, including CAP and the SUOA, must be prepared to serve those needs effectively. This is especially true as the pandemic appears to be becoming endemic and the Aging Network must continually adapt to changing circumstances. Through it all, the Special Unit on Aging will continue to provide technical support, conduct research on national best practices, and assist the Area Agencies on Aging to implement quality programs.

## **Goals**

**GOAL 1:** Promote excellence and innovation in the delivery of core Older Americans Act Programs to meet the unique and diverse needs of older Oklahomans and family caregivers.

**GOAL 2:** Carry out advocacy efforts to enhance the service delivery system to improve the lives of older individuals, adults with physical disabilities or cognitive decline, and their family caregivers.

**GOAL 3:** Expand on existing emergency operations to provide better guidance for natural disasters, infectious disease outbreaks, and terrorist events.

**GOAL 4:** Strengthen equity in all aspects of plan administration for individuals with the greatest economic and social need.

**GOAL 5:** Provide a coordinated system of in-home and community-based long-term care services that enables older Oklahomans to be active, engaged, and supported in their homes and communities.

**GOAL 6:** Bolster the recognition and support of unpaid family caregivers.



# Context

Community Living, Aging and Protective Services develops a State Plan on Aging as required under the Older Americans Act. The plan is a contract with the Administration for Community Living (ACL) so the state of Oklahoma may receive funds for Title III and Title VII of the Act. These funds enable CAP to administer services across the state for persons 60 and older.

CAP has developed a State Plan, which emphasizes independence, choice, service delivery efficiency, and promotes community-based systems with a focus on equity for older Oklahomans. In developing the State Plan, CAP collected information about aging in Oklahoma from community focus groups and stakeholders representing underserved populations. From these sources, CAP determined how services are viewed statewide, what services are effective in their present state, what services need improvement or implementation, and what needs to occur now to prepare for the future of aging in Oklahoma.

## **Overview of Oklahoma's Aging Network**

### **Community Living, Aging and Protective Services**

CAP is the division of Oklahoma Human Services (OHS) that primarily focuses on aging issues. In 2020, Aging Services and Adult Protective Services merged into one division. Shortly thereafter, the name of the division was changed to better reflect three core principles: supporting seniors to choose how and where they age by providing community level support; striving to remain a leader and advocate on all aging issues in Oklahoma; and ensuring that seniors remain safe from abuse, exploitation, and neglect. Within CAP, multiple programs are part of the Aging Network in Oklahoma.

As a division of OHS, CAP participates in system-wide initiatives that impact service programs in a positive and beneficial way. One of those is, quite simply, Hope. OHS has embraced the Science of HOPE as being a measurable, predictive indicator of well-being in a person's life that can help address and overcome past and current trauma. The concept of HOPE as a science is presented by Dr. Chan Hellman, professor in the Anne and Henry Zarrow School of Social Work and founding Director of the Hope Research Center at the University of Oklahoma. The HOPE concept has been converted into action through the development of 52 Community Hope Centers to address overall well-being during the pandemic. An integral part of Oklahoma's State Plan on Aging is creating a culture of hope and cultivating hope in the people we serve.

Another system-wide initiative that has been implemented is Be a Neighbor. This platform facilitates coordination between state assistance programs, non-profit organizations, and local volunteers to help those in need. During the pandemic, volunteers from Be a Neighbor helped provide meal services for seniors in areas adversely impacted by COVID outbreaks that resulted in a lack of sufficient personnel for programs to safely operate. They also helped to coordinate food bank deliveries for seniors living in areas without many grocery options during the pandemic; they assisted in helping seniors attend necessary medical appointments when transportation was limited.

### **Special Unit on Aging**

The Special Unit on Aging is responsible for administering Title III and Title V of the Older Americans Act. Title III includes senior nutrition, in-home services, transportation, information and referral services, among others. Title V is the Senior Community Services Employment Program (SCSEP), which is a community service and work-based job-training program for older Americans.

The SUOA works closely with Oklahoma's 11 Area Agencies on Aging (AAAs, or Triple As) to support a comprehensive set of services. While the AAAs provide or contract for direct services to seniors and people with disabilities, CAP coordinates distribution of federal and state funds, provides training and technical assistance, and ensures statewide oversight and coordination for Older Americans Act and related programs.

In July 2014, the Governor designated Oklahoma Department of Human Services – Aging Services (now known as CAP) as the administrator of SCSEP. SCSEP serves adults aged 55 and older who have income below 125 percent of the federal poverty level, are unemployed, are residents of Oklahoma, and have poor employment prospects. SCSEP provides community services and work-based training, promotes progressive skill development and subsequent entry into unsubsidized employment, and fosters individual economic self-sufficiency. These training and work-based employment opportunities help older Oklahomans gain the skills and experiences necessary to be successful in today's job market.

### **Office of the State Long-Term Care Ombudsman (OSLTCO)**

The Ombudsman Program serves residents in Oklahoma's long-term care facilities, including nursing homes, assisted living and similar adult care homes through Title VII of the Older Americans Act. The Ombudsman Program helps improve the quality of life and the quality of care available to long-term care facility residents.

### **Community Engagement and Coalitions Unit**

Adult Day Services. There are currently 23 state funded Adult Day centers in Oklahoma with a few others active under different programs (such as PACE). These centers provide a safe place for seniors needing care while their family caregivers are away. They can receive medication assistance, supervision, and meals in an environment that encourages socialization and participation in engaging activities.

Lifespan Respite Program – Lifespan Respite Voucher Program. CAP's Community Engagement and Coalitions Unit was awarded a grant from the Administration for Community Living which allows the Lifespan Respite Voucher Program to continue for another three years. This program provides respite vouchers for family caregivers who do not qualify for other voucher programs to receive respite from their caregiving roles.

Oklahoma Caregiver Coalition/OKCares (OCC). The Coalition's mission is to improve the supports and experiences for family caregivers over the lifespan through education, advocacy, and access to resources. The OCC has a collection of over 100 public and private partners striving to develop and sustain various areas of support for primary caregivers. The OCC partners have developed a strategic plan to determine goals and objectives in addressing the needs of Oklahoma family caregivers. The OKCares.org website was developed as a central hub for family caregivers to access valuable supports and resources.

Medicare Improvement for Patients and Providers Act (MIPPA). MIPPA supports states through grants to provide outreach and assistance to eligible Medicare beneficiaries to apply for benefit programs that help to lower the costs of their Medicare premiums, deductibles, co-pays, and prescription drug costs for individuals that meet the program's income and resource eligibility requirements. MIPPA grantees also educate the community about Medicare Preventive Services, which provides exams and screenings, preventive visits, yearly checkup visits, flu shots, cardiovascular screenings, and more.

Aging and Disability Resource Consortium Initiative. This group collaborates and coordinates the disability and aging networks to develop and streamline access to supportive services for older adults, people with disabilities, caregivers, and veterans of all income levels. The most recent initiatives include creating a Senior and Disability Information Line and developing resources to educate vulnerable Oklahomans on COVID related issues.

## **Medicaid Services Unit**

The ADvantage Waiver is a Medicaid funded program that serves seniors age 65 and older and adults with physical disabilities age 21 and older. It supports members who are financially eligible and have been determined to meet nursing facility level of care to stay in their homes to receive services such as case management, personal care, home delivered meals, specialized medical equipment, and skilled nursing.

State Plan Personal Care is another Medicaid funded program that allows older Oklahomans to stay in their homes for as long as possible. It provides non-technical, in-home assistance for needs such as bathing, grooming, preparing meals, laundry, light housekeeping, and errands. Medical eligibility is determined and needs are identified during a comprehensive assessment conducted by an OHS nurse.

## **Adult Protective Services**

Adult Protective Services (APS) is a comprehensive program that serves vulnerable adults age 18 and older who need assistance because of abuse, neglect, or exploitation. APS helps adults connect to necessary services so they can stay safely in their homes and communities whenever possible.

## **AIDS/HIV Coordination & Information Services**

ACIS is a central contact point for persons with Human Immunodeficiency Virus (HIV) disease, providing information on a variety of health care and social service needs, including case management and care coordination. There are no income or resource restrictions for case management services. Services include information and referral; client assessment; advocacy and intervention; and follow-up services.

## **Area Agencies on Aging**

The Special Unit on Aging partners with eleven (11) Area Agencies on Aging (AAA) that are the principal developers, coordinators, and contractors with Older Americans Act service providers. The goal of each AAA is to meet the needs of older Oklahomans in their area, and to advance the dignity, independence, and quality of life of all older adults. They link senior Oklahomans to resources through information and assistance, assess the needs of older adults, and coordinate programs. The AAAs also serve residents in nursing homes through the Office of the State Long-Term Care Ombudsman.

CAP also has several partner advocacy organizations that help to provide knowledgeable feedback to the agency on proposed policy changes as well as pending legislative changes. Membership in these groups include professionals from across the Aging Network and affiliated agencies and organizations as well as many seniors who participate in services offered.

The Senior Health Insurance Counseling Program (SHIP), under the Oklahoma Insurance Department division, helps inform the public about Medicare and other senior health insurance issues. SHIP partners with AAAs throughout the state to ensure seniors are aware of their health insurance choices.

## **Oklahoma State Council on Aging and Adult Protective Services**

The Oklahoma State Council on Aging and Adult Protective Services (SCoA) is an important part of the Aging Network. It was initially formed and regulated by the Older Americans Act and Oklahoma Administrative Code OAC: 340:105-10-12. The SCoA is composed of 30 members and an Advisory Board composed of representatives of other agencies and social interest groups concerned with aging issues, as well as local participants of Title III services. It was established to champion the needs and issues confronting older Oklahomans, especially those in the greatest social and economic need.

### **Oklahoma Silver Haired Legislature**

The Oklahoma Silver Haired Legislature (OSHL) was established in 1981 to educate older Oklahomans about the Oklahoma state legislative process and to represent and advocate for the needs of older Oklahomans at the Oklahoma Legislature. The OSHL acts as the eyes and ears of older Oklahomans through the sponsorship of up to five bills each legislative session at the State Capitol. OSHL activities are supported and funded through their affiliated membership organization, the Oklahoma Silver Haired Legislature Alumni Association (OSHLAA).

### **Oklahoma Aging Partnership (OAP)**

The OAP is a coalition of aging organizations and interested individuals, which advocate together on behalf of older Oklahomans. The organization originally formed to strengthen the voice of seniors at the Capitol and provide real world input for legislators to counter for-profit lobbyists. They engage in in-depth legal research and analysis to assist others in understanding proposed bills and the impact they may have on older Oklahomans.

## **Oklahoma Aging Demographics**

The services offered through the Older Americans Act are intended for older Oklahomans who are age 60 and older, their caregivers, families, and institutionalized persons. Additional effort is made to reach specific groups within that description that have historically been underserved, such as minorities, those near or below the poverty line, people with limited or no English language, and those with restricted access to resources due to living in remote rural locations.

Oklahoma is home to more than 3,986,539 residents, and the average per capita income was \$29,873 in 2020.<sup>1</sup> There are approximately 875,877 adults age 60 and older<sup>2</sup>. Of that number, approximately 140,000 are over the age of 80. This is significant as historical data has shown that seniors (60+) tend to only need 1-2 services to attain sufficient assistance to remain safely in their homes, but super seniors (80+) need 3-5 services to reach that same level of safety.<sup>3</sup> Comparing data from the 2010 Census and the 2020 Census, Oklahoma's overall population increased by approximately 202,000 people. Of that number, over 112,481 are age 65 and over. Out of 77 counties in Oklahoma, only three reflected a loss in the older population. The largest increase was in Canadian County with a 56.8% increase in the population age 65 and over. By 2030, the population of older Oklahomans is projected to increase by 21.3%.<sup>4</sup> The increase in the older population, which projections show is accelerating, poses significant challenges as the Aging Network seeks to address the needs of a growing number of older Oklahomans.

Since most older Oklahomans eligible for assistance under the Older Americans Act access services through Information & Assistance (I&A), outreach, or by visiting a congregate meal site, pressures on urban AAAs may increase as the older population migrates to urban areas. Although AAAs serving the rural counties may see fewer clients, they are likely to need more intense services while facing significant resource constraints.

Along with the population increase, according to a 2017 report from AARP, there are approximately 530,000 informal caregivers in Oklahoma. These caregivers provide 440 million hours of care that would cost \$5.8 billion if provided by paid caregivers.<sup>5</sup> According to data gathered by Grandfamilies.org, 109,221 Oklahoma children under the age of 18 live in homes where the head of household is a non-parent relative. Of those, a relative with no parent present in the home is raising 61,000 children. There are 43,383 grandparents responsible for their grandchildren in Oklahoma.<sup>6</sup> These statistics raise issues for grandparents raising grandchildren. Many of the grandparents raising grandchildren are much younger than we have seen in the past. As a result, more grandparents raising grandchildren are being served with the Lifespan Respite Program since they are not eligible for the Title III program for grandparents or relatives 55 years of age and older. Multiple reasons exist for these high rankings including drug addiction, teen pregnancy, incarcerated parent, child neglect, or military deployment.<sup>7</sup> Oklahoma has the third highest incarceration rate in the United States.<sup>8</sup>

Oklahoma is unique as there are 39 tribal nations according to the Oklahoma Historical Society. Oklahoma is the second highest state in the nation in both percentage of population and total population within Native American tribes as recognized by the World Population Review. The states with the largest Native American/Alaska Native populations are California (757,628), Oklahoma (523,360), and Arizona (391,620).<sup>9</sup>

Older Oklahomans (Age 60 & over) are predominantly white (727,501). In terms of Oklahoma's older minority population, the largest minority groups are Native American/Alaskan Native (estimated at 50,000) and Black or African American (estimated at 49,000).

Lifestyle choices, social factors, and globalization continue to affect health and mental health outcomes for different groups of people. Social isolation has been identified as a contributing factor to the decline of mental health. Lack of social connection heightens health risks as much as smoking 15 cigarettes a day or having alcohol use disorder.<sup>10</sup> In 2020, Oklahoma ranked 41st for the risk of social isolation.<sup>11</sup> The factors taken into consideration for this included disability, marital status, difficulties with independent living, and poverty.

### **Disability in Oklahoma**

With overall increased life expectancy, the population of adults over the age of 60 with impactful disabilities is increasing. As this population ages, new needs and new challenges emerge including a need to adapt services to account for the disability compounded by frailty or dementia. This also often expands the needs for assistive services.

The Census Bureau uses a series of questions to determine if an individual is identified as having a disability. The questions attempt to measure six aspects of disability, including mobility, cognition, independent living, hearing, vision, and self-care.

As measured by the American Community Survey in 2019, older Oklahomans have a slightly higher disability rate than the rest of the nation.

#### ***Older Individuals (60 & Over) with a Disability – Estimated, 2020***

<u>United States Total Population</u>	<u>Oklahoma Total Population</u>	<u>Oklahoma 60 and Over Population</u>
12.7%	16.1%	37.4%

In Oklahoma, 16.1% of the total population have one or more disabilities. For persons age 60 and over, the percentage with disabilities increases to 37.4%. Persons with disabilities are living longer and are becoming a significant part of Oklahoma's population. Often, persons with disabilities rely on family caregivers.

### **Income and Poverty**

In Oklahoma, approximately 85,672 older Oklahomans have an annual income that is below the poverty level. The following table shows the estimated percentages for Oklahoma compared to the nation as a whole:

#### ***Older Individuals (60 & Over) and Poverty Status – 2019***

	<u>United States</u>	<u>Oklahoma</u>
<i>Below 100% of the Poverty Level</i>	9.53%	10.11%
<i>Below 125% of the Poverty Level</i>	13.35%	14.70%
<i>Below 150% of the Poverty Level</i>	17.34%	19.2%

Source: Aging Independence, and Disability Program Data Portal, 2019

## Aging and Health

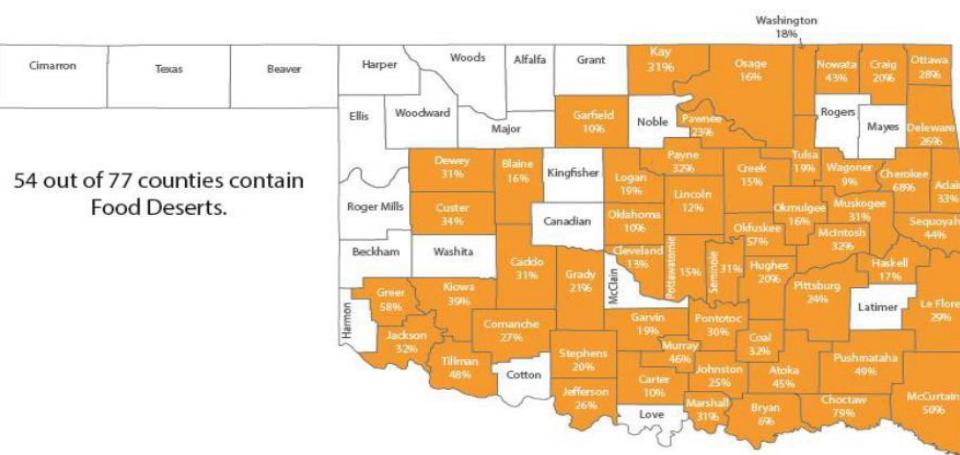
Oklahomans face a number of chronic health problems, such as obesity, heart and lung disease, and diabetes, that are directly related to factors known collectively as social determinants of health. The 2021 America's Health Report for Seniors ranked states in several categories of social determinants of health, and Oklahoma was ranked in the bottom half of those listed for individuals age 65 and over.

- Oklahoma ranked 45<sup>th</sup> among states for **social and economic** factors contributing to poor overall health. Social and Economic factors included violent crime, food insecurity, poverty, community support, risk of social isolation and high-speed internet access.
- For the category of **physical environment**, Oklahoma ranked 32<sup>nd</sup>. Factors in this category included air and water quality and housing problems.
- Oklahoma ranked 48<sup>th</sup> in the category of **behaviors**, which included exercise, sleep, smoking and diet.
- The category of **health outcomes** included addressing cognitive difficulty, depression, suicide, falls, obesity, and mortality. Oklahoma ranked 43<sup>rd</sup> in this category.
- Finally, Oklahoma ranked 34<sup>th</sup> in the category of **clinical care**, which included factors such as access to care, preventive clinical services, immunizations, hospice care, and the quality of nursing home care.

The 2021 Health Report for Seniors indicated Oklahoma had identifiable strengths in a low prevalence of excessive drinking and high flu vaccination coverage, and a low prevalence of severe housing problems.<sup>12</sup> The challenges identified were a high prevalence of physical inactivity, high early death rate, and high prevalence of food insecurity. The report also highlighted areas where the numbers have improved in the past four years, such as high-speed internet access, which increased from 64.9% to 74.1%, and a 30% increase in the number of geriatric providers, from 11.8 to 15.3 per 100,000 adults aged 65+.

Oklahoma was ranked 44<sup>th</sup> in the United States for Food Insecurity, a major concern when one considers most of Oklahoma is a food desert. The map below is from a report compiled by Oklahoma Food Banks in 2017 and depicts approximately 70% of the state meets the definition of a food desert. The Department of Agriculture defines a food desert as an area of low access to food combined with low-income. Low access is defined as at least 500 people or 33 percent of the population living more than one mile in urban areas or ten miles in rural areas from the nearest supermarket, supercenter, or large grocery store. Low-income is defined as an area with either a poverty rate of 20 percent or more, a median family income of less than 80 percent of the state-wide median family income, or a metropolitan area with a median family income of less than 80 percent of the surrounding metropolitan area median family income. Food deserts contribute to the economic challenges faced by Oklahomans experiencing food insecurity as it costs much more to have food brought to the area. Food desert conditions create additional barriers by making healthy food, such as fresh fruit and vegetables, much more difficult to access.

## Food Deserts | Population Percentage



# **Older Americans Act Data**

## **Title III – Home and Community Based Services**

According to the SUOA database for Title III services, in federal fiscal year 2021, services were provided to 27,015 individual older Oklahomans. These services included congregate meals, home-delivered meals, caregiver support, homemaker services, transportation, and legal assistance. Of those served, 21.2% were minorities and 16.3% were living alone. Information and Assistance (I&A) services nearly doubled during FY21, increasing units of service from 21,386 to 41,013. Increased calls were attributed to issues compounded by the pandemic such as vaccinations for COVID-19, food assistance programs, and legal assistance. All of the 172 congregate meal sites across the state transitioned to drive through meals or home delivered meals during the pandemic which allowed the older population to limit their exposure in public and keep their homes virus-free. A total of 2,555,302 meals were served in FY21.

## **Broadband Services**

Lack of access to broadband services impacts service delivery as it is more difficult for providers to reach target populations without a physical presence. Communities in the rural areas of Oklahoma are spread out with greater distance between individuals and services. It is more difficult for service providers to have a physical presence in these areas due to travel and a lack of the staffing required to visit these rural communities or provide educational presentations or informational materials. House Bills 3363, 3349, and Senate Bill 1495 are setting the stage for millions of dollars in broadband infrastructure funding.

# **Focus Groups**

To gather input and data for the State Plan, four focus groups were conducted. The first three groups were tasked with analyzing a broad range of Older Americans Act and aging topics to bring each attendee's unique perspective to the discussion. These three focus groups were comprised of members of the aging community and staff members of organizations who work with the aging community. The fourth focus group was comprised of staff from organizations who provide services to individuals who are HIV+ to obtain input on services specific to older Oklahomans living with HIV. Each focus group was facilitated by OHS Innovation Services staff. CAP staff were available to respond to questions or address areas of concern by focus group participants.

The focus groups identified gaps in services for older Oklahomans in the areas of nutrition, transportation, behavioral and mental health, and healthcare. The participants indicated there was a lack of awareness of services, both for the general public and older Oklahomans. The focus groups recognized staffing issues which included education and training of potential and current staff as well as staffing shortages. Staffing shortages had a great impact on services during the pandemic. Staffing was spread thin due to outbreaks of COVID, as well as leaving for higher paying positions. The focus groups acknowledged the need for more partnerships and collaborations between state agencies and local community organizations to better serve the needs of older Oklahomans. The focus groups identified issues with baby boomers, including needing to provide services for baby boomers who work well into their seventies. Providing innovative services for this population will be crucial.

When asked about solutions to the issues, the focus groups were all in agreement that increased funding is needed. Other solutions were to increase flexibility in funding and policy requirements. Allowing opportunities for innovative ideas and movement of funding from one source to another would help, in particular C1 (funding for congregate meals) and C2 (funding for home-delivered meals). An investment in infrastructure and equipment was also noted as many critical items are broken, obsolete, or worn out in all programs across the state. In addition, the CAP and SUOA team consulted the LTSS Advisory Committee Report that was published in 2019 and will continue to capitalize on opportunities to invest in the report's recommendations.

When writing the goals and objectives for the 2023 – 2026 State Plan, the CAP and SUOA team was mindful of the concerns brought up in the focus groups while addressing the key priorities. The Key Topic Areas section will briefly touch on each area where specific goals were not set.

# **Key Topic Areas**

## **Older Americans Act Core Programs**

The Older Americans Act remains essential for the provision of services in CAP. The ability for individuals to have the choice to remain independently in their own homes for as long as possible is a primary objective. The Older Americans Act programs, which include meals, transportation, legal services, homemaker, and respite programs for caregivers, are an inexpensive yet effective way for older Oklahomans to safely remain in their homes with assistance. Priority for services is given to those older adults with the greatest need, with particular attention to low income and minority individuals and those who are frail, homebound, or otherwise isolated.

To meet the mandate as the sole agency of Oklahoma for administration of Older Americans Act programs, the Special Unit on Aging works with the 11 Area Agencies on Aging for the planning, advocacy, and development of Older Americans Act services across the state. The SUOA provides coordination regarding distribution of funding, training, and technical assistance, as well as ensures statewide oversight and accountability for Older Americans Act programs. CAP and SUOA conduct quarterly meetings with the AAA Directors to discuss pertinent issues, successes, and newer initiatives. The AAAs then build on this foundation by providing the oversight and accountability for sub-grantees (service providers) who provide Older Americans Act services at the local level.

The Special Unit on Aging is continuing our partnership with the National Foundation to End Senior Hunger (NFESH). Over the next few years, NFESH will provide educational trainings to SUOA staff, AAAs and their project staff through their Senior Center Community College. Current topics include: Older Americans Act, Food Safety and Waste, Fundraising, Human Resources, and Finance. NFESH will develop specific courses for Oklahoma starting with a course on policy. All courses are provided virtually, and are designed to be self-paced to better serve learner needs. SUOA realizes the importance of educating our staff, AAA staff, and project staff and, after analyzing the best practices for trainings, determined this to be the best option for training. SUOA will continue to offer in-person trainings when warranted, but after listening to our partners' concerns about the time and cost for in-person trainings, it was decided to utilize this service to best ensure continued education. SUOA looks forward to partnering with NFESH on future projects.

Current services in Oklahoma under the Older Americans Act include:

**Outreach.** Provided as a direct service by some AAAs and by service providers. Outreach seeks out, identifies older Oklahomans, and assists them with gaining access to needed services.

**Coordination of Services.** Provided by AAAs. This service provides for coordination of services not paid for by Title III funds.

**Information and Assistance (I&A).** Provided by the State and AAAs. Usually, the first contact an older Oklahoman has is with the I&A staff. They provide information on available services and know what resources are available in their areas.

**Long-Term Care Ombudsman.** State and AAAs (see more about this program in the Long-Term Care Ombudsman section).

**Supportive Services.** Services are provided by the AAAs and include transportation, legal assistance, homemaker, and chore services. These supportive services are often crucial for older Oklahomans to remain independent in their homes.

Transportation includes trips to medical appointments, grocery shopping, and congregate meal sites. Chore and homemaker services provide assistance in and out of the home with tasks that may be too difficult for a senior to complete safely. Legal assistance includes civil matters such as evictions, guardianships, and scams.



Legal services are working to rebuild after several impactful changes from the pandemic. The Legal Services Developer, along with our partners at Legal Aid Services of Oklahoma and other advocacy organizations, are taking steps to re-establish working partnerships, conduct outreach with interested organizations, and engage in educational efforts.

Legal Aid Services of Oklahoma (LASO) is our legal services provider. CAP leadership and LASO leadership have made a joint commitment to strengthen our working relationship in addressing legal needs affecting seniors in our state. Some prominent issues include senior evictions and homelessness, guardianships and supportive decision-making, fraud prevention for seniors, and access to legal assistance.

**Senior nutrition.** Services are provided by the AAAs and includes congregate and home- delivered meals, nutrition counseling, and nutrition education. The nutrition programs help to reduce food insecurity and hunger, promote health and well-being, and delay adverse health conditions resulting from poor nutritional health. Typically, volunteers and staff deliver meals to participants who are disabled, homebound, and have no one available to provide assistance with meal preparation. The congregate sites also provide opportunities for socialization and group activities.

**Health Promotion.** Provided by the AAAs, includes evidence-based programs to support healthy aging and disease prevention for older adults. There are also several County Health Departments and local community organizations that implement these programs with no grant funding.

**Family Caregiver Support Programs.** Provided by the AAAs and includes information services, access assistance, counseling, support groups, training, respite, and supplemental services for caregivers. To address an increased need for Respite Care across the state, SUOA works with the Lifespan Respite Voucher Program funded by ACL. The Lifespan Respite Voucher Program provides respite services for caregivers who do not qualify for other respite programs, including OAA respite voucher programs.

The SUOA also utilizes information on OKCares.org. Started in 2021, their mission is to improve the supports and experiences over the lifespan of family caregivers through education, advocacy, and access to resources. The website provides a respite locator and a caregiver, support group locator. The coalition is in the process of adding caregiver resources to their website.

## Title VI

The Agency on Aging awards Title VI grants to Indian tribal organizations, Native Alaskan organizations, and nonprofit groups for representing Native Hawaiians. Grants are used to fund supportive and nutrition services for older Native Americans

The Aging Network does its best to coordinate with tribes and tribal programs. The AAAs coordinate with tribes in a variety of manners based on local circumstances. Several AAAs have tribal representation on their Advisory Councils. Most of the AAAs utilize community resource groups, which include Title VI program representatives to establish and develop a referral system between the tribes and AAAs. Upon invitation, AAA staff will visit tribal complexes and give presentations. The AAAs participate in caregiver conferences and health fairs to coordinate services and present information about services with tribes in the local area. Staff may visit tribal senior meal sites, Indian clinics, and tribal complexes or Tribal Community Centers to present information.

## Office of the State Long-Term Care Ombudsman (OSLTCO)

The Older Americans Act and Oklahoma statutes requires advocacy for persons who live in long-term care (LTC) facilities through an Office of the State Long-Term Care Ombudsman and designation of a person to serve, on a full-time basis, as the State Long-Term Care Ombudsman to administer the program.

The Oklahoma State LTC Ombudsman is housed within CAP. The State LTC Ombudsman supervises three Program Managers, with local Ombudsman Supervisors located at all AAAs across the state. Specifically, the Oklahoma Office of the State LTC Ombudsman directly and through its designated representatives:

- Identifies, investigates, and resolves complaints made by, or on behalf of residents.
- Provides services to assist residents in protecting their rights, health, safety, and welfare.
- Informs residents about the means of obtaining services.
- Ensures that residents have regular and timely access to the services of the Ombudsman Program and timely response to complaints.
- Represents the interests of residents before governmental agencies and seeks administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the resident.
- Analyzes, comments on, and monitors the development and implementation of federal, state, and local laws, rules and regulations, and governmental policies and actions that pertain to the residents and recommends changes in laws, regulations, policies and actions as the Office determines appropriate.
- Facilitates public comment on the laws, regulations, policies, and actions.
- Provides technical support for the development of resident and family councils.

The State LTC Ombudsman and Ombudsman representatives provide information as necessary to public and private agencies, legislators, and other persons regarding the issues affecting older Oklahomans who live in LTC facilities. Among other activities, the Office of the LTC Ombudsman provides for the education and training of professionals, volunteers, and older individuals concerning resident rights and the requirements and benefits of specific laws and regulations.

Advocacy is the fundamental component of LTC Ombudsman practice. Leadership in legislative, regulatory, and other systems advocacy is initiated by the State LTC Ombudsman based on the complaint or other personal advocacy work of the statewide Ombudsman staff and certified Ombudsman Volunteers, as well as through active involvement with citizen advocacy groups throughout the State. Systems Advocacy activities include recommendations to Board of Directors, Advisory Councils, and staff of other State Agencies, including the Oklahoma State Health Department, the Oklahoma Health Care Authority (State Medicaid Agency), local and State law enforcement entities, and others. The Office of the LTC Ombudsman is actively involved in legislative advocacy efforts, including monitoring introduced legislation and recommending changes to bills, including bills that involve prevention, detection, assessment, intervention, and/or investigation of elder abuse, neglect, and

financial exploitation. To empower statewide groups of advocates for aging, such as the Oklahoma Alliance on Aging and others to provide effective legislative advocacy, the State Ombudsman Office attends legislative committee meetings and meets with legislators and others, and provides information updates to groups and individuals, and participates in developing strategies and distributing action alerts.

### **Elder Rights Initiatives by the Office of the State Long-Term Care Ombudsman**

The Office of the LTC Ombudsman provides consultation and assistance to a variety of advocacy groups and agencies/ programs to prevent, detect, assess, intervene, and/or investigate elder abuse, neglect, and financial exploitation. Collaboration within the aging network allows the Office of the LTC Ombudsman to partner with law enforcement, adult protective services, and other agencies and community groups to educate community and faith-based groups on the prevention, identification, and investigation of elder abuse, neglect, and financial exploitation.

The Office also works closely with long-term care industry groups to identify trends that may positively or negatively impact long-term care residents. The Office regularly conducts and participates in trainings for the long-term care industry to teach resident rights and elder abuse information. The information is presented in individual facilities and at statewide conferences.

### **Addressing Malnutrition**

The Special Unit on Aging will seek out educational tools and share these with the AAAs and other aging related organizations regarding hunger, food insecurity, and malnutrition. The SUOA will encourage the AAAs and their registered dietitians to address food insecurity and malnutrition as part of the required nutrition education provided to both congregate and home delivered meal participants.

### **Age and Dementia-Friendly Efforts**

The Special Unit on Aging will seek out educational tools and make presentations to the AAAs and other aging related organizations regarding the prevention, detection, and treatment of mental disorders such as depression, and cognitive decline including age-related dementia such as Alzheimer's disease. SUOA will also explore what it means to be a Dementia-Friendly Community and share the information with communities and partners across the state.

### **Screening for Fall Related Traumatic Brain Injury (TBI)**

With a growing number of older adults, Oklahoma faces the continued challenge of assisting to reduce the risk of falls, prevent, and manage chronic conditions including mental health needs like depression and anxiety. Evidence-based disease prevention and health promotion programs have demonstrated through evaluation and published results to be effective in improving health and wellbeing, as well as reducing disease, disability, and injury for older adults. Service providers across the state currently offer a variety of programs addressing falls prevention, physical activity, chronic disease self-management, and diabetes self-management programs.

### **Improving Coordination between the Senior Community Service Employment Program (SCSEP) and other OAA programs**

The Senior Community Services Employment Program (SCSEP) was added to SUOA administration on July 1, 2014. Through this program, the Special Unit on Aging works with three sub-grantees covering 29 counties to provide job skills training in part-time community service assignments for adults aged 55 and older who: have income at or below 125% of the federal poverty level; are unemployed; are residents of Oklahoma; and have poor employment prospects. Priority is given to veterans, their spouses, and those that were formerly incarcerated. There are two national partners who cover the additional 45 counties in Oklahoma, leaving three counties unserved by the SCSEP program due to their minimal population. SCSEP has assisted 224 individuals in the past two years. The SUOA has plans to conduct quarterly educational seminars with the AAAs and other organizations across the state to help promote what SCSEP does and help recruit seniors and employers.

## **Dissemination of Information about State Assistive Technology Entity and Access to Assistive Technology Options for Serving Older Individuals.**

The agency that provides assistive technology is Oklahoma ABLE Tech. They assist individuals with a disability in the selection, acquisition, or use of an assistive technology device. The FY24-26 Area Plans submitted by the AAAs will include information regarding state assistive technology and how they will distribute information to older adults in their area. Several AAAs across the state currently work with Oklahoma ABLE Tech to advance this mission. The ADvantage Waiver Program is in the process of implementing Remote Supports & Assistive Technology services in state fiscal year 2023. ADvantage staff will conduct an annual training with AAA staff to educate on assistive technology services, referral procedures and accessible tools for older Oklahomans.

## **COVID-19**

### **Providing Trauma-Informed Services**

The pandemic has brought to light the trauma some older Oklahomans face, whether it be fear of COVID-19, lack of socialization by not being able to participate in regular daily activities, or dealing with the passing of loved ones due to the pandemic. The Special Unit on Aging will seek out information about trauma-informed care and receive training from professionals on how to recognize and understand pathways for recovery. This training will also be made available to AAAs and their staff.

### **Screening for Suicide Risk**

The SUOA will consult with mental health professionals and become familiar with signs of depression and screening for suicide risk. Coordination efforts will be made with community mental and behavioral health services to provide educational activities regarding depression and recognizing suicide risks and the referral process. The educational activities will be made available to SUOA and AAA staffs.

### **Expenditure of American Rescue Plan Funding and COVID-19 Supplemental Funding**

The AAAs in Oklahoma will continue to spend the American Rescue Plan Act (ARPA) funding through FY24. Some programs being offered with ARPA funding include expanding current nutrition services (both congregate and home delivered meals). Personal care services, as there is a need for assistance with personal care activities for visually impaired older Oklahomans. One AAA is implementing a Mobile Farmers Market in their area. Several AAAs used ARPA and other funding to purchase consumable goods and consumable medical supplies (groceries, toiletries, incontinence supplies) as a shopping service for their participants. These services will continue until the funds are expended. The AAAs are looking for other sources of funding to continue these services past FY24.

The ADRC COVID-19 Vaccine Access Assistance Grant has provided the resources for OKDHS and Oklahoma State Department of Health to develop a fruitful partnership to ensure eligible homebound individuals, as well as their family caregivers, have access to COVID-19 and flu vaccines. For those individuals who may already have complex medical conditions, access to vaccines can be lifesaving.

### **Incorporating Innovative Practices Developed During the Pandemic that Increased Access to Services Particularly for Those with Mobility and Transportation Issues and Those in Rural Areas**

During the pandemic, older Oklahomans sheltered-in-place and limited their exposure to the public. Some of the AAAs provided assistance virtually for services such as caregiver support groups and health promotion. Some transportation providers delivered meals to the older Oklahomans who had previously received rides to the meal sites. Some providers made wellness checks. They called homebound participants not only to see if they had any needs but also to spend some time talking with them to check on their well-being.

## **Volunteers**

The number of volunteers decreased dramatically during the pandemic. This decrease was, in large part, due to the advanced age of volunteers and their vulnerability to illness or exposure to the COVID-19 virus.

## **Equity**

With a wide diversity of demographic backgrounds, older adults have varied life experiences, cultures, languages, and challenges. More importantly from an age-friendly and health equity perspective, people are impacted differently by structural inequities, policies, systems, and values that distribute access and quality of social determinants of health that people need to live a fulfilling and healthy life. Oklahoma will seek to address equity across populations through improved outreach activities and collaboration across the Aging Network.

### **Supporting Participant-Directed/Person-Centered Planning for Older Adults and Their Caregivers across the Spectrum of LTSS, including Home, Community, and Institutional Settings**

The Special Unit on Aging is committed to implementing person-centered models as part of services provided through the Older Americans Act. Outreach targets culturally diverse, un-served and underserved populations, their family caregivers, and the professionals who serve them. Some AAAs are providing Outreach services as a direct service and have improved person-centered approaches thereby ensuring older adults – and in particular, underrepresented older adults - are included in the determination of services and how those services are received. In coming years, Aging Services will provide training and discuss concepts with the AAAs on person-centered models to identify all entry points for long-term services and supports and will work to develop a plan allowing all participants to access services efficiently.

The ADvantage Waiver Program, part of the Aging Network, offers a service option for participant-direction entitled Consumer Directed – Personal Assistance Services and Supports (CD-PASS). This ADvantage service option allows Members to self-direct their personal care services by a) empowering the Member to become the employer and hire their own employee, and b) manage a personalized employer budget. Once service plan hours are set through an interdisciplinary planning team, the Member will negotiate the wage rate with the employee and develop a member-centered service schedule. Members often choose this option because they are more comfortable being in charge of who comes into their home to assist them with their personal care needs. Additionally, Members may be able to get support that is more consistent for their unique needs, such as receiving supports at times that are difficult to staff by a traditional agency provider.

## **Expanding Access to HCBS**

### **Working towards the Integration of Health, Health Care and Social Services Systems, including Efforts through Contractual Arrangements and Incorporating Aging Network Services with HCBS funded by other Entities such as Medicaid**

The Medicaid Services Unit administers the ADvantage program, Oklahoma's Medicaid waiver program for aging and disabled adults. The program supports people who are financially eligible and who have been determined to meet nursing home level of care to receive program services while remaining in their own homes. For the last 15 years, the ADvantage program has served more Oklahomans than are in nursing facilities and saved Oklahoma taxpayers millions of dollars each year in Medicaid costs.

Title III services coordinate with the ADvantage program to optimize services for seniors. When Title III Outreach workers conduct assessments on participants, they identify potential applicants for the ADvantage program and make referrals for participants to the ADvantage program. For active or previous ADvantage participants, Title III will work with the participant to verify non-duplication of services so that any identified needs that are not covered under ADvantage, will be reviewed for eligibility under Title III.

# Caregiving

## **Documenting Best Practices Related to Caregiver Support**

SUOA will continue to identify best practices related to caregiver support by accessing the website of the Assistant Secretary as prescribed in the Supporting Older Americans Act of 2020. The information regarding best practices will be disseminated to the AAAs and their programs.

## **Strengthening and Supporting the Direct Care Workforce**

The FY24-26 Area Plans submitted by the AAAs will include their plan for addressing the needs of formal and informal caregivers to strengthen the direct care workforce.

## **Implementing Recommendations from the RAISE Family Caregiver Advisory Council**

SUOA will review all recommendations and implement the recommendations to assist the caregivers.

## **Coordinating with the National Technical Assistance Center on Grandfamilies and Kinship Families (NTAC)**

The Special Unit on Aging looks forward to the NTAC webinars and other technical assistance provided to assist Grandfamilies and Kinship Families in Oklahoma. SUOA will encourage the AAAs and providers of services to Grandfamilies and Kinship families to join so they can have direct access to more resources, webinars and tool-kits to help improve their services.



# Goals, Objectives, Strategies & Outcomes

**State Goal #1: (Older Americans Act Core Services):** Promote excellence and innovation in the delivery of core Older Americans Act Programs to meet the unique and diverse needs of older Oklahomans and family caregivers.

**Objective 1:** Identify and implement best practices for OAA programs and services.

## **Strategies**

- Encourage partnerships between AAAs and service providers to maximize coverage.
- Initiate Town Hall meetings to get community feedback on needs of older Oklahomans.
- Establish AAA Policy and Best Practice Advisory Councils.
- Research and identify best practices for OAA programs and services.
- Implement best practices.

## **Performance Measures**

- *Number of partner meetings, town halls, and advisory council meetings.*
- *Number and type of best practices identified.*
- *Number of best practices initiated.*

## **Outcomes**

- *Short-term: Increase public engagement and understanding of needs.*
- *Intermediate: OAA programs understand best practices and have a pathway to replicate them.*
- *Long-term: Oklahoma is a nationwide leader in OAA program delivery.*

**Objective 2:** Strengthen and expand access to Title III transportation services by increasing collaboration between AAAs and transportation providers within their planning service areas.

## **Strategies**

- Identify existing transportation programs that serve communities across Oklahoma to locate underserved areas.
- Provide technical assistance to AAAs to identify partnership opportunities and apply for grants to expand on existing transportation service.
- Provide information to the public about transportation services that exist in their communities.

## **Performance Measures**

- *Number of new transportation programs identified.*
- *Number of new Title III participants registered to expanded and new transportation service areas.*
- *Percentage increase of a population receiving transportation services for the first time.*
- *Number of grant applications submitted/awarded to AAAs and providers for transportation service.*

## **Outcomes**

- *Short term: Increased awareness of transportation options.*
- *Intermediate: Increased access and utilization of transportation services.*
- *Long term: Expanded transportation options lead to improved health and wellness of participants*

**Objective 3:** Promote the development, expansion, and improvement of programs, which address nutritional needs of older individuals.

**Strategies**

- Provide training to AAAs and nutrition providers on reduction of food waste.
- Provide training to AAAs on signs and symptoms of malnutrition, its impact on health, and strategies to address malnutrition.
- Review and reassess the funding formula to promote more equity for service provision across the state.
- Encourage and empower providers to apply for additional grants to supplement OAA funding.
- Encourage innovation in fund raising efforts conducted by AAAs and providers.

**Performance Measures**

- *Number of trainings provided to address food waste and malnutrition.*
- *Number of nutrition grants awarded to supplement OAA funding.*
- *Percentage increase in fundraising to supplement OAA nutrition funding.*
- *Percentage increase in the number of Title III participants and units delivered.*

**Outcomes**

- *Short-term: Money saved on food waste can be used to increase the number of meals served and expand nutrition services.*
- *Short-term: Individuals at risk of malnutrition are identified and early intervention actions are initiated.*
- *Intermediate: Nutrition program is expanded to reach rural and underserved populations.*
- *Long-term: Improved health and ability of Title III participants to remain in their community.*

**Objective 4:** Advocate for expansion of Health Promotion and Disease Prevention Programs.

**Strategies**

- Encourage service providers to invest in and provide more diverse Evidence Based Health Promotion (EBHP) classes.
- Encourage the expansion of Health Promotion and Disease Prevention classes to include programs about healthy living, disease management, and falls prevention.

**Performance Measures**

- *Number of Title III participants who participate in EBHP or other healthy living, disease management, and falls prevention classes.*
- *Number of Title III participants who complete a program reflected in service data.*
- *Self-reported improvement between pre and post participation survey results.*

**Outcomes**

- *Short-term: Improved access to EBHP and other healthy living, disease management, and fall preventions classes.*
- *Intermediate: Improved participation in EBHP and other healthy living, disease management, and fall preventions classes.*

**Objective 5:** Improve partnerships between Title III programs and Title VI Native American programs to ensure vulnerable Oklahomans who are tribal members can access Older Americans Act services.

**Strategies**

- Foster and encourage partnerships between AAAs and tribal entities to ensure tribal elders can benefit from Title III services.
- Promote tribal participation on state and AAA advisory councils and boards.
- Offer to present state and local program information to elders at Title VI sites.
- Collaborate with tribal organizations on grant proposals and state initiatives.

**Performance Measures**

- *Increase in percentage of older Oklahomans who are tribal members participating in Title III services.*
- *Number and percentage of advisory councils at the AAA and State levels with tribal representation.*

**Outcomes**

- *Short-term: Tribal partners are aware of Title III services and know how to access them.*
- *Intermediate: Increased representation and participation of tribal members within Title III and other Older Americans Act programs.*

**State Goal #2 (Advocacy and Elder Rights):** Carry out advocacy efforts to enhance the service delivery system to improve the lives of older individuals, adults with physical disabilities or cognitive decline, and their family caregivers.

**Objective 1:** Support the delivery of services that promote and protect the rights of older individuals.

**Strategies**

- Minimize the number of involuntary transfers and discharges from long-term care facilities.
- Partner with the Oklahoma Disability Law Center to represent residents in involuntary negative actions.
- Encourage civic participation within the community through advocacy and training efforts with AAAs, the State Council on Aging, and other aging advocacy groups.
- Create awareness of resident rights through promotional materials, trainings, and one-on-one conversations.

**Performance Measures**

- *Percentage averted of involuntary transfer and discharge notice cases investigated by the Office of the State Long Term Care Ombudsman.*
- *Number and type of trainings delivered to AAAs and other partners advocating for the rights of older Oklahomans.*
- *Number of referrals for participation in the Oklahoma Aging Advocacy Leadership Academy.*

**Outcomes**

- *Short-term: AAAs and aging advocates understand what resources and pathways are available to older Oklahomans to promote and protect their rights.*
- *Intermediate: Increased access for older Oklahomans to resources and pathways that promote and protect their rights.*
- *Long-term: Older Oklahomans know their rights and have clear pathways to promote and protect them.*

**Objective 2:** Improve access and coordination of services for older individuals with mental illness and substance use disorder.

**Strategies**

- Provide training to AAAs and community partners on how to identify, understand, and respond to signs of mental illness and substance use disorder.
- Collaborate with the Oklahoma Department of Mental Health and Substance Abuse Services on support strategies and referral processes.
- Promote public awareness of the new 988 Comprehensive Crisis Response and other pathways for accessing help with mental health and substance use disorders.
- Explore strategies to move upstream to prevent mental health and substance use disorders.

**Performance Measures**

- *Number of Mental Health First Aid training sessions for AAAs and community partners.*
- *Number of and type of trainings provided alongside the Oklahoma Department of Mental Health and other mental health partners.*

**Outcomes**

- *Short-term: Improve awareness and understanding of mental health and substance use disorders and pathways to access services.*
- *Intermediate: Improve support for individuals experiencing mental illness and substance use disorders.*
- *Long-term: Transition service focus to include more preventative measures in addressing mental health and substance use disorders.*

**Objective 3:** Support and enhance multi-disciplinary responses to abuse, neglect, and exploitation involving Adult Protective Services (APS).

**Strategies**

- Provide training to AAAs and partner agencies on elder abuse, neglect and exploitation, how to report it, and how to make referrals.
- Coordinate with partners to create educational materials to disseminate to the public on elder abuse, neglect, or exploitation.
- Facilitate collaborations with the Aging Network, Long Term Care Ombudsman, Title III providers, law enforcement, health care professionals, financial institutions, multidisciplinary response teams, and other partners.
- Improve public awareness of the resources available to assist victims and families, such as 211 and Be A Neighbor.

**Performance Measures**

- *Number and type of partners identified.*
- *Number and type of trainings provided to partners.*
- *Number of partner integrated business processes developed or improved.*

**Outcomes**

- *Short term: Increase in number of partners and resources to combat elder abuse, neglect, and exploitation.*
- *Intermediate: Increase in the number of referrals to community partners and state agencies for the prevention of elder abuse, neglect, and exploitation.*
- *Long-term: Victims of abuse, neglect, and exploitation receive justice and are able to connect to needed services.*

**State Goal #3 (COVID-19):** Expand on existing emergency operations to provide better guidance for natural disasters, infectious disease outbreaks, and terrorist events.

**Objective 1:** Coordinate emergency and disaster response with community partners and the Oklahoma State Department of Health.

**Strategies**

- Expand and improve existing Emergency Operations Plans (EOP), ensure the plans are easily accessible, and that SUOA employees are knowledgeable about the plans.
- Have a system ready to deploy and disseminate the EOP to community partners in the event of a widespread catastrophe.
- Ensure community partners and AAAs are disseminating their EOPs and State EOPs to their contractors and communities.
- Emphasize support for older Oklahomans and people with dementia and disabilities by contacting local Departments of Health, Department of Mental Health, and dementia & disability advocates for their input on practices that should be included in the EOPs.
- Address potential supply chain issues and create plans to ensure service delivery continues with the least amount of disruption.
- Ensure communication at all levels is outlined in the plans to include who needs to be contacted in what situations.
- Address infrastructure needs (masks, sanitizers, contact shields, and building mods).

**Performance Measures**

- *Number of partners identified and included in EOP planning and preparation.*
- *Number of AAAs and service providers with EOPs in place.*
- *Percentage improvement in bi-annual survey responses from AAAs, partners, and service delivery staff about their knowledge of the EOPs for their agency and region.*

**Outcomes**

- *Short-term: The state has an EOP in place and AAAs and community partners are knowledgeable about EOP countermeasures.*
- *Intermediate: Improved disaster response.*
- *Long-term: Improved response to community needs during a disaster.*

**Objective 2:** Provide assistance, support, and flexibility to service providers that alleviate public health concerns when dealing with a pandemic such as COVID-19.

**Strategies**

- Work with AAAs to coordinate vaccinations for older Oklahomans including homebound.
- Coordinate with AAAs, partners, and providers to distribute PPE to older Oklahomans, people with disabilities, and those who serve them.
- Provide information to the community and older Oklahomans about vaccines and other protective health measures.
- Provide flexibility to service providers for alternative service methods such as drive-thru hot meals, virtual evidence-based health promotion classes, support groups, and telephone counseling.
- Conduct wellness checks to ensure health and wellness.
- Provide training for AAAs on how to screen for depression, mental health decline, and suicide risk.

### **Performance Measures**

- *Number of vaccinations provided to older Oklahomans because of outreach efforts.*
- *Number of wellness checks completed.*
- *Number of Mental Health First Aid training sessions for AAAs and community partners.*

### **Outcomes**

- *Short-term: Increase in knowledge of AAA and provider staff on how to screen for depression, mental health decline, and suicide risk.*
- *Intermediate: Increase in the number of older Oklahomans who seek vaccinations and other protective health measures such as masks and social distancing options at nutrition sites.*
- *Intermediate: Increase in the number of older Oklahomans who are provided services during a pandemic.*
- *Long term: Decrease in the number of older Oklahomans who suffer social isolation due to a pandemic.*

**State Goal #4 (Equity):** Strengthen equity in all aspects of plan administration for individuals with the greatest economic and social need.

**Objective 1:** Develop new strategies to promote equity and target priority populations in the delivery of core services.

### **Strategies**

- Participate in Diversity, Equity, and Inclusion training initiatives.
- Provide training on cultural competency and sensitivity to AAA staff and community partners to help them understand how to create an inclusive and welcoming environment.
- Improve data analysis on underserved populations to understand service utilization and outcomes.
- Continue the development of partnerships with community-based organizations that focus on underserved populations.
- Ensure ongoing, active engagement by the aging network to connect with underserved and under-represented communities to identify gaps in needs and services.
- Work with advocacy organizations for under-represented and underserved communities to determine what they would define as desirable outcomes.

### **Performance Measures**

- *Number and type of trainings provided to AAAs and partners.*
- *Number of Title III participants from underserved and under-represented populations receiving services.*

### **Outcomes**

- *Short term: Increased understanding of staff on how to reach underserved and under-represented populations to address their specific concerns.*
- *Intermediate: Increase in Title III participant enrollment of underserved and under-represented populations.*
- *Long-term: Integration of policies and procedures so that underserved and under-represented populations receive equitable services.*

**Objective 2:** Promote activities that ensure equity in access to services for those with the greatest economic and social need.

**Strategies**

- Increase efforts to promote cultural awareness and inclusion of underrepresented populations.
- Provide training and assistance to AAAs with implementation of multi-cultural experiences to a variety of services.
- Evaluate unit cost differential for culturally and medically tailored meal options.
- Provide training for AAAs and providers on how to expand access to culturally and medically tailored meal options.
- Provide information to the public about multi-cultural experiences and meals offered through Title III services.

**Performance Measures**

- *Number of public releases, news articles, website and social media posts reflecting culturally diverse events and activities.*
- *Number of trainings provided to AAAs and providers on how to expand access to culturally and medically tailored meal options.*
- *Number of survey Title III participants reporting access to culturally and medically tailored meals.*

**Outcomes**

- *Short-term: Increase in knowledge of AAA and provider staff on how to reach and serve underserved populations.*
- *Intermediate: Increase in multi-cultural events and experiences for all Title III participants.*

**Objective 3:** Increase awareness of available resources and services for older adults living with Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS).

**Strategies**

- Partner with the Oklahoma State Department of Health and other community partners to disseminate information about services and resources for people with HIV/AIDS to AIDS Service Organizations (ASOs).
- Increase outreach efforts to ASOs to train providers about Older Americans Act Services and how to access them.
- Provide training to AAAs and providers about HIV/AIDS and the prevalence in older Oklahomans.

**Performance Measures**

- *Number of awareness events and educational materials handed out by planning service area.*
- *Number of ASOs provided with training and resources on Older Americans Act services.*

**Outcomes**

- *Short-term: Increased awareness of and access to services and resources for older Oklahomans living with HIV/AIDS.*
- *Intermediate: Improvement in the number of Older Oklahomans living with HIV/AIDS accessing available Title III services.*

**Objective 4:** Promote healthy living and health equity.

**Strategies**

- Survey AAAs to determine current activities and access to promote healthy living, nutritionally balanced diets, and health equity.
- Identify mobile apps and virtual options to assist older adults with their daily health care need, dietary, and food shopping needs.
- Provide training for the public and AAAs on the importance of health screenings, immunizations, and mitigation of disease.
- Collaborate and coordinate with State Agencies, Area Agencies on Aging and community partners to address food deserts.

**Performance Measures**

- *Number of organizations who collaborate with AAAs to provide health screenings, immunizations, disease prevention, healthy living strategies, and access to healthy food.*
- *Number of events held to provide health screenings, immunizations, disease prevention, healthy living strategies, and access to healthy food.*

**Outcomes**

- *Short-term: Increased collaboration with organizations that provide health screenings, immunizations, disease prevention, healthy living strategies, and access to healthy food.*
- *Intermediate: Increased access to health screenings, immunizations, disease prevention, healthy living strategies, and healthy food for older Oklahomans.*

**Objective 5:** Provide training for providers and community partners on the impact of Social Determinants of Health (SDOH).

**Strategies**

- Prepare, publish, and disseminate educational materials on the SDOH, which affects the health and economic welfare of older Oklahomans.
- Adopt and implement a tool to measure the social determinants of health (SDOH) for Title III participants.
- Study results and plan services to enhance the SDOH of older Oklahomans, including those with the greatest economic and social need.

**Performance Measures**

- *Number and type of educational resources distributed to providers and community partners.*
- *Number of SDOH surveys administered.*
- *Number of correlative trends of SDOH that could be improved through targeted OAA services.*

**Outcomes**

- *Short-term: Increased knowledge of providers and community partners about the impact of SDOH.*
- *Intermediate: Improved service planning to address gaps in SDOH for Title III participants.*

**Objective 6:** Promote participant-directed, person-centered planning through HOPE Science.

**Strategies**

- Provide tools and education to AAAs and providers on the Science of HOPE and how to incorporate HOPE when serving older Oklahomans.

**Performance Measures**

- *Number and type of tools/resources developed to promote HOPE and person-centered planning.*
- *Number and type of training delivered to providers and community partners to promote HOPE and person-centered planning.*

**Outcomes**

- *Short-term: Improved knowledge and awareness of the Science of HOPE and person-centered planning.*
- *Intermediate: Improved ability of Older Americans Act recipients to identify a goal and pathways to achieve the goal.*
- *Long-term: Older Americans Act service recipients believe that tomorrow can be better than today and that they have the power to make it so.*

**Objective 7:** Promote education to support older Oklahomans with cognitive decline, including those with Alzheimer's and other dementias and their caregivers.

**Strategies**

- Partner with agencies who specialize in cognitive decline, including Alzheimer's and other dementias and their caregivers.
- Gather and/or develop informational materials for caregivers and others assisting with cognitive decline, including Alzheimer's and other dementias.
- Provide training for AAAs and partner agencies on the impacts of cognitive decline, including Alzheimer's and other dementias.
- Identify resources and assistance for those who are caregivers for family members with cognitive decline, including Alzheimer's and other dementias.

**Performance Measures**

- *Number and type of trainings provided to AAAs and partner agencies.*
- *Number of referrals to resources and assistance for families addressing cognitive decline, including Alzheimer's and other dementias.*

**Outcomes**

- *Short-term: Increase in knowledge of AAAs and providers on what resources are available for individuals/families dealing with cognitive decline, including Alzheimer's and other dementias.*
- *Intermediate: Improved access to resources and support for individuals/families caring for a family member with cognitive decline, including Alzheimer's and other dementias.*

**Objective 8:** Promote social engagement for older individuals and individuals with physical disabilities or cognitive decline, including Alzheimer's and other dementias.

**Strategies**

- Provide training and tools to AAAs and providers to carry out wellness checks.
- Cultivate virtual engagements within existing services.
- Partner with the Oklahoma Broadband Expansion Council to advocate for broadband coverage to increase social connection and engagement for older Oklahomans.

- Develop partnerships and grants to promote in-home technology supports, to include technology equipment and internet for older Oklahomans to stay connected.
- Partner with libraries to increase access to internet resources.
- Provide tools and education on least restrictive pathways, including supported decision-making, Advance Directives, and tailored guardianships.
- Expand on multi-agency partnerships to share resources to assist with supported decision-making.

#### **Performance Measures**

- Number of wellness checks carried out.
- Number of virtual engagements initiated for members who are home bound.
- Number of APS guardianships averted by supported decision-making program.

#### **Outcomes**

- *Short-term: Increase in pathways developed to connect to older Oklahomans virtually.*
- *Intermediate: Expanded participation for virtual option programs such as Health Promotion classes, caregiver support groups, and seminars about OAA services.*
- *Intermediate: Increase the safety net for vulnerable older Oklahomans.*
- *Long-term: Improvement in the number of older Oklahomans whose wishes are carried out in the least restrictive manner possible.*

### **State Goal #5 (Expanding Access to Home and Community Based Services (HCBS)):**

Provide a coordinated system of in-home and community-based long-term care services that enables older Oklahomans to be active, engaged, and supported in their homes and communities.

**Objective 1:** Facilitate a comprehensive, coordinated system of long-term care that enables older adults to receive services in settings of their choice and in a manner responsive to their needs and preferences.

#### **Strategies**

- Build and strengthen partnerships with community-based programs that primarily serve the aging population.
- Empower AAAs and community partners with program information and contacts for Veterans Administration services, ADvantage, Medicaid, Adult Day Health, and other HCBS providers.
- Facilitate coordination with Veterans Administration services, ADvantage, Medicaid, Adult Day Health, and other HCBS providers.

#### **Performance Measures**

- Number of education and awareness campaigns for AAAs about non-OAA HCBS resources.
- Percentage increase in referrals to non-OAA HCBS resources.

#### **Outcomes**

- *Short-term: Increase in opportunities for learning and collaboration between AAAs and Veterans Administration services, ADvantage, Medicaid, Adult Day Health, and other HCBS providers.*
- *Short-term: Increase the number of outreach, awareness, and reporting activities for home and community-based services.*
- *Intermediate: Increase the number of referrals to Veterans Administration services, ADvantage, Medicaid, Adult Day Health, and other HCBS provider.*

**Objective 2:** Assist individuals residing in nursing homes or at risk of institutionalization in accessing community-based services and learning about their service options.

**Strategies**

- Increase outreach efforts to promote awareness, individual choice, and understanding of available services to support aging in place.
- Collaborate and coordinate with State programs such as Medicaid, Adult Day Health, Living Choice, PACE and other partners to support individuals who are transitioning from nursing home to community-based settings.
- Disseminate resources about long-term care options and individual rights to key partners.
- Inform older adults about long-term care options and rights.

**Performance Measures**

- *Number and type of training and education efforts completed to promote awareness, individual choice, and understanding of service options.*
- *Number of individuals who transition from nursing home to community-based settings as measured by Living Choice program data.*

**Outcomes**

- *Short-term: Increase in awareness and understanding of available services to support aging in place, including transitions to community-based settings.*
- *Intermediate: Increase referrals for transition from long-term care facilities back into the community.*
- *Long-term: Increase in the percentage of older Oklahomans able to age in place or in the setting of their choice.*

**State Goal #6 (Caregiving):** Bolster the recognition and support of unpaid family caregivers.

**Objective 1:** Promote and expand respite supports by collaborating with other Oklahoma respite providers.

**Strategies**

- Partner with Adult Day Health Service (ADHS) providers to educate family caregivers regarding the valuable respite role ADHS can provide.
- Meet with statewide respite providers to develop achievable pathways for unpaid caregivers to access respite vouchers.
- Provide information to community partners and family caregivers of the benefits and accessibility of respite vouchers for caregivers across the lifespan.
- Coordinate with other respite providers to develop and promote a respite app for caregivers to easily access appropriate respite voucher programs.

**Performance Measures**

- *Number of statewide trainings per year to increase the knowledge of respite providers regarding valued caregiver supports.*
- *Percentage increase in participation in Adult Day Health Services.*
- *Number of referrals to respite provider agencies using the respite app.*

**Outcomes**

- *Short-term: Increase awareness of respite options for family caregivers.*
- *Intermediate: Increase respite utilization for family caregivers and their loved ones.*
- *Long-term: Improved coordination between respite programs.*

**Objective 2:** Explore opportunities to expand and strengthen respite care supports and workforce.

**Strategies**

- Partner with the Lifespan Respite Grant team to promote and expand the Oklahoma Respite Provider Registry.
- Partner with the Public Health Workforce Grant to educate underserved communities of available respite employment and volunteer opportunities.
- Encourage advocacy groups to raise awareness regarding the human and economic value that paid and unpaid caregivers bring to Oklahoma.
- Develop and post social media information promoting the Oklahoma Respite Provider Registry and other caregiver supports.

**Performance Measures**

- *Number of respite providers certified and included on the Oklahoma Respite Provider Registry per year.*
- *Number of educational trainings/events/attendees provided to increase the knowledge of family caregivers regarding access to the Oklahoma Respite Provider Registry per year.*

**Outcomes**

- *Short-term: Increase extended employment or volunteer opportunities for respite providers.*
- *Intermediate: Increase the number of certified respite providers.*
- *Intermediate: Increase access to respite and other supports for family caregivers.*

**Objective 3:** Increase awareness of valued support groups both in-person and virtual.

**Strategies**

- Support and monitor the OKCares.org website to assure the Support Group Locator is up-to-date and informative.
- Encourage community partners to develop and provide support groups to underserved populations.
- Develop and post support group information on social media platforms.
- Provide information to the public, family caregivers, and community partners on the value of support group.

**Performance Measures**

- *Number of times information is provided on the availability and value of support groups.*
- *Number of new support groups per AAA area included on the OKCares.org Support Group Locator.*
- *Number of social media blasts to promote awareness of support groups in each AAA area.*

**Outcomes**

- *Short-term: Increase the opportunity for family caregivers to connect with support groups.*
- *Intermediate: Increase in caregiver support group participation across the state.*

# Quality Management

Quality management for programs and services is the focus for the Special Unit on Aging team. SUOA strives to ensure federal, state, and local funds provided to Area Agencies on Aging and other grantees are used effectively, efficiently, and strategically for services and supports for older adults. In the past few years, SUOA has standardized monitoring tools for AAAs on several Older Americans Act core programs. The annual external fiscal audits and related requirements are reviewed to fully incorporate fiscal monitoring into the monitoring plan.

Over the next few years, SUOA will begin to monitor AAAs quarterly instead of annually. Instead of completing the AAA Annual assessment once a year, smaller, more focused assessments will be completed each quarter. This will benefit both SUoA and the AAA as issues can be addressed more quickly. This fourth quarter assessment will be the closure assessment of the year where AAA performance is evaluated, a progress report given, and a closure letter provided. This model of assessment will allow earlier remediation of problem areas. A tool will be developed and used by the SUoA team to help track technical assistance and training given to each AAA over the course of the year. This will assist in determining if monitoring efforts by the AAAs as outlined in policy are being met.

A component of quality management is the AAA's responsibility to monitor project compliance with regulations and assurances with state policy, the Older Americans Act, as well as evaluating the effectiveness of services. The monitoring plan is based on the assumption AAAs have in-depth, expert knowledge of the national and state requirements for service delivery and fiscal control. SUOA has recognized throughout the pandemic the detrimental impact of turnover of AAA staff. As a result, the knowledge of AAA staff has decreased. SUOA recognizes the need to increase training for the AAA staff. The partnership with NFESH (mentioned previously) will assist with this, as their courses are virtual and allow an individual to work at their own pace to complete courses. SUOA will supplement these courses with in-person or real-time virtual trainings. SUoA is also working to develop training curriculum, videos, and materials that will be available with free access to all Title III employees.

SUOA believes standards may be strengthened and efficiencies gleaned through ongoing program support and monitoring efforts. These efforts may include in-person visits to AAAs, development of consistent training curriculum, and evaluation of data collection. Standardized reporting and actively shared quality improvement will lead to best practices across agencies. Fostering collaborative partnerships and maintaining positive relationships will position SUoA to have a more supportive role for our AAAs and service providers.

# Bibliography

<sup>1</sup> "U.S. Census Bureau Quickfacts: Oklahoma City City, Oklahoma; Oklahoma". Census Bureau Quickfacts, 2022, <https://www.census.gov/quickfacts/fact/table/oklahomacitycityoklahoma,OK/INC110220>.

<sup>2</sup> "AGID - Custom Tables - State-Level Population Estimates Data: Results". Agid.Acl.Gov, 2019, [https://agid.acl.gov/CustomTables/Pop\\_State/Results/](https://agid.acl.gov/CustomTables/Pop_State/Results/).

<sup>3</sup>Brock, D., Rabinovich, B., Severynse, J. and Ficke, R., 2011. *Risk Factors for Nursing Home Placement Among Older Americans Act Service Recipients*. Rockville: Westat.

<sup>4</sup> "AGID - Custom Tables - State-Level Population Estimates Data: Results". Agid.Acl.Gov, 2019, [https://agid.acl.gov/CustomTables/Pop\\_State/Results/](https://agid.acl.gov/CustomTables/Pop_State/Results/).

<sup>5</sup>(AARP Public Policy Institute, 2019)

<sup>6</sup> Grandfamilies.Org, 2021, <http://www.grandfamilies.org/Portals/0/State%20Fact%20Sheets/Oklahoma%20GrandFacts%20State%20Fact%20Sheet%202021%20Update.pdf>.

<sup>7</sup> Turner, Terry. "Grandparents Raising Grandchildren: A Health Guide". Retireguide, 2022, <https://www.retireguide.com/guides/self-care-raising-grandchildren/>.

<sup>8</sup> "Prison Population By State 2022". Worldpopulationreview.Com, 2022, <https://worldpopulationreview.com/state-rankings/prison-population-by-state>.

<sup>9</sup> "Native American Population 2022". Worldpopulationreview.Com, 2022, <https://worldpopulationreview.com/state-rankings/native-american-population>.

<sup>10</sup> Novotney, Amy. "The Risks Of Social Isolation". [Https://Www.Apa.Org](https://www.apa.org), 2019, <https://www.apa.org/monitor/2019/05/ce-corner-isolation>

<sup>11</sup> "Explore Risk Of Social Isolation - Ages 65+ In Oklahoma | 2021 Senior Report". America's Health Rankings, 2020, [https://www.americashealthrankings.org/explore/senior/measure/isolationrisk\\_sr/state/OK](https://www.americashealthrankings.org/explore/senior/measure/isolationrisk_sr/state/OK).

<sup>12</sup> "Senior Report 2021". [Assets.Americashealthrankings.Org](https://assets.americashealthrankings.org), 2021, <https://assets.americashealthrankings.org/app/uploads/2021-senior-report.pdf>.

## **Attachment A**

## **State Plan Guidance**

# **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 areaplans 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, nutritionservices, 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 theamount 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 (includingmental 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 theamount 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 eachcommunity, giving special consideration to designating multipurpose senior centers (includingmultipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as suchfocal point; and

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

(4) (A)

(i)

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

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

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

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

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

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

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

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

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.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

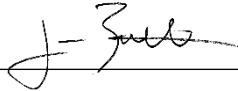
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(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...

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Jeremy Buchanan, Director of CAP

August 12<sup>th</sup>, 2012

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Date

## **Attachment B**

## **INFORMATION REQUIREMENTS**

**IMPORTANT:** States must provide all applicable information following each OAA citation listed below. Please note that *italics* indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

### **Section 305(a)(2)(E)**

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

#### **RESPONSE:**

The State Unit on Aging has policy in place requiring grantees and sub-grantees to prioritize service delivery to the target population mentioned above. All services identify individuals with the greatest economic need and older individuals with greatest social need.

State policy OAC 340:105-10-38

Targeting Resources to Older Persons in Greatest Economic or Social Need.

<https://oklahoma.gov/okdhs/library/policy/current/oac-340/chapter-105/subchapter-10/parts-5/targeting-resources-to-older-persons-in-greatest-economic-or-social-need.html>

### **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:**

The agency that provides assistive technology is Oklahoma ABLE Tech. They assist individuals with a disability in the selection, acquisition or use of an assistive technology device. The FY24-26 Area Plans submitted by the Area Agencies on Aging will include information regarding State assistive technology and how they will distribute information to older adults in their area.

## **Section 306(a)(17)**

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

### **RESPONSE:**

The State Unit on Aging has policy in place requiring Area Agencies on Aging to develop and submit emergency preparedness plans. The plans are submitted with their Area Plans. A revised emergency plan is submitted when an Area Agency on Aging makes changes to their plan.

State policy OAC 340:105-10-45

Area Agency on Aging Disaster Planning

<https://oklahoma.gov/okdhs/library/policy/current/oac-340/chapter-105/subchapter-10/parts-5/area-agency-on-aging-disaster-planning.html>

## **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 State Unit on Aging has policy in place regarding federal allotment for Title III B services. The Area Agencies on Aging develops its annual budget in consultation with the State Agency and incorporates the allocations listed in section (c) of this subsection into the budget.

The Area Agencies on Aging:

(1) expends at least 30 percent of its federal Title III-B funds overall for the three priority service categories, and not less than five percent of these funds for any single priority service, more specifically: 6% for Access, 5% for in-home and 30% for legal;

(2) expends at least as much federal funds in any given fiscal year for the priority services categories as the Area Agencies on Aging expended for the priority services in the previous fiscal year; unless the Area Agencies on Aging allocation of these funds is reduced, in which case, the Area Agencies on Aging priority services expenditure is reduced proportional to the Area Agencies on Aging reduction in Title III-B funds; and

(3) allocates federal funds to legal assistance services in accordance with minimum funding levels established by the State Agency and issued annually under State memo.

State policy OAC 340:105-10-96

Title III-B Priority Supportive Services.

<https://oklahoma.gov/okdhs/library/policy/current/oac-340/chapter-105/subchapter-10/parts-9/title-iii-b-priority-supportive-services.html>

## **Section 307(a)(3)**

The plan shall—

- A. with respect to services for older individuals residing in rural areas—
  - a. provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;
  - b. 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
  - c. 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 projected title III Federal Funding costs of providing services to Title III clients in the rural areas for the next four years are as follows:

FY23	\$9,008,946.00
FY24	\$9,279,214.00
FY25	\$9,459,393.00
FY26	\$9,504,438.00

Please see the Intrastate Funding Formula section of this State Plan and State Policy.

State Policy OAC 340:105-10-95

Intrastate Funding Formula

<https://oklahoma.gov/okdhs/library/policy/current/oac-340/chapter-105/subchapter-10/parts-9/intrastate-funding-formula.html>

## **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 Unit on Aging has policy in place requiring Area Agencies on Aging to conduct needs assessments and provide service activities in each planning and service area. There are specific policies regarding older adults residing in rural areas, including general service standards and outreach to target individuals residing in rural areas. The Intrastate funding formula policy includes considerations for those residing in rural areas.

State policy OAC 340:105-10-33

Area Plan on Aging – Section (c)(4)

<https://oklahoma.gov/okdhs/library/policy/current/oac-340/chapter-105/subchapter-10/parts-5/area-plan-on-aging.html>

State policy OAC 340:105-10-58 Outreach Service Eligibility

<https://oklahoma.gov/okdhs/library/policy/current/oac-340/chapter-105/subchapter-10/parts-7/outreach-service-eligibility.html>

State Policy OAC 340:105-10-95

Intrastate Funding Formula

<https://oklahoma.gov/okdhs/library/policy/current/oac-340/chapter-105/subchapter-10/parts-9/intrastate-funding-formula.html>

## **Section 307(a)(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, 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:**

America's Health Rankings rank Oklahoma 37<sup>th</sup> for poverty in the population age 65 and older. According to AGID, in 2019, the total number of individuals age 60 and older, low-income, minority was 24,903. According to the Migration Policy Institute, in 2019, 2.1% (13,640) speak English less than very well in the population age 65 and older. There are no statistics for the number of low-income minority individuals with limited English proficiency.

The State Unit on Aging has policy in place requiring grantees and sub-grantees to prioritize service delivery to older persons in greatest economic or social need. Outreach services identify individuals in the same categories. Area Agencies on Aging and other sub-grantees prioritize service delivery to ensure they receive preference as required by the Act.

The Special Unit on Aging reviews the Area Plans from each of the Area Agencies on Aging that address their outreach methods in their planning and service areas to ensure effective methods are used.

Outreach methods used to ensure the service needs of low-income minority older individuals and those with limited English proficiency are met include community presentations, public service announcements on television or radio, press releases, inter-agency referrals, leaving brochures at doctors' offices and with hospital discharge workers, partnering with county health departments, and leaving fliers at businesses and churches which the specific populations attend. Inter-agency referrals, community presentations, and local tribal agency contacts are focus areas to reach limited English proficiency individuals who are Native American.

The state office and each Area Agencies on Aging use the latest available census data to target minority and underserved populations within a service area and update their area plan annually on how they will reach these groups.

State policy OAC 340:105-10-38

Targeting Resources to Older Persons in Greatest Economic or Social Need.

<https://oklahoma.gov/okdhs/library/policy/current/oac-340/chapter-105/subchapter-10/parts-5/targeting-resources-to-older-persons-in-greatest-economic-or-social-need.html>

## **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.

**RESPONSE:**

The State Unit on Aging will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits. Currently, there is a member on the State Council on Aging Advisory Council who can assist with liaison with the tribes.

The State Unit on Aging contract document with each Area Agencies on Aging has a provision in the scope of work requiring the contractor Area Agencies on Aging to perform services as described in the Older Americans Act found online, both in present form and as amended, during the term of the contract. This ensures their compliance with the Older Americans Act requirements. The provisions of the state contract extend through to the sub-grantees or local service providers.

The State Unit on Aging has policy in place requiring Area Agencies on Aging projects coordinate Title III services with Title VI Native American nutrition programs. They must include joint planning, information sharing and negotiation of written agreements.

State Policy 340:105-10-51

General Title III Service Standards

<https://oklahoma.gov/okdhs/library/policy/current/oac-340/chapter-105/subchapter-10/parts-7/general-title-iii-service-standards.html>

**Section 307(a)(27) -**

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.

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 overall increase in population in Oklahoma from 2010 to 2020 was almost 198,000. Of that number, 112,500 were age 65 and older. The Demographics Research Group at the Weldon Cooper Center reflects a 21.3% growth for ages 65 and older in by 2030 in Oklahoma, which is almost 135,000 older adults. The aging population in Oklahoma is increasing more than any other age group.

The State realized the need to address the increase in the aging population in Oklahoma. In 2018, the Oklahoma Legislators House Bill 3289 created the Oklahoma Long-Term Care Services and Supports Advisory Committee. The committee was to develop a long-range plan for long-term care services and supports, access the financial impact of these services and create a long-range plan for stable, sustainable funding to support these services in Oklahoma.

One of the recommendations made in the report by the Advisory Committee was to expand and fund nutrition sites and restore funding for all Older American Act programs and services. Knowing these services are home and community based, these are the services that will assist older individuals to live longer and more independently in their home and community. HCBS focus on creating a safe and health home environment, with emphasis on wellness and socialization.

Another recommendation was directly related to funding. Currently, Oklahoma spends approximately 70% of its aging services funds on nursing home expenses and 30% on HCBS. The recommendation was to reverse the spending so 30% is on institutional care and 70% on HCBS. The report also included funding solutions so the institutional care would not lose funding, but have other sources of funding, as the committee recognized the increase in those 85 and older.

### **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:**

Community Living, Aging and Protective Services (CAP) is fortunate to have the emergency preparedness support of our larger agency which includes access to law enforcement, transportation, communications, etc. The agency has an Emergency Preparedness and Response Program as well as a division specific Emergency Operations Plan. The agency has both statewide response plans in place and requires localized plans to be created, tested and ready for deployment if needed. The agency has a presence in most counties so the coverage is comprehensive. The State Unit on Aging has a communications plan in place that allows for efficient information and data reporting through the Area Agencies on Aging. Communication is key with any disaster and emphasis is also placed on information technology backup and restoration following a disaster and is built into the overall Continuity of Operations Plan. Another key area is vaccine distribution and administration, which was utilized during the past two years of the COVID-19 pandemic. The State Unit on Aging worked closely with CAP's Community Engagement and Coalitions Unit to help older adults with vaccinations across the state, which included, scheduling of appointments, transportation and working with medical organizations to ensure homebound citizens received vaccinations in their home.

## **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:**

Oklahoma has several departments devoted to emergency preparedness and continuity of operations. The Oklahoma State Department of Health has an Emergency Preparedness and Response Services division, which protects and promotes the health and safety of Oklahomans through mitigation, preparedness, response and recovery from public health emergencies, including infectious disease outbreaks, natural disasters, and acts of terrorism. The Oklahoma Department of Emergency Management maintains and updates the State Emergency Operations Plan. The plan includes information on community preparedness, emergency response, disaster recovery, and hazard mitigation. Both of these departments work with the Oklahoma Office of Homeland Security, which oversees the Continuity of Operations Plan. The Director of CAP attends regular meetings hosted by the Oklahoma State Department of Health regarding public health and disaster response preparedness.

## **Section 705(a) ELIGIBILITY —**

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

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

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

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

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

**RESPONSE:**

The State Unit on Aging, through the statewide Area Agencies on Aging system, has established programs under the Older Americans Act throughout Oklahoma. SUOA also coordinates Older Americans Act services with other resources for older Oklahomans. The state office and the area agencies on aging hold public hearings, focus groups, utilize surveys, participate in Title VI meetings such as the Oklahoma Indian Council on Aging, and consult with the State Council on Aging and other aging organizations, such as the Alliance on Aging and Silver-Haired Legislature, to obtain the views of older Oklahomans regarding services provided, service gaps, and prioritizing statewide activities. Oklahoma will continue to fund and provide services for the prevention of elder abuse, neglect, and exploitation through our Legal Services and Ombudsman programs including public education offerings, complaint investigation, and referral to law enforcement or public protective services agencies as needed without any interference from our office or other entities. There is policy in place to ensure all confidentiality of personal information including the requirement of signed consent from the individual to release any information for a referral.

State Policy 340:105-10-51

General Title III Service Standards

<https://oklahoma.gov/okdhs/library/policy/current/oac-340/chapter-105/subchapter-10/parts-7/general-title-iii-service-standards.html>

State Policy 340:105-10-66

Legal Services Methods

<https://oklahoma.gov/okdhs/library/policy/current/oac-340/chapter-105/subchapter-10/parts-7/legal-services-methods.html>

## **Attachment C**

## **INTRASTATE FUNDING FORMULA**

In consultation with Area Agencies on Aging and in accordance with guidelines issued by the Assistant Secretary for Aging of the Administration for Community Living (ACL), the State Agency uses the best available data to develop and publish for review and comment a formula for distribution within the state of funds received under Title III that takes into account:

- (1) the geographical distribution of older persons in the state; and
- (2) the distribution among planning and service areas (PSAs) of older persons with greatest economic need and older persons with greatest social need, with particular attention to low income minority older persons.

*The State Agency implements this by: (1) obtaining input from the Area Agencies on Aging, including demographic data, for use in developing the intrastate funding formula;*

*(4) (2) following guidelines from the regional office of ACL regarding development of the intrastate funding formula; (3) considering the geographic distribution among PSAs of persons 60 years of age and older in the development of the intrastate funding formula; (4) considering the distribution among PSAs of older persons in greatest economic need, based on older persons at or below the poverty level as defined by the United States Bureau of Census. Particular attention is paid to low income minority older persons and older persons residing in rural areas, in the development of the intrastate funding formula; (5) considering the distribution among PSAs of older persons in greatest social need. Particular attention is paid to low income minority older persons and older persons residing in rural areas, in the development of the intrastate funding formula; (6) source of the data for the funding formula is as follows:*

**Total Population 60 Years Plus - Census 2020 Estimate**

**65 Years Plus Minority Population - ACS 2015-2019 5-Year Data Set Estimate**

**60 Years Plus Poverty Population - ACS 2015-2019 5-Year Data Set Estimate**

*Community Living, Aging and Protective Services (CAP) develops an intrastate funding formula that includes:*

*(A) funds retained for state and Area Agencies on Aging administration, and for the State Long-Term Care Ombudsman Program, including:*

- (i) no more than five percent of Oklahoma's allocation of Older Americans Act Title III funds or \$750,000, whichever is greater, retained by the State Agency for State Agency administrative costs.*
- (ii) No more than ten percent of the funds remaining after providing for State Agency administrative costs are awarded for meeting Area Agencies on Aging administrative costs.*

*In awarding administrative funds, each PSA is apportioned a minimum of \$37,500 unless,*

*available funds are insufficient to provide for such apportionment, in which case the available funds are distributed among the PSAs in equal shares. Area Agencies on Aging administrative funds remaining, if any, after making this apportionment are allotted among PSAs in the same proportion as each PSA's age 60 and older population bears to the total state population age 60 and older; and*

- (iii) No less than one percent of Oklahoma's Older Americans Act Title III, Part B allocation is retained for the Long-Term Care Ombudsman Program of the State Agency;*
- (B) 50 percent of the funds remaining after providing for state and Area Agencies on Aging administrative costs and for the Long-Term Care Ombudsman Program are apportioned among PSAs in the same proportion as each PSA's age 60 and older population bears to the total state population age 60 and older;*
- (C) 25 percent of the funds remaining after the apportionment described in (B) of this paragraph are apportioned among PSAs in the same proportion as each PSA's age 60 and older population living at or below the poverty level bears to the total state population age 60 and older living at or below the poverty level;*
- (D) All of the funds remaining after the apportionment described in (C) of this paragraph apportioned among PSAs in the same proportion as each PSA's age 60 and older population of minority racial descent bears to the total state population age 60 and older of minority racial descent;*
- (E) PSAs containing no medically underserved areas are ineligible to receive funds appropriated specially for disease prevention and health promotion services. Medically underserved areas mean medically underserved areas designated by the United States Department of Health and Human Services, Public Health Service Bureau of Health Care Delivery and Assistance, Office of Shortage Designation;*
- (F) Allotting each PSA sufficient funds to meet the requirements of Section 307 (a)(3)(B) of the Older Americans Act. Not less than the total of the federal fiscal year 2000 expenditures were allotted to rural areas. Rural areas are defined as those counties not included in Standard Metropolitan Statistical Areas (SMSA), as determined by the United States Census Bureau. An SMSA must contain one city with a population of at least 50,000 and any contiguous area that is economically or socially associated with the city. PSA 6 contains Tulsa, Oklahoma, with a population of 413,066 and PSA 8 contains Oklahoma City, Oklahoma, with a population of 681,054.*

*The amounts necessary to meet this requirement are:*

Planning Service Area 1 (Grand Gateway Economic Development Association): \$876,072

Planning Service Area 2 (Eastern Oklahoma Development District): \$1,149,319

Planning Service Area 3 (Kiamichi Economic Development District of Oklahoma): \$812,873

Planning Service Area 4 (Southern Oklahoma Development Association): \$900,213

Planning Service Area 5 (Central Oklahoma Economic Development District): \$803,399

Planning Service Area 6 (Indian Nation Council of Government): \$0

Planning Service Area 7 (Long Term Care Authority of Enid): \$578,108

Planning Service Area 8 (Areawide Aging Agency, Inc.): \$0

Planning Service Area 9 (Association of South Central Oklahoma Governments): \$914,127

Planning Service Area 10 (South Western Oklahoma Development Authority): \$441,543

Planning Service Area 11 (Northwest Planning Service Area): \$252,781

### Intrastate Funding Formula

$$Y = (.50 * (\%60)) + (.25 * (\%LIE)) + (0.25 * (\%ME))$$

Factors	Weights
Population Age 60 and over	50%
Low Income Elderly	25%
Minority Elderly (65+)	25%

AAA	Total Population 60 Yrs Plus - Census 2020 Estimate	Total Pop 60 yrs Plus % of State Population 60 Yrs Plus (Census 2020 Estimate)	65 Yrs Plus Minority* Population - ACS 2015-2019 5-Yr Data Set Estimate	65 Yrs Plus Minority* Population % of State Population 65 Yrs Plus Minority (ACS 2015-2019 5-Yr Data Set)	60 Years Plus Poverty Population ACS 2015-2019 5-Yr Data Set Estimate	60 Yrs Plus Poverty % of State Population 60 Yrs Plus Poverty (ACS 2015-2019 5 Yr Data Set)
PSA 8-Areawide Aging Agency, Inc	260,244	29.0%	27,171	29.3%	19,524	24.6%
PSA 9-Association of South Central Oklahoma Governments	69,709	7.8%	6,932	7.5%	6,098	7.7%
PSA 5-Central Oklahoma Economic Development District	57,671	6.4%	5,026	5.4%	5,720	7.2%
PSA 2-Eastern Oklahoma Development District	79,425	8.9%	12,197	13.2%	8,574	10.8%
PSA 1-Grand Gateway Economic Development Association	75,869	8.5%	7,965	8.6%	6,514	8.2%
PSA 6-Indian Nation Council of Government	169,596	18.9%	17,749	19.1%	13,342	16.8%
PSA 3-Kiamichi Economic Development District of Oklahoma.	46,260	5.2%	5,661	6.1%	6,031	7.6%
PSA 7-Long Term Care Authority of Enid	39,653	4.4%	2,125	2.3%	3,110	3.9%
PSA 11-Northwest Planning Service Area	15,450	1.7%	534	0.6%	1,330	1.7%
PSA 4-Southern Oklahoma Development Association	58,452	6.5%	5,659	6.1%	6,736	8.5%
PSA 10-South Western Oklahoma Development Authority	23,946	2.7%	1,717	1.9%	2,463	3.1%
Totals	896,275	100%	92,736	100%	79,442	100%

Service Funding is distributed after awarded funding has been reduced as illustrated below:

		Supportive Serv
TOTAL 3-B FY-	2020	\$4,371,777
LESS 10% AAA ADMINISTRATION		\$415,318
LESS 1% STATE OMBUDSMAN		\$43,718
LESS 5% STATE ADMINISTRATION		\$218,588
III-B AVAILABLE FOR AAA'S		\$3,694,153

Then the AAA Funding is distributed by the factor times AAA III-B Funding Available.

PSA #	AAA	60+ Population	Minority	Poverty	Factor	B Supportive Services	
9	ASCOG	7.88%	7.32%	8.32%	7.85%	\$290,083	
5	COEDD	6.72%	5.53%	7.95%	6.73%	\$248,610	
2	EODD	9.16%	13.61%	11.37%	10.82%	\$399,745	
3	KEDDO	5.85%	6.34%	8.01%	6.51%	\$240,547	
1	GGEDA	8.84%	9.08%	8.78%	8.89%	\$328,316	
7	LTCA	5.03%	2.20%	5.83%	4.52%	\$167,064	
11	NW PSA 11	1.96%	0.55%	2.34%	1.71%	\$62,988	
8	Areawide	26.41%	28.45%	18.97%	25.06%	\$925,785	
4	SODA	6.99%	6.05%	8.99%	7.26%	\$268,033	
10	SWODA	3.02%	1.71%	3.91%	2.91%	\$107,604	
6	INCOG	18.14%	19.16%	15.53%	17.74%	\$655,378	
	TOTAL	100.00%	100.00%	100.00%	100.00%	\$3,694,153	

This process is followed for Title III-B, C1, C2, D, and E.

- Please add a brief narrative statement(s) explaining the method of allocating NSIP awards to AAAs (nutrition services incentive program).

**NSIP funding is awarded to the AAAs by county based on the number of meals served in the county during the previous (July 1-June 30) state fiscal year. Each county's total meals are weighted against the total meals served in the state, which determines a percentage. This percentage is multiplied by the NSIP funding awarded to determine the amount per county.**

## **Appendix D**

### **ACRONYMS**

AAA: Area Agency on Aging

ACL: Administration for Community Living

AIDS: Acquired Immunodeficiency Syndrome

APS: Adult Protective Services

ARP: American Rescue Plan

C1: Older Americans Act Congregate Meals

C2: Older Americans Act Home Delivered Meals

CAP: Community Living, Aging and Protective Services

COVID: Coronavirus Disease

DHS: Department of Human Services

GRRC: Grandfamilies Raising Grandchildren

HCBS: Home and Community Based Services

HIV: Human Immunodeficiency Virus

I&A: Information and Assistance

LTC: Long-Term Care

LTSS: Long Term Services and Supports

MIPPA: Medicare Improvements for Patients and Providers Act

NFESH: National Foundation to End Senior Hunger

NTAC: National Technical Assistance Center on Grandfamilies and Kinship Families

OAA: Older Americans Act

OAC: Oklahoma Administrative Code

OCC: Oklahoma Caregiver Coalition

OHS: Oklahoma Human Services

OSHL: Oklahoma Silver Haired Legislature

OSLTCO: Office of the State Long-Term Care Ombudsman

PACE: Program of All-inclusive Care for the Elderly

PPE: Personal Protection Equipment

RAISE: Recognize, Assist, Include, Support and Engage

SCSEP: Senior Community Service Employment Program

SDOH: Social Determinants of Health

SUOA: State Unit on Aging

TBI: Traumatic Brain Injury

USDA: United States Department of Agriculture

## **Appendix E**

### **FOCUS GROUP MEETINGS**

Four different focus groups were conducted for the Oklahoma State Plan 2023-2026. The first three focus groups were tasked with analyzing three broad Older Americans Act and aging topics and bringing each attendee's unique perspective to the discussion. Staff of organizations who provide services to those who are HIV+ attended the fourth focus group, where they provided input on services specific to older Oklahomans living with HIV. In all focus groups, Community Living, Aging, and Protective Services (CAP) employees spoke only when asked a specific question by a focus group attendee.

The first focus group involved members from the State Council on Aging and was held on November 16, 2021. In addition, three (3) CAP employees attended including a member of the Special Unit on Aging that administers Title III services, the Deputy Director of Aging Services, and the Director of Community Living, Aging, and Protective Services.

The second focus group included the Area Agencies on Aging held on November 19, 2021. The Area Agencies on Aging Directors and some staff attended. In addition, three (3) Aging Services employees attended, including a member of the Special Unit on Aging that administers Title III services, the Deputy Director of Aging Services, and the Director of Community Living, Aging, and Protective Services.

The third focus group included members of the Aging with Hope Workgroup and was held on November 30, 2021. Attendees were employees of government, private, and nonprofit organizations who provide services to the aging. In addition, two (2) Aging Services employees attended, including a member of the Special Unit on Aging, who administers Title III services, the Director of Community Living, Aging, and Protective Services.

The last two focus groups were comprised of those living with HIV and the organizations who serve them to assist with determining the specific needs of older Oklahomans who are HIV+, and were held on February 10<sup>th</sup> and 11<sup>th</sup> of 2022. In addition, three (4) Aging Services employees attended, including a member of the Special Unit on Aging that administers Title III services, the Deputy Director of Aging Services, the Program Manager for ACIS & Homeless Services, and the Director of Community Living, Aging, and Protective Services. For the purpose of these last two focus groups, "older Oklahomans" refers to those age 50 years or older.

## OLDER AMERICANS ACT SERVICES

### **What is/is not effective about how services are provided now? Why?**

- Accessing services is problematic for many older Oklahomans
- There is a need for increased funding as well as increased flexibility with policy and service provision.
- Many organizations in Oklahoma who serve aging Americans are experiencing critical staff shortages, particularly trained staff.
- In order to serve older Oklahomans effectively, additional staff who are trained in geriatric needs will be required.

### **What would you like to see changed/added to those services?**

- The public must be informed so they understand what services are available under the Older Americans Act.
- Education should also include how to access the various OOA services. This can be overwhelming for the public.
- Oklahoma must consider how to continue serving people in spite of COVID.
- In order to maximize current resources, organizations must leverage technology where possible.
- There is new focus on total wellness, which means that integration of services is preferred.
- Recruitment for the aging field should begin in middle/high school, and Oklahoma should develop strategies to make careers in aging services more attractive to young people
- For older Oklahomans living with HIV, mental health/substance abuse services, transportation, and medical services are in great need. This population also could also benefit from education on what services are available to meet their unique needs.

### **In addition to services currently provided, what can be done to better serve the needs of the "baby boomer" population (those born between 1946 – 1964)?**

- Older Oklahomans are more ready now to receive virtual services than previous generations.
- We want to serve older adults who continue to work.
- Baby Boomers do not have any real preparation to work within the government process's processes. Therefore, an explanation of the OAA would help.

## OLDER AMERICAN ACT MODEL

### What are your thoughts on the effectiveness of the current service model?

- Staff shortage in the aging system combined with increased work have resulted in “bandwidth issues”. At times, staff are only able to respond to the crisis in front of them.
- When we talk about wellness services, Oklahoma should include mental health as well as physical health, and evidence-based strategies in particular.
- The current model misses some populations, including the homeless and people who live in shelters.
- There is a growing need to invest in program infrastructure such as kitchen equipment or delivery trucks.
- For those seniors who are HIV+, having access to virtual appointments (including telehealth) would be of assistance, due to transportation issues combined with this population’s propensity to be immunocompromised.

### What efficiencies exist that Oklahoma could leverage?

- More technology and use of data. With technology training and better data systems, we could eliminate many bottlenecks.
- From an advocacy perspective, organizations like having all of Aging Services together.

### What innovative programs/methods related to this model have you participated in or heard of?

- We must integrate programs so that clients can be referred to all programs or services for which they qualify.
- If the aging system were able to serve people with Title III respite, it would help clients. The respite program as well as the Advantage respite benefit.
- There is an AAA in Iowa that is being innovative in how they serve clients during the pandemic without increased funding. For example, they assemble meal kits for delivery to seniors in their homes.
- Some states have meal voucher programs with approved restaurants while others have created a mobile farmer’s market for seniors (picture trucks like ice cream trucks, but with produce).
- Another method of bringing services to older Oklahomans is mobile clinics for physical and mental health.
- In Oklahoma, Tulsa Cares provides comprehensive services to older Oklahomans living with HIV. This includes housing, mental health, and other services outside of directly treating HIV. In doing so they have a measurably better success rate, which is determined by client viral loads.

### What new collaborations would you like to see happen?

- Involve additional agencies and organizations, such as the Health Department.
- Local community support is not being leveraged enough. Oklahoma could benefit from more local partnerships.
- Inter-generational connections should be established and expanded.

## SERVICE GAPS FOR THE AGING POPULATION

### **What is the most significant gap(s) in Oklahoma? In your area (urban or rural)?**

- There is a gap in nutrition services and congregate meals. As a result, older Oklahomans are lacking socialization in addition to nutrition.
- Transportation is also an issue. Sooner Ride is the main mode transportation, but it only goes to Medicaid-approved sites and mileage limits prevents rural residents from receiving treatment in urban areas.
- Older Oklahomans experience a lack of access to behavior health, mental health, and physical health care, especially in the rural areas of the state.
- There is a need for increased drug and alcohol rehabilitation services.
- Services such as long-term care, adult daycare services, and Title III services are not plentiful enough to meet the needs of the population.
- For those who are HIV positive, funding for medical expenses and equipment are a great need.

### **Why is the gap important?**

- Substance abuse among older Oklahomans is a major issue.
- Counseling for family members and care providers is a need.

### **Why do you think the gap exists?**

- Older adults do not receive mental health care because there is not enough facilities. In addition, there is a lack of Licensed Social Workers, and many do not accept Medicare.
- There are issues with Medicare rules.
- DHS locations shut down, which has increased reliance on technology. Seniors want access to a human being (rather than services delivered virtually)
- Oklahoma was not prepared for the pandemic and has struggled as a result.

### **Any possible solutions for filling the service gap?**

- We need more outreach workers, more assistants. The toll-free number is not as widely publicized as it should be. A website alone will not suffice.

## THE FUTURE OF AGING IN OKLAHOMA

### What do you see happening to Oklahoma's senior population over the next, 5, 10, 20 years in terms of service needs, healthy aging, etc.?

- Twenty years from now, lifespans will be increasing and people will be able to work longer.
- The baby boomers have their own unique history and possess an on-demand service expectation. We can expect them to make noise if there are not enough services.
- Many Baby Boomers are fearful of losing abilities such as driving or using technologies.
- The aging population will explode in the future. Further, Oklahoma is has some public health issues such as obesity that will exacerbate the need for services to the aging.
- With medical advances, individuals with HIV are experiencing longer life spans and are aging into facilities. Advocates and service providers currently experience trouble with facilities accepting those who are HIV positive. As the number of seniors who are HIV positive increases, so will this issue.

### What changes need to occur now?

- Oklahoma must develop a workforce trained to work with the aging.
- We must start investing in the infrastructure required to care for seniors.
- There should be more education about the levels of care that are available to people. Treat those who work in the aging system as professionals and pay them accordingly.
- We should help citizens to understand aging services.
- Educate facilities on how to safely accept and care for those who are HIV+

## OLDER ADULTS WITH GREATEST SOCIAL NEED

### What are you doing to help with social isolation?

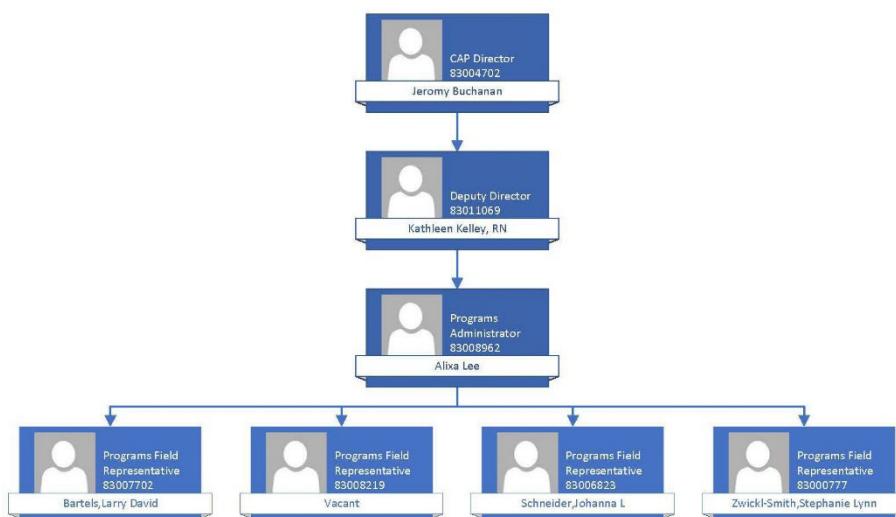
- Prior to the pandemic, organizations had congregate meals, activities, or in person support groups
- Organizations are exploring how to bring people together virtually, but nobody has successfully figured this out to date

### What programs or activities do your (or other) organizations offer to assist the specific needs of the following populations?

Organization	Population Served
Tulsa CARES	HIV+
Guiding Right, Inc.	HIV+
Other Options	HIV+
The Dennis R Neill Equality Center	LGBTQ+
Alzheimer's Association	Persons with Alzheimer's disease and related disorders with neurological and organic brain dysfunction and the caretakers of such persons
Alzheimer's Diversity Outreach Services (ADOS)	African American community
EODD	Persons with Alzheimer's disease and related disorders with neurological and organic brain dysfunction and the caretakers of such persons
INCOG	Low Income
Center for Independent Living	Persons with disabilities
Ability Resources, Inc.	Persons with disabilities
Department of Rehab	Persons with disabilities
Center for Individuals with Physical Challenges	Persons with disabilities
Catholic Church	Latino
Community of Hope Church	LGBTQ+

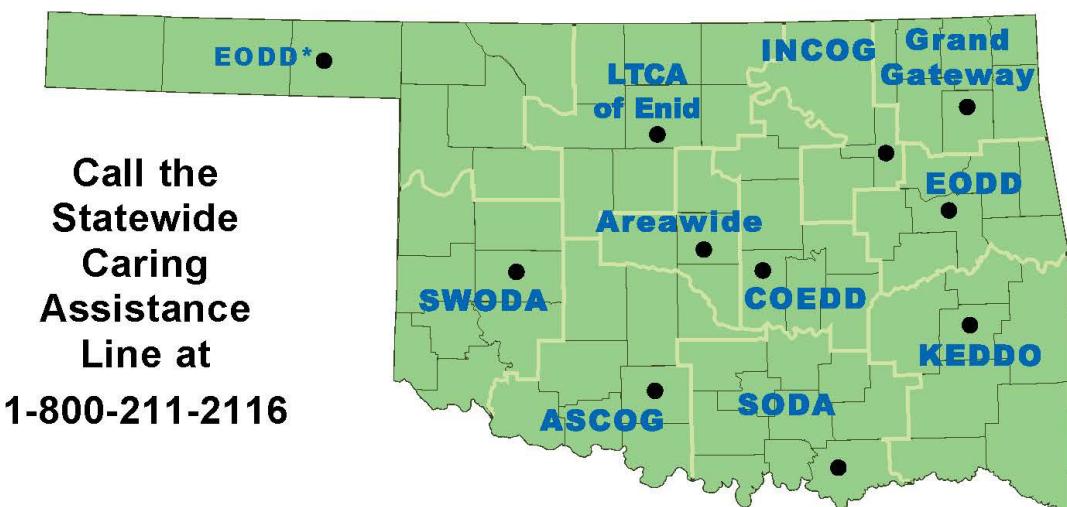
## Appendix F Organizational Chart

### SPECIAL UNIT ON AGING



## Appendix G

### Oklahoma Area Agencies on Aging Planning and Service Areas



**Areawide Aging Agency, Inc.**  
Canadian, Cleveland, Logan and Oklahoma  
4101 Perimeter Center Drive, Ste. 310  
Oklahoma City, OK 73112-5910  
(405) 942-8500 (TDD)  
[www.areawideaging.org](http://www.areawideaging.org)

**Association of South Central Oklahoma Governments (ASCOG) AAA**  
Caddo, Comanche, Cotton, Grady,  
Jefferson, McClain, Stephens and Tillman  
802 Main St.  
P.O. Box 1647  
Duncan, OK 73534-1647  
(580) 736-7979/1-800-658-1466  
[www.ascog.org](http://www.ascog.org)

**Central Oklahoma Economic Development District (COEDD) AAA**  
Hughes, Lincoln, Okfuskee, Pawnee,  
Payne, Pottawatomie and Seminole  
400 N. Bell Ave.  
P.O. Box 3398  
Shawnee, OK 74802-3398  
(405) 273-6410/1-800-375-8255  
[www.coedd.net](http://www.coedd.net)

**Eastern Oklahoma Development District (EODD) AAA**  
Adair, Cherokee, McIntosh, Muskogee,  
Okmulgee, Sequoyah and Wagoner

**EODD\* Interim Administrative Organization**

Beaver, Cimarron, Dewey, Ellis, Harper,  
Texas, Woods and Woodward  
1012 N. 38th St.  
P.O. Box 1367  
Muskogee, OK 74402-1367  
(918) 682-7891  
[www.eoddk.org](http://www.eoddk.org)

**Grand Gateway Economic****Development Association AAA**

Craig, Delaware, Mayes, Nowata,  
Ottawa, Rogers and Washington

333 S. Oak St.

P.O. Box Drawer B

Big Cabin, OK 74332-0502

(918) 783-5793/1-800-482-4594

[www.grandgateway.org](http://www.grandgateway.org)

**Indian Nations Council****of Government (INCOG) AAA**

Creek, Osage and Tulsa

2 W. Second St., Ste. 800

Tulsa, OK 74103-3116

(918) 584-7526

[www.incoh.org](http://www.incoh.org)

**Kiamichi Economic Development****District of Oklahoma (KEDDO) AAA**

Choctaw, Haskell, Latimer, LeFlore,

McCurtain, Pittsburg and Pushmataha

Vo-Tech Administration Addition

1002 Hwy. 2 North

Wilburton, OK 74578

(918) 465-2367/1-800-722-8180 (TDD)

[www.keddo.org](http://www.keddo.org)

**Long Term Care Authority of Enid****(LTCA-E) AAA**

Alfalfa, Blaine, Garfield, Grant,

Kay, Kingfisher, Major and Noble

202 W. Broadway Ave., Ste. A

Enid, OK 73701-4048

(580) 234-7475

[www.ltcaenid.org](http://www.ltcaenid.org)

**Southern Oklahoma Development****Association (SODA) AAA**

Atoka, Bryan, Carter, Coal, Garvin, Johnston,  
Love, Marshall, Murray and Pontotoc

2704 N. First Ave.

Durant, OK 74701

(580) 920-1388

[www.soda-ok.org](http://www.soda-ok.org)

**Southwestern Oklahoma Development****Authority (SWODA) AAA**

Beckham, Custer, Greer, Harmon,  
Kiowa, Jackson, Roger Mills and Washita

Building 420, Sooner Drive

P.O. Box 569

Burns Flat, OK 73624-0569

(580) 562-4882/1-800-627-4882 (TDD)

[www.swoda.org](http://www.swoda.org)

## Appendix H

### Oklahoma Data

		Population Estimates are from the Census Bureau's American Community Survey			
		1-Year Estimates			
		Estimate July 1, 2019	April 2020 census		
Oklahoma population	Census Bureau	3,751,351	3,911,338	3,956,971	3,959,353
Oklahoma population Age 65 Plus	Census Bureau	506,714	576,031	635,222	n/a
% of population over age 65	Census Bureau	13.5	14.7	16.1	n/a
		13.5%	14.7%	16.1%	
Expected growth of over 65 age group (% and count)					
Source: "2012 Demographic State of the State Report," Oklahoma Department of Commerce, <a href="https://www.okcommerce.gov/wp-content/uploads/Population-Projections-Report-2012.pdf">https://www.okcommerce.gov/wp-content/uploads/Population-Projections-Report-2012.pdf</a>		2010	2020	2030	2040
65 Plus		506,714	680,252	753,702	807,989
% Growth		-	34.2%	10.8%	7.2%
Source: University of Virginia Weldon Cooper Center, Demographics Research Group. (2018). National Population Projections. Retrieved from <a href="https://demographics.coopercenter.org/national-population-projections">https://demographics.coopercenter.org/national-population-projections</a>		2010	2020	2030	2040
65 Plus		506,714	643,484	780,750	788,152
% Growth		-	27.0%	21.3%	0.9%
Number of men vs women age 60 Plus					
Age 60+ Total		Estimate July 1, 2019			
Age 60+ Male		875,877			
Age 69+ Female		399,413	45.6%		
		476,464	54.4%		
% of older Oklahomans living in rural areas					
For "Metro," counties included within an MSA or CSA area: Canadian, Cleveland, Comanche, Cotton, Creek, Garfield, Grady, Lincoln, Logan, McClain, Muskogee, Oklahoma, Okmulgee, Osage, Pawnee, Pottawatomie, Rogers, Tulsa, Wagoner, Washington.		Estimate July 1, 2019			
Age 60+ Total		875,877		Median Age	
Age 60+ Metro		586,793	67.0%	36.4	
Age 60+ Non-Metro		289,084	33.0%	39.7	

Race breakdown in Oklahoma of persons over age 60		Persons 60 & Over		
Label	Estimate	Percent		
White	727,501	82.9%		
Black or African American	49,000	5.6%		
American Indian and Alaska Native	50,000	5.7%		
Asian	12,200	1.4%		
Native Hawaiian and Other Pacific Islander	900	0.1%		
Some other race	6,900	0.8%		
More than one race	31,510	3.6%		
<b>TOTAL</b>	<b>878,011</b>	<b>100.0%</b>		

Oklahoma's number of tribes and sovereign nations and how we compare to nation	Oklahoma is home to 39 tribal nations.																
Sources: <a href="https://www.ou.edu/cas/nas/resources/tribal-information">https://www.ou.edu/cas/nas/resources/tribal-information</a> <a href="https://www.usnews.com/news/best-states/articles/the-states-where-the-most-native-americans-live">https://www.usnews.com/news/best-states/articles/the-states-where-the-most-native-americans-live</a> 2019 American Community Survey	"Alaska, Oklahoma and New Mexico have the highest population share of American Indians and Alaska Natives, according to new census figures." <table border="1"> <thead> <tr> <th>State</th> <th>Population</th> <th>Native</th> <th>% Native</th> </tr> </thead> <tbody> <tr> <td>Alaska</td> <td>731,545</td> <td>147,358</td> <td>20.1%</td> </tr> <tr> <td>Oklahoma</td> <td>3,956,971</td> <td>540,542</td> <td>13.7%</td> </tr> <tr> <td>New Mexico</td> <td>2,096,829</td> <td>226,281</td> <td>10.8%</td> </tr> </tbody> </table>	State	Population	Native	% Native	Alaska	731,545	147,358	20.1%	Oklahoma	3,956,971	540,542	13.7%	New Mexico	2,096,829	226,281	10.8%
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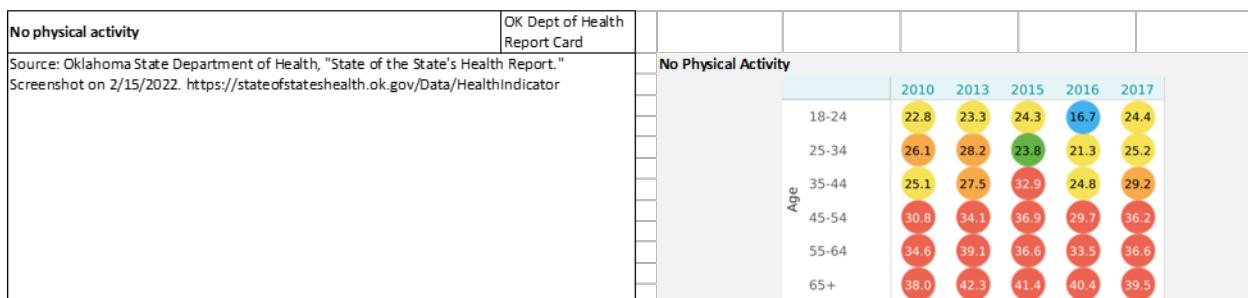
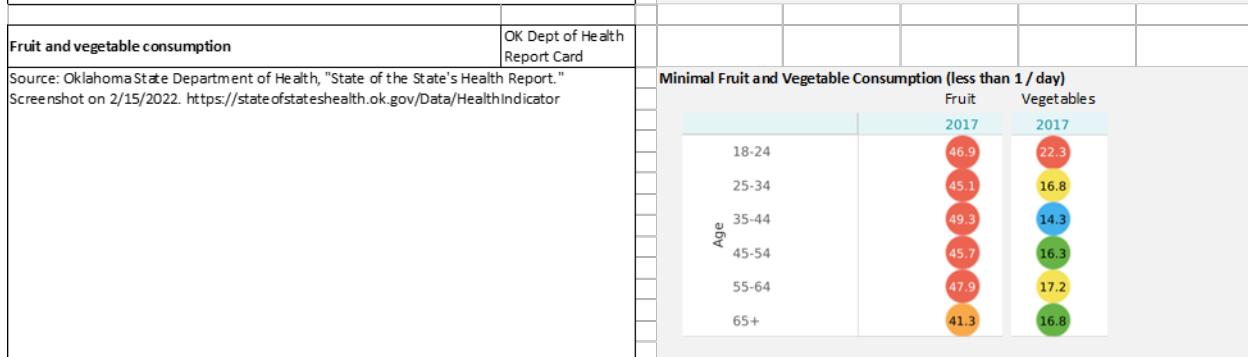
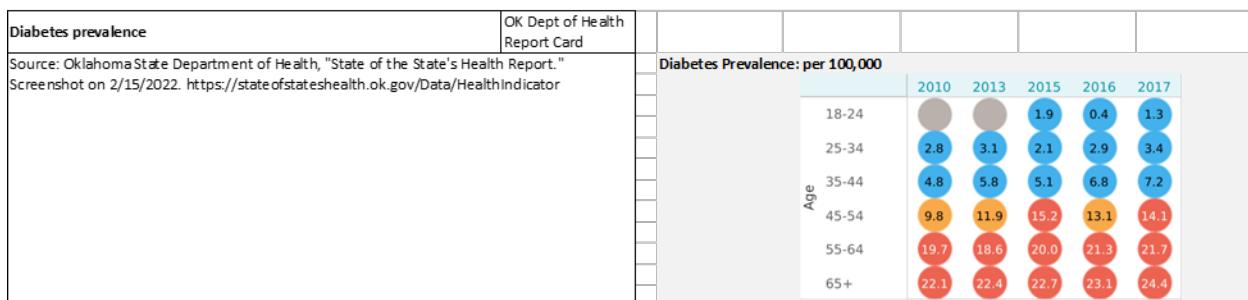
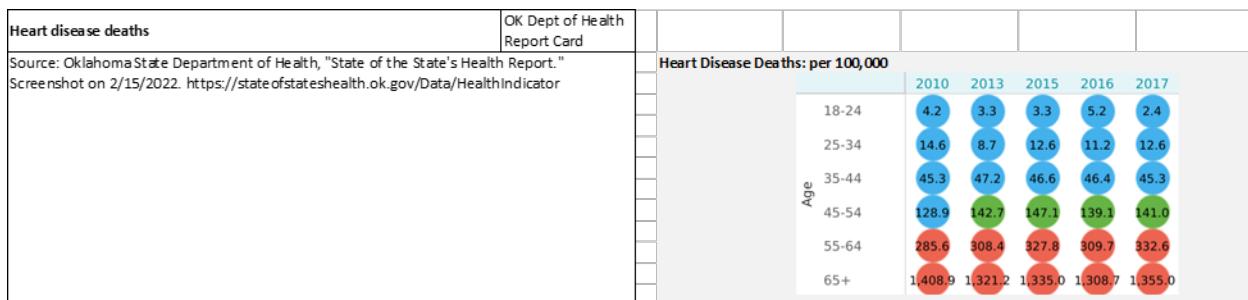
<b>% of population with physical disability (national and Oklahoma)</b>	<b>Total Civilian Non-institutionalized Population, 2019 Estimates</b>													
Source: American Community Survey, Table S1810, "Disability Characteristics." <a href="https://data.census.gov/cedsci/table?q=S1810%3A%20DISABILITY%20CHARACTERISTICS&amp;g=0100000US_0400000US40&amp;tid=ACSST1Y2019.S1810">https://data.census.gov/cedsci/table?q=S1810%3A%20DISABILITY%20CHARACTERISTICS&amp;g=0100000US_0400000US40&amp;tid=ACSST1Y2019.S1810</a>	<b>Geography</b>	<b>Total Pop. With a disability</b>	United States	323,120,678	Oklahoma	3,871,658		41,089,958		622,449		12.7%		16.1%
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<b>% of disability persons in OK over age 65</b>	<b>Total Civilian Non-institutionalized Population, 2019 Estimates</b>																			
Source: American Community Survey, Table S1810, "Disability Characteristics." <a href="https://data.census.gov/cedsci/table?q=S1810%3A%20DISABILITY%20CHARACTERISTICS&amp;g=0100000US_0400000US40&amp;tid=ACSST1Y2019.S1810">https://data.census.gov/cedsci/table?q=S1810%3A%20DISABILITY%20CHARACTERISTICS&amp;g=0100000US_0400000US40&amp;tid=ACSST1Y2019.S1810</a>	<b>Age Group</b>	<b>Total Pop. With a disability</b>	65 to 74	363,160	75 and over	252,643	65 and over	615,803		117,386		134,841		252,227		32.3%		53.4%		41.0%
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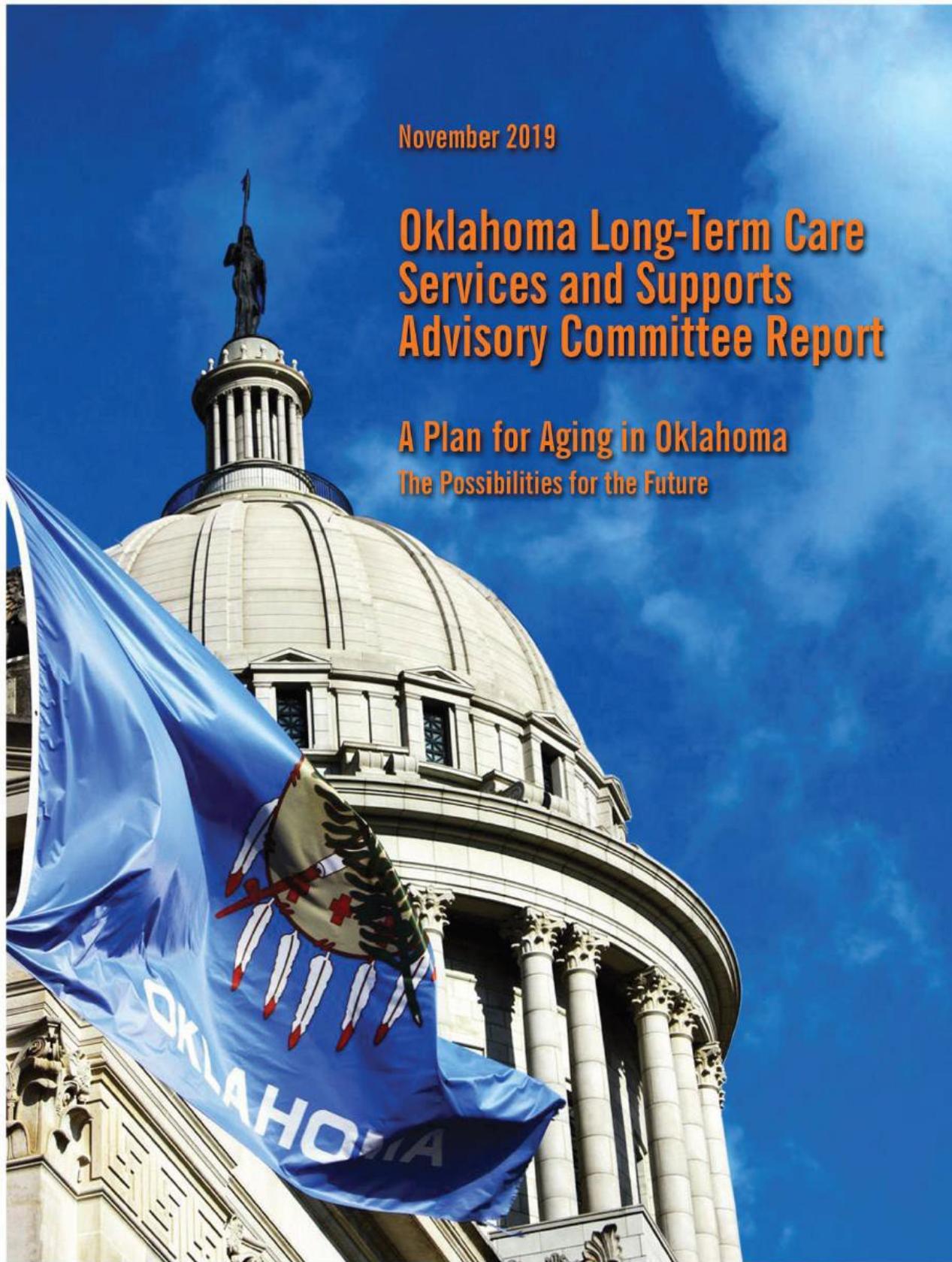
<b>Seniors Influenza and Pneumonia Vaccinations rankings</b>	<b>United Health Foundation</b>	
Source: <a href="https://www.americashealthrankings.org/explore/senior/measure/flu_vaccine_sr/state/OK">https://www.americashealthrankings.org/explore/senior/measure/flu_vaccine_sr/state/OK</a> Extracted from the CDC's Behavioral Risk Factor Surveillance System (2019)		<b>Flu Vaccination - Ages 65+ by State</b>
		STATE RANK VALUE
		North Carolina 1 71.10%
		Connecticut 2 70.00%
		Pennsylvania 3 69.60%
		Oklahoma 4 69.50%
Source: <a href="https://www.americashealthrankings.org/explore/senior/measure/pneumonia_vaccine_sr/state/OK">https://www.americashealthrankings.org/explore/senior/measure/pneumonia_vaccine_sr/state/OK</a> Extracted from the CDC's Behavioral Risk Factor Surveillance System (2019)		<b>Pneumonia Vaccination - Ages 65+ by State</b>
		STATE RANK VALUE
		Colorado 1 78.30%
		Wisconsin 2 77.20%
		Maryland 3 76.60%
		New Hampshire 3 76.60%
		Oklahoma 5 76.50%

<b>Suicide</b>	Various Sources																																																																						
Oklahoma Watch, "Oklahoma Suicides Climb to Highest Point Since 2006." August 17, 2021. <a href="https://oklahomawatch.org/2021/08/17/oklahoma-suicides-climb-to-highest-point-since-2006/">https://oklahomawatch.org/2021/08/17/oklahoma-suicides-climb-to-highest-point-since-2006/</a>	Last year, 883 Oklahomans died by suicide, according to data provided by the state medical examiner's office.  That's nearly a 10% increase over 2019. It's also the highest number of suicides since at least 2006 — when the agency began publishing the information online — an Oklahoma Watch analysis found.  The data also shows: ⇒ Oklahomans who have died by suicide increased 62% since 2006, when there were 544. ⇒ Suicides among Black Oklahomans doubled from 2016 to 2020. ⇒ Suicide rates are highest in rural Oklahoma where access to care is scarce.																																																																						
Source: Oklahoma State Department of Health, "State of the State's Health Report." Screenshot on 2/14/2022. <a href="https://stateofstateshealth.ok.gov/Data/HealthIndicator">https://stateofstateshealth.ok.gov/Data/HealthIndicator</a>		<b>Suicide Rates in Oklahoma by Age Category: per 100,000</b>																																																																					
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Oklahoma's number of personal and home care aides	Oklahoma Employment Security Commission	<p><b>OKLAHOMA SHORT-TERM OCCUPATIONAL OUTLOOK, 2020 - 2022</b></p> <table border="1"> <thead> <tr> <th rowspan="2">Code</th><th rowspan="2">Title</th><th colspan="2">Occupation</th><th colspan="2">Employment</th></tr> <tr> <th>2020</th><th>2022</th><th>2020</th><th>2022</th></tr> </thead> <tbody> <tr> <td>31-0000</td><td>Healthcare Support Occupations</td><td>65,990</td><td>68,080</td><td></td><td></td></tr> <tr> <td>31-1000</td><td>Nursing, Psychiatric, and Home Health Aides</td><td>42,060</td><td>43,290</td><td></td><td></td></tr> <tr> <td>31-1120</td><td>Home Health and Personal Care Aides</td><td>20,540</td><td>21,550</td><td></td><td></td></tr> <tr> <td>31-1131</td><td>Nursing Assistants</td><td>20,430</td><td>20,620</td><td></td><td></td></tr> </tbody> </table>					Code	Title	Occupation		Employment		2020	2022	2020	2022	31-0000	Healthcare Support Occupations	65,990	68,080			31-1000	Nursing, Psychiatric, and Home Health Aides	42,060	43,290			31-1120	Home Health and Personal Care Aides	20,540	21,550			31-1131	Nursing Assistants	20,430	20,620		
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Source: Vicki Kirtley Administrative Program Manager Nurse Aide Registry Home Care Administrator Registry Oklahoma State Department of Health vickik@health.ok.gov (405) 271-4085	Oklahoma State Department of Health - Nurse Aide Registry																																							

## Appendix I



# Table of Contents

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# INTRODUCTION

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Oklahoma's population is aging at an unprecedented rate. One hundred Oklahomans turn 65 years of age each day. Oklahoma's elected officials and policymakers face significant challenges in addressing the needs of Oklahoma's seniors as their numbers burgeon by 40% in the next 15 years. **By 2030, seniors will outnumber children for the first time in history**, yet only 16% of retirees are confident that they can afford long-term care. Oklahoma is on the brink of a crisis as the "Silver Tsunami" looms ever closer on the horizon.

Yet, there is opportunity recognizing that we must act now in order to forestall an impending crisis. HB3289 was signed into law in May 2018, creating the Oklahoma Long-Term Care Services and Supports Advisory Committee (OLTCSS). The new law directed OLTCSS to develop a long-range plan for long-term care services and supports, to assess the financial impact of these services, and to create a long-range plan for stable, sustainable funding to support these services in Oklahoma now and in the future.

The committee, created by HB3289, is comprised of 13 individuals representing seniors, providers, consumers, and advocates. Over the course of the last year, this committee has extensively evaluated the needs of Oklahoma's seniors, the services available, the services needed, and the barriers to service. The OLTCSS has, per statutory direction, also examined possible solutions, detailed within the body of this report. Expanding wellness programs and options for lower-cost Home and Community-Based Services (HCBS) will help Oklahoma begin to move in the right direction to fund needed services. Currently, state dollars are expended at an approximate rate of 30% for Home and Community-Based Services and 70% Long-Term Care Facilities. Increasing funding through a dedicated funding source is necessary to meet the growing demand for services in the years ahead. Increasing the use of HCBS will ensure stewardship of the dollars invested in serving others.

Oklahoma is and historically has been among one of worst in the country in caring for its seniors. With a life expectancy rate rivaling that of a third world country, among the bottom five in the U.S., and persistently inadequate access and funding for most long-term care settings, **today's elected officials have an opportunity to address changes to achieve dramatic improvement that will benefit all Oklahomans**.

**"We don't just have the opportunity to optimize health and aging in Oklahoma, we have the responsibility to do so."**

– Erin Martin, Gerontologist

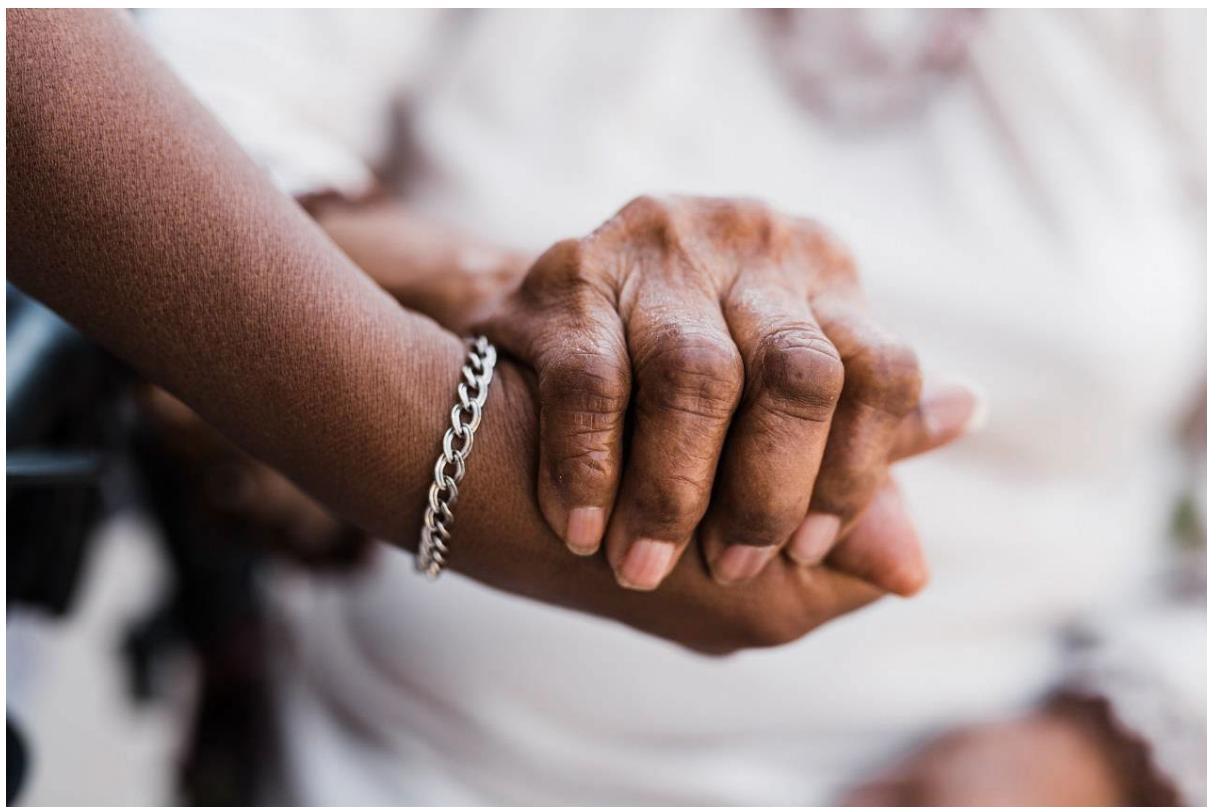
## Olmstead Decision

A 1999 U.S. Supreme Court decision held that people with disabilities have a right to receive state funded supports and services in the community when those services are appropriate and are a reasonable accommodation. The Olmstead Decision, based on the Americans with Disabilities Act, increases choice and enables services to be received in the most appropriate setting. **It is the basis for a nationwide move toward the use of Home and Community-Based Services.**

**It is the right thing to do and  
it will save money in the process.**

## In Plain English

The State is not prepared to serve aging Oklahomans. Action must be taken now and, in the future, to fund wellness programs and Home and Community-Based Services. The return on investment for Home and Community-Based services is 11 to 1. Our State must begin to take positive action steps to care for elders in Oklahoma.



## A Network of Aging Services in Oklahoma

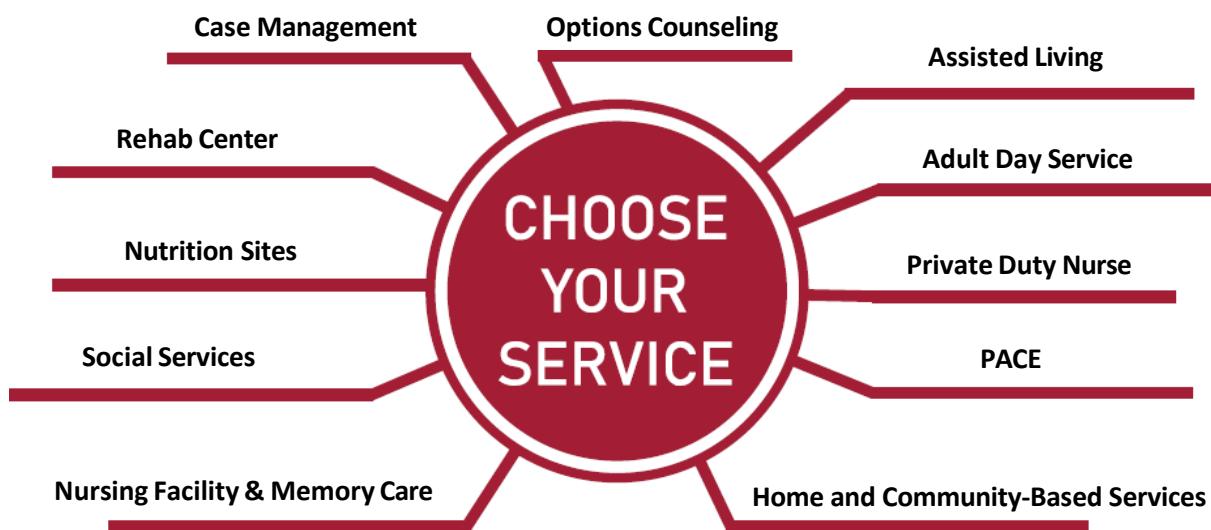
Home and Community-Based Services would ideally be one of the first options for elders and their families to consider. Services can be, but are not limited to: delivering a meal to elders, providing homemaker services, laundry, or bathing and grooming. Typically with services coming into the home, or outside of the home such as Adult Day Services or PACE, the elder is able to live longer and more independently in their home and community.

Once elders can no longer live in their homes safely, an option could be to move in with a member of the family (a family member becomes the primary caregiver) or move into an assisted living facility. Both options present challenges and not every option is the right one for the elder and the family. Family caregivers and assisted living facilities have limits on the care they can provide for elders and the situation is very dependent on the level of care needs.

Nursing facilities are primarily designed to manage complex medical and care needs. These facilities are ideally not the first step in long-term care.

Every situation is different – every elder and family has unique needs and challenges. Individuals and families should explore all options before making decisions at each level of care.

## Network of Services in Oklahoma:

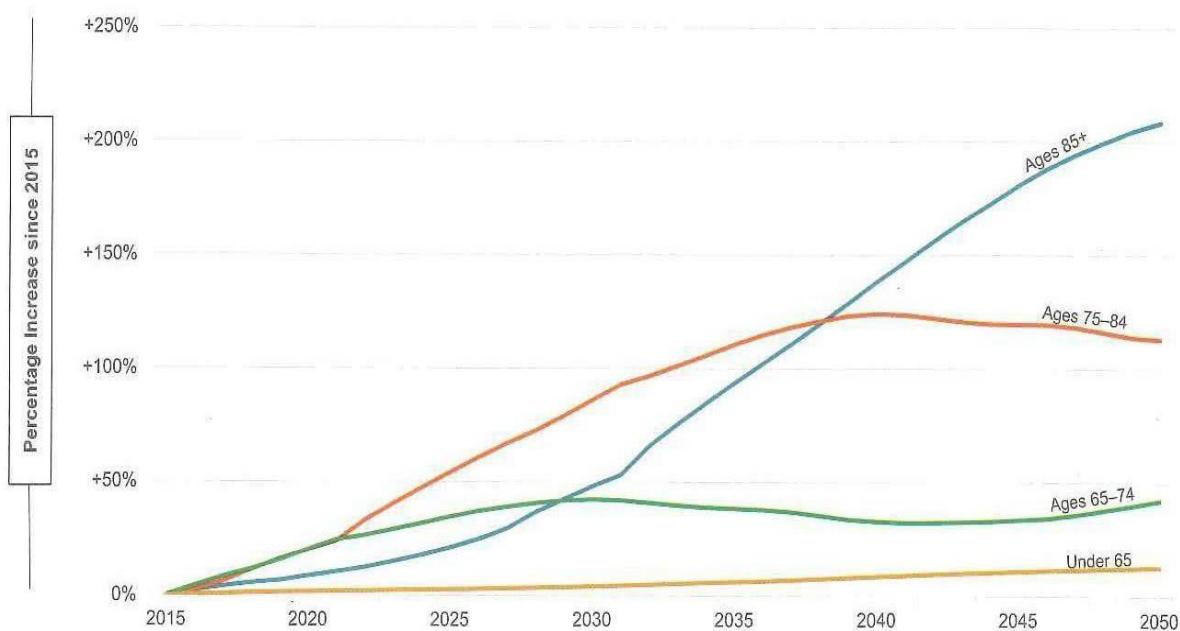


*This is not a complete list of services that are available in Oklahoma.*

# THE AGING ISSUE

The demands on aging services will increase significantly in the coming years. Projections published by AARP clearly illustrate that the growing number of people 65 and older will place tremendous strain on state funding, aging services providers, and the workforce that supports aging services. The unprecedented growth of this demographic is often referred to as the “**silver tsunami**”, and this description is appropriate. The 85 and older demographic is the highest utilizer of aging services and this age group will continue to increase beyond the year 2050.

Projected Population Growth by Age Group, 2015-2050



The advisory committee members analyzed the issues, researched alternatives, and arrived at recommendations aimed at making a course correction. This was taken very seriously by committee members. One fact that has become apparent during our year-long process is that **continuing along the current path is financially unsustainable for the State of Oklahoma**. A fundamental change in programming and funding is required.

The 85-plus group is projected to  
increase 123% by 2040

Additional statistics published by AARP in 2018 illustrate that in Oklahoma, 22.8% of our nursing home residents have “low care needs” as compared to a national average of 11.5%. “Low care needs” are defined as having difficulty with no more than two activities of daily living. In some cases, these individuals might be appropriately served with assistance from Home and Community-Based Services (HCBS).

There will always be a need for nursing home level of service. It is a critical component in the continuum of care and services. The citizens of our state should be able to access the total array of services they need, when they need them, in the place they call home, when possible.

**One area where Oklahoma excels, as compared to the rest of the nation, is in the area of family caregivers.** Oklahoma does an extraordinary job of taking care of its own. It is important to realize that HCBS are often used to simply support or supplement family caregiving. In these situations, the State is able to leverage the family’s contribution toward care (room and board, transportation, meals, medical expenses, etc.), which provides a great return for every dollar spent on HCBS.

HCBS are options for person-centered care delivered in the home and community. These programs address the needs of people with functional limitations who need assistance with everyday activities (i.e., getting dressed, bathing, grooming).

## 79% of middle-income baby boomers have no savings for retirement care

### Examples of Home and Community-Based Services:

- Case Management
- Adult Day Services (licensed adult daycare)
- PACE (Program of All-inclusive Care for the Elderly)
- Home Care
- Senior Centers
- Caregiver Training & Respite
- Health Promotion and Disease Prevention
- Hospice Care
- Congregate Meal/Nutrition Sites
- Home Delivered Meal Programs
- Personal Care (dressing, bathing, etc.)
- Transportation
- Information & Referral Services

HCBS focus on creating a safe and healthy home environment, with particular emphasis on wellness and socialization. HCBS quality measures include improvement in quality of life, community integration, and avoidance or delay of facility placement. The **early implementation of one or more HCBS helps to stabilize participants** through education, health care interventions, addressing food insecurity and nutritional needs, treating depression that is associated with being isolated, meeting social and spiritual needs, etc.

Other states have implemented changes in the way they approach aging services, so this problem is not unique to Oklahoma. **Currently our state spends approximately 70% of our aging services dollars on nursing home expense and 30% on HCBS – this needs to be adjusted to 30% on institutional care and 70% on HCBS.** This adjustment should be made by **directly investing new funding** into HCBS programs, rather than shifting funding from elders who need nursing home care. In other states, the allocation of state funding for HCBS is much larger than their budgeted allocation for nursing home spending. In order to create a sustainable model, **the state must focus on providing more cost-effective Home and Community-Based Service options to a greater number of seniors**, aimed at creating a culture of wellness within our state. Certainly, nursing home care will continue to be an important component in this new aging services model. However, with the rapidly expanding senior demographics, the sustainability of state funded aging services will require the State to reserve our nursing home dollars for those who are appropriate for that level of service. As a state, it is imperative that we begin making this shift in methodology toward more cost-effective solutions. Committee members will make themselves available to the legislature for further explanation, clarification, or to answer questions.

An example of only one disease and its impact on aging services: Alzheimer's

"In 2017, the number of deaths from Alzheimer's in Oklahoma was 1,752, a 175% increase from 2000. In Oklahoma, Medicare spending on people with dementia in 2018 dollars totaled \$25,175 per capita, and Medicaid costs for caring for people with Alzheimer's in 2019 is expected to be \$499 million with a projected 21% increase in change of cost by 2025.

"In the U.S., 5.8 million Americans are living with Alzheimer's, and nearly 14 million will have the disease in 2050. The cost of caring for those with **Alzheimer's and other dementias is estimated to total \$290 billion in 2018, increasing to \$1.1 trillion (in 2019 dollars) by mid-century.** Nearly one in every three seniors who dies each year has Alzheimer's or another dementia." (Source: Alzheimer's Association: *2019 Alzheimer's Disease Facts and Figures* report at [alz.org/facts](http://alz.org/facts))

## Services people need, when they need them, in a place they call home

Medicaid Spend-Down

Many people expect Medicare to cover their long-term care needs; however, this is not the case. Traditional Medicare may cover short-term skilled nursing facility care after a hospitalization (three months or less, with co-pays), but never covers long-term care costs of nursing facility placement. **Many people lack the hundreds of thousands of dollars in income and savings it can cost to cover a long-term nursing facility stay at private pay rates.** If financial assistance is required, individuals must apply for Long-Term Care Medicaid. Medicaid for LTC (either for nursing facility care or ADvantage Waiver services) requires both medical and financial eligibility criteria to be met. For either setting, the person must meet the nursing home "level of care" standard. Financial eligibility counts all income and liquid assets, and the person must "spend down" all resources until they have no more than \$2,000 in available resources. Unless there is

a spouse or dependent child in the home, the person's house must be sold for "commensurate return," if the person is receiving long-term care services in a nursing facility paid by Medicaid.

In a nursing facility, an individual receiving Medicaid assistance must still pay all of their monthly income (minus the \$75 Personal Needs Allowance) to the facility, and Medicaid (Federal and State funds) pays the difference, up to the "State rate."

## In Plain English

It is more cost effective for the State to provide supportive services in the home of aging individuals, enabling them to age in their own homes for as long as they choose. Many individuals and families think the first step is nursing home placement; this is an incorrect assumption. Promoting wellness in the early years and providing guidance to ensure services can be delivered in the home at a fraction of the cost is an action step needed. Even when individuals save for their retirement and long-term care, they often outlive these precious dollars and then must rely on the State through Medicaid.

**Both the 65-plus and the 85-plus population are in the process of doubling in Oklahoma**



# ACCESS TO SERVICES

The general population does not know where to turn when aging services are needed. When an elderly individual begins needing services and supports in the home, **access becomes the most important issue**. In general, people do not understand the aging process, aging services in the community, and the options that are available. With the multitude of services available, finding the right ones to meet the needs of elders and families should not be complicated.

Adult Day Services are offered in a licensed care setting for individuals living with dementia, disabilities, or care needs. Participants receive individualized therapeutic, social, and health services. Participants receive up to three meals a day, snacks, medication management, wellness checks, activities, and socialization in a wellness model. This is a very cost-effective, consumer preferred care option. Adult Day Services offer caregivers respite from the responsibilities of caregiving, enabling them to care for a family member in the home.

**RECOMMENDATION:** **Expand Adult Day Services funding by utilizing Federal matching dollars through the Medicaid State Plan.**

In the past 10 years, the number of Adult Day Services providers in Oklahoma has been reduced from 40 to 26. These closures were primarily, if not entirely, due to the lack of financial sustainability associated with current and past state funding models. **Adult Day Services is a key element of HCBS and instrumental in curbing Medicaid expense.** The lack of availability of Adult Day Services in rural areas is an issue of significance.

**RECOMMENDATION:** **Create enhanced reimbursement for Adult Day Services in rural areas of the State.**

The Oklahoma legislature has already approved Options Counseling (SB888). Funding and implementation of this program will cost \$600,000 annually, according to estimates. Finding the appropriate HCBS optional services for even 1% of LTC Medicaid applicants annually would save the State's Medicaid system millions of dollars each year. Options Counseling should be designed to provide a single point of access to aging services for elders and their families. A robust website with essential information regarding aging services options should be developed. Web-based information will continue to become more critical as our population ages, as future seniors enter this demographic with a higher comfort level with web-based research. Trained Options Counselors must also be available statewide.

**RECOMMENDATION:** **Fund Options Counseling: fiscal impact with State dollars, \$600,000.**

**In Oregon, *Options Counseling* has proven to provide an 11 to 1 return on investment**

In the current regulatory environment there are multiple assessment tools that are being used by aging services providers. Transferring clients from one aging services environment to another can be accomplished more efficiently with the use of a uniform assessment tool. This will not only provide more timely transitions for those being served, but create a more efficient process and prevent unnecessary administrative expense on the part of the providers. The information being collected on various assessment tools is very similar. If applied to a uniform assessment tool, this document could simply follow the client from one provider to another, with any appropriate updates to condition.

**RECOMMENDATION:** **Create a uniform assessment tool for all aging services providers.**

Nutrition sites provide important nutritional needs for seniors as well as a place to socialize with peers. Both appropriate nutrition and socialization have been proven to be important contributors to improved health. There are also other benefits under the Title III Older Americans Act (OAA) that support positive outcomes. Nutrition sites are a low-cost, high-impact way of keeping many seniors independent. Funding has not kept pace with inflation or population growth. The program may also be strengthened by DHS establishing enhanced operational and accountability measures.

Furthermore, for those homebound elders at greatest risk of nursing home placement, receiving Older Americans Act services (outreach, nutrition, transportation, etc.) in their homes can delay the need for such a move. A study in Georgia showed the following outcomes:

- For elders receiving **1 OAA** service, they **stayed in their own home an additional 24 months**
- For elders receiving **2 OAA** services, they **stayed in their own home an additional 30 months**
- For elders receiving **3 OAA** services, they **stayed in their own home an additional 41 months**

**RECOMMENDATION:** **Expand and fund nutrition sites and restore State funding for all Older American Act programs and services.**

Many assisted living providers do not accept ADvantage Waiver (Medicaid) reimbursement for services because it does not cover the actual cost of the services. An enhanced reimbursement model would likely create many additional and less expensive apartments in an assisted living setting specifically for ADvantage members. The availability of a lower-cost options that are positioned between HCBS and nursing home placement will create savings for the State's Medicaid system.

**RECOMMENDATION:** **Expand funding for ADvantage Waiver services in assisted living.**

Voluntary enrollment in a state funded case management program for all seniors could consist of an initial plan of care and annual/semi-annual monitoring. The objective of this process would be to encourage wellness through proper diet and exercise, provide information and referral for HCBS when needed by clients and/or family caregivers, and to address health and psychosocial needs earlier, before the needs become more complex. The program could begin as a pilot.

**RECOMMENDATION:** **Create a statewide voluntary case management program.**

Organize an educational effort targeted at those 50 years of age and older, focused on nutrition, exercise, fall prevention, depression, and general wellness. The goal is to encourage an active and healthy lifestyle, and to promote healthy aging. All forms of media should be used to target the message and population, such as: print, television, radio, social media, public service announcements all focused on educating the public on wellness.

**RECOMMENDATION:** Implement a statewide wellness education effort.

## In Plain English

Home and Community-Based Services, Adult Day Services, and Options Counseling would allow for the State to save on Medicaid dollars while expanding less-costly services to the aging population. Studies have demonstrated that having one to three of the services, such as meal delivery, bathing, grooming extends the ability of elders to stay in their homes and in the community.



# FUNDING

Medicaid and ADvantage Medicaid Waiver programs are the primary sources of funding for long-term care services and supports (LTCSS). Due to the growing demographic of those 65 and older, and more specifically those that are 85 and older, the need for nursing home funding is expected to rise. Increases in funding for aging services create an opportunity to serve a greater number of seniors through the increased utilization of Home and Community-Based Services (HCBS). HCBS provide a very efficient means of caring for our state's elderly by forestalling, and in some cases eliminating, the need for a facility placement. Because of the increased number of seniors that will require assistance in our state, **there must be a plan for additional funding that is dedicated to all facets of the aging services continuum**, with an increased emphasis on more financially efficient HCBS options.

Medicare does not pay for long-term care. Many people have not prepared for funding their long-term care expenses. The cost can amount to hundreds of thousands of dollars. When a person has "spent down" their resources and has no more than \$2,000, they may qualify for Medicaid assistance. A person residing in a nursing home must use their monthly income (minus a \$75 personal needs allowance) to pay for services. Medicaid (a combination of state and federal funds) pays the difference up to the state rate (special rules may apply if a spouse or dependent child is living in the residence).

The tables below represents the majority of services provided under the LTCSS umbrella with the state and federal cost breakdown for each type of service in State Fiscal Year 2018.

Program	Unduplicated Members Served	Average Cost Per Member	Total Annual Cost	State Share	Federal Share
Long-Term Care Facilities	19,663	\$27,328	\$537,352,921	\$220,798,315*	\$316,554,606
ADvantage Medicaid Waiver	21,366	\$7,918	\$169,174,373	\$69,513,750	\$99,660,623

*Source: Oklahoma Healthcare Authority. \*Includes \$70,000,000 of Quality of Care revenues that are submitted by the nursing facilities to supplement the amount provided by the State.*

PACE services and the associated funding differs from long-term care facilities and ADvantage Waiver. PACE is required to fund participant expenses for long-term care facilities and all home and community-based services, when appropriate. In addition, PACE is required to fund participant expenses for hospitalization, medications, primary care, adult day services, transportation, home health, nutritional needs, etc.

PACE	563	\$25,762	\$14,503,907	\$5,959,655	\$8,544,252
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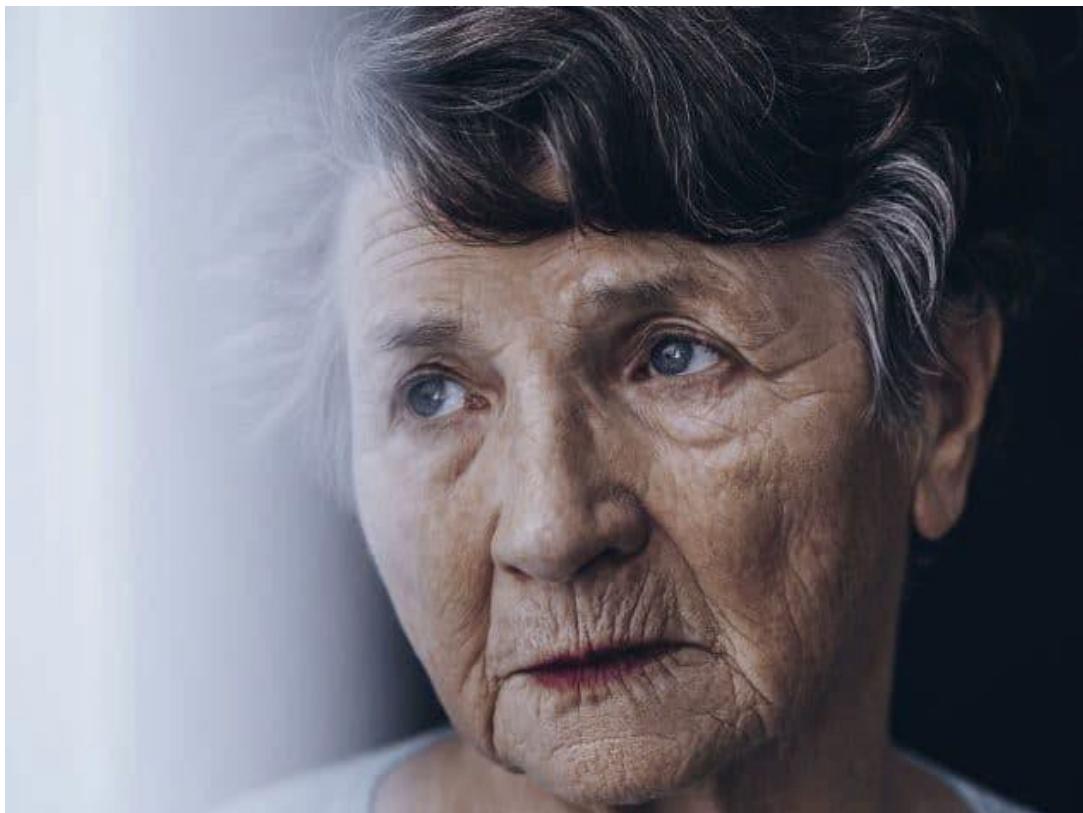
Though the cost of these services is substantial today, it will more than double over the next two decades. Baby boomers began turning 65 in 2011, and within the next 20 years, the 65-plus population and the 85-plus population will more than double. Baby boomers will place additional strain on the nursing home care system than previous generations given their increased likelihood to have experienced divorce, have fewer children, or have children remaining in the workforce longer, which makes informal family caregiving less likely. Further, many baby boomers have not saved enough for retirement and appear to be unprepared to pay for the cost of nursing home care.

Though Medicaid is the primary payer for long-term care, there are services that can reduce the pressure on the Medicaid program. Long-term Care insurance, Medicare Advantage, unpaid family caregivers, and charitable organizations provide for most of the long-term services not covered by Medicaid or Medicare. In many cases, consumers pay a substantial out-of-pocket amount for their long-term care.

### **Current Funding Sources**

Because Medicaid is a state and federal program, there are several existing funding sources, in addition to general revenue funds, that are intended to fund the State's share of the Medicaid program matched by federal dollars. Those sources include but are not limited to:

- Tobacco Tax
- TSET
- Provider Tax
- FMAP Stabilization Fund



## New/Expanded Funding Sources

Just as there is not one single funding solution to the pending LTCSS crisis, the current funding sources are not enough to sustain the growing needs. The committee recommends exploring the feasibility of expanding the current funding streams and establishing new dedicated funding streams that not only fund Medicaid programs, but also incentivize private and charitable resources that will reduce the pressure on the Medicaid system. Any revenue derived should be dedicated solely to LTCSS. Some of those include but are not limited to:

- License Plates
  - Senior Citizen/Aging Awareness themed
- Voluntary Tax Contributions
  - Contributions from Oklahoma Income tax refund to fund senior services programs
- Expansion of Tobacco Tax to include Medical Marijuana Revenues
- Alcohol/Caffeine/Sugar Tax (Sin Tax)
- Tax Credits for Family Caregivers
  - Available to individuals who provide direct care to a family member
- Grant Opportunities
  - State-level position that is focused on obtaining any and all available grant funds to support long-term care services and support initiatives
- Opioids Settlement Funds
- Statewide or Regional Charitable Organizations
- Long-term Care Savings Plan to help purchase long-term care insurance and pay for future long-term care services
  - Similar to the 529 College Savings plan with the intent to help purchase LTC insurance or self-fund long-term care

## In Plain English

The demand for services provided under the Long-Term Care Services and Supports' umbrella will more than double in the next 30 years. Oklahoma must immediately begin preparing for the increased cost of these services. **Oklahoma cannot simply shift spending from one program of Long-Term Care Services and Supports to another and save state dollars; a dedicated and increased allocation to support elder services is critical.** The first step for the State would be to increase funding for home and community-based services. The challenge to provide affordable and legislative funding mechanisms are varied, complex, and expensive. The committee offers these suggestions as a starting point to begin addressing this growing crisis, and to ensure State planning.

# EDUCATION

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By 2024, it is projected that the aging providers' workforce will need to grow by 26%. This growth is in response to the exponential growth of the 65-plus and 85-plus population in the coming years – the **"Silver Tsunami"**. As with any existing problem in meeting the needs of the disabled and the elderly, the issue is exacerbated by the increase in growth of the affected population.

All healthcare professionals who work with the elderly need basic and continuing education and training. Additionally, members of the public who interface with or impact elders and those with disabilities would benefit from education about common needs and vulnerabilities. This would include legislators, drivers, mail carriers, delivery services, clergy, lawyers, law enforcement, judges, bankers, ombudsmen, advocates, clerical staff, restaurant workers, shopkeepers, car salesmen, maintenance workers, etc.

It is clear that there are inadequate numbers of educators to meet the training needs. **Oklahoma is ranked 47<sup>th</sup> for the number of neurologists and geriatricians, earning us an undesired designation as a neurological desert.** Our state's funding and incentives are not adequate to attract and retain workers and trainers.

## In 2030, elders will outnumber children for the first time in history

**RECOMMENDATION:** Career Tech pre-nursing academies and adult nursing programs should include training in geriatrics and cognitive impairment, such as dementia. This component should also be included in the home health aide certification program.

**RECOMMENDATION:** Establish a workgroup with aging providers, Career Techs, and Higher Education to determine feasibility, and create necessary partners to build career ladders through on-the-job and online training.

**RECOMMENDATION:** Ensure that all physician and nursing programs include a geriatric, dementia, and Alzheimer's section to ensure our healthcare workforce understands the needs and strategies of elder care.

**RECOMMENDATION:** Explore financial and tax incentives to recruit, retain, and/or produce geriatric physicians and neurologists. This would include revisiting the loan forgiveness programs previously proposed to the legislature.

Training is essential for all who are in the aging profession. Oklahoma, through DHS/Aging, used to have one of the best State Conferences on Aging, impactful for the professionals, providers, caregivers, and consumers.

**RECOMMENDATION:** Funding should be restored to 2009 levels at minimum to host the aging conference annually.

**RECOMMENDATION:** Work with all stakeholder associations and agencies to establish a volunteer training program in coordination with partners to help caregivers understand and complete more complicated caregiving tasks at home.

**RECOMMENDATION:** Establish a statewide online community for caregivers where support and tips can be shared online so that caregivers can be better equipped to deliver care.

**RECOMMENDATION:** Require annual continuing education specifically tailored for frontline professionals who encounter seniors on a routine basis including social workers, healthcare workers, law enforcement officers, district attorneys, bankers, and other financial professionals.

**RECOMMENDATION:** The Oklahoma Department of Human Services (DHS) should consider dedicating an Aging Services staff member to work with each of these groups and professional organizations to establish the training criteria and work with relevant nonprofit organizations to deliver the training. The concept is that DHS would initiate the train-the-trainer program so that these programs could be delivered by the relevant organization to its members.



**RECOMMENDATION:** DHS/Aging should consider re-establishing train-the-trainer programs to partner with faith-based communities, senior centers, retailers, banks, and other organizations that interact with seniors to better understand available resources and strategies to identify elder abuse.

**RECOMMENDATION:** Create a public outreach campaign through social media, aging apps, kiosks, health fairs, and similar events to ensure the public is aware of resources for aging services. The public could be pointed to a centralized landing page or to their area agency on aging, the nonprofit sector, or some combination thereof.

## In Plain English

The initial cost to better train new aging service workers along with continuing education for current workers would be nominal as this could be accomplished through existing programs such as the Physician Manpower Training Commission, the Career Techs, the Ministerial Alliance, and other similar programs. The State should begin planning to educate people to work compassionately in the field of aging services in Oklahoma. Education is key to professionals for the upward career ladder.

# REGULATIONS

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The State has multiple programs braided with federal funding and regulations. Some regulations have been interpreted differently from time to time and from state to state. Regulations need to be examined to determine which ones are presenting barriers, whether it's barriers for consumers, providers, or state programs. The following six sections of programming/services, some with additional sub-sections, review how **regulations need to be reviewed and modified**.

## Long-Term Care Facilities

There will be an increased demand for the services that long-term care (LTC) facilities provide.

**With the increased demand, there will be a need for more modern facilities**, Memory Care/Alzheimer's facilities, facilities qualified to provide Ventilator care, and other specialized services. Currently there are 302 licensed Nursing Facilities in Oklahoma with an additional 107 facilities licensed as continuum of care and assisted living.

Many LTC facilities are archaic in their physical plants (i.e., small rooms, community showers, etc.). These structures will not be suitable nor practical for the increased LTC population, their expected preferences, and level of care needs. Oklahoma needs more modern facilities that offer better therapy rooms, private rooms with private baths, Memory/Alzheimer units, etc.

If it is cost prohibitive to modernize the existing structures, many facilities may not be able to afford to make those needed updates. While there is funding allocated in the current Medicaid rate for building costs including maintenance and improvements, and supportive state rules to encourage remodeling or replacement of older facilities, funding is extremely inadequate for this purpose.

**Only 16% of retirees are “very confident” they can afford long-term care**

Oklahoma currently has a statutory Certificate of Need (CON) process that investigates the financial ability of the CON applicant to build a new nursing facility or purchase an existing facility. In addition, the process examines the Quality of Care and regulatory compliance in any facility the CON applicant operates. CON also studies the “Need” for new beds in the geographical area of the proposed home, based upon vacancy rates and beds per capita within a geographic radius. The current process allows operators of existing facilities to challenge the “need” for new construction. This makes it almost impossible for new nursing facilities to be built in the state and squelches competition in this profession.

**Competition is good for consumers, as it encourages higher-quality services and innovations.** LTC facilities with more homelike environments and the provision of true person-centered care in more traditional-style facilities will be in high demand.

**RECOMMENDATION:** Conduct a study to determine ways to increase and expand feasibility for nursing facility buildings to meet current and future needs. Any study of this kind should retain and strengthen standards for review of any applicant's record, past history, and compliance in the areas of quality care and financial viability.

### Memory Care

With the increased need for Memory Care/Alzheimer's facilities, there is a need for a clear definition of and standards for "Memory Care" within nursing homes, adult day, assisted living, and ADvantage Waiver. **Many facilities labeled as offering "Memory Care" are not set up or have staff who are properly trained to offer true Memory Care/Alzheimer's services.** Without definition and requirements, Oklahomans seeking such specialized care cannot know what is reasonable and acceptable to expect from care providers. The Alzheimer's Association Oklahoma Chapter, among other groups representing both LTC providers and consumers, have identified this as an area that needs attention in our state.

**RECOMMENDATION:** The Committee recommends that the Oklahoma State Department of Health (OSDH) and the Oklahoma Legislature better define Memory Care and establish specific licensing requirements to meet that definition in each care setting.

## Regulations need to be examined to determine which ones are presenting barriers

### Cannabis and Medical Marijuana in Long-Term Care Facilities

Oklahoma's legalization of cannabis and medical marijuana has created an increased demand for LTC facilities to administer cannabis and medical marijuana to residents, if recommended, or allow residents to retain such drug for self-administration. **Facilities that receive federal funds are prohibited from administering or storing cannabis and medical marijuana.** State and federal funds will not pay for the cost of cannabis or medical marijuana.

Many Oklahomans are using cannabis and medical marijuana as an alternative to other medications. As these Oklahomans enter the LTC facilities, many wish to exercise their right to continue to use cannabis and medical marijuana; however, LTC facilities are unable to meet these needs/requests of their residents because of CMS (Federal) guidelines. Many states have already legalized medical marijuana and cannabis, and if the DEA were to change the classification of marijuana from a Schedule I drug to a Schedule II drug, this would allow LTC facilities to store and dispense to their residents. It would also allow for state and federal funds to cover the expense of medical marijuana and cannabis.

**RECOMMENDATION:** The State must work with Congress and other agencies to modernize statutes and rules regarding cannabis and medical marijuana in LTC facilities and HCBS.

## Funding to pay for Long-Term Care facilities, services, and supports

As the elderly population increases there will be an increased demand for funding to pay for LTC services. LTC facilities and other support and service providers cannot withstand reimbursement reductions going forward.

**RECOMMENDATION:** Before making decisions to reduce reimbursement rates, State officials should carefully assess the impact on access to services and on quality of care of any proposed reductions in Medicaid reimbursements for LTC facilities and Home and Community-Based Services.

## **Lack of adequate funding in Home and Community-Based Services will result in higher cost options for families**

### Adult Day Services

Increased utilization of Adult Day Services (ADS) is needed in our state. Currently there are 26 ADS facilities located in the State of Oklahoma. Many Oklahomans could delay being placed in costly LTC facilities if adult day services were utilized more widely. There are many areas of the state that do not have ADS available. **An expansion of the number of ADS providers throughout the state can save the State in LTC expense annually.**

The State's interpretation of Centers for Medicaid Services (CMS) guidelines for ADS provider requirements is problematic for many current ADS providers and potential ADS providers. The State interprets that ADS providers must take participants out of the building on field trips, but most providers do not have transportation to provide that service. Reimbursement levels for ADS services are not adequate to afford providers the ability to purchase vans and buses for such events. Additionally, the State requires that ADS providers keep their doors unlocked during business hours, to allow participants the freedom to come and go as they please. This requirement provides an increased elopement risk for those participants with Alzheimer's and other forms of dementia, and erodes the provider's ability to keep participants safe. These two specific CMS guidelines are interpreted differently by a number of other states.

At one point there were 40 ADS providers in Oklahoma. **All but 26 have closed their doors due to funding issues.** To encourage an increase in the number of ADS providers, there must be predictable and sustainable funding, as well as reasonable reimbursement to ADS providers to cover the expense of their services. ADS services are integral to curbing the State's overall aging services expense.

**RECOMMENDATION:** State Legislature should revisit Adult Day Services reimbursement/funding to help sustain current number of providers.

**RECOMMENDATION:** The State should develop an enhanced reimbursement model to entice potential new Adult Day Services providers in rural areas of the state.

**RECOMMENDATION:** The State should review licensing standards to address identified concerns.

## PACE – Programs of All-Inclusive Care for Elderly

### Rules and Regulations

There will need to be an increased utilization of PACE services. There is a need to revise rules and regulations regarding PACE services and qualification criteria. Currently people who are living in assisted living facilities are not able to enroll in the PACE program. In addition, financial qualifications for the PACE program are too limiting and there is a need to revise this requirement.

State licensure regulations should be revised so that they are consistent with federal regulations. Adult Day Services are an important component of every PACE program. Currently, PACE providers have to operate under Adult Day Service regulations. One example of regulatory inconsistency is that PACE providers are required to develop a care plan within 30 days of enrollment, while State Adult Day Service regulations require that a care plan be developed within 10 days of enrollment. In addition, federal PACE regulations allow PACE programs to provide home health services, but Oklahoma's Adult Day rules do not. In fact, there are no PACE specific state regulations that allow PACE programs to directly provide home health services, using PACE professional staff, to their enrolled members. There are several other inconsistencies with state/federal PACE guidelines that need review; therefore, the **state guidelines should be revised to match federal PACE guidelines.**

## Dignity for all persons at every stage of life

### Processing of PACE Enrollment

As the utilization of PACE services grows, there is a need to allocate State Department of Human Services (DHS) employees to process PACE enrollment paperwork. There are no specialized DHS employees who currently process PACE enrollments and final certifications. The lack of specialized employees slows down PACE enrollments and certifications.

**RECOMMENDATION:** Oklahoma State Department of Health should revise state PACE licensure regulations to match federal PACE guidelines, where applicable, and revise rules and regulations regarding PACE enrollment criteria and guidelines.

**RECOMMENDATION:** The State should allocate at least one DHS employee, per PACE program, specifically trained to process PACE enrollment and final certifications.

## ADvantage Waiver Program

Increased utilization of Home and Community-Based Services will be needed as the elderly population of our state experiences unprecedented growth.

ADvantage Case Management is the single most cost-effective component of Home and Community-Based Services. Services are billable in increments of 15-minute units. However, **if an appropriate level of service is not permitted, participants will remain at-risk to lose their independence and the State will miss an opportunity to provide an extremely cost-effective model of care.** Many participants with complex care needs require more than the current 175 units allowed. There is a need to either eliminate the cap on allowable units of service, or at the very least, revert back to the previous cap of 250 billable units of service annually for ADvantage Case Management services. In addition, the State should develop and enforce a timely and more realistic policy related to requesting additional units of service for ADvantage members to allow for individualized care plans that address complex issues.

There is a need to increase reimbursement rates for ADvantage Case Management services. With the addition of the recently introduced Harmony web-based management system, the type of employee required to effectively navigate this system has changed. Providers' ability to attract appropriate talent is hampered due to the current level of reimbursement – **the low rate does not allow open market competition for good, qualified employees.** The goal of ADvantage Case Management is to allow Oklahomans to age in place as long as possible. As the elderly population expands, the use of case managers will be an important and cost-effective component in managing the expense of an aging population.

**RECOMMENDATION:** The Oklahoma Legislature should allocate funds to the Department of Human Services for an increase in reimbursement rates for ADvantage Waiver services and eliminate the cap on allowable units of service.

## Options Counseling - Long-Term Care Services and Supports

Senate Bill 888 was recently passed and requires that Options Counseling services be offered prior to admission to a nursing home. The purpose of Options Counseling is **to educate Oklahomans on what their healthcare options are, and to educate those that are appropriate regarding more cost-effective Home and Community-Based Services.** No funding was earmarked by the legislature for Options Counseling with the passage of that senate bill. Options Counseling is essential for Oklahomans as it provides individualized information about long-term healthcare and living options in their area of the state. When implemented appropriately, this will allow Oklahomans the ability to age in place as long as possible. Options Counseling is an important component in helping to invert the current trend of spending Oklahoma Medicaid dollars. At present, approximately 70% of aging services dollars are spent on LTC facilities and 30% on Home and Community-Based Services. In Oregon, **Options Counseling has proven to provide an 11 to 1 return on investment.**

**RECOMMENDATION:** The State should establish secure and sustainable funding for Options Counseling operations.

## 7 in 10 retirees in the U.S. say they have no idea what they would do without Social Security.

*Source: 2019 Wells Fargo Study*

### Transportation Services

There are many areas in Oklahoma that do not have transportation services available for the elderly. This shortage creates a hardship on many older Oklahomans and is a barrier to accessing many Home and Community-Based Services options that help them remain independent. Most Adult Day Centers are also not able to provide transportation services, primarily due to a lack of funding. The ADvantage Waiver program and DHS funding do not provide reimbursement for transportation to/from Adult Day Centers. This issue alone is a significant obstacle to the utilization of Adult Day Center services.

Even in larger cities, where public transportation is more prevalent, there are limitations on hours of operations, availability of handicap accessible vehicles, and reliable pick-up and drop-off times. These limitations can create hardships for the elderly and are often incompatible with their needs.

**RECOMMENDATION:** Conduct Transportation Services needs assessment for the elderly and create a plan to meet these needs.

**RECOMMENDATION:** The State should allow for reimbursement allocation for Adult Day Service provider transportation expenses.

**RECOMMENDATION:** The State should review access times currently available for transportation services and consider expanding those services to times that can better serve those using transportation services.

### In Plain English

Inconsistencies between state and federal regulations can create barriers for Oklahoma providers.

The State must work with the U.S. Congress in support of individual and caregivers who have been approved for the use of medical marijuana.

Options Counseling must be funded. This will save the State millions of dollars due to the proven 11 to 1 return on investment.

# WORKFORCE

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By 2030, the population of older adults will grow to over 77 million in the U.S.; 70% of those older adults will need assistance with daily living and there is not the workforce necessary to meet this demand. Despite this huge demographic and need for support, the workforce issue has not been a priority in our state. Some providers currently are unable to accept new admissions due to a lack of workforce in their organization or through an outside staffing agency.

According to the U.S. Department of Labor, Direct Care Workforce need is anticipated to grow by 26% between 2014 and 2024; this is directly related to the increasing aging population. The U.S. Census Bureau is forecasting nationally significant increases in the 65-plus and 85-plus population. **Oklahoma's workforce is currently not equipped to meet these increasing demands to serve the needs of our elders.**

Oklahoma has a critical need to re-shape the public's perception of the value of careers that provide care for our elderly citizens and a need to develop strong career ladders within the aging services profession. For example: A Personal Care Assistant can become a Certified Nursing Assistant, then become a Licensed Practical Nurse, then become a Registered Nurse, etc. This pathway will provide greater opportunities for the working poor to rise out of poverty.

According to AARP, Oklahoma's wages are ranked 47th in the nation for a Personal Care Aide and 46th in the nation for a Certified Nurse Aide. These wage rankings are alarming and present a great need for change. Aging services providers have not received adequate rate increases to support living wages for their employees. Entry-level workers, who are passionate about caring for our elderly, would rather work for the retail industry where they are paid \$12 an hour versus working as a Personal Care Aide making only \$9.12 an hour.

Become a Center of Excellence with "Oklahoma Works" to promote healthcare training for Certified Nurses Assistants, Certified Medication Assistants, Licensed Practical Nurses, and Registered Nurses.

**RECOMMENDATION:** The State should collaborate with Oklahoma Works to address the specific challenges of the aging services care profession.

**A sufficient, well-trained, and adequately compensated workforce is the SOLUTION for the growing demand for serving our elders**

In order to meet the current and future needs for trained workforce for aging services, a comprehensive workforce development program needs to be designed and implemented. This could be accomplished in conjunction with the 58 career tech campuses throughout the state, then continued with community colleges and state colleges to advance career paths.

**RECOMMENDATION:** Develop partnerships between the long-term care profession and schools to promote aging services careers, to share career opportunities, and possible job placement.

Marketing and promoting the long-term care workforce is necessary to attract people for the future needs. The job opportunities need to start with high school students and demonstrate the value of early entry to the nursing profession, career paths to advanced nursing professions, and the career opportunities for geriatric nursing and administration. This could be coordinated with professional trade associations, providers, and educational institutions.

**RECOMMENDATION:** Improve perception of long-term care as a career opportunity and rewarding profession.

Collaborate with the Oklahoma State Department of Health, Career Tech, and higher education to counsel students on career ladders in the long-term care profession. Consider credit for achievement of credentials for a career path: such as Certified Nurse Assistant (CNA) and Certified Medical Assistant (CMA) certification and years of experience would count toward some credit for the LPN program.

**RECOMMENDATION:** The State should develop a career ladder for employees of all aging services disciplines to encourage individuals to gain skills to advance their career and provide a path to economic well-being.

To encourage individuals to advance their skills and education and provide a path to better economic well-being. This would also help with the workforce shortage.

**RECOMMENDATION:** Oklahoma Healthcare Authority could provide free CNA training for individuals on state assistance in exchange for 1-2 years of employment in the aging services profession.

## The aging services profession can provide income growth, opportunities, and job security

There is a major initiative underway to reduce incarcerated women. If they have non-barrier offenses, they could be offered positions in long-term care communities and training so they could advance their skills. This work in long-term care communities would shorten their probation time. This would give them a job, a paycheck, and some financial security upon their release. A volunteer mentor program would be established to assist the individuals in the transition to ensure their success. This program would be modeled after the ReMerge program, a highly successful program that has rehabilitated many lives.

**RECOMMENDATION:** The State should work with ReMerge and the Department of Corrections to develop employment opportunities for the thousands of individuals who could be granted early release and provide employment and mentoring.

## In Plain English

The workforce in Oklahoma for elder care is not ready for the booming aging population. The pay rate is too low to attract individuals into the aging services profession. Partnering with existing training schools and programs can help meet the workforce needs.

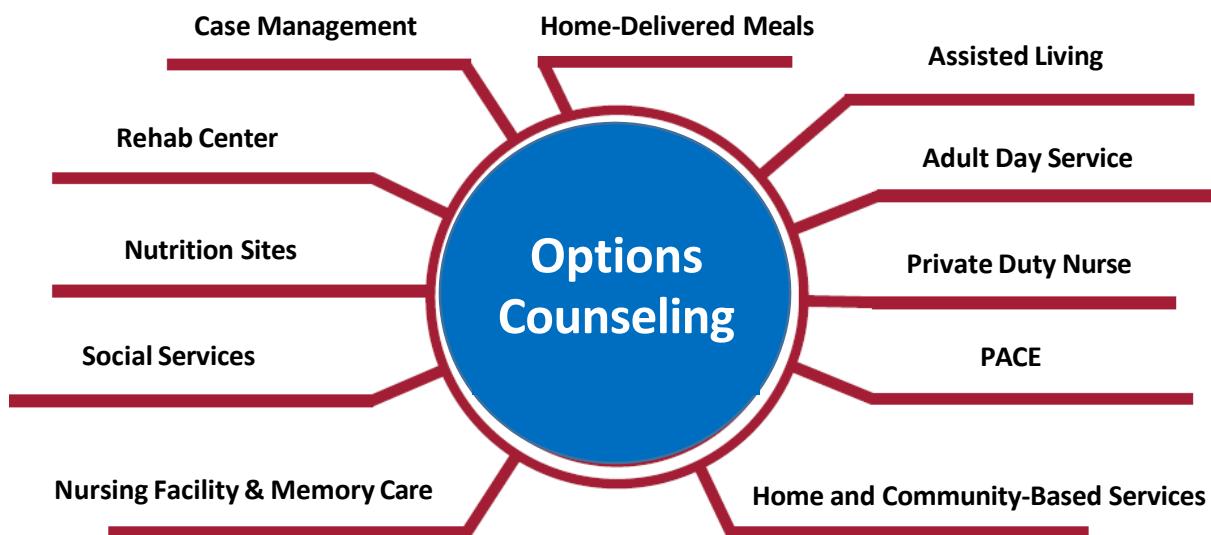


# CONCLUSION

The projected unprecedented growth of older Oklahomans will induce a financial crisis for the state that will impact all sectors of state government. Oklahoma must have a detailed plan to address aging in our state in order to be prepared for the financial and operational challenges in the “Silver Tsunami” that is already underway. This report, [A Plan for Aging in Oklahoma | The Possibilities for the Future](#), is the roadmap that is needed now and for the years to come in order to position our state to address this critical issue that will impact families, employers, providers, and our state government.

A tsunami is an overwhelming wave that swallows everything in its path. Often caused by a devastating event like an earthquake or volcanic eruption, there are preparations that can be made with careful planning, but there is little warning time with which to implement such plans. We know that a Silver Tsunami is already growing dramatically in Oklahoma, as unprecedented numbers of seniors needing care are coming in an enormous and prolonged wave that will overwhelm our state. This report, provides the comprehensive plan needed now in order to care for our seniors and avoid a devastating impact to Oklahoma families, employers, providers, and state government. By implementing this plan, we have the opportunity not only to avert disaster, but also to make Oklahoma a leader in the nation.

## Elders and Families have Options



## Postscript

“With the ongoing national health crisis fueled by the largest demographic age shift in our country’s history, we have the great privilege to set a new standard of living for our community, our state, and even set an example to surrounding states and our nation. We cannot change using our current line of thinking, which is weighted in limited beliefs surrounding health and aging. Fighting disease and caring for our older adults must come from a base understanding of our connectedness to our earth, each other, and ourselves. In order to accomplish this, we must remind ourselves of the foundation of Western Medicine as stated by Hippocrates: ***Let food be thy medicine and medicine be thy food.*** What we feed our bodies, our minds, and our souls will dictate our successes and our failures as a whole.

“Times call for a paradigm shift, involving young to old, from a symptomatic response to health to a model based in longevity and person-centered preventative care. Valuing preventative care over prescription drugs will be key in changing our current model of healthcare. Through valuing holistic, preventative care practices such as, but not limited to revitalized nutrition and hydration, mental health, yoga, meditation, intergenerational programming, advocacy and education, we can revolutionize our aging population. The resulting benefits will be a more vital community and increased long-term wealth. We will save millions of dollars in long-term care. ***We don't just have the opportunity to optimize health and aging in Oklahoma, we have the responsibility to do so.*** We have the privilege to leave a legacy to our children and grandchildren as they live and age.”

– Erin Martin, Gerontologist, Oklahoma

# 2019 LONG-TERM CARE SERVICES AND SUPPORTS ADVISORY COMMITTEE

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*\*years in aging services*

**With a combined 299 years of knowledge and experience, we invite all legislators to consider meeting with the Committee for further discussion about this impactful report. Please contact a member to schedule.**

# Glossary of Acronyms

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**ADLs:** Activities of Daily Living

**ADS:** Adult Day Services

**CNA:** Certified Nurse Assistant

**CMA:** Certified Medical Assistant

**CMP:** Civil Money Penalty

**CMS:** Centers for Medicaid Services

**CON:** Certificate of Need

**DEA:** Drug Enforcement Administration

**DHS:** (Oklahoma) Department of Human Services

**FMAP:** Federal Medical Assistance Percentage

**HCBS:** Home and Community-Based Services

**LTC:** Long-Term Care

**LTCSS:** Long-Term Care Services and Supports

**OAA:** Older Americans Act

**OLTCSS:** Oklahoma Long-Term Care Services and Supports Advisory Committee

**OSDH:** Oklahoma State Department of Health

**OTC:** Oklahoma Tax Commission

**PACE:** Program of All-inclusive Care for the Elderly

**QOC:** Quality of Care

**ROI:** Return on Investment

**TSET:** Tobacco Settlement Endowment Trust

# APPRECIATION

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The Committee would like to thank the following organizations that provided support for the Oklahoma Long-Term Care Services and Supports Advisory Committee. Experts across the aging profession provided quality information, resources, and knowledge. The public, too, is to be commended for attending our meetings and providing valuable community concern.

AARP Oklahoma

Alzheimer's Association, Oklahoma Chapter

LeadingAge Oklahoma

Oklahoma Department of Human Services, Aging

Oklahoma Healthcare Authority

And a special mention of gratitude for Natasha Middleton from the Oklahoma Healthcare Authority.



# OKLAHOMA LONG-TERM CARE SERVICES AND SUPPORTS ADVISORY COMMITTEE REPORT

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