Verification of Intent

OKLAHOMA STATE PLAN ON AGING

FISCAL YEARS 2015-2018

VERIFICATION OF INTENT

The State Plan on Aging is hereby submitted for the State of Oklahoma for the period October 1, 2014 through September 30, 2018. It includes all assurances as well as plans to be implemented by the Aging Services Division of the Oklahoma Department of 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 the elderly in the State.

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.

.................................................................................................................. (Date)______________

Division Administrator for Aging Services, Oklahoma Department of Human Services (DHS)

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

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Director, Oklahoma Department of Human Services (DHS) and Governor's Designee
Executive Summary

Aging Services Division (AS) of the Oklahoma Department of Human Services (DHS) has long served as Oklahoma’s lead agency in services for older Oklahomans. The Special Unit on Aging was created in 1963 and Aging Services was created in 1983 with the Governor of Oklahoma officially designating AS/OKDHS as the sole agency of Oklahoma to administer the Older Americans Act (OAA) programs.

As part of Aging Services’ accountability for OAA services, our division develops a state plan every four years. This state plan serves as a contract with the Administration on Community Living (ACL) and works as a roadmap for the implementation of programs for Oklahomans 60 years of age and older.

Context

The fiscal years 2015-2018 covered by this plan will present our division with great challenges and opportunities. Oklahoma, as with the rest of the nation, is experiencing an unprecedented growth in the over 60 population. Yet, as this population expands, Oklahoma is further challenged by budget shortfalls in programs servicing older persons as are other states. Over the years, due to budget shortfalls and funding cuts, Oklahoma state agencies including DHS have had to implement tough budget cuts which impact service delivery.

In this plan, Aging Services used information from population and socio-economic demographics, a statewide focus group meeting, and our own Area Agencies from around the state to assess services and needs for older persons.

From these sources, Aging Services determined how our services are viewed statewide, what services are effective in their present state, what services need improvement or even implementation, and what needs to occur now to prepare for the future of aging in Oklahoma. Many sources emphasized the need for better health, nutrition, and chronic disease management, easier access to services to remain a part of their communities, and consumer-direction when it comes to the aging of baby boomers.

Focus Areas

Our OAA Title III and Title VII and Home and Community-Based Service programs remain the backbone of our service delivery. Our goal is for individuals to have the choice to remain independently in their own homes for as long as possible. Our Title III programs which include meals, transportation, legal services, homemaker, and respite programs for caregivers are an inexpensive yet effective way for older persons to remain at home safely and still receive the services and, importantly, the socialization to promote healthy aging. Our Medicaid Services Unit administers the ADvantage program, our Medicaid waiver program which allows people, who have been determined to be nursing home level of care eligible, an option to remain in their own homes. Since last year, the ADvantage program serves more Oklahomans than are in nursing facilities and saves Oklahoma taxpayers millions each year in Medicaid costs for long term care supports and services.
Our Title VII providers, the Legal Services Developer (LSD) and the Office of the State Long Term Care Ombudsman, continue to advocate for the rights of older Oklahomans. The LSD provides information to individuals and groups on different elder rights subjects such as advance directives and elder abuse. Because of our budget shortfalls and the need for continued advocacy at the legislative level, the LSD works during legislative session to provide information on bills affecting older Oklahomans and coordinating ASD’s message to legislators regarding our services and funding needs. The LSD serves as a liaison for grassroots advocacy groups such as the Silver-Haired Legislature and the Oklahoma Alliance on Aging and provides training on self-advocacy for the aging network. The Office of the State Long Term Care Ombudsman, through its network of 6 state office staff, 24 Area Ombudsman Supervisors at the 11 AAAs, and volunteers who contribute approximately 12,500 to 13,000 hours of volunteer services per year, advocates and educates residents, facilities, and the general public on resident rights in licensed long term care facilities. The Ombudsmen statewide provide visits and complaint investigations in facilities and community education presentations. The State Ombudsman serves as a statewide advocate including providing information on new bills and the impact of bill language during the legislative session.

AS also provides administration for statewide Adult Day Services, the federal 5310 transportation vehicle program, the statewide 211 call system, and community relations which plan and administer our various conferences including The State Conference on Aging, the Minority Aging Conference, and the Grandparents Raising Grandchildren fall conferences.

By having this variety of services under one roof, AS is able to link individuals seeking information and assistance in an efficient manner. Providers cross programs to ensure their consumers are receiving all services they are eligible to receive. Working together, we are able to ensure targeted and efficient service delivery.

AS is expanding our statewide service administration by adding the Title V Senior Community Services Employment Program (SCSEP) to our office starting July 1, 2014. Through this program, AS staff will work with three subgrantees who cover approximately 36 counties in our state on helping persons 55 and older, in poverty, and without job prospects receive on-the-job training and, in time, paid employment.

**Goals**

Aging Services’ focus for the next four years is to implement strategies to reach four major goals with at least two major objectives each. We plan to enable seniors to remain in their homes with easy access to services and include supports for their family caregivers through streamlining intake processes, piloting a card scan system at nutrition sites, and implementing a Lifespan Respite program for caregivers. AS plans to empower older Oklahomans to stay active and healthy by identifying the highest level criteria evidence-based health promotion programs and implementing them statewide and increasing the number of chronic disease self-management programs which would include reaching more minority participants. We also want to empower older Oklahomans to make participant-directed choices regarding their care and to ensure easy access to all long-term care supports by implementing the Consumer Directed Personal Assistance Services and Support Program (CD-PASS) statewide, participation of the Ombudsman program in the Living Choice (“Money Follows the Person”) program, and for the Ombudsmen across the state to help expand person-centered culture change in nursing facilities. Finally, AS will ensure the rights of older Oklahomans and prevent their abuse,
neglect, and exploitation through implementation of the OK-Splash program for elder abuse, assisting groups in advocacy efforts, and providing education to seniors, groups, and communities regarding elder abuse and exploitation.

We at AS describe our mission to the general public in this way: "This division provides leadership in issues of concern to older Oklahomans, helps to develop community-based systems which support independence and protect the quality of life of older persons and helps to promote citizen involvement in planning and delivering those services." By using our mission statement as the basic building block, Aging Services has developed a State Plan which will emphasize independence, choice, service delivery and efficiency, and promoting community-based systems for older Oklahomans.
Introduction and Overview

Aging Services (AS) of the Department of Human Services (DHS) of Oklahoma develops a state plan on Aging every four years as required under the Older Americans Act of 1965, as amended (OAA). The plan is a contract with the Administration for Community Living (ACL) so the state of Oklahoma may receive funds for under Title III and Title VII of the Act. These funds enable AS to administer statewide services for persons 60 and older.

Oklahoma’s State Plan for 2015-2018 includes the following main areas: the Context Section which includes information regarding the process and planning, including data collection by AS, in determining the present services and needs of older Oklahomans and what we should expect in the future; four main focus areas including OAA Core Services and their statewide implementation, ACL Discretionary Grants and their use in Oklahoma, Participant-Directed/Person-Centered Planning, and Elder Justice in Oklahoma; our Goals and Objectives with our anticipated outcomes; how AS plans to use Quality Management to assess the effectiveness of our services; and how AS funds its programs statewide.

Context

In developing the State Plan, AS collected pertinent information about aging in Oklahoma from three sources; demographics, a focus group, and our Area Agencies on Aging (AAAs) across the state.

General Demographics of Aging in Oklahoma

Of Oklahoma’s 3,791,508 citizens, persons over 60 compromise 19.3% of the population.

Oklahoma, like the nation, faces unprecedented growth in our older population. The 65 and older age group is the fastest growing and is expected to increase from 13.5% of the population (506,714) in 2010 to 807,989 or 18.8% of the state’s projected populations in 2030.

Women are still living longer than men with 121.7 women over 60 to every 100 men over 60. Oklahoma also has a high percentage of older Oklahomans living in rural areas with 39.3%.

Of persons 60 and older, 16.2% are a part of minority populations. Black Non-Hispanic persons make up 4.8%, Asian and Pacific Islander 1.1%, Hispanic 2.3%, and American Indian and Eskimo Non-Hispanic 5.4%. Oklahoma is unique with our American Indian population with 50 tribes and 36 different sovereign nations within our borders. We are second in the nation in both percentage of population and total numbers of population within the American Indian tribes.

Disability in Oklahoma
Persons with physical disabilities now comprise 19% of the U.S. population. In Oklahoma, 15.7% (576,551) of our citizens have disabilities with 36.8% (212,137) of that number being 65 and older. According the census data, thirty percent (30%) of Oklahoma households have at least one resident with a disability. Households with disabilities and with persons 65+ are 48.1% homeowners and 62% renters with the following disability breakdowns:

*vision difficulty: 11.3%
*hearing difficulty: 23/7%
*physical difficulty: 36%
*cognitive difficulty: 13.9%
*self-care difficulty: 11.9%
*independent living difficulty: 20.6%
*any disability (excluding independent living): 50.6%

Persons with intellectual disabilities are living longer and are becoming an important part of the aging population of Oklahoma. In fact, many persons with intellectual disabilities are outliving their parents who usually have served as caregivers. The following breakdown shows the majority of these individuals live outside of facilities and in some kind of residential setting:

- 2,429 family homes while receiving services
- 2,838 non-state residential setting
- 245 state residential settings
- 1,535 ICF/MR (nursing facilities for persons with intellectual disabilities)
- 361 LTC facilities

**Aging and Health**

Unfortunately, Oklahoma ranks very low in most health categories. According to the latest Oklahoma State Department of Health’s State of the State’s Health Report Card, Oklahoma ranks above a “C” in only two categories; Seniors Influenza and Pneumonia Vaccinations which both rank a “B.” In terms of mental health, Oklahoma ranks a “D” in categories such as suicide and poor mental health days. In terms of physical health, the rankings are worse with a “D” in categories such as poor physical health days and cancer deaths, while heart disease deaths, stroke deaths and diabetes deaths and prevalence all rank as a “F.”
The picture does not become more positive when looking at data related to chronic disease prevention and health lifestyles. Oklahoma scores a “F” grade in fruit and vegetable consumption, no physical activity, adult dental visits, and current smoking prevalence culminating in a “D” grade for obesity and poor physical health days.

Also, Oklahoma scores a “D” in the socioeconomic categories of no insurance coverage, poverty, and preventable hospitalizations. This shows that many Oklahomans do not have access to regular doctor visits and preventative health screenings/chronic disease care which results in many Oklahomans using hospitals as their primary health care resource.

Our state has another category to consider when discussing health; access to food. Oklahoma has many “food deserts” which are defined as at least 25% of the population lives ten miles or more from a supermarket or supercenter. Thirty-two (32) of Oklahoma’s seventy-seven (77) counties are classified as “food deserts.” Nine (9) of those counties are “severe food deserts” meaning the entire population has limited access to such food outlets: Cimarron, Dewey, Grant, Greer, Harmon, Harper, Hughes, and Jefferson. These counties are primarily located in the Panhandle and southwestern part of the state.

These health factors show the importance of continuing important Older Americans Act programs such as nutrition programs, transportation, and health promotion activities.

**Income and Poverty**

The average personal income in Oklahoma was $36,421 in 2011 which ranks Oklahoma 33rd in the nation for per capita income. The mean retirement income for Oklahomans is $18,638. Unfortunately, this means many older Oklahomans have issues with poverty with 7% below 100% of the poverty threshold and 34% under 200% of the same threshold.

In 2010, 705,364 or one in five Oklahomans received Social Security benefits. The majority, 65%, are retirees while 17% are persons with disabilities. Ninety-two percent of Oklahomans age 65+ receive Social Security. Other beneficiaries include widows and widowers, children, and spouses.

For four in five older Oklahomans, Social Security makes up 50% or more of their incomes. Almost a third of Oklahomans 65+ relies on Social Security as their only source of income.

The average yearly Social Security benefit for an Oklahoman retiree in 2010 was $13,393 or 1,116 a month. Of the state’s 65+ population, 41% would have incomes below the poverty line if they did not receive Social Security.

In 2011, the Census Bureau released an alternate poverty measure known as the “supplemental poverty measure.” This measure defines poverty and income differently by using more recent patterns of expenditures on basic necessities (for example, making adjustments to reflect home ownership status and regional differences in housing prices). Under this measure, 12% of Oklahoma’s 65+ residents are below the
poverty threshold. For comparison, 27 states fall in the 10-14% range; 22 states fall in the 20% or higher range; 1 state has less than 10%; and 1 state plus DC are 20% and higher.

Out-of-Home Services and Costs

For persons who need long-term care outside of the home, Oklahoma has numerous choices statewide:

a. Adult Day Services (Day Cares) - 38 statewide
b. Licensed Nursing Homes in OK = 305 (7 Veteran’s Centers)
c. IID (ICFMR- Facilities for persons with Intellectual Disabilities)- 83
d. Specialized Alzheimer’s= 3
e. Continuum of Care= 18
f. Assisted Living= 132
g. Residential Care= 74
h. Hospital Skilled= 10

For persons using this type of care, the private costs can be beyond the reach of most Oklahomans and will only sharply increase over the next few years. The cost breakdown in 2012 and the projected cost in 2022 is:

- Adult day services: 2012 (50); 2022 (75)
- Assisted living private one room: 2012 (110); 2022 (177)
- Nursing home semi-private room: 2012 (130); 2022 (170)
- Nursing home private room: 2012 (152); 2022 (180)

In-Home Services: Needs and Costs Savings

Many Oklahoma prefer to receive their care in the comfort and safety of their own homes. They wish to supplement the informal caregiving support they have through family and friends with more formal healthcare services.

There are many pieces of data to consider in looking at the overall statewide picture of providing services in the homes of Oklahoma’s aging citizens. Areas such as aide availability, populations with disabilities, and state-assisted payments are all factors in consideration of how and if Oklahoma has the capability to meet the expanding in-home service need.
According to 2012 information, Oklahoma has 7,870 personal and home care aides statewide which works out to 12 aides per 1,000 people age 65 and older. Our state has 8,810 home health aides or 17 per 1,000 people age 65+. Private home care can also be expensive with home care home health aides costing $120 per day in 2012 and projected to cost $140 per day in 2022. Home care homemaker service which provides housekeeping only $110 present day and up to $150 daily in 2022.

As stated earlier in this document, the entire aging population of Oklahoma is expected to increase rapidly. With this population increase, the number of adults with difficulties in Activities of Daily Living (ADLs) is projected to increase from 114,000 in 2010 to as many as 162,000 by 2030.

Aging Services has worked to offer more choice to its citizens including choice of where to live and receive services paid for by the state. In State Fiscal Year 2013, only 18,573 Oklahomans lived in long-term care facilities. By comparison, 24,750 Oklahomans who were nursing home eligible were served at home through our ADvantage program. The ADvantage program provides case management, nursing, nurse aides, meals, homemaker, durable medical goods, and other services to help persons remain at home instead of being placed in a facility. Not only are persons served in the place of their choice, their own home, but ADvantage saves the state of Oklahoma $300 million annually versus state paid nursing home care.

An often overlooked issue to consider in considering in-home services is cost burden. “Cost burden” is defined as spending more than 30% of a household’s income on housing and utilities. For older Oklahomans, the breakdown of those with 30% or more of their incomes going toward housing and utilities is:

36.5% – owners with a mortgage
11.6% - owners free and clear
55.2% - renters

For older Oklahomans where 50%+ of their incomes go toward housing and utilities:

15.3% - owners with mortgages
4.1% - owners free and clear
26.7% - renters

These numbers show that, in order for older Oklahomans to remain living in their choice of communities, we must continue services which ease the burden of other costs such as food, needed in-home supports, home maintenance, and utility assistance.

**Benefit Usage**
Most older Oklahomans rely on federal and state benefits for income and health care. Social Security is discussed earlier in the document but there are other benefit programs used by older and disabled citizens.

Medicare benefits are used by 15.9%, or 585,617, Oklahomans with an average annual benefit of $10,105. Of these beneficiaries, 81.4% are 65 and older and 18.6% are disabled. This translates to $5.9 billion dollars being added to the Oklahoma economy and accounts for 24.6% of all state health spending. Another 109,205 Oklahomans receive both Medicare and Medicaid benefits to cover their health care needs.

Many Oklahomans with disabilities use Social Security Disability Insurance (SSI) for insurance and income purposes. In fact, Oklahoma has 144,566, or 3.8%, approved beneficiaries who receive $815.80 as an average annual benefit which brings $1.7 million annually to Oklahoma’s economy. Oklahoma’s SSI beneficiaries are:

- 61.1% retired workers
- 17% disabled workers
- 8.8% widowers
- 4.3% spouses
- 8.7% children

When looking at aging in Oklahoma, the demographics show the need for continued assistance in all areas of health including nutrition, federal and state benefits, increased numbers of home health workers, and other programs to relieve the cost burdens of aging in the home.

Focus Group

On April 4th, 2014, AS held a focus group meeting to gather more information for the State Plan. Participants came from all parts of the state and represented both urban and rural areas. The participant breakdown was as follows:

The focus group was tasked with analyzing three (3) broad OAA and aging topics and bringing each attendee’s unique perspective to the discussion. Aging Services employees spoke only when asked a specific question by a focus group attendee.

The three topics discussed were:

- Discussion of Older Americans Act (OAA) Services (What would you like to see changed/added/deleted to those services? What about the services as they are provided now? What about the service model; is it effective; why or why not?)
- Discussion of service gaps (What is/are the most significant gap(s) in Oklahoma? In your area? Why is that gap important? Why do you think the gap exists? Any solutions for filling these service gaps?)
Discussion of the future of aging in Oklahoma (What do you see happening to Oklahoma’s senior over the next 5, 10, 20 years in terms of service needs, healthy aging, etc? Positive/negative changes? What changes need to occur now?)

Some of the over-reaching themes included leveraging public versus private dollars more effectively, preparation for the upcoming population escalation and its changing needs, more healthy aging emphasis, rebranding of “senior” services so it is more “attractive” for varied participants, and much more integration of services (everything under one roof).

The full focus group meeting including participant breakdown and discussion is part of the appendices as Appendix D.

AAAs Needs Assessments

As Aging Services was working on its State Plan, ten of Oklahoma’s eleven Area Agencies on Aging (AAAs) were writing their four year area plans. These plans serve much of the same function as this state plan; to describe what services and needs exist for Oklahoma seniors in their planning and service areas (PSAs). As part of their area plans, AAAs surveyed older Oklahomans regarding service needs. The top two service needs according to these surveys were congregate and home-delivered meals.

Focus Areas

For the purposes of this state plan, AS has focused on four areas related to Older Americans Act (OAA) services and how aging programs are integrated into this framework: OAA Core Programs, ACL Discretionary Grants, Participant-Directed/Person Centered Planning, and Elder Justice.

OAA Core Programs

To meet the mandate as the sole agency of Oklahoma for administration of OAA programs, DHS AS works with 11 area agencies on aging (AAAs) for the planning, advocacy, and development of OAA services across the state. The Special Unit on Aging as part of AS provides coordination regarding distribution of funding, training and technical assistance, and ensures statewide oversight and coordination for OAA programs. Aging Services hosts quarterly meetings with the AAA Directors to discuss pertinent issues, successes, and newer initiatives. Oklahoma AAAs broaden this coordination and oversight with sub-grantees (service providers) who provide OAA services at the local level. Current services in Oklahoma under the OAA include:

- Outreach: Service providers at the local level statewide
- Coordination of Services: Service provider at the local level; currently provided in one planning and service area
- Case Management: AAA level; currently provided by one AAA in the state
• Information and Assistance: provided at AS (state) and at the AAA level statewide
• Long-Term Care Ombudsman program: AS and AAA level (see more about this program in the "Federally Required Focus Areas; Elder Rights Programs" section)
• Legal Assistance Developer: AS level (see more about this program in the "Federally Required Focus Areas; Elder Rights Programs" section)
• Supportive Services: Service providers at the local level; includes transportation, legal assistance, homemaker and chore services
• Senior nutrition: Service providers at the local level; includes congregate and home-delivered meals, nutrition counseling, and nutrition education
• Health Promotion: AAA and service providers; includes evidence-based programs to support healthy aging and chronic disease management (please see "Funding" and "Goals and Objectives" sections for initiatives promoting healthy aging in Oklahoma)
• Family Caregiver Support Programs: AAAs and service providers; includes information services, access assistance, counseling, support groups, training, respite, and supplemental services.

In addition, Oklahoma AAAs use funding from other sources to provide services for older persons. The Masonic Charity Foundation of Oklahoma has awarded funding to Oklahoma AAAs for eight consecutive years. The program has served more than 12,000 older adults (55+) across the state during the first seven years of the program. Through the Masonic foundation, each AAA receives annual funding based on the calendar year to assist older adults to remain in their own homes and communities. The program helps meet a variety of needs including but not limited to building wheelchair ramps, making minor home repairs, purchasing eyeglasses and dentures, helping pay utility costs such as filling butane tanks for rural homes, making minor home modifications, and other needs unmet by traditional funding sources. The AAAs also work with AS administering discretionary grant projects to introduce new services in Oklahoma. AAAs partner with other state entities and community organizations to provide needed services for seniors. An example of this is the AAA partnership with Oklahoma State Department of Health (OSDH) county offices to offer immunizations to older Oklahomans. AAAs work with these county offices to promote immunization clinics for flu, H1N1, and pneumonia vaccinations in the aging network’s senior centers and meal sites. Our success with this coordination shows in a grade of "B" by the OSDH in the demographics section.

As part of coordination of services to serve the needs of all older Oklahomans, the Special Unit on Aging works with other units housed under the AS umbrella. The Contracts and Coalitions Unit (C&C) provides respite through the Lifespan Respite Grant (LRG), which is discussed later in this document. The OAA Title III NFCSP service providers coordinate with the LRG by making referrals for those consumers who do not meet eligibility for Title III respite. The C&C Unit oversees Adult Day Service (ADS) programs statewide. The C&C Unit manages the federal Section 5310 Transportation program which provides vehicles to non-profits for transportation of older persons and persons with disabilities. Finally, the C&C Units oversees the Senior Corps volunteer programs (senior companion, foster grandparent, and retired senior volunteer programs) which provide opportunities to support the independence of older Oklahomans, the education and socialization of school-aged children, and match the service area with the needs of older persons in each of the three programs respectively.
The Consumer Engagement and Information (CEI) Unit oversees the 211 Oklahoma network. 211 is a statewide telephone number Oklahomans can call to receive information regarding a wide variety of services available in their area.

By having such diverse programs for older Oklahomans under "one roof," Aging Services provides more efficient and better-linked services for consumers. Title III and ADS recipients can be easily transitioned into the ADvantage program (Medicaid Services Unit). Title III nutrition projects also provide ADvantage meals. Program income from the ADvantage meals program helps sustain the Title III nutrition program by purchasing kitchen equipment and paying for a portion of management costs. LRG vouchers can be used for Adult Day Service expenses. Many Title III transportation providers use federal Section 5310 vehicles to provide transportation. The Community Relations Unit works with the division grant writer to write and advertise grant applications. 211 Oklahoma works with all providers to ensure their information is available to all statewide 211 call centers. The State Unit Director and the administrators of each unit meet together weekly to ensure communication and linkage between all units and activities.

Oklahoma also benefits from our strong Title VI Native American program network. Our AAAs and Title III service providers partner with our state Title VI for service delivery such as meals and transportation, with tribal nations either contracting for services or to be the service provider. Our Title VI agencies have always been strong partners in looking for innovative ways to provide new services to older Oklahomans. A case in point is the Choctaw Nation in Oklahoma that was recently named as one of five sites to receive “Promise Zone” designation by the President. Our state’s tribal nations are active partners in our statewide Minority Aging Conference where Title III and Title VI providers work together to inform older Oklahomans of services for persons 60 and older.

During State Fiscal Year 2014, there was a change in AAA status for the Northern Oklahoma Development District located in Enid, Oklahoma and serving 8 counties in northern Oklahoma. After months of meetings between NODA AAA and AS staff regarding audits and contract performance evaluations, the NODA Board of Directors notified AS that it was voluntarily terminating its contract effective December 6, 2013. The Long Term Care Authority of Enid (LTCA-E), located in Enid, Oklahoma entered into a contract with AS effective December 7, 2013 through June 30, 2014 to act as the Interim Administrative Authority (IAO). The LTCA-E contract ensured continuation of OAA Title III services in the 8 counties of PSA #7 and allows an option to renew the contract for two additional six-month periods if needed. AS has already initiated one renewal option period from July 1, 2014 to December 31, 2014. During this renewal period, AS will conduct Request for Proposal activities per OAA and state policy to designate a new AAA for this PSA.

Starting July 1, 2014, AS will begin administration of another OAA service, Title V or the Senior Community Services Employment Program (SCSEP). This program exists to help persons 55 and older, in poverty, and without job prospects, to receive a stipend while job training at host agencies to move into regular employment opportunities. The Oklahoma Employment Securities Commission (OESC), the agency which has housed this program, is working with AS and DHS to file the grant and train AS staff to administer this program. AS will continue to contract with three sub-grantees in the state which cover approximately 36...
counties and will work with the national grantees which cover the rest of the state. AS hopes to build on the success of OESC’s administration and expand use of the program statewide.

**ACL Discretionary Grants**

Amidst funding challenges, AS has aggressively pursued ACL grants to provide innovation and integration of statewide services for older Oklahomans. The current grants AS administers are the Aging and Disability Resource Consortium, Chronic Disease Self-Management Education program, Senior Farmers’ Market Nutrition Program, and the Lifespan Respite Care Program.

**Aging and Disability Resource Consortium**

The Aging and Disability Resource Center program (ADRC) began in 2002 as a jointly sponsored national initiative funded by the Administration on Aging and the Centers for Medicare and Medicaid Services (CMS). The mission was to create a visible resource in the community that provides a coordinated system of information and access to long-term services and supports for individuals, family members and providers, regardless of age, disability or income.

Aging Services in the Oklahoma Department of Human Services works with key stakeholders, most notably Oklahoma’s eleven (11) Area Agencies on Aging and five (5) Centers for Independent Living, to enhance and sustain the current ADRC system within Oklahoma. Since 2011, Aging Services has worked to provide comprehensive information, referral and assistance and follow-up via the development of a case management information system, CareDirector, which includes a robust state-wide accessible resource database, which includes both public and private resources, where consumers can locate timely, comprehensive information in an efficient manner. Pilot testing occurred in December 2013 and a rolling phase-out of the project will occur in 2014.

Aging Services is coordinating with the state Medicaid agency to sustain the ADRC functions through formalizing Medicaid reimbursement for Oklahoma’s ADRC activities. The objectives include: 1) to implement reimbursement functions through ADRC agencies and 2) to move toward a No Wrong Door (NWD) ADRC providing person-centered services through coordination of long term service delivery systems in Oklahoma.

Outcomes include 1) infrastructure established to allow AAAs, CILs and other stakeholders to obtain reimbursement through OHCA Medicaid procedures; 2) increased knowledge of ADRC and options counseling/person centered counseling opportunities among stakeholders; 3) improving the information and referral infrastructure within Oklahoma to support a NWD system statewide; 4) to improve DHS program administration to provide more person-centered services within the state; 5) expand ADRC services to ID/DD populations; 6) progress toward NWD service delivery with OHCA; and 7) and build an infrastructure and sustainability plan for Oklahoma’s NWD ADRC system. Formal linkages with critical pathway providers have been developed and continue to be developed.

Expected products are DHS policies and procedures for ADRC agencies to obtain and maintain Medicaid reimbursement, training for providers on proper reimbursement procedures and time allotments, ADRC
training for additional stakeholders, and a formal agreement with the state Medicaid agency to fund specific ADRC activities through the Federal Medicaid reimbursement.

Aging Services ADRC is in the process of further development of an active outreach and marking plan that targets culturally diverse, un-served and underserved populations, their family caregivers, and the professional who serve them.

The ADRC partnership with the Oklahoma Mental Health and Aging Coalition (OMHAC) has benefited the AAAs and individuals at mental wellness events who received depression screenings and connected that day with volunteer mental health professionals in addition to referrals to local service providers for additional mental health services if appropriate. OMHAC has been able to improve partnerships and coordination at a systems level through education about Medicare preventive services, mental wellness and mental health services to professionals in the Oklahoma Health Care Authority (OHCA), the state Medicaid agency, as well as with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS).

The Oklahoma ADRC maintains a strong partnership with 2-1-1 Oklahoma as 2-1-1 Oklahoma is funded in part of annualized state funds which are monitored by the ADRC staff. 2-1-1 Oklahoma is an integral source of referral for the ADRC and a significant partner in information and referral/assistance programs. The partnership with 2-1-1 Oklahoma strengthens both access and knowledge of both public and private services, resources and supports for long-term care.

Oklahoma’s ADRC partnership also included the Department of Human Services Development Disabilities Services (DDS). With the imminent closing of two ICF-ID facilities in Oklahoma, the community links between DDS and the ADRC has occurred. The University of Oklahoma Center for Learning and Leadership (CLL) is Oklahoma’s University Center for Excellence in Developmental Disabilities. The CLL’s Person Centered Thinking project continues to provide trainings to ADRC staff on person-centered thinking. The CLL is partnering with the ADRC as Options Counseling/Person Centered Counseling is implemented in Oklahoma.

This project is designed specifically to help individuals regardless of their age, income or disability to understand the full range of services and supports available in their community, evaluate how those options relate to their particular needs and circumstances, and make informed decisions about obtaining and managing the options that best meet their needs, either with their own private resources and/or through one or more private or public programs. The ADRC-OC function also helps to ensure people actually end up receiving the care they choose.

Aging Services is now prepared to begin the training phase of the Options Counseling/Person Center Counseling piece in conjunction with the University of Oklahoma Center for Public Management (OUCPM) and Boston University (BU). The Options Counseling Outreach and Education Coordinator for Aging Services has completed an exhaustive review of OC training programs throughout the United States and has concluded that the ADRC-OC Training Program offered through the Center for Aging and Disability Education and Research (CADER) at Boston University, offers the most comprehensive ADRC-OC training program.
Based upon data gathered from a series of in-person, semi-structured interviews as well as surveys with directors and staff at Oklahoma’s ADRCs, the ADRC evaluation plan includes implementing and evaluating aspects of the ADRC/Options Counseling Training Program designed by CADER. This training program is designed to provide states and agencies with a structured program leading to the attainment of increasingly advance practice competencies as staff acquire more supervised practice experience. The tracks and courses are recommended by CADER; however, the final training program will blend Oklahoma’s existing training and content with the appropriate CADER courses such that the actual number of tracks and courses are yet to be determined.

Since CADER’s ADRC/Options Counseling Training Program includes some evaluation materials, the evaluation team will use these materials, as well as previously developed measurement tools to better assess short-, intermediate-, and long-term expected outputs/outcomes at the system level. Since this comprehensive certification program will require a 12 – 18 month training period for Oklahoma’s staff members and this time frame is after the expiration of Oklahoma’s grant, a “pre/post” evaluation may be limited to only some of the training modules. It is important to note that the rest of this Evaluation Plan is designed based on the assumption that the following activities, as are listed in the System-Level logic model are implemented or are in the process of execution by September 2014. Otherwise, the Plan will be adjusted accordingly.

1. Adapt the National Standards and protocols for ADRC/Options Counseling.
2. Implement the adapted National Standards and provided training for the ADRC/OC staff in the following areas: Quality assurance, resource identification, marketing/outreach, service setting/activation, personal interview, exploring options, decision support, action plan development, assistance (short-, long-term), client follow up, partnership development, and supervision.
3. Train staff on the Boston University’s Center for Aging and Disability Education and Research (CADER) courses.
4. Establish a new Case Management System (CMS) so that the staff can easily provide information and support for the consumers.
5. Expand collaboration with other agencies to build stronger foundations to provide services.

Oklahoma’s ADRC has a collaborative contractual relationship, through the end of calendar year 2015, with the Oklahoma Health Care Authority, the state’s Medicaid agency, to integrate Oklahoma’s Money Follows the Person (MFP) demonstration grant project, Living Choice, into the Aging Service ADRC to enhance nursing facility transition services. The Living Choice staff have partnered with the AS State Office of the Long-Term Care Ombudsman to support the implementation of the Minimum Data Set (MDS) 3.0.

Nursing facility transition and community based service option are provided in the Ombudsman trainings. Ombudsmen, who work for the Area Agencies on Aging, provide information at community education events throughout Oklahoma. Staff members at Centers for Independent Living (CIL) also provide educational outreach and education marketing of Living Choice to community members in the areas served by Oklahoma’s five (5) CILs.
This partnership has and continues to build the ADRC infrastructure and capacity to support MFP implementation. The project strengthen partnerships between state agencies in support of state re-balancing initiatives by providing opportunity for unified statewide goals and systems development. The collaboration aids in the implementation of the MDS Section 3.0 Section Q by connecting OHCA Living Choice staff using MDS Section Q information to identify nursing facility residents to the ADRCs that provide community resource information. The ADRCs assist in locating available community resource to aid in the transition of the residents.

The Oklahoma Insurance Department (OID) houses the State Health Insurance Assistance Program (SHIP) and, as such, was awarded the Medicare Improvement for Patients and Provider Act (MIPPA)-AAA and MIPPA-ADRC grants as well as the MIPPA-SHIP grant on September 19, 2014 with a budget period of September 30, 2013 through September 29, 2014. Aging Services is a collaborative, contractual partner with OID on the MIPPA grants.

The Oklahoma SHIP, in conjunction with the AS ADRC, continues to use MIPPA funding to provide training to staff from agencies all across the state. The training focuses on targeting Low Income Subsidy (LIS)/Medicare Savings Program (MSP) in their services areas as well as methods of accurately reporting efforts in a timely manner.

Oklahoma’s ADRC plans to expand and strengthen collaboration and partnerships across public and private sector in the local areas. Expanding partnerships will enable the ADRC to tap into more constituencies, leverage resources, craft more effective plans to deal with future long term needs.

**Chronic Disease Self-Management Education (CDSME) programs:**

The Oklahoma Department of Human Services Aging Services (DHS AS), with the Oklahoma State Department of Health (OSDH) and various local community organizations that make up the Living Longer, Living Stronger (LLLS) partnership, is currently expanding the implementation of the Chronic Disease Self-Management Program (CDSMP) and the Diabetes Self-Management Program (DSMP) in Oklahoma. This initiative targets Oklahomans over 60 years old or who are disabled with an emphasis on reaching populations that are currently underserved. The underserved populations are those in very rural areas of the state, and the Latino and Tribal populations. To serve the Latino population, Oklahoma is in the process of introducing the Tomando Control de su Salud (Spanish CDSMP) program to Oklahoma. Funding from this grant is also strengthening the delivery of CDSMP and DSMP to areas of the state already being served.

Focus areas for the future lie mainly in expanding CDSME reach into the Hispanic and Tribal populations in Oklahoma. The LLLS partnership has already trained several lay leaders to conduct Tomando Control de su Salud workshops and has recently been cross-training our current roster of lay leaders in DSMP. OSDH, DHS AS and several of the LLLS partners have made great strides in forming partnerships with several of the American Indian tribes in Oklahoma.

Oklahoma has been working with CDSME programs since 2006, when the first evidence-based disease prevention grants were awarded. Since that time, the Living Longer, Living Stronger partnership was formed
under the leadership of DHS AS and OSDH. The LLLS partnership encompasses a good chunk of the aging and
disability network to include the Oklahoma State Department of Health, the Oklahoma Health Care Authority
(our State Medicaid Agency), Area Agencies on Aging (AAA), the Oklahoma Department of Corrections, various
community organizations, provider networks (Integris Health), mental health organizations, and many more.

Since 2006:

- Over 2.1 million dollars in federal grant funds have been awarded to DHS AS to support CDSME implementation in Oklahoma.
- Just under 6,000 participants have been served with CDSME programs.
- Over 4,800 of the workshop participants completed the class (attended at least 4 out of 6 sessions).
- Over 1,700 of the workshop participants are over 60 years of age.
- Over 500 workshops have been implemented across Oklahoma.
- About 20 Master Trainers have been trained by Stanford University to train lay leaders.
- Over 400 CDSMP lay leaders have been trained with over 150 of these lay leaders still active.

Several of Oklahoma’s AAAs use their Older American’s Act Title III-D funds to implement CDSME programs in
their local service areas. There are also several County Health Departments and local community organizations that implement these programs with no grant funding. Several of these organizations have achieved sustainability and will not need grant funding to maintain their current level of effort.

**Senior Farmers’ Market Nutrition Program (SFMNP):**

The SFMNP is a federally-funded program that provides benefits to eligible seniors to buy fresh, unprepared foods at farmers’ markets in participating areas. It is administered at the federal level by the U.S. Department of Agriculture Food and Nutrition Services and locally by Oklahoma Department of Human Services Aging Services (DHS AS).

The program is designed to improve the health of seniors by providing access to fresh fruits, vegetables and herbs. It is also designed to increase domestic consumption of agricultural commodities, and specifically to help support and create more farmers’ markets.

Oklahoma Seniors (60 years of age) with incomes less than 185 percent of the Federal Poverty Income Guidelines are eligible to participate. Oklahoma also grants categorical eligibility to tribal seniors who are 55 years of age or older and meet the same residency and income requirements as stated previously.

In 2013, 1,965 eligible seniors received OK SFMNP benefits. Markets in the Muskogee, Norman, Oklahoma City, Okmulgee, Owasso, Pryor, Shawnee, Stillwell, Tahlequah and Tulsa areas participated. Over $45,000 in benefits went directly to senior Oklahomans during the farmers’ market season, which in turn went to local farmers and farmers’ markets.

Focus areas for the future lie mainly in:

- Increasing SFMNP benefit utilization to at least 80%;
• Expanding the number of markets participating in SFMNP;
• Increasing funding for SFMNP;
• Development and promotion of SFMNP through websites and other media;
• Coordinating with “SNAP for Farmers’ Markets”; and
• Increasing senior enrollment in SNAP.

The SFMN program works closely with the SNAP for Farmers’ Markets program. Markets that are authorized for SNAP are automatically authorized for SFMNP. Thus, SFMNP and SNAP for Farmers’ Markets both seek to expand the number of markets and the numbers of participants utilizing both SFMNP and SNAP benefits at the farmers’ markets.

**Lifespan Respite Care Programs (LRP):**

The Oklahoma Department of Human Services Aging Services Division (Oklahoma’s Aging and Disability Resource Center) is implementing the Lifespan Respite Care and the Re-Spirit through Respite projects. The partners for implementation of this grant include: Oklahoma Respite Resource Network; Developmental Disabilities Services Division; Area Agencies on Aging; Oklahoma State Department of Health; Department of Mental Health and Substance Abuse Services; and Oklahoma Areawide Services Information System.

Since 2009, Oklahoma Department of Human Services Aging Services (DHS AS) has received $438,950 to implement and expand respite services to underserved and unserved caregiver populations in Oklahoma. The partnership has been led by DHS AS with assistance from its network of partners that include a collection of public and private organizations such as: Area Agencies on Aging (AAAs); Oklahoma University Health Sciences Center (OUHSC); National Multiple Sclerosis Society; Sunbeam Family Services; Sooner Success; OK Disabilities Council; Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS); Alzheimers' Association; Oklahoma Health Care Authority (OHCA); St. Anthony's Hospital; Veteran’s Administration Hospital & Medical Center.

Approximately 400 caregivers have been issued respite vouchers worth almost $40,000 since the beginning of the Lifespan Respite Care program grants. Five out of 6 recipients of our seed grants have achieved sustainability with their local community respite services programs. These seed grants help to establish respite care services and ensure their sustainability.

**Participant Directed/Person Centered Planning**

The ADvantage Program Waiver offers a service option for participant/consumer direction entitled Consumer-Directed Personal Assistance Services and Supports (CD-PASS). This ADvantage service option allows Members to direct their own regular and advanced personal care services, serving as the employer-of-record for their personal assistance providers and exercising budget authority for these specific services. Members often choose this option because they feel 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 more consistent support.
for their unique needs, such as receiving supports at times that are difficult to staff by a traditional agency provider.

The CD-PASS service option began as a pilot program in the five county region including and surrounding Tulsa County in 2004. Adoption rates in the Tulsa region have varied by county, but average 15-18 % of the ADvantage Waiver population in these counties. In recent years, CD-PASS has completed the pilot phase and has formulated an expansion plan to reach all ADvantage Members. Since completion of the pilot, it has been expanded to a total of 19 counties in Oklahoma and achieved a current enrollment of 700+ Members. Additional expansions are scheduled for CY 2014, adding nine (9) more counties by the end of the year. Expansions will occur at regular intervals until 2016, when statewide coverage of all 77 counties will be achieved and consumer-direction will be available to ADvantage Members in every county in Oklahoma.

AS units also participate in the person-centered program “Living Choice” administer through Oklahoma’s Medicaid agency, Oklahoma Health Care Authority. This is Oklahoma’s version of the “money follows the person” program which concentrates on persons who qualify for Medicaid and are in nursing homes. The program allows nursing home residents who qualify for the program to move out of facilities and back into their communities. It allows people more choices, options, and the personal decision-making power to manage their illnesses and disabilities and to decide where they live. The AS State Ombudsman office oversees local ombudsmen across the state who act as facilitators and educators to nursing facilities and communities regarding the program and to follow-up with nursing home residents who express a desire to participate in “Living Choice.”

**Elder Justice**

The Department of Human Services (DHS) Aging Services is mandated by Oklahoma statute, 56 OS § 3100, to provide leadership for improving the quality and quantity of legal and advocacy assistance as a means of ensuring a comprehensive elder rights system for Oklahoma’s vulnerable elderly. In carrying out these duties, Aging Services is required to coordinate and provide assistance to area agencies on aging and other entities in Oklahoma that assist older individuals in understanding the rights of the older individual, exercising choice, benefitting from services and opportunities authorized by law, maintaining the rights of the older individual and, in particular, of the older individual with reduced capacity, and resolving disputes. Pursuant to 56 OS § 3100, the Office of Elder Rights and Legal Assistance Services Development, established in the law, must be the focal point for leadership on elder rights policy review, analysis, and advocacy at the state level, including, but not limited to, such elder rights issues as guardianship, age discrimination, pension and health benefits, insurance, consumer protection, surrogate decision-making, protective services, public benefits, and dispute resolution. Legal Services

56 OS § 3100 requires Aging Services to designate a person to administer the program, who shall be known as the State Legal Services Developer (LSD) and who serves on a full-time basis to ensure compliance with the statute. Specifically, the LSD provides leadership in securing and maintaining legal rights for the older individual; coordination of legal assistance; provision of technical assistance, training and other supportive functions to area agencies on aging, legal assistance providers, ombudsmen, and other persons as
appropriate; promotion of financial management services for older individuals at risk of guardianship; analysis, comments, monitoring, developing, and promoting federal, state, and local laws, rules and regulations, and other governmental policies and actions that pertain to the issues important to older Oklahomans; and information as necessary to public and private agencies, legislators, and other persons regarding the issues affecting older Oklahomans. Among other activities, the LSD provides for the education and training of professionals, volunteers, and older individuals concerning elder rights, the requirements and benefits of specific laws, and methods for enhancing the coordination of services and promotes and provide, as appropriate, education and training for individuals.

In order to be the focal point for leadership on alternative dispute resolution, the LSD serves on the Oklahoma Dispute Resolution Advisory Board, a statewide board that provides advice under the Dispute Resolution Act, 12 O.S. § 1801 et seq. The purpose of the Dispute Resolution Act is “to provide all citizens of this state convenient access to dispute resolution proceedings which are fair, effective, inexpensive, and expeditious.” The Centers provide low-cost mediation services to all who wish to negotiate interpersonal matters. The LSD has been trained by both the Oklahoma Bar Association and by the Dispute Resolution Act’s Early Settlement Program, through three-day intensive seminars, on alternative dispute resolution. In her role as LSD, the LSD advocates for alternative dispute resolution, including situations involving prevention, detection, assessment, intervention, and/or investigation of elder abuse, neglect and financial exploitation.

Advocacy is an important aspect of providing leadership. The LSD provides analysis, comments, monitoring, development, and promotion of federal, state, and local laws, rules and regulations, and other governmental policies and actions that pertain to the issues important to older Oklahomans. Leadership in legislative advocacy is accomplished by the LSD submitting, monitoring and advocating on request bills and other bills that strengthen protections for older Oklahomans at the State Capitol, including bills that involve prevention, detection, assessment, intervention, and/or investigation of elder abuse, neglect and financial exploitation. Empowering constituency groups to provide effective legislative advocacy by providing groups and Aging Services staff with consistent monitoring of legislation being considered at the Capitol is a significant part of the work done by the LSD. Education, training, consultation and assistance to constituency groups to effect successful legislative advocacy, including advocacy on efforts to prevent, detect, assess, intervene, and/or investigate elder abuse, neglect and financial exploitation is provided by the LSD. OSHL bills such as the Silver Alert, enhanced penalties for elder abuse, and notifying patients of their right to have the purpose of a prescription placed on the label are OSHL bills that help to prevent elder abuse and neglect.

Collaborations within the aging network allow the work of the Office of Elder Rights and Legal Assistance Services Development to extend its reach to the entire state. The LSD participates in collaborations with community groups to educate community and faith-based groups about elder law issues, including entities involved in the prevention, detection, assessment, intervention, and/or investigation of elder abuse, neglect and financial exploitation. The LSD Oklahoma State Council on Aging is the backbone of the aging network, consisting of leaders in the field of aging with access to the older Oklahomans and the entities that serve them. An important partner is the Coalition against the Financial Exploitation of the Elderly, which provides leadership on ideas and legislation regarding exploitation of the elderly. The LSD participates in a leadership
capacity on boards, task forces or other committees to provide information and linkages to legal services, including the Board of Directors and Executive Committee of the Oklahoma Conference of Churches (OCC); the Board of Directors for Hospice Foundation of Oklahoma, Inc.; St. Anthony Ethics Committee; and the i-Fund.

An integral part of the work of the Office of Elder Rights and Legal Assistance Services Development is education. The LSD informs service providers, partners and the general public on issues that affect older Oklahoman. She responds to over 500 telephone calls and 100 requests for information by e-mail on information regarding end of life issues, grandparents, respite care, legislation, Medicaid, economic stimulus package, scams and senior fraud, Federal legislation, elder abuse facts, credit card and financial scams, Medicare Part D, Grandparents’ Raising Grandchildren, caregivers, elder rights, medication safety, reverse mortgages and issues involving the prevention, detection, assessment, intervention, and/or investigation of elder abuse, neglect and financial exploitation.

Additionally, the LSD conducts approximately 30 workshops, presentations and seminars each year on issues affecting older Oklahomans including issues related to the prevention, detection, assessment, intervention, and/or investigation of elder abuse, neglect and financial exploitation each year. These presentations are made at major statewide conferences for both professionals and seniors and at smaller venues such as churches, Hospices, financial groups, community agencies, continuing legal education seminars, etc.

A new initiative funded by the AOA/ACL will enhance efforts of Office of Elder Rights and Legal Assistance Services Development to prevent, detect, assess, intervene, and/or investigate elder abuse, neglect and financial exploitation. Aging Services is partnering with Legal Aid Services of Oklahoma (LASO) over the next three years to implement a new project called OK-SPLASH. Through the federal grant, Oklahoma will design and implement a coordinated, well integrated, cost-effective, and targeted legal service delivery systems. The system will include services that address elder abuse, neglect and financial exploitation. The LSD, along with the LASO Project Director, will oversee the recruitment, convening and facilitation of a statewide stakeholder team. Legal needs and the state’s capacity to address those needs are integral to the grant’s goals. The project will incorporate an outreach and marketing plan to target older persons in greatest economic or social need, including those affected by abuse, neglect and financial exploitation. The LASO SPLASH hotline will be expanded to include greater access to real-time legal services, create avenues for online instant messaging and also to offer assistance to seniors and their caregivers via email.

The Older Americans Act and Oklahoma Statutes require Aging Services to provide advocacy for persons aged 60 and older who live in Long-Term Care facilities through an Office of the State Long-Term Care Ombudsman (OSLTCO) and to designate a person to serve on a full-time basis as the State Long-Term Care Ombudsman (SLTCO) to administer the program. Specifically, the Oklahoma Office of the State LTC Ombudsman directly and through its designated representatives:

1) Identifies, investigates, and resolves complaints made by, or on behalf of residents;
2) Provides services to assist the residents in protecting their rights, health, safety, and welfare;
3) Informs the residents about the means of obtaining services;
4) Ensures that the residents have regular and timely access to the services of the Ombudsman Program and timely response to complaints;
5) Represents the interests of the residents before governmental agencies and seeks administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the resident;
6) 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 any changes in such laws, regulations, policies and actions as the Office determines to be appropriate;
7) Facilitates public comment on the laws, regulations, policies and actions; and,
8) 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 OSLTCO provides for the education and training of professionals, volunteers, and older individuals concerning their 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 and 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 Boards, Advisory Boards, and staff of other State Agencies, including the Oklahoma State Health Department (Licensure and Certification agency), the Oklahoma Health Care Authority (State Medicaid Agency); local and State law enforcement entities, and others. The OSLTCO is actively involved in Legislative advocacy 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.

The OSLTCO’s consultation and assistance to a variety of advocacy groups and agencies/ programs includes advocacy on efforts to prevent, detect, assess, intervene, and/or investigate elder abuse, neglect and financial exploitation.

Collaborations within the aging network allow the OSLTCO to partner with Law enforcement, adult protective services, and other agencies and community groups to educate community and faith-based groups related to the prevention, identification, and investigation of elder abuse, neglect and financial exploitation. The OSLTCO was one of the initial programs involved in developing the Oklahoma Coalition against Financial Exploitation of the Elderly (CAFEE), which provides leadership on prosecution of exploitation of the elderly. The OSLTCO is a sustaining member of CAFEE, and assists with encouraging the development of similar Coalitions against abuse and exploitation of Older Oklahomans through a variety of initiatives.
Goals, Objectives, Strategies, and Outcomes

Based on demographics showing older adults needing more assistance in remaining in the community, the importance of health-related improvement in the over 60 population especially nutrition and management of chronic diseases, the importance of consumer-directed services and outreach, and ensuring the rights of older Oklahomans, AS chose four major goals which correlate with the four major focus areas of this plan and with at least two objectives to each goal. Also, this section lists the action steps AS plans to take to reach these goals and the outcomes that are expected.

GOAL 1: ENABLE SENIORS TO REMAIN IN THEIR OWN HOMES WITH EASY ACCESS TO SERVICES INCLUDING SUPPORTS FOR FAMILY CAREGIVERS

Objective 1: Implement a streamlined intake process for all OAA services to reach a greater diversity of consumers for more timely access to services.

Action Steps:

- Develop standard intake forms for OAA Title III program in Oklahoma.
- Pilot intake forms statewide for SFY 2015.
- Make adjustments to forms as needed during the pilot.
- Make needed adjustments to data management (AIM) system.
- Finalize intake forms, data submission, and process.
- Initiate policy and forms revisions needed.
- Gather data on effectiveness of forms and process.
- Initiate revisions as needed through end of state plan period.
- Assess effectiveness of the new process annually.

Outcomes:

- Increase the number of individuals receiving Outreach services (OR)
- Increase the diversity of individuals receiving OR
- Increase the number of individuals receiving OAA Supportive Services each year
- Decrease the amount of time between receiving OR services and receiving an OAA Supportive service

Objective 2: Partner with AAAs to implement a pilot or pilots in the state to introduce a scan card system at local nutrition sites to simplify data collection for nutrition program staff and to increase ease of use for seniors, their spouses, and guests who will no longer need to sign in.

Action Steps:

- Design implementation plan with cooperation of state unit, AAAs, & local nutrition providers
- Identify pilot sites
• Purchase and install equipment
• Schedule technical support with card reader manufacturer
• Begin to process individuals’ information to cards and print cards
• Begin recording individual’s participation via card reader
• Begin interface with AIM database
• Identify problems encountered and resolution
• Evaluate progress

Outcomes:

• Improve accuracy of daily meal count
• Improve accuracy of attendance records
• Increase program efficiency; save site-staff time
• Increase program funding available by reducing staff time needed for Aim data entry

Objective 3: Implement the Lifespan Respite Care and the Re-Spirit through Respite projects

Action Steps:
• Provide technical assistance and seed grants to caregiver and disability specific support groups, various private and faith-based organizations and volunteer groups to start or enhance respite care services with a focus on sustainability
• Provide respite vouchers to caregivers not eligible for funding
• Enhance statewide outreach and recruitment efforts through public speaking engagements and development of promotional materials
• Strengthen training collaboration
• Provide seed grants to bring to scale and enhance respite care services
• Expand respite vouchers by linking with organizations serving underserved populations
• Provide training opportunities for caregivers, long-term care professionals and care recipients
• Identify non-profit organization(s) to sustain vouchers
• Evaluate programs/disseminate results

Outcomes
• Expand respite services and choices for family caregivers in their homes and communities
• Promote caregiver and care receiver independence
• Reduce the economic impact of out-of-pocket expenses for respite services on the caregiver and care receiver; show an improvement in physical and mental well-being of the caregiver through the temporary relief from caregiver duties
• Training for caregivers, long-term care professionals and care recipients provided
• Care receivers remain home in the care of their natural caregivers
• Caregivers’ ‘out of home’ work impact reduced
• Caregiver highly satisfied with the respite care project
• Public knowledge of lifespan respite services enhanced

GOAL 2: EMPOWER OLDER OKLAHOMANS TO STAY ACTIVE AND HEALTHY THROUGH HEALTH PROMOTION ACTIVITIES RELATED TO OLDER AMERICAN ACT PROGRAMS AND ACL DISCRETIONARY GRANTS

Objective 1: Aging Services will identify evidence-based (EB) Health Promotion and Disease Prevention (HPDP) programs meeting highest level criteria and implement at least one of the programs in every AAA planning and service area during the four years of this state plan.

Action Steps:

• Assist AAAs to identify important health issues among older persons in PSA
• Assist AAAs to identify effective interventions for those health issues
• Identify EB HPDP programs meeting highest level criteria
• Disseminate information on programs to AAA network
• Assist AAAs to establish broad-based partnerships
• Assist AAAs towards implementation of highest level criteria EB HPDP programs
• Evaluate effectiveness of EB programs at least annually

Outcomes:

• Increase the number of highest level criteria EB HPDP programs offered in the state
• Increase the number of partnerships in the AAA network to support sustainability of EB programs
• Increase the number of older persons participating in EB HPDP programs

Objective 2: Increase the quality of life and decrease the complications of chronic disease among Oklahomans by implementing CDSMP, DSMP (Chronic Disease Self-Management Program and the Diabetes Self-Management Program) in Oklahoma and Tomando Control de su Salud (Spanish CDSMP) program.

Action Steps:

• develop and sustain implementation of three evidence-based disease prevention programs for persons over 60 or who are disabled
• improve collaboration in providing services among the medical, public health, aging and disability network agencies
• evaluate the program, document activities, and disseminate the results
• sustain the programs once federal funding ends

Outcomes:
• provide evidence-based disease prevention programs to 1,700 persons over 60 or who are disabled
• reach at least 200 participants who are Latino
• reach at least 200 participants who are Native American
• ensure a completion rate of at least 75% for all CDSME programs

GOAL 3: EMPOWER OLDER OKLAHOMANS TO MAKE PARTICIPANT-DIRECTED CHOICES REGARDING THEIR CARE AND TO ENSURE EASY ACCESS TO ALL HEALTH AND LONG-TERM CARE SUPPORT OPTIONS

Objective 1: Expansion of the Consumer-Directed Personal Assistance Services and Supports (CD-PASS) program to all counties in Oklahoma

Action Steps:

• Expand the CD-PASS program in the remaining 68 counties in four stages in correspondence with the DHS Adult and Family Services regional divisions:
  o March 1, 2014: Northern area of Region 4 – 2,164 current ADvantage members
  o November 1, 2014: Southern area of Region 4 – 2,281 current ADvantage members
  o July 1, 2015: Regions 1 & 5 – 2,586 current ADvantage members
  o March 1, 2016: Region 2 – 2,566 current ADvantage members

• Conduct Consumer-Directed Agent Certification trainings inside of each area approximately one month prior to the date of each expansion

Outcomes:

• Increased access to participant-directed choices for all older Oklahomans
• Support for the unique needs of individuals without increased cost to the system

Objective 2: The Long-Term Care Ombudsman program will facilitate participation in the Living Choice (Money Follows the Person) Program by residents of Medicaid Certified Nursing Facilities.

Action Steps:

• Area LTC Ombudsman Staff will offer/ provide information on the Living Choice (Money Follows the Person) program to Nursing Facilities management and residents in 100% of the Medicaid certified Nursing Facility in Oklahoma, with the assistance of the ADRC/MFP Grant, through on-site visits.
• Area LTC Ombudsman staff will offer and provide presentations and consultations on the Living Choice (Money Follows the Person) program to Resident Councils and Family Councils in nursing facilities, and in community settings, as available.
• LTC Ombudsman program will coordinate with the Oklahoma Health Care Authority (OHCA) (the State Medicaid agency) to follow up with Nursing Facility Residents who indicated on the MDS 3.0 Section Q (assessment) that they are interested in returning to the Community. Feedback will be provided to the OHCA, as requested.
Outcomes:

- Residents living in Medicaid Certified Nursing Facilities will be informed of the potential assistance to return to the Community that may be available to them through the Living Choice program.
- Nursing Facility staff will be better informed about their responsibilities to provide information to residents and families on the Living Choice program, and their responsibilities to assist residents to access Living Choice services.

**Objective 3: Expand Person-Centered Care Planning, Person-Centered Care practices, and Culture Change in Oklahoma’s Nursing Facilities.**

**Action Steps:**

- The State Ombudsman Office will participate in the Oklahoma Culture Change Network, and encourage participation by Area Ombudsman Staff, Certified Ombudsman Volunteers, and Nursing Facility operators and staff in the Oklahoma Culture Change Network’s regular meetings, special events, and training activities. This strategy will include regular attendance by State Ombudsman staff at meetings of the Culture Change Network, and the sharing of information from these meetings with the statewide Area Ombudsman staff for distribution to all their Volunteers and the Nursing Facilities they cover. Participation of Nursing Facility staff in trainings and other activities sponsored by the Culture Change Network will be encouraged through consultation with facility Administrators, Directors of Nursing, Owners, and staff.

- Information regarding Culture Change, person-centered Care Planning and person-centered care practices will be shared by Ombudsman staff and Volunteers with residents, residents’ representatives and families, and others through individual consultations and presentations.

- The Office of the State Long-Term Care Ombudsman will serve on the Advisory Board of the Focus on Excellence (FOE) program of the Oklahoma Health Care Authority (State Medicaid Agency), which provides incentives to Medicaid Certified Nursing Facilities to improve their practices. Through the work of this advisory board, the Ombudsman Program will continue to encourage that program to increase its emphasis on Person-Centered Care Practices and Culture Change, including in the areas of Consistent Staff assignment, Person-Centered Care Planning, expansion of Dining choices, and improved reliability in Resident Satisfaction assessment.

Outcomes:

- Ombudsman knowledge of and activities related to Person–Centered Care and Culture Change in Nursing Facilities will increase by 10%, as evidenced by documentation of Individual consultations with Facilities, Residents, and others related to these and related topics.
- Participation of nursing facility Residents and their representatives in Person–Centered Care planning will increase resulting in improved quality of life and care for residents, as evidenced by a 10% decline.
in complaints to the Ombudsman Program related to lack of autonomy, choice, participation in Care Planning, and similar Residents’ Rights violations during the reporting period.

- Nursing facility implementation of Culture Change and Person Centered care practices will increase as evidenced by the data collected on facilities participating in Focus on Excellence.

GOAL 4: ENSURE THE RIGHTS OF OLDER OKLAHOMANS AND PREVENT THEIR ABUSE, NEGLECT, AND EXPLOITATION

Objective 1: To design and implement a coordinated, well integrated, cost-effective, and targeted legal service delivery systems, which supports the state’s plan for aging services and local plans developed by the area aging agencies called OK-SPLASH, and includes addressing elder abuse issues.

Action Steps:

- Convene and maintain a stakeholder group to provide input and oversight of OK-SPLASH, including as a major partner the Coalition against the Financial Exploitation of the Elderly (CAFFEE), a county-wide diverse coalition of representatives from state, county and local law enforcement, the courts, social services, non-profits and the financial, insurance and health care industries. Adult Protective Services (APS) and the LTC Ombudsman.
- Develop, distribute, compile and evaluate a comprehensive legal needs assessment to determine legal needs of Oklahoma’s older population, needs related to abuse, neglect and exploitation.
- Develop distribute, compile and evaluate an instrument to distribute to Title III-B programs, pro bono volunteers, law school clinics, stakeholders and leaders in the aging network to analyze the core components and capacity of the state’s current legal service delivery system, including the interrelationships and integration among these components and how they address abuse, neglect and financial exploitation.
- Utilize innovative methods of legal consultation such instant messaging and e-mail, means to educate the aging network to understand legal issues, “self-help” strategies so seniors can engage in advocacy on their own behalf, sustainability plan and finalized evaluation plan.
- Provide access to real time legal services to enhance the ability of LASO to coordinate with APS, LTC Ombudsman, law enforcement, and financial institutions on issues of abuse, neglect and financial exploitation and assist APS case workers, local law enforcement officers and prosecutors in enforcing the “Oklahoma Protective Services for Vulnerable Adults Act.”
- Improve the LASO web site so more information is available to seniors, including development of specific tools to facilitate the dissemination of information for both seniors and the agencies.
- Promote the expanded services of OK-SPLASH through publications, press releases and educational sessions and provide continuing education on elder law issues to professionals and develop a marketing and outreach team work to implement ideas generated and develop the methods used for outreach.

Outcomes:
• Development of baseline data to help reduce the incidence of elder abuse, neglect and financial exploitation each year.
• Increased knowledge among older Oklahomans of legal issues and affordable services that can assist in seniors in understanding issues related to the prevention, detection, assessment, intervention, and/or investigation of elder abuse, neglect and financial exploitation.
• Increased number of Oklahoma seniors receiving free legal assistance to reduce the incidence of abuse, neglect and financial exploitation.
• Increased satisfaction among older Oklahomans with access to legal assistance and referral services that address abuse, neglect and financial exploitation.

Objective 2: To assist constituency groups in advocacy efforts that involve the prevention, detection, assessment, intervention, and/or investigation of elder abuse, neglect and financial exploitation

Action Steps:

• Review and tracks bills through the Journal Record reporting daily
• Meet weekly (from Feb. to May) with DHS Legislative Liaisons to discuss bills and strategies with regard to bills tracked though Journal Record including bills to prevent, detect, assess, intervene, and/or investigate elder abuse, neglect and financial exploitation.
• Prepare written weekly Legislative Reports regarding the progress of bills affecting older Oklahomans, and send to constituency groups and Aging Services staff for dissemination to the aging network.
• Meet weekly with representatives from the Alliance on Aging, OSHL, AARP, the LTC Ombudsman office and the State Council on Aging to discuss bills and strategies with regard to bills important to the aging network, including bills to prevent, detect, assess, intervene, and/or investigate elder abuse, neglect and financial exploitation.
• Assist participants to Senior Day at the Capitol to advocate for bills, including bills that address prevention, detection, assessment, intervention, and/or investigation of elder abuse, neglect and financial exploitation, through presentations to seniors, mentoring of college students to assist at Senior Day, and preparation of a list of pertinent bills to disseminate to seniors.

Outcomes:

• Increase knowledge by constituency groups regarding legislation involving older Oklahomans
• Increased self-advocacy amongst older Oklahomans
• Increased number of advocates in constituency groups regarding prevention, detection, assessment, intervention, and/or investigation of elder abuse, neglect and financial exploitation.
• Increase number of OSHL bills passed by the legislature related to prevention, detection, assessment, intervention, and/or investigation of elder abuse, neglect and financial exploitation.
**Objective 3:** To provide consultation, education and training on elder abuse issues affecting older Oklahomans to seniors, professionals, and caregivers

**Action Steps:**

- Respond to telephone calls and email requests from the public on issues that affect older Oklahomans, including issues involving the prevention, detection, assessment, intervention, and/or investigation of elder abuse, neglect and financial exploitation.
- Provide trainings, workshops and seminars to a wide variety of persons and entities, including churches, community groups, area nurses, DHS employees, hospices, home health groups, social workers, hospitals on issues such as senior fraud; reasons for seniors as targets and warning signs; end of life documents, including Advance Directives, Do Not Resuscitate and Durable Powers of Attorney and the potential for Durable Powers of Attorney to be “licenses to steal” in Oklahoma.

**Outcomes**

- Increased knowledge of older Oklahomans, caregivers and professionals of issues related to the prevention, detection, assessment, intervention, and/or investigation of elder abuse, neglect and financial exploitation each year

**Quality Management**

Over the four years of this plan, Aging Services plans to implement the National Core Indicators (NCI) Project to assess the quality of our services and to have true comparable data between our state and other state nationwide.

The original National Core Indicators (NCI) Project, was developed in 1997 as a collaboration between Human Services Research Institute (HSRI) and the National Association of State Directors of Developmental Disabilities Services (NASDDDS) to support states by gathering a standard set of performance and outcome measures that could be used to track their own performance over time, compare results across states, and establish national benchmarks. Currently, the NCI Project focuses on the performance of public developmental disabilities service systems. The program will be referred to as NCI-AD (National Core Indicators — Aging and Disability) to make it distinct from the NCI program for developmental disabilities services.

Aging programs nationwide, led by the National Association of States United for Aging and Disabilities (NASUAD), are now looking to adapt the program used by developmental disabilities services for use by aging programs. The goal is to have a survey that is used nationwide with data that measures the quality of services, not the quantity of services which is how we measure our services now. The survey will gather data that is found in agency records and with an in-person survey. This survey includes satisfaction-related questions and objective questions to be answered by the consumer. The survey and resulting data obtained will correlate to quality objectives that will measure the quality of long term services and supports for seniors, adults with physical disabilities and their caregivers. Also, it will measure the consumer’s satisfaction with the services he/she receives.
Three states, Georgia, Minnesota, and Ohio, have agreed to pilot the Consumer Survey beginning in January 2014. After the three pilots are complete, the survey will be revised and the expanded NCI-AD will be available for any state to join in early 2015.

By becoming a part of the NCI-AD program, AS will be better evaluators of the performance of our home and community-based service systems and will have the data necessary to improve services and better support the older adults, individuals with physical disabilities, and caregivers our programs serve.
APPENDICES

1. STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
2. FY 2015 State Plan Guidance (Attachment B): INFORMATION REQUIREMENTS
3. Instrastate Funding Formula (Appendix C)
4. Focus Group Meeting Minutes (Appendix D)
5. Public Hearing Meeting
STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2006

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 2006.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service 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.

(a)(2)(B) The State agency shall 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.

(a)(2)(E) The State agency shall 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;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall 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 and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies 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.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—
(A) services associated with access to services (transportation, health services (including mental 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 who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance;

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

(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 subclause (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

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall—
(I) identify the number of low-income minority older individuals and older individuals residing in rural areas 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 (a)(4)(A)(i).

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

(9) Each area agency on aging shall 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 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall 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.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will 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.

(13)(C) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, 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) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out 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;
(17) 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.

Sec. 307, STATE PLANS

(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.

(7)(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.

(9) The plan shall provide assurances that 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 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance 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)(A) The plan shall provide 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 (A) 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.
(11)(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.

(11)(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;

(11)(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, 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--
(A) public education to identify and prevent abuse of older individuals;
(B) receipt of reports of abuse of older individuals;
(C) 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
(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(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.

(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 funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) 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.

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

(b)(3)(E) No application by a State under subparagraph (b)(3)(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 (as numbered in statute)

(1) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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
REQUISITED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A) The State Agency requires 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) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

(A) evaluates, 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) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(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). Note: “Periodic” (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

(A) affords an opportunity for a public 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) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a 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 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.

(8)(A) No supportive services, nutrition services, or in-home services are 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.

__________________________
Signature and Title of Authorized Official

__________________________
Date
States must provide all applicable information following each OAA citation listed below. 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;
The State Unit has *policy in place requiring grantees and sub-grantees to prioritize service delivery. Outreach services identify individuals in the mandated categories of need. AAAs and other sub-grantees prioritize service delivery to ensure they receive preference as required by the Act.

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.
The State Unit has *policy in place requiring AAAs to develop and submit disaster plans. The plans are reviewed and updated annually. The plans are maintained on file in the state office. *See state policy OAC 340:105-10-45 Area Agency on Aging Disaster Planning. http://www.okdhs.org/library/policy/oac340/105/10/0045000.htm

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.

The AAA develops its annual budget in consultation with the State Agency and incorporates the allocations listed in (1) - (3) of this subsection into the budget. The AAA:

- (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;
- (2) expends at least as much federal funds in any given fiscal year for the priority services categories as the AAA expended for the priority services in the previous fiscal year; unless the AAA allocation of
these funds is reduced, in which case, the AAA priority services expenditure is reduced proportional to the AAA 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.

See state policy OAC 340:105-10-96 Title III-B Priority Supportive Services.

Section (307(a)(3)

The plan shall:

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

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

Please see Instrastate Funding Formula section of State Plan

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.


Section 307(a)(14)

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

(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency (106,356 total number of minority persons 60+ 2008 from aoa.gov) (per AGID-Data-at-a-Glance-ACS 2012 Demographic Data- 14,270 low-income minorities 60+ and 5,324 low-income minorities of limited English proficiency 60+ 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.

The State Unit has policy in place requiring grantees and sub-grantees to prioritize service delivery. Outreach services identify individuals in the mandated categories of need. AAAs and other sub-grantees prioritize service delivery to ensure they receive preference as required by the Act. *See state policy OAC 340:105-10-38 Targeting Resources to Older Persons in Greatest Economic or Social Need. http://www.okdhs.org/library/policy/oac340/105/10/0038000.htm

The SUOA reviews the area plans from each of the AAAs 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 hospital discharge workers, partnering
with county health departments, and leaving fliers at businesses and churches which the specific populations attend, plus inserts in the church bulletins. Inter-agency referrals, community presentations, and local tribal agency contacts are focus areas to reach limited English proficiency individuals who are Native Americans.

The state office and each AAA use updated 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. Minority information from 2010 census:

Percentage of 60+ population in Oklahoma by Race and Hispanic Origin

- a. White: 84.3%
- b. Black/African American (non-Hispanic): 4.6%
- c. Amer. Indian/Alaska Native (non-Hispanic): 5.2%
- d. Asian (non-Hispanic): 0.9%
- e. Native Hawaiian/Pacific Islander (non-Hispanic): 0.0%
- f. Two or more races (non-Hispanic): 2.6%
- g. Hispanic/Latino (may be of any race): 2.2%
- h. Total number of minority persons: 15.7%

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 (title III), if applicable, and specify the ways in which the State agency intends to implement the activities.

The State Unit will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits. The State Unit has designated a staff to serve as liaison with the tribes. The liaison meets with the Oklahoma Indian Council on Aging (OICA) on a regular basis. The State Unit liaison is partnering with the OICA to update a directory of Tribal services to include Older Americans Act (OAA) Title III services. The State Unit sponsors an annual minority conference and many tribes participate in both planning and participation.

The State Unit contract document with each AAA has a provision in the scope of work requiring the contractor (AAA) to perform services as described in the OAA found online, both in present form and as amended, during the term of the contract. This ensures their compliance with the OAA requirements.

The provisions of the state contract extend through to the sub-grantees or local service providers.

Section 307(a)(29)
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.

While the emergency management and disaster planning efforts in Oklahoma are incredibly robust, DHS Aging Services has watched the expansion of its role and critical involvement in efforts like the statewide Catastrophic Health Emergency Plan and the Oklahoma Pandemic Response Plan. These plans call for the mobilization of trained personnel, particularly the nurses, in times of crisis. DHS Aging Services participates regularly in the state disaster exercises and also has been involved in specialized disaster efforts like hurricane response with select Title III staff. Another key area is vaccine distribution and administration in the event of a pandemic influenza outbreak.
DHS Aging Services 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 also requires localized plans to be created, tested and ready for deployment if needed. The agency has a presence in every county so the coverage is comprehensive. DHS Aging Services has a communications plan in place that allows for efficient information and data reporting through the local projects and the Area Agencies on Aging, both for the Title III program and the Medicaid waiver. Other programs operated out of this division tie in nicely with this effort, including the Ombudsman program and 2-1-1. Communication is key with any disaster. Emphasis is also placed on information technology backup and restore following a disaster and is built into the overall Continuity of Operations plan.

Section 307(a)(30)
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.

In addition to the above referenced information, the Aging Services Division Director participates in the statewide Emergency Preparedness and Response Services Senior Advisory Committee Meetings and plan. Representatives from state agencies such as the Oklahoma Department of Human Services, the Oklahoma State Department of Health, Department of Emergency Management, Homeland Security, Disaster Assistance, Oklahoma Department of Mental Health and Substance Abuse, etc meet quarterly to discuss emergency management, preparedness, agency back-up systems for services, services during times of disasters, and resources.

Section 705(a)(7)
In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).
(Note: Paragraphs (1) through (6) of this section are listed below)

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

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

Aging Services, through its statewide AAA system, has established programs under the OAA throughout Oklahoma. We also, as stated throughout the plan, coordinate OAA services with other resources for older Oklahomans. Our state office and our area agencies on aging hold public hearings, utilize surveys, participate in Title VI meetings such as the OICOA, and confer 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. We have 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. Also, we have policy in place to ensure that no person will be coerced in participating in our programs or being referred to another program.
In consultation with Area Agencies on Aging (AAAs) and in accordance with guidelines issued by the Assistant Secretary for Aging of the Administration on Aging (AoA), 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 AAA, including demographic data, for use in developing the intrastate funding formula; (2) following guidelines from the regional office of AoA 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.

AS develops an intrastate funding formula that includes:

(A) funds retained for state and AAA administration, and for the State Long-Term Care Ombudsman Program, including:

(i) no more than five percent of Oklahoma’s allocation of OAA Title III funds or $300,000, whichever is greater, retained by the State Agency for State Agency administrative costs, unless the total OAA Title III allocation to all states under Section 303 of the OAA exceeds $800,000,000, in which case the State Agency retains five percent of the state’s Title III allocation, or $500,000, whichever is greater;

(ii) no more than ten percent of the funds remaining after providing for State Agency administrative costs are awarded for meeting AAA administrative costs. In awarding administrative funds, each PSA is apportioned a minimum of $37,500 unless available funds are insufficient to provide for such an apportionment, in which case the available funds are distributed among the PSAs in equal shares. AAA 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 OAA 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 AAA 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) 50 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 specifically 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 no less than two percent of the sum of the funds apportioned in (B) through (D) of this paragraph;

(G) allotting each PSA sufficient funds to meet the requirements of Section 307(a)(3)(B) of the OAA. Not less than the total of 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. The amounts necessary to meet this requirement are:

(i) Areawide AAA - $0;

(ii) Association of South Central Oklahoma Governments (ASCOG) AAA - $914,127;

(iii) Central Oklahoma Economic Development District (COEDD) AAA - $803,399;

(iv) Eastern Oklahoma Development District (EODD) AAA - $1,149,319;

(v) Grand Gateway AAA - $876,072;

(vi) Kiamichi Economic Development District of Oklahoma (KEDDO) AAA - $812,873;
(vii) Northern Oklahoma PSA AAA - $578,108;
(viii) Oklahoma Economic Development Authority (OEDA) AAA - $252,781;
(ix) Southern Oklahoma Development Authority (SODA) AAA - $900,213;
(x) South Western Oklahoma Development Authority (SWODA) AAA - $441,543; and
(xi) Tulsa AAA - $0;
APPENDIX D

FOCUS GROUP MEETING

A focus group for the Oklahoma State Plan 2015-2018 was held on April 4th, 2014. Nine (9) participants attended:

- 3 males; 6 females
- 2 representatives from academic institutions with a gerontology emphasis
- 1 area agency on aging director; 2 Older Americans Act (OAA) providers
- 4 State Council on Aging members
- 1 mental health professional
- 1 representative from state Medicaid agency
- 1 service provider outside of OAA services
- 1 previous provider in another state
- 5 members self-identified as being 60 years of age or older
- 3 represented rural areas/ 6 represented urban areas

(note: some attendees represented more than one category)

Also, seven (7) Aging Services employees attended including the facilitator of the group, the division director, members of the Special Unit on Aging which administers Title III services, and the Legal Services Developer.

The focus group was tasked with analyzing three (3) broad OAA and aging topics and bringing each attendee’s unique perspective to the discussion. Aging Services employees spoke only when asked a specific question by a focus group attendee.

Focus Area #1: Discussion of Older Americans Act (OAA) Services (What would you like to see changed/added/deleted to those services? What about the services as they are provided now? What about the service model; is it effective; why or why not?)

Focus Group Comments:

- Some service models seem outdated especially nutrition: persons who are part of the “young old” age group do not want to go to sites; sites and meals are not appealing
- Aging population has changed; baby boomers are different from previous generations
- “yes, the sites offer food; maybe bingo” but that’s not enough
  - Should offer computer classes, more nutrition information, “real” exercise programs
• Issue with the way services are “packaged;” should be comprehensive senior centers (one-stop shop) with everything under one roof such as social services, education and learning opportunities, health and wellness
• Stigma related to food/nutrition services – “that’s where the old people go”
• Seems to be two groups/types of people who go to sites; people who eat and people who do activities
• Transportation is a huge issue; can’t expect people to do things/be a part of their communities if they can’t get places
• Need more involvement with the community; the community can provide the facilities and providers can provide the services
  o Have to look at the economies of the communities; their own funding issues
  o Would like to see the state help communities to provide multipurpose senior centers
  o How do you justify the costs in rural areas
• Population numbers drive the services; Oklahoma has a high number of seniors who live in rural areas
• Continuing the one-stop concept, should have RSVP and other social services in the same building as OAA services
• Need to change the perceptions of the centers; REBRAND; in another state, took the word “senior” out and called them health and wellness centers which offered the traditional OAA services along with health and wellness activities, writing groups, exercise classes such as tai chi and line dancing
• Need a partnership of public and private funding
  o Can’t draw down OAA Title funds from the state without first spending any private dollars the organization has brought in (can’t leverage the funds together to expand services)
  o Need to integrate public and private funding better
• More instances of county funding/taxes specific for senior programs
• Stronger emphasis on food standards
  o Variety
  o Taste/palatable
  o Quality
  o More of a match with chronic diseases such as diabetes, high blood pressure
  o Distance travelled in areas with a central kitchen and satellite sites
  o Actual chefs used
  o Vegetarian choices
  o Diversity of populations and their food preferences
  o “Got to have the money to do this/ goes back to private and public monies.”
• Caregivers
  o Isolated at home
  o Don’t self-identify as caregivers
  o Need to get in with the medical community who are seeing the care recipients for medical issues and provide care givers with linkage to services
  o Evidence-based caregiving services such as “Powerful Tools for Caregivers”
  o Increased counseling for caregivers
○ More funding!
○ Counseling for grandparents
○ Increase of dual caregivers taking care of children/grandchildren and parents
○ Can only give 10% of OAA caregiving funding to grandparents raising grandchildren services; need a change at the federal level for the fast-growing numbers of grandparents raising grandchildren
○ Age is too high; 55 years old is too high; many grandparents raising grandchildren below 55 years of age

• Integration of more social supports; missing a great opportunity in using outreach services and using our service infrastructure; need more of a case management model for outreach

Focus Area #2 Discussion of service gaps (What is/are the most significant gap(s) in Oklahoma? In your area? Why is that gap important? Why do you think the gap exists? Any solutions for filling these service gaps?)

Focus Group Comments:

• Better communication about services – people don’t know what’s out there so, instead of future planning, they wait until there is an emergency and try to make decisions under stress
• Huge gap in health literacy
  ○ Understanding in what terms mean (for example: what does caregiver mean)
  ○ Huge programs such as Medicare have their own language to learn
• All information now seems computerized – can’t forget the necessity of a human being guiding someone through a process (for example: Medicare choices under Part D)
• The Information and Assistance role needs to be bolster
  ○ I&A services need to be more proactive
  ○ I&A need to be out in the community more instead of being “trapped” behind a desk
  ○ Send them to actual places where people gather such as the neighborhood café in a small town
  ○ Equip with laptop and wifi card to do referrals in the field
  ○ More follow-up with clients to see if referrals were effective
• Better data collection and accuracy –
  ○ one person at AAA level to do data entry for service participation
  ○ must ask “why do we want this data; what data is needed?” need to collect data for a true need and purpose (can get overrun with data)
  ○ gap in mental health data
• Case management – where is the spectrum with I&A and outreach services to fit in a more case management model
  ○ “Case Management is the wave of the future”
  ○ No Eldercare program which used to provide case management
  ○ Very few private case managers and not everyone can afford to pay for this type of services
• Mental health services are a gap statewide – there is an assumption that there is a strong medical model that takes over
• Transportation – urban and rural
  o No public transportation options in rural areas
  o Bigger need for paratransportation options
• Waiting lists for services
  o Again need to be able to blend public/private dollars to expand services
• Workforce in providing senior services
  o Make sure there is enough
  o Make sure there is adequate training
  o Make sure to have comprehensive background checks for all in-home workers
• Mental health services integrated into other health promotion activities
  o Mental health wellness not separate from physical health concerns
• Addressing increasing diversity issues with changing populations
  o Partnering with existing communities and the spaces they use
  o Addressing any language barriers
  o Health promotions and meals related to cultural/health concerns of specialized populations
• “Why do services gaps exist? Money!”
• Boundaries of PSAs (Planning and Service Areas of the Area Agencies on Aging [AAAs])
  o Unable to cross lines between PSAs
  o Problematic that AAAs are set up and affiliated with Councils of Government (COGs) – who do AAAs serve; aging or COGs
  o Under the current system of PSAs, there is no attention to geography and where the people are
  o Possible satellite office system to be used by AAAs?

Focus Area #3 Discussion of the future of aging in Oklahoma (What do you see happening to Oklahoma’s senior over the next 5, 10, 20 years in terms of service needs, healthy aging, etc? Positive/negative changes? What changes need to occur now?)

Focus Group Comments:

• Need to get ready for what’s coming; increasing older population and changing needs
• Be a part of the Senior Wellness Centers with the Oklahoma City MAPS III project
• Integration
  o Integrate all service networks
  o Total integration of health, wellness, and social services for seniors
  o Stop basing services on funding streams and be more flexible
• Innovation
  o Do not continue the status quo
  o Make each program component better and get rid of the ones that are not needed
• Consult the population itself – under the current service model we tell them what they need and what we offer rather than them telling us what’s needed
• Will have a different older population with different needs than the previous older population
• Need to increase seniors’ technology knowledge
• Rebrand
  o Rebrand the services to appeal to all different spectrums of age and needs in the over 60 population
  o Not “senior” services – health and wellness services
  o “Make Aging Sexy!” – make aging appealing
    ▪ Huge anti-aging industry
    ▪ Stigma to aging
    ▪ Don’t revere our elders
• Broader focus on health
  o Don’t wait until 60 and older – focus on persons in 30s and 40s so they will age healthy
  o Health literacy issues
• Life Care Community Concept
• Must work with all levels of monetary status – poverty, middle-class, and wealthy
• More need for home/community-based services
  o Livable communities/healthy communities
  o Look for help with the centers of community living such as churches
• Huge increase in transportation need
• “Tele-everything” connectivity
  o Tele-health, teleconferencing to include caregiving technology
  o Educate about the effectiveness; change people’s attitudes toward this innovation
  o Payment structure for services still supports in office visits rather than tele-health options
• Need more geriatricians and more experts in the field of aging
• Increase use of volunteers
  o Baby-boomers don’t seem to volunteer like the previous generation
  o Make sure we don’t use volunteers inappropriately; don’t use volunteers when a paid worker should be used
• Self-advocacy
  o Older persons not dependent on aging network to make choices for them or taking care of things that older persons can take do for themselves (learned helplessness)
  o Empowerment
  o Impact
• Intergenerational programming
• Seniors will be more impatient – will demand information, answers, and services more quickly
• Need more money; more money allocated to senior services
A public hearing for the Oklahoma State Plan on Aging 2015-2018 was held on May 20th, 2014. The public hearing was during our State Conference on Aging held in Norman Oklahoma. This annual conference attracts individuals and agencies statewide with presentations, vendors, and resources for services/information.

The public hearing was held during “Senior Day,” the first day of the conference. This day is specially structured for persons 60 and older; the other two days are used as “Professional Days” where staff from AAAs, agencies, and service providers inside and outside of OAA services are encouraged to attend and learn about the latest in services for older persons.

The public hearing consisted of a presentation that covered all aspects of the plan from demographics, core functions, and goals and objectives. Participants were encouraged to comment and ask questions. Most questions were related to service functions of the OAA or how to get help for specific issues. The presenter gave our resource names and phone numbers when needed. There were no requests from the audience to change or deleted anything presented in the plan.