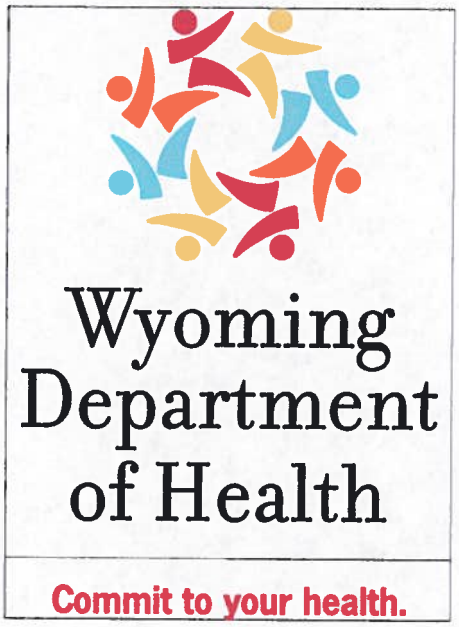


Wyoming State Plan on Aging

Compiled by:
Ginny Mahoney, M.A.
Deputy Director of Rural and Public Health and Aging Division Administrator

Federal Fiscal Years 2011 - 2015

VERIFICATION OF INTENT

The State Plan on Aging is hereby developed and submitted for the State of Wyoming for the Federal Fiscal Years 2011 – 2015. It includes all assurances and will be conducted by the Wyoming Aging Division under provisions of the Older Americans Act, as Amended, during the period identified. The Wyoming Aging Division has been granted 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 purposes of the Act; i.e., the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the elderly of Wyoming.

This Plan is hereby approved by the Governor and constitutes as authorization to proceed with activities under the plan upon approval by the Assistant Secretary on Aging.

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

7/12/2010 (Signed)
Date

Ginny Mahoney, M.A.
Administrator, Wyoming Aging Division

7/13/10 (Signed)
Date

Dr. Brent Sherard, M.D., M.P.H., F.A.C.P.
Director and State Health Officer
Wyoming Department of Health

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

7/15/10 (Signed)
Date

Governor Dave Freudenthal
State of Wyoming

Cover Letter from Aging Division Administrator

The Wyoming Aging Division is pleased to present this state plan for the years 2011-2015. Wyoming is looking toward the future and is planning for an increased senior population. Census estimates show Wyoming may be the fourth "oldest" state in the United States by 2015.

In order to prepare for this eventuality, this state plan outlines objectives, strategies, and performance outcome measures for achieving goals, improving outreach, and service delivery to Wyoming seniors. An important part of the Aging puzzle for providing these improvements lies with the establishment of the Aging and Disability Resource Center (ADRC), an entity providing information and coordination of available services for members of local communities. Wyoming seniors and their families will have a "one-stop shop" to obtain information for choosing services necessary to allow seniors to remain in their homes as long as possible.

The ADRC, working with other programs available through the Older Americans Act (OAA), will continue to help seniors and their families become informed about the choices available to them in their communities and help provide the access necessary to obtain the services chosen by Wyoming seniors and their families. Wyoming residents cherish their independence and the ability to choose their own destiny, and the Aging Division is improving policies and creating objectives to support seniors maintain their independence.

The objectives described in this state plan have been influenced by Wyoming seniors themselves, through a series of focus group interviews conducted around the state by the Aging Division Administrator. Over 4,000 miles were traveled to obtain this input. In order to ensure that services provided address the needs of Wyoming seniors, the Aging Division has incorporated the thoughtful comments of the seniors into these objectives and strategies.

The Aging Division would like to thank the Wyoming Department of Health and the Administration on Aging (AoA) for their support in creating this state plan. Additional appreciation must be paid to the Wyoming Legislature and the providers located throughout Wyoming. The services administered to Wyoming seniors would not be possible without these federal, state, and local resources working together to deliver necessary services to Wyoming senior residents and their families.

Ginny Mahoney, M.A.

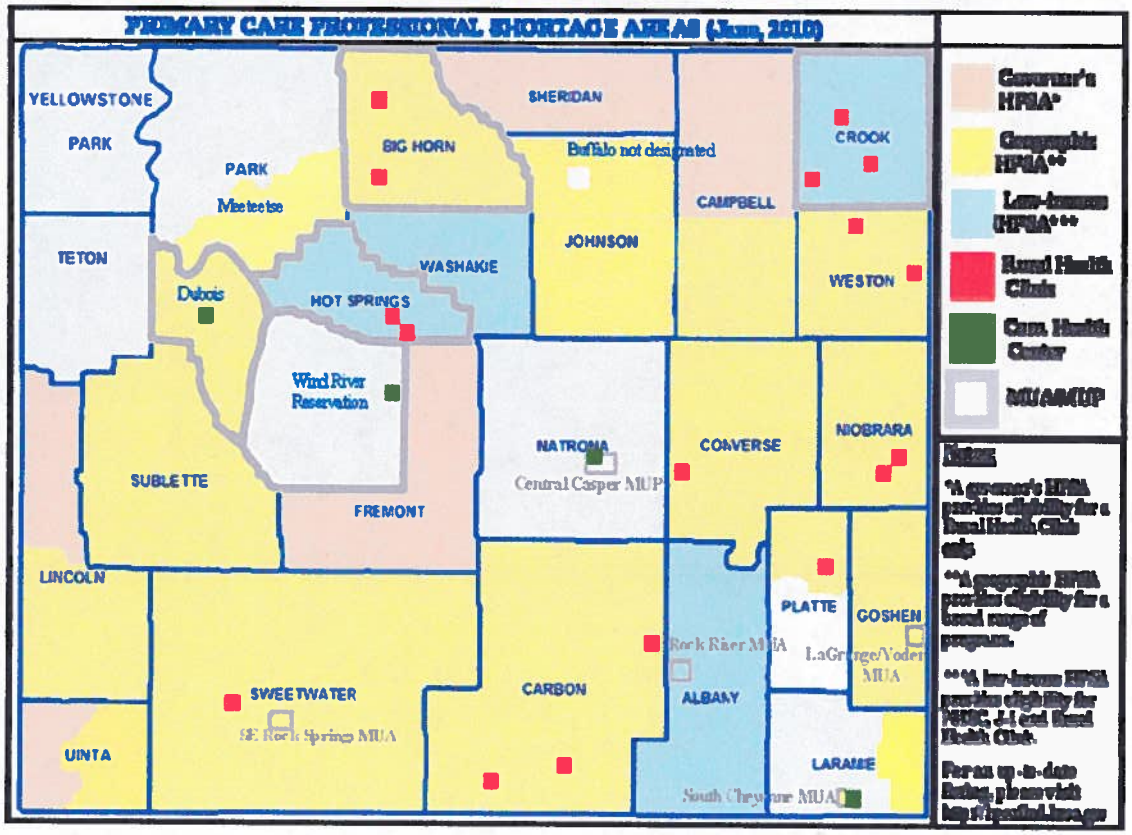
Aging Division Administrator

Wyoming Department of Health

Aging Division

Brent D. Sherard, M.D., M.P.H., F.A.C.P.

Director and State Health Officer



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July 15, 2010

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NARRATIVE

I. Wyoming Division of Aging 2011-2015 State Plan - EXECUTIVE SUMMARY

A. Context

State and its people.

"Wyoming is like a small town with very long streets". This statement, as quoted from former Governor Mike Sullivan, exemplifies the culture and spirit of Wyoming. We are a state of grassroots efforts.

Wyoming ranks 9th among the states in land area, with a total of 97,818 square miles and an estimated 2009 population of 544,270 people.

Seventeen of Wyoming's 23 counties have fewer than six people per square mile, meeting the widely accepted definition of 'frontier state' by federal agencies. The entire state of Wyoming has 5.17 people per square mile, compared to the national average of 86 people per square mile. Forty-seven percent of Wyoming's residents live in the frontier areas of the state. With the exception of the residents in Cheyenne and Casper, the remaining people live in rural areas. By 2015, Wyoming is estimated to have the 4th largest percentage of seniors over 60, trailing only Florida, West Virginia, and Maine.

The vast expanses of land, harsh climate, and sparse population centers require that the issues surrounding aging in Wyoming continue to be addressed as they have been; mutually and successfully through the efforts of community, state, and federal involvement and collaboration. As we plan, develop, and implement the strategies needed for successful aging in Wyoming, these stakeholder efforts will be more crucial than ever.

The critical focus areas of healthcare access, transportation, community-based programs, long term care, senior center roles, nutrition, support services, and elder rights will be closely and seriously addressed over the next four years and beyond.

Wyoming State Aging Network – Wyoming Aging Division

The State of Wyoming is designated as a Single Planning and Service Area (SPSA) covering all older individuals in the state. Therefore, the State Agency is also responsible for performing the functions of an Area Agency on Aging (AAA) [Older Americans Act Section 305(b)(5)(A)]. Since Wyoming is a SPSA, the Aging Division (the Division) does not have an Interstate Funding Formula. The Aging Division of the Wyoming Department of Health acts as the State Unit on Aging (SUA) and the AAA. Therefore, there are no AAA Plans to attach to the Wyoming State Plan on Aging document. There are a minimal number of service providers in most parts of Wyoming. Some areas of the state are lacking specific provider types, such as home health agencies. Workforce issues will have a significant impact over the next four years, as it will increasingly difficult to find adequate numbers of appropriately trained, qualified people to do crucial jobs. The salaries and benefits do not equate to the tasks and training required in many parts of Wyoming. Nurses, nursing assistants, case managers, and other direct care workers are in keen demand.

Also of note is the minimal staff and limited budget with specific restrictions of the Aging Division. As a result, the numbers and types of goals/outcomes and implementing objectives must be based largely on these factors over the next four years. The goals and objectives are based

upon current and projected needs guided by the input through discussions and survey submissions of the senior citizens, baby boomers, service providers, Aging Network, the Wyoming Advisory Council on Aging, mayors, state representatives, interested citizens and stakeholders who provided input to the Survey for the Wyoming State Plan on Aging and senior center meetings administered in the Spring of 2010.

B. State Plan Goals, Objectives, Strategies, Outcome Performance Measures

Wyoming conducted a series of focus groups and survey sessions throughout the state in March and April, 2010. The goals, objectives and strategies listed below weave the thoughts received from the Wyoming residents into the AoA and Older Americans Act goals and focus areas.

Goal 1: Empower older people, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options.

Long Term Care (LTC) - Long term care is not relegated solely to long term care facilities. It consists of assisted living facilities, long term care facilities, hospice, boarding homes, and alternative housing options. Understanding the resources available across this continuum is a challenge to a state as vast and frontier as Wyoming.
Objective 1.1 To increase outreach describing long term care options available through the state.
Strategy 1.1.1 Create an outreach plan outlining Community Based In-Home Services. This may be included as part of the ADRC service offering.
Outcomes and Performance Measures - Through regular surveys of clients, accessing local and national resources such as the Performance Outcomes Measurement Project (POMP), NAPIS/SPR data and the AGID data base as tools for monitoring and evaluation, the Aging Division will continue to survey participants about services, delivery, and what is needed in local communities. The data will be longitudinally tracked to chart trends and identify areas of improvement.

Aging and Disabled Resource Center (ADRC) – Wyoming is in the planning phase of establishing an ADRC. As recipient of the planning funding administered by the AoA, Wyoming is positioned to:
Objective 1.2.1 Determine core services in order to complete the ADRC strategic plan by FY 2011.
Strategy 1.2.1.1 Continue to meet monthly determining the elements necessary to satisfactorily complete the plan.
Strategy 1.2.1.2 Expand stakeholder group to encourage private support for future sustainability.
Outcomes and Performance Measures – Success will be determined by the accomplishment of the following:

1. Approved strategic plan by the Administration on Aging (AoA) by FY 2011; and
2. An operational ADRC by the end of FY 2012.

Goal 2: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers. - The ability of seniors to remain in their own homes, making their own decisions, and maintain a high quality of life is impacted by the following factors. The related goals of the Aging Division are listed below:

Transportation - Studies continue to indicate and reinforce that access to affordable transportation greatly improves the independence and quality of life of older adults and that efforts should be made to increase older adults' access to subsidized transportation.
Objective 2.1 Understand the availability of transportation options within the state of Wyoming.
Strategy 2.1.1 Establish and maintain a database of existing resources, and use a variety of methods to disseminate information about resources to the public.
Objective 2.2 Develop a coordinated program for connecting volunteer, public, and private transportation capacity.
Strategy 2.2.1 Expand volunteer transportation capacity by building a strong volunteer network to enhance and strengthen existing programs through efforts of Aging Network partnerships.
Strategy 2.2.2 Work with the Wyoming Department of Transportation to identify and implement long-term solutions for special needs transportation. Continue participation in WyoTrans, a permanent workgroup that includes transit providers, consumers, human services providers, businesses, and local government representatives.
Strategy 2.2.3 Provide municipalities, agencies, and organizations with training, technical support, and other services required to establish subsidized transportation programs for older adults.
Strategy 2.2.4 Assist and cooperate with any person, municipality, agency, or organization interested in providing or establishing subsidized transportation programs for older adults.
Strategy 2.2.5 Apply for and receive grants from any firm, agency, or organization for the purposes of transportation services and may expand the grants and contributions for those purposes.
Outcomes and Performance Measures – Success will be defined by the following:

1. The establishment of the transportation database within the ADRC;
2. The ability to connect volunteer drivers and ride recipients through the ADRC within specific communities; and
3. Determine one transportation goal to be reached by FY 2013 through collaboration with the Wyoming Department of Transportation WyoTrans workgroup.

Nutrition -Older adults can be at risk for nutritional deficiency. For many Wyoming seniors, the one meal they receive through Title IIIC may be the only meal they eat all day.
Objective 2.2.1 Provide outreach advertising of the nutritional and social benefits of obtaining meals through local meal sites and recruit volunteers.
Strategy 2.2.1.1 Embark on a public awareness campaign at the state level encouraging seniors to contact their local senior center, ADRC, or service provider.
Outcomes and Performance Measures – Success will be measured by the following milestones:

1. Public awareness plans will be written into requirements for grant recipient contracts by FY 2011; and
2. Receive technical assistance and training from the AoA to develop new nutrition policy by FY 2011.

Community Based Programs – Wyoming residents may receive services in the home setting through two distinct community based programs. The Home and Community-Based Services Waiver (HCBS) is administered primarily by federal funds through Medicaid. The Community Based In-Home Services program is funded 100% through state general funds and administered by the Aging Division. These programs are essential for enabling Wyoming's seniors to live in their homes while meeting criteria to ensure their welfare.
Objective 2.3.1 Increase outreach describing available services.
Strategy 2.3.1.1 Develop a statewide communication plan including inquiring of media outlets (print/radio/television) to determine cost of media campaign.

Outcomes and Performance Measures –

1. Objective 2.3.1 - Success will be achieved through data recording of local media outlets and reporting back to the Aging Division of market reached through media campaign and through tracking of existing metrics longitudinally, as collected during annual quality assurance encounters.
2. Objective 2.3.2 - Outcomes will be measured through the receipt and compilation of provider coordination plans and survey results.

Objective 2.3.2 Increase coordination among providers within communities.
Strategy 2.3.2.1 Require a copy of a cooperation plan among local providers be provided as part of grant submission process.

Outcomes and Performance Measures –

1. Success will be measured through survey results, aided by such resources as the Performance Outcomes Measurement Project (POMP) on case management to track how the perceptions of healthcare access appear longitudinally.
2. Additional performance will be measured by the submission of the ACA-MIPAA grant and the associated measures should that grant be awarded.

Role of Senior Centers - Senior centers are the primary providers for coordinating and delivering services to Wyoming seniors. The majority of recipients for the AoA funds distributed within Wyoming are senior centers. Their services allow many seniors to remain active and able to live in their own homes. Through congregate meals, home delivered meals, and other programs offered through the centers, older adults are able to maintain better health and a higher quality of life.
Objective 2.4.1 Providers will prepare and submit plans addressing needs of baby boomers.
Strategy 2.4.1.1 The Aging Division will develop a survey tool to determine the needs of incoming baby boomers.
Strategy 2.4.1.2 The Aging Division will require providers to submit plans for addressing the needs of the baby boomers by FY 2012.
Outcomes and Performance Measures – Success will be judged by the survey results received from future survey campaigns identifying the outcomes of services and delivery.

Support Services - Support services are an essential component of enabling seniors to remain living at home, with security and a high quality of life for as long as possible.
Objective 2.5.1 Improve communication of available services.
Strategy 2.5.1.1 Include a listing of all available support services for each community through the ADRC.
Outcomes and Performance Measures - The number of services used over a four year period will be monitored and reviewed on a quarterly basis by the service providers and the Division to address the scope of needs and the services provided.

Goal 3: Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.
Access to Healthcare - Access to healthcare for Wyoming's seniors continues to be an issue in this rural/ frontier state. Often patients must travel long distances, including the six states bordering Wyoming, to obtain primary care and specialty care.
Objective 3.1.1 Improve access to medical providers in communities or out-of-town if necessary and encourage prevention.
Strategy 3.1.1.1 Engage the Wyoming Telehealth Consortium to coordinate services with local hospitals and clinics to facilitate long distance medical visits.
Strategy 3.1.1.2 Investigate alternative services available to provide transition of care between primary care providers and specialists.

Outcomes and Performance Measures - Success will be measured through survey results, aided by such resources as the Performance Outcomes Measurement Project (POMP) on case management to track how the perceptions of healthcare access appear longitudinally.
Objective 3.1.2 Partner with the Senior Health Insurance Counseling Program (SHIP).
Strategy 3.1.2.1 The Aging Division will work with the Wyoming Department of Insurance (who has the SHIP grant) to apply for the ACA-MIPPA funding.

Goal 4: Ensure the rights of older people and prevent their abuse, neglect, and exploitation. Elder abuse, neglect, and exploitation are of growing concern to Wyoming seniors.
Objective 4.1.1 The Aging Division will collaborate to increase awareness of elder abuse, neglect, and exploitation.
Strategy 4.1.1.1 The Aging Division will develop a coordination plan with Adult Protective Services to integrally support elder abuse, neglect, and exploitation training sessions by FY 2012. Participants will include medical providers, family members, law enforcement, healthcare providers, caregivers, service providers, Department of Family Services, and other relevant parties.
Strategy 4.1.1.2 The Aging Division will investigate the potential for integrating law enforcement contacts into the ADRC service offering.
Outcomes and Performance Measures – Success will be measured to see if awareness improves through changes observed in survey results administered once per year. The baseline obtained in 2010 will serve as the starting point.

FY-2011 AoA Focus Areas for State Plans on Aging - In accordance with the AoA's program instructions for the development of FY 2011 state plans, Wyoming will develop the following measurable objectives for each of the Focus Areas:
Focus Area A: Older Americans Act (OAA) Core Programs
Objective A.1.1 Wyoming will strengthen the existing core programs of Supportive Services, Nutrition (congregate and home delivered meals) National Family Caregiver Support, Elder Rights, and Health Promotion/Disease Prevention by integrating them with the soon to be established ADRC.
Strategy A.1.1.1 The ADRC will house a database of available services statewide and provide additional resources for improving the outreach of information regarding these core programs to seniors and their families to help Wyoming families become better prepared to choose the appropriate type of services or supports to fit their needs. The ADRC will improve enrollment in OAA core programs by providing assistance accessing public programs over the telephone or in person as available.
Outcomes and Performance Measures - Additional improvement will be made by evaluating the effectiveness of programs over time through trend analysis of data already collected through the SAMS database and quality reviews conducted at each site. This information will help the Aging Division understand the current trends for services to determine what improvements need to be made in existing programs needed for the increasing numbers of seniors entering the Aging Network.

Title III/Title VI Coordination
In Wyoming, the Northern Arapaho and Shoshone tribes live on the Wind River Reservation. Both tribes have been receiving Title VI funding as administered directly by the AoA and tribal elders have been eligible for Title III services through local providers in the nearby non-reservation communities which provide services to all seniors, including those who live on the Wind River Reservation.

Recently, the Northern Arapaho applied for the Title III funding as administered by the Aging Division. That application is currently under review, but the proposed services are for Title III-B (Supportive services); Title III-C1 (Congregate meals); and Title III-C2 (Home Delivered meals).

Wyoming understands the need to target services to the tribe elders in order to improve the quality of life for Native American Elders, as well as coordinate services offered through Title III and Title VI. Therefore, the Aging Division has hired an individual to be the Tribal liaison between the Aging Division and the Shoshone and Northern Arapaho tribes. Efforts to tie together Aging services to services offered by the Wyoming Division of Multicultural Health will also be coordinated through this liaison. This individual will work closely with the AoA to coordinate the services offered between Title III (under Aging Division administration) and Title VI (under AoA administration).

Additional collaboration between the Aging Division, the Preventive Health and Safety Division (PHSD), and the Wind River Reservation will occur through the Cancer Control Colorectal Screening Program. This PHSD program employs a full-time liaison to the tribes; offering education, assistance, and encouragement to residents of the Reservation. Enrollment and general health will continue to improve from the program, while the involvement of the Aging Division Tribal Liaison will provide additional support to the people of the Reservation.

The ADRC plans to fully incorporate the Reservation and surrounding areas in the ADRC database, especially to provide as many resources to the Reservation residents as possible. This effort will provide more healthcare access and service information than has previously been provided to those living and working on the Reservation. Outreach, services and collaboration will be enhanced, and service gaps will be identified.

Objective A.2.1 Expand cooperative relationships with tribal organizations to improve the quality of life for Native American elders on an on-going basis.
Strategy A.2.1.1 Issue annual contracts to those entities who apply for the provision of Older American Act services through Title III.
Strategy A.2.1.2 Provide technical assistance, on-site assessments, and contract monitoring to assure the provision of quality services.
Strategy A.2.1.3 Include all members of the Wind River Reservation in outreach and technical assistance offered by the Aging Division.
Strategy A.2.1.4 Include Representation on the Aging Advisory Council by a member of each tribal community.
Outcomes and Performance Measures - Provide opportunities for program and data collection training in order to collect information necessary for monitoring trends and improving service delivery to Native American elders of both tribes living on the Wind River Reservation.

Focus Area B: AoA Discretionary Grants - Wyoming is the recipient of a planning grant for an ADRC. Outreach will be an important component of the services provided by the ADRC, and the scope of reach will include the Native American elders included in Wyoming. The ADRC will also coordinate access to the Community Living Program and Evidence Based Disease Prevention Programs which are currently housed within the Wyoming Department of Health in the Preventive Health and Safety Division.
Objective B.1.1 Establish an ADRC for the state of Wyoming. The Aging Division is the recipient of a planning grant for an ADRC.
Strategy B.1.1.1 The first strategy for the ADRC in the initial stage is to plan, develop and approve a strategic plan which will lead to the implementation funding delivery. Because Wyoming is in a planning phase of the ADRC, the initial budget is $50,000, with $250,000 allowed for implementation upon the receipt of an approved strategic plan. Objectives and

service offerings are currently under development, and a listing of Advisory Council members is provided in Attachment D.
Strategy B.1.1.2 Complete the establishment of the ADRC.
Outcomes and Performance Measures - Once the ADRC is fully functional, the Aging Division will monitor contact volumes and associated delivery of services to gauge the effectiveness of the outreach and increased program enrollment performed by the ADRC.

Focus Area C: Consumer Control and Choice –
Objective C.1.1 Improve consumer choice for Wyoming seniors and their families.
Strategy C.1.1.1 In order to change state policies regarding consumer control and choice, the Division will review resources such as the 2010 Self-Direction Programs and Policies Handbook. Additional efforts will include soliciting input from consumers about issues and concerns, and educating the public regarding what services are available. The ADRC will be a foundational component of consumer control and choice, but there must be an additional concerted effort with the Aging Network to reach each community.
Strategy C.1.1.2 The Aging Division, as part of its communication plan outlined above, will embark on outreach focused on Wyoming's aged residents, baby boomers, and family members who may be providing care.
Outcomes and Performance Measures. The Aging Division will review how available data sets can be combined to evaluate the utilization and success of current programs and improve the choices available to Wyoming seniors through the tracking of services delivered, vital statistics, behavioral risk factor surveillance and other data resources available to the Division.

II. CONTEXT

A. **State and Its People.** Wyoming is the 9th largest state in land mass in the United States, yet the smallest state in terms of population. The estimated population in 2008 was 532,668 people, with 12.3% of the population aged 65 years or older. Wyoming encompasses a total of 97,818 square miles, 47.7 % of which is owned by the federal government. Of its 23 counties, 17 are considered "frontier", four counties are considered "rural", and two are "urban". Frontier counties are currently defined as having fewer than six persons per square mile. An urban county is defined as one having at least one city with at least 50,000 residents. There is no universally accepted definition of "rural". Even at the federal level, the definition depends on what federal entity is overseeing the program and whom the federal program is seeking to include or exclude. The land is largely high desert plains and mountains, with six mountain ranges crossing the state. Elevations range from 3,125 to 13,804 feet above sea level with a mean elevation of 6,700 feet. Wyoming winters are generally harsh with notable winds keeping wind driven snow present until late May. In addition to the severe weather which causes road closures and travel advisories in the winter, many hours of driving are required to obtain basic life needs, including healthcare, often with commutes out of state. As a result of Wyoming's vast expanses of land and sparse population centers, access to care and service issues for our aging Wyomingites must be closely and seriously addressed.

B. **Current Healthcare Services.** Prevention services are offered throughout Wyoming. The Aging Division is present at health fairs promoting prevention, with emphasis placed on low-income, Medicare and Medicaid clients over 60. Wyoming providers offer exercise classes and sensitivity training for clients. Wyoming has also implemented a fall prevention program with local physical therapists located throughout the state.

C. **Current Healthcare Access.** Wyoming is the ninth largest state, but has the smallest population. Unlike many other large rural states, Wyoming is unique in its lack of any large metropolitan areas. Cheyenne and Casper are the largest cities, with populations hovering around 50,000 residents and the rest of the state residents live in rural and frontier areas. Seventeen of Wyoming's twenty-three counties are designated as frontier. More than 70% of the population lives in rural or frontier counties, and almost half of the population (47%) resides in frontier counties.

According to the 2008 Wyoming Healthcare Commission Handbook, published in February, 2008, the state had twenty-six community hospitals, one state psychiatric hospital, one private behavioral health hospital, two Veterans Affairs hospitals, and one federal hospital located within Yellowstone National Park. These hospitals serve the resident population of 532,668. The acute care hospitals take patients regardless of their ability to pay. According to the Kaiser Family Foundation, as of 2007, Wyoming also had six Federally Qualified Health Centers (FQHCs), seventeen rural health clinics (RHCs), and two free clinics.

The Wyoming Healthcare Commission Handbook also reported Wyoming had 996 licensed, practicing physicians, 39% of whom are primary-care physicians; 146 licensed, practicing physician assistants and 273 Advanced Practice Nurses. The majority of Wyoming communities lack significant competition among providers because the ratio of providers to patients is inadequate.

These statistics point to a shortage of healthcare providers in Wyoming. Not only is this the case for medical providers in private practice, but it is also the case for home health and in-home services staff. In the major cities, home health and in-home services may be available to seniors through private companies, but in the rural areas, these services are lacking. Nutrition services

are available in the towns and cities, but in some cases rural delivery of meals is not practical. Wyoming has four ombudsmen covering the entire state.

Over the next four years, access to these services can be improved through the ADRC. The ADRC will provide a "one-stop shop" for obtaining information regarding available services throughout the state. It will become an important bridge to available providers who may not be known about. The Aging Division will also work with the state designated grantee of the Senior Health Insurance Counseling Program (SHIP) to apply for MIPPA funding addressing Medicare Part D initiatives not applied for in the past.

The availability of providers will continue to be a challenge for Wyoming, but the Aging Division will evaluate models from throughout the country to determine what program enhancements will work within the state. Additionally, Wyoming is fortunate to have a supportive legislature which sees the need for community based services and has increased funding by 100% over the past several years.

D. Aging and Disability Demographics.

1. Wyoming residents 65 and older comprise 12.3% of the overall population, compared to the national figures of 12.8%. Of Wyoming seniors, 7.6% are below the Federal Poverty Level (FLP), as compared to 9.7% of the national population of seniors. The designation of age groups for Wyoming as compared to national figures is shown below.

Population for States by Age Group: July 1, 2008

Number of Persons		Selected Age Group							
State	All Ages	50+	55+	60+	65+	70+	75+	80+	85+
United States Total (50 states + DC)	304,059,724	94,048,088	72,555,897	53,972,452	38,869,716	27,521,034	18,746,775	11,471,612	5,721,768
Wyoming	532,668	172,676	130,385	93,669	65,614	45,381	30,234	18,190	8,985

Source: Census 2008 Estimates, table 14 compiled by the U.S. Administration on Aging. File stterr2008.xls: 2008-50+# http://www.aoa.gov/AoARoot/Aging_Statistics/Census_Population/Population/2008/index.aspx

- The number and ethnic background of Wyoming seniors over 60 is shown below, compared to national statistics:

	Total 60+	White (Alone - Non-Hispanic)	Black/ African American (Alone - Non-Hispanic)	Amer.Ind/Alaska Nat. (Alone - Non-Hispanic)	Asian (Alone - Non-Hispanic)	Native Hawaiian/ Pacific Islander (Alone - Non-Hispanic)	Two or more Races (Non-Hispanic)	Hispanic/ Latino (may be of any race)	Total Number of Minority Persons
US	100.0%	79.6%	8.6%	0.5%	3.4%	0.1%	0.7%	7.2%	20.4%
Wyoming	100.0%	93.1%	0.5%	1.3%	0.5%	0.0%	0.7%	3.9%	6.9%

Source: Census 2008 Estimates, table 14 compiled by the U.S. Administration on Aging. File stterr2008.xls: 60+%Race-HO http://www.aoa.gov/AoARoot/Aging_Statistics/Census_Population/Population/2008/index.aspx

- The projected growth of the population aged 60 and over for Wyoming indicates that by 2015, Wyoming will have the 4th largest percentage of seniors over 60, trailing Florida, West Virginia, and Maine. Figures comparing Wyoming to national statistics are as follows:

State Projections of Population Aged 60 and over: July 1, 2005 to 2030 Percent of Persons 60 and over							
State	Census 2000	Projection 2005	Projection 2010	Projection 2015	Projection 2020	Projection 2025	Projection 2030
US	16.3%	16.8%	18.4%	20.3%	22.5%	24.2%	25.1%
WY	15.7%	17.3%	20.4%	24.5%	28.5%	31.0%	32.2%

Data Source: File 2. Interim State Projections of Population for Five-Year Age Groups
U.S. Census Bureau, Population Division, Interim State Population Projections, 2005.
Table compiled by the US Administration on Aging
http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx

- In 2006, the Wyoming Behavioral Risk Factor Surveillance System (BRFSS) surveyed Wyoming residents regarding care giving to the elderly and found the following statistics:
    - In 2006, over one in every four (26.0%) Wyoming adults provided care to an elderly relative or friend in the previous month. This percentage represents approximately 102,000 adults across the state.
    - This rate was higher among women (28.0%) compared with men (24.0%) and varied with age (highest among 55-64 year olds at 31.5%), population density (highest in counties with less than 10,000 population at 29.0%), and region (highest in the Northwest region at 29.6%). Care giving rates were similar across income, education, racial/ethnic, and employment groups.
    - A total of 6.3% of all Wyoming adults provided care or assistance in the past month to a person with dementia or Alzheimer's Disease. This percentage represents approximately 25,000 adults across the state.
    - The percent of adults caring for an elderly person (26.0%) is greater that the percent of adults who say they are disabled (20.1%), and indeed, disabled adults are even more likely than non-disabled adults to provide care to an elderly family member or friend.
    - The percentage of Wyoming adults providing care to an elderly relative or friend has nearly doubled since this question was first asked in 2000 when the rate was 13.9%.
- Wyoming has a small number of minority seniors. As stated in OAA Section 207, the state agency and area agencies on aging will target services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals, older individuals residing in rural areas, low-income individuals, and frail individuals (including individuals with any physical or mental functional impairment. The Aging Division, in collaboration with the Office of Multicultural Health, will identify the languages used and provide resources through the ADRC necessary to address the needs of minority seniors. These efforts will include members of the Native American tribes located within the state's borders.

  According to the 2006, 2007, and 2008 U.S. Census Bureau's American Community Survey, the number of minority seniors is as follows:

    - The number of minority seniors (over age 60) with annual income below $16,245 was about 4,000 in Wyoming.

- The number of low-income minority seniors who speak languages other than English and have a limited English proficiency (speak English "not well" or "not at all") was approximately 400 individuals in Wyoming.

Special populations, such as those with Alzheimer's and dementias, are served through the National Family Caregiver Support Program administered by the Aging Division. Within the Department of Health, the Mental Health and Substance Abuse Services Division, Developmental Disabilities Division, and the Aging Divisions are in the initial stages of coordination in order to better serve the needs of people with disabilities in a more comprehensive and coordinated manner.

Community Based In-Home Services. In the state of Wyoming, the Community Based In-Home Services (CBIHS) program is financed through state general funds and administered through the Aging Division, which establishes the policies for this program. These services are not means tested.

Medicaid provides the federally funded Home and Community-Based Services Waiver (HCBS). In FY 2009, the waiver was administered to 1,692 individuals; an increase of 17% from the previous year. The expenditures for this group totaled $12 million. (Source: Wyoming Equality Care 2009 Annual Report). Contrary to the state CBIHS program, the Medicaid HCBS services are means tested.

The Wyoming Aging Division collaborates closely with individuals who work with aging-related Medicaid programs. The Aging Division and Medicaid Office are located in close proximity, so ongoing communication regarding services, issues, and concerns occurs easily.

The onset of Health Reform will impact the Medicaid program markedly. The expansion of eligibility criteria will bring forward a larger group of clients who will have service and healthcare needs.

Due to the current economic conditions and the hiring freeze of positions in Wyoming state government, the additional client load may plausibly be handled by existing staff. The continuous review of the WDH Medicaid budget, as well as staff duties, occurs in part to prepare for the accommodation of the greater number of Medicaid enrollees expected in Wyoming. State and federal budgets remain uncertain, so the ability to absorb the additional costs completely remains ambiguous.

In Wyoming, the Aging Division is separate from the Developmental Disabilities Division (DDD). However, there is coordination between the two divisions, both of which are located within the Department of Health, especially relating to persons with disabilities who are aging into the services offered by the Aging Division.

E. Service Utilization/Service Users

Medicaid spending for nursing facility care accounts for a large portion of the Medicaid budget in Wyoming. In FY 2009, $72.9 million was spent to cover 2,272 people in nursing facilities; an increase of 8% from the previous year. The amount expended on nursing facilities accounted for 14.7% of the total Medicaid budget. (Source: Wyoming EqualityCare 2009 Annual Report.) Of the population shown above, 1,450 seniors are recipients of the Long Term Care Waiver and 169 people are on the Assisted Living Waiver. In 2009-2010, the biennial budget for home delivered meals was $1 million and the Long Term Care Waiver budget was $33 million. (Source: Wyoming Medicaid Interview, 2010.)

According to 2007-2008 Kaiser Family Foundation State Health Facts, there are 64,500 Wyoming residents enrolled in Medicare. Source: http://www.statehealthfacts.org/comparecat.jsp?cat=6&rgn=52&rgn=1.

In 2009, the Aging Division programs served 40,785 clients, totaling $17.9 million in expenditures. (Source, WY Division of Aging State Program Report, March 2010.)

The state Community Based In-Home Services program is funded 100% from general funds appropriated through the Legislature. The program serves 3,300 clients statewide with a biennial budget of $6.2 million.

Currently, there are short waiting lists for services and programs. The lists could potentially be longer if there were more local knowledge of the available services and programs. Waiting lists also exist due to funding issues, and inaccessibility of staff to provide additional services.

F. Wyoming State Aging Network – Wyoming Aging Division

The Aging Division of the Wyoming Department of Health was originally established in 1981 as the Wyoming Commission on Aging, under authority of W.S. 9-2-1201 through 9-2-1208. The State of Wyoming, under the authority of this statute, designated the Commission as the state agency to receive federal funds (State Unit on Aging, or SUA) under Public Law £89-73 (Older Americans Act of 1965). In 1991, the Commission was reorganized and changed to the Division on Aging. Subsequently, Sections 9-2-1202 and 9-2-1203, relating to the creation and composition of the State Commission on Aging, were repealed. In 1997, the Aging Division was reorganized as the Office on Aging, but was returned to division status in 1998.

The Aging Division, as authorized in Section 305 of the Older Americans Act, is designed to serve as a mechanism to coordinate and administer a statewide plan that addresses the services and provisions outlined in the Act. Section 307 of the Older Americans Act specifically addresses State Plans. Per these requirements, the plan establishes direction and guidance for the coordination of all state activities relating to the implementation of the Act, as well as the other programs that the Aging Division oversees. The Aging Division serves as a focal point for the aging network by administering, through grants to local providers, the state and federal funding it receives. These funds make it possible to develop and maintain a comprehensive network of services to meet the needs of our aging and older populations.

Wyoming is one of the most rapidly "aging" states in the country, and may be the fourth "oldest" state in the United States by the year 2015 (per U.S. Census Bureau projections), there is a clear challenge for the future to use resources in the most effective way to meet the changing needs of the growing and diverse population of elders.

It is important to note that Wyoming is a Single Planning and Service Area (SPSA) and does not have an Intrastate Funding Formula. The Aging Division of the Wyoming Department of Health acts as both the State Unit on Aging (SUA) and the Area Agency on Aging (AAA). As a result, there are no AAA Plans to attach to this State Plan document. Another important aspect of Wyoming's State Plan is that it must address the requirements, questions, planning, and development of goals and objectives in a way that is reasonable and appropriate for a rural and frontier state covering a huge geographical area. In addition, most Wyoming communities are quite small (less than 10,000) and far away from a town of any notable size.

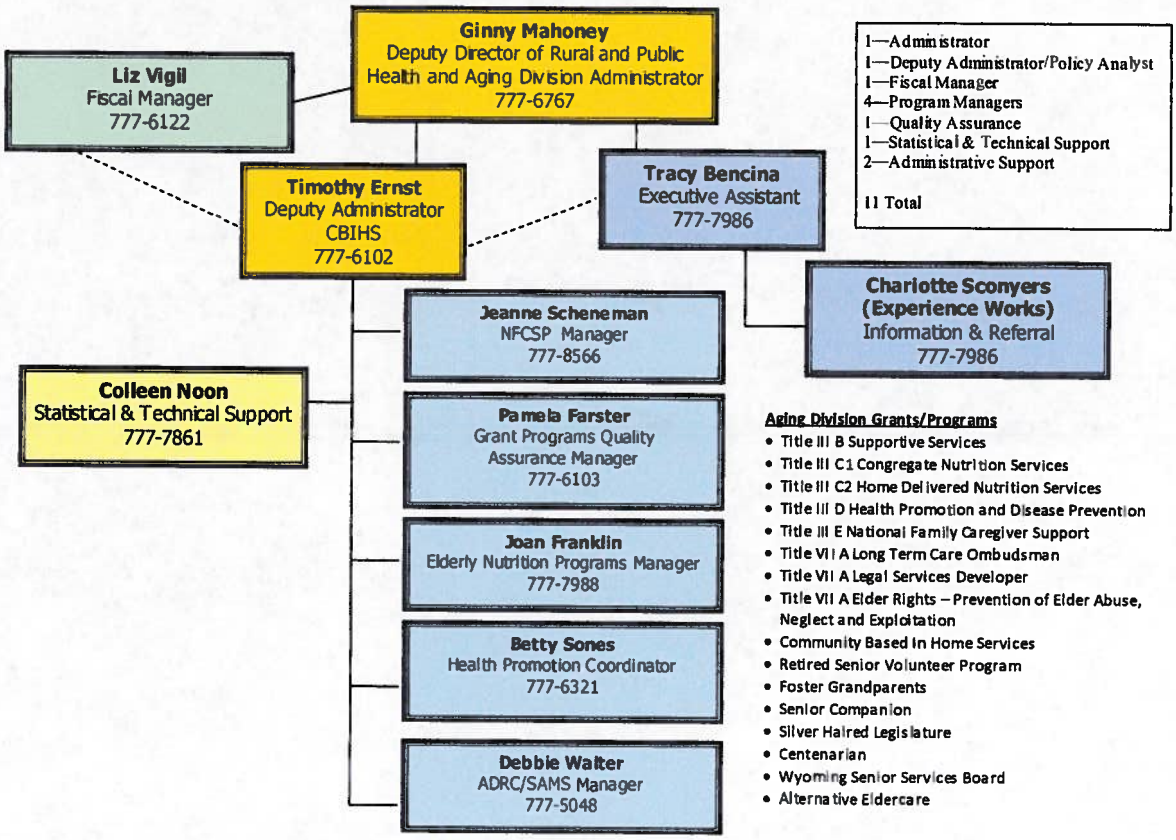
There are a minimal number of service providers in most parts of Wyoming, and some areas of the state are lacking certain types of providers (such as home health agencies). Workforce issues will have a significant impact over the next four years, as it becomes more difficult to find an

adequate number of appropriately trained, qualified people to do essential jobs --primarily nurses, nursing assistants, case managers, and other direct care workers. The inadequate pay and lack of benefits are also detrimental to filling these positions.

These factors present formidable challenges, as well as favorable and realistic opportunities for advancement and improvement. The rural nature and circumstances of Wyoming's people encourages close communication and teamwork within a defined environment. Community-based approaches targeted to each community's need will be our modus operandi as we plan and build senior services for the next four years.

It is important to note that the Aging Division has a minimal staff, a large surface area to cover, and a limited budget with specific restrictions. As a result, the number and types of goals/outcomes and implementing objectives must be based on realistic and reasonable approaches. The goals and objectives are based upon current and projected needs, guided by the discussions and submissions of the senior citizens, service providers, Aging Network, the Wyoming Advisory Council on Aging, mayors, state representatives, senior advocates, and stakeholders. The input was provided through the 2010 Survey for the Wyoming State Plan on Aging and senior center meetings administered in the Spring of 2010.

The organizational chart for the Aging Division follows:



Results Statement: The overarching mission of Wyoming's Aging Network is to ensure that Wyoming's older adults have the opportunity to age with dignity, have choices in managing their own lives, and remain as healthy, active, and independent as possible within their communities. Accomplishing this mission, especially during a time of unprecedented growth in the older population requires a broad network of quality providers of home and community-based care for older persons and their caregivers. It also requires the aging population and Aging Network to become more knowledgeable about available services, health issues and options, senior rights and responsibilities, and how to access assistance.

Mission of the Aging Division

The Wyoming Department of Health's Aging Division provides a flexible and responsive continuum of services to enable Wyoming's older adults to age-in-place with maximum dignity and independence.

The Aging Division has the challenge to meet this mission in a state that is sparsely populated and geographically diverse. Human services are thinly spread and are often not available in individual communities. The Division meets the challenge with a growing list of providers of Older American's Act, General Fund, and grant-funded services.

The Aging Division is an integral part of the Wyoming Department of Health. It is clear that four of the five Department Results Statements below relate very strongly to the work of the Aging Division. The fifth result can also affect seniors beyond normal familial interests, since a growing number of grandparents are raising grandchildren in Wyoming. The issues relating to an aging population affect every aspect of life in our communities in some way.

Results Statements for the Wyoming Department of Health:

- Wyoming has affordable and accessible healthcare and insurance.
- Wyoming residents have a lifetime of good health (from conception to death).
- Wyoming families and individuals live in a stable, safe, supportive, nurturing, healthy environment.
- Wyoming's healthcare system has a workforce sufficient in numbers, skill, and cultural competencies.
- Wyoming children are born healthy and achieve their highest potential during their early childhood years.

Partnerships and Collaboration

Wyoming Advisory Council on Aging. The Aging Division is required under the Older Americans Act (OAA) and its regulations to have an Aging Advisory Council. The Wyoming Advisory Council on Aging serves this OAA function, and has expanded to serve as an advisory body for the entire spectrum of Aging Division activities, as well as advocates for the well-being of aging and older persons in the state.

The Wyoming Advisory Council on Aging advises the Aging Division regarding the planning, coordination, and delivery of services to older adults. The Council, which is comprised of nine members, advocates for citizens in the state who are 60 years of age or older. Council members are nominated by the public and appointed by the Director of the Wyoming Department of Health (WDH).

The Council consists of one member from each of the seven appointment districts, and one member each representing the Wyoming Pioneer Home (the WDH administered Assisted Living Facility), the Wyoming Retirement Center (the WDH administered Long Term Care Facility) and the Veteran's Home of Wyoming (the WDH administered Veteran's residential facility). Members

are appointed by the Director of the Wyoming Department of Health. The appointment districts are:

- District I - Laramie, Goshen and Platte Counties
- District II - Albany, Carbon and Sweetwater Counties
- District III - Lincoln, Sublette, Teton and Uinta Counties
- District IV - Campbell, Johnson and Sheridan Counties
- District V - Big Horn, Hot Springs, Park and Washakie Counties
- District VI - Crook, Niobrara and Weston Counties
- District VII - Converse, Fremont and Natrona Counties

The Council carries out advisory functions to further the state agency's mission of developing and coordinating community-based systems of services for all older persons in the planning and service areas. The meeting locations for quarterly meetings are decided by the Council members and are located throughout the state to accommodate each member and community. Council members are reimbursed for necessary expenses incurred in their performance of council duties in the manner and amount provided to state employees.

Wyoming Senior Services Board. The Wyoming Senior Services Board (WSSB) was created by the State Legislature in 2003 to provide additional state funding (currently $9.655 million for the 2011-2012 biennium) to "eligible senior centers" throughout Wyoming for the purposes described in the statute, as follows:

1. To meet the demands of Wyoming's growing elderly population;
2. To enhance services to Wyoming's senior citizens;
3. To strengthen the opportunity for senior citizens to age in the least restrictive environment possible;
4. To be cost effective in the provision of services to senior citizens;
5. To promote compliance with federal and state mandates requiring placement of people in the least restrictive environment; and
6. To supplement and enhance existing programs providing services to senior citizens in the state.

"Eligible senior center" means an organization that receives funds under the U.S. Administration on Aging's (AoA) Title III-B Supportive Services or the Title III-C Nutrition Program; excluding organizations that only receive Title III-B Supportive Services funding used exclusively for transportation. The term "eligible senior center" may include a community facility or statewide service that is the focal point for providing a broad spectrum of services, including health, mental health, social, nutritional, recreational, and educational services for senior citizens.

Per W.S. 9-2-1210 through 9-2-1215 (effective July 1, 2003), the seven-member, Governor-appointed Wyoming Senior Services Board (WSSB) is authorized to oversee, in consultation with the Aging Division, the award and distribution of specially appropriated state funds to benefit Wyoming's senior citizens. The distribution of these funds, in three distinct ways (basic, formula and innovative), is specified in applicable law and rules.

Programs Offered Through the Aging Division

The following OAA programs are funded through the AoA to the Aging Division with state general funds providing the required matches. The funds are made available to Wyoming applicants through a competitive grants process and contracts. There are no income eligibility requirements from clients for these programs, but donations may be suggested. Any senior over the age of 60 may receive services. The Aging Division targets services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-

income minority individuals, older individuals residing in rural areas, lower income individuals, and frail individuals (including individuals with any physical or mental functional impairment). The National Family Caregiver Support Program also serves family caregivers who are helping a relative over the age of 60, plus seniors who are primary caregivers for grandchildren or other related children age eighteen and under and living in the grandparent's home.

- **Title III A – Administration**. Administrative functions include identifying critical areas of concern regarding the older population and their needs, and developing guidelines and strategies to address those concerns. The Aging Division also assists with and analyzes the service delivery system, available resources, and program needs. The Aging Division funds, monitors, and assesses grants authorized under the Older Americans Act, and adopts rules and regulations regarding these grants. Information and referral activities and technical assistance are also important aspects of administrative functions.

- **Title III B - Supportive Services and Senior Centers**. The Wyoming Department of Health, Aging Division, contracts out OAA Title III-B funds through a competitive grant to eligible projects within all twenty-three counties in Wyoming. Local entities have the choice of providing a selection of the twenty-eight supportive services offered through the OAA Title III-B funds depending upon the needs presented in each community. Services may include, but are not limited to;
    - Access services such as transportation, case management, and information and assistance;
    - In-home services such as personal care, chore, and homemaker assistance; and
    - Community services such as legal services, mental health services, and adult day care.

- **Title III C - Nutrition Services Subpart 1 and Congregate Nutrition Services Subpart 2 - Home Delivered Nutrition Services**. The Elderly Nutrition Program, in accordance with the Older Americans Act Title III, includes congregate and home-delivered meals. There are 37 providers under Title III with 84 meals sites statewide. This program is funded with federal, state, and local funds. The goal of the program is to provide nutritious meals, five or more days per week, to persons aged 60 or older, the spouse of an eligible individual, and others as described in the Older Americans Act. Priority should be given to those at greatest nutritional risk, minority populations, and those in greatest social-economic need. In 2009, 24,924 C1 and C2 Wyoming clients were served by the Title III Elderly Nutrition Program.

  Wyoming follows section 339 of the OAA which indicates that a State which establishes and operates a nutrition project shall ensure that meals:
    - Meet the most recent Dietary Guidelines for Americans, published by the Secretaries of Health and Human Services and Agriculture;
    - Provide to each participating individual a minimum of one-third of the Dietary Reference Intakes, established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if one meal is served, two-thirds if two meals are served, and 100 percent if 3 meals are served; and
    - Comply with applicable provisions of State and local food service laws.

- **Title III D - Disease Prevention and Health Promotion Services.** The Disease Prevention and Health Promotion Services address mental and physical health issues facing the older adult. Services provided include routine health screenings and health promotional activities, and include programs to help educate seniors, their families, and the community about concerns facing the older adult. The projects provide information

and referral, and advocacy for older adults facing health related issues. In addition to Aging Division efforts, there are 29 providers of Title III D - Disease Prevention and Health Promotion Services in various areas of the state. In spite of Wyoming's rural/frontier status, these services are offered in communities throughout the state. Many older adults would not have the benefit of early detection and treatment options without these services.

- **Title III E - National Family Caregiver Support Program**. The purpose of the National Family Caregiver Support Program is to provide assistance to caregivers who are caring for functionally dependent elderly or cognitively impaired older adults, as well as elder caregivers who are caring for relative children. The goal of the program is to reduce caregiver stress and burden through benefits and resource counseling, training caregiver skills and education, creative options for respite care, and the provision of supplemental services on a limited basis.

  Services for caregivers fall into five main categories:
  1. Information;
  2. Assistance;
  3. Counseling/support/training;
  4. Respite; and
  5. Supplemental services; Including loan closets, assistive technology, home modifications, durable medical equipment, homemaker, chore, and handyman services, meals, and transportation.

  The Aging Division is currently funding 22 programs in the state which specifically assist and support caregivers. Currently the most utilized service is respite. The National Family Caregiver Support Program is relatively young and is expected to expand as caregivers continue to discover this valuable resource.

- **Title VII A - Allotments for Vulnerable Elder Rights Protection Activities. Chapter 2 – Ombudsman Programs**. Wyoming has four full-time ombudsmen to cover the entire state. The Aging Division contracts with Wyoming Senior Citizens, Inc. to receive, inquire, and potentially resolve problems or concerns for any Wyoming resident who receives a "long term care service." Eligible persons include those receiving services through a senior center or other care programs, as well as someone who resides in a long-term care facility. The ombudsman staff members serve as advocates and mediators for the residents of Wyoming. Their current budget is approximately $373,000 per year, serving approximately 2,200 people. The program is funded with Federal (AoA) and State funds, with State funds including the match to federal dollars as well as funds to support additional State ombudsman initiatives.

- **Chapter 3 - Programs for Prevention of Elder Abuse, Neglect, and Exploitation**. Elder abuse is an umbrella term referring to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. Elder abuse, neglect, and exploitation include physical abuse, sexual abuse, emotional abuse, financial or material exploitation, neglect, self-neglect, and abandonment. Each year hundreds of thousands of older persons are abused, neglected, or exploited by family members and others. Many victims are people who are older, frail, and vulnerable cannot help themselves, and depend on others to meet their basic needs. The Aging Division works closely with Adult Protective Services, Department of Family Services, to provide education and training and is an active member of the Wyoming Adult Protective Services team.

The goals of Programs for Prevention of Elder Abuse, Neglect, and Exploitation are to:

1. Increase awareness of elder abuse, neglect, and exploitation;
2. Guide programs that protect older adults;
3. Increase the ability of professionals, especially those in the aging network and community-based agencies who have access to frail elders on a daily basis;
4. Prevent elder abuse by the development and dissemination of timely and accurate Information; and
5. Foster the development of programs and initiatives that measurably decrease the incidence of elder abuse, neglect, and exploitation.

- **Chapter 4 - State Legal Assistance Development Program**. The Legal Assistance Developer is the individual in each state who is responsible for providing leadership in developing legal assistance programs for people 60 years of age and older. In addition, the Legal Services Developer plays a key role in assisting the state in the development and the provision of a strong elder rights system. The Developer for the state of Wyoming is housed at Wyoming Legal Services, Inc., and provides oversight of the OAA Chapter 4 Section 731 legal assistance program. The legal assistance program assures that seniors, especially those at greatest social and economic risk, have access to the civil justice system. Access to legal information, advice, and assistance helps older individuals preserve financial and personal independence, maintain control of their finances and healthcare decisions, maintain appropriate family relationships, and protect their assets and personal well-being.

- **State Funded Community Based In-Home Services Program (CBIHS).** The Wyoming Department of Health's Aging Division provides opportunities to enable physically disabled adults and older Wyomingites to live independent, meaningful, and dignified lives, while maintaining close family and community ties. Community Based In-Home Services, a 100% state funded program, promotes prevention and premature or inappropriate institutionalization. The CBIHS program services are available to those who need assistance with routine personal and household tasks. Recipients of the services may be recovering from an illness or have chronic physical limitations. There are no income eligibility requirements, and clients are charged based on a sliding-fee scale. No one is refused services for inability to pay.

  The Aging Division contracts with providers, through a competitive grant process, in all twenty-three counties in Wyoming. The providers directly conduct evaluation and case management services to evaluate the needs of each individual client. Based on the evaluation by the Access Care Coordinator, appropriate services are authorized and an Individual Service Plan (ISP) is developed with the needs of the individual specifically identified. Such services may include personal care, chore services, homemaking services, lifeline equipment, respite care, and hospice services. The grantee/provider, with the approval of the Division, may approve a one-time use of funds for home modification, with a $300 limit. Each grantee works closely with the local Department of Family Services, public health office, hospital discharge planner, local law enforcement, and other community groups and organizations to identify the needs of physically disabled and older adults.

- **National Senior Service Corps Programs.** The National Senior Service Corps (NSSC) consists of three programs: Foster Grandparent Program (FGP), Retired and Senior Volunteer Program (RSVP), and the Senior Companion Program (SCP), which has a large state-funded component. These programs are primarily funded by the federal Corporation for National Service to help seniors continue to lead productive lives while addressing community needs through:

1. Assisting children and youth with exceptional or special needs (FGP),
2. Using their life and work experiences and skills to help non-profit agencies (RSVP),
3. Assisting frail older adults who need individual support in order to continue to live independently (SCP).

G. **National Trends and Critical Issues**. National data indicates America is a rapidly aging country which will require additional creativity and services will be required to meet the needs of our aging society. As the life expectancy in the United States continues to climb, there will need support services over a longer period of time than previously experienced.

Wyoming faces challenges:

1. Wyoming is a rural/frontier state with the population spread over large areas. Long distances and inclement conditions can make delivery of home services somewhat dangerous. Hazardous weather frequently makes it difficult for seniors to receive services in towns and cities of Wyoming.
2. The Aging Division has a small staff which has continued to acquire more duties and programs as needs present themselves. The current economy and the freezing of state positions have prohibited applying for many grant opportunities.
3. The economy has required each department and program to scrutinize programs, staffing, and funding issues more intensely than in the past. More people are absorbing the duties of employees who have left state employment and have not been replaced.
4. A new governor will be elected in November, 2010. This gubernatorial change could impact the Department of Health's leadership resources and mission, thus effecting the Aging Division.
5. The impacts of Health Reform measures remain under constant discussion and review amongst the Department of Health, providers, and collaborators. The impact of these changes and the resource allocation required to meet the new measures are in the early stages of planning, development, and implementation.

However, Wyoming also has strengths and access to resources:

1. The Wyoming Legislature has been supportive of initiatives presented on behalf of the state's aging population and provides the funding utilized throughout the state for Community Based In-Home services. The staff within the Division, the Wyoming Department of Health, and the provider community is committed to providing the best services possible within the available budgets.
2. Several communities have been innovative in obtaining additional funding streams to provide additional services as requested by local constituents.
3. The establishment of an Aging and Disability Resource Center (ADRC) through the AoA grant will help provide resources currently unavailable. The Wyoming Department of Health has provided a position for the ADRC.

Services to Wyoming's aging population must be transformed to meet the increasing needs of baby boomers as they begin to seek aging services and in some places in Wyoming, these efforts are driven at the local level through grassroots efforts. One town of 18,000 residents raised private funds to build an alternative living community for seniors of a "hub and spoke" design, where residents share a common living/cooking area and have their own attached bedrooms and bathrooms. This "Green House" provides supportive autonomy to residents and has been such a success to date; other communities are investigating how they can offer such arrangements.

In 2010, the Wyoming State Legislature provided authority to Medicaid to offer all-inclusive services to eligible residents over the age of 55 who would otherwise qualify for long-term facility admittance. This is the PACE project, and these services offer an alternative to long term facilities and improvement in the quality of life for seniors.

Over the next four years, the Aging Division will evaluate funding patterns for institutional and community based services and will seek additional means to integrate services with Medicaid and other providers of care to Wyoming seniors. Innovative ways of providing services will also be considered. Evaluation of additional funding opportunities will be conducted as they are presented.

In addition to the services described above, the Aging Division is actively planning emergency preparedness. The Deputy Administrator of the Aging Division is the Emergency Coordinator for the state aging programs. He is responsible for consults and coordinates with local senior centers in the execution of their local emergency management plans. The Deputy Administrator also consults with local and state emergency management officials during emergencies. The Aging Division Administrator is a member of the Emergency Preparedness Planning Board for the Wyoming Department of Health. Some of the activities completed to date include:

- Coordination with University of Wyoming-Wyoming Institute for Disabilities on working with counties to include those who are unable to self evacuate in their county planning (many seniors would be included in this group). The Aging Division is involved in this group's activities.
- The Office of Emergency Preparedness is contacted when a senior center closes due to emergencies. All senior center providers submit emergency preparedness plans as part of their annual contracts.
- There is planning for the development and printing of a Wyoming brochure for emergency preparedness targeted at seniors.

The Aging Division supports the Wyoming Department of Health's statewide initiatives presented through legislative and gubernatorial interest. The Division considers these endeavors to be crucial for the improvement of services and delivery in the state.

III. Goals, Objectives, Strategies, Outcome Performance Measures

The Aging Division is moving toward a more client-centered, community-based approach to providing services. Through the 2010 Survey and community input, the Division initiated the steps needed to determine the appropriate service mix according to what is needed and wanted in the state, as defined by the clients the Division serves. The Division acknowledges improvements can be made in the integration of an elder rights system, improved outreach to describe available services, and coordination of available services to move toward a community-based long term care system.

Challenges include strained state and federal fiscal resources, changing political environments, an increasing demand as baby boomers age and become clients of the Aging Network, a lack of usable data, and the rural nature of the state. The Aging Division has developed a plan consistent with the vision and expectations set forth from the Older Americans Act and the Administration on Aging. The Division also welcomes increased opportunities to closely link service delivery through Medicaid and other Department of Health divisions, offices, and facilities.

The following goals, objectives, strategies, and outcome and performance measurements are in place to move the Aging Network toward improved service delivery and longitudinally tracked client outcomes.

A. Older Americans Act

The Wyoming Division of Aging has adopted the principles and goals of the Older Americans Act 2006 Amendment as a priority and has integrated the following principles into the policies established for service delivery:

- Choice
- Control
- Full-participation in decision-making
- Community living
- Evidence-based practice
- Comprehensive and coordinated services to support living in the community

In order to achieve the principles and goals listed above and assess the needs for aging services in Wyoming communities, the Aging Division visited locations throughout the state to administer a survey of Wyoming's older adults, mayors, state representatives, providers, healthcare professionals, and interested residents in the Spring of 2010. The results are grouped according to how they address the goals set by the AoA and are integrated into the State Plan. A copy of the 2010 survey and a summary of results are found in Attachment C. Those who replied to the survey indicated a need to provide more services and greater outreach in order for seniors to learn about available services that would help reach the principles and goals of the Older Americans Act listed above.

B. **AoA's Strategic Plan 2007-2012 –** Wyoming has grouped its strategic plan objectives, strategies and outcomes and performance measures into categories supporting the AoA's goals.

Goal 1: Empower older people, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options. Wyoming has included the following in this category:

- **Long Term Care**
- **ADRC**

Long Term Care (LTC) - Many older Wyoming citizens and their family members are unaware of all the services provided in the long term care continuum. Wyoming's rural nature creates challenges for residents to obtain services in their homes. There are only thirty-eight long term care facilities for the entire state and nineteen assisted living communities. Additionally, there are alternative housing concepts being discussed throughout the state. As facilities plan, develop, and implement these new options, they will be evaluated as part of the long term care system.

Long term care is not relegated to long term care facilities as many Wyomingites believe; but consists of assisted living facilities, long term care facilities, boarding homes, hospice, and alternate housing options. Understanding the resources available across this continuum is an educational and logistical challenge to a state as vast and frontier as Wyoming.

Older Wyoming residents understand their needs and requirements and indicated so through responses to what is needed in the 2010 Survey:

- More hospice is needed in Wyoming
- Private rooms for everyone in LTC facilities
- LTC services should be close to families and friends, in each community
- Need a Memory Care Center in Wyoming for people with Alzheimer's

- Need more facility options for low-moderate income patrons
- More greenhouse facilities or that type of option; Eden model
- Increased adult day care programs
- Preventive oral care is needed
- More Medicaid waiver slots
- Younger residents need education for LTC planning
- Need services covering mental health

Objective 1.1 To increase outreach describing long term care options available through the state.

Strategy 1.1.1 Create an outreach plan outlining Community Based In-Home Services. This will be included as part of the ADRC service offering.

Outcomes and Performance Measures - Through regular surveys of clients, accessing local and national resources such as the Performance Outcomes Measurement Project (POMP), NAPIS/SPR data and the AGID data base as tools for monitoring and evaluation, the Aging Division will continue to survey participants about services, delivery, and what is needed. The data will be longitudinally tracked to chart trends and identify areas of improvement.

The state will administer a survey before the outreach to determine the breadth of knowledge regarding long term care support services in each community. After the outreach campaign, the same survey will be given to determine the reach of the message.

Aging and Disabled Resource Center (ADRC) – Wyoming is in the planning phase of establishing an ADRC and will take the full amount of planning time available to create the ADRC plan. There is an established ADRC Advisory Council (see Attachment D for members) who meets on a monthly basis. The mission statement of the Advisory Council is "To provide a comprehensive and coordinated system of information and assistance for older Wyoming residents and adults with disabilities."

The Wyoming ADRC will serve as the long-term care connection for Wyoming residents. It will provide public information on long-term care and options, referrals, crisis intervention, options guidance, benefits counseling, planning for future needs, employment options assistance, eligibility screening, private pay services, comprehensive assessments, various program eligibility determinations and one-stop access to all public programs.

The ADRC will strengthen the core OAA services offered in Wyoming by increasing the awareness of what's available to Wyoming seniors. It will also direct seniors and their families to the applicable services within their communities to improve the number of seniors served within the state and provide program enrollment assistance where appropriate.

The ADRC will also coordinate access to the Community Living Program and Evidence Based Disease Prevention Programs which are currently housed within the Wyoming Department of Health in the Preventive Health and Safety Division.

As a recipient of the planning funding administered by the AoA, Wyoming will complete the following:

Objective 1.2.1 Finalize core services in order to complete the ADRC strategic plans by FY 2011.

Strategy 1.2.1.1 Continue to meet monthly determining the elements necessary to satisfactorily complete the plan.

Strategy 1.2.1.2 Expand stakeholder group to encourage private support for future sustainability.

Outcomes and Performance Measures – Success will be determined by the accomplishment of the following:

1. Approved strategic plan by AoA by FY 2011; and
2. An operational ADRC by the end of FY 2012

Goal 2: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

The ability of seniors to remain in their own homes, make their own decisions, and maintain a high quality of life is impacted by the following issues:

- Transportation
- Nutrition
- Community Based In-Home Services
- Role of Senior Centers
- Support Services

Transportation

Based on the 2010 Survey results accumulated by the Aging Division, the following are areas of concern regarding senior transportation in Wyoming:

- The need for longer hours, access on weekends and in rural areas
- Out-of-town transport
- Coordination of services
- Keep costs low
- Include the senior centers and senior housing on the bus route

Many of Wyoming's older adults live on fixed incomes and transportation costs may impose a hardship. Studies continue to indicate and reinforce that access to affordable transportation greatly improves the independence and quality of life of older adults. Efforts should be made to increase older adults' access to subsidized transportation.

Transportation in a rural/frontier region presents challenges for many residents. The problems encountered by our most vulnerable populations often arise from different circumstances and require a different type of community response. Low-income residents, older adults, and disabled residents in Wyoming who are not able to drive themselves, or who are restricted in their driving, currently have limited options for transportation. While Wyoming's human service providers and citizens of this region have a good record of collaboration and innovation, the human service transportation problem is so complex, and seemingly intractable, most community-wide solutions have often been elusive.

Wyoming relies heavily on our network of senior centers to meet the transportation of older adults. The state has limited public transit opportunities and few providers of special needs transportation. Services that do exist are often volunteer-based programs that limit service to small target groups of consumers; for example, churches that serve their own congregations. For this reason, collecting and disseminating information about existing transportation resources is also a challenge, and part of a larger need for effective information and referral services.

Private transportation services may include citizens and private taxis. Private taxis in Wyoming's rural communities are very limited. Informal surveying revealed that taxi service is variable and may be unavailable, even for individuals able to pay for the service.

Objective 2.1 Understand the availability of transportation options within the state of Wyoming.

Strategy 2.1.1 Establish and maintain a database of existing resources, and use a variety of methods to disseminate information about resources to the public.

Objective 2.2 Develop a coordinated program for connecting volunteer, public and private transportation capacity.

Strategy 2.2.1 Expand volunteer transportation capacity by building a strong volunteer network. Enhance and strengthen existing programs and strengthened through efforts of Aging Division provider partnerships.

Strategy 2.2.2 Work with the Wyoming Department of Transportation to identify and implement long-term solutions for special needs transportation. Continue participation in WyoTrans, a permanent workgroup that includes transit providers, consumers, human services providers, businesses, and local government representatives.

Strategy 2.2.3 Provide municipalities, agencies, and organizations with training, technical support, and other services required to establish subsidized transportation programs for older adults.

Strategy 2.2.4 Assist and cooperate with any person, municipality, agency or organization interested in providing or establishing subsidized transportation programs for older adults.

Strategy 2.2.5 Apply for and receive grants from any firm, agency, or organization for the purposes of transportation services and may expand the grants and contributions for those purposes.

Outcomes and Performance Measures – Success will be defined by the following:

1. The establishment of the transportation database within the ADRC;
2. The ability to connect volunteer drivers and ride recipients through the ADRC within specific communities; and
3. Determine one transportation goal to be reached by FY 2013 through collaboration with the Wyoming Department of Transportation WyoTrans workgroup.

Nutrition

Older adults can be at risk for nutritional deficiency. Current funding to providers is administered through a grant process overseen by the Aging Division. Some of these nutritional needs are addressed through home delivered and congregate meals.

For many Wyoming seniors, the one meal they receive through Title IIIC may be the only meal they eat all day. Those surveyed believe nutritional needs are being met. However, with the requirement of a meal having 1/3 the dietary reference intakes, the one meal a day provided does not provide the entire nutrition for a day. Many seniors are unable to complete the full meal in the congregate setting, therefore, the 1/3 dietary reference intake may not be occurring. Some seniors may not be able to cook for themselves, or know how to prepare meals for one or two people.

2010 Survey results identified the following key issues:

- Promote volunteer programs to deliver meals to shut-ins
- Provide more variety – (e.g. salad bars)
- Let seniors take food home without restrictions
- Provide nutrition education/cooking classes
- Collaborate with food banks
- Get the word out that it is not charity and you can get a good balanced meal and a chance to get acquainted with other people

Based upon responses of the 2010 Survey indicated above, the following objectives and strategies have been outlined:

Objective 2.2.1 Provide outreach advertising the nutritional and social benefits of obtaining meals through meal sites and asking for volunteers.

Strategy 2.2.1.1 Embark on public awareness campaign at the state level to encourage seniors to contact their local senior center, ADRC, or service provider.

Outcomes and Performance Measures – Success will be measured by the following milestones:

1. Public awareness plans will be written into requirements for grant awardee contracts by FY 2011.
2. Receive technical assistance and training from the AoA to develop new nutrition policy by FY 2011.

Community-Based Programs

Wyoming residents may receive services in the home setting through two distinct community-based programs. The Home and Community Based Services Waiver (HCBS) is administered primarily through federal funds through Medicaid. The Community Based In-Home Services program is funded 100% through state general funds and administered by the Aging Division. These programs are essential for enabling Wyoming's seniors to live in their homes with quality, while meeting criteria to ensure their welfare. This state plan specifies that the Aging Division is allowed to continue to provide case management services through the Community Based In-Home Service program. This state plan also specifies the Aging Division is allowed to directly provide information and assistance services and outreach.

Issues identified by the 2010 Survey respondents include:

- Broader eligibility (not just lower income levels) with services provided that do what is actually needed for the client. The current scope of service is too narrow
- Would be better with more promotion, education, and outreach; there is a need to promote and enhance safety and socialization
- More coordination is needed among the service providers
- Need to link youth and seniors

To address the needs identified by seniors, the following objectives and strategies have been identified by the Aging Division:

Objective 2.3.1 Increase outreach describing available services.

Strategy 2.3.1.1 Develop a statewide communication plan including inquiring of media outlets (print/radio/television) to determine cost of media campaign.

Objective 2.3.2 Increase coordination among providers.

Strategy 2.3.2.1 Require a copy of a cooperation plan among local providers be provided as part of grant submission process.

Outcomes and Performance Measures –

1. Objective 2.3.1 Success will be achieved through the record keeping of local media outlets and reporting back to Aging Division of market reached through media campaign as well as tracking of existing metrics over time, as collected during annual quality assurance encounters.
2. Objective 2.3.2 Outcomes will be measured through the receipt and compilation of provider coordination plans and survey results.

Role of Senior Centers

Senior centers are the primary providers for coordinating and delivering services to Wyoming seniors. The majority of the recipients for the AoA funds distributed within Wyoming are senior centers. Their services allow many seniors to remain active and able to live in their homes. Through congregate meals, home delivered meals, and other programs offered through the centers, older adults are able maintain better health and a higher quality of life.

The 2010 Survey included the following comments about Senior Centers:

- Funding should not be reserved for senior centers in order to allow for-profit companies to provide necessary services
- Allow senior centers to have more flexibility to do what is needed at local level
- Senior centers should provide education
- Senior center = Resource Center. Centers in the future may have entertainment, events, community gardens, and organized outings, such as walks/hikes
- Rules and regulations prevent full use of available services. Seniors do not like the governmental questions on forms which they are forced to fill out to obtain services
- Senior centers will need to develop programs and services to meet the needs of baby boomers, such as technology related programs
- Media and technology centers for the boomers; interaction with youth and outings to places of interest
- More involvement with computers, varied types of exercise, and health programs will encourage the new generation of seniors to focus on senior centers

- Funding should be based on something other than meal counts

The concerns identified above will be addressed through the following objectives and strategies:

Objective 2.4.1 Providers will prepare and submit plans addressing the needs of baby boomers.

Strategy 2.4.1.1 The Aging Division will develop a survey tool to determine what the needs of incoming baby boomers may be.

Strategy 2.4.1.2 The Aging Division will require providers to submit plans for addressing the needs of the baby boomers by FY 2012.

Outcomes and Performance Measures – Success will be judged by the survey results received from future survey campaigns identifying the outcomes of services and delivery.

Support Services

Support services are an essential component of enabling seniors to remain living at home, with security and a high quality of life for as long as possible. Wyoming allows local providers to choose which services of the OAA twenty-eight available services they offer based on local priorities and funding. Available support services may include:

- **Transportation** - Provision of a means of going from one location to another. This does not include any other activity.
- **Outreach** - Intervention initiated by an agency or organization for the purpose of identifying potential clients and encouraging their use of existing services and benefits.
- **Counseling -** Professional counseling provided through the OAA provider by a contract or volunteer professional counselor, either individual or group.
- **Shopping assistance** - Providing assistance in the purchase of food, clothing, medical supplies, household items, and/or recreational materials for a client.
- **Nutrition education** - A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health information and instruction to participants (and their care-givers, if applicable) in a group or individual setting overseen by a dietitian or individual of comparable expertise.
- **Chore services -** Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living; heavy housework, yard work or sidewalk maintenance.

The 2010 Survey results identified the following support service issues:

- It takes too long to get seniors the help they need
- Home-based services cost less than assisted living; why not expand them?
- Better educate the public on the services and how to get them
- Need more staff and more training so available services are known about

Objective 2.5.1 Improve communication concerning available services.

Strategy 2.5.1.1 Include a listing of all available support services for each community through the ADRC.

Outcomes and Performance Measures - The number of services used over a four year period will be monitored and reviewed on a quarterly basis by the service providers and the Division to address the scope of needs and the services provided.

Goal 3: Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare

Access to Healthcare

Access to healthcare for Wyoming's seniors continues to be an issue in this rural/frontier state. Often patients must travel long distances, including the seven states bordering Wyoming, to obtain primary care and specialty care.

Generally, seniors believe they have reasonable access to healthcare, but are beginning to have concerns about whether providers will accept Medicare in the future. The 2010 Survey comments included:

- There are not enough doctors in rural areas
- Case Management is needed between specialists and primary care doctors
- Need telehealth
- Need mental health services for seniors
- Will doctors and healthcare providers continue to take Medicare; their attitude about aging is not aggressive enough; they are too 'provider centered' and need to be more 'patient centered'
- If transportation is offered at a reasonable cost, it would help people get to their appointments
- Need to make sure we keep our healthcare providers in our smaller communities.
- Specialists are needed in community so people won't have to leave town and go out-of-state

Many of the issues identified above are linked to the state of healthcare throughout the country. The impacts of Health Reform are yet to be determined, but within the constraints of state and federal budgets, the following recommendations address some of the concerns listed above:

Objective 3.1.1 Improve access to medical providers in communities or out-of-town if necessary.

Strategy 3.1.1.1 Engage the Wyoming Telehealth Consortium to coordinate services with local hospitals and clinics to facilitate long distance medical and mental health visits and improve prevention service delivery.

Strategy 3.1.1.2 Investigate alternative services available to provide transitions of care between primary care providers and specialists.

Objective 3.1.2 Partner with the Senior Health Insurance Counseling Program (SHIP).

Strategy 3.1.2.1 The Aging Division will work with the Wyoming Department of Insurance (who has the SHIP grant) to apply for the ACA-MIPPA funding.

Outcomes and Performance Measures - Success will be measured through survey results, aided by such resources as the Performance Outcomes Measurement Project (POMP) on case management to track how the perceptions of healthcare access appear longitudinally.

Additional performance will be measured by the submission of the ACA-MIPAA grant and the associated measures should that grant be awarded.

Goal 4: Ensure the rights of older people and prevent their abuse, neglect, and exploitation

Elder Abuse, Neglect, and Exploitation

Elder abuse, neglect, and exploitation are of growing concern to Wyoming seniors, as the 2010 Survey indicated. Most survey participants believe more education and training is needed, as indicated below in some of the survey results:

- Lack of awareness of elder abuse within the family
- Need education to get awareness
- Need more state resources
- Abuse seminars and training for caregivers
- Careful hiring of caregivers
- Law enforcement training needed

Objective 4.1.1 The Aging Division will collaborate to increase awareness of elder abuse, neglect, and exploitation.

Strategy 4.1.1.1 The Aging Division will develop a coordination plan with Adult Protective Services to integrally support elder abuse, neglect and exploitation training sessions by FY 2012. Participants will include medical providers, family members, law enforcement, healthcare providers, service providers, caregivers, Department of Family Services and other relevant parties.

Strategy 4.1.1.2 The Aging Division will explore the potential for integrating law enforcement contacts into the ADRC registry.

Outcomes and Performance Measures – Success in elder abuse, neglect, and exploitation awareness will be measured through the survey results administered annually by the Aging Division. The baseline obtained in 2010 will serve as the benchmark for future years.

C. **FY-2011 AoA Focus Areas for State Plans on Aging -** In accordance with the AoA's Program Instructions for the development of FY 2011 state plans, Wyoming will develop the following measurable objectives for each of the Focus Areas:

Focus Area A: Older Americans Act (OAA) Core Programs.

Objective A.1.1 Wyoming will strengthen the existing core programs of Supportive Services, Nutrition (congregate and home delivered meals), National Family Caregiver Support, Elder Rights, and Health Promotion/Disease Prevention by integrating them with the soon to be established ADRC.

Strategy A.1.1.1 The ADRC will house a database of available services statewide and provide additional resources for improving the outreach of information regarding these core programs to seniors and their families in order to help Wyoming families become better prepared to choose the appropriate type of services or supports to fit their needs. The ADRC will improve enrollment in OAA core programs by providing assistance accessing public programs over the telephone or in person where available.

Outcomes and Performance Measures - Additional improvement will be made by evaluating the effectiveness of programs over time through trend analysis of data already collected through the SAMS database and quality reviews conducted at each site. This information will help the Aging Division understand the current trends for services to determine what improvements need to be made in existing programs needed for the increasing numbers of seniors entering the Aging Network.

Title III/VI Coordination. In Wyoming, the Northern Arapaho and Shoshone tribes live on the Wind River Reservation. Both tribes have been receiving Title VI funding as administered directly by the AoA and tribal elders have been eligible for Title III services through local providers in the nearby non-reservation communities which provide services to all seniors, including those who live on the Wind River Reservation.

Recently, the Northern Arapaho applied for the Title III funding as administered by the Aging Division. That application is currently under review, but the proposed services are for Title III-B (Supportive services); Title III-C1 (Congregate meals); and Title III-C2 (Home Delivered meals).

Wyoming understands the need to target services to the tribe elders in order to improve the quality of life for Native American Elders, as well as coordinate services offered through Title III and Title VI. Therefore, the Aging Division has hired an individual to be the Tribal liaison between the Aging Division and the Shoshone and Northern Arapaho tribes. Efforts to tie together Aging services to services offered by the Wyoming Division of Multicultural Health will also be coordinated through this liaison. This individual will work closely with the AoA to coordinate the services offered between Title III (under Aging Division administration) and Title VI (under AoA administration).

Additional collaboration between the Aging Division, the Preventive Health and Safety Division (PHSD), and the Wind River Reservation will occur through the Cancer Control Colorectal Screening Program. This PHSD program employs a full-time liaison to the tribes; offering education, assistance, and encouragement to residents of the Reservation. Enrollment and general health will continue to improve from the program, while the involvement of the Aging Division Tribal Liaison will provide additional support to the people of the Reservation.

The ADRC plans to fully incorporate the Reservation and surrounding areas in the ADRC database, especially to provide as many resources to the Reservation residents as possible. This effort will provide more healthcare access and service information than has previously been provided to those living and working on the Reservation. Outreach, services and collaboration will be enhanced, and service gaps will be identified.

Objective A.2.1 On an on-going basis, expand cooperative relationships with tribal organizations to improve the quality of life for Native American elders.

Strategy A.2.1.1 Issue annual contracts to those entities who apply for the provision of Older American Act services through Title III.

Strategy A.2.1.2 Provide technical assistance, on-site assessments, and contract monitoring to assure the provision of quality services.

Strategy A.2.1.3 Include all members of the Wind River Reservation in outreach and technical assistance offered by the Aging Division.

Strategy A.2.1.4 Include Representation on the Aging Advisory Council by a member of each tribal community.

Outcomes and Performance Measures - Provide opportunities for program and data collection training in order to collect information necessary for monitoring trends and improving service delivery to Native American Elders.

Focus Area B: AoA Discretionary Grants.

Objective B.1.1 Establish an ADRC for the state of Wyoming. The Aging Division is the recipient of a planning grant for an ADRC. Outreach will be an important component of the services provided by the ADRC, and the scope of reach will include the Native American elders included in Wyoming.

Strategy B.1.1.1 The first strategy for the ADRC in this initial stage is to plan and develop an approved strategic plan which will then lead to the implementation funding delivery. Because Wyoming is in a planning phase of the ADRC, the initial budget is $50,000, with $250,000 allowed for implementation upon the receipt of an approved strategic plan. Objectives and service offerings are currently under development, and a listing of Advisory Council members is provided in Attachment D. Further ADRC background can be found on Page 27.

Strategy B.1.1.2 Complete the establishment of the ADRC.

Outcomes and Performance Measures - Once the ADRC is established, the Aging Division will monitor contact volumes and associated delivery of services in order to gauge the effectiveness of the outreach and access connections created by the ADRC.

Focus Area C: Consumer Control and Choice.

Objective C.1.1 Improve consumer choice for Wyoming seniors and their families. Consumer choice is important to the Aging Division and the Division has allowed for some autonomy with providers in order to determine what is important for the residents of each community. In some communities, the providers raised private funds to offer alternative nutrition (e.g. salad bars) to address the choices requested by the local residents. The OAA Title VII programs and services provide other opportunities for consumer choice through the National Family Caregiver Support program, the Ombudsman for Elder Rights and Legal Services.

Strategy C.1.1.1 In order to change state policies regarding consumer control and choice, the Division will review resources such as the 2010 Self-Direction Programs and Policies Handbook. Additional efforts will include soliciting input from consumers about issues and concerns, and then to educating the public regarding what services are available. The ADRC will be a foundational component of consumer control and choice, but there must be additional concerted effort among the Aging Network to reach the community.

Strategy C.1.1.2 The Aging Division, as part of its communication plan outlined above will embark on outreach focused on Wyoming's aged residents, baby boomers, and family members, who may be providing care. As a way of analyzing the effectiveness of a communication plan, the 2010 survey results will be used as a baseline, and will be re-administered in subsequent years to determine if the outreach has been successful.

Outcomes and Performance Measures. The Aging Division will review how available data sets can be combined to evaluate the utilization and success of current program offerings and improve the choices available to Wyoming seniors through the tracking of services delivered, vital statistics, behavioral risk factor surveillance and other data resources available to the Division. The Division has access to the information available through the SAMS database, in addition to vital statistics accessed by the Wyoming Department of Health statistician, which will help identify health trends across the aging spectrum. Additionally, the Division will evaluate the results of the Behavioral Factor Risk Surveillance System (BFRSS) which provides pertinent data regarding the demographics and behavioral changes of Wyomingites, including those aged 60 and their caregivers which are helpful to follow trends, growth, behaviors, etc. The BRFSS website: http://www.health.wyo.gov/brfss/brfssdata.aspx.

The Aging Division will review the 2010 Census Data and collaborate with both WDH entities to assist in the tracking and evaluation of the data as we move forward to create the most relevant policies and services for aging Wyomingites. The tracking of behavioral changes will be especially important as the baby boomers continue through the aging process; behaviors and services will vary from some of those offered today.

Attachment A

FY 2011 State Plan Guidance
STATE PLAN ASSURANCES, REQUIRED ACTIVITIES AND INFORMATION REQUIREMENTS
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, required activities and information requirements 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 are 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 (p. 11);
(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). (p. 11)

(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;

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.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and
(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—
(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—
(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

(A) identify individuals eligible for assistance under this Act, with special emphasis on—
(i) older individuals residing in rural areas;
(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
(iv) older individuals with severe disabilities;
(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

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

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

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

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

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

(23) The plan shall provide assurances that demonstrable efforts will be made--
(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

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

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

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

(26) The plan shall provide assurances that 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

REQUIRED 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.

INFORMATION REQUIREMENTS
Section 102(19)(G) – (required only if the State funds in-home services not already defined in Sec. 102(19))

The term "in-home services" includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

Section 305(a)(2)(E)
provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan; (p. 20)

Section 306(a)(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. (p. 25)

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).* (WY Policy and Information Notices.)

Section (307(a)(3)
The plan shall:
(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); *(Note: the "statement and demonstration" are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area)* (Wyoming does not have an interstate funding formula.)

(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. (WY Policy and Information Notices.)

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

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

Section 307(a)(8)) (Include in plan if applicable)

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services. (p.30)

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach. (p. 30)

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. (p.21)

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. (p. 35)

Section 307(a)(28)
(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted. (p. 37)

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

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. (p.25)

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. (p. 25)

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) of through (6) of this section are listed below) (WY Policy and Information Notices.)

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order.

_____ _____

Signature and Title of Authorized Official Date

Attachment B – Demographics

Figure 1

People QuickFacts	Wyoming	USA
Population, 2008 estimate	532,668	304,059,724
Population, percent change, April 1, 2000 to July 1, 2008	7.9%	8.0%
Population estimates base (April 1) 2000	493,782	281,424,602
Persons under 5 years old, percent, 2008	7.2%	6.9%
Persons under 18 years old, percent, 2008	24.1%	24.3%
Persons 65 years old and over, percent, 2008	12.3%	12.8%
Female persons, percent, 2008	49.3%	50.7%
White persons, percent, 2008 (a)	93.9%	79.8%
Black persons, percent, 2008 (a)	1.3%	12.8%
American Indian and Alaska Native persons, percent, 2008 (a)	2.5%	1.0%
Asian persons, percent, 2008 (a)	0.7%	4.5%
Native Hawaiian and Other Pacific Islander, percent, 2008 (a)	0.1%	0.2%
Persons reporting two or more races, percent, 2008	1.5%	1.7%
Persons of Hispanic or Latino origin, percent, 2008 (b)	7.7%	15.4%
White persons not Hispanic, percent, 2008	86.8%	65.6%
Living in same house in 1995 and 2000, pct 5 yrs old & over	51.3%	54.1%
Foreign born persons, percent, 2000	2.3%	11.1%
Language other than English spoken at home, pct age 5+, 2000	6.4%	17.9%
High school graduates, percent of persons age 25+, 2000	87.9%	80.4%
Bachelor's degree or higher, pct of persons age 25+, 2000	21.9%	24.4%
Persons with a disability, age 5+, 2000	77,143	49,746,248
Mean travel time to work (minutes), workers age 16+, 2000	17.8	25.5
Housing units, 2008	246,393	129,065,264
Homeownership rate, 2000	70.0%	66.2%
Housing units in multi-unit structures, percent, 2000	15.2%	26.4%
Median value of owner-occupied housing units, 2000	$96,600	$119,600
Households, 2000	193,608	105,480,101
Persons per household, 2000	2.48	2.59
Median household income, 2008	$54,735	$52,029
Per capita money income, 1999	$19,134	$21,587
Persons below poverty level, percent, 2008	9.5%	13.2%
Private nonfarm establishments, 2007	20,765	7,705,018
Private nonfarm employment, 2007	215,615	120,604,265
Private nonfarm employment, percent change 2000-2007	23.5%	5.7%
Nonemployer establishments, 2007	43,950	21,708,021
Total number of firms, 2002	53,103	22,974,655
Black-owned firms, percent, 2002	0.3%	5.2%
American Indian and Alaska Native owned firms, percent, 2002	1.1%	0.9%
Asian-owned firms, percent, 2002	0.8%	4.8%

People QuickFacts	Wyoming	USA
Native Hawaiian and Other Pacific Islander owned firms, percent, 2002	0.0%	0.1%
Hispanic-owned firms, percent, 2002	2.5%	6.8%
Women-owned firms, percent, 2002	24.4%	28.2%
Manufacturers shipments, 2002 ($1000)	4,061,516	3,916,136,712
Wholesale trade sales, 2002 ($1000)	3,331,043	4,634,755,112
Retail sales, 2002 ($1000)	5,783,756	3,056,421,997
Retail sales per capita, 2002	$11,586	$10,615
Accommodation and foodservices sales, 2002 ($1000)	984,684	449,498,718
Building permits, 2008	2,669	905,359
Federal spending, 2008	5,969,487	2,771,782,152
Land area, 2000 (square miles)	97,100.40	3,537,438.44
Persons per square mile, 2000	5.1	79.6
FIPS Code	56	

Source: US Census Bureau State & County QuickFacts

Figure 2

S0102: Population 60 Years and Over in the United States
Data Set: 2006-2008 American Community Survey 3-Year Estimates
Survey: American Community Survey
Geographic Area: Wyoming

Subject	Total	60 years and over
Total population	**522,833**	**91,066**
SEX AND AGE		
Male	50.6%	47.1%
Female	49.4%	52.9%
Median age (years)	37	69.7
RACE AND HISPANIC OR LATINO ORIGIN		
One race	97.5%	99.1%
White	91.6%	95.9%
Black or African American	0.9%	0.7%
American Indian and Alaska Native	2.2%	1.0%
Asian	0.8%	0.5%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%
Some other race	2.0%	1.0%
Two or more races	2.5%	0.9%
Hispanic or Latino origin (of any race)	7.5%	3.8%
White alone, not Hispanic or Latino	87.1%	93.2%
RELATIONSHIP		
Population in households	**508,262**	**87,534**
Householder or spouse	62.2%	93.4%
Parent	0.7%	2.6%
Other relatives	31.3%	2.2%
Nonrelatives	5.8%	1.9%
Unmarried partner	2.7%	1.0%
HOUSEHOLDS BY TYPE		
Households	**207,018**	**56,106**
Family households	65.5%	55.9%

Subject	Subject	Subject
Female householder, no husband present, family	8.4%	3.9%
Nonfamily households	34.5%	44.1%
Householder living alone	28.1%	41.8%
MARITAL STATUS		
Population 15 years and over	**419,643**	**91,066**
Now married, except separated	54.8%	61.9%
Widowed	5.5%	22.2%
Divorced	12.7%	12.4%
Separated	1.3%	0.4%
Never married	25.6%	3.0%
EDUCATIONAL ATTAINMENT		
Population 25 years and over	**343,120**	**91,066**
Less than high school graduate	9.1%	15.4%
High school graduate, GED, or alternative	31.7%	35.2%
Some college or associate's degree	36.0%	27.8%
Bachelor's degree or higher	23.3%	21.6%
RESPONSIBILITY FOR GRANDCHILDREN UNDER 18 YEARS		
Population 30 years and over	**305,667**	**91,066**
Living with grandchild(ren)	3.0%	2.8%
Responsible for grandchild(ren)	1.6%	1.2%
VETERAN STATUS		
Civilian population 18 years and over	**394,239**	**91,066**
Civilian veteran	13.3%	27.9%
DISABILITY STATUS		
Civilian noninstitutionalized population	**(X)**	**(X)**

Subject	Total	60 years and over
With any disability	(X)	(X)
No disability	(X)	(X)
RESIDENCE 1 YEAR AGO		
Population 1 year and over	**516,205**	**91,066**
Same house	80.8%	92.6%
Different house in the United States	18.7%	7.4%
Same county	10.7%	3.8%
Different county	8.0%	3.6%
Same state	2.8%	1.1%
Different state	5.2%	2.5%
Abroad	0.5%	0.1%
PLACE OF BIRTH, CITIZENSHIP STATUS AND YEAR OF ENTRY		
Total population	**522,833**	**91,066**
Native	508,286	88,400
Foreign born	14,547	2,666
Entered 2000 or later	34.3%	N
Entered 1990 to 1999	20.9%	N
Entered before 1990	44.8%	N
Naturalized U.S. citizen	40.0%	73.6%
Not a U.S. citizen	60.0%	26.4%
LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH		
Population 5 years and over	**487,031**	**91,066**
English only	93.6%	94.3%
Language other than English	6.4%	5.7%
Speak English less than "very well"	1.8%	1.5%
EMPLOYMENT STATUS		
Population 16 years and over	**412,009**	**91,066**
In labor force	70.5%	31.3%
Civilian labor force	69.8%	31.3%
Employed	67.3%	30.6%
Unemployed	2.4%	0.7%

Subject	Total	60 years and over
Percent of civilian labor force	3.5%	2.2%
Armed forces	0.8%	0.0%
Not in labor force	29.5%	68.7%
INCOME IN THE PAST 12 MONTHS (IN 2008 INFLATION-ADJUSTED DOLLARS)		
Households	**207,018**	**56,106**
With earnings	83.7%	48.6%
Mean earnings (dollars)	66,592	49,578
With Social Security income	26.1%	80.0%
Mean Social Security income (dollars)	14,954	15,760
With Supplemental Security Income	2.3%	3.0%
Mean Supplemental Security Income (dollars)	8,066	7,153
With cash public assistance income	1.7%	1.2%
Mean cash public assistance income (dollars)	2,882	3,070
With retirement income	16.0%	42.6%
Mean retirement income (dollars)	20,059	21,008
With Food Stamp benefits	4.3%	2.4%
POVERTY STATUS IN THE PAST 12 MONTHS		
Population for whom poverty status is determined	**508,023**	**88,094**
Below 100 percent of the poverty level	8.9%	6.2%
100 to 149 percent of the poverty level	7.9%	9.5%

Subject	Total	60 years and over
At or above 150 percent of the poverty level	83.2%	84.3%
Occupied housing units	**207,018**	**56,106**
HOUSING TENURE		
Owner-occupied housing units	69.8%	81.9%
Renter-occupied housing units	30.2%	18.1%
Average household size of owner-occupied unit	2.54	1.86
Average household size of renter-occupied unit	2.26	1.35
SELECTED CHARACTERISTICS		
No telephone service available	4.3%	2.0%
1.01 or more occupants per room	1.7%	0.4%
Owner-occupied housing units	**144,478**	**45,975**
SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME IN THE PAST 12 MONTHS		
Less than 30 percent	80.8%	81.4%
30 percent or more	19.2%	18.6%
OWNER CHARACTERISTICS		
Median value (dollars)	169,100	158,800
Median selected monthly owner costs with a mortgage (dollars)	1,207	1,061
Median selected monthly owner costs without a mortgage (dollars)	342	336
Renter-occupied housing units	**62,540**	**10,131**

Subject	Total	60 years and over
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME IN THE PAST 12 MONTHS		
Less than 30 percent	69.9%	62.6%
30 percent or more	30.1%	37.4%
GROSS RENT		
Median gross rent (dollars)	642	511

Source: U.S. Census Bureau, 2006-2008 American Community Survey

Attachment C

State-wide 2010 Survey and Results Summary

Topics and Ideas to Improve the Quality of Aging in Wyoming
Survey for the Wyoming State Plan on Aging
2011 - 2014

A. Community-Based Programs

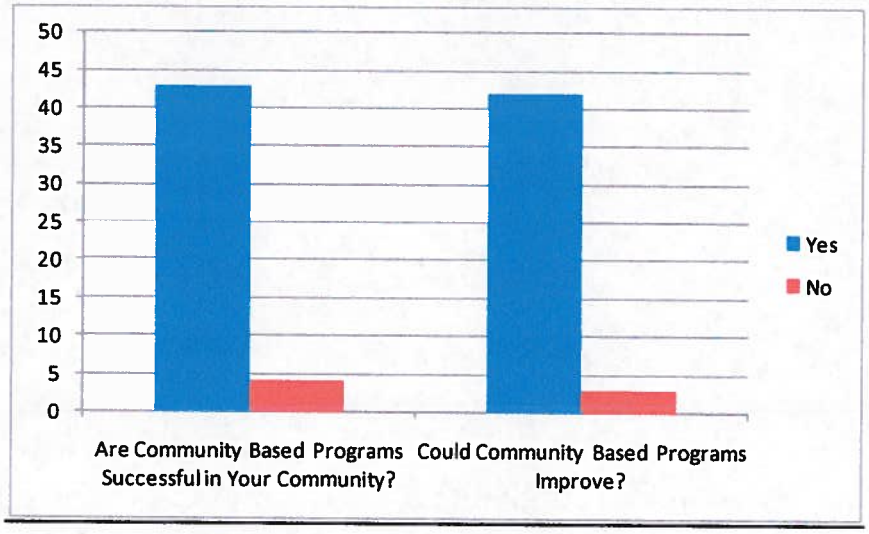
1) Are community-based programs successful? **Yes** **No**

2) Overall, do you think they could be improved? **Yes** **No**

3) How could they be improved to best meet the needs of older people?

_____

_____



B. Long-Term Care (LTC)

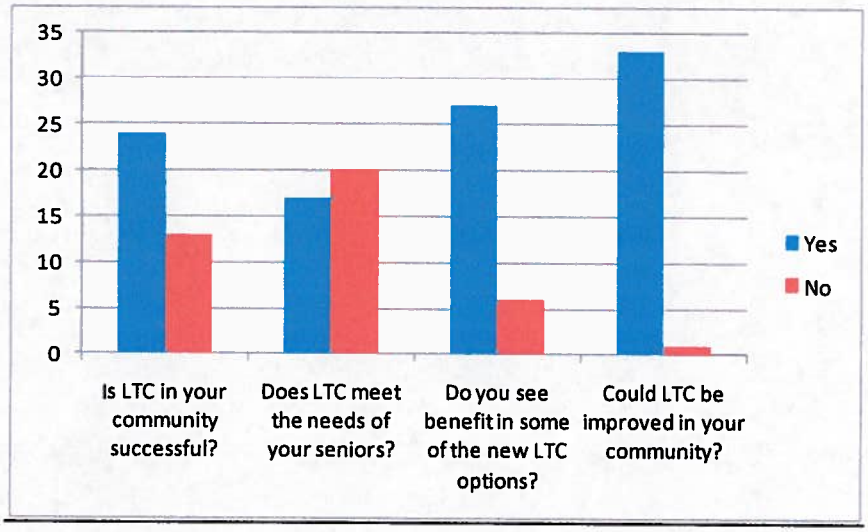
1) Is LTC in Wyoming successful? **Yes** **No**

2) Does it meet the needs of Wyoming's seniors? **Yes** **No**

3) Do you see benefit in some of the new LTC options?
For example: The Greenhouse project. **Yes** **No**

4) Could LTC be improved in Wyoming? **Yes** **No**

5) How would you like to see LTC changed in the future?



C. Transportation

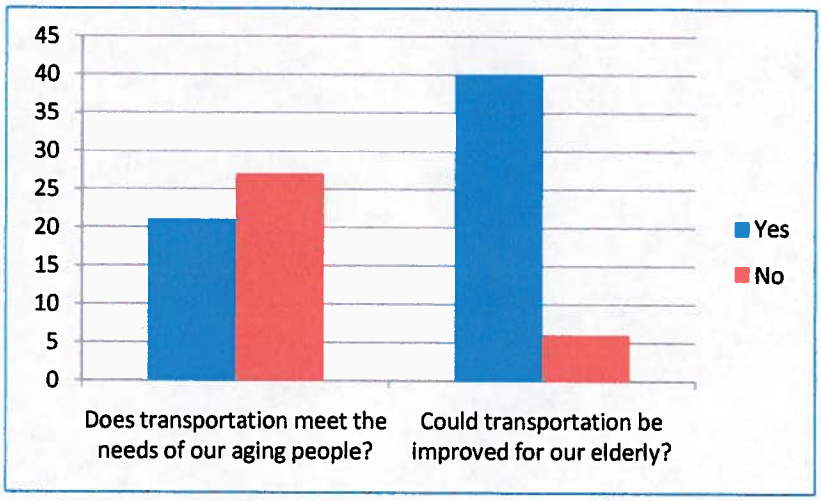
1) Does transportation meet the needs of our aging people? **Yes** **No**

2) Could transportation be improved for our elderly? **Yes** **No**

3) How would you like to see transportation improved for our elderly?

_____

_____



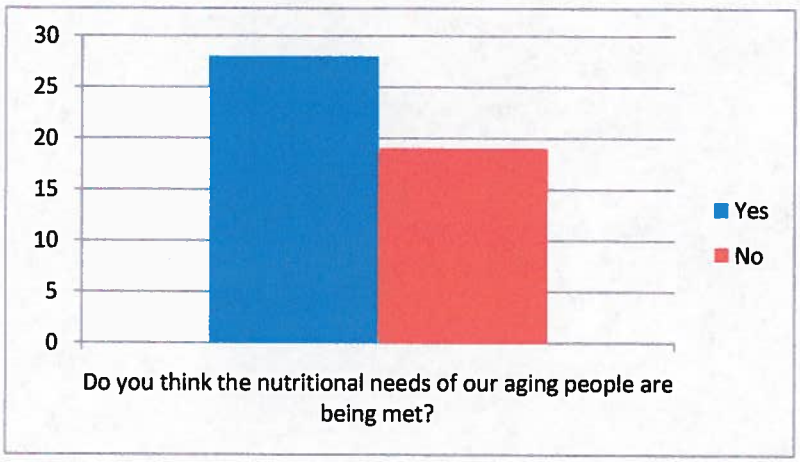
D. Nutrition

1) Do you think the nutritional needs of our aging people are being met? **Yes** **No**

2) Do you have suggestions concerning how to meet the nutritional needs of our aging in the future, considering rural and/or urban locations? If so, please state your suggestions:

_____

_____



E. Senior Centers Roles

1) Do you think the roles of Senior Centers in Wyoming will change in the future? **Yes** **No**

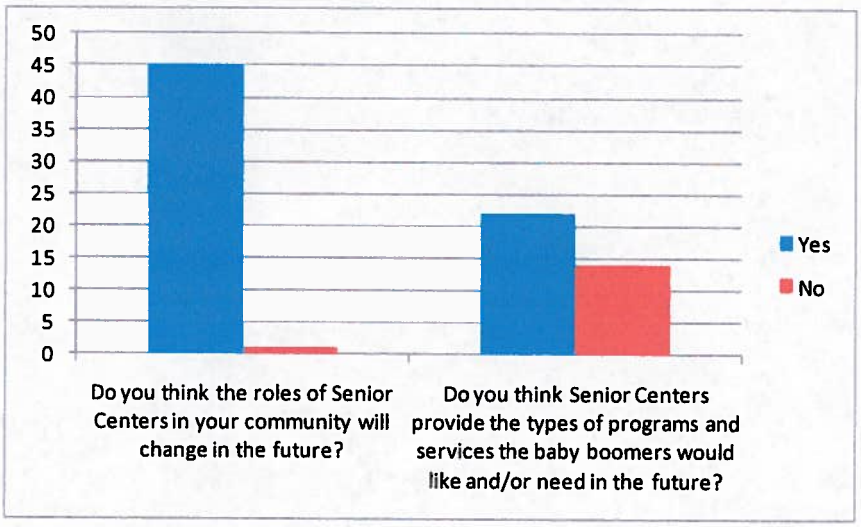
2) Do you think Senior Centers provide the types of programs and services the baby boomers would like and/or need in the future? **Yes** **No**

3) Do you have any suggestions concerning how Senior Centers may change in the future? If so, please explain:

_____

_____

_____



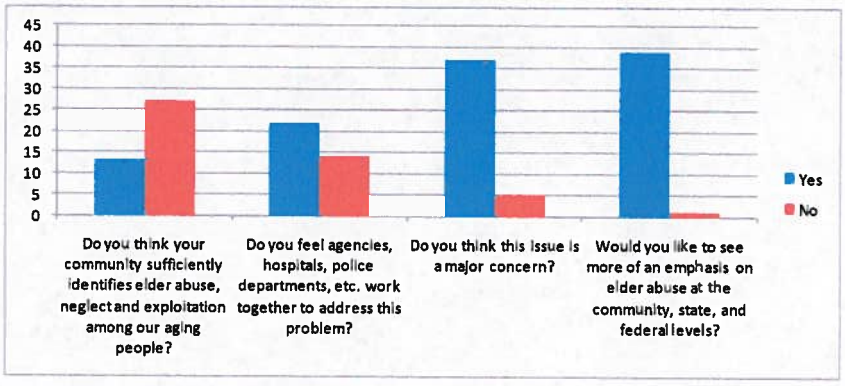
F. Elder Abuse, Neglect, and Exploitation

1) Do you think Wyoming sufficiently identifies elder abuse, neglect and exploitation among our aging people? **Yes No**

2) Do you feel agencies, hospitals, police departments, etc. work together to address this problem? **Yes No**

3) Do you think this issue is a major concern? **Yes No**

4) Would you like to see more of an emphasis on elder abuse at the community, state, and federal levels? **Yes No**



G. Support Services

1) Does Wyoming provide sufficient support services to our aging people? **Yes** **No**

2) Are support services in your community responsive to the needs of individuals? **Yes** **No**

3) Do you see the current support services as being adequate to serve more people at home in the future? **Yes** **No**

4) Do you have any suggestions for support services in the future? If so, please explain:

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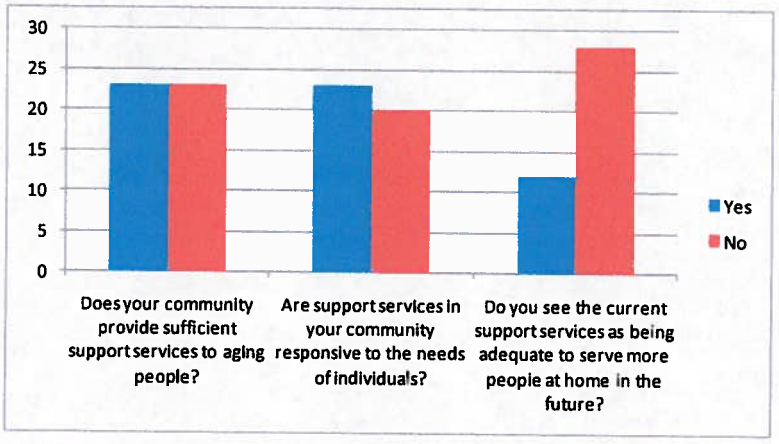
_____



H. Access to Healthcare

1) Does your community offer good access to healthcare? **Yes** **No**

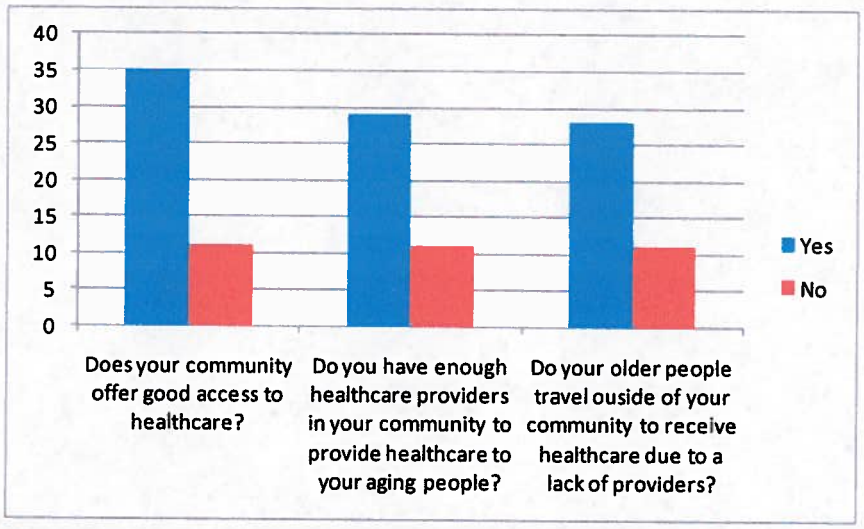
2) Do you have enough healthcare providers in your community to provide healthcare to your aging people?
Yes **No**

3) Do your older people travel outside of your community to receive healthcare due to a lack of providers?
Yes **No**

4) Please list any specific access to healthcare issues you are aware of in your community:

_____

_____

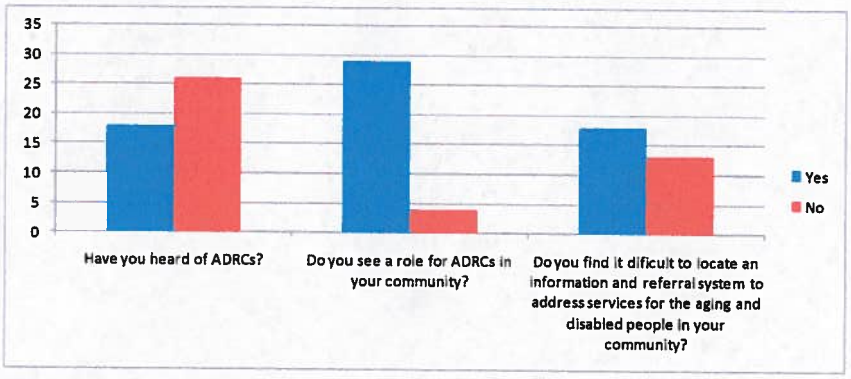


I. Aging and Disability Resource Centers (ADRCs)

1) Have you heard of ADRCs? **Yes No**

2) Do you see a role for ADRCs in Wyoming? **Yes No**

3) Do you find it difficult to locate an Information and Referral system to address services for the aging and disabled people in your community? **Yes No**



J. Additional Comments:

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Attachment D

ADRC Advisory Council

Alice Obenshain	Public at Large
Charlie Siminoe	Wyoming Senior Citizens Inc
Donna Langelier	Wyoming Independent Living
Dr. Deb Fleming	University of Wyoming
Ginny Mahoney	WDH, Aging Division
Jamie Staunton	WDH, Developmental Disabilities Division
Jeanine Cox	Senior Center Director
Kim Latta	Medicaid
Meredith Asay	Governor's Office
Rob Black	Workforce Services
Sara Blakeman	Senior Director
Senator Marty Martin	State Senator
Sharon Skiver	Nursing Home Association
Tim Ernst	WDH, Aging Division
Tim Summers	AARP