Arkansas State Plan on Aging

2008 – 2011

Mike Beebe, Governor

Prepared by:

Arkansas Department of Human Services

Division of Aging and Adult Services

Herb Sanderson, Director

July 2007

Arkansas Department Of Human Services

Division of Aging and Adult Services

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JULY 17, 2007

Mr. Percy Devine III, Bi-Regional Administrator

SUA of Health and Human Services - Administration on Aging, Region VI

1301 Young Street, Suite 736

Dallas, TX 75202

SUBJ: State Plan on Aging

Dear Mr. Devine:

Attached for your review, please find the final draft of the Arkansas State Plan on Aging for federal fiscal years 2008-2012. Please contact Gloria Powell via telephone at (501) 683-0966 or email at Gloria.powell@arkansas.gov for questions or comments regarding our submission. Thanks to you and your staff for your guidance assistance during our planning process.

Sincerely,

Herb Sanderson, Director

Division of Aging and Adult Services

Attachment

Cc: Lisa Theirl

VERIFICATION OF INTENT

The State Plan on Aging is hereby submitted for the State of Arkansas for the period October 1, 2007 through September 30, 2012. It includes all assurances and plans to be conducted by the:

Arkansas SUA of Human Services

Division of Aging and Adult

Services

Under the provisions of the Older Americans Act, as amended, during the period identified above. The State Agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the coordination of all State activities related to the purposes of the Act, i.e., the development of comprehensive and coordinated service systems and nutrition services, and to serve as the effective and visible advocate for Arkansas' seniors.

This plan is herby approved by the Governor and constitutes 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.

_____ (Signed) _____

(Date) State Unit on Aging Director

_____ (Signed) _____

(Date) State Agency Director

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

_____ (Signed) _____

(Date) Governor

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INTRODUCTION & OVERVIEW OF PLAN

Origination & Background of Older Americans Act (OAA)

Signed into law by President Lyndon B. Johnson in 1965, the OAA is considered one of the most important contributions of aging legislation ever enacted by Congress. For 40+ years OAA funds have provided programs and services specifically focused on helping older individuals remain healthy, independent and safe.

There are a wide range of community-based services and opportunities provided under the OAA including transportation services, in-home supportive services and home health care, homemaker and chore services, nutrition education, exercise and physical fitness, residential repair, employment programs, respite care, fraud prevention and many others.

Services are available to anyone aged 60 and over regardless of income. But the OAA targets older individuals with the greatest economic and social need, focusing particularly on low-income minority older individuals, limited English-speaking, disabled, and rural elders.

When enacted, the OAA established the Administration on Aging (AoA) within the U.S. SUA of Health, Education, and Welfare and called for the creation of individual State Units on Aging (SUAs). The SUA of Human Services Division of Aging and Adult Services is the designated the State Unit on Aging in Arkansas.

Using OAA funds, The Arkansas DHS Division of Aging and Adult Services plans and develops programs and services targeted to older Arkansans. Local administration of the programs is managed through our eight Area Agencies on Aging (AAA). The AAAs administers and adapts the programs, as approved by the State, to meet local needs and resource levels.

In intervals ranging from one to four years, the Administration on Aging requires states to submit a new State Plan on Aging outlining Arkansas' goals and objectives. The plan is a collaborative effort –led by the SUA – allowing input by all members of the Arkansas Aging Network. A public hearing is also held to provide an opportunity for the general public to comment on proposed plan.

Purpose & Term of the Plan

As listed in their Program Instruction "*AoA-PI-07-01*", the vision of the Administration on Aging (AoA) for State Plans on Aging is that they serve as a comprehensive document which can provide direction for States as they plan and implement long-term care reform efforts. Such efforts are in support of the mission of the Older Americans Act (OAA) to help elderly individuals maintain independence

and dignity in their homes and communities… In addition, the AoA envisions the State Plan serving multiple functions including:

1. A publication which will provide State government officials tangible examples of long-term care reform efforts for their respective State;
2. A document that translates activities, data and outcomes into proven best practices which can be used to leverage additional funds;
3. A planning process which allows for the coordination and optimum use of all applicable staff and funding resources; and
4. A blueprint for how each State plans to carry out the principles and strategies of ***Choices for Independence*** which include:
    - Empowering consumers to make informed decisions about their care options;
    - Helping consumers who are at high-risk of nursing home placement, but not yet eligible for Medicaid, to remain in their own homes and communities through the use of flexible service models, including consumer-directed models of care; and
    - Building evidence-based prevention into our community-based systems of services and enabling older people to make behavioral changes that will reduce their risk of disease, disability, and injury.

The 2006 reauthorization of the Older Americans Act occurred at a pivotal point in the history and direction of aging policy in our nation. It is the modernization of an Act that for more than forty years has been a mainstay in our communities. The State Plan process, in concert with the strategy behind Choices for Independence, can serve as a vehicle and strategic framework that States can use to address meaningful and important changes in health and long-term care systems at the State and local level.

Arkansas' plan spans four consecutive federal fiscal years, beginning October 1, 2008 and ending on September 30, 2012. Information and/or amendments to the plan may be incorporated at the end of each fiscal year if necessary.

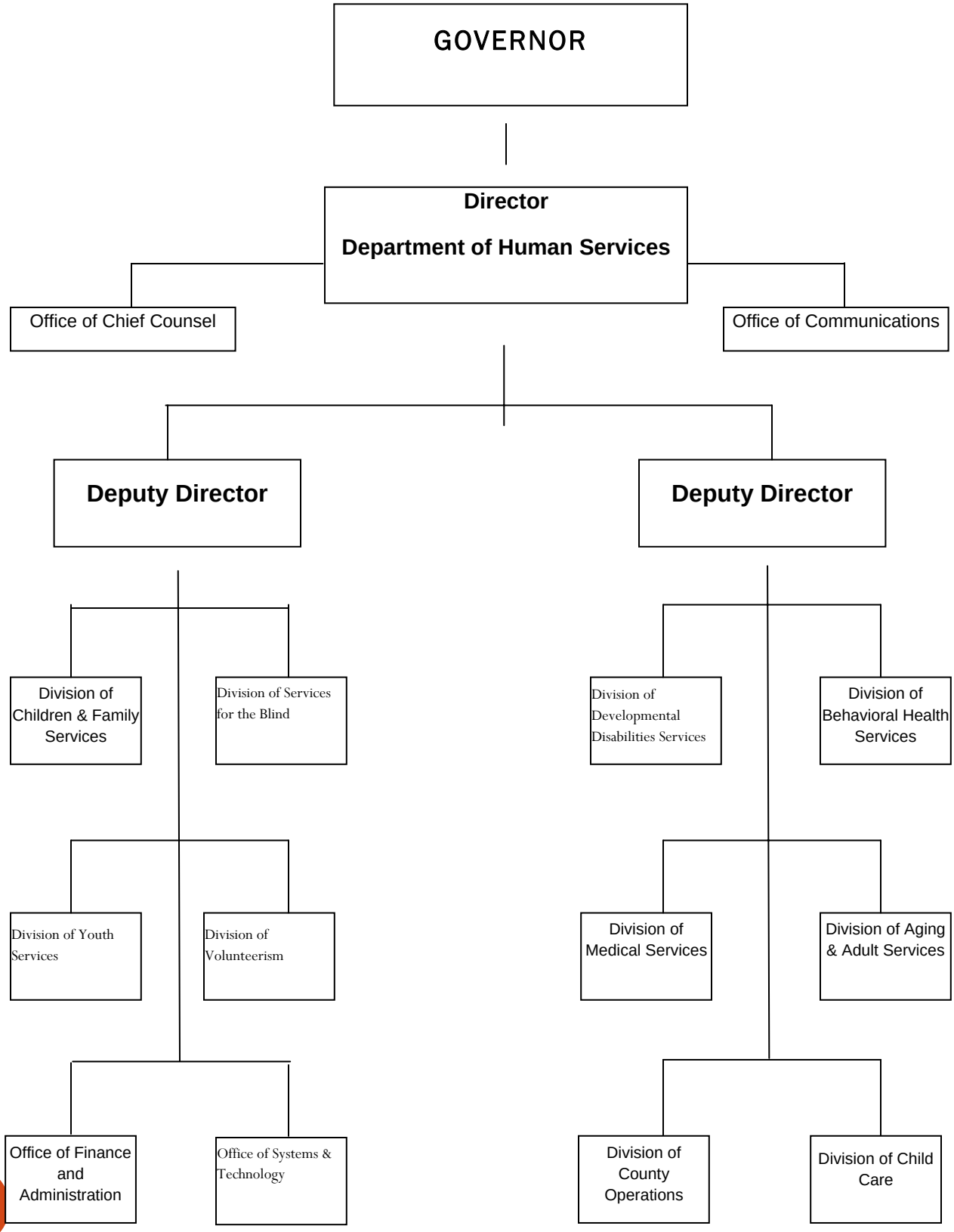
ORGANIZATIONAL STRUCTURE

The Division of Aging and Adult Services (DAAS) serves as the focal point for all matters concerning older Arkansans; serves as an effective and visible advocate for the aging population; gives elderly citizens a choice of how and where they receive long term care services; plans, coordinates, funds and evaluates programs for senior adults.

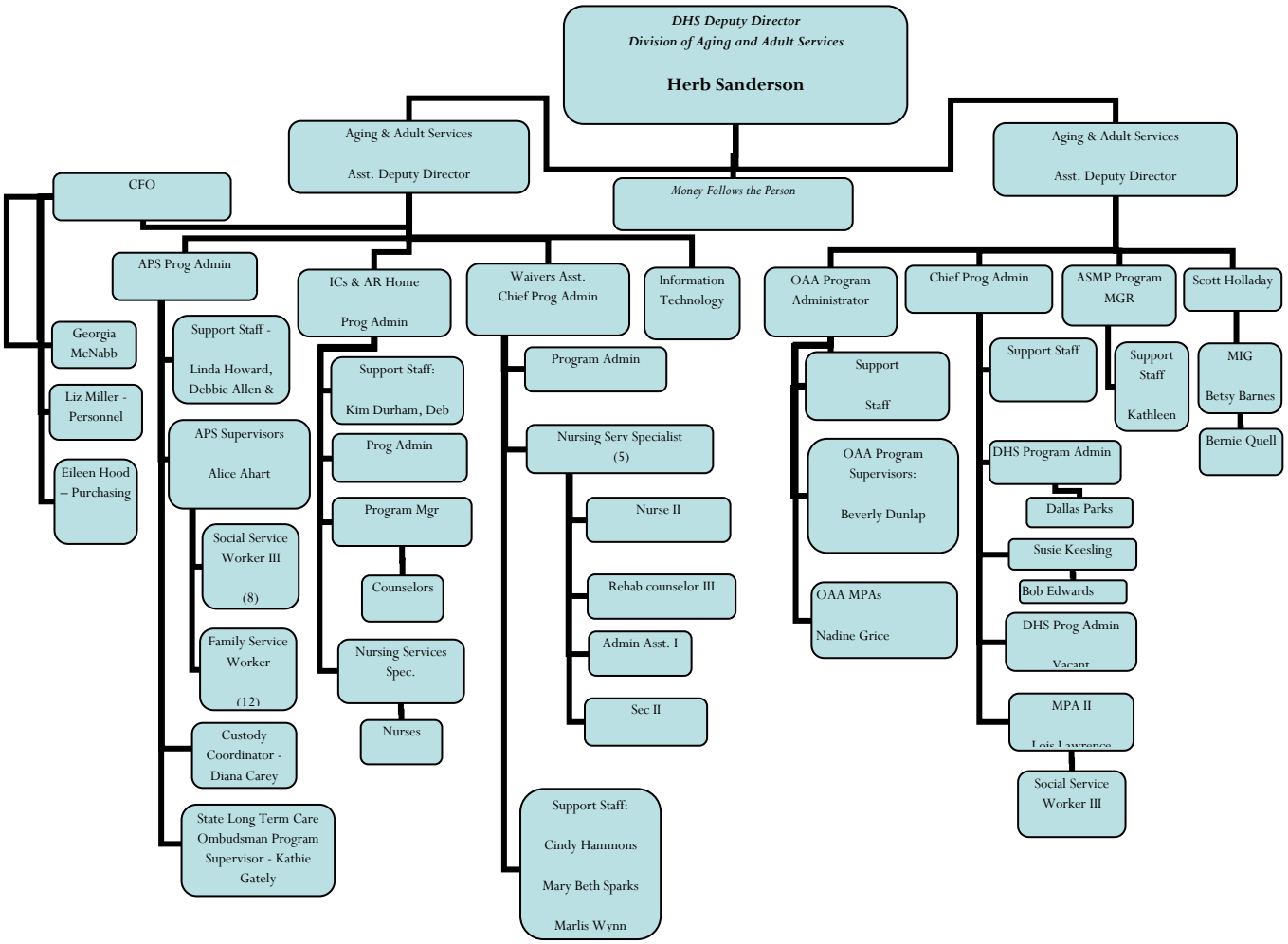
The Arkansas DAAS is housed within the state SUA of Human Services, a cabinet level agency and led by a Director who is appointed by the Governor. Staffing levels for the 2008 FFY includes 203 full-time and 18 part-time and/or temporary employees with an annual budget of $48,259,000 in state/federal dollars.

The DAAS administers several community-based services for Arkansas' aging population including: OAA, Home and Community Based Waiver Services (HCBS), Adult Protective Services (APS), Ombudsman, and various grant-funded demonstration projects. These programs create a critical system of supports and services vital to Arkansas seniors, their families, and caregivers. DAAS key stakeholders include –but are not limited to - the AAAs, local chapter of AARP, the Governor's Advisory Council on Aging (GACA), the Governor's Integrated Services Taskforce (GIST), the Arkansas SUA of Health (DOH), alumni of the Silver-haired Legislature, and the Donald W. Reynolds Institute on Aging.

DHS ORGANIZATIONAL CHART



DAAS ORGANIZATIONAL CHART



MISSION STATEMENT & GUIDING BELIEFS

The Arkansas Division of Aging and Adult Services adopted the following Mission Statement and guiding Beliefs:

> **"The Mission of the Division of Aging and Adult Services is to promote the health, safety, and independence of older Arkansans and adults with physical disabilities."**

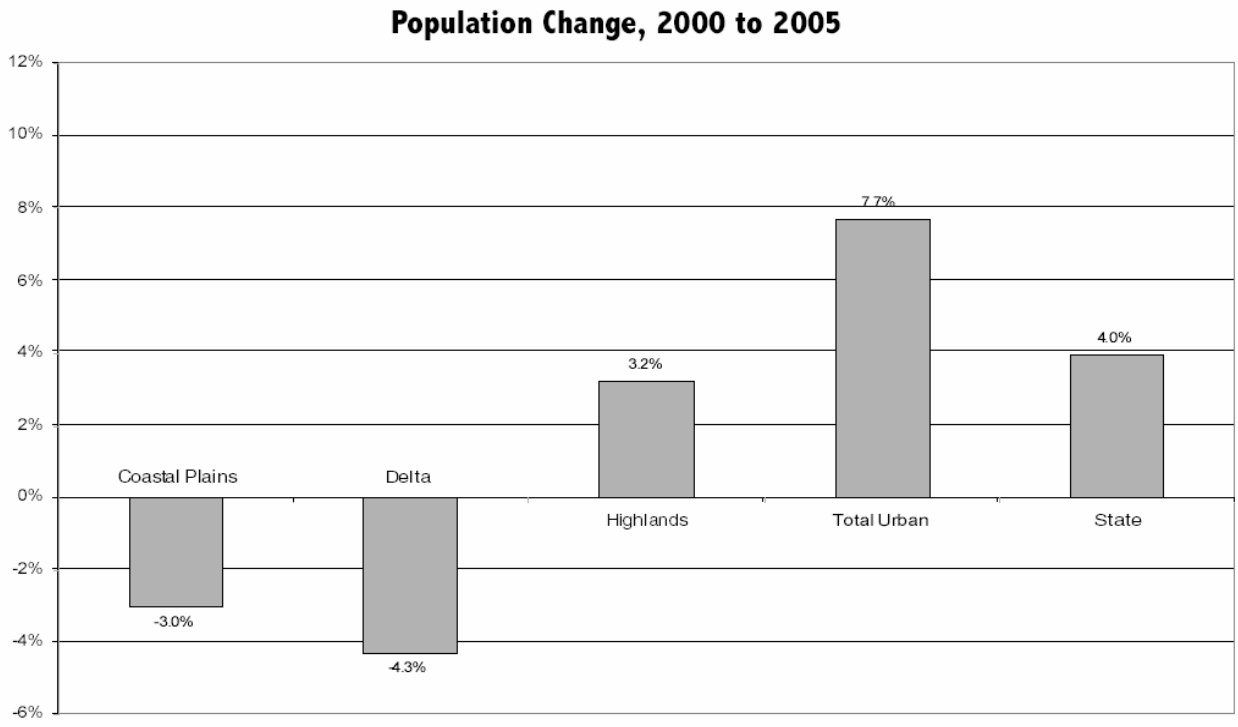
The following Beliefs guide program development, operations, and service delivery within the Arkansas Division of Aging and Adult Services:

1. Older Arkansans and people with disabilities have a choice in how and where they receive long-term care.
2. Adults should age well.
3. Adults should be safe.
4. Access to information enhances long-term care choices.
5. An aging society requires innovation and change.

STATE PROFILE & DEMOGRAPHICS

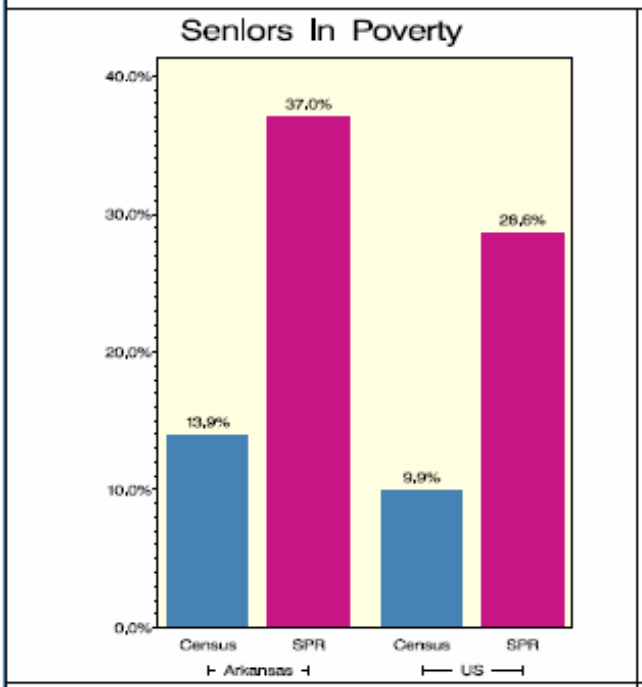
Demographics

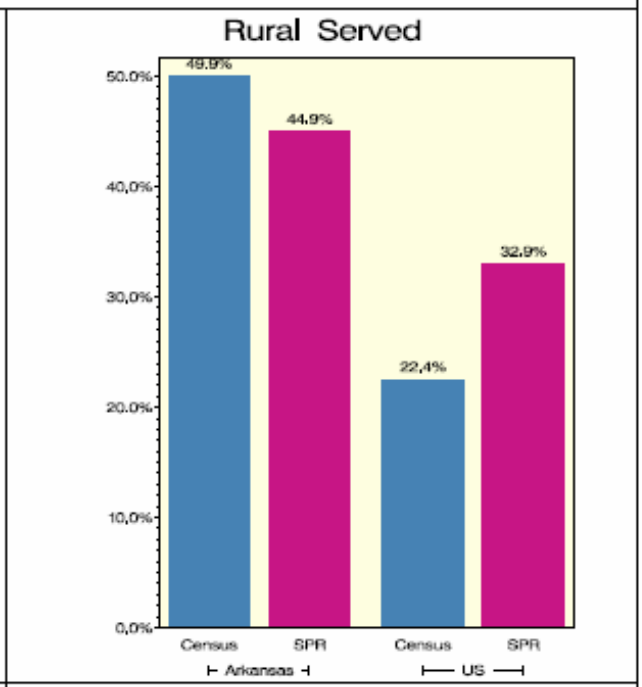
- According to 2005 population estimates from the U.S. Census Bureau, Arkansas has 521,337 persons sixty years (60) of age or older – representing roughly 19% of the population. This population is predicted to increase 75% by the year 2030.
- Of the above population, 9.5% are African American and 2.4% are other minorities.
- People of Hispanic origin accounted for 42 percent of the state's population growth from 2000 to 2005. Arkansas' Hispanic population increased from 87,000 in 2000 to nearly 131,000 in 2005. Less than 1% of this population is age 60+.
- Arkansas is ranked 10th nationally in the number of people aged 65+.

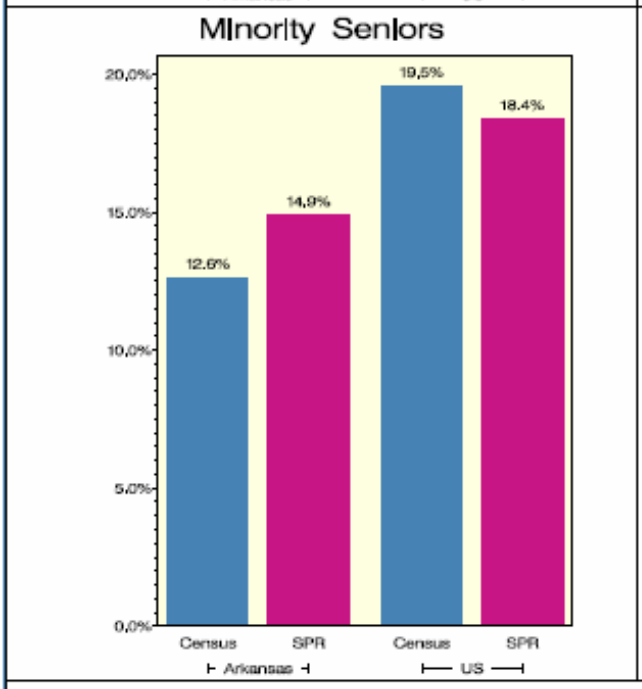


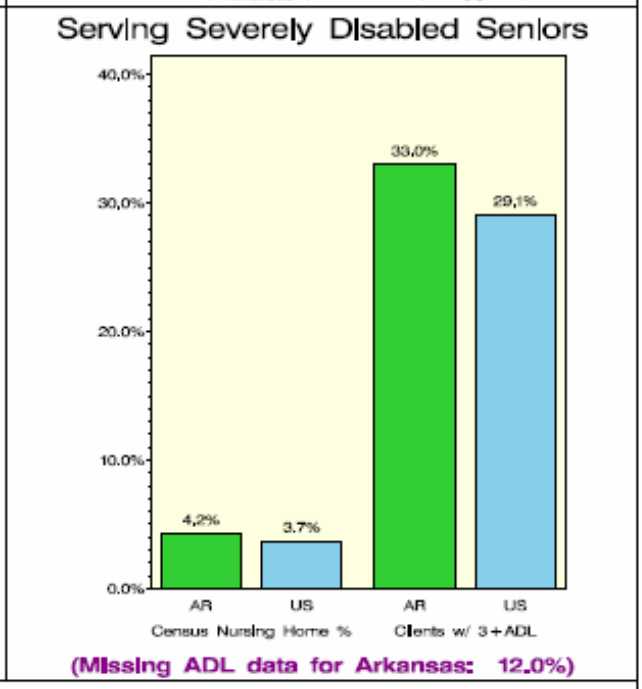
Source: Population Estimates Program, U.S. Bureau of the Census

2005 State Program Reports (SPR)
Selected Measures Compared to Census
Arkansas









Data Sources

Census Poverty/Minority % from 2005 American Community Survey; Rural/Nursing Home % from 2000 Census
SPR % from State Program Report for Titles III and VII for FY 2005

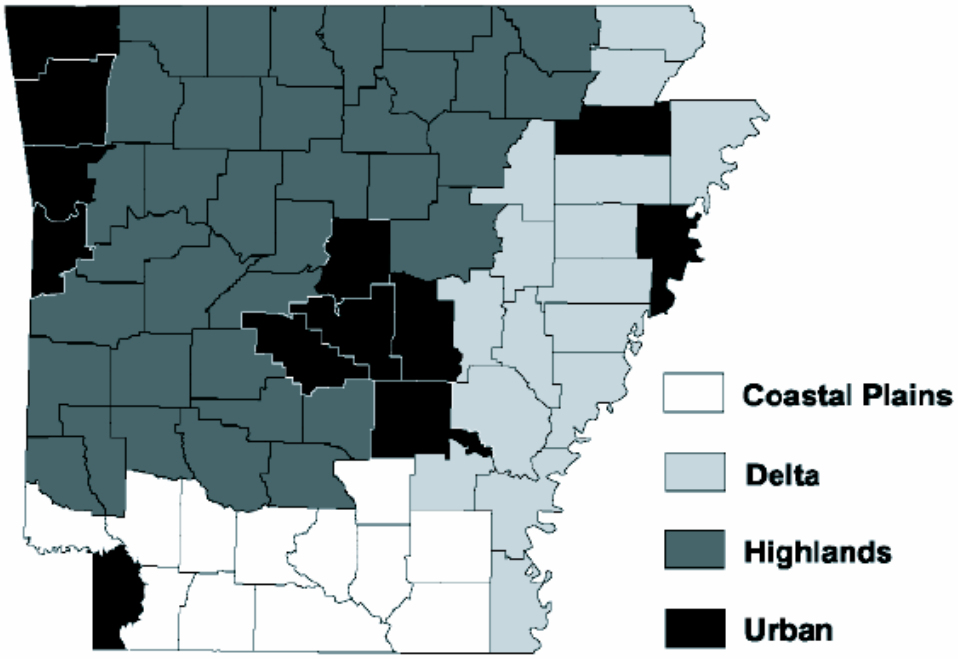
Geographic

- Nationally, only 21 percent of the population was identified as rural in the 2000 census compared with 48 percent of Arkansans. In this case, rural refers to people living in places with less than 2,500 residents or outside an urbanized area or urban cluster.

- Elderly people 75 years and over make up 8 percent of the rural population and 5 percent of the urban population, presenting unique challenges for rural areas where health services are already strained in some counties.

- Sixty-three of Arkansas' seventy-five counties were classified as non-metropolitan in the 2000 Census.

Rural Profile Regions of Arkansas



Source: Arkansas Agricultural Experiment Station Bulletin 915.

Socioeconomic

- A decade and a half ago, Arkansas had the second highest rate of poverty in the United States. Today, with a poverty rate of 16 percent, Arkansas ranks ninth in the nation in poverty.
- Of the Arkansans 60 and older, 27.4% were below the 100% poverty level in 2005.
- Seventeen Arkansas counties are designated as "persistent poverty" counties, where more than 20 percent of their people have lived in poverty for 30 years or more.
- Forty percent (40%) are still in the workforce.

Grandparents as Caregivers

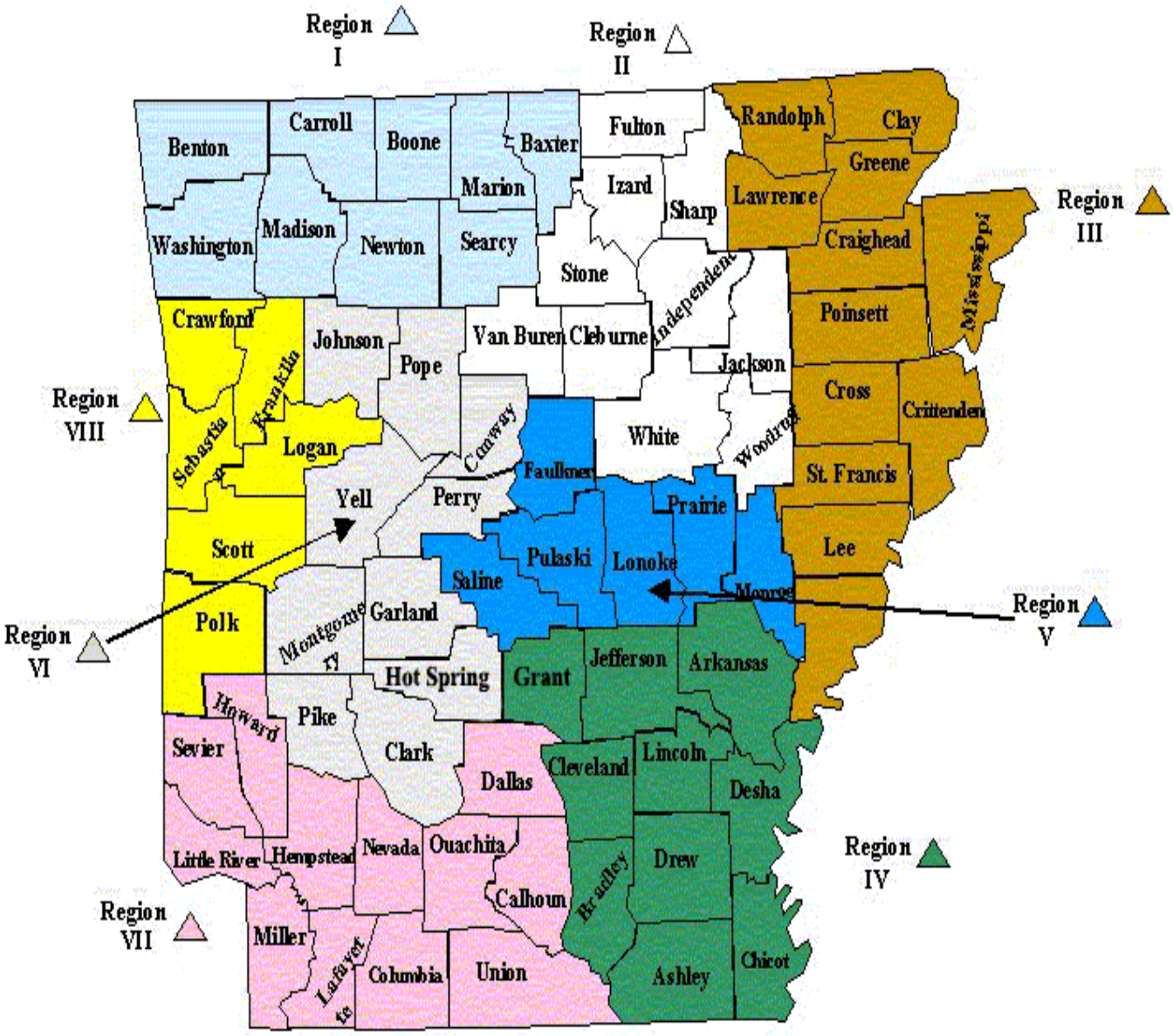
- *The U.S. Census Bureaus' 2005 American Community Survey lists 57,802 Arkansas grandparents having responsibility for their grandchildren.*
- *Forty-eight percent (48%) of these grandparents over 60 have one or more disabling conditions.*
- *Twenty-nine percent (29%) are still in the labor force.*
- *Eighty-one percent (81%) of these grandparents are at or below the poverty level.*

IMPACT OF DEMOGRAPHICS ON SERVICE DELIVERY

- Like many other states, Arkansas is challenged by the increasing demands for services as the aging population grows at an unprecedented rate.
- During the last ten years, the number of persons age 85 and older grew four times faster than persons age 60 to 84. This growth is significant for policy makers and planners as the oldest old are four times more likely to need long-term care services.
- Elders living alone are more likely to be at-risk for Medicaid nursing home care. They lack the family to care for them when frailty sets in and might lack the means to pay for such care.
- Findings of the National Caregivers Survey (1997) show that about one in four households in America is involved in caring for an elderly relative. About 72 percent of those providing care are women, and 68 percent of them are middle-aged or elders.
- Rural customers of long-term care services, whether frail elders or their caregivers, often face a lack of choice and service availability due to fewer service providers operating in the rural areas. This situation can result in earlier institutional placements relative to urban areas that have more services available.
- There is an increased demand for in-home services, especially home delivered meals, respite, and homemaker/chore services.
- Non-medical transportation continues to be in high demand, particularly in the more rural areas.

FUNDING FOR AGING PROGRAMS / SERVICES HAS NOT INCREASED AT A RATE TO MEET THE INCREASED DEMAND FOR SERVICES.

PLANNING & SERVICE AREAS



Region I

The Area Agency on Aging of Northwest Arkansas
Jerry Mitchell, Director
1510 Rock Springs Rd
PO Box 1795
Harrison AR 72602-1795

Phone: 870-741-1144 /Toll free: 1-800-432-9721 TDD: 870-741-1346

Counties: Baxter, Benton, Boone, Carroll, Madison, Marion, Newton, Searcy and Washington

Web Address: http://www.aaanwar.org

Mission: The Area Agency on Aging of Northwest Arkansas will commit financial and human resources to enhance the lives of the Northwest Arkansas senior community.

Region II

White River Area Agency on Aging
Ed Haas, Executive Director
3998 Harrison Street
PO Box 2637
Batesville AR 72503 Phone: 870-612-3000/ Toll free & TDD: 1-800-382-3205

Counties: Cleburne, Fulton, Independence, Izard, Jackson, Sharp, Stone, Van Buren, White, and Woodruff

Web Address: http://www.wraaa.com

Mission: to provide Senior Services and coordinate Aging Resources to Elderly Arkansans and their care givers in North Central Arkansas.

Region III

East Arkansas AAA
Ed Doman, Executive Director
2005 E. Highland/Fountain Sq.
PO Box 5035
Jonesboro AR 72403

Phone: 870-972-5980 / Toll free: 1-800-467-3278

Counties: Clay, Craighead, Crittenden, Cross, Greene, Lawrence, Lee, Mississippi, Phillips, Poinsett, Randolph, and St. Francis

Web Address: http://www.e4aonline.com

Mission: to provide leadership relative to aging issues on behalf of older persons in East Arkansas, and to carry out a wide range of functions in planning, coordination, and service delivery such that older persons are assisted in leading independent, meaningful, and dignified lives in their own homes and communities as long as possible.

Region IV

Area Agency on Aging of Southeast Arkansas
Betty M. Bradshaw, President & CEO
709 East 8th
PO Box 8569
Pine Bluff AR 71611

Phone: 870- 543- 6300
TDD and Toll Free: 1- 800- 264- 3260

Counties: Arkansas, Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Grant, Jefferson and Lincoln

Web Address: http://www.aaasea.org

Mission: providing a range of quality, comprehensive, coordinated and individualized services to persons of all ages, with a focus on need, client choice and cost efficiency.

Region V

CareLink, the Central Arkansas Area Agency on Aging
Elaine Eubank, Executive Director
706 West 4th Street
PO Box 5988
North Little Rock AR 72119

Phone: 501-372-5300/688-7437/ Toll free & TDD: 1-800-482-6359

Counties: Faulkner, Lonoke, Monroe, Prairie, Pulaski and Saline

Web Address: http://www.care-link.org

Mission: to help people over 50 stay active and independent.

Region VI

Area Agency on Aging West Central Arkansas
Timothy Herr, Executive Director
905 W. Grand Avenue
Hot Springs AR 71913

Phone: 501-321-2811/ Toll free: 1-800-467-2170
TDD: (501) 321-2811
Fax: 501-321-2650 (Hot Springs)
Fax: 501-967-2401 (Russellville)

E-mail: info@seniorspecialists.org

Counties: Clark, Conway, Garland, Hot Spring, Johnson, Montgomery, Perry, Pike, Pope and Yell

Web Address: http://www.seniorspecialists.org

Mission: to assist older persons to lead independent, meaningful and dignified lives.

Region VII

Area Agency on Aging of Southwest Arkansas
David Sneed, Executive Director
600 Columbia, 11E
PO Box 1863
Magnolia AR 71754-1863

Phone: 870-234-7410/Toll free & TDD: 1-800-272-2127

Email (Information and Assistance Division): inref@magnolia-net.com

Counties: Calhoun, Columbia, Dallas, Hempstead, Howard, Lafayette, Little River, Miller, Nevada, Ouachita, Sevier and Union

Web Address: http://www.agewithdignity.com

Mission: to give seniors the opportunity to live a satisfying and productive life with health and dignity.

Region VIII

AAA of Western Arkansas
Jim Medley, President & CEO
524 Garrison
PO Box 1724
Fort Smith AR 72902

Phone: 479-783-4500/ Toll free: 1-800-320-6667

Counties: Crawford, Franklin, Logan, Polk, Scott and Sebastian

Web Address: http://www.agingwest.org

Mission: To assist older individuals in maintaining desired lifestyles through accessible and affordable alternatives.

RESPONSES TO AOA STRATEGIC ACTION PLAN PRIORITY AREAS

According to its Strategic Action Plan for 2007-2012, the U.S. Administration on Aging "continues the focus on modernizing the Aging Services Network's role in long-term care, and gives particular attention to implementing the new provisions contained in the *Older Americans Act Amendments of 2006*. The changes complement and support the reforms being implemented in Medicare and Medicaid, and will help position the Aging Services Network for the 21st Century. This Strategic Plan also supports the HHS Strategic Plan and the Government Performance and Results Act of 1993 (GPRA)." The AoA Strategic Action Plan includes five goals with related objectives. In an effort to align state and local goals with the overarching national goals of the AoA, Arkansas' Division of Aging has drafted objectives related to one or more of the goals in the AoA Strategic Plan.

……

AoA 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

- The SUA is in the process of implementing its statewide one-stop using the ADRC model for seniors, their families, and caregivers to access Arkansas long-term care programs and services. This program is described in more detail in the Systems Transformation Grant section of this plan.
- In January 2008, the SUA will implement an "Options Counseling" program to make seniors recently placed in institutional settings immediately aware of community based options for receiving care.
- The Arkansas web-based information and assistance database, ARGetcare continues to link seniors and their caregivers to information about aging programs and services. This system uniquely incorporates information on aging providers in addition to government services. The website registered 78, 477 hits in the first quarter of calendar year 2007.
- Arkansas continues to disseminate information about aging programs/services through:
    1. Aging Arkansas – a monthly newspaper collaboration that includes articles and information from the SUA Director, each of the eight AAAs,

the Reynolds's Institute on Aging, the office of the Governor, and other members of the aging network.

2. "Choices in Care" brochures and DVDs were created to highlight the various community based programs offered by DHS. These materials are distributed throughout the aging network on an ongoing basis.
3. Annual publications of the SUA that are updated and distributed each year throughout the aging network:
    - "Public Benefits for Arkansas Seniors"
    - "Directory of Arkansas Aging Programs

AoA 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

- Arkansas continues to expand it Cash and Counseling program "IndependentChoices", which is discussed in more detail in the IndependentChoices section of this plan.
- New initiatives under the Money Follows the Person Initiative seeks to transition more seniors out of institutions back to community based living arrangements. This program is discussed in more detail in the MFP section of this plan.
- The state's NFCSP in conjunction with our Alzheimer's disease Demonstration Grant activities enables more family members to care for their loved ones at home.
- Arkansas is implementing one of the first rural Programs of All Inclusive Care for the Elderly (PACE) programs in the country. This is our first venture into a managed-care arena in several years.
- Arkansas is working to develop an enhanced case management program called SOURCE (Service Options Using Resources in a Community Environment). SOURCE is a State Plan enhanced primary care case management program that serves frail elderly and disabled beneficiaries to improve the health outcomes of persons with chronic health conditions, by linking primary medical care with home and community-based services.

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

- The implementation of evidence-based disease prevention programs have been mandated for each of Arkansas AAAs for the current planning cycle. These programs are discussed in greater detail in the Evidence-based Disease Prevention section of this plan.

- The SUA recently acquired the services of a Registered Dietician for its nutrition program. This is further detailed in the Nutrition section of this plan.
- The SUA, AAAs, SHIP, and other members of the aging network will continue to work with CMS and the AoA with regards to informing/assisting seniors with MMA benefits.

AoA Goal 4 -Ensure the rights of older people and prevent their abuse, neglect and exploitation Increase availability of LTC ombudsman services to consumers in LTC facilities

- The SUA has increased its efforts in the Legal Services Developer area. These efforts are highlighted in the Legal Services Developer section of this plan.
- The LTC ombudsman services have increased tremendously in recent years. The SUA will continue to expand and develop this program across the state. Ombudsman activities are detailed in the LTC Ombudsman section of this plan.
- Great strides have been made in the Arkansas Senior Medicare/Medicaid Patrol program. Recent accomplishments, future goals and objectives of the ASMP are detailed in the ASMP section of this plan.
- The Arkansas Adult Protective Services Unit will be better poised to protect adults from abuse, neglect, and exploitation as staffing levels will more than double during this planning cycle as described in its section of this plan.

AoA Goal 5-Maintain effective and responsive management

- Staffing levels in the OAA unit have increased as of the last state plan submission. The SUA will continue to improve technical assistance delivery to the AAAs, providers, and other members of the aging network by investing in the development of its staff.

- Monitoring, evaluation, and oversight of OAA funded services have been improved with the hiring of additional OAA staff. Staff will continue to develop new and improved policies/procedures as a result of improved monitoring.

- The SUA will explore the acquisition of a state-level database to increase staff efficiency and improve program reporting, monitoring, and evaluation.

INTRASTATE FUNDING FORMULA

ARKANSAS SUA OF HUMAN SERVICES

DIVISION OF AGING AND ADULT SERVICES

POLICY STATEMENT

Policy 106	Funding Formula	Effective: 01/01/91

Policy Statement:

The Division of Aging and Adult Service (DAAS) will develop a formula for the equitable distribution of funds to the area agencies on aging (AAA).

Purpose:

To comply with Older American Act regulations to develop a formula for the distribution of Title III funds and to apply the same methodology to the distribution of other funds

Scope:

Applies to the distribution of Title III, SSBG, Advocacy State Older Worker State Cigarette tax and State General Revenue to the area agencies on aging

General Authority:

Older Americans act of 1965, as amended

45 CFR 1321

Arkansas Code Ann. Section 25-10-101 et seq.

Social Service Block Grant

PROCEDURAL REQUIREMENTS

I. The funding for area agencies on aging (AAAs) will be allocated as follows:

A. Each of the eight AAAs will receive 1 % of the total amount to be distributed from each funding source.

B. Of the remainder,

1. 50 % will be distributed based on each region's proportion of Arkansans aged 60 and older.
2. 40 % will be distributed based on each region's proportion of low income Arkansans aged 60 and older.

3. 10 % will be distributed based on each region's proportion of low income minority Arkansans aged 60 and older.

II. DAAS will revise and update the AAA allocation annually as relevant demographic information becomes available.

I. PROGRAM SPECIFIC INFORMATION

A. Please refer to DAAS Policies and Procedures 201 - Direct Services, 203 - Priority Services, and 214 - Program Development for public hearing and narrative justification requirements.

B. Nutrition Programs:

1. Include projected participant contributions as a source of funds on the Service Budget. The Older Americans Act requires that contributions be used to provide additional services.

2. On the Contract Form, the cost of per unit includes the total dollar amount each provider receives per meal. (It includes Title III, SSBG, NSIP, etc.) The totals on the contract page should also match the amount on the contract line of the service budget.

3. Medicaid meals, like all Medicaid services, should be reported as a separate service. Medicaid meals are not eligible for NSIP funds.

C. Repair/Maintenance/Modification Services:

1. Expenditures for Repair/Maintenance/Modification services shall not exceed $150 per client when funded with Title IIID. Title IIID funds shall not be used in place of other available programs.

2. Expenditures for Repair/Maintenance/Modification services shall not exceed $1000 per client when funded by State Aging Services Funds.

D. Material Aid expenditures shall not exceed $400 in State Aging Services Funds per client.

E. Client Representation excludes any service covered by Title XIX under the Targeted Case Management Program for an eligible Medicaid recipient.

STATE AGENCY OPERATING BUDGET

Arkansas

State Agency Operation Budget for FY 2008
Total Resources to Be Used For State Agency Administration

	Title III	State Match to Title III	Other Agency Resources	Total Agency Budget
Title III, State Admin	401,499	133,833		535,332
Title III (part B) Long-term Care Ombudsman Program*	32,120	10,707		42,827
Title VII Elder Abuse Prevention	51,002			51,002
Other Federal Funds			4,466,104	4,466,104
Other State Funds			2,445,658	2,445,658
Local Public				-
Other			2,550	2,550
Total	484,621	144,540	6,914,312	7,543,473

* Includes all other federal funds received and utilized by the State Agency for administration. These funds include moneys from
Title XIX, and Title V

** Includes all other state general and special revenue funds received and utilized by the state agency for administration

I.

STATE PROGRAM ALLOCATIONS BY PLANNING & SERVICE AREAS – FY 2008

AAA	Title IIIB Federal	Title IIIC1 Federal	Title IIIC2 Federal	Title IIID Federal	Title IIIE Federal	TOTAL Title III	SSBG Federal	Total Federal
Region I	$ 471,156.00	$ 573,765.00	$ 255,695.00	$ 30,940.00	$ 207,072.00	$ 1,538,628.00	$ 282,528.00	**$ 1,821,156.00**
Region II	$ 316,631.00	$ 385,586.00	$ 171,834.00	$ 20,792.00	$ 139,158.00	$ 1,034,001.00	$ 189,868.00	**$ 1,223,869.00**
Region III	$ 534,657.00	$ 651,095.00	$ 290,156.00	$ 35,110.00	$ 234,981.00	$ 1,745,999.00	$ 320,606.00	**$ 2,066,605.00**
Region IV	$ 351,253.00	$ 427,749.00	$ 190,624.00	$ 23,066.00	$ 154,375.00	$ 1,147,067.00	$ 210,628.00	**$ 1,357,695.00**
Region V	$ 556,491.00	$ 677,683.00	$ 302,005.00	$ 36,544.00	$ 244,577.00	$ 1,817,300.00	$ 333,698.00	**$ 2,150,998.00**
Region VI	$ 378,665.00	$ 461,131.00	$ 205,500.00	$ 24,866.00	$ 166,422.00	$ 1,236,584.00	$ 227,065.00	**$ 1,463,649.00**
Region VII	$ 385,345.00	$ 469,265.00	$ 209,125.00	$ 25,305.00	$ 169,358.00	$ 1,258,398.00	$ 231,071.00	**$ 1,489,469.00**
Region VIII	$ 272,565.00	$ 331,923.00	$ 147,920.00	$ 17,899.00	$ 119,791.00	$ 890,098.00	$ 163,443.00	**$ 1,053,541.00**
Subtotal	$ 3,266,763.00	$ 3,978,197.00	$ 1,772,859.00	$ 214,522.00	$ 1,435,734.00	$ 10,668,075.00	$ 1,958,907.00	**$ 12,626,982.00**

AAA	STATE Aging Service	STATE SSBG Match	STATE Cigarette Tax	STATE Sr Citizens Ctrs	STATE Older Worker	Total State	TOTAL FEDERAL & STATE
Region I	$ 673,202.00	$ 34,608.00	$ 432,682.00	$ 703,108.00	$ 163,266.00	**$ 2,006,866.00**	**$ 3,828,022.00**
Region II	$ 452,411.00	$ 23,258.00	$ 290,775.00	$ 472,509.00	$ 109,719.00	**$ 1,348,672.00**	**$ 2,572,541.00**
Region III	$ 763,934.00	$ 39,273.00	$ 490,997.00	$ 797,871.00	$ 185,271.00	**$ 2,277,346.00**	**$ 4,343,951.00**
Region IV	$ 501,881.00	$ 25,801.00	$ 322,570.00	$ 524,177.00	$ 121,717.00	**$ 1,496,146.00**	**$ 2,853,841.00**
Region V	$ 795,131.00	$ 40,876.00	$ 511,048.00	$ 830,452.00	$ 192,836.00	**$ 2,370,343.00**	**$ 4,521,341.00**
Region VI	$ 541,048.00	$ 27,815.00	$ 347,743.00	$ 565,083.00	$ 131,216.00	**$ 1,612,905.00**	**$ 3,076,554.00**
Region VII	$ 550,592.00	$ 28,305.00	$ 353,878.00	$ 575,051.00	$ 133,530.00	**$ 1,641,356.00**	**$ 3,130,825.00**
Region VIII	$ 389,448.00	$ 20,021.00	$ 250,307.00	$ 406,749.00	$ 94,450.00	**$ 1,160,975.00**	**$ 2,214,516.00**
Subtotal	$ 4,667,647.00	$ 239,957.00	$ 3,000,000.00	$ 4,875,000.00	$ 1,132,005.00	**$ 13,914,609.00**	**$ 26,541,591.00**

ARKANSAS AGING NETWORK
PROGRAMS & SERVICES

The Arkansas Division of Aging & Adult Services is the lead agency for community-based programs/services for Arkansas seniors. Arkansas' aging network includes other Divisions within the SUA of Human Services: the Office of Long-term Care, Division of Developmental Disability Services, Division of Medical Services, and the Division of County Operations. Externally, the SUA of Health, Area Agencies on Aging, the Governor's Advisory Council on Aging, the Governor's Integrated Services Task Force, Arkansas Silver-Haired Legislature, 150+ Senior Centers, Adult Day Care Providers, Home Health Providers, senior employment programs, various community stakeholders and related non-profits.

Aging Network Services

A comprehensive array of services is provided to Arkansas seniors through a combination of Older Americans Act funding, USDA funds, DOL funds, state/local funds, private grants, and individual contributions. State and Federal funds are granted to the eight (8) Area Agencies on Aging, the Senior Companion Program, and the Arkansas Volunteer Lawyers for the Elderly. Funds to the Arkansas Area Agencies on Aging are awarded based on a funding formula approved by the Administration on Aging. State funds that are appropriated by the Arkansas Legislature are awarded based on the same funding formula. Each of the Area Agencies on Aging plans for develops, and implements regional service delivery systems for seniors aged 60 and older. As mandated by the Older Americans Act as amended in 2006, all services are targeted to seniors with the greatest economic need, with low income, low income minorities, residing in rural areas, with severe disabilities, limited English-speaking abilities, with the greatest social need, and those with Alzheimer's disease or related disorders. Services offered include:

- Home delivered meals
- Transportation Services
- Adult Day Care
- Congregate Meals
- Caregiver Support Services
- Case Management
- Socialization
- Nutrition Education
- Homemaker Services
- Legal Services
- Chore Services
- Respite Care
- Physical Fitness
- Senior Employment Services

In order to maintain an aging network that is responsive to the needs of Arkansas seniors while at the same time complying with both state and federal regulations, DAAS will continue to work with Area Agencies on Aging and other members of the aging network to :

1. Advocate for expanded/increased community based services for seniors,
2. Ensure that services are targeted to the populations required by the OAA, and
3. Educate providers and related stakeholders on state/federal regulations for aging programs/services.

Annual Arkansas Aging Conference

Each year the SUA in partnership with the Arkansas Association of Area Agencies on Aging hosts a statewide conference for aging professionals and other members of Arkansas' aging network. Held in beautiful Hot Springs, AR, this three day conference has an average attendance of 500 participants and 50+ exhibitors. This year's keynote speaker will be the Honorable Mike Beebe, Governor of the State of Arkansas.

The conference offers more than three dozen workshops and presentations on new/existing aging programs and services, new trends in aging, and current issues affecting seniors and aging professionals. The conference allows members of the aging network the opportunity to network with fellow professionals in the field of aging, share successes and innovative programs, and learn how others deal with aging-related challenges.

Included during the conference is the Annual Awards Luncheon were recipients honored for exemplary work in the field of aging that benefit Arkansas' seniors. Also included is the annual induction ceremony for the Senior Arkansans Hall of Fame and the Eldercare Volunteer Recognition Awards. The Senior Hall of Fame recognizes three outstanding older Arkansans. This high honor for senior Arkansans was created in 1991 by the Arkansas General Assembly to "honor the significant contributions of older Arkansans."

The Governors Advisory Council on Aging holds one of its quarterly meetings each year at the Aging Conference. The purpose of the Governor's Advisory Council on Aging (GACA) is to advise the Governor and the Division of Aging and Adult Services about the needs of older Arkansans and the programs that serve them.

The GACA is administered by the Division of Aging and Adult Services, SUA of Human Services and governed by a set of by-laws established by council members.

Programs of All-Inclusive Care for the Elderly

Arkansas is on target to implement the first rural Programs of All Inclusive Care for the Elderly (PACE) Program in the country. Administered as a Medicaid State Plan optional service, PACE is a comprehensive health and social services delivery system that provides and coordinates primary, preventive, acute and long-term care services to the frail elderly as a means for keeping them in their homes and communities for as long as possible. Services are identified by an Interdisciplinary Team and delivered primarily in a PACE center. PACE participants must meet certain clinical and financial criteria to be eligible for the program. PACE services are provided 24 hours a day, seven (7) days a week. The PACE provider assumes full financial risk for operating the program. The PACE provider organization receives a pre-paid, capitation rate derived from a combination of federal Medicare and state Medicaid payments.

ALLCare of Arkansas is the PACE provider scheduled to begin operations in January of 2008 serving the Jonesboro, AR catchment area. The provider received one of fifteen Rural PACE Grants awarded by CMS in 2006. The PACE model was developed to address the needs of long-term care clients, providers, and payers. For most participants, the comprehensive service package permits them to continue living at home while receiving services rather than be institutionalized. Capitated financing allows providers to deliver all services participants need rather than be limited to those reimbursable under the Medicare and Medicaid fee-for-service systems.

Target Population: individuals who are: (1) at least 55 years of age or older; (2) certified as meeting nursing home level of care; (3) live in the PACE service area; (4) able to live safely in the community without jeopardizing his health or safety; and (5) meet clinical and financial eligibility criteria.

Involvement of AAAs: The Arkansas PACE provider will contract with the East Arkansas Area Agency on Aging for management oversight of the program. The East Arkansas Area Agency on Aging operates eight Senior Life Centers in two Northeast Arkansas counties. The East Arkansas AAA currently serves the same target population as that of the PACE program. The PACE program, in conjunction with the East Arkansas AAA, will provide senior citizens in Northeast Arkansas a coordinated health care and supportive services benefit package.

Involvement of Other Members of the Aging Network: Relationship to Other Aging Programs/Services – The Arkansas PACE program will utilize nursing staff from our ElderChoices Medicaid waiver program to assist in program monitoring and evaluation. Public meetings were held throughout out the program development process with various medical providers, community organizations, and aging network stakeholders.

Major Accomplishments: The Arkansas PACE program is still in the implementation phase. During the past two years, the state administering agency has worked closely with the Arkansas state legislature and other state DHS divisions to amend the Medicaid State Plan, adopt program and provider policy manuals, and institute management information systems changes to accommodate participant applications and provider payments. The state administering agency also had frequent contact with CMS to ensure program guidelines were compliant with federal regulations.

Goals and Objectives for next 4 years: The PACE program is designed to meet the following objectives: (1) enhance the quality of life and autonomy for frail, older adults; (2) maximize dignity of, and respect for, older adults; (3) enable frail older adults to live in the community as long as medically and socially feasible; and (4) preserve and support the older adult's family unit.

Alternatives for Adults with Disabilities

Alternatives for Adults with Physical Disabilities (AAPD) is a Medicaid waiver program specifically for the physically disabled that allows the consumer to direct and receive their in-home care through the traditional agency model.

Target Population: aged 21-64 and physically disabled

Number of Clients Served in SFY 07: 2,072

Demographics of Clients Served in SFY07:

- White-1,354
- Native American- 2
- Hispanic-20
- Unknown-78
- African American-608
- Asian-3
- Other-10

Involvement of AAAs: Enrolled Medicaid Agency Attendant Care providers and Counseling Support Management providers

Involvement of Other Members of the Aging Network: Enrolled Medicaid Agency Attendant Care providers and Counseling Support Management providers

Relationship to Other Aging Programs/Services: Plans of care may include other services designed for the physically disabled through Medicare and/or Medicaid.

Recent Accomplishments: Addition of Counseling Support Management and Agency Attendant Care Services effective 7/1/07.

Living Choices

Living Choices is a new Medicaid waiver program that allows clients to live in congregated housing with 24-hour supervision and services that support independence.

Target Population: 65 or older and/or 21-64 and declared physically disabled by Social Security/SSI or the DHS Medical Review Team

Number of Clients Served in SFY07: 260

Demographics of Clients Served in SFY07: White-224, Black-19, Hispanic-1, and Unknown-16;

ElderChoices

ElderChoices is a Medicaid waiver program that provides assistance by allowing Medicaid reimbursement for certain in-home and community-based services (Homemaker, Chore, Home delivered meals, Personal emergency response system, Adult day care, Adult day health care, Respite, Adult foster care & Adult Companion) that routinely covered by Medicaid.

Target Population: 65 year of age or older

Number of Clients Served in SFY07: 7,087

Demographics of Clients Served in SFY07:

• White - 4,850	• African-American – 1,824
• Native American - 5	• Asian - 6
• Hispanic - 16	• Other - 10
• Unknown - 397	

Involvement of AAAs: Enrolled as waiver providers.

Recent Accomplishments: Addition of Adult Companion Services effective 7/1/07.

Disaster Preparedness

The State of Arkansas is subject to a variety of natural and technological hazards, with flooding and tornadoes being the most prevalent weather related hazards in Arkansas. Arkansas also has geologic faults in several counties. These geologic faults increase the vulnerability to seismic disturbances. The highest seismic risk zone is in the eastern part of Arkansas in an area affected by the New Madrid fault. A nuclear-fueled electric generating plant is located in Arkansas on Lake Dardanelle near Russellville. An accident at the plant could cause evacuation of several thousand people in adjacent counties. With the Pine Bluff Arsenal located in Jefferson County, there is both the risk of a chemical disaster from the stockpile of binary weapons stored at the facility and a remote risk of a nuclear attack.

The Arkansas SUA of Health has the lead role in disaster preparedness for Arkansans. Working in partnership with the Centers for Disease Control (CDC) they work together to protect and prepare Arkansans in the event of a bioterrorism attack. They are also responsible for Pandemic Flu planning. The SUA works in concert with the SUA of Health in disseminating information to members of the aging network.

The Arkansas SUA of Emergency Management takes the lead role in bringing together agencies to assist and coordinate their efforts during a disaster. Select Division of Aging and Adult Services' staff have been brought in by the SUA of Emergency Management to coordinate services with other disaster assistance agencies after tornados and ice storms passed through various regions in Arkansas.

During last year's Aging Conference, the Division of Aging and Adult Services put together a track on Disaster Coordination bringing in speakers from the University of Arkansas Medical Sciences College of Nursing to speak on Pandemic Influenza; a speaker from the Arkansas Disability and Health Program to speak on Preparing Yourself and Family for Disasters; as well as, an Arkansas Certified Emergency Manager spoke on Emergency Planning and Special Needs Populations.

In the event of a disaster, at the local level, Area Agency on Aging staff assists in numerous ways. Case Managers/Care Coordinators check on their clients and do outreach in the affected area. The Case Managers/Care Coordinators have also assisted senior citizens when a local senior citizen housing unit was damaged during a winter storm. Residents were either placed with their families or transported to the local emergency shelter. Even the residents who had animals took comfort in the fact that the Case Managers/Care Coordinators made sure that their animals were taken to a local animal shelter to be tended to until their owners could retrieve them. Ombudsmen visit the nursing homes and offer assistance in the event a nursing home is damaged during a tornado or winter storm. After one tornado moved through west central Arkansas, the Malvern Senior Activity Center was used by the Arkansas SUA of Emergency Management and FEMA as a command post to assist those in the affected area, as well as, serving as a nutrition site.

In order to assist Arkansas' senior citizens in being prepared in the event of a disaster, DAAS partnered with the Arkansas Red Cross, Arkansas SUA of Emergency Management, and FEMA to create an individual disaster preparedness program titled ASAP (Arkansas Seniors Are Prepared). Using the Red Cross "Be Ready" Campaign as a basis, the ASAP program prepares seniors for disasters by teaching them the fundamentals of having an individual disaster plan, a disaster preparedness kit, and being informed about what to do in the event of a disaster of any type. This program is designed to introduce Arkansas' senior citizens to the concept of emergency preparedness. Senior citizens learn about their need to plan for emergencies before an emergency takes place, how to stay safe in the event of a disaster and the importance of assembling a disaster supply kit and the need to maintain their disaster supply kit over the years. To date hundreds of seniors have been trained and plans are underway to train additional facilitators to meet the growing demand for the training.

In an effort to continue communication and coordination with Arkansas' various disaster assistance agencies, the Division of Aging and Adult Services assemble a state-wide directory listing the various disaster assistance agencies. This directory will be distributed to members of the aging network and each organization included in the directory. Because of the overlapping service areas among the various

agencies, the directory will be an excellent communication tool for seniors and providers. The DAAS Director will also convene a Disaster Preparedness Roundtable to address the needs of Arkansas' seniors and how to better involve the Aging Network in the planning process. This will result in an action plan for future coordination among disaster preparedness agencies and members of the Aging Network.

Evidence-Based Disease Prevention

A major tenet of the recently reauthorization of the OAA is the implementation of evidence-based practices for preventing or delaying the onset of diseases such as diabetes, cardiovascular disease, obesity, and some cancers. The evidence-base establishing the need and the means for accomplishing the national imperative of Healthy Aging is abundantly available and full supported by DHHS and its science agencies. Early results from the AoA Evidence-Based Disease Prevention Demonstration project indicate that disease prevention programs that have proven effective in the Health sector can be successfully implemented by community aging service providers. Such models could result in more healthy aging for seniors, and a decreased/delayed need for long term care services.

It might seem common sense that exercise is good, but exercise programs are often haphazard and sometimes even dangerous to older people. Finding something that works is important because even small improvements in older people's health can save billions of dollars in health-care costs. Arkansas received $200K in AoA funds to implement evidence-based disease prevention programs in FY2008, with supplemental funding through 2011. Each of Arkansas' eight Area Agencies on Aging will pilot exercise-focused programs in two areas of their PSA. The Stanford Chronic Disease Prevention Model will be piloted in one urban and one rural area of the state. The Active Living Everyday Program will be piloted in at least one senior center in each PSA. State funds were also made available to implement PEPPI exercise programs statewide. There are 50 senior centers around the state scheduled to implement the PEPPI program by September 2007. The Peer Exercise Program Promotes Independence (PEPPI) program has worked to increase physical activity and decrease obesity in over 800 senior Arkansans. The PEPPI program, based on research conducted at Tufts University, demonstrates the benefits of this type of training for older adults.

The SUA will require all AAAs to implement at least one Evidence-Based Disease Prevention (EBDP) program in all senior centers in their PSA. Implementation will begin with SFY 2008 and will be phased in over a four-year period with all senior

centers participating by 2011. The AAA may address one or more of the following prevention areas:

1. Chronic Disease Self-Care
2. Physical Activity
3. Fall Prevention
4. Nutrition and Diet
5. Depression and/or Substance Abuse.

Each AAA was instructed to provide to DAAS with the following:

1. Contact information on the staff person assigned to the EBDP program
2. Strategy for phasing in the EBDP program over the four-year period
   - Reach-how targeted populations will be reached
   - Effectiveness-how will effectiveness of the intervention be measured
   - Adoption-how will organizational support to ensure delivery be developed
   - Implementation-how will proper delivery of intervention be ensured
   - Maintenance-how will the intervention be delivered over the long term?
3. Number of senior centers in the PSA
4. Details on the assessment, monitoring and data collection methods of the EBDP program in year one of the planning cycle
5. Information on each subsequent program as it is implemented over the four-year period.

Program Assessment/Evaluation:
The AAA will be required to assess all EBDP programs at least annually. The assessment/evaluation of the EBDP programs will include:

1. Process Evaluation-Program, Program Leader, Participant Satisfaction
   - Is the program working like it should?
   - Type of evidence it generates-Program quality, consistency, appeal; fidelity to protocols
   - Aids decision-making about program quality and improvement

2. Outcome Evaluation
   - What benefits does the program produce?
   - Type of evidence it generates-Changes in health knowledge, attitudes, skills, behaviors, ultimate changes in overall improvement in health status and/or functioning
   - Were program goals met?
   - Before and After changes among participants-knowledge, attitudes, skills, behaviors
   - Overall benefits to participants-improved health status, mental status, functioning, quality of life, medical care utilization.

The SUA has assigned staff to provide technical assistance to the AAAs for implementation of the EBDP programs and to monitor/assess the programs at least once during the four-year planning cycle.

Money Follows the Person (MFP) Demonstration Grant

Arkansas received a Money Follows the Person Demonstration Grant from CMS totaling $20,923,775 dependent on the approval of the Operational Protocol and the annual attainment of the identified rebalancing benchmarks. MFP is a process in the continuing effort to rebalance the long term care system of care toward a home and community based system of care. MFP will assist qualified persons who are currently living in institutions (nursing homes and ICF-MRs) to transition into home and community residences and implement a service plan to ensure the health, welfare, safety and enhanced quality of life of the participants. MFP will utilize existing Section 1915 Waivers and will introduce 4 new demonstration services during the initial 12 month demonstration period for each participant.

Grant Period: 2007-2011

Target Population: While this is a totally new program, we have reason to believe the demographics of the clients served will be similar to those served in the recent Passages grant. More than 60 percent of people referred to Passages were under age 65, and people under age 65 were approximately two-thirds of participants who had left nursing homes through the program. State staff cited two possible reasons for why Passages was serving more people under age 65, even though most nursing home residents are older than 65. First, the CILs showed more interest in nursing home transition than the AAAs. They encouraged the state to apply for the grant and were more involved in the grant's development. Second, DAAS staff said Arkansas had a higher proportion of younger people in nursing homes than other states. Over half of the referred residents were male (80, or 54 percent), while most nursing home residents are women. The high proportion of men among referrals may be explained in part by the high proportion of younger people. According to the 1999 National Nursing Home Survey, approximately half of nursing home residents under age 65 are male. Nearly three-fourths of the 88 transitioned residents received either the Alternatives or ElderChoices Medicaid HCBS waivers (63, or 72 percent). An additional person used Arkansas' HCBS waiver for people with developmental disabilities. Ten former residents (13 percent) received Medicaid personal care, while 14 participants (16 percent) received no Medicaid-funded support services. According to DAAS, some of these people qualified for services but refused them. These people may have relied on informal support, non-Medicaid services funded by the Older Americans Act, the Social Services Block Grant, or state and county-funded programs.

Involvement of AAAs: AAA staff have served in various capacities; stakeholders, providers of services, advocates, etc.

Relationship to Other Aging Programs/Services: It is thought that AoA service Client Representation and Case management services will be used in MFP and somehow incorporated into the demonstration service of Intense Transition Management. MFP participants will be potential recipients of services as provided through AAAs, as included in ElderChoices and other included Waiver programs.

Estimated Number of Individuals to be transitioned	Year 1: 0	Year 2: 43	Year 3: 63	Year 4: 93	Year 5: 106

MFP Benchmarks

Purpose: To measure progress in transitioning individuals to the community and rebalancing its long-term care system.

1. The projected number of eligible individuals in each target group of eligible individuals to be assisted in transitioning from an inpatient facility to a qualified residence during each fiscal year of the demonstration.

2. Qualified expenditures for HCBS during each year of the demonstration program.

Three additional benchmarks selected with input by the GIST membership are as follows:

- Establishment and utilization rates for a screening, identification, and assessment process for persons who are candidates for transitioning to the community that are put into use in the general Medicaid program beyond recruitment for the MFP demonstration.
- Increase in available and accessible supportive services (i.e., progress directed by the State in achieving the full array of health care services for consumers, including the use of “one-time” transition services, purchase and adaptation of medical equipment,

housing and transportation services beyond those used for the MFP transition participants).

- Increase in the availability of self-directed services (i.e., progress directed by the State to expand the opportunities for Medicaid eligible persons beyond those in the MFP transition program to either directly, or through representation, to express preferences and desires to self-direct their services and supports).

MENTAL HEALTH INITIATIVE

As required by the AoA, the SUA will monitor AAA activities to ensure that area agencies will:

1. Expend an adequate proportion of the amount allotted for part B for priority services, including *access services* which now include mental health services;

2. Coordinate with State agencies responsible for aging and mental health; and

3. Work to increase public awareness of mental health disorders and services and coordinate their services with those of community providers of mental health services.

Additionally:

- The Division of Aging and Adult Services (DAAS) and the Division Behavioral Health Services (DBHS) will ensure that each AAA is provided the Arkansas Mental Health Services Directory by 10-01-07. This publication is currently under revision and includes the names, locations, and synopsis of services offered by Mental Health providers across the state. Service providers and senior centers will receive instructions on accessing the publication.

- Memorandums and Letters of Understanding will be executed between the AAA's and Mental Health providers across the state (by 07-01-09).

- DAAS will coordinate a planning session no later than 01-31-08. Additional sessions will be provided as necessary. The initial session will focus on resources offered by the Mental Health facilities around the state. In addition, the possibility of the Mental Health providers providing training to the AAA's, service providers, and senior centers to assist in recognizing the different forms of Dementia will be discussed. The following groups will be invited to the sessions:

- AAA staff
- Community Mental Health Providers
- Alzheimer's Arkansas
- Mental Health Outpatient Treatment Providers
- Mental Health Acute In-patient Treatment Providers

- Each year, Older Americans' Mental Health Week will be observed in May. Movies, public information displays, and new articles in different publications are some of the ideas that will be used. A toolkit can also be ordered that gives ideas for observance of this event (05-08 through 05-11).

- AAA's will continue to make referrals to Adult Protective Services (APS) when Mental Health is indicated as a safety issue (07-01-07 through 06-30-11).

- When necessary, clients will be referred for mental evaluations and services through Community Mental Health Providers (07-01-07 through 06-30-11).

Medicare modernization Act Activities

DAAS in collaboration with the AAAs, SMP, and SHIP will continue to promote prevention benefits available to Arkansas seniors under the MMA. Each AAA was required to designate a staff person responsible for coordinating MMA activities through the stakeholder groups. Effective FY2008, DAAS will monitor statewide activities/progress in this area. The Division of Aging and Adult Services Arkansas SMP project, an AoA grant program, is primarily focusing on "Empowering Seniors to Prevent Health Care Fraud." Through the project's efforts to reach seniors in rural and hard to reach areas, DAAS is providing information and materials related to healthcare benefits under the MMA, while encouraging seniors to: *Protect* their personal information; *Detect* healthcare fraud and abuse; and *Report* any suspicious activities, charges, or business practices.

The Area Agencies On Aging (AAA's) have already taken the lead in enrolling seniors across the state in Medicare Part D. The work has not stopped since the program went into effect. Many Arkansas seniors have become the victims of Prescription Drug Plans that did not cover certain drugs as promised or premiums that were higher than promised. The AAA's are continually working to help seniors get out of these types of plans and enroll in more practical plans.

The Social Security Administration is working with the State Unite On Aging (SUA) and AAA's in an effort to target and enroll seniors across the state in the Extra Help benefit to assist with enrollment fees and premiums under Medicare Part D.

The following goals will be targeted over the next 4 (four) years:

- AAA and senior center staff will continually be available to assist seniors with questions about Medicare Part D and to assist seniors who are the victims of deceptive marketing devices. One-on-one assistance will be provided as necessary (07-01-07 to 06-30-11).

- Written and verbal information on Medicare Part D will be provided through the AAA's, senior centers, senior housing projects, county health fairs, and other agencies frequented by seniors (09-01-07 to 06-30-11).

- Due to the complexity and changing nature of the Medicare Modernization Act, the SUA and AAA staff will participate in on-going trainings, webinars, etc. provided by the Centers for Medicare and Medicaid Services (07-01-07 through 06-30-11).

- As funding allows, the media will be utilized to advertise the AAA's availability to assist with enrollment during each new enrollment period (09-01-07 through 06-30-11).

- The AAA's will incorporate, "Asking seniors if they are enrolled in a Medicare Prescription Drug Plan" as they do assessments. If the senior is not enrolled, the Medicare Prescription Drug Plan and the Extra Help benefit will be explained, and any necessary assistance will be provided.

- The Social Security Administration will provide on-going posters, pamphlets, flyers, and brochures advertising the Extra Help benefit. These items will be distributed to the AAA's, service providers, and senior centers. Posters were already distributed for Mother's Day 2007 and Father's Day 2007 (07-01-07 through 06-30-11).

- Staff from the Social Security Administration and the SUA will provide presentations to the AAA's, service providers, and senior centers on the Extra Help benefit. The presentations will start in August of 2007.

TRANSPORTATION INITIATIVE

The Arkansas Division of Aging and Adult Services is dedicated to assessing the transportation needs of the elderly in Arkansas and demonstrated its coordination of transportation services to assist elderly individuals in communities throughout Arkansas by participating in the United We Ride Transportation Initiative, the development of the Arkansas State Action Plan for Human Service Transportation Coordination and developing and conducting a Community Self-Assessment. A representative from the Division of Aging and Adult Services also serves on the Arkansas Transportation Coordination Roundtable Committee and is a voting member of the Arkansas Transit Association.

Assessing the Needs of the Elderly for Transportation Services

Toolbox item: Putting customers first includes focus groups and surveys.

The Division of Aging and Adult Services' representative served on the Arkansas State Action Plan for Human Service Transportation Coordination United We Ride Committee. The Arkansas United We Ride Committee held public meetings in Fort Smith, Little Rock and Jonesboro. The public meetings were one-day events with the morning portion set aside to provide some background about transportation projects in the state, some information from Arkansas Highway and Transportation SUA and an overview of the SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users) legislation that pertains to transportation coordination plans in local communities. The second part of the day focused on gathering input for setting priorities for the Action Plan.

At a local level, based on the results of one Area Agency on Aging's public hearings and focus group meetings, it was determined that individual (personal) transportation was an unmet need. To address this need the AAA purchased Para transit tickets from LINKS and began providing the tickets to clients needing this service.

Toolbox item: Coordinated planning efforts to include needs assessments surveys.

The Arkansas State Action Plan for Human Service Transportation Coordination United We Ride Committee conducted a statewide Community Self-Assessment Survey. Over 200 organizations across the State received a letter from the Arkansas Highway and Transportation SUA (AHTD) offering an invitation to participate in the community survey on coordination of human services transportation. The survey entitled "Building a Fully Coordinated Transportation System - A Community Self-Assessment Survey" along with the invitation letter

from Mr. Scot Bennett of the AHDT was sent to public and private organizations (including faith-based) covering not for profits and for profit organizations. The purpose of the survey was to develop a picture about the status of transportation coordination activities in Arkansas. The mailing list consisted of the following categories:

- 5307 Urban Transit Operators
- 5310 Organizations for Elderly Individuals and Individuals with Disabilities
- 5311 Rural Transit Operators
- Area Agencies on Aging
- Independent Living Centers
- Metropolitan Planning Organizations
- Planning Districts
- Veteran's Administration Facilities in Little Rock and Fayetteville

Throughout the four year state plan cycle, the transportation needs of the elderly will be continually assessed at the local area agency on aging level through:

1. Information and Assistance Specialists handling the transportation Information and Assistance calls that come in to the area agencies on aging, and
2. Case Manager/Care Coordinator applicant assessments and client reassessments.

(Continually from July 1, 2007 – June 30, 2011)

The Coordination of Transportation Services to Assist Elderly Individuals in Communities and Across the State of Arkansas

Toolbox item: Coordinated planning efforts to include the creation of transportation plans.

The Arkansas State Action Plan for Human Service Transportation Coordination reflects the input from a variety of interested parties including, but not limited to, public transit providers, non-profit human service organizations, Metropolitan Planning Organizations and Planning Districts, state agencies, non profit and for-profit transportation providers, and other entities involved in transportation issues either locally or at the state level. These parties provide services to and/or advocate for, a broad cross-section of transportation users including: Older adults, low-income residents, persons with disabilities, and individuals with developmental

disability. Transportation needs of the constituents vary including medical appointments, employment services and personal services.

In order to facilitate coordination of transportation services to assist elderly individuals at the local area agency on aging level, the Division of Aging and Adult Services will:

- Disseminate contact information to area agencies on aging on the Local Transportation Coordination Planning committees showing:

    1. Lead Agency
    2. Contact Information
    3. Counties Covered

  (Completion Date: December 31, 2007)

Toolbox item: Coordinated planning efforts to include inventories of local transportation resources.

Coordinate the completion of the Program Profile Survey on each area agency on aging's transportation programs in their respective regions.

- Disseminate Program Profile Survey to area agencies on aging for their completion on their respective region's transportation programs.

  (Disseminate to AAAs by: December 31, 2007)

- Once these are completed they will be submitted to the Division of Aging and Adult Services for inclusion in a Community Transportation Options Directory.

  (Completion Date: June 30, 2009)

Toolbox item: Putting customers first includes public information using multiple media.

The Division of Aging and Adult Services' representative serves on the Arkansas Transportation Roundtable Committee. The Division of Aging and Adult Services' Committee representative and Assistant Director were instrumental in having the agencies serving on the Committee enter their and/or their transportation service providers' transportation information on the AR-GetCare website. The AR-GetCare website contains information about hundreds of resources, serves the entire state

of Arkansas, makes it easy to find the information someone needs, helps hospital discharge planners, case managers, and other professionals to better serve someone, as well as, helping individuals find the resources they need to continue to live independently. The AR-GetCare statewide directory of services includes information on location, hours, cost, availability, and how to contact each provider.

As well as the AR-GetCare Website, the Arkansas SUA of Health and Human Services, Division of Aging and Adult Services publishes a Directory of Aging Programs annually.

ALZHEIMER'S DISEASE DEMONSTRATION GRANT

Arkansas' Alzheimer's Demonstration Grant to States is titled, "Bridging the Gap". Funded with a $832,658 grant from CMS, The program's mission is to expand the availability of support services for persons with Alzheimer's disease, their families, and their caregivers, as well as to improve the responsiveness of the home and community care system to persons with dementia. The project combines models of direct care for underserved populations, use of faith-based and other volunteer organizations plus innovative methods for improving access to services, information, and supports.

Grant Period: 07/01/2004 thru 06/30/2008

Target Population: The project targets special populations and organizations in rural and poor areas, with large minority groups. In addition, the advisory task force will specifically target individuals with Down syndrome who have Alzheimer's disease. Those predominately served are individuals with Alzheimer's disease age 65 years and older and their family caregivers with a focus on minority groups. Clients are served in both rural and urban areas specifically poor populations.

Involvement of AAAs: A sub grant has been given to the Central Arkansas Area on Aging - CareLink for individuals in their Senior Companions program to provide volunteer crisis intervention respite care to family caregivers of individuals with Alzheimer's or other related dementias. From January thru June 2007 they have provided 3,922 volunteer hours of work in this project.

Involvement of Other Members of the Aging Network**:** Sub grants were also given to Alzheimer's Arkansas Programs and Services as well as the Alzheimer's Association to assist communities and faith-based organizations to create direct services, including adult day care and respite. Alzheimer's Arkansas Programs and Services and the Alzheimer's Association also offer support to family caregivers through innovative training methods including family caregiver symposiums and workshops provided throughout the state. El Dorado Connections in South Arkansas uses members of their R.S.V.P. program to provide volunteer crisis

intervention respite care services in their area of the state with large minority and poor populations.
Relationship to Other Aging Programs/Services: An example of a good working relationship with another aging program can be seen with the coordination of services between Alzheimer's Arkansas Programs and Services and the ElderChoices Home and Community-based Waiver Program. One of the objectives of the Bridging the Gap project is to provide a Bridge Fund to individuals who are waiting for their eligibility determination for the ElderChoices Medicaid Waiver Program. Referrals for temporary personal care services through the Bridge Fund are provided by ElderChoices RNs to Alzheimer's Arkansas Programs and Services who are the administrators of the Bridge Fund program. There has been a good joining together of services between the two programs during the grant that has enabled individuals to remain in their homes.

Major Accomplishments:

- The development in 2006 of a caregiver training manual entitled, "*An Overview of Alzheimer's Disease".* Included in the manual was the basic Alzheimer's disease training information and "How to Set Up a Respite Program." It also included information on "Other Service Options" (friendly visitors, telephone reassurance, and problem identification). The manual also had policies and procedures for establishing direct care services including needed paperwork to apply for the state required licensure. The manual was provided to community and faith-based organizations that were interested in setting up volunteer direct service programs to assist individuals with Alzheimer's disease and their family caregivers.
- In 2007 we developed a caregiver training DVD entitled: "Bridging the Gap – When Down Syndrome and Alzheimer's Meet." A companion booklet to the DVD was also professionally developed which will contain information included in the DVD as well as Caregiver Self –care Tips and resource information. The DVD will be attached inside the back cover of the companion booklet. The filming of the DVD was done by the Arkansas Educational Telecommunications Network. Individuals and their caregivers at the Conway Human Development Center participated in the filming with various questions posed by the caregiver and then answered by a licensed psychological examiner who works with the individuals on a regular basis. Signs, symptoms and risk factors were discussed on the DVD by a physician who is an expert in working with adults with Down syndrome.
- Also in 2007, we created and conducted the Barbara Broyles Caregiver Retreat**.** This retreat gave caregivers a chance to "take a breath" from caregiving, and gave them many tools to return to their caregiving duties better informed, rested, and energized. In addition, the retreat gave

caregivers a chance to connect with other caregivers in a way that no other program can do – the opportunity to share stories and caregiving strategies was priceless – the extended time period allowed for more information to be shared and gathered. The Barbara Broyles Caregiver Retreat was held on June 1-3 2007 at the Arlington Hotel in Hot Springs, AR.

Goals/Objectives for the next 4 years:

Focus services/support at the home and community level for people with AD/related disorders and for their family caregivers by developing additional services and making access to services easier and resource information more readily available.

Objectives: To develop and Implement:

1. A bridge fund to make home and community-based waiver services available pending ElderChoices eligibility determination;
2. Web-based information system;
3. Volunteer crisis intervention caregiver respite;
4. Faith-based volunteer services;
5. Televised family caregiver training;
6. Annual symposiums for AD caregivers;
7. Stakeholders' committee to explore needs of people who have both AD and developmental disability.

Affordable Housing with Long-Term Supports

Funded with a $900,000 grant from CMS, this project seeks to (1) partner with persons with disabilities of all ages and other stakeholders in a workgroup to identify current and innovative models of AHLTS, create a short-term and a 10-year plan to meet Arkansas's needs, and implement the plan; (2) conduct a county-level needs and resource analysis for community-based care options to direct state activities and provide planning estimates; (3) address the immediate need for affordable AFC and assisted living options by implementing and modifying policy, program, and development infrastructure to facilitate their creation; (4) create universal design standards for state implementation to promote housing accessibility statewide; (5) provide financial and development tools (including

universal design standards), technical assistance, and financing to create and help replicate demonstration projects; (6) provide training and dissemination on grant activities to consumers, providers, developers, and state staff to transfer knowledge and create sustainable capacity; and (7) develop and maintain a housing registry to facilitate linkages to community-based sheltering arrangements.

Grant Period: 10/01/04- 9/30/08

Target Population: Seniors, adults with disabilities and all persons who are currently residents of nursing facilities and those at risk of nursing facility placement

Number of Clients Served Last Year NA

Involvement of AAAs: The AAA of NW AR has served on the Housing Work Group.

Involvement of Other Members of the Aging Network: AARP serves on the Housing Work Group.

Relationship to Other Aging Programs/Services: The Adult Family Home initiative is being developed under the DAAS ElderChoices program.

Major Accomplishments To Date:

1. Universal Design standards have been developed and passed by the Arkansas Development Finance Authority (will give additional tax credits for projects designed with UD)

2. A Needs and Resource Analysis has been conducted on a county-level for community-based care options in Arkansas

3. The ElderChoices waiver amendment for provider certification for Adult Family Homes has been approved internally and will be submitted to CMS in 9/07.

Goals / Objectives for next 4 years:

- Establish an affordable housing with long-term supports (AHLTS) workgroup consisting of consumers, providers, and stakeholders to guide grant activities.
- Develop a needs and resource analysis for AHLTS.
- Create and implement an adult foster care (AFC) initiative and an affordable assisted living (AAL) expansion initiative.
- Develop tools and technical assistance for the AFC and AAL initiatives and implement demonstration projects.
- Develop and implement universal design standards for state implementation to promote housing accessibility statewide.
- Provide training and dissemination on grant activities to consumers, providers, developers, and state staff to transfer knowledge and create sustainable capacity.

Quality Assurance & Quality Improvement in Home and Community Based Waivers

Funded with a $500,000 grant from CMS, The QA QI Grant is developing a quality management strategy for Arkansas' home and community based waivers. A QA QI Task Force has been developed comprised of consumers, providers, advocates and policy leaders. One initiative of the grant is to conduct participant experience surveys of all three of the HCBS waivers that are administered in DAAS. Task force members have provided their input on which questions should be included and how the surveys should be conducted. Another initiative of the grant is to conduct focus groups with waiver participants and task force members have been very involved in developing questions and providing suggestions on how best to solicit feedback. Results of the surveys and focus groups will be provided to the task force for their review and also to waiver administrators for changes and quality improvement.

Grant Period: 10/01/04-9/30/08

Target Population: Seniors, adults with disabilities, and individuals with developmental disabilities

Involvement of AAAs: the AAAs have participated in the QA QI Task Force

Major Accomplishments:

1. Development of the Task Force

2. Developed contract with UAMS to conduct 600+ face –to-face participant

experience surveys

3. Developed contract with UAMS College of Public Health to conduct focus groups in several areas of the state

4. Developed a Guide for Consumer Direction (Tips on hiring and firing, making good decisions in self-direction, planning for emergencies)

Systems Transformation Grant

Arkansas received a grant from CMS totaling $2.8 million to help consolidate our accomplishments in expanding home and community-based programs, while also developing data and proven outcomes to justify State action to reallocate funding between institutional and home and community-based programs. The development of a statewide One Stop (ADRC) will help improve access to home and community-based programs and provide services quickly in critical situations. The development of a comprehensive quality management system will assure that discovery, remediation, and systems improvement become part of how we normally do business day to day in our home and community –based waivers. The development of information technology will provide data necessary to assist funding changes, and the activities planned for SOURCE will help pilot a creative managed care/case management system for individuals with chronic needs, still living in community settings.

Grant Period: 10/01/05 -9/3/10

Target Population: Seniors, adults with disabilities, and individuals with developmental disabilities

Involvement of AAAs: The Director of the 5A has been involved and supportive of the STG since the proposal was submitted to CMS. He has served on the STG Steering Committee since its inception. Several of the AAAs have also served on the Steering Committee. MOUs will be signed with the AAAs as the Statewide One Stop (ADRC) is developed.

Involvement of Other Members of the Aging Network: AARP has been very involved in the activities of the STG and serves on the Steering Committee. GACA has been involved and reviewed the Strategic Plan before it was submitted to CMS.

Relationship to Other Aging Programs/Services: Housed in the developing One

Stop will be the supervisor of the Options Counseling which was legislated this year in Act 516. The act mandates that individuals, who are entering nursing homes and assisted living facilities after January 1, 2008, and their families, be offered "Options Counseling" to inform them of all long-term care services available to them and of the factors to consider when choosing the services that can best meet their needs.

Major Accomplishments: The STG is a five year grant. During the first year of the grant the strategic plan was developed. We are now in our second year of the grant and development of the One Stop (ADRC) that will serve individuals statewide is well underway. Individuals have been hired to staff the One Stop and a software engineer has assessed the multiple data systems. An Advanced Planning Document is being developed to seek 90/10 funding from CMS for information technology to include an online application for services, automated functional assessment and plan of care.

Operational protocol for the Triage Project that will target individuals who are at high risk of institutionalization has been developed. We plan to pilot the program in Pulaski (largest Metropolitan County in AR) and Saline Counties in November.

Goals / Objectives for next 4 years:

- Improved Access to Long Term Support Services
  1. Develop & implement a statewide one-stop system
  2. Streamline the multiple eligibility processes
  3. Target individuals who are at imminent risk for admission to an institution

- Develop and implement a comprehensive quality management strategy consistent with Arkansas's transformation of its long-term support system
  1. Develop & implement an automated comprehensive quality management system based on CMS' HCBS
  2. Develop & seek CMS approval of an Advance Planning Document for MMIS enhanced funding for automated QMS
  3. Combine three HCBS waivers into one waiver to benefit participants
  4. Develop and routinely disseminate quality management reports to key entities and other stakeholders

- Transformation of IT to Support Systems Change
  1. Develop and implement web-based individual-centered HCBS waiver plans of care
  2. Speed eligibility and enrollment through online application and assessment

- Create System that Manages Funding for LT Supports (AR SOURCE)

1. Target high cost individuals and services or geographic areas with high unmet needs

SENIOR MEDICARE/MEDICAID PATROL

The Arkansas SMP (ASMP) is continuing to move forward with five (5) Regional Partners (sub-grantees) reaching out to seniors across the state. The enthusiastic reception of the new SMP logo/tagline by members of the ASMP Advisory Council and Regional Partners has generated a renewed and positive interest in the project. With a somewhat narrower focus, and the emphasis on the clearly stated purpose of "Empowering Seniors to Prevent Healthcare Fraud," everyone involved in the project is excited about moving forward.

The outlook for new partnerships with Arkansas Literacy Councils in Hot Springs (Garland County), and Jonesboro (Craighead County) appear to be progressing well. Inquiries regarding Requests for Application for 2007-2008 SMP sub-grants have been received, and overall awareness of the ASMP project is growing. We are still seeking support in the lower delta region of eastern Arkansas.

The Arkansas Area Agencies on Aging (AAA) regional managers have been very responsive to requests for ASMP staff to present the basic ASMP Fraud Prevention presentation to Senior Centers. In our first presentation, over thirty (30) seniors were informed of our program and provided information on healthcare fraud prevention at the Faulkner County Senior Center in Conway, Arkansas. In a survey following the presentation, almost all of the seniors present indicated that it was the first time they had heard our message. In addition, two (2) outreach volunteers were recruited to distribute information and enhance our efforts in that area. Authorization has now been given to present the program to AAA Senior Centers in all eight (8) regions across the state, which we believe will help us achieve our state-wide program goals.

ASMP sub-grantee EOA of Washington County RSVP will be under new leadership with the retirement of the current project director. We anticipate a smooth transition and continued active participation in SMP project activities in Washington County.

ASMP staff members have been asked on three (3) occasions to present SMP Fraud Prevention presentations for in-service training to county home healthcare aids working for the Arkansas Division of Health. Since county home healthcare aids are involved with their clients' healthcare issues, and are often asked by their clients for information about questionable services or billing, the ASMP presentations provide them with information/training about protecting personal information, detecting

fraud, and how to report suspected fraud. More in-service trainings are scheduled and will be conducted over the next year.

Our project partners, and over 50 trained volunteers, were prepared to step in to provide assistance for Medicare beneficiaries during the 2007 Medicare Part D Special Enrollment Period. Although the special enrollment activities consumed less of the project's focus and resources than expected, our partners continued to serve seniors in their areas during the first three months of 2007.

Preliminary reports by three of our partners since for the January 1, 2007 – June 30, 2007 indicated two (2) community events, with approximately 1050 people attending; ten (10) group sessions addressing two hundred thirteen (213) beneficiaries; thirty-one (31) one-to-one sessions; an estimated 35,000 people reached by media events; and a total of 3 fraud referrals. Forty-one (41) fraud complaints were handled by the ASMP Project Coordinator on calls directly to the ASMP "Hotline". A substantial number of events are scheduled over the next three months as the weather becomes more conducive to seniors getting out into their communities.

In an effort to shorten the amount of time required for SMP volunteer training to one day, new training modules for SMP volunteers have been created, and the first training session was conducted for 20 volunteers from the Jefferson County Literacy Council in Pine Bluff, Arkansas. Additional training sessions have been scheduled for approximately 100 volunteers by the end of the 2007 calendar year. Arrangements are also in progress to present a 90 minute SMP presentation during the 2007 state Conference on Aging in October2007.

The effects of the changes in SMP personnel, the new focus of the SMP, and the preparations for the 2007 Part D enrollment have served to challenge some objectives and outcomes, and to push them forward by six (6) months or more. While our objectives of increased collaboration and updated training materials were met during this grant year, the implementation of some objectives and their measurable outcomes will now be part of the next year of the grant project.

The broader scope of ASMP operations involving consumer education/literacy, collaboration with service agencies not directly related to senior beneficiaries, the resources and effort required for Medicare Part D, and the change in ASMP staff have modified the progress outlined in the original proposal. However, by narrowing our focus back to recruiting volunteers and "empowering seniors to prevent healthcare fraud," we will continue to improve healthcare literacy and reduce healthcare fraud/abuse in Arkansas and progress on-track with the original goals of the grant.

The grantee, Arkansas Division of Aging & Adult Services, continues to administer the three year AOA Arkansas SMP project in collaboration with regional partners

such as Retired Senior Volunteer Programs (RSVPs), Area Agencies on Aging, Community Action Councils, Literacy Councils, and other community organizations, advocacy groups, and entities committed to consumer education and the protection of the aging and disabled populations of the state. The goal of the project is to empower senior beneficiaries to identify, prevent, and report healthcare fraud, waste and abuse. In concert with this goal, the project particularly seeks to reach vulnerable and underserved seniors, such as those impacted by low literacy, low income, cultural barriers, and geographical isolation.

Goals/Objectives for next 4 years:

- To train partners and volunteers to present the ASMP message;
- To educate and empower seniors to prevent healthcare fraud;
- To collaborate with the aging, minority and disability communities to reach underserved populations regarding healthcare fraud and health literacy;
- To package the ASMP healthcare fraud and abuse message and health literacy message together with information the public wants and needs,
- To share all educational materials developed with seniors across the state and other SMP's.

Anticipated Outcomes:

- Increased beneficiary awareness of healthcare fraud and tools for combating it as measured by the standard SMP data sets;
- Measurable change in beneficiary behavior regarding both healthcare fraud and health literacy; and
- Increased competency of project partners and volunteers
- Final reports, including outcome results;
- An improved website providing access to pertinent information;
- Relevant publications to include a quarterly newsletter; updated Nursing Home Consumer Guide; updated Children with Disabilities Consumer Guide;
- Up-to-date consumer information on Medicare Part D and enrollment assistance for seniors

INDEPENDENT CHOICES PROGRAM

IndependentChoices is Arkansas's Cash and Counseling program that was implemented in 1998. Arkansas had the first Cash and Counseling program in the United States, with New Jersey and Florida soon following with programs. Today there are 15 states that have either implemented or are currently developing Cash and Counseling programs. Our philosophy is to increase independence while improving health, safety and quality of life.

IndependentChoices allows Medicaid recipients age 18 and older in a Medicaid category that covers personal care to self-direct their own personal care. The participant must have a need for hands-on personal care authorized by their physician. It also allows ElderChoices (a 1915(c) home and community-based waiver) participants to self-direct the waiver service of Adult Companion Services. The participant may hire a personal attendant of their choice as long as the attendant is not legally responsible (e.g., guardian, spouse).

IndependentChoices became fully staffed in the first part of 2007. With trained staff, IndependentChoices is experiencing and expects to continue experiencing growth. During FFY 2006 the unduplicated count was 1543 participants. IndependentChoices is currently enrolling between 50 and 100 participants each month. IndependentChoices currently has over 1700 participants.

Involvement of Area Agencies on Aging has been minimal as most AAAs in the state provide personal care services directly. However, we do receive periodic referrals from the AAA.

Goals/Objectives:

- DAAS will convert the IndependentChoices (Cash and Counseling) program from a section 1115 Medicaid waiver to a Medicaid State Plan service under 1915(j) of the Social Security Act (Section 6087 of the Deficit Reduction Act of 2005) by January 31, 2008. Converting the waiver to a Medicaid State Plan service will increase the level of permanency of the program as well as improving the administrative functioning.

- As part of the state plan, IndependentChoices will then be able to enroll participants of the DDS home and community-based (1915(c)) waiver since cost-neutrality will no longer be an issue. DAAS projects this may increase IndependentChoices rolls by as much as several thousand.

- Over the next two years, IndependentChoices would like to fully incorporate the use of the Minimum Data Set – Home Care (MDS-HC) as *the* assessment tool for IndependentChoices. IndependentChoices RNs have been using the MDS-HC for the past year, but also must use another form for extension of benefits requests. IndependentChoices staff is working with Utilization Review to resolve issues UR has with the MDS-HC in order to retire the other assessment form.

- Throughout the next four years, continue to improve systems and functions to better support participant needs in a timely manner. It is the goal of IndependentChoices to ensure that each eligible interested applicant can be enrolled in the program in less than 45 days from the time of the first inquiry.

Adult Protective Services Unit

Abuse, neglect and exploitation of older Americans is a national problem with perhaps as many as 5,000,000 victims a year. Last year over 3,300 referrals were made to the Arkansas Adult Protective Services Hotline. We anticipate that referrals will increase as the aging population increases. The U.S. Bureau of Census, Population Division states that "the portion of Arkansas's population classified as elderly is expected to increase to 23.9% in 2025, and is projected to be the 5th highest state in proportion of elderly by 2025.

Following the death of a client referred to DHS Adult Protective Services (APS) unit, in conjunction with the Public Health Committee, a taskforce was established to review the assessment/protocols, staffing standards, community education, and laws governing adult maltreatment. The Task Force Members worked diligently to examine current processes and protocols of the Adult Protective Services, reviewed the current laws on Adult Maltreatment, and reviewed the Adult Protective Services staff structure and how it compared to other states. After 5 months of full task force meetings and work group meetings, the APS Task Force developed the following recommendations.

1. Increase FTE positions in APS from the current 28 workers to 69. Currently there are only 20 field workers to cover Arkansas' 75 counties. There is only one worker on call for after hours, nights and weekends. Current staff does not have adequate time to make multiple visits to alleged victims homes, talk to knowledgeable parties, track down relatives, work with local social service agencies and perform other tasks necessary to properly investigate and resolve cases of abuse, neglect and exploitation. Compared to other states Arkansas APS staffing is anemic. Even after adding 38 new workers Arkansas' APS staff will lag behind other states. For example, if Arkansas had the same ratio of APS workers as Oklahoma, the Arkansas APS staff would total 107. If Arkansas used the same ratio as Missouri, staffing would total 120. Increased staffing is necessary to appropriately respond to current referrals, increase night and weekend coverage and to staff up for the increased referrals we anticipate due to proposed changes in the law and the proposed community education plan, and increases in the aging population. See Attachment 1 and Attachment 2.
2. An increase in FTE positions provides a foundation for providing improved on call services. Currently APS has one worker on-call after hours, weekends and holidays, which is in effect next to nothing. The proposed staffing would provide for 8 workers to be on call after hours, weekends and holidays. The On Call procedures provide levels of on call support based on the situation,

ranging from technical assistance via telephone intervention to physical intervention by the APS worker on call. See Attachment 3.

3. Procure and use PC tablets for real time assessment entry to save time for workers. The PC tablet will allow the worker to enter assessment information during the interview process. Additionally, the assessment information will be up loaded to the APS data base when the worker returns to the work station.
4. Implement the use of comprehensive assessment tool. The assessment instrument is dramatically improved and comprehensive. It is 14 pages compared to the 3-page assessment document now in use. The new instrument will more thoroughly document the condition of the individual, and will also allow the worker to establish a rapport with him/her. See Attachment 4.
5. Revised language is proposed to the Adult and Long-Term Care Facility Resident Maltreatment Act and Adult Maltreatment Custody Act. The current law requires that a case referred to APS "poses an imminent risk of death or serious bodily harm" to the alleged victim before APS can act. The proposed legislation would change that to "poses a danger to himself or herself." This will allow APS to take action where it cannot under the existing statute. Other proposed revisions give increased powers for APS workers to evaluate individuals for emergency medical/psychological assessments. Seven new groups are added as mandatory reporters which include clergy, code enforcement personnel, and employees or volunteers who enter the home or has contact with the elderly. See Attachment 5 (Adult and Long-Term Care Facility Resident Maltreatment Act and proposed revisions to it) and Attachment 6 (Adult Maltreatment Custody Act and proposed revisions to it).
6. Community Education is key to protecting our vulnerable citizens. APS works integrally with local law enforcement. There are literally hundreds of independent law enforcement authorities, Sheriffs, City Police Departments and in some cases Constables. Each of these offices needs periodic training. Additionally, there are other partners in the community who provide services or have relationships with aging citizens. Community Education will be geared to the specific audience. As Community Education will increase the number of referrals APS receives, it is important to have the capacity to respond. Consequently, the Community Education Plan is a phased in approach.

The APS Task Forces was successful in:

- DAAS receiving legislative approval to increase staffing in the APS Unit by 40+ FTEs.
- Passing the following legislation:
  - **Act 283 - Adult Maltreatment Act** - Amends the definition of abuse and "imminent danger" and increases the list of entities to whom release of reports may be made. Applies to both the

APS statutes (Ark. Code Ann. § 9-20-101 et seq.) and the OLTC statutes (Ark. Code Ann. § 12-12-1701 et seq.).
    - **Act 497 - Adult Abuse Act** - Changes definition of "endangered adult" to include "danger to himself or others". Expands list of mandated reporters and gives APS enhanced authority.
- Implementation of a 3-Phase Community Education Plan that will be developed and carried out by Adult Protective Services staff in partnership with members of the Senior Justice Center at the University of Arkansas at Little Rock.
    - Phase I - Develop a resource packet to include information about prevention, recognition of adult abuse, neglect and exploitation; reporting procedures, what APS can do and what individuals/community can do. A link to this information will be established on the APS web site. The packet will be used in train the trainer as well as community education events.
    - Phase II - Memorandum of Understanding between University of Arkansas at Little Rock Senior Justice Center and Adult Protective Services for train the trainer using students. Pilot training in at least 2 areas will be done and referrals to APS will be measured to determine if training should continue to if there is need to wait until additional resources are in place.
    - Phase III - Media campaign. One APS staff position will be dedicated to develop and coordinate community education programs.

The DAAS APS Unit has also compared definitions in Title I of the OAA as amended in 2006 with definitions listed in Arkansas Adult Maltreatment laws to ensure no contradictions or gaps exist.

Goals/Objectives:

1. Response time to hotline calls occurs within 2 days of receiving the call
    - 2008 – 40%
    - 2009 – 80%
2. Clients receive increased/enhanced referrals for services
    - 2008 – 40% receive referrals
    - 2009- 80% receive referrals
3. Clients identified as needing psychological/medical assessments receive it.
    - 2008 – 50%
    - 2009 – 90%
4. More home visits are made to emergency referrals received after hours

- 2008 – 30%;
- 2009 – 60%

5. Number of face-to-face visits made to custody clients increases
   - 2007 – 4 visits per year per custody client
   - 2007 – 6 visits per year per custody client
   - 2009 – 8 visits per year per custody client

Legal Services Developer

David R. Goodson, one of the Assistant Directors of the Division of Aging and Adult Services, has been designated as the Legal Services Developer for the SUA. Goodson has been a licensed attorney in the State of Arkansas for over 30 years and remains an active member of the Arkansas Bar Association. Prior to joining the Division of Aging and Adult Services, Goodson served as an elected Circuit Court Judge (trial court level) within the Second Judicial Circuit for almost 15 years. The Second Judicial Circuit has the second highest caseload, and is the second largest geographical circuit within the state. In that capacity, he regularly presided over Adult Protective Services cases, adult Guardianship cases and involuntary commitment cases. Prior to being elected Circuit Court Judge, he served as the first Public Defender for Greene County, Arkansas, a position he held for 6 years.

Since being designated as Legal Services Developer, Goodson has met with Ms. Catherine Edwards, Director of the Arkansas Volunteer Lawyers for the Elderly (AVLE) to review the services offered and areas served within the state, and to discuss the anticipated increase in demand for these services due to aging of the baby boomers.

AVLE is the only organization in Arkansas that offers free legal assistance to low-income persons who are age 55+ in 67 of 75 Arkansas counties. Its service area excludes the Little Rock metropolitan area, which is served by the Center for Arkansas Legal Services' VOCALS program (see further explanation below), as well as the seven counties surrounding Pulaski County (Clark, Faulkner, Garland, Hot Spring, Jefferson, Lonoke and Saline counties). Currently, 566 private attorneys participate in the AVLE program. Elderly clients are screened for eligibility by the local Legal Services office or the Area Agency on Aging office. After screening, the case is forwarded to the AVLE staff in Little Rock for referral, each case is monitored and reviewed until closed, and final disposition of the case is reported to the referring agency. Participating attorneys and clients are surveyed periodically

as a means of continuing program evaluation. AVLE maintains a state-wide toll free telephone number (1-800-999-2853).

AVLE reported a total of 319 cases being closed during calendar year 2006. This represented a 36% increase in closed cases from 2005 (234 cases closed). A total of 392 cases were referred to an AVLE attorney during 2006, with 153 of those cases being referred by a regional AAA.

The AVLE Director participated on eighteen (18) occasions in presenting information on the program, answering common legal questions with the assistance of the private attorney volunteers, and distributing publications to senior citizen groups and senior fairs throughout the state during 2006. Numerous senior citizens were reached through these presentations. The AVLE Director presented information about the AVLE program and legal assistance available to seniors followed by an AVLE attorney presenting information on legal issues such as advance health care directives, alternatives to guardianship, estate planning, consumer fraud and elder abuse.

The Legal Services Developer also met with Ms. Jean Turner Carter, Executive Director of the Center for Arkansas Legal Services, to review the services offered and the area of the state served by this entity. As noted above, the Center offers free legal assistance to low-income persons in 8 counties located in central Arkansas. This is primarily accomplished through the VOCALS program, a joint venture between the Pulaski County Bar Association and the Center. After a major recruitment effort launched in October 2006, VOCALS membership grew to over 985 private attorneys.

Over the last fiscal year, 350 clients age 60+ received legal assistance with consumer, family law, health, housing, public benefits, will/estates and other legal problems through the VOCALS program.

The Center's attorneys and staff also participated in outreach activities of interest to low-income, elderly clients. Attorneys made presentations and distributed information about the Center's services at senior citizens centers, community services provider's fairs and meetings in the central Arkansas region and throughout the state. The Center continued both its "Words to the Wise" preventative law clinics for senior citizens and its Relative Caregivers seminars for grandparents who have assumed the primary care of the grandchildren.

The Center's attorneys have also participated in the Arkansas Legal Services Partnership statewide website's Online Legal Library project. Over 200 documents have been created, edited or added to the *public* document library on the website. Also added this past fiscal year was Medicare Part D prescription drug sign up information; automated documents for living wills and uncontested divorce; tax filing information, including fact sheets on the Estimated Income Tax Credit, free

tax preparation, free e-filing, and links to the I. R. S. website. All this can be found by logging on to www.arlegalservices.org.

Over 700 documents have been created and/or added to the *advocate/pro bono* document library on the Arkansas Legal Services Partnership statewide website. The ALSP Newslink, a monthly e-newsletter containing articles, announcements, employee spotlights and various other information has commenced publication. A Pro bono Case Alert e-newsletter also debuted in 2006. The archives can be found at www.arlegalservices.org.newsletter/archive.html. A *Virtual Law Office* web program has been expanded to include both of the state's law schools and over 50 public libraries. The VLO program can be viewed at www.arlegalservices.org/virtualoffice/index.html. The Center also maintains a state wide toll free telephone number (1-800-952-9243).

The Legal Services Developer is also a lifetime member of the Arkansas Judicial Council, and maintains close ties with the Administrative Office of the Courts (AOC) for the state. The Legal Services Developer has offered to partner with the AOC to provide on-going training and educational programs to the Arkansas judiciary involving adult abuse, neglect and exploitation. The Education Committee of the AOC is currently considering this offer, and it is anticipated a live presentation will occur at either the spring or fall meeting of the Judicial Council in 2008. The AOC also publishes a Circuit Court Benchbook which is distributed to all Circuit Judges within the state. The Legal Services Developer has offered to assist the AOC in updating the Benchbook to reflect changes made in the Adult Protective Services law during the 2007 legislative session, and to develop an informational packet which could be distributed to all the Circuit Judges.

During the 2007 legislative session, Act 862 (Senate Bill 820), which provides for the establishment of the Office of Public Guardian for Adults within the Division of Aging and Adult Services, was enacted. The Public Guardian would act for incapacitated adults who otherwise would have no one to make and communicate decisions necessary for the adult's health, safety and welfare. This act granted discretion to the Director of the Division of Aging and Adult Services in deciding when to place this law into effect. The Director must first determine that adequate appropriations, funding and positions are available to carry out a public guardianship program for adults and appoint an employee of the Division to serve as Public Guardian for Adults.

The Legal Services Developer and the Director are conducting ongoing discussions regarding the procedures and protocol to follow to best implement this new law. At the present time, it is anticipated a pilot program will be implemented in the central area of the state since it has the highest population density and the highest court caseload (Sixth Judicial Circuit). It is likely a part of this implementation may include the recruitment and training of volunteer Public Guardians since there will

be limited resources to hire full time employees to function in that capacity. No firm timeline has yet been developed to implement this program. Preliminary discussions have centered on trying to implement a pilot program in central Arkansas in 2008, and then developing a plan to make this a state wide program during the following years. Some of the discussions between the Legal Services Developer and the Director have been whether it would be preferable to try and gradually implement the program across the state by using a regional model, or to attempt to take the program state wide after testing it in the central part of the state. The Legal Services Developer believes these are decisions which can be better made after the pilot program has been implemented.

The Legal Services Developer has taken steps to familiarize the SUA and its employees with the new statutory language related to Elder Justice issues including new definitions in title I of the OAA.

The SUA and the Legal Services Developer will continue to work to develop comprehensive elder justice systems by promoting collaborative efforts, especially multi-disciplinary approaches or State Coordinating Councils, and developing strategic plans for the prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder abuse,

Long-term Care Ombudsman Program

In April of 2007 the Arkansas LTC Ombudsman program hosted the 2007 State LTC Ombudsman national conference. This conference was well attended by over 35 State LTC Ombudsmen and a total of 100 Ombudsman participants from around the nation. The conference received accolades from the National Ombudsman resource Center and the National Association of State LTC Ombudsmen.

The Arkansas LTC Ombudsman Program has achieved an additional full time LTC Ombudsman at the local level, five Certified Back-Up LTC Ombudsmen and an additional fifty Certified Volunteer LTC Ombudsmen during this past year. A new level of certification was developed and implemented during the past year and that is a State Certified Volunteer LTC Ombudsman Instructor. Three Regional LTC Ombudsmen achieved this new level of certification. We currently have over two hundred LTC Ombudsmen in various levels of certification compared to nine Regional LTC Ombudsmen and three Certified Volunteer LTC Ombudsmen in 2003.

Arkansas' LTC Ombudsman program is an active participant with the National Advance Excellence Campaign and serves on the LANE. In addition, the program is represented on the NHQI advisory board, the A.I.P.P. advisory board, the NASOP Board of Directors and the Arkansas Accord.

Goals/Objectives:

Goal	Approach	Target Date
One Certified Volunteer Ombudsman per facility	1) Maintain current Certified Volunteer Coordinators 2) Increase SCVOI	01/01/2009
One Certified Back-Up Ombudsman per county	1) Promote this level of certification statewide	01/01/2010
Two Regional Ombudsman in each AAA	1) Work with AAA's and RO's on funding and justification 2) Focus on service areas with highest cases, number of facilities & license beds.	01/01/2011
Secure funding for program growth	1) Research grant eligibility 2) Write and submit grant proposals	06/01/2008
Community Education Events	1) Develop and implement statewide Ombudsman Community education events. 2) Create partnerships for events	03/01/2008
Facility Education Events	1) Develop and implement statewide Ombudsman Facility Education Events	01/01/2009

Nutrition Program

The Nutrition Services Incentive Program (NSIP) is administered through the AoA. It is intended to provide incentives to States for the effective delivery of nutritious meals to older adults. The NSIP supplements funding for the food used in meals served to eligible participants under the OAA. Eligibility is determined by the OAA.

During the FFY 2006 (October 1, 2005-September 30, 2006) Arkansas served 1,669,520 congregate meals and 2,308,274 home delivered meals for a total of 3,976,050 meals. The numbers were up from 2005 by 16,837 for congregate meals, 277,754 for home delivered meals, and 294,591 total.

To date FFY 2007 (October 1, 2006-May 30, 2007) Arkansas has served 1,200,574 and congregate meals 1,657,948 for a total of 2,858,522.

Arkansas has recently acquired the services of a registered dietician – a position which has been vacant for over 4 years. The new dietician will began work immediately updating nutrition policies and procedures, compiling new menus for distribution to the AAAs that meet the new USAD DRIs, and drafting monitoring/assessment instruments for program evaluation.

National Family Caregiver Support Program (NFCSP)

The 2006 reauthorization of the Older Americans Act has added new provisions regarding the use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities, as well as services offered under the National Family Caregiver Support Program. States and area agencies should work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Services) in community service settings.

Volunteers are currently used by the AAAs:

- As speakers/trainers for caregivers on various caregiving topics
- To prepare caregiving materials for meetings, conduct/assist with training sessions, and to distribute materials at conferences
- As matching hours for program funds
- To secure gifts/donations for Holiday activities for caregivers

In order to better carry out the above mandate, the SUA will work our own Division of Volunteerism and the Area Agencies on Aging to create a training program to recruit volunteers to assist in providing direct services to older individuals and individuals with disabilities. Collaborative opportunities will also be sought with the Arkansas Chapter of the Corporation for National and Community services to enhance this process.

Senior Employment Programs

The Arkansas Division of Aging and Adult Services through the Senior Community Service Employment Program (SCSEP) fosters and promotes useful part-time work-experience opportunities in community service training activities for low-income, unemployed individuals who are 55 years of age or older and have poor employment prospects. Through community service, training and supportive services, the SCSEP enhances the skills and abilities of participants, improves their quality of life and increases their employability, develops appropriate job opportunities, and fosters economic self-sufficiency by placing them in unsubsidized employment after the completion of community service assignments. The program also helps meet the needs of a demand-driven workforce.

One of the U. S. SUA of Labor's new initiatives is the WIRED program. WIRED stands for Workforce Innovation in Regional Economic Development. WIRED will focus on the talent development part of building a regional economy. WIRED is designed to expand employment and advancement opportunities for workers while simultaneously catalyzing the creation of high-skill, high-wage jobs. The goals of WIRED are to create and implement a regional strategy that will: 1) Establish and build a regional identity across political jurisdictions; 2) Leverage and align public and private investment; and 3) Transform the regional economy through innovative and effective talent development. The Arkansas Delta WIRED region includes more than two million acres of cultivated land, as well as a large concentration of transportation, logistics and communications infrastructure, making it prime for expansion of education, manufacturing, entrepreneurship and technology. The region is challenged by poverty, low wages, low academic achievement and low workforce skills. The Arkansas Delta - leveraging its close proximity to the Memphis supply chain hub will position itself to enhance the shipment of goods worldwide. This is especially important in the automotive and retail industries that are providing just-in-time inventory delivery services. Arkansas' counties included in the Arkansas Delta WIRED program are Jackson, Arkansas, Monroe, Phillips, Lee, St. Francis, Woodruff, Cross, Crittenden, Poinsett, Craighead, Mississippi, Lincoln, Desha, Drew, Ashley and Chicot.

Out of Arkansas' authorized 220 SCSEP positions, at the end of program year July 1, 2006 - June 30, 2007, Arkansas had 219 current participants in the SCSEP. During the program year, Arkansas exited 136 participants and enrolled 199 new participants. The following are some additional Arkansas SCSEP statistics:

<u>SCSEP Community Service</u>:

- 222 participants provided service to the general community, putting in 101,398 hours of service.

- 133 participants provided service to the elderly community, putting in 73,415 hours of service.

Performance:

Out of an Unsubsidized Placement goal of 21%, Arkansas placed 31% in unsubsidized employment.

Out of a Service Level goal of 157%, Arkansas served 188% in its SCSEP.

Out of an SCSEP Retention Rate in Unsubsidized Employment Placement goal of 79%, Arkansas had 46% people still employed six months after their placement.

Out of a Service to Most-in-Need goal of 72%, Arkansas served 71% of its most-in-need population.

Older Worker Community Service Program

The Older Worker Community Service Program was established in order to foster and promote useful part-time employment opportunities in community service activities for low-income persons who are fifty-five (55) years of age or older and who have poor employment prospects. On October 1, 2006, Arkansas' minimum wage was raised from $5.15 an hour to $6.25 an hour, an increase of $1.10. Due to Arkansas' minimum wage increase, the second and third quarters of program year July 1, 2006 - June 30, 2007 starting showing a decrease in the number of participants enrolled in the program. In order to compensate for the minimum wage increase, when participants terminated the program during the third and fourth quarters, employment coordinators did not enroll as many new participants in the program to replace those out-going participants. Attached is the Older Worker Community Service Program Final Report for Program Year July 1, 2006 - June 30, 2007.

ADDITONAL STATE PLAN PROVISIONS & INFORMATION REQUIREMENTS

State Plan Provisions

The Arkansas SUA of Human Services Division of Aging and Adult Services is submitting a state plan for a four-year period with annual revisions as may be required in the future. The SUA requires each Area Agency on Aging (AAA) to develop and submit for approval an area plan that complies with the Older Americans Act as amended in 2006. The SUA prepares and disseminates uniform guidance, known as Area Plan Instructions for use by the AAAs in developing such plans in a uniform format. Area plan instructions include requirements for priority services, budget preparation, program development, cost-sharing, direct service waiver requests, voluntary contributions, and guidelines regarding outreach and targeting of services.

The SUA evaluates all OAA funded programs and services carried out by the AAAs for compliance with both state and federal regulations. The SUA also conducts periodic public hearings to evaluate the activities carried out under the Older Americans Act. Annual NAPIS data is used to monitor and evaluate the effectiveness of the SUA in reaching older individuals with the greatest economic needs, social needs, disabilities, with particular attention to minority individuals with low incomes, seniors with limited-English speaking abilities, those residing in rural areas, and those with Alzheimer's related disorders. Mental health activities will now be monitored and evaluated as outlined in the 2007 program instructions.

As part of its evaluation process, the SUA through its public hearing process solicits the views and experiences of entities knowledgeable about the needs and concerns of populations served. In addition to public hearings, the SUA uses its website communications, statewide conferences and meetings, and input from stakeholder and advisory groups to obtain the views of older individuals. The SUA affords the opportunity for an appeal or hearing to a AAA if an area plan or area plan amendment is disapproved, if an area agency designation is withdrawn, and/or when any applicant to provide services in a PSA has been denied, cancelled, or not renewed. The SUA also affords the opportunity for an appeal or hearing to any existing service provider or recipient of services under the OAA regarding any waiver request. The SUA has established and published procedures for requesting and conducting such hearings.

The SUA provides reports to the Administration on Aging in the required format(s) and complying with such requirements as the Assistant Secretary might impose. The SUA employs appropriate procedures for data collection from the AAAs in order to compile and transmit to AoA timely statewide data as requested/required.

No supportive, nutrition, or in-home services are provided by the SUA or a AAA except where, in the judgment of the SUA, the provision of such services by the SUA or AAA is necessary to assure an adequate supply of such services, or such services are directly related SUA or AAA administrative functions, or such services can be provided more economically by the SUA or AAA.

State Plan Information Requirements

The SUA gives preference, and provides guidance to area agencies on aging to give preference, to older individuals with the greatest economic and/or social needs, with particular emphasis on minority older persons with low incomes and older persons residing in rural areas. Special efforts are made to provide technical assistance to minority providers of services as requested. The SUA coordinates programs under Title III and VI.

The SUA has established the following minimum percentages of 50% of Title IIIB funds for priority services. Of that amount no less than the following amounts can be spent as follows (with the total amount still totaling 50%):

- Access Services: 5%
- In-Home Services: 5%
- Legal Assistance: 2%

The SUA is currently providing case management services under a state program and the SUA specifies that such services be allowed to continue. The AAAs are allowed to provide Information/Assistance, Case Management, Client Representation, Advocacy, and Outreach services without a waiver from the SUA.

The special needs of older individuals residing in rural areas are taken into consideration and those needs are met by locating senior centers and providing services in such rural areas to the extent possible. Funds have been allocated to meet identified needs through the intrastate funding formula base and provision of

state funding. Methods used to meet the service needs of older individuals residing in rural areas include:

a. continuation and expansion of services provided by organizations with a history of providing services in rural areas;

b. conducting meetings and hearings in rural locations to gather information regarding concerns and recommendations for future planning;

c. AAAs have been instructed to add language in all RFPs and awarded contracts detailing how the provider/AAA will conduct targeting and outreach services to all groups identified in the OAA

d. the SUA (through the AAAs) seeks to increase services to targeted populations by 5% statewide effective FFY 2008

With respect to services for older persons residing in rural areas, the SUA will spend for each fiscal year of this plan, not less than the amount expended for such services in the fiscal year 2000.

In those planning and service areas in which a substantial number of older persons have limited English-speaking ability, the SUA requires an area agency to use workers fluent in the applicable language.

The SUA has developed and implemented policies governing all aspects of programs operated under Title VII: Vulnerable Elder Rights Protection Activities, including the manner in which the Ombudsman Program operates at the state level and the relation of the Ombudsman Program to area agencies. The SUA provides all services and coordinates a statewide network of volunteers under agreements with the area agencies on aging. The SUA provides, through the Office of the State Long Term Care Ombudsman, a Long Term Care Ombudsman Program in accordance with the Older Americans Act. The SUA, in carrying out the State Long-Term Care Ombudsman Program, will spend not less than the total expended in fiscal year 2000.

With respect to programs for the prevention of abuse, neglect and exploitation under Title VII of the Older Americans Act, the SUA conducts such programs consistent with relevant state law. The SUA has also established and operates a unit within the SUA that focuses on Adult Protective Services, including prevention of elder abuse, neglect and exploitation. This Division is known as the Adult Protective Services Division. Such programs are coordinated with existing state adult protective service activities including public education to identify and prevent elder abuse, receipt of reports of elder abuse, active engagement of older individuals through outreach/educational efforts, referral of such individuals to other sources of assistance, and referral of complaints to law enforcement or public

protective services if appropriate. The State does not permit involuntary or coerced participation in these services by alleged victims, abusers, or their households. All information gathered in the course of receiving reports and making referrals remains confidential, unless all parties consent in writing to the release of such information or the release of such information is to a law enforcement agency, public protective services agency, licensing and certification agency, ombudsman program, protection & advocacy system, or upon court order.

Under agreement with all area agencies, the AAAs enter into contracts with providers of legal assistance which have the demonstrated capacity and experience to deliver legal assistance and are best able to provide such services pursuant to standards promulgated by AoA. These contracts include provisions that the contractor is subject to certain regulations promulgated under the Legal Service Corporation Act as determined appropriate by the Assistant Secretary of AoA, and involve the private bar in furnishing services to older individuals on a pro-bono or reduced fee basis. Legal assistance is provided to older individuals with social or economic needs and is coordinated with other programs serving elders, in order to concentrate the use of funds to serve individuals with greatest needs. The SUA coordinates the provision of legal assistance, advice, technical support, provider training and consumer education for older individuals. The SUA has assigned personnel, one of whom is known as a legal assistance developer, to provide leadership in developing legal assistance programs throughout the state.

The SUA works in collaboration with area agencies on aging to prevent elder abuse, neglect and exploitation, through the following activities:

1. public education to identify and prevent abuse of older individuals;

2. receipt of reports of abuse of older individuals;

3. active participation of older individuals in educational programs;

4. referral of such older individuals to appropriate sources of assistance;

5. referral of complaints to law enforcement or other public protective service agencies where appropriate.

The SUA requires area agencies to facilitate the coordination of community-based long-term care services for older individuals at risk of institutionalization, or for those who wish to and are able to leave long-term care facilities and return home with the provision of community-based services. The SUA has in effect a mechanism to provide for quality in the provision of in-home services under Title III.

The SUA, in consultation with area agencies on aging, identifies and prioritizes statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights. The SUA and area agencies on aging utilize care coordination, as appropriate, to facilitate access to supportive services.

The SUA requires area agencies to arrange for outreach at the community level to identify individuals eligible for assistance under the Older Americans Act and other programs, both public and private, and inform them of the availability of assistance. These outreach efforts place special emphasis on reaching older individuals with the greatest economic or social needs, with particular attention to minority individuals with low incomes, and individuals residing in rural areas. The SUA requires outreach to identify individuals eligible for assistance under Titles III and IV, and inform them of available assistance, with special emphasis on older individuals:

a. with greatest economic need (with particular attention to minority individuals with low-incomes and individuals residing in rural areas);

b. with greatest social need (with particular attention to minority individuals with low-incomes and individuals residing in rural areas);

c. with disabilities;

d. with limited English-speaking ability;

e. with Alzheimer's Disease or other dementias and their caregivers.

The SUA collaborates and engages in efforts to coordinate services provided under the Older Americans Act with other state services that benefit older individuals and

to provide multigenerational activities, including intergenerational activities and services, such as services for grandparents raising grandchildren and intergenerational mentoring programs. The SUA coordinates public services throughout the state to assist older individuals in obtaining transportation services associated with access to services provided under Titles III and VI, as well as other needed services. Such efforts include participation in a statewide transportation collaborative designed to share transportation resources.

ARKANSAS STATE PLAN PUBLIC HEARING

May 31, 2007
Little Rock, AR

Twenty-seven persons attended a Public Hearing in Little Rock, AR to provide input regarding the Arkansas State Plan on Aging to be submitted to the Administration on Aging. Comments were as follows:

- The SUA needs to address increased service mandates that have been placed on the AAAs without additional funding.
- The RSVP and Senior Companion Programs have not received increased state/federal funding for several years to date.
- Transportation services for seniors are in dire straits.
- Seniors needed assisted transportation are barely being served.
- Seniors in rural areas are not adequately served and the increase in gas prices decreased services further.
- APS statutes should be amended to allow more intervention.
- State and federal funds have been flat while more seniors are in need of services.
- More in-home services are needed.

ASSURRANCES

Listing of State Plan Assurances and Required Activities
Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

ASSURANCES

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

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

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

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

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

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

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

Sec. 306(a), AREA PLANS

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

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

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

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

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

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

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

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

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

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

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

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

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

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

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

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement; and

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

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

(6)(F) Each area agency will:

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

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

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

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

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

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

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

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

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

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

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

(15) provide assurances that funds received under this title will be used-to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and 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 agency 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; 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.

(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 volunteers and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

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

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

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

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such

requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

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

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

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

_____ _____

Signature and Title of Authorized Official **Date**