LOUISIANA
STATE PLAN ON AGING

For the period

October 1, 2011 through September 30, 2015

Bobby Jindal
Governor

Martha Manuel
Executive Director
Office of the Governor
Office of Elderly Affairs

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary
Administration on Aging

Washington D.C. 20201

SEP 27 2011

Martha Manuel, Executive Director
Governor's Office of Elderly Affairs
412 North Fourth Street
Baton Rouge, LA 70802

Dear Mrs. Manuel:

I am pleased to inform you that the Administration on Aging (AoA) has approved the Louisiana State Plan on Aging. The official Plan period is now FY 2012-2015 with a start date of October 1, 2011 and an end date of September 30, 2015.

We are pleased with a number of the goals in the Louisiana State Plan including your plans to enhance service provision in the areas of access to home and community-based services, focus on prevention through the Older Americans Act and the new Medicare prevention benefits, and to ensure the rights of older adults and prevent their abuse, neglect and exploitation.

AoA recognizes and applauds the extensive efforts of your staff and partners in working together in the development of this State Plan.

We look forward to working with you and your staff in the implementation of the Louisiana State Plan on Aging. Should you have any questions and/or concerns, please do not hesitate to contact us. Your dedication and commitment towards improving the lives of Louisiana's older adults and caregivers is appreciated.

Sincerely,

Kathy Greenlee
Assistant Secretary for Aging

TABLE OF CONTENTS

Verification of Intent	2
Vision, Mission, Philosophy	4
Executive Summary	5-7
Context and Introduction	8-14
Focus Area I – Home and Community Based Services	15-19
Focus Area II- AoA Discretionary Grants – Aging and Disability Resource Center	20
Focus Area III – Consumer Choice and Control	21-25
Goals and Objectives FY 2011-2015	27-29

Attachments
- A Intrastate Funding Formula
- B Planning & Service Area
- C Population by Planning and Service Area
- D Planning and Service Area Map
- E Demographics
- F Emergency Preparedness
- G Organization Chart
- H Assurance

VISION, MISSION & PHILOSOPHY

The Governor's Office of Elderly Affairs **vision** is that Louisiana will be a desirable and satisfying place to age. The **mission** is to serve as the focal point for the development, implementation, and administration of the public policy for the State of Louisiana, and address the needs of the state's elderly citizens.

Philosophy

The Governor's Office of Elderly Affairs as the sole state agency as directed by the Governor and Legislature is committed to:

> Advocating for the needs and rights of all older Louisianans. Improving the quality of life of our older citizens by encouraging and providing the means to achieve active, healthy, independent lives. Building partnerships with communities, organizations, agencies, families, and individuals to ensure the availability and accessibility of a continuum of services for all older Louisianans. Promoting public awareness and education about the aging process, trends in the aging of current older population, and projections for future generations of older persons. Supporting intergenerational activities, which foster mutual understanding and support, shared values, and personal responsibility. Providing intervention in the exploitation and abuse of elderly Louisianans.

EXECUTIVE SUMMARY

In order to plan for the ongoing and future needs of older adults in Louisiana and to meet the requirements of Section 307 of the Older Americans Act (OAA), the Governor's Office of Elderly Affairs (GOEA), the designated State Unit on Aging (SUA) for Louisiana, has prepared this State Plan for submission to the federal Administration on Aging (AoA). Louisiana has opted to present a four-year State Plan for the period October 1, 2011 through September 30, 2015 on behalf of Governor Bobby Jindal. This document will guide GOEA efforts over the next four years to deliver services to the state's aging population. GOEA will do this by working collaboratively with older Louisianans, family caregivers, the network of community agencies supporting and promoting the aging, and our federal and state government partners. In these challenging fiscal times it is essential to continue to move forward together.

The GOEA has many challenges in meeting the needs of an aging population in Louisiana. This includes leadership and guidance in rebalancing the long term care system, and developing a comprehensive and coordinated infrastructure for home and community based services that will help older adults remain in their homes as long as possible. Louisiana's fiscal crisis, like many other states, is challenging us to find new ways to meet the needs of an ever increasing older population, with budget reductions. The increased cost of OAA service provisions including transportation, salaries, utilities and food purchasing, provide a continued challenge and will increase the number of seniors who will be placed on waiting list for essential services.

In an effort to strengthen the capacity of the aging network, GOEA will maintain collaborative partnerships with offices in the Department of Health and Hospitals, Disability Affairs, Dept. of Insurance-Senior Health Insurance Information Program (SHIIP), Intertribal Council of American Indians, and other statewide quasi government agencies to meet the needs of the state's aging and disabled population. The Governor's Office of Elderly Affairs and its contractors will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits in coordination with Title III and Title VI funds. The nine regional Aging and Adult Resource Centers will be a key resource regarding a full range of long term care needs, providing information and access to a full array of long term care options, counseling, and prescription assistance programs statewide.

GOEA will place additional emphasis on strengthening the capacity of the aging network that includes: Area Agencies on Aging, Councils on Aging, State Long Term Care Ombudsman, Elderly Protective Services staff, ADRCs and other community agencies, in order to provide information, and access to services that empower older adults to remain in their home as long as possible. Individual AAA Area Plans include strategies to facilitate the development of services to meet the needs identified through the needs assessment process, to collaborate in the further development of Aging and Disability Resource Centers and options counseling, to assure and improve the quality of services provided, and to advance implementation of evidence-based health promotion and disease prevention programs. We will accomplish this through our existing network of ADRCs and our relationship with the state Medicaid Office for Adult and Aging Services to implement single point of entry statewide. This will lead to a transition to more consumer direction utilizing OAA and Medicaid funds.

The State Long Term Ombudsman collaborates with state agencies and other providers to ensure the rights of residents are sustained and protocols are in place for those residents eligible for transitioning back into their community setting.

Louisiana also has effective statutes protecting older adults from abuse, neglect and exploitation and we will increase statewide education regarding elder rights. GOEA will continue implementation of a web-based training system for the entire aging network, including COAs, AAAs, ADRC, State Ombudsman and Elderly Protective Services staff. Training will include what is abuse and which statutes protect older adults and citizens. The aging network will also collaborate with the local Senior & Law Enforcement Together (SALT) coalition to strengthen the community's awareness of elder abuse signs and systems.

The Governor's Office of Elderly Affairs FY 2011-2015 State Plan goals and strategies will assist our aging network to help older Louisianans make informed choices regarding their long-term care and provide a base level of cost effective services. This will assist the most vulnerable to remain in their home and receive needed services. This plan will also enhance the health and protect the rights of older adults and promote agency and individual emergency plans. Since Louisiana is experiencing many changes in government, funding priorities, and rebalancing long term care increases in the 60+ population, GOEA will adapt to changes and amend objectives as needed over the planning period.

We look forward to the next four years to ensure the dignity and independence of older people. We plan to work with the aging network to become a visible presence in the communities across the state. GOEA will solidify its role as a resource in the community by effectively reaching older people where they live and work.
The goals will help support the vision, mission and philosophy of GOEA and are aligned with the national goals on aging.

Goals and Objectives FY 2011-2015

Goal 1:	Empower older adults and their families to make informed decisions about, and be able to easily access, home and community-based services.

Objectives

1. To provide education resources to 10% of Louisiana's older adults, and adults with disabilities, regarding community options relative to home and community based care.
2. Provide access to home and community-based services, options counseling, and respite resources through the Aging and Disability Resource Center, the Area Agency on Aging and Council on Aging.

Goal 2:	Enable older adults and family caregivers to sustain their community living by accessing flexible, affordable and effective services.

Objectives

1. Provide a collaboration of a minimum of 3 agencies that includes aging services, health care, and other strategic partners, to identify high risk older adults and family caregivers.
2. Maintain 9 regional ADRC to provide in-person assistance through their staff and strategic partners.
3. Promote emergency plans development within all 36 AAAs that address the needs of older Louisianans in the case of a disaster or other emergency.

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

Objectives

1. Provide a minimum of 40 awareness and activities regarding wellness and disease management.
2. Provide at least 30 events to promote preventive benefits available under Medicare, especially for older adults with low incomes.

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

Objectives

1. Promote 65 community awareness and education presentations regarding elder abuse of older adults to ensure their safety and well-being.
2. Provide regular monthly and timely access to Long Term Care Ombudsman services to residents of all nursing and adult residential care facilities.
3. Investigate at least 3000 reports of Elder Abuse as described in GOEA Policy Manual.
4. Legal services and referrals will be provided to older adults over the age of 60 with 11% of the population receiving services through legal help line.

CONTEXT & INTRODUCTION

Louisiana's State Plan

The Louisiana Commission on Aging was created in 1956 by the Louisiana Legislature to act as the state's visible advocate and focal point for all matters pertaining to the aging population and is a the focal point for the provision of home and community based services. Louisiana R.S. 36.259(G) established the Office of Elderly Affairs in the Office of the Governor in 1979 and in 1999; Governor Mike Foster enacted an Executive Order MJF 99-14 that established the Office of Community Programs within the Governor's Office, which includes GOEA. Governor Bobby Jindal re-established the Executive Order, BJ 2008-34. The Governor's Office of Elderly Affairs is part of the Office of the Governor and is the official state unit on aging.

Under the Older American's Act of 1965, as amended, each state is required to submit a periodic state plan to the U.S. Department of Health and Human Services, Administration on Aging. The development of a state plan is the responsibility of the Office of Elderly Affairs. This plan has been developed in accordance with the Administration on Aging PI-10-05.

Louisiana's state plan is for a period spanning four consecutive federal fiscal years, beginning October 1, 2011 and concluding on September 30, 2015. Substantive amendments and updated information may be incorporated into the plan at the end of the first, second, and third fiscal years as needed. This state plan presents the goals, objectives and strategies to improve the lives of older Louisianans, their families, and caregivers. This plan builds on Louisiana's capacity to provide comprehensive services for older adults and to use allocated resources in the most effective ways to meet the goals, objectives, and strategies that have been set forth.

This state plan was developed with Assurances and Required Activities in the Older Americans Act as Amended in 2006 and as requirements listed in the State Plan Guidance Program Instruction (PI 10-05). The Governor's Office assures they will spend, for each year in the plan, not less than the amount expended for services in Fiscal Year 2000 for clients who reside in rural areas. AAAs will provide outreach to locate older adults and provide information regarding services available to help keep them in their homes and communities.

Major Functions

This plan addresses programs and activities of the Governor's Office of Elderly Affairs that will position the State to meet the needs of a growing older population by providing a blueprint for how those needs will be met over the next four years, and specific performance measures for these programs.

GOEA receives state general funds and federal funds through the Older Americans Act, and other sources, to carry out its mission to serve the 60 plus population. A variety of programs and services are made possible through GOEA and its contractors that enable older persons and vulnerable adults to remain independent in their communities. The majority of the services funded through the Older Americans Act and other federal and state funds are provided through contracts with the Area Agency on Aging. Louisiana's Elderly and Disabled Medicaid Waivers (EDA) are administered by the Department of Health and Hospitals. Senior Health Insurance Information Program (SHIIP) is administered by the Department of Insurance.

Among the current functions of the state unit on aging are: to administer the Older Americans Act and related HCBS programs; collect facts and statistics; and make special studies of conditions pertaining to the employment, health, financial status, recreation, social adjustment, or other conditions affecting the welfare of the aged. We keep abreast of the latest developments in aging throughout the nation and interpret such findings to the public to provide for a mutual exchange of ideas and information on national, state, and local levels. The aging network makes recommendations to the governor and to the legislature for needed improvements and additional resources to promote the welfare of the aging in the state. GOEA performs functions that are designed to meet the social and community needs of Louisiana residents sixty years of age or older, including, but not limited to, the provision of such comprehensive social programs as homemaker services, home repair and maintenance services, employment and training services, recreational and transportation services, counseling, information and referral services, protective services, and health-related outreach. GOEA distributes the appropriated federal funds received from the Administration on Aging through an approved intrastate formula. GOEA approves an application from a voluntary parish council on aging prior to the creation of any new state-funded senior center.

The aging network has thirty-six planning and service areas within the state and each of the 64-parishes have a council on aging that has a charter from Louisiana's Secretary of State. Thirty-two of the parish councils on aging are Area Agencies on Aging (AAA) with the remaining thirty-two parishes divided into four planning and service areas. The primary role of the AAAs is to serve as the key planning and development agencies within the thirty-six planning and service areas. Each AAA submits an area plan giving the characteristics of their planning and service area, and the needed services for older adults in that area. AAAs provide assistance to many older Louisianans and family caregivers who have short term needs, or require help which is intermittent in nature. The Area Agencies on Aging plans are approved after meeting the federal requirements. Federal funds are allocated to AAAs based on an intrastate formula developed by GOEA. Many Area Agencies on Aging receive additional funds through parish, municipal support, grants, and other public/private contributors. While programs such as information and assistance and nutrition are available to all older adults, the increase in the numbers of older adults and limited public funds necessitate that services be directed first to those older adults in greatest social and economic need and those who may be at risk of institutionalization. The Area Agencies on Aging are responsible for comprehensively assessing the needs of older Louisianans and family caregivers to provide the appropriate services to meet their needs. The Governor's Office of Elderly Affairs and its contractors will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits in coordination with Title III and Title VI funds.

Socio-Economic Context in Louisiana

Demographic Trends

Louisiana has had many challenges with citizens returning to Louisiana after the Gulf Storms of 2005. Many areas are still recovering and rebuilding affordable housing to accommodate those on fixed or limited income. The New Orleans area is still rebounding but it will be many years before their population returns to pre-Katrina size. The Veterans Administration has started construction on a new medical facility and the state is also beginning their phase to replace the Charity Hospital. These facilities should be available in the next two years. Other medical facilities are in the renovation stage in the area but medical services are still lacking and residents have long waits in emergency rooms. Sections of neighborhoods in New Orleans and surrounding areas still have boarded up houses and empty lots where families once lived. The

southwestern section of Louisiana also was affected by two storms, Rita, in 2005, and Ike, in 2007, which did significant damage, causing many residents or businesses not to return. This area is not as populated as the southeastern area and the impact is not as noticeable. Many older adults returned only to find their friends and neighbors had decided to relocate to another part of Louisiana or remain out of state.

The Census 2010 released the Profile of General Population and Housing Characteristics for Louisiana revealing the 60 plus population is 800,852 which is 17.6% of the total state population. The estimate for 2009 was used for the demographics as this is the most complete data available for statistics for age, sex and race. Louisiana ranks 26th in 60 plus population in the Census 2009 estimate which is 748,366 or 17.4% of the total state population. Females account for 56.8% and males 43.2% with the median age as 70 in this age group. The racial makeup for all ages in the state is 64% white and 31.9% black with the other races making up the remainder 6.3%. The racial makeup of the 60 plus group is 74.7% white, 22.9% black and remainder 2.4% make up the remaining races. When comparing the 60 plus age group to the 65 plus age group in 2009 there is a 194,505 difference with the median age for the 65 as 73.9.

The 60 plus age group has 54.2% married, 27.8 widowed, and 11.2% divorced. This percent is almost the same for the under 60 population. The population that has never been married for the 60 plus is 5.2%. Louisianans who have less than a high school degree total 29.8%, with 34.9% who have a high school diploma or GED. The citizens who are less than 60 with less than a high school degree are 19.5% with 34.9% (this is the same as the 60 plus) with a high school degree or GED. Bachelor or higher degrees are held by 16.9% for the over 60 and 20.6% for the under 60.

Eighty-seven percent of the 60 plus speak English only, and older adults who speak another language other than English is 13% with 3.6% of these older adults speaking English less than "very well." The Census 2009 estimate gives the workforce for the 60 plus as 23.5% employed with 76.5% not in the labor force. Twenty-three percent of the Louisiana's population is over the age of 55 and this age group can receive assistance with employment if they meet certain criteria for the Senior Community Service Employment Program. The mean income for the 60 plus household is $48,188 and social security income for older adults is $14,005 with 78.1% receiving social security.

Thirteen percent (13%) of the 60 plus receive SNAP (food stamps) benefits. Poverty for the 60 plus was determined for 720,506 older adults with 13.5% being 100% below the poverty level, 13.4% at or above 100 to 149% of poverty level. The remaining 73.1% are at or above 150% of the poverty level. The population for the 65 plus age group for the below poverty is 65,380 which is 12.4%.

Louisiana's older adults who are 65 plus have a disability with hearing, vision, cognitive, ambulatory, self-care or independent living totals 43.2% of this group. This same group is considered to have .8% under insured.

Population for Louisiana by Age Group: 2009				
All Ages	**Under 60**	**60+**	**75+**	**85+**
4,492,076	3,709,814	782,262	258,175	73,077
	82.6%	17.4%	5.7%	1.6%

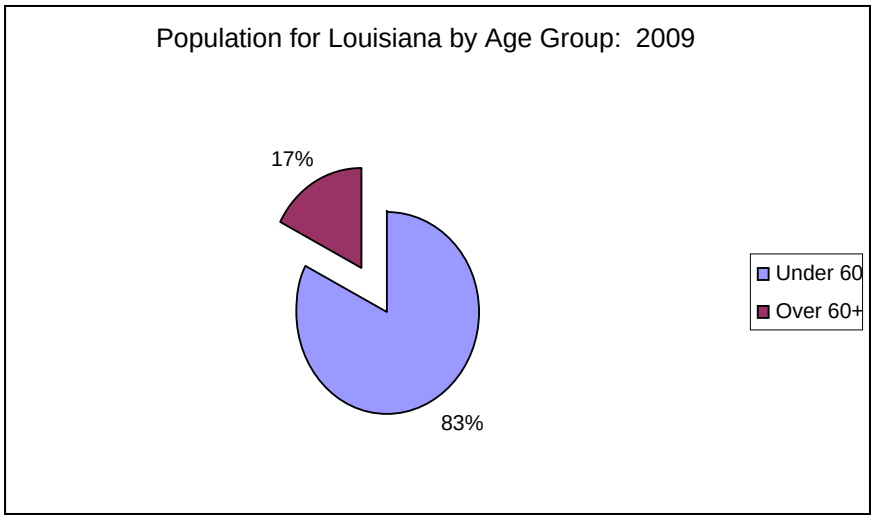

Chart shows both groups under 60

The following charts represent the Census 2010 for the 60 + for the states around Louisiana. Louisiana's 60+ population has increased, but so have the surrounding states. Most states' percentage of 60 plus population has increased at least one percentage point. The affect of the "Baby Boomer" population is beginning to become apparent in the increase of older adults in each state and an increase in services and activities.

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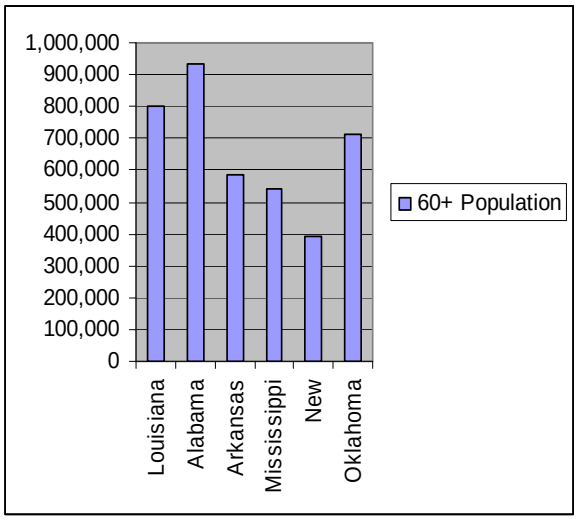
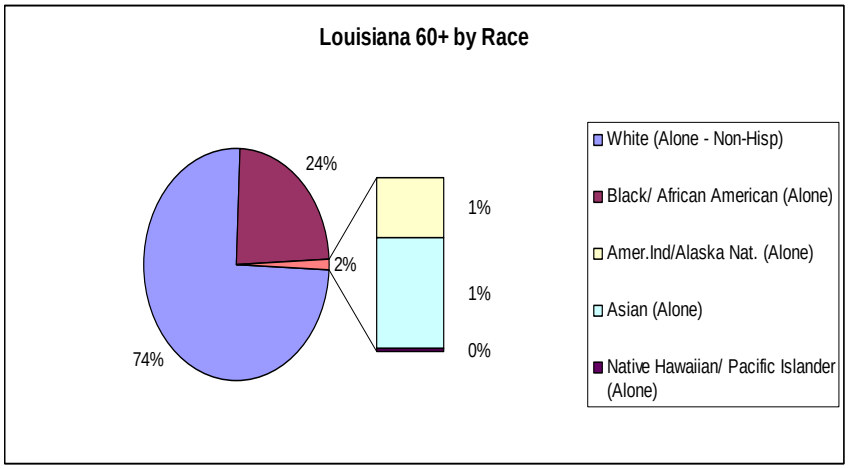


STATE	60+ Population	60+ Percentage of Total Population
Louisiana	800,852	17.6%
Alabama	933,919	19.5%
Arkansas	587,012	20.1%
Mississippi	541,163	18.2%
New Mexico	392,392	19%
Oklahoma	711,227	18.9%

The most current census data for age by race is the Census 2009 estimate and Louisiana break down of race by age is as follows:

Number of Persons 60+ by Race and Hispanic Origin – Census 2009							
		Persons Not Hispanic or Latino					
	Total 60+	White (Alone - Non-Hisp)	Black/ African American (Alone)	Amer.Ind/Alaska Nat. (Alone)	Asian (Alone)	Native Hawaiian/ Pacific Islander (Alone)	
Louisiana	782,262	568,298	179,941	4,029	7,355	181	



Louisiana, like many other states, is experiencing growth in the over 60 population and has some of the same challenges in meeting the needs of a growing population. However, Louisiana's elderly population is growing at a slower pace than most states.

Louisiana's elderly population as a whole is one of its greatest strengths, in that they provide wisdom, stability and the support that communities rely on to have a balanced and rounded community. Although it can be a challenge to meet the needs of older adults, particularly because of its diverse population spread out over a large geographic area, Louisiana will support the continued development of a single point of entry for information and access to all aging services.

Method for Carrying out Preference for Older Individuals with the Greatest Economic or Social Need

Louisiana's economy faces many of the same challenges as the other southern states, and the nation as a whole. The revenue projections continue to decline leaving a bigger deficit for the state budget. This affects the aging network with the financial support that has been generated in past years. Education and health care have taken large cuts to their budget, which could curtail services available. In an attempt to find additional ways to save money, the state has begun outsourcing many services once administered by the state, but now in line to be provided by contract workers. The state and the aging network now find, more than ever, that they must weigh the demands for services by clients and the decline of revenue to provide services. Older adults did not receive a cost of living increase in their social security checks in 2010 for the first time in many years.

Identifying older adults who have the greatest need is achieved from a weighed intake assessment form that obtains the clients age, where they live (rural or urban), income, and their race. This information is used to locate older adults who have the greatest need and what services will be provided. All AAAs conduct annual meeting, and the public including seniors and providers is encouraged to participate. Service information is promoted with the ADRCs, and flyers, newspaper articles, and radio announcements promote the services available in the communities.

The number of older adults receiving unduplicated home and community-based services in fiscal year 2010 was 78,699, yielding 1,728,543 units of services. The increase in hourly wage, continued high gasoline prices, and loss of jobs has increased the cost and demand for services. Older adults are affected by the loss of employment, especially if families supported them with services or other needs. The rural populated parishes with higher senior populations feel the affects of the increased needs more since their resources are so scarce.

The Governor's Office of Elderly Affairs will take the following steps to ensure that the needs of older persons in these categories are given priority attention:

- Encourage the establishment of community focal points and/or service points that are easily accessible to individuals with the greatest economic and social need.
- Promote the inclusion of representatives of this group in advisory councils at the local, regional, and state levels.
- Ensure sensitivity of state agency staff to the special service needs of this group.
- Provide technical assistance to the AAAs and service providers in meeting the needs of this group.
- Outreach to Native Americans residents through collaboration with the Office of Indian Affairs to ensure and to encourage the participation of Native Americans in eligible programs and services.
- Provide orientation on the special needs of this group in training of service staff and volunteers.
- Continue to coordinate and work with other state agencies and the ADRCs to ensure information on services and resources reach this target population.
- Include monitoring and assessment of AAAs in responding to the needs of this group.

Development of the State Plan on Aging

Development of the State Plan on Aging was a cooperative effort involving the input from Louisiana's Area Agencies on Aging, Louisiana Executive Board on Aging, the general public, and other concerned agencies and organizations throughout the state. Information from the U.S. Census Bureau and the Louisiana Department of Commerce, Administration on Aging "A Profile of Older Americans 2010" were used to identify population trends.

This effort is described below:

- GOEA reviewed previous State Plans on Aging, and in discussion with the AAAs, agreed to keep the following goals in its 2011-2015 Area Plans on Aging:

    1. Empower older adults and their families to make informed decisions about, and be able to easily access, home and community-based services.

2. Enable older adults and family caregivers to sustain their community living by accessing flexible, affordable and effective services.
3. Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.
4. Ensure the rights of older people and prevent their abuse, neglect, and exploitation.

- The AAAs prepared their Area Plans on Aging during state fiscal year 2010. An Area Plan is a planning document submitted by an AAA to GOEA in order to receive funds provided under the Older Americans Act, as amended. The plan is the blueprint by which the AAA develops and administers a comprehensive and coordinated system of services and serves as the advocate for older people in its Planning and Service Area. Area Plans are locally based and supported by the State Plan.
- Although one public forum was required, the majority of the AAAs provided multiple opportunities for the public in their local areas to comment on their plans. GOEA, at the aging networks' annual conference, allowed an open forum for public comments. GOEA also has, for public input on services, hosted two focus groups meetings and developed an online survey on its website.

Monitoring of the State Plan

Governor's Office of Elderly Affairs staff monitor the State and Area Plans through the contract monitoring process. This monitoring will ensure compliance with administrative, programmatic, and fiscal requirements. Service delivery is reviewed against contract scopes of work (service specifications), terms and conditions, and agency service methodologies. Fiscal reviews will verify actual costs, and compliance with fiscal procedures.

The Louisiana Commission on Aging was created in 1956 by the Louisiana Legislature to act as the state's visible advocate and focal point for all matters pertaining to the aging population, and is the focal point for the provision of home and community based services. R.S. 36.259(G) established the Office of Elderly Affairs in the Office of the Governor in 1979 and in 1999; Governor Mike Foster enacted an Executive Order MJF 99-14 that established the Office of Community Programs within the Governor's Office, which includes GOEA. Governor Bobby Jindal reestablished the Executive Order, BJ 2008-34. The Office of Elderly Affairs (OEA) has remained as part of the Office of the Governor and remains the official state unit on aging.

The Louisiana Executive Board on Aging (LEBA) is an advisory board that may approve matters of policy and all rules and regulations pertaining to GOEA, the area agencies on aging, and the parish councils on aging. They may make recommendations to the Executive Director regarding monitoring and the coordination of services to the elderly. This board contains fifteen members: five appointed by the Senate; five appointed by the House of Representatives; and five appointed by the Governor; and meet quarterly.

In addition, the thirty-six planning and service areas in the State of Louisiana have64-parish councils on aging, each holding a charter from Louisiana's Secretary of State. In 1958, ACT 352 authorized municipalities to establish Advisory Councils on Aging. These members were the "grass roots" members where all resources were directed. Act 456 in 1964 required the Louisiana Commission on Aging to examine, investigate, and approve applications for the charters. Each council on aging has a 501 (c) status and is a quasi governmental entity. Thirty-two of the parish councils on aging are also AAAs with the remaining thirty-two parishes divided into four planning and service areas. In the regular Legislative

Session 2010, Act 10 exempted the councils on aging from submitting requests for funding from the Legislature through their nongovernmental organization (NGO) request.

FOCUS AREAS: PROGRAM INFORMATION, GOALS, OBJECTIVES, STRATEGIES, AND PERFORMANCE MEASURES

In accordance with the Old Americans Act as amended in 2006 Section 307 (a)(2)(c) the Office of Elderly Affairs provides:

Access Services – 30%
In-Home Services – 15%
Legal – 5%

This requirement is located in GOEA's Policy Manual Subchapter B: Area Agency on Aging §1141 which specifies that a minimum percentage of the AAA Title IIIB allotment will be spent in each of the above priority services categories.

FOCUS AREA I: Home & Community-Based Services (includes Older Americans Act Core Services Requirement)

Home and community-based services administered by the Governor's Office of Elderly Affairs, the State Unit on Aging, are listed in the following categories: Older Americans Act Core Programs, and State Funded programs. These programs interface with the Department of Health and Hospitals Medicaid Waiver programs and other state-funded programs.

Older Americans Act funding provides the foundation for services that enable older individuals to remain safe, active, and healthy in their own homes and communities. Additional funding for services includes federal Nutrition Service Incentive Program funds, State funds, required match, program income, and additional local funds.

The Governor's Office of Elderly Affairs contracts with the Area Agencies on Aging for provision of services. Providers are required to give priority for services using the targeting factors of rural, greatest economic need (low income), greatest social need, minority, severe disabilities, and at risk for institutional placement.

Title III provides funding for state and community programs on aging; Title VI provides for Native American aging programs. GOEA encourages AAAs to pursue activities that increase access by Native American elders to all aging programs and benefits, including Title III programs [Older Americans Act Section 307(a)(21)]. Although the overall population of Native Americans in Louisiana is less than 1% of its total population, Title III/VI coordination is accomplished through collaboration with the local American Indians Tribes who are part of the Louisiana Intertribal Council. Aging providers target potential clients within their planning and service area to solicit participate in the nutritional programs and other supportive programs. Several Area Agencies on Aging have American Indians serve on boards and/or committees. Louisiana has only four (4) federally recognized tribes and ten (10) state recognized tribes. Governor's Office of Elderly Affairs and the aging network continue to work collaboratively with the Governor's Office of Indian Affairs

and local tribes on issues affecting elders. Terrebonne AAA has the largest number of Native Americans in their service area, many of whom serve in leadership positions to Terrebonne Board of Directors. Outreach is also conducted to advise this population of services available within the planning and service area. Since this tribe is NOT federally recognized, it does not receive any AoA funds for services. However, AAAs do not distinguish between Federal and State Native Americans when providing information and access to services.

In any service delivery system, access to services is critical. Home and Community Based Services provides non-medical home and community based services to serve as an alternative to institutionalized care. The Aging and Disability Resource Centers provide the access link for the public to receive information and referrals to providers for essential services.

- Nutrition Services Program provides home delivered meals, congregate meals, and nutrition education. Meals provide the required minimum of one-third of the recommended daily allowance as required by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Science. The State Unit on Aging employees a full-time Dietitian to monitor nutrition meal sites and to review menus for compliance and quality assurance. In addition to providing needed health benefits, meals at the congregate sites provide older adults with important socialization. This is especially critical for frail, isolated older adults. Nutrition counseling is provided by a licensed registered dietitian for a client who is at nutritional risk; and nutrition education related to the improvement of health and nutritional well-being.

- Non-Medical Home and Community Based Services provides In-Home Support Services which include: Personal Care, Respite Care, Chore, Homemaker Services, Telephone Assurances, Home Repair/Modifications, Support Services, and Home Delivered Meals. Accessible services include transportation, outreach, and information and assistance. Due to the vast rural areas of our state, transportation continues to be an on-going challenge, and is one of the most needed services, according to a statewide survey conducted within each planning and service area. The Department of Transportation does provide state funding to coordinate accessible transportation services for older adults and disabled individuals through local parish social service agencies/or council on aging providers. Transportation is an essential component that provides access to needed services; allowing older adults to fulfill their basic needs and provide independence.

- Disease Prevention and Health Promotion Services addresses wellness, and includes services such as health risk assessments, routine health screenings, nutritional counseling and education, chronic disease management, medication management screening, and counseling regarding social services and follow-up health services, in collaboration with the Department of Health and Hospitals. Low income Louisianans, members of racial and ethnic minorities, people with disabilities, and other underserved populations, often face limited access to health care, and experience poorer health outcomes across their lifespan. Improving utilization of the Medicare-covered benefits could significantly reduce health care disparities.

- Senior Community Service Employment Program (SCSEP) is designed to assist individuals 55 years and older with securing job training and job search assistance as well as civic engagement opportunities for low-income persons who have poor employment prospects. The goal of SCSEP provides training and economic self-sufficiency through placement in unsubsidized employment in

- Family Caregiver Support Program provides services to family caregivers of adults over 60 or a person of any age with Alzheimer's disease, as well as grandparents and other relative caregivers of children not more than 18 years of age. Services provided to family caregivers include: 1) Information to caregivers about available services; 2) Assistance to caregivers in gaining access to supportive services; 3) Individual counseling, organization of support groups, and caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles; 4) Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and 5) Supplemental services, on a limited basis, to compliment the care provided by caregivers. Several AAAs have support groups and education sessions for individuals to support and educate those who are providing care.

- The National Elder Abuse Incidence Study mandated by Congress in 1996 estimated that 449,924 persons aged 60 and older were abused, neglected, or exploited in their domestic settings. The report also noted that for each elder abuse incident that is reported, another four or five incidents typically go unreported. Older adults have the right to reside in their community without fear of being abused, neglected, or exploited. Personal safety and security is as essential to the well-being of older adults as it is for individuals of all ages to remain in their community.

- Older adults residing in institutional settings have rights, and the Long Term Care Ombudsmen provide the resources to ensure they are protected. The Long Term Care Ombudsman Program provides investigation and assistance in the resolution of complaints made by, or on behalf of, older persons who are residents of long term care facilities. They also provide advocacy, analysis, and monitoring of issues and policies that relate to residents in long term care facilities; and training to volunteers and designated representatives of the office. The statewide long term care ombudsman program fulfills all of the advocacy requirements of Title VII, Chapter 2 of the Older Americans Act. They work with the resident and their families to resolve problems, bring change, and improve the residents' care and quality of life. Louisiana has 304 licensed nursing homes, which provide long term and rehabilitation care to persons who need 24 hour care. Eighty-six percent of these nursing homes participate in Medicaid, and over the last five years the cost has risen 18%, but the number of patients has dropped 9%. According to the Louisiana Medicaid Trust Fund for the Elderly, the state has an average occupancy rate of 72%, which is below the U.S. average. The state long-term ombudsman program began in 1988 and is funded with state and Title III-B funds. Currently, there is one full-time State Long Term Care Ombudsman, 16-FTE ombudsmen at the local level, and a full-time assistant to the State Long Term Care Ombudsman. In addition to paid staff, the program uses 7 certified volunteers. All Ombudsmen go through an

- Legal Assistance is available to older persons who may be unable to appropriately manage their own affairs or need assistance with civil legal matters such as, power of attorney, guardianship/conservatorship, wills, living wills, trusts, and tenant/landlord concerns. Legal assistance is provided through a statewide, competitively bid contract (funded with Title III-B funds). GOEA monitors the fiscal and programmatic requirements of the contract.

- Elderly Protective Services (EPS) is coordinated by GOEA and is comprised of four state regions and three contract regions. In FY 2009 EPS received and investigated 3,414 reports of possible abuse, neglect, or exploitation. EPS has 23 caseworkers statewide with an average caseload of 144 cases. High priority cases must be investigated within eight (8) working hours of receipt, and in FY 2009 EPS received 1,641 high priority cases. Each region has a coordinating council, which is comprised of law enforcement officers, health care providers, and other professionals that are instructed on ways to recognize and respond to elder abuse. The councils support outreach efforts to increase public awareness of elder abuse and support the efforts of state and local coalitions

- Elder Law Task Force is coordinated through Legal Service Developer at GOEA, and developed with the Louisiana State Bar Association Access to Justice Program, serves older adults who are indigent and vulnerable. The issues include client and public education, development of training regarding elderly law issues, and developments of a brief bank for new and pro bono attorneys. A Financial Exploitation Task Force was created to increase the awareness about elder financial exploitation, identify barriers to prosecuting exploitation cases, develop a relationship between investigators and Louisiana's financial institutions, and make recommendations to implement stronger elder financial exploitation legislation. The Legal Service Developer organized the Elder Law Task Force, Financial Exploitation Task Force, and Legal Service Task Force, all to help improve the quality of services that are available to older adults in the state. The Legal Service Task Force developed a reporting tool for legal contractors to provide meaningful data in their reports to AAAs. In 2009, a grant Model Approaches to Statewide Legal Assistance Systems was awarded to GOEA to increase awareness to older adults on legal resources available to them in their community. GOEA is in phase one and a statewide survey will begin in late summer. The outcomes will be evaluated to locate the gaps in services. A hotline operated after Hurricane Katrina by the Louisiana Bar Association to assist all citizens with disaster questions is still in operation, and has transitioned to assist callers with their legal needs. The hotline is currently operated by the Louisiana Civil Justice Center located in New Orleans and utilizing in take specialist to access the callers' legal needs. The center receives calls from older adults in the coastal areas but older adults in the northern part of the state do not access the hotline. The survey targeted the 65 and older population, with the state divided into four sections and completed 150 surveys from each sector. When comparing the 65 and older population in each section, the senior population was almost equal in each section. Partners for this grant are: Southeast Louisiana Legal Services; Advocacy Center; Capital Area Agency on Aging; The Pro Bono Project; Elder Law Taskforce; Elderly Protective Services; Long Term Care Ombudsman; and the Aging and Disability Resource Centers.

Governor's Office of Elderly Affairs will integrate funding for OAA core programs and services to continue to support elderly residents to remain in their homes.

Focus Area I- GOAL: Enable seniors to live dignified, independent and productive lives in appropriate settings utilizing OAA core programs and services.

Objective: Provide supportive and nutritional services to at least 10% of older individuals.

Strategies:

- Monitor area agencies on aging regarding services delivered
- Promote nutrition through AAA web pages and newsletters
- Provide trainings to AAAs by the state dietitian

Performance indicators

- Number of older adults receiving nutrition services and other supportive OAA services
- Number of services provided to eligible seniors
- Percent of seniors population served
- Percentage of seniors with high nutritional risk served through the nutrition program

Department of Health and Hospitals – Office of Aging and Adult Services administers the state **Medicaid home and community based services** that also support older adults to remain in their community longer. These programs are: **Elderly and Disabled Waivers, Adult Day Care Health Waivers, Long Term Care Personal Care Service, and Program for All-Inclusive Care for the Elderly (PACE)**. GOEA continues to partner with DHH to inform individuals of the benefits available through these programs.

The culmination of programs provides a wide spectrum of in-home and community-based supports that are helping older adults remain independent, active, and at home. These programs serve as a foundation for the network's coordinated services and activities for older adults. The objective of these programs is to strengthen the capacity and support to help seniors and older adults remain active in their community setting as long as possible. GOEA will monitor these programs' performance by utilizing SAMS database system and other data obtain from partners measures the number of individuals served within consecutive Fiscal Years.

Focus Area II: AoA Discretionary Grants-Aging and Disability Resource Center

The Governor's Office of Elderly Affairs has obtained grant funding and fostered collaborative partnerships with other state agencies for new innovative programs to ensure a more efficient and effective array of comprehensive services to the aging population and their families. Louisiana's 2011-2015 State Plan on Aging reflects the State's efforts to implement a number of innovative activities and programs that have emerged from the Older Americans Act and the Choices for Independence amendments. These initiatives demonstrate the growing collaboration among different state and local agencies, and point the way towards rebalancing Louisiana's long term care system, improving community-based services, and focusing more on putting the consumer and their caregiver in the driver's seat. Flexibility and innovation are essential if Louisiana's aging network is to maintain the programs and services needed by a growing senior population.

Nursing Home Diversion Modernization Grant namely **Community Living Program (CLP)** was received in 2008 and was extended through fiscal year 2010. The grant's purpose was to assist individuals who are at imminent risk of nursing home placement, but not eligible for Medicaid, or spend-down to Medicaid, and gave consumers the option to direct their own care including the option to hire family or

friends. By collaborative efforts of GOEA, DHH-Office of Aging and Adult Services, and two ADRCs (Capital ADRC and Northwest ADRC), consumers made their own decisions about their long term care options and were empowered to control the types of services they received and the manner in which services were provided. Capital ADRC worked directly with the Department of Health and Hospitals, in implementing a pilot project that created a Single Point of Entry (SPOE) for older adults and adults with disabilities within this planning and service area. Individuals accessing services, through Capital ADRC, were screened for other eligible services and resources including, but not limited to, options and benefits counseling. Capital ADRC staff were provided access to DHH system to determine potential eligibility of DHH waiver programs. This grant award has ended, but through ADRC some of the support systems are sustained.

Community Care for Individuals with Alzheimer's Disease Supportive Services Program (ADSSP) was received in 2008 to provide funding to expand (Alzheimer's Demonstration 3-year grant award) the availability of community-level supportive services for persons with Alzheimer's disease and related disorders and their caregivers. GOEA and ADRC partnered with the Alzheimer's Association and DHH-Office of Aging and Adult Services to implement this grant project. The aging network and its partners support ADSSP efforts to create and maintain responsive, integrated, and sustainable service delivery systems for persons and their family impacted by dementia, and who are participants in National Family Caregiver Support Program. This level of coordination connected the medical and community (non-medical) care systems. The AAAs will assess the ADSSP client for eligibility, create a care plan, facilitate the participant's direction on services, and outreach to individuals on the waiver list. The AAAs worked with the Alzheimer's Association to provide in-home caregiver education to the ADSSP clients and their family caregivers.

In March 2010, GOEA received a two-year Evidence-Based Prevention Program grant from the Administration on Aging. Under this initiative, GOEA is implementing the Chronic Disease Self-Management Program (CDSMP), which is known in Louisiana as Your Life, Your Health. The CDSMP was developed at Stanford University and is an accountability program that empowers people with chronic disease to take control of their own health. Through Your Life, Your Health initiative, individuals living with chronic conditions are taught how to improve their health through exercise, nutrition and improved self-management of their disease. GOEA contracted with Stanford University to use their Chronic Disease Self-Management Program (CDSMP) module. Other support by state and local partners include: DHH-Chronic Disease Prevention and Control Unit (Bureau of Primary and Rural Health), DHH-Office of Aging and Adult Services, University of Monroe, LA State University Health Sciences Center, the State Medicaid Office, American Association of Retired Persons (AARP), Area Agencies on Aging, and the Aging and Disability Resource Center (AARP). Capital Area Agency on Aging and CENLA Area Agency on Aging are the two lead AAAs who will have a coordinator and trainers to teach lay leaders to provide the six week training for older adults. Through this initiative, two ADRCs will lead educational training sessions and workshops with partners to implement the project's objectives that include: 1) deliver the Stanford curriculum to 500 older adults who complete the program; 2) create infrastructure and partnerships necessary to embed this health and long term care; 3) evaluate program effectiveness at the partnership level, and state level.

CDSMP Goals and Objectives

Goal 1: Create infrastructure and partnerships necessary to effectively embed these programs for elderly within statewide systems of health and long term care, and to sustain CDSMP after grant period.

Objective:

1. Integrate CDSMP into the larger scope of existing prevention programs

Strategies:

- Work with state partners and private partners (who have similar programs) to initiate talks of sustainability

Measurable Outcome: Partners' engagement (increase number, contribution), continued program activities, continued measured benefits and maintained community capacity.

Goal 2: Recruit and enroll seniors and/or disabled adults living with chronic conditions in a 6-week exercise program

Objective:

1. Target a minimum of 200 individuals living with chronic conditions to enroll

Strategy:

- Market CDSMP within the senior center, assisted living centers, adult day health centers of the benefits of participating in CDSMP program

Outcome Measure:

- Number of participants enrolled
- Number of participants completed 6-week exercise program

Goal 3: Evaluate structure, process and outcome of the program at participant level and state level.

Objective:

- At least 85% of completers will be satisfied with CDSMP exercise program

Strategy:

- Conduct pre and post evaluation questionnaires, self-administred tool, informed consent

Outcome Measure:

- Data collection and analysis of pre, post and follow-up surveys

Louisiana Department of Health and Hospitals (DHH) was the recipient of the 2007 LA Lifespan Respite Project. GOEA is a support agency and will assist DHH to gathering and expand a coordinated list of long term care and support services. This coordinated list of services will assist Louisiana's family caregivers and families with disabilities and/or chronic conditions locate the appropriate service. This collaboration will provide the ADRCs with a complete list of services available to all citizens based on their needs.

The following goal and objectives were part of the grant awarded to the Louisiana Department of Health and Hospital and will be monitored by DHH for compliance:

Goal: To provide a statewide, comprehensive and coordinated approach to meet the lifespan respite care needs for Louisiana Families

Objectives:

1. Formalize and expand the LA Lifespan Coalition
2. Update the statewide database of long-term care services
3. Market the ADRC as the premier source of information about respite care services
4. Education consumers, providers, and funders of the definition and benefits of respite care

Outcomes:

- Enhanced and coordinated information available about respite care services in LA
- Increased consumer knowledge of and acceptance of respite services
- Increase the availability of lifespan respite care statewide

- Senior Medicare Patrol grants were awarded to eQ Health Solutions, Inc. (originally known as LA

- Louisiana received a Medicare Improvements for Patients and Providers Act (MIPPA) grant in September 2009 to help older people, disabled adults, and their caregivers apply for special assistance through Medicare. This grant will provide support through the ADRCs, AAAs, and councils on aging to reach and provide assistance to older adults and disabled adults receiving Medicare. The target population is individuals who are below the income limit set by Medicare. These individuals may be eligible for the Low-Income Subsidy Program (LIS) or the Medicare Savings Program (MSP). Special targets also include older adults who reside in rural areas of the state and Native American elders. ADRCs are responsible for the training of partners in how to enroll clients and the backup necessary to complete the transaction to support outreach, enrollment and assistance efforts. These partners will be trained in outreach aimed at prevention of disease and promoting wellness as covered in the new health care act in addition to LIS and MSP enrollment. These trainings will be above and beyond those regular activities planned by SHIIP through partnership development statewide for the current MIPPA grant. In collaborative efforts, partnerships will be developed with community non-profit organizations and low income advocacy groups beyond the aging services network. A second grant was received extending the program and partner with additional local agencies to assist with locating seniors to apply for the LIS or the MSP.

- The Senior Rx Program, a state wide funded program, assist older adults with the application to pharmaceutical companies for medication needs not covered on their prescription program and assists with the annual enrollment in the Medicare Part D. The Prescription Drug Program helps beneficiaries apply for benefits. A partner with this grant is the Senior Health Insurance Information Program (SHIIP) through the Department of Insurance.

- GOEA has partnered with the Department of Health and Hospitals, Office of Public Health, and Injury Research and Prevention Program to promote the Matter of Balance. The Injury Research and Prevention Program received a grant from the CDC to develop a plan regarding injuries. A leading cause of injuries in the elderly population is falls, which lead to hospital admissions. GOEA was part of the study group and a two-day conference in 2009. This developed into a work group, Louisiana Fall Prevention Coalition, which would promote safe practices for the public to help prevent or reduce the number of falls. Falls Prevention Awareness Day is promoted in

communities with events conducted by health care providers to make seniors how they can prevent from falling.

- Statewide Model Legal Grant received FY 2010, is a 3-year grant which GOEA partnered with the Louisiana Civil Justice Center to provide a legal help line for older adults statewide. This help line provides access to all older adults to ask legal questions and receive a referral if necessary to the nearest Legal Cooperation for direct assistance. This grant helped Louisiana develop a coordinated system of legal services that increases access to legal assistance and awareness for older adults with the greatest social and economic need. Individuals have various means to access legal assistance: utilizing a toll-free statewide helpline, Law-help, a website with downloadable forms, or Tel-law, a phone database of information about a variety of legal topics and other legal services. The project's objectives include: 1) conducting a statewide legal needs assessment of older adults; 2) providing a statewide toll-free helpline; 3) developing legal resource packets and downloadable forms; 4) referral to appropriate legal counsel; 5) completion of a statewide IIIB reporting form quarterly; and 6) develop statewide standards for targeting Louisiana's most vulnerable older adults.

Aging and Disability Resource Centers

Louisiana was among the first states to be awarded a federal grant to pilot Aging and Disability Resource Centers (ADRC) to integrate long-term support resources for consumers into a single coordinated system. In 2003, Louisiana first pilot ADRC through Cajun Area Agency on Aging within its planning and service area (both rural and urban areas) that targeted individuals aged 60 plus and older adults with disabilities. This pilot project offered a single point of entry (SPOE) for accessing public and/or private long term care options by phone, or through face-to-face contact. The pilot project incorporated an interactive consumer-focused website (www.louisianaanswers.com) and a nationwide toll-free number.

With additional funding from the Administration on Aging in 2006, the capacity of the ADRC grew to 9 locations statewide, all within an Area Agency on Aging. This not only increased capacity but also integrated access to all long-term care programs, both public and private pay, statewide. GOEA provides the guidance and oversight to the nine (9) ADRCS which covers the entire state. Partnerships are key to the success of an ADRC. Aging and Disability Resource Centers serve as a clearing house for a variety of support services and options in long term care. State and local organizations must work together in a coordinated manner, so consumers can access information, make informed decisions, and obtain referrals to needed services. GOEA and Aging and Disability Resource Centers partners, which include the Department of Health and Hospitals, Office of Disabilities Affairs, the Centers for Medicare & Medicaid, Area Agencies on Aging, Councils on Aging, Department of Insurance - Senior Health Insurance and Information Program (SHIIP), and other stakeholders, have created a "single point of entry" for information and access to long term care options. Having these collaborative partnerships, have expanded the capacity of the ADRC from the initial grant. Although Louisiana receives no federal funding for ADRCs, Louisiana *House Bill 528 (2007), ACT 406, R.S.40:1300.211 – 1300.216*, does allow for state funding support and integration of ADRC functions with Louisiana Senior Rx programs and other core programs and services. GOEA decided to incorporate the ADRC in the existing SenioRx program which is completely funded by state funds. This allow for the ADRCs to be sustained within Louisiana. However, GOEA will work on legislation for more inclusive of a sustainable ADRC program for the future. The current level of funding exceeds the $400,000 of the grant received in 2006.

One of the difficulties that older adults and their caregivers confront is navigating through a maze of fragmented systems to access services. Since its inception, ADRC has made it easier for older Louisianans and their caregivers to learn of long term care options under the guidance of certified staff (AIRS and SHIIP Counselors) or by accessing the website: www.louisianaanswers.com . Using a person-centered approach, the ADRC provides three main functions: 1) information and assistance through public education and information on long-term support options; 2) streamlined access to all long term services and support including those supported by the state Medicaid; and 3) access through pre-eligibility screening for public pay services, comprehensive assessment and access to private pay services. Louisiana aging network, including the ADRCs, are required to utilize Social Assistance Management System (SAMS) for reporting and statistical data. SAMS is the web-based, consumer centered tracking, accountability and payment system that documents all aging services contracted between GOEA, the AAAs, and the network of contract service providers.

Aging and Disability Resource Centers in Louisiana play a major role in ensuring access to not only long term care options, but also a range of needed preventive health care services for older adults and adults with disabilities. This include health education, community-based health screenings and counseling on prescription drug programs, all of which are essential to the health and well-being of Louisiana's aging population. GOEA, ADRCs and the aging network continue to collaborate with DHH-Office of Public Health and local parish health units to provide education and awareness in promoting the importance of vaccination for influenza, H1N1, pneumonia, and shingles. This collaborative partnership helps to raise an awareness of preventive services addressing disparities within the state.

GOEA staff serves on various boards and/or committees to ensure that the aging network is staying abreast of trends, partnership opportunities, and new initiatives benefitting the seniors and older adults with disabilities. For instance, LA Developmental Disabilities Council, as part of its 5-year strategic plan, included marketing services on the Aging and Disability Resource Center's website.

ADRC Goal:	Provide access to resources and medication for seniors and disabled adults statewide.

Objective: To target 11% of seniors and disabled adults 21 and older with access to community resources and prescription medication through drug companies by the end of each fiscal year.

Strategy:

- Market ADRC throughout the state and within state agencies, community organizations, and the aging network for consumer access to resources and information via website or direct contact with certified AIIRS Counselors
- Work with DHH – Medicaid unit to make referrals of potential eligible clients for services

Measures:

- Number of new ADRC service logs
- Percent of clients who received assistance with prescription medication and Medicare Part D applications
- Percent of clients who receive information and assistance about long term care supports and/or services
- Number of clients who receive assistance through referrals from the ADRC

Focus Area III: Consumer Choice and Control

GOEA, is the lead agency for consumer choice and control for Title III programs, and will serve as a supportive agency to other state agencies in implementing the Veterans Directed Home and Community Based and Money Follows the Person programs to ensure a more efficient and effective array of diverse comprehensive services to the aging population, veterans, and/or their families. GOEA, through its Ombudsman program, ensure residents in nursing facilities and their family receive on going information and education on consumer choice and options on the efficacy of home and community based services. The Ombudsman will work with DHH staff in identifying and educating potential clients eligible for transitioning out of nursing facilities of the Money Follows the Person program. GOEA, provider agency, CADDO AAA, will work with the Veterans Administration in providing consumer choice and options in Title III programs to eligible veterans of all ages. GOEA has been successful in fostering and/or enhancing Title III programs and supportive services through the Aging and Disability Resource Centers, aging network providers, and other state collaborative. These supportive services allow consumers to choose their own providers and have more choice in directing its services:

- Veterans Directed Home and Community Services (VDHCS) program includes veterans of all ages who need home based services. Implementation of this project within Louisiana is at the initial phase with hopes of implementation soon. Caddo AAA has completed all the steps necessary to begin enrolling veterans in the VDHCS program and providing in-home support as assessed. This pilot project will serve as a model to other AAAs to work with the Veteran Hospital within their service and planning area, offering Veterans home and community-based options. This service was part of the Nursing Home Diversion Grant received by the state and Caddo AAA was able to make the connections to successfully implement this program. The community living grant served as a catalyst to bring Home and Community Based Services and Veterans Administration together to initiate this pilot project. GOEA will continue to support the efforts of this project by marketing its availability on the agency's and on the ADRCs webpage.

- Money Follows the Person (MFP) A grant received by Louisiana Medicaid, in partnership with the Department of Health and Hospitals-Office of Aging and Adult Services (OAAS), and the Office of Citizens with Developmental Disabilities (OCDD) to assist Medicaid-eligible individuals who reside in a nursing facility, or individuals with a developmental disability who reside in an intermediate care facility, to transition from the institution to the community. Coordinating services and resources support the individuals' independent living goals. Services are accessed through the Department of Health and Hospital. Staff members from the aging network and DHH work cooperatively to ensure the shared goal of delivering quality services to keep individuals independent and in the least restrictive environment. In the New Orleans area, the Ombudsmen are working with DHH's grant Money Follows the Person also called My Place Louisiana. The original award was in 2007 developed a plan for individuals residing in institutions to be given a choice where to live and what services they would receive. The hurdle to successfully transitioning a resident from a nursing facility, is locating affordable appropriate housing. This pilot is currently operating in the New Orleans area because of the housing being rebuilt with access for disabled and older adults. Although the biggest challenge still continues to be supportive housing throughout Louisiana, there are plans to implement this project statewide.

The extension of the project will make funds available in the Baton Rouge area. Ombudsmen are working with identifying residents who are able to live in a community setting with the appropriate services in place.

Focus Area III Goals and Objectives

Goal 1: To provide information and education on Veterans Directed Home and Community Services options available to all veterans and their families.

Objective

1. Provide information about Veterans Directed Assisted Program to potential veterans

Strategy

- Referred veterans will access information and/or Title III services through the CADDO AAA and the ADRC.
- Work with other Veternans' Administration Hospitals regarding programs in other areas of the state

Measures

- Number of referrals received for access to program
- Percentage of veterans who receive assistance through CADDO AAA

Goal 2: To provide information and education on Money Follows the Person Program options available to eligible residents of long term care facilities and their families

Objective

1. Provide information about the Money Follow the Person Program (MFP) to all residents of nursing facilities and intermediate care facilities

Strategy:

- The Long Term Care Ombudsman will help to identify, educate, and referral potential eligible long term care residents wanting to transition out of the nursing home into community setting.

Measures

- Number of referrals received to program by Long Term Care Ombudsman
- Percentage of residents transitioning out of nursing home into community settings

GOEA has launched a new web page, www.goea.louisiana.gov to provide information regarding services, and promote programs available to older adults and their families. Current information is now available as well a training section that has information for aging network staff to provide immediate information and training for new staff. This does not take the place of training sessions but gives another resource for the aging network. There are three sections currently available, Moodle, SAMS training videos, and Technology site, currently under construction. The Moodle site requests the viewer to have a log on name that can be obtained from GOEA and all the training is free. The Moodle site has coursed for general education, evidence based health promotion, ADRC training for staff, Ombudsman, Elder Protective Services, and other training components.

Louisiana Aging Network Association (LANA) holds an annual training conference in coordination with annual meeting. The annual training conference was held in Shreveport with over 125 members attending two days of workshops in three tracks, administration, senior center activities, and general information. GOEA provided training on budget development, tracking services, emergency management, and providing legal services. Most of the participants networked other providers and obtained ideas on fund raising; engaging older adults in fitness programs to safely and effectively exercise improving their overall health and well-being. The conference provides an opportunity for many of their staff and provider to network on a

larger scale than the other workshops they attend. Agency staff engaged in discussion of developing the state plan on aging. Many of the partners such as SHIIP, Department of Transportation and Development participated as speakers sharing information on programs.

State Plan Goals, Objectives, Performance Measures, and Outcomes
Louisiana Governor's Office of Elderly Affairs Goals and Objectives FY 2011-2015

(All Performance Measures will end September 2015 unless otherwise noted)

The following Goals, Objectives and Strategies outline the steps that GOEA will take to support its target population and enable them to maintain their independence while receiving assistance in the ways that they prefer.

Goal 1:	Empower older adults and their families to make informed decisions about, and be able to easily access, home and community-based services.

Objectives

1. To provide education resources to 10% of older adults and adults with disabilities regarding community options on home and community based services.

   Strategies
   - Continue access and outreach within 9 regional Aging and Disability Resource Centers with support partners that include: Department of Health and Hospitals, SHIIP, hospital discharge planners, health care system providers, Centers for Independent Living, Office of Disability Affairs and community stakeholders to engage them as "connectors" to the Area Agency on Aging and Council on Aging.
   - Provide public education presentations, through providers, to older adults, caregivers, adults with disabilities, and the community on available supports and resources.
   - Develop and implement ADRC 5-year Strategic Plan.

   Measures
   - Number of education presentations provided on caregiver and other resources available within network.
   - Number of older adults and/or caregivers assisted through the ADRCs and the AAAs.

2. Provide access to home and community-based services, options counseling, and respite resources through the Aging and Disability Resource Center, the Area Agency on Aging and Council on Aging.

   Strategies
   - Collaborate with DHH Office of Aging and Adult services to disseminate information on the LA Life-Span Respite Program via LouisianaAnswers.com website and within the aging network.
   - Collaborate with strategic partners to provide tools to help individuals plan ahead for their long-term care needs.

   Measures
   - Number of presentations conducted regarding long term care options.
   - Number of individual accessing information through LouisianaAnswers.com website.

Goal 2:	Enable older adults and family caregivers to sustain their community living by accessing flexible, affordable and effective services.

Objectives

1. Provide a collaboration of a minimum of 3 agencies including the AAA, COA, health care, and other strategic partners to identify high risk older adults and family caregivers.

   Strategies
   - Strengthen referrals to in-person assistance through the ADRC staff, AAAs, COAs and strategic partners.
   - Through the Money Follows the Person, MIPPA, and Veterans Directed Home and Community Based grants track referrals.
   - Identify the most effective ways to connect high risk people with the services they need.
   - Distribute information regarding benefits available through quarterly newsletters and health fairs within the community and stakeholders.

   Measure
   - Number of client referrals
   - Number of partnerships established
   - Number of unduplicated 60+ clients receiving services
2. Maintain 9 regional ADRC to provide in-person assistance through their staff and strategic partners.

   Strategy
   - ADRC staff are AIRS certified and volunteers are trained in benefits counseling.

   Measures
   - Number of in-person assistance provided.
   - Number of staff and volunteers trained annually.
3. Encourage emergency plans development within all 36 AAAs that address the needs of older Louisianans in the case of a disaster or other emergency.

   Strategies
   - GOEA staff will provide technical assistance and information on emergency planning to providers.
   - GOEA staff will monitor and evaluate providers' emergency plans annually.
   - Participate in emergency management trainings or table-top exercises annually by aging network.
   - Promote the development of individual emergency plans within the community.

   Measures
   - Number of emergency plans submitted
   - Number of annual emergency trainings and/or table-tops exercises participated in.

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

Objectives

1. Provide a minimum of 40 awareness activities regarding wellness and disease management.

   Strategies
   - Promote the involvement of older adults and family caregivers living with chronic conditions to participate in the Chronic Disease Self-Management Program (CDSMP).
   - Support Department of Health and Hospitals - LA Falls Prevention Coalition in outreaching to high risk populations and dissemination of information regarding fall injuries in elderly.

   Measures
   - Number of participants enrolled
   - Number of participants completed CDSMP training.
   - Follow-up participants' survey will be satisfactory or above.
2. Provide at least 30 events to promote preventive benefits available under Medicare, especially for older adults with low incomes.

Strategies

- Train ADRC and aging network staff to refer older adults and family caregivers to the tools available on MyMedicare.gov.
- Participate in "My Health, My Medicare" campaign to raise awareness of Medicare preventive benefits.
- Collaborate with Senior Health Insurance Information Program (SHIIP) to implement MIPPA grant.

Measures

- Number of trainings conducted on Medicare outreach tools and information.
- Number of trainings conducted on Medicare preventive benefits for staff and volunteers.
- Number of new strategic partners.

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

Objectives

1. Provide 65 community awareness and education presentations regarding elder abuse of older adults to ensure their safety and well-being.

   Strategies

   - Disseminate information of elder abuse through various means: senior center and meal sites including home bound delivery staff, local churches, schools, community centers, law enforcement and civic organizations.
   - Collaborate with local SALT Councils, TRIAD and other agencies to promote awareness of elder abuse.
   - Promote GOEA's website as a mechanism for information on elder abuse, neglect and exploitation.

   Measure

   - Number of elder abuse and awareness education sessions held.
   - Number of diverse groups attending training.

2. Provide regular monthly and timely access to Long Term Care Ombudsman services to residents of all nursing and adult residential care facilities.

   Strategies

   - Provide on-going training to the community and long term care staff regarding the Ombudsman Program, residents' rights, and other long term care issues.
   - Visits to Nursing and Adult Residential Care Facilities on a regular basis

   Measures

   - Number of education events.
   - Number of staff and volunteers trained annually.
   - Number of monthly visits to long term care facilities.

3. Investigate a minimum of 3,000 reports of Elder Abuse as described in GOEA Policy Manual.

   Strategy

   - Conduct annual training with EPS staff
   - Participate in coordinated council meetings
   - EPS will monitor and track number of cases received and investigated as high priority

   Measures

   - Number of high priority cases investigated
   - Number of cases resolved

4. Legal services and referrals will be provided to older adults over the age of 60 with 11% of the population receiving services through the legal help line.

   Strategies

   - Promote the Legal Services Hotline for legal needs.
   - Continue collaboration with the LA Civil Justice Center.

   Measure

- Number of calls received through statewide Law Help hotline.
- Number of referrals given to older adults

ATTACHMENT A

IX (1305) INTRASTATE FUNDING FORMULA

A. Intrastate Funding Formula

1. The following is a descriptive summary of the current Intrastate Funding Formula's assumptions and goals, and the application of the definitions of greatest economic or social need and a demonstration of the allocation of funds, pursuant to the formula, to each PSA.

2. Descriptive Statement

a. The current intrastate funding formula for the distribution of Older Americans Act Title III funds in Louisiana provides for a base allocation by parish. The following factors are considered in the distribution of funds remaining after base allocations are made: population aged 60 and over; population aged 60 and over below the Bureau of the Census poverty threshold; population aged 75 and over; and land area in square miles. Each of these factors is derived by dividing the planning and service area total by the state total.

b. Population aged 60 and over, and land area in square miles is assigned weights of one (1) each. Population aged 60 and over below the Bureau of the Census poverty threshold is assigned a weight of nine-tenths. Population aged 75 and over is assigned a weight of one- tenth. The sum of these four factors is three (3).

c. Those elderly in greatest economic need are defined as persons aged 60 and older whose incomes are at or below the poverty threshold established by the Bureau of the Census. Those elderly in greatest social need are defined as persons aged 60 and over who have needs based on noneconomic factors such as social isolation caused by living in remote areas, or who are especially vulnerable due to the heightened possibility of frailty among elderly aged 75 and older. Other social needs are those, which restrict an elderly individual's ability to perform normal daily tasks, or which restrict his or her ability to live independently; they can be caused by racial or ethnic status or language barriers. The intra-state funding formula accounts for these individuals by not allocating funds solely on the basis of population. The land area in square miles factor is included to compensate area agencies serving predominantly rural areas for the special problems encountered by sparse populations who may be spread over large geographical areas. The four funding factors combine to meet the special needs of socially and economically needy elderly, urban elderly and rural elderly.

d. The base funding allocation of $12,000 per parish is established on the assumption that this amount represents a minimum allocation for the administration of Older Americans Act programs. There is an increasing need to provide a continuum of care for the very old (aged 75 and older) as this segment of the population gets larger each year. Funding limitations dictate that this group is given special emphasis.

3. Numerical statement of the intrastate funding formula

a. Base allocation per PSA: $12,000 per parish

b. Formula Allocation per PSA:

	FACTORS	WEIGHT
I.	PSA 60+ Population / State 60+ Population	1.0
ii.	PSA 60+ Population below Poverty Threshold State 60+ Population below Poverty Threshold	0.9
Iii.	PSA Land Mass in Square Miles / State Land Mass in Square Miles	1.0
iv.	PSA 75+ Population / State 75+ Population	0.1
v.	SUM	3.0

4. PSA FORMULA = $\frac{(i) \times 1 + (ii) \times 0.9 + (iii) \times 1 + (iv) \times 0.1}{3}$

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:932(8)

HISTORICAL NOTE: Promulgated by the Office of the Governor, Office of Elderly Affairs, LR 19:1317 (October 1993), repealed and promulgated LR 23:1146 (September 1997) repealed LAC 4:VII 1315 and repromulgated LAC 4:VII as 1305 LR 26:1611 (August 2000), repealed and promulgated LR 30:1696 (August 2004), LR 35:662 (April 2009), LR 37:320 (January 2011)

	PSA	POP60	BPL60	POP75	SQMILES	POP60 %	BLP60 %	POP75%	SQ.MILES%	TOT %
	=	=	=	=	=	=	=	=	=	=
	wgt>	1.00	0.90	0.10	1.00					
	=	=	=	=	=	=	=	=	=	=
Allen	37	3686	791	1193	765	0.0056	0.006553197	0.0005	0.0172	0.0099
Beauregard	01	5213	750	1628	1163	0.0079	0.006213524	0.0007	0.0261	0.0137
Bienville	02	3266	737	1373	816	0.005	0.006105823	0.0006	0.0183	0.01
Bossier	03	13960	1,588	4152	845	0.0212	0.013156102	0.0018	0.019	0.0184
Caddo	04	42153	6,541	16619	894	0.064	0.054190217	0.0072	0.0201	0.0485
Calcasieu	05	27807	4,007	9292	1082	0.0422	0.033196789	0.004	0.0243	0.0346
Caldwell	06	1906	384	666	541	0.0029	0.003181324	0.0003	0.0122	0.0062
Cameron	07	1516	241	375	1417	0.0023	0.001996612	0.0002	0.0318	0.0121
Claiborne	08	3424	766	1458	765	0.0052	0.006346079	0.0006	0.0172	0.0098
De Soto	09	4549	1,075	1627	880	0.0069	0.008906052	0.0007	0.0198	0.0121
East Baton Rouge	10	52486	6,032	18768	458	0.0797	0.049973305	0.0081	0.0103	0.0494
Jefferson	11	70444	7,007	24009	348	0.107	0.058050886	0.0103	0.0078	0.0611
Jefferson Davis	38	5270	1,083	1902	655	0.008	0.008972329	0.0008	0.0147	0.0108
Lafourche	12	13066	2,200	4273	1141	0.0199	0.018226338	0.0018	0.0256	0.0218
Lincoln	13	5792	994	2509	472	0.0088	0.008234991	0.0011	0.0106	0.0096
Livingston	35	10917	1,632	3100	652	0.0166	0.013520629	0.0013	0.0146	0.0154
Morehouse	15	5507	1,288	2246	807	0.0084	0.010670692	0.001	0.0181	0.0127
Natchitoches	16	5907	1,135	2201	1264	0.009	0.009403133	0.0009	0.0284	0.0159
Orleans	17	70796	14,233	27500	199	0.1076	0.117916122	0.0118	0.0045	0.0806
Ouachita	18	22270	3,340	7784	627	0.0338	0.027670895	0.0034	0.0141	0.0263
Plaquemines	19	3466	756	956	1035	0.0053	0.006263233	0.0004	0.0232	0.0117
Red River	20	1663	327	702	394	0.0025	0.002709097	0.0003	0.0088	0.0048
Sabine	21	4855	887	1704	855	0.0074	0.007348528	0.0007	0.0192	0.0116
St. Bernard	22	11442	1,292	4022	486	0.0174	0.010703831	0.0017	0.0109	0.0136

	PSA	POP60	BPL60	POP75	SQMILES	POP60 %	BLP60 %	POP75%	SQ.MILES%	TOT %
	wgt>	1.00	0.90	0.10	1.00					
St. Charles	23	5549	692	1720	286	0.0084	0.005733012	0.0007	0.0064	0.0071
St. James	24	3216	539	957	248	0.0049	0.004465453	0.0004	0.0056	0.0051
St. John the Baptist	25	4794	809	1530	213	0.0073	0.006702322	0.0007	0.0048	0.0065
St. Tammany	26	25136	2,479	7933	873	0.0382	0.020537769	0.0034	0.0196	0.0272
Terrebonne	28	13398	2,278	4161	1367	0.0204	0.018872545	0.0018	0.0307	0.0239
Vernon	36	5691	808	1552	1349	0.0086	0.006694037	0.0007	0.0303	0.0154
Webster	29	8460	1,364	3205	602	0.0129	0.011300330	0.0014	0.0135	0.013
West Carroll	30	2414	530	946	360	0.0037	0.004390891	0.0004	0.0081	0.0055
CAPITAL	31	50111	9801	17080	4774	0.0761	0.081198336	0.0074	0.1072	0.0906
CAJUN	33	86875	18289	29955	5686	0.132	0.151518861	0.0129	0.1277	0.1414
CENLA	32	41787	7811	15316	5863	0.0635	0.064711785	0.0066	0.1317	0.0888
NORTH DELTA	34	19428	4148	7794	4341	0.0295	0.034364932	0.0034	0.0975	0.0549
	la	658220	108634	232208	44523	1.00	0.90	0.10	1.00	1.00

ATTACHMENT B

Area Agency on Aging

AREA AGENCY ON AGING	PLANNING AND SERVICE AREA (PARISHES SERVED)
Allen COA	Allen
Beauregard COA	Beauregard
Bienville COA	Bienville
Bossier COA	Bossier
Caddo COA	Caddo
CAJUN Area Agency on Aging (AAA)	Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary, Vermilion
Calcasieu COA	Calcasieu
Caldwell COA	Caldwell
Cameron COA	Cameron
Capital Area Agency on Aging (AAA)	Ascension, Assumption, East Feliciana, Iberville, Pointe Coupee, St. Helena, Tangipahoa, Washington, West Baton Rouge, West Feliciana
CENLA Area Agency on Aging (AAA)	Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Winn
Claiborne COA	Claiborne
DeSoto COA	DeSoto
East Baton Rouge COA	East Baton Rouge
Jefferson COA	Jefferson
Jefferson Davis COA	Jefferson Davis
Lafourche COA	Lafourche
Lincoln COA	Lincoln
Livingston COA	Livingston
Morehouse COA	Morehouse
Natchitoches COA	Natchitoches
North Delta (AAA)	East Carroll, Franklin, Jackson, Madison, Richland, Tensas, Union
New Orleans COA	Orleans
Ouachita COA	Ouachita
Plaquemines COA	Plaquemines
Red River COA	Red River

Continued Area Agency on Aging

AREA AGENCY ON AGING	PLANNING AND SERVICE AREA (PARISHES SERVED)
Sabine COA	Sabine
St. Bernard COA	St. Bernard
St. Charles COA	St. Charles
St. James COA	St. James
St. John COA	St. John
St. Tammany COA	St. Tammany
Terrebonne COA	Terrebonne
Vernon COA	Vernon
Webster COA	Webster
West Carroll COA	West Carroll

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:932(8).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Office of Elderly Affairs, LR 19:1317 (October 1993), repealed and promulgated LR 23:1146 (September 1997), amended LR 24:1110, (June 1998), amended LR 25:1094 (June 1999), repealed LR 26:1611 (August 2000)

PSA	AREA AGENCY ON AGING:
01	Beauregard Council on Aging, P.O. Drawer 534,104 Port Street (Zip: 70634) Deridder, LA 70634-0534, Email: clgbeaucoa@bellsouth.net, Business: 337/463-6578
02	Bienville Council on Aging, 600 Factory Outlet Drive Suite 15, Arcadia, LA 71001, Email: biencoa@bayou.com, Business: 318/263-8936
03	Bossier Council on Aging P. O. Box 5606, 706 Bearkat Drive (Zip: 7111-4568).Bossier City, LA 71171-5606 Email: tcrane@bossiercoa.org Business: 318/741-7358
04	Caddo Council on Aging, Inc., 1700 Buckner Street Suite 240, Shreveport, LA 71101-6422 E-mail: ccoa@caddocoa.org, Website: http://www.caddocouncilonaging.org Business: 318/632-2090
05	Calcasieu Council on Aging, Inc., 3950 Highway 14, Lake Charles, LA 70605 Email: tcaraway81@calcoa.org, Website: www.swlamall.com/agingwell Business: 337/471-2583
06	Caldwell Parish Council on Aging, P. O. Box 1498 (Zip: 71418-1498), 307 Main Street, Columbia, LA 71418, E-mail: dottie@caldwellcoa.org, Web site: www.caldwellcoa.org, Business: 318/649-2584,
07	Cameron Council on Aging, P. O. Box 421 (Zip: 70631-0421), P. O. Box 880, Grand Lake, LA 70606, Email: dblandry@aol.com, Business: 337/598-5158,
08	Claiborne Council on Aging, P. O. Box 480 (Zip: 71040-0480) 608 East 4th Street, Homer, LA 71040-0480 Email: josreed@bellsouth.com, Business: 318/927-6922
09	DeSoto AAA/Council on Aging, Inc., P. O. Box 996 (Zip: 71052-0996) 1004 Polk Street, Mansfield, LA 71052 Email: dcoa@bellsouth.net, Business: 318/872-3700
10	East Baton Rouge Council on Aging, Inc., 5790 Florida Blvd., Baton Rouge, LA 70806-4244, E-mail: ernesteteephens@ymail.com, Website: www.older adultssurfs.org, Business: 225/923-8000
11	Jefferson Council on Aging, Inc., P. O. Box 73769 (Zip 700033- 3769) 6620 Riverside Drive, Suite 216, Metairie, LA 70003 E-mail: arobichaux@jcoa.net, Business: 504/888-5880

12 Lafourche Council on Aging, Inc., P. O. Box 500, Raceland, LA(Zip: 70394-0500)
4876 Hwy 1, Mathews, LA 70375
Email: lafcoadirector@viscom.net , Webpage: www.lafourchecoa.org
Business: 985/537-3492

13 Lincoln Council on Aging, Inc., P. O. Box 1058, Ruston, LA 71273-1058,
1000 Saratoga Street, Ruston, LA 71273 Email: mdwright@suddenlinkmail.com,
Business: 318/255-5070

15 Morehouse Council on Aging, Inc., P. O. Box 1471 (Zip: 71221-1471)
200 Elm Street, East Madison, Bastrop, LA 71220 Website: www.morehousecoa.org
E-mail: reggiedir@bellsouth.net, Business: 318/283-0845

16 Natchitoches Parish Council on Aging, P.O. Box 2083
1016 Keyser Avenue, Natchitoches, LA 71458
Email: npcoa@cp-tel.net, Business: 318/357-3250

17 New Orleans Council on Aging, P. O. Box 19067 (Zip: 70179-0067)
2475 Canal Street, Suite 400, New Orleans, LA 70119
Email: hrodgers@nocoa.org Business: 504/821-4121

18 Ouachita Council on Aging, Inc, P. O. Box 14363 (Zip: 71207-4363)
2407 Ferrand Street, Monroe, LA 71201
E-mail: aging@centurytel.net, Website: www.ouachitacoa.com
Business: 318/387-0535

19 Plaquemines Council on Aging, P.O. Box 189, Port Sulphur, LA 70083
278 Civic Drive, Port Sulpher LA 70083
Email: mbarth@pcoa.us Business: 985/564-0600

20 Red River Council on Aging, Inc., P. O. Drawer 688 (Zip: 71019- 0688)
1825 Front Street, Coushatta, LA 71019
Email: rrcoa2@bellsouth.net, Business: 318/923-5721

21 Sabine Council on Aging, Inc., 200 Legacy Drive
Many, LA 71449, Email: scoa@bellsouth.net, Website: www.sabinecoa.com
Business: 318/256-4140

22 St. Bernard Council on Aging, Inc., 8201-A W. Judge Perez Drive
Chalmette, LA 70043, Email: stbernardcoa@yahoo.com, Business: 504/278-7335

23 St. Charles Council on Aging, Inc., 626 Pine Street, Suite A
Hahnville, LA 70057,
Email: akeller@stcharlescoa.com, Business: 985/783-6683

24. St. James Parish Dept. of Human Resources Human Resources Building
P. O. Box 87, 5153 Canatella Street, Convent, LA 70723

Email: suewon.narcisse@stjamesla.com, Business: 225/562-2302

25 St. John Council on Aging, Inc., 214 Regala Park Road, Reserve, LA 70084
Email: cherylp@rtconline.com, Business: 985/652-3660 or 985/536-4422

26 St. Tammany Council on the Aging, Inc., 72060 Ramos Drive, Covington, LA 70433,
E-mail: coast@coastseniors.org, Business: 985/892-0377

28 Terrebonne Council on Aging, Inc., 995 West Tunnel Blvd
Houma, LA 70360 E-mail: dianae@tcoa-la.org, Website: www.bayoubusiness.com/tcoa
Business: 985/868-7701

29 Webster Council on Aging, P. O. Box 913 Zip 71058-0913
316 McIntyre, Minden, LA 71055
Email: wpcoa@yahoo.com, Business: 318/371-3056

30 West Carroll Council on Aging, 207 E. Jefferson
P. O. Box 1058, Oak Grove, LA 71263
E-mail: wccoa71263@yahoo.com, Business: 318/428-4217

31 Capital Area Agency on Aging, P. O. Box 66038 (Zip 70896-6038)
Carrolton Office Building, 6554 Florida Blvd., Suite 121
Baton Rouge, LA 70806
E-mail: lbeauvais@capitalaaa.org, Website: http://www.capitalaaa.org
Business: 225/922-2525

32 Cenla Area Agency on Aging, Inc., P. O. Box 13027 (Zip 71315- 3027)
1423 Peterman Drive, Alexandria, LA 71301
E-mail: nelldeville@cenlaaging.org, Business: 318/484-2260

33 Cajun Area Agency on Aging, Inc., P. O. Box 60850 (Zip: 70596- 0850)
110 Toledo Avenue, Lafayette, LA 70506
E-mail: cajnaaa@bellsouth.net, Business: 337/572-8940

34 North Delta Area Agency on Aging, 2115 Justice Street
Monroe, LA 71201,
Email: lanell@northdelta.org, Business: 318/387-2572

35 Livingston Council on Aging, P. O. Box 658
949 Government Drive, Denham Springs, LA 70727
Email: director@livcoa.brcoxmail.com Website: http://livingstoncouncilonaging.com
Business: 225/664-9343

36 Vernon Council on Aging,
200 N. Third Street, Leesville, LA 71446-0275
Email: vcoa1@bellsouth.net,
Business: 337/239-4361

37 Allen Council on Aging, P.O. Drawer E-L, 602 East 5th Avenue
Oakdale, LA 71463
Email: allencouncil@bellsouth.net, Business: 318/335-3195

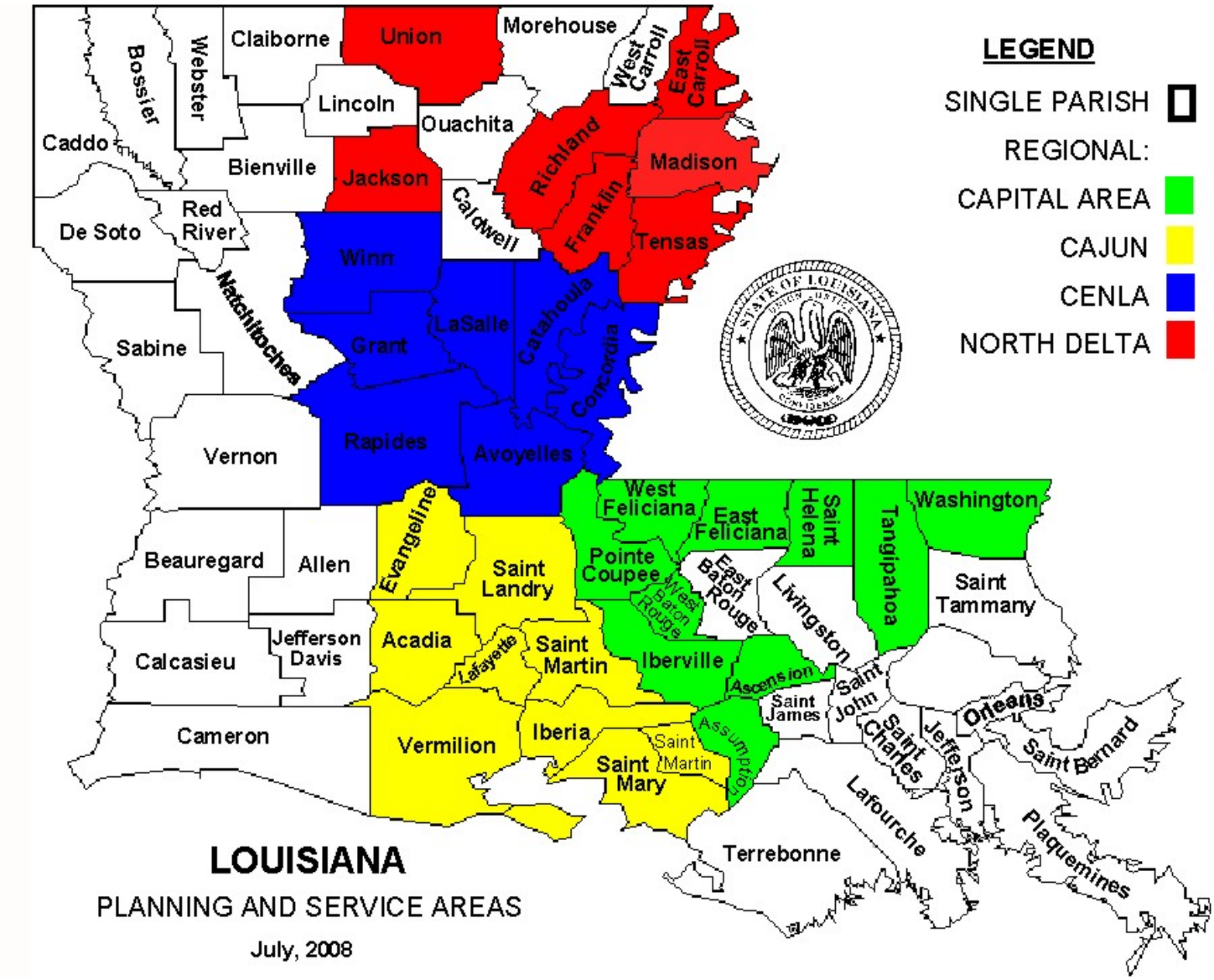
38 Jefferson Davis Council on Aging, P. O. Box 734
210 South State Street, Jennings, LA 70546
Email: hlangley@bellsouth.net, Business: 337/824-5504

ATTACHMENT C

AAA chart shows the estimated population from the Census 2009

Census 2009 Population Estimate						
Louisiana Total	782262	17.4%	254113	5.7%	70291	1.6%
AREA AGENCY ON AGING	60+	% 60+	75	75%	85+	% 85+
Beauregard Parish	6480	18.3%	1922	5.4%	479	1.40%
Bienville Parish	3495	23.7%	1333	9.1%	447	3.0%
Bossier Parish	18435	16.50%	5692	5.10%	1484	1.3%
Caddo Parish	47210	18.60%	17159	6.80%	5296	2.1%
Calcasieu Parish	32973	17.6%	10825	8.9%	6216	1.4%
Caldwell Parish	2210	21.2%	683	6.5%	201	1.9%
Cameron Parish	971	14.7%	243	3.7%	58	.9%
Claiborne Parish	3506	22.4%	1373	7.9%	489	3.00%
De Soto Parish	5354	20.3%	1686	6.40%	490	1.9%
East Baton Rouge Parish	67605	15.6%	22038	5.1%	6123	1.4%
Jefferson Parish	86003	19.4%	28980	6.5%	8071	1.8%
Lafourche Parish	16214	17.3%	5226	5.6%	1368	1.5%
Lincoln Parish	6953	16.1%	2701	6.2%	872	2.0%
Morehouse Parish	5833	20.7%	2180	7.7%	589	2.1%
Natchitoches Parish	7032	17.9%	2381	6.10%	680	1.7%
Orleans Parish	61283	17.3%	19650	5.5%	5987	1.7%
Ouachita Parish	25611	16.90%	8825	5.8%	2409	1.6%
Plaquemines Parish	3372	16.1%	978	4.7%	201	1.%
Red River Parish	1812	20.1%	638	7.1%	191	2.1%
Sabine Parish	5451	23%	1629	6.9%	451	1.9%
St. Bernard Parish	5818	14.3%	1946	4.8%	535	1.3%
St. Charles Parish	7472	14.50%	2403	4.7%	611	1.2%
St. James Parish	3704	17.6%	1153	5.5%	292	1.4%
St. John the Baptist Parish	6606	14.0%	1705	3.60	978	.9%
St. Tammany Parish	41570	18.0%	12236	5.3	3167	1.4%
Terrebonne Parish	17779	16.3%	5406	4.9	1400	1.3%
Webster Parish	9263	22.8%	3268	8.1	927	2.3%
West Carroll Parish	2526	22.3%	862	7.6	259	2.3%
CAPITAL AAA	68096	15.50%	20041	4.90	5691	1.40%
CENLA AAA	48168	18.90	1657	6.50	4825	1.90%
CAJUN AAA	103924	16.50%	35208	5.60	10104	1.60%
NORTH DELTA AAA	21190	20.40%	7881	7.60	2461	2.40%
Livingston Parish	17897	14.5%	4842	3.90	1182	1.00%
Vernon Parish	7008	15.0%	2004	4.30	463	1.0%
Allen Parish	4377	17.1%	1499	5.80	459	1.80%
Jefferson Davis Parish	5818	19.4%	1922	6.5	503	1.6%

ATTACHMENT D



ATTACHMENT E
DEMOGRAPHICS FOR LOUISIANA

Population for States by Age Group: April 1, 2010				
Number of Persons				
State	All Ages	60+	75+	85+
Louisiana	4,533,372	800,852	245,863	65,686
		17.7%	5.4%	1.4%

Estimate of racial makeup of the 60 plus population

Number of Persons 60+ by Race and Hispanic Origin - by State - 2009

	Total 60+	White (Alone - Non - Hispanic)	Black / African American (Alone - Non - Hispanic)	Amer.Ind / Alaska Nat. (Alone - Non - Hispanic)	Asian (Alone - Non - Hispanic)	Hispanic / Latino (may be of any race)	Total Number of Minority Persons
Louisiana	782,262	568,298	179,941	4,029	7,335	17,072	205,581

Comparison of Louisiana racial makeup to the United States

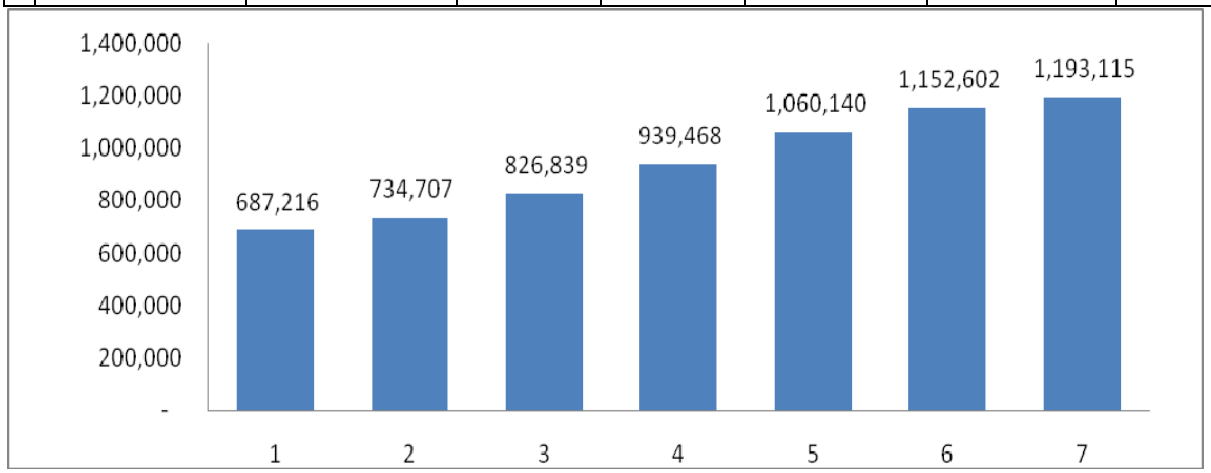
	White (Alone - Non - Hispanic)	Black / African American (Alone - Non - Hispanic)	Amer.Ind / Alaska Nat. (Alone - Non - Hispanic)	Asian (Alone - Non - Hispanic)	Hispanic / Latino (may be of any race)	Total Number of Minority Persons
United States	79.6%	8.6%	.5%	3.4%	7.2%	20.4%
Louisiana	72.9%	22.9%	.5%	.9%	2.3%	27.1%

Louisiana's ranking compared to other southern states with 60+, 75+, 85+ population

Population for States by Age Group: April 1, 2010				
Rank Based on Number	Selected Age Group			
State	All Ages	60+	75+	85+
Louisiana	25	26	26	29
Alabama	23	22	22	24
Mississippi	31	32	33	33
New Mexico	36	36	37	36
Oklahoma	28	28	30	30
Texas	2	3	4	5

Louisiana's 60 + population are projected to increase 2.2% from 2010 to 2015 and 2.4% from 2015 to 2020. In this ten year span Louisiana could see an increase of 4.6% of older adults turning 60.

60+Census projections until 2030							
	2000	2005	2010	2015	2020	2025	2030
	687,216	734,707	826,839	939,468	1,060,140	1,152,602	1,193,115
	15.4%	16.2%	17.9%	20.1%	22.5%	24.2%	24.8%

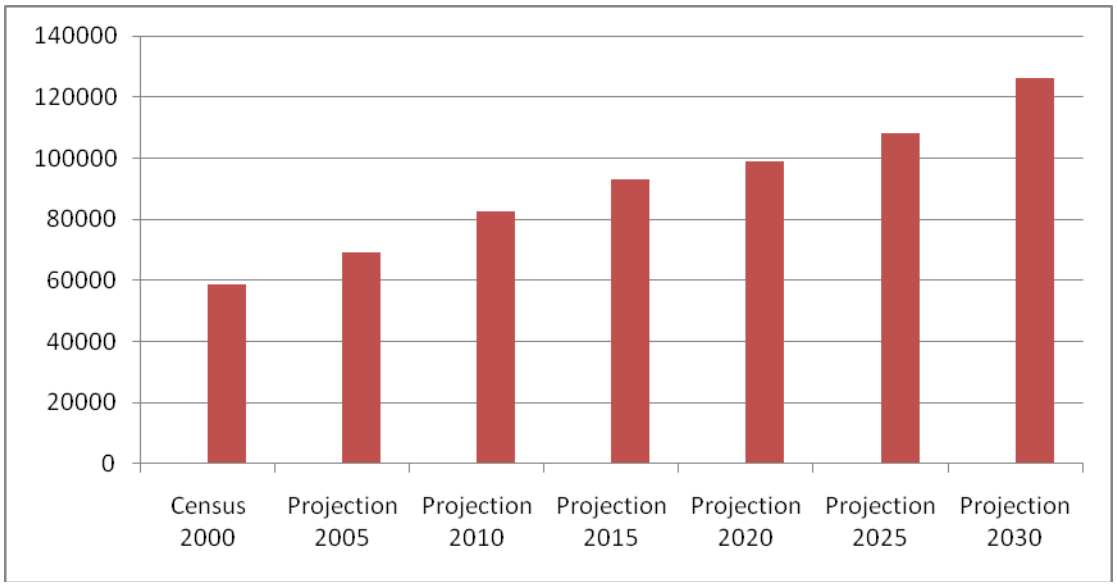


The largest growing population is the 85+ group and this group is expected to increase also over the next

20 years.

85+Census projections

85+Census projections						
Census 2000	Projection 2005	Projection 2010	Projection 2015	Projection 2020	Projection 2025	Projection 2030
58,676	69,377	82,653	93,152	99,075	108,348	126,215
1.3%	1.5%	1.8%	2.0%	2.1%	2.3%	2.6%



ATTACHMENT F

EMERGENCY PREPAREDNESS PLANS

Louisiana is resilient when planning and preparing for the potential adverse impact extreme weather conditions and other disasters (natural or man-made) on vulnerable populations. The Governor's Office of Elderly Affairs, as required by Section 306(a)(17), will continue to work with local and the State emergency response agencies, relief organizations, and the Area Agencies on Aging to coordinate activities and long-range emergency preparedness plans. GOEA requires all AAAs to developed emergency preparedness plans to include natural and/or man-made disasters/emergencies, pandemic flu, and other events affecting the elderly. In addition to the public safety concerns related to elder abuse and neglect, older adults are also more vulnerable during emergencies whether natural and/or man-made. The tragic legacy of Hurricane Katrina in 2005 underscored the disproportionate impact of disasters on older adults, people with disabilities and people of lower socio-economic status. The hurricanes and recent oil spill have illustrated the vulnerability of older adults during times of emergencies. Louisiana again, is faced with challenges of the long-term effects of the Gulf Oil Spill and ongoing effects of the 2005 hurricanes on its older population.

Louisiana has an emergency planning and preparedness structure that flows from the Federal Emergency Management Agency (FEMA) to the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) to sixty-three parish (county) Emergency Management Agencies. This structure is a coordinated effort of state agencies that are the primary contact for an Essential Service Function (ESF) with a position in the command center. State agencies with a support function have a memorandum of understanding regarding which resources they will supply. The Governor's Office of Elderly Affairs (GOEA) is involved as a support agency for three functions: emergency management, mass care, housing and human services, and the emergency public information. GOEA participates in "incident exercises" through GOHSEP and encourages Area Agency on Aging (AAA) to participate in exercises through its parish (county) Emergency Management Agency.

While GOEA participates in the state level emergency planning, preparedness, and exercises, the state unit on aging is not a front line responder. GOEA encourages and supports the involvement of all Parish AAAs with its parish (county) Emergency Management Agency in effort to:

- Development of, and annual update to, each Area Agency on Aging's Emergency Plan;
- Assure that the needs of older adults are addressed in planning;
- Identify the location of vulnerable older adults in the community;
- Identify gaps in the aging network's ability to provide required assistance in emergencies;
- Provide outreach and education to assist older adults to be prepared for emergencies; and,
- Provide a coordinated approach in assisting in an emergency and during recovery as appropriate;
- On-going training and dissemination of emergency preparedness information to aging network staff and older adults and their family;

Many Area Agency on Aging (AAA) have working agreements with their Parish (county) Emergency Preparedness Agency to assist vulnerable citizens in their respected parish. AAAs Directors have been trained in FEMA emergency protocols, the sequence of delivery and when necessary, utilizes the Social Assistance Management System (SAMS) to provide lists of older adults who may be at-risk during emergencies to emergency managers. AAAs continues their commitment to senior clients' needs that

requires special attention during an emergency or disaster situation, such as transportation services for critical medical treatments. Many AAAs provide their vans to the parish for transporting people to shelters and other transportation needs. Other AAAs staff volunteer in shelters to assure the wellbeing of elderly and disabled adults. Several AAAs register elderly and disabled adults who will need assistance with evacuating in a time of disaster. This list is given to the Parish Emergency Preparedness Agency at the beginning of Hurricane Season to plan for assisting these older adults in evacuating safely. AAAs in coastal parishes has working relationships with their peers in the aging network for continuity of operations should relocation warrants.

The Governor's Office of Elderly Affairs (GOEA) requires each AAA to develop a Disaster Plan for its planning and service area(s) depending on the potential hazard assessment. The threat of a possible flu pandemic also requires planning for reduction in staff among GOEA and AAAs, collateral agencies and services providers. GOEA has developed an Emergency Preparedness Manual. This manual outlines regulatory requirements, and the roles AAAs and their providers may have when planning and preparing for disasters. It includes a template to assist AAAs in developing a customized disaster plan, communication protocols and other resources.

GOEA disseminates preparedness information via website: www.goea.la.gov under "Preparedness" section.

As a result of Hurricane Gustav, GOEA solicited mutual aid from the State of Alabama Department of Aging through an Emergency Management Assistance Compact (EMAC) agreement. This agreement allowed employees from the Alabama aging network to provide support to our vulnerable population within the disaster areas in Louisiana.

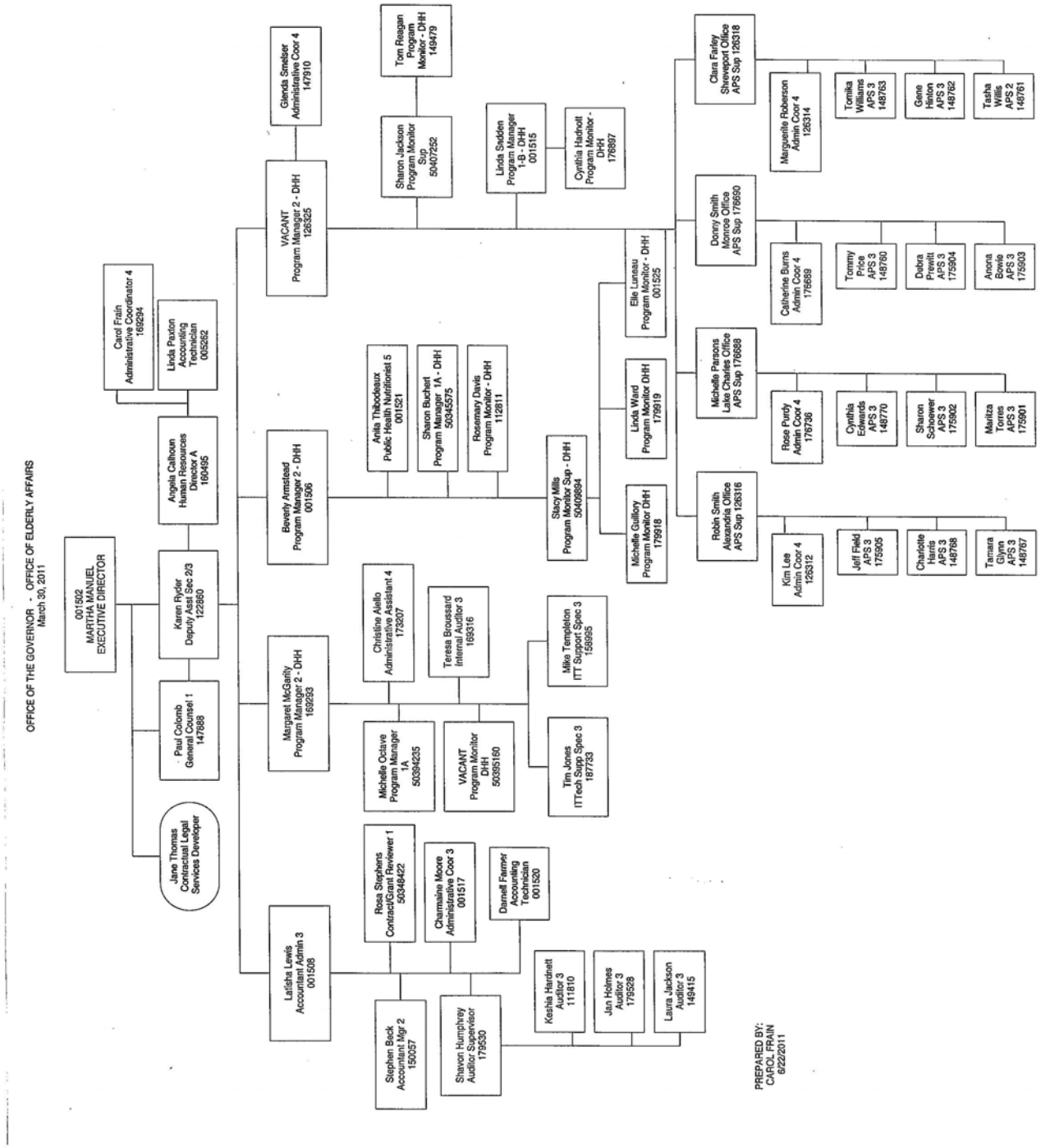
GOEA participates in the *Emergency Management Disability and Aging Coalition* to discuss the state emergency preparedness in Louisiana as it relates to individuals requiring additional assistance during times of emergency. This initiative resulted in:

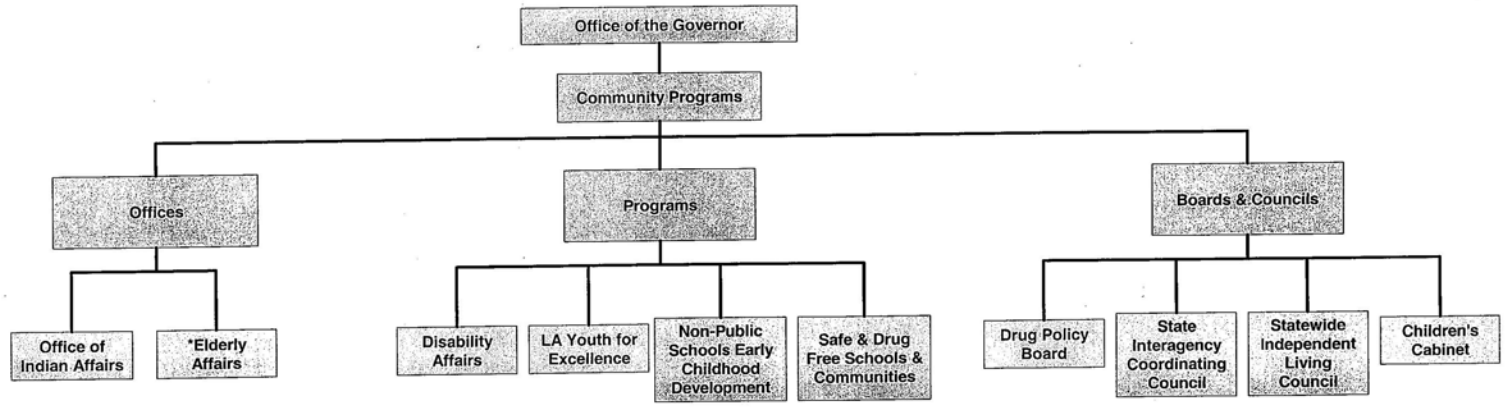
- a statewide effort of recruiting and training shelter caregivers in time of evacuation;
- assisted devices and supports pre-stationed at State-run and American Red Cross shelters;
- improvements to remove or mitigate barriers that prevent all individuals from accessing emergency products and services;
- all emergency shelters to comply with the Americans with Disabilities Act (ADA) and;
- Outreach methodologies to ensure that all individuals are prepared for their own safety.

GOEA in collaboration with the Department of Social Services (DSS) encourages the aging network to educate elderly of pre-registering for disaster food stamps. Because of the aging network outreach and education to the elderly population, DSS has increased pre-registry for disaster food stamps. This pre-registry enrollment of the elderly individuals will lessen stresses experienced when the need for disaster food stamps arises during an heighten emergency and/or disaster, GOEA, the aging network, and DSS will continue to work collaboratively post disaster in assisting the elderly in applying for and obtaining disaster food stamps.

GOEA strives to maintain staff at the state and local levels to address staff training and provide technical assistance to Area Agency on Aging to design volunteer recruitment, training, and retention programs.

ATTACHMENT G





*Contains Office of Elderly Affairs within the Governor's Office

Louisiana's State Plan on Aging
FY 2011 - FY 2015

ATTACHMENT H

ASSURANCES

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

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

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

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

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

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

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

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

Sec. 306(a), AREA PLANS

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

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in

publicly supported programs for which the consumer may be eligible), and case management services);

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-
(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
(C) an assurance that the area agency on aging will make services under the area plan available; to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship.

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

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

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

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

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

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

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

(7)(B) The plan shall provide assurances that--
(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

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

(11)(A) The plan shall provide assurances that area agencies on aging will--
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--
(A) public education to identify and prevent abuse of older individuals;
(B) receipt of reports of abuse of older individuals;
(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

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

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

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

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

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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the

State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

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

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

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

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

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

(23) The plan shall provide assurances that demonstrable efforts will be made--
(A) to coordinate services provided under this Act with other State services that benefit older individuals; and
(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

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

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

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

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

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

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

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

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

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

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

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
(B) The State plan is based on such area plans.

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

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

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

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

(5) The State agency:
(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and
(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

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

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--
(i) provision of such services by the State agency or the area agency on aging is necessary to assure an

adequate supply of such services;
(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

INFORMATION REQUIREMENTS

Section 102(19)(G) – (required only if the State funds in-home services not already defined in Sec. 102(19))
The term "in-home services" includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

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

Section 306(a)(17)
Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Section 307(a)

(2) The plan shall provide that the State agency will:
(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306
(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) *(Note: those categories are access, in-home, and legal assistance).*

Section (307(a)(3)

The plan shall:

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); *(Note: the "statement and demonstration" are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area)*

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

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

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

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

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

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

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

Section 307(a)(10)

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

Section 307(a)(21)
The plan shall:

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

Section 307(a)(28)
(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
(B) Such assessment may include—
(i) the projected change in the number of older individuals in the State;
(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

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

Section 307(a)(29)
The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Section 307(a)(30)
The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Section 705(a)(7)

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

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

are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:
(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);
(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order.

Martha Manuel — 6/30/11

Signature and Title of Authorized Official — Date

Mrs. Martha Manuel, Executive Director