

MONTANA

STATE PLAN ON AGING



For the Period

OCTOBER 1, 2015 to SEPTEMBER 30, 2019



DEPARTMENT OF HEALTH & HUMAN SERVICES

Administration for Community Living

Washington, D.C. 20201

August 11, 2015

The Honorable Steve Bullock
Governor of Montana
PO Box 4210
Helena, Montana 59624-4210

Dear Governor Bullock,

I am pleased to inform you that the Montana State Plan on Aging under the Older Americans Act for October 1, 2015 through September 30, 2019, has been approved.

The focus areas described in the State Plan reflect the rural, frontier nature of the state with vast distances to provide necessary services to assist the elderly to maintain in their homes and community. Your Advisory Council on Aging is active and suggests strong advocacy on behalf of the state's elderly. Your dedication, as well as the Advisory Council and the aging network, should be applauded.

Included in the Plan are supports for person-centered planning across the spectrum of services with multiple grant initiatives to encourage long-term care options across the state.

The Denver Regional Office staff of the U.S. Administration for Community Living looks forward to working with you and the Department of Public Health and Human Services, Senior Long Term Care Division of Aging Services Bureau.

If you have questions or concerns, please do not hesitate to contact Percy Devine III, Bi-Regional Administrator, at 303-844-7815. I appreciate your dedication and commitment toward improving the lives of older persons in Montana

Sincerely,

A handwritten signature in blue ink that reads "Kathy Greenlee".

Kathy Greenlee
Administrator and Assistant Secretary for Aging



VERIFICATION OF INTENT

The State Plan on Aging is hereby submitted for the State of Montana for the period of October 1, 2015 through September 30, 2019. It includes all assurances and plans to be conducted by the Department of Public Health and Human Services, Senior and Long Term Care Division, Aging Services Bureau under provisions of the Older Americans Act as amended, during the period identified. The State Agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act; i.e., the development of comprehensive and coordinated systems for the delivery of support services, including aging and disability resource centers, multi-purpose senior centers, nutrition services and long term care ombudsman services, to serve as the effective and visible advocate for the elderly in the State.

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

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

Signed: Charlie Rehbein Date: 7-15-15
Charlie Rehbein, Chief
Aging Services Bureau

Signed: Kelly Williams Date: 7-16-15
Kelly Williams, Administrator
Senior and Long Term Care Division

Signed: Richard H. Opper Date: 7/16/15
Richard H. Opper, Director
Department of Public Health and Human Services

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

Signed: Steve Bullock Date: 7/22/15
STEVE BULLOCK, Governor

Richard H. Opper, Director
Department of Public Health and Human Services

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EXECUTIVE SUMMARY

There are four major focus areas that are addressed in Montana's State Plan covering the period October 1, 2015 to September 30, 2019. These four areas are also part of the national priority areas established by the Administration on Aging, Administration for Community Living (AOA/ACL).

The focus areas are:

- **Core Services for Older Montanans**
- **Administration on Aging and Administration for Community Living Grants**
- **Participant-Directed/Person-Centered Planning**
- **Elder Justice**

The Older Americans Act (OAA) allows local communities to determine what services are needed in meeting the goals of keeping older people active and healthy. This includes empowering older people and their families to make informed decisions and easily access existing health and long-term care options so that they may remain in their own homes with a high quality of life for as long as possible. Because of the rural/frontier areas in Montana, we not only want to help people remain in their homes with a high quality of life for as long as possible, we want to help them remain involved in their communities for as long as possible.

There are three major categories of core services under the Older Americans Act. These major categories are Access Services, In-Home Services and Community Services. From these three categories, each Area Agency on Aging works with their local county councils on aging, senior centers, service providers and the elderly to determine which services will be provided in each community in each Planning and Service Area. As one of the Area Agencies on Aging noted in their plan, "Not all needed core programs are available in all counties or on all reservations as there isn't enough funding to provide all services".

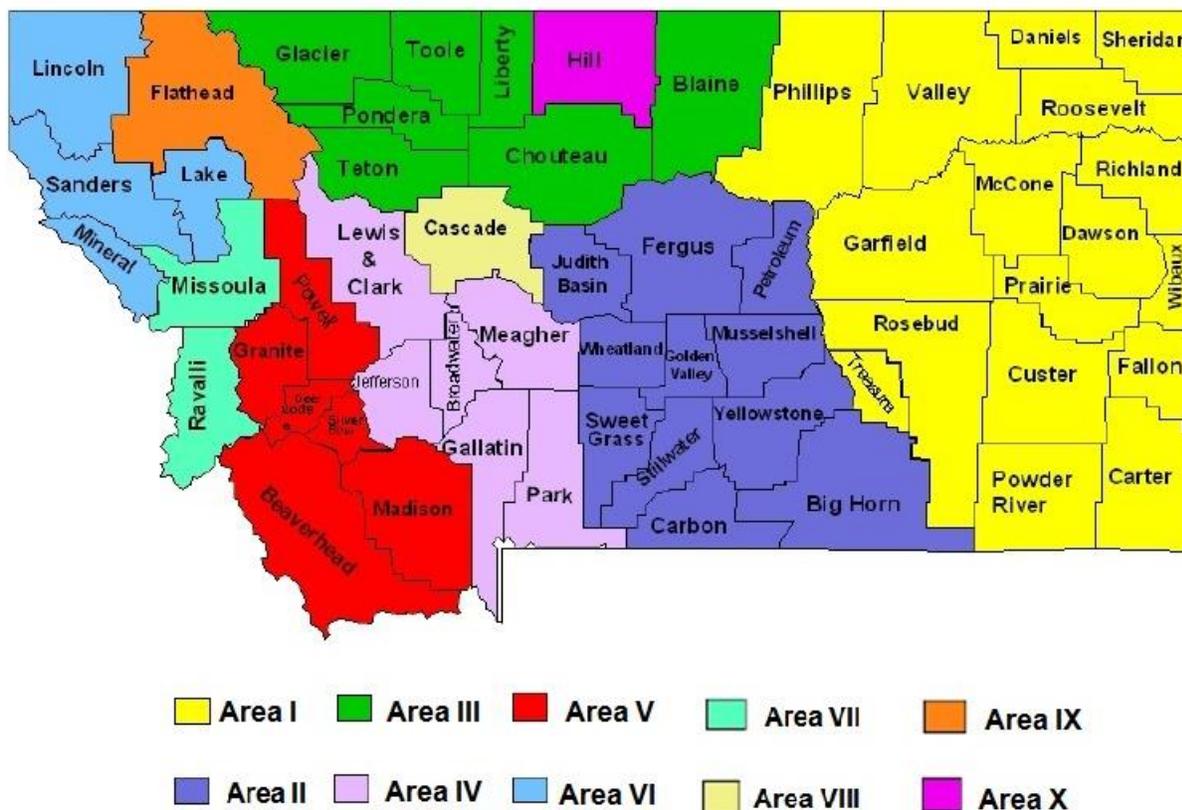
The number one concern continues to be funding and retention for all services and programs. This includes core services, such as Congregate & Home Delivered Meals, Transportation, Ombudsman Services, Information & Assistance, Legal Services, Senior Centers, Home Health Services and Homemaker Services, and programs such as Aging and Disability Resource Centers (ADRC) and the State Health Insurance Assistance Program (SHIP). This comes as no surprise as funding over the last eight to ten years has declined or remained flat at the federal level. This has resulted in service partners within each Planning and Service Area having to make hard choices about the level of services they can offer. There has been an increase in fundraising activities on the local level as well as requests to the state Legislature to obtain funding to maintain existing services. While these activities have generated some additional funding, the funding needs have not kept up with the ever increasing aging population. There is great concern and anxiety over the fact that our elderly population continues to increase, but our funding is not following that trend.

Montana covers 147,040 square miles with a total estimated population in 2014 of 1,023,579 which includes a 65 and older population estimated at 164,768 or 16.1% of the population. This



is a 2% increase in the 65 and older population since 2010 and puts Montana in the top 5 of all states in percentage of individuals aged 65 and older.

Montana Area Agencies on Aging



Montana has designated ten Area Agencies on Aging to provide the planning and service coordination under Older Americans Act programs. Area I Agency on Aging serves Montana’s 17 eastern counties and 1 reservation, Area II Agency on Aging services 11 counties and two reservations, Area III Agency on Aging serves 7 counties and 2 reservations, Area IV Agency on Aging serves 6 counties, Area V Agency on Aging services 6 counties, Area VI serves 5 counties and 1 reservation, Area VII services 2 counties, Area VIII services 1 county, Area IX Agency on Aging serves 1 county and Area X Agency on Aging serves 1 county and 1 reservation.

Distance is an issue in providing services to older Montanans. This will continue to be one of the top issues as Montana’s population ages, especially in the rural/frontier areas of the state. With it being almost the same distance from Chicago to Washington, DC as it is from Eureka in Northwestern Montana to Ekalaka in Southern Montana, service delivery that requires travel will remain one of the major obstacles that service providers will face for years to come.

The very frontier nature of service delivery in our state creates huge issues. In some cases, the elderly person or their caregivers may have to travel up to 100 miles or more to get services or the service provider may have to travel to provide the service in the individual’s home. For the

providers, this is called “Windshield Time” and some programs do not want to reimburse for the cost of a staff person to spend 2 to 3 hours driving to and/or from a client’s home even though they are willing to reimburse for mileage and per diem. This is evidenced by the closure of home health and hospice services in Blaine County because the provider was not reimbursed for travel time.

In one of our Planning and Service Areas (PSA’s) much of their population is centered in the more rural/urban area of Yellowstone County which includes the city of Billings, MT. The Area as a whole includes over 25,000 square miles and is roughly the size of the state of West Virginia. There are many individuals, spread throughout farming and ranching communities, who are living in or near towns in very sparsely populated areas with little or no community services available. Often there are no individuals available to provide caregiving activities. Individuals residing in these most rural/frontier locations have had to make the choice to move to a more populated location to receive services such as assisted living as it is not offered in their home communities. The increase in the number of assisted living facilities in our largest city of Billings, has put a strain on Ombudsman services while at the same time, taking individuals away from smaller communities.

Keeping people in their own homes as well as in their home communities has economic implications on these rural/frontier communities as well as an impact on the elderly person; leaving a community can be traumatic when the need to be uprooted from their home or community in which they have lived for many years.

In addressing the current and future needs of an aging society, we have utilized the Older Americans Act as the foundation to build from. One of the objectives (1.4) under Focus Area #1 is to ensure that the core services provided under the OAA continue. The OAA has provided the guidelines for local communities to consider a variety of long term care services and supports as they plan. The OAA has allowed each community, no matter how urban, rural or frontier, to have the flexibility to develop the core services they need in any given year to help meet the long term care needs of the elderly in their area.

Without the OAA being reauthorized, the Aging Network runs the risk of program funding cuts or eliminations and the possibility of the planning process changing from a local level decision up process to a mandated top down system. Service delivery systems that work in larger urban areas do not necessarily work in frontier areas of states’ such as Eastern and North Central Montana because of a limited workforce, smaller population base and/or the greater distances required to provide services.

The State Office on Aging, along with the Area Agencies on Aging, will continue to apply for grants from the Administration on Aging and Administration for Community Living and other organizations to develop, enhance and expand long term care services and supports to Montana’s elderly, disabled and veteran populations.

During this planning period, we will be working with two Area Agencies on Aging in establishing an Aging and Disability Resource Center (ADRC) in their Planning and Service



Area. We will also be working with other ADRCs to enhance services provided such as Options Counseling services.

Over the past four years, Montana received a grant from AOA/ACL which provided an opportunity for Area Agencies on Aging with established ADRCs to partner with the Veterans Administration to participate in a new program to benefit our veterans and keep them in their homes. We worked with Area VII Agency on Aging (Missoula Aging Services (MAS)) to develop the first Veterans Direct Home and Community Based Services (VD-HCBS) program in Montana. MAS currently provides VD-HCBS services to 27 to 30 Veterans.

In 2015, the VD-HCBS program expanded into the service area covered by Area II Agency on Aging, located in Roundup, Montana and covering the 11 counties in south central Montana. The Veterans Administration gave approval to Area II Agency on Aging with an expectation they serve 24 veterans by 2016.

Currently the Office on Aging is working with Area I Agency on Aging, in Glendive, Montana, to complete and submit the Readiness Review to the Veterans Administration to provide VD-HCBS services to Veterans living in Montana's 17 eastern counties. As indicated in Goal #5, Montana plans to expand VD-HCBS services to all areas of Montana over the next four years.

Respite services are an important support for family caregivers and will continue to be as our population ages. In Montana, over 134,000 unpaid caregivers provide an average of 18 hours per week of care to their loved one, in addition to balancing other family and work obligations. Caregiving can take a physical and emotional toll on the caregiver which can lead to chronic depression and chronic stress that has been linked to several major illnesses.

In 2011, Montana held a Lifespan Respite Summit to address respite needs, gaps and to determine the current service use. The participants involved were non-profit providers, caregivers, government agencies and other stakeholders who in turn met to prioritize issues and needs. Out of this Summit, Montana's Lifespan Respite Coalition was developed.

One area that the Coalition has focused on is educating people on what Lifespan Respite is. The Montana Lifespan Respite Coalition defines respite as "planned or emergency care provided to an individual with need for support and supervision in order to provide temporary relief to the primary caregiver of that individual." And after they know what respite is, they need to know it is OK to use it, which lead to the Montana Lifespan Respite motto: **It's OK to need it; it's OK to want it; and it's OK to get it!**

Through collaboration with the Montana Lifespan Respite Coalition and Montana's Aging and Disability Resource Centers, we will work to enhance the infrastructure for continued sustainability of lifespan respite services.

With programs like the Veterans Direct Home and Community Based Services and Money Follows the Person, more and more emphasis is being placed on states to make fundamental changes in state policies and programs which support consumer control and choice. ACL has recognized consumer control and choice as a critical focus for State Plans on Aging. Based on

this, Montana will enhance service information and supports being provided through Area Agencies on Aging ADRCs as they relate to participant-directed and person-centered planning in Montana. Montana is the 4th state to adopt Community First Choice state plan services to expand community based services and self direction in service delivery

The focus on Elder Justice not only addresses activities to prevent, detect, assess, intervene, and/or investigate elder abuse, neglect, and financial exploitation but also addresses an advocacy service component that provides support to the elderly through the Long-Term Care Ombudsman program and the Legal Services Developer program.

Adult Protective Services, which is located in the Department of Health and Human Services' Senior and Long Term Care Division, has the responsibility to investigate reports of abuse, neglect and/or exploitation. Based on their findings, they may work with various service providers, who can offer support services as necessary with local law enforcement, local county attorneys and the court systems to pursue guardianships and conservatorships as may be necessary in providing protection and wellbeing of the elderly person. They also work with county attorneys in cases where criminal prosecution is the appropriate action to be taken.

The Administration for Community Living provided materials related to Elder Justice for states to review in addressing this focus area. The information addresses enhancing the roles of civil lawyers in addressing elder abuse. The impact of financial exploitation on our seniors can be severe when their life savings, resources, and assets have been exploited, leaving them vulnerable and with limited options. Fraud, financial mismanagement, and exploitation can and does negatively impact these victims' health, safety and welfare; this may leave the elderly person, isolated with few options to maintain their independence. In order to determine what options are available, vulnerable people need an advocate as well as legal advice or counsel to help them as is necessary.

Montana will continue to expand on collaborative efforts with Adult Protective Services, County Attorneys and local law enforcement to establish coordinated effort to pursue criminal and civil action for the benefit of an elderly client who has been abused or exploited.

Long-Term Care Ombudsman advocate for all residents of long-term care facilities (assisted living facilities and nursing facilities, which includes skilled nursing facilities and critical access hospitals with swing beds). Ombudsman act as access points for consumers by providing information, direct assistance to resolve complaints made by or for residents of long-term care facilities regarding concerns about the health, safety and rights of residents. Residents of long term care facilities are some of our most vulnerable citizens.

The Ombudsman program has been a high priority within the Aging Network in Montana for the past four to six years. Based on the complexity of issues being addressed by this vulnerable population and an increasing number of assisted living facility beds, the need to provide advocacy service to residents continues to increase.



FOCUS AREA #1: CORE SERVICES FOR OLDER MONTANANS

The U.S. Congress passed the Older Americans Act (OAA) in 1965 in response to concerns by policymakers about a lack of community social services for older persons. The original legislation established authority for grants to States for community planning and social services, research and development projects, and personnel training in the field of aging. The law also established the Administration on Aging (AoA) to administer the newly created grant programs and to serve as the Federal focal point on matters concerning older persons.

Although older individuals may receive services under many other Federal programs, today the OAA is considered to be the major vehicle for the organization and delivery of social and nutrition services to Montana's elders and their caregivers. Under the Older Americans Act, Montana authorizes a wide array of service programs through a statewide network of Area Agencies on Aging, local service providers, and Tribal organizations.

In 1987, Montana passed its own version of the "Older Americans Act," to reaffirm the State's commitment to its older citizens. Montana thus adopted the philosophy of the Older Americans Act of 1965 by bringing it closer to home. The Montana Act requires that the State Aging Services Bureau coordinate activities of relevant departments of State government and other organizations and agencies. As stated in the 1987 Montana Older Americans Act (MCA 52-3-503):

"The Legislature finds that older Montanans constitute a valuable resource of this State and that their competence, experience, and wisdom must be used more effectively for the benefit of all Montanans.

The Legislature further finds that a complete range of services is not available in all areas of the State and that many Montanans lack access to the services that are available.

The Legislature declares that it is the policy of this State, subject to available funding, to provide a wide range of coordinated services to enable older Montanans to maintain an independent lifestyle, avoid unnecessary institutional care, and live in dignity.

It is the intent of the Legislature that available federal, State, regional, and local resources be used to strengthen the economic, social, and general well-being of older Montanans and that the State develop appropriate programs for older Montanans; coordinate and integrate all levels of service, with emphasis on the whole person; and promote alternative forms of service that will create options for older Montanans."

As Montana's Aging Network continues to look at the projected demographic changes, stakeholders which included the Governor's Advisory Council on Aging, the Area Agencies on Aging, County Councils on Aging, AARP Montana, Montana's Silver Haired Legislature, and Montana Senior Citizens Association, worked to gain support for the establishment of a trust fund to set aside funds for future services for Older Montanans. In 2006, the Aging Network began promoting the establishment of an Older Montanan's Trust Fund, which was passed by

Montana's Legislature at the very end of the 2007 Legislative Session and was funded by one-time-only funds. While the 2009 Legislature recognized the need to plan for the future, the economic recession hit Montana and dampened the 2011 Legislature's desire to set aside additional funding in the Older Montanan's Trust Fund. Because of a need to maintain existing services, funding was appropriated from the fund for on-going state needs reducing the balance significantly as a source for future funding.

In January 2011, the Baby Boomer generation started to turn age 65. Over the next fifteen to twenty years, Montana's 65 and older population is expected to increase 1.45 people per hour, 34.8 people per day, 1,044 people per month, or 12,528 people per year. If all of these resided in one town, it would be the 8th largest city in Montana. Montana's 60 and older population is expected to increase from about 14 % currently to about 25% of our total population. In 30 of our frontier counties, the percent of those aged 60 and older exceeds 25% of their total populations and 3 of the counties are well over 30% of their total county populations. The percentage of elderly in our frontier counties is increasing at a faster growing rate than the more populated counties. It is expected over the next 10 to 20 years that these counties 60 and older population may be 70% or more of their total populations.

Even within Montana's Department of Public Health and Human Services (DPHHS) we are beginning to see the potential effects of an aging population. There are currently 3,168 DPHHS employees statewide, which include the staff of facilities run by the department. Of these 3,168 employees, at least half (1,584) of them could retire in the next four years. In the Aging Network, there are several Area Agency on Aging directors and staff members who are also in a position to retire in the next four years, as well as a large number of staff working for local providers which include but are not limited to senior center directors, cooks, home delivered meals delivery personnel and transportation drivers. The loss of these service providers and program staff means there could be potential problems in the service delivery system for many human services programs for a period of time while new staff are recruited or come up to speed.

Currently the Aging Services Network in Montana provides an array of core services under Titles III, VI and VII of the Older Americans Act through ten Area Agencies on Aging (AAA). Some of the services provided include information and assistance, congregate meals, home delivered meals (also known as Meals on Wheels), long term care Ombudsman services, legal assistance, homemaker, transportation, respite care, care management and a variety of services, information, health education and activities through senior centers.

Montana submits the following goal, which ties to the Administration on Aging's Focus Area #1 for this plan period.

Plan Goal 1: To strengthen the core services provided by Montana's Aging Services Network, especially in our frontier areas of Montana.

The programs and services authorized under the OAA support the implementation of comprehensive and coordinated service systems which form an integrated whole and provide a core foundation of supports that assist older individuals to remain independent, at home, and in the community. The core services under Titles III, VI and VII of the Older Americans Act are the foundation for building a continuum of long term care services for the elderly as our population continues to age over the next 20 to 25 years. Being able to provide basic core



services and supports in all counties, especially in frontier areas of Montana, has been an on-going challenge due to limited funding and access issues due to geographic distances. Establishing basic core services in all counties is pivotal in developing and building the service capacity to meet the needs of an ever increasing clientele. This is especially true as it relates to Montana's frontier communities which can expect to have 60% or more of their populations over the age of 65 in the next 10 to 15 years.

The demographic changes facing Montana require the Aging Services Network to carefully examine our current delivery system to determine which services are necessary for aging individuals to support their health, dignity and independence as they age. Making sure the core services remain in place in frontier Montana as well as developing other long term care support services requires a paradigm shift. This requires the Aging Network to choose what services can be provided as well as how services are delivered especially in our more rural or frontier communities.

In examining our core services delivery system, the Aging Network also needs to assess the current planning and service areas to determine if changes or enhancements of administrative operations, functions and structures are needed in light of the demographic challenges as well as resource issues. With minute increases in funding over the past 25 years, increases in administrative funds available to Area Agencies on Aging have not kept up with the increasing costs related to program documentation and reporting requirements.

In a state covering 147,164 square miles, that has a little over 1 million people, of which 16.2% are over the age of 65, reviewing the organizational structure of the Aging Network periodically is a good business practice. Staff changes are increasing within the various levels of the Aging Network due, in many cases, to retirement of long standing directors and local staff. Changes in staff offer some unique opportunities to review functions, responsibilities and structure of programs as well as administration. Identifying options and making appropriate changes to the overall delivery system will enhance the administrative functions and supports necessary in planning, developing and expanding future services required to address the needs of an aging Montana.

In a state that covers about the same distance as it is from Chicago to Washington, DC, that is facing stagnate or limited increases in financial resources, the service delivery system is important especially for core services. In an effort to remain within budget and maintain services for an ever increasing aging population, some Area Agencies on Aging and local providers in the Aging Network have revised or are considering revising their delivery systems around consumer choice, utilizing vouchers for meals and transportation services, and developing or expanding cost sharing alternatives. Also, the continuing development of partnerships and the coordination of services is an important part of our effort to meet the needs of our aging population especially at the local and area levels. The Aging Network will continue to look for opportunities to develop new collaborative relationships with other agencies that provide services to the elderly such as Community First Choice, Indian Health Services (IHS), Medicaid Home and Community Based Services, Money Follows the Person, Options Counseling, Department of Transportation, Veterans Administration and various other service providers, especially as it relates to long term care, choice and self-direction.

Providing people with information and assistance on service availability is important in the aging and caregiving arenas. In 2015, the Aging and Disability Resource Center (ADRC) program will launch the Montana ADRC Resource Directory to provide information for people looking for services to meet current and future long term care services and supports. Knowing what services are available in a given community or area will help the elderly, their families and caregivers as they address their care needs.

If costs continue to rise and financial resources remain the same or drop, maintaining core services, let alone strengthening them, is going to require the Aging Network to consider the question, “What core services can the Aging Network provide in order to help keep people, especially in frontier Montana communities, in their homes as well as in their home towns as they age?”

Objective 1.1: Review the core services being provided in each community and county served by the Area Agencies on Aging to determine which services are critical core services to enable older Montanans living in their communities to maintain an independent lifestyle, avoid unnecessary institutional care and live in dignity.

Strategies to Accomplish Objective 1.1:

- a) Identify the core services being provided in every community/county in each Planning and Service Area (PSA).
- b) Identify the core services not available within the rural/frontier counties/communities.
- c) Meet with the Aging Network to consider core service delivery availability and options if the cost of providing core services continues to increase and the financial resources remain stagnant or are reduced.
- d) Identify and make any fundamental changes in policy and programs which support consumer choice while maintaining the availability of core services to enable older Montanans to maintain an independent lifestyle, avoid unnecessary institutional care and live in dignity.
- e) Review options for sustainability and expansion of core services statewide.

Objective 1.2 Review the current aging network structure to determine if changes or enhancements of administrative operations, functions and structures are needed.

Strategies to Accomplish Objective 1.2:

- a) Establish a workgroup to review current administrative requirements and responsibilities of Area Agencies on Aging.
- b) Review the Area Agency on Aging structure to:
 - a. Identify administrative policy issues.
 - b. Identify AAA program issues.
 - c. Identify data collection issues.
 - d. Identify AAA resource issues.



- c) Develop options to enhance and improve the administrative structure and support services provided by Area Agencies.
- d) Meet with the Area Agency on Aging Boards and Directors to discuss and implement potential administrative changes or options to strengthen the AAA structure.

Objective 1.3: Continue to coordinate training activities especially between Titles III, VI and VII providers, to address the needs of our elders living in frontier communities in Montana.

Strategies to Accomplish Objective 1.3:

- a) Provide a coordinated effort in training activities for all Title III, VI and VII providers by involving them in the development and prioritization of training topics and agendas.
- b) Work with Area Agencies on Aging to coordinate planning activities and service delivery in conjunction with Title III, VI and VII providers in their planning and service area.
- c) Encourage the Area Agencies on Aging to identify potential training and coordination opportunities with Community First Choice, Indian Health Services (IHS), Medicaid Home and Community Based Services, Money Follows the Person, Options Counseling, and the Veterans Administration in enhancing or increasing services to Native American Elders.
- d) Continue coordination and training activities with Title VII stakeholders, such as the Long Term Care Ombudsman, Legal Assistance Developer, Adult Protective Services, Montana Legal Services Association, the Montana State Bar and the University of Montana Law School.

Objective 1.4: Provide information on Montana's ADRC Resource Directory as a resource in the planning process related to meeting the needs of Montana's elderly in addressing their long term care services and support issues.

Strategies to Accomplish Objective 1.4:

- a) Educate Montana's Aging Network staff on the on line Resource Directory.
- b) Promote the Resource Directory.
- c) Identify training and presentation opportunities to make people aware of the Montana Resource Directory and how to use it.

Objective 1.5: Ensure the Core Services are available through the Reauthorization of the Older Americans Act.

Strategies to Accomplish Objective 1.5:

- a) Coordinate with stakeholders in the Aging Network to stress the importance of the OAA in providing the foundation for core services in addressing the long-term care needs of the elderly and their caregivers.

- b) Coordinate with other states and national organizations, including AOA/ACL, NASUAD and N4A in reauthorization efforts.
- c) Review service options available under the OAA and work to ensure local programs retain the flexibility to determine and develop the core services which best meet the current as well as future needs of their elderly, especially those in frontier counties and communities.

Plan Goal #2: Improve our data collection and our ability to identify the at-risk population.

Currently Montana uses the Montana Aging Services Tracking System (MASTS) to identify and track clients, gather basic demographic and service information for Federal and State reporting requirements. The MASTS data base was developed in the early 1990's and has gone through some revisions to allow us to capture the necessary client and service information to meet our reporting requirements. Nonetheless, MASTS is antiquated and needs to be updated in order to capture more client information to assist in planning for the future services and support needs of the elderly and/or the disabled and their caregivers.

While the current data system is able to provide necessary data for reporting purposes under Title III and VII, the Aging Network will evaluate new client data systems which may enhance the Network's ability to identify and track information related to the at-risk population. With projected increases in our elderly population over the next 10 to 20 years, it is becoming increasingly important to continue to gather basic client demographic and services information, but also to be able to track current client information, which must include client assessment information. By being able to assess clients to determine current needs, we will be able to assist the clients in planning their long term care support options as well as be able to plan for future service needs as our citizens' age. Also, a more concise data collection system will help the Aging Network be more competitive for grants.

Data collection is critical for reporting purposes and in developing a client information base which can help us and our clients plan for their current and future long term care services and supports as they age. It also helps us identify at-risk clients and can help in determining service needs and potentially unmet needs or gaps in services in communities as their population ages.

Objective 2.1: Procure or improve the data collection process to better identify the at-risk population the Aging Network is serving in order to strengthen, maintain and expand current Title III and Title VII services they are receiving or in need of and encourage the Administration on Aging to provide a database system that meets AOA's reporting and client tracking requirements.

Strategies to Accomplish Objective 2.1:

- a) Coordinate with the Aging Network to:
 - 1. Evaluate new client data systems to:
 - a. enhance the Networks ability to identify, and



- b. track the at-risk population.
- 2. Identify if new data elements need to be collected.
- 3. Prioritize the information being collected.
- 4. Provide a coordinated effort in training activities for all Title III and VII providers involved in collecting the data.
- b) Coordinate with other programs, such as Adult Protective Services, Community First Choice, Money Follows the Person, Medicaid Home and Community Based Services, Options Counseling and the Veterans Direct Home and Community Based Services, to obtain a data collection system which will meet all our data reporting and tracking needs.
- c) Establish one statewide data system within the Aging Network.

Objective 2.2: Provide continued training on data collection.

Strategies to Accomplish Objective 2.2:

- a) Coordinate training activities with the Aging Network to ensure staff are collecting all required client data elements.
- b) Work with the Aging Network, especially ADRC staff, to identify additional data elements which may enhance their ability to provide long term planning options.
- c) Utilize data to help identify current and future needs as it relates to providing core services and supports, especially in our rural and frontier communities.

**FOCUS AREA #2: ADMINISTRATION ON AGING AND
ADMINISTRATION FOR COMMUNITY LIVING
GRANTS**

Aging and Disability Resource Centers (ADRC)

The mission of the Administration on Aging (AoA) is to help older adults maintain their dignity and independence in their homes and communities through comprehensive, coordinated, and cost effective systems of long-term care across the United States. AoA does this by serving as the Federal agency responsible for advancing the concerns and interests of older people to promote home and community-based systems of care that are responsive to their needs and preferences. AOA's, as well as the Montana Aging Network's, strategic goals for keeping older people active and healthy include empowering older people, their families and caregivers to make informed decisions and easily access existing health and long-term care options so that they may remain in their own homes with a high quality of life for as long as possible.

To help older adults remain in the community, the Aging Network is working to improve the quality and comprehensiveness of home and community-based long-term care and ensuring that it is responsive to people's needs and preferences. Multiple studies, which include older veterans population, confirm that older adults prefer to receive care at home. In order for this to happen, older adults, their families and caregivers need to receive accurate information, assistance and access to reliable supports and services, such as those provided and coordinated under the Older

Americans Act (OAA) to help them maintain health and functionality, reduce their risks for chronic disease and injury, and meet their long-term care needs.

Finding the right services can be a daunting task for individuals and their family members especially in our more rural and frontier areas of the state. There are more and more options being developed for in-home services and supports as well as more options for residential services, such as assisted living. Additionally there are institutional settings that can meet these long-term needs. These residential and long term care institutional settings are located throughout the state but most are clustered in the more urban areas of the state. Moreover, it needs to be noted that three of Montana's fifty-six counties have no in-home service providers, long term care facilities or hospitals located within their counties.

Individuals trying to access the multitude of new Long Term Support Services (LTSS) frequently find themselves confronted with a maze of agencies, organizations and bureaucratic requirements at a time when they are most vulnerable or in crisis. The current LTSS system involves numerous funding streams and is administered by multiple federal, state and local agencies using complex, fragmented, and often duplicative intake, assessment and eligibility processes. There are more and more options for services and supports for in-home needs as well as more options for those in residential and institutional settings. This confusion can lead to choices that may be more expensive forms of care, such as nursing homes or extended hospitalization, which can result in an individual exhausting their resources more quickly than may be necessary.

In an effort to help older adults, their families and caregivers learn about and access needed long-term care services and supports, the AoA developed Aging and Disability Resource Centers (ADRCs). The premise of ADRCs is to create a single, coordinated system of information and access for all persons seeking social, health, and long-term care supports. ADRCs are designed as a No Wrong Door (NWD) system to provide a more comprehensive and coordinated approach to accessing services. Programs offered by ADRCs aid those at risk of losing their independence and facilitate individual ability to remain in the community and better utilize resources and higher level of care placements sooner than necessary.

The Aging and Disability Resource Centers (ADRCs) were initially developed in 2003 under a Real Choice Systems Change Grant for Community Living funded by the Administration on Aging (AoA) now part of the Administration for Community Living (ACL) and the Centers for Medicare and Medicaid Services (CMS). The goal of the Aging and Disability Resource Center Program is to empower individuals to make informed choices, to streamline access to long-term support and organize the long-term support system. AOA's vision is to have Resource Centers in every community serving as highly visible and trusted places where people can turn for information on the full range of long term support options and as a single point of entry to public long term supported service programs and benefits.

ADRCs are a resource for both public and private-pay individuals. Resource Centers serve elders age 60 and older and people with disabilities over the age of 18. Making information and counseling available to private-pay individuals is a central element of the AoA/CMS Resource Center vision. Reaching people before they become Medicaid-eligible by providing them with information about low-cost options and alternative programs, such as private long term care



insurance, can help individuals make better choices on the use of their resources and may help in preventing or delaying the spend-down to Medicaid eligibility.

ADRC's gather and manage information from individuals in a way that ensures confidentiality, but limits repeated collection of the same information throughout the long-term care process. ADRC's provide information and assistance not only to individuals needing either public or private resources, but also to professionals seeking assistance on behalf of their clients and to individuals planning for their future long-term care needs. ADRC's in Montana also serve as an entry point to publicly administered long-term supports, including those funded under Medicaid, the Older Americans Act, Veterans Health Administration, and other support services and programs.

Montana has received five grants over the past 12 years, which have aided in the development of the ADRC model. The original grant in 2003 established the first ADRC in Yellowstone County. Yellowstone County was chosen because it is the most populous county in the state with the most extensive continuum of long term care services. Yellowstone County Council on Aging (YCCoA now known as the Adult Resource Alliance for Yellowstone County) was instrumental in setting the foundation of the current ADRC structure. They developed an excellent working relationship with the local Office of Public Assistance (OPA) that eventually led to the formation of a Memorandum of Understanding (MOU) between the state Office of Public Assistance program and Aging Services. Additionally they developed an extensive staff training program, a strong outreach and media program and assisted in adapting the statewide Management Information System (MIS) to meet ADRC reporting requirements.

In 2006, 11 more counties and two reservations were added to the model. They include: Missoula, Carbon, Big Horn, Stillwater, Sweet Grass, Wheatland, Musselshell, Judith Basin, Petroleum, Fergus and Golden Valley as well as the Northern Cheyenne and Crow reservations. Under a 2009 grant from the National Council on Aging, 5 additional counties developed ADRC models. They included Hill, Lake, Lincoln, Mineral and Sanders counties. Also in 2009 we received a grant to expand ADRCs and develop partnerships with Independent Living Centers. Under this grant, Lewis and Clark, Gallatin, Park, Broadwater, Meagher, Ravalli and Cascade counties were added. The most recent grant received in September of 2012, expands ADRCs into Area I Agency on Aging, serving Montana's 17 eastern counties and Area V, which covers Beaverhead, Deer Lodge, Granite, Madison, Powell and Silver Bow counties. This leaves only two Area Agencies on Aging that have not established an ADRC in their planning and service area.

Plan Goal #3: Expand and enhance services being provided through ADRCs in all planning and services areas of Montana.

Currently, Aging and Disability Resource Centers are located in eight of the ten Area Agencies on Aging, covering forty-eight of Montana's fifty-six counties and five of seven Indian reservations. These Resource Centers have accomplished the following:

- Increased capacity and expertise to provide information and assistance to consumers needing help in exploring long-term care services and options.

- Developed relationships with Independent Living Centers for training and provide assistance to persons with disabilities.
- Provided outreach and public education on long term care topics.
- Developed an Internet based system for people to apply for multiple public benefits (including Medicaid programs, Food Stamps, Low Income Energy Assistance (LIEAP), Big Sky Rx, Vocational Rehabilitation Services and Aging Services programs). The system populates common information fields when applying for public benefits.
- Developed a Memorandum of Understanding with the state Office of Public Assistance on ways to increase coordination between local OPA offices and ADRCs and continue efforts to simplify the application process for public benefits.
- Developed a proposal to utilize Medicaid administrative dollars for ADRC's Medicaid related activities in conjunction with the state OPA and submitted information to Centers for Medicare and Medicaid Services (CMS).
- Implemented a formal client screening/assessment process in the ADRCs.
- To look for other opportunities to expand Medicaid administrative dollars for all ADRCs.
- Development and implementation of the Options Counseling program, including a training curriculum for ADRC Options Counselors and those determining the need and making referrals.

One of the remaining two Area Agencies on Aging (AAA) without an ADRC designation is a single county area agency. This AAA has indicated they are interested and ready to begin the process and training required to be designated as an ADRC.

The other AAA covers some of our most rural/frontier areas serving seven counties and two reservations. Developing ADRC services in this area will take time and planning in order to establish and maintain a sustainable program.

It is imperative that the service's resources be current when providing information to the elderly, people with disabilities and/or their families and caregivers in assisting them in planning their or their loved one's long-term care needs and supports. This requires ADRCs to have access to an accurate and up-to-date resource directory which contains data related to service providers in their respective areas as well as statewide.

Objective 3.1: Expand and increase the utilization of the ADRC programs to raise visibility about the full range of options that are available, provide objective information, advice, counseling and assistance, empower people to make informed decisions about their long term supports, and help people more easily access public and private long term supports and services programs as we prepare to meet the changing and increasing number of elderly, especially in our frontier counties.

Strategies to Accomplish the Objective 3.1:

- Provide Options Counseling training to the ADRC staff in the current eight Area Agencies providing ADRC services.
- Coordinate activities with each ADRC to promote the services available to Montana's elderly and disabled populations through ADRCs.



- c) Establish an ADRC certification process and set standards for all ADRCs operating as fully functional.

Objective 3.2: Develop, expand and sustain ADRC services into the two remaining areas of the state which are not currently covered.

Strategies to Accomplish the Objective 3.2:

- a) Coordinate with Area Agencies III and IX to determine and develop their abilities to become and sustain an ADRC program.
- b) Assist Area Agencies on Aging in developing sustainability for ADRC services.
- c) Work with the ADRC advisory committee to explore the opportunity to pair new sites, as they are selected, with existing ADRCs in our state who will act as mentors.

Objective 3.3: Maintain and update the service resource database.

Strategies to Accomplish the Objective 3.3:

- a) Coordinate with local ADRC staff to review, identify and update service provider data in the Resource Directory on a quarterly basis or as necessary.
- b) Coordinate with local ADRC staffs to identify new service providers, obtain their service data and either enter it into the Resource Directory directly or by providing it to the State Unit on Aging ADRC Program Manager.

Lifespan Respite Care Program

“It’s OK to need it. It’s OK to want it. It’s OK to get it.”

The vision of the Montana Respite Coalition is that all family caregivers have access to quality, community-based respite care that is affordable and flexible to their needs.

Being a caregiver is a very tough and demanding job. Sometimes caregivers have to be reminded that it’s not always all about the other person—sometimes they need to take some time to rejuvenate their own mind, body and soul. Caregiver wellness is crucial for the caregiver and the person they are caring for.

In 2006, the Lifespan Respite Care Program was authorized by Congress under Title XXIX of the Public Health Service Act (42 U.S.C 201). Lifespan Respite Care programs are coordinated systems of accessible, community-based respite care services for family caregivers of children and adults of all ages with special needs. Such programs reduce duplication of effort and assist in the development of respite care infrastructures at the state and local levels. Once implemented, Lifespan Respite Care programs work to improve the delivery and quality of respite services available to families across the age and disability spectrum.

Research indicates that family caregivers provide 80% of all caregiving in the United States. National studies also indicate a steady increase in the need for respite care for our family caregivers. These studies also indicated that being a caregiver is hard on your health and that all

forms of caregiving take both physical and emotional tolls on caregivers. The emotional impact of caregiving can be just as strong as the physical toll. The study found that many caregivers are subject to feelings of increased sadness, irritability, fatigue and guilt. These feelings, if left unaddressed, can lead to chronic depression and chronic stress has also been linked to several major illnesses.

In Montana, over 134,000 unpaid caregivers provide an average of 18 hours per week of care to their loved one on top of balancing other family and work obligations. If the work of these caregivers were to be paid, the cost would be valued at about \$28 million. (*2012 AARP Across the States Report*)

For the 50% of caregivers experiencing extreme stress, routine activities may seem overwhelming. Lifespan Respite provides temporary relief to caregivers while providing quality, comprehensive care for the individual being cared for.

Family caregivers regularly assist relatives and other loved ones with a broad range of tasks ranging from routine to complex. A 2009 study by the National Alliance for Caregiving estimated that 65.7 million people in the U.S. were unpaid family caregivers to an adult or child. The Montana Department of Public Health and Human Services (DPHHS) was awarded a grant to implement the Lifespan Respite program statewide. The Aging Services Bureau coordinated the grant with four other respite programs within DPHHS.

The process for the initial grant started in 2011 through a Lifespan Respite (LSR) Summit held in March 2011 to address respite needs, gaps and to determine the current use. The participants involved non-profit providers, caregivers, government agencies and other stakeholders who, in turn, met to prioritize issues and needs which became the components for the initial grant.

The objectives for the grant involved:

- Working with interested parties to develop a viable statewide Lifespan Respite Coalition.
- Assess caregiver needs for respite and increase the ability of respite providers to meet these needs using a Lifespan Respite model.
- Reduce programmatic barriers to the provision of respite through the department funded respite programs.
- Develop a statewide website with a database identifying respite providers, eligibility requirements and funding sources for respite so caregivers can access information to make informed decisions about respite care.
- Increase caregiver's and the public's awareness about the need for and availability of respite.

DPHHS contracted with Developmental Educational Assistance Program (DEAP), a nonprofit corporation, to implement the grant. The same year a state workgroup was formed consisting of DEAP and representatives from all the Department of Public Health and Human Services agencies that provide respite and caregiver services.



Focus groups and surveys were completed to assist in establishing a strategic plan. In 2013, the state workgroup merged with the Montana Lifespan Coalition which consisted of non-profit providers, caregivers, and other respite providers across the state. The group met approximately every other month.

Four committees were also created as a result of this merger to implement the stated objectives and strategic plan. These included the Caregiver Education and Training Committee, Public Awareness Committee, Summit Committee, Sustainability Committee, and the Executive Committee. Highlighted accomplishments during this grant period included:

2012

- Caregiver focus groups in four regions of the state.
- Identified agency based respite providers.
- Distributed caregiver and provider surveys.
- Aging Horizons TV interview and broadcast in Montana focusing on Lifespan Respite.
- Completed an environmental scan of respite programs in Montana.

2013

- Developed a strategic plan that prioritized and addressed the identified barriers and issues.
- Began initial development and design of the state website to include frequently asked questions, caregiver resources and identification of respite providers.
- Developed a provider application in collaboration with ADRC providers.
- Developed a PowerPoint training module for ADRC and 211 phone responders.

2014

- Developed branding logo and tagline: “It’s OK to need it, It’s OK to want it, It’s OK to get it”.
- Distribution of provider registry forms for Website data collection.
- Developed a PSA and Video that focuses on Lifespan Respite.
- Developed Lifespan Respite Program Brochure.
- Launched the Lifespan Respite Website (www.respite.mt.gov).

Plan Goal #4: Enhance the infrastructure for continued sustainability of lifespan respite program in collaboration with the Montana Lifespan Respite Coalition and Montana’s Aging Disability Resource Centers (ADRC).

The Montana Department of Public Health and Human Services (DPHHS) was awarded a 3-year grant September 1, 2014 to expand the lifespan respite infrastructure to make respite services available to all frontier and rural caregivers in Montana. The grant addresses establishing a statewide, coordinated system of easily accessible, quality and affordable lifespan respite care services for Montana family caregivers of individuals regardless of unique needs.

The Aging Services Bureau will continue to coordinate the grant with four other respite programs within DPHHS:

- Seniors over 60 and grandparents over 55 through the Aging Services Bureau and Seniors over 60 or an adult with a physical disability through the Medicaid Waiver program in the Senior and Long Term Care Division
- Child or an adult with a developmental disability through the Disabilities Services Division
- Adults who have a Serious Disabling Mental Illness through the Addictive and Mental Disorders Division
- Children in family foster care through the Child and Family Services Division

Also, people need to be educated on what Lifespan Respite is. The Montana Lifespan Respite Coalition defines respite as "planned or emergency care provided to an individual with need for support and supervision in order to provide temporary relief to the primary caregiver of that individual."

Caregivers need to know that they have options and that there is help available to them. Based on this, the Coalition developed the motto: **Montana Lifespan Respite: It's OK to need it; it's OK to want it; and it's OK to get it!**

Objective 4.1: Develop innovative Lifespan Respite service models that simplify caregiver access to respite.

Strategies to Accomplish the Objective 4.1:

- a) Coordinate planning and program development through the Lifespan Respite Coalition and in conjunction with current programs and supports, such as:
 - Aging Services Bureau and Area Agencies on Aging programs;
 - Disability Services Division programs;
 - Addictive and Mental Disorders Division; and
 - Child and Family Services Division.
- b) Develop criteria for use of grant funds through September 2017 for both planned and emergency respite and cost sharing protocol for receiving respite.
- c) Develop a comprehensive application process to:
 - screen caregivers;
 - avoid duplication of services;
 - assess caregiver needs through utilizing the Modified Caregiver Stress Index;
 - administer post service outcome survey; and
 - document services provided.

Objective 4.2: Reduce structural barriers that impede the efficient provision of respite and develop a strategy for legislative consideration related to respite in Montana.

Strategies to Accomplish the Objective 4.2:



- a) Plan and promote annual LSR Summits through the grant period. The 2017 Summit will focus on active steps to secure sustainable funding for respite services.
- b) Coordinate with ADRCs to maintain accurate respite database information on the LSR website. Analyze website users' usage data for trends, gaps and barriers and make necessary changes.

Objective 4.3: Increase caregiver awareness of the purpose, need for and availability of respite, allowing them to make informed decisions about obtaining respite care.

Strategies to Accomplish the Objective 4.3:

- a) Public awareness activities to promote caregiver awareness of the purpose, need for and availability of respite. PSA's through television and radio, Aging Horizons TV programs, Aging Horizons newsletter, brochures, flyers, etc.
- b) Promote expansion of the train the trainer program for Powerful Tools for Caregivers program with the Montana State University Extension. Expanding this service will reach more caregivers throughout the state.
- c) Share the LSR Video with community organizations and document showings.

Objective 4.4: Develop options for caregiver respite training.

Strategies to Accomplish the Objective 4.4:

- a) Work with LSR Coalition to identify and implement successful models for caregiver training; make training available on the respite website and determine other avenues for training to be accessible for caregivers, especially in our frontier and rural areas.

Objective 4.5: Implement the 2014 Lifespan Respite sustainability, growth and succession plan that was established in the previous grant.

Strategies to Accomplish the Objective 4.5:

- a) Maintain a healthy coalition by:
 - meeting on a regular basis;
 - supporting the various workgroups projects;
 - recruitment of new members and developing partnerships such as medically focused organizations, support groups, faith based communities, community service volunteer groups and governmental and company employee assistance programs.
- b) The Coalition will educate local legislators regarding lifespan respite care services and needs.
- c) Work with LSR Coalition to identify potential federal, state and local funding options for the LSR Program, including foundations and other grant opportunities.

Veterans Direct Home and Community Based Services Program

The Veterans Health Administration (VHA) is a division of the United States Department of Veterans Affairs (VA) that implements the medical assistance program of the VA through the administration and operation of VA outpatient clinics, hospitals, medical centers and long-term health care facilities. This Division operates the Veteran Directed Home and Community Based Services (VD-HCBS) program.

In 2008, the Veterans Health Administration (VHA) component of the Nursing Home Diversion Modernization/Community Living Program Grant funded through the Administration on Aging awarded grants to 10 states to begin the Veterans Direct Home and Community Based Services Program.

The VA has committed at least \$10 million for this initiative nationwide. Montana began serving veterans under this demonstration program in 2013 through collaboration between the VA and Missoula Aging Services (Area VII Agency on Aging) which serves Missoula and Ravalli counties.

The program provides Veterans of all ages the opportunity to receive participant-directed home and community based services, enabling them to avoid nursing home placement and to continue to live in their homes and communities. Veteran Directed Care is for Veterans who need skilled services, case management, and assistance with activities of daily living (e.g., bathing and getting dressed) or instrumental activities of daily living (e.g., fixing meals and taking medicines), are isolated or their caregiver is experiencing burden.

Under the VD-HCBS program in Montana, the VA Medical Center identifies, sets the service funding allocations and refers eligible Veterans to an Area Agency on Aging/Aging and Disability Network provider site that assists them to manage a flexible budget, decide for themselves what mix of services will best meet their personal care needs, hire their own personal care aides (including family or neighbors) and purchase items or services in order to live independently in the community.

Veterans in this program are given a flexible budget for services that can be managed by the veteran or the designated representative. Veteran Directed Care can be used to help veterans continue to live at home or in their community.

As part of this program, veterans and their caregiver have more access, choice and control over their long term care services. For example, veterans can:

- Decide what mix of services will best meet their needs
- Hire their own personal care aides (which might include their own family member or neighbor)
- Buy items and services that will help them live independently in the community

Since Veteran-Directed Care is part of the VHA Standard Medical Benefits Package, all enrolled veterans are eligible if they meet the clinical need for the service and it is available. NOTE: This is a new VA program and is currently only available in certain locations across the nation. In Montana, Area VII Agency on Aging has a program established and Area II Agency on Aging, which serves eleven counties and two Indian reservations in south central Montana, has



completed the Readiness Review by the VA and should be launching this program in Spring 2015. This model will be replicated with other Area Agencies on Aging-ADRCs that are interested in offering this program.

Area I Aging on Aging, which services Montana's 17 eastern counties, is in the Financial Management Services (FMS) and Program Readiness Review process as of the writing of this plan. We expect to receive approval of their Readiness Review proposal so they can begin serving our veterans living in Eastern Montana by the fall of 2016.

Plan Goal #5: Expand the Veterans Direct Home and Community Based Services Program (VD-HCBS) to all areas of Montana in an effort to provide more services to our Military Veterans whom the Veterans Administration identifies as at risk of needing nursing home care.

Objective 5.1: Develop and expand the Veterans Directed Home and Community Based Services Program (VDHCBS) in each ADRC.

Strategies to Accomplish the Objective:

- a) Continue review of program capabilities and capacity of Area Agencies on Aging-ADRCs in determining their interest in pursuing the VD-HCBS for their Planning and Service Area.
- b) Coordinate with the Veterans Administration and Area Agencies on Aging-ADRCs to develop a community based service system for eligible Veterans.
- c) Work with the one or two Area Agencies on Aging-ADRCs each year to develop readiness plans for approval by the Veterans Administration for VD-HCBS programs in their area.
- d) Work with the Area Agencies on Aging-ADRCs to integrate VD-HCBS support services into their ADRC programs.

Objective 5.2: Work in collaboration with the VD-HCBS ADRC programs to manage and update materials for statewide consistency.

Strategies to Accomplish the Objective 5.2:

- a) Review semi-annually with the VD-HCBS Service Coordinators regarding any adjustments needed to forms and materials.
- b) Update and maintain program forms and materials as needed.
- c) Review and assess VD-HCBS programs to help identify issues and concerns to be addressed in making program improvements as needed.

Focus Area #3: Participant-Directed/Person-Centered Planning

According to the Administration for Community Living (ACL) making fundamental changes in state policies and programs which support consumer control and choice is recognized as a critical focus for State Plans on Aging. Older Americans Act (OAA) Title VII programs and services, which deal with Elder Abuse Prevention and Long Term Care Ombudsman, are designed to

support this effort, and opportunities also exist for maximizing consumer control and choice in OAA Title III and VI programs.

Today, people have many choices and just as many questions about long term care planning and access to services. As more services options are being developed, as a state and as a nation, we strive to provide older people the opportunity for the full freedom, independence and exercise of individual choice in planning and managing their own lives. This is also in keeping with the Montana Legislature's intent "to promote alternative forms of services that will create options for older Montanans." Options Counseling services, as part of an Area Agency on Aging's Aging and Disability Resource Centers (ADRCs), can assist in helping people with their long term care planning. This assistance helps the individual weigh the pros and cons of the service options available in their community, determine what services are unavailable and the best way to access the services needed.

In working to establish ADRC's, Area Agencies on Aging are building relationships with a variety of programs and services to establish the No Wrong Door and One Stop Shop approach to services and supports. These relationships are as simple as sharing service information and/or resources to establishing memorandums of understanding for service delivery opportunities and coordination.

The following goals and objectives describe our planning efforts to support participant-directed/person-centered planning for older adults and their caregivers across the spectrum of long term care services in Montana, including home, community and institutional settings.

Plan Goal #6: Expand and enhance service information and supports being provided through Area Agencies on Aging ADRCs as they relate to participant-directed and person-centered planning in Montana.

With participant-directed and person-centered programs, such as Community First Choice (CFC) Personal Assistance Services (PAS), Money Follows the Person (MFP) grant, Home and Community Based Waiver Services (HCBS), Developmentally Disabled(DD) services and Veterans Directed – Home and Community Based Services (VD-HCBS) available in Montana, it is important for the elderly, persons with disabilities and veteran populations to have information related to these programs as they consider and plan for their long term care service needs and support options.

The Options Counseling program, while not in all areas of the state, offers assistance to older adults, persons with disabilities, caregivers or family members who wish to explore available aging and disability services and supports in their communities, counties and areas. In order to assist clients in planning their long term care needs, Options Counselors need to know and have information related to the services and supports available to meet the needs of the client including participant-directed and person-centered programs available in Montana.



Objective 6.1: Increase the visibility of Options Counseling services in assisting the elderly and persons with disabilities as they address the challenges of planning for their current and future long term care service and support needs.

Strategies to Accomplish the Objective 6.1:

- a) Coordinate with Area Agencies on Aging in developing educational outreach activities.
- b) Promote Options Counseling services through various media outlets, such as TV, websites and newsletters.
- c) Provide information and education through conference and training events.

Objective 6.2: Increase and expand Options Counseling services provided through Area Agency on Aging's ADRCs.

Strategies to Accomplish the Objective 6.2:

- a) Coordinate and assist the two remaining Area Agencies on Aging in establishing ADRC and Options Counseling services in their areas.
- b) Provide Options Counseling training to Area Agency on Aging ADRC staff.
- c) Coordinate activities with each ADRC to promote the services options available to Montana's elderly and persons with disabilities through ADRCs.
- d) Coordinate with local ADRC staff to review, identify and update service provider data in the statewide Resource Directory on a regular and timely basis.
- e) Coordinate with local ADRC staff to identify new service providers and obtain their service data information.

Objective 6.3: Enhance service information and supports related to participant-directed and person-centered planning in Montana by offering Options Counseling.

Strategies to Accomplish the Objective 6.3:

- a) Identify a contact person from each person-centered program to streamline the communication process.
- b) Develop and coordinate ADRC and Information and Assistance (I&A) training activities with person-centered programs.
- c) Add and update on a regular basis, at least annually, person-centered program and provider information as part of the ADRC Resource database.

Focus Area #4: Elder Justice

As part of our leadership role in coordinating programs and services for the protection of vulnerable adults under Title VII of the Older Americans Act, ACL has asked states to describe their activities to prevent, detect, assess, intervene, and/or investigate elder abuse, neglect and financial exploitation. This includes efforts to support and enhance multi-disciplinary responses to elder abuse, neglect and exploitation involving Adult Protective Services, Long Term Care

(LTC) ombudsman programs, legal developer assistance programs, law enforcement, health care professionals, financial institutions and other essential partners across the state.

In Montana, the Aging Services Bureau, which includes the Long Term Care Ombudsman (LTCO) program and the Legal Services Developer (LSD) program, is located in the Senior and Long Term Care Division of the Montana Department of Public Health and Human Services. Also within the Senior and Long Term Care Division is the Adult Protective Services (APS) Bureau which is mandated to investigate reports of abuse, neglect or exploitation and provide assistance to any aged person or disabled adult in obtaining the services offered by the department to reduce or remove the risk of physical or mental harm that has occurred or is occurring to a person, as a result of abuse, neglect or exploitation.

The LTCO program advocates for residents of nursing homes, assisted living facilities and other long term care facilities. LTCOs work to resolve problems of individual residents related to violation of residents' rights or dignity; physical, verbal or mental abuse; deprivation of services necessary to maintain residents' physical and mental health; unreasonable confinement; poor quality of care; or improper transfer or discharge of patient, which could include financial exploitation issues. LTCOs are also charged with working to bring about changes at the local, state and national levels that will improve residents' care and quality of life.

LSD services, under Title VII of the Older Americans Act, are provided to persons 60 years of age or older, or the spouse of a person 60 years of age or older. The LSD program is designed to ensure that older persons have access to, and assistance in, securing and maintaining their benefits and rights. LSD services may include: identifying issues and developing fact patterns, determining if an issue requires legal advice and assistance, advocacy activities, coordinating services and community support resources and working with APS in protecting personal financial assets, and assistance in facilitating civil legal intervention. The LSD does not directly provide legal representation, but does assist in identifying attorneys who may take on a legal issue case for pro bono or reduced fee.

LSD also assists in providing persons 60 and older, who are 250% federal poverty level, an opportunity to complete the following documents: beneficiary deed, durable power of attorney for financial and health care, living will, declaration of homestead and simple will. The program also assists individuals who need Indian wills. This service involves eight legal document clinics each year, as well as weekly phone clinics. The clinics provide an alternative to preventing and responding to potential fraud, exploitation and financial mismanagement.

Legal volunteers participating in the clinics receive an orientation on how to identify fraud, exploitation and financial mismanagement as well as strategies and resources to respond.

APS services are provided to persons over the age of 60, physically or mentally disabled adults and adults with intellectual disabilities who are at risk of physical or mental abuse, neglect, sexual abuse or exploitation. APS services are emergency intervention activities which shall investigate reports of abuse, sexual abuse, neglect or exploitation of Montana's vulnerable adults. APS services may include: coordinating family and community support resources, strengthening current living situations, developing and protecting personal financial resources and facilitating legal intervention.



The National Center on Elder Abuse has identified at least seven different types of elder/disabled adult abuse: physical abuse, sexual abuse, emotional abuse, financial/material exploitation, neglect, physical neglect and self neglect.

- **Physical abuse** is the use of physical force that may result in bodily injury, physical pain or impairment.
- **Sexual abuse** is non-consensual sexual contact, of any kind, with an elderly person or disabled adult.
- **Emotional abuse** is the infliction of anguish, pain or distress through verbal or non-verbal acts.
- **Financial/material exploitation** is the illegal or improper use of an elder/disabled adult's funds, property, or assets.
- **Neglect** is the refusal or failure to fulfill any part of a person's obligations or duties to an elderly person or disabled adult.
- **Physical Neglect** can be defined as the desertion of an elderly person/disabled adult, by an individual who has physical custody of the elder/disabled adult, or by a person who has assumed responsibility for providing care to the elder/disabled adult.
- **Self Neglect** can be defined as the decisions or behaviors of an elderly person or disabled adult, which threaten that person's health or safety.

Adult Protective Services investigates reports of abuse, sexual abuse, neglect and/or exploitation. Based on their findings, APS may work with various service providers, who can offer support services as necessary. If the vulnerable adult appears to be in danger of substantial risk of death or serious bodily injury, APS, with local law enforcement, local county attorneys and the court systems may pursue voluntary services. If APS has reasonable grounds to believe the vulnerable adult is incapacitated, APS may seek involuntary services such as facilitating placement, arranging for transportation to a safe facility or petition for temporary guardianship or conservatorship as may be necessary in providing for the protection and well-being of the elderly person. APS also works with the county attorneys in cases where criminal prosecution is the appropriate action required in a case.

According to ACL, "most communities do not have comprehensive elder abuse prevention efforts that engage a broad set of individuals and institutions that can play a role in combating abuse, such as health professionals, law enforcement and legal services agencies, social workers, clergy and community organizations." We need to utilize prevention strategies from other family violence prevention programs and can assist in developing the evidence base for more widespread dissemination.

Elder Justice Courts are important to the current and future well-being of the elderly when relating with our legal system. A combination of dedicated and knowledgeable elder law judges, attorneys and community support system will help assure immediate and better resolutions to elder abuse, neglect and financial exploitation. The growth of the elderly population in Montana, with increasing wealth and issues of diminished mental capacity, along with the economic downturn, have brought about new causes of action and greater use of our legal system. If the various communities and agencies come together to litigate civil and criminal cases, people in the communities will learn the serious nature of elder abuse, neglect and exploitation. The unified approach will send the message that abuse of Montana's senior citizens and vulnerable adults will not be tolerated. By demonstrating this message to the communities that the courts and

prosecutors will set up special courts for our vulnerable adults and that APS and law enforcement will investigate casers for criminal charges and civil attorneys will litigate to recover losses, we will then be able to make systemic changes and exact justice.

Justice can take many forms. Simply stopping continued abuse can change an elder's affect and outlook on their world in a very short time. Criminal prosecution can strengthen and empower an elder victim. Obtaining restitution can give an elder the chance to continue living independently without accessing public services. Investigating and prosecuting elder abuse protects their human rights and improves their quality of life. But stopping elder abuse saves their hard-earned resources often saved slowly over their entire lifetime. Stopping elder abuse benefits community resources by saving tax dollars that may be required to care for the abused elder forced onto public programs such as Medicaid, Medicare, SNAP, in-home services or nursing home care.

The Administration for Community Living provided materials related to Elder Justice for states to review in addressing this focus area. The information addresses enhancing the roles of civil lawyers in addressing elder abuse. The materials, which were presented to the Elder Justice Coordinating Council, indicated that many victims of abuse, neglect and exploitation cannot afford attorney fees and therefore programs like the Legal Services Developer program under the Older Americans Act and Legal Services Corporation programs provide a means to get assistance in addressing a victim's legal options.

The materials provided by ACL stated that civil lawyers can be involved in elder abuse efforts to end elder abuse in myriad ways. For example, civil lawyers can:

- Counsel older persons about including provisions in a power of attorney that may help limit the designated agent's opportunity to commit financial exploitation by misusing the authority granted;
- Screen and assess whether an older person might be experiencing abuse in some form and coordinate with protective service agency;
- Bring lawsuits in civil court to break an abuser's control over the victim, to seek compensation for physical harm caused by a caregiver, to remove an agent or guardian who is exploiting the victim, or to recover misappropriated assets;
- Advise elder abuse victims;
- Bring civil lawsuits to stop abusive practices;
- Help the private sector to interpret laws and regulations and to develop policies and protocols to facilitate prevention, detection and reporting of abuse;
- Participate in multidisciplinary teams and other collaborations; and
- Develop improved laws, regulations, and policies.

As indicated, the impact of financial exploitation on our seniors can be severe when their life savings, resources and assets have been exploited, leaving them vulnerable with limited options. Fraud, financial mismanagement and exploitation can and do negatively impact these victims' health, safety and welfare and potentially leaves the elderly person isolated with few options to maintain their independence. In order to determine their options, these vulnerable people need an advocate as well as legal counsel to help them.



With the increasing prevalence of fraud, financial mismanagement and exploitation of the elderly, it is important that all options, including criminal and civil actions are available. In order to best serve the victim, legal support that pursues both criminal and civil options simultaneously is critical in obtaining justice for the crime and necessary in getting restitution for the victim. Without civil action, the victim may be left in a financial dilemma that makes them reliant upon the social services system for assistance and supports.

The information from ACL also indicates there are gaps in the system that need to be addressed. They indicate that many victims face significant challenges in their efforts to obtain civil justice and need:

- Information about what civil lawyers can do to prevent or redress elder abuse;
- Information about how to find legal help, which necessitates educating the public and also staff of adult protective services and other hotlines, information and referral services, area agencies on aging, and others about recognizing elder abuse raises civil legal issues and that victims and family members should be referred to a legal services program or bar association as well as to protective services, the ombudsman program, or law enforcement;
- Accessible, affordable civil legal services – whether through legal aid programs including those supported by Older Americans Act or Legal Services Corporation funding, pro bono programs, or civil lawyers in private practice; and
- Civil lawyers who are knowledgeable about elder abuse and related issues including decision-making capacity and undue influence.

National studies of unmet legal needs of low-income persons and state-specific studies of unmet legal needs of older persons have demonstrated clearly that Legal Services Corporation- and Older Americans Act-funded civil legal assistance programs are unable to provide representation to a substantial majority of persons who need help

Another nationally identified issue is civil lawyers addressing elder abuse need:

- Training on how to prevent, detect and redress elder abuse, ideally beginning in law school and then through continuing legal education programs;
- Training on when to report to APS in a timely manner to help stop domestic violence of abuse and exploitation;
- Technical assistance and other resources to help them provide high-quality, cost-effective civil legal services, including case analyses, brief banks, case consultations, opportunities for communication and networking such as list serves and conferences, information on expert witnesses and legislative analyses; and
- Research and translational research about the effectiveness of interventions, including adult protective services, ombudsman programs, and shelters; about capacity to make financial decisions and susceptibility to undue influence; and about markers and consequences of neglect. The results of this research must be made accessible to lawyers and judges, as well as investigatory agencies including adult protective services, law enforcement, and—in neglect cases—medical examiners or coroners. The members of those disciplines need to understand the research and its relevance to their work so that

they can assess the merits of cases, what evidence is necessary, and what expert witnesses may be required.

Another area that needs to be addressed is that other professionals, including but not limited to APS and law enforcement, need to:

- Learn about the role of civil lawyers in preventing, detecting and redressing elder abuse so that they can recognize when a referral to a civil lawyers is appropriate and make that referral in a timely manner; and
- Understand the benefit to victims and to themselves of having civil lawyers participate in multidisciplinary initiatives, educational opportunities, and legislative and policy development activities, and then accordingly ask civil attorneys to participate in those activities.

Over the past decade, substantial progress has been made in educating components of the criminal justice system about elder abuse and in involving prosecutors in educational programs, multidisciplinary teams and other initiatives; those efforts have aided victims and other professionals. Nonetheless, as stated during the Elder Justice Coordinating Council meeting and at other times, “we can’t prosecute our way out of this.” Efforts to support prosecution need to be complemented by efforts to support involvement of the civil justice system. Civil lawyers have far greater opportunities to help prevent, detect and remedy elder abuse, and may have critical expertise to share.

Plan Goal #7: Continue to develop elderly legal services as well as relationships with the stakeholders in developing and providing legal advocacy and assistance to Montana’s elderly population.

Title VII of the Older Americans Act (OAA) requires each state to appoint a legal assistance developer. In Montana, this position is the Legal Services Developer (LSD) and the position is responsible for developing and coordinating the state’s legal services and elder rights programs. The LSD’s role is becoming even more crucial as states begin to move toward integrated legal and aging service delivery models that strive to create a seamless interface among provider networks on legal issues impacting older persons.

Under the OAA, the LSD is directly involved in the promotion and enhancement of:

- State leadership in securing and maintaining the legal rights of older individuals.
- State capacity for coordinating the provision of legal assistance.
- State capacity to provide technical assistance, training and other supportive functions to area agencies on aging, legal assistance providers, ombudsman and other persons, as appropriate.
- State capacity to promote financial management services for older individuals at risk of conservatorship.
- State capacity to assist older individuals in understanding their rights, exercising choices, benefiting from services and opportunities authorized by law, and maintaining the rights of older individuals at risk of guardianship.
- State capacity to improve the quality and quantity of legal services provided to older individuals.



Over the past ten years, the Legal Services Developer program in Montana has developed working relationships with the State Bar of Montana, Montana Legal Services Association (MLSA), University of Montana School of Law, Paralegal Section of the Montana State Bar, Montana AAA Legal Services, Office Of Consumer Protection And Victim Services, and the Elder Law Committee of the State Bar and Access to Justice Committee. These relationships have increased the awareness of and the need for legal services and supports for elderly Montanans.

The Montana State Bar offers two outreach programs that constitute important resources for seniors. These include the State Bar Lawyer Referral and Information Service (LRIS) and the State Bar Modest Means program. Staffed by a paralegal and other trained staff, LRIS provides referrals to Montana attorneys and information regarding other resources in the State for people who call. The Modest Means program is a reduced-fee civil representation program for individuals who MLSA is unable to serve or who have income above 125% but less than 200% of federal poverty guidelines. The Modest Means program includes incentives to attorneys to participate including malpractice insurance coverage and one free continuing legal education course (CLE) for 50 hours or more of Modest Means or pro-bono work. As of March, 2014, no Modest Means attorneys were available in Area One, Area Three or Area Ten of the Area Agencies on Aging, which are our most rural/frontier areas.

In 2008, the Legal Services Developer program in cooperation with the Area Agencies on Aging, established the first legal document clinic in the state of Montana. The program was developed, in conjunction with the Area Agencies on Aging and the State Bar of Montana, to provide services for persons sixty and older who are at or below 250 % of the federal poverty level with the opportunity to have their basic legal documents completed. In working with the State Bar of Montana, the program has been able to identify attorneys and paralegals willing to volunteer their time and services in assisting our elderly citizens complete their estate planning documents. The documents which are completed at a legal clinic include: wills, living wills, revocation of declaration of living will, durable powers of attorney for financial and healthcare, beneficiary deed, declaration of homestead and revocation documents. In Fiscal Year 2014, the program held seven clinics across the state, five in rural communities and two in more urban areas, providing services to about 200 senior citizens and assistance in completing 799 documents.

In the fall of 2013, to further meet the estate planning needs of our senior citizens, especially in remote areas of Montana, the Legal Services Developer program established phone clinics to assist them in completing their legal documents. A phone clinic may involve an individual and/or a couple on the phone with a volunteer attorney or paralegal. If a phone clinic is done with the assistance of a paralegal, the documents are sent to an attorney for review and approval prior to them being sent to the elderly person or persons to be signed and notarized. By the end of Fiscal Year 2014, fifty-five phone clinics were completed.

Over the past ten years, the Aging Network, including the Legal Services Developer, Area Agencies on Aging, and local Title III and Title VI providers, have partnered with AARP Montana in educating consumers as well as law enforcement on various topics related to scams and fraud. As part of its ongoing efforts to combat fraud, AARP Montana is partnering with a coalition of crime prevention agencies, Montana Attorney General's Office, the Commissioner

of Securities and Insurance, Montana State Office of Banking and Financial Institutions, the Montana Crime Prevention Association, SaveandInvest.org, Financial Industry Regulatory **Authority** (FINRA), The Securities and Exchange Commission and the National Crime Prevention Council, to sponsor a series of forums in seven communities in Montana to fight fraud. These consumer protection forums will focus on educating attendees about fraud and scams that frequently target boomers and older Montanans.

In addition to presentations aimed at the general public, the fraud forums, AARP Montana in cooperation with the Montana Crime Prevention Association, will target the law enforcement and legal communities. Recognizing the importance of training those on the front lines, AARP Montana designed a program to teach law enforcement professionals, government officials and city, county and state attorneys how to crack down on fraud.

Objective 7.1: Continue to work and coordinate activities with current stakeholders.

Strategies to Accomplish the Objective 7.1:

- d) Continue to coordinate with stakeholders in developing educational activities related to elder law.
- e) Work with the State Bar and the U of M School of Law to promote elder justice and elder law services to existing and future attorneys.

Objective 7.2: Identify new stakeholders and enhance current stakeholder relationships.

Strategies to Accomplish the Objective 7.2

- a) Continue to coordinate with current partners in identifying new stakeholders in order to expand legal services and supports for Montana's elderly population.
- b) Continue to partner with stakeholders in further developing and enhancing existing services as well as educational and outreach activities that increase the awareness of elder law issues.

Objective 7.3: Increase the awareness of elder law issues.

Strategies to Accomplish the Objective 7.3

- a) Work with the State Bar and the U of M School of Law to promote elder justice and elder law services to existing and future attorneys
- b) Provide information and education through conference and training events.



Objective 7.4: Increase the visibility of the need for legal services in assisting elderly persons, especially low-income seniors as they address the challenges of planning for their current and future long term care service and support needs.

Strategies to Accomplish the Objective 7.4:

- a) Continue to coordinate with stakeholders in developing educational activities.
- b) Work with the State Bar, MLSA and the U of M School of Law to promote Modest Means services in the areas currently unserved.
- c) Provide information and education through conference and training events.
- d) Provide at least five legal document clinics annually.

Objective 7.5: Continue to develop relationships with Adult Protective Services, County Attorneys and local law enforcement in establishing a coordinated effort in pursuing criminal and civil action for the benefit of an elderly client who has been abused or exploited.

Strategies to Accomplish the Objective 7.5:

- a) Coordinate with Adult Protective Services in providing information and education to local law enforcement, county attorney and judges regarding elderly abuse and exploitation.
- b) Coordinate with AARP Montana's Consumer Forums coordinator to involve the aging network in promoting and participating in the educational forums.
- c) Coordinate activities with the State Bar, Adult Protective Services and other stakeholders in developing information and educational materials for attorneys, county attorneys, judges and law enforcement related to fraud and exploitation.
- d) Coordinate with stakeholders to develop a protocol to benefit the victims of fraud in pursuing criminal and civil legal action in an effort to recover financial resources and assets that will ultimately stabilize their independence and finances.
- e) Case referrals will include fact finding relative to potential fraud and exploitation cases to determine if a case has merit to pursue civil charges.
- f) Work with the State Bar to identify attorneys to handle civil action cases on a pro bono or reduced fee basis.

Plan Goal #8: Enhance Long Term Care Ombudsman services across Montana.

Under the federal Older Americans Act, every state is required to have an Ombudsman Program that addresses complaints and advocates for improvements in the long-term care system. In Montana, the Office of the State Long-Term Care Ombudsman is located in the Department of

Health and Human Services' Senior and Long Term Care Division and is headed by a full-time state ombudsman.

Long-Term Care Ombudsman advocate for all residents of long-term care facilities (assisted living facilities and nursing facilities, which includes skilled nursing facilities and critical access hospitals with swing beds). Ombudsman act as access points for consumers by providing information, direct assistance and resolve complaints made by or for residents of long-term care facilities regarding concerns about the health, safety and rights of residents. Ombudsman advocates for residents' rights and quality care in nursing homes, personal care, residential care and other long-term care facilities; educates consumers and long-term care providers about residents' rights and good care practices; promotes community involvement through volunteer opportunities; provides information to the public on nursing homes and other long-term care facilities and services, residents' rights and legislative and policy issues; and promotes the development of citizen organizations, family councils and resident councils; and resolve residents' complaints. Unless given permission by the resident to share their concerns with other agencies/programs, the ombudsman keeps these matters confidential.

In state Fiscal Year 2014, Ombudsman made 6,502 visits to long term care facilities, responded to 1,416 complaints made by residents, provided 2,011 consultations to persons requesting assistance and 4,304 consultations to facilities. Services are provided at the local level by 31 Certified paid Local Ombudsman, one Certified Local Ombudsman who has been a volunteer for over 15 years, and 3 full-time Regional Ombudsman (3 FTE) which translates to an equivalent of 14.5 FTEs. In addition 11 Friendly Visitor volunteers complement the Ombudsman services in Area II (Billings) and Area VII (Missoula). These individuals are hired and directly supervised by local Area Agencies on Aging or the County Councils on Aging. All Ombudsmen are certified and receive training on federal and state regulations, resident rights information as well as techniques for complaint investigation and resolution strategies. Ombudsman and Friendly Visitor volunteers visit their assigned facilities regularly, usually at least once a month.

The Long-Term Care Ombudsman address issues or concerns of residents related to violation of residents' rights or dignity; physical, verbal or mental abuse, deprivation of services necessary to maintain residents' physical and mental health, or unreasonable confinement; poor quality of care, including inadequate personal hygiene and slow response to requests for assistance; improper transfer or discharge of patient; inappropriate use of chemical or physical restraints; personal needs and lifestyle issues; disability issues; appropriate placements and discharge issues; family issues; guardianship issues and needs; and any resident concern about quality of care or quality of life. Over the past fifteen years, these issues or concerns have increased in complexity.

In 2014, the five most frequent nursing facility complaints in Montana were:

- Improper eviction or inadequate discharge/planning;
- Family conflict; interference;
- Lack of respect for residents, poor staff attitudes;
- Exercise preference/choice and/or civil/religious rights, individual's right to smoke;
- Legal – guardianship, conservatorship, power of attorney, wills;

And, the five most frequent complaints from assisted living and similar facilities were:



- Inadequate or no discharge/eviction notice or planning;
- Family conflict; interference;
- Administration and organization of medications;
- Lack of respect for residents, poor staff attitudes and
- Financial exploitation or neglect by family or other not affiliated with facility.

Over the past six years, the Long-Term Care Ombudsman program has been one of the top priorities for the Aging Network. Travel and the geographic distances to long-term care facilities for Ombudsman (i.e. Area I, III, V, X) remains a critical issue in frontier states like Montana. And, as the structure and organization of the Montana program are re-evaluated, especially within the context of the new OAA/ACL rules, it will remain a major issue for years to come as our population continues to age.

Another consideration and impact to the Ombudsman program is the addition of assisted living beds in communities like Billings, Kalispell/Columbia Falls area, as well as in rural areas like Sheridan, Roberts, Judith Gap etc.

Objective 8.1: Provide assistance to the Area Agencies on Aging in recruiting local ombudsman based on the 2015 final rules for State Long-Term Care Ombudsman Programs from the Administration on Aging, Administration for Community Living.

Strategies to Accomplish the Objective 8.1:

- e) Coordinate with the Regional Ombudsman and Area Agencies on Aging to establish a workgroup to review and revise local ombudsman job descriptions based on the final OAA/ACL rules.
- f) Provide the Area Agencies with the draft job description.
- g) Coordinate hiring process of local ombudsman with Area Agencies on Aging County Councils on Aging, the State Long-Term Care Ombudsman office and Regional Long-Term Care Ombudsman.

Objective 8.2: Establish a workgroup to review the structure and resources needed to expand and/or enhance Long-Term Care Ombudsman services.

Strategies to Accomplish the Objective 8.2:

- a) Establish a workgroup with the Governor's Advisory Council on Aging, the Area Agencies on Aging, Ombudsman representation and other stakeholders to review the current ombudsman program structure.
 1. Review Montana's and other states Long Term Care Ombudsman structures and service delivery systems.
 2. Review resources, both financial and personnel, along with geographic challenges of a frontier state to determine how to best meet the needs of Montana's long-term care residents.

3. Identify and prioritize needs to enhance and/or expand ombudsman services.
 4. Provide information and documentation to stakeholders regarding findings and recommendations by the workgroup.
- b) Coordinate with stakeholders to address any legislative or program changes.

Objective 8.3: Review options for providing training for new Regional and Local Ombudsman.

Strategies to Accomplish the Objective 8.3:

- a) Coordinate with the Regional Ombudsman the development of ombudsman training module(s) to provide basic training for new ombudsman until the in-person Certification classes are scheduled.
- b) Identify core training areas that all new long-term care ombudsmen need prior to Certification training.
- c) Develop pre and post testing tools or a skill analysis tool to identify areas that the new ombudsman staff may need to focus on prior to Certification training.
- d) Provide training and strategic problem solving on issues identified in complaint data over the past three to five years.

Objective 8.4: Review options for program sustainability.

Strategies to Accomplish the Objective 8.4:

- a) Establish a workgroup with the Governor's Advisory Council on Aging, the Area Agencies on Aging, County Councils on Aging, Ombudsman representation and other stakeholders to review the current funding structure for the ombudsman program.
- b) Review resource information and options from other states, especially other frontier states to determine how to best address the sustainability of Montana's long-term care ombudsman program.
- c) Provide a sustainability plan or specific options to the Aging Network and other stakeholders.



State Plan Guidance Attachment A

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

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

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

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

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

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

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

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

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

Sec. 306(a), AREA PLANS

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

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include

information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;



- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement; and
- (4)(C) Each area agency on aging 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 programs and benefits provided under this title;
- (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.
- (13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.
- (13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--
- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (ii) the nature of such contract or such relationship.
- (13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.
- (13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

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

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

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

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

Sec. 307, STATE PLANS

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

(7)(B) The plan shall provide assurances that--

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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

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

(11)(A) The plan shall provide assurances that area agencies on aging will--

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.



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

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

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

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

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

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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

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

(21) The plan shall

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

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

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

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

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

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

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



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

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

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

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

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

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

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

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

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

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

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

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

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

(ii) receipt of reports of elder abuse;

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

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.

Kelly Williams, Administrator
Senior and Long Term Care Division

Date

FY 2015 State Plan Guidance Attachment B

INFORMATION REQUIREMENTS

States must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

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

The State Office on Aging (SUA) monitors the Area Agencies on Aging (AAA) to ensure preference is provided to older individuals with the greatest economic and social needs through annual onsite or desk evaluations. The SUA requires each AAA to address their efforts to target to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

Section 306(a)(17)

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

The SUA monitors the AAA to ensure emergency plans are in place through annual onsite or desk evaluations. The SUA has worked with the AAA's to facilitate continued health, safety and welfare of their clients, especially those deemed "vulnerable or at-risk" during declared emergencies. The AAAs shall designate staff as AAA Emergency Preparedness Coordinators (AAA-EPC) to be responsible for emergency preparedness and continuity of operations planning for the Planning and Service Area (PSA) and to proactively bring the needs of older adults in the county to the attention of the County Disaster and Emergency Services Coordinators to ensure the health, safety and welfare needs of Older Americans Act and Older Montanans Act clients are addressed. The AAA-EPC is the primary point of contact with the SUA and each County Disaster and Emergency Services Coordinator in their PSA.

Every county has a County Disaster and Emergency Services Coordinator. This coordinator is responsible for overseeing the county emergency preparedness and continuity of operations plans. The County Disaster and Emergency Services Coordinator is the likely contact for coordination efforts by the AAA-EP Coordinator. The Division of Homeland Security and Emergency Management website contains information on emergency preparedness at <http://montanadma.org/disaster-and-emergency-services>



Section 307(a)(2)

The plan shall provide that the State agency will:

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

The SUA requires the AAA's to expend Title III Part B funding in the following percentages: Access: 25% In-Home: 20% Legal 4%

Section (307(a)(3)

The plan shall:

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

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

Montana is a rural frontier state. The SUA has incorporated a rural component into its Interstate Funding Formula. This ensures the funding of rural frontier areas on Montana meets this requirement and helps maintain constant funding base for our rural frontier areas based on Older Americans Act programs.

<u>Federal Fiscal Year</u>	<u>Total OAA Funding Associated with Rural Populations</u>
2015-16	\$3,080,108
2016-17	\$3,080,108
2017-18	\$3,080,108
2018-19	\$3,080,108

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.*

Montana is a rural frontier state. In the planning process, each county and community has the opportunity to determine what the various service needs are and how those service needs will be met with the available funding allocated to the county to provide services to the older residents of the area. Addressing this issue is one of the reasons Montana's Aging Network will be looking at reviewing the core services being provided in each community and county served by the Area Agencies on Aging to determine which services are critical core services to enable older Montanans living in their communities to maintain an independent lifestyle, avoid unnecessary institutional care and live in dignity.

Section 307(a)(14)

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

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

Montana has approximately 16,500 low-income minority older individuals. The SUA requires the AAA maintain current information about opportunities, benefits and services available to older adults and their caregivers. In an area in which five percent or more of older adults speak a given language, other than English, as their principle language, information and assistance shall also be provided in that language.

The SUA also requires AAA's to outline specific steps to target older adults of the greatest social and economic need, low-income minority, frail and rural consumers.

Section 307(a)(21)

The plan shall:

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

The SUA requires information, assistance and outreach activities are conducted in the principle language spoken in areas where the Native American older adults comprise at least:

- Five percent (5%) of a PSA's population age 60 and over; or
- Ten percent (10%) or more of the state's age sixty and older Native American population reside within a PSA.

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.

The SUA is part of the Department of Health and Human Services Disaster and Emergency Preparedness plan. The AAAs are included as part of the SUAs portion of the plan to help facilitate the continued health, safety and welfare of older adults, especially those deemed “vulnerable or at-risk” during declared disasters or emergencies.

At the local level, AAAs coordinate with the local County Disaster and Emergency Services Coordinators, who is responsible for overseeing the county emergency preparedness and continuity operations plans. The AAA-EPC staff are responsible for emergency preparedness and continuity of operations planning for the Planning and Service Area (PSA) and to proactively bring the needs of older adults in the county to the attention of the County Disaster and Emergency Services Coordinators to ensure the health, safety and welfare needs of Older Americans Act and Older Montanans Act clients are addressed. The AAA-EPC is the primary



point of contact with the SUA and each County Disaster and Emergency Services Coordinator in their PSA.

Every county has a County Disaster and Emergency Services Coordinator. This coordinator is responsible for overseeing the county emergency preparedness and continuity of operations plans. The County Disaster and Emergency Services Coordinator is the likely contact for coordination efforts by the AAA-EP Coordinator.

In the event of a disaster of such proportions that the President of the United States approves an Executive Order declaring any county within a PSA a “federal disaster area”, the SUA may be notified by the AOA/ACL of the availability of “disaster funds”. These funds, if awarded, are typically granted without match requirements. Additionally, the SUA has policies and regulations requiring AAAs to identify targeting requirements in their requests for proposals to select providers of Older Americans Act services.

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.

The Department of Public Health and Human Services has prepared a disaster and emergency preparedness plan and coordinates with the Department of Military Affairs’ Department of Disaster and Emergency Services (DES). The Montana DES is the lead in agency coordinating comprehensive emergency management in Montana.

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*

The SUA confirms that it has complied with the above assurances. The SUA has met the requirements of each of these assurances and continues to review policies, procedures and regulations to ensure services provided through the Older Americans Act comply with these and other program requirements.



**FY 2015 State Plan Guidance
Attachment C**

INTRASTATE (IFF) FUNDING FORMULA REQUIREMENTS

Each State IFF submittal must demonstrate that the requirements in Sections 305(a)(2)(C) have been met:

OAA, Sec. 305(a)(2)

“States shall,

(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account--

- (i) the geographical distribution of older individuals in the State; and
- (ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals.”

MONTANA – FUNDING FORMULA

A. ALLOCATION OF FUNDING (a) Intra-State Funding Formula(70/20/10 Method)

The following is the procedure used by the Department of Public Health and Human Services’ Aging Services Bureau in allocating funds (Federal and State) to Area Agencies on Aging and other providers for FY2008, FY2009, FY2010 and FY2011.

(1) Program Base -\$6,363 each (\$63,630 in Total) for the ten (10) Area Agencies for III B (Social Services) and III C1 (Congregate Meals) .

(2) Rural Base -To recognize the cost of providing services in rural areas, a rural base was established by County/Reservation population from the following chart:

60+ Co/Reservation Population	Class	III - B	III - C1	III - C2	III-D
0 - 100	A	\$2,000	\$2,000	\$ 500	\$ 50
101 - 500	B	3,000	3,000	1,000	100
501 - 2,000	C	6,000	6,000	1,500	150
2,001 - 5,000	D	7,500	7,500	2,000	200
5,000 +	E	8,500	8,500	2,500	250

(3) Remaining Funds: After steps 1 and 2 above, the remaining funds are distributed on the following formula:

- 70% for percent of 60 plus population
- 20% for percent of 60 plus low-income
- 10% for percent of 60 plus minority

(4) Administration Funds

- (a) An Administration Base of \$12,000 for each of the seven (7) multi-county/reservation Area Agencies and \$1,200 to the three (3) Single County Area Agencies for III B (Social Services) and III C1 (Congregate Meals) .

The balance of Administration Funds for III B and III C 1 funds are distributed on the 70/20/10 formula.

- (b) Title III C2, Title III E and State Program Administration funds are distributed on a straight 10% of funds allowable.

(B) The above 70/20/10 Funding Formula was reviewed by the Intra-State Funding Formula Task Force and approved by the Aging Services Bureau. The Task Force consisted of Multi-County Area Agency Directors, Single County Directors, Governor's Advisory Council on Aging representative, Governor's Coordinator on Aging, representative of the Center of Gerontology and Aging Services Bureau staff.

- (a) The State Plan Task Force, which consisted of four Area Agency Directors, a member of the Governor's Advisory Council, Legal Developer and two Aging Services Bureau staff, determined that the following percentages of Title III B funds would be mandated to meet the requirements of the Older Americans Act.

Access Services -10% of each Area's total Title III B program allocation. In-Home Services- 10% of each Area's total Title III B program allocation. Legal Assistance- 4% of each Area's Title III B program allocation.

- (b) The Ombudsman program is an area of focus and funds will be set aside specifically for them in addition to the mandated percentage requirements listed above.
- (c) With respect to services for older individuals residing in rural areas, the State will not allocate nor can an Area Agency spend less than the amount expended for services in rural areas in fiscal year 2000.
- (d) Based upon FY09 funding levels, the following schedule identifies how funds will tentatively be allocated to the ten (10) Area Agencies for FY2012-15



Funding Allocation
for Federal Fiscal Year: 2016 Projections

AREAS PROGRAM	I	II	III	IV	V	V	VIII	IX	X	XI	TOTALS
III-B	195,349	222,078	108,477	147,034	101,116	109,739	67,339	70,575	30,845	109,931	1,162,483
TRAINING -B	12,996	6,340	4,627	3,952	1,500	7,112	3,000	3,150	1,904	3,000	47,581
III-C1	263,066	362,868	152,925	244,225	154,436	168,912	118,311	124,762	42,117	198,081	1,829,714
III-C2	121,329	190,127	70,246	128,962	74,888	86,146	64,908	68,800	18,235	110,410	934,041
III-D	11,094	20,223	6,745	13,902	7,535	9,111	7,418	7,881	1,811	12,529	98,249
III-E	89,252	126,419	53,236	87,145	55,143	60,940	45,566	47,855	18,323	73,357	657,236
VIII-ABUSE	2,781	2,016	1,338	1,176	1,137	935	237	237	287	479	10,633
OMBUDS III&VII	15,134	97,492	0	65,418	8,160	59,257	39,951	5,556	0	10,663	301,631
LEGAL*	7,082	7,944	3,706	5,086	3,394	3,703	2,477	2,596	1,145	3,633	40,767
WARHOUSE	7,158	12,855	4,293	7,690	0	0	0	4,548	1,213	7,293	45,050
STATE GF	344,529	511,365	202,456	346,307	208,764	235,813	172,784	182,632	55,416	290,089	2,551,164
STATE GF OTO**	224,803	286,536	132,797	194,252	131,014	138,919	96,376	99,897	42,565	153,840	1,500,000
Additional ST GF***	72,606	98,900	40,445	66,571	42,917	46,376	32,385	34,128	11,878	53,794	500,000
Provider Rate****	39,588	38,614	20,938	25,370	20,430	19,385	10,681	11,038	6,898	16,945	209,887
SHIP	47,920	87,352	29,136	60,049	32,546	39,354	32,043	34,041	7,823	54,122	424,386
TOTALS	1,454,689	2,071,129	831,366	1,397,129	843,980	985,701	632,475	697,695	240,471	1,098,185	10,312,822
ADMIN**											
III-A	0	0	0	0	0	0	0	0	0	0	0
III-B	(18,290)	(23,466)	(15,824)	(19,882)	(16,272)	(17,166)	(5,406)	(5,668)	(2,227)	(19,104)	(143,306)
III-C1	(23,110)	(32,252)	(18,755)	(25,922)	(19,546)	(21,124)	(8,629)	(9,082)	(3,014)	(24,548)	(185,990)
III-C2	(12,133)	(19,013)	(7,025)	(12,895)	(7,489)	(8,615)	(6,491)	(6,880)	(1,824)	(11,041)	(93,404)
III-E	(9,325)	(12,642)	(5,324)	(8,715)	(5,514)	(6,094)	(4,557)	(4,786)	(1,832)	(7,336)	(65,724)
STATE	(58,486)	(86,782)	(45,007)	(67,190)	(47,454)	(52,339)	(36,293)	(37,727)	(18,912)	(62,937)	(513,125)
TOTALS	(120,944)	(174,154)	(91,934)	(134,603)	(96,275)	(105,337)	(61,375)	(64,153)	(27,809)	(124,955)	(1,001,549)

* Legal Services Funds are contracted to Area II Agency on Aging
 ** Based on HB2 as of 4-10-13
 *** OTO State Funds based on HB2 as of 4-10-13
 **** Provider Rate Funds based on HB2 as of 4-10-13. NOTE a portion of these funds must be used for Legal, Ombudsman and SHIP programs
 ** Admin funds used (other than III-A) must be subtracted from the total amounts listed above under Program

**FY 2016 - 2019 State Plan
Attachment D – Older Americans Act Program
Aging Network Contact Information**

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