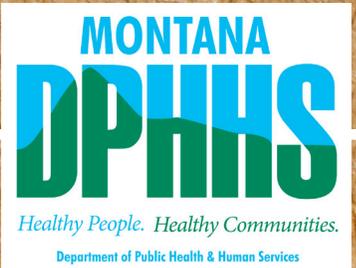


# Montana State Plan on Aging

---

*FOR THE TIME PERIOD  
OCTOBER 1, 2019 TO SEPTEMBER 30, 2022*





*Improving the Lives of Older Adults and People with Disabilities  
Through Services, Research, and Education*

August 29, 2019

The Honorable Steve Bullock  
Governor of Montana  
Office of the Governor  
1100 N Last Chance Gulch  
Helena, Montana 59604

Dear Governor Bullock:

I am pleased to inform you that the Montana State Plan on Aging under the Older Americans Act for October 1, 2019 through September 30, 2022 has been approved.

The State Plan outlines a number of significant activities that will serve as a guide for Montana's aging service network during the next three years. The Administration for Community Living recognizes the graying of Montana and importance in having a comprehensive and coordinated system of home and community-based services that provides assistance to older adults and their caregivers to remain independent, in the least restrictive environment in their own homes.

The Denver Regional Office staff of the U.S. Administration for Community Living looks forward to working with you, the Montana Department of Public Health and Human Services, and the Aging Services Bureau in the implementation of your State Plan. If you have questions or concerns, please do not hesitate to contact Percy Devine, Region 8 Administrator, at 303-844-7815. I appreciate your dedication and commitment toward improving the lives of older persons and their caregivers in Montana.

Sincerely,

A handwritten signature in black ink that reads "Lance Robertson".

Lance Robertson

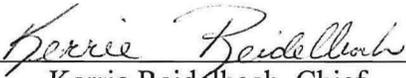
Administrator and Assistant Secretary for Aging

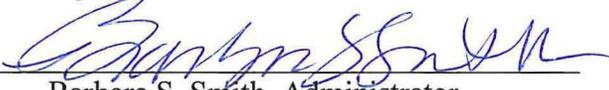
**VERIFICATION OF INTENT**

The State Plan on Aging is hereby submitted for the State of Montana for federal fiscal years 20-22 or the period of October 1, 2019 through September 30, 2022. It includes all assurances and plans to be directed 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, legal advice program 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:  Date: 6/17/19  
Kerrie Reidelbach, Chief  
Aging Services Bureau

Signed:  Date: 6/17/19  
Barbara S. Smith, Administrator  
Senior and Long Term Care Division

Signed:  Date: 6/17/2019  
Sheila Hogan, 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:  Date: 6/17/19  
STEVE BULLOCK, Governor  
State of Montana

---

# Table of Contents

## MONTANA STATE PLAN ON AGING

EXECUTIVE SUMMARY.....	1
CONTEXT.....	4
MISSION.....	4
STATE UNIT ON AGING.....	4
PUBLIC INPUT AND NEEDS ASSESSMENT.....	6
QUALITY MANAGEMENT.....	9
DATA COLLECTION.....	9
GOALS, OBJECTIVES, STRATEGIES, PERFORMANCE MEASURES.....	10
GOAL 1.....	10
FOCUS AREA A: OLDER AMERICANS ACT PROGRAMS.....	10
INFORMATION AND ASSISTANCE/REFERRAL AND OUTREACH.....	10
TRANSPORTATION AND ASSISTED TRANSPORTATION SERVICES.....	11
TITLE III-C NUTRITION SERVICES PROGRAMS	
CONGREGATE MEALS.....	12
HOME DELIVERED MEALS.....	13
TITLE III-D DISEASE PREVENTION AND HEALTH PROMOTION SERVICES.....	14
TITLE III-E FAMILY CAREGIVER SUPPORT PROGRAM.....	15
GOAL 2.....	16
TITLE III AND TITLE VI FUNDING COORDINATION.....	16
FUTURE PLANNING FOR OLDER AMERICANS ACT SERVICES.....	18
FOCUS AREA B: ADMINISTRATION FOR COMMUNITY LIVING (ACL) DISCRETIONARY GRANTS...19	

---

LIFESPAN RESPITE PROGRAM GRANT.....	19
ALZHEIMER’S DISEASE SUPPORTIVE SERVICES PROGRAM GRANT .....	20
STATE HEALTH INSURANCE AND ASSISTANCE PROGRAM .....	21
MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDER ACT.....	22
FOCUS AREA C: PARTICIPANT-DIRECTED/PERSON-CENTERED PLANNING.....	23
OPTIONS COUNSELING.....	23
VETERANS DIRECTED HOME AND COMMUNITY BASED SERVICES.....	24
GOAL 3.....	25
FOCUS AREA D: ELDER JUSTICE.....	25
ADULT PROTECTIVE SERVICES (APS) AND SENIOR FINANCIAL EXPLOITATION TASK FORCE.....	25
LEGAL ASSISTANCE DEVELOPER PROGRAM.....	27
MONTANA BOARD OF CRIME CONTROL GRANT.....	27
LONG-TERM CARE OMBUDSMAN PROGRAM.....	28
ATTACHMENT A: STATE PLAN ASSURANCES AND ACTIVITIES.....	31
ATTACHMENT B: INFORMATION REQUIREMENTS.....	43
ATTACHMENT C: STATE PLAN IMPLEMENTATION PLAN-GOALS, STRATEGIES & PERFORMANCE MEASURES.....	50
ATTACHMENT D: INTRASTATE FUNDING FORMULA.....	56
STATE FISCAL YEAR 2019-20 AREA AGENCY ON AGING ALLOCATIONS.....	58
ATTACHMENT E: AGING NETWORK CONTACT INFORMATION.....	59

---

# EXECUTIVE SUMMARY

The State Unit of Aging (SUA) is located within the Montana Department of Public Health and Human Services' Senior and Long-Term Care Division. The SUA, also referred to as the Aging Services Bureau, ensures older adults can live and thrive in the community of their choice by administering programs and services funded by the state and the Older Americans Act (OAA). The SUA is responsible for providing funding to and overseeing ten local Area Agencies on Aging (AAAs) that in turn provide funding to local service providers to deliver services to adults age 60 and older in Montana. Priority for services is given to those older adults with the greatest social and economic need, with particular attention to low-income and minority individuals and those who are frail, homebound or otherwise isolated. In Federal Fiscal Year 2018, the SUA provided OAA services to 25,662 older Montanans.

The SUA develops a State Plan on Aging in partnership with the Governor's Advisory Council on Aging, the ten AAAs, and other stakeholders including: other state programs providing services to our target population, community providers, the general public, and seniors that use the OAA services available to them. This plan covers the federal fiscal years 20-22 for the time-period of October 1, 2019 through September 30, 2022 and serves as a planning and compliance guide that allows the State of Montana to receive federal funds for OAA services, and reflects the needs of our region, highlights our service goals, and demonstrates outcomes, strategies and measures that will be used to evaluate progress and success of our work. Our State Plan on Aging seeks to further the Montana Department of Public Health and Human Services' strategic efforts to focus resources and actions on achieving collective goals and specifically the strategy to maximize the opportunity for independence, well-being, and health among older adults, people with disabilities, and their families and caregivers.

Montana's population is rapidly becoming older, often referred to as the 'aging tsunami'. In fact, in 2017, the percentage of adults age 60 and older in Montana ranked 5th in the United States. According to the Montana Department of Commerce's Research & Information Services Bureau, the population over age 60 has increased by 26.3 percent between 2001 and 2017, from approximately 159,412 to 266,841 in 2017. The population over age 60 represents 25.4% of the total population of 1,050,493 in Montana. Our fastest growing age group is 85 and older, with a total of 22,384. According to the AARP Across the States 2018 publication, by 2030 there will be an increase of 57% and by 2050 an increase of 208% in this age group. In contrast, the working-age population is projected to decrease, potentially reducing the number of workers in relation to the aging population needing support.

It is important to be mindful of shifts in demographics, understand how it will impact the state's ability to care for older adults, and strategically plan for the increasing demand for services by older adults. The Department's Senior and Long-Term Care Division is constantly seeking creative opportunities to improve education, service delivery, and quality within the division resources for serving seniors in Montana. Montana has 56 counties, represented by the ten AAAs to cover OAA services across the vast and rural state, which covers 147,040 square miles.

---

The three goals of the SUA's State Plan on Aging are:

1. The Montana Aging Network will improve access to the Older Americans Act services for seniors and their caregivers to provide the supports needed for them to continue to live in their homes and be active in their communities for as long as they choose.
2. Improve collaboration with the Title VI Directors and other Tribal members to better facilitate Title III and Title VI coordination and services to all Montana's seniors.
3. The Montana Aging Network will improve the dignity, safety, and respect of older adults living in Montana.

Over the next three years, the SUA will seek to achieve its goals by providing quality services through:

- Implementing effective programs for seniors, adults with disabilities, caregivers, and older American Indians in Montana;
- Collaboration with Montana Tribes to improve access to services for reservation communities through Title III and VI coordination;
- Obtaining data and conducting comprehensive data analysis to determine the outcomes and areas for improvement in existing programs; and
- Focusing SUA involvement in future grant funding and initiatives to those that align with core goals and objectives.

The SUA will engage in effective monitoring and oversight of funded programs, collaborating with other state of Montana agencies and stakeholders to improve the service delivery system for older adults, conducting a comprehensive data study of programs, and making improvements in the ability to track and monitor the impact of programs funded by the state and OAA. The SUA has been working on a new enhanced data information system to replace multiple antiquated data systems to assist in standardizing data gathering to make data more consistent and informative. We will also be able to communicate the value of funds provided to the AAAs and identify areas for improvements on an ongoing basis. In addition, this enhanced data system will assist the SUA in effectively overseeing the use of OAA and other funds in Montana.

To be effective stewards of state and federal funds, it is essential that the SUA effectively monitor and oversee programs funded by the OAA and state funds. Over the next three years, work will begin on reviewing and updating policy and procedures, Montana State administrative rules, and the development of consistent oversight and monitoring methods. An

---

additional need was also recognized for development of a more comprehensive orientation process for new AAA Directors. Developing a mentoring program that will be guided by the more experienced AAA Directors will be a focus for local leadership during this planning period.

Implementation of the goals, objectives, and strategies outlined in four focus areas will support the outcome of continued development of the state's long-term services and supports system for older adults and their caregivers, allowing individuals to live as independently as long as possible in their own homes and communities.

---

# CONTEXT

## MISSION

The State Unit on Aging is located within the Montana Department of Health and Human Services' (DPHHS) Senior and Long Term Care Division (SLTC). The mission of SLTC is to: *advocate and promote dignity and independence for older Montanans and Montanans with disabilities by:*

- *Providing information, education and assistance;*
- *Planning, developing, and providing for quality long-term care services; and*
- *Operating within a cost-effective service delivery system.*

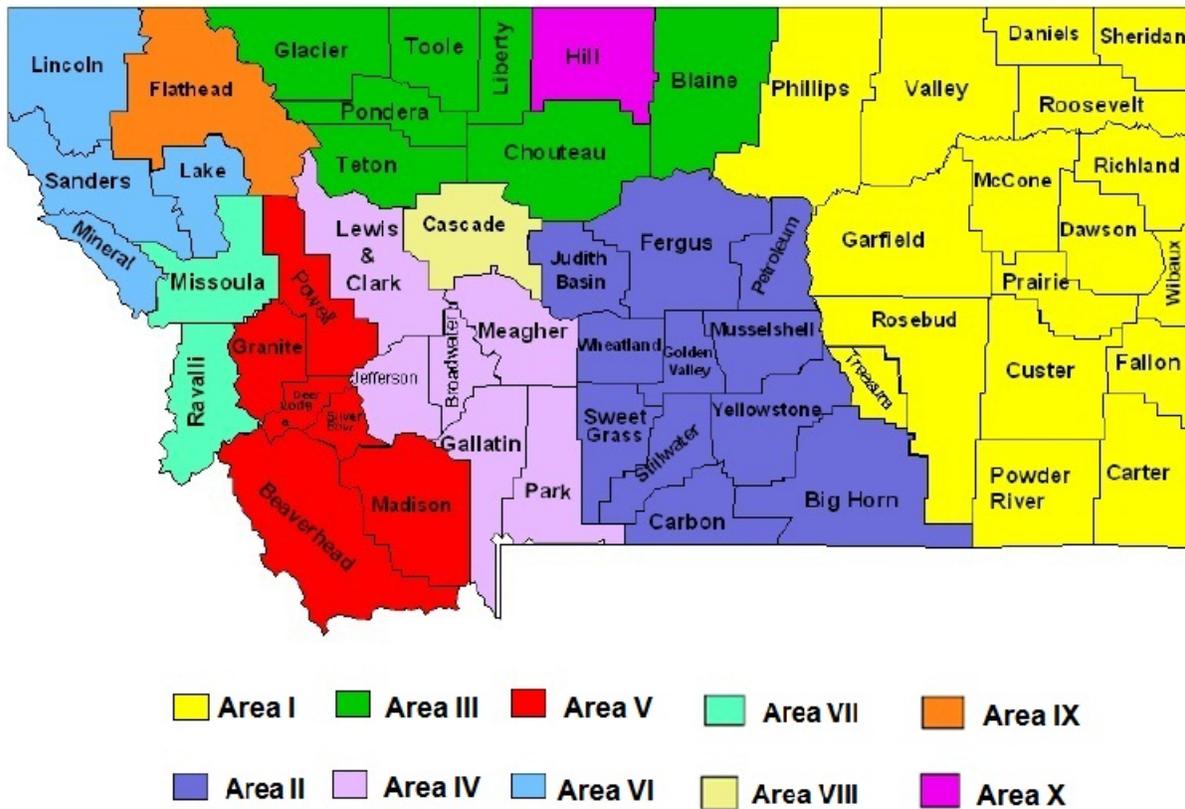
The programs and services provided through the State Unit on Aging (SUA) incorporates the DPHHS vision of: *Healthy People, Healthy Communities, Healthy Futures;* and the DPHHS mission of: *Improving and protecting the health, well-being, and self-reliance of all Montanans.*

The 2020-2022 State Plan on Aging aligns with the Montana DPHHS 2019-2024 Strategic Plan which draws on the strengths of DPHHS and addresses health and human services needs throughout the state. One of DPHHS's six strategic goals is to strengthen the economic and social well-being of Montanans across the lifespan and specifically to support individuals' ability to work and be self-sufficient. Our State Plan on Aging seeks to further DPHHS's shared efforts to focus resources and actions on achieving collective goals, and specifically the strategy to maximize the opportunity for independence, well-being, and health among older adults, people with disabilities, and their families and caregivers.

## STATE UNIT ON AGING

The State Unit on Aging (SUA) ensures older adults can live and thrive in the community of their choice by administering programs and services funded by state and the Older Americans Act (OAA). The SUA is responsible for providing funding to and overseeing ten local Area Agencies on Aging (AAAs) that in turn provide funding to local service providers to deliver services to adults age 60 and older. Priority for services is given to those older adults with the greatest social and economic need, with particular attention to low-income and minority individuals and those who are frail, homebound or otherwise isolated.

## Montana Area Agencies on Aging

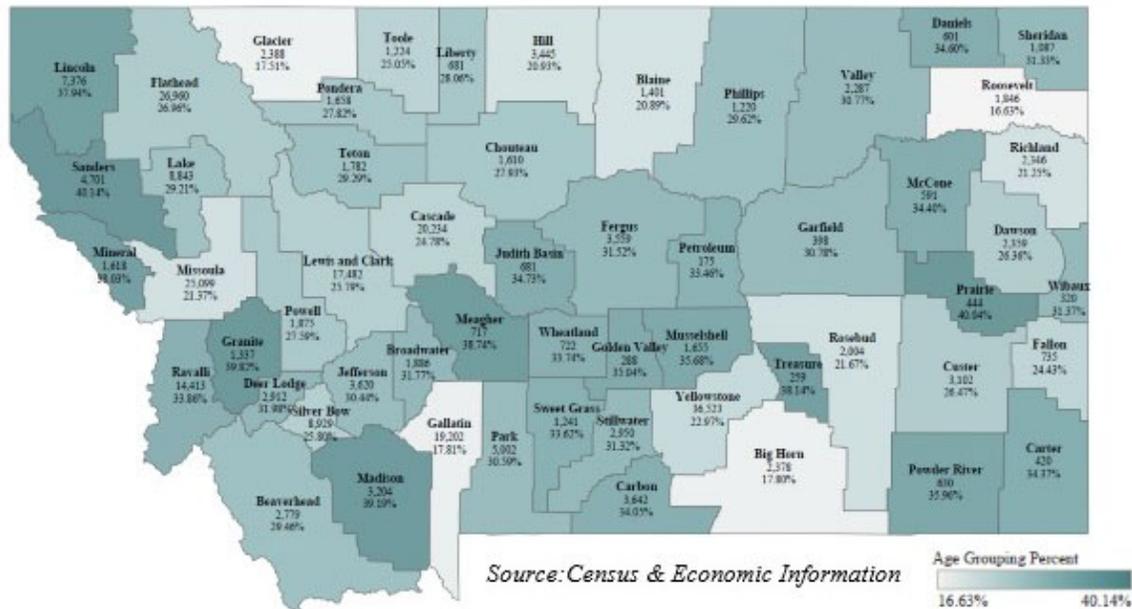


In Federal Fiscal Year 2018, the SUA provided OAA services to 25,662 older Montanans. These core services include personal care, assisted transportation, congregate meals, home-delivered meals, homemaker services, and transportation. Other services include: legal assistance, Ombudsman, health promotion and disease prevention, nutrition education, information and assistance, and caregiver services such as respite and outreach. In addition, the SUA is involved in a variety of collaborative initiatives aimed at helping older adults remain in their home and community for as long as they choose.

Montana’s population is rapidly becoming older, often referred to as the ‘aging tsunami’. In fact, in 2017, the percentage of adults age 60 and older in Montana ranked 5<sup>th</sup> in the United States. According to the Montana Department of Commerce’s Research & Information Services Bureau, the population over age 60 has increased by 26.3 percent between 2001 and 2017; from approximately 159,412 in 2001 to 266,841 in 2017. Our fastest growing age group is 85 and older. According to the AARP Across the States 2018 publication, by 2030 there will be an increase of 57% and by 2050 an increase of 208% in this age group. It is important to be mindful of shifts in demographics, understand how it will impact the state’s ability to care for older adults, and strategically plan for the increasing demand for services by older adults. STLC

is constantly seeking creative opportunities to improve education, service delivery, and quality within the division resources for serving seniors in Montana. The map below provides an illustration of the disbursement of Montanans over the age of 65.

2017 Montana Percent of Population 60+



## PUBLIC INPUT AND NEEDS ASSESSMENT

Public input and stakeholder involvement are crucial to the development of a quality State Plan on Aging. The SUA engaged in a variety of stakeholder meetings from September 2018 through March 2019 to develop and support this plan. The SUA also advertised through media and posted a survey on the DPHHS Senior and Long Term Care Division website for input. The AAAs conducted one or more public meetings in their respective areas, which included one on an Indian reservation, one in an urban area, and one in a rural area. Information was presented on core OAA programs. Verbal input was documented. A total of 52 public meetings were held throughout the state with a total of 519 stakeholders were in attendance.

The following is a list of stakeholder, organizations, groups, and individuals that provided input into the State Plan on Aging:

- Ten Area Agencies on Aging (AAAs), nine of which are ADRCs;
- Local service providers;
- Recipients of SUA funded services;
- Governor’s Advisory Council on Aging;

- Governor’s Office;
- The following MT American Indian Tribes: Blackfeet Tribe; Chippewa Cree Tribe; Crow Tribe; Confederated Salish & Kootenai Tribes; Fort Belknap Assiniboine & Gros Ventre Tribes; Fort Peck Assiniboine & Sioux Tribes; and the Northern Cheyenne Tribe; and
- Caregivers.

The SUA developed the goals, objectives, strategies, and performance measures for this State Plan on Aging based on the feedback received from stakeholders. In addition, the SUA relied on the work conducted by each of the ten AAAs in developing their area specific plans, which provided input on the needs for older adults across the state. The following needs emerged from the public input/needs assessment process and were incorporated into this State Plan on Aging:

- Increased services in rural areas, including:
  - Home Delivered Meals
  - Transportation
    - More flexible service seven days per week
- Increased legal support;
- Increased access to disease prevention and health promotion programs;
- Increased support services for caregivers;
- Improved staff education and training;
- Increased community education and outreach efforts;
- Increased services offered through the senior centers; and
- Increased and improved community partnerships.

AREA	SURVEYS COMPLETED	ON-LINE SURVEYS	# OF PUBLIC MEETINGS HELD	PUBLIC MEETING ATTENDEES	TRIBAL INPUT
I	150		14	42	5
II	0		2	42	
III	98		0	0	
IV	364	17	2	76	
V	192		1	16	
VI	32		22	104	44
VII	0		3	62	
VIII	13		2	5	
IX	529		5	72	
X	48		1	100	
<b>TOTALS</b>	<b>1426</b>	<b>17</b>	<b>52</b>	<b>519</b>	<b>49</b>

---

Additional information gathered from the public input included:

- Concerns about aging and loss of control over decision-making;
- Having to depend on others due to loss of physical abilities or cognitive functioning/dementia;
- Lack of transportation when individual can no longer drive;
- Financial insecurity;
- Access to healthcare;
- Loss of identity/lack of purpose; inability to be involved in the community to contribute;
- Living too long without quality of life; and
- Poor quality of life in institutional settings.

### **Sample of Comments Collected from Public Input:**

#### Congregate Meals

- *“I love coming to the senior center. It gets me out of the house and I get to see all my friends.”*
- *“This place is very special to me.”*

#### Home-Delivered Meals

- *“Drivers always have a few minutes to visit me and are friendly and happy.”*
- *“Thank you for making a life a little easier. We are in our 80s and really appreciate it.”*

#### Transportation

- *“One cannot go to any evening functions as the taxi service locks up at 5 pm—this is very distressful.”*

#### Caregiver Support

- *“Wages for caregivers is an issue. They receive such a low wage that a person can make more flipping burgers.”*
- *“It is hard to find caregivers in the community and the ones I find are gone sometimes before I get them trained.”*
- *“Six people in our community had to move to Billings (an urban center) because of care needs.”*
- *“Our family had to make a decision about one of the kids quitting their job to take care of my parents as there were no caregivers available in the rural community they live.”*

#### Other

- *“Need more case management type services to help people stay in their homes.”*
- *“There are not enough staff and resources in the Ombudsman Program to respond to the needs.”*
- *“Lack of handicapped accessible housing.”*
- *“Smaller communities are getting smaller as there are few services and people leave their community for services.”*

---

In promoting the OAA services available through community outreach efforts, our seniors will be able to take advantage of these programs and services to address many of the above concerns and needs. Congregate meal sites help with socializing through dining with others, meeting new people or spending time with friends, learning about and using transportation services available in one's community, legal planning as well as future planning while one has the ability, so family members know what is important to them if they become unable to communicate. Caregivers helping their loved ones need to know about these services and the importance of getting a respite break to care for themselves.

The SUA will work with the AAAs to identify best practices and strategies to improve programs, services, and access to services for our Montana seniors, adults with disabilities, and caregivers.

## QUALITY MANAGEMENT

Quality management of programs and services funded through the SUA will be a primary focus over the next three years. The SUA will strive to ensure that federal, state, and local funds provided to AAAs through the SUA are used effectively, efficiently, and strategically for services and supports for older adults in Montana. The SUA will seek and act on opportunities to maximize available resources to ensure the greatest impact on older adult's health and well-being.

To be effective stewards of state and federal funds, it is essential that the SUA effectively monitor and oversee programs funded by the OAA and State funds. Over the next three years, work will begin on reviewing and updating policy and procedures, updating State of Montana administrative rules, and the development of a quality assurance program.

## DATA COLLECTION

The SUA currently is using a data collection system that is outdated and only has limited support from DPHHS's information technology staff. The Senior and Long Term Care Division acquired two grants through the Administration for Community Living (ACL): the Elder Justice grant and the Adult Protective Services (APS) grant in August of 2016 and 2018. The purpose of these grants is to build a comprehensive data and APS customer service system. Included in the scope of the grants is the replacement of the current APS system Operation Protect Montana; the SUA system's Iris 4.0, which serves as information and assistance for the State Health Insurance Program (SHIP); and other systems replacements for OAA Services, Legal Services Program, and the Ombudsman Program.

The high-level objective of the Montana APS grant is to improve outcomes for vulnerable adults (persons age 60 and older and adults age 18 and older with a disability) with improved data quality, and a better understanding of the services delivered through the SUA under the OAA. Users of this new statewide system will include the ten AAAs, County Councils on Aging, and Senior Centers for reporting OAA services as well as other grant initiatives. The SUA is currently in the process of developing intake/assessment documents to provide uniformity in

---

data collection. The new system will offer a work flow and timely data entry, which will improve data collection and allow for better monitoring, reporting accuracy, and ability to utilize the data for quality improvement and oversight of the OAA services and other grants. This new system will better position the state to use this data for strategic development.

## GOALS, OBJECTIVES, STRATEGIES, AND PERFORMANCE MEASURES

*GOAL 1: THE MONTANA AGING NETWORK WILL IMPROVE ACCESS TO THE OLDER AMERICANS ACT SERVICES FOR SENIORS AND THEIR CAREGIVERS IN ORDER TO PROVIDE THE SUPPORTS NEEDED FOR THEM TO CONTINUE TO LIVE IN THEIR HOMES AND BE ACTIVE IN THEIR COMMUNITIES FOR AS LONG AS THEY CHOOSE.*

### FOCUS AREA A: OLDER AMERICANS ACT PROGRAMS

---

Older Americans Act (OAA) funding provides the foundation for services which enable older individuals to remain safe, active, and healthy in their own homes and communities. This directly advances one of DPHHS's goals identified in the Department's 2019-2024 Strategic Plan to maximize the opportunity for independence, well-being, and health among older adults. The SUA will continue to implement the core OAA programs and services by providing OAA funds and State funding for senior services to the ten AAAs in Montana. The SUA has developed the following goals, objectives, strategies, and performance measures to improve these programs and services over the term of this Plan.

**Title III-B Supportive Services Programs:** The SUA administers supportive services programs that assist older adults in remaining healthy, active, and independent. Partnering and collaborating with other organizations and agencies to expand service options is ongoing to help older people remain in their own homes and communities. In gathering input from interested stakeholders for this three-year Plan, the following focus areas were identified that will guide us and ensure access, especially in our rural/frontier areas.

### INFORMATION & ASSISTANCE/REFERRAL AND OUTREACH

This service is offered statewide by all ten AAAs and is the first interaction many of our seniors and family caregivers have with our agencies and the SUA. Staff are trained to perform intake and assessment to fully understand the individual's needs, provide requested information, as well as additional resources that may be helpful. This is the time to offer Options Counseling for more in-depth planning as well as any legal document needs for a referral to the Legal Developer Services program. Currently, a 1-800 number is available for people to reach the nearest AAA. A searchable database of statewide targeted resources for seniors, adults with disabilities, and caregivers is available at [Montana-ADRC.org](https://Montana-ADRC.org). Through public input of the AAA plans, it was discovered that there is more work to be done in the area of outreach to their communities regarding the services they provide.

---

**Objective 1.1: Expand outreach and marketing efforts to ensure older adults and adults with disabilities are aware of the OAA services available to them.**

**Future Strategies**

- Coordinate with AAAs to improve the visibility and recognition of AAAs as trusted resources for information and assistance services.
- Assist AAAs in the promotion of programs through senior publications, websites, and newsletters.
- Support targeted outreach to the unserved and underserved populations throughout the state.
- Participation as a council member, representing OAA programs for the Montana Council on Developmental Disabilities

**Performance Measures**

- Increased visibility of OAA programs at state and local levels through outreach and marketing efforts.
- Increase the number of people served by OAA programs by 3% each year of the Plan.

**TRANSPORTATION AND ASSISTED TRANSPORTATION SERVICES**

Transportation services provide older adults with access to living a quality life in their own communities. Access to services is critical in any service delivery system. Due to the rural nature of our state and vast distances between tertiary centers, transportation is an ongoing challenge. Currently, Montana’s ten AAAs arrange rides for medical appointments, social activities, shopping, and community integration. However, this is not an adequate level of transportation services due to limited funding and flexibility.

**Objective 1.2: Expand transportation availability for older adults and adults with disabilities, especially in Montana’s frontier and rural communities.**

**Future Strategies**

- Support and encourage the AAAs and other organizations interested in expanding transportation services by sharing best practices and offering other tools and resources.
- Support and encourage AAAs and other organizations to pursue new funding for older adult transportation by researching and sharing information on grant opportunities and other successful funding streams, partnership options, and exemplary best-practice transportation models that could be replicated in Montana.

- 
- Represent transportation-related needs of Montana’s older adults by providing input to the Department of Transportation Capital Assistance Review committee for federal grants.
  - AAAs share transportation grants and other opportunities with their peers to expand transportation across the state.
  - Engage with Montana’s independent living center partners to collaborate and increase the availability of transportation by leveraging existing funding.

#### **Performance Measures**

- Track the number of models and best practices for improving transportation services for older adults identified and shared by SUA with AAAs and other interested organizations.
- Register all clients receiving transportation services funded by the OAA and state funds in order to analyze utilization across the state annually and over the plan period.

**Title III-C Nutrition Services Programs:** The purpose of the nutrition programs is to reduce hunger and food insecurity, promote socialization of older individuals and promote the health and well-being of older individuals by providing access to nutrition and other prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior. The SUA contracts with ten AAAs to provide congregate meal services at 197 sites and through 147 home-delivered meal providers. Seven tribal entities coordinate service provision with their Title VI funded programs.

According to the America’s Health Rankings United Health Foundation Senior Report 2018, Montana has the sixth highest rate of OAA meals served per 100 adults aged 60 and older with independent living difficulties.

#### **CONGREGATE MEALS**

Through the work of AAAs, the congregate meal services not only provide nutritious meals but serve as a social setting to spend time with friends or make new friends. These sites also give seniors access to resources and valuable information on a variety of topics that can support community living. Through a contract with the SUA, nutrition services provided by a registered dietician include menu reviews and approval, nutrition consulting with the nutrition program directors, and nutrition education.

According to our most recent data, there has been a decline of utilization of nutrition and senior center programs. This is presenting the need for the SUA, AAAs, and nutrition providers to share best practices and creative ways to increase participation within their communities. The SUA is actively participating in the Food Security Council through the Montana Food Bank

---

Network. The Council serves to identify barriers to food security, gaps in service, and the need for program development throughout the state.

**Objective 1.3: Increase the unduplicated count of older adults utilizing congregate meal sites through outreach efforts and community partnerships.**

**Future Strategies**

- Strengthen access and referrals to congregate nutrition services within the medical community where feasible through educational opportunities.
- Develop outreach efforts and targeted approaches to increase low-income and minority participation and work with aging network partners to create and implement new strategies developed.
- Strengthen partnerships with agencies that target senior hunger, food insecurity and/or malnutrition.
- Increase the contractual responsibility of reporting, including timeliness, in the contract between the SUA and the AAAs.

**Performance Measures**

- Increase the number of seniors participating in congregate meals by 3% each year of the Plan.
- Determine the effectiveness of outreach and educational efforts by the change in number of participants referred to congregate meals by the medical community.

**HOME-DELIVERED MEALS**

The benefits of home-delivered meals strongly support the goals of giving older adults the opportunity to remain healthy and independent in their own homes. As with the congregate nutrition program, the home-delivered nutrition program exists to reduce food insecurity and hunger, increase socialization, promote health and well-being, and delay adverse health conditions resulting from poor nutritional health.

*Many of the recipients receiving home-delivered meals report the only person they have contact with all day is the person delivering their meal.*

Volunteers and staff deliver meals to older adults who are homebound, frail or geographically isolated and unable to participate in the congregate nutrition program.

**Objective 1.4: Increase the unduplicated count of older adults utilizing home-delivered meals through outreach efforts and community partnerships.**

**Future Strategies**

- 
- Strengthen access and referrals to home-delivered nutrition services within the medical community where feasible through education opportunities.
  - Develop outreach and targeted approaches to increase low-income and minority participation, working with the aging network providers to implement these approaches.
  - Strengthen partnerships with agencies that target senior hunger, food insecurity, and/or malnutrition.
  - Increase the contractual responsibility of reporting, including timeliness, in the contract between the SUA and the AAAs.

#### **Performance Measures**

- Increase the number of seniors participating in home delivered meals by 3% each year of the Plan.
- Determine the effectiveness of outreach and educational efforts by the change in number of participants referred to home-delivered meals by the medical community.

### **DISEASE PREVENTION AND HEALTH PROMOTION SERVICES**

**Title III-D Disease Prevention and Health Promotion Services:** The SUA offers older adults an opportunity to develop skills to prevent falls, manage chronic conditions, depression, medications, and the stress of being a family caregiver. These programs empower older adults to make positive changes in their health and are considered evidence-based as a result of proven outcomes following completion of the program. The 2019-2023 State Health Improvement Plan developed by DPHHS and its' Public Health and Safety Division identifies chronic disease prevention and self-management as one its top two priority areas and seeks to increase referrals to evidence-based programs, such as the Walk with Ease program. The SUA in partnership with the DPHHS Chronic Disease Health and Prevention Bureau within the Public Health Division will collaborate with the AAAs to increase participation in evidence-based programs that are currently available in our state. Currently, the train-the-trainer programs offered by this Bureau includes the following:

- **Arthritis Foundation Exercise Program:** An eight-week exercise program to teach adults with arthritis effective and joint-safe moves to help reduce joint pain and stiffness.
- **Walk with Ease:** A six-week program for anyone who wants to start or maintain a low-impact exercise program.
- **Stepping On:** A seven-week program to teach adults balance exercises and develop specific knowledge and skills to prevent falls due to risk of falling or fear of falling.

- **Montana Living Life Well:** Also known as Chronic Disease Self-Management Program (CDSMP) is designed to help individuals living with chronic condition(s) such as: arthritis, asthma, diabetes, hypertension and heart or lung disease, learn new skills to manage and improve their day-to-day health.
- **Stay Active and Independent for Living (SAIL):** A strength, balance, and fitness program for older adults. Usually offered two-three times a week in a one-hour class and exercises may be done by standing or sitting. This program, if done regularly, will help improve strength and balance.

**Objective 1.5: Increase the AAAs participation in offering Administration for Community Living approved evidence-based programs in their planning and service areas.**

**Future Strategies**

- Increase awareness of evidence-based health promotion and disease prevention programs within the aging network.
- Expand evidence-based health promotion and disease prevention programs through collaboration with the DPHHS Chronic Disease and Health Prevention Bureau.

**Performance Measures**

- Track outreach efforts for evidence-based programs by the reporting in the statewide database.
- Determine success of outreach efforts by tracking the change in participation in evidence-based programs.
- Track the increase in evidence-based programs implemented through collaboration with the DPHHS Chronic Disease and Health Prevention Bureau.

**FAMILY CAREGIVER SUPPORT PROGRAM**

**Title III-E Family Caregiver Support Program:** The goal of the Family Caregiver Support program is to enhance the skills and alleviate stress among caregivers by providing a variety of supports including: information, access to services, counseling and training, respite care, and supplemental services. The program supports caregivers of adults age 60 or older who are determined functionally impaired as well as grandparents age 55 and older who are raising grandchildren. All AAAs in Montana provide caregiver support services. The AAAs in Missoula and Lake counties offer the evidence-based program *Powerful Tools for Caregivers*. Other areas are planning on adding this program for their planning and service area.

The Caregiver Support Program provides education and guidance to caregivers throughout their caregiving journey in order to keep their loved one at home for as long as possible.

---

An outcome of the Tribal Consultation held in December of 2018 stated the need for culturally aware caregiver education programs on the American Indian reservations.

**Objective 1.6: Increase awareness and utilization for caregiver support programs and respite services.**

**Future Strategies**

- In partnership with the Lifespan Respite Coalition, collaborate and provide training to increase the number of respite providers statewide.
- Encourage AAAs participation in offering evidence-based programs to caregivers.
- In partnership with the Lifespan Respite Coalition and the State ADRD (Alzheimer’s Association and Advocates) workgroup, provide caregiver education and support information at events held throughout the state.
- Make available culturally aware caregiver education and training programs for American Indians.

**Performance Measures**

- Collect baseline data, year two and year three, on the number of caregivers caring for adults over 60, grandparents raising grandchildren, and caregivers caring for loved ones with dementia.
- Determine the increase in the number of trained respite providers via the data available from the state Aging and Disability Resource Center resource directory.
- Determine the increase in caregiver outreach events through partnerships with the Lifespan Respite Coalition and the State ADRD workgroup.
- Number of caregiver training and education programs offered to American Indians in reservation communities.

**GOAL 2: IMPROVE COLLABORATION WITH THE TITLE VI DIRECTORS AND OTHER TRIBAL MEMBERS TO BETTER FACILITATE TITLE III AND TITLE VI COORDINATION AND SERVICES TO ALL MONTANA’S SENIORS.**

**SERVICES TO TRIBAL COMMUNITIES**

**TITLE III AND TITLE VI FUNDING COORDINATION**

The OAA requires AAAs to include all residents of Indian Reservations to be a part of their planning and service area, which includes access to all services provided with Title III funds. All seven federally recognized Indian Reservations in Montana located within five AAAs receive Title VI funds directly from the Administration for Community Living, and each employs a Title VI Director that is responsible for the Elder services provided with those funds. Many elders

have multiple needs, and program coordination and access to additional services outside of what Title VI funds provides could be beneficial in meeting those needs. Therefore, it is important for the AAAs and the Title VI Directors to work together in utilizing both Title III and Title VI funds. As an example, in Ronan MT, both the Tribal Senior Center and Mission Valley Senior Center serve meals on opposite days, giving everyone a chance to access meals five days a week.

In order to achieve our goal of providing all older adults in Montana access to the services they need in order to live at home and be active in their community as long as they desire, continual evaluation and stakeholder input is required. This provides assurance that Montana is serving older adults with the greatest social and economic need. However, significant health disparities exist with the seven federally recognized reservations in Montana. The map below shows the seven federally recognized Indian reservations across the state.



The SUA participated for the first time at a Tribal Consultation meeting held in Helena, MT in December 2018 with the goal of obtaining tribal input for the State Plan on Aging. All Tribes were represented by tribal leaders and council members, along with Indian Health Services staff and Urban Indian Health Centers.

Some of the tribal leaders were unaware of the availability of Title III and Title VI funds; there was no representation of the Title VI Directors at the meeting. It was agreed that further meetings need to be set up with the tribal leaders to learn more about the Title III and Title VI funding and how coordination with the AAAs may help to stretch resources, provide access to additional services, and reduce duplication of services. Some concerns that did arise from the meeting included: the need for transportation, training for caregivers, and cultural awareness training for AAA staff working with American Indians in Montana.

---

**Objective 1.7: To gain knowledge of the tribal programs and unmet needs, while improving relations between the SUA, AAAs and Tribes.**

**Future Strategies**

- Conduct follow-up meetings with tribal members to gain feedback and recommendations to meet the needs of the older adults; meetings will include OAA services provided in the service area with Title III and Title VI funds, service gaps and needs, and action steps to be taken to improve coordination and access to services.
- Collaborate with the AAA directors to educate and improve coordination with the Tribes in their area, and to develop a survey as a baseline.
- SUA and AAA staff to participate in American Indian cultural awareness training.

**Performance Measures**

- Participate in Tribal Consultation meetings and share outcomes with the AAAs.
- Facilitate meetings held with AAAs, Title VI directors and tribal stakeholders on an annual basis.
- Require AAA directors to document that agency staff have completed American Indian cultural awareness training.

**FUTURE PLANNING**

Montana is a rural state, with counties that qualify for frontier status. Increases in our aging population brings many challenges. The OAA programs and services described in this State Plan will have a significant impact over the next three years. The SUA, in partnership with the AAAs will review cost share opportunities, increase Medicaid reimbursable activities, and research other potential sources of sustainable revenue.

The SUA will work to build relationships and learn about services provided through existing program staff that serve Montana’s seniors and older adults with disabilities through other DPHHS divisions and other state agencies. The AAAs will increase involvement in partnering with other local providers that offer evidence-based programs to empower older adults and their caregivers to make positive changes in their health.

The SUA will review additional grant opportunities from the Administration for Community Living and other funding sources to increase capacity to meet growing needs of our aging population.

---

## FOCUS AREA B: ADMINISTRATION FOR COMMUNITY LIVING (ACL) DISCRETIONARY GRANTS

---

In addition to OAA programs, the SUA will implement state and federally-funded discretionary programs. These programs are designed to help obtain the goal of supporting older adults and caregivers having access to the services they need in order to continue to live in their homes and be active in their communities for as long as they choose.

### LIFESPAN RESPITE PROGRAM GRANT

Lifespan Respite provides temporary breaks for caregivers of children, adults or seniors with special needs. According to AARP statistics, 118,000 Montanans provide nearly \$1.4 billion worth of unpaid care to help those with special needs remain in their homes and communities. This three-year grant which began September 2018 builds off the work of a previous ACL respite grant from 2014. The purpose of the current grant is to advance the Montana Lifespan Respite Coalition by strengthening the framework for sustainability. Available statistics indicate a strong demand for caregiver services in Montana and a shortage of respite programs for these caregivers. With this grant, the SUA is working to improve access to and quality of respite services by offering training and short-term breaks to rejuvenate and relieve caregiver stress.

**Objective 1.8: Increase awareness and utilization for caregiver support programs and respite services for caregivers of all ages.**

#### **Future Strategies**

- Partner with the Montana Lifespan Respite Coalition to improve respite service access and to maintain a comprehensive website with information about services available to caregivers and caregiver organizations.
- Expand respite services statewide through a grant-funded contract with DEAP (Developmental Educational Assistance Program in Miles City MT).
- Partner with other state agencies to provide training and education on respite services to students interested in caregiver related fields.
- Develop online respite training modules for individual caregivers in coordination with educational workshops for families needing respite services.
- Explore and encourage implementation of evidence-based caregiver programs within partner organizations.
- Explore sustainability options to maintain continued access to respite services for caregivers in Montana.

#### **Performance Measures**

- Track the change in number of respite providers registered in the Montana Aging and Disability Resource Directory.
- Track the number of voucher recipients in each county.

- 
- Track the number of caregivers in the Lifespan Respite Program.
  - Utilize a survey to determine if caregivers gain self-efficacy through participation in the respite voucher program.

## ALZHEIMER'S DISEASE SUPPORTIVE SERVICES PROGRAM GRANT

The State Unit on Aging (SUA) in partnership with the Alzheimer's Association Montana Chapter (AAMC), the Montana Alzheimer's Disease and Related Dementia Work Group, Lifespan Respite Coalition, Area Agencies on Aging, Aging and Disability Resource Centers (ADRC), Community Services Bureau' Home and Community Based Services (HCBS) and other key stakeholders, will develop, implement and maintain a dementia-capable Single Entry Point/No Wrong Door (SEP/NWD) access to a comprehensive, integrated supportive system set of quality home and community-based services to the population with dementia and their family caregivers. Montana was awarded this grant in September of 2017. The goal is to create a model dementia-capable aging network and long-term services and supports throughout Montana.

Based on available data, it is evident that Montana citizens can benefit from this program. According to the Alzheimer's Association's 2018 Alzheimer's Disease Facts and Figures report, in 2018 nearly 20,000 Montanans were living with Alzheimer's disease. By 2025, that number is projected to increase to approximately 27,000, a 35 percent increase in only seven years. Part of this rapid increase are aging baby boomers, many of whom may seek services through the SUA. Additionally, the number of Montana caregivers of people with Alzheimer's or other dementias is estimated to be 50,000, providing 56 million hours of unpaid care, which has a value of \$713 million. Establishing a dementia-capable model aging network will help meet the needs of these individuals and will contribute to our goal of giving older adults the opportunity to have a strong quality of life. Further, as a result of this program, information and assistance specialists and person-centered counselors will better understand the unique needs of individuals caring for people with dementia, and caregivers will receive the information and education they need to better care for themselves and individuals with Alzheimer's disease and dementia.

**Objective 1.81: Educate caregivers, providers, and the public to increase awareness about Alzheimer's disease and other related dementias and the resources available.**

### Future Strategies

- Create a network of outreach volunteers that empowers individuals to successfully navigate health and long-term care options.
- Enhance capabilities of the ADRCs by partnering with the Alzheimer's Association on several efforts, including improving identification of individuals and families living with dementia and awareness of available services.
- Support the Alzheimer's Association in providing evidence-informed disease education for people with dementia and their family caregivers, to include

---

information on living with Alzheimer's, supportive services for individuals with dementia, and Alzheimer's support groups.

- Explore and implement options for sustaining the Alzheimer's Disease Supportive Services Program for the long term.
- Implement the concept of dementia-friendly communities with the addition of memory cafes, support groups, and development of outreach volunteers around the state.

#### **Performance Measures**

- Track data on ADRC staff assessment of participants with dementia and family caregivers before and after receiving training.
- Track referrals between the ADRCs and Alzheimer's Association to establish baseline data.
- In cooperation with the Alzheimer's Association, track the number of individuals with dementia referred to the Alzheimer's Association for dementia-capable supportive services to establish baseline data.
- Increase awareness of and access to dementia-capable support services through media channels (PSAs, enhanced website, television interviews and brochures distributed in the community).
- Collect pre and post surveys after trainings and support groups.
- Track data from legal clinics and training of legal professionals.
- Track distribution of MontGuides (MSU Extension publications) and information to Montana Libraries.
- Collect and track the self-assessed burden on caregivers before and after respite.

### **STATE HEALTH INSURANCE AND ASSISTANCE PROGRAM**

Funding provided by the Administration for Community Living (ACL) supports the State Health Insurance Assistance Program (SHIP). MT SHIP offers no-cost, objective, personalized counseling, education, and outreach to assist Medicare beneficiaries, their families, and caregivers in making informed health insurance decisions. SHIP counselors are highly trained individuals who are responsible not only for providing SHIP services but are also knowledgeable in the many different services and benefits available to seniors and adults with disabilities. In Montana, there are approximately 150 active SHIP counselors at any given time, providing Medicare health insurance assistance to all 56 counties. As a frontier state, MT SHIP counselors devote many hours of "windshield time" to provide outreach and assistance to our rural and frontier Medicare beneficiaries.

**Objective 1.82: To provide outreach and education about the SHIP program and the assistance available to Medicare beneficiaries.**

#### **Future Strategies**

- Consistently, confidently, and confidentially provide accurate, objective and comprehensive Medicare and other healthcare related information and assistance to seniors and adults with disabilities.
- Promote awareness, knowledge and visibility of the SHIP via local outreach and education.
- Empower beneficiaries to direct their own healthcare needs.
- Provide confidential counseling to Medicare and Medicare/Medicaid beneficiaries covering options and benefits which may be of interest to the beneficiary.
- Identify and assist high-risk beneficiaries with applications for financial assistance with Medicare Part B and Medicare Part D.

#### **Performance Measures**

- SUA staff will track and assess SHIP data by utilizing the new Montana ADRC data system, which will export data to the ACL STARS data system to manage counselor and client contact data.
- Track progress as related to SHIP Strategic Program Goals and Objectives.

### **MEDICARE IMPROVEMENTS FOR PATIENTS & PROVIDER ACT**

In 2008, Congress enacted the Medicare Improvements for Patients and Provider Act (MIPPA). MIPPA funding is provided by the Administration on Community Living (ACL) and supports the staff of the MT SHIP/ADRC/AAA network in carrying out specific project strategies which will expand, extend, and/or enhance the outreach and one-on-one assistance efforts to MT Medicare beneficiaries, specifically focusing on those eligible for the Medicare Savings Programs (MSP) or the Low-Income Subsidy (LIS). According to the 2010 U.S. Census, roughly 29% of Montana's 60 and older population are considered low-income. The MSP provides vital financial assistance for Medicare Part B (outpatient services) and the LIS provides vital financial assistance for Medicare Part D (RX coverage). MIPPA funding also supports Medicare Preventive Care benefits education and outreach; the "Welcome to Medicare" and "Annual Wellness" visits are essential activities which help medical staff to develop and maintain beneficiary baseline health histories. Such proactive approaches make good physical, mental and fiscal sense, however, there is a great necessity to educate Medicare beneficiaries about the importance of early detection and treatment. SHIP counselors provide the education and assistance necessary to help Medicare beneficiaries make the most of their benefits.

**Objective 1.83: Develop and deliver a marketing media campaign to provide awareness to Medicare beneficiaries about Medicare Savings Programs, Low-Income Subsidy for financial assistance, and "Welcome to Medicare" and "Annual Wellness" visits.**

#### **Future Strategies**

- Expand the Medicare Prevention and Wellness PSA which directs beneficiaries to their local SHIP counselor, to include AAAs/ADRC websites as well as other

---

partner's websites. In 2019, this PSA was created and broadcasted on TV and radio outlets throughout the state.

- Create a LIS/MSP PSA directing beneficiaries to contact their local SHIP counselor.
- Create a 10-12-minute video on MIPPA's targeted topics: Medicare Prevention and Wellness benefits, LIS/MSP benefits, and tribal beneficiaries. Distribution will be through SHIP outreach activities and other methods.
- Develop a Monthly Aging Horizon episode focusing on one of the MIPPA topics.
- Engage in social media outreach. Montana will step into the "social media realm" through enhancements to the SHIP webpage, which will include updated MIPPA information, PSAs, and the MIPPA video. We will distribute the PSAs, MIPPA videos, and other MIPPA information to several different social media platforms, including Facebook, Twitter and YouTube.

#### **Performance Measures**

- Increase in the number of beneficiaries educated and assisted in applying for LIS and MSP benefits.
- Increase awareness outreach efforts of the Medicare Prevention and Wellness benefits.
- Increase the number of beneficiaries educated about Medicare's Prevention and Wellness benefits.
- Increase our online and social media impressions on the topics of LIS/MSP and Medicare Prevention and Wellness.
- Train all SHIP Counselors trained in the new Montana ADRC System and reporting accurate and timely MIPPA data.

### **FOCUS AREA C: PARTICIPANT-DIRECTED/PERSON-CENTERED PLANNING**

---

The SUA is committed to implementing person-centered models as part of services authorized by the OAA. For the past several years, the SUA has provided training to the AAAs on person-centered models to ensure older adults are the key focus in the determination of services and how the services are to be received based on each individuals' personal preferences and needs. The SUA, in partnership with leaders from the AAAs, worked on developing Montana's standards and guidance manual for the Options Counseling program. Five training modules for the program were developed, which also includes person-centered tools for staff use. The standards and guidance manual include an example of a cost-sharing model. For those on Medicaid that participate in the program, staff time spent may be reported under Federal Financial Participation as a Medicaid reimbursable activity. While some AAAs have made strides with offering this program, there is room for growth.

---

## OPTIONS COUNSELING

**Objective 2.1: Expand the education and outreach efforts, through community partnerships, to promote the Options Counseling program.**

### **Future Strategies**

- Research additional training opportunities related to person-centered planning and share resources with the AAAs.
- Outreach to other community providers, including the medical community, to educate about the Options Counseling program and increase referrals.
- Partner with the Legal Services Developer program and the local AAA staff to offer Options Counseling at the legal clinics.

### **Performance Measures**

- Increase in training opportunities available to AAA staff to build confidence in offering the program, with a goal of 5-10 trainings completed each year of the Plan.
- Track the number of medical referral sources to the AAAs each year of the Plan.
- Track the number of participants receiving Options Counseling at legal clinics.

## VETERANS DIRECTED HOME & COMMUNITY-BASED SERVICES

According to the Veterans Health Administration, Montana has one of the highest per capita Veteran populations in the U.S. as of January 2017; about 1 in 10 residents (9.4%) or 98,386 are Veterans. Combat Veterans account for nearly 80% of Montana's Veteran population and female Veterans account for nearly 9% of the total Veteran population in the state.

This partnership opportunity with the Veteran's Association (VA) and the AAAs includes an administrative fee. This new source of funding may contribute to all OAA and other services provided by the AAAs.

The Veterans Directed Home & Community-Based Services (VD-HCBS) is a self-directed program that empowers qualifying Veterans to continue living in their home and community. This program requires the Veteran to become the employer, in which he/she can hire, employ and supervise personal care attendants to help with daily needs. This program supports Veterans to direct their care and manage an approved monthly budget. The Veteran has the choice to hire a family member, friend or neighbor to help provide the care needed.

The VA requires completion of a readiness review process for AAAs interested in becoming a provider for the program. Once approved, the AAA employs a service coordinator who assists the Veteran with creating a service plan within the allowed budget from the VA. Four AAAs are currently offering the VD-HCBS program; Areas II, VI, VII and IX, which cover 18 counties. Area V is currently in the readiness review process.

---

**Objective 2.2: Expansion of the VD-HCBS program to be offered statewide.****Future Strategies**

- Continue to promote the AAAs to offer the VD-HCBS program in their planning and service areas.
- Advocate for expansion of planning and service areas to grow this program and reach more Veterans in need of services.

**Performance Measures**

- Increase in Veterans having access to the VD-HCBS program through at least two new AAA partners.
- Through a satisfaction survey, Veterans in the program will agree that the program has improved their quality of life.

*GOAL 3: THE MONTANA AGING NETWORK WILL IMPROVE THE DIGNITY, SAFETY, AND RESPECT OF OLDER ADULTS LIVING IN MONTANA.*

---

**FOCUS AREA D: ELDER JUSTICE**

---

**ADULT PROTECTIVE SERVICES (APS) AND SENIOR FINANCIAL EXPLOITATION TASK FORCE**

The APS Bureau is housed under the Senior and Long Term Care Division of DPHHS. APS services are provided to individuals 18 years of age or older whose ability to perform the life activities of daily living or to provide for his or her own care or protection is impaired due to incapacity, mental, emotional, physical, developmental disability, brain damage, or infirmities of aging; or (b) is admitted to any facility or; receiving services from home health, hospice or home care agencies licensed or required to be licensed; or receiving services from an individual provider; or self-directs his or her own care and receives services from a personal aide. The primary responsibility of APS includes receiving reports; conducting investigations working with law enforcement; and making referrals for services with local and state agencies. A statewide reporting intake line is available Monday-Friday 8AM – 5PM at 1-844-277-9300. On-line reporting is available 24/7 at [www.aps.mt.gov](http://www.aps.mt.gov).

*Protection:* We believe that older adults have the right to live free from abuse, neglect, exploitation, and discriminatory practices.

*Preservation:* We believe that older adults have the right to equal protection under the law and equal access to services, regardless of where they live in Montana, their social or economic standing, functional abilities, or beliefs.

*Prevention:* We believe that self-determination and autonomy are primary considerations in policy and practice affecting older adults. In the value of diversity and the unique perspectives

---

of all individuals, organizations, and disciplines that promote elder justice. That broad-based participation in policy development is vital to reflect Montana's rich diversity and strong traditions of innovation and social justice. Policy and practice must be based on non-partisan information and research.

The SUA Legal Developer Assistance Program Manager and the APS Bureau Chief are currently involved in a newly developed Senior Financial Exploitation Task Force to bring together ideas, resources and expertise from members of several organizations to combat financial exploitation in Montana. Other participants include the Attorney General, State Auditor, DPHHS Director, County Attorneys Association, and a banking regulator. Senior financial exploitation is highly underreported often due to fear, shame and confusion. Older Montanans are frequently victimized by family members, close friends and caregivers who have access to seniors' financial assets. This new Task Force aims to coordinate and improve Montana's response to financial exploitation, while protecting the vulnerable adults from abuse.

**Objective 3.1: Protect adults who are vulnerable regardless of where they live in Montana; be it in their own homes or in facilities through timely responses to allegations of abuse, neglect and exploitation.**

#### **Future Strategies**

- APS will maintain staffing levels to maximize effectiveness for increases in workload and caseload and will work with DPHHS to secure staff to meet response times.
- APS will work with DPHHS to continue to improve a reporting data system that will provide consistent data, track services, outcomes, tracking incidents of vulnerable adults, and be user friendly utilizing the most update technology available.
- APS will work with the SUA to develop training and education material for the community and the Elder Justice Coalition for Montana.
- Engage in referrals to community providers to provide services and protection of vulnerable adults.
- Conduct monthly training and education in the community to citizens, providers, financial institutions, law enforcement, attorneys and state systems on Abuse, Neglect and Exploitation.

#### **Performance Measures**

- Maintain timely response within one working day to high-priority investigations at 99 percent, increase percentage for medium-priority (within five days) investigations to 98 percent and increase percentage for low-priority investigations (within 10 days) to 97 percent by the end of 2020.
- Investigations will be completed within two weeks, but no more than 60 days.

- 
- Track the number and audience type of training and education events completed.

### LEGAL ASSISTANCE DEVELOPER PROGRAM

The purpose of the Legal Assistance Developer Program is to provide older adults information and access to legal advice and referrals to pro bono and local legal services, training materials and assistance, as well as with estate planning. Currently, this program contracts with an attorney and two paralegals. The program operates a statewide legal hotline and provides legal advice on a wide range of legal issues affecting Montana's seniors. The program conducts frequent trainings to aging professionals and community members. The program provides assistance with estate planning through a combination of in-person, phone and TeleLegal Document Clinics. Services are targeted to seniors in the greatest financial and social need but are available to any Montana over the age of 60 or to adults with disabilities, their family or caregivers. The program also assists with training and guidance to legal professionals on topics impacting civil legal services to seniors.

#### **Objective 3.2: Increase public awareness of civil legal services for Montana's seniors.**

##### **Future Strategies**

- Increase data collection using the new database system.
- Expand training to legal and aging professionals.
- Update and disseminate educational materials.
- Identify and foster new partnerships with outside organizations.
- Review and update program policy and procedures.

##### **Performance Measures**

- Track quarterly trends regarding number served, geographic distribution of clients, legal needs, and aggregate demographic information.
- Track hours of training provided.
- Completed program policy and procedures manual by September 2022.

### MONTANA BOARD OF CRIME CONTROL GRANT

The Montana Board of Crime Control grant was awarded to the SUA to address financial exploitation of Montana's seniors by expanding current services available through the Montana Legal Services Developer Program. Through the Legal Document Clinics and the TeleClinics, the SUA will develop trainings and increase public awareness on the implications of Power of Attorney documents and guardianships in Montana.

#### **Objective 3.3: Increase public awareness of financial exploitation of Montana's seniors through education and expansion of legal services.**

---

### **Future Strategies**

- Expand the current Advisory Council to include individuals and organizations with expertise in addressing financial exploitation.
- Develop a reporting tool to centralize and facilitate reporting of financial exploitation by members of the general public and aging professionals.
- Host Legal Document Clinics in communities across the state.
- Train legal and aging professionals on identifying and reporting financial exploitation and working with seniors with limited capacity.
- Expand the TeleClinic program to rural and frontier communities.
- Partner with Montana Legal Services Association to fund an elder abuse attorney position.
- Develop a toolkit to be used by attorneys defending seniors in guardianship proceedings.
- Host a conference on guardianships.

### **Performance Measures**

- Increased participation in Legal Document Clinics by vulnerable seniors including persons with Alzheimer's and related dementias; coordinate with Montana State University Extension for at least one legal clinic.
- Increased participation by legal and aging professionals in trainings regarding financial exploitation; hold at least 12 trainings during the Plan period.
- Increased participation in the trainings by members of the financial, business, health care, and general communities; hold at least 12 trainings during the Plan period.
- Increased participation of the TeleClinic program; deployment of at least five systems.
- Number of guardianship toolkits provided to legal professionals across Montana; distribute at least 11 tool kits.

## **LONG-TERM CARE OMBUDSMAN PROGRAM**

Under the 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 contracted out of the SUA with a local ombudsman entity and is headed by a full-time State Ombudsman.

The Long-Term Care Ombudsman (LTCO) program is the voice for our most vulnerable populations: all residents in skilled nursing facilities, assisted living facilities, and critical access hospitals with swing beds. The focus is advocating for residents' rights, under their direction, to ensure quality of care and life within the facility. Ombudsmen act as access points for

---

consumers by providing information, direct assistance and by resolving complaints made by, or on behalf of, residents of long-term care facilities regarding concerns about the health, safety, welfare and rights of those residents. Ombudsman also educate consumers and long-term care providers about residents' rights and good care practices; promote community involvement through volunteer opportunities; provide information to the public on long-term care facilities and services, residents' right and legislative policy issues, and promote the development of family councils and resident councils. Unless the resident gives permission to share their concerns with the facility management or other agencies/programs, the Ombudsman keeps these matters confidential. This program can make a difference for individual situations or systems change for all residents.

Due to changes in federal regulation, in 2019, the SUA contracted for the State Ombudsman position with the Western Montana Area VI Agency on Aging. This structure allows the Ombudsman to meet with legislatures regarding policy changes and ensures that the Office of the State Long-Term Care Ombudsman is free of organizational conflicts of interest. The SUA employs a certified Ombudsman Program Manager to provide contract oversight, data reporting, and provide support and mentorship to local and regional Ombudsmen. DPHHS is better able to ensure older adults live with dignity and respect because of the advocacy services provided by the Long-Term Care Ombudsman program.

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; inappropriate use of chemical or physical restraints, personal needs and lifestyle issues; disability issues; family issues; guardianship issues and needs; and any resident concern about quality of care or quality of life. These issues and concerns have increased in complexity over the years.

In FFY 2018, the five most frequent long-term care facility complaints in Montana were:

- 1) Involuntary discharge;
- 2) Dignity, respect, staff attitudes; exercise preference/choice; privacy, telephone, visitors, couples, and mail;
- 3) Medications: administration, organization;
- 4) Exercise preference/choice and/or civil/religious rights, individual's right to smoke, and;
- 5) Request for less restrictive placement.

In FFY 2018, Ombudsman made a total of 6,009 visits to long-term care facilities, responded to 1,260 complaints made by residents, and provided 3,513 consultations to persons requesting assistance and 3,428 consultations to facilities. Services were provided at the local level by 17 Certified Local Ombudsman and 3 full-time Regional Ombudsman, which translated to 17.2 FTEs. These individuals are hired and directly supervised by the local AAAs. All Ombudsman

---

are certified and receive training on federal and state regulations, resident rights information, as well as techniques for complaint investigation and resolutions strategies. Ombudsman visit their facilities regularly, usually at least once a month.

In FFY 2018, Ombudsman served residents in 119 nursing homes/critical access hospitals with a total of 7,349 bed and residents in 211 assisted living facilities with a total of 5,999 beds.

**Objective 3.4: Expand programmatic support and leadership to the Ombudsman program through regional guidance and volunteer opportunities in the most rural settings.**

**Future Strategies**

- Provide assistance to the AAAs in workforce recruitment and development local ombudsman based on the 2015 Final Rule for State Long-Term Care Ombudsman from Administration for Community Living.
- Encourage volunteer opportunities in our most rural and frontier areas.
- Provide the AAAs with a draft job description based on the final OAA/ACL rules as well as other hiring tips to include advertising methods and standardized interview questions.
- Encourage coordination of the hiring process of Local Ombudsman with Area Agencies on Aging, County Councils on Aging, the Office of the State Long-Term Care Ombudsman and Regional Long-Term Care Ombudsman.
- Add an additional regional Ombudsman to cover Areas III, VIII and X.

**Performance Measures**

- Increase Ombudsman coverage in areas without adequate coverage.
- Increase the number of volunteers.
- Track the number of individuals who receive service from Ombudsman annually.
- Analyze data annually to determine any change in demographics, type of complaints, or major increases in complaints.

---

## Attachment A

### STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES Older Americans Act, As Amended in 2016

*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 2016.*

#### ASSURANCES

##### Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title--

(2) The State agency shall—(A) except as provided in subsection (b)(5), designate for each such 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;

(B) 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;

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

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(ii) 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;

(c) An area agency on aging designated under subsection (a) shall be--...

(5) in the case of a State specified in subsection (b) (5), the State agency; and 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. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

*Note: STATES MUST ENSURE 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**

(a) Each area agency on aging...Each such plan shall—

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

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

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

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

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

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

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

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

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

---

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

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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared --  
(I) identify the number of low-income minority older individuals 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 (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) 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

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an 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) 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;

(9) 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) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

---

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

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

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

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) 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;

(C) 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 contract or such relationship;

(D) 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 contract or such relationship;

(E) 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) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

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

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

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

### **Sec. 307, STATE PLANS**

. . . Each such plan shall comply with all of the following requirements:

(3) The plan shall--

---

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

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

(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.

(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) The plan shall provide that with respect to legal assistance --

(A) the plan contains 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 (i) 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.

(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.

(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; and

(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 --

(A) 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--

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

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

(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 where appropriate and consented to by the parties to be referred; and

(iv) 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.

(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 (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)**

(a) ELIGIBILITY.—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...

---

**State Plan Guidance**  
**Attachment A (Continued)**

**REQUIRED ACTIVITIES**

**Sec. 305 ORGANIZATION**

- (a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .
- (2) the State agency shall—
- (G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;
- (ii) 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
- (iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

**Sec. 306 – AREA PLANS**

- (a) . . . Each such plan shall— (6) provide that the area agency on aging will—
- (F) in coordination with the State agency and with the State agency responsible for mental and behavioral 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;
- (6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;

**Sec. 307(a) STATE PLANS**

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

---

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

(2) The plan shall provide that the State agency will --

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

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; ...

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

*Note: "PERIODIC" (DEFINED IN 45CFR PART 1321.3) MEANS, AT A MINIMUM, ONCE EACH FISCAL YEAR.*

(5) The plan shall provide that the State agency will:

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

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

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

(6) The plan shall provide that 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) The plan shall provide that no supportive services, nutrition services, or in-home services will be 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.

(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—

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(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).

  
Barbara Smith, Administrator  
Senior and Long Term Care Division

06-17-19  
Date

---

ATTACHMENT B:  
INFORMATION REQUIREMENTS

**Section 305(a)(2)(E)**

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

The State Unit on Aging (SUA) monitors the Area Agency on Agency (AAA)s to ensure preference is provided to individuals with the greatest social and economic needs through annual onsite evaluations or desk evaluations. The SUA requires the AAAs to address efforts to target underserved individuals and those in the rural areas. Additionally, the SUA is updating its policies and procedures in collaboration with the AAAs ensuring the requirements of the Older Americans Act are being met.

**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 AAAs to ensure emergency plans are in place through annual onsite evaluations or desk evaluations. The SUA requires the AAAs to facilitate continued health, safety and welfare of consumers, especially consumers deemed “vulnerable” during declared emergencies. AAAs shall designate staff as Emergency Preparedness and Continuity of Operations (EP) Coordinators. EP Coordinators are responsible for emergency preparedness and continuity of operations planning for the AAA and proactively bringing the likely needs of older adults in their Service and planning area (SPA) to the attention of county emergency managers to ensure the health, safety, and welfare of the Older Americans Act. The EP Coordinator is the primary point of contact with SUA and county emergency managers.

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 [montanadma.org/disaster-and-emergency-services](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 minimum proportion of funds to carry out part B will be expended to provide each of the categories of services is as follows:

- Access – 10%
- In-Home – 10%
- Legal Assistance – 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 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); and
- (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 of Montana meets this requirement and helps maintain a constant funding base for our rural frontier areas based on the Older Americans Act. Assuming flat funding, appropriations associated with the rural population will be:

Federal Fiscal Year	Total Funding Associated with Rural Populations
2020	\$401,500
2021	\$401,500
2022	\$401,500

---

### **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.*

The vast majority of Montana is not just rural but frontier. In the planning process, each area and county have 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 has become very creative.

Area VI (Polson): Some of the AAAs house staff in the rural communities' verses being in the main office; staff have worked out of small local offices or shared space at the local senior centers and some out of their homes to accommodate the clients.

Area VII (Missoula): This area includes a rural community located 60 miles away from their main office. In partnership with two foundations, the Area's OAA funding and additional grants, Area VII was able to hire a person who lives in the community to offer educational opportunities, Information and Assistance as well as a focus on expanding caregivers in the area. The foundation has purchased a building and are including an office for the employee to provide personal consultation to the area seniors. Transportation services are available through partnerships with the two-county area. This allows rides for nutrition programs, grocery shopping and medical clinic appointments; once a week rides are available to Missoula for medical care and shopping.

Area IX (Kalispell): This AAA is partnering with the Health Department's mobile clinic team and a Methodist church in order to reach older adults in a remote area which is difficult for volunteer home delivered meals drivers, especially in the winter. Frozen meals are offered in this area as well as other remote areas of the state; where possible, a hot meal on the delivery day is offered with the frozen meals for the remainder of the week.

Potentially, all OAA funds and some state funds are allocated to serve our frontier and rural areas of the state 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 1,800 low-income minority older individuals. The SUA requires the AAAs 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 AAAs 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 has begun work with Native Americans by participating in the most recent Tribal Consultation meeting where all seven tribes in Montana were represented as well as Urban Indian Health Centers. An effort to develop relationships with the Title VI Directors is being coordinated with the help of our DPHHS State Tribal Liaison.

**Section 307(a)(28)**

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

(B) Such assessment may include—

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

The SUA is currently working with the AAAs on how to better serve our seniors. This grows in importance as the Montana population ages. Census data projections have shown an elevated increase in the number of older individuals in several of our planning and service areas. It is anticipated that as the population ages and the funding remains stagnant, there will be an increasing challenge to meet the needs of our most vulnerable and at-risk adults by the aging network. As we move forward the Aging Network will need to develop new partnerships to

---

serve this growing population.

**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 plan. 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 agency coordinating comprehensive emergency management in Montana.

**Section 705(a)**

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 is in compliance 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.

## ATTACHMENT C

### STATE PLAN IMPLEMENTATION

(Baseline)

GOAL 1: <i>The Montana Aging Network will improve access to the Older Americans Act services for seniors and their caregivers in order to provide the supports needed for them to continue to live in their homes and be active in their communities for as long as they choose.</i>	9/30/19	9/30/20	9/30/21	9/30/22
<b>OBJECTIVE 1.1: Information &amp; Assistance/Referral and Outreach</b> Expand outreach and marketing efforts to ensure older adults and adults with disabilities are aware of the OAA services available to them.				
Performance Measure 1: Increase visibility of OAA programs at state and local levels through outreach and marketing efforts.				
Performance Measure 2: Increase number of people served by OAA programs, annually over the plan period by 3% of each year of the plan.				
<b>OBJECTIVE 1.2: Transportation and Assisted Transportation Services</b> Expand transportation availability for older adults and adults with disabilities, especially in Montana’s frontier and rural communities.				
Performance Measure 1: Track the number of models and best practices for improving transportation services for older adults identified and shared by SUA with AAAs and other interested organizations.				
Performance Measure 2: Register all clients receiving transportation services funded by the OAA and state funds in order to analyze utilization across the state annually and over the plan period.				
<b>OBJECTIVE 1.3: Title III-C Nutrition Services Programs-Congregate Meals</b> Increase the unduplicated count of older adults utilizing congregate meal sites through outreach efforts and community partnerships.				
Performance Measure 1: Increase the number of seniors participating in congregate meals by 3% of each year of the plan.				
Performance Measure 2: Determine the effectiveness of outreach and educational efforts by the change in number of participants referred to congregate meals by the medical community.				
<b>OBJECTIVE 1.4: Title III-C Nutrition Services Programs-Home Delivered Meals</b> Increase the unduplicated count of older adults utilizing home-delivered meals through outreach efforts and community partnerships.				

Performance Measure 1: Increase the number of seniors participating in home delivered meals by 3% of each year of the plan.				
Performance Measure 2: Determine the effectiveness of outreach and educational efforts by the change in number of participants referred to home-delivered meals by the medical community.				
OBJECTIVE 1.5: Title III-D Disease Prevention and Health Promotion Services Increase the AAAs participation in offering Administration for Community Living approved evidence-based programs in their planning and service areas.				
Performance Measure 1: Track outreach efforts for evidence-based health promotion and disease prevention programs within the aging network.				
Performance Measure 2: Determine success of outreach efforts by tracking the change in participation in evidence-based programs.				
Performance Measure 3: Track the increase in evidence-based programs implemented through collaboration with the DPHHS Chronic Disease and Health Prevention Bureau.				

OBJECTIVE 1.6: Title III-E Family Caregiver Support Program Increase awareness and utilization for caregiver support programs and respite services.				
Performance Measure 1: Collect baseline data, year two and year three, on the number of caregivers caring for adults over 60, grandparents raising grandchildren and caregivers caring for loved ones with dementia.				
Performance Measure 2: Determine the increase in the number of trained respite providers via the data available from the state Aging and Disability Resource Center resource directory.				
Performance Measure 3: Determine the increase in caregiver outreach events through partnerships with the Lifespan Respite Coalition, State ADRD workgroup and the Alzheimer’s Association Montana Chapter.				
Performance Measure 4: Number of caregiver training and education programs offered to Native Americans on Indian reservations.				
<i>GOAL 2: Improve collaboration with the title vi directors and other tribal members to better facilitate Title III and Title VI coordination and services to all Montana’s seniors.</i>				

<b>OBJECTIVE 1.7: Title III and Title VI Funding Coordination</b> To gain knowledge of the Tribal programs and unmet needs, while improving relations between the SUA, AAAs and Tribes.				
Performance Measure 1: Participate in Tribal Consultation meetings and share outcomes with the AAAs.				
Performance Measure 2: Facilitate meetings held with AAAs, Title VI directors and tribal stakeholders on an annual basis.				
Performance Measure 3: Require AAA Directors to document that agency staff have completed Native American cultural awareness training.				
<b>Objective 1.8: Lifespan Respite Program Grant</b> Increase awareness and utilization for caregiver support programs and respite services for caregivers of all ages.				
Performance Measure 1: Track the change in number of respite providers registered in the Montana Aging and Disability Resource Directory.				
Performance Measure 2: Track the number of voucher recipients in each county.				
Performance Measure 3: Track the number of caregivers in the Lifespan Respite Program.				
Performance Measure 4: Utilize a survey to determine if caregivers gain self-efficacy through participation in the respite voucher program.				
<b>Objective 1.81: Alzheimer’s Disease Supportive Services Program Grant</b> Educate caregivers, providers and the public to increase awareness about Alzheimer’s disease and other related dementias and the resources available.				
Performance Measure 1: Track data on ADRC staff assessment of participants with dementia and family caregivers before and after receiving training.				
Performance Measure 2: Track referrals between the ADRCs and Alzheimer’s Association to establish baseline data.				
Performance Measure 3: In cooperation with the Alzheimer’s Association track the number of individuals with dementia referred to the Alzheimer’s Association for dementia-capable supportive services to establish baseline data.				
Performance Measure 4: Increase awareness of and access to dementia capable support services through media channels (PSAs, enhanced website, television interviews and brochures distributed in the community).				
Performance Measure 5: Collect pre and post surveys after trainings and support groups.				
Performance Measure 6: Track data from legal clinics and training of legal professionals.				

Performance Measure 7: Track distribution of MontGuides (MSU Extension publications) and information to Montana Libraries.				
Performance Measure 8: Collect and track the self-assessed burden on caregivers before and after respite.				
Objective 1.82: State Health Insurance and Assistance Program To provide outreach and education about the SHIP program and the assistance available to Medicare beneficiaries.				
Performance Measure 1: The Montana SHIP will utilize the new Montana ADRC data system which will export data to the ACL STARS data system. The system will manage counselor and client contact data SUA staff will be able to track and assess SHIP.				
Performance Measure 2: Progress as related to SHIP Strategic Program Goals and Objectives.				
OBJECTIVE 1.83: Medicare Improvements for Patients & Provider Act Marketing media campaign to provide awareness to Medicare beneficiaries about Medicare Savings Programs, Low-Income Subsidy for financial assistance, "Welcome to Medicare" and "Annual Wellness" visits.				
Performance Measure 1: Increase in the number of beneficiaries educated and assisted in applying for LIS and MSP benefits.				
Performance Measure 2: Increase awareness outreach efforts of the Medicare Prevention and Wellness benefits.				
Performance Measure 3: Increase the number of beneficiaries educated about Medicare's Prevention and Wellness benefits.				
Performance Measure 4: Increase our online and social media impressions on the topics LIS/MSP/Medicare Prevention and Wellness.				
Performance Measure 5: All SHIP Counselors trained in the new Montana ADRC System and reporting accurate and timely MIPPA data.				
Objective 2.1: Options Counseling Expand the education and outreach efforts, through community partnerships, to promote the Options Counseling program.				
Performance Measure 1: Increase in training opportunities available to AAA staff to build confidence in offering the program with a goal of 5-10 completed each year.				
Performance Measure 2: Track the number of medical referrals to the AAAs each year of the plan.				
Performance Measure 3: Track the number of participants receiving options counseling at legal clinics.				

Objective 2.2: Veterans Directed Home & Community-Based Services expansion of the VD-HCBS program to be offered statewide.				
Performance Measure 1: Increase in Veterans having access to the VD-HCBS program through at least two new AAA partners.				
Performance Measure 2: Through a satisfaction survey, Veterans in the program will agree that the program has improved their quality of life.				
<i>GOAL 3: The Montana Aging Network will improve the dignity, safety, and respect of older adults living in Montana.</i>				
Objective 3.1: Adult Protective Services (APS) and Senior Financial Exploitation Task Force Protect adults who are vulnerable regardless of where they live in Montana; be it in their own homes or in facilities through timely responses to allegations of abuse, neglect and exploitation.				
Performance Measure 1: Maintain timely response within one working day to high-priority investigations at 99 percent, increase percentage for medium-priority (within five days) investigations to 98 percent and increase percentage for low-priority investigations (within 10 days) to 97 percent by the end of 2020.				
Performance Measure 2: Investigations will be completed within two weeks, but no more than 60 days.				
Performance Measure 3: Track the number and audience type of training and education events completed.				
Objective 3.2: Legal Assistance Developer. Increase public awareness of civil legal services for Montana's seniors				
Performance Measure 1: Track quarterly trends regarding number served, geographic distribution of clients, legal needs and aggregate demographic information.				
Performance Measure 2: Track hours of training provided.				
Performance Measure 3: Completed program policy and procedures manual by September 2022.				
Objective 3.3: Montana Board of Crime Control Grant Increase public awareness of financial exploitation of Montana's seniors through education and expansion of legal services.				
Performance Measure 1: Increased participation in Legal Document Clinics by vulnerable seniors including persons with Alzheimer's and related				

dementias; coordinate with MSU Extension for at least one legal clinic.				
Performance Measure 2: Increased participation by legal and aging professionals in trainings regarding financial exploitation; hold at least 12 trainings.				
Performance Measure 3: Increased participation in the trainings by members of the financial, business, health care and general communities; hold at least 12 trainings.				
Performance Measure 4: Increased participation of the Tele-Clinic program; deployment of at least five systems.				
Performance Measure 5: Number of guardianship toolkits provided to legal professionals across Montana; distribute at least 11 tool kits.				
Objective 3.4: Long-Term Ombudsman Program Expand programmatic support and leadership to the Ombudsman program through regional guidance and volunteer opportunities in the most rural settings.				
Performance Measure 1: Increase ombudsman coverage in areas without adequate coverage.				
Performance Measure 2: Increase the number of volunteers.				
Performance Measure 3: Track the number of individuals who receive service from Ombudsman annually.				
Performance Measure 4: Analyze data annually to determine any change in demographics, type of complaints, or major increases in complaints.				

# 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 FY2020, FY2021, and FY2022.

(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 - 5,00	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 – The maximum amount of federal funds allowed for administrative costs.

- (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).

10% of the allocated amounts for III-B and III-C1 funds are distributed on the 70/20/10 formula for administration funds.

- (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. For Title III-B Ombudsman funds, the allocation is based on the number of beds in skilled nursing facilities at 65% (average bed capacity for the state) plus the number of beds in assisted living facilities for each area. An estimated annual mileage costs was also added for our most rural areas. For Title VII Ombudsman funds the allocation is based on the number of facilities in each area.
- (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 FY19 funding levels, the following schedule identifies how funds will tentatively be allocated to the ten (10) Area Agencies for FY2020-22.

State Fiscal Year 2020 Projection											
AREAS	I	II	III	IV	V	VI	VII	VIII	IX	X	TOTALS
PROGRAM											
III-B	205,265	256,153	114,710	168,839	112,120	119,411	129,832	76,600	80,648	29,530	1,293,109
(Staff Training related to OAA programs, not to exceed 5% of the III-B fund amounts above without approval).											0
OMBUDSMAN III-B	37,443	65,189	28,950	36,690	19,239	25,791	18,170	0	17,899	0	249,369
REGIONAL OMB		19,266	39,974		23,276	27,484					110,000
RESOURCE DIR		4,000				1,904					5,904
<b>SUBTOTAL</b>	<b>242,708</b>	<b>325,342</b>	<b>143,660</b>	<b>205,529</b>	<b>131,358</b>	<b>147,106</b>	<b>148,002</b>	<b>76,600</b>	<b>98,547</b>	<b>29,530</b>	<b>1,548,383</b>
III-C1	291,411	419,187	167,089	276,791	170,629	190,158	227,129	134,205	141,845	43,593	2,062,037
III-C2	141,874	230,078	82,737	154,697	88,842	103,518	133,614	78,646	83,394	21,089	1,118,488
III-D Prev Health	15,057	24,995	8,987	17,098	9,598	11,367	14,964	8,814	9,348	2,341	122,567
III-E NFCSP	92,788	169,140	56,417	116,274	63,020	76,201	104,798	62,046	65,915	15,147	821,745
VII-ABUSE	810	1,477	493	1,015	550	665	915	542	576	132	7,175
OMBUDSMAN VII	10,411	17,178	10,151	14,575	7,288	5,206	9,630		5,726	0	80,165
<b>TOTAL</b>	<b>795,058</b>	<b>1,187,397</b>	<b>469,532</b>	<b>785,979</b>	<b>471,286</b>	<b>534,221</b>	<b>639,052</b>	<b>360,852</b>	<b>405,351</b>	<b>111,831</b>	<b>5,760,559</b>
SHIP	45,193	82,382	27,478	56,632	30,695	37,115	51,043	30,220	32,105	7,377	400,240
MIPPA SHIP	7,732	14,095	4,701	9,689	5,252	6,350	8,733	5,170	5,493	1,262	68,478
MIPPA ADRC	1,374	2,504	835	1,722	933	1,128	1,552	919	976	224	12,167
MIPPA AAA	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>54,299</b>	<b>98,981</b>	<b>33,015</b>	<b>68,043</b>	<b>36,879</b>	<b>44,593</b>	<b>61,328</b>	<b>36,309</b>	<b>38,573</b>	<b>8,864</b>	<b>480,885</b>
<b>TOTALS</b>	<b>849,358</b>	<b>1,286,378</b>	<b>502,547</b>	<b>854,023</b>	<b>508,165</b>	<b>578,814</b>	<b>700,380</b>	<b>397,161</b>	<b>443,924</b>	<b>120,695</b>	<b>6,241,444</b>
Total General Fund											
total gf per approp	874,987	1,221,264	506,946	780,219	576,867	552,709	628,164	349,151	422,703	220,901	6,133,911
2.5 reduction	(21,875)	(30,532)	(12,674)	(19,505)	(14,422)	(13,818)	(15,704)	(8,729)	(10,568)	(5,523)	(153,348)
gf w/ 2.5% cut	853,113	1,190,732	494,272	760,714	562,445	538,891	612,459	340,423	412,136	215,379	5,980,563
AAA ADMIN****											
III-B	(19,684)	(26,007)	(16,672)	(21,629)	(17,219)	(18,310)	(20,679)	(6,338)	(6,659)	(2,454)	(155,651)
III-C1	(25,392)	(36,412)	(20,143)	(28,782)	(21,096)	(22,998)	(27,126)	(10,155)	(10,714)	(3,386)	(206,204)
III-C2	(14,187)	(22,808)	(8,274)	(15,470)	(8,884)	(10,352)	(13,361)	(7,865)	(8,339)	(2,109)	(111,649)
III-E	(9,279)	(16,914)	(5,642)	(11,627)	(6,302)	(7,620)	(10,480)	(6,205)	(6,591)	(1,515)	(82,175)
<b>TOTALS</b>	<b>(68,542)</b>	<b>(102,141)</b>	<b>(50,730)</b>	<b>(77,508)</b>	<b>(53,501)</b>	<b>(59,281)</b>	<b>(71,645)</b>	<b>(30,562)</b>	<b>(32,303)</b>	<b>(9,464)</b>	<b>(555,678)</b>

FY 2020 – 2022 STATE PLAN ON AGING

ATTACHMENT E: AGING NETWORK CONTACT INFORMATION

**State Unit on Aging**

**PO Box 4210**

Helena, MT 59624-4210

1-800-332-2272

406-444-4077

**Area Agencies on Aging**

1-800-551-3191

---

**Area I Agency on Aging**

**Heather Handran**, Director

Action for Eastern MT

PO Box 1309 – 2030 N. Merrill

Glendive MT 59330

**406-345-2120** Fax: 406-377-3570

[h.handran@aemt.org](mailto:h.handran@aemt.org)

**Area VI Agency on Aging**

**Todd Wood**, Director

Western MT AAA

110 Main Street Ste #5

Polson MT 59860-2316

**406-883-7284** Fax: 406- 883-7363

[aging6@area6aging.org](mailto:aging6@area6aging.org)

**Area II Agency on Aging**

**Marcy Brookie**, Director

PO Box 127 – 1502 4<sup>th</sup> St. W.

Roundup MT 59072-0127

**406-323-1320** Fax: 406-323-3859

[mbrookie@midrivers.com](mailto:mbrookie@midrivers.com)

**Area VII Agency on Aging**

**Missoula Aging Services**

**Susan Kohler**, Director

337 Stephens

Missoula MT 59801

**406-728-7682** Fax: 406-728-7687

[skohler@missoulaagingservices.org](mailto:skohler@missoulaagingservices.org)

**Area III Agency on Aging**

**Karin Roehm**, Director

North Central AAA

311 S Virginia St Ste 2

Conrad MT 59425-2335

**406-271-7553** Fax: 406-271-2769

[ncaaafin@3rivers.net](mailto:ncaaafin@3rivers.net)

**Area VIII Agency on Aging**

**Kimberliegh Thiel-Schaaf**, Director

1801 Benefis Court

Great Falls MT 59405

**406-454-6990** Fax: 406-454-6991

[kthiel-schaaf@cascadecountymt.gov](mailto:kthiel-schaaf@cascadecountymt.gov)

**Area IV Agency on Aging**

**Heather Nicholson**, Director

PO Box 1717 – 648 Jackson St.

Helena MT 59624-1717

**406-447-1680** Fax: 406-447-1629

[hnicholson@rmdc.net](mailto:hnicholson@rmdc.net)

**Area IX Agency on Aging**

**Lisa Sheppard**, Director

40 11<sup>th</sup> ST W STE 100

Kalispell MT 59901-5143

**406-758-5730** Fax: 406-758-5732

[lsheppard@flathead.mt.gov](mailto:lsheppard@flathead.mt.gov)

**Area V Agency on Aging**

**Joe Gilboy**, Director

PO Box 459 – 2103 Harrison Ave

Butte MT 59703

**406-782-5555** Fax: 406-782-5662

[jgilboy@swmads.org](mailto:jgilboy@swmads.org)

**Area X Agency on Aging**

**Don Kenny**, Director

2 W Second Street

Havre MT 59501-3434

**406-265-5464** Fax: 406-265-3611

Courthouse Fax: 406-265-5487

[directorareax@havremt.net](mailto:directorareax@havremt.net)