Wisconsin Aging | Advocacy | Network

TO: Members of the Joint Committee on Finance

FROM: Wisconsin Aging Advocacy Network (WAAN)
Contact: Tom Frazier (608.770.0605)

SUBJECT: **No Demographic Disaster in Sight**

DATE: May 4, 2015

Despite the projected growth in the elderly population over the next 20 or 30 years, it is a leap in logic to conclude that it will financially overwhelm Wisconsin's long-term care Medicaid program in the foreseeable future. Please consider the following information:

- The total Wisconsin population age 65 and over is projected to be 894,920 in 2015 by UW-Madison Applied Population Laboratory. The most recent DHS report of enrollment in Family Care, PACE, and Partnership for those 65+ is 19,069 or 2% of the total 65+ population. The elderly are not even a majority of the total Medicaid long-term care population representing just over 45% (19,069 out of 41,698). When you add IRIS enrollment where 12.4% of enrollees are frail elderly, the **elderly are only 38.4% of the total Medicaid long-term care population (20,507 out of 53,296).** Instead of a demographic disaster it would make more sense to ask DHS why the elderly numbers are so low?

- Wisconsin's Medicaid-paid nursing home population has decreased by 10,811 persons in large part due to Family Care. The elderly make up 85% (9,206 people) of that decrease. Since the biggest savings in Medicaid long-term care comes from reducing the number of people in more expensive institutional care, Wisconsin has made great strides in accomplishing this, especially with older persons. Statistically, it is more logical to argue that additional savings can be generated by adding the remaining 15 counties (7 NE counties and 8 additional counties) to the existing models in order to continue the positive trend of decreasing nursing home utilization.

- It is more accurate to describe the aged 80 and over population as the people who really need long-term care services and supports. In 2015, the Applied Population Laboratory projected that population to be 242,000 in 2015 growing to 256,705 in 2020 (6% increase), and to 295,635 in 2025 (15% increase). While this represents an increase, it is not the overwhelming numbers represented by looking only at the 65+ population, the vast majority who do not need long-term care.

- Aging and Disability Resource Centers (ADRCs) have been able to

The **Wisconsin Aging Advocacy Network** is a collaborative group of individuals and associations working with and for Wisconsin's older adults to shape public policy to improve their quality of life.

Core member organizations:

Aging and Disability Professionals Association of Wisconsin (*ADPAW*)

Alzheimer's Association SE Wisconsin Chapter

Wisconsin Adult Day Services Association (*WADSA*)

Wisconsin Association of Area Agencies on Aging (*W4A*)

Wisconsin Association of Benefit Specialists (*WABS*)

Wisconsin Association of Nutrition Directors (*WAND*)

Wisconsin Association of Senior Centers (WASC)

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intervene earlier to prevent and delay the premature need for public long-term care assistance. This also enables people to use their own resources more efficiently thereby further deferring the need for public assistance. In other words, the way the system was designed to work.

- Estate Recovery, which only applies to people 55+, is a significant disincentive for older persons to enroll in Family Care or other long-term care programs unless there are no other alternatives. There is extensive anecdotal evidence of older people declining assistance due to this barrier.

Population projections do not tell you what will happen but what might happen if nothing else changes. **Family Care was designed with the growth of the elderly population in mind and the need to address the issue. Wisconsin has made changes in its long-term care system greatly reducing the reliance on expensive institutional care and serving more people in cost-effective home and community care. There simply is no demographic disaster on the horizon. We urge you to build on the success of ADRCs, Family Care, and IRIS.**

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release April 30, 2015

OLDER AMERICANS MONTH, 2015

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BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

In America, every person who is willing to work hard and play by the rules should be able to build a life of opportunity and prosperity. We learned this simple truth from our oldest generation -- the women and men who relentlessly pursued progress throughout the 20th century. Drivers of enormous change, they have enriched our Nation and bravely defended the values we cherish; they have broken down barriers and blazed pathways for all who followed; and they have raised us all and endowed us with a freer, fairer, more equal world.

After a lifetime of contributions, they have earned our care and respect, and they deserve to live out their years with dignity and independence. Our Nation is strongest when older Americans live comfortably in their golden years and have the opportunity to continue to contribute to the fabric of the country and society they helped to shape. This month, we celebrate the accomplishments and sacrifices of our elders, and we reaffirm our belief that the promise of our Nation extends to Americans of all ages.

The United States is entering a new era, and the face of our Nation is growing older and more diverse. For the next 15 years, thousands of Americans will reach retirement age every day, and by 2030, there will be more than twice as many older Americans as there were at the beginning of this century. This growing population is a tremendous national asset. By changing the way we think and talk about aging -- by focusing on the opportunities of aging rather than the limitations -- we can work to maximize the potential of this generation and ensure they continue to thrive as they age.

To address the changing landscape of aging and advance policies that help older Americans pursue their fullest measure of happiness, this summer my Administration will host the 2015 White House Conference on Aging. By connecting older Americans, their families, caregivers, advocates, community leaders, and experts, the Conference is an important chance to continue our efforts to safeguard retirement security, promote healthy aging, provide long-term services and support, and protect older Americans from abuse, neglect, and financial exploitation.

This year also marks the 50th anniversary of Medicare, Medicaid, and the Older Americans Act, as well as the 80th anniversary of Social Security. For decades, these landmark achievements have stood as pillars of economic opportunity for millions of Americans and reflected the promise

we make to our seniors. As President, I have worked tirelessly to strengthen these programs. Throughout the last half-century, the Older Americans Act has empowered older Americans by upholding their rights and supporting social and nutrition services, as well as a nationwide network of employment, training, and research programs. These vital services help millions of seniors across our Nation. I am also proud of the progress we have made during my Administration to improve Medicare, which provides essential health care and security for older Americans. And I am committed to further strengthening Medicare by bolstering access to care for beneficiaries, encouraging better outcomes, and improving long-term sustainability.

Social Security is one of the most important and successful programs ever established in the United States, and we must make certain it is solvent and viable for the American people, now and in the future. I am fighting to ensure any reforms will protect retirement security for the most vulnerable, including low-income seniors, and maintain the robust disability and survivors' benefits that help families after they have paid into the system. To build on this legacy, I started the *my*RA program, a new type of savings account that provides additional pathways for Americans to build their nest egg, and I have called for new rules to require financial advisors to put their clients' interests before their own -- ensuring all who responsibly prepare for retirement receive the best advice possible.

Our elders forged a bright future for all our Nation's children, and they deserve the best America has to offer. As heirs to their proud legacy, we must reach for the world they have made possible. During Older Americans Month, we lift up all those whose life's work has made ours a little easier, and we recommit to showing them the fullest care, support, and respect of a grateful Nation.

NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim May 2015 as Older Americans Month. I call upon all Americans of all ages to acknowledge the contributions of older Americans during this month and throughout the year.

IN WITNESS WHEREOF, I have hereunto set my hand this thirtieth day of April, in the year of our Lord two thousand fifteen, and of the Independence of the United States of America the two hundred and thirty-ninth.

BARACK OBAMA

# # #

County Plan on Aging
2016-2018
Draft Instructions

TABLE OF CONTENTS

1. Verification of Intent

The purpose of the verification of intent is to show that county government has approved the plan. It further signifies the commitment of county government to carry out the plan. Copies of official resolutions authorizing approval must be available in the offices of the aging unit.

The person(s) authorized to sign the final plan on behalf of the commission on aging and the county board must sign here and indicate his or her title. This approval should occur before the final plan is submitted to the area agency on aging for approval. A draft plan may be submitted to the area agency on aging for review, prior to approval.

In the case of multi-county aging units, the verification page must be signed by the representatives, board chairpersons and commission on aging chairpersons, of all participating counties.

Role of the Policy-Making Body
The aging unit plan must be approved by the policy-making body. Evidence of this required involvement shall include, but not be limited to the following:

1. Minutes of policy-making body meetings focused on the development of the plan;
2. Review and approval by the policy-making body of the draft version of the plan prior to its release for public comment and public hearings; and
3. Review and approval by the policy-making body of the final draft of the aging unit plan, following a review of the comments received from public hearings, community organizations, and the advisory committee.

Role of the Advisory Committee
Where an aging unit has both an advisory committee and a policy-making body, a key role of the advisory committee is to advise the policy-making body in the development of the plan. Evidence of the involvement of the advisory committee shall, at a minimum include the items listed below:

1. Minutes of the advisory committee meetings focused on the development of the plan;
2. Review and comment by the advisory committee on the draft version of the plan prior to its release for public comment and public hearings; and
3. Review and approval by the advisory committee of the final draft of the aging unit plan, following a review of the comments received from public hearings and community organizations.

2. Executive Summary

The Executive Summary must capture the essential points of the Plan concisely. Ideally, the information should be presented in the same order as the larger document itself.

- Summarize the whole plan
- Highlight the context
- Address the major topical areas in the goals

3. Organization and Structure of the Aging Unit

Section 3-A Overview of the Aging Unit

Provide a brief description of the aging unit. The information in this section should fit on one page. This description should include the following information:

Mission Statement

The aging unit's mission statement represents a public statement about what the members see as its purpose. Developed by consensus among its members the mission statement tells the public: "This is our reason for being in operation. This is why we exist." **It is expected that the mission of the aging unit will reflect a focus on advocating for older persons.** Review the mission statement with both the Commission and/or Advisory committee to be sure it still reflects the agency's current situation. The mission statement should not exceed one paragraph.

Descriptive Information

Provide contact information for the most appropriate persons to answer questions or make comments about the plan or the aging unit, to aid persons who may have questions about the plan or the aging unit.

Section 3-B Organizational Chart of the Aging Unit

Provide an organizational chart, which clearly depicts the place of the aging unit, the policy-making body, and (where applicable) the advisory committee, in county government. The chart should be sufficiently detailed to ascertain the relationship between the aging unit and the county board/tribal council. For example, does the commission on aging report directly to the county board/tribal council, or is the commission subordinate or advisory to another county committee?

Section 3-C Aging Unit Coordination with ADRCs (if applicable)

Briefly describe the arrangement that exists between your county's aging unit and the Aging and Disability Resource Center that serves your area. Include an indication of whether your Aging Unit is organizationally integrated with the ADRC or organizationally separate; whether the two are co-located; and whether the Aging Unit and ADRC serve a single county or multiple counties. Explain how the Aging Unit will collaborate and/or coordinate with the ADRC in carrying out the goals included in this Plan.

Please answer either 3-D or 3-E

Section 3-D Statutory Requirements for Aging Units

This section refers to requirements in Chapter 46.82 of the Wisconsin Statutes governing the following:

1. Aging unit organizational options
2. Requirements regarding the composition of commissions on aging and advisory groups, and
3. The requirement for a full-time director (cannot be equivalent FTE)

In answering these questions, carefully consider whether the county is in compliance with the law. If the aging unit is part of an aging and disability resource center (ADRC) the requirements of 46.82 still apply. Please direct questions to the area agency on aging.

State law does not permit a waiver of the requirements in this section. *If a real or potential violation of the requirements of Chapter 46.82 exists, contact the area agency on aging for assistance in arranging a corrective action plan. Failure to do so could result in non-approval of the plan.*

Section 3-E Membership of the Policy-Making Body

List the membership of the aging unit's policy-making body.

Chapter 46.82 of the Wisconsin Statutes states that: "Members of a county or tribal commission on aging shall serve for terms of 3 years, so arranged that, as nearly as practicable, the terms of one–third of the members shall expire each year, and no member may serve more than 2 consecutive 3–year terms." In the case of county board members the requirement is 3 consecutive 2-year terms. (6 years total)

In completing this roster of the policy-making body carefully consider whether the county is in compliance with the law. Completion of this roster is also a useful check if the aging unit is in compliance with the compositional requirements noted in Section 3-C. Please direct questions to the area agency on aging.

State law does not permit a waiver of the requirements in this section. *If a real or potential violation of the requirements of Chapter 46.82 exists, contact the appropriate area agency on aging for assistance in arranging a corrective action plan.*

Section 3-F Membership of the Advisory Committee

If the aging unit is required to have an advisory committee, (See Section 1-C), list the membership of the advisory committee.

Note: The nutrition advisory council, which is a requirement of the Older Americans Act for the Elderly Nutrition Program, is a separate body from the advisory committee required by Chapter 46.82.

Chapter 46.82 of the Wisconsin Statutes requires that the membership of the aging advisory committee (where applicable) must consist of at least 50% older people, and individuals who are elected to office may not constitute 50% or more of the membership.

In completing this roster of the advisory committee, carefully consider whether the county is in compliance with the law. Completion of this roster is also a useful check if the aging unit is in compliance with the compositional requirements noted in Section 1-C. Please direct questions to the appropriate area agency on aging.

State law does not permit a waiver of the requirements in this section. *If a real or potential violation of the requirements of Chapter 46.82 exists, contact the area agency on aging for assistance in arranging a corrective action plan.*

Section 3-G Staff of the Aging Unit

Provide the required information on the people employed as the aging unit director, nutrition director, nutritionist (including under contract), lead information and assistance specialist, benefit specialist, family caregiver coordinator, and transportation coordinator (if applicable). Please recall that Chapter 46.82 requires a full-time aging director. State policy requires this to be "one" FTE. Information on other staff may also be included at the discretion of the aging unit.

4. Context

The County Aging Plan context section sets the stage for the County Plan and describes the issues to be addressed in the rest of the document. The context conveys a clear understanding of the current and future service and support needs of the older residents, and the issues, challenges and opportunities facing the county aging unit. When responding to this section please detail the sources of information used to develop this plan. (Sources may include public health data/information, hospital information/data, census data and county and/or tribal surveys).

The County Plan context answers these questions:

- Who are the current and future older persons?
- What needs have been identified?
- How is the aging network and long-term care system organized to support older persons in the county?
- What is the role of the aging unit in long-term care?
- What is the role of the aging unit in the ADRC (if applicable)?
- What are the critical issues/trends? What are the future implications?
- What are the challenges?
- What are the resources and partnerships? (Describe how resources are shared and how partners interact to meet the needs of older adults?)

For information about the number of older adults in each county, their economic and social characteristics, and projected change in county populations, see the DHS Demographics of Aging webpage at https://www.dhs.wisconsin.gov/aging/demographics.htm .

5. Public Involvement in the Development of the County Aging Plan

It is important to involve older adults and caregivers in the development of the County Aging Plan. Aging Commission and advisory committee members can play a significant role in the development of plan goals. In addition, some agencies engage in listening sessions or planning hearings prior to writing the plan. This can be a good way to involve the community in the planning process. In addition, a public hearing should be used as an opportunity to collect feedback and comments to improve the draft plan. The aging unit should make a sincere effort to elicit participation from older people by scheduling the hearings at a time and in locations where it is convenient for the public to participate. *List the dates, times, locations, and numbers of people in attendance at public hearings. Summarize the comments from the public hearings, and how, the draft version of the plan was altered as a result of the comments received at the public hearings.*

Before submitting the plan to the AAA, the aging unit must conduct one or more public hearings on the draft plan.

Public hearings must conform to the following minimum requirements:

Time of the Hearing

The public hearing must be scheduled to allow sufficient time for the aging unit to make any modifications or revisions to the plan based on the comments received at the hearing(s).

Public Notice

1. Public notification must begin at least two weeks prior to the hearing.
2. The notification process shall include at least two of the following: newspapers; aging unit newsletters; radio announcements; television announcements; and written notices sent to agencies, organizations and individuals known to have an interest in the plan.
3. Advance copies of the notice must be sent to the AAA.
4. Copies of the notice must be posted at nutrition sites and senior centers.
5. Where appropriate, both written and spoken announcements shall be made in languages other than English.
6. Where possible, multiple notifications should be used.
7. Notifications shall include the date, time, location, and subject of the hearing. In addition, notification shall indicate the location and hours that the plan is available for examination.

Location and Number of Hearings

Locations chosen for public hearings must be convenient and accessible to older people including people with disabilities, and large enough to accommodate all who wish to

attend. Provision must be made when it is known that people with hearing or visual impairments or non-English speaking people will attend.

Where possible, hearings should be held at several locations in the county and in conjunction with meetings of local aging organizations. Consider holding hearings at nutrition sites and senior centers.

Aging units are discouraged from holding pro forma hearings in conjunction with regular board/committee meetings.

In the case of multi-county aging units, a public hearing must be held in each county served by the aging unit.

Opportunity for Comment

Adequate time at the hearing must be allowed to provide interested parties with an opportunity to comment on the plan. In addition, Individuals must be given an opportunity to submit their comments on the plan in writing.

Summary of Public Hearing Comments

Comments received at public hearings must be recorded in written or taped form. A written summary of the comments received at public hearings must be included. The aging unit must also indicate changes, if any that were made to the plan as a result of the comments received at public hearings.

6. Goals for the Plan Period

Smart Goal Format

For the 2016-2018 County Aging Unit Plans, all goals must be written in the SMART format.

The SMART goal system is a useful acronym for creating well-defined goals that are easy to carry out.

S Specific: Goals must be clear. When goals are specific, they tell people exactly what is expected, when, and how much.

M Measurable: A goal that can't be measured is not very useful. If goals are not measurable, it is impossible to tell if progress is being made towards their successful completion.

A Attainable: Goals must be realistic and attainable. The best goals require organizations to stretch a bit to achieve them, but they aren't extreme. Goals that are set too high or too low become meaningless.

R Results-Based: This answers the "so what" question. A SMART goal describes the desired end state.

T Time-bound: Goals must have starting points, ending points, and fixed durations. There should be a clear target date for completion. Use a specific date (December 31, 2016), rather than a month or season (Winter, 2016).

Do not include routine program operations as goals. Additionally, do not include levels of detail that add little or nothing to intent of the goal and the major points leading to the accomplishment of the goals.

	SMART Goal Component	*Description*	*Questions to Ask*	*Sample*
S.	**Specific**	Specific recommendations are clear and unambiguous; they tell staff **exactly** what is expected.	Who? What? Where? When? What are the requirements? What is the benefit to seniors	Expand prevention services within the Aging Network, ***NOT*** *make things better in the Network…*
M.	**Measurable**	Measurable recommendations require you to establish concrete criteria for measuring progress toward attainment of each goal you set. There must be tangible evidence of completion.	How much? How many? How will we know When it is accomplished?	Expand prevention services within the Aging Network by completing fall prevention workshops, *NOT make things better in the Network by holding providers more accountable…*
A.	**Attainable**	Attainable recommendations are realistic and attainable in the current environment. The best recommendations require staff to stretch a bit to achieve them.	Can the objectives pertaining to this recommendation be carried out? If so, in what manner will they be carried out?	Expand prevention services within the Aging Network by completing fall prevention workshops in 20 pilot counties, *NOT provide fall prevention workshop for every senior in WI…*
R.	**Results-based**	Results-based recommendations that represent objectives staff are both willing and able to work toward. It should identify what is desired in terms of performance after a process in improved or a new one put in place.	So what if we this new program or process in place? What is the desired result? What role does staff play in achieving the desired result?	Expand prevention services by completing fall prevention workshops in 20 pilot counties in order to improve the quality of life for Seniors, ***NOT*** *introduce fall prevention workshops in order to qualify for more federal grant dollars…*
T.	**Time-bound**	Time-bound recommendations have starting points, ending points, and fixed durations. There is a clear target date for achievement.	When should the recommendation be completed?	Expand prevention services by completing fall prevention workshops in 20 pilot counties by June 30, 2017, ***NOT*** *improve core services this year…*

Required Focus Areas

Involvement of Older People in Aging-Related Program Development and Planning
The aging network provides an opportunity for older people to influence processes where community objectives are transformed into concrete policy actions and to follow-up on these measures. The Older Americans Act is founded on a principle of American democracy that people affected by programs and policies should have ownership of those programs and policies, including an integral role in their planning and development. The active participation of older people in the design, development and implementation of policies and programs gives them ownership of and responsibility for the aging network. Participation in the operation of the aging network not only gives an older person an opportunity to comment on a particular issue but also recognizes her/him as an equal partner in the discussion.

Examples of activities include the following.

- Training older people in practical skills that will enable them to take an active part in societal debates, e.g. how to speak in public, write a petition, use the internet and other technologies.
- Providing training to improve older people's understanding about local and national government policies.
- Creating opportunities for older people to speak for themselves and assert their interests in existing community initiatives, such as policy development groups, advisory committees, community programs, and community development groups.
- Informing older adults about their rights and duties in order to help them to participate actively in their communities.

Describe, for each year of the plan, the activities the aging unit will undertake to help enhance the ability of older people fully participate in the planning and oversight of community aging services. These activities must be described using the SMART Goal format.

The Elder Nutrition Program

The Elder Nutrition Program is the largest program operated by the national and state aging networks. The nutrition program consists of two programs, each with specific purposes. The congregate (senior dining) program provides meals in a community environment that promotes socialization and healthy aging. Home-delivered meals provide meals and daily social contact to those who are homebound. Other services such as nutrition screening, assessment, education and counseling are available to help older adults meet their health and nutrition needs.

Describe, for each year of the plan, the activities the aging unit will undertake to help improve the elderly nutrition program. Goals for improving the nutrition program might include efforts to revitalize the program. These activities must be described using the SMART Goal format.

Services in Support of Caregivers

Caregiver Support activities focus on the tremendous demands placed on family caregivers and other informal caregivers who help older adults remain living at home or in the community. The purpose of these programs is to support and assist caregivers as they provide care and assistance to their older family members, friends and neighbors, and to minor children who are under the care of older adults.

To assure local coordination of caregiver services in each county, aging units are required to convene joint planning meetings with other local providers of services to families. The purpose of the planning meetings is to assist aging units in developing a system of caregiver support services in concert with other community agencies and voluntary organizations. If a caregiver coalition has not been formed, it would be an appropriate role for the aging unit to facilitate the formation of such a group. A caregiver coalition can be valuable in identifying and developing the services needed by family caregivers.

Describe the activities the aging unit will undertake to help enhance services in support of caregivers. These activities must be described using the SMART Goal format.

Services to People with Dementia

Dementia is a general term for deterioration in cognitive function severe enough to interfere with daily life. Symptoms usually develop slowly and get worse over time, although strokes and other brain events can cause sudden onset or worsening of the condition. Wisconsin has a well-developed network of community agencies focused on assisting the individuals and families who are living with Alzheimer's disease and related dementias, providing knowledge and support, while also raising awareness about these conditions in the broader community.

Describe for each year of the plan the activities the aging unit will undertake to help enhance services in support of family caregivers. Include an explanation of enhancements being made to caregiving programs related to the Wisconsin Dementia Care Redesign Initiative and Alzheimer's Family Caregiver Outreach and Revitalization efforts at the state level. These activities must be described using the SMART Goal format.

Healthy Aging

The field of healthy aging includes a wide range of programs and services aimed at maintaining and improving physical and mental health throughout the lifespan, preserving independence, and minimizing the need for costly medical interventions. The Aging Network's healthy aging efforts focus on health promotion and disease prevention programs that are "evidence based." These programs have been tested through scientific studies and have been shown to be effective at accomplishing their goals for preventing disease or injury or improving health. The results of the studies have been published in professional journals, and protocols for replicating them in the community are available.

The Federal FY-2012 Congressional appropriations law included, for the first time, an evidence-based requirement. In response to that new requirement, Administration on Aging developed an evidence-based definition to support the transition.

For the purposes of the Older Americans Act -
The term "disease prevention and health promotion services" means—
evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition.

Currently, a wide range of evidence-based health promotion programs are available for community implementation, and many now operate in Wisconsin, including programs to help people manage chronic diseases such as diabetes, cardiovascular disease, and osteoporosis; improve balance and prevent falls; improve nutrition and control weight; manage caregiving responsibilities and stress; address alcohol and substance abuse, and improve physical and mental health. In addition, many community programs operating in Wisconsin show promise for these kinds of improvements, but have not yet been scientifically tested for effectiveness.

Beginning October 1, 2016, the Administration for Community Living /Administration on Aging will require that Title IIID funds be used exclusively for health promotion and disease prevention programs that meet the highest-level criteria for evidence of effectiveness. This means that the interventions have been scientifically proven effective with the older adult population, with results published in a peer-reviewed journal; have been effectively implemented in a community setting; and have replication guidelines (protocols) available to the public.

Please discuss for each year of the Plan the activities the aging unit will undertake to develop healthy aging programming to reflect the new requirements for evidence based interventions. In addition the plan may reflect activities that promote non-evidenced based healthy aging activities that do not utilize Title III-D funding All activities must be described using the SMART Goal format. For detailed information about the criteria for allowable Title III-D program expenditures, please see the following link: OAA Title III-D Program Changes. Consult your AAA Health Promotion Team members with questions about specific interventions. List of highest Evidenced based health promotion activities can be found at the following link: Highest Level Healthy Aging Programs

Local Priorities

In addition to the required content areas for the plan aging units may set additional goals based on local priorities. It is expected that each county plan will include at least one goal based on a local priority for each year of the plan.

It is strongly suggested that these "local priorities" be developed in concert with the aging policy committee or advisory group. Priorities should reflect areas in the context section.

These activities must be described using the SMART Goal format.

7. Coordination between Titles III and VI

The Older Americans Act (Sec. 306 (a)) requires aging agencies, to the maximum extent practicable, to coordinate services the agency provides under Titles VI and Title III.

If the county includes part or all of a federally recognized tribe indicate how the county aging unit and the tribal aging unit will work together to coordinate and ensure the provision of services to tribal elders. Provide a narrative describing collaboration efforts and goals for each year of the plan.

If the county does not include part or all of a federally recognized tribe this section does not to be included.

8. Budget

In preparing these budgets aging units may assume the same allocations from the Bureau of Aging and Disability Resources as they received in final 2015 award. The actual allocations may differ. Round all figures to the nearest whole dollar.

The budget for the first year of the plan must be submitted on the Excel worksheet labeled "2016 Aging Unit Budget."

All of the budget pages follow the same general format. Expenditure categories are listed in the first column. Revenue categories are listed in the adjacent columns. Finally, the far right column on each budget page ("Total Budget") consists of the sum of all the revenue category columns to the left of the "Total Budget" column. Include all revenue sources that support the activity/service. Rows blocked out indicate the service cannot be supported by the funding source.

Transfer Requests

The budget worksheet will also serve the purpose of capturing allowable transfers of funds that agencies may request in order to tailor the operation of their programs.

- Agencies may transfer up to 40% of their Title III C-1 funds to Title III C-2
- Agencies may transfer up to 40% of their Title III C-2 funds to Title III C-1
- Agencies may transfer up to 30% of their Title III C nutrition funds to Title III B

Title III C-1 allocations may only be used to report expenses for: Congregate Meals, Nutrition Counseling, Nutrition Education, Evidence Based Health Promotion and Self-Directed Care.

Title III C-2 allocations may only be used to report expenses for: Home Delivered Meals, Nutrition Counseling, Nutrition Education, Evidence Based Health Promotion and Self-Directed Care.

The Title III C-1 tab will be used to designate funds an agency may wish to transfer to either Title III B or Title III C-2 activities within the constraints outlined above, these amounts should be indicated on the relevant expenditure category line in the first column of the C-1 worksheet tab. Similarly the Title III C-2 tab will be used to designate funds an agency may wish to transfer to either Title III B or Title III C-1 activities within the constraints outlined above, these amounts should be indicated on the relevant expenditure category line in the first column of the C-2 worksheet tab.

Calculating Match

Calculating the required amount of local match is quite straightforward.

Most OAA programs require a matching share of one (1) dollar of cash or in-kind match for every nine (9) dollars of federal money. This means that ten percent of the **combined** sum of the Bureau of Aging allocation and local funding allocation for the program must be in the form of match.

For example, if a grantee/provider has a program with a total cost of $10,000, the recipient would request $9,000 (ninety percent) in federal funds and the matching share would be $1,000 (ten percent).

Total costs of program	$ 10,000	
Matching share (ten percent)	x .10	
	$ 1,000	Matching share

Total costs of program	$ 10,000	
Federal/state share (ninety percent)	x .90	
	$ 9,000	Federal share

Matching share (ten percent)	$ 1,000
+ Federal share (ninety percent)	+ $ 9,000
Total program costs	$ 10,000

From a different perspective, if a grantee/provider knows the amount of federal money available to the project and is developing a budget using that figure, the following process is used to determine the amount of matching share needed:

$ 9,000	Federal funds
÷ 9	Divided by 9
$ 1,000	Matching share

The matching share may be cash, in-kind, or a combination of both.

See below for specific match requirements for each program.

Note: Dollars are only listed once on each budget page. Dollars listed in any given budget cell on a budget cannot be also listed in another cell. The only exceptions are cells in the "Total Budget" column, which naturally represent the sum of funds listed elsewhere on the budget page.

*Dollars listed in any given budget page may not be shown elsewhere on another budget page. The **only** exception is the Summary Budget, which summarizes all other budget pages.*

Expenditure Categories-Definitions

1. Administration - General management functions of the agency, that cannot be directly allocated to a cost center, related to the management and administration of funds from the Bureau of Aging and Disability Resources.

2. Personal Care - Providing personal assistance, stand-by assistance, supervision or cues for people having difficulties with one or more of the following activities of daily living, eating, dressing, bathing, toileting, and transferring in and out of bed.

3. Homemaker - Providing assistance to people having difficulty with one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.

4. Chore - Providing assistance to people having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work, or sidewalk maintenance.

5. Home-delivered Meals - Provision, to an eligible client or other eligible participant at the client's place of residence, a meal which complies with the policies set forth by the Bureau of Aging and Disability Resources.

6. Adult Day Care/Adult Day Health - Provision of care for dependent adults in a supervised, protective, congregate setting during some portion of a twenty-four hour day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, meals for adult day care and services such as rehabilitation, medications assistance and home health aide services for adult day health.

7. Case Management - Assistance either in the form of access to services or care coordination in circumstances where the older person and/or their caregivers are experiencing diminished functional capacities, personal conditions or other characteristics which require the provision of services by formal service providers. Activities of case management include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment, as required.

8. Congregate Meals - Provision, to an eligible client or other eligible participant at nutrition sites, senior center or some other congregate setting, a meal which complies with the policies set forth by the Bureau of Aging and Disability Resources.

9. Nutrition Counseling - Provision of individualized advice and guidance to individuals, who are at nutritional risk, because of their health or nutritional history, dietary intake, medication use or chronic illness, about options and methods for improving their nutritional status, performed by a health professional in accordance with state policy.

10. Assisted Transportation - Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.

11. Transportation - Provision of one-way trip for a person from one location to another. Does not include any other activity.

12. Legal/Benefit Assistance - Provision of legal or benefit advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.

13. Nutrition Education - A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants and care givers in a group or individual setting overseen by a dietitian or individual of comparable expertise.

14. Information and Assistance - A service that provides current information on opportunities and services available; assesses the problems and capacities of the individuals; links the individuals to the opportunities and services available; to the maximum extent practicable, ensures that the individuals receive the services needed, and are aware of the opportunities available to the individuals by establishing adequate follow-up procedures.

15. Outreach - Interventions initiated by an agency or organization for the purpose of identifying potential clients/caregivers and encouraging their use of existing services and benefits. Refers to individual one-on-one contacts between a service provider and an elderly client.

16. Public Information - Group services, including public education, provision of informational health fairs, newsletters, brochures and other similar informational activities as determined by the state.

17. Counseling/Support Groups/Training - Provision of advice, guidance and instruction about options and methods for providing support to older people, and caregivers in an individual or group setting.

18. Temporary Respite - Temporary, substitute supports or living arrangements to provide a brief period of relief or rest for caregivers. It can be in the form of in-home respite, adult day care respite, or institutional respite for an overnight stay on an intermittent, occasional, or emergency basis.

19. Advocacy/Leadership Development - Activities to change laws, policies, and service systems in order to improve the lives of older peoples. Also include activities to enhance the ability of older people to advocate for themselves and for other older people.

20. Other - All services other than those listed above. This category should be used on a limited basis as the National Aging Program Information System (NAPIS) does not recognize other services. Prior to using "Other" contact the AAA for technical assistance.

22. Not Available

23. Evidence Based Health Promotion - Evidence-based disease prevention and health promotion programs are interventions that are based on evidence that is generated by scientific studies. The evidence shows that the program is effective in preventing disease and improving health. These programs have gone through a research process to determine if they show the results that are intended by the program. The program results have also been published in professional scientific journals. For example: a program that is designed to increase physical activity among its participants would be evaluated to measure whether or not a significant increase in physical activity actually happens after the participants complete the program.

Title III-B Supportive Services Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-B of the Older Americans Act. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-B funds.

There is a 10% minimum non-federal matching share requirement.

Unless you have received a waiver:

- **There is a 7% minimum for Access to Services.**
- **There is a 6% minimum for In Home Services.**
- **There is a 5% minimum for Legal/Benefit Assistance.**

Title III-C1 Congregate Meals Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-C1 of the Older Americans Act. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-C1 funds.

There is a 10% minimum non-federal matching share requirement.

Title III-C2 Home-Delivered Meals Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-C2 of the Older Americans Act.

Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-C2 funds.

There is a 10% minimum non-federal matching share requirement.

Title III-D Disease Prevention and Health Promotion Services Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-D of the Older Americans Act. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-D funds. Aging units should be moving towards supporting evidence-based prevention programs with these funds.

Note: This funding source includes a requirement that they be used only for health promotion and disease prevention programs that have been scientifically proven effective with the older adult population, with results published in a peer-reviewed journal; have been effectively implemented in a community setting; and have replication guidelines (protocols) available to the public.

There is a 10% minimum non-federal matching share requirement.

Title III-E Family Caregiver Support Program

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-E of the Older Americans Act. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-E funds.

There is a 25% minimum non-federal matching share requirement.

AFCSP-State Alzheimer's Family and Caregiver Support Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under the State Alzheimer's Family and Caregiver Support Program. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State Alzheimer's Family and Caregiver Support Program funds.

Note: If AFCSP funds are used as match for the federal Title III-E Family Caregiver Support Program show the AFCSP funds in the local cash match column on the Summary Budget according to the services expenditure category funded with the AFCSP/Title III combination. AFCSP funds that are not used as match are placed in the "Other" expenditure category on the summary budget.

Note: This budget does not apply if the aging unit is not the designated AFCSP agency.

State Elder Benefit Specialist Services Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under the State Elder Benefit Specialist Program. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State Elder Benefit Specialist Program funds.

There is a 10% minimum non-federal matching share requirement.

State Elder Abuse Direct Service Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under the State Elder Abuse Direct Service Program. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State Elder Abuse Direct Service funds.

Note: State Elder Abuse Direct Service funds are placed in the "Other" expenditure category on the summary budget.

Note: This budget does not apply if the aging unit is not the designated elder abuse agency.

State Senior Community Services Program Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under the State Senior Community Services Program. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State Senior Community Services Program funds.

There is a 10% minimum non-federal matching share requirement.

Other Budget

This budget represents the aging unit's proposed budget for funds for aging services other than resources related to the federal and state funds received from the Bureau of Aging and Disability Resources.

Examples of such funds might include Department of Transportation 85.21 (federal and state) funds, United Way funds (not used as match elsewhere), and other federal, state, and local funds.

Note: If any funds from Title III of the Older Americans Act are involved in the provision of a service, including supportive and administrative services, the non-Title III funds must be reported on the appropriate Title III budget page.

Summary Budget

This budget represents the overall budget of the aging unit. It presents a concise picture of how the agency proposes to budget the state/federal funds it receives from the Bureau of Aging and Disability Resources, as well as the match, program income, and other sources of funds available to the agency which relate to the state/federal funds from the Bureau of Aging and Disability Resources.

Also included are all other federal, state, and local funds, which flow through the agency's books and are used to serve the elderly.

9. Compliance with Federal and State Laws and Regulations

A signed copy of this statement must accompany the plan.

10. Assurances

The assurances agreed to by this signature page must accompany the plan when submitted to the area agency on aging and the Bureau of Aging and Disability Resources.

The assurances need not be included with copies of the plan distributed to the public.

11. Appendices

Attach copies of comments received during public review of the county plan. Indicate any changes made in the county plan following public comment.