



Division of Aging, Adult, & Behavioral Health Services
P.O. Box 1437, Slot W241, Little Rock, AR 72203-1437
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MEMORANDUM

TO: Interested Persons and Providers

FROM: Jay Hill, Director, Division of Aging, Adult & Behavioral Health Services

DATE: Friday, May 26, 2023

SUBJ: Arkansas State Plan on Aging

Public comments must be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

If you have any comments, please submit those comments in writing, no later than June 26, 2023.

All DHS proposed rules, public notices, and recently finalized rules may also be viewed at: [Proposed Rules & Public Notices](#).

NOTICE OF THE ARKANSAS STATE PLAN ON AGING

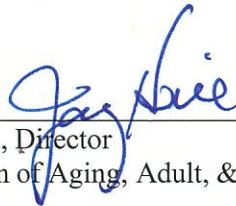
The Arkansas Department of Human Services (DHS) hereby gives notice of the Arkansas State Plan on Aging to the citizens of Arkansas for review and comment. The State Plan provides direction for planning, implementing, and providing long-term care efforts for the Aging population in Arkansas. This notice is given pursuant to the requirements of 20 CFR 641.345(c).

The Arkansas State Plan on Aging is available for review at the Department of Human Services Office of Rules Promulgation, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access and download this notice on the DHS website at ar.gov/dhs-proposed-rules.

Public comments must be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov. All public comments must be received by DHS no later than **June 26, 2023**. Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

If you need this material in a different format, such as large print, contact the Office of Rules Promulgation at 501-320-6428.

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin. **4502148683**



Jay Hill, Director
Division of Aging, Adult, & Behavioral Health Services



ARKANSAS STATE PLAN ON AGING

FISCAL YEARS 2024 – 2027



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VERIFICATION OF INTENT

Arkansas State Plan on Aging

Fiscal Years 2024 – 2027

The State Plan on Aging is hereby submitted for the State of Arkansas for the period of October 1, 2023, through September 30, 2027. It includes all assurances, as well as plans to be implemented by the Division of Aging, Adult, and Behavioral Health Services (DAABHS) of the Arkansas Department of Human Services 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 and is primarily responsible for the coordination of all State activities related to the purpose of the Act, such as the development of comprehensive and coordinated systems for the delivery of nutrition, in-home, and supportive services, and to serve as the effective and visible advocate for the elderly in the State.

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

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

Jay Hill, Director
Division of Aging, Adult, and Behavioral Health Services

Date

Kristi Putnam, Secretary
Arkansas Department of Human Services

Date

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

Sarah Huckabee Sanders, Governor, State of Arkansas

Date

EXECUTIVE SUMMARY

Overview

The Arkansas State Unit on Aging (SUA) is the Division of Aging, Adult and Behavior Health Services (DAABHS), within the Arkansas Department of Human Services. DAABHS serves as the focal point for all matters concerning older Arkansans; serves as an effective advocate for the aging population; gives elderly citizens a choice of how and where they receive long-term care services; and plans, coordinates, funds, and evaluates programs for senior adults. This Division operates several community-based services for Arkansas' aging population, including: the Older Americans Act Unit (OAA), Home and Community-Based Waiver Services (HCBS), Adult Protective Services (APS), Long Term Care (LTC) Ombudsman, and various other programs and grant-funded projects. These programs and projects create a critical system of supports and services vital to Arkansas seniors, their families, and their caregivers.

Authorized under the OAA, DAABHS core programs, alongside other programs administered by the division and its parent agency, help provide Arkansas' aging and vulnerable adult community with the services and supports necessary to remain in their homes and communities for as long as possible. The programs empower individuals, families, and caregivers to live healthy, independent lifestyles while educating citizen stakeholders on their rights and available options when living either independently or in a long-term care facility.

DAABHS and its provider partners are dedicated to providing services and supports to all older adults while paying special attention to those individuals and their caregivers who have the greatest social and economic needs. These needs are defined in Section 305(a)(2)(E) of the OAA as being "low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas."

Eight Area Agencies on Aging (AAAs) have been designated for the purpose of carrying out the responsibilities of federally funded aging programs. The State of Arkansas is divided into eight different Program Service Areas (PSAs). The number of full-time staff in each Area Agency on Aging (AAA)/PSA varies, depending on the population of seniors in their region and the services they provide.

The AAAs are geographically located within the eight Program Service Areas (PSA) and act as regional planning and services agencies for the state's OAA funding. These local agencies are responsible for establishing contracts with local providers, ensuring adherence to OAA service standards, and communicating with the state unit on aging the needs of the local aging populations. Funds are allocated through an Intrastate Funding Formula (IFF) developed and agreed upon by DAABHS and ARDHS and approved by ACL.

The previous state plan was developed in 2019 and examined 2016 population estimates from the U. S. Census Bureau. At that time, the total population in Arkansas was 2,968,472. The number of persons aged 60 or older was 601,493, with 62,743 of these residents being low-income and 17,538 being low-income minorities. According to the U. S. Census Bureau's 2020 estimates, the total population of Arkansas is 3,011,873. This is a 1% increase since 2016. In addition, Arkansas is ranked 10th in the Nation for percentage of persons 60 and above. Just over 35% of Arkansas residents are aged 60 or older. Compared to 2016, this number has increased approximately 12%. Of these seniors, 75,423 are considered low income. This is 10% of Arkansas seniors. Even though the population has grown,

federal funding across the board for the aging network has not kept pace with the increase in both the cost of living and service demands.

Plan Purpose and Development

The purpose of the Arkansas State Plan on Aging is to serve as a comprehensive document that can provide direction for planning, implementing, and providing long-term care services. In addition, DAABHS envisions the State Plan serving multiple other functions, including:

- Documenting tangible outcomes planned and achieved as a result of state long-term care reform efforts;
- Translating activities, data, and outcomes into proven best practices, which can be used to leverage additional funding;
- Providing a blueprint that spells out the activities the state will undertake in modernizing its long-term care system; and
- Building capacity for long-term care efforts in the state.

Currently, programs offered to the aging community include home-delivered meals, congregate meal sites, Medicare counseling and Medicare Open Enrollment Assistance, respite care, aging and disability resources, transportation, homemaker services, information and referral services, Adult Day Care and Senior Center services, Ombudsman services, and Adult Protective Services. Successful application of these programs allows aging citizens to live a more independent and healthier lifestyle.

The OAA authorizes a system of support services to be overseen and administered by designated State Units on Aging (SUAs). Local provision of these services are managed by the state's eight AAAs. Current waiting list information for older citizens waiting for services is maintained by AAAs. These waiting lists provide an overview of the number of older individuals and caregivers requesting services who have not yet been served.

To meet the growing range of needs senior citizens in Arkansas face, the division must foster its provider agencies' abilities to maintain current outputs of service while identifying creative, lasting solutions to expanding program offerings. With the projected growth of the aging population nation-wide, DAABHS continues to seek innovative solutions to those needs.

The development of this plan was based on input from various interested individuals and entities. Initially, an Advisory Committee was formed including the following: 8 AAA Directors, 3 AAA Chief Financial Officers, 5 DAABHS Representatives, 1 Governor’s Advisory Council on Aging Representative, and 1 Silver Haired Legislators Alumni Association Representative/Senior.

In addition, meetings, emails, and phone calls were conducted with AAA staff throughout the State. Information received has helped develop ideas, identify program needs, and reflect on the history of the aging network in Arkansas. Two different surveys were developed and distributed to members of the aging network in Arkansas. The first survey focused on opinions of professionals from AAAs, service providers, and senior-related organizations. A second survey was developed and distributed to various seniors from all over Arkansas. Over 350 responses were received and analyzed. A public comment period was also held to solicit input from the public regarding the Arkansas State Plan.

Strategic Planning

The Arkansas State Plan on Aging goals were developed around five key priorities provided by our federal partner, the Administration for Community Living (ACL):

- Older American Act (OAA) core programs are implemented and disseminated to the aging population.
- COVID-19 Recovery
- Advancing Fairness
- Expanding access to home and community-based services (HCBS)
- Building a caregiving infrastructure that includes support for paid and unpaid caregivers

Because of the feedback provided through these input methods, goals, objectives, and measurable outcomes were established to assist the senior population in Arkansas.

ORGANIZATIONAL STRUCTURE

State Unit on Aging

The Arkansas State Unit on Aging (SUA) is the Division of Aging, Adult and Behavior Health Services (DAABHS) that serves as the coordinator for all matters concerning older Arkansans. DAABHS also serves as an effective advocate for the aging population, gives elderly citizens a choice of how and where they receive long-term care services and supports, and plans, coordinates, funds and evaluates programs for senior adults. DAABHS is a division within the Arkansas Department of Human Services (DHS). As shown below, staffing levels for the State Unit of Aging for the 2022 SFY includes 173 full-time employees with an annual budget of \$46,540,888.

DAABHS administers several community-based services for Arkansas's aging population including: The Older Americans Act (OAA), Home and Community-Based Waiver Services (HCBS), Adult Protective Services (APS), Long-Term Care (LTC) Ombudsman, and various other programs and grant-funded projects. These programs and projects create a critical system of supports and services vital to Arkansas seniors, their families, and caregivers. DAABHS key stakeholders and partners include, but are not limited to, the Area Agencies on Aging (AAAs), the State of Arkansas's chapter of AARP, the Governor's Advisory Council on Aging (GACA), the Silver Haired Legislators' Alumni Association, and the Donald W. Reynolds Institute on Aging.

Governor's Advisory Council on Aging (GACA)

GACA serves in an advisory capacity, as designated by the Governor of the State of Arkansas, as an adjunct to the State Unit on Aging. GACA makes recommendations and assists the Governor in planning, establishing, and implementing the plan of action for Aging Services

State of Arkansas's chapter of AARP:

AARP is a nonprofit membership organization dedicated to addressing the needs and interests of persons 50 and older. Through information and education, advocacy, and service, they seek to enhance the quality of life for all by promoting independence, dignity and purpose. The vision is to excel as a dynamic presence in every community by shaping and enriching the experience of aging for each member and for society. To bring that vision to life, two of the focus areas are long-term care and independent living.

Donald W. Reynolds Institute on Aging.

UAMS Centers on Aging is a program of the Donald W. Reynolds Institute on Aging (RIOA) at the University of Arkansas for Medical Sciences. The Centers on Aging's mission is to improve health outcomes of older Arkansans through interdisciplinary clinical care and innovative education programs by:

- delivering quality health care to older persons,
- conducting research on aging and age-related diseases,
- providing educational programs on aging for health care professionals and the public, and
- influencing public policy on aging issues emphasizing the needs of rural older adults.

The UAMS Centers on Aging's goals are to improve the health of older persons by providing more accessible specialty geriatric and interdisciplinary health care through:

- health care professionals with geriatric expertise working together as a team to serve the whole continuum of needs of older adults; and
- funding through philanthropic gifts, with a portion of Arkansas’s share of the national Tobacco Settlement.

Program Service Areas

The State of Arkansas is divided into eight different Program Service Areas (PSAs). At one time, all of Arkansas was part of the Planning and Development Districts, as established by the Governor. In 1979, when the AAAs became 501(c)3 organizations, then-Governor Bill Clinton determined that the AAA PSAs should be the same as the already established districts for Economic Development, Mental Health, and Human Services.

These PSAs have remained the same since that time. The eight PSAs are:

Program Service Areas

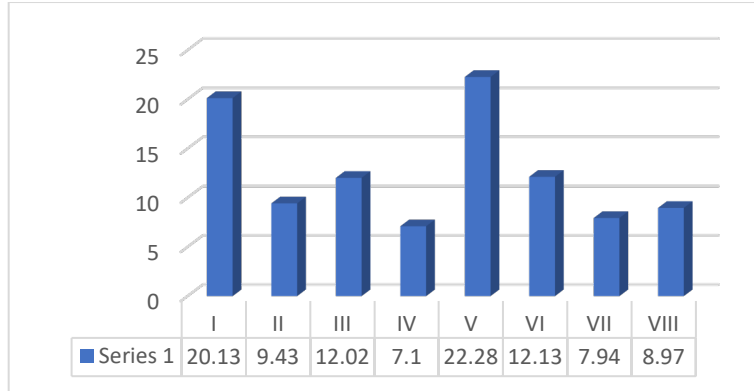
Region	Region Name	Office Location
I	Northwest Arkansas Area Agency on Aging	Harrison
II	White River Area Agency on Aging	Batesville
III	East Arkansas Area Agency on Aging	Jonesboro
IV	Area Agency on Aging of Southeast Arkansas	Pine Bluff
V	CareLink (Central Arkansas Area Agency on Aging)	North Little Rock
VI	Area Agency on Aging of West Central Arkansas	Hot Springs
VII	Southwest Arkansas Area Agency on Aging	Magnolia
VIII	Area Agency on Aging of Western Arkansas	Fort Smith

DEMOGRAPHICS

Current Population

According to the U. S. Census Bureau’s 2020 estimates, the total population of Arkansas is 3,011,873. Just over 21.6% of these residents are aged 60 or older. As shown below, there are more seniors in Region V, which represents central Arkansas, but they are closely followed by northwest Arkansas, Region 1.

Percentage of Total 60+ Population by Region



Of these seniors, 75,423 are considered low income. This is 10% of Arkansas seniors.

The following table illustrates the population breakdown for the funding formula of each Planning Service Areas (PSAs) in Arkansas.

Population of PSAs

Region	Total Pop	60+ Total	% of State	60+ Low Income Total	% of State	60+ Low Income Minority Total	% of State	60+Rural	% of State	75+Total	% of State
I	251,960	140,613	20.13%	12,683	16.82%	2,203	9.59%	58,164	18.06%	43,165	20.25%
II	237,844	65,837	9.43%	7,084	9.39%	799	3.48%	50,432	15.66%	21,657	10.16%
III	390,274	83,946	12.02%	9,909	13.14%	3,943	17.16%	38,262	11.88%	25,854	12.13%
IV	149,628	49,571	7.10%	6,727	8.92%	3,242	14.10%	25,918	8.05%	14,960	7.02%
V	688,323	155,576	22.28%	16,202	21.48%	6,080	26.45%	37,668	11.70%	44,719	20.97%
VI	313,917	84,693	12.13%	8,685	11.52%	1,794	7.80%	48,866	15.17%	26,661	12.50%
VII	227,158	55,486	7.94%	6,772	8.98%	3,529	15.35%	34,224	10.63%	17,320	8.12%
VIII	260,065	62,660	8.97%	7,361	9.76%	1,395	6.07%	28,546	8.86%	18,875	8.85%
Total		698,382	100%	75,423	100%	22,985	100%	322,080	100%	213,211	100%

Even though Regions I and V have the highest number of seniors, Region III, located in eastern Arkansas, is the highest ranking of all PSAs for the number of low-income seniors. The number of low-income minority seniors is somewhat similar between Regions III, IV, and VII, representing the east, southeast and southwest parts of the State.

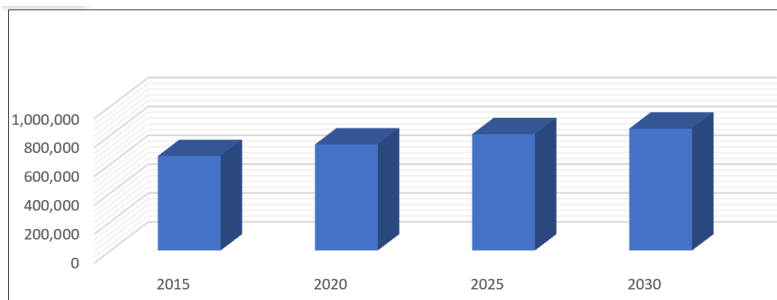
The Arkansas State Plan on Aging for 2024 – 2027 was based on census statistics for 2020. An analysis between 2016 and 2020 shows a 1% increase in the total population in Arkansas. This was substantially higher for those 60 and older, with a 12% increase. The number of low-income

seniors and low-income minority seniors have both increased between four and seven percent since the last census.

Population Projections

According to the U.S. Census Bureau, the population of Arkansans aged 60 and over is rapidly increasing. The graph below displays the gradual progression between 2015 and 2030.

Arkansas Population Projections Aged 60 and Over



Further analysis of these statistics show that Arkansas will remain in the top half percentile in the ranking of senior population in the nation with the following rankings: 2015 – 17th; 2020 – 18th; 2025 – 21st; and 2030 – 23rd. In addition, there will be an estimated 72% increase in this population from 2000 to 2030.

Health Issues/Concerns

Arkansas’s poverty rate is high. At 16%, it is the 4th highest in the United States. According to U.S. Census estimates, more than 17.5% of individuals in Arkansas are over the age of 65. For these adults aged 65 and over, the poverty rate is 10%. Almost 44% of Arkansans live in rural areas. People who live in rural counties tend to have shorter life expectancies. The leading causes of death in Arkansas include chronic diseases, unintentional injuries, and flu and pneumonia. For rural Arkansas seniors, the leading causes of death are chronic diseases including heart disease, cancer, chronic lung disease, stroke, diabetes, and kidney disease. Contributing factors include high rates of obesity, high blood pressure, tobacco use, and lack of physical activity. People in rural areas may experience lack of access to healthier foods and adequate healthcare that persons in urban areas may not experience. A detailed assessment of the state of health for Arkansans can be found at

[AR.State.Health.Assessment.2020.pdf - Google Drive](#)

Arkansas ranks 46th overall for senior health status and has the 2nd highest overall opioid prescribing rate in the nation especially for older adults on Medicare. According to the Centers for Disease Control and Prevention (CDC), in 2019 the opioid prescribing rate for Arkansas was 102.1 opioid prescriptions for every 100 persons – nearly twofold greater than the average U.S. rate of 58.7.

In response to the national opioid epidemic, the Opioid Prevention for Aging & Longevity (O.P.A.L.) Program is providing adults aged 55 and older and their caregivers an opportunity to learn more about opioid pain medications, non-opioid pain medications, and integrative medicine therapies like

Tai Chi, Yoga, mindfulness meditation and other therapies for the management of chronic pain. In addition, older adults are being educated about the dangers of over-the-counter medications that are not approved by the primary physician.

Title III Services

The Division of Aging, Adult and Behavioral Health Services has been designated the State Unit On Aging (SUA) for Arkansas. The State Unit on Aging is responsible for administering Title III of the Older Americans Act. Title III includes senior nutrition, in-home services, case management, family caregiver support, transportation, information and assistance and referral services, among others. The SUA works closely with Arkansas's eight Area Agencies on Aging (AAAs, or Triple As) to support a comprehensive set of services. While the AAAs provide or contract for direct services to seniors and people with disabilities, the SUA coordinates distribution of federal and state funds, provides training and technical assistance, and ensures statewide oversight and coordination for Older Americans Act and related programs.

The SUA uses qualitative and quantitative data to monitor and evaluate targeting services to individuals with the greatest economic and social need. The State Plan cycle will emphasize having consistent and reliant practices for delivering services to the targeted populations. Particular attention will be placed on supporting individuals and families through aggressive outreach targeted to those in most significant economic and social need, partnering with community providers to reach people who cannot afford equal access to housing, food, transportation, healthcare and social engagement.

GRANT PROJECTS

Arkansas Take the Time Lifespan Respite Grant

The Division of Provider Services and Quality Assurance (DPSQA) received the ACL Lifespan Respite Care Integration & Sustainability Grant. The Choices in Living Aging and Disability Resource Center (ADRC) within DPSQA, in partnership with the Arkansas Lifespan Respite Coalition (ALRC) will continue to develop a statewide coordinated lifespan respite system that builds on the infrastructure currently in place. The primary goal of this project is to achieve systems-level changes which will support and sustain program coordination and service provision. It specifically targets family caregivers who need a temporary break from caring for a relative or loved one with special needs. The grant focuses on the need to establish a designated central state respite office to provide family caregivers with awareness of available respite services and coordination of those services; outreach to providers to fill in the gaps where services are not available; organization of volunteer respite training; and management of a state respite voucher program for those who often “fall through the cracks” because they do not qualify for other respite services.

Senior Farmers Market Nutritional Program

The United States Department of Agriculture (USDA) administer the Senior Farmer’s Market Nutrition Program (SFMNP). The program is designed to:

- Provide low-income seniors with access to locally grown fruits, vegetables, honey, and herbs.
- Increase the domestic consumption of agricultural commodities through farmers' markets, roadside stands, and community supported agricultural programs.
- Aid in the development of new and additional farmers' markets, roadside stands, and community support agricultural programs.

The Arkansas Senior Farmer's Market Nutrition Program provides access to fresh fruits and vegetables to some of our most "at risk" citizens – the low-income elderly. DAABHS has long recognized the role that nutrition plays in overall health. The program also allows for the development of produce markets in rural areas of the State.

Medicare Improvements for Patients and Providers Act (MIPPA) Grant

The 2010 Affordable Care Act provides additional federal funding to be administered by the ACL and the Centers for Medicare & Medicaid Services (CMS) for State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), and Aging and Disability Resource Center programs (ADRCs) to help coordinate efforts to inform older Americans about available Federal and State benefits available. DAABHS has received its sixth MIPPA grant award to provide funding for this project.

These projects include reaching people likely to be eligible for the Low-Income Subsidy program (LIS), Medicare Savings Program (MSP), and Medicare Part D through statewide and local coalition building focused on intensified outreach activities to help beneficiaries understand and apply for their Medicare benefits. SHIP, AAAs and ADRC coordinate their efforts for outreach activities for educating beneficiaries about the new wellness benefits aimed at preventing disease and promoting wellness.

HOME AND COMMUNITY-BASED SERVICES

ARChoices in Homecare

ARChoices in Homecare (ARChoices) is a 1915(c) Medicaid waiver program for individuals who meet nursing home intermediate level of care and are ages 21 – 64 with physical disabilities or are 65 and older. Participants in ARChoices must also meet certain financial eligibility requirements. The following services are available in the ARChoices program:

- Adult Day Health
- Respite (In-home and/or facility)
- Adult Day Services
- Attendant Care Services
- Environmental Accessibility Adaptations/Adaptive Equipment (\$7500 maximum per lifetime)
- Home-Delivered Meals
- Personal Emergency Response System
- Prevocational Services

While ARChoices does not offer self-direction of waiver services through the 1915(c) authority, this waiver runs concurrently with the Independent Choices 1915(j) self-directed program. Participants of ARChoices who wish to self-direct attendant care services are enrolled in the Independent Choices program.

Living Choices Assisted Living

Living Choices Assisted Living (Assisted Living) is a 1915(c) Medicaid waiver program which offers participants apartment-style living with 24-hour supervision and assistance with activities of daily living and instrumental activities of daily living. Participants must meet financial eligibility requirements as well as the nursing home intermediate level of care and be ages 21 – 64 with physical disabilities, or 65 and older. The assisted living service is a bundled service which provides support based on the participants' individualized needs. Participants have access to the greater community as required in the Home and Community Based Services regulations.

Programs of All-Inclusive Care for the Elderly (PACE)

Programs of All-Inclusive Care for the Elderly (PACE) is administered as a Medicaid State Plan optional service that targets consumers age 55 or older who meet financial eligibility requirements as well as the medical eligibility criteria for nursing home level of care. This program is a comprehensive health and social services delivery system that provides and coordinates primary, preventative, acute, and long- term services and supports to the frail elderly as a means for keeping them in their homes and in the community for as long as possible. Services are identified by an Interdisciplinary Team and delivered 24 hours a day, 7 days a week. Service areas for this program are identified by zip codes in AAA Regions 3, 5, and 1 located in northeastern Arkansas, central Arkansas, and northwest Arkansas respectively.

Personal Care

Personal Care is an optional State Plan Service offered to individuals who are categorically needy Medicaid beneficiaries and who require “hands-on” physical assistance with bathing, dressing, personal hygiene, eating, ambulating, and toileting. The Personal Care program provides up to 64

hours per month of assistance with ADLs and IADLs to qualified individuals. Personal Care services are delivered by approved Medicaid providers and are prior authorized.

Independent Choices

Independent Choices is an optional Medicaid State Plan service provided under the authority of 1915(j) of the Social Security Act. This program's foundation is centered around consumer choice and control, giving the Medicaid recipient both employer and budget authority to direct their own services. In addition to paying for the services of their employee, the consumer may also choose to use part of their budget for goods and services. The participant is afforded support broker services to assist the participant to the degree needed by offering financial and counseling support. If the consumer is unable to make their own decisions, the program allows a representative or Decision-Making Partner to make known the likes, dislikes and preferences of the person. Personal care services can be self-directed through the program.

Elder Rights

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

With respect to programs for the prevention of abuse, neglect, and exploitation under Title VII of the Older Americans Act, the SUA conducts such programs consistent with relevant state law. The SUA has also established and operates an Adult Protective Services unit within the SUA that focuses on prevention of elder abuse, neglect, and exploitation. Such programs are coordinated with existing state adult protective service activities including public education to identify and prevent elder abuse, receipt of reports of elder abuse, active engagement of older individuals through outreach/educational efforts, referral of such individuals to other sources of assistance, and referral of complaints to law enforcement or public protective services if appropriate. The State does not permit involuntary or coerced participation in these services by alleged victims, abusers, or their households. All information gathered while receiving reports and making referrals remains confidential, unless all parties consent in writing to the release of such information or the release of such information is to a law enforcement agency, public protective services agency, licensing and certification agency, ombudsman program, protection & advocacy system, or upon court order.

Legal assistance is provided to older individuals with social or economic needs and is coordinated with other programs serving elders in order to concentrate the use of funds to serve individuals with greatest needs. The SUA coordinates the provision of legal assistance, advice, technical support, provider training and consumer education for older individuals. The SUA has assigned personnel, one of whom is known as a legal assistance developer, to provide leadership in developing legal assistance programs throughout the state.

The SUA works in collaboration with Area Agencies on Aging to prevent elder abuse, neglect, and exploitation, through the following activities:

1. Public education to identify and prevent abuse of older individuals.
2. Receipt of reports of abuse of older individuals.
3. Active participation of older individuals in educational programs.
4. Referral of such older individuals to appropriate sources of assistance.
5. Referral of complaints to law enforcement or other public protective service agencies where appropriate.

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

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

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

The SUA requires outreach to identify individuals eligible for assistance under Titles III and VII, and inform them of available assistance, with special emphasis on older individuals with:

- a. Greatest economic need (with particular attention to minority individuals with low-incomes and individuals residing in rural areas);
- b. Greatest social need (with particular attention to minority individuals with low-incomes and individuals residing in rural areas);
- c. Disabilities;
- d. Limited English-speaking ability; and
- e. Alzheimer's Disease or other dementias and their caregivers.

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

ADDITIONAL DAABHS PROGRAMS AND SERVICES

Adult Protective Services

The Adult Protective Services Unit (APS) investigates cases of maltreatment against endangered or impaired adults aged 18 or older. Maltreatment includes abuse, neglect, or exploitation. APS is mandated to conduct a thorough investigation and make a determination whether the allegation is “founded” or “unfounded” within 60 days for most maltreatment allegations, except financial exploitation which may take up to 90 days to investigate.

DHS may take emergency or temporary custody of a maltreated adult if the circumstances or condition of the maltreated adult are such that returning them to their place of residence presents imminent danger AND the maltreated adult either:

- Lacks the capacity to understand the nature and consequences of staying in a situation that presents imminent danger to his or her health and safety; or
- Has a mental impairment or physical impairment that prevents the maltreated adult from protecting himself or herself from the danger.

After APS takes emergency custody, they file a petition with the Circuit Court who will hold a hearing within five business days to determine whether probable cause to keep the adult in custody is warranted. Upon a finding of probable cause, the court may order temporary custody for up to 30 days, pending a hearing for long-term custody. A hearing for long-term custody shall be held no later than 30 days after the date of the probable cause hearing or the date the order for emergency custody was signed. The court may order long-term custody with APS under certain circumstances. Currently, APS has approximately 550 adults in custody.

Additionally, APS maintains the Adult Maltreatment Registry which contains the names of offenders who have allegations of maltreatment determined as “founded or substantiated” against them. Offenders may file for an appeal hearing within 30 days of being notified of APS determination. If an offender does not appeal or their appeal upholds the APS determination, their name is placed on the Adult Maltreatment Registry.

Aging and Disability Resource Center (ADRC)/Choices in Living Resource Center

Specialists in the Resource Center provide information about services, resources, and programs in areas such as living arrangements, support in caregiving, energy assistance, assistive technology, and other publicly-funded programs such as the Supplemental Nutrition Assistance Program (SNAP) and Medicaid. The types of services offered include information and assistance, long-term services and supports options counseling, benefits counseling, and access to publicly-funded long-term services and supports programs such as ARChoices, Living Choices Assisted Living, Independent Choices, and the federally-funded Farmers Market Nutrition Program (FMNP) and the Senior Farmer Market Nutrition Program (SFMNP).

Alternatives Plus (The A+ Program)

The specific purpose of the A+ Team is to facilitate the transition of low-care residents from nursing facilities to home and community-based services, thereby expanding “non-institutional” coverage to older Arkansans. Nursing facilities are required to refer to the State Local Contact Agency the names of residents who have requested Options Counseling. The A+ Team responds to a referral by

conducting a face-to-face visit with the resident to provide the service of Options Counseling, as mandated by Act 516 of the 2007 Arkansas Legislature. The information provided by Options Counseling often promotes discussion and activities leading to a transition to a less restrictive environment for the resident. The A+ Team provides Options Counseling to Nursing Home residents who have requested the service and have been referred by their respective Nursing Home. Options Counseling promotes the residents' consumer choice through the personal provision of information directly related to long term care services and community resources.

Community Connectors inform potentially Medicaid eligible elderly adults and adults with physical disabilities about home and community-based Medicaid programs and services such as ARChoices in Homecare, Living Choices Assisted Living, PACE, Independent Choices, Personal Care, Home Health, and Durable Medical Equipment (DME). Information is disseminated via direct face-to-face contact and distribution of Division of Aging, Adult, and Behavioral Health Services' (DAABHS) approved brochures. Tri County Rural Health Network (TCRHN) also establishes formal working relationships with community organizations in each of their targeted counties to assist with making referrals, gathering information, answering questions, and/or collaboration for problem solving.

Money Follows the Person (MFP)

The Money Follows the Person (MFP) Demonstration Program was created by Section 6071 of the Deficit Reduction Act of 2005 (P.L. 109-171) to provide assistance to states to help Medicaid enrollees receive care in home and community-based settings rather than in institutions. MFP supports state efforts in rebalancing the long-term services and supports system. The Program provides for an enhanced federal medical assistance percentage (FMAP) for 365 days for each person who meets a minimum duration of institutional living and is transitioned from the institution to the community during the demonstration period.

Program objectives are to:

- 1) Increase the use of home and community-based waiver services, rather than institutional, long-term care services;
- 2) Eliminate barriers or mechanisms, that prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive support for appropriate and necessary long-term services in the settings of their choice;
- 3) Provide continuity of service by increasing the ability of the State Medicaid program to assure continued provisions of home and community-based long-term care services to eligible individuals who choose to transition from an institution to a community setting; and
- 4) Quality assurance and quality improvement by ensuring that procedures are in place (at least comparable to those required under the qualified HCB program) to provide quality assurance for eligible individuals receiving Medicaid home and community-based long-term care services and to provide for continuous quality improvement in such services.

Family Caregiver Support Program

For caregivers to do their best, they require support and understanding. Training, counseling, and planning tools can help caregivers become better at their duties, making them more efficient care providers for their family members. The Family Caregiver Support Program (FCSP) offers supports that assist family and informal caregivers to care for their loved ones at home for as long as possible.

Each Area Agency on Aging (AAA) has established vendor agreements and/or contracts with community-based organizations to provide multifaceted systems of support services, including information and assistance, support groups, respite, and other home and community-based services to families caring for their frail older members. The Arkansas Family Caregiver Support Program (AFCSP) also recognizes the needs of grandparents, who are caregivers of grandchildren, and to older persons, who are relative caregivers of children aged 18 and younger

The free resources for caregivers offered in the FCSP are:

- Free information about caregiving
- Individual counselling for caregivers
- An online message board for caregivers to have discussions and ask questions
- Transportation services
- Minor home modifications
- Support groups
- Caregiver training courses

Long-Term Care (LTC) Ombudsman

The State LTC Ombudsman provides statewide oversight, monitoring, development and maintenance of policy/procedures, training, and certification for Arkansas ombudsmen. This program works closely with various LTC stakeholders regarding legislative issues, quality of care and life, and the latest innovative practices, as well as subcontracts out to the AAAs local LTC Ombudsman program and services.

The Arkansas LTC Ombudsman's jurisdiction is skilled nursing, residential, and assisted living levels one and two. Ombudsmen ensure the rights of older adults and prevent their abuse, neglect, and exploitation by investigating concerns ranging from physical, sexual, emotional, mental abuse and financial exploitation. The core mission of the ombudsman program is to ensure the rights of older adults and prevent abuse, neglect, and exploitation. Ombudsmen seek to empower residents to help themselves whenever possible and are wholeheartedly in support of autonomy for each resident living in long term care facilities. In addition, the Ombudsmen provide technical assistance to residents, families, facility staff and the public regarding a variety of issues related to long-term services and supports provided in institutions. Local Ombudsmen programs provide facility in-services, community education events, participation in resident and family councils, quarterly facility visits, and participation in survey/certification exits.

The ombudsman program adheres to the ombudsman code of ethics, values the contribution of those working in long term care settings and implements ombudsman best practices. Ombudsmen strive to be professional, honest, accurate, supportive, and knowledgeable while advocating for quality of care and quality of life for over 30,000 Arkansas residents living in skilled settings.

Senior Community Service Employment Program

The Senior Community Service Employment Program (SCSEP) is a community service and work-based job training program for older Americans. Authorized by the Older Americans Act, the program provides training for low-income, unemployed seniors. Participants also have access to employment assistance through American Job Centers. SCSEP participants gain work experience in a variety of community service activities at non-profit and public facilities, including schools, hospitals, day-care centers, and

senior centers. Participants work an average of 20 hours a week and are paid the highest of federal, state, or local minimum wage. This training serves as a bridge to unsubsidized employment opportunities for participants. Participants must be at least 55, unemployed, and have a family income of no more than 125% of the federal poverty level. Enrollment priority is given to veterans and qualified spouses, then to individuals who are over 65, have a disability, have low literacy skills or limited English proficiency, reside in a rural area, are homeless or at risk of homelessness, have low employment prospects, or have failed to find employment after using services through the American Job Center system.

QUALITY ASSURANCE PROGRAM

Quality improvement functions are performed as part of HCBS administration. Monitoring is ongoing, and improvements are made through analyzing reports and feedback from stakeholders. A new Medicaid Management Information System (MMIS), interChange, was implemented in November 2017. Edits and audits included in the business rules ensure appropriate payments at the correct rate for HCBS services delivered by approved providers. Prior authorizations for State Plan Personal Care and ARChoices attendant care were put into place January 2018. These additions prohibit overpayments for services, but still allow clients to have freedom of choice in selecting providers.

Monthly, clinical record reviews evaluating the three waiver programs of a minimum of 10% of both active and closed records are reviewed. The purpose of the clinical record review is to evaluate all services provided for consistency with professional practice standards; compliance with the plan of care; the appropriateness, effectiveness and adequacy of the services offered; and evaluations of anticipated patient outcomes. Evaluations are based on specific record review criteria that are consistent with the Arkansas Medicaid Provider Manuals.

All funding for the Older American Act Title III and VII is federal money. As a matter of policy and practice, the division makes no contracts, issues no purchase orders and makes no awards to Older American Act program sub-grantees with these funds until the grant award has been received and filed. State general revenue and its federal match are administered in accordance with the DHS Administrative Manual, DHS Guidelines for Purchased Services and the State Accounting Procedures Manual. Consequently, the division does not over obligate and seeks and receives approval to re-allocate resources when there is an unexpected shortfall.

All sub-grantees are checked against the DHS list of excluded providers, the Federal Debarment Vendor List and the State Suspended/Debarred Vendor List. DHS Procurement requires applicants to include a copy of their latest audit with their grant application and examines the audit for findings. Findings in the most recent audit may exclude the applicant from competition. Division staff and commissioners make at least one monitoring site visit each program year. DHS requires programs to invoice monthly for expenses incurred. Each invoice is reviewed with careful attention to: DHS requirements, the budgeted amount for each line item, previous expenditure in each line item, declining balance, and billing outside the grant period. DHS requires programs to complete a monthly report which documents income, expenses, cash and in-kind match as well as quarterly progress report and a quarterly financial report.

Performance of Older American Act (OAA) programs are monitored through data from reports produced in Wellsky and submitted monthly, quarterly and yearly by each AAA. In addition to the forementioned reports, deskside and site reviews are conducted by the OAA team furthering the quality assurance process.

Annual audits are also conducted by the Arkansas Department of Human Services -Office of Payment Integrity. Reviews of the Area Agency on Aging (AAA) financial documents such as expenditure reports, general ledgers, and deposit receipts are the focus of the audit. The average time to conduct the audits for all eight Area Agency on Aging (AAA) regions takes between two to three months. And each AAA must provide a copy of an audit conducted by an external agency.

DISASTER PREPAREDNESS PLAN

The Arkansas Department of Emergency Management (ADEM) is Arkansas's Homeland Security and Preparedness Agency. ADEM serves as the state's coordination center for all four stages of emergency management: preparedness, response, recovery and mitigation. The State's Emergency Operations Center (SEOC) is housed at ADEM. In a disaster, the SEOC utilizes representatives from various state agencies to ensure that assistance can be provided quickly. ADEM also works with local governments to ensure that the affected communities return to normal as soon as possible.

In the event of a disaster, at the local level, Area Agency on Aging staff assist in numerous ways. Case Managers/Care Coordinators check on their clients and do outreach in the affected area(s). They also assist seniors when a local senior citizen housing unit is damaged during a winter storm. Residents are either placed with their families or transported to a local emergency shelter. Even residents who have animals can take comfort in the fact that the Case Managers/Care Coordinators make sure that their animals are relocated to local animal shelter. LTC Ombudsmen visit the nursing homes and offer assistance in the event a nursing home is damaged during a tornado or winter storm. Senior Activity Centers are also used by ADEM and FEMA as command posts to assist those in the affected area, as well as serving as nutrition sites and shelter from the elements.

In order to assist Arkansas's senior citizens in being prepared in the event of a disaster, DAABHS partnered with the Arkansas Red Cross, ADEM, and FEMA to create an individual disaster preparedness program titled ASAP (Arkansas Seniors Are Prepared). Using the Red Cross "Be Ready" Campaign as a basis, the ASAP program prepares seniors for disasters by teaching them the fundamentals of having an individual disaster plan, a disaster preparedness kit, and being informed about what to do in the event of a disaster of any type. This program is designed to introduce Arkansas's senior citizens to the concept of emergency preparedness. Senior citizens learn about the need to plan for emergencies before an emergency takes place, how to stay safe in the event of a disaster, the importance of assembling a disaster supply kit, and the need to maintain their disaster supply kit over the years.

DAABHS takes the lead role in sending out impending weather information as they receive it to the AAAs. A system is in place where the AAAs report to DAABHS on what has occurred in their respective regions and how they served those in need and their communities when the disaster occurred. DAABHS, in turn, reports to the regional Administration for Community Living office. After a disaster has occurred, DAABHS then sends any information received regarding disaster relief assistance locations, etc. DAABHS also maintains the AAAs' Disaster/Emergency Preparedness Plans and requires the AAAs to submit updates/changes annually.

FEDERALLY REQUIRED FOCUS AREAS

Title III and Title VI Coordination

Based on the 2020 census data, it is estimated that 0.6% of the older population in the state that is 60 years or older is American Indian and Alaska Native. There are no federally funded/recognized tribes in Arkansas. The State Unit on Aging and the Area Agencies on Aging remain focused and dedicated to ensuring that the services provided are inclusive of all communities and races. 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 Title VI, if applicable.

STATE PLAN DEVELOPMENT

Advisory Committee

The development of this plan was based on input from various individuals and entities. Initially, an Advisory Committee was formed. This included:

- 8 Area Agency on Aging Directors;
- 3 Area Agency on Aging Chief Financial Officers;
- 5 Division of Aging, Adult and Behavior Health Services (DAABHS) Representatives;
- 1 Governor’s Advisory Council on Aging (GACA) Representative; and
- 1 Silver Haired Legislators Alumni Association (SHLAA) Representative.

It is important to note that the GACA Representative and the SHLAA representative were both seniors. The five representatives from DAABHS were from the Older Americans Act Unit.

AAA Meetings

Meetings, emails, and phone calls have occurred with AAA staff throughout the State. Staff from DAABHS always attend the Arkansas Association of Area Agencies on Aging, Inc. (5A) monthly meeting, but at one meeting the Arkansas State Plan was specifically discussed. This is a nonprofit association of all 8 Arkansas Area Agencies on Aging that advocate for older Arkansans; promote the development and coordination of resources supportive of older Arkansans; and present statements on issues and concerns affecting older Arkansans. Information received has been beneficial for developing ideas, identifying program needs, and reflecting on the history of the aging network in Arkansas.

Aging Network Survey

A survey was developed and distributed to various members of the aging network in Arkansas. This included employees from AAAs, service providers, and senior related organizations. Some of the questions included were:

- What is the most significant gap in services for seniors in your area?
- In what areas are training and/or technical assistance needed to meet the needs of seniors in your area?
- What challenges do you see the State Aging Network facing in the next 4 years?

The following tables illustrate the answers from the responses received. The survey allows an individual to leave a question blank or to have multiple answers to each question. For this reason, the total percentage will not be 100%.

Most Significant Gap in Services

Response	Percent
Transportation	23%
Rural Areas	15%
Mental Health Services	13%
Legal Services	13%
Home Delivered Meals	28%
In-Home Services	21%
Congregate Meals	4%

Training Topic Needs

Response	Percent
Senior Center Programs	12%
Nutrition	11%
Caregiver issues	25%
Recognizing and reporting abuse, neglect, and/or financial exploitation	27%
LGBT issues	7%
HIV/AIDS issues	3%

Challenges in the Next 3 Years

Response	Percent
Increasing senior population	18%
Lack of public information regarding senior programs	11%
Seniors diagnosed with Alzheimer's	12%
Senior Hunger	12%
Caregiver needs	14%
Increased Federal/State mandates	11%
Seniors diagnosed with Diabetes	12%

Senior Population Survey

A second survey conducted via Survey Monkey was developed and distributed to various seniors 55 and older from all over Arkansas. Responses were received from seniors throughout the state. As with the agency survey, the questions were not mandatory, and some allowed for multiple answers. The following tables illustrate the answers from the responses received.

The survey population was focused on seniors that are currently using senior centers and the services and those that are not participating. Of the respondents, 51.8 percent do not currently participate in any senior activities. Of the remaining 48.2 percent:

Senior Activities

Response	Percent
Congregate meals	24%
Physical fitness programs	10%
Trips	12%
Entertainment	12%
Transportation service	8%
Volunteer opportunities	5%
Educational programs	7%
Mental health programs	5%
Art programs	6%
Special interest clubs (e.g. book club, garden club, walking club, etc.)	5%
Home delivered meals	5%

In considering the concerns of the entire aging population in the state of Arkansas, the survey captured a variety of demographics to ensure the diversity of the state was represented. Of the respondents, 89 percent were retired, and 58 percent lived alone. The respondents were ethnically diverse as well with 67 percent white, 29 percent black, and the remaining in various racial groups. The table below displays the concerns of the respondents regarding aging.

Concerns of Seniors

Response	Percent
Being mentally competent	17%
Driving to a destination	12%
Cooking your own meals	9%
Taking the correct medication and/or dosage	9%
Living free from abuse, neglect, or financial exploitation	11%
Where you will live	9%

Results from the two surveys received provided three overall topics needing to be addressed:

- **Gaps in services (i.e., transportation, meals, etc.):** Each of the eight Area Agencies on Aging (AAA) in conjunction with DAABHS has identified through review of data collected that gaps in service exist throughout the state in rural isolated areas. The Area Agencies on Aging and DAABHS are partnering and working with community centers, churches, businesses, and other local, state, and federal organizations to increase the availability of services and resources in the rural areas.
- **Elder Abuse and Exploitation:** Adult Protective Services (APS) section within DAABHS is mandated by state law to investigate maltreatment, abuse, neglect, and exploitation of individuals aged 18 and older who are impaired by mental or physical disease, and to be

found endangered. APS investigates complaints of individuals residing in the community. The Office of Long-Term Care handles complaints of individuals residing in long-term care facilities. Additionally, APS maintains the Adult Maltreatment Registry which contains the names of offenders who have allegations of maltreatment determined as “founded or substantiated” against them.

- **Social Isolation:** In the ongoing COVID-19 pandemic it is a necessity to focus on social isolation. The elderly population who was confined at home and isolated from social life were subjected to greater risks of loneliness with an adverse effect on their quality of life.

Alignment with national efforts focusing on Caregiving

The RAISE Family Caregivers Act of 2017 (Public Law 115 -119) called for the establishment of the Family Caregiving Advisory Council to advise and provide recommendations, including identified best practices, to the Secretary of the HHS on recognizing and supporting family caregivers. The report includes 26 recommendations that were developed in response to a broad range of information-gathering efforts conducted between 2019 and 2021. The council used the findings from these efforts to develop the recommendations presented to Congress in September 2021.ⁱ

As stated earlier, the Arkansas State Plan on Aging goals were developed around five key priorities provided by our federal partner the Administration for Community Living (ACL). One of these five priorities is, “Building a caregiving infrastructure which includes support for paid and unpaid caregivers.” Caregiving issues also ranked as one of the top choices in our recent surveys regarding training needs and anticipated challenges in the next three years.

DAABHS has made Caregiver Supports as one of our Focus Areas as reflected in Goal 5—Enhancing and Strengthening Caregiver Services and Supports by Coordinating with Available Resources. To the extent possible, we have tried to align some of our Objectives/Strategies to align with Priority Areas set forth within the recommendations that were developed as a result of the RAISE Advisory Council.

Defining Objectives/Goals

After reviewing information received from all avenues of the Arkansas aging network, as well as seniors in the State, the five major goals were examined. These include:

1. Ensuring Older American Act (OAA) core programs are implemented and disseminated to the aging population.
2. Effectively provide targeted responses to various consequences associated with COVID-19 and its recovery.
3. Advancing fairness in aging by ensuring that the growing diversity among the aging population is effectively served.
4. Expanding access to home and community-based services (HCBS).
5. Enhancing and strengthening caregiver services and support by coordinating with available resources.

GOALS, OBJECTIVES, STRATEGIES, AND OUTCOMES

GOAL 1: ENSURING OLDER AMERICAN ACT (OAA) CORE PROGRAMS ARE IMPLEMENTED AND DISSEMINATED TO THE AGING POPULATION.

Objective 1: (Focus Areas - OAA Core Programs and Participant-Directed/Person-Centered Planning) *DAABHS/AAAs will provide information and assistance services and outreach services for older adults, informal caregivers, and the aging population.*

Strategies:

1. The AAAs will utilize community health fairs and festivals to provide Information and assistance, advocacy, and outreach to the aging population.
2. DAABHS OAA Team will meet quarterly and conduct annual assessments of the AAAs to ensure that preference is given to older individuals with the greatest economic and/or social needs, with particular emphasis on minority older persons with low-incomes and older persons residing in rural areas.
3. The Aging and Disability Resource Center (ADRC) will provide information, assistance, and outreach throughout the state of Arkansas.
4. DAABHS will coordinate programs under Title III and work with other partners on aging when feasible to reach and provide assistance to the maximum number of people.
5. DAABHS will distribute flyers and brochures in public areas where seniors gather that provide information on the programs and services available to the aging population.

Outcomes/Performance Measures:

1. Quarterly Aging Services Progress Reports submitted by the AAAs will track and monitor the increase in number of persons served and service contacts provided on a quarterly basis.

Objective 2: (Focus Area-Participant-Directed/Person-Centered Planning) *DAABHS will improve access to Long-Term Services and Supports (LTSS) Home and Community Based Services for older adults, informal caregivers, and the aging population.*

Strategies:

1. The DPSQA-Arkansas Choices in Living Resource Center (ADRC) will serve as an entry point for access to publicly-funded LTSS services.
2. Options counseling will be standardized and collaboration between the Money Follows the Person program, the Alternatives Plus Medicaid Expansion Program, and the ADRC will be strengthened.
3. DAABHS will work with the DHS Divisions of County Operations (DCO) and Division of Medical Services (DMS) to improve the eligibility processes across multiple programs

within the Arkansas Integrated Eligibility System (ARIES).

Outcomes/Performance Measures:

1. Provide updated program training to ADRC staff on a yearly basis.
2. Maintain monthly report tracking the increase in referrals to LTSS services.
3. Decrease approval time of eligibility determinations for applicants for the HCBS service programs to 45 days or less.
4. Increase the number of seniors transitioned out to community living from nursing facilities on the Alternative Plus monthly reports.

Objective 3 (Focus Areas - OAA Core Programs and Participant-Directed/Person-Centered Planning)
DAABHS/AAAs will expend a portion of their allotted Title III Part B funds for Priority Services toward information/ assistance and outreach for mental health services.

Strategies:

1. Each AAA will conduct or host one in-service workshop, annually, for consumers of the targeted population in at least one underserved county within their PSA on mental health issues and referrals.
2. The AAAs will coordinate with various governmental and private agencies responsible for aging and mental health to increase public awareness of mental health disorders and services, as well as to coordinate services with community mental health providers.
3. Each AAA will implement at least one evidence-based program with a mental or cognitive health component.
4. The DPSQA-ADRC will make referrals to DAABHS when appropriate for mental health issues.

Outcomes/Performance Measures:

1. Aging Services Progress Reports will be submitted to DAABHS by the AAAs showing an increase in the numbers of units utilized for information and assistance and outreach.

Objective 4 (Focus Areas - OAA Core Programs and Participant-Directed/Person-Centered Planning)
DAABHS/AAAs will empower older adults to take an active role in health promotion and disease prevention to include immunizations, infectious disease, and vaccine preventable diseases.

Strategies:

1. Each AAA will implement at least one ongoing, approved evidence-based health promotion/disease prevention (EBHP/DP) intervention in the PSA addressing physical activity, fall prevention, nutrition/diet, or chronic disease self-management.
2. DAABHS will annually assess all Title III-D funded evidence-based health promotion programs to ensure the programs meet the highest standards as set by ACL.

- 3 DAABHS will assign staff to provide technical assistance to the AAAs for the implementation of EBHP/DP interventions.
- 4 DAABHS will work with the Arkansas Department of Health (ADH) and the Centers for Disease Control and Prevention (CDC) to promote access to vaccines and immunization to the aging population through the distribution of brochures and flyers at the Community Health Fair and Wellness Expo events held throughout the state.

Outcomes/Performance Measures:

1. AAAs will provide DAABHS with the following information regarding the EBHP/DP interventions:
 - a. Contact information on the staff person assigned;
 - b. Strategy for implementing the EBHP/DP intervention;
 - c. Number of senior centers in the PSA;
 - d. Details on assessment, monitoring, and data collection methods; and
 - e. Information on each subsequent intervention, as it is implemented.
2. AAAs will be required to assess all EBHP/DP interventions at least annually. The assessment/evaluation will include:
 - a. Process Evaluation; and
 - b. Outcome Evaluation as it applies to or is required by each individual program.
3. DAABHS will monitor/assess the intervention at each AAA at least once during the four-year planning cycle.

Objective 5 (Focus Areas - OAA Core Programs) DAABHS will provide a fair opportunity for older adults to participate in the Senior Community Service Employment Program (Title V of the Older Americans Act).

Strategies:

1. DAABHS will work with the National Center on Black Aging (NCBA) and the American Association of Retired Persons (AARP) in their operation of Senior Community Service Employment Programs (SCSEP) in Arkansas to develop a Four-Year Senior Community Service Employment Program State Plan.
2. In conjunction with all the National Grantees operating the SCSEP in Arkansas, DAABHS will develop the Arkansas Senior Community Service Employment Program Equitable Distribution Report.
3. DAABHS will work with the U. S. Department of Labor, Employment and Training Administration to conduct Participant and Host Agency Customer Satisfaction Surveys annually.
4. Once a year, DAABHS will conduct data validation comparing documents in SCSEP participants' files with the data entered in the SPARQ or Grantee Performance Management System (GPMS). Once completed, a detailed report will be compiled.
5. DAABHS will encourage the Area Agencies on Agency to work with the SCSEP sub-grantee to

operate as host agencies to provide training opportunities and the opportunity for employment upon completion of the SCSEP training program.

6. DAABHS will perform assessment and monitoring of the ARSCSEP program annually to continually look for ways to improve the program.

Outcomes/Performance Measures:

1. Submission of the Arkansas Senior Community Service Employment Program Four-Year State Plan to the U. S. Department of Labor, Employment and Training Administration and placement of the SCSEP State Plan on the DAABHS Website.
2. The resulting SCSEP Equitable Distribution report will aid in progress toward more fairness of Senior Community Service Employment Program positions throughout Arkansas and the report will be included in the SCSEP Four-Year State Plan.
3. DAABHS will share the results of the SCSEP Participant and Host Agency Customer Satisfaction Surveys with the Division's SCSEP Sub-grantee.
4. DAABHS will provide the Division's SCSEP Sub-grantee with the detailed, compiled findings based on the Data Validation.
5. The SCSEP sub-grantee quarterly reports will indicate an increase in the number of SCSEP participants completing training with an AAA and finding employment in the community.

Objective 6: (Focus Areas - OAA Core Programs) *DAABHS will increase the ability of Arkansas service professionals to recognize and report cases of elder abuse, neglect, and exploitation, while simultaneously using the Arkansas Senior Medicare Patrol (ASMP) and the State LTC Ombudsman to empower and assist Medicare and Medicaid beneficiaries to prevent, detect, and report healthcare fraud, errors, and abuse through outreach, counseling, and education.*

Strategies:

1. DAABHS will provide training programs to assist service professionals from all 8 AAAs in recognizing and reporting cases of elder abuse, neglect, and exploitation.
2. DAABHS will work with Adult Protection Services to enhance the data collection and reporting of elder abuse, neglect, and exploitation offenses/cases
3. DAABHS will provide, through assistance from the National Adult Protective Services Association (NAPSA), high-quality training materials to develop well-trained professionals who will improve the safety and independence of older and/or vulnerable adults and persons with disabilities who are victims of abuse, neglect, self-neglect, or exploitation.
4. ASMP will recruit, train, and retain a sufficient and effective workforce to provide high quality education and inquiry resolution.
5. ASMP will monitor and assess ASMP results on operational and quality measures.

6. DAABHS will partner with the Arkansas State LTC Ombudsman to recruit sufficient volunteers to ensure at least one Certified Volunteer LTC Ombudsman per licensed facility.
7. DAABHS/AAAs will work together to increase awareness to the public regarding LTC Ombudsman services and provide education and tools on a statewide basis to ensure that all local programs are following the ACL/AOA rules.

Outcomes/Performance Measures:

1. 75% of all AAA direct service staff will be trained in recognizing and reporting cases of elder abuse, neglect, and exploitation.
2. Enhanced relationships between DAABHS, AAAs, and the criminal justice community are expected from this endeavor.
3. 20% Increase in the number ASMP active volunteers.
4. DAABHS will have minimum of 90% of the APS case workers nationally certified through NAPSA.
5. Increase in Recruiting events and the number of trained volunteer ombudsmen statewide.
6. Increased community awareness of the ASMP fraud prevention message through enhanced media outreach as evidenced by an increase in the number of fraud cases being reported.

Objective 7: *(Focus Area: Focus Areas - OAA Core Programs): DAABHS OAA Team will work with the Adult Protective Services team, law enforcement, on preventing, detecting, assessing, intervening, and investigating elder abuse, neglect, and financial exploitation.*

Strategies:

1. APS will track quarterly substantiation rates through the APS case management database.
2. APS will track the recidivism rate of reports received involving the same alleged victim and maltreatment.
3. DAABHS and the AAAs will partner and work with APS to establish a seamless referral process to assess, detect, and intervene in elder abuse of elder clients in all eight program service areas.
4. DAABHS will establish an outreach program to promote awareness on detecting and reporting both elder abuse and fraud.

Outcomes/Performance Measures:

1. Decrease the recidivism rate by 5% annually.
2. Improve/increase the substantiated case rate in the eight regions across the state of Arkansas.

3. The AAAs' time span from detecting or assessing elder abuse to reporting to an APS case worker will be decreased to less than 24 hours.

Objective 8: *(Focus Area: Focus Areas - OAA Core Programs): Strengthen efforts related to dementia and Alzheimer's Disease.*

Strategies:

1. Encourage AAA family caregivers receive at least four hours of required training on Dementia and Alzheimer's Disease, including communication skills, problem-solving with challenging behaviors, assistance with daily living, and explanation of Alzheimer's disease and other dementia.

Outcomes/Performance Measures:

1. Increase awareness of dementia and Alzheimer's Disease among family caregivers.
2. Sharing informational material related to dementia and Alzheimer's disease on the DAABHS website.
3. Increase early detection of early-onset Alzheimer's disease and dementia by 5%.

Objective 9: *(Focus Area: Focus Areas - OAA Core Programs): Strengthen and expand access to Title III transportation services by increasing collaboration between AAAs and transportation providers within their planning service areas.*

Strategies:

1. Identify existing transportation programs that serve communities across Arkansas to locate underserved areas.
2. Provide information to the public about transportation services that exist in their communities.

Outcomes/Performance Measures:

1. Increased access to and utilization of transportation services.
2. Increased awareness of transportation options leading to improved health and wellness of participants.

Objective 10 *(Focus Areas - OAA Core Programs and Participant-Directed/Person-Centered Planning) Promote the development, expansion, and improvement of programs which address nutritional needs of older individuals.*

Strategies:

1. Provide training to AAAs on the signs and symptoms of malnutrition, its impact on health, and strategies to address malnutrition.

2. Encourage and empower the AAAs to explore creative ideas for providing congregate meals outside the walls of an established senior center to effectively reach more rural aging Arkansans.
3. Provide training to AAAs and nutrition providers on reduction of food waste.

Outcomes/Performance Measures:

1. Individuals at risk of malnutrition are identified and early intervention actions are initiated.
2. Money saved on food waste is used to increase the number of meals served and expand nutrition services.
3. Nutrition program is expanded to reach underserved populations in rural areas

Objective 11: (Focus Areas - OAA Core Programs) *Raise awareness and understanding of the impacts of malnutrition through comprehensive policy review, tool development, and marketing campaigns.*

Strategies:

1. Educate the aging services network on the signs and symptoms of poor nutrition and increase awareness of the health impacts of malnutrition.
2. Review policies and resources relating to nutrition to ensure malnutrition is addressed.
3. Incorporate malnutrition in the AAA Nutrition Education Services.

Outcomes/ Performance Measures

1. Increase in information available on the aging services website(s).
2. Provide at least one training per year for the AAAs and nutrition providers led by a registered, licensed dietitian and monitor the number of attendees.

GOAL 2: EFFECTIVELY PROVIDE TARGETED RESPONSES TO VARIOUS CONSEQUENCES ASSOCIATED WITH COVID-19 AND ITS RECOVERY.

Objective 1 (Focus Area COVID-19 Response): *Reduction in depression and social isolation, stemming from COVID-19 related social distancing*

Strategies:

1. Public service messaging via radio, commercials, and website advertisements in conjunction with the eight regional Area Agencies on Aging, for older Arkansans addressing mental health and depression associated with social isolation.
2. The SUA will partner with AAAs and other community systems to provide online activities, caregiver counseling, support and training as well as virtual home visits to assist with health monitoring and social interaction during the pandemic.

3. Promote information on the availability of the emergency behavioral health hotline.
4. Incorporate the innovative practice of ride shares and community transportation as well as the development of Transportation Directory for Arkansas used during COVID to increase focus on providing transportation for seniors for those with mobility and transportation issues.
5. The SUA will collaborate with AAAs and the community partners to address the negative health effects associated with social isolation and the mental and physical health ramifications of the pandemic for older adults.
6. The SUA will get together with AAA partners on their practices for screening for suicide risk to identify best practices to identify those at risk.

Outcomes/Performance Measures:

1. Measure level of interest through appearances and session feedback and surveys at AAA meetings, Governor’s Advisory Council on Aging and individual peer counseling sessions throughout the State of Arkansas (while maintaining anonymity, privacy, and HIPAA compliance.)
2. Utilize the statistical data and studies related to pandemic impact on Arkansans, including negative health effects associated with social isolation to focus outreach and avenues of assistance.

Objective 2: (Focus Area: COVID-19 Response): *Promote through information and assistance services the use of telemedicine for diagnosis and treatment and access to care to for rural patients who maybe isolated to maintain health.*

Strategies:

1. Offer support for Arkansas rural broadband goals and projects, such as AR Rural Connect, a joint initiative of the Arkansas Governor and Legislature. Additionally, offer support and encouragement for the use of telehealth through outreach, messaging, and public advertising initiatives.
2. Continue telehealth provisions beyond the public health emergency (PHE). The Arkansas state legislature enacted telehealth provisions during the PHE. Telehealth is particularly suited for older Arkansans in rural areas. The professional practice and those at need for mental health diagnosis and treatment lend themselves well to the use of telehealth. Mental health therapies can be conducted online while appropriate prescription drugs, if needed, can be obtained through the nearest pharmacy provider.
3. Share best practices and resource information on DAABHS and AAAs website(s).

Outcomes/Performance Measures:

1. Track and analyze overall health measures for older Arkansans in relation to greater coverage areas of rural broadband availability throughout the state.
2. Decrease time lapse between doctor visits for senior in rural areas.

3. Identify best practices for use of telecommunication and virtual services during disaster emergency situations.

Objective 3: (Focus Area: COVID-19 Response): *To respond to the ongoing effect of COVID-19 Pandemic on the aging population after the Health Emergency.*

Strategies:

1. The SUA will work with AAA partners to continue to provide services that are part of public health emergencies and emergency preparedness to seniors in Arkansas such as access to vaccine and in-home Covid testing.
2. The SUA will expand and improve data collection and analyze best practices gained during the COVID-19 Pandemic to incorporate into planning for other emergencies.
3. DAABHS will assist and work with AAAs to establish ongoing vaccine clinics and transportation to vaccine clinics under the American Rescue Plan Act to assist in the immunization for seniors.

Outcomes/Performance Measures:

1. Track and analyze overall vaccination status of the aging population and the Covid positive rates measures for older Arkansans.
2. Goal of 10% increase in the immunization status of seniors from infectious diseases reported from the Arkansas Department of Health.

Objective 4: (Focus Area: COVID-19 Response): *Increase the aging services network's knowledge of suicide risks, prevention, and resources.*

Strategies:

1. Ensure current screening tools include behavioral health screening questions where appropriate.
2. Provide aging services network with mental health first aid training and develop awareness and marketing focusing on suicide prevention and treatment options.

Outcomes/Performance Measures:

1. Review and update questions on assessment tools to collect the appropriate information on a person's mental and behavioral health.
2. Provide guidance on appropriate referral actions based on assessment questions.
3. Share information and best practices on aging services website(s).

GOAL 3: ADVANCING FAIRNESS IN AGING BY ENSURING GROWING DIVERSITY AMONG THE AGING POPULATION IS EFFECTIVELY SERVED.

Objective 1: (Focus Area-Advancing Fairness in Aging population) *Foster a culture of fair-minded individuals who are underserved and under-represented in the aging population for all Arkansans. Ensuring outreach initiatives address all social services needs of aging community.*

Strategies:

1. Promote and provide training and education aimed at increasing awareness and understanding of traditionally underserved and under-represented populations with aging and congregate living.
2. DAABHS will use data collected and prepare materials and presentations to disseminate findings to stakeholders.
3. DAABHS' Older American Act team will provide education on issues unique to traditionally underserved and under-represented populations and other vulnerable and marginalized diverse older adults to AAAs and their providers.

Outcomes/ Performance Measures

1. Impact of diverse determinants that adversely affect the aging population.
2. Increase data-driven decision making with established systematic process.

Objective 2: (Focus Area-Advancing Fairness in the aging population) *Conduct outreach efforts with special emphasis placed on reaching older individuals with the greatest economic or social needs, with particular attention to underserved and minority individuals with low incomes, individuals residing in rural areas and older adults living with HIV/AIDs.*

Strategies:

1. Promote and provide training and education aimed at increasing awareness and understanding of all Arkansans with issues in the aging population.
2. Promote annual training on diversity and accessibility for all internal staff and community partners.
3. SUA will provide education on issues specific to ethnic and racial minorities with low income.

Outcomes/ Performance Measures

1. Track any increases in the diversity of the seniors receiving services and assistance under Title III.
2. Use specific data and information collected from anonymous surveys collected by third parties to plan for and address needs of the aging population based on different demographics.

Objective 3: (Focus Area-Advancing Fairness in the aging population) *To ensure nutritious meals can be adjusted for individual preferences.*

Strategies:

1. Promote and provide training and education aimed at increasing awareness and understanding of issues in the aging population for traditionally underserved and under-represented populations.
2. Require annual training on individual nutrition preferences led by registered or licensed dietitians and monitor the number of attendees.

Outcomes/ Performance Measures

1. Increase in the number of meals on the approved monthly meal plans that has incorporated cultural considerations and preferences.

Objective 4: (Focus Area-Advancing Fairness in the aging population) *To improve housing quality and affordability and access to transportation and other social determinants of health (SDOH).*

Strategies:

1. Promote and provide information during outreach events to increase awareness of all the resources available to seniors and how to gain access.
2. DAABHS OAA team and the AAAs through information and assistance services refer seniors to the housing and resource center.
3. Study results and plan services to enhance the SDOH of older Arkansans, including those with the greatest economic and social need.

Outcomes/ Performance Measures

1. Increase of 5% in the number free public transportation passes issued to seniors reported by the department of transportation.
2. Increase of 10% or more in the number of referrals for housing assistance for the most in need.
3. Increased knowledge of providers and community partners about the impact of SDOH and to improve service planning to address any gaps in SDOH for Title III participants.

GOAL 4: EXPAND ACCESS TO HOME AND COMMUNITY-BASED SERVICES (HCBS) CONTINUING AND INCREASED PARTICIPATION IN HCBS PROGRAMS FOR MEDICAID CLIENTS IN AN EFFORT TO ACHIEVE BETTER OVERALL OUTCOMES- PHYSICALLY, MENTALLY, AND EMOTIONALLY.

Objective 1: (Focus Area- Expanding access to home and community-based services) *Continued development and support of HCBS through the administration and oversight of the Arkansas 1915(c) Medicaid waiver programs.*

Strategies:

1. The DHS will run monthly reports of the Medicaid waiver programs to monitor the number of participants currently in the waiver programs and any given point in time as well as also track the unduplicated number of participants in a waiver program in a given waiver year.

Outcomes/Performance Measures:

1. Increased participation in the program as evidenced by both point in time/overall counts allowable and currently tracked in the waivers.

Objective 2: (Focus Area- Expanding access to home and community-based services (HCBS) *Transition institutionalized persons back into less restrictive environments in the community, including back home, through the application of the Money Follows the Person Program (MFP).*

Strategies:

1. Maximize and increase staff of the current Money Follows the Person (MFP) program to coordinate MFP with existing Medicaid Waiver programs, such as Living Choices, a waiver program for those persons residing in Assistive Living Facilities as “step-down” facilities from Skilled Nursing Facilities, provided of course, that beneficiaries can fully function meaningfully following rehabilitation successes or achievable means attributable to increased community supports.

Outcomes/Performance Measures:

1. Track and report an increase of 5% in overall numbers of participants in the MFP program that have transitioned from nursing facility to a less restrictive living environment in the community.

Objective 3: (Focus Area- Expanding access to home and community-based services (HCBS) *Encourage partnership with local agencies such as Arkansas Alzheimer’s Association, AARP, and UAMS Institute on Aging to address needs of Senior Arkansans.*

Strategies:

1. DAABHS will assisting Area Agencies on Aging to identify local agencies to support Senior activities.

Outcomes/Performance Measures:

1. Increase in the number of local partnerships and the increase support provided to seniors from local agencies.

Objective 4: (Focus Area- Expanding access to home and community-based services (HCBS) *Advocate for expansion of Health Promotion and Disease Prevention Programs for Senior Arkansans.*

Strategies:

1. Encourage the expansion of Health Promotion and Disease Prevention classes to include programs about healthy living, disease management, and falls prevention.

Outcomes/Performance Measures:

1. Increase in number of Title III participants who complete a program reflected in service data.
2. Improved access to EBHP and other healthy living, disease management, and fall preventions classes.

GOAL 5: ENHANCING AND STRENGTHENING CAREGIVER SERVICES AND SUPPORT BY COORDINATING WITH AVAILABLE RESOURCES.

Objective 1: (Focus Area- caregiver support) *Enhance awareness of caregiving services and support while strengthening the Family Caregiver Support Program.*

Strategies:

1. Caregiver assessments implemented to evaluate effectiveness of services provided to the caregiver.
2. Allow Caregivers to attend evidence-based programs/training with their participant.
3. Work with AAAs to implement recommendations from the RAISE Act to strengthen caregiver services in Arkansas.

Outcomes/ Performance Measures:

1. Track results from assessments to identify issues and additional support needed for caregivers.
2. Increase in course completion of Evidence-based training for caregivers.
3. Track and analyze the number of caregivers receiving services through AAA programs and see an increase of 5 % or greater.

Objective 2: (Focus Area-Caregiver support) *To increase the family caregiver access to an array of flexible person- and family centered programs to meet the diverse and dynamic needs of family caregivers and care recipients*

Strategies:

1. The AAAs will encourage community partnerships that support family and friends who are caring for seniors.
2. The AAAs will market caregiver messages by the increasing the availability of diverse counseling, training, peer support, and education opportunities for family caregivers, including evidence-informed interventions.

3. DAABHS and ADRC will provide brochures with information regarding resources to caregivers in public venues and billboards throughout each county.
4. DAABHS will work in conjunction with AAA's to establish a targeted case management strategy by:
 - a) Assessing needs and developing care plans;
 - b) Authorizing and arranging services; and
 - c) Coordinating the provision of services among providers, follow-up and reassessments, as required.

Outcomes & Measurements

1. The desired outcomes, per year, are:
 - a. Reduced percentage of caregivers reporting difficulty in accessing services to 20%;
 - b. Increased percentage of caregivers accessing services by 10%; and
 - c. Increased percentage of individuals accessing information through coordinated systems by 20%.

Objective 3: (Focus Area- Caregiver support) *To Coordinate with the National Technical Assistance Center on Grand families and Kinship families.*

Strategies:

1. Increase awareness and availability of services for caregivers, including grandparents, through aggressive outreach at community health fairs and senior events throughout the state.
2. DAABHS will coordinate efforts with the Area Agencies on Aging with the Grandparents Raising Grandchildren Program to provide information and assistance to grandparents raising grandchildren.

Outcome/Performance Measures:

1. Reduction in duplicate services and reducing gaps in services in regions.
2. Increase in the number family caregivers assessing available services.



DHS

Division of Aging, Adult, &
Behavioral Health Services

ATTACHMENT A
State Plan Assurances and
Activities



STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

State Plan Guidance Attachment A

Older Americans Act, As Amended in 2020

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 2020.

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)

(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;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(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.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

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, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual

adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(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 with 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;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(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

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

prepared
3—

(II) 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, specifically including survivors of the Holocaust; 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;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C) (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(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 and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(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; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making

behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) 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 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services 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;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(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; and

(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;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are 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.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) 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;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

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

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

- (A) health and human services;
- (B) land use;
- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled

with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(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.

(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; and

(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 section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(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...

(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.

(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).

(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 any area agency on aging, by any 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.

(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.

(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.

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

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

(9) The plan shall provide assurances that—

(A) 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 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(10) The plan shall provide assurances 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.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(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;

(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.

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

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

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

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

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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

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

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

(21) The plan shall—

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

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

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

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

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

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

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

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

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

(27) (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.

(28) 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.

(29) 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.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

- (A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;
- (B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and
- (C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

(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...

Signature and Title of Authorized Official

Date



DHS

Division of Aging, Adult, &
Behavioral Health Services

ATTACHMENT B

ARKANSAS STATE PLAN ON AGING INFORMATION REQUIREMENTS



State Plan Guidance

Attachment B

INFORMATION

REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

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

RESPONSE

The state of Arkansas uses an Intrastate Funding Formula designed to address the aging with the greatest economic and social needs identified in the following categories:

- a. population age 60 and over;
- b. low-income elderly;
- c. low-income minority elderly;
- d. elderly living in rural areas;
- e. limited English proficiency;
- f. older individuals residing in rural areas; and
- g. the population age 80 and above

Each AAA will receive 1 % of the total amount to be distributed from each funding source prior to the distribution of funds;

- Of the remainder, 35% will be distributed based on each region's proportion of Arkansans aged 60 and older;
- 25% will be distributed based on each region's proportion of low-income Arkansans aged 60 and older;

- 20 % will be distributed based on each region’s proportion of low-income minority Arkansans aged 60 and older;
- 15% will be distributed based on each region’s proportion of rural Arkansans aged 50 and older; and
- 5% will be distributed based on each region’s proportion of Arkansans aged 75 and older

Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

RESPONSE:

The Area plan guide and instructions issued to the Area Agencies on Aging include the requirement for each Area Agency to include in the annual Area Plan information detailing how they will disseminate information about the State assistive technology entity (Arkansas Rehabilitative Services) and the resources available to serve older individuals.

Each Area Agency is required to submit an Area Plan to the DAABHS, who then reviews each component of the Area Plan to ensure all requirements are included and meets federal guidance before they are certified and approved by the State designee.

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.

RESPONSE:

The Arkansas Department of Human Services, Division of Aging, Adult and Behavioral Health Services falls under the Arkansas Department of Emergency

Management (ADEM). ADEM serves as the state’s coordination center for all four stages of emergency management: preparedness, response, recovery, and mitigation. The State’s Emergency Operations Center (SEOC) is housed at ADEM.

In the event of a disaster alert, the Division of Aging, Adult and Behavioral Health Services Staff will assist the Federal Emergency Management Association (FEMA), the Department of Emergency Management and the Red Cross when called upon by one of these organizations trained to deal with disasters.

DAABHS partners with the Arkansas Red Cross, ADEM, and FEMA and takes the lead role in assist and facilitating coordination with the Area Agency on Aging. The aim of the Area Agency on Aging is to supplement and assist the existing emergency services network with appropriate and timely services, specifically for the elderly, in the event of disaster situations. The efforts of the Area Agency on Aging in such situations will in no way be intended to supplant existing emergency relief operations under the directions of the appropriate emergency service organization in the affected area.

Shelters established by local emergency response authorities will be augmented, upon request, within the service capacities of the Area Agency on Aging and local aging services personnel located in the counties in the region.

The State of Arkansas conducts an annual training workshop meeting with all the Area Agencies on Aging to provide training on the upcoming AAA area plan. During the training workshop, each AAA is provided a copy of the DHS/DAABHS policy on Area Plan, Area Plan guidance and the area plan instructions for completion. Once completed the area plan is reviewed by a DHS/DAABHS team consisting of the Older American Act team and Division finance team to ensures all requirements and assurances are met prior to being certified and approved by the State Unit on Aging designee. DAABHS maintains the AAAs’ approved Disaster/Emergency Preparedness Plans and requires the AAAs to submit updates/changes annually for approval.

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.)*

RESPONSE:

DAABHS has established the following minimum percentages, for each AAA, of 50% of Title IIIB funds for priority services. Of that amount, no less than the following amounts shall be spent on:

- a. Access Services: 5%
- b. In-Home Services: 5%.
- c. Legal Assistance: 2%.

DAABHS provides a form to the AAAs for Quarterly Aging Services Progress Reports to be submitted to verify compliance.

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.*

RESPONSE:

The Area Agencies are required to submit annual the budget for the upcoming fiscal year. The allocated funds are based on an intrastate funding formula which requires that 15% will be distributed based on each region's proportion of rural Arkansans aged 60 and older. These submitted budgets are reviewed to ensure the amounts budgeted for each service exceeds amounts for fiscal year.

Arkansas reviews the intrastate funding formula and updates as needed as often as a new state plan is submitted for approval. The state Unit on Aging ensured that the intrastate funding formula used based of recent census information ensured preference was given to providing services to older

individuals with the greatest economic social need including older individuals residing in rural areas of the state.

The projected title III Federal Funding costs of providing services to Title III clients in the rural areas for the next four years are as follows:

FY23 \$11,833,270.00

FY24 \$12,941,923.00

FY25 \$13,330,181.00

FY26 \$13,730,086.00

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.*

RESPONSE: In the State of Arkansas, funding is dispersed based on the Intrastate Funding Formula (IFF) based on the information and data gathered from the most recent census (2020). DAABHS works with the AAAs to ensure older individuals who reside in the rural area are the targeted population to provides services.

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.*

RESPONSE: (a) Based on 2020 Census data: (b)

Collaborate with AAAs to enhance outreach though the use of Title III to target and reach low-income minorities and those with limited English proficiency. Continued monitoring and assessing the AAAS response to the needs of the

low-income minorities and the older individuals with limited English proficiency while addressing the needs of the economically and socially needed older individuals in the State. The State Unit on Aging will work across divisions within the Department of Human Services to maintain focus and sensitivity to the service needs of the economically and socially needed individuals in Arkansas's aging population. Continue partnerships with other state agencies as well as services providers to enhance our ability to get information, resources, and services to the target population. Solicit input from the Governor's Advisory Council on Aging and Silver Hair Legislative members on issues and concerns of the aging population.

Arkansas	
Total Population	3,011,873
Total Population 60+	698,382
Low Income Population 60+	75,423
Low Income Minority 60+	22,985
Language other than English	21,650
Speak English less than "very well"	11,872

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, if applicable, *and specify the ways in which the State agency intends to implement the activities.*

RESPONSE: Based on the 2020 census data, it is estimated that 0.6% of the older population in the state that is 60 years or older is American Indian and Alaska Native. There are no federally funded/recognized tribes in Arkansas. The State Unit on Aging and the Area agency on Aging remained focused and dedicated to ensuring that the services provided are inclusive of all communities and races.

Section 307(a)(27)

(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

RESPONSE: There is growth in population expected in the state of Arkansas in the number of older individuals. This growth in population will affect all older individuals including minorities, those with greatest economic needs, those residing in rural areas as well as those with limited English-speaking proficiency.

The State Unit on Aging routinely analyses of how the programs, policies and services provided by the state can be improved, to include coordinating with the Area Agencies on Aging and how resource levels can be adjusted to meet the need of the changing population of older individuals in the state. The information used during analyses is obtained through demographic population estimates from census bureau, legislative studies to include feedback from partners and stakeholders. Based off the data studied the SUA will update the program's policy and procedural manuals to include fiscal policies and procedures and ensure the changes are disseminated and applied within the AAAs.

The state has recognized that the population 85 and older is projected to increase and is working collectively with the AAAs to meet the need of our most vulnerable and most in need older individuals 85 and older.

Section 307(a)(28)

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.

RESPONSE: The Division of Aging and Adult Services is a Division under the Arkansas Department of Human Services. The Arkansas Department of Human Services, as a state government agency, falls under the guidance and direction of the Arkansas Department of Emergency Management, Arkansas Emergency Operations Plan and acts in accordance with the emergency operations outlined in the Plan.

In the event of a disaster alert, Division of Aging and Adult Services Staff will assist the Federal Emergency Management Association (FEMA), the Department of Emergency Management and the Red Cross when called upon by one of these organizations trained to deal with disasters.

Pre-Disaster: Information pertaining to any new or updated disaster preparedness information is e-mailed to the Executive Directors/Presidents & CEOs of the Area Agencies on Aging for appropriate dissemination in their respective regions. (Information such as: Weather Warnings issued by the National Weather Service, Information on Road Conditions, etc.)

Post Disaster: Information gathered when assisting FEMA, the Office of Emergency Management Services, and the Red Cross, etc. will be disseminated to the Area Agencies on Aging serving the disaster affected areas.

Section 307(a)(29)

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.

RESPONSE: Department and agency heads collaborate with the emergency manager to develop the local emergency operations plan and to acquire key emergency management resources. Participation in the planning process ensures that specific capabilities (i.e., firefighting, law enforcement, emergency medical services and public works) are integrated into a usable plan to serve the local jurisdiction. These department and agency heads develop internal policies and procedures that support the jurisdiction's response and recovery plans and needs. They participate in interagency training and exercising to evaluate and improve their capabilities. (Arkansas Comprehensive Emergency Management Plan:
<http://www.adem.arkansas.gov/ADEM/Divisions/>)

The ultimate responsibility for the welfare of the citizens and continuity of the government of the State of Arkansas rests with the Governor. Under the emergency management system of the State of Arkansas, as authorized by the Arkansas Emergency Services Act and the state Emergency Operations Plan (EOP) (which is published by

directive of the Governor), each emergency function assigned to state and volunteer agencies requires that some agency assume primary responsibility for accomplishing a particular task. In each instance, one or more state agencies are assigned supporting roles in order to provide specialized assistance to the primary agency. The Arkansas Department of Human Services, as a state government agency, falls under the guidance and direction of the Arkansas Department of Emergency Management

Section 705(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— . . .

(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).

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;

RESPONSE: The Division of Adult, Aging, & Behavioral Health Services (DAABHS) assures programs will be established according with requirements of the chapter of this subtitle.

(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;

RESPONSE: DAABHS as a condition in the Aging State Plan compilation process, assures public hearings are held to include suggestions from pertinent stakeholders. In FY22, DAABHS sent out two surveys targeted at older Arkansans. Data received from the 350 responses were incorporated into the FY 2023-2025 Aging State Plan.

(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;

RESPONSE: DAABHS assures identification and prioritization of statewide activities aimed towards older Arkansas. Each of the Arkansas 8 Regional Area Agencies on Aging (AAA) submit an area plan that provides a comprehensive and coordinated system for supportive services. Included in the AAA's area plan are measurable objectives demonstrating how program targets and service obligations will be met. The Arkansas

Long Term Care (LTC) Ombudsman program core mission is to ensure the rights of older adults. This is done by empowering residents of skilled nursing, residential, and assisted living facilities.

(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;

RESPONSE: DAABHS assures there will be made available and used under the subtitle chapter. Funds will not be expended under the Federal or State law in existence on the day before the date of the enactment of this subtitle.

(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);

RESPONSE: Promulgated policies are in place to assure clause (i) through (iv) of section 712 (a)(5)(C) is followed. Each of the Area Agencies on Aging include a letter of assurance in their Area Plan.

(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.

RESPONSE: Arkansas Department of Human Services (DHS) employees are mandated reporters under Arkansas Code § 12-12-1708 .

(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.

RESPONSE: DAABHS assures there will be no involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households. Also that all information gathered in the course of receiving reports and making referrals shall remain confidential with the exception of (C) i-iii.

ATTACHMENT C

Intrastate Funding formula requirements



FY 2023 State Plan Guidance

Attachment C

INTRASTATE (IFF) FUNDING FORMULA REQUIREMENTS

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

OAA, Sec. 305(a)(2)

“States shall,

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

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

- For purposes of the IFF, “best available data” is the most recent census data (year 2020). More recent data of equivalent quality available in the State may be considered.
- As required by Section 305(d) of the OAA, the IFF revision request includes: a descriptive Statement; a numerical Statement; and a list of the data used (by planning and service area).
- The request also includes information on how the proposed formula will affect funding to each planning and service area.
- States may use a base amount in their IFFs to ensure viable funding across the entire state.

State of Arkansas Funding Formula

As required by the Older Americans Act, a funding formula was developed at the time of inception of the Arkansas Statue Unit on Aging. In accordance with this formula, the funding for each AAA will be allocated as follows:

- Each will receive 1 % of the total amount to be distributed from each funding source;
- Of the remainder, 35% will be distributed based on each region’s proportion of Arkansans aged 60 and older;
- 25% will be distributed based on each region’s proportion of low-income Arkansans aged 60 and older;
- 20 % will be distributed based on each region’s proportion of low-income minority Arkansans aged 60 and older;
- 15% will be distributed based on each region’s proportion of rural Arkansans aged 50 and older; and
- 5% will be distributed based on each region’s proportion of Arkansans aged 75 and older.

Numerical Formula: $Y=(60+).35+(60+LI).25) +(60+LIM).20+(60+R).15+(75+).05$

Y= % of funding

60+=% of pop.60 yrs. of age or greater

60+LI= % of pop.60 yrs. of age or greater at or below poverty

60+LMI= % of pop. 60 yrs. of age or greater at or below poverty and included in a minority category

60+R= % of population 60 yrs. of age or greater living in a rural area

75+ = % of pop. 75 yrs. of age or greater.

Region	60+ Total	% of State	60+ Low income	% of State	60+ low Income Minority Total	% of State	60+ Rural	% of State	75+ total	% of State
Region I	142,013	20.43%	22,041	17.19%	2,358	9.92%	58,068	18.07%	42,120	20.54%
Region II	64,650	9.30%	9,262	7.23%	918	3.86%	50,130	15.60%	20,533	10.01%
Region III	83,600	12.03%	20,299	15.84%	4,005	16.85%	38,348	11.93%	24,896	12.14%
Region IV	48,780	7.02%	9,458	7.38%	3,615	15.20%	25,936	8.07%	14,129	6.89%
Region V	157,351	22.64%	28,646	22.35%	6,282	26.42%	37,761	11.75%	43,916	21.42%
Region VI	83,210	11.97%	14,294	11.15%	1,635	6.88%	48,608	15.13%	25,316	12.35%
Region VII	53,762	7.73%	11,520	8.99%	3,462	14.56%	34,000	10.58%	16,038	7.82%
Region VIII	61,737	8.88%	12,670	9.88%	1,499	6.31%	28,481	8.86%	18,106	8.83%
TOTAL	695,103	100.00%	128,190	100.00%	23,773	100.00%	321,332	100.00%	205,054	100.00%

Figure 1: U.S Census (2020)

104.00**Intrastate Funding Formula****1-1-19**

The Department of Human Services (DHS) will implement an intrastate funding formula for the equitable distribution of Title III funds to Area Agencies on Aging (AAAs) to comply with Older Americans Act regulations. DHS will apply the same methodology to the distribution of other funds intended for statewide distribution on an equitable basis, including without limitation Social Services Block Grant (SSBG), Advocacy Assistance, Nursing Home Alternatives, Older Workers, Case Management, and State discretionary programs. The purpose of the intrastate funding formula is to reach older Arkansans with the greatest economic and social needs by using a fair and objective allocation methodology.

104.001 General Authority**1-1-19**

Older Americans Act of 1965, as amended in 2016
45 CFR 1321
Arkansas Code Annotated § 25-10-101 et seq.
U.S. Department of Health and Human Services
U.S. Census Bureau
Title VII Civil Rights Act of 1964, as amended
Social Services Block Grant

104.100 Definitions**1-1-19**

The following terms are defined by the U.S. Census Bureau, U.S. Department of Health and Human Services, and the Title VII Civil Rights Act of 1964, as amended:

- A. **Age 60** – An individual who turns 60 years of age as of the census date of April 1st.
- B. **Age 75** – An individual who turns 75 years of age as of the census date of April 1st.
- C. **Low-Income** – An individual whose income within the past 12 months is below the poverty thresholds set by U.S. Department of Health and Human Services.

- D. **Low-Income Minority** – An individual who identifies with one of the four minority groups as listed below and whose income within the past 12 months is below the poverty thresholds set by U.S. Department of Health and Human Services.
- E. **Minority** – The smaller part of a group within a country or state that differs in race, religion, or national origin from the dominant group.

According to the Equal Employment Opportunity Commission guidelines, the term minority means four, particular groups who share a race, color, or national origin. These groups are:

1. **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North America, and who maintain their culture through a tribe and community.
 2. **Asian or Pacific Islander.** A person having origins in any of the original people of the Far East, Southeast Asia, India, or the Pacific Islands. These areas include, for example, China, India, Korea, the Philippine Islands, and Samoa.
 3. **Black (except Hispanic).** A person having origins in any of the black racial groups of Africa.
 4. **Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- F. **Rural** – This term is defined as a territory, population, and housing units not classified as urban.

104.200 Allocation Methodology

1-1-19

The intrastate funding formula for Area Agencies on Aging (AAAs) will be allocated as follows:

- A. Each of the eight AAAs will receive a base percentage of 1% from each funding source before the funding formula is applied.



DHS

Division of Aging, Adult, &
Behavioral Health Services

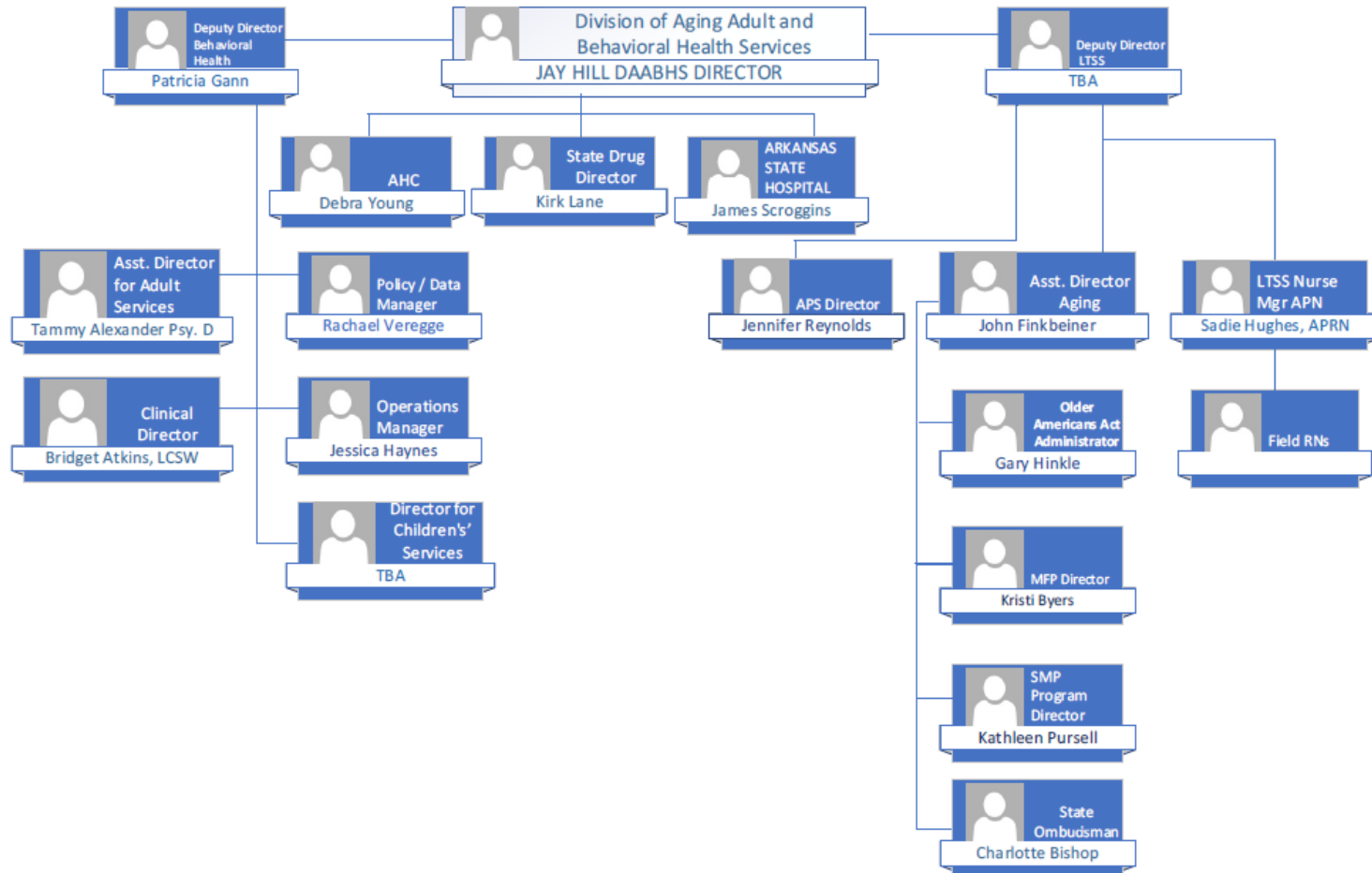
ATTACHMENT D

ARKANSAS STATE PLAN ON AGING

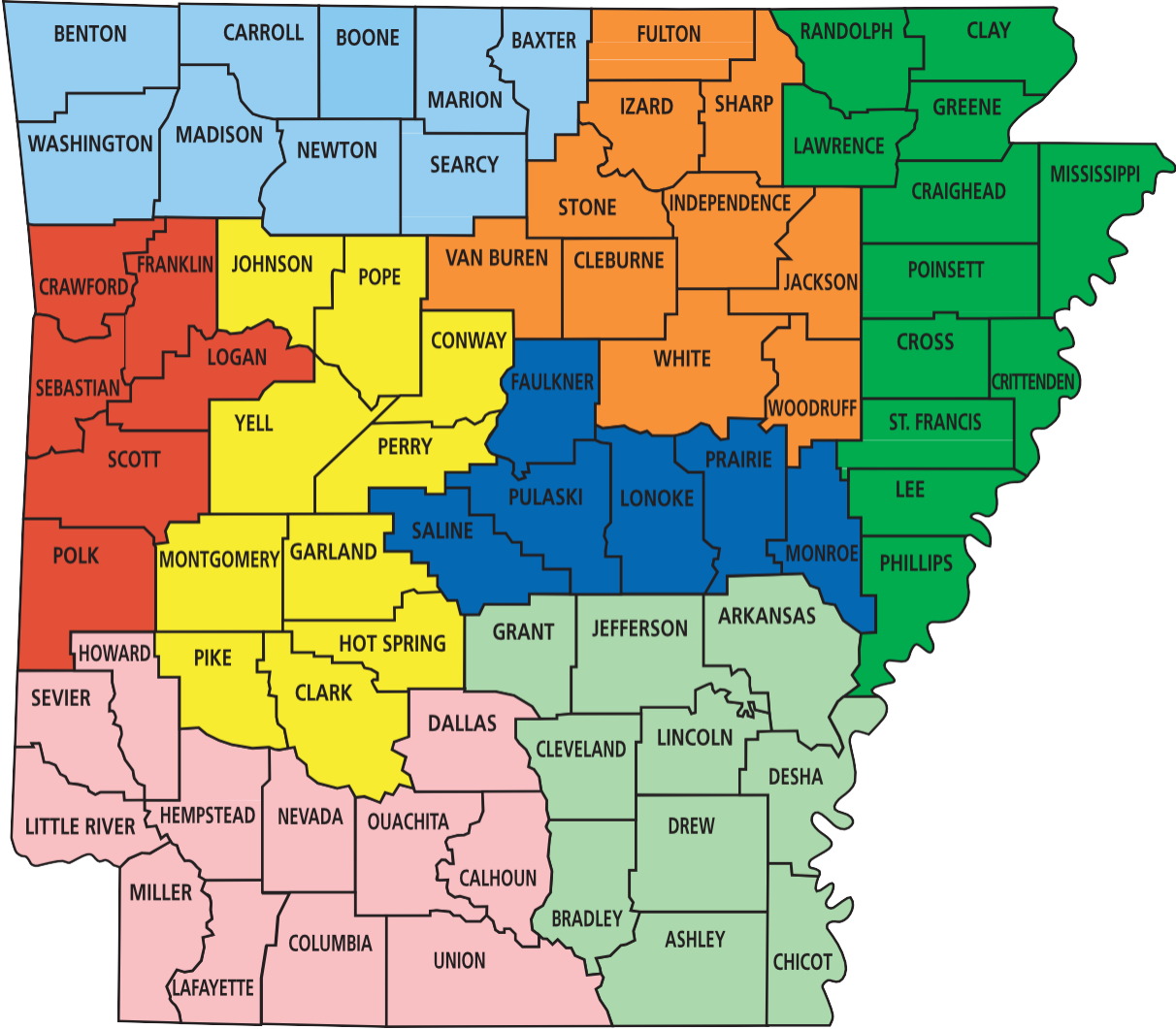
MISCELLANEOUS



DAABHS Organization Chart



AAA Regions



- Region I - Northwest
- Region II - White River
- Region III - East
- Region IV - Southeast
- Region V - Central/CareLink
- Region VI - West Central
- Region VII - Southwest
- Region VIII - West

Proposed Distribution-Title III Funds (SFY 2020)

PROPOSED DISTRIBUTION

Administration on Aging Title III Funds

Intrastate Funding Formula for SFY 2020

U.S. Census Bureau

Census 2020 Data Tables & Census 2020 Estimated Population by County
 Source: Population Division, U.S. Census Bureau

Population, Low Income Population, and Low Income Minority Population for Persons 60 and Over by Region

AAA	County Pop. Est. by Groups 2020		CENSUS 2020 DATA TABLES		CENSUS 2020 DATA TABLES		CENSUS 2020 DATA TABLES		CENSUS 2020 DATA TABLES	
	60+		60+		60+		60+		75+	
	Total Population	35%	Low Income	25%	Low Income Minority	20%	Rural	15%	Total Population	5%
Region I	136,085	47,630	12,683	3,171	1,859	372	57,258	8,589	41,617	2,081
Region II	64,796	22,679	7,084	1,771	691	138	49,762	7,464	21,378	1,069
Region III	83,643	29,275	9,909	2,477	3,446	689	38,023	5,703	25,571	1,279
Region IV	49,091	17,182	6,727	1,682	3,167	633	25,456	3,818	14,818	741
Region V	151,239	52,934	16,202	4,051	7,219	1,444	36,917	5,537	43,337	2,167
Region VI	82,990	29,047	8,685	2,171	1,583	317	48,065	7,210	26,170	1,309
Region VII	55,343	19,370	6,772	1,693	2,998	600	33,927	5,089	16,990	850
Region VIII	61,147	21,401	7,361	1,840	845	169	27,770	4,165	18,524	926
TOTAL	684,334	239,517	75,423	18,856	21,808	4,362	317,177	47,577	208,405	10,420

Percent of Total 60+ Population by Region

AAA	60+		60+		60+		60+		75+	
	% Total Population	35%	% Low Income	25%	% Low Income Minority	20%	% Rural	15%	Total Population	5%
	Region I	19.89%	6.9600%	16.82%	4.2040%	8.53%	1.7052%	18.05%	2.70785%	19.97%
Region II	9.47%	3.3140%	9.39%	2.3481%	3.17%	0.6338%	15.69%	2.35335%	10.26%	0.5129%
Region III	12.22%	4.2779%	13.14%	3.2845%	15.80%	3.1601%	11.99%	1.79821%	12.27%	0.6135%
Region IV	7.17%	2.5107%	8.92%	2.2298%	14.52%	2.9044%	8.03%	1.20385%	7.11%	0.3555%
Region V	22.10%	7.7351%	21.48%	5.3704%	33.10%	6.6205%	11.64%	1.74587%	20.79%	1.0397%
Region VI	12.13%	4.2445%	11.52%	2.8788%	7.26%	1.4520%	15.15%	2.27309%	12.56%	0.6279%
Region VII	8.09%	2.8305%	8.98%	2.2447%	13.75%	2.7494%	10.70%	1.60449%	8.15%	0.4076%
Region VIII	8.94%	3.1273%	9.76%	2.4399%	3.87%	0.7747%	8.76%	1.31329%	8.89%	0.4444%
TOTAL	100.00%	35%	100.00%	25.0000%	100.00%	20.0000%	100.00%	15.00000%	100.00%	5.0000%

Percentage to be Applied to Remaining Funds after 1% Base of Total Funds

AAA	SFY 20
Region I	16.58%
Region II	9.16%
Region III	13.13%
Region IV	9.20%
Region V	22.51%
Region VI	11.48%
Region VII	9.84%
Region VIII	8.10%
TOTAL	100.00%

SFY22 July 1,2021-June 30, 2022, Title III Allocations

FEDERAL TITLE III ADMINISTRATIVE ALLOCATION												
AREA AGENCY	Supportive Services		Congregate Meals		Home-Del Meals	Preventive Health	Caregiver Support	TOTAL ADMIN				
	IIIB		IIIC1			IIID	IIIE					
Region I	\$	51,724.00	\$	70,250.00	\$	35,335.00	\$	-	\$	26,636.00	\$	183,945.00
Region II	\$	32,462.00	\$	44,088.00	\$	22,176.00	\$	-	\$	16,717.00	\$	115,443.00
Region III	\$	44,260.00	\$	60,112.00	\$	30,236.00	\$	-	\$	22,793.00	\$	157,401.00
Region IV	\$	31,032.00	\$	42,146.00	\$	21,199.00	\$	-	\$	15,980.00	\$	110,357.00
Region V	\$	60,347.00	\$	81,961.00	\$	41,226.00	\$	-	\$	31,077.00	\$	214,611.00
Region VI	\$	36,616.00	\$	49,730.00	\$	25,014.00	\$	-	\$	18,856.00	\$	130,216.00
Region VII	\$	35,922.00	\$	48,788.00	\$	24,540.00	\$	-	\$	18,499.00	\$	127,749.00
Region VIII	\$	27,837.00	\$	37,807.00	\$	19,017.00	\$	-	\$	14,335.00	\$	98,996.00
Total	\$	320,200.00	\$	434,882.00	\$	218,743.00	\$	-	\$	164,893.00	\$	1,138,718.00

FEDERAL TITLE III AAA SUPPORTIVE SERVICES & FEDERAL NSIP CASH																
AREA AGENCY	Supportive Services		Congregate Meals		Home-Del Meals	Preventive Health	Ombudsman	Caregiver Support	Federal NSIP	Total Federal						
	IIIB		IIIC1		IIIC2	IIID	VII	IIIE	Cash	NSIP & Services						
Region I	\$	517,244.00	\$	702,498.00	\$	353,349.00	\$	37,080.00	\$	26,000.00	\$	266,364.00	\$	371,102.34	\$	2,273,637.34
Region II	\$	324,619.00	\$	440,883.00	\$	221,760.00	\$	23,167.00	\$	19,000.00	\$	167,169.00	\$	255,476.53	\$	1,452,074.53
Region III	\$	442,603.00	\$	601,123.00	\$	302,359.00	\$	31,689.00	\$	19,000.00	\$	227,927.00	\$	269,232.20	\$	1,893,933.20
Region IV	\$	310,318.00	\$	421,460.00	\$	211,990.00	\$	22,134.00	\$	19,000.00	\$	159,804.00	\$	167,925.90	\$	1,312,631.90
Region V	\$	603,473.00	\$	819,611.00	\$	412,256.00	\$	43,308.00	\$	15,000.00	\$	310,771.00	\$	442,435.43	\$	2,646,854.43
Region VI	\$	366,158.00	\$	497,298.00	\$	250,136.00	\$	26,167.00	\$	15,000.00	\$	188,560.00	\$	380,735.10	\$	1,724,054.10
Region VII	\$	359,219.00	\$	487,876.00	\$	245,396.00	\$	25,666.00	\$	20,000.00	\$	184,987.00	\$	179,886.81	\$	1,503,030.81
Region VIII	\$	278,370.00	\$	378,070.00	\$	190,166.00	\$	19,826.00	\$	15,000.00	\$	143,352.00	\$	431,730.71	\$	1,456,514.71
Total	\$	3,202,004.00	\$	4,348,819.00	\$	2,187,412.00	\$	229,037.00	\$	148,000.00	\$	1,648,934.00	\$	2,498,525.00	\$	14,262,731.00
	\$	23,349.00														

STATE SUPPORTIVE SERVICES														
AREA AGENCY	Supportive Services		Congregate Meals		Home-Del Meals	Preventive Health	Caregiver Support	AREA AGENCY	TOTAL					
	IIIB		IIIC1		IIIC2	IIID	IIIE		STATE					
Region I	\$	25,862.00	\$	35,125.00	\$	17,667.00	\$	-	\$	1,300.00	\$	348,541.00	\$	428,495.00
Region II	\$	16,231.00	\$	22,044.00	\$	11,088.00	\$	-	\$	950.00	\$	218,742.00	\$	269,055.00
Region III	\$	22,130.00	\$	30,056.00	\$	15,118.00	\$	-	\$	950.00	\$	298,245.00	\$	366,499.00
Region IV	\$	15,516.00	\$	21,073.00	\$	10,600.00	\$	-	\$	950.00	\$	209,105.00	\$	257,244.00
Region V	\$	30,174.00	\$	40,981.00	\$	20,613.00	\$	-	\$	750.00	\$	406,647.00	\$	499,165.00
Region VI	\$	18,308.00	\$	24,865.00	\$	12,507.00	\$	-	\$	750.00	\$	246,733.00	\$	303,163.00
Region VII	\$	17,961.00	\$	24,394.00	\$	12,270.00	\$	-	\$	1,000.00	\$	242,058.00	\$	297,683.00
Region VIII	\$	13,919.00	\$	18,904.00	\$	9,508.00	\$	-	\$	750.00	\$	187,578.00	\$	230,659.00
Total	\$	160,101.00	\$	217,442.00	\$	109,371.00	\$	-	\$	7,400.00	\$	2,157,649.00	\$	2,651,963.00
TOTAL OAA AAA ADMINISTRATION	\$	1,138,718.00	TOTAL STATE III B										\$	160,101.00
TOTAL OAA AAA SERVICES	\$	11,764,206.00	TOTAL STATE III C1 & C2										\$	326,813.00
TOTAL OAA AAA FUNDING	\$	12,902,924.00	TOTAL STATE III D										\$	-
TOTAL NSIP CASH	\$	2,498,525.00	TOTAL STATE III E										\$	7,400.00
TOTAL AAA FEDERAL FUNDING	\$	15,401,449.00	TOTAL STATE AAA FUNDING										\$	2,157,649.00
TOTAL STATE AGENCY ADMIN		120,416.00	TOTAL STATE AAA FUNDING										\$	2,651,963.00
TOALS STATE AGENCY OMBUDSMAN		193,368.00	TOTAL AAA FUNDING										\$	18,053,412.00
TOTAL OAA/NSIP FEDERAL PROGRAMS	\$	15,715,233.00	TOTAL PROGRAMS (EXCLUDES SPECIAL PROJECTS)										\$	18,367,196.00

ⁱ Administration for Community Living, 2022, "RAISE Family Caregiver's Act Initial Report to Congress," <https://acl.gov/RAISE/report>