

Wyoming Department of Health, Aging Division
Four Year State Plan *for the period of*
October 1, 2006 through September 30, 2010



Wyoming
Department
of Health

Commit to your health.

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Dave Freudenthal, Governor
State of Wyoming

//Signature on File//

Brent Sherard, M.D., M.P.H., Director
Wyoming Department of Health

//Signature on File//

Beverly J. Morrow, Administrator
Aging Division

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*Prepared and submitted by the Wyoming Department of Health, Aging Division
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Introduction

The U. S. Administration on Aging (AoA) requires the Wyoming Department of Health's Aging Division to develop a new State Plan every four years, based on requirements contained in the Older Americans Act of 1965, as amended in 2000. The idea is to take a comprehensive look at how our state develops and delivers services to older citizens, to find out what gaps in services exist, to think about how services should be provided in the future, and to creatively seek improvements that make sense. While the following document was developed by the Aging Division, it reflects input from a wide variety of Wyoming citizens, and always considers the unique environment and needs of our sparsely-populated, rapidly-aging and very rural state.

Background

The Aging Division of the Wyoming Department of Health was originally established in 1981 as the Wyoming Commission on Aging, under authority of W.S. 9-2-1201 through 9-2-1208. The State of Wyoming, under the authority of this statute, designated the Commission as the state agency to receive federal funds (State Unit on Aging, or SUA) under Public Law f89-73 (Older Americans Act of 1965). In 1991, the Aging Division, the Commission was reorganized and changed to the Division on Aging. Subsequently, Sections 9-2-1202 and 9-2-1203, relating to the creation and composition of the State Commission on Aging, were repealed. In 1997, the Aging Division was reorganized as the Office on Aging, but was returned to Division status in 1998.

The Aging Division, as authorized in Section 305 of the Older Americans Act, is designed to serve as a mechanism to coordinate and administer a statewide plan that addresses the services and provisions outlined in the Act. Section 307 of the Older Americans Act specifically addresses State Plans. Per those requirements, this plan establishes direction and guidance for the coordination of all state activities relating to the implementation of the Act, as well as the other programs that the Aging Division oversees. The Aging Division serves as a focal point for the aging network by administering, through grants to local providers, the state and federal funding it receives. These funds make it possible to develop and maintain a comprehensive network of services to meet the needs of our older population. There are no Area Agencies on Aging (AAAs) in Wyoming -- the Aging Division serves that AAA function, as well as the SUA function.

Since Wyoming is one of the most rapidly "aging" states in the country, and may be (per U.S. Census Bureau projections) the second "oldest" state in the United States by the year 2030, there is a clear challenge for the future to use resources in the most effective way to meet the changing needs of a growing and diverse population of elders.

Mission and Results Statements

The overarching mission of the aging network services is to ensure that older Americans have the opportunity to age with dignity, have choices in managing their own lives, and remain as healthy, active and independent as possible within their communities. Accomplishing this mission – especially during a time of unprecedented growth in the older population -- requires a broad network of quality providers of home and community-based care for older persons and their caregivers. It also requires an older population that is knowledgeable about available services, health issues and options, their rights and responsibilities, and how to access assistance.

Aging Division Mission Statement

To provide a flexible and responsive continuum of services which enable Wyoming senior citizens to age-in-place with maximum dignity and independence.

In working to meet this mission, the Aging Division advocates, plans, coordinates, administers and evaluates statewide policies and programs relating to older and disabled adults. The Division is committed to building and maintaining a sound policy and program infrastructure, which anticipates the needs for the coming years. The Division is the sole state agency responsible for coordinating and providing a focal point for statewide efforts on behalf of Wyoming's older adults.

Results Statements for the Wyoming Department of Health

- Wyoming has affordable and accessible healthcare and insurance.
- Wyoming residents have a lifetime of good health (from conception to death).
- Wyoming families and individuals live in a stable, safe, supportive, nurturing, healthy environment.
- Wyoming's healthcare system has a workforce sufficient in numbers, skill and cultural competencies.
- Wyoming children are born healthy and achieve their highest potential during their early childhood years.

The Aging Division is an integral part of the Wyoming Department of Health. It is clear that four of the five Department Results Statements relate very strongly to the work of the Aging Division. Even the fifth result can affect seniors beyond just normal familial interests, since a growing number of grandparents are raising grandchildren in our state, and throughout the country. The issues relating to an aging population affect every aspect of life in our communities in some way.

Ageing Division Structure and Organization

The Aging Division's Role

As defined in the Older Americans Act of 1965, as amended in 2000, Section 301.(a)(1):

“It is the purpose of this title to encourage and assist State agencies and area agencies on aging to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements in each State with the persons described in paragraph (2), for the planning, and for the provision of, supportive services, and multipurpose senior centers, in order to-

- (A) secure and maintain maximum independence and dignity in a home environment for older individuals capable of self care with appropriate supportive services;
- (B) remove individual and social barriers to economic and personal independence for older individuals;
- (C) provide a continuum of care for vulnerable older individuals; and
- (D) secure the opportunity for older individuals to receive managed in-home and community-based long term care services.

The persons referred to in paragraph (1) include:

- (A) State agencies and area agencies on aging;
- (B) other State agencies, including agencies that administer home and community care programs;
- (C) Indian tribes, tribal organizations, and Native Hawaiian organizations;
- (D) the providers, including voluntary organizations or other private sector organizations, of supportive services, nutrition services, and multipurpose senior centers; and
- (E) organizations representing or employing older individuals or their families.”

Section 305. (a) states that in order for a State to be eligible to participate in programs of grants to States from allotments under this title, the State “shall, in accordance with regulations of the Assistant Secretary, designate a State agency as the sole State agency to

- (A) develop a State plan to be submitted to the Assistant Secretary for approval under section 307;
- (B) administer the State plan within such State;
- (C) be primarily responsible for the planning, policy development, administration, coordination, priority setting, and evaluation of all State activities related to the objectives of this Act;
- (D) serve as an effective and visible advocate for older individuals by reviewing and commenting upon all State plans, budgets, and policies which affect older individuals and providing technical assistance to any agency, organization, association, or individual representing the needs of older individuals; and
- (E) divide the State into distinct planning and service areas (or in the case of a State specified in subsection (b) (5) (A), designate the entire State as a single planning and service area), in accordance with guidelines issued by the Assistant Secretary.”

Aging Division Organizational Structure

The Aging Division currently has twelve full-time employees, as follows:

Administrator
Fiscal Manager
5 Program Managers
Senior Executive Administrative Assistant
Administrative Assistant
3 Medicaid Staff (two Program Managers and one Support Staff)

The Division has recently been approved for two additional positions, which have not yet been filled. One position will serve as a Policy Analyst and Deputy Administrator. The other position will serve as the Quality Assurance Manager for the Medicaid Home and Community-Based Waiver Programs. The Division also has a programmatic oversight relationship with the three State institutions that primarily serve older individuals -- the Veterans Home of Wyoming in Buffalo (assisted living facility), the Wyoming Pioneer Home in Thermopolis (assisted living facility), and the Wyoming Retirement Center in Basin (skilled nursing facility).

Please see Attachment B for the Aging Division's organizational chart.

Wyoming Department of Health (WDH)

The WDH's mission is to promote, protect, and enhance the health of all Wyoming residents. WDH envisions a Wyoming in which all residents are able to achieve their maximum health potential through a continuum of services including prevention, screening, early intervention, wellness, and health promotion delivered in safe and healthy communities. WDH values solving health problems using scientifically driven and research validated programs that are responsible, efficient, and effective.

The Wyoming Department of Health was established in 1969, and was reorganized in 1991. It has approximately 1,400 authorized full-time employees, and about 100 authorized part-time and contractual employees.

A number of national and state-level changes are influencing the infrastructure of the WDH by placing increased demands on limited resources. As a result, the WDH has placed a renewed focus on the public health functions of: needs assessment, effective policy development, assurance of needed services, and performance measurement.

An assessment describing the opportunities and the challenges that the WDH faces as it works to identify, analyze, and prioritize Wyoming's health needs, and then implement and monitor effective preventive services and programs, can be found in the Strategic Plan: 2003-2006. This assessment, aided by a basic priority-rating process that considered prevalence, severity, likelihood of successful intervention, and several other environmental factors, has guided the Agency in the identification of five (5) improved result priorities: 1) Equal Access; 2) Lifetime of Health; 3) Safe and Healthy Communities; 4) Adequate Workforce; 5) Safe Service Provision.

To improve results in these priority areas, the WDH is organized into six divisions: Aging, Community and Rural Health, Developmental Disabilities, Mental Health, Preventive Health and Safety, and Substance Abuse. WDH also operates and maintains five institutions, and programs dedicated to pharmacy, bioterrorism, emergency medical services, physician services, and the State

Health Officer. WDH also includes the Office of Healthcare Licensing and Surveys, and the Office of Healthcare Financing. Please see Attachment C for the WDH organizational chart.

Wyoming Advisory Council on Aging

The Aging Division is required under the Older Americans Act (OAA), and its accompanying regulations, to have an Advisory Council. The Wyoming Advisory Council on Aging serves this OAA function, but has expanded to serve as an advisory body for the entire spectrum of Aging Division activities, as well as advocates for the well-being of older persons in this state.

The Council consists of one member from each of the seven appointment districts, and one member each representing the Wyoming Pioneer Home, the Wyoming Retirement Center and the Veterans' Home of Wyoming. Members are appointed by the Director of the Wyoming Department of Health. The appointment districts are:

- District I - Laramie, Goshen and Platte Counties
- District II - Albany, Carbon and Sweetwater Counties
- District III - Lincoln, Sublette, Teton and Uinta Counties
- District IV - Campbell, Johnson and Sheridan Counties
- District V - Big Horn, Hot Springs, Park and Washakie Counties
- District VI - Crook, Niobrara and Weston Counties
- District VII - Converse, Fremont and Natrona Counties

The Council carries out advisory functions which further the state agency's mission of developing and coordinating community-based systems of services for all older persons in the planning and service areas. The Advisory Council meets once each quarter. Each meeting is held in a different location throughout the state; with the location determined by the Council members. Council members are reimbursed for necessary expenses incurred in the performance of council duties in the manner and amount provided to state employees.

Wyoming Senior Services Board (WSSB)

The Wyoming Senior Services Board (WSSB) was created by the State Legislature in 2003 to provide additional State funding (currently \$2.75 million per year) for "eligible senior centers" throughout Wyoming for the purposes described in the statute, as follows:

- (A) To meet the demands of Wyoming's growing elderly population;
- (B) To enhance services to Wyoming's senior citizens;
- (C) To strengthen the opportunity for senior citizens to age in the least restrictive environment possible;
- (D) To be cost effective in the provision of services to senior citizens;
- (E) To promote compliance with federal and state mandates requiring placement of people in the least restrictive environment;
- (F) To supplement and enhance existing programs providing services to senior citizens in the state.

"Eligible Senior Center" means an organization that receives funds under the U.S. Administration on Aging's Title III-B supportive services program or Title III-C nutrition programs, excluding

organizations that only receive Title III-B supportive services funds used exclusively for transportation. The term “eligible senior center” may include a community facility or statewide service which is the focal point for providing a broad spectrum of services, including health, mental health, social, nutritional, recreational, and educational services for senior citizens.

Per W.S. 9-2-1210 through 9-2-1215 (effective July 1, 2003), the seven-member, Governor-appointed Wyoming Senior Services Board (WSSB) is authorized to oversee, in consultation with the Aging Division, the award and distribution of specially appropriated state funds to benefit Wyoming’s senior citizens. The distribution of these funds, in three distinct ways (basic, formula and innovative), is specified in applicable law and rules.

Wyoming Aging Network and Focal Points

Wyoming receives nearly \$6 million per year from the federal Administration on Aging, and over \$600,000 per year from the State, specifically for the operation of Older Americans Act programs. Note that this amount does not include the \$2.75 million per year in WSSB funding. These programs served approximately 40,000 seniors aged 60+ during Fiscal Year 2005. Targeting services to the most vulnerable elderly is a fundamental requirement of the Older Americans Act (OAA). Low-income seniors represent about 10% of clients served by the aging network with OAA programs in Wyoming. Less than 9% of all seniors in Wyoming have incomes below 100% of the federal poverty level. About 67% of the FY 2005 OAA Title III clients lived in rural areas, compared to 36% of the overall 60+ population in Wyoming.

Wyoming has a well-developed system of senior centers, and they tend to be the focal point of senior services. This is especially true in the smaller towns, where no other appropriate providers may be available. There are 37 main senior centers, with a total of 81 service sites, in Wyoming. These centers provide such services as congregate meals, home-delivered meals, transportation, socialization activities, health and wellness initiatives, and some in-home services. Two large Meals on Wheels programs operate in Cheyenne and Casper. One statewide senior services organization, Wyoming Senior Citizens, Inc., is based in Riverton, with satellite offices in Cheyenne and Casper.

There are 39 skilled nursing facilities (SNFs), 19 assisted living facilities (ALFs), 10 adult day care centers, and 15 board and care homes in Wyoming. Wyoming also has three institutional facilities that primarily serve older adults, and act as “safety nets” for those people in need who don’t have other options available to them for long-term care. These institutions – one skilled nursing facility and two assisted living facilities -- are a programmatic part of the Aging Division, and are located in three northern towns. The Wyoming Retirement Center (SNF) is in Basin, the Wyoming Pioneer Home (ALF) is in Thermopolis, and the Veterans’ Home of Wyoming (ALF) is in Buffalo.

Wyoming has a strong Public Health Nursing (PHN) system that provides services throughout the state. The PHNs do all of the LT101 assessments (the functional eligibility determination tool) for nursing home, Long Term Care Home and Community-Based Services (LTC/HCBS) Waiver, and Assisted Living Facility (ALF) Waiver eligibility.

Wyoming has a state-funded Community Based In-Home Services program that serves elderly and disabled adults. This program works in partnership with other providers (mostly senior centers and some home health agencies) to help people avoid or delay premature institutionalization.

Most of the service programs for older persons in Wyoming receive funding/payment through the Aging Division of the Wyoming Department of Health. The Aging Division program managers and other staff work closely with community providers throughout the state. Three Medicaid staff (who handle work with the waiver programs, assisted living facilities, nursing homes, home health, hospice, adult day care, etc.), are part of the Aging Division, which facilitates coordination of services, a more clear understanding of programs, and more direct communications.

Wyoming is one of a few states in the country (perhaps the only state) with budget surpluses. The State Legislature has been able to provide adequate reimbursements to providers, and has increased

Medicaid funding (services are still very minimal, in comparison to other states). The Legislature also voted in 2004 to increase funding to support an additional 150 slots in the Medicaid LTC/HCBS (for elderly and disabled) waiver program, and in the 2005 and 2006 Legislative Sessions, approved 46 additional client slots for the ALF waiver. The LTC/HCBS and ALF waivers have been very successful in providing skilled and supportive services to elderly and disabled adults in the community, at an average cost that is less than half of what it would cost to provide those services in an institutional setting.

Good networking and communications are possible between aging services organizations in Wyoming because of the small population and the small size of most communities. Partnerships are more easily developed, and the necessity to collaborate is more critical.

Please refer to **Attachment F** - Matrix of Aging Services in Wyoming, and **Attachment G** - Community Focal Points in Wyoming, for a more detailed picture of the aging network.

State Demographics and Economics

Much of the following overview is excerpted from the "Wyoming 10 Year Outlook", prepared by the Division of Economic Analysis, Department of Administration and Information, in October of 2005. It provides a clear summary of the demographic and economic factors that influence the delivery of services in Wyoming.

Largely driven by the natural resources industries, Wyoming's economy continued to surge in 2005. The mining industry contributed approximately one third of both the state's total earnings growth and job growth. In addition, the multiplier effect associated with the acceleration in mining industry is resulting in upward movement in many other industries such as wholesale trade, transportation, and professional and business services. This growth is particularly evident in areas where the methane activities are intensive, such as southwest Wyoming and the Powder River Basin in northeast Wyoming. With heightened demand of mining related workers, the construction, retail trade, and lodging services are booming to accommodate the need.

The mining industry is very high paying, and as such, its strong presence in Wyoming means that income growth in the state is always closely associated with mining activity. As a result, the overall income and employment expansions in Wyoming in 2005 are one of the strongest in the nation. However, as energy prices are expected to reach their peak in the near future, the state's payroll and employment growths will decelerate starting in 2006. The mineral industry factor has a big effect on providers of aging services due to the competition for employees. Workforce issues, especially for direct care workers, are becoming critical. This presents a huge challenge for aging services in Wyoming over the next four years.

Due to a number of interesting demographic factors in the state, Wyoming's population is aging fast. In 2000, the median age of 36.2 years in the state passed the national average of 35.3 years. It will be particularly intensified in about ten years as the baby-boom cohort reaches retirement, which will put an enormous pressure on the state because of a possible labor shortage and increased provisions for healthcare and social services. By 2010, the expected median age of 39.3 years for Wyoming will be 2.3 years older than the U.S. level. The size of the older population in Wyoming (aged 65 and over) will reach over 81,000 by 2014, compared to today's 61,000.

For most economic indicators, Wyoming's economy does not mirror that of the nation. As a matter of fact, Wyoming is one of the least economically diversified states in the nation. Nearly 20 percent of payroll employment in the state is with Federal, State, and local government, and that proportion was the third highest in the country. The main reason is the small and sparsely distributed population. Wyoming is the only state with a population just over half a million, with a density of 5 persons per square mile. This population density is the second lowest in the U.S., and is only higher than Alaska. Governments need to provide many public services, such as roads and schools, throughout the state, so the economy of scale is rather low.

Wyoming does not impose an individual or corporate income tax. Both residential property and gasoline tax rates are among the lowest in the nation. Overall, the major tax burdens for an average Wyoming household are lower than in any other states. So, how can Wyoming afford the nation's highest per capita state and local government expenditures? The mineral industry fills up the revenue pie. According to the U.S. Census Bureau's data, Wyoming relies more heavily on federal

revenue than do other states. Over \$1 billion in federal funds (including \$349 million from mineral royalty and lease bonus payments) made up 27 percent of FY 2002 state and local revenues in Wyoming, compared to 19 percent nationwide.

Property taxes are the most important tax in the country, primarily imposed at the local level to fund local functions such as public schools. Different from most other states, the major portion of Wyoming's property tax is a gross products tax levied on mineral production, and this proportion amounted to 8.1 percent of total revenue. Wyoming also imposes a severance tax on mineral production. The nearly \$300 million in FY 2002 severance taxes made up 7.6 percent of total state and local revenue.

The Population Is Aging

The age composition of a population affects many other characteristics, from fertility rates to the nature of the goods and services demanded. Age is often measured by the use of simple percentage distributions and the median years of age. During the period from 1990 to 2000, the median age in Wyoming increased so rapidly that the value of 36.2 in 2000 was nearly one year older than the U.S. median age of 35.3. The gap continued to expand in recent years, and the median age of 38.0 in the state was two years greater than that of U.S. in 2004. Wyoming's median age was only 26.7 compared with national level of 30.0 in 1980. Indeed, Wyoming was one of the youngest states 25 years ago, but will be one of the oldest ones in the country in the near future.

There are a few factors contributing to the state's rapid aging. First, Wyoming has one of the highest proportions of the early baby boom generation in the nation. During oil boom time in the late 1970s and early 1980s, tens of thousands of young workers migrated into the state. Though some were moved out when the bust happened in the mid-1980s, many of them still stayed. So, their ages were between 45 and 59 years old in 2004. On the other hand, the percentage of the population that is age 27 to 42 (so called generation X) in Wyoming is very low, because a significant number of them left the state in late 1980s and 1990s when they were young adults. For instance, over half of 12,500 domestic net out-migration (outflow greater than inflow) occurred among people age 20 to 29 years old during the period of 1995-2000. As a result, K-12 enrollment continuously declined over the past 10 years, and the number of students in 2004 was 16 percent less than in 1994. Unlike Florida, the overall net immigration to Wyoming has been minimal for the retirement population. Only a few places such as Cody, Sheridan, and Buffalo consistently attract retired individuals. With the lowest cost of living in the nation, that may change for the upcoming baby boom generation.

A second reason for Wyoming's fast aging population is that the proportion of immigrants and minority populations (total less non-Hispanic white) is among one of the smallest in the U.S. Most immigrants (largely Latinos and Asians) entered this state originally as workers or students. Many of them stayed and may have formed their own families, but left their parents and grandparents back in their home countries. So, the percentage of youth is a lot larger, while the percentage of older people is considerably smaller for the minorities than whites. The median age for both Latinos and American Indians in 2000 was over 10 years less than whites in the state.

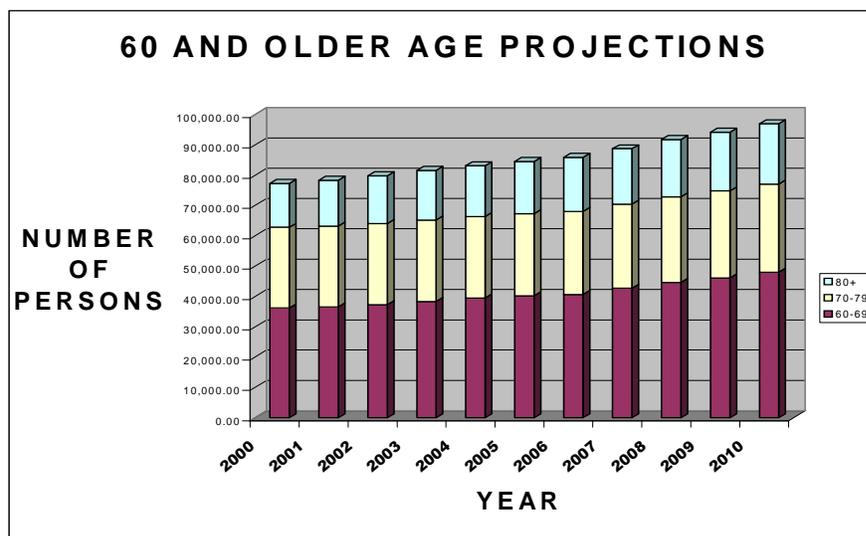
Third, Wyoming is the least populous state in the country, and the entire state's population is still not as large as the city of Colorado Springs, Colorado. Only two cities, Cheyenne and Casper, barely qualify as Metropolitan Statistical Areas (MSA). Young adults (age 25 to 39) constitute a large share of migrants, because they are risk takers and adventurous. Nationally, over one-third of all movers between 1995 and 2000 belonged to this age group. Within this particular age group, for work-related reasons, single and college-educated individuals represent a much larger share of in-migration into central cities than into suburbs (portions of metropolitan areas outside central cities) or non-metropolitan territory. In contrast, married and not-college-educated young adults made up a higher proportion of migration to non-metropolitan areas. Married individuals are more motivated to move for quality of life reasons, such as housing, crime, and schools.

The older age working group (ages 45-64) is projected to continue to grow, but at a decreasing pace until 2011, and then decline after that. Because the early boomers will be progressing into this cohort in just a few years, the retired group (age 65 and over) will continue to increase rapidly at an annual rate of 2.7 percent. By 2014, the proportion of persons aged 65 and over will reach 15.2 percent, compared to 11.7 percent level in 2000. Forecast data suggests that growth rates in the labor force will slow substantially in the coming years, with rates of growth among middle-aged workers exceeding those for younger workers, if significant net in-migration to the state does not occur.

The continued aging of both the state and national population is evident. It will be more severe for the state, however, because the proportion of the baby boomer population (age 40-58) was larger in Wyoming (29.5%) than the nation (26.7%) in 2004. For near-term market and service analyses, it is important to recognize that, between 2006 and 2010, the population of Wyoming might be best characterized as middle-aged rather than "old". After 2010, the beginning edge of the baby boom generation will reach retirement age. As this generation enters retirement, the population will age rapidly. The aging of the population is a long-term process. Both the increasingly middle-aged workers of the next decade, and the increase in the elderly population thereafter, may have substantial impacts on goods and services.

The older population will require increased health-related products and social services, and will generally demand different forms and types of services than a middle-aged population. The public sector will need to be alert to such shifts in order to effectively serve this clientele, and the private sector will likely need to focus products and services toward those being purchased and monitored by public service entities as the baby boom generation ages. Other factors, such as further reductions in the levels of mortality (particularly at older ages), continued low rates of fertility, a continuation of relatively high rates of international immigration, and a continuing diversity of household types, will certainly impact life dimensions of residents, as well, and will need to be recognized by policy makers.

A 2004 study by AARP projected that, by the year 2020, Wyoming will have the highest proportion of people between the ages of 65 and 74 in the United States. In addition, they projected that Wyoming will rank third in the nation for the percent of people age 75-84, and fifth for those age 85+. It is quite possible that within the next 20 years, one in four people in Wyoming will be over the age of 60. Age 60 is the definition of "senior citizen" in Wyoming statute, and the age at which people become eligible for services under the Older Americans Act. Following are some age 60+ projections through the year 2010.



Some Other Wyoming Facts:

- ▶ In 2002, 8.2% of Wyoming citizens over the age of 65 were living at or below the poverty level. An additional 27.3 % were living between 101-200% of the poverty level (3.5% higher than U.S. average). Of those people age 75+, more than 18% live in households with incomes less than \$10,000 per year, with women being more than twice as likely as men to be poor.
- ▶ Estimates of the number of people with Alzheimer’s disease in Wyoming range from 7,000 (Alzheimer’s Association) to 8,111 (Alzheimer’s Affiliation of Wyoming) people. Because of the anticipated increase in the number of elderly in the next 20 years, the national Alzheimer’s Association is projecting the number of people with Alzheimer’s disease in Wyoming to increase by 114% by 2025. This is the fourth largest percentage increase in the U. S.
- ▶ Wyoming ranks second in the nation for the rate (87.6%) of home ownership by those age 65+.
- ▶ According to a study by the Center for Personal Assistance Services, more than 45% of Wyoming citizens over age 65 have a disability, and that number rises to 77.2% for those people aged 85+. The population of Wyoming citizens aged 85+ (those with the greatest service needs) grew by 48% during the period of 1990-2000.
- ▶ Older persons in Wyoming tend to rely on personal vehicles for their transportation. Wyoming ranks fifth in the U.S. for the percentage of persons aged 75+ with driver’s licenses (82.7%). Only 10.4% of older adults over age 70 do not have a vehicle.
- ▶ Wyoming has 23 counties, and is generally defined as a rural or “frontier” state, with an average of 5.2 people per square mile. The least populous county is Niobrara, with 2,237 residents, and the most populous county is Laramie County, with 84,083 residents.
- ▶ The small population is spread out over nearly 98,000 square miles, making Wyoming the 9th largest state, geographically.
- ▶ With a mean elevation of 6,700 feet, geography and weather can have major impacts on service delivery.
- ▶ The U.S. Census Bureau projects that Wyoming will rank second in the nation for the percent of people age 65+ by the year 2030 -- behind only Florida.

Clearly, our state will be greatly impacted by the aging of the baby-boom cohort. We can expect large increases in the numbers of older citizens who require special services in housing, transportation, recreation, and education, as well as in health and nutrition.

Programs for Older and Disabled Persons

Older Americans Act (OAA)/Administration on Aging (AoA)

The following OAA programs are funded through the AoA to the Aging Division, and the State of Wyoming provides matching funds. The funds are then made available to non-organizations in Wyoming through a competitive grant process and contracts. There are no income eligibility requirements for these programs, but donations may be suggested. Any senior over the age of 60 may receive services, although there is special emphasis on serving low-income and minority seniors, as well as other seniors with special needs. The National Family Caregiver Support Program also serves family caregivers who are helping a relative over the age of 60, plus seniors who are primary caregivers for grandchildren.

Title III A – Administration

Administrative functions include identifying critical areas of concern regarding the older population and their needs, and developing guidelines and strategies to address those concerns. The Aging Division also assists with and analyzes the service delivery system, available resources and program needs. The Aging Division funds, monitors and assesses grants authorized under the Older Americans Act, and adopts rules and regulations regarding these grants. Information and referral activities, as well as technical assistance, are also important aspects of administrative functions.

Title III B – Supportive Services and Senior Centers

The Wyoming Department of Health, Aging Division contracts out OAA Title III-B funds through a competitive grant, to eligible projects within all twenty-three counties in Wyoming. Services may include, but are not limited to, transportation, outreach, telephone reassurance, socialization, health and wellness activities, elder rights initiatives and other services that may assist older citizens to live independent, meaningful and dignified lives, while maintaining close family and community ties.

Title III C – Nutrition Services

Subpart 1 – Congregate Nutrition Services

Subpart 2 – Home Delivered Nutrition Services

The Elderly Nutrition Program, in accordance with the Older Americans Act Title III, includes congregate and home-delivered meals. There are 37 providers under Title III with 84 meals sites statewide. This program is funded with federal, state, and local funds.

The goal of the program is to provide nutritious meals, 5 or more days per week, to persons aged 60 or older, the spouse of an eligible individual, and others as described in the Older Americans Act. Priority should be given to those at greatest nutritional risk, minority populations, and those in greatest social-economic need. Meals served to eligible participants under this program must meet a minimum of 33 1/3 percent of the daily nutrient requirement for each meal. Based on the

2000 census, 35% of the 77,000 senior citizens in Wyoming are served by the Title III Elderly Nutrition Program.

Title III D – Disease Prevention and Health Promotion Services

The Disease Prevention and Health Promotion Services address mental and physical health issues facing the older adult. Services provided include routine health screenings and health promotional activities, including programs to help educate seniors, their families, and the community on concerns facing the older adult. The projects provide information and referral, and advocacy for older adults facing health related issues. In addition to Aging Division efforts, there are 29 providers of Title III D - Disease Prevention and Health Promotion Services in various areas of the state. Even though Wyoming is a very rural state, these services are offered in communities throughout the state. If not for some of these services, many older adults would not have the benefit of early detection and treatment options.

Title III E – National Family Caregiver Support Program

The National Family Caregiver Support Program builds on services provided to older adults under the OAA by providing support services to caregivers. The purpose of the program is to provide assistance to caregivers who are caring for functionally dependent elderly or cognitively impaired older adults, as well as elder caregivers who are caring for relative children. The goal of the Program is to reduce caregiver stress and burden through benefits and resource counseling, training on caregiver skills and knowledge, creative options for respite care, and the provision of supplemental services on a limited basis. Services for caregivers fall into five main categories which include information, assistance, counseling/support/training, respite, and supplemental services. Supplemental services include loan closets, assistive technology, home modifications, durable medical equipment, homemaker, chore, and handyman services, meals, and transportation. The Aging Division is currently funding 22 programs in the state which specifically assist and support caregivers. Currently the most utilized service is respite. The National Family Caregiver Support Program is relatively young and is expected to expand as caregivers continue to discover this valuable resource.

Title VII A – Allotments for Vulnerable Elder Rights Protection Activities

Chapter 2 – Ombudsman Programs

Wyoming has four full-time ombudsmen to cover the entire state. The Aging Division contracts with Wyoming Senior Citizens, Inc. to provide these services statewide to any Wyoming resident who receives a “long term care service.” Eligible persons include those receiving services through a senior center or other care programs, as well as someone who resides in a long-term care facility. The ombudsman staff members serve as advocates and mediators for residents of Wyoming. Their current budget is about \$373,000 per year, serving about 2,200 people. The program is funded with both Federal (AOA) and State funds, with State funds including not only match to federal dollars, but also funds to support additional State ombudsman initiatives.

Chapter 3 – Programs for Prevention of Elder Abuse, Neglect, and Exploitation

Elder abuse is an umbrella term referring to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. This includes physical abuse, sexual abuse, emotional abuse, financial or material exploitation, neglect, self-neglect, and abandonment. Each year hundreds of thousands of older persons are abused, neglected, and exploited by family members and others. Many victims are people who are older, frail, and vulnerable and cannot help themselves and depend on others to meet their most basic needs. The goals of Programs for Prevention of Elder Abuse, Neglect, and Exploitation are to:

1. increase awareness of elder abuse, neglect, and exploitation,
2. guide programs that protect older adults,
3. increase the ability of professionals, especially those in the aging network and community-based agencies who have access to frail elders on a daily basis,
4. prevent elder abuse by the development and dissemination of timely and accurate information, and
5. foster the development of programs and initiatives that measurably decrease the incidence of elder abuse, neglect, and exploitation.

The Aging Division works closely with Adult Protective Services, Department of Family Services, to provide education and training and is a member of the State APS Team.

Chapter 4 – State Legal Assistance Development Program

The Legal Assistance Developer is the individual in each state who is responsible for providing leadership in developing legal assistance programs for people 60 years of age and older. In addition, the Legal Services Developer plays a key role in assisting the state in the development and the provision of a strong elder rights system. The Developer for the state of Wyoming is housed at Wyoming Legal Services, Inc., and provides oversight of the OAA Title III-B legal assistance program. The legal assistance program assures that elders, especially those at greatest social and economic risk, have access to the civil justice system. Access to legal information, advice, and assistance helps older individuals preserve financial and personal independence, maintain control of their finances and healthcare decisions, maintain appropriate family relationships, and protect their assets and personal well-being.

Other AoA Programs (SMPP and ADDGS)

The Senior Medicare Patrol Program (SMPP) began as a grant that was administered by the Aging Division, but is now a directly funded program of Wyoming Senior Citizens, Inc. (WSCCI). Its purpose is to assist seniors in understanding their Medicare and Medicaid benefits, and identifying possible fraud. The Aging Division will continue to partner with WSCCI to support the efforts of this program.

The Alzheimer's Disease Demonstration Grant to States (ADDGS) was a time-limited project to develop data and programming to better address the needs of families facing this disease. Pilot provider projects, a resource guide for physicians, and a needs assessment were completed with the funds from this grant. This program has now come to an end, as far as funding is concerned,

but the benefits derived from the projects will continue to positively impact our activities related to Alzheimer's disease and dementia.

Other Aging Division Programs

State Funded Programs

Community Based In-Home Services Program (CBIHS)

The Wyoming Department of Health's Aging Division provides opportunities that enable physically disabled adults and older Wyomingites to live independent, meaningful and dignified lives, while maintaining close family and community ties. Community Based In-Home Services, a 100% state funded program, promotes the prevention and delaying of premature or inappropriate institutionalization. The CBIHS program services are available to those who need assistance with routine personal and household tasks. Recipients of the services may be recovering from an illness or have chronic physical limitations. There are no income eligibility requirements, and clients are charged based on a sliding-fee scale. No one is refused services for inability to pay.

The Aging Division contracts with providers, through a competitive grant process, in all twenty-three counties in Wyoming. The providers directly conduct evaluation and case management services to evaluate the needs of each individual client. Based on the evaluation by the Access Care Coordinator, appropriate services are authorized, and an individual Service Plan is developed with the needs of the individual specifically identified. Such services may include personal care, chore services, homemaking services, lifeline equipment, respite care, and hospice services. The grantee/provider, with the approval of the Division, may approve a one-time use of funds for home modification, with a \$300 limit. Each grantee works very closely with the local Department of Family Services, Public Health Office, Hospital Discharge Planner, Local Law Enforcement, and other community groups and organizations to help identify needs of the physically disabled and older adults.

National Senior Service Corps Programs

The National Senior Service Corps (NSSC) consists of three programs: Foster Grandparent Program (FGP), Retired and Senior Volunteer Program (RSVP), and the Senior Companion Program (SCP, which has a large state-funded component). These programs, which are primarily funded by the federal Corporation for National Service, help seniors to continue to have a productive lifestyle, and address communities' needs by:

- ▶ assisting children and youth with exceptional or special needs (FGP),
- ▶ using their life experiences and skills to help non-profit agencies (RSVP), and
- ▶ assisting frail older adults who need individual support in order to continue to live independently (SCP).

There are six providers of these services in Wyoming. They have over 1,200 volunteers, in over 300 volunteer stations, and provide over 400,000 hours of service each year. Not only is the quality of life of the volunteers and those they serve improved, but the community, as a whole,

benefits from their services. State funds are provided to support the efforts of these volunteer programs, and to assist in meeting their federal match requirements.

Centers for Medicare & Medicaid Services (CMS) Funded Programs

Home and Community Based Services Waivers

The Long Term Care Home and Community Based Services Waiver for the elderly and disabled began in 1993. The Waiver now provides in-home services to 1150 people, aged 19 years and above, who are functionally and financially eligible for Medicaid reimbursed nursing home care. The waiver has approximately 110 providers offering case management, personal care, skilled nursing care, respite care, home-delivered meals, personal emergency response systems, non-medical transportation, and adult day care services. This waiver also features a consumer-directed option for personal care that is currently utilized by 218 consumers.

The Assisted Living Facility Waiver, authorized in 2001, started with 100 client slots. We currently have 146 slots and nine facilities providing waiver services. This waiver offers a per diem payment to the assisted living facility, based on the score on the evaluation of medical necessity performed by the local Public Health Nurse. Each client has a case manager from a local home health entity. The waiver client is required to pay the room and board portion of the assisted living facility fees out of his/her own income. The per diem rate covers any personal care the client requires, medication management, and 24-hour supervision. The waiver serves those aged 19 years and above who are functionally and financially eligible for Medicaid reimbursed nursing home care.

Long Term Care (Skilled Nursing Facilities) Program

Wyoming has a total of 39 licensed long-term care/skilled nursing facilities. The average daily rate is \$160.51 for private pay residents, and \$134.08 for Medicaid residents. The facilities serve about 2,400 residents per year, with a Medicaid biennium budget of about \$119 million. The program is funded using a 54.23% match of federal funds. The remainder of the funds are State monies. The Medicaid staff person handling this program is a part of, and housed with, the Aging Division.

Project Out (Nursing Facilities Transition/Diversion Program)

Project Out is a key component of Wyoming's Olmstead Plan, and provides Medicaid eligible individuals, who are residing in nursing homes or are at risk of residing in a nursing home, the opportunity to live in the community, rather than in an institution. In previous years, Project Out was funded through a CMS grant, which was administered the Aging Division and piloted by one provider. Because of its success, beginning July 1, 2006, Project Out is now funded by a mix of state and federal dollars through the Wyoming Medicaid Program. Programmatic oversight will continue to be done by the Aging Division. Also, beginning July 1, 2006, a second provider was added to expand services available in the western half of the state. Currently, both Project Out providers are Centers for Independent Living. Because of the number of people wishing to return home, the number of successful transitions under this project,

and the cost savings to the state by people remaining in their homes instead of living in nursing homes, the future of Project Out looks bright.

Other Programs

The Aging Division carries out a multitude of lesser activities, or special one-time initiatives, which are a part of the overall effort to provide a continuum of care and services that enhance the lives of older and disabled persons in Wyoming. These include work with home health agencies, adult day care centers, hospices, board and care homes, the State Licensed Shelter Care program, the Centenarian program, and more.

Summary of Aging Division Accomplishments 2002-2006

A Sampling of Aging Network Advances in Wyoming, 2002-2006

Following are some of the important advancements in the aging network in since 2002:

- ◆ In March of 2003, the Legislature passed HB0058 (Enrolled Act 131), and it was signed into law by the Governor. This Act created the seven-member (Governor-appointed) **Wyoming Senior Services Board (WSSB)**, which was tasked with distributing \$3.5 million per biennium to eligible senior centers throughout the state, in consultation with the Aging Division. In the 2005 Legislative session, the Governor recommended an additional one-time appropriation of \$1,000,000 to the WSSB for grants to meet special one-time unmet needs, which was passed by the Legislature. The 2006 Legislative Budget Session included another recommendation by the Governor to add an additional \$2 million to the WSSB's standard budget, which was passed, with a footnote regarding needs-based distribution. The total funding for the WSSB, and the 40 senior centers it funds, now stands at \$5.5 million for the 2007-2008 biennium.
- ◆ In the Spring of 2003, the Aging Division finally had all of its positions filled, including a new Division Administrator, and that team has remained stable since that time. The Department of Health has recently transferred two additional positions to the Aging Division from vacant positions within the Department, and the Division is currently in the process of filling those positions. This is a critical step towards preparing for the challenges that lie ahead. With this stable and skilled staff, many things have been accomplished to address systems change, service improvement, and accountability efforts within the aging network. Following are a few examples:
 - ✓ The Division revised its site review process, reporting systems, internal and external procedures, and document handling.
 - ✓ The Division instituted the Policy Information Notice process in early 2004 to provide clear communication with providers about policies and procedures.
 - ✓ In 2005, the review (assessment) tool was revised and streamlined, and the Aging Division now has a Quality Assurance manager, who conducts all of the site reviews throughout the state (as opposed to having five program managers on the road, as in the past). This has added consistency, expertise and follow-up to the process, and has greatly improved our ability to monitor quality of services in the most effective and cost-efficient way.
 - ✓ The Aging Division has incorporated results-based performance accountability into its grant application and reporting processes over two years ago.
 - ✓ The Division created a grant writing manual, and provides comprehensive grants training to providers each year.
 - ✓ New Director training was developed in conjunction with the Wyoming Association of Senior Project Directors, and this is presented at least once each year.

- ✓ The Nutrition Program Manager conducted several statewide Elderly Nutrition Program trainings for cooks, kitchen staff, and other staff, including directors and bookkeepers, throughout 2005 and 2006. These trainings will continue.
 - ✓ The Division partnered with the Department of Family Services to produce Adult Protective Services Awareness Kits, clipboards (with APS statute and indicators on each side), and guidance brochures and information magnets for service recipients.
 - ✓ In partnership with the Wyoming Guardianship Program, the Division funded the development of a comprehensive services directory in 2005 for family caregivers and other providers of caregiver services.
 - ✓ The Division worked with the Wyoming AARP on developing a guide and other resources for grandparents raising grandchildren.
 - ✓ The Division partnered with AARP on the coordination of enrollment activities for the new Medicare Part D Prescription Drug Benefit.
 - ✓ Instead of working with over 50 separate provider databases to collect and analyze data for federal reporting requirements and other uses, the Division now has one consolidated provider database, which makes data retrieval and analysis much faster and easier.
- ◆ The Assisted Living Facility initiative on secured Alzheimer's units was the result of HB0109, which was passed in the 2005 Legislative Session. The Division updated the rules for Assisted Living Facilities (ALFs) to allow for a higher level of oversight for ALFs that want to have secured units for people with Alzheimer's Disease and other dementias. These rules are also being merged with the licensing and survey rules, and will be in process for department approval, State review and public comment very soon.
 - ◆ In 2004, AARP worked in partnership with the Aging Division and other stakeholders to develop the Wyoming Health Care Decisions Act of 2005, and to create and distribute the guide to the Act and Wyoming Health Care Advance Directives form that resulted from the passage of HB0107.
 - ◆ In late 2004, the Aging Division and LTC Ombudsman worked to update the State Long-Term Care Ombudsman statute, and HB0101 passed in the 2005 Legislative Session. The Aging Division then revised the rules to reflect the statute changes and current practice.
 - ◆ In the 2006 Legislative Session, the Governor recommended – and the Legislature passed – increased funding for the biennium for the Community Based In-Home Services program (\$800,000), the National Family Caregiver Support Program (\$183,106 for this increasingly important program), the LTC Ombudsman Program (\$40,000), and select Medicaid provider reimbursement rates (home health agencies and others). See below for Legislative actions affecting Medicaid Waiver Programs.
 - ◆ **The Medicaid Home and Community-Based Services (HCBS) Waiver** programs (Long-Term Care and Assisted Living Facility) have proven to be, by far, more cost-effective and less restrictive than institutionalization, while promoting personal independence and dignity, as mandated by the Olmstead Supreme Court Decision. Waiver services cost less than half of nursing home costs.
 - ✓ The LTC/HCBS Waiver, created in 1993, currently has approved funding, per action in the 2004 Legislative Session for FY 2005 and beyond, for 1150 client slots (up from

1000 slots since FY 2002) for people who meet the functional and financial eligibility for the program. In FY 2002, the funding level for the year was just under \$8 million, and a total of 1222 people were served through this waiver program that year. By FY 2006, the funding level was raised to nearly \$9.5 million for the year, and over 1,369 people have been served (with almost two months left in the fiscal year). The funding for the 2007/2008 Biennium rose to \$20,112,211, which enabled provider rate increases for home health agencies providing waiver services. This was especially important, since these providers had not received an increase since 1993.

- ✓ The Assisted Living Facility (ALF) Waiver, which started with 100 service slots in 2001, was funded for an additional 25 service slots in the 2005 Legislative Session. The 2006 Legislative session added funding for 21 more slots, for a total of 146. In FY 2002, the funding level for the year was just under \$1.15 million (which translated to almost \$2.3 million for a Biennium, 100 slots). A total of 138 people were served through the ALF waiver program that year. By FY 2006, the funding level was raised to nearly \$1.65 million for the year (almost \$3.13 million for the 2005/2006 Biennium, 125 slots), and over 157 people were served. The funding for the 2007/2008 Biennium rose to \$4,609,368, to support the 21 additional slots that were added during the 2006 Legislative Session.
- ◆ **Project Out** was born from the Aging Division's CMS Nursing Facility Transitions Grant. The grant assisted Medicaid beneficiaries of any age, who reside in nursing facilities, to transition back into integrated community residences and services. In the more than three years since it began operations, the program helped over 175 institutionalized individuals to move back home, only a handful of whom have returned to a nursing home. It is estimated that Project Out has already saved Wyoming taxpayers over \$320,000. In the 2005 Session, the Legislature approved approximately \$270,000 in State funds to support Project Out for the remainder of the biennium, after the CMS grant ended, and the 2006 Session approved those funds ongoing to support the project. Work on the assimilation of Project Out into the State's established Medicaid services was successful, and the State Medicaid Office is working with the federal Centers for Medicare and Medicaid Services to seek appropriate State plan amendments to maximize federal matching funds for case management and program administration in the future.

Most of the positive advances that are noted above are directly related to moving away from institutionalization, and moving toward community-based services that allow our older citizens to remain living in the least restrictive environment possible, per the Olmstead Supreme Court Decision. A review of Medicaid data over the past several years show that, while other usage may be increasing, the number of people receiving Medicaid nursing home benefits has very slightly declined over the past ten years – even though the aging population continues to increase. It can be inferred that this is the result of the success of more cost-effective community-based programs and options.

Even though community-based services are meeting seniors' needs in effective ways, these services are being impacted by workforce shortages (including direct care staff, such as CNAs and homemakers) and lack of appropriate provider organizations in many areas of the state (such as home health agencies). This is an issue that needs further consideration and action.

Wyoming State Plan 2006-2010 Overview

The guidance for the 2007 State Plan was very much tied to the Administration on Aging's (AoA) Strategic Action Plan, and the use of specific types of resources and approaches in meeting the goals outlined in that Plan. The focus topics, as required in the guidance, will be discussed and addressed in the following pages of Wyoming's State Plan. Those focus areas are as follows:

1. Increase the number of older people who have access to an integrated array of health and social supports.
2. Increase the number of older people who stay active and healthy.
3. Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.
4. Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.

It is important to note that Wyoming is a single Program Service Area (PSA), and does not have Area Agencies on Aging (AAA). The Aging Division of the Wyoming Department of Health acts as both the State Unit on Aging (SUA) and the AAA. As a result, there are no AAA Plans to attach to this State Plan document.

Another important aspect of Wyoming's State Plan is that it must address the requirements, questions, planning and development of goals and objectives in a way that is reasonable and appropriate for a very rural, even "frontier" state that covers a huge geographical area. In addition, most of Wyoming's communities are quite small (less than 10,000) and, in most cases, far away from the next town of any notable size. There is a minimal number of service providers in most parts of Wyoming, and some areas of the state are lacking certain types of providers (such as home health agencies). Workforce issues will have a significant impact over the next four years, as it becomes more difficult to find an adequate number of appropriately trained, qualified people to do critical jobs -- especially nurses, nursing assistants, case managers and other direct care workers -- for inadequate pay and benefits.

All of these factors present formidable challenges, but some of the factors also present great opportunities for advancement and improvement. With "smallness" comes the ability to have close communications, and chances to try new things in a defined environment. This is the approach we will take in planning senior services for the next four years.

It is also important to note that the Aging Division has a small staff and a limited budget with very little "wiggle room". As a result, the number and types of goals/outcomes and implementing objectives need to be based on reality and a reasonable expectation that we can actually make a difference over the next four years. To offer a long "wish list" of activities and accomplishments would not be practical or useful. The goals and implementing objectives are focused on new or expanded activities that the Division will seek to implement, rather than a re-hashing of what we are already doing and will continue to do.

Public Input on State Plan Development

When it comes to developing programs and funding services, the Aging Division always welcomes input from seniors, stakeholders/providers, and the general public. All types of ideas and suggestions help to inform the activities of the Division and the directions in which it moves. Following are some events/activities that garnered some very interesting information for the State Plan process.

2005 Governor's Summit on Aging

A precursor to the State Plan activities was the Wyoming Governor's Summit on Aging, which was held in Cheyenne in May, 2005. A working session of participants was conducted near the end of the Summit, in order to compile information about aging services and needs, and recommend directions for the 2005 White House Conference on Aging (WHCoA). This information was provided to the White House Conference on Aging as the findings of an authorized WHCoA Independent Aging Agenda Event.

The focus points of that input session at the Summit were as follows:

Priority Issue #1: Encourage and support increased volunteerism in a more systematic and creative way.

Barriers:

The issues that this Workforce and Volunteerism group identified were related to an aging workforce in Wyoming, as well as a lack of youth and a lack of skilled workers within the state. The group identified low pay and an overall lack of training as directly affecting the workforce issues. The "frontier" nature of Wyoming lends itself to housing and transportation issues, which further complicate solutions. There is need for greater volunteerism and a systematic way to connect people for meeting the needs of an aging population, and to create a "share the care" concept for communities. Volunteers are not always valued the same as employees, and this includes issues around training, performance review and appreciation. We do not do a good job of validating and rewarding individuals in our current workforce (aging services), including volunteers.

Proposed Solutions:

The number one solution identified to address this priority is to develop "Time Dollar Exchanges" or "Time Banks" throughout Wyoming. As attendees learned through the Summit sessions, Time Dollars are a special kind of "money" that enables people to help one another by doing the things that they do best through a volunteer situation. One hour of helping another earns one Time Dollar. Time Dollars can be used to purchase services from other Time Dollar members and rewards from a "Time Dollar Store". This approach fosters partnerships, capacity-building, new ideas and trust, and taps unused assets in the community to meet identified needs, including support for in-home services for the elderly and disabled. This type of a system could also encourage intergenerational activities that value both youth and seniors. It would provide clear ways to appreciate and validate volunteers and the people they serve. It was felt that this effort could help to "un-fragment" our systems and strengthen communities and families.

Priority Issue #2: Financial/retirement planning information and advice should be available from one trusted place.

Barriers:

This priority is derived from the discussions of the Financial Issues and Economic Security workgroup at the Summit. People are distrustful of seeking information and advice from a financial resource that has its own agenda or is attempting to sell a specific product. Financial planning and related legal advice are not always available at a reasonable cost, which can be a major barrier to low-income people. There is a need for low-cost or no-cost services to assist people with their financial security efforts. There is not enough education and training provided for people throughout their younger years to help them start and maintain their financial planning early, and prepare for needs in their later years.

Proposed Solutions:

The most important solution identified was to create an Aging and Disability Resource Center, (ADRC) so that people will have one source to contact for objective financial/retirement planning information and advice, at no cost or low cost. (Note: Wyoming now has an ADRC through the University of Wyoming, and it has begun its pilot operations in the Casper and Glenrock areas.) A Senior Services Trust Fund, utilizing income from Wyoming's oil, gas, and mineral assets could help to provide ongoing support for the center in our state. Financial management and planning should be stressed in the current education system so that people have the knowledge and information from trusted sources.

Priority Issue #3: Rural and "frontier" areas of the country need to have systemic, flexible support, both financial and programmatic, for the development of creative options to address health care access.

Barriers:

This issue came to the fore in the discussions of the Health Care Access and Delivery topic group at the Summit. The small, geographically-isolated "frontier" communities of Wyoming, and the long distances that many people must travel to access quality health care, are very valid concerns that shape the delivery of services. Transportation barriers are always an issue, and they particularly affect the elderly and disabled. When people have to travel long distances to access healthcare, there is also a financial barrier or burden, since there are costs involved in such things as fuel needs, having to lose hours at work, and possibly staying overnight.

Wyoming has shortages of healthcare professionals, such as nurses, certified nursing assistants (CNAs), therapists, and physician specialists. Many small communities are not large enough to support full-time medical specialists or multiple physicians, but they do need to have healthcare available to them. There is also little infrastructure available in these small towns for organized wellness and prevention programs that can improve lives and lessen the healthcare impacts. Funding sources, including federal/state programs and private insurance companies, are often reluctant to support, or provide reimbursements for, services that are not delivered in traditional ways or settings.

Proposed Solutions:

The need for mobile healthcare units was selected as the highest priority solution for access to healthcare in the very rural or “frontier” areas. These units are envisioned as being fully staffed and equipped to provide a range of healthcare services, such as basic medical, dental, vision, therapy, wellness, and other needs, as well as periodic specialty care. Mobile units would have scheduled stops in small towns where these services are not readily available within the community. Follow-up visits could be scheduled at times when the mobile unit would be back in town. This would bring the advantages of healthcare to the community without having to recruit or support the full-time health care practitioners.

Law, rule and policy changes should be further explored to encourage alternative health care delivery methods and options, by ensuring that providers can get paid and consumers can receive the health care services, coverage and benefits they need, where they need it. Urgent Care Centers were also proposed as a possible option to care for emergency medical needs in small communities where hospitals are not economically feasible.

Priority Issue #4: States and communities need to do a better job of creating partnerships and utilizing existing resources.**Barriers:**

Systems and programs seem to be too fragmented and narrowly focused. There is too much duplication of effort, especially in the areas of resource development and training. Partnerships are often only superficial, and there is very little intergenerational programming and planning. Funding sources often add to fragmentation of services and resources by having restrictive regulations and requirements that create barriers to true partnerships and the best utilization of dollars.

Proposed Solutions:

The full Summit group wanted to emphasize improvement in partnering with existing community resources. It was felt that increased efforts in this area could “un-fragment” our systems and strengthen communities and families. Emphasis was on better utilization of current resources and partnerships, with a focus on increasing partnerships on an intergenerational level. Two examples were to “share” in trainings already in place, and to implement carpooling to address transportation concerns. Funding sources, such as federal/state entities and large private funders, need to re-think the way that they structure grant programs and other enterprises, so that people and organizations can work together in the most effective and efficient way possible.

Needs Assessment of the Alzheimer’s Disease Demonstration Grants to States (ADDGS)

One of the documents created in early 2006 under the ADDGS project was “An Examination of Alzheimer’s Disease and Related Dementias in Wyoming”. Focus groups, as a part of that effort, were conducted with caregivers in Sheridan, Casper, Rock Springs, Lander, and Cheyenne. A few service providers also attended. Attendance ranged from five in Casper to 12 in Lander. In total, 40 people attended. The primary purpose of the focus groups was to identify existing problems with the service delivery infrastructure, as related to Alzheimer’s Disease and

caregivers, and to seek recommendations for addressing the problems. Perceived problems or gaps were identified in much greater numbers than recommendations for solutions, which is typically the case in most public meetings.

Common themes expressed by participants in the focus groups are as follows:

- ▶ There is a need for more outreach. It is likely that many people are not aware of the services that are available.
- ▶ In-home services and caregiver supports are very popular.
- ▶ In-home services and caregiver supports are often not readily available on evenings and weekends.
- ▶ There is often a waiting list for in-home services and caregiver support.
- ▶ It is often difficult to serve rural residents of the county, especially those that are in the most remote areas.
- ▶ There is a need to provide more assistance with bill paying and other financial management issues. Currently, very few service organizations are willing to do this because of the legal ramifications.
- ▶ Very few of the caregivers attending the focus groups were caring for someone that had long-term care insurance. Very few of the caregivers had long-term care insurance.

These themes echo many of the issues that have been brought up in other meetings and discussions, reinforcing our knowledge that supports for caregivers must be improved.

Public Meetings and Other State Plan Input

In an effort to get more input and ideas from seniors, service providers, and other stakeholders and populations, the Aging Division facilitated opportunities for people to let us know what they think about the current aging services in Wyoming, what service gaps and needs still exist, and in what directions they think services should be moving. The draft State Plan was distributed to a wide range of stakeholders, plus anyone requesting a copy, and it was placed on the Division's website for easy access.

The Division set up four public meetings in various parts of the state - Cheyenne, Casper, Riverton and Rock Springs - during late July and early August of 2006. We also placed Public Notices and news articles in various newspapers throughout Wyoming. If people could not attend any of the meetings, they were encouraged to write or call the Aging Division with their thoughts on aging services. The topic was also discussed with the Wyoming Association of Senior Project Directors at meetings over the past year, and more specifically at their summer meeting. In addition, the news media really took notice of the State Plan effort, and the Aging Division Administrator was requested to do several interviews for newspapers, radio stations, and television stations.

As seems to be rather typical of many public meetings in Wyoming, the turnout and response was somewhat disappointing. There were 17 people at the meeting in Casper (the most "vocal" group), 6 in Cheyenne, 5 in Rock Springs, and only 4 in Riverton. Only a few written comments

and calls were received. Even though the numbers were small, the comments were very helpful, and some common themes emerged. Some of the basic issues identified are:

- **Information.** Several people were, very apparently, not aware that there are a wide array of programs and services already available in Wyoming. It became clear that the Aging Division and all of the provider agencies need to do an even better job of conducting ongoing outreach and public education/awareness efforts.
- **Housing.** Some seniors were concerned that there is a lot of housing available for very low-income seniors, but there is very little available for poor seniors who do not meet the very strict low-income guidelines. Even in the low-income housing, conditions are sometimes not very good.
- **Transportation.** While transportation services are pretty good for people who are in town and traveling on the weekdays, there were concerns expressed about transportation availability in the evening, on weekends and to areas outside of the city boundaries. Some people expressed concerns about seniors continuing to drive beyond the point that it is safe for them to do so.
- **Workforce.** Many of the people who work for provider agencies were very concerned about workforce issues and shortages. Since Wyoming's economy is "booming" now, it is becoming increasingly difficult to find qualified, committed employees to provide needed services. This is particularly true for in-home direct care staff, such as CNAs and homemakers. A common quote was, "They can make more working at the mines, or even at McDonald's". It was suggested that more training programs should be developed in Wyoming, and that direct care workers should be better paid.
- **Medical Care.** Some of the seniors were very concerned about the lack of quality medical services in their communities, particularly specialty care. They often have to travel great distances, sometimes to other states, to get the care they need. One community is finding that more and more physicians are refusing to accept Medicaid and Medicare patients, and "doctors come and go". There are now areas of the state that have no home health agencies to provide needed services. A few people suggested that more "alternative" medical care and therapies should be available.
- **Consumer Issues.** Written comments, and some seniors at the meetings, expressed concerns about experiencing difficulties with physicians, car repair shops, housing managers, and other consumer issues. They felt that nobody would really listen to their complaints and help them. While some of their expectations of what should be done may not be realistic, it points out the fact that seniors need guidance on, and assistance with, consumer issues, and may be vulnerable to exploitation...or just plain being ignored.

Other issues were discussed as a result of asking people about the four AoA Strategic Plan goals, but the items above were brought up without prompting. Clearly, many of these issues are beyond the scope of the Aging Division to correct, but we will always seek to partner with other agencies that may be more directly involved in these issues, in order to further discussion and action. Some of the other comments made through the public input process are reflected in the sections on goals/outcomes and implementing objectives, including some suggestions for improvement.

Addressing the AoA Strategic Plan Goals

States are asked to address the four program goals included in the Administration on Aging Strategic Action Plan, and to develop implementing objectives for inclusion in State plans. Following are the Wyoming Aging Division's approaches to addressing the Strategic Plan program goals. Included under each section is some background information that informs and affects the implementing objectives.

1) Increase the number of older people who have access to an integrated array of health and social supports.

Summary of Access Challenges

- Wyoming is the least populous state, with only a little over 500,000 people inhabiting approximately 98,000 square miles. Most communities are very small, and separated by many miles – and, oftentimes, mountain ranges. Nineteen of Wyoming's 23 counties are designated as “frontier” (6 or less people per square mile), and the other 4 counties are rural.
- Because of the small population and isolated towns, there are very few providers to deliver services. Competition for many services is nearly non-existent, even though the Aging Division conducts competitive grant processes. We have only 10 adult day care centers, and 19 assisted living facilities in the entire state, and only two Community Health Center corporations, with one satellite clinic.
- Wyoming is losing health professionals to other states because of low patient numbers, low pay, and high malpractice insurance rates. Many areas are without any obstetric services, and some physicians no longer accept Medicare or Medicaid patients. We have major workforce issues that affect all levels of care, include in-home direct care workers.
- Wyoming does not have its own Alzheimer's Association, but has a person from the Great Plains Alzheimer's Association that just recently set up an office in the state. A small group in Casper, the Alzheimer's Affiliation of Wyoming, is now becoming more prominent in the state's Alzheimer efforts. There is a need for more outreach, education and services that will assist families and individuals who are dealing with Alzheimer's disease.
- Wyoming's independent, “pioneer” spirit sometimes makes it difficult to introduce new assistance programs, such as community health centers, into areas with identified needs. Providers have been known to view their areas of service as their own personal domains.
- Unlike most other states, Wyoming has no Area Agencies on Aging (AAAs) that function in different areas of the state. The Aging Division operates as a State Unit on Aging (SUA) and a statewide AAA, and must coordinate all funded services from its State office in Cheyenne.
- There are inadequate housing options for frail or disabled people in most areas of the state. Although Wyoming has a new nursing home transition program (Project Out), that assists nursing home residents in returning to their communities, the lack of appropriate housing poses an obstacle to making this program as effective as possible.
- Wyoming still needs to improve the data available regarding needs of the older population, and the effectiveness of the current programs. The Medicaid-related services have the best data available, but there is still more we need to know.

BRFSS Results

The 2003 Wyoming Behavioral Risk Factor Surveillance System (BRFSS) questionnaire included three measures related to access to healthcare: 1) health insurance coverage, 2) having one or more personal doctors, and 3) if there was a time in the past year when they needed to see a doctor but couldn't because of the cost. An additional measure was created for the "underinsured", defined as persons without health insurance, or having insurance but doing without needed care in the past year because of the cost. This report discusses these four measures of healthcare access, population subgroups with specific healthcare access issues, and the effect of healthcare access on utilization of preventive health services.

In addition to standard demographic groups, analysis included adults with ongoing health problems, those at risk of chronic disease, veterans, and a new category of "working poor", which was defined as those who were employed for wages and reported household incomes less than \$25,000. This latter group included 10.1% of all Wyoming adults.

Overall, 17.1% of respondents, or an estimated 65,000 Wyoming adults, were uninsured, 23.9% did not have a regular physician, one eighth (12.5%) reported that cost prevented them from seeing a doctor for needed health care in the past year, and 23.6% were underinsured. Over one third (38.0%) of all Wyoming adults reported at least one of the three separate health access issues. Groups that appeared to have poor access to health care included the working poor, the out of work, smokers, persons reporting 14 or more days of poor mental health (frequent mental distress), those in fair or poor health, and the disabled.

Although this access survey did not exclusively target their questions to older people, it is clear that people over age 60 are affected in their access to care by such things as poverty, lack of insurance, minority status and lack of a personal physician. Healthcare access is a significant problem in Wyoming. Key findings are summarized in the table below.

Summary of Results - Wyoming BRFSS 2003

	All Adults	Ages 18-64	Ages 65+	Working Poor
	Percent (CI*)	Percent (CI*)	Percent (CI*)	Percent (CI*)
Uninsured	17.1 (15.7-18.6)	19.9 (18.3-21.6)	2.6 (1.6-4.2)	40 (34.2-46.1)
No MD	23.9 (22.4-25.5)	26.8 (25.0-28.7)	9.6 (7.6-12.0)	38 (32.2-44.3)
Cost issue	12.5 (11.3-13.7)	14.2 (12.9-15.7)	3.4 (2.2-5.3)	29 (24.2-35.3)
Any of above	38.0 (36.3-39.7)	42.6 (40.6-44.6)	14.6 (12.1-17.6)	66 (60.1-71.3)
Underinsured	23.6 (22.1-25.2)	27.0 (25.2-28.9)	5.9 (4.3-8.2)	51 (44.9-57.0)
*CI: Confidence interval: 95% confidence interval, which defines the range of values within which the true population prevalence rate would be expected to fall in 95 out of 100 samples taken from the population. Results for working poor rounded to whole number because n <500.				

Other groups of special concern because of poor health access or the likely need for ongoing health care services include adults in fair or poor health, those with frequent mental distress, and the disabled. In the absence of universal health insurance, recognition of these issues and identifying those at highest risk is a first step toward improvement.

Implementing Objectives for Goal #1

A. Improve access by older persons and their caregivers to programs and resources in the communities through improved outreach techniques, and enhanced information and referral services.

1. Review current information databases for any needed updates to provide consumers and professionals with accurate, up-to-date information on services and providers. The University of Wyoming's Pathways Plus/Connect Wyoming database, which is partially funded by the Aging Division, will be assessed quarterly for any necessary changes or additions.
2. Update and improve the appearance of brochures and other informational materials regarding available services through the Aging Division and other aging network providers.
3. Develop a plan for improved distribution of resource directories, brochures, and other information to service providers and other community focal points, in order to reach the people who may need the services more effectively.
4. Educate the public and promote community-based services through meetings with providers, targeted speaking engagements and various media opportunities. Develop a schedule of strategies with the Health Department's Public Information Officer.
5. Provide current resource and services information to the new Aging and Disabilities Resource Center, and assist them in developing their strategies to integrate and coordinate provider and systems information.
6. Improve the Aging Division's website by conforming its formatting with the new Wyoming Department of Health standard, and making its information links more logical and user-friendly.
7. Work more closely with the Wyoming Healthcare Commission (WHCC) to address issues of access to care and supportive programs. Utilize the results of the WHCC's long-term care study, currently in progress, to design improvement strategies.

B. Improve communications with the Northern Arapaho and Eastern Shoshone Tribes, Indian Health Services, and the Bureau of Indian Affairs to improve services for American Indian Elders, and improve accountability factors for grant funds and activities. Schedule meetings, separately and/or jointly, with these entities to clarify needs and expectations.

C. Involve the Aging Division's Advisory Council more actively in service planning processes and public education, and assist them in developing their abilities to influence and promote the coordination and integration of services in their areas of the state. Members of the Advisory Council, and any special aging task forces, will include elderly consumers. In addition, the members of the Advisory Council will continue to seek input from consumers and providers in their districts in regard to the quality of services and any unmet needs.

D. Promote training and education for older adults, caregivers, senior advocates, faith-based organizations, city, county, state and tribal officials, and health care and social services professionals about the current services available, and the needs of older adults which are not

being met. This will be accomplished through avenues such as the Governor's Conference on Aging, the Aging Division's newsletter and web page, public meetings and targeted trainings and presentations.

E. Provide periodic opportunities for older adults and others to inform the Aging Division of their perspective on the effectiveness of the aging network through public meetings and surveys. Aging Division staff will interview older adults during on-site reviews to determine satisfaction with services and to identify any unmet needs.

F. Conduct a comprehensive needs assessment to address the current and future needs for people over the age of 60 as well as disabled adults ages 18-59 who are at risk of premature institutionalization.

G. Develop recommendations for including aging policy considerations in all appropriate aspects of the Wyoming Department of Health's programs and activities. Increase awareness of the interdependence of the generations, and the essential contributions of older adults.

H. Work with aging network providers/partners, including the Wyoming Office of Multicultural Health and faith-based entities, to find ways to promote services to low income, isolated, rural and minority elders, and to overcome any barriers to service.

I. Coordinate planning, identification, assessment of needs, and provision of services for older individuals with significant disabilities (including mental illness or behavioral problems), especially those individuals with severe disabilities. The Aging Division will continue to have representation on the Governor's Planning Council on Developmental Disabilities, and will work closely with other programs for people with special needs.

J. Improve mental health services for Wyoming older adults through the activities of the Aging Division's Health and Wellness Coordinator. Work with the Mental Health and Substance Abuse Divisions on issues that affect older adults, while continuing to raise awareness through conferences and trainings, such as the Mental Health and Aging Conference held in August of 2006.

2) Increase the number of older people who stay active and healthy.

Results from the 2003 Wyoming BRFSS (Behavioral Risk Factor Surveillance System) included findings on health issues that disproportionately affect older adults. Older adults were defined as those ages 60 and older, representing 81,500 persons in Wyoming. The BRFSS telephone surveys include only non-institutionalized adults, and thus exclude the nursing home population. Six conditions were included: arthritis; high blood pressure; high cholesterol; diabetes; osteoporosis; and asthma. Treatment for each of these conditions frequently involves long term drug therapy, ongoing disease management, or regular monitoring.

Key Findings:

<u>Health Conditions Among Adults (age 60+)</u>	<u>Prevalence</u>	<u>Est. Number</u>
Arthritis	55.2%	45,000
High Blood Pressure	50.2%	40,900
High Cholesterol	46.7%	38,100
Diabetes	13.9%	11,300
Osteoporosis	15.0%	12,200
Asthma	9.7%	7,900

- ▶ Nearly nine of every ten older adults (87.2%) in Wyoming reported one or more of these six conditions, 60.8% reported two or more, 30.9% reported three or more, and 8.6% reported four or more. Compared with older men, older women tended to report more conditions.
- ▶ The association of these conditions with general health and disability status was striking. Among older adults with none of these conditions, 9.5% reported fair or poor health and 10.7% reported being disabled. These figures rose to 49.3% reporting fair or poor health among older adults reporting four or more of these conditions, and 56% for disability among this group.
- ▶ Recent falls, reported by 14.2% of older adults, were also associated with these conditions; 6.2% of older adults with none of the conditions reported a recent fall, compared with 26.0% of those with 4 or more conditions.
- ▶ Among older adults, the following subgroups reported more of these six conditions: women, adults aged 70 and older, persons with less education or in lower income households, the out of work (unemployed or unable to work; not including the retired), homemakers, and the obese.
- ▶ Excess body weight was the factor most consistently found to be associated with each of the conditions examined separately; osteoporosis was the distinct exception, where lower body weight was associated with the condition.

The BRFSS study suggested that risk reduction strategies to lessen the chance of developing these conditions include weight reduction, smoking cessation, exercise, diet modification, limiting alcohol consumption, and avoidance of environmental tobacco smoke. Drug therapy, self-management courses, and regular monitoring by healthcare professionals are also key strategies to minimize adverse effects and avoid disability. Although older adults are not traditionally targeted for public health programs, the projected increase in the number of older adults and the potential for success in these areas suggests that this group should be included when setting public health priorities.

Implementing Objectives for Goal #2

- A.** Facilitate the coordination of statewide health promotion and disease prevention activities within the Department of Health, the University of Wyoming School of Pharmacy, local providers, and other agencies, to enable older adults to reduce the risk of chronic disease and maintain a healthy, active, and independent lifestyle.
- B.** Develop improved strategies to provide senior projects with current written preventive health information that can be shared with program participants on a regular basis.
- C.** Increase focus on educating and empowering seniors and their families and caregivers about the importance of health promotion and disease and injury prevention at all ages.

- D.** Promote physical activity among seniors (and pre-seniors) by encouraging community focal points (including community recreation centers) to provide better incentives and opportunities for activities. Increase promotional supports for the Wyoming Senior Olympics, and encourage public officials to include/target seniors in other physical activity initiatives.
- E.** Explore the development of a statewide coalition to increase immunization rates among older adults.
- F.** Support safe driving among seniors through partnerships with private and governmental agencies.
- G.** Provide education opportunities for older adults regarding healthy nutrition, and develop materials to promote the Wyoming Department of Health's "5 A Day" effort to increase consumption of vegetables and fruits.
- H.** Promote consumer awareness in the area of medication management through statewide educational programs provided by the University of Wyoming's School of Pharmacy, as funded through the Aging Division.
- I.** In partnership with the Mental Health Division and other partners, increase prevention and wellness activities related to mental health issues of older adults, including special needs populations. Maintain the Division's active participation in the suicide prevention task force.

3) Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.

As the result of an Aging Division request and funding, special questions in the State's BRFSS survey in 2004 were specific to caregiving issues. The responses to these questions indicated that over 23% of Wyoming adults currently provide companionship or assistance with daily living to an elderly parent or relative, with females and middle-aged caregivers taking on the most responsibility, as illustrated below:

<u>Measure</u>	<u>% Providing care to person 60+</u>
Total	23.4
Gender	
Males	21.5
Females	25.2
Age (years)	
18-24	21.3
25-34	20.0
35-44	21.2
45-54	28.6
55-64	28.6
65+	19.5

Race/ethnicity	
White	23.5
Hispanic	19.1
Other	27.5

The National Caregiver Alliance also found in a survey that:

- ◆ In Wyoming, 62% of family caregivers said they need more help taking care of their elderly parents (compared to 31% nationwide).
- ◆ 82% of family caregivers in Wyoming are aged 45 or older (compared with 48% nationwide).
- ◆ Of grandparents aged 65+, 2.8% are raising grandchildren.

National Family Caregiver Support Program

The Aging Division oversees the National Family Caregiver Support Program (NFCSP), and presently contracts with 22 providers for services. This includes two home health agencies, one hospital, 18 Senior Centers and Wyoming Senior Citizens, Inc. (which provides Respite and Case Management services in 3 counties). Two senior centers, out of the 18, collaborate to address the needs of their one county. Over 3,185 caregivers were provided some type of service through this program last year, but there is potential for reaching many more.

CHALLENGES NOTED BY PROVIDERS

- Insufficient work force to provide direct care services
- Distance to travel for staff to provide direct services
- Increased fuel costs to operate vehicles
- A sense that there are not a lot of families in need or wanting the services
- Inadequate salary and benefit packages to retain staff
- Difficulty in providing data for the Aging Division due to turnover in staff and lack of understanding how to input data into SAMS (our reporting system)

CHALLENGES NOTED BY AGING DIVISION

- Insufficient work force in many frontier areas
- Small provider organizations (staff issues)
- Inadequate provider salary and benefit packages (contributes to recruitment difficulties & high staff turnover)
- Need for providers to improve staff training and supervisory direction regarding the NFCSP
- Need for greater outreach and education efforts
- Need for local programs to develop more partnerships within their communities to provide local match, awareness, collaboration and volunteer bases for the program
 - ▶ Previous lack of a dedicated state match for the federal funding, which has just recently been corrected

PARTNERS OF THE NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

In an effort to effectively utilize funds and to facilitate community partnerships, the Aging Division has created opportunities for other entities to address the needs of individuals caring for people age 60+ and grandparents/relatives raising grandchildren age 19 and younger.

Adult Protective Services

A concern about a lack of training of provider staff and communities, relative to the abuse, neglect and exploitation of vulnerable adults, was identified. In partnership with the Aging Division's NFCSP and the Mental Health Division, Adult Protective Services (Department of Family Services) kits were funded and developed, with education materials and resource contacts for statewide presentations on this topic. In addition, clipboards highlighting Adult Protective Services were provided and distributed statewide. Proposed rules for the NFCSP will include mandatory provider in-service trainings for program staff. The kits and the resource people will be made available for this no-cost in-service training. The Program Manager for the NFCSP is an active member of the State Adult Protective Services Team

CASA/Kinship Care

In partnership with the NFCSP, the Kinship Care Program hosted a conference ("You Are Not Alone") in July 2005. They provided respite, lodging and meals for caregivers and grandparents/relatives raising grandchildren, so that they could attend the conference. The conference focused on networking and the creation of a vision and a mission, regarding issues that affect kinship care statewide. The conference was attended by caregivers age 60+, as well as those under age 60, who are raising grandchildren. Four Native American families participated in the conference. Respite services were provided by Laramie Co. Community College (Early Childhood Dev. students) and older children in the families. The vision is for a Kinship Care Coalition that creates a "one stop shop environment" for kinship care families and communities to succeed. The mission is to create a safe environment which will assure families have successful access to all needed resources at the community level, and that those services are obtained through a respectful and dignified process. Follow up will be to create a statewide advisory council, and to facilitate statewide focus groups.

Wyoming Guardianship Corporation

To address guardianship issues and lack of information for caregivers, a partnership was created between the NFCSP and the Wyoming Guardianship Corporation (WGC) to create a hot line for consumers to get information and referrals. A targeted amount of funding was available to help with the guardianship process (i.e., filing fees, etc.). The hotline addressed legal, nursing and financial issues (it is no longer operational). The WGC identified a need to increase outreach and education about the service on a statewide basis. They also plan to adjust the times it is available, so that it will meet the needs of the communities. With Aging Division funding, the WGC also developed and printed a resource directory specific to caregivers and grandparents/relatives raising grandchildren. The targeted audience is social workers and discharge planners in long-term care and hospital settings. Physicians, dentists and therapists also received the manual. The remaining directories were distributed to interested families and agencies (senior centers, home health agencies, Kinship Care, APS/DFS, Mental Health, etc.) on a statewide basis. The Aging Division hopes to do an update and re-print soon.

Prevent Child Abuse Wyoming

This partnership helped to fund the implementation of a “Circle of Parents” effort in five counties. The “Circle of Parents” initiative is focused on aged 60+ grandparents or other relatives raising grandchildren. Training on preventative skill building aims to reduce child abuse by improving parenting through the mutual support of members. It also works to improve skills and increase knowledge about accessing and utilizing community resources. The partnership successfully created two “Circle of Parents” groups in Laramie and Albany Counties. The Laramie County program partners with the Laramie County Senior Center and Kinship Care for in-kind services and staff support. Meetings are held at the Senior Center. Challenges identified by Prevent Child Abuse were the lack of appropriate and consistent child care while caregivers attended meetings, and recruiting grandparents/relatives, who might benefit from this assistance, in rural areas.

Hospice of Laramie County

Hospice presently utilizes only 25% of their volunteers, who are trained in several areas related to in-home services. Volunteers receive a criminal background check and yearly TB checks. Liability for the volunteers is assumed by Hospice. The plan is for the Aging Division to participate in the training of Hospice volunteers by introducing the NFCSP, and the need for respite volunteers. Hospice will include training from the Aging Division and/or Adult Protective Services on abuse, neglect and exploitation of vulnerable adults. Volunteers completing the training will be issued a card confirming that they have been trained in in-home services for Hospice and the NFCSP. A collaborative campaign will be developed to increase awareness of the training, so consumers will ask to see the card to assure that the direct care volunteer has been appropriately trained. This partnership will assist caregiver service providers in meeting the needs of their families by utilizing volunteers. Hospice is in 14 counties in Wyoming, and the plan is to incorporate this same partnership in all 14 counties.

Implementing Objectives for Goal #3

As noted in the background information above, the Aging Division has already begun some targeted approaches to improving the support available for family caregivers. In addition to those efforts, following are some additional objectives for the future.

- A.** Advocate on behalf of family caregivers who are caring for functionally dependent older adults or grandparents to children 18 years of age or younger by examining laws and policies to identify any needed changes that could support and benefit caregivers and the care receiver.
- B.** Enhance the caregiver’s knowledge of the availability of support services by improving outreach strategies, and providing information about resources through support groups, health fairs and service providers.
- C.** Improve assistance to caregivers in locating and arranging for services by insuring that quality case management will be provided to coordinate the provision of services among providers.

D. Update the Wyoming NFCSP Implementation Guidelines, with a focus on developing new service options that are allowed in the program's federal regulations.

E. Improve the availability of caregiver information and education that is specifically designed for families dealing with Alzheimer's Disease or other dementias.

1. Prepare a county-specific brochure summarizing dementia related programs and services. Provide the brochure to appropriate organizations for distribution.
2. Develop a county-specific internet site to provide detailed information about dementia related services (with county specific contact names and phone numbers).

F. Explore possible options for promoting the establishment of a Dementia Diagnosis and Referral Center (Wyoming does not have one) in a central Wyoming location. The Center should have several functions including, but not limited to, the early diagnosis of specific types of dementia, referral of people with dementia and their caregivers to local service providers and programs, and training of local medical professionals, including training about managing risk factors.

G. Expand and enhance caregiver support services by:

1. Providing additional targeted training to local program administrators so they learn to better utilize caregiver support funding and services available from state and federal programs.
2. Exploring the possibility of eliminating the "client slots" cap on the Medicaid Long-term Care (LTC) and Assisted Living Facility waiver programs, so that more caregivers/care receivers can access these services. The cap currently stands at 1,150 for the LTC waiver, and 146 for the ALF waiver, but both programs consistently have significant waiting lists. Engage legislative partners.
3. Encouraging the expansion of the state-funded Community-Based In-Home Services (CBIHS) program, so that more caregivers can access these services, including adult day care and personal care, for their loved ones. There are waiting lists for the services in some areas.

4) Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.

Similar to other types of violence, abuse of the elderly includes physical, sexual and psychological abuse, as well as neglect. However, elderly people are also more vulnerable to economic abuse and exploitation, in which others make improper use of elderly persons' resources. Information on the extent of abuse in elderly populations is scant. The few population-based studies that have been conducted suggest that between 4% and 6% of elderly people nationwide have experienced some form of abuse in the home.

The elderly are also at risk of abuse in institutions such as hospitals, nursing homes and other long-term care facilities. According to the World Health Organization, a survey in the United States found that 36% of nursing-home staff reported having witnessed at least one incident of physical abuse of an elderly patient in the previous year, 10% admitted having committed at least one act of physical abuse themselves, and 40% said that they had psychologically abused

patients. Abusive acts within institutions for the elderly also include physically restraining patients, depriving them of dignity and choice over daily affairs, and providing insufficient care (for example, allowing them to develop pressure sores).

For older people, the consequences of abuse can be especially serious because their physical status is more fragile, and convalescence takes longer. Even a relatively minor injury can cause serious and permanent damage. Emotional scars can also result from abuse, neglect, fraud and exploitation.

Comments about this issue from participants in the public meetings held throughout Wyoming included:

- More cooperation is needed from local law enforcement entities, and they should be better trained in elder abuse issues.
- Additional education for seniors, the public and providers on fraud and abuse is needed.
- Better training is needed for staff in facilities, so they learn not to verbally abuse residents.
- Greater emphasis on, and requirements for, employee background checks is needed.
- Department of Family Services field offices need to be more knowledgeable and consistent in their handling of elder abuse cases.
- More funding support is needed for Adult Protective Services (APS).

Implementing Objectives for Goal #4

A. Support and assist with changes proposed by the Adult Protective Services Program of the Department of Family Services (DFS), through policy and legislative actions.

1. Mandate that all Protective Services staff receive training in Adult Protective Services.
2. Mandate that local offices facilitate the development of local APS teams in their respective communities, and that all adult protective workers serve on these teams.
3. Mandate that there be designated APS workers in local DFS offices who could assist with training, outreach and education relative to Adult Protective Services, in partnership with the Social Services Consultant for APS.
4. Review and revise the statutes, relating to:
 - ❖ Financial exploitation
 - ❖ Elimination of vulnerability as a criteria
 - ❖ Changing the abuse definitions (clarify and expand)
 - ❖ Inserting penalties in the statutes for perpetrators, which will encourage prosecution of the crime
 - ❖ Improving the definition of the terms to qualify for substantiation leading to prosecution.

B. Explore the feasibility of developing interventions, which might include emergency shelters, support groups specifically aimed at older abused people, and telephone helplines.

C. Target education efforts to medical professionals and law enforcement entities, who can play a leading role in identifying and reporting elder abuse, as well as raising public concern about elder abuse. Explore opportunities for developing intervention programs for abused elders in hospital settings.

D. Develop education and public awareness campaigns. Public education and awareness-raising are important elements in preventing abuse and neglect.

1. The Aging Division will seek to inform practitioners and the general public about the various types of abuse, how to identify the signs and symptoms of abuse, and where and how help can be obtained.
2. The media can also be a powerful tool for changing attitudes and reducing stereotyping of the elderly. The Aging Division will work to incorporate information on elder abuse into wider topics, such as successful aging or health care messages.
3. In partnership with Adult Protective Services (APS - Department of Family Services), trained presenters will be prompted to increase their utilization of the APS kits that were funded and developed last year. In addition, clipboards highlighting Adult Protective Services were provided and distributed statewide, and additional production of those will be pursued.
4. The Aging Division, in partnership with APS, developed elder abuse materials for case managers to distribute to in-home service clients. The Division will work to find funding to print additional sets of information for wider distribution.

E. Target low-income, rural, minority persons, as well as those isolated by reason of geography or disability, in the dissemination of information about the Legal Assistance Developer program, while meeting the needs of a larger eligible population. Improve outreach and referral efforts.

F. The Aging Division will review the Long Term Care Ombudsman program to determine if any changes are needed to better meet the current and future needs for assistance and resources provided to the clients and their families. If indicated, the Division will devise ways to expand the scope of the Long Term Care Ombudsman program to advocate on behalf of adults in any long term care situation.

G. To prevent premature institutionalization, the Aging Division's Olmstead efforts will be more fully developed to include increased education for consumers and professionals regarding the availability of community services and supports that assist people in the least restrictive environment. Project Out can be a great option for diverting people from, or transitioning them out of, nursing home facilities, but people need to know that this resource is available.

H. Continue to collaborate with the Department of Family Services, the Medicaid Fraud Control Unit, Wyoming Guardianship Corporation, and numerous other agencies to protect the rights of vulnerable older adults through creative and proactive programming.

I. In partnership with the Center for Social Gerontology (Michigan), Wyoming Legal Services and the Aging Division/NFCSP are planning on conducting a survey of aging network clients to help identify unmet legal needs, gaps in resources, unidentified caregivers who may need services, and the level of knowledge about the new Medicare Part D prescription drug benefits. The survey project will have to meet the standards of the Wyoming Department of Health's Institutional Review Board to protect the rights and confidentiality of survey participants. RSVP volunteers will be recruited to assist with the mailing. This should be completed within the year.

J. Promote the development of a comprehensive adult protection services manual that outlines the coordination of services.

Other Goals/Outcomes and Implementing Objectives

GOAL 5: The Aging Division, which administers a single planning and service area, is efficient, effective, and accountable for the funding of services and activities, with emphasis on person-focused outcomes consistent with consumer choice and identified needs.

A. The Aging Division will review formulas and other methods used in its funding processes to ensure that a fair and equitable distribution of resources, based on reliable evidence and need factors, is in place.

B. The Aging Division will enhance its managerial efficiency through the improvement of targeted information and management systems.

1. Improve the integrity of the data gathered for the National Aging Program Information System (NAPIS) by making the Social Assistant Management System (SAMS) software program utilized by the Division more user friendly, and providing additional technical assistance to improve the data input of providers.
2. Review the Division's Quality Assurance processes for on-site reviews and oversight of providers, and make any needed changes or updates.
3. Analyze contractors' fiscal reports to monitor financial accountability, and improve internal tracking systems.
4. Continue to refine the grant application process by updating the Aging Division Grants Manual and providing ongoing technical assistance and periodic training to applicants/providers.
5. Revise, maintain, and apply necessary policies and procedures, both internal and external, that help improve management at all levels. Create more Policy Information Notices to clarify policies and procedures.
6. Develop a policies and procedures manual for Project Out and the NFCSP.

C. Provide targeted training opportunities for Aging Division staff and providers to enhance performance.

1. Continue to improve upon the training programs for new Project Directors, Case Managers, nutrition project staff, and others, to enhance their skills and knowledge.
2. Identify and request training needed to improve Aging Division staff skills.
3. Explore more effective utilization of new technology for methods for the coordination of education and training programs with private, public, governmental and educational organizations and institutions.
4. Continue to keep providers informed of relevant aging issues and activities through the distribution of the Aging Division's quarterly newsletter and updating of the web page. Provide gerontology-related training topics during the Governor's Conference on Aging, and ongoing training in areas including outreach, case management, fiscal management, nutrition, disaster preparedness, health promotion, and elder rights and protection.

5. Increase understanding, respect and compassion for older adults by providing Sensitivity Training Workshops to professionals and consumers.

GOAL 6: The Aging Division coordinates with other agencies and organizations to maximize services, meet identified needs, avoid duplication, and find solutions.

A. Improve communication and coordination between the Aging Division, the Wyoming Community Development Authority, the Housing and Urban Development office, the Rural Development Program and housing coalitions to enhance public awareness of housing needs of older persons, and to find solutions to senior-appropriate housing shortages.

B. Continue to develop and enhance cooperative partnerships between the Aging Division, Cooperative Extension, Wyoming Dietetic Association, Wyoming Dietary Managers' Association, Wyoming Food Safety Coalition, Department of Agriculture, and local health departments to maintain and improve the quality of nutrition services and safe food handling by nutrition projects.

C. Enhance coordination with Independent Living Centers, Vocational Rehabilitation, AARP, Alzheimer's Association and Alzheimer's Affiliation, Wyoming Office of the Blind and Visually Impaired and the WYNOT Resource Center, to identify the need for assistive devices for older adults or adults at-risk.

D. Increase efforts to work with State-operated institutional facilities and other WDH divisions and programs to develop placement and care options for seniors and disabled adults who, for various reasons, are refused care by other community providers (i.e., people on ventilators, elder and disabled persons with severe mental illness or behavioral issues, or who have other extraordinary care needs).

E. Explore possible options for regionalization of targeted grant programs' administrative functions (grant writing, reporting, fiscal management, data input) to assist very small providers in meeting their federal and state accountability requirements. As this can be a major challenge, a pilot project may be established to determine whether or not such an arrangement, or coalition, of providers can be successful in our very rural state.

Aging and Disability Resource Centers (ADRCs)

The Aging Division has partnered with the University of Wyoming/WIND (Wyoming INstitute for Disabilities - the ADRC grantee) and other agencies to support the development, expansion, and coordination of the new Aging and Disability Resource Center (ADRC) in Wyoming, and is helping to address the basic principles of systems change that this program entails, including:

- Integrating a comprehensive array of information, intake, referral and counseling services (one-stop service centers);
- Expanding service provision to private pay and non-elderly clients;
- Helping middle-aged individuals become aware of the importance of planning ahead for their long-term care, and of the resources that are available to assist in such planning;

- Developing management information systems that support the functions of the program, including client intake, needs assessment, care plans, utilization and costs; and
- Establishing measurable performance objectives related to: program visibility, consumer trust, ease of access, responsiveness to consumer needs, efficiency of operations, and program effectiveness.

The Aging Division is an active member of the statewide Advisory Council for the ADRC. The pilot project of the new ADRC opened its office in Casper in the first week of August, 2006.

Implementing Objectives Contained in the Aging Division/ADRC MOU:

The Aging Division will:

- A.** Assign an employee(s) as a point of contact for WIND regarding the Aging and Disability Resource Center (ADRC).
- B.** Ensure collaboration of its staff and that of the respective local offices in the pilot sites to develop, implement, and support the on-going operation of the ADRC activities relevant to the target population.
- C.** Identify stakeholders serving the target population, within its network, essential to the development, implementation, and/or operations of the ADRC initiative.
- D.** Ensure the participation of the Division staff in the ADRC State Advisory Council and other relevant workgroups, as well as facilitating the participation of local offices and other stakeholders, in workgroups and related activities.
- E.** Ensure that the Division staff participates in ADRC activities related to development, implementation, operations, monitoring and evaluation. Facilitate the participation, as appropriate, of local providers and other stakeholders.
- F.** Advise the WIND staff regarding local long-term care systems, stakeholders, and resources that serve the target population.
- G.** Support WIND in educating, and providing technical assistance to, local providers and other stakeholders regarding the ADRC initiative.
- H.** Consult with WIND in its efforts to identify, and adopt, existing standardized intake and screening tools, or develop new tools for the ADRC to appropriately serve adults in the target population.
- I.** Collaborate with WIND in its efforts to expand *Connect Wyoming*, a comprehensive, and current, statewide and locally specific human services resource database that will be part of the ADRC web-based information and referral system.
- J.** Consult with WIND in its efforts to provide support and technical assistance to ADRCs in developing training curriculum and materials relevant to serving adults in the target population.
- K.** Participate in meetings with WIND staff, and its partners, regarding the ARDC initiative.

L. Collaborate with WIND in its efforts to develop data protocols, required by the ADRC grantor, to evaluate the initiative in reference to serving older adults, and adults with disabilities. Core evaluation areas include the ADRC's implementation process, visibility/trust, efficiency, effectiveness, and responsiveness.

Choices for High-Risk Individuals

The Aging Division has had gratifying success with a consumer-directed care option under the LTC/HCBS Waiver program, with 20% of waiver clients successfully utilizing this option. The Division wants to expand this effort to provide more choices for high-risk individuals. Older Americans Act programs and the Aging Network are uniquely positioned to assist individuals who are not financially eligible for Medicaid to remain in their homes and delay premature entry into nursing homes. The Aging Division will continue to explore a variety of potential consumer-directed strategies and methods to increase choice, such as the "cash and counseling" models which give consumers more control over the care they receive. The Division will also partner with the Wyoming Office of Healthcare Financing to investigate potential opportunities for providing incentives for individuals to purchase long-term care insurance.

The Aging Division is routinely involved in the State's decision-making and implementation efforts related to any Medicaid long-term care reforms. Reforms were enacted as part of the recent Deficit Reduction Act, particularly the "Money Follows the Person" Initiative. More research and consideration may be needed to demonstrate the cost benefits and human consequences of this approach in Wyoming, but the Aging Division, Medicaid Office and Developmental Disabilities Division are considering the "Money Follows the Person" grant opportunity that is currently available. The Division will also remain alert for other funding opportunities that may support enhanced choices for high-risk individuals, such as the new Choices for Independence initiative.

Implementation of Evidence-based Health Promotion/Disease Prevention Programs

The implementation of evidence-based health promotion/disease prevention programs is something that the Aging Division is eager to promote. Each year, the Aging Division works with the Department of Health's Immunization Program to assist with the coordinated vaccination of seniors, particularly for influenza and pneumonia. Occasionally, some special funding becomes available through the Immunization Program, and the Aging Division works to get that funding out to the communities, through community focal points, to protect the seniors.

The evidence to support certain approaches to health promotion and disease prevention is clearly available to inform new efforts. As stated in the State Plan guidance, early results from the AoA Evidence-Based Disease Prevention Demonstration project indicate that disease prevention programs that have proven effective in the Health sector can be successfully implemented by community aging service providers. Such models could result in more healthy aging for seniors, and a decreased/delayed need for long term care services.

The Aging Division would like to focus on prevention of those diseases that seen to have the greatest impact on Wyoming's seniors, as indicated by BRFSS results in a previous section. The Preventive Health Division of the Wyoming Department of Health is a logical partner in assisting the Aging Division with using available evidence to incorporate proven strategies in our efforts to help seniors stay as healthy as possible, for as long as possible. The Aging Division will take steps to collaborate with the Preventive Health Division, and to research possible options.

Medicare Modernization Act (MMA)

Wyoming has taken many effective steps over the past year, through a partnership of agencies and network providers (the “Coordinating Council”), to help elderly individuals in the State avail themselves of the benefits available to them under the Medicare Modernization Act (MMA). The most notable of these benefits is the Medicare Part D prescription drug benefits. The MMA provides significant new benefits, especially to elderly beneficiaries with limited income. Elderly beneficiaries in all economic groups require assistance in preparing for enrollment decisions to ensure they can select plans that are appropriate to their needs. The aging network is in a unique position to assist the elderly and help to prepare them for these decisions, and the local and statewide organizations have done a great job with Part D enrollments. Those strategies will continue, along with the periodic meetings and conference calls that keep the aging network up-to-date on MMA developments.

The Wyoming Department of Health, along with other partners, are considering ways that the State may be able to provide some assistance to Medicare beneficiaries who are low-income, but do not qualify for the Social Security Administration’s low-income subsidy for the Medicare Part D prescription drug benefit. Beneficiaries who have incomes between 150% and 200% of the Federal poverty level are still subject to co-pays, deductibles and the so-called “donut hole”, which can be financially burdensome to this low-income group.

The Aging Division will continue to promote and support the services of the Wyoming State Health Insurance Information Program (WSHIIP), which is administered by the Wyoming Insurance Department, and operated by Wyoming Senior Citizens, Inc. The program assists beneficiaries with problems, questions, and enrollment in various health insurance programs, including the Medicare Part D Prescription Drug Program, and they remain key players for future enrollments.

Transportation

In partnership with the Federal Transit Administration, AoA has developed a toolkit for State and local planners to help them assess the transportation needs of elderly individuals and to coordinate transportation services for elderly individuals in communities and across the State. The Aging Division will investigate how the State can apply the tools that have been provided, specifically in two areas:

- 1) assessing the needs of the elderly for transportation services, and

2) the coordination of transportation services to assist elderly individuals in communities and across the State.

The Aging Division will have a staff member serve as an ex-officio board member of the Wyoming Public Transportation Association (WYTRANS) to address transportation issues that impact the independence of Wyoming's older adults, especially in rural communities. The Division will continue to partner with WYTRANS to evaluate the current transportation systems, identify changing service delivery methods, and assist communities in developing coordinated transportation systems that meet the needs of seniors. Since inadequate transportation, especially in the evenings and on weekends, was one of the main issues identified in the State Plan public meetings, this topic takes on added importance.

Competition in Service Provision

The guidelines and requirements for the State Plan indicate that plans should address the concept of competition in the provision of services under the Older Americans Act. Competition in financing and providing services is an important element that can influence not only the cost of care, but the quality of care, and we have experienced that in Wyoming. When competition is not present or possible, quality of care becomes a big concern.

The Aging Division uses a competitive process, with the assistance of the State Procurement Section of the Department of Administration and Information since 2004, for all of its grants. The State has "cracked down" on the use of sole-source contracts, so our processes must be competitive in almost all circumstances. However, competition is sometimes non-existent in many parts of Wyoming, as it is fortunate if there is one provider available who can provide the services. The Aging Division makes every effort to work with each situation in the state to make our efforts and results the best possible.

Disaster Preparedness for Older Persons

Each event, manmade or natural, had or continues to have a major impact on public health and mental health, and medical services in those affected cities. While Wyoming's total population is a fraction of the population of Washington, D.C., New York, or New Orleans, we face a different set of challenges in protecting the health and safety of our fellow Wyomingites. Limited resources, 97,000 square miles of diverse terrain and weather conditions that can change in minutes require a clear plan for the Wyoming Department of Health (WDH).

This Emergency Operations Plan (EOP) provides a framework to guide WDH's overall strategic effort, and checklists to direct activities essential to helping ensure an orderly and seamless transition from day-to-day business to emergency operations. Supplemental plans have been, or are being, developed that will provide detailed information necessary to effect special activities, or handle significant events. As with any plan, each is dynamic, and will change based on laws, and outcomes of actual events or exercises.

As the State's lead agency for ensuring the health and safety of the state's residents, the Wyoming Department of Health (WDH) must be ready to work with other state, and federal agencies to coordinate services and resources (equipment, pharmaceuticals and people) necessary to support what will be an overtaxed infrastructure. Hurricanes Rita and Katrina, August 2005, drove home this point, and reinforced the need for local and state health agencies to prepare for the worst-case scenario through planning, training and exercising.

The WDH Emergency Operations Plan (EOP) incorporates the standards and practices articulated in the National Response Plan (NRP) and National Incident Management System (NIMS), including use of the Incident Command System (ICS); and serves as a guide to allow WDH to approach its response to any type of disaster in a unified manner maximizing the agency's resources and assets. The Aging Division has its role to play in this plan.

Each WDH division/institution/office should be prepared to assist (collectively and individually) in a response to an emergency. The diversity of missions and geographic locations necessitate each division, institution, and office develop and maintain its own Standard Operating Guidelines (SOG) or checklists. The Program Coordinator for Planning, Public Health and Terrorism Preparedness will provide technical assistance to all WDH entities, individually and collectively.

Aging Division Responsibilities

- ◆ Perform support functions, as assigned.
- ◆ Monitor actions and activities related to care of elderly, including, but not limited to, sheltering, feeding, medical care required and available, and evacuation requirements.
- ◆ Coordinate supplies, equipment, and personnel as requested.

Emergency Support Function #6, Human Services, will require assistance from the Aging Division. The task is: "Crisis counseling in addition to handicapped and elderly needs."

ESF #6 promotes the delivery of services and the implementation of programs to assist individuals, households and families impacted by potential or actual incidents of state and local significance. ESF #6 includes three primary functions: Mass Care, Housing, and Human Services. Mass Care involves the coordination of non-medical mass care services to include sheltering of victims, organizing feeding operations, providing emergency first aid at designated sites, collecting and providing information on victims to family members, and coordinating bulk distribution of emergency relief items. Housing involves the provision of assistance for short- and long-term housing needs of victims. Human Services include providing victim-related recovery efforts such as counseling, and identifying support for persons with special needs.

The State also has an Evacuation Plan, which includes specific strategies for “Special Needs Populations” Special needs populations in Wyoming include children in school, children in daycare centers, nursing home residents, the handicapped and mentally impaired, hospitals, homebound, non-English speaking people, incarcerated persons, and transient populations (seasonal workers, tourists, homeless), citizens at or below the poverty level, and people without transportation. There is also a plan for the Wind River Indian Reservation.

Pandemic Influenza Planning at the Wyoming Department of Health

Pandemic influenza (flu) is a global outbreak of influenza disease from a new influenza virus that is unlike past viruses. Pandemics are different from seasonal outbreaks of influenza. Seasonal outbreaks are caused by subtypes of influenza viruses that already circulate among people. Pandemic outbreaks are caused by new subtypes or by subtypes that have never circulated among people. Past influenza pandemics have led to high levels of illness, death, and economic loss.

The purpose of the Wyoming Pandemic Influenza Response Plan is to provide a guide for the Wyoming Department of Health’s response to an influenza pandemic. The plan describes the State’s basic strategies of disease surveillance, laboratory testing, vaccine and antiviral medication delivery, isolation, quarantine, other disease control activities, and emergency management activities. This draft plan is a working document that will continue to be updated based on new information and actual events. The Aging Division is a full partner in the pandemic flu plans of the Wyoming Department of Health.

The ultimate goal is to ensure that all sectors and areas of the state can adequately respond to an influenza pandemic, since Federal and State assistance may not be able to reach all areas affected by a pandemic. States have flexibility in determining how the supplemental funds can maximize preparedness within a state, but also must ensure that local jurisdictions receive the funding that they need to protect the health and safety of their residents. States may choose the methods that are most effective for ensuring local preparedness in their jurisdiction as long as there is concurrence from a majority of the local public health agencies. This may be the direct transfer of funding to local jurisdictions or the provision of tools and services (e.g., IT systems, communication messages) that are developed centrally and used locally. The concurrence requirement is identical to the requirement we have in the public health emergency preparedness cooperative agreement, and is meant to ensure that States and local jurisdictions have worked together to ensure a coordinated approach to preparedness.

STATE PLAN PROVISIONS AND INFORMATION REQUIREMENTS

The following provisions and information requirements are listed in the indicated sections of the Older Americans Act, as amended in 2000. State Plans may address the provisions and information requirements in a format determined by each State.

The State of Wyoming, through the Department of Health, Aging Division as the designated state agency, hereby commits to perform according to all assurances required by the Older Americans Act, as amended 2000; and by regulations issued pursuant to the Act. The state agency will satisfy each of the requirements specified in the Act.

State Plan Information Requirements

Information required by Sections 102, 305, 307 and 705 that must be provided in the State Plan:

Section 102(19)(G)

This refers to State funding of other in-home services not already defined in Section 102(19), but defined in the State Plan.

Assurance: The Aging Division does not fund any other types of in-home services (other than home delivered meals) under the Older Americans Act Programs. However, the Division does administer a 100% State-funded program called the Community-Based In-Home Services Program (CBIHS) that provides homemaking, personal care, and other basic services in-home for people who are not eligible for other in-home service programs. Most of these services are provided through contracts with senior centers. The Aging Division also administers the Home and Community Based Waiver Programs (LTC and ALF) that provide Medicaid long term care services to people in their homes or in an assisted living facility, thus avoiding institutionalization.

Section 305(a)(2)(E)

The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan.

Assurance: The State Agency assures preference will be given to providing services to older individuals with the greatest economic or social needs, with particular attention to low income minority individuals and individuals residing in rural areas. This emphasis is built into all of the Aging Division's grant application guidance, contracts, trainings and other materials.

Section 307(a)

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

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(b) 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*).

Assurance: The Aging Division will evaluate the need for supportive services (including legal assistance and transportation services), nutrition services, and multipurpose service centers within Wyoming, and determine the extent to which existing public or private programs and resources (including volunteers and programs and services of voluntary organizations) meet the need, while assuring that a minimum proportion of the funds received by the State to carry out part B will be expended on each of these services. The State Plan shall specify a minimum percentage of Part B funds that will be expended, as follows, for the categories of service specified in Section 307 (a) (2): access services; legal assistance; and in-home care. The minimum percentages of Title III B funds to be expended are as follows: Access 23%; In-Home 12%; and, Legal 1%.

Section (307(a)(3))

The plan shall:

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

Assurance: See the previous assurance. Note that Wyoming is a single service area, and has no AAAs. Therefore, there are no true intrastate formulas for planning service areas.

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

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

Assurance: The State Agency assures that Title III expenditures for each fiscal year covered by this State Plan for services to older individuals residing in Wyoming's Rural Areas will be equal to the amount expended in 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).

Assurance: The State Agency assures that the State Plan identifies, for each fiscal year, the actual and projected costs of services in Wyoming rural areas. By AoA standards, the entire State of Wyoming is considered rural. The State Agency assures Title III projected expenditures for each fiscal year covered by this State Plan for services to older individuals residing in Wyoming's Rural Areas will be equal to the amount expended in the previous fiscal year.

(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.

Assurance: The State Agency has met the needs for services to older individuals residing in rural areas in the fiscal year preceding the first year to which this plan applies by letting out formulated allocations for services in the form of contracts with senior projects across Wyoming (which are located in every county in the state). The State Agency requires senior funding applicants, through a competitive process, to develop grants with plans of actions, which includes goals/outcomes/results and objectives/action steps, which demonstrate services to meet the needs of the older individuals in their rural areas. The State Agency periodically completes targeted statewide surveys to ascertain the needs of the older rural individuals of the state. The results of needs surveys will be

reflected in the Aging Division's program development. Needs surveys conducted by the local senior projects determine how best to meet the needs of the rural older individuals in their areas. Once these service needs are demonstrated, the Aging Division assures that the senior projects throughout the state are provided with the necessary technical and fiscal assistance, based on available resources, to assist them in their efforts to make sure that these needs are met.

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

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

NOTE: This Section is not applicable to Wyoming.

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.

Assurance: The Aging Division will require outreach to identify individuals who are eligible for assistance under Title III, with special emphasis on low-income minority individuals, older individuals with the greatest economic and social need, older individuals who reside in rural areas of Wyoming, older individuals with severe disabilities, older individuals with limited English-speaking abilities and older individuals with Alzheimer's disease or related disorders with neurological or organic brain dysfunction (and caretakers of such individuals); and inform such individuals and caretakers of the availability of such assistance to meet their needs. The Aging Division assures that it will target services to older individuals living in Wyoming rural areas by reviewing the allocation of resources to enhance opportunities for rural counties to expand services through funding approaches that take into consideration the rural aspect of a service area, and targeting of services to older rural individuals by coordinating outreach with other rural service providers.

Section 307(a)(15)

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

Assurance: The Aging Division has made good progress in its data collection, and we have access to data on the number of low-income minority older individuals through the Economic Analysis Division, the BRFSS activities and estimates from the Census Bureau. Satisfying the needs of such minority older individuals is always a priority that we require our providers to address. It is sometimes difficult in a state like Wyoming, with a very low proportion of minority individuals, to know how to address the special needs of this population, and to get the

minority individuals to participate in some of the available services. The Division will explore creative ways to conduct outreach activities to minority populations.

Section 307(a)(21)

The plan shall:

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

Assurance: The Aging Division assures that it will pursue activities to increase the access of older Native Americans to aging programs and benefits. This will be done by the coordination of Older Americans Act programs and services throughout areas of older rural Native American population centers, statewide outreach efforts, and state funded activities where appropriate. The Aging Division has, for many years, provided Title III funding for a senior center of the Northern Arapahoe Tribe.

Section 705(a)(7)

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

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

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

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

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

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

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

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

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--

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

- (i) public education to identify and prevent elder abuse;*
- (ii) receipt of reports of elder abuse;*
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and*
- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;*

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

Assurance: The Aging Division assures that it always follows the requirements of the Older Americans Act, to the best of our ability, in the establishment and implementation of programs. The Division is cognizant of the provisions of this Section, and will design its activities around these requirements, as well as other applicable laws and rules. The input of seniors and service providers, as well as the general public, is routinely sought through public notices and meetings, on-going contacts and targeted meetings, and a variety of other communications. Many partnerships have been established to improve participation and collaboration, including efforts to protect the rights of our senior citizens. The Division has an active partnership with the Adult Protective Services, Department of Family Services, to address elder rights and abuse issues, and appropriate protocols are in place for referrals and action.

Looking to the Future: Important Issues to Consider

The baby-boomer cohort is a generation that will have different needs and expectations than previous generations. In general, they will reach their senior citizen status being more educated, healthy and independent than their parents and grandparents. However, as they live into their eighties, nineties and beyond, it is likely that there will be large increases in the number of persons with poor health and disabilities, including Alzheimer's disease.

Can we continue to approach the wide array of senior services, and the funding for those services, in the same way that we have for years and years? Are resources being allocated and utilized in the most effective, efficient and productive manner, or is resource distribution still based on tradition and political pressure? Are we appropriately targeting services to those with the greatest, most critical needs? Will baby-boomers choose to seek services at local senior centers? Will the quality of institutional and home care services in the future be at a level that preserves quality of life and human dignity? These are some of the tough "big picture" questions that should be asked objectively first, then colored with a sense of reality and compassion. The time is now to work together to create a positive, proactive vision and plan for the future needs of an aging Wyoming population.

Aging is inevitable, but wise personal choices and sound public policy can go a long way in helping us age well with health and dignity. Overwhelmingly, Americans prefer retiring in the communities and places they call home. They also hope to live their lives actively and independently. However, achieving these goals requires adequate finances to cover health and retirement expenses. It also necessitates that individuals have the opportunity and commitment to maintain a healthy lifestyle. In addition, it demands that we have the workforce and social infrastructure needed to deliver long-term care in a community-based setting.

Today, unfortunately, many Americans are not meeting their goal of aging with the wellbeing, quality of life, and dignity they desire. However, if we can better prepare people to plan for their health needs in retirement, continue to change the focus of long-term care from institutional-based services (nursing homes) to home- and community-based services, and assist individuals in following healthier lifestyles, we can help citizens age with the independence and dignity they desire. Government can only lay the foundation to support sound individual choices. Individuals must take more responsibility in making the right decisions that promote healthier living and that prepare them financially for the healthcare needs of aging.

To identify the public policies that can help individuals live a long, robust, and independent life, former Governor Dirk Kempthorne of Idaho established the Health and Dignity Task Force at the beginning of his 2004 Chairmanship of the National Governors Association. The former Governor asked the task force to identify innovative tools that governors could employ to help citizens live healthy, active lives in their communities as they age. The task force focused on five policy objectives:

- Promote wellness and disease management. Chronic conditions cause almost half of all disability among older Americans, and chronic care expenditures consume seventy-eight percent of all healthcare spending. People who are physically active, eat a healthy diet, and

do not smoke can reduce the risk of chronic disease by half. Governors want to learn how to execute successful programs encouraging healthy lifestyles at all ages.

- Encourage personal responsibility in financial planning for retirement care. Most workers have not calculated how much money they will need to retire, and fewer have thought about how to finance their long-term care needs. While people typically require long-term care for thirty months, less than one-third of seniors can pay nursing home costs for thirty-six months without becoming impoverished. To help citizens avoid impoverishment, governors are seeking to implement policies for increasing personal long-term care and retirement planning.
- Advance best practices in community care. Helping citizens to live better and longer in communities entails safe homes, available support services, accessible transportation, and the integration of frail and disabled people into community life. Governors interested in helping older and disabled persons remain in their communities are examining policies that:
 - 1) encourage home modification to make them elder-friendly;
 - 2) provide information on community care and resource centers;
 - 3) support creation of neighborhood transportation systems; and
 - 4) promote development of communities that meet peoples' needs over their entire lifetime.
- Support family caregivers and in-home workers who support the caregivers. One in every four American households is caregiving to a person aged 50 and over. Caregivers are mostly women who have decreased their work hours to fulfill their caregiving responsibilities. To remain at home, many disabled elderly persons, and particularly those living alone, utilize the assistance of paid homecare worker in combination with family care. Turnover rates among homecare workers are high and shortages among nurse supervisors persist. Governors are looking for ways to support family caregivers and promote the development of a reliable homecare workforce.
- Utilize technology to provide improved and cost-effective care. Technology is already helping our citizens to live better and longer lives. Telemedicine enables rural seniors to receive needed care in their communities, computerized systems and motion sensors are assisting older drivers, and the internet is keeping long-distance caregivers in touch with loved ones. Governors are eager to learn about technological innovations that can enhance lifelong quality of life.

By examining and developing best practices in the five policy areas listed above, it was former Governor Kempthorne's hope that we can identify new and innovative tools that will help us care for our aging loved ones today and prepare for our own retirement tomorrow. Tackling today's long-term care challenges will lay the groundwork for tomorrows' generations to age with health and dignity.

ATTACHMENTS

- Attachment A** Listing of State Plan Assurances and Required Activities Older Americans Act, As Amended in 2000
- Attachment B** Aging Division Organizational Chart
- Attachment C** Wyoming Department of Health Organizational Chart
- Attachment D** Member List of Wyoming Advisory Council on Aging
- Attachment E** Member List of Wyoming Senior Services Board
- Attachment F** Matrix of Aging Services in Wyoming
- Attachment G** Community Focal Points in Wyoming
- Attachment H** Profile of Wyoming Older Americans Act Programs
- Attachment I** Wyoming Older Population Data by County - 2000

ATTACHMENT A

Listing of State Plan Assurances and Required Activities Older Americans Act, As Amended in 2000

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

This attachment, along with requirements listed in the State Plan Guidance Program Instruction (PI) and attachment B State Plan Provisions and Information Requirements, make up the package of instructions for development of State Plans.

ASSURANCES

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

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

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

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

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

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

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

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

Sec. 306(a), AREA PLANS

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

(A) services associated with access to services (transportation, outreach, information and assistance, and case management services);

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

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

(4)(A)(i) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan.

(4)(A)(ii) Each area agency on aging shall 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 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 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 and older individuals residing in rural areas within the planning and service area.

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

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

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

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

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

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English-speaking ability; and
- (VI) older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);

and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

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

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

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

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including-

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

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

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

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

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency—

- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (ii) the nature of such contract or such relationship.

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

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

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

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

(15) Each area agency on aging shall 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.

Sec. 307, STATE PLANS

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

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

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the

State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

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

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

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

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

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

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

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

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

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

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

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

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

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

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

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

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

(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(D) older individuals with severe disabilities;
(E) older individuals with limited English-speaking ability; and
(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance.

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

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

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

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

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

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

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

(21) The plan shall

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the

date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order.

REQUIRED ACTIVITIES

Sec. 307(a), STATE PLANS

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

(B) The State plan is based on such area plans.

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

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(29), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

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

(4) The State agency conducts periodic evaluations of, and public hearings on, activities and projects carried out in the State under titles III and 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 individuals and older individuals residing in rural areas. *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:

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

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

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

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

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

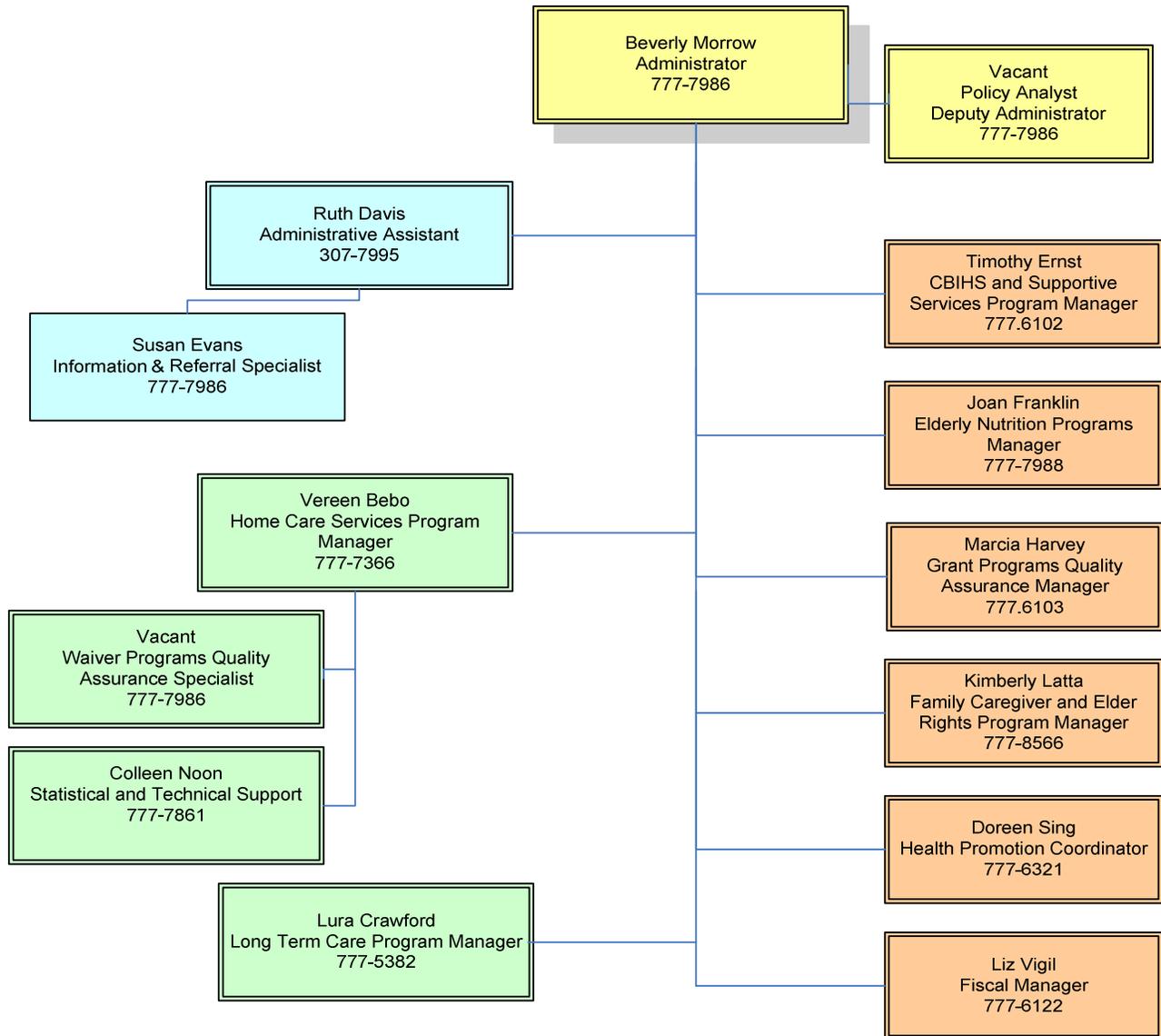
Signature and Title of Authorized Official

Date

ATTACHMENT B

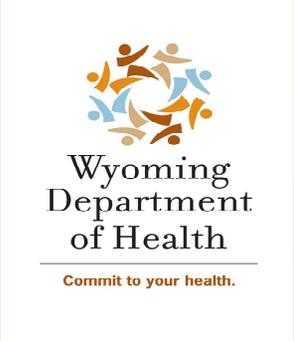
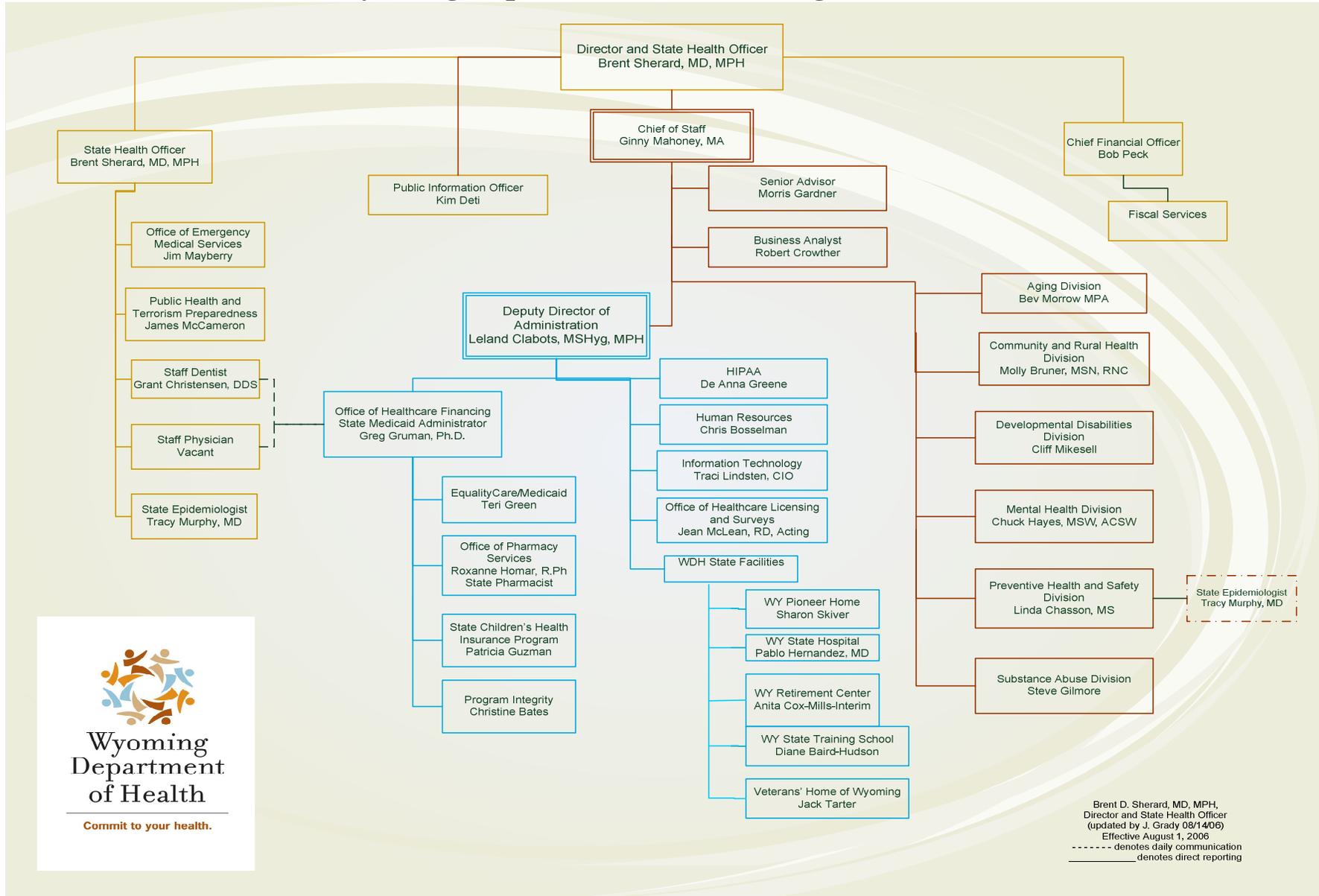
Aging Division Organizational Chart

Aging Division July 2006



ATTACHMENT C

Wyoming Department of Health Organizational Chart



Brent D. Sherard, MD, MPH,
 Director and State Health Officer
 (updated by J. Grady 08/14/06)
 Effective August 1, 2006
 ----- denotes daily communication
 _____ denotes direct reporting

Attachment D

Member List of Wyoming Advisory Council on Aging

District I Laramie, Goshen, & Platte counties	Marjorie Woods PO Box 1893 Cheyenne WY 82001	Residence Phone: 638.7611 E-mail: mwoods@trib.com Appointment 03/03 - Term expires 03/07
District II Albany, Carbon, & Sweetwater counties	Claude (Marty) Martin (Representative) 1036 Ponderosa Way Rock Springs WY 82901	Residence Phone: 382.2268 Business Phone: 352.7351 E-mail: mmartin@wyoming.com Appointment 03/03 - Term expires 03/07
District III Lincoln, Sublette, Teton, & Uinta counties	Vacant	Residence Phone: Business Phone: E-mail: Appointment _____ - Term expires 03/09
District IV Campbell, Johnson, & Sheridan counties	Dalene Cummins 505 W. Hogerson Street Buffalo WY 82834	Residence Phone: 684.0818 E-mail: dalene02@vcn.com Appointment 03/03 - Term expires 03/07
District V Big Horn, Hot Springs, Park, & Washakie counties	Jeanne Kaiser 707 Sheridan Avenue Cody WY 82414-3409	Business Phone: 307.578.2434 E-mail: jkaiser@wphcody.org Appointment 03/05 - term expires 03/09
District VI Crook, Niobrara, & Weston counties	Terri Newman 414 South Pine Newcastle WY 82701	Residence Phone: 746.4946 Business Phone: E-mail: newhope_adc@hotmail.com Appointment 03/03 - Term expires 03/07
District VII Converse, Fremont & Natrona counties	Shirley Morrison 2345 Prairie Lane Casper WY 82601	Residence Phone: 235.7007 Business Phone: 234.9381 x 142 E-mail: mgmanor@svccwyo.org Appointment 08/05 - Term expires 03/09
WY Pioneer Home	Sharon Skiver, Operations Manager 141 Pioneer Home Drive Thermopolis WY 82443	Residence Phone: 864.2214 Business Phone: 864.3151 Fax: 864.2934 E-mail: sskive@state.wy.us Organizational member by law
WY Retirement Center	Anita Cox-Mills, Operations Mgr 890 Highway 20 South Basin WY 82410	Business Phone: 568.2431 Fax: 568.3887 E-mail: acoxmi@state.wy.us Organizational member by law
Veteran's Home of WY	Jack Tarter, Superintendent 700 Veterans' Lane Buffalo WY 82834	Residence Phone: 684.7336 Business Phone: 684.551 Fax: 684.7636 E-mail: jtarte@state.wy.us Organizational member by law
Ex-Officio Member:	Beverly Morrow, Administrator Aging Division, WY Dept of Health 6101 Yellowstone Road, Room259B Cheyenne WY 82002	Business Phone: 777.7986 or 1.800.442.2766 Fax: 777.5340 E-mail: bmorrow@state.wy.us

ATTACHMENT E

Member List of Wyoming Senior Services Board

Updated 7/15/2006

NAME	TELEPHONE #	Term Exp. Date
Izetta Foster 312 North 6 th . St. Douglas, WY 82633 izettafoster@yahoo.com Chair	307-358-3254	6/30/2009
Bill Marsh 212 Lupine Drive Torrington, WY 82240 yllib@netcommander.com Vice-Chair	307-532-4248	6/30/2009
Rose Miller 525 West Circle Drive Cody, WY 82414 rosem1@cowboystate.net	307-587-2898	6/30/2007
Beverly J. Morrow Aging Division Dept of Health 6101 Yellowstone Road, RM259B Cheyenne, WY 82002 bmorro@state.wy.us	307-777-7986 800-442-2766	6/30/2007
Donald D. Neihart 1705 Coburn Avenue Worland, WY 82401 lavernn@bresnan.net	307-347-3421	6/30/009
Frank Prevedel 433 Fremont Ave. Rock Springs, WY 82901 pre433@earthlink.net	307-362-2872 (Appointed Sept 2004)	6/30/2007
Marjorie Woods P O Box 1893 Cheyenne, WY 82003 mhwoods@bresnan.net	307-638-7611	6/30/2007

ATTACHMENT F

Matrix of Aging and Long Term Care Services in Wyoming

Prepared by the Aging Division of the Wyoming

Please note: This listing focuses on major aging programs and services, but may not include every program that serves seniors in some way, including local programs and organizations in individual communities. For easy reference, a glossary of acronyms is included on the last page of this document.

Programs and Services Supported Through the WDH Aging Division

Type of Service/Program	Administered at State Level by	Brief Description <u>NOTE: All OAA programs listed below mostly serve people age 60+.</u>	Federal Funding?	State Funding?
OAA Title III-B Supportive Services	Aging Division	Assisted transportation, legal services, LTC ombudsman, information and referral, senior center operations, education, outreach, etc.	Yes AoA	Yes
OAA Title III-C1 Congregate Meals	Aging Division	Meals provided at senior centers and other contracted sites on a donation basis.	Yes AoA	Yes
OAA Title III-C2 Home Delivered Meals	Aging Division	Meals delivered to frail, homebound elderly and disabled on a donation basis.	Yes AoA	Yes
OAA Nutrition Services Incentive Program	Aging Division	Cash in lieu of commodities, for use in meals provision or food distribution.	Yes AoA and USDA	No
OAA Title III-D Disease Prevention & Health Promotion Prog.	Aging Division	Education and training programs to help older persons maintain a healthy, independent life style.	Yes AoA	Yes
OAA Title III-E National Family Caregiver Support Program	Aging Division	Provides assistance to caregivers who are caring for functionally dependent or cognitively impaired elderly or disabled adults, or to grandparents who are caregivers of grandchildren 18 years of age or younger.	Yes AoA	No
Project Out - Nursing Facilities Transition Program	Aging Division & OHCF	Provides transition specialists, housing and transportation funding to assist people in nursing homes return to independent living in their communities.	Yes CMS	No
Nat'l Senior Service Corps Programs	Corp. for Nat'l & Community Service & AD	Senior volunteer programs that help special needs people or provide community services. Senior Companions, Foster Grandparents, RSVP.	Yes CNCS	Yes

Community Based In-Home Services Program	Aging Division	Provides services to qualified individuals who are at risk of premature institutionalization. Case management, personal care, homemakers, etc.	No	Yes
Adult Day Care	Aging Div. & Medicaid	Provides a variety of health, social, and support services for part of the day, but less than 24 hour care.	Yes CMS	Yes
Boarding Homes	Aging Div. & OHLS	Licensed facility for adults, which provides only rooms, meals, housekeeping, laundry and medication supervision; no nursing care.	No	No
Home Health Care	Aging Div. & Medicaid	Provides skilled and supportive services to persons in their homes under a physician's plan of care.	Yes CMS	Yes
Long Term Care Home & Community Based Waiver	Aging Div. & Medicaid	A Medicaid funded program that provides services in-home for adults meeting the functional and financial eligibility for nursing home services.	Yes CMS	Yes
Assisted Living Facility Waiver Program	Aging Division & Medicaid	A Medicaid funded program that provides services in assisted living facilities for adults who meet the functional and financial eligibility for nursing home services.	Yes CMS	Yes
State Licensed Shelter Care	Aging Div. & Medicaid	Provides temporary payment of nursing home services for persons unable to pay the cost of nursing home care, and are not yet eligible for Medicaid, but are in the process of setting up a Miller Trust.	No	Yes
Nursing Home Care	Aging Div. & Medicaid	Medicaid program for eligible individuals with major medical needs who are unable to continue living in the community.	Yes CMS	Yes
Hospice Care	Aging Div. & Medicaid	Medicaid program that provides care for the terminally ill, with services delivered in a patient's home or other setting under a physician's order.	Yes CMS	Yes
Veterans Home of Wyoming	Dept of Health and AD	State operated assisted living facility primarily for veterans and their spouses. Located in Buffalo.	Yes VA	Yes
Wyoming Pioneer Home	Dept of Health and AD	State operated assisted living facility for Wyoming residents. Located in Thermopolis.	No	Yes
Wyoming Retirement Center	Dept of Health and AD	State operated nursing home for Wyoming residents. Located in Basin.	Yes CMS	Limited (self-supporting)

Programs and Services Supported Through Other WDH Divisions and Programs

Type of Service/Program	Administered at State Level by	Brief Description	Federal Funding?	State Funding?
Public Health Nursing	WDH Community and Family Health Division	Multi funded health care access at local county level which includes Immunization, AIDS testing, Maternal Child Health, Long Term Care screening and Bioterrorism programs.	Yes CDC	Yes
Adult DD Services	WDH Developmental Disabilities Division	Provides funding, guidance and oversight to services for disabled adults who may have mental retardation, acquired brain injury or closely related condition. Programs support adults and their families to remain in their communities but have significant waiting lists to receive services.	Yes CMS	Yes
Wyoming State Training School	WDH Developmental Disabilities Division	Institutional setting which provides residential services, care, training and temporary services to eligible citizens with mental retardation and other developmental disabilities, as well as acquired brain injuries, if appropriate services can't be obtained through community-based programs.	No	Yes
Emergency Medical Services	WDH EMS Division	Statewide coordination for Poison control response, Licensing and certification for EMT responders, education for emergency responders, partners in Disaster planning for communities.	Yes CDC	Yes
EqualityCare - Medicaid	WDH Office of Medicaid	Public health insurance program, with eligibility based on income and asset guidelines. Covers direct health services, ancillary and rehabilitative services, prescription drugs, durable medical equipment, and some residential costs. LTC and ALF Home & Community-Based Waivers, and other LTC (including nursing home) services are covered for eligible individuals.	Yes CMS	Yes
PDAP – Prescription Drug Assistance Program	WDH Pharmacy Office	State funded program for income eligible individuals which allows 3 prescriptions per month with a required co-payment (\$10.00 generic/\$25.00 brand name) per prescription by the client.	No	Yes

Office of Rural Health	WDH Office of Administration	Provides coordination of telehealth services and is the state focal point for identifying and developing strategies for health care access and health care professional shortages/ initiatives.	Yes HRSA/BPHC	Yes
Immunization Program, Chronic Disease Programs	WDH Preventive Health Division	Provides outreach education for direct service providers for immunization programs. Cardiovascular/Obesity, Diabetes, Breast and Cervical Cancer chronic disease initiatives are provided.	Yes CDC	Yes
Office of Health Facilities	WDH Office of Administration	Conducts program surveys for state licensed and federally certified facilities. Conducts complaint investigations in these facilities. Reviews new and renovation construction plans for facilities	Yes CMS	Yes
Community Mental Health Services	WDH Mental Health Division	Community Mental Health Centers, Suicide prevention outreach and education, PATH (Project for Assistance in Transition from Homelessness) grant.	Yes CMS MH Block Grant	Yes
State Hospital	WDH Mental Health Division	Provides adult and adolescent inpatient mental health treatment.	Yes CMS	Yes
Tobacco Prevention Program	WDH Substance Abuse Division	Outreach and education, support services for tobacco cessation.	Yes - CDC & Tobacco Settlement	Yes
Tax Rebate for the Elderly and Disabled	WDH Office of Administration	Financial rebate program for eligible senior and disabled residents. Assistance for completing forms for eligibility may be provided through community Senior Centers.	No	Yes

Programs and Services Supported Through Other State Departments and Community Organizations

Type of Service/Program	Administered By	Brief Description	Federal Funding?	State Funding?
Eligibility Determination & Adult Protective Services	WY Dept of Family Services	Financial eligibility for Medicaid is determined in county based offices. Adult protective services are also county based, handling referrals and complaints regarding abuse to adults, including referrals to law enforcement.	Yes AoA & CMS	Yes
Medicaid Fraud Unit	WY Attorney General's Office	Investigates and prosecutes Medicaid provider fraud and patient abuse and neglect in Medicaid funded facilities. Mandated by federal OBRA legislation in 1993.	Yes CMS	Yes
Senior Community Service Employment Program	WY Dept of Workforce Services & WSCI	An employment and training program aimed at low income older workers. Goals are to foster economic self sufficiency through training and then unsubsidized employment. Title V of Older Americans Act.	Yes AoA	Yes
Senior Medicare Patrol Program	WSCI	Helps older people understand their provider billings and Medicare benefit statements, and identify possible Medicare fraud and abuse.	Yes AoA	No
Transportation/Buses for the elderly and disabled	Wyoming Department of Transportation	Manages federal grants which support community transit services. Fixed route and curb to curb services may be available, which accommodate disabled and elderly passengers.	Yes WYDOT/FTA	Yes
Wyoming Senior Health Insurance Information Program (WSHIIP)	WY Dept of Insurance and WSCI	Recruits and trains volunteer counselors to assist the senior citizens of Wyoming with insurance questions and information needs. The volunteers are trained in the areas of Medicare, Medicaid, Social Security, Medicare supplemental insurance, long-term care insurance, and other related fields.	Yes CMS	No
Guardianship Services	Wyoming Guardianship Corporation	A guardian is a person or persons, 21 years old or older, appointed by a court to assist with the personal affairs of a minor or an adult who is incapacitated. A person under a guardianship is called a ward. Nearly half of all persons receiving guardianship assistance in WY are over age 65.	No	Yes

Glossary of Acronyms:

AD = Aging Division, Wyoming Department of Health
ALF = Assisted Living Facility
AoA = Administration on Aging, U.S. Department of Health and Human Services
BPHC = Bureau of Primary Health Care, HRSA
CDC = Centers for Disease Control, U.S. Dept of Health & Human Services
CMS = Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services
CNCS = Corporation for Nat'l & Community Service (federal)
DD = Developmental Disabilities
EMS = Emergency Medical Services
FTA = Federal Transportation Administration
HRSA = Health Resources and Services Administration, U.S. Department of Health and Human Services
LTC = Long Term Care
MH = Mental Health

OAA = Older Americans Act of 1965, as amended in 2000
OBRA = Omnibus Budget Reconciliation Act
OHCF = Office of Healthcare Financing, Wyoming Department of Health
OHLS = Office of Healthcare Licensing and Surveys, Wyoming Department of Health
PDAP = Prescription Drug Assistance Program
RSVP = Retired and Senior Volunteer Program
USDA = United States Department of Agriculture
VA = Veterans Administration
WDH = Wyoming Department of Health
WSCI = Wyoming Senior Citizens, Inc.
WSHIP = Wyoming Senior Health Insurance Information Program
WYDOT = Wyoming Department of Transportation

ATTACHMENT G

Community Focal Points in Wyoming

<u>Town and Facility</u>	<u>Director</u>	<u>County/Phone/Fax</u>
<u>Afton</u>		
<u>Lincoln County</u>		
Star Valley Senior Citizens 540 North Washington PO Box 883 Afton WY 83110	Vicky True	307-885-3780 Fax: 885-3779 E-mail: svsc@silverstar.com
<u>Basin</u>		
<u>Big Horn County</u>		
Retirement Center of Wyoming 890 Hwy 20 South Basin WY 82410	Anita Cox-Mills, Facility Manager	307-568-2431 Fax: 568-3887 E-mail: acoxmi@state.wy.us
<u>Big Piney</u>		
<u>Sublette County</u>		
Southwest Sublette County Pioneers PO Box 33 111 Rakestraw, Marbleton Big Piney WY 83113	Joan Mitchell (Call before faxing) E-mail: Southwest001@centurytel.net	307-276-3249 Fax: 276-3249
<u>Buffalo</u>		
<u>Johnson County</u>		
Buffalo Senior Center 671 West Fetterman 684-9551 PO Box 941 Buffalo WY 82834	Bobbie Walseth E-mail: bjwalseth@buffaloseniorcenter.com	307-684-9552 Fax: 684-9665
Veterans' Home of Wyoming 700 Veterans' Lane Buffalo WY 82834	Jack Tarter, Superintendent Laure Walter, Exec. Sec.	307-684-5511 Fax: 684-7636 E-mail: jtarte@state.wy.us
<u>Casper</u>		
<u>Natrona County</u>		
Central Wyoming Senior Services Center 1831 East 4 th Street Casper WY 82601	Wayne Clements E-mail: wcclements@wyobeam.com	307-265-4678 Fax: 265-2481
Natrona County Meals on Wheels 1760 East 12 th Street Casper WY 82601	Jamie Loveall E-mail: Jamie@mealswheels.com	307-265-8659 Fax: 234-1872

Casper - continued

Retired & Senior Volunteer Program (RSVP) 1831 East 4 th Street Casper WY 82601	Mary Baughman	307-265-4678 Fax: 265-2481 E-mail: rsvp1@wyobeam.com
Wyoming Independent Living Rehab. 305 West First Street Casper, WY 82601	Ken Hoff	307-266-6956 Fax 266-6957 E-mail: khoff@wilr.org
Wyoming Legal Services 441 S. Center St., Suite 200 Casper WY 82601	Wendy Owens, Acting Director & Legal Services Developer	307-237-5266 1-888-737-5266 E-mail: wowens@wyominglegalservices.com Website: wyominglawhelp.org
Wyoming Senior Citizens, Inc. 951 Werner Court, Suite 295 Casper WY 82601 (Branch Office)	Judy Bowlsby, Employment Spec. Vacant, Sr. Companion/ Family Caregiver Coord. Rita Ortiz, Assist. Ombudsman Virginia King, WSHIP Coord.	307-235-5959 Fax: 235-5960

Cheyenne

Cheyenne Housing Authority
and/or Laramie County Senior Services
3304 Sheridan
Cheyenne WY 82009

Kim Maes

307-635-2435
Activity Center 635-2436
Fax: 637-4663
E-mail: rsvp_kmaes@vcn.com

City of Cheyenne Transit Program
322 West Lincolnway
Cheyenne WY 82001

Joe Dougherty

307-637-6383
Fax. 637.6550
E-mail: joe_dougherty@cheyennecity.org

Foster Grandparent Program (FGP)
1114 Logan Avenue
PO Box 1005
Cheyenne WY 82001

Judi Johnston

307-634-1265
Fax: 634-9109
(as soon as it rings, hit start button)
E-mail: jjohnston@peakwellnesscenter.org

Kinship Care/CASA
130 Hobbs Ave
Cheyenne WY 82009

Terry Kenny
Alice Carter

307-638-1151, ext 104
638-5264, ext 283
Fax: 632-5251
E-mail: terrykenny@casalc.org

Laramie County Board of Health
100 Central Avenue
Cheyenne WY 82001

Lois Prickett, Contact Person

307-633-4060 or 4054
Fax. 633-4066
E-mail: lprickett@laramiecounty.com

Meals on Wheels of Cheyenne, Inc.
2015 South Greeley Hwy
Cheyenne WY 82007

Sharon Benson

307-635-5542
Fax: 778-8843
(call first - can fax 1pm - 7 am)
E-mail: mowchey@juno.com

Cheyenne - continued

Prevent Child Abuse Wyoming
1908 Thomes Ave.
Cheyenne, WY 82001

Rose M. Kor, MPA

307-637-8622
Fax: 635-7755

E-mail: rkor@pcawyoming.com

Retired & Senior Volunteer
Program (RSVP)
2101 Thomes Avenue
(mailing address: 3304 Sheridan Avenue)
Cheyenne WY 82001

Kim Maes

307-634-7787, ext 127
635-2435
Fax: 637-4663

E-mail: rsvp_kmaes@vcn.com

Wyoming Guardianship Corporation
P O Box 2778
Cheyenne, WY 82003

Susan Mydland

307-635-8422
Fax: 635-0766

E-mail: womingguardianship@bresnan.net

Wyoming Senior Citizens, Inc.
413 West 18th Street
Cheyenne WY 82001
(Branch Office)

Nita Stephenson
SCP/Family Caregiver Coord.
Charlie Simineo, Assist. Ombudsman

307-634-1010
Fax: 634-0903

WY Kinship Advocacy
130 Hobbs Ave.
Cheyenne WY 82009

Alice Carter

307-638-2564, ext. 283
Fax: 632-5251

E-mail: jackson6197@msn.com

Cody

Park County

Cody Council on Aging, Inc.
613 16th Street
Cody WY 82414

Patti Smith

307-587-6221
Fax: 587-9254

E-mail: csc_PattiSmith@bresnan.net

Hands 2 Help
1725 Sheridan Ave.
Suite 128
Cody WY 82414

Owner: Coralie Herrick

307-587-4601
or 888-442-4601
Fax: 587-4608

E-mail: hands2help@180com.net

Cokeville

Lincoln County

Cokeville Senior Citizens Center, Inc.
110 Pine Street, Cokeville Town Hall
PO Box 355
Cokeville WY 83114

Brenda Lazcanotegui

Center 307-279-3226
Direct 279-3256
Fax: 279-3216

E-mail: brenda.lazcanotegui@wy.nacdn.net

Douglas

Converse County

Douglas Senior Citizens Center
340 First Street West
PO Box 192
Douglas WY 82633

Kathy Matson

307-358-4348
Admin. Office: 358-1709 or 1719
Fax: 358-3399

E-mail: dscadmin@netcommander.com

Dubois**Fremont County**

High Country Senior Citizens
 504 Hays
 PO Box 918
 Dubois WY 82513

Pam Wyant

307-455-2990
 or 455-2786
 Fax: 455-2927

E-mail: hcscenter@dteworld.com

Ethete (funded center is in Arapahoe)**Fremont County**

Northern Arapaho Tribe
 505 Ethete Road
 PO Box 8156
 Ethete WY 82520

Milton Trosper

307-332-7152
 Fax: 332-7543
 Tribal Office 332-6120

E-Mail: nantp@wyoming.com

Evanston**Uinta County**

Uinta Senior Citizens, Inc
 1229 Uinta Street
 PO Box 728
 Evanston WY 82931
 CBIHS/Caregiver Program
 Uinta Home Health

Peggy Peterson

307-789-3553
 Fax: 789-7191

E-mail: uscenter@allwest.net

789-7712
 Fax: 789-7191

Fort Washakie**Fremont County**

Warm Valley Senior Center
 North Fork Road
 PO Box 538
 Ft. Washakie WY 82514

Naomi Sage

307-332-8130
 Fax: 332-3055

E-mail: nsage@washakie.net

Gillette**Campbell County**

Campbell County Senior Citizens
 701 Stocktrail Avenue
 Gillette WY 82716

Judy Hines

307-686-0804
 Fax: 686-5019

E-mail: jhines@gilletteseniors.org

RENEW
 724 North Commercial Drive
 Gillette WY 82716

Eric Roesler

307-686-2125
 Fax: 686-8167

E-mail: eroesler@renew-wyo.com

Glenrock**Converse County**

Glenrock Senior Citizens, Inc.
 615 West Deer Street
 PO Box 783
 Glenrock WY 82637

Patty Fenner

307-436-9376
 or 436-9442
 Fax: 436-2417

E-mail: pfenner@sdwinc.com

Green River**Sweetwater County**

Golden Hour Senior Citizens Center
550 Uinta Drive, Suite A
Green River WY 82935

E. Dean Makie

307-872-3223
Fax: 872-3225
E-mail: ghsc@co.sweet.wy.us

Greybull**Big Horn County**

South Big Horn Senior Center
417 South 2nd Street
Greybull WY 82426

Laurie Royal

307-765-4488
or 765-4489
Fax: 765-4481
E-mail: srcenter@tctwest.net

Jackson**Teton County**

Senior Center of Jackson Hole
830 East Hansen
PO Box 4677
Jackson WY 83001

Connie Owen

307-733-7300
Fax: 733-2254
E-mail: scjh@wyom.net
or connie_owen@msn.com

Kemmerer**Lincoln County**

Kemmerer Senior Citizens
105 JC Penney Drive
Kemmerer WY 83101

Linda Wood

307-877-3806
Fax: 877-9313
E-mail: kseior@kdis.net

Lander**Fremont County**

Lander Senior Citizens Center, Inc.
205 South 10th
Lander WY 82520

Jane Nolde

307-332-2746
or 332-2751
Fax: 332-0322
E-mail: lsc@rmisp.com

Laramie**Albany County**

Eppson Center for Seniors
1560 North 3rd Street
Laramie WY 82072

Richelle Lucas
Andrea Kern

307-745-7705
Fax: 742-8669
Center E-mail: EppsonCtr@aol.com

Foster Grandparents
PO Box 520
Laramie WY 82073

Jean Brown

307-745-8997, ext. 118
Email: jbrown@cathedralhome.org

Lovell**Big Horn County**

North Big Horn Senior Center
 757 Great Western Avenue
 Lovell WY 82431

Denise Andersen

307-548-6556
 or 548-6557
 Fax: 548-6517

E-mail: northbig@tctwest.net

Lusk**Niobrara County**

Niobrara Senior Center, Inc.
 611 East 6th
 PO Box 928
 Lusk WY 82225

Connie Baker

307-334-2561
 Fax: 334-2619

E-mail: nsc@firenebula.com

Meeteetse**Park County**

Meeteetse Senior Citizens
 1105 Park Avenue, PO Box 461
 Meeteetse WY 82433

Rita Farmer

307-868-2622
 Fax: None

Meeteetse Recreation District
 1010 Park Avenue
 P O Box 446
 Meeteetse, WY 82433-0466

John Fernandez

307-868-2603
 Fax same as phone, call first

E-mail: meetrec@tctwest.net

Newcastle**Weston County**

Weston County Senior Services
 627 Pine Street
 Newcastle WY 82701

Glenda Mefford

307-746-4903
 Fax: 746-4873

E-mail: wccsc@vcn.com

Weston County Memorial Hospital
 1124 Washington Blvd.
 Newcastle WY 82701

LeAnn Stith

307-746-4491, ext 304
 Fax: 746-2803

E-mail: LStith@wchs-wy.org

Pine Bluffs**Laramie County**

Pine Bluffs Senior Center
 309 Elm Street
 PO Box 532
 Pine Bluffs WY 82082

Norma Jean Anderson

307-245-3816
 Fax: 245-3587

E-mail: pinebluffssenior@champpmail.com

Pinedale**Sublette County**

Rendezvous Pointe
 425 E. Magnolia
 PO Box 804
 Pinedale WY 82941

Paul Jensen

307-367-2881
 Fax: 367-6769

E-mail: rpointe@wyoming.com

Powell**Park County**

Powell Senior Center
 248 North Gilbert
 PO Box 1156
 Powell WY 82435

Julie Havig

307-754-4223
 Fax: 754-2711

E-mail: psc@tritel.net

Rawlins**Carbon County**

Carbon County Senior Services
 Carbon Building, Room 109
 PO Box 111
 Rawlins WY 82301

Theresa (Terri) J. Archer

Office 307-328-2863
 Center 328-0320
 Fax: 328-2863

E-mail: ccssi@bresnan.net

MHCC Home Health Care
 2221 Elm Street
 Rawlins WY 82301

Barbara Clegg, RN

307-324-8352
 Fax: 324-8287

E-mail: bclegg@imhcc.com

Riverton**Fremont County**

Riverton Senior Citizens Center, Inc.
 303 East Lincoln
 Riverton WY 82501

Linda G. Burt

307-856-6332
 Fax: 856-0700

E-mail: Rsc@bresnan.net

Wyoming Senior Citizens Inc.
 106 West Adams Avenue
 PO Box BD
 Riverton WY 82501

Tamra Ward, Exec. Director

307-856-6880
 Fax: 856-4466

Peggy Forbis, Employment
 Program Manager

1-800-856-4398

Email: taward@wyoming.com

Sr Companion/Family Caregiver Manager

Janet Hackleman, WSHIP Manager

Jaime Lookingbill, Assist. Ombudsman

Fremont In-Home Services
 716 College View, Suite C
 Riverton, WY 82501

Peg Palmer

307-856-4127
 856-4129
 Fax: 856-4129

E-mail: ppalmer.rhc@tcinc.net

Rock Springs**Sweetwater County**

Young At Heart Senior Citizens
 538 Pilot Butte Avenue
 Rock Springs WY 82901

Jeanine Cox

307-352-6737
 Fax: 352-6735

E-mail: jcox@fascination.com

Sheridan**Sheridan County**

Senior Citizens Council
 211 Smith Street
 Sheridan WY 82801

Carmen Rideout

307-674-9343
 or 672-2240
 Fax: 674-9866

E-mail: sscd@fiberpipe.net

Shoshoni**Fremont County**

Shoshoni Senior Center
 218 East 2nd
 PO Box 27
 Shoshoni WY 82649

Melody Olsen

307-876-2703
 Fax: 876-2685

E-mail: sscc@tribcsp.com

Sundance**Crook County**

Crook County Senior Services Center
 211 Cleveland Street
 PO Box 648
 Sundance WY 82729

Marge Myers

Center 307-283-1710
 Office 283-1711
 Fax: 283-1712

E-mail: ccssdir@vcn.com

Ten Sleep**Washakie County**

Ten Sleep Senior Citizens Center, Inc.
 200 2nd Street
 PO Box 319
 Ten Sleep WY 82442

Judy Blackburn

307-366-2210
 Fax: 366-2210
 (call first)

E-mail: tssc@tctwest.net

Thayne**Lincoln County**

Thayne Senior Center
 115 Peterson Parkway
 PO Box 298
 Thayne WY 83127

Diane Izatt

Office 307-883-2678
 or 883-2668
 Fax: 883-2678 (call first)

E-mail: thaynesr@silverstar.com

Thermopolis**Hot Springs County**

NOWCAP Foster Grandparents Program
 319 South 6th Street
 Thermopolis WY 82443

Carol Andreen

307-864-5544
 Fax: 864-5545

E-mail: carolan@rtconnect.net

Hot Springs Co. Sr. Citizens Center, Inc.
 206 Senior Avenue
 Thermopolis WY 82443

Janet Dickeson

307-864-2151
 Fax: 864-5104

E-mail: hscseniorctr@hotmail.com

Pioneer Home of Wyoming
 141 Pioneer Home Drive
 Thermopolis WY 82443

Sharon Skiver
 Facilities Operations Mgr.
 Carolyn Solomon, Sec.

307-864-3151
 Fax: 864-2934

Email: sskive@state.wy.us

Torrington**Goshen County**

Goshen County Senior Friendship Center
 216 East 19th Avenue
 PO Box 517
 Torrington WY 82240

Jeri Bottenfield

307-532-2796
 Fax: 532-8789

E-mail: torwysfc@prairieweb.com

Wheatland**Platte County**

Services for Seniors, Inc.
1605 16th Street
PO Box 283
Wheatland WY 82201

Ken Pasley

307-322-3424
Fax. 322-4625

E-mail: sfsdirect@qwest.net

Wyoming Senior Citizens Inc.
Wyoming Long Term Care Ombudsman
PO Box 94
Wheatland WY 82201

Deb Alden
Ombudsman Manager

307-322-5553
Fax. 322-3283

Worland**Washakie County**

Washakie County Senior Citizens Center
326 North 11th Street
PO Box 317
Worland WY 82401

Linda McClure

307-347-3208
Fax: 347-6752

E-mail: worstaf@trib.com

E-mail: wscleader@rtconnect.net

ATTACHMENT H

FY 2004 Profile of State OAA Programs: Wyoming

Part A. Population Data:		Value	Part D. Title III Clients:		Value
Total Resident Population 2004		506,529	Total Clients		41,971
Persons 60+ 2004		85,576	Total Registered Services Clients		29,406
As a % of All Ages		16.9%	Total Minority Clients		1,434
Persons 60-64		24,463	As a % of All Clients		3.4%
Persons 65-74		32,949	African American Non Hispanic Clients		0.4%
Persons 75-84		20,790	As a % of Total Clients		
Persons 85+		7,374	Asian and Pacific Islanders Non-Hispanic Clients As a % of Total Clients		0.2%
# Women/100 Men Age 60+		116	American Indians, Eskimo, Non-Hispanic Clients As a % of Total Clients		0.8%
Minority Persons 60+		5,066	Hispanic Clients As a % of Total Clients		2.0%
Minority Persons 60+ As a % of All Persons 60+		5.9%	Clients Below Poverty Level		4,064
Black Non-Hispanic Persons 60+ As a % of All Persons 60+		2.5%	As a % of Total Clients		9.7%
Asian and Pacific Islanders Non-Hispanic Persons 60+ As a % of All Persons 60+		1.1%	Minority Clients Below Poverty Level		591
American Indian, Eskimo and Non-Hispanic Persons 60+ As a % of All Persons 60+		0.5%	As a % of All Minority Clients		41.2%
Hispanic Persons 60+ As a % of all Persons 60+		3.4%	Rural Clients		26,167
Persons 60+ (Non-Institutionalized) with Mobility Limitations	*	19,974	As a % of Total Clients		62.3%
As a % of All Persons 60+ (Civilian Non-Institutionalized)	*	25.9%	Part E. Focal Points/Senior Centers:		
Persons 60+ Below Poverty Level	*	6,607	Total Focal Points		55
As a % of All Persons 60+ for Whom Poverty is Determined	*	8.9%	Focal Point Which Are Senior Centers		54
Minority Persons Below Poverty Level	*	769	Total Senior Centers		54
As a % of Minority Persons 60+ For Whom Poverty is Determined	*	17.6%	Total Senior Centers Receiving OAA \$		54
Women 60+ Below Poverty Level	*	4,387	Comments:		
As a % of Women 60+ for Whom Poverty is Determined	*	10.9%			
Persons 60+ in Census 2000		77,348			
Persons 60+ Living in Rural Areas	*	27,479			
As a % of All Persons 60+	*	35.5%			
Persons 60+ Living in Nursing Homes, and Other Institutions	*	2,873			
As a % of All Persons 60+	*	3.7%			
* Figures are from Census 2000					
Part B. Long Term Care Ombudsman Program:					
# of Designated Local Ombudsman Entities		4			
# of Paid Staff FTEs (state/local)		5.00			
# of Certified Volunteers (state/local)		2.00			
Number of Cases Closed		741			
Number of Complaints (for cases closed)		866			
Total Program Funding		\$241,849			
Part C. Title VI Grants In State:					
No. of Title VI Grantees		2			
Total Allotments		\$178,400			

ATTACHMENT I

Wyoming Older Population Data by County - 2000

COUNTY	Age 60+	% Age 60+	Median Age	Total % < Poverty	% < Poverty Ages 65+	Total % Minorities (non-white)
Albany	3,594	11.2	26.7	21.0	10.1 (65-74) 10.7 (75+)	8.7
Big Horn	2,506	21.8	38.7	14.1	10.5 9.4	6.0
Campbell	2,640	7.8	32.2	7.6	16.6 10.6	3.9
Carbon	2,607	16.6	38.9	12.9	15.3 15.4	9.9
Converse	1,815	15.0	37.5	11.6	14.7 12.9	5.3
Crook	1,178	20.0	40.2	9.1	8.4 13.2	2.1
Fremont	6,445	18.0	37.7	17.6	16.0 16.7	23.5
Goshen	2,799	22.3	40.0	13.9	18.3 9.8	6.2
Hot Springs	1,300	26.6	44.2	10.6	14.1 8.4	4.0
Johnson	1,678	23.7	43.0	10.1	19.0 10.5	3.0
Laramie	12,468	15.2	35.3	9.1	8.4 6.1	11.1
Lincoln	2,452	16.8	36.8	9.0	9.4 7.4	2.9
Natrona	11,011	16.5	36.4	11.8	8.9 6.4	5.8
Niobrara	592	24.5	42.8	13.4	16.5 18.5	2.0
Park	4,933	19.1	39.8	12.7	10.8 9.4	3.5
Platte	1,921	21.8	41.2	11.7	12.3 10.8	3.8
Sheridan	5,307	19.9	40.6	10.7	9.8 7.1	4.1
Sublette	1,005	16.9	39.8	9.7	10.3 16.0	2.5
Sweetwater	4,210	11.1	34.2	7.8	10.3 5.0	8.4
Teton	1,886	10.3	35.0	6.0	9.0 3.9	6.4
Uinta	1,910	9.6	31.4	9.9	14.4 10.8	5.7
Washakie	1,710	20.6	39.4	14.1	5.2 8.9	9.8
Weston	1,381	20.7	40.7	9.9	8.9 7.7	4.1
Wyoming Total	77,348	15.6	36.2	11.4	11.3 9.1	7.9

* Sources: U.S. Census Bureau, Wyoming Economic Analysis Division

3/10/04