

Delaware State Plan on Aging

**October 1, 2020 to
September 30, 2024**



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Verification of Intent

The State Plan on Aging is hereby submitted for the State of Delaware for the period October 1, 2020 through September 30, 2024. It includes all assurances and plans to be conducted by the Division of Services for Aging and Adults with Physical Disabilities under the provisions of the Older Americans Act, as amended, during the period identified above.

The State Agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act and is primarily responsible for the coordination of all State activities related to the purposes of the Act, i.e., the development of comprehensive and coordinated service systems and nutrition services, and to serve as the effective and visible advocate for older Delawareans.

This plan is hereby approved by the Secretary of Delaware Health and Social Services, on behalf of the Governor and constitutes authorization to proceed with activities under the plan upon approval by the Assistant Secretary on Aging.

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



Dava Newnam, Director
Division of Services for Aging and Adults
with Physical Disabilities

Date: 9/8/2020



Molly K. Magarik, Cabinet Secretary
Delaware Health and Social Services

Date: 9/10/2020

Executive Summary

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) is required by the Older Americans Act of 1965, as amended (OAA), to develop a State Plan on Aging every two to four years. This plan on aging is for the time-period beginning October 1, 2020 through September 30, 2024.

The Older Americans Act supports a wide range of social services and programs for individuals aged 60 years or older. Title III services are available to all persons aged 60 and older but are targeted to those with the greatest economic or social need, particularly low-income and minority persons, older individuals with limited English proficiency, and older persons residing in rural areas. While this State Plan on Aging addresses needs of, and services for, adults with disabilities who are under age 60, DSAAPD acknowledges that the Older Americans Act contains limitations on the use of OAA funds for individuals under age 60, and DSAAPD will comply with those limitations.

The State Plan on Aging functions as DSAAPD's contract with the Administration for Community Living (ACL). It allows the State of Delaware to receive funding under Titles III and VII of the OAA. Titles III and VII provide for funding for important services for older Delawareans, known as "core" programs, such as:

- Personal Care
- Respite
- Adult Day Services
- Legal Services
- Personal Emergency Response Systems
- Case Management
- Congregate and Home-Delivered Meals
- Preventative Care
- Adult Protective Services
- Long-Term Care Ombudsman

As a Single Planning and Service Area (PSA), DSAAPD serves as a State Unit on Aging (SUA). It also performs the functions of an Area Agency on Aging (AAA), delivering and contracting for services for older persons at the local level. Additionally, DSAAPD is responsible for coordinating services for adults with physical disabilities in Delaware. To carry out these activities, DSAAPD maintains strong partnerships with organizations within the aging and disabilities networks.

The nation's older population continues to increase in number, and Delaware's current and projected demographics align with this national trend. Currently, close to one in four Delawareans is age 60 and older. By the year 2040, the number of Delawareans who are age 60 and older will make up nearly 34% of the state's population. It is projected that by the year 2040, the population consisting of the "oldest old" (age 85 and older), will have grown by 171.6%. As the older population grows, so will the demand for the critical core services funded by Titles III and VII of the OAA. DSAAPD will utilize the strategies outlined in this State Plan on Aging to address the growing and changing needs of older Delawareans and persons with disabilities.

The 2020 – 2024 State Plan on Aging focuses on four important areas: OAA core programs, ACL discretionary grants, participant-directed/person-centered planning, and elder justice. The plan includes seven goals that reflect DSAAPD's priorities going into the next four years:

Goal 1: Promote excellence in the delivery of core Older Americans Act Programs

Goal 2: Empower older adults, persons with disabilities and their caregivers to be active, engaged and supported in their homes and/or communities of their choice.

Goal 3: Increase the development and implementation of business-related strategies that promote innovation, collaboration, and sustainability of aging and disability network partners.

Goal 4: Expand and leverage alignments with strategic partners to support sustainable integration of discretionary grant programs into Older Americans Act programs.

Goal 5: Promote person-centered planning and participant direction in community-based and long-term care service options.

Goal 6: Promote access to and efficiencies of home and community-based services which enable participants to direct their own care.

Goal 7: Prevent abuse, neglect and exploitation while protecting the rights of older Delawareans and persons with disabilities.

Specific objectives and strategies are delineated for each of these goals. The State Plan on Aging also provides performance measures so that progress can be evaluated, and continual improvement can be made in reaching these goals.

Person-centered care (PCC) will be central to DSAAPD's goal of promoting excellence in the delivery of core Older Americans Act programs. DSAAPD implemented division-wide PCC trainings in August 2019 and will work to build on the momentum of those training efforts throughout the next four years. DSAAPD is committed to ensuring incorporation of person-centered language and concepts and person-centered/participant-driven planning and service delivery. PCC principles will be the lens through which DSAAPD will examine all aspects of division operations, building an organizational culture that seeks to put participants first at every level.

Additionally, DSAAPD will promote excellence in the delivery of core programs by utilizing best practices in case management, addressing the needs of caregivers, seeking more efficient delivery of services, and supporting programs that protect the rights of older Delawareans.

DSAAPD will support participant-directed/person-centered planning related to long-term care options, by expanding the availability of resources and options for persons who choose to receive long-term care supports in home and community-based settings. The plan includes helping persons who reside in long-term care facilities, or who are at risk of being placed in long-term care facilities, to learn about their service options so that they can make informed decisions not only about their care, but about the setting in which they receive the care.

DSAAPD will also continue to work towards expanding home and community-based services which enable persons to direct their own care. This goal will be accomplished by empowering participants to make choices about service delivery, sustaining continuity of participant-directed programs, and increasing participation in participant-directed programs.

Millions of older Americans experience abuse, neglect, exploitation, or discrimination each year. Under Title VII of the Older Americans Act (42 U.S.C. § 3058i), the State Unit on Aging is required to be a leader in programs for the prevention of elder abuse, neglect, and exploitation. A major element of this leadership is education and outreach to the public, to older individuals, to medical and service providers, and to other involved stakeholders about elder abuse detection, reporting, and prosecution. DSAAPD will continue to participate in the development and dissemination of relevant materials and presentations related to elder justice, including participation on committees statewide. DSAAPD will

develop and expand the role of the legal services developer.

To further protect abused vulnerable adults in Delaware, DSAAPD has undertaken an initiative to have all eligible Adult Protective Services (APS) staff pursue official certification through the National Adult Protective Services Association (NAPSA). As of this publication, 100% of eligible active APS staff have earned certification, and DSAAPD will continue to promote certification for all eligible APS staff. DSAAPD will work with the Delaware General Assembly to ensure that the safety and dignity of Delaware's vulnerable adults are preserved. Currently, DSAAPD and interested stakeholders are partnering to develop the Vulnerable Adult Populations Commission. This multi-disciplinary team will bring Delaware in line with national standards around collaboration and policy development.

The plan includes efforts to improve the quality of life for older persons, person with disabilities and caregivers through advocacy and collaboration with community partners. DSAAPD will promote and align with statewide efforts to improve access to healthcare and long-term services through Telehealth, applied technology and cost-effective delivery models. DSAAPD will strengthen emergency preparedness efforts and will work to enhance emergency planning with service providers, older persons, and adults with disabilities. Access to age-friendly, affordable, and accessible housing and transportation will continue to be a priority. DSAAPD will coordinate with partners to make progress in these issues. The plan includes efforts to improve referral and coordination of services for persons with mental health conditions, substance use disorders, and for persons with cognitive impairments.

Research suggests that substance use is an emerging public health concern among older adults, with relatively higher drug use rates of the baby boom generation. According to the Substance Abuse and Mental Health Services Administration, the number of older Americans with a substance use disorder is expected to reach 5.7 million in 2020. The impact of substances, including opioids, is stronger for older adults as the way the body processes substances changes with age. DSAAPD is committed to increasing understanding of the impact on our older population and exploring opportunities to work with community partners to remediate the risks associated with substance use disorders.

As healthcare needs change, DSAAPD will work to expand the ability of its aging and disability network partners to meet the needs of their participants through improved integration of health and long-term care systems. DSAAPD is committed to making sure our partners are engaging participants in delivery service planning and developing skills necessary to be successful in the future.

DSAAPD will increase efforts that support sustainable integration of discretionary grant programs into Older Americans Act programs. DSAAPD will incorporate grant activities into policy and program development and expand data collection and comparison-type analysis in support of implementation and integration of discretionary grant programs. As of the start date of the Delaware State Plan on Aging, DSAAPD has one discretionary grant, the ADRC/NWD COVID-19 Grant.

DSAAPD is dedicated to helping our participants who have complex and varied care needs live life to the fullest through high quality supports tailored to each participant's individual goals, needs and preferences. Quality assurance activities are essential to achieving the goals laid out in this plan. DSAAPD will continue to utilize comparative data analysis to identify successes as well as areas with opportunity for improvement. DSAAPD will utilize survey tools to obtain valuable feedback from our participants, both directly and through our service providers, that will allow performance measurement in key areas of person-centered case management and delivery of services.

DSAAPD is committed to ensuring good stewardship of funds provided through the Older Americans Act. To that end, the agency continually provides oversight of how funds are spent, and the quality of services provided. This oversight is provided through the DSAAPD Provider Relations unit, the Department's Procurement unit, and DSAAPD's quarterly and annual compliance reviews of contractors.

DSAAPD has implemented the WellSky Aging & Disability solution as a statewide information management system for documentation of participant and provider data. This system compiles all service delivery and financial data for most OAA programs and enables DSAAPD, participants, caregivers, family members and providers to maximize outcomes through coordinated home and community-based care. It also has enhanced DSAAPD's ability to collect meaningful data and to demonstrate the need for additional resources to meet the growing demand for community-based long-term services and supports.

In addition to internal quality management activities, DSAAPD is participating in a department-wide effort to streamline supports, improve the consumer experience, and enhance service delivery across the lifespan. This initiative includes evaluating organizational leadership, strategy, measurement analysis and knowledge management, workforce, operations, and results.

The implementation of the goals and objectives of this State Plan on Aging will be the foundation that DSAAPD will build on to increase capacity to serve the needs of the growing aging population. This will be accomplished by not only providing needed services, but also by providing those services at the person's direction and in the setting of their choice.

Introduction

Purpose

The State Plan on Aging serves as the contract between the State of Delaware and the Administration for Community Living (ACL). It enables Delaware to receive funds under Titles III and VII of the Older Americans Act. This funding provides needed services and programs for Delawareans age 60 and older.

In addition to fulfilling this federal requirement, the State Plan on Aging also serves as a strategic planning guide for the Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) for the next four years. It describes a vision for the future and lays out goals, objectives, and strategies for meeting that vision.

Process

DSAAPD began the process of developing the State Plan on Aging by reviewing the Older Americans Act of 1965, as amended; DSAAPD's current State Plan on Aging; State Plans from other states; demographic data; ACL's Program Instruction for FY 2020; and other ACL-provided resources. A working timeline for completion of the State Plan was developed. The decision was made that the State Plan will cover a period of four years, from October 1, 2020 through September 30, 2024.

DSAAPD staff brainstormed ideas as a starting point for the goals, objectives, and strategies. Using the ACL Program Instruction as guidance, a "skeletal" plan was drafted.

A State Plan on Aging Oversight Committee was formed. The committee consisted of a variety of aging and disabilities advocates, caregivers, and DSAAPD staff (please see Appendix H for a list of the members of the Oversight Committee). At the initial meeting of the Oversight Committee, the "skeletal" plan was reviewed and discussed. Input and feedback from the committee were obtained and incorporated into the draft.

Input was obtained from DSAAPD staff members in their areas of expertise and incorporated into the draft. The draft was forwarded to the Oversight Committee members and all DSAAPD staff for review and comment. Staff and committee comments were reviewed for incorporation into the draft.

The draft State Plan on Aging was shared on DSAAPD's website for public comment and forwarded to stakeholders for feedback. Due to COVID-19 public gathering restrictions, public hearings were held virtually to obtain public input. The plan was also reviewed by the Council on Services for Aging and Adults with Physical Disabilities. The final meeting of the Oversight Committee was held on June 15, 2020. Public, stakeholder, committee, and Council comments were reviewed for inclusion in the plan. After the plan was finalized, it was submitted to Delaware Health and Social Services Secretary Molly K. Magarik for final approval.

Mission and Vision

The goals and objectives detailed in this plan support DSAAPD's overall mission and vision. The official Delaware Health and Social Services' and DSAAPD mission and vision statements may be viewed in Appendix G.



Context

The Current and Future Population of Older Delawareans

Currently population data estimates indicate that there are approximately 228,755 persons living in Delaware who are age 60 and older; about one in four Delawareans is age 60 and older. Of that group of persons age 60 and older, there are 18,438 older Delawareans who are age 85 and older. By the year 2040, the older population will make up nearly 34% of the state’s population.



It is projected that by the year 2040, the population of the State’s age 85 and older segment will have grown by 171.6% since 2015. Delaware is made up of three counties. In Sussex County, the fastest growing county in terms of older persons, it is projected that from the year 2015 to 2040 the population of this over age 85 segment will have grown by 255.1%.

Who are these older Delawareans? About 19.5% of older Delawareans who are age 60 and older are members of racial or ethnic minorities. About 7.2% live below the poverty level. Those in the labor force make up 28.7% of all older Delawareans. About 17.9% are veterans.

It is estimated that 19,000 Delawareans age 65 and older are living with Alzheimer’s disease or some form of dementia. Approximately 27% of Delawareans who are age 60 and older and are living in the community have at least one disability. Of Delawareans age 65 and older, 16.3% of males and 30% of females live alone.

For more information about Delaware’s older population, please see Appendix E of this plan.

Delaware’s Aging Network and Long-Term Care System Organization

The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) serves as the State Unit on Aging (SUA) for Delaware. Due to Delaware’s small size, it has been designated a Single Planning and Service Area (PSA) for the purpose of administering funds under the Older Americans Act. Accordingly, DSAAPD carries out the functions of an SUA in addition to performing the responsibilities of an area agency on aging (AAA). As such, DSAAPD delivers and contracts for services statewide.

DSAAPD is one of eleven divisions within the Delaware Department of Health and Social Services (DHSS). DSAAPD coordinates with other divisions within DHSS, including but not limited to, the Division of Medicaid and Medical Assistance (DMMA), the Division of Substance Abuse and Mental Health (DSAMH), the Division of Public Health (DPH), the Division of Developmental Disabilities Services

(DDDS), the Division for the Visually Impaired (DVI), and the Division of Social Services (DSS). Please see Appendix I for DSAAPD and DHSS organizational charts.

DSAAPD currently operates a long-term care facility, the Delaware Hospital for the Chronically Ill. The Division ensures access to services, as the needs of the residents of the facility are similar to the needs of those served in the community. The Office of the Long-Term Care Ombudsman, while working closely with DSAAPD, is a part of the Office of the Secretary of DHSS.

Delaware participates in a managed care model for the provision of long-term care services for persons enrolled in Medicaid. The Division of Medicaid and Medical Assistance administers the managed care model, known as the Diamond State Health Plan Plus. DSAAPD continues to deliver and contract for services that are funded by sources other than Medicaid.

In addition to serving as Delaware's SUA/AAA, DSAAPD is the central advocate for adults with physical disabilities. As such, DSAAPD carries out a broad range of activities, including:

- operating the Delaware Aging and Disabilities Resource Center (ADRC) to provide information and assistance, options counseling, and service enrollment support services.
- issuing and administering contracts for home and community-based services for older persons and adults with physical disabilities.
- operating the Senior Community Service Employment Program.
- operating the Care Transitions program.
- providing Case Management.
- developing and implementing wellness and health promotion programs.
- advocating on behalf of older persons and adults with physical disabilities to create a broader awareness of needs and to generate additional resources to meet those needs.
- providing training to DSAAPD staff and members of the broad aging and disabilities network on a wide range of topics related to older persons and adults with physical disabilities.
- operation of a long-term care facility.

DSAAPD maintains strong partnerships with agencies and organizations within Delaware's aging and disabilities network. Our partners include:

- Delaware Aging Network (DAN)
- AARP Delaware
- Alzheimer's Association Delaware Valley Chapter
- Delaware's State Council for Persons with Disabilities
- Independent Resources, Inc.
- Freedom Center for Independent Living, Inc.
- University of Delaware, Center for Disabilities Studies
- Homeless Planning Council of Delaware
- Delaware Housing Coalition
- Delaware State Housing Authority (DSHA)
- Delaware Department of Insurance (Delaware Medicare Assistance Bureau)
- Parkinson Education and Support Group of Sussex County
- Community Legal Aid Society, Inc.'s Elder Law and Disabilities Law Programs



**Strong
Partnerships**

DSAAPD maintains strong partnerships with hospitals, senior centers, and service organizations. DSAAPD staff members serve on community boards, committees, and task forces to address issues that affect older Delawareans and persons with disabilities. These issues include housing, transportation, telehealth, health promotion, emergency preparedness, and legal services, to name a few.

DSAAPD benefits from the advice of the Council on Services for Aging and Adults with Physical Disabilities. The Council was established under Delaware state law (29 Del. C. § 7915) to provide advice to the Director of DSAAPD on programs and projects to benefit older persons and adults with physical disabilities in the state. The Council consists of 15 members, each appointed to a three-year term by the Governor. The Council meets approximately seven times per year.

Finally, DSAAPD benefits from input and advice provided by the State Council for Persons with Disabilities (SCPD). The SCPD serves as both the advisory council for the statewide Attendant Services program and the principal planning agency for individuals with traumatic brain injury. The SCPD includes a representative from the Council on Services for Aging and Adults with Physical Disabilities.

Critical Issues, Trends, Future Implications, and Challenges

Delaware's older population is rapidly growing. As such, the need for additional funding to support the growing need for services represents a significant challenge for DSAAPD. Furthermore, as the population of the "oldest old" segment continues to grow, it is expected that the need for more costly services will greatly increase.

As demand for services grows, so does the demand on staff resources. The efficient use of existing staff and the ability to increase staff to meet the demands for services must remain a priority as DSAAPD works to meet the escalating needs of older Delawareans.

Strategies and Resources

Delaware is committed to rebalancing resources to reduce its reliance on facility-based care. Additionally, DSAAPD provides extensive person-centered transitions planning services to those individuals at risk of institutionalization and long-term care residents seeking community options.

Delaware is focused on addressing some of the more challenging critical needs of its older population, including the need for legal services and supports. With the expanded role of DSAAPD's Legal Services Developer and a focus on financial exploitation, Delaware is addressing the need head on. Delaware will continue to work with partners, including community legal agencies, to provide quality legal representation for residents of the State.

Over the next four years DSAAPD will lead the effort to become a dementia-friendly state, ensuring that communities throughout Delaware are equipped to support persons living with dementia and their caregivers. This will foster the ability of persons living with dementia to not only age in place but thrive in their communities.

Throughout the next four years and beyond, DSAAPD will continue to make use of strategic opportunities to address the growing and changing needs of older Delawareans and persons with disabilities. DSAAPD will continue to work with public and private partners to take the fullest possible advantage of funding and other collaborative opportunities.

Goals, Objectives, Strategies, Outcomes, and Performance Measures

Focus Area 1: Older Americans Act Core Programs

Goal #1: Promote excellence in the delivery of core Older Americans Act programs.

Objective 1.1 Develop and implement best practices in person-centered case management and coordination of services and supports.

- Strategy 1.1.1 Update protocols to promote consistency in the delivery of case management services in all parts of the State.
- Strategy 1.1.2 Strengthen in-person collaboration between service providers, case managers and participants.
- Strategy 1.1.3 Incorporate a strengths-based approach as a foundation for collaborative support of each participant's needs, goals, and decisions - resulting in participant-driven, non-duplicative care planning.
- Strategy 1.1.4 Build trusting relationships with participants that allow for meaningful, person-centered goal setting to occur within the realm of care planning.
- Strategy 1.1.5 Use evidence-based practices to guide and inform the delivery of case management services.
- Strategy 1.1.6 Promote options-based choices that support informed participant decision-making, inclusive of private pay, cost share and voluntary donation service options.
- Strategy 1.1.7 Utilize technology to improve the efficiency of case management field operations.

Performance Measures for Objective 1.1

- 100% of community case managers and nurses (currently 35) utilizing mobile technology in real time.
- 100% of community case managers and nurses (currently 35) trained in person-centered, strengths-based goal setting.
- 100% of participants who are wait-listed for or receiving duplicative services screened for strengths-based, collaborative revision of their plans of care, eliminating unnecessary duplication of services.

Objective 1.2 Improve coordination between the Senior Community Service Employment Program (SCSEP) and other Older Americans Act programs.

- Strategy 1.2.1 Provide annual SCSEP overview training to community operations and ADRC staff.
- Strategy 1.2.2 Update community service program options counseling and case management protocol to include discussion of employment-related participant goals.
- Strategy 1.2.3 Expand employment opportunities available to Delaware's older adults by connecting individuals with SCSEP and community employment resources that encourage and develop access to meaningful employment options for older adults and adults with physical disabilities.

Performance Measures for Objective 1.2

- 100% of ADRC and community operations case management staff (currently 45) receive annual SCSEP overview training.
- 100% of interested individuals referred to SCSEP

Objective 1.3 Develop new strategies to target priority populations (as defined in the Older Americans Act) in the delivery of core services.

Strategy 1.3.1 Utilize multiple datasets to identify underserved target priority populations.

Strategy 1.3.2 Partner with organizations that serve priority populations to improve targeting efforts and develop and implement culturally appropriate outreach to those target priority populations.

Strategy 1.3.3 Review brochures, correspondence, and electronic communication to ensure that language is user-friendly.

Strategy 1.3.4 Build staff capacity to communicate with non-English speaking persons.

Strategy 1.3.5 Develop cultural competencies at all division levels to promote optimal individual, programmatic, and organizational responsiveness to the needs of diverse populations.

Strategy 1.3.6 Participate in department-wide diversity efforts.

Performance Measures for Objective 1.3

- 100% of DSAAPD outreach tools screened and edited for readability.
- Minimum 75% division-wide cultural competency training completion rate (current division staff count = 614).
- Build strategic partnership with at least one organization that performs outreach to each priority target population, as identified by the Older Americans Act.
- By 2024, ensure that a minimum of 75% participants meet at least one target population criteria (as defined by the Older Americans Act).

Objective 1.4 Promote the development, expansion, and capacity of comprehensive and coordinated programs that serve and support caregivers.

Strategy 1.4.1 Coordinate with partner agencies to provide hands-on and web-based training to caregivers.

Strategy 1.4.2 Explore opportunities for creating cost efficiencies in the delivery of respite services to facilitate expanded availability.

Strategy 1.4.3 Provide ongoing training to Aging and Disability Resource Center (ADRC) call center staff on services available for caregivers, including grandparent caregivers.

Strategy 1.4.4 Build purposeful and person-centered integration of caregiver strengths, needs, values and resources into the DSAAPD case management assessment process.

Strategy 1.4.5 Partner and collaborate with public and private organizations in the Delaware aging and disability network to maximize the capacity of caregiver support resources.

Strategy 1.4.6 Increase support for and involvement of long distance or remote caregivers through the promotion of caregiving technologies and tools.

Strategy 1.4.7 Explore opportunities to foster virtual access to evidence-based programs for caregivers.

Performance Measures for Objective 1.4

- Increase by 50% the number of caregivers who receive caregiver training annually (currently 70).
- Caregiver services training received by 100% of community operations case managers and nurses (currently 35).
- 100% of DSAAPD participant caregivers provided with Caregiver Resource Center information annually.

Objective 1.5 Build community engagement opportunities that are dedicated to discussing the evolving needs and goals of older Delawareans to facilitate more effective communication, planning, and delivery of information and resources, programs, and services.

Strategy 1.5.1 Utilize survey tools to identify needs, goals, and key areas of concern for the older population of Delaware.

Strategy 1.5.2 Increase online community communication and engagement options.

Strategy 1.5.3 Explore updates to Division web page to facilitate timely and direct engagement with the community.

Strategy 1.5.4 Facilitate statewide community focus groups held in accessible public settings, dedicated to discussion of identified areas of concern of older Delawareans.

Strategy 1.5.5 Communicate outcomes of focus group discussions division-wide, facilitating community and participant-informed strategic planning and delivery of information and resources, programs, and services.

Performance Measures for Objective 1.5

- Development and implementation of a survey tool focused on the needs, goals, and concerns of older Delawareans.
- Implementation of a dedicated email feedback button on key DSAAPD web pages.
- Implementation of annual focus group discussions regarding key areas of concern of older Delawareans by end of 2021.

Objective 1.6 Incorporate participant-directed/person-centered planning models into all aspects of division operations.

Strategy 1.6.1 Perform a comprehensive review of core program service specifications and revise as necessary to ensure incorporation of person-centered language and concepts.

Strategy 1.6.2 Provide ongoing division-wide training in person-centered planning and service delivery.

Performance Measures for Objective 1.6

- 100% of DSAAPD service specifications reviewed and revised with person-centered language.
- 90% of DSAAPD staff (currently 614 total) trained in person-centered planning and service delivery.

Objective 1.7 Achieve a dementia-friendly workforce in the State of Delaware.

Strategy 1.7.1 Cultivate dementia-friendly practices among health care and social service providers that heighten awareness of dementia and increase warm and effective responses to the needs of people living with dementia and their families.

Strategy 1.7.2 Promote training in the community for professionals and service providers that interact with persons who have dementia.

Strategy 1.7.3 Increase access to training resources related to dementia.

Performance Measures for Objective 1.7

- 90% of DSAAPD staff (currently 614 total) receive specialized dementia-friendly training.
- Ten specialized dementia-friendly training events offered to professionals.

Goal #2: Empower older adults, persons with disabilities and their caregivers to be active, engaged and supported in their homes and/or communities of their choice.

Objective 2.1 Promote and align with state health improvement plans, systems and partners that address health capacity, access, equity, and the social determinants of health.

Strategy 2.1.1 Promote and support statewide efforts to improve access to healthcare and long-term services through utilization of Telehealth, applied technology and other innovative, cost-effective delivery models.

Strategy 2.1.2 Promote evidence-based chronic disease self-management education, falls prevention programs and related public health interventions that support older adults, persons with disabilities and caregivers.

Strategy 2.1.3 Explore and support the implementation of best practices and models that address healthcare capacity shortages/inequities in long-term services and supports.

Strategy 2.1.4 Promote increased family and caregiver involvement in the long-term care facility discharge planning process.

Strategy 2.1.5 Collaborate with community partners to identify barriers, improve access, and facilitate coordination of cognitive health resources and services for persons with cognitive health needs.

Performance Measures for Objective 2.1

- Increase by 5% annually the number of participants in designated evidence-based health education & disease prevention programs (e.g., chronic disease self-management education programs, falls prevention programs, etc.).
- Maintain 100% family/caregiver involvement for resident discharge planning in DSAAPD's residential care facility.

Objective 2.2 Promote and align with plans, policies and community efforts that support emergency preparedness by and on behalf of older persons and adults with physical disabilities in Delaware.

- Strategy 2.2.1 Establish procedures for reviewing and monitoring contractor's emergency preparedness plans.
- Strategy 2.2.2 Complete a collaborative emergency preparedness evaluation with each DSAAPD participant annually and strengthen protocols for individual back-up plans.
- Strategy 2.2.3 Promote emergency preparedness among older persons and persons with physical disabilities through ongoing outreach activities.
- Strategy 2.2.4 Coordinate with local and state Emergency Operations Centers to develop a standard emergency preparedness protocol for aging citizens.
- Strategy 2.2.5 Advocate for Americans with Disabilities Act (ADA) compliant emergency shelter options in the community.

Performance Measures for Objective 2.2

- 100% of contractor emergency preparedness plans reviewed by DSAAPD.
- 100% participant completion rate of Emergency Preparedness Partner brochures.

Objective 2.3 Advocate for and align with efforts to promote accessible and affordable ADA compliant housing options and/or cost-effective home modifications that support an individual's preference to live in the home and community of their choice (live and age in place).

- Strategy 2.3.1 Coordinate with community partners to promote awareness of the needs of older persons and persons with disabilities to have accessible housing structures, with universal design features.
- Strategy 2.3.2 Promote the State-supported housing continuum process.
- Strategy 2.3.3 Increase tenancy supports for long term care residents transitioning to the community.
- Strategy 2.3.4 Create a partnership between DSAAPD, DMMA, DSAMH and the DSHA to advocate and align efforts to promote accessible and affordable ADA-compliant housing.

Performance Measures for Objective 2.3

- 100% of community operations case managers and nurses (currently 35) complete housing options training annually
- Partner with the DSHA to facilitate a minimum of one training annually for local housing providers regarding the value of assistive technology, home modifications and universal design concepts.
- Development of a Department-wide housing policy agenda to be updated annually.

Objective 2.4 Improve referral and coordination of services for persons with behavioral health and substance use disorder related needs.

Strategy 2.4.1 Coordinate with the Division of Substance Abuse and Mental Health (DSAMH) to identify and address barriers to service access for persons with behavioral health and substance use disorder related needs.

Strategy 2.4.2 Provide training to community operations staff regarding referral and coordination of services for persons with behavioral health and substance use disorder related needs.

Performance Measures for Objective 2.4

- Increase participant referrals to DSAMH for behavioral health and substance use disorder information, assistance, and services by 5%. Baseline to be established with implementation of specific data collection.
- 100% of community operations case managers and nurses (currently 35) complete at least one training related to case management and coordination of services for participants with behavioral health and substance use disorders

Objective 2.5 Improve access to and coordination of cognitive health resources and services.

Strategy 2.5.1 Coordinate with community partners to identify and address barriers to service access for persons with cognitive health needs.

Performance Measure for Objective 2.5

- 100% of community operations case managers and nurses (currently 35) complete at least one cognitive health resources and services-related training.

Objective 2.6 Advocate for and support transportation plans and innovative mobility options that facilitate access to services, community engagement and aging-in-place opportunities with emphasis on areas with critical transit needs.

- Strategy 2.6.1 Support the Delaware Department of Transportation and other partners in planning initiatives which would broaden and improve the transportation options available to older persons and persons with disabilities, especially in rural areas of the State.
- Strategy 2.6.2 Advocate for older adults to serve as advisors to the aging network regarding the transportation needs of older Delawareans, to include participation on the State Council for Persons with Disabilities (SCPD) transportation sub-committee.
- Strategy 2.6.3 Enhance collaboration with community partners to improve coordination of available transportation resources.
- Strategy 2.6.4 Explore innovative approaches to reducing the expense of transportation options available to older persons and persons with disabilities.
- Strategy 2.6.5 Promote state pedestrian safety initiatives.

Performance Measures for Objective 2.6

- 100% of community operations case managers and nurses (currently 35) receive training regarding transportation options available for older Delawareans and persons with disabilities.
- Minimum of one annual cross-training event within the aging and disability network to share information, educate transportation providers about the needs of older Delawareans, and seek transportation solutions.
- Identification of one aging advocate from each county within Delaware to serve in an advisory capacity to the aging network regarding the transportation needs of older Delawareans, to include aging advocate participation on the SPCD transportation sub-committee.

Objective 2.7 Promote economic security through improved access to underutilized services.

- Strategy 2.7.1 Coordinate with the Division of Social Services and other partners to increase participation in the Supplemental Nutrition Assistance Program (SNAP) among eligible older persons.
- Strategy 2.7.2 Connect participants with personal financial coaching available through Delaware’s Stand By Me program.
- Strategy 2.7.3 Explore other available services with participants.

Performance Measures for Objective 2.7

- 100% of community operations case managers and nurses (currently 35) receive training regarding the SNAP application process.
- 100% of community operations case managers and nurses receive training regarding the Stand By Me program.
- Minimum of 10% increase in number of participants assisted with SNAP application and/or referred to Stand By Me program (baseline to be established).

Goal # 3: Increase the development and implementation of business-related strategies that promote innovation, collaboration, and sustainability of aging and disability network partners.

Objective 3.1 Improve integration of health and long-term care systems to expand the resources of aging and disability network partners.

Strategy 3.1.1 Build the business capacity of state and community-based aging and disability organizations for partnerships with integrated care networks.

Strategy 3.1.2 Develop training for community-based organizations to expand knowledge of business strategies; improve negotiation skills vital to securing contracts with healthcare entities (directly or as part of a community-based network); and increase sustainability of existing service contracts.

Strategy 3.1.3 Explore ways to generate and diversify income streams and capacity of service partners.

Performance Measure for Objective 3.1

- Promote a minimum of one annual specialized training event to community-based organizations through collaboration with national partners, to expand knowledge of business strategies; improve negotiation skills vital to securing contracts with healthcare entities; and increase sustainability of existing contracts.

Objective 3.2 Improve participant engagement with service providers.

Strategy 3.2.1 Build engagement capacity of state and community-based aging and disability organizations.

Strategy 3.2.2 Explore ways to engage participants in future service delivery planning.

Strategy 3.2.3 Explore ways to expand geriatric workforce development.

Strategy 3.2.4 Develop strategies informed by National Core Indicators - Aging and Disabilities project data to maximize collaboration between participants and service providers in the design, delivery, and improvement of services.

Performance Measures for Objective 3.2

- 90% of DSAAPD employees (currently 614) receive training in person-centered care.
- 10% of participants contacted annually for service monitoring and quality assurance purposes with 100% of participants contacted reporting full participation in the development of their person-centered care plan.

Focus Area 2: Administration for Community Living Discretionary Grants

Goal #4: Expand and leverage alignments with strategic partners to support sustainable integration of discretionary grant programs into Older Americans Act programs.

Objective 4.1 Explore methodologies to increase capacity, collaboration, and cost effectiveness of integration of discretionary grant programs efficiently and effectively into existing core programs.

Strategy 4.1.1 Incorporate grant activities into policy and program development ensuring sustainability and investment in outcomes.

Performance Measure for Objective 4.1

- Incorporate 70% of successful grant activities into existing programming and services.

Objective 4.2 Build partnerships with community agencies and organizations that maximize innovative use of discretionary grant funding to embed evidence-based programs and services into the Delaware aging network.

Strategy 4.2.1 Target data collection to support future discretionary grant opportunities.

Strategy 4.2.2 Build internal and external relationships for future funding opportunities.

Performance Measure for Objective 4.2

- Collaborate with a minimum of two community agencies and organizations to facilitate data collection within those entities regarding the needs of older Delawareans and persons with disabilities, to support future DSAAPD discretionary grant opportunities.

Objective 4.3 Develop sustainability strategies that foster a position of readiness to incorporate discretionary grants into person-centered and person-directed programming and services.

Strategy 4.3.1 Expand data collection and comparison-type analysis capabilities that support evidence-based discretionary grant program implementation and integration.

Performance Measure for Objective 4.3

- Develop at least one new report in DSAAPD's Data Dashboard to produce comparison-type data analysis.

Objective 4.4 Fully integrate the Aging and Disability Resource Center (ADRC) COVID-19 grant to enhance and expand ADRC capabilities.

Strategy 4.4.1 Expand capacity of ADRC to maintain continuity of services in the event of an emergency.

Strategy 4.4.2 Enhance and expand ADRC searchable database and website, to include user-friendly and accessible online self-assessment of needs and online referral to services and supports.

Strategy 4.4.3 Build partnerships and alignments that enhance “No Wrong Door” options, increasing the ability of older Delawareans to connect with needed services and supports including information and referral; independent living skills training; peer counseling; individual and systems advocacy; services that facilitate transition from nursing homes and other institutions to the community, and assistance to those at risk of entering institutions.

Strategy 4.4.4 Mitigate social isolation through expanded outreach to at-risk populations, in collaboration with Delaware’s aging and disability networks.

Performance Measures for Objective 4.4

- DSAAPD will maintain at least 12 portable ADRC toolkits purchased through the ADRC COVID-19 Grant, which contain the equipment needed to allow ADRC staff to work remotely in the event of an emergency, enabling continuity of access to OAA core programs, to include home and community-based services, nutrition services, health promotion and disease prevention services, caregiver services and elder justice initiatives.
- Implementation of an online needs self-assessment tool, allowing alternate means of accessing ADRC assistance for older adults and their caregivers, resulting in a minimum of 100 individuals utilizing this tool to access services.
- Create collaboration with at least three additional organizations to enhance ADRC reach within day-to-day operations as well as emergency events, enhancing no wrong-door options and access assistance.
- Establish a Memorandum of Understanding with Delaware’s two Centers for Independent Living, increasing access to needed services and supports including information and referral; independent living skills training; peer counseling; individual and systems advocacy; services that facilitate transition from nursing homes and other institutions to the community, and assistance to those at risk of entering institutions.

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

Goal # 5: Promote person-centered planning and participant direction in community-based and long-term care service options.

Objective 5.1 Support person-centered service delivery options to better meet the needs of older adults, adults with physical disabilities, and their caregivers.

Strategy 5.1.1 Partner with State agencies and other divisions to maximize cost efficiencies and advance efforts to rebalance long term care services from facility-based settings to community-based settings.

Strategy 5.1.2 Build capacity and improve care coordination in the State's home and community-based service infrastructure to respond to critical needs including age-friendly and dementia-friendly transportation, housing, personal care services, dementia care, and home modification.

Strategy 5.1.3 Utilize a variety of approaches to support participant-driven choice.

Strategy 5.1.4 Increase knowledge and participation in sustainable evidence-based health and wellness programs.

Strategy 5.1.5 Increase family caregiver supports and educational resources to strengthen the ability of caregivers to embrace collaborative person-centered and family-centered planning for individuals who choose to reside in a community-based residential setting.

Performance Measures for Objective 5.1

- Coordinate minimum of one annual cross-training event within the aging network to build capacity, improve care coordination, and promote person-centered and participant-directed planning of community based and long-term care service options.
- 90% of division staff (currently 614) trained in person-centered and participant driven care.
- 100% of community operations case managers and nurses (currently 35) trained regarding the variety of evidence-based health and wellness programs available to participants.
- Create a minimum of three age and dementia-friendly toolkits to be utilized by a minimum of five community agencies.

Objective 5.2 Empower and educate persons who reside in long-term care facilities or who are at risk of transition to a long-term care facility to fully participate in planning and directing their care goals.

Strategy 5.2.1 Assist individuals who reside in a long-term care facility or are applying for long-term care facility residency with options counseling to explore alternative community-based resources and service options that allow for informed decision-making and goal setting.

Strategy 5.2.2 Expand options counseling services for persons transitioning from acute care hospitals, empowering older persons and adults with physical disabilities to direct their own care with consideration of their strengths, values, and goals, preventing hospital readmissions and unnecessary institutionalization.

Strategy 5.2.3 Coordinate with DMMA and other community partners to support individuals who opt to transition from long-term care facilities to community-based residential settings.

Performance Measures for Objective 5.2

- 10% increase in the number of long-term care facility applicants provided community-based care options.
- 10% increase in the number of nursing home residents transitioned to community-based care.

Goal # 6: Promote access to and efficiencies of home and community-based services which enable participants to direct their own care.

Objective 6.1 See Objective 1.6 [Incorporate participant-directed/person-centered planning models into all aspects of division operations].

Strategy 6.1.1 See Strategies 1.6.1 and 1.6.2

Performance Measure for Objective 6.1

- See Performance Measures for Objective 1.6

Objective 6.2 Improve delivery of participant-directed services, empowering participants to make choices about service delivery.

Strategy 6.2.1 Incorporate language within provider services contracts that reflects person-centered and participant-directed service provision.

Strategy 6.2.2 Sustain continuity of participant-directed programs.

Strategy 6.2.3 Empower participants to self-advocate and make informed choices when directing their care services.

Performance Measure for Objective 6.2

- Increase participation in DSAAPD's participant-directed Lifespan Respite and Legal Services programs by 10%. The care plans of at least 80% of DSAAPD participants will include documentation of participant-defined goals and priorities.

Focus Area 4: Elder Justice

Goal # 7: Prevent abuse, neglect and exploitation while protecting the rights of older Delawareans and persons with disabilities.

Objective 7.1 Support the delivery of services that promote the rights of older persons and persons with disabilities.

Strategy 7.1.1 Promote the use of less restrictive alternatives to guardianship through community training.

Strategy 7.1.2 Target the substantive core legal priority areas that older Delawareans have access to, to ensure an adequate supply of quality publicly funded legal services that address their eligibility for and receipt of benefits, housing, health insurance, health care, advance planning, and protection from consumer fraud and abuse.

Strategy 7.1.3 Increase Long Term Care Ombudsman Program collaboration with local agencies to discuss and address issues related to abuse, neglect and exploitation.

Performance Measures for Objective 7.1

- Coordinate at least one community training annually, with ally-stakeholders, on guardianship and alternatives to guardianship.
- Coordination of an annual pro-bono legal services event for older Delawareans and adults with disabilities.

Objective 7.2 Improve the response to elder abuse, neglect, and exploitation.

Strategy 7.2.1 Develop a collaborative approach with other agencies, inclusive of a multi-disciplinary team that includes adult protective services, the Long Term Care ombudsman program, legal assistance programs, law enforcement, health care professionals, financial institutions, and other essential partners across the state, to discuss the best solutions in preventing abuse, neglect and exploitation and work towards improving gaps in abuse, neglect, and exploitation response across the Delaware aging network.

Strategy 7.2.2 Expand abuse, neglect and exploitation training for professionals and volunteers outside of the aging network.

Strategy 7.2.3 Expand abuse, neglect, and exploitation Mandated Reporting online training.

Strategy 7.2.4 Develop professional competencies of Adult Protective Services staff through trainings, meetings, and conference opportunities.

Strategy 7.2.5 Increase National Adult Protective Services Association (NAPSA) Certifications for Adult Protective Services staff.

Performance Measures for Objective 7.2

- Multi-disciplinary team formed and meeting quarterly.
- Minimum of one annual abuse, neglect and exploitation training provided to professionals and volunteers outside of the aging network.
- 100% of eligible Adult Protective Services staff NAPSA-certified or in the process of attaining certification.

Objective 7.3 Develop and expand the role of the Legal Services Developer.

Strategy 7.3.1 Lead the state's elder law and justice advocacy efforts by promoting critical legal needs of older Delawareans, including income, housing, access to healthcare and long-term services and supports, and defense against guardianship when appropriate.

Strategy 7.3.2 Collaborate with the Delaware Bar Elder Law Section to develop pro bono opportunities to support older Delawareans and expand capacity for legal assistance.

Strategy 7.3.3 Develop professional competencies of the Delaware Bar through trainings, meetings, or conference opportunities.

Performance Measures for Objective 7.3

- Minimum of one pro bono opportunity developed in coordination with the Delaware Bar Elder Law Section.
- Minimum of one annual meeting, training or conference developed with the Delaware Bar.

Appendix Section

Appendix A: Assurances and Required Activities

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

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

(2) The State agency shall—

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

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

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

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

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

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

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

(5) in the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

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

- (1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,
- (2) a numerical statement of the actual funding formula to be used,
- (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

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

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health

services provided by community health centers and by other public agencies and nonprofit private organizations;

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

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

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

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

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

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

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

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

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

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

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

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

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

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

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

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

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

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

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

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

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

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

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

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

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

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

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

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

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

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

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

(B) disclose to the Assistant Secretary and the State agency—

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

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

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

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

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

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

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

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

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

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

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

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

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

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

(B)) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

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

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

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

(A) health and human services;

(B)) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the

area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

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

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

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

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

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

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

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

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

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

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

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

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual

revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

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

(B) be based on such area plans.

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

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

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

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

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

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

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

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title

VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

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

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

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

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

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

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

(B) The plan shall provide assurances that—

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

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

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

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

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

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

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

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

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

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

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

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

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

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its

services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

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

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

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

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

(21) The plan shall—

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

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

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

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

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

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

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

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

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

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

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

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

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

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

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

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

(B)) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular

employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order...



Cabinet Secretary

Signature and Title of Authorized Official

9/10/2020

Date

Appendix B: Information Requirements

INFORMATION REQUIREMENTS

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

Section 305(a)(2)(E)

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

The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) assures that such preference will be given, as required. Efforts to carry out this provision are as follows:

- Efforts will be made to maintain Spanish-speaking staff for statewide bilingual service coverage.
- Spanish language publications will be developed and made available in print and on the internet
- Relationships with national and state minority organizations will be maintained.
- Outreach activities will target communities and populations in greatest need.
- Services, such as congregate meals, will continue to be made available in areas which are accessible to persons in greatest need.
- DSAAPD will continue to provide a full range of services through the agency office in Southern Delaware, as well as through contractors located in rural areas of the State.

Section 306(a)(6)(I)

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

Delaware is a single planning and service area. The state agency coordinates with the Delaware Assistive Technology Institute (DATI) at the University of Delaware to access assistive technology options for serving older individuals. DSAAPD routinely disseminates information regarding options for accessing assistive technology through social media platforms; the DSAAPD website; and the ADRC / No Wrong Door System.

Section 306(a)(17)

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

Delaware is a single planning and service area. State agency plans for emergency preparedness are described in section 307(a)29 below.

Section 307(a)(2)

The plan shall provide that the State agency will --...

(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306

(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (*Note: those categories are access, in-home, and legal assistance*). Provide specific minimum proportion determined for each category of service.)

Delaware is a Single Planning and Service Area (PSA), and therefore, does not allocate funds to area agencies on aging. The minimum proportion of funds to carry out part B that will be expended to provide each of the categories of services is as follows: Access – 35.1%; In-Home – 61.1%; and Legal Assistance – 3.8%. The basis for the funding levels is historic need and available funding. The Delaware Transit Corporation provides transportation services. The Medicaid State Plan allows for medical transportation for eligible participants.

Section 307(a)(3)

The plan shall--

...

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

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

(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).*

(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

Funds expended to serve older persons in rural areas in each fiscal year in this plan will not be less than those expended for fiscal year 2000.

Because of the very small geographic size of the State, contract rates generally do not differ by region, and differences in urban/rural travel costs are minimal in relation to overall contract amounts.

For the fiscal year preceding the ones in which this plan applies, many outreach activities were used to reach older persons in rural areas. Such outreach activities included the presentation of information in local broadcast media, community newspapers, etc., as well as the distribution of information through local gatherings (e.g., health fairs and other senior events).

DSAAPD maintained a statewide toll-free phone number for information and access to services, as well as a website and email address. In addition, DSAAPD maintained an office in southern Delaware, a predominantly rural area of the State.

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.*

Delaware assures that the special needs of older individuals residing in rural areas are taken into consideration in the planning and provision of services. DSAAPD allocates resources such that services are provided throughout the state, in rural as well as urban areas. Agency staff who provide services are located in both rural and urban areas. Contractor selection also ensures that provision of service covers all geographic areas of the State. As noted above, because of the size of the state, resources can be distributed to all geographic areas without additional cost.

Section 307(a)(14)

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

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

Please refer to population figures presented in the demographic section of this plan for data on race, Hispanic origin, poverty status, and language proficiency. Additionally, note that in 2018, an estimated 7.3% of all Delawareans lived below the poverty level. In 2018 there were 7,262 low-income minority older individuals in Delaware, per American Community Survey demographic data. The number of low-income minority older individuals in Delaware who have limited English proficiency was estimated to be 485, as documented by the 2013-2017 American Community Survey. The poverty rate for those persons who spoke a language other than English at home was 7.0%.

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

- DSAAPD has maintained a Spanish language section in its agency [website](#) and has made many of its publications, including the *Guide to Services for Older Delawareans*, available in Spanish.
- DSAAPD has partnered with varying organizations, including the Latin American Community Center, to provide Hispanic Outreach services and to provide congregate meals which feature Spanish cooking.
- Many outreach activities were used to reach low-income minority older individuals. Such outreach activities included the presentation of information on billboards, local broadcast media, and community newspapers, etc., as well as the distribution of information through local gatherings (e.g., health fairs and other senior events).
- DSAAPD will collaborate with the Delaware Ecumenical Council to provide outreach to older low-income Asian individuals through distribution of information at local gatherings and senior events.

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 .*

Delaware has state-recognized Native American tribes, but no federally identified Native American tribes, and no reservations in the state. The 2010 Census indicates that .4% of all Delawareans reported themselves to be Native American. Approximately 42% of Delaware's Native Americans live in New Castle County. The Division of Services for Aging and Adults with Physical Disabilities assures that it will continue to outreach to Native Americans through local programs (including, but not limited to, senior centers, nutrition sites, and federally qualified health centers) and will include Native Americans in minority targeting initiatives.

Section 307(a)(27)

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

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

DSAAPD will utilize Delaware Population Consortium data to project changes in the number of older individuals and older individuals over the age of 85, as well as the needs of those individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency. DSAAPD will adjust services and allocation of resources based on Delaware Population Consortium data.

Section 307(a)(28)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

DSAAPD works closely with other State agencies on emergency planning activities, including the Delaware Emergency Management Agency, which is charged with developing comprehensive emergency preparedness plans.

As described in the objectives section of this plan, DSAAPD will carry out a number of specific activities, including: establishing procedures for reviewing and monitoring contractor's emergency preparedness plans; incorporating an evaluation of emergency preparedness into DSAAPD participant assessments and strengthening protocols for individual back-up plans; promoting emergency preparedness among older persons and persons with physical disabilities through ongoing outreach activities; and coordinating with local and state Emergency Operations Centers to develop a standard emergency preparedness protocol for aging citizens.

Section 307(a)(29)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

DSAAPD has representation in the State Health Operations Center and participates in development of the state-wide COOP. In addition, all contracted providers are required to have a long-range emergency preparedness plan in place for Older Americans Act services. DSAAPD's Director is closely involved with the State's emergency preparedness planning and has attended Continuity of Operations (COOP) training with several designated agency staff. The Director will continue to play an active role in the planning process, receiving regular updates on emergency preparedness planning activities. The Director will also review and comment on all emergency preparedness and/or response plans and implementation strategies as they relate to the older population in Delaware.

Section 705(a) ELIGIBILITY —

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

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

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

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

The State of Delaware has established programs and services in accordance with this chapter. Some of the services are provided under contract by vendor agencies and others are operated directly by DSAAPD. Programs include adult protective services, legal assistance development and the Long Term Care Ombudsman Program. A full list of services provided within Delaware, including program description, eligibility criteria, and contact information can be found on the agency's website, www.dhss.delaware.gov/dsaapd.

(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 VII, and other interested persons and entities regarding programs carried out under this subtitle;

In developing this plan, and for other planning purposes, DSAAPD gathers information from outside entities to gauge opinions, measure need, and explore service options. As described in the introduction of this plan, a series of focus groups on a variety of topics was held to gather input in preparation for the development of State Plan goals and objectives. Views of older individuals are obtained regarding DSAAPD's elder abuse prevention and legal development activities. Older individuals are appointed to DSAAPD's Council on Services for Aging and Adults with Physical Disabilities. This council meets monthly ten months out of the calendar year and advises DSAAPD leadership regarding DSAAPD's elder justice programming and services.

(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;

The State assures that it will identify and prioritize statewide activities related to securing and maintaining benefits and rights, as described above. Specific activities include:

- The provision of information and assistance services statewide.
- The provision of case management services, both through the Adult Protective Services Program and the Community Services Program.
- The operation of the Long Term Care Ombudsman Program.
- Coordination with outside agencies, such as the Department of Justice and the Insurance Department to ensure the protection of rights.
- Coordination with organizations such as the Division of Social Services and the Social Security Administration to maintain current information on available benefits.

(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;

Delaware assures that it 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. Each of these elder rights protection activities is described briefly below:

- DSAAPD has oversight of the Long-Term Care Ombudsman Program. The Ombudsman Program responds to complaints; advocates for residents; and provides training in long-term care facilities.
- Adult Protective Services (APS) assists impaired adults who are subject to abuse, neglect and/or exploitation. APS workers receive and investigate reports of abuse and neglect and provide social service intervention as necessary.
- The Community Services Program (CSP) provides a range of services including information and assistance; advocacy; service authorization; and case management.
- DSAAPD contracts with Community Legal Aid Society, Inc. to operate the Elder Law Program.
- DSAAPD coordinates with other organizations (such as the Division of Health Care Quality, police organizations, the Department of Justice, and others) to promote elder rights protection.

(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);

Delaware assures that it will operate within the guidelines outlined above with regard to the designation of local Ombudsman entities. Delaware has a single, statewide Ombudsman entity.

(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;

(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.

Delaware assures that it will continue to operate the Adult Protective Services (APS) Program in accordance with the above detailed provisions. The APS program complies with all provisions of the Older Americans Act regarding elder abuse prevention as well as relevant State laws and regulations. Appropriate outreach, information, and referral activities occur as part of the ongoing operation of the program. APS provides education on elder abuse prevention to community organizations and partner agencies throughout the state, in addition to outreach and education provided through non-traditional avenues such as homeowners associations, the Delaware Bankers Association, etc. APS staff work in close coordination with outside agencies (e.g., law enforcement agencies) in carrying out elder abuse protection activities. Client information collected in the process of complaint investigation remains confidential, and is shared with outside entities,

such as law enforcement entities, only as required and only in keeping with professional guidelines, as described above.

APS has policies in place to refer individuals to other assistance, and routinely works with partner agencies to ensure that individual needs are addressed. APS State Code prohibits the involuntary or coerced participation in protective services, with the exception of participants who lack capacity.

Appendix C: Intrastate Funding Formula (IFF)

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

have been met: OAA, Sec. 305(a)(2)

“States shall,

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

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

The State of Delaware is a single planning and service area and is not required to have an intrastate funding formula.

DSAAPD utilizes the best available data, including county-specific demographic information, from the 2010 U.S. Census to identify where the need for services is greatest. Additionally, the following data sources are considered:

- 2018 U.S. Census Bureau American Community Survey 5-Year Estimates
- 2019 Delaware Population Consortium annual population projections

Federal funds are allocated for services that best address the needs of the following targeted demographic groups in each county:

- Population age 60 and older
- Rural
- Minority
- Low-Income

The resource allocation plan for Delaware is included as Appendix D of this plan.

Appendix D: Resource Allocation Plan

Resource Allocation Plan FY 2020

State General Funds	
Total State General Funds	\$19,703,200.00
Federal Funds	
Social Services Block Grant (SSBG)	\$1,147,167.00
Medicaid	\$1,038,302.00
Older Americans Act Title III	\$5,804,174.00
Older Americans Act Title V	\$1,696,631.00
Older Americans Act Title VII	\$107,913.00
Nutrition Services Incentive Program	\$516,431.00
Victims of Crime Acts (VOCA)	\$63,573.00
Total Federal Funds	\$10,374,191.00
Other Funds	
Civil Money Penalty Fund	\$302,750.00
Grant-in-Aid Funds	\$8,020,858.00
Senior Trust Fund	\$15,000.00
Tobacco Settlement Funds	\$827,700.00
Total Other Funds	\$9,166,308.00
Grand Total	
	\$39,243,699.00

Appendix E: Demographic Information

A PROFILE OF OLDER DELAWAREANS Selected Population Characteristics – 2018 Estimates

	Number	Percent
Age Group (Persons aged 60+)		
60-64	61,626	26.9%
65-74	99,666	43.6%
75-84	49,025	21.4%
85 and over	18,438	8.1%
Total 60+	228,755	100%
County of Residence (Age 60+)		
New Castle	115,169	50.3%
Kent	38,069	16.7%
Sussex	75,517	33.0%
Gender (Age 60+)		
Male	103,397	45.2%
Female	125,358	54.8%
Race and Hispanic/Latino Origin (Age 60+)		
White	184,148	80.5%
Black or African American	35,457	15.5%
American Indian/Alaskan Native	915	0.4%
Asian	5,261	2.3%
Other	1,373	0.6%
Two or More Races	1,601	0.7%
Hispanic/Latino Origin	6,176	2.7%
Poverty Status (Age 60+)		
Below poverty level	16,149	7.2%
100 to 149% of poverty level	14,130	6.3%
At or above 150% of poverty Level	194,008	86.5%
Poverty Status for Selected Groups (Age 60+)		
White		
Below poverty level	11,036	6.1%
At or above poverty level	169,938	93.9%
Black or African American		
Below poverty level	4,218	12.3%
At or above poverty level	30,134	87.7%
Hispanic or Latino		
Below poverty level	630	10.3%
At or above poverty level	5,515	89.7%
Disability Status (Non-inst., Age 60+)		
With any disability	60,557	27%
No disability	163,730	73%

	Number	Percent
Living Arrangements (Age 65+)		
Males		
With others (in households or group quarters)	62,259	83.7%
Alone	12,113	16.3%
Females		
With others (in households or group quarters)	64,950	70.0%
Alone	27,807	30.0%
Marital Status (Age 60+)		
Males		
Married, spouse present	71,278	70.8%
Married, spouse absent/separated	1,222	1.2%
Widowed, divorced, or never married	28,143	28.0%
Females		
Married, spouse present	62,119	50.4%
Married, spouse absent/separated	1,326	1.1%
Widowed, divorced, or never married	59,764	48.5%
Educational Attainment (Age 60+)		
Less than high school graduate	26,307	11.5%
High school graduate, GED or alternative	78,920	34.5%
Some college or associate degree	57,418	25.1%
Bachelor's degree or higher	66,339	29.0%
Employment Status (Age 60+)		
In labor force	65,653	28.7%
Not in labor force	163,102	71.3%
Veteran Status (Age 60+)		
Veteran	40,947	17.9%
Non-veteran	187,808	82.1%
Place of Birth (Age 60+)		
Native born	212,143	92.7%
Foreign born	16,612	7.3%
Language Spoken at Home (Age 60+)		
English only	212,285	92.8%
Language other than English	16,470	7.2%
Geographic Mobility – Previous Year (Age 60+)		
Same house	212,971	93.1%
Moved within county	6,863	3.0%
Moved from county to county	1,601	0.7%
Moved from another state	6,405	2.8%
Moved from abroad	915	0.4%

Sources: U.S. Census Bureau, 2018 American Community Survey

Population Projections for Persons Aged 60 and Older State of Delaware

2015 2020 2025 2030 2035 2040

Age Breakdowns						
Age 60 - 64	58,592	66,658	68,373	63,071	57,642	57,209
Age 65 - 69	52,398	57,046	64,152	65,929	60,933	55,819
Age 70 - 74	38,799	48,823	52,597	59,207	61,015	56,455
Age 75 - 79	27,406	34,182	42,747	46,020	51,910	53,605
Age 80 - 84	19,050	22,322	27,780	34,792	37,456	42,302
Age 85 +	19,596	22,638	26,398	32,438	40,750	46,934
Age Totals						
Total Age 60+	215,841	251,669	282,047	301,457	309,706	312,324
Total Age 65+	157,249	185,011	213,674	238,386	252,064	255,115
Total Age 75+	66,052	79,142	96,925	113,250	130,116	142,841
Total Age 85+	19,596	22,638	26,398	32,438	40,750	46,934
Percentage Change						
Age 60+	N/A	16.6%	30.7%	39.7%	43.5%	44.7%
Age 65+	N/A	17.7%	35.9%	51.6%	60.3%	62.2%
Age 75+	N/A	19.8%	46.7%	71.5%	97.0%	116.3%
Age 85+	N/A	15.5%	34.7%	65.5%	108.0%	139.5%

Prepared by Delaware Division of Services for Aging and Adults with Physical Disabilities
 Source: Delaware Population Consortium Annual Population Projections, October 31, 2019, Version 2019.0

Population Projections for Persons Aged 60 and Older New Castle County, Delaware

2015 2020 2025 2030 2035 2040

Age Breakdowns						
Age 60 - 64	32,732	37,160	37,859	35,406	32,305	32,082
Age 65 - 69	26,687	30,576	34,796	35,548	33,378	30,529
Age 70 - 74	18,296	24,035	27,569	31,414	32,242	30,365
Age 75 - 79	13,005	15,635	20,569	23,622	27,005	27,836
Age 80 - 84	9,451	10,228	12,350	16,291	18,770	21,523
Age 85 +	10,801	11,233	11,964	13,973	17,909	21,762
Age Totals						
Total Age 60+	110,972	128,867	145,107	156,254	161,609	164,097
Total Age 65+	78,240	91,707	107,248	120,848	129,304	132,015
Total Age 75+	33,257	37,096	44,883	53,886	63,684	71,121
Total Age 85+	10,801	11,233	11,964	13,973	17,909	21,762
Percent Change						
Age 60+	N/A	16.1%	30.8%	40.8%	45.6%	47.9%
Age 65+	N/A	17.2%	37.1%	54.5%	65.3%	68.7%
Age 75+	N/A	11.5%	35.0%	62.0%	91.5%	113.9%
Age 85+	N/A	4.0%	10.8%	29.4%	65.8%	101.5%

Prepared by Delaware Division of Services for Aging and Adults with Physical Disabilities

Source: Delaware Population Consortium Annual Population Projections, October 31, 2019, Version 2019.0

Population Projections for Persons Aged 60 and Older Kent County

2015 2020 2025 2030 2035 2040

Age Breakdowns						
Age 60 - 64	9,635	10,922	11,374	10,453	9,528	9,450
Age 65 - 69	8,868	9,037	10,196	10,663	9,845	8,991
Age 70 - 74	6,868	7,983	8,092	9,180	9,632	8,899
Age 75 - 79	4,906	5,829	6,738	6,867	7,829	8,212
Age 80 - 84	3,273	3,812	4,507	5,246	5,373	6,130
Age 85 +	2,964	3,450	4,003	4,755	5,642	6,151
Age Totals						
Total Age 60+	36,514	41,033	44,910	47,164	47,849	47,833
Total Age 65+	26,879	30,111	33,536	36,711	38,321	38,383
Total Age 75+	11,143	13,091	15,248	16,868	18,844	20,493
Total Age 85+	2,964	3,450	4,003	4,755	5,642	6,151
Percent Change						
Age 60+	N/A	12.4%	23.0%	29.2%	31.0%	31.0%
Age 65+	N/A	12.0%	24.8%	36.6%	42.6%	42.8%
Age 75+	N/A	17.5%	36.8%	51.4%	69.1%	83.9%
Age 85+	N/A	16.4%	35.1%	60.4%	90.4%	107.5%

Prepared by Delaware Division of Services for Aging and Adults with Physical Disabilities

Source: Delaware Population Consortium Annual Population Projections, October 31, 2019, Version 2019.0

Population Projections for Persons Aged 60 and Older Sussex County

2015 2020 2025 2030 2035 2040

Age Breakdowns						
Age 60 - 64	16,225	18,576	19,140	17,212	15,809	15,677
Age 65 - 69	16,843	17,433	19,160	19,718	17,710	16,299
Age 70 - 74	13,635	16,805	16,936	18,613	19,141	17,191
Age 75 - 79	9,495	12,718	15,440	15,531	17,076	17,557
Age 80 - 84	6,326	8,282	10,923	13,255	13,313	14,649
Age 85 +	5,831	7,955	10,431	13,710	17,199	19,021
Age Totals						
Total Age 60+	68,355	81,769	92,030	98,039	100,248	100,394
Total Age 65+	52,130	63,193	72,890	80,827	84,439	84,717
Total Age 75+	21,652	28,955	36,794	42,496	47,588	51,227
Total Age 85+	5,831	7,955	10,431	13,710	17,199	19,021
Percent Change						
Age 60+	NA	19.6%	34.6%	43.4%	46.7%	46.9%
Age 65+	NA	21.2%	39.8%	55.0%	62.0%	62.5%
Age 75+	NA	33.7%	69.9%	96.3%	119.8%	136.6%
Age 85+	NA	36.4%	78.9%	135.1%	195.0%	226.2%

Prepared by Delaware Division of Services for Aging and Adults with Physical Disabilities

Source: Delaware Population Consortium Annual Population Projections, October 31, 2019, Version 2019.0

Appendix F: Summary Information about Person Served

Summary Information about Persons Served Through Selected Programs Funded Under Older Americans Act Title III State of Delaware, Fiscal Year 2019

Number of Persons Served

Service	Persons Served
Title III-B Supportive Services	
Adult Day Health	207
Assisted Transportation	N/A
Case Management	4,921
Homemaker	N/A
Personal Care	569
Title III-C Nutrition Services	
Congregate Meals	9,370
Home Delivered Meals	4,145
Nutrition Counseling	286
Title III-E Caregiver Supports	
Counseling/Support Groups/Caregiver Training	600
Respite Care	238
Supplemental Services	N/A
Total	
Total Estimated Unduplicated Number of Persons Served Through Services Supported by Title III	14,831

*Demographic Profile of Persons Served**

	Number	Percent
Total Registered Services Clients	14,577	
Total Minority Clients	4,067	27.9
Africa American Non-Hispanic		23.0
Asian and Pacific Islander Non-Hispanic		2.8
American Indian and Eskimo Non-Hispanic		0.4
Hispanic		1.3
Clients Below Poverty Level	2,792	19.2
Minority Clients Below Poverty Level	490	3.4
Rural Clients	6,467	44.4
Number of Caregivers of Elderly	838	
Number of Grandparent Caregivers	61	

*Among persons served who provided demographic information

Appendix G: Mission and Vision Statements

Delaware Health and Social Services

Mission: To improve the quality of life for Delaware's citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations.

Vision: Together we provide quality services as we create a better future for the people of Delaware.

Division of Services for Aging and Adults with Physical Disabilities

Mission: Promote dignity, respect, and inclusion for older adults and people with disabilities.

Vision: Inclusive healthy communities that promote the engagement of older adults and individuals with disabilities.

Appendix H: DSAAPD Services

The following services and programs are operated and/or funded by DSAAPD:

- Adult Day Services
- Adult Foster Care
- Adult Protective Services
- Assistive Devices
- Attendant Services
- Caregiver Resource Centers
- Case Management
- Community Living
- Congregate Meals
- Delaware Aging and Disability Resource Center (ADRC)
- Home Delivered Meals
- Home Modification
- Information and Assistance
- Legal Services
- Lifespan Respite
- Long Term Care Ombudsman Program
- Nursing Home Transition Program
- Long Term Residential Care (Facility)
- Options Counseling
- Pathways to Employment
- Personal Care
- Personal Emergency Response System
- Respite Care
- Senior Community Service Employment Program

Appendix I: Council on Services for Aging and Adults with Physical Disabilities Members

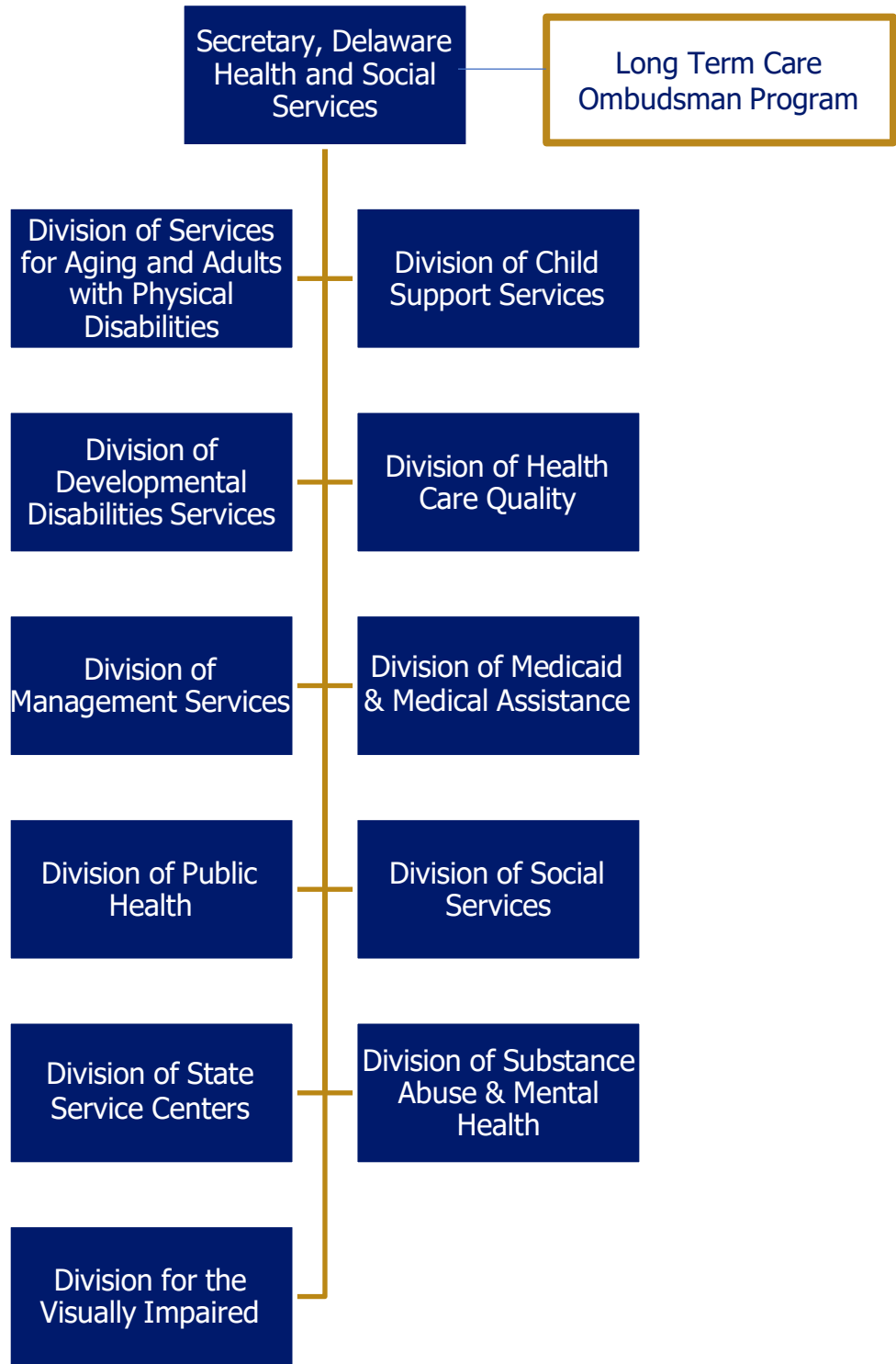
Kenneth Bock	LaVaida Owens-White
Carolyn Fredericks	Mary Lee Phillips
Sheila Grant	Belinda Strickland
Evelyn Hayes	Abraham Velez
Suzanne Howell	Maggie Webb
Katie Macklin	Jack Young
Robert Overmiller	

Appendix J: State Plan on Aging Oversight Committee Members

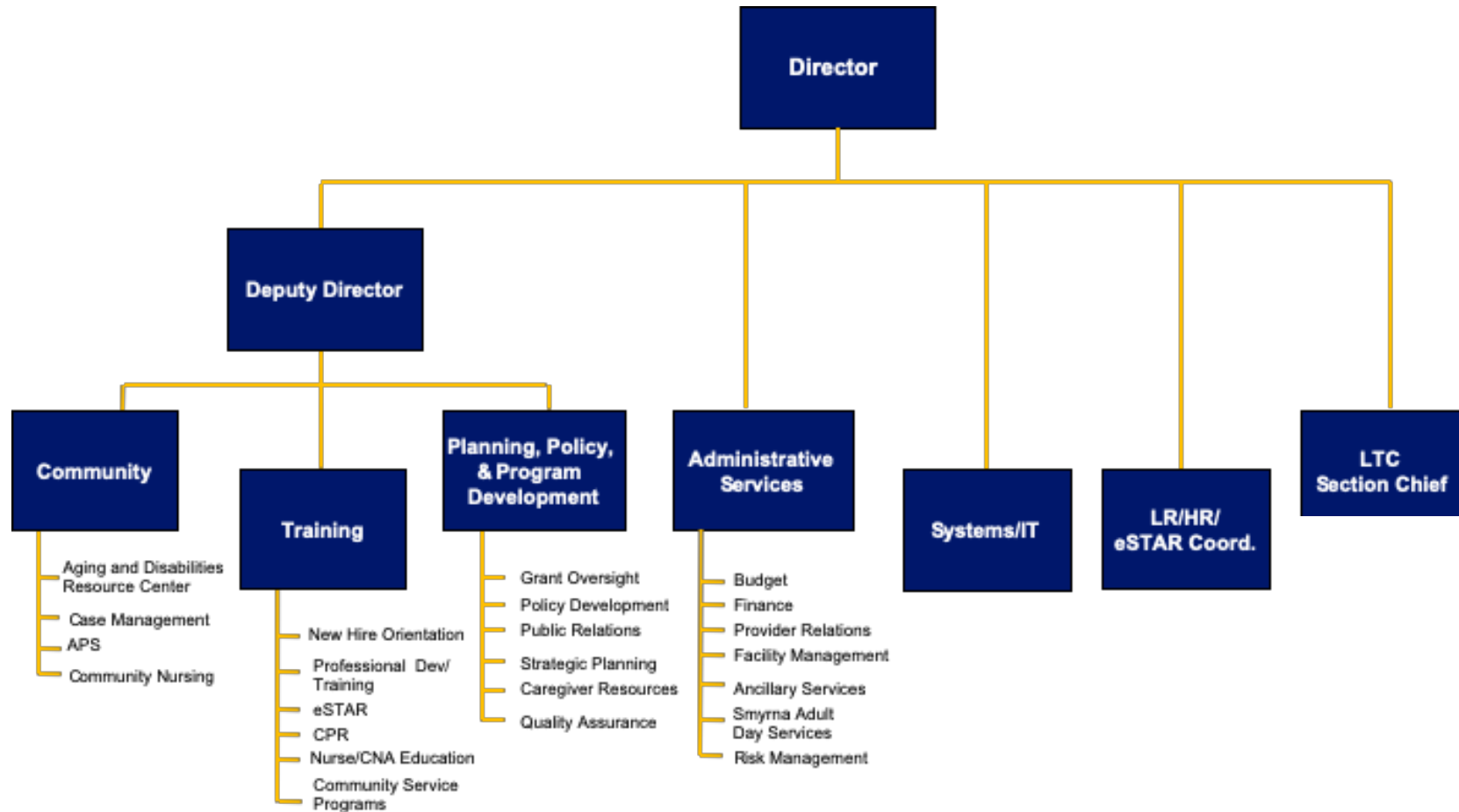
Sheila Grant	AARP
Kenneth Bock	Council for Services for Aging and Adults with Physical Disabilities
Katie Macklin	Alzheimer's Association
Kristina Prendergast	Alzheimer's Association
Hooshang Shanehsaz	Caregiver
Ayanna Harrison	Delaware Health Care Commission
Cory Nourie	Division of Developmental Disabilities Services
Staci Marvel	Division of Medicaid and Medical Assistance
Christine Dolan	Division of Management Services
Lucy Luta	Division of Public Health
Elizabeth Romero	Division of Substance Abuse and Mental Health
Joseph Tegtmeier	Division of Substance Abuse and Mental Health
Dava Newnam	Division of Services for Aging and Adults with Physical Disabilities
Melissa Smith	Division of Services for Aging and Adults with Physical Disabilities
Cynthia Mercer	Division of Services for Aging and Adults with Physical Disabilities
Michael Serfass	Division of Services for Aging and Adults with Physical Disabilities
Julie Devlin	Division of Services for Aging and Adults with Physical Disabilities
Chris Oakes	Division of Services for Aging and Adults with Physical Disabilities
Charlene Adams	Division of Services for Aging and Adults with Physical Disabilities
Geralyn Aellis	Division of Services for Aging and Adults with Physical Disabilities
Meggan Towns	Division of Services for Aging and Adults with Physical Disabilities
Tanya Sellers	Delaware Bar Association, Elder Law Section
Catherine Read	Delaware Bar Association, Elder Law Section
Robert Kleiner	Kleiner & Kleiner LLC
Ann Love	Meals on Wheels Delaware
Susan Getman	Mid-County Senior Center
Meg Myers	MOT Jean Birch Senior Center
John McNeil	State Council for Persons with Disabilities
Jill McCoy	State Long Term Care Ombudsman

Appendix K: Organizational Chart

Delaware Health and Social Services Organizational Chart



Division of Services for Aging and Adults with Physical Disabilities Organizational Chart



Appendix L: DSAAPD Contact Information

General Contact Information

Delaware Aging and Disability Resource Center (ADRC)

Phone: 1-800-223-9074

E-mail: delawareadrc@delaware.gov

Telecommunications Device for the Deaf (TDD) only: (302) 424-7141

Office Locations

The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) has office locations: in New Castle, Milford, Smyrna, and Georgetown. Hours of operation are 8:00 AM to 4:30 PM, Monday through Friday. The main administrative office is located in New Castle. Below are the addresses, phone numbers, and fax numbers for each office.

New Castle (Administrative Office)

Herman M. Holloway, Sr. Campus
Main Administration Building, First Floor Annex
1901 N. DuPont Highway
New Castle, DE 19720
1-800-223-9074
Fax: (302) 255-4445

Milford

Milford State Service Center
18 N. Walnut St., First Floor
Milford, DE 19963
1-800-223-9074
Fax: (302) 422-1346

Long-Term Care

DSAAPD is responsible for the operation of one long-term care facility, the Delaware Hospital for the Chronically Ill. Below is the address and phone numbers for this facility.

Delaware Hospital for the Chronically Ill

100 Sunnyside Road
Smyrna, DE 19977
(302) 223-1000 or 1-800-223-9074

Adult Day Center

DSAAPD operates one adult day center, Smyrna Adult Day Services.

Smyrna Adult Day Services

669 Carter Road
Smyrna, DE 19977
(302) 653-3514 or 1-800-223-9074

Georgetown

26351 Patriots Way
Georgetown, DE 19947
1-800-223-9074
Fax: (302) 933-3467

Smyrna

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