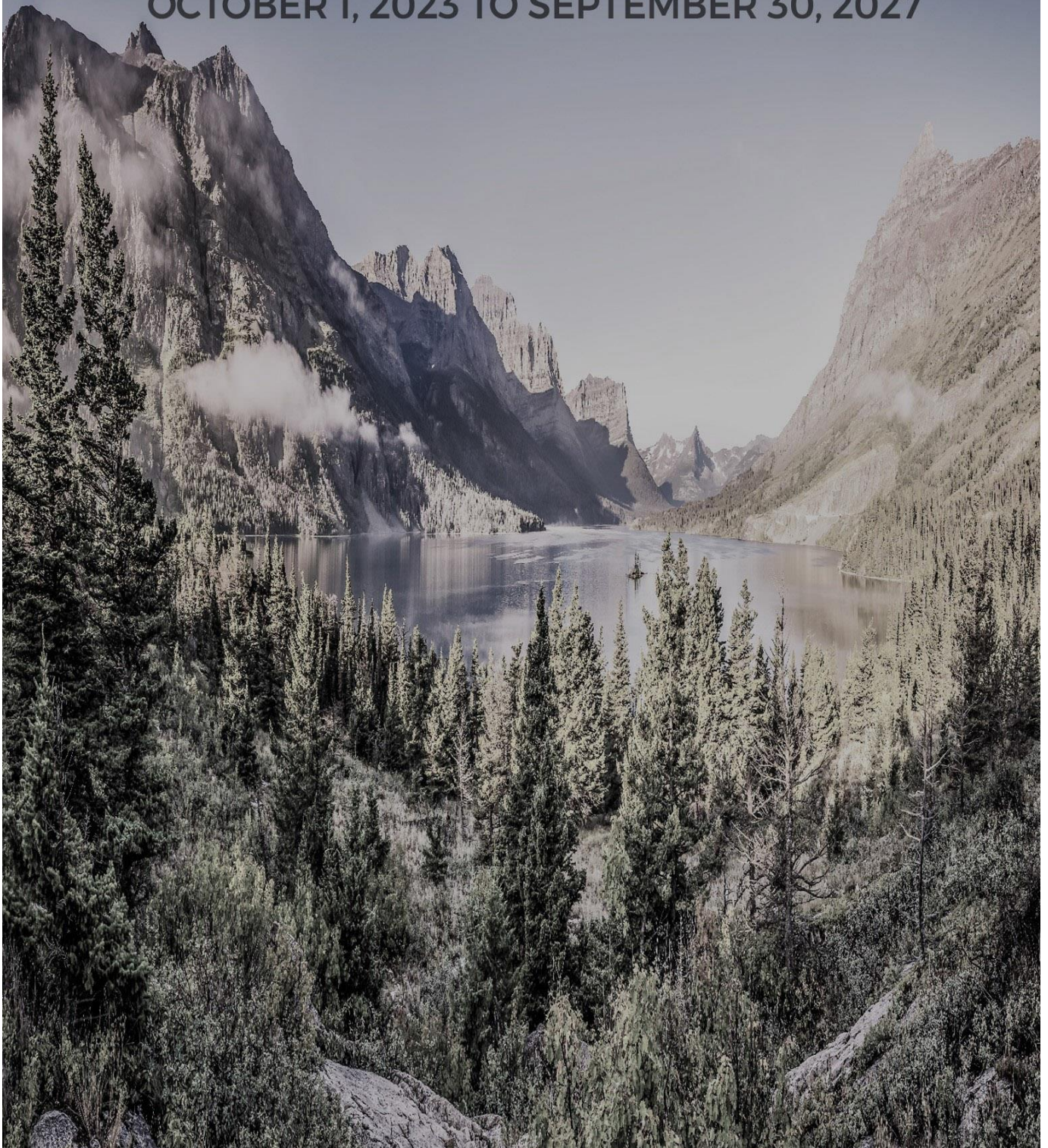


MONTANA STATE PLAN ON AGING

FOR THE TIME PERIOD

OCTOBER 1, 2023 TO SEPTEMBER 30, 2027





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

September 19, 2023

The Honorable Governor Greg Gianforte
P. O. Box 200801
Helena, MT 59620-0801

Dear Governor Gianforte:

I am pleased to inform you that the Montana State Plan on Aging under the Older Americans Act for October 1, 2023, through September 30, 2027 has been approved.

The State Plan outlines significant activities that will serve as a guide for Montana's aging service network during the next four (4) years. Of particular note is your commitment to comprehensively and innovatively address the needs of older adults in your state based on findings from your community assessment survey efforts, as well as working to improve the communications infrastructure and expand the provision of services to geographically isolated areas.

I appreciate your commitment and dedication to ensure the continuity of quality services for older adults in Montana and am delighted to see that the Department for Public and Human Services, Senior and Long-Term Care Division, Aging Services Bureau continues to serve as an effective and visible advocate for older adults and family caregivers at a state level.

The Administration for Community Living looks forward to working with you and the Department of Public Health and Human Services, Senior and Long-Term Care Division, Aging Services Bureau in the implementation of the State Plan. If you have questions or concerns, please do not hesitate to contact Percy Devine, Regional Administrator for Region VIII at 303-844-7815. I value your efforts toward improving the lives of older persons in Montana.

Sincerely,

A handwritten signature in cursive script that reads "Alison Barkoff".

Alison Barkoff
Senior official performing the duties of the
Administrator and Assistant Secretary for Aging

Cc: Edwin Walker, Deputy Assistant Secretary for Aging
Amy Wiatr-Rodriguez, Director, Center for Regional Operations
Alice Kelsey, Deputy Director, Administration on Aging
Percy Devine, Regional Administrator for Region VIII

Verification of Intent

The Montana State Plan on Aging is hereby submitted for the period of October 1, 2023, through September 20, 2027, Federal Fiscal Years 2024 through 2027. The plan includes all assurances and plans to be directed by the Department of Public Health and Human Services, Senior and Long Term Care Division, Aging Services Bureau under the provisions of the Older Americans Act as amended, during the period identified. The State Agency named above has been given the authority to develop and administer the Montana State Plan on Aging in accordance with all requirements set forth in the Act. It is primarily responsible for the coordination of all state activities related to the purpose of the Act, the development of comprehensive and coordinated systems for the delivery of supportive services, including aging and disability resource centers, multi-purpose senior centers, nutrition services, legal advice programs, and long-term care Ombudsman services, to serve as the effective and visible advocate for older adults in Montana.

The Montana State Plan on Aging is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the United States Department of Health and Human Services, Assistant Secretary on Aging.

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

6/22/23

(Date)

Kerrie Reidelbach

Kerrie Reidelbach, Aging Services Bureau Chief
DPHHS, Senior and Long Term Care Division

06/22/23

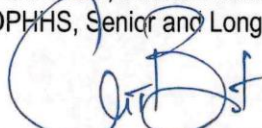
(Date)

Barbara S. Smith

Barb Smith, Division Administrator
DPHHS, Senior and Long Term Care Division

6/22/23

(Date)


Charles T. Brereton, Director
Department of Public Health and Human Services

7/5/23

(Date)


Greg Gianforte, Governor

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Executive Summary

The Older Americans Act (OAA) requires each State Unit on Aging (SUA) to submit a State Plan on Aging every four years to the Administration for Community Living (ACL), under the U.S. Department of Health and Human Services. The State of Montana receives federal OAA funds, matched with state and local funds, to administer the State Plan on Aging and coordinate services, through a partnership with the ten Area Agencies on Aging (AAA) and their local providers. Funds are distributed to the AAAs using an Intrastate Funding Formula.

The SUA, also known as the Aging Services Bureau, is located within the Montana Department of Public Health and Human Services' (DPHHS) Senior and Long Term Care Division (SLTC). It works to ensure that older adults and individuals with disabilities can live and thrive in the community of their choice by administering programs and services funded by the state and the OAA.

The Montana State Plan on Aging focuses on five goals to support the vision of advancing dignity and independence through quality long-term care services and supports:

- Promoting innovation and quality in the delivery of core Older Americans Act programs to meet the unique and diverse needs of older Montanans and their family caregivers
- Collaborating with AAAs and Senior Centers across the state to ensure quality emergency preparedness plans are established
- Ensuring services are provided to vulnerable older individuals with the greatest economic and social need by improving quality and equity in service delivery
- Providing person-centered home and community-based services that are meaningful to older individuals and their family caregivers
- Strengthening services and supports for family caregivers

To achieve these goals and address the needs of older adults in Montana, the SUA collaborates with various partners, including the Governor's Advisory Council on Aging, the ten AAAs (utilizing their Area Plans), and other stakeholders — for example state programs providing services to our target population, community providers, and older adults who use the OAA services available to them. A statewide community needs assessment [survey](#) was conducted to gather information on concerns and needs in each of the planning and service areas. Montana's aging network provides a system to support the mission, with partners that represent government and nonprofit communities as well as community organizations and advocates.

The MT DPHHS Director's office reorganized a year ago, establishing the Faith and Community Based Services Coordinator position. Improving and expanding access to aging services is one of the key focus areas for this position. In many rural areas of the state, known as "food deserts," limited access to food poses a high risk of food insecurity. Many senior centers are only able to serve two meals a week, and our partnership with the new Coordinator can raise awareness, increase volunteerism, and ultimately expand service provisions in these underserved areas.

Montana's population is experiencing a significant shift toward an older demographic. The age group 65 and above, the fastest-growing segment, has increased by 46.8% from 2010 to 2021, with 19.6% of the population now aged 65 and older, marking a 4.7% increase. Additionally, individuals over 60 account for 26.72% of Montana's total population of 1,104,271, up from 14.9% in 2010. Projections suggest that by 2030, Montana will be among the ten states in the nation to have more people over the age of 65 than under the age of 18, and it will be one of only six states to have 25% of its population aged 65 and older, which could impact future growth. In contrast, the working-age population is projected to decrease, potentially reducing the number of workers in relation to the aging population needing support.ⁱ

Recognizing these demographic shifts, it is crucial to be mindful of their impact on the state's ability to care for older adults and to strategically plan for the increasing demand for services. The Department's Senior and Long Term Care Division is committed to finding creative opportunities for improving education, service delivery, and quality within the division resources for serving seniors in Montana. Montana's vast and rural landscape expands 147,040 square miles, with 56 counties represented by the ten Area Agencies on Aging (AAAs) responsible for providing Older American's Act (OAA) services.

The Montana SLTC recently received a technical assistance grant from the National Academy for State Health Policy. The vision of this work is to create a wholistic long-term care design by aligning and merging programs. The objective is to create and promote synergy, resulting in increased access, improved quality care, and availability of the right services at the right time, no matter where a person resides. The restructuring will result in a unified, system-wide strategic plan that will ease stresses on parts of the current system. Additionally, efforts are underway to implement a "no wrong door approach" with our Aging and Disability Resource Center partners, ensuring a dependable and consistent entry to long-term care services.

During the past state plan period, the SUA's Policy and Procedures were updated and will reside on the department's website. Other significant accomplishments include the following:

- Completion of the Alzheimer's Dementia Program Initiative (ADPI) grant, funded by the ACL
- Partnerships with the Chronic Disease Prevention and Health Promotion Bureau within the Public Health and Safety Division of the Montana Department of Public Health and Human Services (DPHHS) on the submission of a Building Our Largest Dementia (BOLD) grant to the Centers for Disease Control (CDC)
- Collaboration with AAAs and the Alzheimer's Association Montana Chapter to develop and implement a Caregiver Navigator program
- Expansion of services to caregivers through a new partnership with the Montana State University Extension Service, made possible with the successful awarding in 2021 of a new five-year Lifespan Respite grant.

In early May 2023, Montana's legislative session concluded with some positive outcomes for the SUA. The Ombudsman program received additional base funding, and the AAAs experienced a 4% provider rate increase for SFRs 23 and 24. Moreover, the Department's Olmstead Plan will be updated to prioritize the provision of state-funded services and supports for Montanans with disabilities in community settings rather than an institutional setting. A planned study will assess long-term care needs of Montana Veterans, including their demographics, such as age and distribution across counties.

The AAAs of Montana demonstrated remarkable adaptability in their service delivery methods throughout the COVID-19 pandemic, taking into consideration the impact it had on increasing social isolation for older individuals. Some AAAs partnered with County Health departments and assisted older adults with scheduling vaccination appointments as well as other telemedicine appointments and regular telephone reassurance. All senior centers shut down for a minimum of two weeks, some two years, and reservations shut down for months at a time. All senior centers transitioned to home-delivered and grab-and-go meals with most experiencing a significant increase, since older adults were asked to stay home for almost a year. One senior center closed permanently.

Other Effects Directly or Indirectly Impacted by COVID

Inflation: Along with the increase in demand/need, our costs have increased due to inflation and employment costs. The inflation rate is currently estimated at 8.2%. Based on the demand for nutrition services, inflation is having the most negative impact on older individuals living on a fixed income.

The workforce shortage: This will continue to be a significant challenge in the months and years to come. Unfilled positions and chronic understaffing directly impacts service delivery, both in numbers of people served and units of services provided.

Emergency Preparedness: A survey conducted in the fall of 2022 revealed that many Senior Centers across the state lacked effective emergency plans, and those that did have plans found them inadequate for dealing with the pandemic. About half of the centers reported learning from their experience during the pandemic, including the ability to pivot quickly and adapt, the need for back-up staff, the value of socialization during meal service, and the realization of their significance in meeting the needs of those they serve. The State has offered technical assistance to improve emergency preparedness plans.

To gain better understanding of the strengths and challenges Montana communities face with regard to aging in place, the SUA partnered with the National Research Center, Powered by Polco to administer the Community Assessment Survey for Older Adults (CASOA™) across all ten AAAs throughout the state. The feedback received from older adult community members and stakeholders, the data obtained from the statewide needs assessment/CASOA,™ and input from the recently approved Area Plans on Aging have informed the goals, objectives, strategies, and performance measures outlined in this State Plan.

Section 1: State Plan Context

Aging in Montana

The Montana State Plan on Aging FFY 2024 - 2027 presents goals, objectives, strategies, and expected outcomes to address key challenges faced by the older adult population in Montana. This State Plan was developed through a cooperative effort that included input from the ten Area Agencies on Aging (AAA), Tribal Consultation, various key stakeholders, and older adults themselves. The planning process took place from June 2022 to October 2022.

In an endeavor to comprehensively and innovatively address the needs of older adults, Montana conducted a statewide Community Assessment Survey for Older Adults (CASOA™) for the first time. The survey, administered by the National Research Center, encompassed questions regarding the quality of life, important community characteristics, available services and future priorities. Alongside the statewide report, each AAA received a customized breakdown of the data specific to their planning and service area.

The Aging Network in Montana

This State Plan is one piece of the Montana system that supports work at the state and local levels to support aging. Collaboration between councils, agencies, and all providers is important, to ensure Montana has the infrastructure to support older adults today and in the future.

Montana Aging Services Bureau

The Montana Aging Services Bureau serves as the State Unit on Aging (SUA) and plays a vital role in ensuring that older adults can live and thrive in their chosen communities by administering federal funds for the State of Montana. These funds support the implementation of the State Plan on Aging and delivery of services under the Older Americans Act (OAA). To enhance funding, state general funds are matched and allocated to the ten AAAs in contracts based on the Intrastate Funding Formula. The SUA collaborates and coordinates activities among the AAAs, providing program support and technical assistance, while establishing policies, procedures, monitoring, and training.

The SUA is responsible for the distribution of funding to and overseeing ten local AAAs that in turn provide funding to local service providers to deliver services to individuals aged 60 and older. Priority for services is given to those older adults with the greatest social and economic need, with specific attention to low-income and minority individuals, as well as those who are frail, homebound, or otherwise isolated.

The SUA operates within the Montana Department of Public Health and Human Services (DPHHS), specifically the Senior and Long Term Care Division (SLTC). The mission of the SLTC is to work to advance dignity and independence through quality long-term care services and supports. The programs and services provided through the SUA aligns with the DPHHS vision — which focuses on Healthy People, Healthy Communities, Healthy Futures — and the DPHHS mission of improving and protecting the health, well-being, and self-reliance of all Montanans.

The SUA also collaborates with other programs in [DPHHS](#), including:

- Senior and Long Term Care Division, Adult Protective Services (APS) Bureau: APS Specialists work to protect vulnerable adults from abuse, neglect, and exploitation. They collaborate with community partners — such as mental health services, public health agencies, law enforcement, the courts, the aging network, community groups, and the public — to address the needs of individuals and prevent abuse. APS provides annual mandatory reporting training to all contractors

- Senior and Long Term Care Division, Community Services Bureau (CSB): CSB addresses the needs of Medicaid-eligible Montanans through the following programs: Montana Big Sky Waiver, Community First Choice (CFC)/Personal Assistance Services (PAS), Home Health, Hospice, and Money Follows the Person (MFP)
- Public Health and Safety Division, Chronic Disease Prevention and Health Promotion Bureau: This bureau focuses on enhancing quality of life in Montana by supporting healthy living through evidence-based health programs across the state. These programs are offered in partnership with Area Agencies on Aging, Montana State University Extension Offices, County Health Departments, Hospitals, Independent Living Facilities, Gyms, and Emergency Medical Trauma personnel. Programs offered include Living Well in the Community, Arthritis Foundation Exercise Program, Diabetes Self-Management, National Diabetes Prevention Program, Stay Active and Independent for Life, Stepping On, and Walk with Ease
- Human and Community Services Division: This division provides a range of services, including cash assistance, employment training, supplemental nutrition assistance, Medicaid eligibility, energy assistance, weatherization, and other services aimed at helping families transition out of poverty and achieve self-support. A Memorandum of Understanding (MOU) is in place to facilitate federal administrative funding for Medicaid-related activities performed by [Aging and Disabilities Resource Centers](#) (ADRC). Medicaid-related activities include Information and Assistance, Intake Screening, Medicaid Application/Redeterminations, and outreach

Governor's Advisory Council on Aging

The Montana Governor's Advisory Council on Aging serves as the official advisory body to the Governor and the State Aging Coordinator. It plays a vital role in fulfilling the goals and objectives set by the Montana State Legislature and the Older Americans Act of 1965, as amended. Governor Greg Gianforte has appointed eleven Montana citizens to serve on the Advisory Council on Aging, with one member to be appointed as chair.

The Council's primary responsibility is to advocate for aging issues and concerns. In recent years, the Council has concentrated its efforts on the following priorities: 1) Social Determinants of Health; 2) Elder Justice and Fraud Prevention; and 3) Age-Friendly Health Systems. The Council sponsors the annual Governor's Conference on Aging in a new location in the state each year. The conference features information sessions that provide valuable knowledge to service providers, older adults, and their family caregivers. These sessions address the issues and challenges faced by older adults and offer resources to help them manage their long-term care needs.

As part of their efforts, the Council also holds a silent auction during the conference to support a mini-grant program. This program aims to assist rural areas with limited resources in meeting the needs of older adults residing in their communities. The grants are awarded at the conference, providing crucial support to enhance services for older adults.

Area Agencies on Aging (AAAs)

AAAs in Montana are contracted with the SUA to plan and coordinate services for older adults and caregivers at the local level. These ten agencies play a crucial role in advocating for older adults and providing information on programs and community support. Area Agencies may provide direct services through their staff, or they can subcontract with local service providers. The range of services include information and assistance, personal care, homemaker services, chore services, congregate and home-delivered meals, nutrition counseling and education, transportation, assisted transportation, legal assistance, outreach, and caregiver support services, among others. In addition, AAAs actively engage in advocacy, planning, service coordination, information sharing, and collaboration with local agencies, to maximize the impact of the available funds.

The Montana Area Agencies submitted local Area Plans to the SUA in the winter of 2022 to help inform the development of the State Plan on Aging. These plans addressed the specific needs and demographic changes in their respective planning and service areas. They utilized the statewide Community Assessment Survey for Older Adults (CASOA™) and incorporated input from the required AAA Advisory Councils, which comprise members of the local community. These advisory councils provide guidance on unmet needs, represent the interest of older individuals, and serve as advocates for local aging issues. Areas also leverage the support of volunteers in many programs to extend their reach within the community. The major themes identified in these plans are reflected in the State Plan. A list of the Montana Area Agencies on Aging is included in Appendix E.

Eight of the ten AAAs in Montana belong to the [Montana Area Agencies on Aging Association \(M4A\)](#). The association aims to provide leadership for and promote greater public awareness of Montana’s Area Agencies on Aging. M4A exists to build coalitions and partnerships to influence decisions that affect the quality of life for older adults and facilitate planning to address the needs of Montana’s aging population. Priorities for M4A include contracting with a lobbyist during legislative sessions, creating statewide program availability in areas with limited or unavailable key services, and strengthening community partnerships.

Montana Area Agencies on Aging



Title III and VI Coordination

The OAA requires the AAAs include all residents of Indian Reservations to be a part of their planning and service area, ensuring access to all services provided with Title III funds. The seven federally recognized Tribes in Montana are located within five planning and service areas and receive Title VI funds directly from the Administration for

Community Living (ACL). While Title VI funds support services for Elders, it is important to recognize that many Elders have multiple needs, and they should have access to additional services beyond what Title VI funds provide.

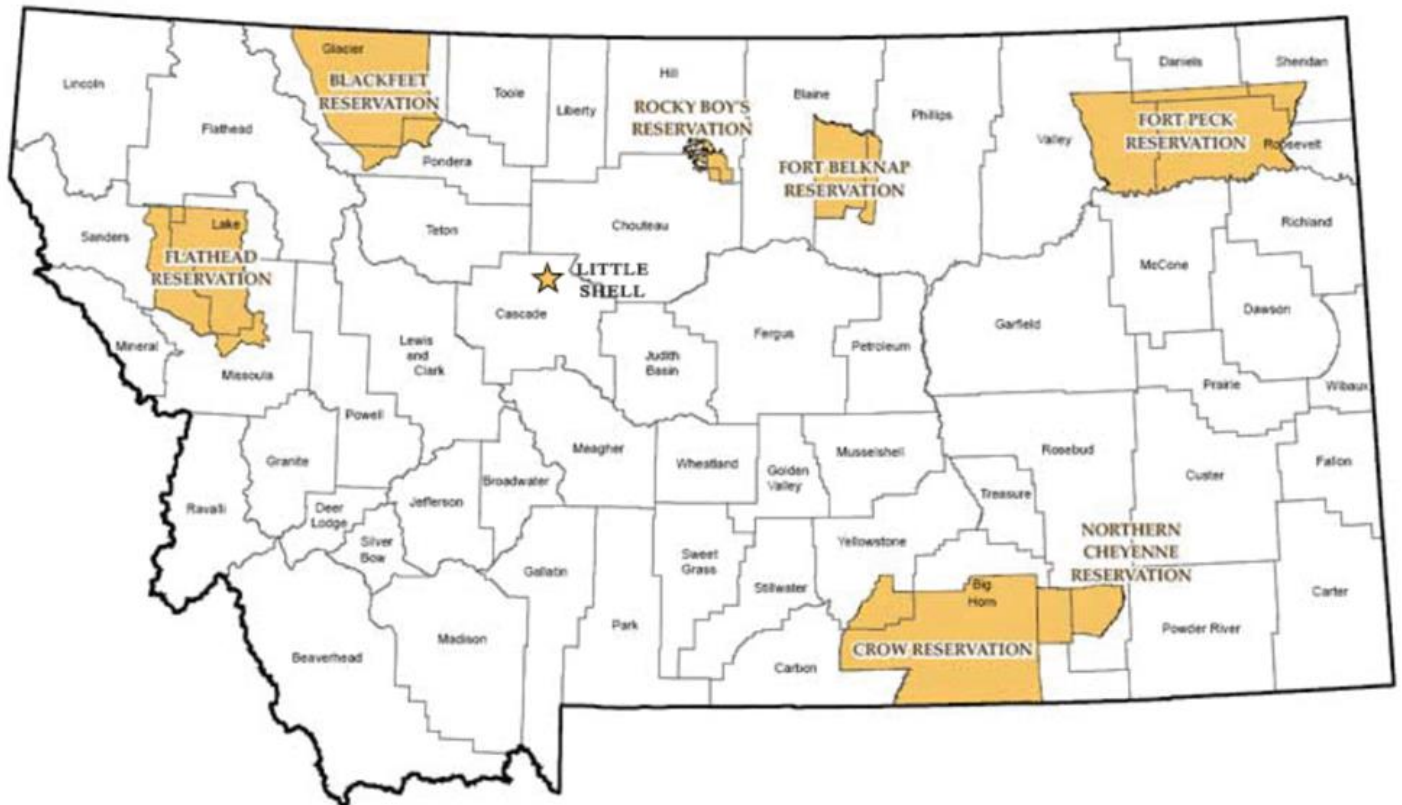
To address these challenges, five of the AAA Directors collaborate closely with the seven Title VI Directors in service provision for elders within the planning and service areas. In several of the planning and service areas (PSAs) Title VI Directors are members of the local Advisory Councils, and, in all areas, they are included in the trainings that take place. The AAAs are also responsible for implementing the Senior Health Insurance Assistance Program (SHIP) and Senior Medicare Patrol (SMP) programs, services also provided to Native Elders. In PSAs without a Reservation, the AAAs have established relationships with Native American service organizations or plan to do so during this plan period.

Tribes in Montana

The tribes and their reservations in Montana include:ⁱⁱ

- Blackfeet Reservation
 - The reservation is home to the Blackfeet tribe
 - Located in northwestern Montana along the eastern slopes of the Rocky Mountains the Blackfeet Reservation spans one-and-a-half million acres. It is bordered by Canada to the north and Glacier National Park to the west
- Crow Reservation
 - The tribe's original name is "Apsaalooke," meaning "children of the large-beaked bird." White men later misinterpreted the word as "crow"
 - The Crow Reservation is situated in southcentral Montana, bordered by Wyoming on the south, with its northwestern boundary about 10 miles from Billings
- Flathead Reservation
 - Home to Confederated Salish and Kootenai Tribes
 - North of Interstate 90 between Missoula and Kalispell, fertile valleys and towering mountain peaks of northwestern Montana surround the more than 1.2 million-acre Flathead Reservation
- Fort Belknap Reservation
 - The Fort Belknap Reservation is home to two tribes, the Assiniboine, or Nakoda, and the Gros Ventre, A'aninin or "People of the White Clay"
 - Located in north central Montana, the reservation is bordered to the north by the Milk River, and it lies to the east of the Bears Paw Mountains
- Fort Peck Reservation
 - Assiniboine and Sioux tribes live on the Fort Peck Reservation
 - The Reservation is in northeastern Montana, 40 miles west of the North Dakota border and 50 miles south of the Canadian border, with the Missouri River defining its southern perimeter. It includes more than two million acres of land
- Little Shell Tribe of Chippewa
 - The Little Shell Tribe of Chippewa Indians is a band of the Chippewa Indians headquartered in Great Falls, Montana
 - The tribe has a total enrollment of 4,500 tribal members and became federally recognized in December 2019
 - Little Shell currently is not receiving OAA Title VI funding
- Northern Cheyenne Reservation
 - Northern Cheyenne Tribe resides on the Northern Cheyenne Indian Reservation, which spans approximately 444,000 acres in present-day Montana. The tribe holds 99% ownership of the reservation. It is bounded on the east by the Tongue River and on the west by the Crow Reservation

- Rocky Boy's Reservation
 - Rocky Boy is the home to members of the Reservation Chippewa Cree Tribe. The name "Rocky Boy" was derived from the name of a leader of a band of Chippewa Indians. It meant "Stone Child," but it was not translated correctly from Chippewa into English, and "Rocky Boy" evolved
 - Rocky Boy's Reservation is near the Canadian border, in northcentral Montana. It is graced by the Bears Paw Mountains, which provide a dramatic contrast to the flat bottomlands of this area



Programs and Services

Montana's programs focus on promoting independence for older adults by providing home and community-based services to prevent hospitalizations and institutionalization for as long as possible.

Supportive Services

The SUA administers supportive services programs that assist older adults in remaining healthy, active, and independent. The SUA partners with other organizations and agencies to ensure services are reaching older adults with the greatest social and economic need as well as other populations experiencing cultural, social, or geographic isolation due to other personal factors. The services include Information and Assistance/Aging Disability Resource Center (ADRC), Personal Care, Homemaker Services, Chore Services, Transportation, and Assisted Transportation Services.

In 2022, the SUA received approval from the Administration for Community Living (ACL) to increase the Title III-B expenditure allowance for home modification and repairs from \$150 to a total of \$1,500 per individual over their lifetime. Only one Area Agency on Aging (AAA) took advantage of this change and found a high need for home

modification and repairs. This enhancement has proven to support older adults with aging safely within their homes. It is particularly vital in Montana, given our rural/frontier context, where services are limited, and affordable housing options are scarce throughout the state.

The Department is actively exploring options for transitioning ADRCs into a true No Wrong Door System. The outcome from this work will be a departmental plan involving the Aging Services Bureau leading the ADRCs and the Aging Network toward the implementation of a No Wrong Door System.

Information and Assistance/Referral and Outreach

This service is offered statewide by all ten AAAs and serves as the initial point of contact for many older adults and family caregivers seeking assistance from our agencies and the State Unit on Aging (SUA). A dedicated statewide 1-800 number routes people to the nearest AAA. Trained staff members conduct intake and assessment processes to fully understand an individual's needs and provide requested information and additional resources that may be helpful. For those requiring more extensive planning and support with legal documents, Options Counseling is available, with potential referrals to the Legal Developer Services program. To further aid in resource access, the program maintains a searchable database of targeted statewide resources for older adults, adults with disabilities, and caregivers, available at www.Montana-ADRC.com. Through public input received during the AAA planning process, it became evident that additional efforts are necessary to enhance outreach and raise awareness about the availability of services within their respective communities.

Nutrition Services

These services are authorized under Title III-C of the Older Americans Act (OAA) and are designed to promote the general health and well-being of older individuals. The SUA provides funding to the AAAs to contract out the provision of both home-delivered and congregate meals at approximately 169 sites, mainly senior centers, across Montana. These services are intended to reduce hunger, food insecurity, and malnutrition, as well as promote socialization. Additionally, they offer other benefits such as improved health and well-being by facilitating access to nutrition and disease prevention services, which can help delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

- The Home Delivered Meals Program provides a nutritious meal to eligible individuals at their residence. While the program primarily serves frail, homebound, or isolated individuals aged 60 and over, it also extends its services to caregivers and/or persons with disabilities in some cases. Dedicated volunteers and paid staff deliver these meals and provide a watchful eye, contributing to reduced feelings of isolation. In FY 2022, the aging network served 1,350,043 home-delivered meals
- The Congregate Nutrition Program serves individuals aged 60 and older and, in some cases, their caregivers, spouses, and/or persons with disabilities. Nutritious meals are provided at least once a day to eligible participants at nutrition sites, senior centers, or other group settings. Congregate meal programs foster social engagement, offer information on healthy aging, and provide meaningful volunteer roles, all of which contribute to the overall health and well-being of older individuals. During the COVID-19 Pandemic, the AAAs and providers successfully pivoted service delivery to a "grab-and-go" model, ensuring clients' safety while receiving healthy meals. In 2022, the aging network served 558,235 congregate meals

Evidence-Based Health Promotion and Disease Prevention Programs

Authorized under Title III-D of the OAA, these programs aim to maintain or improve the emotional and physical well-being of older adults by utilizing evidence-based interventions. Funding is allocated for programs and activities that have undergone rigorous evaluation and met the criteria defined by the ACL. AAAs provide these interventions

within their communities, focusing on reducing the impact of diseases, chronic conditions, and health-related risk factors associated with aging. Montana offers several established programs, including Stepping On, Arthritis Foundation Exercise, Diabetes Self-Management, Walk with Ease, and Stay Active and Independent for Life (SAIL).

Family Caregiver Support Program

Under Title III-E of the OAA, the Family Caregiver Support program aims to empower and assist caregivers by providing a range of supports, including information and assistance, counseling and training, support groups, respite care, and supplemental services. These services are designed to benefit caregivers of older adults, as well as older relative caregivers (e.g., grandparents). Caregivers of individuals of any age with Alzheimer's disease or related disorders can also access services through this program. All AAAs provide some form of caregiver support services within their planning and service areas (PSAs).

Many of the AAAs are exploring or implementing TCARE® (Tailored Caregiver Assessment and Referral), an evidence-based program utilizing intelligent, predictive technology. TCARE® precisely targets and maps interventions to reduce burden and stress levels among family caregivers. Care professionals use TCARE's® web-based system to assess a family caregiver's social determinants of health, identify specific risk factors related to stress and depression, and create individualized care plans. By providing timely and personalized interventions, TCARE® assists caregivers in navigating their caregiving journey more effectively. Leveraging machine learning and artificial intelligence technology, TCARE® assesses unpaid family caregivers, identifies risk and stress points, and connects them with local community resources. This program ensures follow-up support for caregivers when they need it most.

Elder Rights/Long-Term Care Ombudsman Program

Under the Older Americans Act, every state is required to have an Ombudsman Program that addresses complaints and advocates for improvements within the long-term care system. In Montana, the Office of the State Long-Term Care Ombudsman operates within the SUA and is headed by a full-time State Long-Term Care Ombudsman.

The Long-Term Care Ombudsman (LTCO) program serves as the voice for our most vulnerable populations, including residents of skilled nursing facilities, assisted living facilities, and critical access hospitals with swing beds. The program's primary focus is to advocate for residents' rights, under their direction, ensuring quality care and quality of life within these facilities. Services provided by the LTCO program are free and available to residents, their family members, facility staff, and the public.

Ombudsmen serve as essential points of contact for consumers, providing information, direct assistance, and resolution of complaints related to the health, safety, welfare, and rights of long-term care facility residents. Ombudsmen also educate consumers and long-term care providers about residents' rights and good care practices; promote community involvement through volunteer opportunities; provide information to the public on long-term care facilities and services; address legislative policy issues; and facilitate the development of family and resident councils. Unless residents consent to share their concerns with facility management or other agencies/programs, Ombudsmen keep all matters confidential. This program plays a crucial role in making a difference on an individual level and advocating for system-wide improvements.

In June 2022, the State Long-Term Care Ombudsman position was reintegrated into the SUA, allowing for enhanced program management and oversight. With the support of the Long-Term Care Ombudsman program and its certified Ombudsman, DPHHS is better equipped to ensure that older adults residing in long-term care facilities experience dignity and respect.

Certified Long-Term Care Ombudsmen at the local level address issues and concerns related to residents' rights, dignity, abuse, neglect, quality of care, improper transfer or discharge, use of restraints, personal needs, disability issues, family issues, guardianship issues, and overall quality of care and quality of life. Over the years, these issues have become increasingly complex.

In FFY 2022, the Ombudsman program identified the following as the five most common types of long-term care facility complaints in Montana:

1. Care
2. Abuse, gross neglect, exploitation
3. Admission, transfer, discharge, eviction
4. Autonomy, choice, rights
5. Dietary

During FFY 2022, the Ombudsmen made a total of 3,942 visits to long-term care facilities, responded to 1,367 complaints from residents, provided 1,931 consultations to persons requesting assistance, and conducted 2,367 consultations with facility staff. Services were delivered at the local level by 17 Certified Local Ombudsmen and three Certified Regional Ombudsmen, employing the equivalent of 15 FTEs. These individuals are hired and directly supervised by local Provider Agencies (AAAs and North Central Independent Living Services, Inc.). All Ombudsman are certified and receive annual training on federal and state regulations, resident rights, complaint investigation, and resolutions strategies. Ombudsmen conduct regular facility visits, at least once a month. In FFY 2022, Ombudsman served residents in 112 nursing homes/critical access hospitals with a total of 6,771 beds and residents in 204 assisted living facilities with a total of 5,901 beds.

Montana's Legal Assistance Developer Program

The purpose of the Legal Assistance Developer Program is to provide older adults with information and access to legal advice. The program offers a range of services, including referrals to pro bono and local legal services, training materials, assistance with estate planning, and direct legal advice through a contracted attorney and two paralegals. These legal professionals address various issues affecting older adults, such as guardianship, housing, abuse/neglect, and health care.

Operating a statewide legal hotline, the program provides legal guidance on a wide range of legal matters relevant to Montana's older population. Frequent trainings are conducted to educate aging professionals and community members on legal topics. The program also organizes legal document clinics, assisting with estate planning both in person and over the phone. While services primarily target older adults facing financial and social challenges, they are available to all Montanans aged 60 and older, as well as adults with disabilities and their family or caregivers.

Furthermore, the program provides training and guidance to legal professionals on topics impacting civil legal services for older adults. One notable initiative of the program has been the establishment of legal clinics, which have proven popular over the years. However, due to the discontinuation of previous funding, alternative sources are currently being explored to sustain this service. In the most recent fiscal year of 2022, the program successfully assisted 433 participants in completing 1,783 estate planning documents at no cost. Efforts are underway to secure ongoing support for this critical project.

Discretionary Grants

State Health Insurance and Assistance Program

Funding provided by the Administration for Community Living (ACL) supports the State Health Insurance Assistance Program (SHIP). Montana SHIP offers no-cost, objective, personalized counseling, education, and outreach to assist Medicare beneficiaries, their families, and caregivers in making informed health insurance decisions. Highly trained SHIP counselors possess extensive knowledge not only of SHIP services but also of the various services and benefits available to older adults and individuals with disabilities. Across all 56 counties in Montana, approximately 150 active SHIP counselors ensure Medicare health insurance assistance is accessible to all beneficiaries. Given the state's frontier status, these counselors devote many hours of "windshield time" to provide outreach and assistance to our rural and frontier Medicare beneficiaries.

Medicare Improvements for Patients and Provider Act

In 2008, Congress enacted the Medicare Improvements for Patients and Provider Act (MIPPA), which provides funding through the Administration on Community Living (ACL) and supports the staff of the Montana SHIP/ADRC/AAA network. This funding is allocated to carry out specific project strategies aimed at expanding, extending, and enhancing the outreach and one-on-one assistance efforts to Montana Medicare beneficiaries, specifically focusing on those eligible for the Medicare Savings Programs (MSP) or the Low-Income Subsidy (LIS).

The MSP provides vital financial assistance for Medicare Part B (outpatient services), while the LIS provides vital financial assistance for Medicare Part D (prescription drug coverage). MIPPA funding also supports education and outreach for Medicare Preventive Care benefits. Activities such as "Welcome to Medicare" and "Annual Wellness" visits are essential in helping medical staff develop and maintain beneficiary baseline health histories. Such proactive approaches contribute to improve physical, mental, and fiscal well-being. Educating Medicare beneficiaries about the importance of early detection and treatment is of great importance, and SHIP counselors play a key role in providing the necessary education and assistance to help Medicare beneficiaries maximize their benefits.

Lifespan Respite Program Grant

The Lifespan Respite Program Grant provides temporary breaks for caregivers of children, adults, or older adults with special needs. According to AARP statistics, 118,000 Montanans provide unpaid care, worth nearly \$1.4 billion, to support individuals with special needs in remaining in their homes and communities. This five-year grant, which began in July of 2021, builds off the work of previous ACL respite grants initiated in 2011.

The purpose of the current grant is to enhance Montana's Lifespan Respite system and its capacity to deliver respite care and related services to family caregivers of adults or children with disabilities. Available statistics indicate a strong demand for caregiver services in Montana, accompanied by a shortage of respite programs to support these caregivers. With this grant, the SUA is working to improve access to and quality of respite services by offering training and short-term breaks, to rejuvenate and relieve caregiver stress.

Respite Retreat testimonials:

"My cup was empty when I came, but now it's full."

"I found something to affix my attention to and take my mind off my sources of stress."

A new partnership has been established with Montana State University Extension Office to develop a one-day respite retreat model that combines social engagement with learning new activities to enhance and sustain well-being. To date, this program has served 248 unpaid caregivers, of which 18 returned for a second session after six months, for a total of 1,488 hours of respite. Caregivers served are from 20

to 25 communities throughout the state; in the next year there will be additional retreats held in 14 Montana cities. Additionally, this grant includes efforts to recruit, train, and conduct initial background checks for individual respite providers, who are listed in the ADRC resource directory for interested caregivers to access.

Alzheimer's Dementia Program Initiative Grant

Montana was originally awarded the Alzheimer's Dementia Program Initiative (ADPI) from the Administration for Community Living in 2020, this 18-month grant program was recently completed in May of 2023, following a one-year extension.

Sustainable activities through grant partnerships include the following:

- Regular virtual community education sessions with oversight and training by the Alzheimer's Association
- A network of trained educators around the state to provide community education
- Support provided to rural residents, including caregivers and persons with dementia
- Memory Cafés and technical support provided by the Alzheimer's Association
- Creation of the Alzheimer's Care Navigator program in partnership with multiple AAA planning and service areas

With the ADPI grant ending and as our work with the Alzheimer's Disease and other Related Dementias (ADRD) workgroup continues, it was decided that the next step was to pursue a BOLD grant — Building Our Largest Dementia Infrastructure for Alzheimer's Act, Public Law 115-406 — available through the Centers for Disease Control and Prevention (CDC). Through a partnership between the DPHHS Senior and Long Term Care Division, State Unit on Aging (SUA), and the DPHHS Public Health and Safety Division (PHSD), the application was submitted in March of 2023, and the grant awards will be announced in September of 2023.

Alzheimer's disease and related dementias represent a growing public health crisis in Montana. According to the "Alzheimer's Association's 2022 Alzheimer's Disease Fact and Figures" and its accompanying special report, "More than Normal Aging, Understanding Mild Cognitive Impairment" (MCI), Montana was estimated to have 22,000 people aged 65 and older living with Alzheimer's Dementia in 2020, with an anticipated increase to 27,000 new cases by 2025. This signifies a 22.7% increase over five years, primarily driven by the aging population. It is important to note that these numbers represent Alzheimer's diagnosis only and do not include other forms of dementia. Women constitute two-thirds of these cases as they have longer life expectancies, and advanced age is the greatest risk factor for dementia-related conditions. If awarded, the BOLD grant will provide Montana with the opportunity to take the next step, and, for the first time, establish an ADRD infrastructure and response, to improve the quality of life and care for Montanans affected by ADRD, including caregivers.

Impact of Changing Demographics

The Older Americans Act requires that preference be given to individuals aged 60 and older who have the greatest economic and social need, with particular attention to low-income older individuals, including low-income minority older individuals, those with limited English proficiency, and older individuals residing in rural areas.ⁱⁱⁱ Montana is projected to experience an 8.44% growth (equivalent to approximately 91,151 individuals) in the population aged 60 and older by 2030. As of 2021 estimates, there are currently 295,099 individuals aged 60 and older in Montana. As a minimally funded state, defined by the OAA, Montana only receives ½ of 1 percent of the amount appropriated by Congress for each federal fiscal year. This exacerbates the financial challenges of Montana being such a vast rural and frontier state.

Population Type by Area Total ^{iv}	Total # Statewide	% of Population
Total Area Population	1,104,271	100%
Total Area Population 60+	295,099	26.72
African American 60+	656	0.06
American Indian 60+	9,970	0.90
Asian 60+	1,608	0.15
Pacific Islander 60+	169	0.02
Two Or More Races 60+	3,775	0.34
Hispanic/ Latino 60+	4,718	0.43
Poverty (low-income) 60+	24,889	2.40
Poverty (low-income) Minority 60+	3,176	0.31
Limited English proficiency 65+	615	0.06
Individuals Residing in Rural Areas/ Isolated 60+	104,000	9.42
Individuals with Alzheimer's Disease and Related Disorders 65+	22,000	2.03
Individuals Living Alone 65+	55,903	5.41
Grandparents Raising Grandchildren/Kinship Caregivers 60+	4,127	0.40
Individuals with Disabilities 65+	64,659	6.18
Veterans 65+	43,085	5.19
Individuals at Risk for Institutional Placement 60+	*1,541	N/A

*Number of enrolled Medicaid members in the Community First Choice Waiver program over the age of 60,200 of which are age 80+.

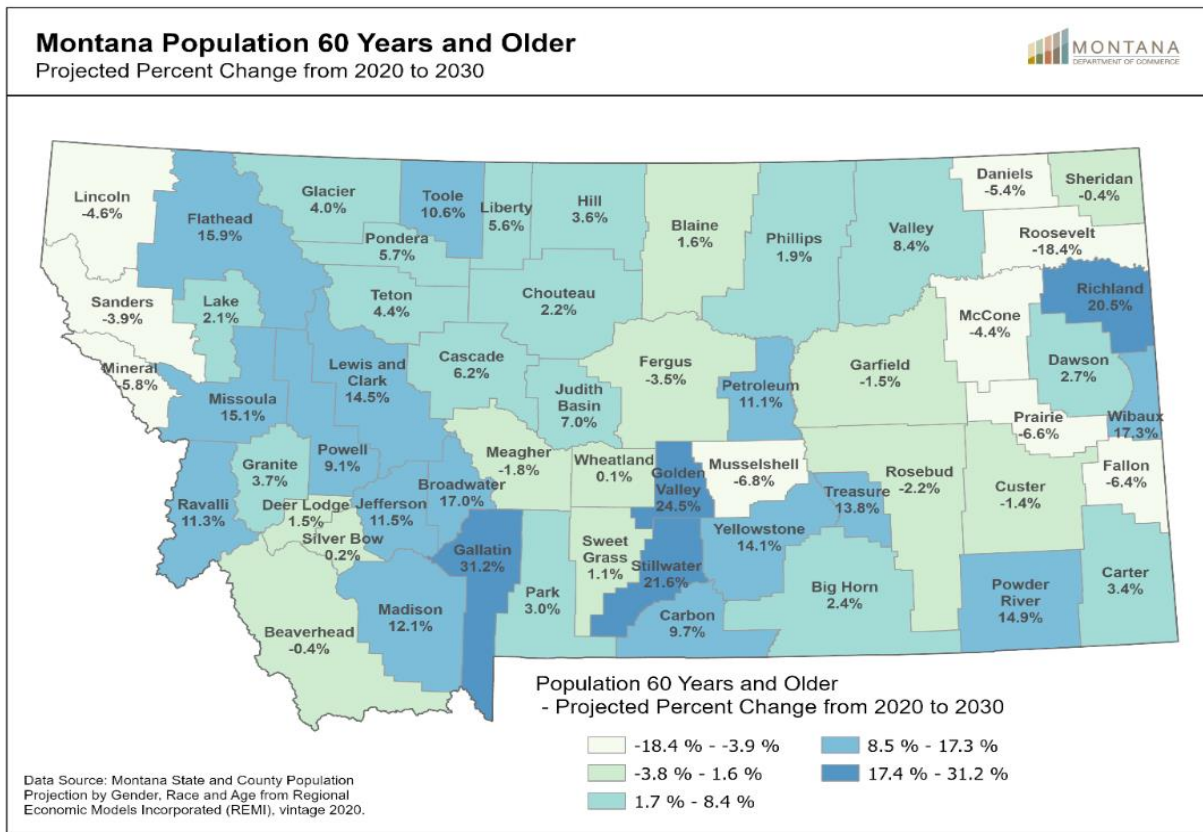
The work of the Aging Services Network is influenced by the changing demographics of older and disabled Montanans. This population growth is best represented by the predicted growth of the over-60 population by 2030.

The highest growth counties by percentage and person are:

<u>Population Growth by Percentage</u>		<u>Population Growth by Persons</u>	
<u>Madison</u>	35.95%	<u>Gallatin</u>	34,218
<u>Gallatin</u>	29.30%	Yellowstone	12,266
Treasure	27.29%	Flathead	12,119
Meagher	26.47%	Missoula	11,177
Powder River	25.80%	Lewis & Clark	7,718
Stillwater	15.48%	<u>Ravalli</u>	6,074
Broadwater	15.38%	<u>Madison</u>	3,219
Carbon	14.18%	Silver Bow	2,153
Golden Valley	13.70%	Park	1,756
<u>Ravalli</u>	13.50%	Lincoln	1,601

The counties with the greatest population loss are:

Population loss by percentage		Population loss by persons	
<u>Rosebud</u>	-21.20%	<u>Rosebud</u>	-1,872
<u>Roosevelt</u>	-14.59%	<u>Glacier</u>	-1,657
Liberty	-13.65%	<u>Roosevelt</u>	-1,598
<u>Glacier</u>	-12.19%	<u>Big Horn</u>	-1,349
<u>Musselshell</u>	11.88%	<u>Blaine</u>	-681
<u>Blaine</u>	-10.35%	Dawson	-617
<u>Big Horn</u>	-10.33%	Richland	-604
<u>Chouteau</u>	-9.84%	<u>Chouteau</u>	-560
Petroleum	-8.60%	<u>Musselshell</u>	-554
Pondera	-8.23%	Custer	-497



As depicted in the projection map, most of the state’s population growth is concentrated in the western part of the state. However, one significant eastern county in Area I, Richland, is experiencing a growth rate of 20.5%. Richland county sits along the border of North Dakota. Among the 17 counties in Area I, 10 have a population over the age of 60 that accounts for 30% of the total population. Overall, there is a 9.5% increase in the population aged 60 and older.

Interestingly, in Area II, counties with the most rural geographies and the least resources are expected to have the largest share of older adults. Area V, in the Southwestern area of the state, shows a significant overall growth of 23% of individuals 60 and older in the six-county planning and service area, compared to only a 3% increase in total

population. This age group is outpacing the rest of the population across various planning and service areas in Montana, leaving limited resources available to provide long-term care services when needed.

In Area VII, Missoula and Ravalli Counties, the population 60 and older is also outpacing the rest of the population, with a projected growth rate of 15.1% and 11.3% respectively by 2030. Cascade County is following the graying trend for Montana and continues to see more people move to the community to be closer to medical centers, services, and clustered living arrangements provided for older adults.

Area IX, a single county AAA based in Kalispell, is seeing a rapid growth, with 28% of their population 60 and older. The area plan for this region highlights concerns about the poverty rate of 10.3% and a median household income of \$57,763. In 2020 the property value median was \$294,600. Today, it is estimated at over \$500,000. This inflationary trend impacts older adults with fixed incomes, as more and more individuals require nutrition services, making it difficult for them to keep up with rising costs. This situation directly affects individuals at risk for institutional placement.

Area X, Hill County, another single-county AAA, is staying on trend with a slow growth of the population aged 60 and older. The state legislature has acknowledged the growth and resulting issues related to an aging population, as well as the overall continuum of long-term care services in Montana.

Public Input and Needs Assessment

Public input and stakeholder involvement are crucial to the development of a quality State Plan on Aging. A variety of mechanisms were utilized to connect with stakeholders, including community meetings, focus groups, AAA public input sessions, conversations with constituents and interviews with community partners.

The following is a list of stakeholder organizations, community-based service providers, and elder advocate organizations that provided input into the plan:

Ten Area Agencies on Aging	Rocky Boy Health Center
Local service providers	Confederated Salish Kootenai Tribe
Older adults in Montana	Billings Urban Indian Health and Wellness Center
AAA Advisory Councils	Indian Family Health Clinic
Governor’s Aging Advisory Council	Indian Health Service Health Clinic Great Falls
Crow Agency	Helena Indian Alliance
Northern Cheyenne Tribe	Native American Development Corporation (NADC)
Blackfeet Tribe	Rocky Mountain Tribal Leaders Council
Fort Peck Tribe	Department of Public Health and Human Services, Medicaid,
Chippewa Cree Tribe	and Adult Protective Services
Little Shell Tribe	

Summary of Stakeholder Input

The COSOA™ was used as a platform to begin discussion of needs in communities throughout the state. Topics covered included impact of COVID, family caregivers, supports for people with Alzheimer’s and other dementias, preparation for future emergencies and disasters, transportation, other specific challenges or barriers faced by older adults, other concerns related to malnutrition and access to food, social isolation, risk of falling, elder abuse, neglect, and financial exploitation. In addition, input regarding concerns about the workforce shortage and inflation for older adults and the decreased access to services was a concern.

Summary of Tribal Consultation

On August 9, 2022, DPHHS/Senior and Long Term Services Division hosted a Tribal Consultation for the purpose of receiving input into the development of the State Plan on Aging. Thirty-six people participated in the meeting in person or virtually. Each person representing a Tribe or Tribal entity was given the opportunity to provide written and/or verbal comments. Prior to the Consultation, the Department shared a series of questions to all potential meeting participants. The questions were as follows:

- What services are you currently providing within your community to the elders?
- Are there concerns in your community about:
 - *Malnutrition and access to food for the elders?*
 - *Elders at risk of falling?*
 - *Social isolation?*
 - *Elder abuse, neglect, and financial exploitation?*
 - *Legal Assistance?*
- *What are the specific challenges or barriers faced by elders in your community?*
- *What has the impact of COVID-19 been in your community?*
- *What is needed to best support families who are caring for loved ones in their homes (i.e., aging parents, grandparents raising grandchildren, children, or adults under age 60 with special needs)?*
- *What supports does your community need for elders with Alzheimer's or other dementias?*
- *What planning is happening to prepare for future emergencies and disasters?*
- *Can you identify any other needs for elders in your community?*

The following are key issues and topics that participants in the meeting shared were of greatest need for their communities:

- Alzheimer's/dementia training
- Transportation
- Respite care services
- Training for caregivers
- Grandparents raising grandchildren

Statewide Needs Assessment

To better understand the strengths and challenges of Montana communities aging in place, the State Unit on Aging partnered with the National Research Center, Powered by Polco to administer the Community Assessment Survey for Older Adults (CASOA™) across all ten Area Agencies on Aging throughout the state.

The Community Assessment Survey for Older Adults (CASOA™) is a statistically valid survey assessing the strengths and needs of older adults, as reported by older adults themselves, administered by Polco^v (see Appendix F). The survey was conducted in Montana through a questionnaire mailed to a random sample of older Montanans in early 2022 with results completed in August 2022. Survey participants were asked to rate their overall quality of life and various aspects of quality of life in Montana. A total of 5,940 surveys were completed and returned, resulting in an overall response rate of 16.82%. In addition to the random sample, an open participation survey was conducted online, generating an additional 850 responses, for an overall total of 6,790 completed surveys.

CASOA™ targeted a random sample of residents in 37,386 Montanan households age 55 or older. Survey respondents represented older residents in each of Montana's 10 planning and service areas. Twenty-three percent (23%) of respondents were aged 50-59; 24% of the respondents were aged 60-64; 32% were aged 65-74; and 21%

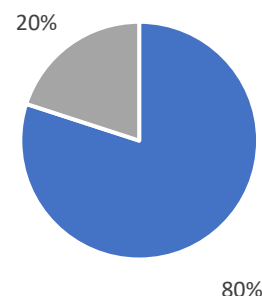
were aged 75 or older. Fifty-two percent (52%) of respondents were female, and 94% were non-Hispanic white. About 62% had lived in the community for more than 20 years. Twenty-one percent (21%) had household incomes less than \$25,000 per year. CASOA's™ results highlight several of Montana's strengths, challenges, and opportunities for improvement, focused on overall community quality and aspects of community livability within six community domains:

1. Overall Community Quality

This section assessed how residents viewed their community overall, assessing how likely they are to recommend and remain in their community. About 8 in 10 of older residents living in Montana rated their overall quality of life as excellent or good. Most of the older respondents rated their community positively as a place to live and would recommend their community to others.

80% of older Montanans plan to remain in their community throughout retirement.

Overall Community Quality Results



Additionally, 8 in 10 residents planned to stay in their community throughout their retirement. Older residents gave slightly lower scores to their community as a place to retire (63% excellent or good) than they did the overall quality of life in their community (83%).

2. Community Design

Community Design Needs

Potential Problems*	2022
Having a quality transportation system	40%
Having affordable, quality housing	10%

This section explored responses related to land use and zoning, accessible affordable housing, and mobility options to support residents aging in place. Less than half (4 in 10) of respondents rated the overall quality of the transportation system (auto, bicycle, foot, bus) in their community as excellent or good. Ease of travel by car was considered excellent or good by 78% of respondents, while ease of travel by walking was considered excellent or good by only 61% of respondents. Only

10% of respondents gave a positive score to the availability of affordable quality housing in their community. About 44% of older residents reported experiencing housing needs.

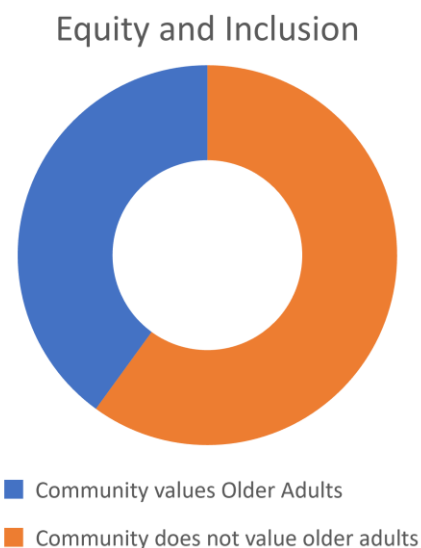
3. Employment and Finances

In this section, CASOA™ looked at employment opportunities and challenges, along with reported financial challenges and costs of living. While 50% positively reported on the overall economic health of their community, respondents reported problems with finding opportunities to build work skills (33%) or finding quality work in retirement (26%). About 3 in 10 respondents reported financial challenges, and 2 in 10 reported employment needs.

Older workers are an untapped resource for many communities seeking economic stability and growth.

4. Equity and Inclusion

This section looked at respondents' sense of community, including not only a sense of membership and belonging, but also feelings of equity and trust in the other members of the community. Sixty percent (60%) of older residents rated the sense of community in their towns as excellent or good. About half of the respondents positively rated their community's openness and acceptance toward older residents of diverse backgrounds, while only about 40% indicated their community valued older residents.



5. Health and Wellness

Of all the attributes of aging, health poses the greatest risk and the biggest opportunity for communities to ensure the independence and contributions of their aging populations. Health and wellness, for the purposes of this study, included not only physical and mental health, but issues of safety, independent living, and health care. Most respondents held positive perceptions of their overall physical and mental well-being. Community opportunities for health and wellness were scored positively by 6 in 10 residents, while the availability of physical health care, mental health care, and long-term care options received lower ratings (40% or fewer gave positive ratings).

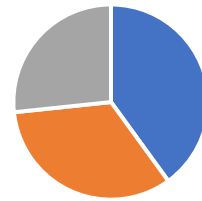
6. Information and Assistance

In this section, respondents assessed the availability of information about older adult resources, as well as financial or other legal services. About two-thirds of survey respondents reported being somewhat informed or very informed about services and activities available to older adults. The availability of information about resources for older adults and financial or legal planning services were each only rated positively by about 3 in 10 older residents. About 42% of older adults were found to have information access challenges in Montana.

Productive Activities

This section explored older adults' engagement in Montana by looking at their civic and social engagement as well as caregiving. Respondents reported that they felt they had excellent or good opportunities to volunteer, while 8 in 10 participated in some kind of volunteer work. About 24% of older residents reported providing care to individuals 55 and older, 20% to individuals 18 to 54, and 16% to individuals under 18.

24% of Older Montanans
are Caregivers



- Care recipient 55+
- Care recipient 18-54
- Care recipient under 18

The Economic Contribution of Older Montanans

The contribution older adults make through employment, volunteerism, and caregiving was calculated for all older adults living in the State of Montana. It is estimated that older residents contributed \$5,348,503,202 annually to their community and the State through paid and unpaid work.

The CASOA™ survey instrument and its administration are standardized to assure high-quality survey methods and comparable results around all communities.

The top identified needs from the 2022 Montana CASOA™:

- Housing
- Information and assistance
- Employment
- Transportation
- Caregiving

The State Unit on Aging (SUA) based the goals, objectives, strategies, and performance measures for the State Plan on the feedback received from older adult community members, stakeholders across Montana, the data received from the statewide needs assessment/CASOA™, and input from the recently approved Area Plans on Aging.

Quality Management

Data Collection to Assess Ongoing Program Implementation

Montana has implemented a statewide data collection system to gather the necessary state and federal data elements. This system, which has been in place for approximately three years, involves the consolidation of three previous systems and a public resource directory. While the transition has presented challenges, we are actively collaborating with the vendor to enhance the system's user-friendliness for the staff of AAAs, councils on Aging, and Senior Centers responsible for data entry. By ensuring consistent and accurate data entry, we can effectively capture the impact and outcomes of aging services and support provided in our state. Furthermore, the collection of demographic information during intake enables us to identify the individuals and locations benefiting from these services.

Remediation of Problem Areas

The State Unit on Aging (SUA) has developed a New AAA Director Orientation program to cover both program and fiscal information and responsibilities. We offer an open-door policy as issues arise, to provide the technical assistance needed for both new and existing AAA directors. We also have new tools developed for on-site reviews

that we have tested and are in the process of making improvements and completing internal training on the use of the tools.

As we analyze our data and assess the vulnerabilities of older adults, we are making improvements to our nutrition screening process. One area of focus is to include food insecurity and malnutrition as key factors for those at risk. In the most recent Federal Fiscal year report, we identified 2,300 individuals who were served and found to be at high nutrition risk.

To ensure consistent implementation of the updated screening approach, we will provide guidance to the AAAs and their providers. This guidance will be incorporated into the Montana Nutrition Manual and integrated into the data collection system as required assessments. By enhancing our screening tools, we aim to better identify individuals who may be facing food insecurity and malnutrition and provide them with appropriate support and services.

Continuous Improvement

In this state plan period, we will work with our contracted nutritionist to create a training series for the aging network nutrition program staff. The training modules will be available for use on our website, which will also be refreshed to house other related resources for easy access, such as the Montana Nutrition Manual, and other useful links, such as the Nutrition and Aging Resource Center site.

The Senior and Long Term Care Division is in the process of recruiting a Research Analyst/Contract Manager to help all three bureaus with practices and policies for greater efficiency and effectiveness. This individual will also be recommending solutions as well as utilizing data collected to improve the provision of services.

The MT DPHHS Director's office reorganized a year ago, establishing the Faith and Community Based Services Coordinator position. Improving and expanding access to aging services is one of the key focus areas for this position. In many rural areas of the state, known as "food deserts," limited access to food poses a high risk of food insecurity. Many senior centers are only able to serve two meals a week, and their partnering with the new Coordinator can raise awareness, increase volunteerism, and ultimately expand service provisions in these underserved areas.

Montana Senior and Long Term Care Division recently received a technical assistance grant from the National Academy for State Health Policy. Plans are to utilize this opportunity to develop and implement a state system of long-term care that is a comprehensive, coordinated system enabling older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of the older individuals and their family caregivers. Several strategies are in place to work with our partners, to establish and improve relationships among and knowledge about the different programs, which will merge to improve the overall state system of long-term care.

Section II: Goals, Objectives, Strategies, Outcome Measures

Key Topic Area – Older Americans Act Core Programs

Older Americans Act (OAA) core programs are found in Titles III (Supportive Services, Nutrition, Disease Prevention/Health Promotion, and Caregiver Programs), VI (Native American Programs), and VII (Elder Rights Programs) and serve as the foundation of the national aging services network.

The State Unit on Aging (SUA) administers supportive services programs that assist older adults in remaining healthy, active, and independent. Partnering with various organizations and agencies, the SUA works to ensure services are reaching older adults with the greatest social and economic needs as well as other populations facing cultural, social, or geographic isolation due to other personal factors.

Goal One: Promote innovation and quality in the delivery of core Older Americans Act Programs to meet the unique and diverse needs of older Montanans and their family caregivers.

Objective 1.1 – Through Title III B Supportive Services assist older adults, people aging with a disability, and caregivers with home modifications and repairs, so they can remain in their homes for as long as they are able.

Strategies

- Expand this into other planning and service areas across the state through the sharing of successes and lessons learned from the Area Agencies on Aging (AAAs) currently offering this service
- Explore the possibility of coordination with other state entities, such as Medicaid waiver programs and rehabilitation services, to share the costs of home modifications and repairs

Outcome Measure

- Increase the number of AAAs from one to four who will implement the home modifications and repairs program to assist older adults in remaining in their homes safely for as long as they are able during this plan period

Objective 1.2 - Expand outreach and marketing efforts to ensure older adults, persons with disabilities and caregivers are aware of the OAA services available to them.

Strategies

- Coordinate with AAAs to improve the visibility and recognition of AAAs as trusted resources for information and assistance services
- Encourage AAAs to expand their promotion efforts of programs, especially to older individuals with greatest social and economic need^{vi}, through publications for older adults, websites, social media, and newsletters
- Provide a council member as a State participant, to represent OAA programs for the Montana Council on Developmental Disabilities

Outcome Measures

- Increase the visibility of OAA programs at state and local levels through outreach and marketing efforts, increasing by 3% the participation rates/units of service reported in each year of the plan period

Objective 1.3 – Enhance the quality of the transportation services for older adults and adults with disabilities, especially in Montana’s frontier/rural communities and Reservations.

Strategy

- Support and encourage the AAAs and other organizations interested in expanding transportation services by sharing best practices and offering other tools and resources

Outcome Measure

- Increase the percentage of registered clients receiving transportation services by 5% each year of the plan period

Objective 1.4 – Raise awareness and understanding of the impacts of high nutrition risk, food insecurity, and malnutrition through policy review, updating the resource guide and tool implementation.

Strategies

- Verify follow-through with those older adults scoring 6+ on the nutrition risk assessment is occurring
- Implement comprehensive training for providers of nutrition services on the Nutrition Risk Assessment, Food Insecurity, and Malnutrition Assessment Tool
- Provide training on the newly developed Nutrition Resource Manual to the Area Agencies on Aging and nutrition providers
- Review policies and resources relating to nutrition, to ensure food insecurity and malnutrition is addressed
- Improve and expand access to nutritious meals in Montana’s food deserts through a partnership with the Department’s Faith and Community Based Service Coordinator

Outcome Measures

- Decrease food insecurity among older adults living in Montana’s food deserts by 10% over the plan period
- Provide at least one training per year for the AAAs and nutrition providers, led by Montana’s contracted Registered Dietician Nutritionist (RDN). Increase the percentage of attendees by 5% each year of the plan period

Objective 1.5 – Increase awareness and participation in the evidence-based Health Promotion Disease Prevention programs across Montana.

Strategies

- Continue partnership with Montana DPHHS Chronic Disease Prevention and Health Promotion (ACL Grantee) Bureau to advance evidence-based program offerings throughout the state

- Assist AAAs with potential evidence-based programs to offer in their planning and service area, such as Walk with Ease, Stepping On, Stay Independent and Active for Life (SAIL), or other ACL-approved programs
- Bring awareness to available evidence-based training programs education at the annual Governor's Conference on Aging

Outcome Measures

- Increase number of older adults' participation in evidence-based programs by 10% over the plan period
- Capture accurate data in the statewide database as measured by the two-year comparison report in the Older Americans Act Program System (OAAPS)

Objective 1.6 – Increase the use of supplemental services to support family caregivers across the state.

Strategies

- Provide training and technical assistance to the AAAs for the use and reporting of supplemental services
- Increase supports for family caregivers utilizing TCARE® technology or other products and supports

Outcome Measures

- Increase the number of AAAs utilizing the supplemental services to support family caregivers from 1 to 4 by the end of the plan period
- Increase by 10% the number of Caregivers of Older Adults supported as evidenced by data captured in the statewide database
- Increase by 10% the number of Older Relative Caregivers supported as evidenced by data captured in the statewide database

Objective 1.7 – Coordinate Title III (Supportive Services, Nutrition, Disease Prevention and Health Promotion, and Caregiver Programs) with Title VI (Native American Programs).

Strategies

- Provide training and technical assistance to the Tribes to become certified to bill Medicaid for services provided to eligible Elders. Expand access to the Senior Health Insurance Assistance Program (SHIP) through coordination with the Tribes and Indian Health Services
- Share resource information on aging services website(s)

Outcome Measures

- Train two Tribal organizations, so they are billing Medicaid for services by the end of this plan period
- Increase the number of Tribal organizations employing SHIP counselors from 6 to 15 by the end of the plan period

Objective 1.8 – Strengthen Title III and VII Services by protecting adults who are vulnerable, regardless of where they live in Montana, be it in their own homes or in facilities, through timely responses to allegations of abuse, neglect, and exploitation.

Strategies

- Maintain APS staffing levels to maximize effectiveness for increases in workload and caseload and work with DPHHS to secure staff to meet response times
- Develop training and education materials for the community and the Elder Justice Coalition for Montana, through a collaboration of APS and the SUA
- Conduct training and education in the community for citizens, providers, financial institutions, law enforcement, attorneys, and state systems on abuse, neglect, and exploitation
- Work within the LTCO program to increase the number of local Ombudsmen in Areas that have seen a reduced Ombudsman presence, ensuring residents of long-term care facilities have timely and regular access to Ombudsman services
- Continue to develop LTCO outreach materials to educate residents, family members, friends, facility staff, and members of the community on core principles of good care in all long-term care settings

Outcome Measures

- Maintain the response rate for high-priority investigations (within one working day) at 99%, increase the response rate for medium-priority investigations (within five calendar days) to 98%, and increase the response rate for low-priority investigations (within ten calendar days) to 97% by the end of the plan period
- Develop and air a public service announcement within the Office of the State Ombudsman, which will partner with the DPHHS Faith-based Community Coordinator and provider agencies, to help recruit local Ombudsmen and volunteers, to help stabilize staffing
- Increase LTCO program presentations and outreach events to the public regarding long-term care issues and the purpose of the LTCO program by 5% each year for the plan period

Objective 1.9 – Redefine and enhance the role of the Legal Assistance Developer within Montana’s aging network.

Strategies

- Collaborate with the AAAs to address the legal needs of OAA clients, including older individuals whose needs were the focus of all centers funded under subchapter IV of the Older Americans Act in fiscal year 2019
- Seek new funding source(s) to support the popular legal clinics
- Coordinate the provision of resources and supports related to advanced care planning and elder law concerns for caregivers

Outcome Measures

- Develop a plan to fund the legal document clinics by April 2024
- Develop and deliver at least six trainings to be provided to Area Agency staff regarding available resources, such as advanced care planning and supportive decision making
- Develop and deliver at least four trainings aimed at caregivers, regarding legal implications

Coordinating with Discretionary Grants and Other State and Federal Programs

The following objectives under this goal are aimed at the implementation of ACL discretionary grants, as well as state and other federal programs.

Objective 1.10 – Improve promotion and coordination of opportunities for older adults to obtain work experience through a partnership with Easterseals Goodwill Northern Rocky Mountain.

Title V Background: The Title V employment program provides paid on-the-job employment services for low-income adults over age 55. In Montana, this program is administered by the Dept. of Labor and Industry and is currently contracted with Easterseals Goodwill Northern Rocky Mountain. Although this information is included in the Aging and Disability public resource directory, there is a need to strengthen the partnership with the aging network.

Strategies

- The workforce shortage is certainly an issue with our aging network, and partnering with Easterseals to promote participation with the AAAs and senior centers throughout the state may be a viable option. The statewide needs assessment proved securing employment opportunities is a need for older adults in the state, and this partnership would help them to obtain work experience. This is a win-win for both the older adults and the aging network
- This information will also be added to the new Nutrition website to promote it with the senior center nutrition directors

Outcome Measure

- Achieve a 10% increase in the number of AAAs and senior centers participating in the Title V program through Easterseals partnership by the end of the plan period

Objective 1.11 – Enhance collaboration by establishing strategic partnerships with existing age- and dementia-friendly initiatives in the state.

Strategies

- Conduct an AARP presentation at the annual Governor's Conference on Aging to showcase their Age Friendly Communities work throughout the state
- Share information about dementia-related grant opportunities, such as the Montana Geriatric Education Center and AARP, with the Area Agencies on Aging (AAAs), to help support their work

Outcome Measures

- Provide training sessions to a minimum of 100 providers and older adults annually at the Governor's Conference on Aging during the plan period
- Establish partnerships with AARP among providers within each of the planning and service areas, to help support age- and dementia-friendly efforts in a minimum of four new counties of the state by end of the plan period

Objective 1.12 – Provide outreach and education about the SHIP program and the assistance available to Medicare beneficiaries.

Strategies

- Enhance outreach efforts by consistently providing accurate, objective, and comprehensive Medicare and healthcare-related information to older adults and adults with disabilities
- Promote awareness, knowledge, and visibility of the SHIP via local outreach and education
- Empower Medicare beneficiaries to take an active role in managing their healthcare needs by promoting self-direction and informed decision making
- Offer confidential counseling services to Medicare and Medicare/Medicaid beneficiaries, providing guidance on available options and benefits that align with their needs
- Identify and assist high-risk beneficiaries in applying for financial assistance programs related to Medicare Part B and Medicare Part D

Outcome Measures

- Utilize the Capstone data system, to track SHIP outreach events and measure the number of individuals reached, increasing that number 10% by the end of the plan period, with baseline captured October 1, 2023
- Track and report progress on SHIP strategic program goals and objectives through the federal semi-annual reports

Objective 1.13 – Increase participation in the Low-income Subsidy (LIS) and Medicare Savings Program (MSP). Provide education on Medicare prevention and wellness to underserved populations in rural areas with limited income, including Native American Reservations.

Strategies

- Educate Medicare beneficiaries on the implications of the end of the Public Health Emergency (PHE) through face-to-face meetings, newsletters, and flyers through 2024
- Create a LIS/MSP Public Service Announcement directing beneficiaries to contact the local SHIP counselor
- Investigate the success of other states eliminating the asset test for the Medicare Savings Program and work to implement a similar approach in Montana
- Develop a Monthly Aging Horizon episode focusing on a MIPPA topic
- Continue recruiting SHIP Counselors statewide to assist Medicare beneficiaries

Outcome Measures

- Increase the number of beneficiaries educated and assisted in applying for LIS and MSP benefits by 10%
- Increase the number of beneficiaries educated by about Medicare's Prevention and Wellness benefits by 10%
- Increase our online and social media presence to educate beneficiaries on LIS/MSP and Medicare Prevention and Wellness, measured by web traffic analytics

Program Administration

Objective 1.14 – Provide administration and oversight of programs funded through the OAA, state general revenue funds, and other federal funds, to ensure a consistent, coordinated, and accountable service delivery model.

Strategies

- Maintain effective quality assurance, contract monitoring, and oversight practices to ensure proper stewardship of federal and state funds allocated for services and supports for aging Montanans
- Ensure coordinated technical assistance and training across the aging network
- Provide training and technical assistance to AAAs and providers to ensure data quality
- Promote awareness and adherence to the Dietary Guidelines for Americans and the Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences
- Conduct periodic surveys to determine the effectiveness of programs, policies, and services for older individuals whose needs were the focus of all centers funded under Title IV in fiscal year 2019
- Offer regular, ongoing technical assistance for AAAs and ADRCs, as requested and determined by the Aging Services Bureau

Outcome Measures

- Conduct monitoring activities with all AAAs to ensure appropriate use of OAA funds and access to services that meet the needs and interests of older adults and their caregivers throughout the plan period
- Share nutrition information and resources on aging services website by September of 2024
- Achieve a satisfaction rate of at least 85% among individuals receiving OAA services they receive, as measured by annual state satisfaction surveys

Key Topic Area – COVID-19

Goal Two: Work with AAAs and Senior Centers across the state to ensure quality emergency preparedness plans are established.

Background and Overview of the Impact of COVID in Montana:

In 2020, the COVID-19 pandemic disrupted life in the US and around the world. Though every demographic group has been affected, the negative outcomes from the disease fell disproportionately on older adults and people with disabilities. Mental health has negatively impacted many adults, from worry and stress over the pandemic. Many older adults felt socially isolated due to not feeling safe to leave their homes.

The Montana Area Agencies on Aging Association (M4A) contracted an independent consulting firm to conduct a survey of Montana older adults on the impacts of COVID-19, which was completed December of 2020. This survey consisted of interviews and/or surveys with the AAA Directors, Montana Office on Aging, older adults, and a website review of the Area Agencies on Aging.

A total of 102 older adults across the state participated in a telephone interview. The pandemic affected the daily lives of older adults in Montana and raised health concerns for many. A portion of the population reported increased mental health concerns, feelings of isolation and loneliness, and financial struggles that affected their ability to meet

their basic needs. Most individuals reported having accessed services from their local Area Agency on Aging, and the feedback on the services was overwhelmingly positive. The AAA is a critical touch point for many older adults in meeting their social and physical needs.

Many older adults were hesitant to engage in a virtual environment, and, with the lack of reliable communications infrastructure in the rural/frontier areas of Montana, this was extremely limited or impossible. Montana is actively working on improving the communications infrastructure within the state with support from the Governor's Office. For those who could work in a virtual environment, the AAAs, along with the Senior Centers, made this happen. Engaging in virtual environments posed challenges for many older adults, especially in rural/frontier areas with limited or unreliable communication infrastructure. Where feasible, Montana Area Agencies on Aging (M4A) allotted COVID funding to provide equipment and training, so senior centers could facilitate virtual meetings, online support groups, and remote evidence-based programs. M4A also provided them with PPE and COVID testing kits.

The AAAs provided all information, referral, and assistance appointments by phone or zoom, as well as volunteer meetings and trainings, Senior Medicaid Patrol education, Ombudsman visits to Nursing homes and Assisted Living facility residents, education classes and support groups, and care management and coordination meetings. Virtual evidence-based programs such as Powerful Tools for Caregivers, Stay Active and Independent for Life (SAIL), and an Aging Mastery Program were offered as well. Additional technological initiatives included iPad Loans and training, the GetSetUp® program for online connections through educational classes and entertainment videos to assist with social isolation, Tailored Caregiver Assessment and Referral System (TCARE®) program to support caregivers, and robotic pets. Although senior centers are reopening for congregate meals, education, and activities, many are seeing declining participation and are working on ways to promote older adults to return, especially those in the 60-70 age range.

Montana has consistently ranked among the top five states in suicide rates for all age groups over the past four decades. According to the most recent numbers (2021) provided by the Centers for Disease Control, Montana has the second highest suicide rate in the United States (354 suicides for a rate of 31.7). Our older adults are not immune to this. In 2021, 72 out of the 354 suicides were 65 or older (20%); 97% Caucasian, 90% males, 85% were by firearm, and 36% served in the Armed Forces. Given the heightened awareness of social isolation due to COVID-19, Aging Services will continue to provide training to the AAA staff in partnership with the State Suicide Prevention Coordinator. Efforts will include promoting additional trainings such as Applied Suicide Intervention Skills Training (ASIST) and Question, Persuade, Refer (QPR), which are offered to address the issue of suicide in Montana. The annual Governor's Conference on Aging will also include the State Suicide Prevention Coordinator presenting and educating participants on suicide prevention.

Objective 2.1 – Enhance emergency preparedness by providing assistance and resources to AAAs and Senior Centers across the state, ensuring development of quality emergency preparedness plans with quality management reviews set in policy.

Strategies

- Include emergency preparedness training at least every other year at the annual Governor's Conference on Aging
- Augment the Aging Services website with comprehensive emergency preparedness information and resources
- Implement program monitoring to assess the progress of AAAs and providers in developing effective emergency plans. Baseline data on existing emergency plans will be collected during the first year of monitoring

Outcome Measure

- Increase the number of emergency plans completed by AAAs and providers by a total of 25 by the end of the plan period

Key Topic Area – Equity

Goal Three: Ensure services are provided to vulnerable older individuals with the greatest economic and social need by improving quality and equity in service delivery.

Objective 3.1 – Increase staff knowledge of marginalized communities by leveraging the ACL’s National Resource Centers for training and education, including the National Minority Aging Organizations Technical Assistance Centers.^{vii}

Strategies

- Assign Aging Services Bureau and AAA members to actively participate in educational opportunities offered by the ACL’s National Resource Centers
- Explore strategies within the Bureau to integrate concepts and practices that address the needs of marginalized communities into implemented programs
- Ensure OAA services have a positive impact on the social determinants of health for older adults through the use of a comprehensive survey instrument
- Promote cultural considerations and preferences for meal programs, and, to the maximum extent possible, provide medically tailored meals

Outcome Measures

- Increase by 5% participation rate of members of marginalized communities in the programs administered by the SUA, as indicated by data from the State Program Report with a focus on income and minority status
- Evaluate the level of knowledge regarding OAA services and their impact on social determinants of health through an annual state satisfaction survey, using a random sample

Goal Four: Provide person-centered home and community-based services that are meaningful to older individuals and their family caregivers.

Key Topic Area – Expanding Access to HCBS

Objective 4.1 – Secure the opportunity to receive managed in-home and community-based long-term care services.

Strategies

- Implement comprehensive training programs to ADRCs regarding the availability of in-home HCBS, options for services, financial implications, and referral processes or requirements
- Develop self-advocacy materials for older adults (or their family caregiver) to assist with accessing in-home care, such as selecting providers, working with caregivers, and security dos and don'ts
- Review Medicaid policies for home and community-based services to identify any barriers to access and provide suggestions for resolution to Medicaid staff

Outcome Measures

- Provide one training each year during the plan period regarding the availability of home and community-based services across the state
- Edit, publish, and distribute a new guide to in-home care to assist older adults and their family caregivers in navigating the process of accessing and using in-home care services by September 2024
- Establish a process to encourage OAA providers to maintain knowledge of HCBS policy and procedures to ensure consistent understanding and implementation by end of plan period

Objective 4.2 – Promote the development and implementation of a comprehensive and coordinated state system of long-term care that enables older individuals to receive long-term care in their home and in community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers.

Strategies

- Collaborate with the National Association of State Health Policy, relying on their technical assistance to develop a user-friendly method for describing and explaining the long-term care system to Montanans
- Improve access to Medicaid long-term services and supports by empowering ADRCs to provide assistance with the Medicaid application process
- Engage individuals and caregivers in activities related to the long-term care system, ensuring their voices and perspectives are considered

Outcome Measures

- Develop and distribute a comprehensive communications piece that provides clear and adequate information about long-term care services delivered in Montana by July 1, 2025
- Expand Medicaid application support to two additional ADRCs by June 30, 2024, enabling more individuals to access needed services
- Involve five OAA recipients or caregivers in the review of public documents before their release, ensuring their input and perspectives are considered in shaping the long-term care system

Objective 4.3 – Enhance the coordination of community-based long-term care services for older individuals to prevent institutionalization and support their ability to live independently.

Strategies

- Facilitate relationships between AAAs and Medicaid HCBS case management teams to improve coordination and service delivery
- Provide training to AAAs on the Money Follows the Person program to support the discharge of older adults from nursing homes and transition them back to the community
- Develop and implement policy and procedures for the referral process to long-term care services, including data collection and information sharing

Outcome Measures

- Incorporate MFP program information into the annual training for information and assistance specialists by July 1, 2024, to ensure they have the knowledge to refer institutionalized older adults for community-based services
- Complete a policy and procedure for collecting of referrals to long-term care services by July 1, 2025, enabling a streamlined process for accessing necessary supports
- Facilitate a joint training between HCBS case managers and AAA program managers at least once per year, fostering collaboration and enhancing coordination between the two entities

Objective 4.4 – Work toward the integration of healthcare and social services systems, including efforts through contractual arrangements.

Strategies

- Provide or secure training for AAAs on non OAA social service programs, Medicaid, SNAP, Senior Farmers Market, etc. that provide support for older adults
- Increase outreach to health care professionals regarding the available of OAA services, senior farmers market, and the nutrition risks for older adults
- Encourage and support AAAs to enter into contractual arrangements with health providers and payers to enhance capacity to address Social Determinants of Health (SDOH)

Outcome Measures

- Add information regarding other social services to annual training by July 1, 2024, and update annually throughout plan period
- Establish a baseline of referrals made from the medical community and increase the number by 5% over the plan period

Key Topic Area – Caregiving

Goal Five: Strengthen services and supports for family caregivers.

Objective 5.1 – Increase awareness and utilization for caregiver support programs offered in the state.

Strategies

- Implement pilot voucher programs to support participant-directed/person-centered planning for older adults and their caregivers, providing them with greater control and flexibility in accessing needed services
- Partner with the Montana Lifespan Respite Coalition to improve access to respite services and maintain a comprehensive website with information on available services for caregivers and caregiver organizations
- Expand outreach efforts to underserved targeted populations, including veterans, indigenous populations, caregivers affected by Alzheimer's/dementia, and populations not currently served by existing respite programs
- Explore sustainable options for maintaining continued access to respite services for Montana caregivers

Outcome Measures

- Establish a baseline in the first year and increase the number of caregivers served through Title III-E and the Lifespan Respite Program by at least 5% by the end of the plan period
- Conduct a survey to assess the self-efficacy of caregivers who have participated in Title III-E respite services, providing insights into the positive impact of the program on caregiver well-being and confidence

Appendix A: Assurances

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...

Kerris Reidelbach

6-22-2023

Signature and Title of Authorized Official Date

Appendix B: Information Requirements

Section 305(a)(2)(E)

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

STATE RESPONSE:

The State Unit on Aging (SUA) monitors the 10 Area Agency on Agency (AAA)s to ensure preference is provided to individuals with the greatest social and economic needs¹ through annual onsite evaluations or desk evaluations. The SUA requires the AAAs to address efforts to target underserved individuals including low-income older individuals, low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. Additionally, the SUA continues its work to improve policies and procedures in collaboration with the AAAs, ensuring the requirements of the Older Americans Act and ACL-issued guidance for Developing State Plans on Aging (State Unit on Aging Directors Letters #01-2021 and #01-2023) are being met.

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;

STATE RESPONSE:

The Rural Institute University of Montana MonTECH offers assistive technology and access to such options for older individuals across the state. To ensure that all AAAs are informed and have access to the state's assistive technology resources, the SUA includes this information as part of the new counselor training. Additionally, the information is housed on the ADRC Resource Directory, which is available on the Senior and Long Term Care website.

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.

STATE RESPONSE:

The SUA monitors the AAAs to ensure emergency plans are in place through annual onsite evaluations or desk evaluations. The SUA requires the AAAs to facilitate continued health, safety, and welfare of consumers, especially consumers deemed "vulnerable" during declared emergencies. AAAs shall designate staff as Emergency Preparedness and Continuity of Operations (EP) Coordinators. EP

¹ As defined by State Unit on Aging Directors Letter #01-2021

Coordinators are responsible for emergency preparedness and continuity of operations planning for the AAA and proactively bringing the likely needs of older adults in their Service and planning area (SPA) to the attention of county emergency managers to ensure the health, safety, and welfare requirements set forth in the Older Americans Act. The EP Coordinator is the primary point of contact with SUA and county emergency managers.

Every county has a County Disaster and Emergency Services Coordinator. This coordinator is responsible for overseeing the county emergency preparedness and continuity of operations plans. The County Disaster and Emergency Services Coordinator is the contact for coordination efforts by the AAA-EP Coordinator. The Division of Homeland Security and Emergency Management website contains information on emergency preparedness at <http://montanadma.org/disaster-and-emergency-services>

Section 307(a)(2)

The plan shall provide that the State agency will — (C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

STATE RESPONSE:

The plan ensures that the State agency will allocate a minimum proportion of the funds received by each AAA in the State, specifically designated for carrying out part B. This allocation will be expended by each AAA to provide services in the following categories, as specified in section 306(a)(2) of the directive:

- Access: 10%
- In-Home: 10%
- Legal Assistance: 4%

Section 307(a)(3)

The Plan Shall –

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

- (i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;*
- (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*
- (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

STATE RESPONSE:

Montana is a rural frontier state. The SUA has incorporated a rural component into its Interstate Funding Formula. This ensures the funding of rural frontier areas of Montana meets this requirement and helps maintain a constant funding base for our rural frontier areas based on the Older Americans Act. Assuming flat funding, appropriations associated with the rural population will be:

Federal Fiscal Year	Total Funding Associated with Rural Populations
2024	\$919,600
2025	\$919,600
2026	\$919,600
2027	\$919,600

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.

STATE RESPONSE:

The vast majority of Montana is not just rural but frontier. In the planning process, each area and county has the opportunity to determine what the various service needs are and how those service needs will be met with the available funding allocated to the county to provide services to the older residents of the area. Addressing this issue is one of the reasons Montana’s Aging Network has become highly creative.

Section 307(a)(14)

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

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

STATE RESPONSE:

Based on the most recent U.S. Census Bureau’s data for calendar year 2020, 12,403 minority older adults reside in Montana.

The Intrastate Funding Formula ensures funding is allocated based on the population of low-income minority older adults in Montana.

Section 307(a)(21)

The plan shall —

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

STATE RESPONSE:

The SUA has begun work with Native Americans by hosting an Aging Services Tribal Consultation meeting with all eight tribes in Montana represented by the Title VI Directors as well as Urban Indian Health Centers. Work to develop relationships with the Title VI Directors is being coordinated with the help of our DPHHS State Tribal Liaison.

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*

STATE RESPONSE:

Montana anticipates a continued growth in the number of older individuals over the next 10 years. The SUA, in partnership with the 10 AAAs will monitor the growth and potential changes in the demographics of this population and adjust resources to meet the needs.

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.

STATE RESPONSE:

Census data projections have shown an elevated increase in the number of older individuals in several of our Planning and Service Areas (PSAs). Due to this, an update to the Intrastate Funding Formula will be completed with the 2020 census data prior to the SFY24 funding allocations. It is anticipated that as the population ages and the federal funding remains stagnant, it will be challenging to meet the needs of our most vulnerable and at-risk adults by the aging network alone. The completion of the 2023 Legislative Session brought a provider rate increase for the AAAs as well as additional state funding for the Ombudsman program. While we are grateful for this funding and the support of our state, we still need to be more creative in the delivery of services.

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.

STATE RESPONSE:

The SUA is part of the Department of Health and Human Services Disaster and Emergency Preparedness plan. The AAAs are included as part of the SUAs portion of the plan to help facilitate the continued health, safety, and welfare of older adults, especially those deemed “vulnerable or at-risk” during declared disasters or emergencies.

At the local level, AAAs coordinate with the local County Disaster and Emergency Services Coordinators, who are responsible for overseeing the county emergency preparedness and continuity operations plan. The AAA-EP Coordinator staff are responsible for emergency preparedness and continuity of operations planning for the Planning and Service Area (PSA) and for proactively bringing the needs of older adults in the county to the attention of the County Disaster and Emergency Services Coordinators, to ensure that the health, safety, and welfare needs of Older Americans Act and Older Montanans Act clients are addressed. The AAA-EPC is the primary point of contact with the SUA and each County Disaster and Emergency Services Coordinator in their PSA.

Every county has a County Disaster and Emergency Services Coordinator. This coordinator is responsible for overseeing the county emergency preparedness and continuity of operations plans. The County Disaster and Emergency Services Coordinator is the contact for coordination efforts by the AAA-EP Coordinator.

In the event of a disaster of such proportions that the President of the United States approves an Executive Order declaring any county within a PSA a “federal disaster area,” the SUA may be notified by the Administration on Aging/Administration for Community Living of the availability of “disaster funds.” These funds, if awarded, are typically granted without matching requirements.

Additionally, the SUA has policies and regulations requiring AAAs to identify targeting requirements in their requests for proposals to select providers of Older Americans Act services.

Section 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;

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

- (C) *all information gathered in the course of receiving reports and making referrals shall remain confidential except—*
- (i) if all parties to such complaint consent in writing to the release of such information;*
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or*
 - (iii) upon court order.*

STATE RESPONSE:

The SUA confirms that it has complied with the above assurances. The SUA has met the requirements of each of these assurances and continues to review policies, procedures, and regulations, to ensure services provided through the Older Americans Act comply with these and other program requirements.

Appendix C: Intrastate Funding Formula

MONTANA – INTRASTATE FUNDING FORMULA

Section 305(a)(2)(C) and (D) of the OAA of 1965, as amended, requires Montana to:

(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 subchapter 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;

(D) submit its formula developed under subparagraph (C) to the Assistant Secretary for approval;

In accordance with this section, Montana formed an Intrastate Funding Formula task force consisting of four-Multi-County Area Agency Directors/Single County Directors, one member of the Governor's Advisory Council on Aging, Governor's Coordinator on Aging, representative of the Center of Gerontology and Aging Services Bureau staff (Legal Developer and two Aging Services Bureau staff)

The Formula has not changed from State Plan 2019-2023, though now utilizing the 2021 updated Census data as the most recent available. OAA budgets for FFYs 2024 through 2027 will be developed on an annual basis.

The Formula is used to determine the distribution of the following:

- Title III B (Supportive Services)
- Title III C1 (Congregate Meals)
- Title III C2 (Home Delivered Meals)
- Title III D (Preventive Health) (administration costs are not applied)
- Title III E (Family Caregivers)
- Title VII Elder Abuse Prevention

The Intrastate Funding Formula Taskforce determined that the following percentages of Title III-B funds would be mandated to meet the requirements of the Older Americans Act.

- Access Services -10% of each Area's total Title III-B program allocation.
- In-Home Services - 10% of each Area's total Title III-B program allocation.
- Legal Assistance - 4% of each Area's Title III-B program allocation.

Allocation of funding: Intra-State Funding Formula (70/20/10 Method)

The following is the procedure used by the Department of Public Health and Human Services' Aging Services Bureau in allocating Federal funds to the 10 Area Agencies on Aging for FY2024, FY2025, FY2026 and FY2027.

Funds are distributed to the ten AAAs on a State fiscal year. Projections are based off the final federal previous year awards and used by the AAAs to set an annual budget for their Planning and Service Area.

Prior to the distribution of funds:

1. SUA Administration Funds-up to \$750,000 is allowable and currently Montana is setting aside \$625,000.
2. Up to 4% of Title IIIB State Plan administration funds (where the combination of SUA Admin funds and this amount do not exceed the allowable \$750,000) are held back for the Legal Developer Program and AAAs have access to refer people to this service. Approximately half of the Title VII Elder Abuse funds are included to support the program.
3. Title IIIB funds are held back for the Ombudsman Program in the amount of \$293,027.
4. Program Base -\$6,363 each (\$63,630 in Total) for the ten (10) Area Agencies for III-B (Supportive Services) and III-C1 (Congregate Meals).
5. Rural Base -To recognize the cost of providing services in rural areas, a rural base was established by County population from the following chart:

60+ Co/Reservation Population	Class	III - B	III - C1	III - C2	III-D
0 - 100	A	\$2,000	\$2,000	\$ 500	\$ 50
101 - 500	B	3,000	3,000	1,000	100
501 - 2,000	C	6,000	6,000	1,500	150
2,001 - 5,000	D	7,500	7,500	2,000	200
5,000 +	E	8,500	8,500	2,500	250

6. Remaining Funds: After steps 4 and 5 above, the remaining funds are distributed through the following formula (factor and weights):
 - a. Individuals at or above the age of 60: 70%
 - b. Individuals at or above the age of 60 low income: 20%
 - c. Individuals at or above the age of 60 minority: 10%

Please see page 65 for the federal allocation chart with the updated census information.

For example, each county age 60+ total population divided by the 60+ state total = % of each factor (Age 60+, 60+ Low Income and 60+ Minority).

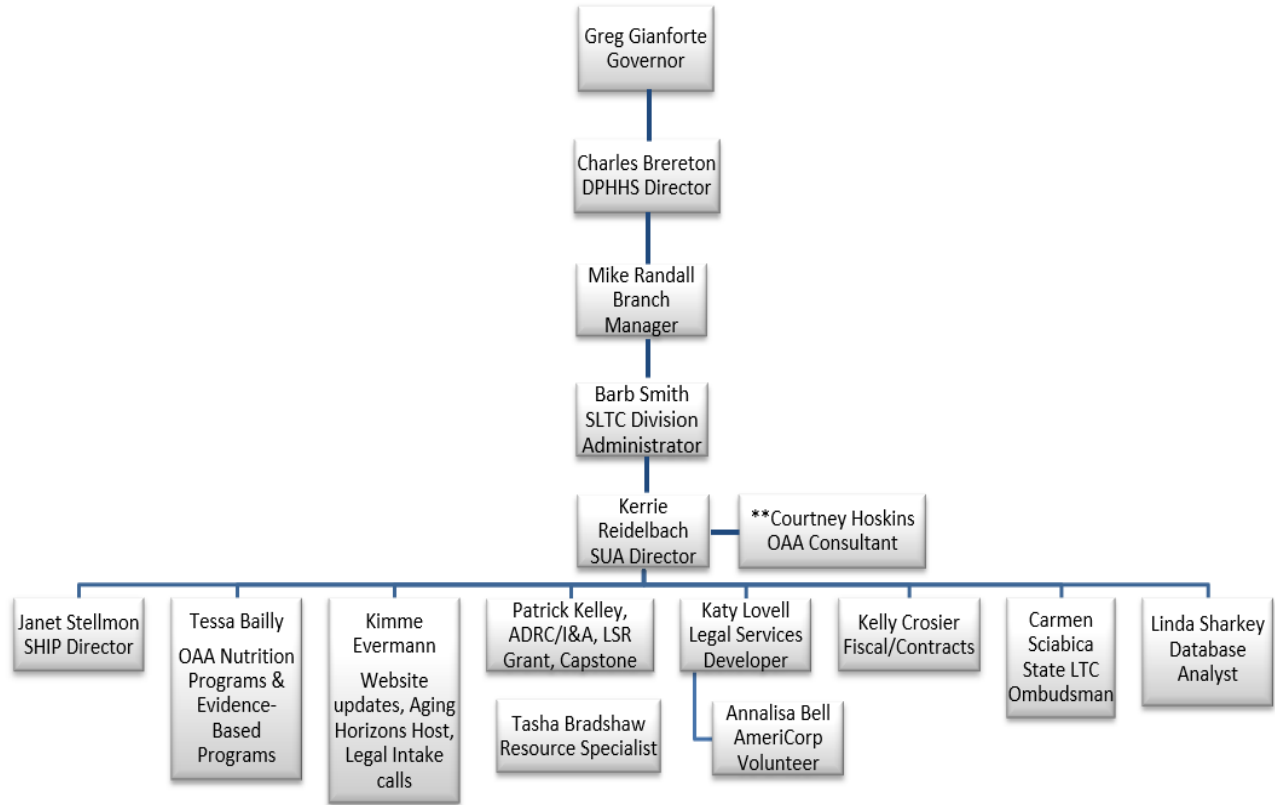
State total of Age 60+ multiplied by the % of each factor = dollar amount per county for each planning and service area.

7. Administration Funds – 10% of the allocated amounts for III-B and III-C1 funds are distributed on the 70/20/10 formula. Title III-C2, Title III-E and State Program Administration funds are distributed on a straight 10% of allowable funds.
 - a. An Administration Base of \$12,000 for each of the seven (7) multi-county/reservation Area Agencies and \$1,200 to the three (3) Single County Area Agencies for III-B (Social Services) and III-C1 (Congregate Meals).
8. The Ombudsman program is an area of focus and funds will be set aside specifically for them in addition to the mandated percentage requirements listed above. For Title III-B and Title VII Ombudsman funds, the allocation is based on the number of skilled nursing and assisted living facilities for each planning and service area. Effective, SFY24 the legislative session added additional state funding to the base for the Ombudsman program. A small portion of this new funding will be used to cover training costs and the remainder will be allocated based on the facility counts.
9. The State Unit on Aging (SUA) shall promptly and equitably disburse Nutrition Services Incentive Program (NSIP) funding. Such disbursements shall only be used by such recipients of grants or contracts to purchase domestically produced foods for their nutrition projects. NSIP is specifically for Home Delivered and Congregate Meals and can only be used to purchase American grown or produced foods. NSIP shall not be used for administration. Federal allocation for NSIP is based on the total number of NSIP eligible meals served statewide for the previous federal fiscal year. The State determines each area's NSIP allocation by the combined Congregate and Home Delivered Meal counts of eligible meals reported in Capstone (statewide database) for the previous federal fiscal year. Annually, AAAs can choose to participate in the USDA commodity program with cash or only take cash in lieu of commodities. If commodities are used, the total amount is taken off the top of the area's total allocation amount. The balance of this will be allocated over nine months (October to June). For projections, the SUA will use the final awards for the previous federal fiscal year for budgeting purposes.
10. With respect to services for older individuals residing in rural areas, the State will not allocate, nor can an Area Agency spend less than the amount expended for services in rural areas in fiscal year 2000.
11. Based upon FFY 2024 funding levels, the following allocation schedule identifies how funds will tentatively be allocated to the ten (10) Area Agencies on Aging for SFY 2024.

State Fiscal Year 2024 Projection Allocation											
Date: Projections - 6/21/2023											
Area Agencies	I	II	III	IV	V	VI	VII	VIII	IX	X	TOTALS
PROGRAM											
(Staff Training related to OAA programs, not to exceed 5% of the III-B fund amounts above without approval).											
III-B	211,941	280,011	119,301	211,577	121,371	144,904	150,836	86,107	105,040	33,132	1,464,221
III-B Local Ombudsman	29,109	53,740	12,689	36,573	20,899	13,435	23,884	0	17,167	0	207,496
III-B Subtotal	\$241,050	\$333,751	\$131,990	\$248,150	\$142,270	\$158,339	\$174,720	\$86,107	\$122,207	\$33,132	\$1,671,717
III-C1	\$292,015	\$437,368	\$167,419	\$339,926	\$178,699	\$226,143	\$252,323	\$142,828	\$176,834	\$46,084	\$2,259,637
III-C2	\$179,956	\$320,096	\$105,112	\$256,368	\$120,650	\$164,674	\$198,224	\$110,492	\$139,190	\$27,160	\$1,621,921
III-D	14,409	25,642	8,537	20,620	9,641	13,237	15,974	8,898	11,196	2,225	130,378
III-E	\$89,428	\$175,738	\$53,738	\$143,343	\$64,025	\$90,729	\$113,342	\$63,346	\$80,180	\$14,465	\$888,336
VII Ombudsman	14,050	25,939	6,124	17,653	10,087	6,845	11,168	0	8,286	0	100,152
VII - Elder Abuse	1,246	2,448	749	1,997	892	1,264	1,579	883	1,117	202	12,376
NSIP	104,497	150,181	74,449	105,849	90,840	62,752	135,686	58,146	63,114	26,610	872,124
TOTAL	\$936,653	\$1,471,163	\$548,118	\$1,133,906	\$617,104	\$723,981	\$903,015	\$470,699	\$602,125	\$149,877	\$7,556,641
SHIP-Grant Award 4/1/2022	38,429	75,517	23,092	61,596	27,513	38,988	48,705	27,221	34,455	6,216	381,730
MIPPA SHIP- Grant Award 9/1/2022	10,035	19,720	6,030	16,085	7,184	10,181	12,718	7,108	8,997	1,623	99,682
MIPPA ADRC	0	0	0	0	0	0	0	0	0	0	0
MIPPA AAA-Grant Award 9/1/2022	8,362	16,432	5,025	13,403	5,986	8,483	10,598	5,923	7,497	1,353	83,061
TOTAL	\$56,825	\$111,669	\$34,147	\$91,084	\$40,683	\$57,652	\$72,021	\$40,252	\$50,949	\$9,192	\$564,473
FEDERAL FUNDS ALLOCATION TOTALS	\$993,478	\$1,582,832	\$582,264	\$1,224,990	\$657,788	\$781,633	\$975,036	\$510,952	\$653,074	\$159,068	\$8,121,114
NEW STATE OMBUDSMAN (General Fund)	34,650	63,969	15,104	43,534	24,877	15,992	28,431	0	20,434	0	\$246,990
OMB REGIONAL (General Fund)	5,000	5,000			11,000						\$21,000
GENERAL FUND	\$920,298	\$1,284,507	\$533,198	\$820,623	\$606,740	\$581,331	\$660,693	\$367,232	\$444,593	\$232,341	\$6,451,556
AAA ADMIN											
III-B	(17,922)	(23,637)	(15,558)	(21,492)	(16,240)	(18,008)	(19,505)	(5,395)	(6,509)	(2,158)	(146,422)
III-C1	(25,929)	(39,372)	(20,370)	(34,326)	(21,972)	(26,132)	(29,654)	(11,067)	(13,689)	(3,453)	(225,964)
III-C2	(17,996)	(32,010)	(10,511)	(25,637)	(12,065)	(16,467)	(19,822)	(11,049)	(13,919)	(2,716)	(162,192)
III-E	(8,943)	(17,574)	(5,374)	(14,334)	(6,403)	(9,073)	(11,334)	(6,335)	(8,018)	(1,447)	(88,834)
TOTALS	\$70,789	\$112,592	\$51,813	\$95,789	\$56,679	\$69,680	\$80,375	\$33,845	\$42,135	\$9,773	\$623,412

2021 Census-5/23/2023	AGE 60+	LOW INCOME	MINORITY	Percentage	70% AGE 60+	20% LOW INCOME	10% MINORITY
STATE TOTAL	303,265	27,774	24,343	STATE TOTAL	100.00%	100.00%	100.00%
CARTER	521	84	7	CARTER	0.17%	0.30%	0.03%
CUSTER	3,349	360	105	CUSTER	1.10%	1.30%	0.43%
DANIELS	609	20	12	DANIELS	0.20%	0.07%	0.05%
DAWSON	2,526	198	51	DAWSON	0.83%	0.71%	0.21%
FALLON	805	75	18	FALLON	0.27%	0.27%	0.07%
FORT PECK	1,783	369	1,783	FORT PECK	0.59%	1.33%	7.32%
GARFIELD	373	22	7	GARFIELD	0.12%	0.08%	0.03%
MCCONE	623	39	5	MCCONE	0.21%	0.14%	0.02%
PHILLIPS	1,350	85	137	PHILLIPS	0.45%	0.31%	0.56%
POWDER RIVER	684	97	14	POWDER RIVER	0.23%	0.35%	0.06%
PRAIRIE	474	86	13	PRAIRIE	0.16%	0.31%	0.05%
RICHLAND	2,662	400	82	RICHLAND	0.88%	1.44%	0.34%
ROOSEVELT	1,889	265	825	ROOSEVELT	0.62%	0.95%	3.39%
ROSEBUD	1,927	437	420	ROSEBUD	0.64%	1.57%	1.73%
SHERIDAN	1,161	117	42	SHERIDAN	0.38%	0.42%	0.17%
TREASURE	307	30	12	TREASURE	0.10%	0.11%	0.05%
TURTLE MOUNTAIN	1,024	381	1,024	TURTLE MOUNTAIN	0.34%	1.37%	4.21%
VALLEY	2,418	222	170	VALLEY	0.80%	0.80%	0.70%
WIBAUX	326	40	6	WIBAUX	0.11%	0.14%	0.02%
AREA I TOTAL	24,811	3,327	4,733	AREA I TOTAL	8.18%	11.98%	19.44%
BIG HORN	2,530	399	1,195	BIG HORN	0.83%	1.44%	4.91%
CARBON	3,980	275	104	CARBON	1.31%	0.99%	0.43%
CROW	1,329	130	1,329	CROW	0.44%	0.47%	5.46%
FERGUS	3,793	474	124	FERGUS	1.25%	1.71%	0.51%
GOLDEN VALLEY	322	72	13	GOLDEN VALLEY	0.11%	0.26%	0.05%
JUDITH BASIN	780	127	15	JUDITH BASIN	0.26%	0.46%	0.06%
MUSSELSHELL	1,815	240	64	MUSSELSHELL	0.60%	0.86%	0.26%
NORTH CHEYENNE	510	160	510	NORTH CHEYENNE	0.17%	0.58%	2.10%
PETROLEUM	206	14	2	PETROLEUM	0.07%	0.05%	0.01%
STILLWATER	2,988	240	81	STILLWATER	0.99%	0.86%	0.33%
SWEET GRASS	1,334	60	34	SWEET GRASS	0.44%	0.22%	0.14%
WHEATLAND	720	125	37	WHEATLAND	0.24%	0.45%	0.15%
YELLOWSTONE	40,387	2,925	1,359	YELLOWSTONE	13.32%	10.53%	5.58%
AREA II TOTAL	60,694	5,241	4,867	AREA II TOTAL	20.01%	18.87%	19.99%
BLACKFEET	1,115	356	1,115	BLACKFEET	0.37%	1.28%	4.58%
BLAINE	1,566	225	574	BLAINE	0.52%	0.81%	2.36%
CHOUTEAU	1,810	177	168	CHOUTEAU	0.60%	0.64%	0.69%
FORT BELKNAP	460	145	460	FORTBELKNAP	0.15%	0.52%	1.89%
GLACIER	2,632	532	1,494	GLACIER	0.87%	1.92%	6.14%
LIBERTY	609	46	10	LIBERTY	0.20%	0.17%	0.04%
PONDERA	1,723	100	181	PONDERA	0.57%	0.36%	0.74%
TETON	1,865	134	70	TETON	0.61%	0.48%	0.29%
TOOLE	1,328	124	65	TOOLE	0.44%	0.45%	0.27%
AREA III TOTAL	13,108	1,839	4,137	AREA III TOTAL	4.32%	6.62%	16.99%
BROADWATER	2,358	140	71	BROADWATER	0.78%	0.50%	0.29%
GALLATIN	22,978	1,243	498	GALLATIN	7.58%	4.48%	2.05%
JEFFERSON	3,982	190	158	JEFFERSON	1.31%	0.68%	0.65%
LEWIS & CLARK	19,625	1,350	670	LEWIS & CLARK	6.47%	4.86%	2.75%
MEAGHER	783	113	22	MEAGHER	0.26%	0.41%	0.09%
PARK	5,739	692	161	PARK	1.89%	2.49%	0.66%
AREA IV TOTAL	55,465	3,728	1,580	AREA IV TOTAL	18.29%	13.42%	6.49%
BEAVERHEAD	2,973	283	96	BEAVERHEAD	0.98%	1.02%	0.39%
DEER LODGE	3,272	456	132	DEER LODGE	1.08%	1.64%	0.54%
GRANITE	1,379	113	52	GRANITE	0.45%	0.41%	0.21%
MADISON	3,508	257	84	MADISON	1.16%	0.93%	0.35%
POWELL	1,971	111	73	POWELL	0.65%	0.40%	0.30%
SILVER BOW	9,518	1,118	299	SILVER BOW	3.14%	4.03%	1.23%
AREA V TOTAL	22,621	2,338	736	AREA V TOTAL	7.46%	8.42%	3.02%
LAKE	9,991	1,094	1,574	LAKE	3.29%	3.94%	6.47%
LINCOLN	8,078	879	255	LINCOLN	2.66%	3.16%	1.05%
MINERAL	1,840	120	94	MINERAL	0.61%	0.43%	0.39%
SANDERS	5,492	535	294	SANDERS	1.81%	1.93%	1.21%
SALISH/KOOTENAI	1,491	820	1,491	SALISH/KOOTENAI	0.49%	2.95%	6.12%
AREA VI TOTAL	26,892	3,448	3,708	AREA VI TOTAL	8.87%	12.41%	15.23%
MISSOULA	26,933	1,782	1,023	MISSOULA	8.88%	6.42%	4.20%
RAVALLI	16,272	1,247	450	RAVALLI	5.37%	4.49%	1.85%
AREA VII TOTAL	43,205	3,029	1,473	AREA VII TOTAL	14.25%	10.91%	6.05%
CASCADE	22,028	2,127	1,253	CASCADE	7.26%	7.66%	5.15%
FLATHEAD	30,411	2,286	877	FLATHEAD	10.03%	8.23%	3.60%
HILL	3,576	279	525	HILL	1.18%	1.00%	2.16%
ROCKYBOY	454	132	454	ROCKYBOY	0.15%	0.48%	1.87%
AREA X TOTAL	4,030	411	979	AREA X TOTAL	1.33%	1.48%	4.02%
TOTALS	303,265	27,774	24,343				

Appendix D: DPHHS Organizational Chart



**Contract

Appendix E: List of Area Agencies on Aging in Montana

STATE UNIT ON AGING
PO Box 4210
HELENA, MONTANA 59624-4210
1-800-332-2272
406-444-4077

Area I Agency on Aging
Heather Handran, Director
Action for Eastern MONTANA
PO Box 1309 – 2030 N. Merrill
Glendive, MT 59330
406-345-2120 Fax: 377-3570
h.handran@aemt.org

Area II Agency on Aging
Marcy Brooke, Director
PO Box 127 – 1502 4th St. W.
Roundup, MT 59072-0127
406-323-1320 Fax: 323-3859
mbrooke@area2aging.org

Area III Agency on Aging
Sue Bender, Director
North Central AAA
311 S Virginia St Ste 2
Conrad, MT 59425-2335
406-271-7553 Fax: 271-2769
sbender@aoamt.org

Area IV Agency on Aging
Jim Marks, Director
PO Box 1717 – 1398 Warehouse Av E
Helena, MT 59624-1717
406-447-1680 Fax: 447-1629
jmarks@rmdc.net

Area V Agency on Aging
Joe Gilboy, Director
PO Box 459 – 2103 Harrison Ave
Butte, MT 59703
406-782-5555 Fax: 782-5662
jgilboy@swmads.org

Area VI Agency on Aging
Lori Thibodeau, Director
Western Montana AAA
110 Main Street Ste #5
Polson, MT 59860-2316
406-883-7284 Fax: 883-7363
LoriT@a6wm.onmicrosoft.com

Area VII Agency on Aging
Lisa Sheppard, Director
337 Stephens
Missoula, MT 59801
406-728-7682 Fax: 728-7687
lsheppard@missoulaagingservices.org

Area VIII Agency on Aging
Kimberliegh Thiel-Schaaf, Director
1801 Benefis Court
Great Falls, MT 59405
406-454-6990 Fax: 454-6991
kthiel-schaaf@cascadecountymt.gov

Area IX Agency on Aging
Carla Dymont, Director
40 11th ST W STE 100
Kalispell, MT 59901-5143
406-758-5730 Fax: 758-5732
cdymont@flathead.mt.gov

Area X Agency on Aging
Bill Lanier, Director
2 W Second Street
Havre, MT 59501-3434
406-265-5464 Fax: 265-3611
lanierw@hillcounty.us

Appendix F: Statewide Needs Assessment (CASOA™)

[StateofMontana2022CommunityAssessmentSurveyforOlderAdults-final-report.pdf \(Montana.gov\)](#)

Appendix G: Key Socio-Economic Demographics and Characteristics

https://dataportal.Montana.gov/t/DOC/views/CEIC_REMI_POPULATION_PROJECTION_COUNTY_AGE_RACE_SFE/AgePyramid?%3Aorigin=card_share_link&%3Aembed=y

Population Projection Regional Economic Models Incorporated (REMI)

2020
data release year



Trend

Age Pyramid

Change Map

Table

Population Projection - Age Pyramids

Scroll through Years

< 2023 >

Select Races

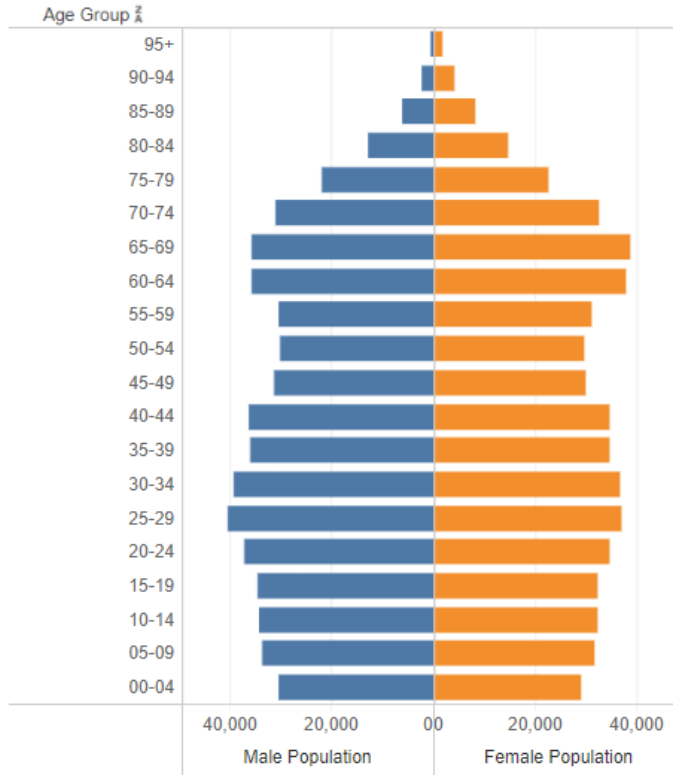
(All)

Select a County

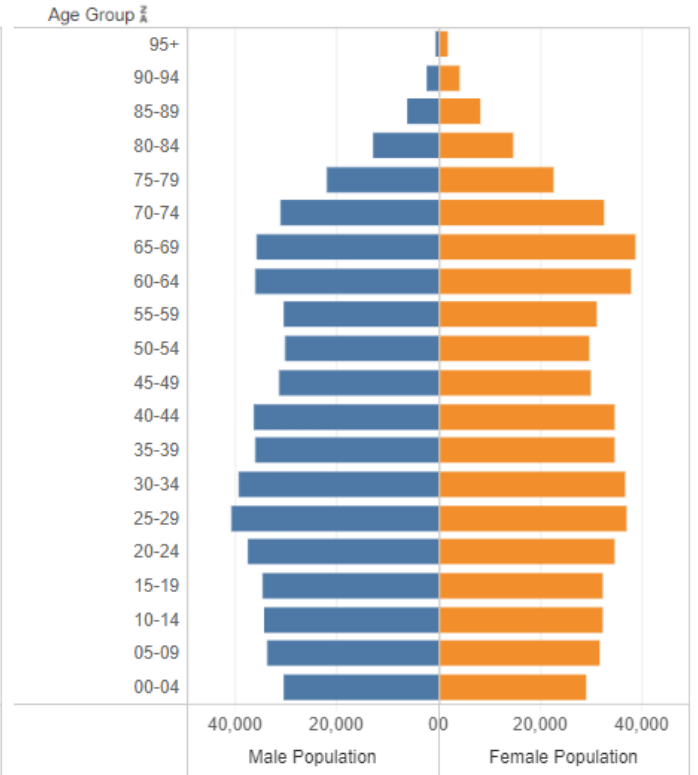
(All)

Age pyramids show the distribution of population by age group and gender. Explore the distribution of population change over time by scrolling through years.

State of Montana - 2023



All County - 2023



Data Source: eRemi Montana State and County Population Projection by Gender, Race and Age from Regional Economic Models Incorporated (REMI) compiled by Montana Department of Commerce.



Population Projection

Regional Economic Models Incorporated (REMI)

2020
data release year



Trend

Age Pyramid

Change Map

Table

Percentage Change in Population from 2020 to Future Target Year

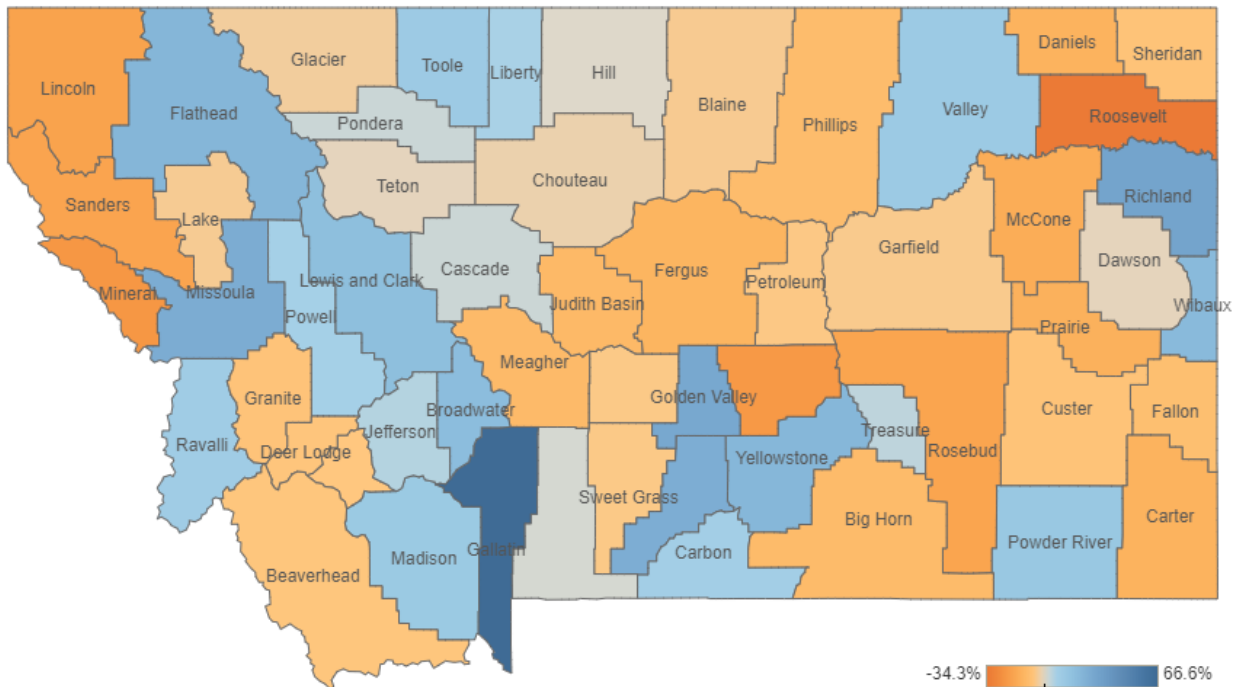
This map shows change in projected population from 2020 to a selected future target year. Select age ranges, genders, and race categories to customize the map. Hover over a county to explore detailed statistics.

Select Future Target Year
2040

Select Age Range
60 100

Select Genders
 Female
 Male

Select Races
 Black-NonHispanic
 Hispanic
 Other-NonHispanic
 White-NonHispanic



Data Source: eRemi Montana State and County Population Projection by Gender, Race and Age from Regional Economic Models Incorporated (REMI) compiled by Montana Department of Commerce.



[Workbook: CEIC REMI POPULATION PROJECTION COUNTY AGE RACE SFE \(Montana.gov\)](#)

Population Projection

Regional Economic Models Incorporated (REMI)

2020
data release year



Trend

Age Pyramid

Change Map

Table

Select Geography Levels

County
 State

Select Years

2023 2033

Select Age Range

60 100

Select Genders

Female
 Male

Select Races

Black-NonHispanic
 Hispanic
 Other-NonHispanic
 White-NonHispanic

	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
Montana	306,407	310,428	313,663	315,555	316,967	318,245	319,592	321,328	322,931	323,444	323,562

ⁱⁱ [Directory \(Montana.gov\)](#)

ⁱⁱⁱ Older Americans Act of 1965, as amended, Title III, Sec. 305

^{iv} Total Area Population:

Data Source: Decennial Census 2020 Redistricting Summary Files (PL94-171).

<https://data.census.gov/cedsci/table?q=P1&g=0400000US30%240500000&y=2020>

Projected Population 60+ years and Older by County:

"Data Source: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: April 1, 2020 to July 1, 2021 (CC-EST2021-ALLDATA), Population and Housing Units Estimates Program, U.S. Census Bureau.

<https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-detail.html>

<https://www2.census.gov/programs-surveys/popest/datasets/2020-2021/counties/asrh/cc-est2021-agesex-30.csv>"

African-America, Asian, Hispanic/Latino 60+ Population:

"Data Source: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: April 1, 2020 to July 1, 2021 (CC-EST2021-ALLDATA), Population and Housing Units Estimates Program, U.S. Census Bureau."

Poverty (low-income) 60+ and Minority 60+ Population:

Data Source: ACS Table B17020, B17020A, ... B17020G - Poverty status in the last 12 months by age. Notes: 1.

Minority includes African American, American Indian, Asian, Pacific Islander, Some Other Race, and Two or more races.

Limited English Proficiency 65+ Population:

ACS Table B16004 - Age by language spoken at home by ability to speak English for the population 65 years and over. 1) Data was only available for 65 and older; and 2) Speak English Now Well includes "Speak English Not Well" and "Speak English Not at All"

Individuals 65+ Living Alone, and Disabilities

Data Source: ACS Table DP02 - Selected Social Characteristics. Notes: 1) Data was only available for 65 and older; 2) Male and Female Living Alone 65 years and old were summed to create a total estimate.

Grandparents Raising Grandchildren 60+

"Data Source: ACS Table B10051 - Grandparents living with own grandchildren under 18 years by responsibility for own grandchildren by presence of parent of grandchildren and age of grandparent.

Veterans 65+ Population

"Data Source: ACS Table B21001 - Sex by age by veteran status for the civilian population 18 years and over. Notes:

1) Data was only available for 65 and older; 2) Male and Female Living Alone 65 years and old were summed to create a total estimate."

^v National Research Center at Polco. (2022). [Community Assessment Survey for Older Adults™ – State of Montana Survey Report of Results](#) August 2022. Middleton, WI

^{vi} As defined by State Unit on Aging Directors Letter #01-2021

^{vii} 307(a)(30)(C)