

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES
AGING SERVICES
SFY 2015-2018
AREA PLAN ON AGING APPLICATION
FOR
COEDD AAA # 5 Planning and Service Area

Counties Served: Hughes, Lincoln, Okfuskee, Pawnee, Payne,
Pottawatomie and Seminole

UNDER
THE OLDER AMERICANS ACT
SFY 2018 UPDATE

Applicant Agency COEDD Area Agency on Aging

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PART A

OVERVIEW OF NATIONAL AGING NETWORK

EXHIBIT 1. DECLARATION OF OBJECTIVES FOR OLDER AMERICANS

Section 101.

The Congress hereby finds and declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States, of the several States and their political subdivisions, and of Indian tribes to assist our older people to secure equal opportunity to the full and free enjoyment of the following objectives

- (1) An adequate income in retirement in accordance with the American standard of living.
- (2) The best possible physical and mental health which science can make available and without regard to economic status.
- (3) Obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.
- (4) Full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services.
- (5) Opportunity for employment with no discriminatory personnel practices because of age.
- (6) Retirement in health, honor, dignity—after years of contribution to the economy.
- (7) Participating in and contributing to meaningful activity within the widest range of civic, cultural, educational and training and recreational opportunities.
- (8) Efficient community services, including access to low cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older individuals.
- (9) Immediate benefit from proven research knowledge which can sustain and improve health and happiness.
- (10) Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

(42 U.S.C. 3001)

EXHIBIT 2. REAUTHORIZATION OF THE OLDER AMERICANS ACT

As Amended In 2006 (Public Law 109-365)

The [Older Americans Act Amendments of 2016](#) integrated the principal elements of AoA's modernization agenda into the core of the Act. The Act now authorizes all levels of the Network to actively promote the development of consumer-centered systems of long-term care and emphasizes the use of a three-pronged strategy for advancing systemic changes at the state and community level.

The 2016 OAA Act reauthorizes programs for FY 2017 through FY 2019. It includes provisions that aim to protect vulnerable elders by strengthening the Long-Term Care Ombudsman program and elder abuse screening and prevention efforts. It also promotes the delivery of evidence-based programs, such as falls prevention and chronic disease self-management programs.

Title I: Declaration of Objectives; Definitions

Title II: Administration on Aging

Title III: Grants for State and Community Programs on Aging

- Part A - General Provisions
- Part B - Supportive Services and Senior Centers
- Part C - Nutrition Services
 - Subpart 1 - Congregate Nutrition Services
 - Subpart 2 - Home Delivered Nutrition Services
- Part D - Disease Prevention and Health Promotion Services
- Part E - National Family Caregiver Support Program

Title IV: Training, Research, and Discretionary Projects and Programs

- Part A - Grant Programs
- Part B - General Provisions

Title V: Community Service Employment Program for Older Americans

Title VI: Grants for Native Americans

- Part A - Indian Program
- Part B - Native Hawaiian Program
- Part C - Native American Caregiver Support Program

Title VII: Vulnerable Elder Rights Protection Activities

- Subtitle A - State Provisions
 - Chapter 1 - General State Provisions
 - Chapter 2 - Ombudsman Programs
 - Chapter 3 - Prevention of Elder Abuse, Neglect, and Exploitation
 - Chapter 4 - State Legal Assistance Development Program
- Subtitle B - Native American Organization Provisions
- Subtitle C - General Provisions

EXHIBIT 3. NATIONAL AGING SERVICE NETWORK

Working in close partnership with its sister agencies in the U.S. Department of Health and Human Services, Administration for Community Living (ACL) is the official Federal agency dedicated to policy development, planning and the delivery of supportive home and community-based services to older adults, people with disabilities, and their families and caregivers. The ACL works through the national aging network of 56 State Units on Aging, 629 Area Agencies on Aging, 236 Tribal and Native organizations representing 300 American Indian and Alaska Native Tribal organizations, and two organizations serving Native Hawaiians, plus thousands of service providers, adult care centers, caregivers, and volunteers.

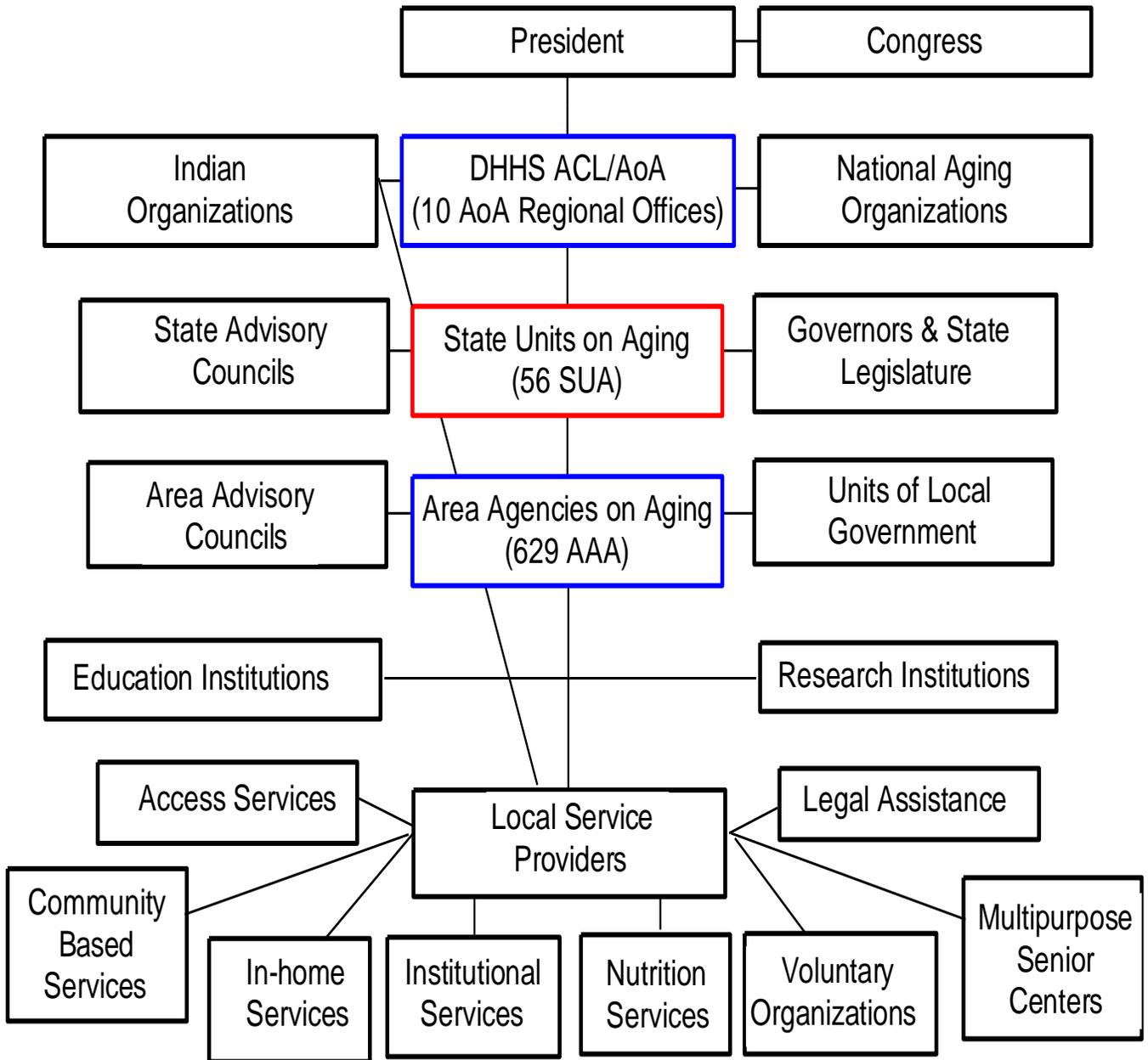


EXHIBIT 4. ACL ORGANIZATIONAL CHART (Text Version)

The [U.S. Administration for Community Living \(ACL\)](#) is led by the Administrator, who also serves as the Assistant Secretary for Aging. The Administrator is directly supported by the Principal Deputy Administrator. The following staff offices report directly to the Administrator:

- Office of External Affairs
- Office of Regional Operations, which includes ten offices located in various regions of the United States

ACL is comprised of the following units, which report directly to the Administrator:

- Administration on Aging
- Administration on Intellectual and Developmental Disabilities
- Center for Disability and Aging Policy
- Center for Management and Budget

The Administration on Aging is led by the Assistant Secretary for Aging, who is directly supported by the Deputy Assistant Secretary for Aging. Reporting directly to the Deputy Assistant Secretary for Aging are the following offices:

- Office of Supportive and Caregiver Services
- Office of Nutrition and Health Promotion Programs
- Office of Elder Rights Protection
- Office of American Indian, Alaskan Native and Native Hawaiian Programs
- Office of Long-Term Care Ombudsman Programs

Reporting directly to the Commissioner on Intellectual and Developmental Disabilities of the Administration on Intellectual and developmental Disabilities are the following offices:

- Office of Program Support
- Office of Innovation
- Office for the President's Committee for People with Intellectual Disabilities

Reporting directly to the Deputy Administrator of the Center for Disability and Aging Policy are the following offices:

- Office of Policy Analysis and Development
- Office of Performance and Evaluation
- Office of Integrated Programs

Reporting directly to the Deputy Administrator of the Center for Management and Budget are the following offices:

- Office of Budget and Finance
- Office of Administration and Personnel
- Office of Grants Management
- Office of Information Resources Management (Taken from ACL website www.acl.gov)

PART B

INTRODUCTION AND OVERVIEW OF PLANNING AND SERVICE AREA

EXHIBIT 5. AREA AGENCY ON AGING MISSION STATEMENT

The Mission of the COEDD Area Agency on Aging is to assist older persons in leading independent, meaningful, and dignified lives in their own homes and communities as long as possible.

In keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, elders living in the COEDD Area Agency on Aging planning and service area (PSA) are entitled to:

1. Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, fraud, and exploitation;
2. Retirement in health, honor, dignity - after years of contribution to the economy.
3. Participation in meaningful activity within the widest range of civic, cultural, education and training and recreational opportunities.
4. Efficient community services, including access to low-cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older individuals.
5. An adequate income in retirement in accordance with the American standard of living.
6. The best possible physical and mental health which science can make available, without regard to economic status, and immediate benefit from proven research knowledge that can sustain and improve health and happiness.
7. Obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.
8. A comprehensive array of in-home and community-based long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services.
9. Opportunity for employment with no discriminatory personnel practices because of age.

Toward this end, the COEDD Area Agency on Aging represents the voices of all seniors in the planning and service area, especially low income, minority, rural, isolated, and frail elderly citizens and their caregivers. The Agency safeguards the physical, mental, emotional, financial well-being of seniors and serves as the leader relative to all aging issues by advocating for the rights of older persons, increasing public awareness of information and resources for elders, and promoting the general health and wellness of older persons. The Area Agency represents aging concerns and needs—which are assessed annually—to elected officials as well as to service providers, older persons, and the general public. The Agency is the advocate for better service systems for older persons and proactively carries out its mission by planning and coordinating its efforts with service providers, advocacy groups, and public and private agencies and organizations.

EXHIBIT 6. PROCESS AND PLANNING FOR DEVELOPING THE AREA PLAN

COEDD AAA staff used the *“COEDD Area Agency on Aging 2015-2018 Needs Assessment for Senior Citizens’ Services”* survey (See Appendix 22) to determine the priority needs of seniors in the service area. The survey consisted of two parts; the first was a list of forty-two (42) items for the individuals to mark as “Very important”, “Somewhat important” or “Not very important” and the second part was twenty-three (23) direct questions designed to gather information on personal priority needs and demographics of the participants. The survey was presented to professionals and caregivers who work with the senior population daily and to the home-bound and congregate participants of Project H.E.A.R.T. and New Age’s twenty-nine (29) nutrition sites in all seven (7) counties of COEDD’s PSA. The surveys were reviewed and analyzed in order to determine the top five (5) priorities for the entire COEDD PSA. In addition, the surveys were tabulated for the top five (5) priorities for each of the seven (7) counties and all eight (8) lists are presented in Exhibit 11.

The COEDD AAA top five (5) priorities were compared to the ACL Strategic Plan for 2013 - 2018 and the lists were combined to develop the COEDD AAA’s Management Plan for SFY 2015 – 2018. The goals and objectives of the Management Plan include goals from the ACL Strategic Plan in order to work in conjunction with the Federal and State Goals and Objectives. The Management Plan for 2015-2018 with the goals and objectives are presented in Appendix 16.

Project reports and AIM reports for SFY-2016 are used to obtain the information for number of person to be served and units of service for each of the funded services. The Projected Aging Program Output numbers for SFY-2017 and SFY-2018, in Appendix 12, are a projection from the actual numbers in SFY-2016.

PART C

CONTEXT

EXHIBIT 7. ORGANIZATIONAL STRUCTURE

The COEDD Area Agency on Aging (AAA) was designated as an AAA in 1979. The COEDD AAA serves an area that is primarily rural. The AAA currently offers a wide range of services both directly and through contracts for persons 60 years of age and older. The AAA's largest contract's are for the delivery of the Senior Nutrition Program that serves congregate and home delivered meals at 27 nutrition sites in the seven county service area. A legal services project contracts to provide legal representation and education in four of the counties served by the AAA. The AAA has two Ombudsman Supervisors whose primary goal is to ensure the rights of persons who reside in institutional settings such as: nursing homes, assisted living facilities and residential care facilities. The Ombudsman Supervisors offer education to the residents and staff of nursing homes on the MFP (Money Follows the Person) program. The AAA has an Information and Assistance coordinator who assists older persons and their caregivers to locate and access services that promote independence. COEDD AAA has two direct service waivers to provide services directly to older persons. The first direct service waiver is the Caregiver Program that is currently administered by the AAA to assist caregivers in receiving respite care and to access services that will enhance their role as caregivers. The caregiver program also assists grandparents raising grandchildren with respite and access to services. The second direct service waiver is the Outreach Program, which assists older adults, age 60 and over, gain access to services and resources in their communities so they are able to age in place. The Department of Commerce provides state funding for the CENA program that helps independent senior centers provide life enriching services in many rural isolated parts of the AAA service area. The AAA also receives private funding from the Masonic Charity Foundation to assist persons age 55 and older with direct services. Some of the services provided by the Masonic funding are construction of wheelchair ramps, reconstructing doorways for wheelchair accessibility, converting a bathtub to a shower, eyeglasses, dentures and other health and safety needs.

The umbrella organization that houses the AAA has several programs that assist rural cities and towns. Programs and services offered include the rural fire defense program, GIS mapping services, housing, CDBG grant administration, economic development loans, transportation planning and administering the state funded REAP program.

EXHIBIT 8. DEMOGRAPHICS IN PLANNING AND SERVICE AREA

Source: <http://www.agid.acl.gov/DataFiles/> (data is the same as the FY-17 Area Plan Update)

The COEDD AAA planning and service area consists of seven counties, Hughes, Lincoln, Okfuskee, Pawnee, Payne, Pottawatomie and Seminole. According to *DHS OAC 340:105-10-3*, Pottawatomie County is considered an “Urban” county, but the other six counties are considered “Rural” counties. The total PSA population for age 60+ is 47,980. The largest minority population 60+ is the Native American population with 2,745 persons, followed by the African-American population 60+ with 1,057, and the Asian 60+ population is 214, with the Hispanic 60+ population at 406. Individuals living in poverty age 60+ are reported as 5,020, with the minority population living in poverty 60+ reported as 942 persons. A total of 34,105 people age 60+ live in rural isolated areas and 11,665 people age 60+ live alone. The Veteran age 60+ population is 11,705 and the Grandparents (age 55+) Raising Grandchildren population is 1,195. The PSA’s population of individuals with severe disabilities age 60+ is 4,730 and the total population of Individuals at risk of institutional placement age 60+ is 5915 (source: <http://www.agid.acl.gov/DataFiles/>). The Alzheimer’s Association has reported that 15% of the age 60+ population has dementia or Alzheimer’s; which is an estimated 7,197 individuals in COEDD’s PSA diagnosed with Alzheimer’s or related dementia.

Hughes County has a total population age 60+ of 3,160. The largest minority population 60+ is the Native American population with 345 persons, followed by the African-American population 60+ with 28, and the Asian 60+ population is 0, with the Hispanic population 60+ at 50. Individuals living in poverty age 60+ are reported as 435, with the minority population living in poverty 60+ reported as 110 persons. A total of 3,160 people age 60+ live in rural areas and 840 people age 60+ live alone. The Veteran age 60+ population is 665 and the Grandparents (age 55+) Raising Grandchildren population is 80. Hughes County’s population of individuals with severe disabilities age 60+ is 345 and the total population of Individuals at risk of institutional placement age 60+ is 440 (source: <http://www.agid.acl.gov/DataFiles/>). The Alzheimer’s Association has reported that 15% of the age 60+ population has dementia or Alzheimer’s; which is an estimated 474 individuals in Hughes County diagnosed with Alzheimer’s or related dementia.

Lincoln County has a total population age 60+ of 7,405. The largest minority population 60+ is the Native American population with 220 persons, followed by the African-American population 60+ with 165, and the Asian 60+ population is 4, with the Hispanic population 60+ at 39. Individuals living in poverty age 60+ are reported as 690, with the minority population living in poverty 60+ reported as 100 persons. A total of 7,405 people age 60+ live in rural areas and 1,685 people age 60+ live alone. The Veteran age 60+ population is 2,025 and the Grandparents (age 55+) Raising Grandchildren population is 250. Lincoln County’s population of individuals with severe disabilities age 60+ is 645 and the

total population of Individuals at risk of institutional placement age 60+ is 950 (source: <http://www.agid.acl.gov/DataFiles/>). The Alzheimer's Association has reported that 15% of the age 60+ population has dementia or Alzheimer's; which is an estimated 1,111 individuals in Lincoln County diagnosed with Alzheimer's or related dementia.

Okfuskee County has a total population age 60+ of 2,695. The largest minority population 60+ is the Native American population with 260 persons, followed by the African-American population 60+ with 220, and the Asian 60+ population is 4, with the Hispanic population 60+ at 25. Individuals living in poverty age 60+ are reported as 415, with the minority population living in poverty 60+ reported as 104 persons. A total of 2,695 people age 60+ live in rural areas and 585 people age 60+ live alone. The Veteran age 60+ population is 620 and the Grandparents (age 55+) Raising Grandchildren population is 60. Okfuskee County's population of individuals with severe disabilities age 60+ is 300 and the total population of Individuals at risk of institutional placement age 60+ is 385 (source: <http://www.agid.acl.gov/DataFiles/>). The Alzheimer's Association has reported that 15% of the age 60+ population has dementia or Alzheimer's; which is an estimated 404 individuals in Okfuskee County diagnosed with by Alzheimer's or related dementia.

Pawnee County has a total population age 60+ of 3,850. The largest minority population 60+ is the Native American population with 235 persons, followed by the African-American population 60+ with 39, and the Asian 60+ population is 10, with the Hispanic population 60+ at 28. Individuals living in poverty age 60+ are reported as 275, with the minority population living in poverty 60+ reported as 35 persons. A total of 3,850 people age 60+ live in rural areas and 905 people age 60+ live alone. The Veteran age 60+ population is 960 and the Grandparents (age 55+) Raising Grandchildren population is 70. Pawnee County's population of individuals with severe disabilities age 60+ is 435 and the total population of Individuals at risk of institutional placement age 60+ is 410 (source: <http://www.agid.acl.gov/DataFiles/>). The Alzheimer's Association has reported that 15% of the age 60+ population has dementia or Alzheimer's; which is an estimated 578 individuals in Pawnee County diagnosed with Alzheimer's or related dementia.

Payne County has a total population age 60+ of 11,340. The largest minority population 60+ is the Native American population with 245 persons, followed by the African-American population 60+ with 155, and the Asian 60+ population is 123, with the Hispanic population 60+ at 95. Individuals living in poverty age 60+ are reported as 905, with the minority population living in poverty 60+ reported as 24 persons. A total of 11,340 people age 60+ live in rural areas and 2,640 people age 60+ live alone. The Veteran age 60+ population is 2,825 and the Grandparents (age 55+) Raising Grandchildren population is 140. Payne County's population of individuals with severe disabilities age 60+ is 965 and the total population of Individuals at risk of institutional placement age 60+ is 1,145

(source: <http://www.agid.acl.gov/DataFiles/>). The Alzheimer's Association has reported that 15% of the age 60+ population has dementia or Alzheimer's; which is an estimated 1701 individuals in Payne County diagnosed with Alzheimer's or related dementia.

Pottawatomie County has a total population age 60+ of 13,875. The largest minority population 60+ is the Native American population with 825 persons, followed by the African-American population 60+ with 200, and the Asian 60+ population is 49, with the Hispanic population 60+ at 90. Individuals living in poverty age 60+ are reported as 1,480, with the minority population living in poverty 60+ reported as 300 persons. A reported 3,360 people age 60+ live alone. The Veteran age 60+ population is 3,410 and the Grandparents (age 55+) Raising Grandchildren population is 380. Pottawatomie County's population of individuals with severe disabilities age 60+ is 1,510 and the total population of Individuals at risk of institutional placement age 60+ is 1,575 (source: <http://www.agid.acl.gov/DataFiles/>). The Alzheimer's Association has reported that 15% of the age 60+ population has dementia or Alzheimer's; which is an estimated 2,081 individuals in Pottawatomie County diagnosed with Alzheimer's or related dementia. As reported previously Pottawatomie County is not considered rural, therefore there is not a count for age 60+ living in rural isolated area; however, AIM Report OKN506 reports 327 individuals age 60+ living in "rural" Pottawatomie county received AAA services in SFY-2016.

Seminole County has a total population age 60+ of 5,655. The largest minority population 60+ is the Native American population with 615 persons, followed by the African-American population 60+ with 250, and the Asian 60+ population is 24, with the Hispanic population 60+ at 74. Individuals living in poverty age 60+ are reported as 820, with the minority population living in poverty 60+ reported as 250 persons. A total of 5,655 people age 60+ live in rural areas and 1,650 people age 60+ live alone. The Veteran age 60+ population is 1,230 and the Grandparents (age 55+) Raising Grandchildren population is 215. Seminole County's population of individuals with severe disabilities age 60+ is 530 and the total population of Individuals at risk of institutional placement age 60+ is 1,010 (source: <http://www.agid.acl.gov/DataFiles/>). The Alzheimer's Association has reported that 15% of the age 60+ population has dementia or Alzheimer's; which is an estimated 848 individuals in Seminole County diagnosed with Alzheimer's or related dementia.

Pottawatomie County has the highest population in 5 of the categories with Poverty for 1480 people, Minority Poverty for 300 individuals, Severe Disabilities for 1510 individuals, Risk of Institutional Placement for 1575 individuals and persons with Alzheimer's/Dementia for 2081 individuals. Payne County had the largest population for Individuals Living in Isolated Rural areas with 11,340 individuals and Limited English Proficiency with 75 individuals. The largest number of Native Americans age 60 and over was in Hughes County with 345 individuals.

PART D

EVALUATIONS, NEEDS, GOALS, OBJECTIVES STRATEGIES AND OUTCOMES

EXHIBIT 9. EVALUATION OF CURRENT SERVICES

Project H.E.A.R.T., Inc. nutrition project and New Age Project, Inc. nutrition project used the Aging Services approved Consumer Satisfaction Surveys for Congregate meals, Home-delivered meals and New Age utilized the approved Transportation Survey for SFY-16.

1. Project H.E.A.R.T. – Nutrition

Years as OAA Title III Service Provider – 34

Status of Contract – Year 3 of 4 year Grant: SFY 2017 contract is signed and provider is in compliance.

There were 400 surveys distributed for congregate meal participants and 282 surveys distributed for home-delivered meal participants

Summary of Participant Satisfaction Surveys

Congregate Meals – In January 2016, 400 surveys were distributed and 379 participants responded, which is a 95% response rate. The surveys returned were completed by 66% females and 34% males, with 36% age 60-74, 40% age 75-84, and 20% age 85 or over. A total of 365 (96%) participants reported they ate at least 1 or 2 other meals on the days they had lunch at the nutrition site. When asked how many meals they ate a day on days they did not go to the nutrition site, 187 (49%) reported they ate 2 or less meals a day. A reported 64% were satisfied with the way the food smelled, 61% were satisfied with the way the food looked, 56% were satisfied with the way the food tasted, 57% were satisfied with the variety of foods and 68% reported the hot foods were hot and the cold foods were cold when they were served. When asked if they were treated in a friendly manner while at the site, 97% said “always”, when asked if they were treated with respect, 99% said “always”, and when asked if they felt welcome, 100% said “always”. Finally when asked if the services they receive at the meal program had helped them, 89% said they eat healthier food, 76% said they achieved and/or maintained a healthy weight, 47% say it had improved their health, 82% said they feel better, 94% said they see their friends more often and 89% said the meal program helped them to continue to live at home.

Home-delivered Meals – In January 2016, 282 surveys were distributed and 210 participants responded, which is a 75% response rate. The surveys returned were completed by 62% females and 38% males, with 34% age 60-74, 33% age 75-84, and 28% age 85 or over. A total of 196 (93%) participants reported they ate at least 1 or 2 other meals on the days they received a home-delivered meal.

When asked how many meals they ate a day on days they did not receive a home-delivered meal, 126 (61%) reported they ate 1 or 2 meals a day, with 2 (0.9%) not eating any other meal that day. A reported 68.5% were satisfied with the way the food looked, 58% were satisfied with the way the food tasted, 52.8% were satisfied with the variety of foods, 76% reported the hot foods were hot and the cold foods were cold when they were served, and 83.8% were satisfied with the way the meal was packaged. When asked if they were treated in a friendly manner when the meal arrived, 94% said “always”, when asked if they were treated respectfully, 86% said “always”. They were asked if they ate their meal right away and 65% responded “always” and 28% responded “sometimes”. Another question asked if the meals arrived at the time they were expected and 86.1% responded “always”. Finally when asked if the services they receive from the meal program had helped them, 87% said they eat healthier food, 65% said they achieved and/or maintained a healthy weight, 76% say it had improved their health, 75% said they feel better, and 88% said the meal program helped them to continue to live at home.

Nutrition Education – Project H.E.A.R.T. did not conduct a survey for Nutrition Education for SFY-2016 primarily because the distribution of the new Statewide Consumer Satisfaction Surveys did not include surveys for Nutrition Education. This was a misunderstanding and surveys for Nutrition Education will be conducted for SFY-2017.

Nutrition Counseling – Project H.E.A.R.T. did not have a grant for Nutrition counseling for SFY-2016, therefore were not required to conduct Consumer Satisfaction Surveys. Consumer Satisfaction Surveys for the required Nutrition Counseling service will be conducted for SFY-2017.

2. New Age Project – Nutrition

Years as OAA Title III Service Provider – 39

Status of Contract – Year 3 of 4 year Grant: SFY 2017 contract is signed and provider is in compliance.

There were 300 surveys distributed for congregate meal participants and 256 surveys distributed for home-delivered meal participants

Summary of Participant Satisfaction Surveys

Congregate Meals – In January 2016, 300 surveys were distributed and 256 participants responded, which is an 85% response rate. The surveys returned were completed by 59% females and 41% males, with 34% age 60-74, 41% age 75-84, and 18% age 85 or over. At various times, there were 26 (10%) participants that were unable to attend the nutrition site due to lack of transportation. A total of 228 (90%) participants reported they ate at least 1 or 2 other meals on the days they had lunch at the nutrition site and 5 (2%) said they did not eat any other meal. When asked how many meals they ate a day on the

days they did not go to the nutrition site, 124 (49%) reported they ate 1 or 2 meals a day. There was 1 (0.3%) person reported they ate zero (0) meals a day when they did not go to the meal site. A reported 71% were satisfied with the way the food smelled, 72% were satisfied with the way the food looked, 69% were satisfied with the way the food tasted, 68% were satisfied with the variety of foods and 77% reported the hot foods were hot and the cold foods were cold when they were served. When asked if they were treated in a friendly manner while at the site, 95% said “always”, when asked if they were treated with respect, 95% said “always”, and when asked if they felt welcome, 95% said “always”. Finally when asked if the services they receive at the meal program had helped them, 83% said they eat healthier food, 73% said they achieved and/or maintained a healthy weight, 68% say it had improved their health, 79% said they feel better, 95% said they see their friends more often and 78% said the meal program helped them to continue to live at home.

Home-delivered Meals – In January 2016, 200 surveys were distributed and 131 participants responded, which is a 66% response rate. The surveys returned were completed by 67% females and 33% males, with 35% age 60-74, 32% age 75-84, and 29% age 85 or over. A total of 107 (82%) participants reported they ate at least 1 or 2 other meals on the days they received a home-delivered meal and 2 (1.5%) reported they did not eat any other meal on the days they received a home-delivered-meal. When asked how many meals they ate a day on days they did not receive a home-delivered meal, 119 (91%) reported they ate 1, 2 or 3 meals a day. A reported 65% were satisfied with the way the food looked, 58% were satisfied with the way the food tasted, 65% were satisfied with the variety of foods, 80% reported the hot foods were hot and the cold foods were cold when they were served, and 83% were satisfied with the way the meal was packaged. When asked if they were treated in a friendly manner when the meal arrived, 92% said “always”, when asked if they were treated respectfully, 77% said “always”. They were asked if they ate their meal right away and 69% responded “always” and 17% responded “sometimes”. Another question asked if the meals arrived at the time they were expected and 85% responded “always”. Finally when asked if the services they receive from the meal program had helped them, 86% said they eat healthier food, 64% said they achieved and/or maintained a healthy weight, 66% said it had improved their health, 80% said they feel better, and 77% said the meal program helped them to continue to live at home.

Nutrition Education – New Age Project did not conduct a survey for Nutrition Education for SFY-2016 primarily because the distribution of the new Statewide Consumer Satisfaction Surveys did not include surveys for Nutrition Education. This was a misunderstanding and surveys for Nutrition Education will be conducted for SFY-2017.

Nutrition Counseling – New Age Project did not have a grant for Nutrition counseling for SFY-2016, therefore were not required to conduct Consumer

Satisfaction Surveys. Consumer Satisfaction Surveys for the required Nutrition Counseling service will be conducted for SFY-2017.

3. New Age Project – Transportation

Years as OAA Title III Service Provider – 39

Status of Contract – Year 3 of 4 year Grant: SFY 2017 contract is signed and provider is in compliance.

There were 30 Consumer Satisfaction Surveys for Transportation distributed.

Summary of Participant Satisfaction Surveys

Transportation – There were 30 Consumer Satisfaction Surveys for Transportation distributed in January 2016 and 22 surveys were completed for a response rate of 73%. The surveys returned were completed by 64% females and 36% males, with 64% age 60-74, 18% age 75-84, and 14% age 85 or over. When asked how much they relied on the transportation for local trips, 91% indicated they used it for all local trips or at least three-fourths of their local trips. There were 16 (73%) respondents that said the drivers were “always” on time to pick them up, the drivers were “always” polite, the vehicles were “always” easy to get in and out of and “always” comfortable. Also, 14 (64%) respondents replied since they started using the transportation, they were able to get out of their home more than they use to.

4. Legal Aid Services of Oklahoma – Legal Assistance and Legal Education

Years as OAA Title III Service Provider – 39

Status of Contract – Year 3 of 4 year Grant: SFY 2017 contract is signed and provider is in compliance.

There were 5 Client Satisfaction Surveys provided to clients and 5 surveys completed.

Summary of Client Satisfaction Surveys

The Legal Aid Client Satisfaction Surveys were distributed during SFY-2016. There were 5 Client Satisfaction surveys distributed and 5 Client Satisfaction Surveys returned and 80% of respondents reported the Legal Aid services had been “very useful” and 20% reported services had been “somewhat useful”. When asked if they had been treated courteously there was a 100% response of “yes”. Another question asked if they were satisfied with the quality of services and this question also received a 100% response of “yes”.

5. Senior Center of Shawnee – Health Promotion

Years as OAA Title III Service Provider – 3

Status of Contract – Year 1 of 1 year Grant: SFY 2017 contract is signed and provider is in compliance.

Summary of Participant Satisfaction Surveys

Tai Chi Working for Better Balance – There were 20 Consumer Satisfaction Surveys handed out during the Tai Chi classes in December 2015 and all 20 participants completed the Consumer Satisfaction Survey. Since starting the Tai Chi program, 50% of the participants indicated they had noticed improvement with getting up from the toilet. Also, 45% said there was improvement getting in and out of bed or chair, as well as walking without getting out of breath. In addition, 30% reported it was easier to get in and out of the tub/shower which makes taking a bath or shower less difficult, and 30% reported they had improvement in going up and down stairs. When asked if they were satisfied with the class, 95% percent replied “yes” and indicated they would recommend the class to others.

Enhance Fitness – There were 15 Consumer Satisfaction Surveys handed out during an Enhance Fitness class in December 2015 and all 15 participants completed the Consumer Satisfaction Survey. Since starting the Enhance Fitness program, a reported 60% of the participants indicated they had noticed improvement with getting in and out of bed or a chair, showed improvement in walking without getting short of breath, and getting up from the toilet. Also 53% of the participants indicated they could now go up and down stairs easier, as well as getting in and out of the bathtub/shower which helps taking a bath or shower easier. When the participants were asked if they were satisfied with the class, 87% replied yes, but 100% indicated they would recommend the class to others.

Other COEDD AAA Program/Services Consumer Satisfaction Survey Results:

Caregiver Respite Program – SFY-16 was the 5th year for the COEDD Caregiver Program Direct Service Waiver. Satisfaction surveys were mailed to a random selection of participants of the Caregiver Respite program utilizing the AIM OKC118 Report. A total of 18 Caregiver Respite surveys were returned for a response rate of 75%. One question asked if the Caregiver Coordinator was helpful, professional and friendly and the response was 100% “Yes”. In response to the question asking their overall satisfaction of the respite program, 100% rated the program as “Excellent”. The participants were asked, if receiving the respite vouchers had provided more time for personal activities and 100% answered “Yes”. The participants were also asked; if using the vouchers helped them to feel less stressed and 100% of the respondents answered “Yes”. When asked if they would recommend the program to other people, there were 2 surveys that did not have an answer marked, which left 16 responses to the question and all 16 respondents answered “Yes” for a 100% response rate. The caregivers that participated in the survey had been caring for their loved ones anywhere from 3 months to 16 years, with 7 caregivers caring for someone 5 to 16 years.

Grandparents Raising Grandchildren Respite Program – The Consumer Satisfaction Surveys for Grandparent Raising Grandchildren Respite Program SFY-16 were extremely favorable. A total of 6 surveys were mailed to the 6

participants of the Grandparent Raising Grandchildren. All 6 clients returned the completed survey for a 100% response rate. One question asked if the Caregiver Coordinator was helpful, professional and friendly and the response was 100% "Yes". In response to the question asking their overall satisfaction of the respite program, 100% rated the program as "Excellent". The participants were asked, if receiving the respite vouchers had provided more time for personal activities and 100% answered "Yes". The participants were also asked; if using the vouchers helped them to feel less stressed and 100% of the respondents answered "Yes". When asked if they would recommend the program to other people, there was no response from one respondent but the other 5 respondents answered "Yes" for a 100% response rate. The Grandparents that participated in the survey had been caring for grandchildren or great grandchildren anywhere from 2 years to 10 years.

Caregiver Access to Assistance – The Access to Assistance survey for SFY-16 was sent to 3 participants, and COEDD received only 1 completed survey for a 33.3% response rate. The 1 respondent was satisfied with their experience with COEDD AAA and reported they received the information or services they requested. They rated their overall experience with the Caregiver Coordinator as "Excellent" and indicated they would call COEDD AAA again for additional assistance in the future.

COEDD Outreach Program – SFY-16 was the initial year for a Direct Service Waiver for the COEDD Outreach Program. The SFY-16 Consumer Satisfaction survey was administered by telephone to a random list of Outreach clients that was pulled from the AIM OKC118 report. A total of 72 calls were completed and there was only 1 refusal to answer the survey, which left 71 completed surveys for the representative sample. The sample included 30 clients from Lincoln County, 21 clients from Payne County, 6 clients from Pottawatomie County, 5 clients from Seminole County and 4 clients each from Okfuskee and Hughes Counties and 1 client from Pawnee County. Of the 71 participants there were 38 (54%) female respondents and 33 (46%) male respondents. The respondents were grouped in four age groups and the largest age group was 75-84 years of age with 33 (47%) respondents, followed by the age group of 60-74 with 22 (31%), then the group age 85 and over with 15 (21%) respondents and finally the under 60 age group with 1 (<1%). The respondents were asked if they had left a message for Outreach and if the call was returned in a timely manner, 100% answered "Yes" and 100% responded "Yes" that the Outreach staff identified them self when they arrived at the client's home. The respondents were asked if the Outreach staff arrived on time and 100% responded "Yes", as well as 100% responded "Yes" to the question that asked if the Outreach staff was courteous and understanding of their needs. In addition, 100% responded "Yes" to the question asking if the Outreach staff provided the information for the services they needed. When the clients were asked if they had needs Outreach was unable to help with, 100% answered "No". A question was asked if the clients

could have found the help they needed without Outreach and 41 (58%) said answered “No” and 30 (42%) said “Yes” they could have.

Information and Assistance – The Consumer Satisfaction surveys were mailed out in May 2016. A total of 72 surveys were mailed to a random selection of COEDD AAA I&A clients, with a total of 30 completed surveys returned for a response rate of 42%. Consumer Satisfaction Surveys indicate that 100% of respondents surveyed received the information they requested and 97% reported they received the service they wanted. It was reported that 100% of the respondents were treated in a friendly and professional manner. A question was asked if the person would refer another person to COEDD and the response was 100% “Yes”.

EXHIBIT 10. IDENTIFIED PRIORITY NEEDS

The COEDD AAA 2015-2018 Survey was administered beginning July 22, 2013 and the last tally concluded on October 10, 2013. A total of thirteen hundred and sixty-eight (1,368) copies of the six (6) page survey were printed and distributed to Project Heart and New Age Project administrative staff, nutrition sites congregate meal and homebound meal participants, the COEDD AAA Advisory Council members and to other individuals working with older adults or people with disabilities; such as senior center staff, home health personnel, RSVP staff and formal or informal caregivers. Every participant had an equal chance to complete the survey and provide their information anonymously. Eight hundred and sixty five (865) surveys were counted for a final tally. Sixty-three and twenty-three hundreds percent (63.23%) of the total surveys were countable. A countable survey is one that has all six (6) pages complete; the remaining surveys were either not returned or uncountable. The Survey included forty-two (42) ordinal scale questions ranking from “Very Important”, “Somewhat Important”, and “Not Very Important”. There were an additional twenty-three (23) questions which included questions that asked the person to check all that apply, check Yes or No, or “Fill in” answers which allowed the respondents to state their own priority issues. Names were omitted for confidentiality and anonymity but, personal data such as gender, age range, race, ethnicity, living situation and household income were asked for generating statistical analysis concerning mandated special targeting. Priority rankings were derived by dividing the total tallies in each category by the total sum of each category giving a final percentage for priority ranking.

COEDD AAA identified the Top Five Priorities from the survey and has presented them in two separate lists, the first is the entire COEDD AAA PSA and the second list is by each county in the COEDD AAA PSA. The survey also allowed COEDD AAA to identify gaps in service in each county along with using information gathered by the COEDD AAA I&A. The identified gaps in services are the following: financial assistance, locating affordable private pay in-home caregivers/workers, major home repairs, transportation to medical appointments, utility assistance and affordable insurance for people under 65.

Top Five Priority Needs in the COEDD Seven County Project Service Area

1. Congregate Meal Availability – 72.95%
2. Maintaining My Personal Independence – 71.33%
3. Homebound Meal Delivery – 69.71%
4. Cost of Food – 67.86%
5. Maintaining a Healthy Diet – 67.17%

Top Five Priorities by Counties

Hughes County

(221 surveys distributed -166 surveys returned)

1. Congregate meal availability – 87.35%
2. Cost of Medicine – 81.33%
3. Cost of Food – 78.31%
4. Help buying glasses, dentures & hearing aids – 76.51% and homebound meal delivery – 76.51%
5. Availability of in-home care – 75.30%

Okfuskee County

(173 surveys distributed -107 surveys returned)

1. Congregate meal availability – 73.83%
2. Maintaining personal independence – 70.09%
3. Availability of hospital care – 64.49%
4. Homebound meal delivery – 61.68% and Availability of in-home care -61.68%
5. Quality nursing home care – 60.75% and Cost of medicine – 60.75% and Cost of hospital care – 60.75%

Seminole County

(232 surveys distributed -116 surveys returned)

1. Availability of hospital care – 70.69% and Cost of food – 70.69%
2. Homebound meal delivery – 68.97% and Cost medicine – 68.97% and Cost of hospital care – 68.97%
3. Availability of in-home care – 68.10%
4. Maintaining personal independence – 66.38%
5. Preventing identity theft and other frauds – 62.93%

Payne County

(186 surveys distributed -97 surveys returned)

1. Maintaining a healthy diet – 75.82%
2. Availability of hospital care – 74.73%
3. Maintaining personal independence – 70.33% and Cost of hospital care – 70.33%
4. Cost of medicine – 68.13%
5. Availability of in-home care – 67.03%

Pottawatomie County

(303 surveys distributed -209 surveys returned)

1. Congregate meal availability – 74.64%
2. Homebound meal delivery – 70.81%
3. Maintaining a healthy diet – 67.46% and Cost of food – 67.46%
4. Maintaining personal independence – 66.99%
5. Cost of medicine – 65.07%

Lincoln County

(213 surveys distributed -144 surveys returned)

1. Maintaining personal independence – 78.47%
2. Homebound meal delivery – 70.14% and Preventing identity theft and other frauds – 70.14%
3. Congregate meal availability – 68.75%
4. Maintaining a healthy diet – 65.97%
5. Cost of hospital care – 64.58%

Pawnee County

(40 surveys distributed -32 surveys returned)

1. Maintaining personal independence – 84.38% and Maintaining a healthy diet – 84.38% and Preventing Identity theft and other frauds – 84.38%
2. Congregate meal availability – 78.13% and availability of hospital care – 78.13% and Cost of hospital care – 78.13%
3. Cost of food – 75.00% and cost of in-home care 75.00%
4. Availability of in-home care – 71.88% and Quality of nursing home care – 71.88% and Legislative voice for seniors – 71.88%
5. Free legal assistance for seniors – 68.75% and Availability of physical therapy in the home – 68.75% and Maintaining mental wellness – 68.75%

According to the 2015-2018 Survey of COEDD PSA, a reported 40% of the respondents were familiar with COEDD AAA and 39% were familiar with the

Oklahoma DHS Aging Services Division. When asked how they found out about services for older adults in their area, 51% learn from friends, 35.1% get information from family, 28.4 % rely on the newspaper and 20% reported getting their information from COEDD AAA. A reported 1.73 % of the respondents indicated a Hispanic ethnic background.

There were 497 (57.5%) of the 865 respondents reported having problems or issues with their homes. Of the 497 reported problems, 36.8% need major repairs, 17.9% have problems with pests, 14.5 % say they can't afford their homes any longer and 13.9% report their home is too large. The remaining 17% of the respondents reported the house has stairs, they have had some flooding, or the landlord won't respond to their needs. When asked if they had to delay or do without personal needs, 17.1% responded eye care/glasses, 16.5% responded dental/dentures, 10% reported they did without or delayed obtaining prescription and 9% responded they delayed or did without hearing aids. COEDD AAA has the Masonic funding program that can help with health and safety issues.

When asked if they were employed, 85.8% of the respondents indicated they are not working and 9% reported they have part-time employment, and 21.9% of the participants have income below the National Poverty Level. Of the 865 respondents, 67.8% report they can still drive, 52% reported they lived alone, 33.9% reported they lived with a spouse, 6.8% reported they lived with a child, 5.8% reported they lived with a grandchild or other relative and 1.5% indicated living with friend or other. Out of the 865 surveyed 70.4% indicated they had voted in the last election. The females that participated in the survey doubled the number of males that participated in the survey; 66.9% were female and 33.1% were male. The following Chart 1, displays the race of the participants surveyed as 79.32% Caucasian/White, 5.9% Native American/Alaskan and 4.97% African American/Black, The remaining 9.83% identified themselves as Asian, Hawaiian/Pacific Islander or other, which was 2 or more races.

CHART 1

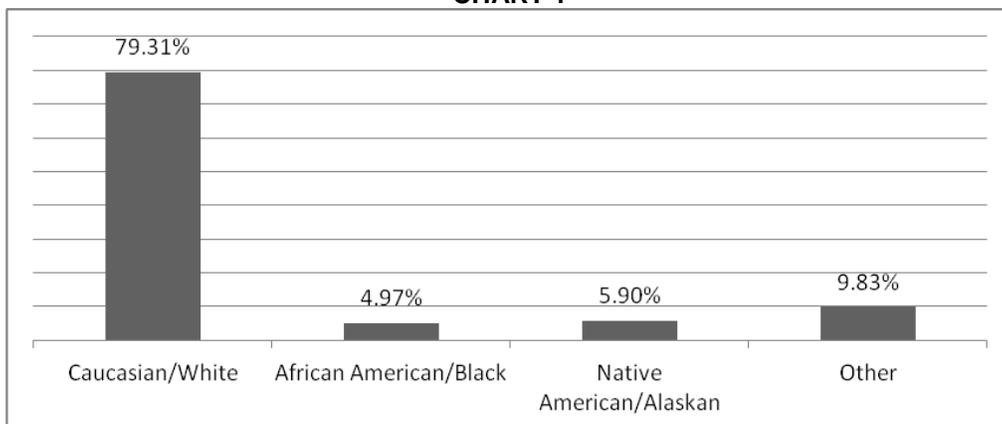
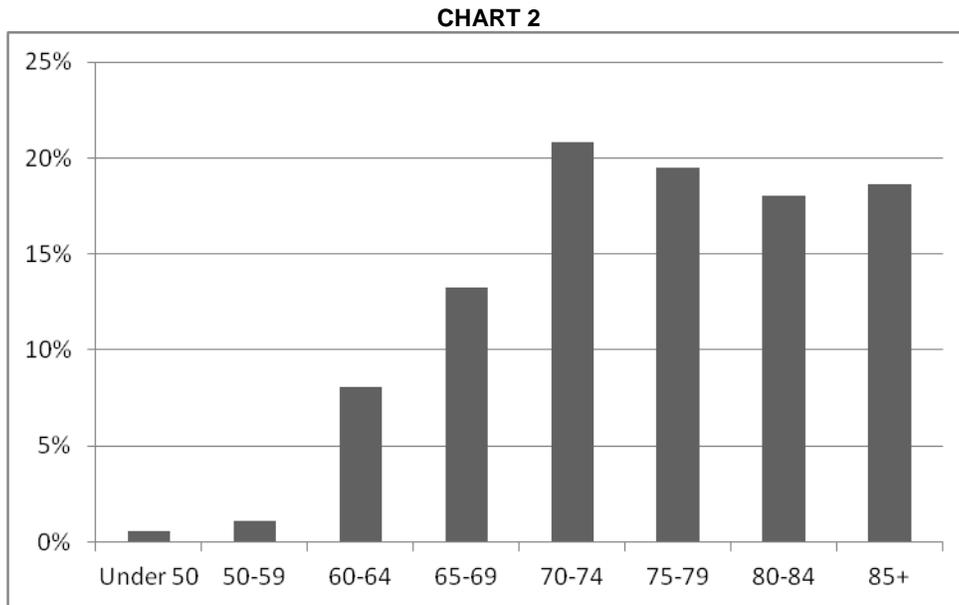


Chart 2 illustrates the age groups participating in the COEDD AAA SFY 2015 – 2018 survey. The two (2) largest age groups are ages 70-74 with 20.82% of the

participants and the second largest group are ages 75-79 with 18.73% of the participants



After analyzing and reviewing the findings of the COEDD AAA 2015-2018 survey it is found necessary to actively reach out to all the nutrition sites and Multi-purpose Senior Centers in order to provide them with the knowledge of the services offered by COEDD AAA. COEDD AAA developed the 2015-2018 Management Plan (See Appendix 16) as the guideline for continuously addressing the priorities and needs of the COEDD AAA service area. COEDD AAA's focus points will continue to be the 27 Title III Nutrition sites and the 51 Multi-purpose Senior Centers. The Senior Centers and Nutrition sites are not only a place for a nutritious meal, but they are a gathering place for socialization with their friends, a place to give support to each other, plus a place to receive and gain knowledge of resources in the PSA.

As COEDD AAA moves forward to SFY-2018, the focus will continue on the identified priority needs of the SFY 2015-2018 Area Plan. The Needs Assessment Survey indicated a need for more hospitals or better access to hospitals in the rural areas of COEDD AAA's service area, as well as the need for affordable medications. The COEDD AAA I&A has identified the need for transportation to medical appointments, rural transportation, and the need for affordable in-home caregivers as gaps in service in the COEDD PSA. Along with rural transportation and in-home caregivers, the COEDD AAA Outreach Program and Caregiver Program have identified the need for hot home-delivered meals in rural areas outside the nutrition sites' delivery boundaries and affordable homemaker services. COEDD AAA and the COEDD Outreach program will consciously make an effort to build better working relationships with area hospitals, home health agencies, local hospices, and county health departments in order to provide valuable information and options that may help with medical

care and concerns of the consumers in the AAA service area. Visits to the Nutrition sites, Multi-purpose Senior Centers and Health Fairs are primary locations for COEDD AAA staff to educate seniors about the many services and resources available in their area. Just as in the past 3 fiscal years, COEDD AAA will strive to meet and surpass the action steps for the goals and objectives of the SFY 2015-2018 Management Plan.

EXHIBIT 11. MANAGEMENT PLAN FORM FOR AAA GOALS AND OBJECTIVES

SFY 2015-2018

Management Plan for Area Agency on Aging Goals and Objectives

GOAL: #1 To advocate for the rights of older adults and people with disabilities.			OBJECTIVE: # 1 COEDD AAA will provide education, advocacy, technical assistance, and information to ensure the congregate and home-delivered meal programs remain a priority with elected officials.												
No.	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	
1.	COEDD AAA will invite the State Legislators from the PSA to attend the quarterly Advisory Council meetings twice each year 2015 through 2018.	2015	X						X						Director, Planner
		2016	X					X							
		2017	X					X							
		2018	X					X							
2.	Through press releases, COEDD will promote the congregate and home-delivered meal programs once yearly 2015 through 2018.	2015			X										I&A, Planner
		2016						X							
		2017								X					
		2018											X		

SFY 2015-2018

Management Plan for Area Agency on Aging Goals and Objectives

GOAL: #1 To advocate for the rights of older adults and people with disabilities.			OBJECTIVE: # 2 At least 1,000 older adults and people with disabilities will receive information regarding how to help maintain their independence.														
No.	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS		
			JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE			
1.	The AAA staff will provide information on the growth of the Aging Disability and Resource Consortium and Centers for Independent Living through newsletters and press releases once in 2015 and once in 2017.	2015 2017				X								X			I&A
2.	AAA staff will visit each of 29 Title III nutrition sites and make presentations on lifestyle changes that can help people maintain their independence once in 2016.	2016		X	X	X	X	X		X	X	X	X	X			Planner

SFY 2015-2018

Management Plan for Area Agency on Aging Goals and Objectives

GOAL: # 2 To empower older adults and people with disabilities to manage their own independence, well-being and health.				OBJECTIVE: # 1 COEDD AAA will document that at least 35 nutrition project staff and Outreach providers will receive ongoing information on existing and new programs offered to older adults and people with disabilities.											
No.	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	
1.	COEDD AAA will publish an updated resource directory for 2015 -2018 to be distributed to Title III and independent senior center staff in 2015 or as requested.	2015												X	I&A

SFY 2015-2018

Management Plan for Area Agency on Aging Goals and Objectives

GOAL: #2 To empower older adults and people with disabilities to manage their own independence, well-being and health.			OBJECTIVE: # 2 COEDD AAA will document that at least 1,000 older people, people with disabilities and their friends and families received information on how to maintain their independence, well-being and health.												
No.	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	
1.	Through newsletter articles and press releases, COEDD AAA will provide information on wellness programs to at least 250 people yearly 2015 through 2018.	2015 2016 2017 2018			X X X X										All AAA Staff
2.	COEDD AAA will host a “Healthy Aging Conference” in a central location within the PSA once during the 2015 through 2018 Area Plan cycle.	2018										X			Planner, I&A

*NOTE: “Healthy Aging Conference” was changed to FY-18 due to Budget cuts; referenced in Appendix 17, Public Hearing October 24, 2016.

SFY 2015-2018

Management Plan for Area Agency on Aging Goals and Objectives

GOAL: # 3 Ensure the rights of older adults and people with disabilities and create awareness of abuse, neglect and exploitation.			OBJECTIVE: # 1 At least 200 facility staff and consumers will receive information on residents' rights and abuse, neglect and exploitation once a year 2015 through 2018.													
No.	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS	
			JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE		
1.	AAA staff will provide two (2) trainings on residents' rights and abuse, neglect and exploitation to nursing students each year 2015 through 2018.	Twice yearly 2015 2016 2017 2018		X	X											Ombudsman Supervisors (2)
2.	AAA staff will present at least ten (10) programs on residents' rights to staff, residents and family in ten (10) long-term care facilities each year during 2015 through 2018.	2015 2016 2017 2018		X	X	X	X	X		X	X	X	X	X		Ombudsman Supervisors (2)

SFY 2015-2018

Management Plan for Area Agency on Aging Goals and Objectives

GOAL: # 3 Ensure the rights of older adults and people with disabilities and prevent their abuse, neglect and exploitation.			OBJECTIVE: # 2 Promote awareness of abuse, neglect and exploitation within the population of people with disabilities and older adults.												
No.	ACTION STEPS	DUE DATE	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			STAFF POSITIONS ASSIGNED ACTION STEPS
			JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	
1.	AAA staff will visit all the Title III nutrition sites in the PSA to make presentations on symptoms of abuse, exploitation and neglect of older adults and people with disabilities to at least 1,000 people during 2015.	2015		X	X	X	X	X		X	X	X	X	X	Planner
2	Through press releases and newsletters AAA will promote the awareness of abuse among older people and people with disabilities at least once a year in 2016 and 2018.	2016 2018			X						X				I&A, Planner

EXHIBIT 12. STRATEGIES FOR OUTCOMES

COEDD AAA has 2 Nutrition Projects, Project H.E.A.R.T., Inc. and New Age Project, Inc., that provide excellent service to the congregate participants and the homebound participants. Project H.E.A.R.T. serves Pottawatomie, Payne, Pawnee and Lincoln counties and New Age serves Hughes, Okfuskee and Seminole counties. Goals are set in the Scope of Work for each program and monitored by staff at AAA. The AAA Director and Planner meets with the Project Directors monthly to discuss any issues that may have developed. The Project Directors' discuss any changes in their program, such as site personnel changes, budget issues, or changes in the procedures of the program. In between the Project Director's meetings, the Project Director's will contact the COEDD AAA Director or Planner to discuss any change that may have occurred or if they need assistance with policy and procedure issues. The COEDD AAA Planner visits each meal site yearly and reports any deficiencies observed to the Project Director. The Project Director then addresses the issue with the site manager, corrects the problem, and reports back to COEDD AAA Planner. COEDD staff also conducts a Quarterly Assessment on projects; the 4 project assessments include Administration, Food and Nutrition Service, Goals and Services, and Financial. By maintaining close contact with the Projects and sites, COEDD AAA has developed an excellent partnership between the AAA and Nutrition Projects that result in quality services for all participants.

Project reports are submitted to COEDD AAA monthly and are compared with the AIM data. The monthly or quarterly reports are good indicators as to the progress the project is making towards their projected goals. If the goals are not met, the Projects are normally very close to meeting their goals by the end of the year. However, if it appears the goals set are not within the Projects' range, then the goals are adjusted for the next year to reflect the AAA's desired outcomes.

Project H.E.A.R.T.'s SFY-2017 Scope of Work goal for congregate meals is 100,000. The AIM OKN509 report, for the 1st Quarter SFY-17 between July 1, 2016 and September 30, 2016, reports Project HE.A.R.T. has served 22,858.00 congregate meals, which falls short by 2,142 units to meet the quarterly goal of 25,000 units for congregate meals. Project H.E.A.R.T.'s goal for Home-delivered meals is 57,250 units and the AIM OKN509 report for the 1st Quarter SFY-17 during July 1, 2016 and September 31, 2016 reports 15,903 meals served which is 1,507 units over the quarterly goal of 14,313 units for home-delivered meals. COEDD AAA will continue to monitor Project H.E.A.R.T.'s performance and determine if it will be necessary to adjust their goal due to the closing of two (2) nutrition sites, population shifts or budget issues.

The AIM OKN506 – Population Demographics of Persons Served report for the SFY-2016, indicates the four counties served by Project H.E.A.R.T., Lincoln, Pawnee, Payne and Pottawatomie, are serving the targeted populations of poverty, rural and living alone quite well. The targeted populations of Minority Poverty, African American, American Indian, Asian, Hispanic and Limited English are not well represented at the sites. These minority populations are a very minimal percentage of the counties and have been

difficult to locate. A total of 274 individuals at risk for institutionalization and people that are severely disabled are served well by Project H.E.A.R.T's home-delivered meal program with the exception of Pawnee County, which only has 1 Title III nutrition site and served 6 individuals that were severely disabled or at risk of institutionalization.

New Age's SFY-2017 Scope of Work goal for congregate meals is 95,000. The AIM OKN509 report, for the 1st Quarter FY-17 between July 1, 2016 and September 30, 2016, reports New Age Project has served 23,929 congregate meals, which exceed the quarterly goal of 23,700 units for congregate meals by 179 units. New Age's goal for Home-delivered meals is 48,760 units and the AIM OKN509 report for the 1st Quarter SFY-17 during July 1, 2016 and September 31, 2016 reports 12,981 meals served which is 791 units over the quarterly goal of 12,190 units for home-delivered meals. Even though New Age Project is currently reaching their goals, COEDD AAA will continue to monitor New Age's performance and determine if it will be necessary to adjust their goal due population shifts or budget issues.

New Age's SFY-2017 Scope of Work goal for Transportation is 7,000 UoS and 50 clients. The AIM OKN509 report for the 1st and 2nd quarter of SFY-17 reports New Age has provided 4,050 UoS, which is 550 UoS over the goal for the 1st half of SFY-2017. The number of clients served for the 1st and 2nd quarters was only 29, which is 4 over the goal for the 1st half of SFY-2017. At the end of SFY-2017, COEDD will determine if the goal for client's served should be adjusted. It appears that there are fewer people using the transportation; however, the clients may be using transportation more frequently.

The AIM OKN506 – Population Demographics of Persons Served report for the SFY-2016, indicates the three counties served by New Age, Hughes, Okfuskee and Seminole, are serving the targeted populations of poverty, rural, and living alone quite well. The targeted populations of Minority Poverty, African American, American Indian, Asian, Hispanic and Limited English are not well represented at the 15 sites, except for Okfuskee and Seminole counties which have served 71 African Americans and 81 Minority Poverty. The race and ethnic minority populations are a very minimal percentage of the counties and have been difficult to locate. A total of 246 individuals at risk for institutionalization and people that are severely disabled are served well by New Age's home-delivered meal program. As mentioned in Exhibit 13, many times the lack of services provided to individuals in this group are beyond the scope of the Title III services.

COEDD AAA has not been able to reach a large number of individuals Age 60+ in minority populations. According to the AIM database OKN506 report for SFY-2016, COEDD AAA service area had an African Americans 60+ population of 1,057 and served 129; COEDD AAA had an American Indian 60+ population of 2,745 and served 93; COEDD AAA reported an Asian 60+ population of 214 and served 5. The Hispanic population age 60+ was 406 in the COEDD AAA service area in SFY-2016 and only 14 received services. Exhibit 13 of the Area Plan Update mentions that Native Americans historically prefer to be served by their specific Title VI tribal services.

Many of the participants of the congregate lunch programs are very involved with the nutrition sites, especially in the smaller sites. The participants help the staff by having assigned daily duties, such as leading the Flag salute, saying grace, providing table service for the handicapped, cleaning tables, taking out trash and various other responsibilities. Many nutrition site participants refer to the nutrition site they attend as “my site”, by investing their time, money and dedication to their site. Many believe it is their job to make the site run efficiently. Also, most of the nutrition sites have numerous individuals or churches/organizations that deliver the home delivered meals on a daily basis. Both Project H.E.A.R.T. and New Age projects have an Advisory Council, and each nutrition site has a representative that attends the projects quarterly Advisory Council meetings.

According to monthly program reports provided by Legal Aid, their program always exceeds their goals and COEDD uses the same strategies for the program. Legal Aid delivers a monthly progress report to AAA staff and if there are any problems/issues they are discussed at that time. Legal Aid also has four (4) quarterly assessments during a fiscal year. COEDD AAA staff has normally conducted the assessments, but at the beginning of SFY-2014 the assessment process changed for Legal Aid. The Legal Aid program is assessed as a whole for the 1st and 2nd quarters and the COEDD AAA staff conducts the 3rd quarter. The 4th quarter, Financial Assessment, is conducted by a designated AAA. During the 1st Quarter of SFY-17, Legal Aid corporate office entered 124 units of Legal Assistance, which is 29% of their goal of 430 units of Legal Service. Also during the 1st Quarter of SFY-17 there were 4 units of Education entered into AIM, which falls short by 1 unit of the quarterly goal of 5 units of Education. COEDD is very appreciative and satisfied with the services provided by Legal Aid.

FEDERALLY REQUIRED FOCUS AREAS

EXHIBIT 13. OUTREACH NARRATIVE FOR TARGET POPULATIONS

Access (306)(a)(2)(A): **total \$110,178.97**

1. transportation; \$3,080.20
2. outreach; \$84,779.01
3. information and assistance;\$22,319.76
4. assisted transportation; \$
5. case management; \$0
6. health services, including mental health services; \$0

In-home (306)(a)(2)(B): **total \$0.00**

1. homemaker; \$0
2. chore;
3. personal care; \$0
4. home repair;

Legal (306)(a)(2)(C): **total \$22,894.40**

1. legal counseling and representation; \$20,644.40
2. community education on legal matters; \$2,250
3. information and assistance on legal matters;

The SFY-2015 Federal Title IIIB funds expended for priority services were obtained from the AIM OKP605 reports for the 12 month period of SFY-15, July 1, 2014 through June 30, 2015.

1 & 2. Assess the effectiveness and evaluation outreach methods used for the target populations in SFY-2017.

Outreach methods for Low Income/Poverty Minority 60+ were inter-agency referrals, press releases, and community presentations/network meetings. There was some success in working with low income service providers with posters and/or brochures that have been left at DHS offices, County Health Departments, Case managers at Hospitals and Nutrition Sites. There has been greater success with contacting Home health agencies and the COEDD AAA Title III nutrition sites and Independent senior centers in the 7 county service area.

Press releases, inter-agency referrals, fliers in store fronts, and referrals from nutrition site projects were used for individuals 60+ residing in isolated rural areas. These methods were successful due to the close knit communities where residents watch out for each other. In rural areas, the local post office is an excellent place to display posters on the community bulletin board, as well as the small town banks and churches.

Outreach methods for the American Indians 60+ were press releases and inter-agency referrals; however American Indians historically prefer to be served by their specific Title VI tribal services. During the first part of SFY-17, there has been limited response to common methods; however, a connection with the Pottawatomie Tribe and the Sac N Fox tribe through the COEDD AAA Advisory Council members has produced some referrals for services not covered by Title VI program.

There has been limited success with the outreach methods used for reaching Individuals 60+ at risk for institutional placement. The outreach methods have been press releases, community/network meetings and inter-agency referrals. In many cases, individuals in this group are beyond the scope of the Title III services.

The outreach methods used for Individuals with Alzheimer's disease 60+ were community/network meetings, press releases, and inter-agency referrals. There has been an improvement in reaching this target group through COEDD AAA connecting with the caregivers of patients' with Alzheimer's and Dementia through the bi-monthly Caregiver Support group and the Caregiver Respite program.

For the target population Limited English proficiency 60+ there were not any specific methods designated to reach the population due to the lack of a limited English speaking population in the COEDD AAA PSA. The normal outreach methods such as; brochures and fliers at DHS, the County Health Department and Doctor Offices will reach family and friends of the Limited English proficiency 60+ population.

3. Title III services determined to be the greatest areas of need of the mandated target population in the PSA.

The Title III services that are needed by the mandated target population of COEDD AAA are Transportation and affordable caregivers. Home-delivered meals are highly requested in the isolated rural areas (outside of the town boundaries), which are not available in the PSA except through Advantage. Outreach reports Homemaker services are highly requested, but there are limited affordable services available.

SFY- 2018

1. Title III services determined to be the greatest areas of need of the mandated target population in the PSA.

For SFY-2018, it has been determined the Title III services that are needed by the mandated target population of COEDD AAA will basically remain the same; Home-delivered meals, Transportation, affordable caregivers and home-maker services. Home-delivered meals in the isolated rural areas (outside of the town boundaries) are highly requested, but are not available in the PSA except through Advantage. There does not appear to be any solution that will enable the Title III programs the ability to provide Home-delivered meals and transportation to the isolated rural areas.

2. Identify methods used by outreach to identify new participants.

The Outreach team will continue to use every method possible to locate new clients in SFY-2018; such as presentations to all community organizations, ie, Kiwanis, Lions Club, Rotary clubs, Junior Service leagues and the local senior centers, They will continue to speak to church groups, home health agencies, hospice, discharge nurses at hospitals and rehabilitation centers, local health departments and DHS offices. Outreach will also continue to work with all the Native American tribes in the COEDD PSA. COEDD AAA has a Facebook page, as well as a website, that Outreach can utilize to reach people that do not know about the Outreach Program.

3. Identify the county with the highest mandated population.

According to Policy 340:105-10-38 (a): The Area Agency on Aging (AAA) takes a leadership role in assisting communities throughout the planning and service area (PSA) to target resources from all appropriate sources to meet the needs of older persons with greatest economic or social need, with particular attention to low income minority individuals. In addition to low income minority older persons, the groups of older persons targeted for special consideration under this Section include older: (1) persons residing in rural or isolated areas; (2) persons with severe disabilities; (3) persons with limited English proficiency; 4) persons at risk for institutional placement; (5) persons with Alzheimer's disease and related disorders with neurological and organic brain dysfunction and the caretakers of such persons; and (6) Native Americans.

Pottawatomie County has the highest population in 5 of the categories with Poverty for 1480 people, Minority Poverty for 300 individuals, Severe Disabilities for 1510 individuals, Risk of Institutional Placement for 1575 individuals and persons with Alzheimer's/Dementia for 2081 individuals. Payne County had the largest population for Individuals Living in Isolated Rural areas with 11,340 individuals and Limited English Proficiency with 75 individuals. The largest number of Native Americans age 60 and over was in Hughes County with 345 individuals.

For SFY-17, COEDD AAA obtained a Direct Service Waiver for the Outreach Program and the Outreach Team is diligently working to get information about services and resources to all the targeted populations. Outreach has had good success, especially in Payne and Pottawatomie counties. For SFY-16, the OKN509 AIM report indicates 594 units of service for 570 clients. Not only did Outreach complete intake assessments for 393 (62.6%) Title III clients, they also completed in-home intake assessments for 201 (33.9%) Non-Title III individuals needing other services, such as home repairs, wheelchair ramps, medical equipment, and other health related issues. The team is visiting all DHS offices, home health agencies, pharmacies, health departments, churches, Title III nutrition sites, Independent senior centers, funeral homes, hospitals (especially discharge nurses), attending health fairs, and conducting presentations at local community organizations. During SFY-16, the Outreach Manager began tracking the Title III and Non-Title III intakes and maintains the file in his office. During the 1st half of SFY-17, the Outreach Program has conducted 227 intakes with 174 (76.7%) and 53

(23.3%) Non-title III intakes. Beginning January SFY-17, the Outreach Program Report (S-19) will include the number of Title III intakes and the number of Non-Title III intakes.

PART E

EXHIBIT 14. VOLUNTEER PROGRAM NARRATIVE

1. Oklahoma's Value of a Volunteer Hour for the most recent year (2015): \$21.50 per hour.

Source: https://www.independentsector.org/volunteer_time

SFY 2015 - Unduplicated Volunteers & Unduplicated Volunteer Hours per AIM report OKN509

Project Name	Unduplicated Volunteers 1 st Quarter	Unduplicated Volunteer Hours 1 st Quarter	Unduplicated Volunteers 2 nd Quarter	Unduplicated Volunteer Hours 2 nd Quarter	Unduplicated Volunteers 3 rd Quarter	Unduplicated Volunteer Hours 3 rd Quarter	Unduplicated Volunteers 4 th Quarter	Unduplicated Volunteer Hours 4 th Quarter	
New Age, Project	142	2,282	149	2,480.75	139	2,482	144	2,269.5	9,514.25
Project H.E.A.R.T.	419	4,252	456	4,490	672	4,040	817	3,897	16,679
TOTAL	561	6,534	605	6,970.75	811	6,522	961	6,166.5	Total 26,193.25

SFY - Unduplicated Volunteers & Unduplicated Volunteer Hours per AIM report OKN509

2. Using the Oklahoma state "Value of a Volunteer Hour for \$21.50". The amount of income the AAA and its projects saved in SFY2016 utilizing volunteers is estimated to be approximately **\$563,154.88**.

SFY-2016: Volunteer recruitment continues to be very difficult to accomplish throughout the PSA. Volunteering is a personal choice and is motivated by a desire to serve the community. The main challenge is realizing that several groups/organizations are competing for the same volunteers. In fact many volunteers perform volunteer work for several organizations. Trying to locate those individuals with a desire to serve older persons has and will continue to be a huge undertaking. The AAA and projects are continually stressing the need for volunteers through several marketing efforts, such as press releases in the PSA and recruitment at local Health Fairs; unfortunately with limited results. Many current congregate participants are volunteers at their local nutrition site by wrapping silverware, assisting the disabled in getting their tray, they cleanup after the meal is consumed, and checking on participants who are absent and/or sick. However, with that being said, the largest need is delivering home bound meals on a continual basis. The current economy has had an enormous effect on locating new volunteers, as well as retaining current volunteers. One surprising realization is the larger communities are the most difficult to recruit volunteers with the smaller communities having better results.

SFY-2017: The COEDD AAA I&A sent out a press release to all the newspapers in the COEDD AAA, which discussed the need for volunteers at the congregate sites, as well as the need for volunteers to deliver meals. In the first half of SFY-2017, a total of 1557

volunteers have performed 10,903.5 hrs of service for both nutrition projects. The nutrition projects are always asking their site participants if they want to become a volunteer as well, as putting write-ups in local newspapers or fliers at churches and grocery stores. Church members have been very good to volunteer their time to deliver lunches to the homebound participants, especially in the smaller rural communities. COEDD AAA has a total of 73 volunteers performing duties such as, members of the Advisory Council or the COEDD Board of Directors and as Ombudsman volunteers.

SFY-2018: The need and search for volunteers will remain the same during SFY-2018. There are many people that would like to volunteer, but they say they don't really have time to do it during the 9-5 workday. This is probably due to individuals working well into their 70's, if their health is good.

Ombudsman Program–SFY-2016: The COEDD AAA Volunteer Ombudsman Program continues to maintain the program with 3 new volunteers receiving training and certification during SFY-2016. Currently there are 8 Volunteer Ombudsman assigned to 6 nursing homes and two 2 assisted living facilities throughout COEDD's AAA PSA. According to the State Ombudsman Office, over the past years there has been a constant decline in the number of Volunteer Ombudsman statewide. During SFY-2016, announcements for Ombudsman volunteers were sent via two (2) press releases sent to three (3) different county newspapers, and four (4) articles in COEDD AAA newsletters. The AAA offers trainings for the Ombudsman and mileage compensation to recruit and retain the volunteers.

SFY-2017 and SFY-2018: During the 4th Quarter of SFY- 2016 and the 1st and 2nd Quarters of SFY-2017, the Ombudsman program was operating with only one Ombudsman Supervisor, which is a tremendous job for one person. COEDD AAA currently has 2 fulltime Ombudsman Supervisors and this should allow more time for recruiting and training volunteers. Press releases expressing the need for volunteers are submitted to all local newspapers frequently and the Ombudsman Program is allotted at least one page in the quarterly newsletter for any information they want to place in the newsletter, which always contains an appeal for more volunteers. Quite often the Ombudsman have invitations to speak about their program to local organizations in the COEDD AAA seven county area, which provides an excellent opportunity to promote the need for volunteers. These practices will continue during SFY-2018, as well as attending Local Health Fairs and visiting with family and friends of residents at nursing homes and assisted living facilities. Facebook and the COEDD website will also be utilized to get the word out about the need for volunteers.

EXHIBIT 15. SERVICE DELIVERY NARRATIVE

Part I:

In SFY-2013, COEDD AAA began an in-house Caregiver Respite program using their Title III E National Caregiver Family Support Program funds. The direct Service Waiver Caregiver Respite program began August 2012 and is currently in its 5th year for SFY-2017. The program continues to grow each year and has become a highly requested and important program for COEDD AAA. The caregiver coordinator provides information to the caregivers concerning additional resources that may relieve the financial burden of caregiving. The program also provides respite for Grandparents Raising Grandchildren and Access Assistance. It is mandatory that COEDD AAA will spend no more than 10% of their Title III E National Caregiver Family Support Program funds on Grandparents Raising Grandchildren Services.

COEDD AAA was granted a Direct Service Waiver for an In-house Outreach Program for SFY-16 and again for SFY-2017. COEDD AAA was able to hire 4 staff members and train them in time to start the Outreach program in late July 2015. Currently, the Outreach Program is funded for 3 Outreach staff members for SFY-2017. The Outreach program is designed to reach older individuals, age 60+, in all seven counties in COEDD's PSA in order to connect them with services and resources in their communities that may help them age in place. Outreach services will continue to be an important focus because as state revenues decrease, alternate services are in greater demand. Outreach will need to be more concentrated on services that assist older persons during hard times, i.e. ADvantage, food stamps, LIHEAP and housing assistance. COEDD AAA will remain diligent in locating new or innovative resources for the Outreach Workers to utilize as they locate and assist older persons. Two new resources available to Outreach workers are the updated COEDD AAA website (www.coedd.net), which provides application forms for various services and COEDD AAA created a Facebook page that provides information on services, programs and upcoming events.

Moving towards SFY-2018, the COEDD AAA Ombudsman program will continue supporting the advocacy for the rights of older persons in Long-term care facilities, as well as assisted living communities. The COEDD AAA Ombudsman Program has two (2) Ombudsman Supervisors. The ombudsman program currently has 8 certified volunteers that service 2 assisted living facilities and 6 nursing facilities in COEDD's AAA PSA. The Ombudsman Supervisors have been successful in training and certifying 3 new Ombudsman in SFY-2016. The Ombudsman supervisors are providing COEDD AAA's service area with community education about nursing home patients' rights, abuse, neglect and exploitation through various means; such as, in-service programs at nursing facilities, health fairs, and presentations to various local community service organizations, churches, senior centers, as well as articles in COEDD AAA's newsletter, press releases and emails.

Part II:

COEDD AAA will continue to provide I&A services in the same manner as in previous years by providing older adults and people with disabilities and their caregivers with valuable information and resources to help the individuals maintain their independence. The AAA utilizes both a toll free 800 number and the statewide Senior Info-Line, which are two numbers that are well known throughout the PSA. During SFY-2017 and SFY-2018, the COEDD AAA I&A continues to be dedicated in promoting services and resources provided under Title III, as well as non Title III services. The COEDD AAA I&A is the OKAIRS vice-chair and also responsible for publishing the *Ageless Times*, the COEDD AAA newsletter quarterly. Before publication, all staff members attend a meeting to discuss what topics need to be addressed in the newsletter. Staff will contribute/write articles or provide important information for the newsletter. Attending community services and resources meeting, plus attending health fairs are a few of the activities the I&A utilizes to promote the services provided by COEDD AAA.

SFY-2017 Information and Assistance Scope of Work

1. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: Hughes, Lincoln, Okfuskee, Pawnee, Payne, Pottawatomie and Seminole			
II. NAME OF SERVICE: Information and Referral			
III. (A) \$ Unit Cost	(B) \$ Total Funding	(C) # Units	(D) Unduplicated Persons Served
\$31.59	28,433.20	900	900
IV. Formula used to calculate unit cost: Total funding divided by the total yearly units of service. (B) / (C) = (A) \$28,433.20 / 900 = \$31.59			
V. Show the breakdown of Total Funding for Service: Total funding includes Title III-B Access funding \$10,468 and Title III-B Supportive Services \$17,965.20			
VI. Activities to Meet the Scope of Work:			
1. AAA will market the I & A service and promote the Senior Info Line throughout the PSA via press releases and newsletter articles twice yearly			
2. AAA will collect data and input the findings into the NAPIS (AIM) system each month during the fiscal year.			
3. Survey program participants at least once during the grant year: a) assess satisfaction with services provided; b) determine unmet needs; and c) make needed corrections or adjustments.			

SFY-2017 Education/Information and Assistance Scope of Work

1. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: Hughes, Lincoln, Okfuskee, Pawnee, Payne, Pottawatomie and Seminole			
II. NAME OF SERVICE: Education/Information and Assistance			
III.			
(A) \$ Unit Cost	(B) \$ Total Funding	(C) # Units	(D) Unduplicated Persons Served
\$13.70	\$54.80	4	
IV. Formula used to calculate unit cost: Total funding divided by the total yearly units of service. (B) / (C) = (A) \$54.80/4 = \$13.70			
V. Show the breakdown of Total Funding for Service: Total funding from Title III-B Supportive Services \$54.80			
VI. Activities to Meet the Scope of Work:			
1. AAA will conduct educational presentations on the AAA and I&A services and promote the Senior Info Line throughout the PSA.			
2. AAA will collect data and input the findings into the NAPIS (AIM) system each month during the fiscal year.			
3. At least 20 percent of the I&A presentation attendees will be surveyed to: a) assess satisfaction with information provided; and b) determine unmet needs;			

SFY-2018 Information and Assistance Scope of Work

1. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: Hughes, Lincoln, Okfuskee, Pawnee, Payne, Pottawatomie and Seminole			
II. NAME OF SERVICE: Information and Referral			
III. (A) \$ Unit Cost	(B) \$ Total Funding	(C) # Units	(D) Unduplicated Persons Served
\$32.58	\$29,324	900	900
IV. Formula used to calculate unit cost: Total funding divided by the total yearly units of service. (B) / (C) = (A) \$29,324 / 900 = \$32.58			
V. Show the breakdown of Total Funding for Service: Total funding includes Title III-B Access funding \$20,526.80 and Title III-B Supportive Services \$8797.20			
VI. Activities to Meet the Scope of Work:			
1. AAA will market the I & A service and promote the Senior Info Line throughout the PSA via press releases and newsletter articles twice yearly			
2. AAA will collect data and input the findings into the NAPIS (AIM) system each month during the fiscal year.			
3. Survey program participants at least once during the grant year in order to: <ul style="list-style-type: none"> a) assess satisfaction with services provided; b) determine unmet needs; and c) make needed corrections or adjustments. 			

SFY-2018 Education/Information and Assistance Scope of Work

1. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: Hughes, Lincoln, Okfuskee, Pawnee, Payne, Pottawatomie and Seminole			
II. NAME OF SERVICE: Education/Information and Assistance			
III.			
(A) \$ Unit Cost	(B) \$ Total Funding	(C) # Units	(D) Unduplicated Persons Served
\$13.79	\$55.16	4	
IV. Formula used to calculate unit cost: Total funding divided by the total yearly units of service. (B) / (C) = (A) \$55.16 / 4 = \$13.79			
V. Show the breakdown of Total Funding for Service: Total funding from Title III-B Supportive Services \$55.16			
VI. Activities to Meet the Scope of Work:			
1. AAA will conduct educational presentations on the AAA and I&A services and promote the Senior Info Line throughout the PSA.			
2. AAA will collect data and input the findings into the NAPIS (AIM) system each month during the fiscal year.			
3. At least 20 percent of the I&A presentation attendees will be surveyed to: a) assess satisfaction with information provided; and b) determine unmet needs;			

Part III:

COEDD AAA's Health Promotion is provided by the Shawnee Senior Center and has been since SFY 2015. During SFY-2017, the Shawnee Senior Center will continue to provide *Tai Chi: Working for Better Balance* and *Enhance Fitness*, which are both Tier III highest level evidence based programs. *Enhance Fitness* has two (2) classes at the Shawnee Senior Center. There is a morning class and an evening class, with both classes being held three (3) times a week. The classes focus on low-impact aerobics, strength training, and balance, which all help the overall fitness of seniors and is beneficial to fall prevention. The *Tai Chi* program is held at the Shawnee Senior Center, the Asher Senior Center, and the Meeker Senior Center in Lincoln County. *Tai Chi* is a highly recognized program for fall prevention for older adults. Moving into SFY-2018, Shawnee Senior Center will continue the *Enhance Fitness* and *Tai Chi* classes and have plans to start a new *Tai Chi: Working for Better Balance* class at the Tecumseh Senior Center.

Part IV:

Services provided by COEDD AAA and Title III Projects

- Congregate Meals
- Home-delivered meals
- Transportation (Okfuskee, Seminole, Hughes counties)
- Nutrition Education
- Nutrition Counseling
- Outreach Services
- Caregiver Respite
- Grandparent Raising Grandchildren Respite
- Caregiver/Grandparent Access to Services
- Information and Assistance
- Ombudsman
- Health Promotion – *Enhance Fitness and Tai Chi: Working for Better Balance*
- Legal Aid Services
- Legal Aid Education

EXHIBIT 16. DISASTER PLAN/IMMUNIZATIONS

The COEDD Area Agency on Aging has updated the Area Disaster Plan for Calendar Year 2017 and will continue to update the Area Disaster Plan annually. Each year, prior to the submission of the Area Plan, the AAA updates the emergency phone numbers in the PSA and other pertinent information as needed. The purpose of the Area Disaster Plan is to provide information, resources, guidance, and coordination to support actions of the authorized disaster planning agencies which are taken to save lives, minimize damage, and maintain facilities to the health, safety, and welfare of the older citizens of COEDD AAA Service Area, comprised of Hughes, Lincoln, Okfuskee, Pawnee, Payne, Pottawatomie, and Seminole counties of Oklahoma. The Area Disaster Plan addresses: Weather related conditions, Capabilities and Limitations, AAA Responsibilities, Nutrition Project Responsibilities, and State of Oklahoma Hotline numbers. The Area Disaster Plan is located in the COEDD AAA office and is distributed to all Nutrition Projects and to Nutrition Sites when requested. During the COEDD AAA annual site assessment, the assessor locates the posted Emergency evacuations procedures, verifies that the fire and tornado drills are current, as well as the emergency numbers are available at each site.

COEDD AAA continues to promote coordinated efforts of immunizations of seniors particularly influenza and pneumonia, as well as the importance of having the shingles vaccination. Many towns in the COEDD AAA PSA were able to have flu shots available at the nutrition sites. COEDD utilized supportive information in the quarterly newsletter to stress the importance of getting vaccinations during the 2016-2017 flu season.

EXHIBIT 17. COORDINATION ACTIVITIES BETWEEN TITLE III AND TITLE VI

COEDD AAA has eight (8) Tribal Title VI programs in the PSA, which are Absentee Shawnee Tribe of Oklahoma, Citizen Pottawatomie Nation, Iowa Tribe, Kickapoo Tribe of Oklahoma, Muscogee Creek Nation, Pawnee Nation of Oklahoma, Sac and Fox of Oklahoma and Seminole Nation of Oklahoma (See Appendix 14 for additional information).

Over the years, COEDD AAA has been able to develop positive working relationships with many of the Title VI Tribal Services in the PSA. Currently there are four (4) Title VI representatives on the COEDD AAA Advisory Council, representing the Citizen Pottawatomie Nation, the Sac & Fox Nation, the Iowa Tribe of Oklahoma, and Muscogee Creek Nation

The Title VI programs in the COEDD AAA PSA have similar services to Title III services, and when possible COEDD AAA staff will refer a person, with tribal affiliation, to the Title VI program. Other situations occur when the Title VI program does not provide a service a person needs and they will refer the person to COEDD. The Masonic Assistance program has also been able to help tribal members with housing repairs. Title VI has a Caregiver Respite program and when they run out of funds, they will refer the person to the COEDD Caregiver program. COEDD AAA has funded Nutrition Projects to complete Nutrition Counseling; however when the COEDD AAA Outreach receive a referral for "Outreach services only" for a tribal member that scores a 6 or more on nutrition, the Outreach refers the person to a tribal dietician.

Whenever COEDD AAA is having a community event, the Title VI programs are invited to attend, and often the AAA will leave fliers or brochures about AAA services at the Tribal complexes. Upon invitation, AAA staff will travel to the tribal complexes for Medicare Presentations and also participate in Title VI Health Fairs.

Citizen Pottawatomie Nation and the Seminole Nation both provide public transit for the citizens in their service area, even if the person does not have tribal affiliation.

EXHIBIT 18. LONG RANGE PLAN

COEDD AAA long range plans are basically the dedication and determination to provide quality services to the older adults and people with disabilities in the AAA PSA. In order to accomplish this, COEDD AAA must continuously seek new and innovative programs to enhance the effectiveness of the current programs funded by Title III funds. As the young older adults start seeking information on services for themselves or parents, it seems apparent that we should deliver information through social media, such as Facebook or the internet. COEDD AAA has a website (coedd.net), which has recently been updated and most of COEDD's application forms are available online and available at the office. The Area Plan is also available on the Website. In SFY-2014, COEDD AAA developed a Facebook page that will allow us to post and quickly deliver information on events, programs and services. Facebook has been successful in educating individuals that were not aware of the AAA program. It has allowed the AAA to announce trainings and events that would not be seen by individuals who do not read the newspapers. Currently COEDD has 141 likes and has received several 5 star ratings. This information is also shared in press releases and the AAA newsletter. A good example is the Caregiver Respite program. Caregivers are so busy caring for their loved one that it is difficult to pick up a phone and call someone during the business day. The caregiver would benefit from the online help and social media that are accessible 24 hours a day. However, it is still extremely important for the AAA staff to continue providing information through phone services, because many people actually want to talk to a person, not a machine, in order to get the answers they want. The oldest Baby Boomers are turning 70 years old in 2016. It is not uncommon for the older Baby Boomers to use Social media, such as Facebook, Twitter and the Internet, to access information they need. The younger Baby Boomers, which are still working and maintain a healthy, active lifestyle are rapidly becoming caregivers to their parents and the current technology allows them access to information when they want it.

COEDD AAA held a Public Hearing on October 24, 2016 to revise the SFY-2015-2018 Management Plan to postpone a "Healthy Aging Conference" until SFY-2018, due to budget cuts for SFY-2017. The "Healthy Aging Conference" will cover many topics facing seniors, both young seniors and older seniors alike. The topics for the conference are still in the beginning stages, however mental health and dementia will be a primary focus.

The rapidly increasing older population has had a significant effect on services for people over 60, and this trend will only continue to grow over the next 25 years. According to AoA, in 2010, 12.4% of the U.S. population was age 60 and over, and this statistic is estimated to grow to 25.1% by 2040. COEDD AAA's vision is to maintain the quality services our projects provide with their limited funds. There is a critical need for increased funding for senior services that will correlate with the growth of the aging population. The legislators need to remain educated about the hardships older adults are facing and realize the budget needs to increase for aging services. COEDD AAA plans on advocating for the seniors by educating the legislators in the PSA in order to gain their support for increased funding for the older Americans.

Source: http://www.aoa.gov/Aging_Statistics/future_growth/future_growth.aspx#age

EXHIBIT 19. COMMERCIAL OR CONTRACTUAL ACTIVITIES

Disclose the identity of each entity with which the AAA has a contract or commercial relationship detailing the nature of the services being provided to older individuals per example below:

ENTITY SERVED SERVED	SERVICES	FUNDING SOURCE	COUNTY
Masonic Charity Foundation of Oklahoma	Senior health and safety needs	Private Funds	Hughes, Lincoln Okfuskee, Payne, Seminole Pottawatomie
CENA	Independent Senior Centers needs	State Funds	Hughes, Lincoln Okfuskee, Payne, Seminole Pottawatomie
OKDHS Aging Services Community Engagement	Medicare Assistance	Federal Funds	Hughes, Lincoln Okfuskee, Payne Seminole and Pottawatomie

Masonic Charity Foundation of Oklahoma assists individuals age 55 and over with financial assistance for health and safety issues. COEDD AAA uses the funds as a one-time service for a critical need when no other means of obtaining the service is available. Examples of services include eyeglasses, dentures and dental, minor home repairs, handicap ramps, and plumbing.

The Community Expansion of Nutritional Assistance (CENA) is a grant available to senior centers that are not receiving Oklahoma Older American Act funding. The Department of Commerce provides state funding for CENA which provides financial support for senior nutrition sites. The applications and funds for the CENA grant are administered through COEDD AAA.

OKDHS Aging Services Community Engagement provides funding to COEDD AAA to promote and assist with the Medicare Assistance Program (MAP), which encompasses both the Senior Health Counseling Program (SHIP), the Senior Medicare Patrol (SMP), and the Medicare Improvements for Patients and Providers Act (MIPPA). The funds are used by COEDD AAA staff to provide the following services; counseling, assistance and advocacy relating to Medicare, Medicare fraud, Medicare supplements, Medicare Advantage, long-term care, low income subsidy and other related health coverage plans

**Exhibit 20. SFY 2016-2017 (2nd Revision)
AREA PLAN BUDGET JUSTIFICATION**

COEDD AREA AGENCY ON AGING	
PERSONNEL	TOTAL
AAA DIRECTOR II John R. Shea (07-2-01 Anniversary) \$3,864.92/month X 12 months Full-time, 40 hours per week Longevity Pay \$1,500.00	\$47,879.00
AGING PLANNER Donna Keyes (2/1/10 Anniversary) \$2,160.67/month X12 months Full-time, 32 hours per week Longevity Pay \$626.00	\$26,555.00
OMBUDSMAN SUPERVISOR II Cynthia Lincoln (07-07-86 Anniversary) \$2,842.42/month X 12 months Full-time, 40 hours per week Longevity Pay \$2,800.00	\$36,909.00
OMBUDSMAN SUPERVISOR II Vacant (00-00-00 Anniversary) \$2,275.17/month X 12 months Full-time, 40 hours per week Longevity Pay - \$0	\$27,302.00
I & A SPECIALIST Kristi Tischer (10-21-09 Anniversary) \$2,391.50/month X 12months Full-Time, 40 hours per week Longevity Pay \$626.00	\$29,324.00
BOOKKEEPER II Floy Alexander (08/29/88Anniversary) \$521/mo X 12 months 20 hours per month Longevity Pay - \$0	\$6,250.00
Personnel Sub Total	\$174,219.00
Fringe Benefits (estimated actual)	\$61,608.00
TOTAL PERSONNEL/FRINGE	\$235,827.00

Exhibit 20. (continued)

COEDD AREA AGENCY ON AGING

SFY 16-17 BUDGET (2nd Revision)

Page 2

TRAVEL	
Staff ,Advisory Council Members, and Advisory Council Meeting Expense	\$3,000.00
Ombudsman (Staff and Volunteers)	\$5,000.00
	\$8,000.00
TOTAL TRAVEL	
EQUIPMENT	
	-0-
	-0-
TOTAL EQUIPMENT (computer)	
OTHER	
Printing	\$500.00
Postage	\$250.00
Supplies	\$500.00
Publications/Dues/Registrations	\$750.00
Rent	\$5,664.00
	\$7,664.00
TOTAL OTHER COST	
INDIRECT COSTS	
	\$57532.00

	TOTAL GRANT	GRANTEE	TOTAL
TOTAL AAA COSTS	\$278,435.00	\$30,588.00	\$309,023.00

Due to State Budget Cuts, COEDD has had to put in additional match in the amount of \$11,852.00 and reduced support staff (bookkeeper

FINANCIAL MANAGEMENT PLAN

EXHIBIT 22. SUMMARY OF PROCESS USED TO AWARD FUNDS

The COEDD Area Agency on Aging awards all Title III funds by grant or contract to community services provider agencies and organizations, for the purpose of developing or enhancing a comprehensive and coordinated community-based system of services for older persons in the planning and service area.

The AAA staff, advisory council, and board of directors follow the following procedures prior to awarding Title III funds;

- (1). COEDD AAA conducts a needs assessment in order to identify the priority needs in the PSA.
- (2). COEDD AAA evaluates the current services and identifies any gaps in service.
- (3). COEDD AAA establishes a funding formula that describes the systematic procedure to follow in allocating funds for services in the PSA.
- (4). COEDD AAA develops the request for proposal (RFP) packets for the Title III services. The packets include a RFP Application, RFP Timetable, RFP Evaluation Checklist and RFP Budget Forms.
- (5). COEDD AAA announces the availability of funds for the designated services required in the service area plus the date of the RFP conference at least 2 weeks prior to the RFP conference. The RFP announcements must be published in at least three (3) newspapers in the PSA.
- (6). COEDD AAA distributes the RFP packets to the potential grantees during the meeting and informs the potential grantees of the due date for grant submission. No grant applications will be accepted after the due date.
- (6) COEDD AAA reviews the proposals for required documents and provides technical assistance, as appropriate, to the potential grantees.
- (7) COEDD AAA rates each proposal using approved review criteria.
- (8) The COEDD AAA Advisory council evaluates and rates all proposals, and next the AAA Board of Directors reviews and evaluates all proposals. The AAA Board of Directors consider the decisions of COEDD AAA and their Advisory Council, and review findings of the COEDD AAA Board of Directors and award funds for the proposals that best meet the RFP specifications.

FINANCIAL MANAGEMENT PLAN

EXHIBIT 23. NEGOTIATED AGREEMENT FOR INDIRECT COSTS Certificate of Indirect Cost

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

- (1) All costs included in this proposal [identify date] to establish billing or final indirect costs rates for [identify period covered by rate] are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A 87, "Cost Principles for State, Local, and Indian Tribal Governments." Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.
- (2) All costs included in this proposal are properly allocable to federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the agreements to which they are allocated in accordance with the applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of cost have been accounted for consistently and the federal Government will be notified of any accounting changes that would affect the predetermined rate.

I declare that the foregoing is true and correct.

Government Unit: _____

Signature: _____

[Document to be SIGNED at final submission to Aging Service]

FINANCIAL MANAGEMENT PLAN

EXHIBIT 24. INDIRECT COST RATE PROPOSAL

Employee	Salary	Longevity	TOTAL	FICA	Insurance	W/C	Pension	Unemp	TOTAL SALARY & FRINGE	TOTAL FRINGE	Indirect
JOHN SHEA	46,379.00	1,500.00	47,879.00	3,662.74	11,483.09	363.88	4,309.11	227.50	67,925.32	20,046.32	15,811.01
CYNTHIA LINCOLN	34,109.00	2,800.00	36,909.00	2,823.54	12,415.27	280.51	3,321.81	227.50	55,977.63	19,068.63	12,188.40
DONNA KEYES	25,928.80	626.00	26,554.80	2,031.44	1,269.60	201.82	2,389.93	227.50	32,675.09	6,120.29	8,769.15
KRISTI TISCHER	28,698.00	626.00	29,324.00	2,243.29	3,060.18	161.28	2,639.16	227.50	37,655.41	8,331.41	9,683.62
OMBUDSMAN FLOY	27,302.00		27,302.00	2,088.60	4,925.18	150.16	-	228.50	34,694.44	7,392.44	9,015.90
ALEXANDER	6,250.00		6,250.00	478.13	-	34.38	-	136.50	6,899.00	649.00	2,063.93
	168,666.80	5,552.00	174,218.80	13,327.74	33,153.32	1,192.02	12,660.01	1,275.00	235,826.89	61,608.09	57,532.00

FINANCIAL MANAGEMENT PLAN

EXHIBIT 25. DHS FAMILY DESCRIPTORS FOR ALL AAA STAFF

Job Family Descriptor	Monthly Hiring Range	Yearly Hiring Range	OPM Monthly Midpoint	OPM Monthly Maximum
Adult Protective Services Specialist I	\$2,275.24 - \$2,717.04	\$27,302.88 - \$ 32,604.48	\$2,944.68	\$3,680.86
Adult Protective Services Specialist II	\$2,516.38- \$2,987.02	\$30,196.56- \$35,844.24	\$3,237.38	\$4,046.72

OKDHS data as of Oct 16, 2013 thru Jan 15, 2014.
 See OAC policy 340:105-11-249 and 340:105-11-250.
 Revised 1/28/2014

OTHER AAA JOB DESCRIPTIONS AND COMPENSATIONS

TITLE: DIRECTOR, AREA AGENCY ON AGING

Definition: Under the general direction of the Executive Director and the Board of Director or other comparable body of the sponsoring agency, the Director plans, coordinates, administers, and evaluates activities involving the development and implementation of comprehensive area planning for all older persons throughout a planning and service area.

EXAMPLES OF DUTIES:

Provides leadership and advocacy on behalf of all older persons within the planning and service area for which the Area Agency on Aging is responsible.

Supervises, coordinates, evaluates and monitors all other Area Agency on Aging staff and activities.

Assumes full responsibility for all functions of the Area Agency on Aging within the guidelines and regulations of the Older Americans Act and the State Agency.

Establishes measurable program objectives and priorities for implementation of the Area Plan, in keeping with the objectives established by the State Agency.

Establishes and maintains an Area Agency on Aging Advisory Council on Aging.

Gathers, maintains and disseminates pertinent information on the elderly in the planning and service area.

Coordinates the activities of the Area Agency on Aging with other agencies involved in delivery of services for elderly and pools available but untapped resources of public and private agencies in order to strengthen or initiate new services for older persons.

Maintains liaison with the OKDHS Aging Services Division.

Serves as a consultant to community organizations and agencies on issues related to the needs of older persons and on program/resource development.

Promotes good public relations through public presentations and through effective relationships with mass media personnel.

Performs or supervises administrative functions necessary for the agency's operation, such as record keeping and budgeting.

Conducts periodic public hearing concerning the needs of the elderly.

Provides training and technical assistance to Title III Project Staff under the Area Plan on a regular basis.

Negotiates grants and contracts for various programs for the elderly.

SKILLS AND KNOWLEDGE:

Considerable knowledge of modern methods and principles of planning for older citizens; of the basic principles of administration; of community services and organizations concerned with older citizens and their interrelationships; and of the demographic, environmental, social and economic characteristics of the State.

Ability to enlist the support of diverse groups within local communities and to mobilize latent community support, including cooperation of the mass media, professional groups and industrial development commissions; ability to plan, organize and coordinate activities of local committees on aging for the development and promotion of community education and planning programs; ability to supervise and train professional and non-professional workers; ability to summarize factual data succinctly and to present it so that is clearly understood by State and community leaders; ability to prepare reports; ability to use sound judgment in evaluating administrative problems, situations, and in making effective recommendations.

EDUCATION AND EXPERIENCE:

A Master's Degree from an accredited college or university with major course work in any of the following fields: Public Administration, Planning, Community Organization, Social Work, Social Sciences, Adult Education, Public Health, Human Relations, Gerontology, or related field.

Three (3) years of responsible full-time paid employment in a public agency, hospital, community agency or other closely related area of social services with a minimum of (1) year in a supervisory or administrative capacity and one (1) year of experience working in the aging field;

Or

An equivalent combination of education and experience substituting one (1) year of qualifying experience for each year of required education with a maximum substitution of two (2) years. No substitution for the one year of administrative experience or the one (1) year of working in the aging field.

SPECIAL REQUIREMENTS:

Must possess the ability and willingness to perform job related travel.

Must maintain office and participant confidentiality.

Must be bondable.

Starting Salary may be lower than stated minimum due to unavailability of funds from local, state and federal sources.

SALARY RANGE:

AREA AGENCY ON AGING POSITION	COMPARABLE JOB FAMILY DESCRIPTOR	LEVEL
Director	Programs Manager, #H10	Level I

PAY BAND	RATE	MINIMUM	MIDPOINT	MAXIMUM
M	Annual	\$38,885	\$51,846	\$64,808
	Monthly	\$3,240.38	\$4,320.51	\$5,400.63
	Hourly	\$18.69	\$24.93	\$31.16

TITLE: Planner

DEFINITION: Under the general supervision of the Area Agency on Aging Director, assists in carrying out the responsibilities and functions of the area agency with particular emphasis on area plan development, project monitoring, and resource development.

EXAMPLES OF DUTIES:

Provides technical assistance in resource development and coalition building to Title III projects and to all organizations in the planning and service area who serve or desire to serve the aging population.

Provides for systematic data collection and analysis of the needs of the elderly in the planning and service area, including the special needs of low income, minority low income and frail/disabled elderly.

Conducts analyses of the service system and identifies gaps in same.

Disseminates information to elected officials, local governments, community businesses, media representatives, the general public, etc., regarding the needs of the elderly in the planning and service area.

Monitors and assesses funded programs and projects. May develop and/or revise assessment tools for this purpose. May provide technical assistance to meet funded programs and projects outlined goals.

Coordinates area agency activities with other agencies and organizations involved in the delivery of services to the elderly. Advises Area Agency Director of identified community needs.

Works to broaden public support of services to the elderly via coalition building and other appropriate activities.

Conducts and/or arranges training for project staff, community agencies/organizations, volunteers, etc.

May supervise other area agency staff.

KNOWLEDGE AND SKILLS:

Knowledge of Federal, State, and local government regulations affecting aging programs; and of community organization principles.

Grant writing, personal computer, effective communication and organizational skills.

Public speaking, and leadership skills.

EDUCATION AND EXPERIENCE:

A Baccalaureate Degree from an accredited college or university with major course work in any of the following fields: planning, social work, adult education, public health, human relations, gerontology or related field. Two (2) years of responsible full-time paid employment in any of the above listed fields (no substitution of work experience will be allowed for the Baccalaureate Degree);

OR

An equivalent combination of education substituting one (1) year of graduate study for the one (1) year experience.

SPECIAL REQUIREMENTS:

Must possess ability and willingness to perform job-related travel.

Must maintain participant confidentiality.

Starting salary may be lower than stated minimum due to unavailability of funds from local, state and federal sources.

SALARY RANGE:

AREA AGENCY ON AGING POSITION	COMPARABLE JOB FAMILY DESCRIPTOR	LEVEL
Planner	Specialist on Aging, #H32A	Level I

PAY BAND	RATE	MINIMUM	MIDPOINT	MAXIMUM
J	Annual	\$29,136	\$38,849	\$48,561
	Monthly	\$2,428.03	\$3,237.38	\$4,046.72
	Hourly	\$14.01	\$18.68	\$23.35

TITLE: **INFORMATION AND ASSISTANCE COORDINATOR**

DEFINITION: Under general supervision, provides information and referral services for older persons in the planning and service area.

EXAMPLES OF DUTIES:

Enters data of consumer information using Automated Information Manager System(AIMS) for the purpose of reporting to NAPIS.

Obtains data, answers the telephone and responds to requests for information.

Organizes, maintains filing system for clients and data.

Screens clients' needs and makes appropriate service referrals.

Collects, maintains and updates resource materials and files; assesses the needs of individuals/groups.

Maintains contacts with the public, including resource agencies and aging programs.

Develops press releases, handouts and/or brochures and submits to appropriate entities.

Compiles and submits reports. Assists Area Agency staff in Area Plan development.

Provides literature to community groups and aging programs.

Works with volunteers.

Provides training for Outreach workers; conducts assessments of Outreach workers.

Works with Area Agency on Aging staff to conduct various trainings, events, and meetings.

Informs Area Agency on Aging staff of gaps in services.

Performs other duties and assumes other responsibilities as directed.

KNOWLEDGE SKILLS AND ABILITIES:

Knowledge of needs of older persons and the aging network is preferred.

Good interpersonal and communication skills; and skill in establishing and maintaining effective working relationships with private, civic, and church groups; and in organizing and presenting facts in a clear and concise manner.

Ability is required to deal effectively and courteously with people; to exercise good judgment in evaluating situations; and to present ideas effectively and accurately.

Ability to use computer software and to learn new computer applications.

EDUCATION AND EXPERIENCE:

Requirements at this level consist of a bachelor's degree; or an equivalent combination of education and experience, substituting one year of experience in professional social work for each year of the required education with a focus on gerontological issues.

High School Diploma or GED and (1) year experience in a related field. (Additional education may be substituted for the one (1) year experience.)

SPECIAL REQUIREMENTS:

Must maintain client confidentiality.

Must be willing and able to perform job related travel.

Must be able and willing to attend conferences and show knowledge of having been trained.

SALARY RANGE:

AREA AGENCY ON AGING POSITION	COMPARABLE JOB FAMILY DESCRIPTOR	LEVEL
Information & Assistance Coordinator	Customer Assistance Representative, #E55	Level I

PAY BAND	RATE	MINIMUM	MIDPOINT	MAXIMUM
F	Annual	\$19,778	\$26,370	\$32,963
	Monthly	\$1,648.13	\$2,197.51	\$2,746.88
	Hourly	\$9.51	\$12.68	\$15.85

TITLE: **BOOKKEEPER II**

DEFINITION: Under general direction, performs moderately complex bookkeeping tasks and other related duties as assigned.

EXAMPLES OF DUTIES:

Maintains cash journals, purchase order registers, control registers, subsidiary ledgers, general ledgers, and other fiscal records or reports as required.

Prepares periodic and special financial statements and reports, within the framework of the requirements of the State Agency, on the operations of the Area Agency.

Analyzes and balances bookkeeping records of the Area Agency and funded projects, provides training and technical assistance to project bookkeepers.

Prepares payrolls, payroll checks and voucher checks.

Maintains records and files in connection with accounting work.

Performs work as required and assigned.

KNOWLEDGE AND SKILLS:

Considerable knowledge of bookkeeping theory and practice; of elementary auditing principles and methods; of office procedures and methods; of standardized records and reports; of arithmetical computation; and of analytical and evaluation procedures.

Skill in applying accounting principles; in preparing financial reports; in instructing project bookkeeping personnel; and in discussing financial management problems with non-financial management personnel.

Personal computer skills.

EDUCATION AND EXPERIENCE:

High school diploma or GED equivalent, supplemented by a successfully completed course in accounting or bookkeeping, and at least (2) years, within the last (10) years, of successful full-time paid employment in responsible accounting or bookkeeping work;

OR

Substituting one successfully completed year of education in a recognized college or university for one year of experience with a maximum substitution of two years. Such college work must include or be supplemented by two full semesters of bookkeeping or accounting;

OR

Substituting one successfully completed year in bookkeeping and accounting in a business college for one year of the required experience, with maximum substitution of one year.

SPECIAL REQUIREMENTS:

Must be bondable and maintain confidentiality.

Must possess ability and willingness to perform job related travel.

SALARY RANGE:

AREA AGENCY ON AGING POSITION	COMPARABLE JOB FAMILY DESCRIPTOR	LEVEL
Bookkeeper II	Accounting Technician #D50	Level II

PAY BAND	RATE	MINIMUM	MIDPOINT	MAXIMUM
G	Annual	\$21,756	\$29,008	\$36,260
	Monthly	\$1,812.99	\$2,417.32	\$3,021.66
	Hourly	\$10.46	\$13.95	\$17.43

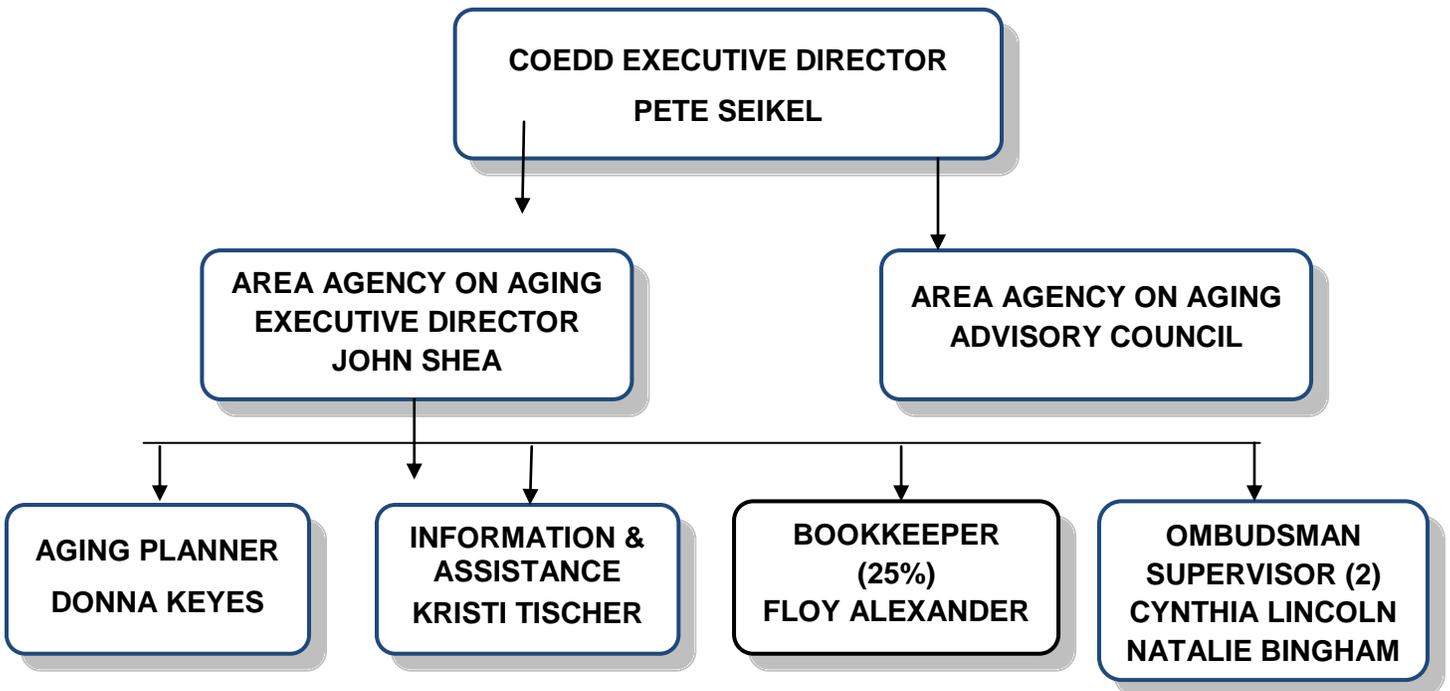
PART G

AREA PLAN APPENDICES

1. Organizational Chart- AAA
2. Organizational Chart- Sponsoring Agency
3. Area Agencies on Aging Responsibilities
4. AAA Advisory Council
5. AAA Advisory Council Schedule of Meeting & Training Dates
6. AAA Board of Directors
7. AAA Board of Directors Schedule of Meeting Dates
8. Training Schedule- AAA Staff and Annual Project Training
9. Administration for Community Living Strategic Goals 2013-2018
10. Designated Focal Points
11. Aging Program Output Narrative
12. Projected Aging Program Output Numerical
13. Demographics of Older Persons in PSA
14. List Non-Title III Services in PSA
15. Current Poverty Guidelines
16. Management Plan Narrative
17. Public Hearing Summary and Changes, if any made to AP
18. Advisory Council Summary and Changes, if any made to AP
19. AAA Board of Directors Summary and Changes, if any made to AP

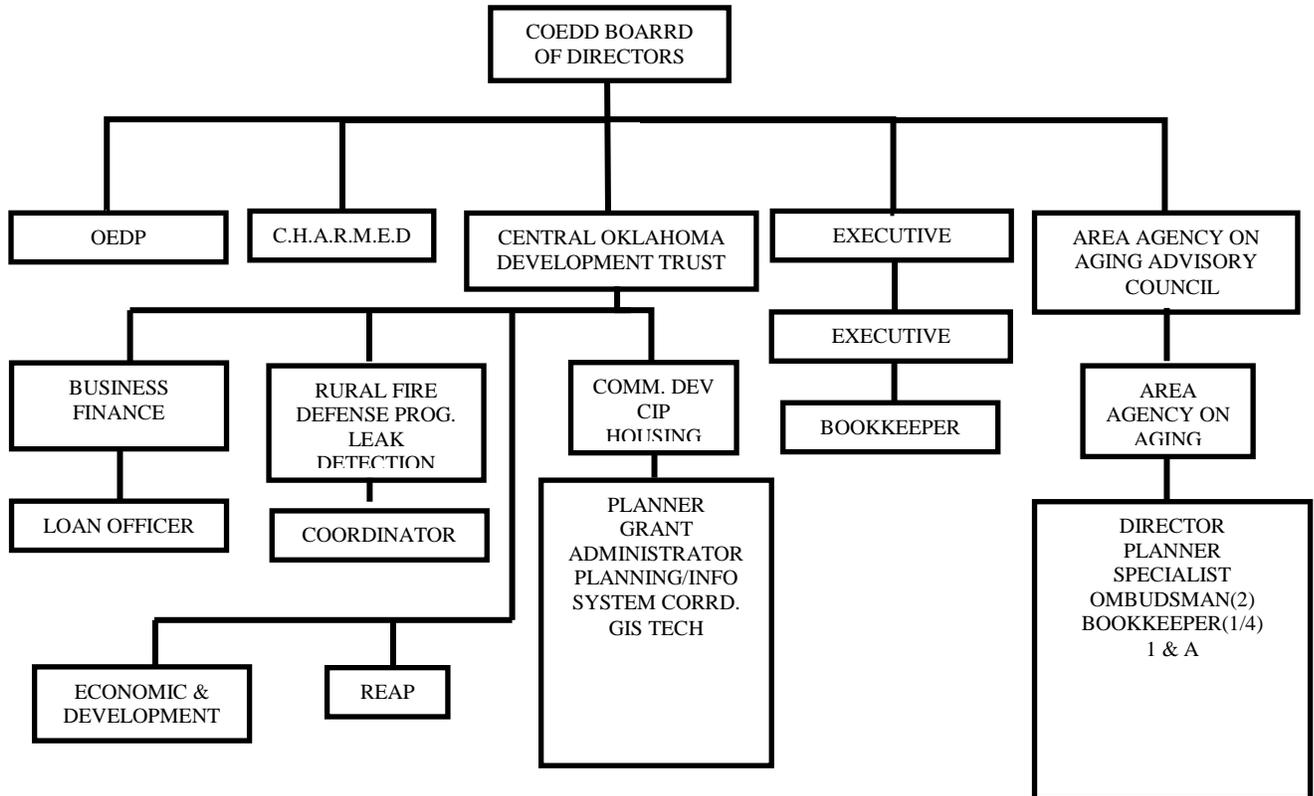
APPENDIX 1. ORGANIZATIONAL CHART- AAA

COEDD AREA AGENCY ON AGING



APPENDIX 2. ORGANIZATIONAL CHART- SPONSORING AGENCY

Central Oklahoma Economic Development District



APPENDIX 3. AREA AGENCIES ON AGING RESPONSIBILITIES

The State agency utilizes eleven sub-state planning and service areas (PSA) for federal planning and has designated eleven area agencies on aging (AAA) in accordance with the requirements of Title III of the Older Americans Act (OAA). Each of the AAA has an advisory council to assist in assessing the needs of older persons within its geographic location and in developing a comprehensive system of services to meet these needs.

The major activities of each AAA are outlined in a four-year area plan with annual updates as necessary. Criteria for approval of the area plan include identification of priority needs, development of measurable objectives, and targeting of services to those in greatest economic or social need. The AAA in Oklahoma switched from the federal fiscal year to the state fiscal year in 2006 to comply with State agency financial management practices. The change will not impact the federal funding or reporting processes. It will however have a positive impact on state funding for the area agencies. AAA coordinates their activities with service agencies and organizations in order to avoid duplication of services. They also seek to involve the public and private sectors in the provision and expansion of services.

The provision of services is accomplished by the awarding of grants through a Request for Proposal process to local public or private entities. State policy is in place to ensure all OAA pass-through funds are awarded in an open, competitive, and fair process. Direct services otherwise prohibited by the OAA may be permitted by Aging Services Division (ASD) if, in the judgment of the State agency, provision of the services is:

- (1) necessary to ensure an adequate supply of the services;
- (2) related to the administrative functions of the area agency on aging (AAA); or
- (3) more economical and of comparable quality.

It is the responsibility of the AAA to monitor project compliance with regulations and assurances within state policy and the OAA as well as to evaluate the effectiveness of services rendered to older people. The variety of services to be provided (as appropriate) under Titles III and VII includes but is not limited to:

- I. access services (transportation, outreach, information and assistance, and case management);
- II. in-home services (homemaker, personal care, and chore service);
- III. legal assistance;
- IV. nutrition services (congregate meals, home-delivered meals, nutrition counseling and nutrition education);
- V. Long-Term Care Ombudsman Program services; and
- VI. community support and social services (health promotion, adult day care, respite, and home repair).

APPENDIX 4. AREA AGENCY ON AGING ADVISORY COUNCIL

Composition of Advisory Council

Total Members Advisory Council	Total Minority	Total with Disabilities	Total Caregivers	TOTAL Age 60+	Advisory Council Members Who Are Age 60 Or Older						
					BLACK Age 60+	HISPANIC Age 60+	ASIAN Age 60+	AMERICAN INDIAN Age 60+	W/Disabilities Age 60+	LOW INCOME Age 60+	Participants Age 60+
33	4	2	3	25	1	0	0	0	2	4	25

At least 50% of Council membership must be comprised of persons 60 years of age or older.

According to OAC Policy 340:105-10-32 (a) (2) (A-D)' The advisory council may not be composed of : (A) State Agency staff or governing board members; (B) AAA Staff or governing board members; (C) Title III project staff or governing board members; or (D) any person that may give an appearance of a potential conflict of interest.

<u>Name</u>	<u>Address/Phone Number</u>	<u>County Represented</u>
Pat Childers Chair	515 N. State St. Konawa, OK 74849 580-925-2588	Seminole County
William Hixson Vice-Chair	Rt 1 Box 151 Terlton, OK 74081 918-757-4167	Pawnee County
Anna Brown	814 S. Bell Shawnee, OK 74801 405-275-1928	Pottawatomie County
Jim Montgomery	c/o Agra Senior Center PO Box 278 Agra, OK 74824 918-375-2464	Lincoln County
Melodie Martin	1300 N Kennedy Shawnee, OK 74801 800-272-9741	Pottawatomie County
Charles Campbell	33010 Hardesty Rd Shawnee, OK 405-275-4344	Pottawatomie County

James Spencer	53 Northridge Rd. Shawnee, OK 74804 405-275-1702	Pottawatomie County
Joyce Spencer	53 Northridge Rd. Shawnee, OK 74804 405-275-1702	Pottawatomie County
Social Security Representative	909 E Federal Shawnee, OK 74804 877-897-0604	Pottawatomie County
Bob Gilbert	c/o Perkins Senior Center PO Box 606 Perkins, OK 74059 405-338-5809	Payne County
Terri Anderson	920883 S. Hwy 99 Bldg A Stroud, OK 74059 918-968-3526	Lincoln County
Ruth Ellis	50901 S 357 Rd Meramec, OK 74045 918-454-2246	Pawnee County
Judy Harrell	518 Cottonwood Tecumseh, OK 74873 405-598-2606	Pottawatomie County
Wyiquita Lindsey	PO Box 400 Okmulgee, OK 74447 918-549-2604	Okfuskee County
Theo Crawley	PO 427 Weleetka, OK 74880 405-786-2436	Okfuskee County
Cathy Hickson	Rt 1 Box 151 Terlton, OK 74081 918-757-4167	Pawnee County
Billie Mauldin	c/o Iowa Tribe RR 1 Box 271 405-547-5404	Payne County

Valerie Zayat-Bloodgood	915 S Main Stillwater, OK 74076 405-377-8012	Payne County
Leon Silkwood	6818 W Eseco Cushing, OK 74023 918-225-2139	Payne County
Mary Silkwood	6818 W Eseco Cushing, OK 74023 918-225-2139	Payne County
Elizabeth Welch	1923 N 393 Rd Dustin, OK 74839	Hughes County
Rose Gray	c/o Agra Senior Center PO Box 278 Agra, OK 74824 918-375-2464	Lincoln County
Judith Pickering	Lackey Hall 1801 E 4th Okmulgee, OK 74447 918-756-4333	Okfuskee County
Mordell Trammell	PO Box 6 McLoud, OK 74851 405-481-7161	Pottawatomie County
Leola Rutherford	PO Box 247 Dustin, OK 74839 918-656-3421	Hughes County
Joan Blankinship	3205 Westpoint Rd Stillwater, OK 74074 405-377-5913	Payne County
Roy Blankinship	3205 Westpoint Rd Stillwater, OK 74074 405-377-5913	Payne County
Tammi Fleman	2307 S. Gordon Cooper Dr. Shawnee, OK 74801 405-273-5236	Pottawatomie County

Cynthia Tainpeah	Lackey Hall 1801 E 4th Okmulgee, OK 74447 918-756-4333	Okfuskee County
Jim Brenner	310 E Highland Tecumseh OK 74873 419-357-8441	Pottawatomie County
Correna Wilson- Pickens	217 S. Philadelphia Shawnee, OK 74801 405-432-5265	Pottawatomie County
Monroe Jeffrey	13 Father Joe Murphy Dr. Shawnee, OK 74801	Pottawatomie County
David Pock	PO Box 555 Perkins, OK 918-8578110	Payne County

Role of the Advisory Council:

The role of the AAA Advisory Council is to bring important matters relative to older persons to the attention of the COEDD Board of Directors. Such advice and/or recommendations may be accompanied by a request from the COEDD AAA Advisory council for formal COEDD Board of Directors action in whatever form is appropriate.

APPENDIX 5. ADVISORY COUNCIL SCHEDULE OF MEETING DATES

<u>Date</u>	<u>Time</u>	<u>Place of Meeting</u>
July 24, 2017	11:30 A.M.	Golden Corral 2513 N Harrison Shawnee. OK 74804
October 23, 2017	11:30 A.M.	Golden Corral 2513 N Harrison Shawnee. OK 74804
January 22, 2018	11:30 A.M.	Golden Corral 2513 N Harrison Shawnee. OK 74804
April 23, 2018	11:30 A.M.	Golden Corral 2513 N Harrison Shawnee. OK 74804

The New Member and Annual Training is scheduled for April 23, 2018.

APPENDIX 6. AREA AGENCY ON AGING BOARD OF DIRECTORS

Composition of the Board of Directors

Total Members Board Of Directors	Total Minority	Total with Disabilities	TOTAL Age 60+	Board Members Who Are Age 60 Or Older						Participants Age 60+
				BLACK Age 60+	HISPANIC Age 60+	ASIAN Age 60+	AMERICAN INDIAN Age 60+	W/DISABILITIES Age 60+	LOW INCOME Age 60+	
32	5	1	16	1	0	0	1	1	0	16

The letter “A” after a COEDD Board of Directors name indicates that he/she abstains from voting on motions related to approval of funding for Title III Project Boards they serve on.

<u>Name</u>	<u>Address/Phone Number</u>	<u>County Represented</u>
Elzie Smith, Chair	PO Drawer 190 Cleveland, OK 74020 918-358-3506	Pawnee County
Ricky Taylor “A” First Vice Chair	811 Manvel Suite 44 Chandler, OK 74834 405-258-0080	Lincoln County
Mark Mosley Second Vice-Chair	PO Box 1497 Wewoka, OK 74884 405-257-2413	Seminole County
Randy Thomas, “A” Secretary	14101 Acme Rd Shawnee, OK 74804 405-598-2046	Pottawatomie County
Leonard Washington	110 W 7 th Bristow, OK 74010 918-367-6244	Creek County
Vacant	122 W. Broadway Drumright, OK 74030 918-352-2610	Creek County

Gary Gray "A"	200 N. Broadway Ste. 7 Holdenville, OK 74848 405-452-3121	Hughes County
Mike Dockery	PO Box 789 Holdenville, OK 74848 405-379-3398	Hughes County
Pat Griggs	109 S Canard Wetumka, OK 74883 405-452-3251	Hughes County
Jim Greff	1116 N. Broadway Prague, OK 74864 405-567-2279	Lincoln County
James Melson	414 Manvel Chandler, OK 74834 405-258-3200	Lincoln County
Vacant	PO Box 428 Meeker, OK 74855 918-279-3321	Lincoln County
Tim Schook	PO Box 500 Stroud, OK 74079 918-968-2890	Lincoln County
Chester Duncan	PO Box 353 Wellston, OK 74881 405-356-2476	Lincoln County
Bruce Smith "A"	PO Box 26 Okemah, OK 74859 918-623-0939	Okfuskee County
Jim Copeland	502 W. Broadway Okemah, OK 74859 918-6231050	Okfuskee County
Dale Carter "A"	500 Harrison Suite 203 Pawnee, OK 74058 918-762-3741	Pawnee County

Brad Sewell	510 Illinois Pawnee, OK 74058 918-762-2658	Pawnee County
Kent Bradley	3004 E Airport Rd Stillwater, OK 74075 405-624-9300	Payne County
Vacant (pending appointment)	101 E Main Cushing, OK 74023-3011 918-225-1975	Payne County
Bob Ernst	PO Box 9 Perkins, OK 74059 405-547-2445	Payne County
Valerie Silvers	PO Box 1449 Stillwater, OK 74076-1449 405-742-8209	Payne County
Vacant	209 N. Main Yale, OK 74083 918-387-2405	Payne County
Jane Schuster	18101 Bethel Rd. Shawnee, OK 74801 405-275-4182	Pottawatomie County
David Zeller	PO Box 217 Maud, OK 74854 405-374-2717	Pottawatomie County
Buck Day "A"	PO Box 300 Street McLoud, OK 74851 405-964-5264	Pottawatomie County
Jamille Paris	31125 Little River Rd Tecumseh, OK 74873 405-598-2682	Pottawatomie County
James Harrod	1303 W Farrell Shawnee, OK 74801 405-642-6963	Pottawatomie County

Justin Erickson	PO Box 1448 Shawnee, OK 74802-1448 405-878-1601	Pottawatomie County
Jimmy Stokes	114 N Broadway Tecumseh, OK 74873-3291 405-598-2188	Pottawatomie County
Jim Collard	1601 Gordon Cooper Dr. Shawnee, OK 74801 405-275-3121	Pottawatomie County
John Kirby "A"	110 S Wewoka Suite 103 Wewoka, OK 74884 405-257-2450	Seminole County
Vacant (pending appointment)	122 N. Broadway Konawa, OK 74849 580-925-3025	Seminole County
Steve Saxon	PO Box 1218 Seminole, OK 74868 405-382-4330	Seminole County
Mark Mosley	PO Box 1497 Wewoka, OK 74884	Seminole County
Theo Crawley	121 W. 5th Weleetka, OK 74804 918-623-6736	Ex-Officio
Carl Hensley	PO Box 264 Yale, OK 74083 918-387-2525	Ex-Officio

Role of Board of Directors:

The COEDD Board of Directors is the governing authority over the Area Agency on Aging (AAA). The Board of Directors approves all grants, contracts, major program changes and budget.

APPENDIX 7. AAA BOARD OF DIRECTORS SCHEDULE OF MEETING DATE

<u>Date</u>	<u>Time</u>	<u>Place of Meeting</u>
July 12, 2017	11:30 A.M.	Project Heart, Inc. 830 W. Ford Shawnee, OK
September 13, 2017	11:30 A.M.	Project Heart, Inc. 830 W. Ford Shawnee, OK
November 8, 2017	11:30 A.M.	Project Heart, Inc. 830 W. Ford Shawnee, OK
January 10, 2018	11:30 A.M.	Project Heart, Inc. 830 W. Ford Shawnee, OK
March 14, 2018	11:30 A.M.	Project Heart, Inc. 830 W. Ford Shawnee, OK
May 9, 2018	11:30 A.M.	Project Heart, Inc. 830 W. Ford Shawnee, OK

The Board of Directors do not have a required member training; however, some members may receive training on an “as needed” basis.

APPENDIX 8. TRAINING SCHEDULE- AAA STAFF AND ANNUAL PROJECT TRAINING

New Hire Orientation/Annual Training for (January-December 2016)				
AAA/Project	Staff Name	Date of Training	Training Topic	# Hrs
COEDD AAA	John Shea, AAA Director	March 3, 2016	Attended O4A Quarterly Board of Director's Meeting	7
		March 3 & 4, 2016	OARC Conference	12
		March 9, 2016	Quarterly ASD O4A Meeting	3
		March 31, 2016	DHS Aging Service Teleconference – Person Centered Counseling	1
		April 5, 2016	O4A Conference Call – Care Transition Program	1
		April 25, 2016	Advisory Council Training – Council Members responsibilities	1.5
		June 7, 2016	Attended O4A Quarterly Board of Director's Meeting	7
		June 8, 2016	ASD O4A Meeting	3
		June 8, 2016	ASD O4A AAA Assessment Training	3
		August 25, 2016	FY 19-22 Area Plan Training	6
		September 6, 2016	O4A Board of Directors Meeting	7
		December 6, 2016	O4A Board of Directors Meeting	7
		December 7, 2016	Quarterly ASD O4A Meeting	3
COEDD AAA	Donna Keyes, AAA Aging Planner	Feb 4, 2016	Training: Consumer Satisfaction Surveys	.75
		March 7, 2016	Training: Target Population & Assessment Follow-up.	1
		March 8, 2016	State Planner's Meeting	6
		March 9, 2016	Data User Meeting – AIM Training	1.5
		March 24, 2016	Kitchen Safety & Sanitation Training – Thomas Olding, State RD	3
		March 28, 2016	Training: Title III	1.5
		March 29, 2016	New Hire – OAA and Assessment Training	3.5
		April 25, 2016	Advisory Council Training – Council Members responsibilities	1.5
		June 8, 2016	ASD O4A AAA Assessment Training	3
		July 1, 2016	Registration & Intake Form Review and Nutrition Counseling Training – New Age Staff	2.5
		July 1, 2016	Nutrition Counseling Training – Outreach Staff	1
		August 25, 2016	FY 19-22 Area Plan Training	6
		August 29, 2016	Planning and Strategies – Health Fairs	1.0
		September 13, 2016	State Planners Meeting	3.5
		November 22, 2016	Outreach New Hire Title III Intake and Assessment Training	2
		November 30, 2016	Webinar: Health Disparities: TMF & ACL/AoA Discussion on title III Funding Criteria	1

		December 13, 2016	State Planners' meeting	3
COEDD AAA	Kristi Tischer, I & A Specialist	February 9, 2016	Participated in ASD I&A Conference Training Call	1
		March 8, 2016	Participated in I&A ASD Conference Call	.5
		March 31, 2016	Conducted Resources/ADRC Training for COEDD AAAA Outreach Specialist	1
		April 6,7, & 8, 2016	Attended 3-day Medicare Assistance Program Training at Oklahoma Insurance Department	16
		April 12, 2016	Participated in ASD I&A Monthly Call	1
		April 25, 2016	All AAA Staff Conducted/Attended COEDD AAA Advisory Council Meeting/Annual Training	1
		July 12, 2016	Participated in ASD I&A Conference Call	1
		October 6 & 7, 2016	Attended OK AIRS Conference	12
		November 8, 2016	Participated in ASD I&A Conference Call	1
		November 29, 2016	Outreach New Hire ADRC and Resource Training	1.5
COEDD AAA	Jonathan Mitchell, Outreach Program Manager	Feb 4, 2016	Training: Consumer Satisfaction Surveys	.75
		March 7, 2016	Training: Target Population & Assessment Follow-up.	1
		March 28, 2016	Training: Title III	1.5
		April 4, 2016	Monthly S-19 Report	.5
		April 25, 2016	AAA Advisory Training meeting	1
		May 20, 2016	Title III Surveys – Project Surveys	.5
		July 1, 2016	Training: Nutrition Counseling-New Age	1.25
		July 1, 2016	Tracking Nutrition Counseling COEDD	.5
		August 29, 2016	Planning and Strategies – Health Fairs	1
		August 30, 2016	Nutrition Counseling Criteria	.75
		October 7, 2016	OKAIRS Annual Conference / Training “Active Shooter” “Disability Etiquette”	4
		November 22, 2016	New Hire Outreach Title III Intake and Assessment Training	2
COEDD AAA	Twila Kappel, Outreach Specialist	March 28, 2016	Training: Title III	3
		March 29, 2016	New Hire – OAA and Assessment Training	3
		March 31, 2016	Resources and ADRC Training	1
		April 25, 2016	Advisory Council Training	1.5
		July 1, 2016	Training: Nutrition Counseling-New Age	1.25
		July 1, 2016	Tracking Nutrition Counseling COEDD	.5
		July 25, 2016	Advisory Council	1.5

		August 29, 2016	Planning and Strategies – Health Fairs	1
		August 30, 2016	Nutrition Counseling Criteria	.75
		November 22, 2016	New Hire Outreach Title III Intake and Assessment Training	2
COEDD AAA	Manuel Rivas, Outreach Specialist	Feb 4, 2016	Training: Consumer Satisfaction Surveys	.75
		March 7, 2016	Training: Target Population & Assessment Follow-up.	1
		April 4, 2016	Monthly S-19 Report	.5
		April 25, 2016	AAA Advisory Training meeting	1.5
		May 20, 2016	Title III Surveys – Project Surveys	
		July 1, 2016	Tracking Nutrition Counseling COEDD	.5
COEDD AAA	Nikki Keener, Outreach Specialist	July 1, 2016	Tracking Nutrition Counseling COEDD	.5
		March 7, 2016	Training: Target Population & Assessment Follow-up.	1
COEDD AAA	Nyssa Howard, Outreach Specialist	November 22, 2016	New Hire Outreach Title III Intake and Assessment Training	2
		November 29, 2016	Outreach New Hire ADRC and Resource Training	1.5
COEDD AAA	Cynthia Lincoln, AAA Ombudsman Supervisor	January 15, 2016	In-service- Residents’ Rights	1
		January 26, 2016	Volunteer meeting	2
		February 2, 2016	Webinar on Resident to Resident Aggression	1
		February 23, 2016	Volunteer meeting	2
		March 1 & 2, 2016	Volunteer Training	12
		March 29, 2016	Volunteer meeting	2
		April 20, 2016	Presentation – Long=Term Care Ombudsman Program	1
		April 25, 2016	Advisory Council Training	1.5
		April 28, 2016	Webinar on Indian Elder Justice Program	1
		Mau 31, 2016	Ombudsman Volunteer meeting	2
		June 15, 16, 17, 2016	Ombudsman Supervisor’s Biennial Meeting	20
		July 15, 2016	Webinar on Memort and Music	1
		July 20, 2016	In-service – Residents’ Rights	1
		July 22, 2016	In-service – Abuse Prevention	1
		August 17, 2016	Ombudman Program and Residents’ Rights Presentation – Gordon Cooper Technical Center LPN Class	2
		August 8, 2016	In-service – Residents’ Rights	1
		September 14, 2016	State Health Department Programs on Music Therapy and Helping Residents Sleep Through The Night	6
		September 15 & 16, 2016	Ombudsman Supervisor’s Biennial Meeting	12
		November 2, 2016	Ombudsman Volunteer meeting	2
COEDD AAA	Raven Casey, AAA Ombudsman Supervisor	January 11, 2016	In-service – Abuse, Neglect and Residents’ Rights	1

COEDD AAA	Natalie Bingham, AAA Ombudsman Supervisor	November, 28 & 29, 2016	ASD Ombudsman Training	12
		Dec 1 & 2, 2016	Ombudsman Field Training	14
		December 5, 2016	Ombudsman field Training	6
		December 6 & 8, 2016	ASD Ombudsman Training	12
		December 12, 2016	Ombudsman field Training	6
		December 13, 2016	Ombudsman field Training	6
		December 19, 2016	ASD Ombudsman Training	6
		December 29, 2016	ASD Ombudsman Training	6

APPENDIX 9. ADMINISTRATION FOR COMMUNITY LIVING (ACL)

STRATEGIC GOALS

All Americans-- including people with disabilities and older adults—should be able to live at home with the supports they need, participating in communities that value their contributions. To help meet these needs, the U.S. Department of Health and Human Services (HHS) created a new organization in 2012, the Administration for Community Living (ACL). This is ACL's first strategic plan, encompassing many of the efforts and achievements of ACL's two major components—the Administration on Aging and the Administration on Intellectual and Developmental Disabilities. ACL is charged with working with states, tribes, community providers, universities, nonprofit organizations, businesses and families to help older adults and people with disabilities live in their homes and fully participate in their communities. The ACL Strategic Plan established five goals that support their mission: *Maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers.*

ACL Strategic Goals 2013-2018 (ACL Strategic Plan is available online at www.acl.gov)

Goal 1: Advocacy

Advocate to ensure the interests of people with disabilities, older adults, and their families are reflected in the design and implementation of public policies and programs.

Goal 2: Protect Rights and Prevent Abuse

Protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older adults and people with disabilities.

Goal 3: Individual Self-Determination & Control

Work with older adults and people with disabilities as they fully engage and participate in their communities, make informed decisions, and exercise self-determination and control about their independence, well-being, and health.

Goal 4: Long-Term Services and Supports

Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long-term services and supports, including supports for families and caregivers.

Goal 5: Effective and Responsive Management

Implement management and workforce practices that support the integrity and efficient operations of programs serving people with disabilities and older adults and ensure stewardship of taxpayers' dollars.

APPENDIX 10. DESIGNATED FOCAL POINTS

Focal Point Designation				
Focal Point Name, Address, and Phone Number	Independent Senior Center	Title III Senior Center	CAP Agency	Other (church, library, courthouse, etc.)
Calvin Senior Center 113 N Canadian P.O. Box 4 Calvin, OK 74531 405-645-2520		X		
Dustin Senior Center 30 N Broadway P.O. Box 390193 Dustin, OK 74839 918-656-3561		X		
Gerty Community Bldg. 406 Elder Ave. Calvin , OK 74531 580-892-3921		X		
Holdenville Senior Center 124 N. Creek Mailing address: 323 Broadway of America Holdenville, OK 74848 405-379-3252		X		
Lamar Senior Center 3238 Walnut Street Unit 2 Box 3 Lamar, OK 74850 405-379-2005		X		
Stuart Senior Center 731 Roosevelt St P.O. Box 113 Stuart, OK 74570 918-546-2456		X		
Wetumka Senior Center 601 S. Alabama Wetumka , OK 74883 405-452-3264		X		
Carney Senior Center 402 S. Main P.O. Box 484 Carney , OK 74832 405-865-2678		X		
Chandler Senior Center 1121 N. Hwy 18 Chandler, OK 74834 405-258-0324		X		
Prague Senior Center 615 Ayars Ave. NBU 2712 Prague, OK 74864 405-567-3605		X		
Stroud Senior Center 212 W. Main Stroud , OK 74079 918-968-3482		X		
Meeker Senior Center 313 S. Dawson P.O. Box 262 Meeker, OK 74855 405-279-2381		X		
Wellston Senior Center 206 Cedar Ave. P.O. Box 312 Wellston, OK 74881 405-356-0012		X		
Boley Senior Center 13 N Pecan P.O. Box 625 Boley, OK 74829 918-667-3392		X		
Okemah Senior Center 116 S 3 rd Okemah , OK 74859 918-623-2660		X		

Paden Senior Center 724 ½ S Main P.O. Box 68 Paden , OK 74860 405-932-5500		X		
Weleetka Senior Center 118 W. 8 th P.O. Box 433 Weleetka, OK 74880 405-786-2198		X		
Pawnee Senior Center 304 Kansas Place P.O. Box 214 Pawnee, OK 74058 918-762-2405		X		
Cushing Senior Center 203 E. Cherry Suite B Cushing , OK 74023 918-225-0222		X		
Stillwater Senior Center 312 W. 9 th St. Stillwater , OK 74074 405-372-1201		X		
Maud Senior Center 307 W. Main P.O. Box 165 Maud , OK 74854 405-374-9022		X		
Shawnee Community Center 804 S. Park Shawnee , OK 74801 405-275-4530		X		
Tecumseh Senior Center 710 N 6 th St P.O. Box 559 Tecumseh, OK 74873 405-598-5733		X		
Cromwell Senior Center 102 Jenkins P.O. Box 198 Cromwell , OK 74837 405-944-5995		X		
Seminole Heritage House 210 W. College Seminole , OK 74868 405-382-2156		X		
Wewoka Senior Center 214 S. Brown Wewoka , OK 74884 405-257-6230		X		
Konawa Senior Center 426 E. First Konawa , OK 74859 580-925-3650		X		

APPENDIX 11. AGING PROGRAM OUTPUT NARRATIVE

Unit of services provided by COEDD Area Agency on Aging were obtained from the OKDHS AIM OKN514 or OKN509 reports for the SFY-2016, July 1, 2015-June 30, 2017 and compared to the Scope of Work in the SFY-2016 grant.

Home Delivered Meals: The goal for Units of Service (UOS) for home delivered meals was not met in SFY-2016 in COEDD AAA PSA. The estimated goal for home-delivered meals was 126,000 and 112,986 were delivered, the total meals served fell short by 13014 (10.3%). For SFY-17, the UoS was decreased to 106,000 since the projects were not reaching their goal. A total of 825 people were served home-delivered meals, which was only 75 (8.3%) short of the 900 Unduplicated Persons Served (UNDUP) goal. For SFY-17, the UoS was decreased to 775 since the projects were not reaching their goal. The demand for home delivered meals is increasing in the larger populated areas and the projects are attempting to adjust the contracts for meals with each site in order to fulfill the request for home delivered meals; however the demand for home-delivered meals is decreasing in the rural isolated area because of the loss of population. The recent 1st Quarter Assessments indicate that both nutrition projects are on target to reach their SFY-17 goals; therefore, the goals for home-delivered meals will remain at 106,000 UoS and 775 UNDUP.

Congregate Meals: UOS for SFY-2016 were decreased to 195,000, and the UNDUP count was changed to 2,050. The total of congregate meals served was 200,484 which exceeded the goal by 5,484 (2.8%) meals. The UNDUP count fell short by 158 (7.7%). The increased number of meals served and the lower number of UNDUP count possibly indicate that the people participating in the Title III program are attending more frequently. The projected goals of 195,000 UOS and 2,050 UNDUP will be used for SFY-2017 and SFY-2018

Transportation: Title III B funding for transportation is only requested by one nutrition project. The goal for SFY-2016 was 7,000 and in SFY-2017, Transportation exceeded the goal of 7000 UoS by 2,374 (33.9%), with a total of 9,374 UoS and only 40 (90%) of UNDUP count was reached. With the large increase in UoS and a small increase of clients, there appears to be an increased need for transportation for those who use it, however at this time the goals will remain the same for SFY-18.

Legal Assistance: For SFY-16, AIM report OKN509 reports Legal Assistance as 591 UoS, which is 11 (1.9%) greater than the goal of 580 UoS. The project continues to provide excellent service for 4 counties, Hughes, Lincoln, Pottawatomie and Seminole and the goal of 580 UOS for Legal Assistance will remain the same for SFY-2017 and SFY-2018, and Legal education will remain at 25 UoS for SFY-2017 and SFY-2018. COEDD AAA believes Legal Assistance will continue to meet and surpass their goal. The project is funded for 3 counties, but continues to serve four (4) counties.

Nutrition Education: The two (2) nutrition projects provided 10,988 UOS and reported 2,031 UNDUP count. The SFY-2016 goal of 15,000 UoS fell short by 4,012 (26.7%),

however, the UNDUP goal of 2000 was barely exceeded by 13 units. For SFY-2017 and SFY-2018 COEDD AAA has reduced the goal for nutrition education to 13,000 UoS; however, the goal for the UNDUP count will remain at 2000.

Information and Assistance: UoS and UNDUP will remain the same throughout the SFY-2015 through SFY-2018 four-year area plan cycle. For SFY-2016, I & A had 876 UoS, which feel short of the goal of 900 UoS by 24 UoS. COEDD's I & A was out of the office frequently with trainings for other duties, such as ADRC and Medicare which takes her away from her phone. Other staff members participate in the I&A process which contributes to meeting these goals with contacts, In-service presentations and trainings, which are not always reported in the I&A AIM report. A new SFY-2017 and FY-2018 Scope of Work for Education/Information and Assistance has been added with a projected goal of 4 UoS.

Outreach: For SFY-2016, the Outreach Program was operating In-house at COEDD AAA under a direct service waiver. UoS were set at 700 for SFY-2016, however this goal was not achieve. With 594 UoS, Outreach fell short by 106 (15%) UoS. For SFY-2017 and SFY-2018, the Outreach Program will continue with a goal of 700 UoS.

Legal Education: For SFY-2016, AIM OKN514 reports Legal Education as 14 UoS, which is 11 (56%) units below the goal. The low education numbers are due to a different way of interpreting/counting legal education. It is believed the problem will be worked out during SFY-17. Legal education will remain at 25 UoS for SFY-2017 and SFY-2018. COEDD AAA believes Legal Assistance will continue to meet and surpass their goal. The project is funded for 3 counties, but continues to serve four (4) counties.

Health Promotion: For SFY-2016 COEDD AAA funded the Enhance Fitness program as the evidence-based program for Health Promotion with the Title III E funds. Two (2) Enhance Fitness classes are held 3 times weekly and are averaging close to 20 persons per class. The program focuses on balance, low impact aerobics and strength training. In SFY-2015, a second evidence based program was added to health promotion, which is Tai Chi Working for Better Balance, also a tier 3 program. The goal set for Health Promotion for SFY-2016 was 89 unduplicated persons and exceeded the goal with a reported 96 unduplicated persons. Adding the Tai Chi classes and expanding to two other sites in the PSA accounted for the increase unduplicated persons. The goal of 89 unduplicated persons for Health Promotion will remain the same for SFY-2017 and SFY-2018.

Ombudsman Program: The COEDD-AAA Ombudsmen program is not monitored directly by the AAA, but offers presentation to caregivers, providers and other organizations on understanding residents' rights of long-term care facilities that are logged and reported by the AAA in the Management Plan. The Ombudsman goals set forth by the Management Plan for SFY-2016 were not all met due to the vacant Ombudsman Supervisor position. Only one (1) nursing class was given a presentation on the Ombudsman program, instead of two nursing classes. The Ombudsman

Supervisors were not able to complete the ten (10) required In-services for SFY-16 3rd and 4th quarters. However, the SFY-16 goal to provide information on Resident's Rights, Abuse and Neglect to at least 200 individuals was achieved and exceeded with a combined total 522 individuals receiving information on Residents Rights, Abuse and Neglect for SFY-16. A second Ombudsman Supervisor has been hired and the Ombudsman's program will continue to be a part of the AAA's efforts for providing services to the clients of the service area.

Caregiver Respite: COEDD AAA currently houses a Caregiver Respite Program and is contracted with the Department of Human Services Aging Services Division to provide Caregiver and Grandparent Raising Grandchildren Respite services and Access Assistance for SFY-2016. COEDD AAA Caregiver Coordinator and the COEDD AAA I & A continually promote the Respite Program. The COEDD AAA Caregiver Coordinator visits COEDD AAA's nutrition sites and independent senior centers to promote the respite program along with submitting frequent press releases at various newspapers in the PSA. For SFY-2016, the Caregiver Respite program exceeded the goals of 5000 UoS with 5,528.94 UoS, however the goal of 180 UNDUP clients was not met and only reached 83 UNDUP clients. There is such an enormous demand for the respite program and there is not enough funding to help all that apply. The Grandparent Respite program surpassed the goal of 350 UoS with 485 UoS helping 6 individuals. The goal of UNDUP clients was set at 10, but there is not enough funding to actually assist very many grandparents unless the amount of the respite vouchers was reduced. Fortunately, the Grandparent Raising Grandchildren program has been able to accommodate the grandparents that have applied. The SFY-16 goal for Access Assistance was 250 UoS and 150 UNDUP clients and AIM reports 373.50 UoS and 82 UNDUP clients. The problem with the reaching the goal of Access to Assistance is the process for adding non-clients into the AIM database. The Access Assistance goal for SFY-17 will remain 250 UoS and 75 UNDUP. The goals of 5,000 UoS will remain the same for the Caregiver Respite program for SFY-2017 and SFY-2018; however, the goal for UNDUP has been decreased to 115 for SFY-17 and SFY-2018. The Grandparent Raising Grandchildren goals for SFY-2017 will remain set at 575 UoS and 8 UNDUP for SFY-2018

APPENDIX 12. PROJECTED AGING PROGRAM OUTPUT (NEXT 3 YEARS)
(See note in Appendix 11.)

Aging Program Output-Quantitative	SFY 2016 NAPIS Report (actual data from AIM)		SFY 2017 Projected		SFY2018 Projected	
	TOTAL UoS	TOTAL UPS	TOTAL UoS	TOTAL UPS	TOTAL UoS	TOTAL UPS
Service Categories						
Personal Care						
Homemaker						
Chore						
Home delivered meals	112,986	825	106,000	775	106,000	775
Adult day care/health						
Case Management						
Congregate Meals	200,484	1,892	195,000	2050	195,000	2050
Nutrition counseling *	XXXXXX	XXXXXX	35	35	35	35
Assisted Transportation						
Transportation	9,374	40	7,000	50	7,000	50
Legal Assistance	591	XXXXXX	580	XXXXXX	580	XXXXXX
Nutrition Education	10,988	2,031	13,000	2,000	13,000	2,000
Information & Assistance	876	876	900	900	900	900
Outreach	594	XXXXXX	700	XXXXXX	700	XXXXXX
Advocacy/representation		XXXXXX		XXXXXX		XXXXXX
Education/training	14	XXXXXX	25	XXXXXX	25	XXXXXX
Education/information and assistance		XXXXXX	4	XXXXXX	4	XXXXXX
Health promotion Disease Prevention	4,182	2,789	450	89	450	89
Home repair						
Coordination of services						
Information about services						
Information about services/GRRC						
Assistance with access to services	373.50	82	250	75	250	75
Assistance with access to services/GRRC						
Counseling						
Counseling/GRRC						
Support groups						
Support groups/GRRC						
Training						
Training/GRRC						
Respite	5528.94	83	5,000	115	5,000	115
Respite/GRRC	485	6	575	8	575	8
Supplemental Services						
Supplemental Services/GRRC						

UoS - Units of service

UPS – Unduplicated Persons Served

* Mandated required service for SFY17

APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

The figures used in *Appendix 13. Demographics of Older Persons in the PSA* were retrieved from various sources. The sources and/or calculations to obtain the data are listed in Table 1 as reference to the resources used in the following Appendix 13 tables for the COEDD Provider Service Area (PSA) and each county in the PSA.

Table 1

*1	ACL AGID: 2008-2012 ACS Special Tabulations: Oklahoma: Population Total: Table S21001 Available: http://www.agid.acl.gov/DataFiles/ACS2012/Table.aspx?tableid=S21001&stateabbr=OK
*2	ACL AGID: 2008-2012 ACS Special Tabulations: Oklahoma: Population 60 and Over: Table S21003 Available: http://www.agid.acl.gov/DataFiles/ACS2012/Table.aspx?tableid=S21003&stateabbr=OK
*3	ACL AGID: 2008-2012 ACS Special Tabulations: Oklahoma: Population by Sex and Living Alone: Table S21004 http://www.agid.acl.gov/DataFiles/ACS2012/Table.aspx?tableid=S21004&stateabbr=OK
*4	ACL AGID: 2008-2012 ACS Special Tabulations: Oklahoma: Population by Race: Table S21006 Available: http://www.agid.acl.gov/DataFiles/ACS2012/Table.aspx?tableid=S21006&stateabbr=OK
*5	ACL AGID: 2008-2012 ACS Special Tabulations: Oklahoma: Hispanic Population: Table S21008 Available: http://www.agid.acl.gov/DataFiles/ACS2012/Table.aspx?tableid=S21008&stateabbr=OK
*6	ACL AGID: 2008-2012 ACS Special Tabulations: Poverty by Age 60 and Over: Table S21055 Available: http://www.agid.acl.gov/DataFiles/ACS2012/Table.aspx?tableid=S21055&stateabbr=OK
*7	ACL AGID: 2008-2012 ACS Special Tabulations: Oklahoma: Poverty by Race/Minority; Table S21040 Available: http://www.agid.acl.gov/DataFiles/ACS2012/Table.aspx?tableid=S21040&stateabbr=OK
*8	ACL AGID: 2008-2012 ACS Special Tabulations: Oklahoma: Limited English: Table S21014B Available: http://www.agid.acl.gov/DataFiles/ACS2012/Table.aspx?tableid=S21014B&stateabbr=OK
*9	ACL AGID: 2008-2012 ACS Special Tabulations: Oklahoma: Grandparents Raising Grandchildren: Table S21013 Available: http://www.agid.acl.gov/DataFiles/ACS2012/Table.aspx?tableid=S21013&stateabbr=OK
*10	ACL AGID: 2008-2012 ACS Special Tabulations: Oklahoma: Veterans: Table S21025 Available: http://www.agid.acl.gov/DataFiles/ACS2012/Table.aspx?tableid=S21025&stateabbr=OK
*11	ACL AGID: 2008-2012 ACS Special Tabulations: Oklahoma: Age by Number of Disabilities: Table S210D1S09 Available: http://www.agid.acl.gov/DataFiles/ACS2012/Table.aspx?tableid=S210DIS09&stateabbr=OK
*12	AIM Database: Report OKN506 Populations Demographics of Persons Served Age 60 and Over Fiscal Year 2016, July 1, 2015–June 30, 2016
*13	Alzheimer’s Association reports 15% of population over the age of 60 have Alzheimer’s Disease or other types of Dementia (per Virginia Pack, Oklahoma DHS Aging Services)
*14	“Veteran Hand Count” performed at all 27 nutrition sites in November 2016 (SFY-17); per Virginia Pack, ASD Programs Field Representative instructions for FY-2017. The number of Veterans served through the COEDD Caregiver Program and COEDD Outreach Program were included in the “Veteran Hand Count”

APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

Type of population by county: ALL COEDD COUNTIES	# County (from AGiD per instructions)	Estimated Population Served in SFY 2016	Estimated Population To Be Served in SFY 2018
Total County pop.	248,840		
Total County pop. 60+	47,980	2,614	2,614
Female 60+	24,905	1,667	1,667
Male 60+	21,235	947	947
African-American 60+	1,057	129	129
American Indian 60+	2,745	93	93
Asian 60+	214	5	7
Hispanic/ Latino 60+	406	14	14
Poverty (low income) 60+	5,020	956	956
Poverty (low income) minority 60+	942	153	153
Limited English proficiency 60+	164	0	0
Individuals residing in rural isolated 60+	34,105	1,850	1,850
# GGRC 55+	1,195	6	6
Individuals living alone 60+	11,665	1,234	1,234
Veterans 60+	11,705	312	312
Individuals with severe disabilities 60+ (self-identified)	4,730	208	208
Individuals at risk for institutional placement 60+	5,915	315	315
Individuals with Alzheimer's Disease and related disorders 60+ (self-identified)	7,197	No data found	No data found

*Note: "No data found" entered per ASD instructions.

#Note: Due to the unavailability of data for GGRC 55+, the data for GGRC 60+ is reported in the 2nd column

APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

Type of population by county: HUGHES	# County (from AGiD per instructions)	Estimated Population Served in SFY 2016	Estimated Population To Be Served in SFY 2018
Total County pop.	13,760(*1)		
Total County pop. 60+	3,160 (*2)	364 (*12)	364
Female 60+	1,580 (*3)	229 (*12)	229
Male 60+	1,350(*3)	157 (*12)	157
African-American 60+	28 (*4)	14 (*12)	14
American Indian 60+	345 (*4)	16 (*12)	16
Asian 60+	0 (*4)	0 (*12)	0
Hispanic/ Latino 60+	50 (*5)	3 (*12)	3
Poverty (low income) 60+	435(*6)	230 (*12)	230
Poverty (low income) minority 60+	110 (*7)	20 (*12)	20
Limited English proficiency 60+	10 (*8)	0 (*12)	0
Individuals residing in rural isolated 60+	3,160 (*2)	296 (*12)	296
# GGRC 55+	80 (*9)	0 (*12)	0
Individuals living alone 60+	840 (*3)	182 (*12)	182
Veterans 60+	665 (*10)	64 (*14)	64
Individuals with severe disabilities 60+ (self-identified)	345 (*11)	40 (*12)	40
Individuals at risk for institutional placement 60+	440 (*11)	55 (*12)	55
*Individuals with Alzheimer's Disease and related disorders 60+ (self-identified)	474 (*13)	No data found	No data found

*Note: "No data found" entered per ASD instructions

#Note: Due to the unavailability of data for GGRC 55+, the data for GGRC 60+ is reported in the 2nd column

APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

Type of population by county: LINCOLN	# County (from AGiD per instructions)	Estimated Population Served in SFY 2016	Estimated Population To Be Served in SFY 2018
Total County pop.	34,105 (*1)		
Total County pop. 60+	7,405 (*2)	489 (*12)	489
Female 60+	3,775 (*3)	331 (*12)	331
Male 60+	3,430 (*3)	158 (*12)	158
African-American 60+	165 (*4)	16 (*12)	16
American Indian 60+	220 (*4)	10 (*12)	10
Asian 60+	4 (*4)	0(*12)	0
Hispanic/ Latino 60+	39 (*5)	3(*12)	3
Poverty (low income) 60+	690(*6)	125 (*12)	125
Poverty (low income) minority 60+	100 (*7)	17 (*12)	17
Limited English proficiency 60+	0 (*8)	0 (*12)	0
Individuals residing in rural isolated 60+	7,405 (*2)	357 (*12)	357
# GGRC 55+	250 (*9)	2 (*12)	2
Individuals living alone 60+	1,685 (*3)	211 (*12)	211
Veterans 60+	2,025 (*10)	54 (*14)	54
Individuals with severe disabilities 60+ (self- identified)	645 (*11)	45 (*12)	45
Individuals at risk for institutional placement 60+	950 (*11)	65 (*12)	65
Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	1,111(*13)	No data found	No data found

*Note: "No data found" entered per ASD instructions

#Note: Due to the unavailability of data for GGRC 55+, the data for GGRC 60+ is reported in 2nd column

APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

Type of population by county: OKFUSKEE	# County (from AGiD per instructions)	Estimated Population Served in SFY 2016	Estimated Population To Be Served in SFY 2018
Total County pop.	12,205 (*1)		
Total County pop. 60+	2,695 (*2)	281 (*12)	281
Female 60+	1,330 (3)	171 (*12)	171
Male 60+	1,140 (*3)	110 (*12)	110
African-American 60+	220 (*4)	39 (*12)	39
American Indian 60+	260 (*4)	19 (*12)	19
Asian 60+	4 (*4)	2 (*12)	2
Hispanic/ Latino 60+	25 (*5)	3 (*12)	3
Poverty (low income) 60+	415 (*6)	118 (*12)	118
Poverty (low income) minority 60+	104 (*7)	36 (*12)	36
Limited English proficiency 60+	4 (*8)	0 (*12)	0
Individuals residing in rural isolated 60+	2,695 (*2)	215 (*12)	215
GGRC 55+	# 60 (*9)	0 (*12)	0
Individuals living alone 60+	585 (*3)	141 (*12)	141
Veterans 60	620 (*10)	36 (*14)	36
Individuals with severe disabilities 60+ (self-identified)	300 (*11)	26 (*12)	26
Individuals at risk for institutional placement 60+	385 (*11)	37 (*12)	37
*Individuals with Alzheimer's Disease and related disorders 60+ (self-identified)	404 (*13)	No data found	No data found

*Note: "No data found" entered per ASD instructions

#Note: Due to the unavailability of data for GGRC 55+, the data for GGRC 60+ is reported in the 2nd Column

APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

Type of population by county: PAWNEE	# County (from AGiD per instructions)	Estimated Population Served in SFY 2016	Estimated Population To Be Served in SFY 2018
Total County pop.	16,575 (*1)		
Total County pop. 60+	3,850 (*2)	78 (*12)	78
Female 60+	1,990 (*3)	57(*12)	57
Male 60+	1,750 (*3)	21(*12)	21
African-American 60+	39 (*4)	4(*12)	4
American Indian 60+	235 (*4)	3 (*12)	3
Asian 60+	10 (*4)	0 (*12)	0
Hispanic/ Latino 60+	28 (*5)	0 (*12)	0
Poverty (low income) 60+	275 (*6)	26 (*12)	26
Poverty (low income) minority 60+	35 (*7)	4 (*12)	4
Limited English proficiency 60+	10 (*8)	0 (*12)	0
Individuals residing in rural isolated 60+	3,850 (*2)	62 (*12)	62
# GGRC 55+	70 (*9)	1 (*12)	1
Individuals living alone 60+	905 (*3)	45 (*12)	45
Veterans 60+	960 (*10)	13 (*14)	13
Individuals with severe disabilities 60+ (self-identified)	435 (*11)	3 (*12)	3
Individuals at risk for institutional placement 60+	410 (*11)	3 (*12)	3
*Individuals with Alzheimer's Disease and related disorders 60+ (self-identified)	578 (*13)	No data found	No data found

*Note: "No data found" entered per ASD instructions

#Note: Due to the unavailability of data for GGRC 55+, the data for GGRC 60+ is reported in the 2nd column

APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

Type of population by county: PAYNE	# County (from AGiD per instructions)	Estimated Population Served in SFY 2016	Estimated Population To Be Served in SFY 2018
Total County pop.	77,125 (*1)		
Total County pop. 60+	11,340 (*2)	434 (*12)	434
Female 60+	5,980 (*3)	287 (*12)	287
Male 60+	5,025 (*3)	147 (*12)	147
African-American 60+	155 (*4)	14 (*12)	14
American Indian 60+	245 (*4)	10 (*12)	10
Asian 60+	123 (*4)	6 (*12)	6
Hispanic/ Latino 60+	95 (*5)	1 (*12)	6
Poverty (low income) 60+	905 (*6)	117 (*12)	117
Poverty (low income) minority 60+	24 (*7)	10 (*12)	10
Limited English proficiency 60+	75 (*8)	0 (*12)	0
Individuals residing in rural isolated 60+	11,340 (*2)	293 (*12)	293
# GGRC 65+	140 (*9)	1 (*12)	1
Individuals living alone 60+	2,640 (*3)	205 (*12)	205
Veterans 60+	2,825 (*10)	33 (*14)	33
Individuals with severe disabilities 60+ (self-identified)	965 (*11)	31 (*12)	31
Individuals at risk for institutional placement 60+	1145 (*11)	54 (*12)	54
*Individuals with Alzheimer's Disease and related disorders 60+ (self-identified)	1701 (*13)	No data found	No data found

*Note: "No data found" entered per ASD instructions

#Note: Due to the unavailability of data for GGRC 55+, the data for GGRC 60+ is reported in the 2nd Column

APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

Type of population by county: POTTAWATOMIE	# County (from AGiD per instructions)	Estimated Population Served in SFY 2016	Estimated Population To Be Served in SFY 2018
Total County pop.	69,675 (*1)		
Total County pop. 60+	13,875(*2)	550 (*12)	550
Female 60+	7,225 (*3)	360 (*12)	360
Male 60+	6,105 (*3)	190(*12)	190
African-American 60+	200 (*4)	14 (*12)	14
American Indian 60+	825 (*4)	18 (*12)	18
Asian 60+	49 (*4)	2 (*12)	2
Hispanic/ Latino 60+	90 (*5)	2 (*12)	2
Poverty (low income) 60+	1,480 (*6)	148 (*12)	1148
Poverty (low income) minority 60+	300 (*7)	21 (*12)	21
Limited English proficiency 60+	50 (*8)	0 (*12)	0
Individuals residing in rural isolated 60+	**Pott Co is not Rural	**Pott Co is not Rural	**Pott Co is not Rural
# GGRC 55+	380 (*9)	2 (*12)	2
Individuals living alone 60+	3,360 (*3)	223 (*12)	223
Veterans 60+	3,410 (*10)	55 (*14)	55
Individuals with severe disabilities 60+ (self-identified)	1,510 (*11)	30 (*12)	30
Individuals at risk for institutional placement 60+	1,575 (*11)	55 (*12)	55
*Individuals with Alzheimer's Disease and related disorders 60+ (self-identified)	2,081 (*13)	No data found	No data found

*Note: "No data found" entered per ASD instructions.

**Note: DHS OAC 340:105-10-3 lists Pottawatomie County as an Urban county

#Note: Due to the unavailability of data for GGRC 55+, the data for GGRC 60+ is reported in the 2nd column

APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA

Type of population by county: SEMINOLE	# County (from AGiD per instructions)	Estimated Population Served in SFY 2016	Estimated Population To Be Served in SFY 2018
Total County pop.	25,395 (*1)		
Total County pop. 60+	5,655 (*2)	396 (*12)	396
Female 60+	3,025 (*3)	232 (*12)	232
Male 60+	2,435 (*3)	164 (*12)	164
African-American 60+	250 (*4)	32 (*12)	32
American Indian 60+	615 (*4)	31 (*12)	31
Asian 60+	24 (*4)	1 (*12)	1
Hispanic/ Latino 60+	74 (*5)	1 (*12)	1
Poverty (low income) 60+	820 (*6)	192 (*12)	192
Poverty (low income) minority 60+	250 (*7)	45 (*12)	45
Limited English proficiency 60+	15 (*8)	0 (*12)	0
Individuals residing in rural isolated 60+	5,655 (*2)	301 (*12)	301
# GGRC 55+	215 (*9)	0 (*12)	0
Individuals living alone 60+	1,650 (*3)	227 (*12)	227
Veterans 60+	1,230 (*10)	59 (*14)	59
Individuals with severe disabilities 60+ (self-identified)	530 (*11)	33 (*12)	33
Individuals at risk for institutional placement 60+	1010 (*11)	55 (*12)	55
*Individuals with Alzheimer's Disease and related disorders 60+ (self-identified)	848(*13)	No data found	No data found

*Note: "No data found" entered per ASD instructions

#Note: Due to the unavailability of data for GGRC 55+, the data for GGRC 60+ is reported in the 2nd column

APPENDIX 14. LIST OF NON-TITLE III SERVICES IN PSA

SERVICE	*Listing of Services	Counties Available	Gaps in Services
In-Home Services	ADvantage, Department of Human Services, Veterans Administration, Home Health through Medicare, Private Pay, Insurance, COEDD-AAA Masonic Assistance Program	Hughes, Lincoln, Okfuskee, Payne, Pawnee, Pottawatomie and Seminole	Service limited in the most rural isolated areas of the PSA Caregiver services due to high cost Individuals do not qualify for programs
Accessible Medical Care	Each County in the PSA has a hospital or volunteer health clinics	Pottawatomie, Lincoln, Hughes, Okfuskee, Pawnee, Seminole and Payne Counties	Several communities do not have primary care physicians or pharmacies available
Adult Day Care/ Respite Care	LIFE Center Adult Day Care-Stillwater ADvantage Waiver Respite Hospice Respite	Payne County All Counties in the PSA	Only one Adult Day Center in the PSA Limited respite provided except for Nursing Home Respite
Adult Protective Services	Department of Human Services Family Resource Center – Seminole Project S.A.F.E. – Shawnee Wings of Hope Family Crisis Center - Stillwater	All Counties in PSA Seminole Pottawatomie Payne	None Identified
Title VI , Part A Nutritional and Supportive Services and Title VI, Part C Native American Caregiver Support Services	Iowa Tribe – Perkins: Cong. and HD meals, transportation, caregiver services, housekeeping Sac & Fox Nation – Stroud: Cong. and HD meals, transportation, caregiver services, chore, utility assistance Muscogee (Creek) Nation – Okfuskee and Hughes County: Cong. and HD meals, transportation, caregiver services, medical and I&A Absentee Shawnee Tribe – Shawnee: Cong. and HD meals, utility assistance, transportation, medical and eyeglasses/dentures Kickapoo Tribe – McLoud: Cong. and HD meals, transportation medical and caregiver Seminole Nation – Wewoka: Cong. and HD meals, transportation, medical and DME Citizen Potawatomi Nation – Shawnee: Cong. and HD meals, transportation, Caregiver/Respite Pawnee Nation – Pawnee: Cong. and HD meals, transportation, caregiver services, utility assistance and emergency assistance Thlopthlocco Tribal Town –	All counties in PSA	Some tribes limit transportation to medical appointments only

	Okemah: Utility assistance, eyeglasses/dentures and funeral assistance		
Case Management Services	ADvantage	All Counties in PSA	Affordable private pay is very limited or non-existent
Transportation Services for the Elderly and Disabled	Citizen Potawatomi Nation, Community Action – Shawnee United Community Action - Pawnee City of Stillwater Seminole Nation KATS (Ki Bois Area Transit Systems)	Pottawatomie Pawnee Payne Seminole Hughes Okfuskee	Limited affordable transportation for out of PSA, i.e. Oklahoma City and Tulsa Limited transportation between towns/counties within the PSA
Meals on Wheels or Mobile Meals Programs	Meals on Wheels - VIP Home-delivered Meals Stillwater Mobile Meals Advantage Meals through Project H.E.A.R.T., Inc. and New Age Nutrition Project Inc.	Pottawatomie Pottawatomie Payne Payne Pottawatomie, Lincoln, Pawnee Hughes, Seminole, Okfuskee	Shawnee only Wanette only Stillwater only ADvantage is the only program that will provide meals to rural isolated areas. The meals are frozen meals, not a hot meal
Senior Food Assistance	Food Bank Senior Commodity Boxes Community Market of Pottawatomie County	Hughes, Seminole, Okfuskee, Payne and Pottawatomie Pottawatomie County	Not available in all towns of the counties and not available in Lincoln and Pawnee counties Limited to Shawnee Area Residents
Independent Senior Centers	Have 51 identified Independent Senior Centers in COEDD – AAA PSA	All Counties in PSA	None Identified
Senior Volunteer Programs	VIP – Shawnee, Foster Grandparent program, VITA, AARP, SHIP	All Counties in PSA	None Identified.
Disability Services	Able Tech, National Alzheimer's Assoc., American Diabetes Assoc., American Heart Assoc., Response Link, Health Departments, Office of Disability Concerns, Oklahoma Department of Rehabilitation Services, Veterans Administration Center for Independent Living	All Counties in PSA Pottawatomie and Hughes	None Identified. CIL's only available in 2 counties
Mental Health Services	Department of Mental Health and Substance Abuse Services Starting Point – Stillwater, Tri-City – Seminole, Valley Hope – Cushing, Red Rock Behavioral Center –Shawnee, Chandler	All Counties in PSA Payne, Pawnee, Seminole Pottawatomie, Lincoln	None Identified
LTC Planning/Option	Oklahoma State Ombudsman Program Veterans Administration, ADvantage Waiver, DHS	All Counties in PSA	None Identified
**Other			

APPENDIX 15. CURRENT POVERTY GUIDELINES

[Please note this website will be updated in February 2017. When website is updated, AAA can then update this Appendix.]

<http://www.familiesusa.org/resources/tools-for-advocates/guides/federal-poverty-guidelines.html>

APPENDIX 16. MANAGEMENT PLAN NARRATIVE

The COEDD-AAA management plan was developed utilizing the results of eight hundred sixty-five (865) Needs Assessment Surveys that were received out of the thirteen hundred and sixty-eight (1368) sent out, along with input from the ACL Strategic Plan. The survey results showed that respondents were very concerned about congregate and home delivered meal availability, maintaining personal independence, the cost of food plus maintaining a healthy diet.

The management plan was created by merging the priority needs and the ACL goals together in order to advocate for the rights of older adults and people with disabilities, to prevent the abuse, neglect and exploitation of older adults and people with disabilities, and finally to empower older adults and people with disabilities to take charge of their own life by maintaining their own independence.

COEDD AAA discussed the top 5 priorities at the October 28, 2013 COEDD AAA Advisory Council meeting and reviewed the ACL Strategic Plan in order to determine the 3 goals for the SFY 2015-2018 management plan. Each staff member assigned to a specific action step agreed to accomplish their assigned action steps in the management plan. For each action step a staff member or two were listed as being responsible for the action step. When "All Staff" is listed, that refers to creating the newsletter. A staff meeting is held prior to each newsletter in order to make sure all necessary information is published in the newsletter. All staff is involved with creating the newsletter, by either writing an article or finding information for the newsletter.

COEDD AAA chose the objectives to be covered for the whole four (4) year cycle based on the time and cost aspects of the action steps. Utilizing the ombudsman for the yearly presentations and the I&A for necessary articles for the quarterly newsletters and press releases was the best way to obtain the yearly goals as well as being cost efficient. All staff are always willing to approach any given duty in order to help the individuals the AAA serves.

COEDD AAA GOALS AND OBJECTIVES FOR FY-16

COEDD AAA will accurately follow the Management Plan for the four-year period of SFY 2015–2018. The AAA staff will continue to have quarterly meetings to discuss the topics for the newsletters in order to achieve the goals and objectives of the management plan.

GOAL # 1 TO ADVOCATE FOR THE RIGHTS OF OLDER ADULTS AND PEOPLE WITH DISABILITIES.

OBJECTIVE # 1 – COEDD AAA will provide education, advocacy, technical assistance, and information to ensure the congregate and home-delivered meal programs remain a priority with elected officials.

Action Step # 1 – COEDD AAA will invite the State Legislators from the PSA to attend the quarterly Advisory Council meetings twice each year 2015 through 2018.

***Achievement 1st and 2nd Quarters SFY-16:** COEDD AAA Director, John Shea, invited Senator Ron Sharp, Representative Justin Wood and Representative Josh Cockroft to the July 27, 2015 Advisory Council meeting. Senator Sharp and Representative Wood were available to attend the meeting. Both Legislators spoke, as well as answered questions from the Council members. COEDD AAA Director, John Shea, invited Senator Ron Sharp, Representative Justin Wood and Representative Josh Cockroft to the Advisory Council meeting held on October 26, 2015. Only Senator Ron Sharp was able to attend the meeting, and addressed several important questions from the council members concerning the anticipated Oklahoma State Budget shortfall.

Action step 1 has been met and is ongoing.

***Achievement 3rd and 4th Quarters SFY-16:** COEDD AAA Director, John Shea, invited Senator Ron Sharp, Representative Justin Wood and Representative Josh Cockroft to both the January 25, 2016 and April 25, 2016 Advisory Council meeting. The legislators were unavailable for the meetings. COEDD will continue to invite the legislatures to all meetings. **Action step 1 has been met and is ongoing.**

Action Step # 2 – Through press releases and newsletters, COEDD will promote the Congregate and home-delivered meal programs once yearly 2015 through 2018.

***Achievement 1st and 2nd Quarters SFY-16:** The identified action step for the 1st and 2nd quarters of FY-16 was not completed due miscommunication, but will be achieved in the 3rd quarter of FY-16. **Action Step 2 is ongoing.**

***Achievement 3rd and 4th Quarters SFY-16:** On January 29, 2016, Kristi Tischer, COEDD AAA Information and Assistance Coordinator, sent out a press release titled “Nutrition Services for Older Americans” to 19 newspapers in COEDD’s service area. **Action Step 2 is ongoing.**

OBJECTIVE # 2 – At least 1,000 older adults and people with disabilities will receive information regarding how to help maintain their independence.

Action Step # 1 – The AAA staff will provide information on the growth of Aging Disability and Resource Consortium and Centers for Independent Living through newsletters and press releases once in 2015 and once in 2017.

***Achievement 1st and 2nd Quarters SFY-16:** No actions steps were scheduled for the 1st and 2nd quarters of SFY-16. **Action Step 1 is ongoing.**

***Achievement 3rd and 4th Quarters SFY-16:** No actions steps were scheduled for the 3rd and 4th quarters of SFY-16. **Action Step 1 is ongoing.**

Action Step # 2 – AAA staff will visit each of 29 Title III nutrition sites and make presentations on lifestyle changes that can help people maintain their independence once in 2016.

***Achievement 1st and 2nd Quarters SFY-16:** Donna Keyes, COEDD AAA Aging Planner, visited 6 Nutrition sites in the 1st and 2nd quarters of SFY-16 and presented information on “*Lifestyle Changes to Maintain Independence*”, which had emphasis on proper nutrition, regular exercise, taking medication as prescribed and social interaction. Information was presented to the meal site participants and a handout was sent to all homebound participants which made a total of 240 individuals receiving information on lifestyle changes to help maintain their independence during the 1st and 2nd quarters of SFY-16. **Action step 2 was met and is ongoing.**

***Achievement 3rd and 4th Quarters SFY-16:** Donna Keyes, COEDD AAA Aging Planner, visited 21 Nutrition sites and presented information on “*Lifestyle Changes to Maintain Independence*”, which had emphasis on proper nutrition, regular exercise, taking medication as prescribed and social interaction. Information was presented to the meal site participants and a handout was sent to all homebound participants. The information was presented to 906 individuals during the 3rd and 4th quarters of SFY-16, which totals 1,146 individuals that received information in SFY-16 on lifestyle changes that can help maintain their independence. **Action step 2 was achieved.**

GOAL # 2 TO EMPOWER OLDER ADULTS AND PEOPLE WITH DISABILITIES TO MANAGE THEIR OWN INDEPENDENCE, WELL-BEING AND HEALTH.

OBJECTIVE # 1 – COEDD AAA will document that at least 35 nutrition project staff and Outreach providers will receive ongoing information on existing and new programs offered to older adults and people with disabilities.

Action Step # 1 – COEDD AAA will publish an updated resource directory for SFY 2015 -2018 to be distributed to Title III and independent senior centers’ staff in 2015 or as requested.

***Achievement 1st and 2nd Quarters SFY-16:** **Action step 1 was achieved in SFY-15**

***Achievement 3rd and 4th Quarters SFY-16:** **Action step 1 was achieved in SFY-15**

OBJECTIVE # 2 – COEDD AAA will document at least 1,000 older adults, people with disabilities and their friends and families received information on how to maintain their independence, well-being and health.

Action Step # 1 – Through newsletter articles and press releases, COEDD AAA will provide information on available community wellness program to at least 250 people yearly during SFY 2015 – 2018.

***Achievement 1st and 2nd Quarters SFY-16:** On October 31, 2015, Kristi Tischer, COEDD AAA Information and Assistance Coordinator, mailed 250 August – September newsletters that contained an article about the Shawnee Senior Center Title III Health promotion Enhance Fitness and Tai Chi classes. The article included times for

all classes as well as the Asher and Meeker Tai Chi-Working for Better Balance classes. **Action step 1 met and ongoing.**

Action Step # 2 – COEDD AAA will host a “Healthy Aging Conference” in a central location within the PSA once during the SFY 2015-2018 Area Plan cycle.

***Achievement 1st and 2nd Quarters SFY-16:** No action steps were scheduled for FY-16.

***Achievement 3rd and 4th Quarters SFY-16:** No action steps were scheduled for FY-16.

GOAL # 3 – ENSURE THE RIGHTS OF OLDER ADULTS AND PEOPLE WITH DISABILITIES AND CREATE AWARENESS OF ABUSE, NEGLECT AND EXPLOITATION.

OBJECTIVE # 1 – At least 200 facility staff and consumers will receive information on residents’ rights and abuse, neglect and exploitation once a year during SFY 2015-2018.

Action Step # 1 – AAA staff will provide two (2) trainings on residents’ rights and abuse, neglect and exploitation to nursing students each year 2015-2018.

***Achievement 1st and 2nd Quarters SFY-16:** Cynthia Lincoln, COEDD AAA Ombudsman Supervisor, and Raven Casey, COEDD AAA Ombudsman Supervisor conducted training on the Long-term Ombudsman Program, Resident’s Rights and Abuse Prevention to two (2) LPN classes at Gordon Cooper Technology Center in Shawnee. The first training was conducted August 20, 2015 for the Day LPN Program with 25 attendees and the second program was September 1, 2015 for the Evening LPN program with 12 attendees. **Action step 1 met and is ongoing.**

***Achievement 3rd and 4th Quarters SFY-16:** No actions steps were scheduled for the 3rd and 4th quarters of SFY-16.

Action Step # 2 – AAA staff will present at least ten (10) programs on residents’ Rights and abuse, neglect and exploitation to staff, residents and family in ten (10) long-term care facilities each year during SFY 2015- 2018.

***Achievement 1st and 2nd Quarters SFY-16:** The two (2) COEDD AAA Ombudsman Supervisors conducted three (3) In-services at Nursing homes and one (1) presentation at a Health Fair on residents’ rights, abuse and neglect with a total of 137 individuals present. An article on Abuse & Neglect from the Ombudsman Supervisor was published in the COEDD AAA Newsletter with 250 copies being mailed in August 2015. **Action step 2 is ongoing.**

***Achievement 3rd and 4th Quarters SFY-16:** The two (2) COEDD AAA Ombudsman Supervisors, conducted two (2) separate In-services on Residents’ rights and Abuse and Neglect at Nursing Homes or Assisted Living facilities. There was a total of 67 individuals present. The Ombudsman Supervisors were not able to complete the ten (10) required In-services SFY-16 during 3rd and 4th quarters due the resignation of Raven Casey and 2 family emergencies for Cynthia Lincoln. However, the SFY-16 Objective 1 of 200 individuals to be provided with information on Residents Rights,

Abuse and Neglect was achieved and exceeded with a combined total 204 individuals receiving information on Residents Rights, Abuse and Neglect for SFY-16. **Action step 2 has been addressed and is ongoing.**

OBJECTIVE # 2 – Promote awareness of abuse, neglect and exploitation within the population of people with disabilities and older adults.

Action Step # 1 – AAA staff will visit all the Title III nutrition sites in the PSA to make presentations on symptoms of abuse, exploitation and neglect of older adults and people with disabilities to at least 1,000 people during 2015.

***Achievement 1st and 2nd Quarters SFY-16: Action step 1 was achieved and completed in SFY-15.**

***Achievement 3rd and 4th Quarters SFY-16: Action step 1 was achieved and completed in SFY-15.**

Action Step # 2 – Through press releases and newsletters AAA will promote the awareness of abuse among older people and people with disabilities at least once a year in 2016 and 2018.

***Achievement 1st and 2nd Quarters SFY-16: No actions steps were scheduled for the 1st and 2nd quarters of SFY-16.**

Achievement 3rd and 4th Quarters SFY-16: On January 30, 2016, Kristi Tischer, COEDD AAA Information and Assistance Coordinator, mailed 250 February and March Ageless Times newsletters that included an article from okhs.org titled *Oklahoma Elderly and Disabled Adults Face Silent Abuser*, which focused on self-neglect. On April 30, 2016 another article on abuse and neglect from the NCEA (National Center on Elder Abuse) was published in the May and June Ageless Times Newsletter in conjunction with World Elder Abuse Awareness Day on June 15, 2016 and mailed to 250 recipients. **Action step 2 achieved and ongoing.*

APPENDIX 17. PUBLIC HEARING SUMMARY AND CHANGES TO AREA PLAN
340:105-10-33

Complete and submit with Area Plan application. Be specific and provide details needed to understand reasons for changes made, if any.

1.	<u>Location of Public Hearing</u>	<u>Attendance</u>	<u>Date</u>
a.	<u>Golden Corral</u>	<u>25</u>	<u>October 24, 2016</u>
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____
f.	_____	_____	_____

2. Summarization of comments from Public Hearing On October 24, 2016.

COEDD Staff in attendance; John Shea, Director, Donna Keyes, Aging Planner, Patti Marshall, Caregiver Coordinator, Jonathan Mitchell, Outreach Program Manager, Twila Kappel, Outreach Specialist.

There were 20 individuals representing the 7 counties in the COEDD AAA Service area present at the Public Hearing.

COEDD AAA Director, John Shea discussed the need to revise the SFY-17 Budget due to the \$51,000 budget cut COEDD AAA received from DHS Aging Services. Adjustments to the budget were made to the Outreach Program travel expense, New Age’s Transportation program and a reduction in the bookkeeper’s allocated time to the AAA.

Donna Keyes, Aging Planner, discussed a necessary change in the Management Plan for SFY-17. A Healthy Aging Conference was in the plan for March 2017; however, with the budget cuts COEDD AAA decided to wait on hosting the conference until March 2018, unless there are further budget cuts.

3. Changes made in the Area Plan as a result of Public Hearings.

No further changes were made to the SFY-17 Area Plan Update.

APPENDIX 18. ADVISORY COUNCIL SUMMARY AND CHANGES TO AREA PLAN

Complete and submit with Area Plan application after the Council meets to approve the Area Plan. Be specific and provide details needed to understand reasons for changes made, if any.

1.	<u>Date</u>	<u>Attendance</u>
	a. _____	_____
	b. _____	_____
	c. _____	_____

2. Summarization of Comments from the Council meeting.

3. Changes made in the Area Plan as a result of the Council's Suggestions.

**APPENDIX 19. AAA BOARD OF DIRECTORS SUMMARY AND CHANGES, IF ANY
MADE TO AREA PLAN**

Complete and submit with Area Plan application. Be specific and provide details needed to understand reasons for changes made, if any.

- | | | |
|----|-------------|-------------------|
| 1. | <u>Date</u> | <u>Attendance</u> |
| | a. _____ | _____ |
| | b. _____ | _____ |
| | c. _____ | _____ |

2. Summarization of comments from the Board meeting.

3. Changes made in the Area Plan as a result of the Board's suggestions.

APPENDIX 20: NEEDS ASSESSMENT SURVEY



**COEDD AREA AGENCY ON AGING
Needs Assessment for
Senior Citizens' Services**

We greatly appreciate your participation in our survey. Your responses will be kept completely confidential and anonymous. Please encourage others to participate in this very important process. If you have any questions, please call the COEDD Area Agency on Aging at 1-800-375-8255.

Please tell us which of the following services are very important, somewhat important, or not very important to you, or could be concerns to you in the next four years.

1. Check the box that best describes how important each service is to you personally.

Service	Very Important	Somewhat Important	Not Very Important
Congregate Meals availability			
Disease prevention information			
Availability of employment for seniors			
Availability of hospital care			
Availability of in-home care			
Free legal assistance for seniors			
Availability of mental health care			
Quality nursing home care			
Help with buying glasses, dentures, hearing aids			
Availability of physical therapy at home			
Homebound meal delivery			
Cost of medicine			
Recreation interaction with peers (dances, games, travel)			
Cost of transportation			
Help with completing tax forms			
Help with filling out medical paperwork			

Health promotion activities and or programs			
Service	Very Important	Somewhat Important	Not Very Important
Help with paying medical bills and/or medications			
Transportation to medical appointments/shopping			
Help with retirement planning			
Temporary relief to a caregiver who regularly cares for a loved one			
Help with understanding benefits (like Medicare, Medicaid, Social Security)			
Health insurance information			
Help with housework/cleaning			
Information on senior housing options			
Information on resources available in community			
Legislative voice for seniors			
Maintaining mental wellness			
Maintaining my personal independence			
Maintaining a healthy diet			
Preventing identity thefts and other frauds			
Variety of health care choices			
Availability of adult day care services			
Community activity for seniors			
Alternatives to nursing home care			
Cost of food			
Cost of hospital care			
Cost of in-home care			
Help with pay bills and/or managing household finances			
Cost of nursing home care			
Help with house/yard work			

Help with financial planning			
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2. Are you familiar with the COEDD Area Agency on Aging? Yes No

3. Are you familiar with the Oklahoma DHS Aging Services Division?

Yes No

4. How do you find out about programs and services for older adults in your area? (Check all that apply.)

Telephone Directory Relative Newspaper Church COEDD

Doctor Friend Television Radio

Other, please

specify: _____

5. In the last 12 months, have you had to delay or do without...

Prescription medications Yes No

Hearing aid Yes No

Dental care Yes No

New eyeglasses or eye care Yes No

Other, please specify: _____

6. Do you have any of the following problems with your home? (Check all that apply.)

Major repairs are needed

Pests (roaches, rats, etc.)

Landlord does not respond to my needs

My house is too large for my needs

My house has stairs that are difficult for me to use

Flooding or other similar environmental problems

It is no longer affordable (utilities, upkeep, rent too expensive, etc.)

Other: please specify _____

7. Have you ever been to a senior center in your community?

Yes No

8. Would you be interested in volunteering to help senior citizens in your community?

Yes No

9. Are you able to drive when you need or want to? Yes No

10. Are you a caregiver for someone over the age of 60 who is not able to take care of him or herself? Yes No

11. Are you a grandparent? Yes No

12. If Yes, are you a grandparent raising grandchildren? Yes No

13. Would you like to participate in a support group in your community?

Yes No If yes, what type of support group? _____

14. Are you currently working? Yes, Full Time Yes, Part Time No

15. Are there any other issues you would like us to consider or know about?

Below are just a few questions to help us know about you. Again, any information is strictly confidential and is greatly appreciated because it will help us make sure we are providing the services you need.

16. In what year were you born? _____

17. What is your gender? Male Female

18. What is your race?

- African American/Black
- Asian
- Caucasian/White
- Native American/Native Alaskan
- Native Hawaiian/Pacific Islander
- Other: _____

19. What is your ethnic background?

- Hispanic Not Hispanic

20. What is your current living situation? (Check all that apply.)

- Live alone
- Live with spouse
- Live with child
- Live with grandchild or other relative
- Live with friend
- Other (specify) _____

**21. How far do you live from your nearest relative who does not live with you?
(Choose only one response.)**

- Within 30 minutes
- More than 30 minutes, but less than 1 hour
- 1 or 2 hours away
- More than 2 hours away
- Out of state
- Relatives live with me

Out of the United States

No living relatives

22. In which county do you live?

Hughes

Lincoln

Okfuskee

Pawnee

Payne

Pottawatomie

Seminole

23. What is your household monthly income (please check either "Above" or "Below")

One person in household - \$931

Above

Below

Two household members - \$1,261

Above

Below

Three household members- \$1,591

Above

Below

Four household members- \$1,921

Above

Below

24. Did you vote in the last election?

Yes

No